

# Missouri Vaccines for Children Program Seasonal Influenza Vaccine

## 2011-2012 Order Form

## VFC PIN

Please use this form to order influenza vaccine. Indicate the **number of doses** needed. All previously shipped vaccine and wastage must be accounted for on the monthly accountability form. Orders are allowed based on the vaccine pre-order that was previously submitted. Only order a four-to- six week supply. Vaccine orders may be partially filled depending on the amount of vaccine available. Back-orders will be kept on file and shipped as soon as vaccine becomes available.

Vaccine	Age Information	Brand & Manufacturer	CPT Code	Packaging	Doses Ordered
<b>Influenza Preservative Free Injectable</b>	Ages 6 through 35 months only	Fluzone ( <i>Sanofi</i> )	90655SL	0.25 mL prefilled syringes - 10 per box NDC# 49281-0111-25	
	Ages 3 through 18 years	Fluarix ( <i>GSK</i> )	90656SL	0.5 mL prefilled syringes - 10 per box NDC# 58160-0878-52	
		Fluzone ( <i>Sanofi</i> )	90656SL	0.5 mL prefilled syringes - 10 per box NDC# 49281-0011-50	
		Fluzone ( <i>Sanofi</i> )	90656SL	0.5 mL single-dose vials - 10 per box NDC# 49281-0011-10	
	Ages 4 through 18 years	Fluvirin ( <i>Novartis</i> )	90656SL	0.5 mL prefilled syringes - 10 per box NDC# 66521-0114-02	
<b>Influenza Preservative Containing Injectable</b> <small>(As outlined in Section 191.235, RSMo, these vaccines cannot be administered to children less than 3 years of age or knowingly pregnant women.)</small>	Ages 3 through 18 years	Fluzone ( <i>Sanofi</i> )	90658SL	5 mL multi-dose vial - 10 doses per vial NDC# 49281-0388-15	
	Ages 4 through 18 years	Fluvirin ( <i>Novartis</i> )	90658SL	5 mL multi-dose vial - 10 doses per vial NDC# 66521-0114-10	
<b>Influenza Preservative Free Intranasal</b>	Healthy children ages 2 through 18 years	FluMist ( <i>MedImmune</i> )	90660SL	0.2mL nasal sprayer - 10 per box NDC#66019-0109-10	

SIGNATURE  ➤	DATE	VFC Provider Name, Shipping Address and City, State and Zip
VFC use only		

**RETURN VIA FAX OR MAIL TO:**

Missouri Department of Health and Senior Services  
Bureau of Immunization Assessment and Assurance Vaccines for Children Program  
P.O. Box 570  
Jefferson City, MO 65102  
FAX: 573.526.5220

