




2025 – 2026 Influenza Vaccine Pre-book Form

Account Name		 Send to: vaccineconnection@mckesson.com
Ship-to Account Number		
Account Email		Date
Contact Name		P.O. Number
Address		McKesson Account Representative
City/State/Zip		
Phone		Fax

Reserving Flu Vaccine is Easy!



Complete this form and email it to our Vaccine Connection Team **vaccineconnection@mckesson.com**



Questions? Call the Vaccine Connection Team at 1.877.MCK.4FLU **(1.877.625.4358)** for assistance.

Terms of Sale

Prices are subject to change without prior notification. Neither McKesson Medical-Surgical nor any of its affiliates (“McKesson”) guarantee any specific delivery date or quantity. McKesson will not be held liable for any delays or product shortages.

You agree that this is a binding order which may only be canceled by delivering McKesson written notice of cancellation by April 15, 2025 for GSK, Sanofi, and Seqirus. By placing this order, you agree to purchase the designated flu vaccine upon delivery. You further agree that McKesson may substitute products at the same sales price as long as the substitute product has an equal or greater age indication and is provided in the same form. After April 15, 2025 for GSK, Sanofi, and Seqirus you may cancel only the quantity of flu vaccine that McKesson fails to deliver by November 14, 2025. Any inventory not shipped by November 14, 2025 will be invoiced on December 26, 2025. The sale price indicated includes freight unless separately identified on the invoice. McKesson’s standard terms of sales are incorporated by reference and apply to this order for flu vaccine. Where contracts may apply, contract eligibility and pricing will be determined by each ship-to location.

IN NO EVENT SHALL MCKESSON BE LIABLE FOR INCIDENTAL, SPECIAL, OR CONSEQUENTIAL DAMAGES, WHETHER BASED ON BREACH OF CONTRACT, WARRANTY, TORT, PRODUCT LIABILITY, OR OTHERWISE, (INCLUDING LOST PROFITS) FROM ANY CAUSE, INCLUDING WITHOUT LIMITATION, DAMAGES RESULTING FROM ANY UNAVAILABILITY OF, DEFECT IN, OR MISSHIPMENT OF PRODUCTS OR THE PROVISION OF SERVICES, AND WHETHER OR NOT MCKESSON HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGE.

Return Policy

Customers who pre-book 300 or more doses (30 units) by supplier presentation by April 15, 2025 for GSK, Sanofi, and Seqirus and receive their full pre-book on or before November 14, 2025, will have the right to return up to designated % by supplier presentation of unopened products for the 2025–2026 influenza season, according to the guidelines below:

- Customer will receive an invoice credit towards the purchase of flu vaccine for the next influenza season. The credit will be applied towards product from the same manufacturer as the returned product.
- Unopened vials or boxes must be returned in accordance with vaccine guidelines between March 1, 2026 – April 30, 2026.
- Only unopened units (vials or boxes of pre-filled syringes) are eligible to be returned. Eligible quantities will be rounded down to the nearest whole number.
- Return policy calculation is net of any applicable prior year credits.
- Orders entered after April 15, 2025 for GSK, Sanofi, and Seqirus are considered in-season orders and do not qualify for returnability.



For Example

- A purchase of 33 vials (330 doses) Seqirus Flucelvax TIV MDV at 15% returnability = 4.95 vials, rounded down to 4 unopened vials
- A purchase of 6 vials (60 doses) of Seqirus Flucelvax TIV MDV = not eligible for returns (minimum quantity not met)

Product ID#	Description	Age Indication	Doses per Box	CPT Code	Preservative	Return Privilege	Last Season Quantity Used	Total Quantity Boxes*	Price per Box Cost Plus 0%**	Extended Price
-------------	-------------	----------------	---------------	----------	--------------	------------------	---------------------------	-----------------------	------------------------------	----------------

* Each vial or box = 10 doses

** Where contracts may apply, contract eligibility and pricing will be determined by each ship-to location. Pricing will be Contract Cost + 0%, dependent on customer's contract eligibility per the manufacturer.

ASTRAZENECA¹

¹ For AstraZeneca's FluMist, customers who pre-book a minimum of 100 doses on or before April 30, 2025 may replace up to 10% of doses expiring before January 30, 2026 rounded down to the nearest 10 pack. All AstraZeneca orders qualify for 20% returnability with a minimum of 10 boxes ordered.

AZSPRY25	FLUMIST® TIV Intranasal Spray	2 – 49 years	10 Doses/Box	90660	No	20%				
----------	-------------------------------	--------------	--------------	-------	----	-----	--	--	--	--

SEQIRUS

SCELVL25	FLUCELVAX® TIV MDV 5 mL Cell-based	6 months and older	10 Doses/Vial 1 Vial/Box	90661	Yes	15%				
SCELSYR25	FLUCELVAX® TIV SYR 0.5 mL Cell-based	6 months and older	10 Doses/Box	90661	No	15%				
SADSYR25	FLUAD® TIV SYR 0.5 mL	65 years and older	10 Doses/Box	90653	No	15%				
SAFLVL25	AFLURIA® TIV MDV 5 mL	6 – 35 months 0.25 mL	20 Doses/Vial 1 Vial/Box	90657	Yes	15%				
		3 years and older 0.5 mL	10 Doses/Vial 1 Vial/Box	90658						
SAFLSYR25	AFLURIA® TIV SYR 0.5 mL	3 years and older	10 Doses/Box	90656	No	15%				

GSK

GSKSYRX25	FLUARIX® TIV SYR 0.5 mL	6 months and older	10 Doses/Box	90656	No	10%				
GSKSYR25	FLULAVAL® TIV SYR 0.5 mL	6 months and older	10 Doses/Box	90656	No	10%				

SANOFI

SPVL25	FLUZONE® TIV MDV 5 mL	6 – 35 months 0.25 mL	20 Doses/Vial 1 Vial/Box	90657	Yes	10%				
		6 months and older 0.5mL	10 Doses/Vial 1 Vial/Box	90658						
SPSYR25	FLUZONE® TIV SYR 0.5 mL	6 months and older	10 Doses/Box	90656	No	10%				
SPFBSYR25	FLUBLOK® TIV SYR 0.5 mL Recombinant cell-based	18 years and older	10 Doses/Box	90673	No	10%				
SPHIGH25	FLUZONE® High-Dose TIV SYR 0.5 mL	65 years and older	10 Doses/Box	90662	No	10%				

								Total Quantity		Total Price

All pre-books not canceled by April 15, 2025 for GSK, Sanofi, and Seqirus automatically turn into orders.

**I acknowledge that I have read this document in its entirety and agree to the terms and conditions stated herein.
I am authorized to order flu vaccines on behalf of this practice.**

Account Name		Date	
Ship-to Account Number		P.O. Number	
Account Email			
Contact Name		Fax	
Address		McKesson Account Representative	
City/State/Zip			
Phone		Signature	