

KENTUCKY IMMUNIZATION PROGRAM VACCINE RETURN & ADJUSTMENT (R&A) FORM

275 EAST MAIN STREET, HS2E-B, FRANKFORT, KY 40621-0001

Phone (502) 564-4478 / Fax (502) 696-4923 / Email: dph.kvp@ky.gov

Pin #:	Phone:	Date:
Facility Name:		Person Preparing Form:
Address:		Is this Adult or VFC?
Return label preference: E-mail or Standard mail?		
If Standard, is it a PO Box? Yes or No If Yes, please provide:		
If E-mail, please provide:		

For vaccine spoilage, complete this form along with a plan of correction explaining why the vaccine is wasted and what corrective measures will be taken to prevent future incidents from occurring. Remove expired, spoiled or wasted vaccines from the refrigerator/freezer. Fax both the Return and Adjustment form and the plan of correction to (502) 696-4923. A determination will be made as to whether you will have to replace the wasted vaccine.

Vaccine and NDC #	Lot #(s)	Expiration Date	Number of Doses	Cost Per Dose	Total Cost	Adjustment Code
Vaccine						
NDC #						
Explanation of waste :						
Vaccine						
NDC #						
Explanation of waste :						
Vaccine						
NDC #						
Explanation of waste :						
Vaccine						
NDC #						
Explanation of waste :						
Vaccine						
NDC #						
Explanation of waste :						
Vaccine						
NDC #						
Explanation of waste :						
Vaccine						
NDC #						
Explanation of waste :						
Vaccine						
NDC #						
Explanation of waste :						
Vaccine						
NDC #						
Explanation of waste :						
TOTAL COST OF VACCINE LOST,EXPIRED,WASTED OR SPOILED:						

Name of the site RECEIVING vaccine:	PIN#
address of the site RECEIVING vaccine:	
Signature of person RECEIVING vaccine:	

INSTRUCTIONS FOR KENTUCKY VACCINE PROGRAM RETURN AND ADJUSTMENT FORM

Use this form for any adjustments to vaccine inventory. Before returning any vaccine to McKesson or transferring vaccine to another provider, please complete and fax this form to the Kentucky Vaccine Program at (502) 696-4923 or e-mail to dph.kvp@ky.gov.

If transferring vaccines, each provider needs to keep a copy of the completed forms for their records.

VIABLE vaccines **CANNOT** be returned. Please call KVP. Do not return syringes with needles, broken vials, or opened multi dose vials. If you have vaccines that have been in flood water, please write this across the top of the form and double bag the wet vaccine doses. Remove expired, wasted or spoiled vaccines from the refrigerator/freezer.

If you are returning expired/wasted vaccines, keep one copy of the R&A form for your records, fax one to KVP, and send one with the vaccines being returned. KVP will contact McKesson to send you a return label once we receive your R&A. **This process can take up to three weeks.** You may use any container you wish to send the expired vaccine back. Do not send gel or ice packs with returned vaccine. Give the container to the UPS driver the next time they are in your clinic. **If you call for a pick up, McKesson will charge you.** If UPS does not come to your clinic and you need a pick up scheduled, notify KVP at (502) 564-4478 or dph.kvp@ky.gov and we will have a pick up scheduled for you.

1. Fill out the top section with your clinic's PIN#, phone number, date, facility name, person preparing form, full address and whether the reported doses are "Adult" or "VFC" vaccines. Please indicate which preference you have for receiving your return shipping label.
2. List the vaccine name, NDC#, lot number, expiration date and number of doses for each vaccine reported.
3. Use the charts below to find the cost per dose of the vaccine reported and record it in the Cost per Dose section.
4. Multiply the number of doses reported by the cost per dose and enter the amount in the Total Cost section. This represents the dollar amount of the vaccine effected. This is KVP cost. **If KVP requires replacement of the vaccine, it will be a dose per dose replacement, not a cost replacement.** This total is for reference only.
5. Use the chart below to select the code appropriate for the vaccine adjustment.
6. Use the explanation line to give a short description of why the vaccine adjustment occurred. This will be used to determine if a Plan of Correction or Dose Replacement is necessary.
7. **DO NOT SHIP VACCINE TO KVP.**

Please do not resend duplicates of the Return and Adjustment form BEFORE contacting your VAS representative.

VACCINE PRICES						ADJUSTMENT CODES
PEDIATRIC PRICES				ADULT PRICES		Code "R" for RETURN: Vaccine that spoiled or expired in its original vial or syringe. Unused prefilled syringes from manufactureres with an NDC printed on them.
DAPTACEL®	\$16.04	PREVNAR 13®	\$116.91	HAVRIX ®	\$25.73	
INFANRIX®	\$16.15	ROTATEQ®	\$63.96	TWINRIX ®	\$51.76	Code "W" for Wasted: Opened multi doses vials, syringes you filled and did not use, any used syringes, broken vials. These items should NEVER be returned to McKesson but must be taken out of your inventory.
PEDIARIX®	\$53.86	ROTARIX®	\$85.04	ENGRIX-B	\$27.73	
PENTACELI®	\$54.38	ADACEL®	\$31.37	RECOMBIVAX HB®	\$24.16	Code "T" for Transfer: Vaccine that will be transferred to another KVP provider clinic. Vaccine must have been stored properly and have good expiration dates. Other provider & KVP must have approved prior to transfer.
KINRIX®	\$38.50	BOOSTRIX®	\$31.25	GARDASIL®	\$91.20	
IPOL®	\$12.58	VARIVAX®	\$83.77	MENACTRA®	\$75.31	prices as of 4/21/15
HAVRIX®	\$17.01	MENHIBERIX®	\$10.10	MENVEO ®	\$71.65	
VAQTA®	\$17.40	PNEUMOVAX®23	\$43.98	M-M-R®II	\$37.04	* last known price
ENGRIX-B	\$11.08	TENIVAC®	\$18.82	PREVNAR 13®	\$89.75	
RECOMBIVAX HB®	\$11.75	BEXSERO®	\$122.95	PNEUMOVAX®23	\$26.59	
ActHIB®	\$9.45	TRUMENBA®	\$95.75	ADACEL ®	\$22.63	
PEDVAXHIB®	\$12.34	FLUMIST®	\$18.88	BOOSTRIX®	\$22.32	
GARDASIL®Quad	\$121.03	FLUZONE® PF.25	\$17.94	VARIVAX®	\$60.76	
GARDASIL®9	\$134.26	FLUZONE® PF.5	\$14.25	ZOSTAVAX®	\$116.23	
MENACTRA®	\$86.19	FLUZONE®MDV	\$13.15			
MENVEO®	\$84.56	FLUARIX®	\$14.05			
M-M-R®II	\$19.90	FLULAVAL®MDV	\$13.15			
PROQUAD®*	\$109.01					