TO: Immunization Provider or Grantee

RE: FluMist® 2010-2011 Replacement Program

This letter is to inform you of the FluMist® Replacement Program for product purchased through the CDC contract for the 2010-2011 season (“Replacement Program”). The Replacement Program allows for the replacement of unused, expiring FluMist doses, at no cost, to help you maximize product usage opportunities. MedImmune has contracted with McKesson Specialty Distribution for implementation of this replacement program. This contract is between MedImmune and McKesson and is separate from CDC’s contract for centralized product distribution. The Replacement Program requirements are listed below:

- FluMist doses must be purchased through the CDC contract and must expire between August 2010 and January 31, 2011 to be eligible for the Replacement Program.

- Product must be used on a first-to-expire, first-used basis to be eligible for the Replacement Program.

- Providers or Grantees have from 15 days prior to the expiration date stamped on the sprayer until January 31, 2011 to request replacement doses.

- Requests for replacement doses by Providers or Grantees will be accepted until close of business (EST) on January 31, 2011. Requests for replacement doses after this date will not be honored. All requests should be placed with McKesson Specialty by calling 1-877-633-7375.

- All expired/expiring doses must be received by McKesson by Friday, February 18, 2011. Replacement product will not be shipped until expired/expiring doses are received.

- Replacement Request Rounding:
  - All requests for replacement doses must be in multiples of 10 units of product. Requests not in multiples of 10 will be rounded down to the nearest multiple of 10. Rounding up is prohibited. This requires a new order.
  - There will be no credit for doses returned in excess of those shipped for replacement.

The process to request replacement product is outlined below:

1) Call McKesson Specialty’s CDC Replacement Request line at 1-877-633-7375.

2) McKesson Specialty will instruct Providers or Grantees on date and time of pickup. Providers or Grantees are to box up FluMist and have it ready for the scheduled pick-up day. FluMist does not have to be returned cold.

3) McKesson Specialty will provide a Return Authorization Form to the Providers or Grantees.

4) Providers or Grantees are to place copy of the Return Authorization Form in the mailing container with the FluMist. Note: FluMist returned without the form will not be replaced.

5) Within 3 business days from receipt of request and verification of information, Federal Express will pick up the boxed FluMist from your location at no charge to the Providers.

6) Upon receipt and verification of the expiring expired doses with the replacement request form, replacement doses will be shipped at no charge to you.

If you have any questions regarding the Replacement Program, please call 1-877-633-7375.

This document can be found on the CDC website at: http://www.cdc.gov/vaccines/programs/vfc/downloads/med-fm-rrf-instruct-508.pdf