

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

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Commissioner



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### PLEASE COPY THIS FOR ALL HEALTH CARE PROVIDERS IN YOUR PRACTICE

**TO:** All Users of State Supplied Vaccine

**FROM:** Vincent Sacco, MS  Matthew Cartter, MD, MPH   
Immunization Program Manager State Epidemiologist

**DATE:** July 18, 2012

**SUBJECT:** Vaccine Choice Program and Expansion of Hepatitis A

Beginning October 1, 2012, the Connecticut Immunization Program will implement a "Vaccine Choice" program for all health care providers currently enrolled in the state's vaccine distribution program who administer vaccines to children from birth through 18 years of age. Providers also will be able to order Hepatitis A vaccine for all children 12–23 months of age regardless of insurance status.

#### **Vaccine Brand Choice**

Providers will be able to pick a specific brand of vaccine when more than one brand is available to choose from (e.g., for DTaP both Daptacel and Infanrix will be available). The list of available vaccines that will be supplied by the State Immunization Program is attached.

The Immunization Program is in the process of revising vaccine ordering forms including vaccine reporting and accountability documents that will help to transition providers to the vaccine choice program for their patients. Program staff will be available to provide technical assistance for implementing this program.

Providers may select for their patients any licensed vaccine product that is:

- Recommended by the Advisory Committee on Immunization Practices (ACIP) and
- Available through the Centers for Disease Control and Prevention (CDC) contract

Choice of products does not apply in the event of a vaccine supply shortage. If a brand chosen by the provider is not available and an antigen equivalent vaccine is available, the equivalent brand may be shipped without notification. The Immunization Program will make every attempt to honor provider choice when possible.

#### **Provider Inventory Transition Plan for Vaccine Choice Program**

Providers who wish to select a vaccine brand that is different from what they are currently utilizing should work with Immunization Program staff to develop a transition plan. The purpose of the transition plan is to allow providers to deplete their current inventory to prevent wastage,

and allow patients to complete a series started with the same vaccine product before switching to a different vaccine brand chosen by the provider.

More information about the vaccine products can be found at:

- [www.cdc.gov/vaccines/pubs/ACIP-list.htm](http://www.cdc.gov/vaccines/pubs/ACIP-list.htm)
- [www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts](http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts)

Providers without internet access can receive vaccine product information by contacting the Immunization Program at 860-509-7929.

### **Expansion of Hepatitis A vaccine**

Hepatitis A vaccine is routinely recommended for children 12–23 months of age with catch up vaccination recommended for 2–18 year olds for whom immunity is desired. Hepatitis A vaccine is required for entry into day care for children born January 1, 2009 or later and for kindergarten entry for children born January 1, 2007 or later.

**Beginning October 1, 2012 providers can begin to use state supplied Hepatitis A vaccine for all children 12–23 months of age regardless of insurance status. However catch-up vaccination for children 2–18 years of age is still limited to VFC-eligible children.**

A listing of all available vaccines with corresponding age groups (eligibility criteria for state supplied vaccines) as of October 1<sup>st</sup> is included with this communication.

Providers can also view vaccine policy communications regarding the use of state supplied vaccines by going to the DPH Immunization Program website at the following link

<http://www.ct.gov/dph/cwp/view.asp?a=3136&Q=388454&PM=1>

As always, if you have any questions, please contact the Immunization Program at (860) 509-7929.



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## DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION PROGRAM

Available vaccines supplied by the Connecticut Department of Public Health  
Immunization Program as of October 1, 2012

VACCINE	BRAND NAME	Packaging	NDC #
DTaP	Daptacel	10 pack single dose vials	49281-0286-10
DTaP	Infanrix	10 pack single dose vials	58160-0810-11
DTaP/IPV	Kinrix	10 pack single dose vials	58160-0812-11
DTaP/IPV/Hep B	Pediarix	10 pack single dose syringes	58160-0811-52
DTaP/IPV/Hib	Pentacel	5 pack single dose vials	49281-0510-05
IPV	IPOL	10 dose vial	49281-0860-10
Hepatitis A	Havrix	10 pack single dose vials	58160-0825-11
Hepatitis A	Vaqta	10 pack single dose vials	00006-4831-41
Hepatitis B	Engerix-B	10 pack single dose vials	58160-0820-11
Hepatitis B	Recombivax	10 pack single dose vials	00006-4981-00
Hib	ActHib	5 pack single dose vials	49281-0545-05
Hib	Pedvax	10 pack single dose vials	00006-4897-00
Hib/Hep B	Comvax	10 pack single dose vials	00006-4898-00
HPV	Cervarix	10 pack single dose vials	58160-0830-52
HPV	Gardasil	10 pack single dose vials	00006-4045-41
MCV4	Menactra	5 pack single dose vials	49281-0589-05
MCV4	Menveo	5 pack single dose vials	46028-0208-01
MMR	MMR II	10 pack single dose vials	00006-4681-00
PCV13	Prevnar 13	10 pack single dose syringes	00005-1971-02
Rotavirus	Rotarix	10 pack single dose vials	58160-0854-52
Rotavirus	Rotateq	10 pack single dose tubes	00006-4047-41
Td	Tenivac	10 pack single dose vials	49281-0215-10
Tdap	Adacel	10 pack single dose vials	49281-0400-10
Tdap	Boostrix	10 pack single dose vials	58160-0842-11
Varicella	Varivax	10 pack single dose vials	00006-4827-00
Influenza .5mL	Fluarix	10 pack single dose syringes	58160-0879-52
Influenza .2mL	Flumist	10 pack single dose sprayer	To be determined
Influenza .5mL	FluVirin	10 pack single dose syringes	66521-0115-02
Influenza .25 mL	Fluzone	10 pack single dose vials	49281-0112-25
Influenza .5mL	Fluzone	10 pack single dose vials	49281-0012-10
Influenza .5mL	Fluzone	10 pack single dose syringes	49281-0012-50

List of available state supplied vaccines as of 10 1 2012

**Eligibility Criteria for State of CT provided vaccines as of October 1, 2012**

Vaccine	Age Group	Status of Children			CPT Code(s)
		VFC Eligible <sup>1</sup>	Non-VFC Children <sup>1</sup>	S-CHIP Children <sup>1</sup>	
Hepatitis B	Newborns in hospital Children 0-18 years	YES YES	YES YES	YES YES	<b>90744</b> <b>90744</b>
Varicella (Doses 1 & 2)	12 months-18 years <sup>2</sup>	YES	YES	YES	<b>90716</b>
Td	7-18 years <sup>3</sup>	YES	YES	YES	<b>90714</b>
MMR (Doses 1 & 2)	12 months-18 years College entry (any age)	YES YES	YES YES	YES YES	<b>90707</b> <b>90707</b>
DTaP	2 months – 6 years	YES	YES	YES	<b>90700</b>
Hib	2-59 months	YES	YES	YES	<b>90648</b>
IPV	2 months-18 years	YES	YES	YES	<b>90713</b>
DTaP/IPV	4-6 years	YES	YES	YES	<b>90696</b>
DTaP/IPV/Hep B	2-83 months	YES	YES	YES	<b>90723</b>
DTaP/IPV/Hib	2-59 months	YES	YES	YES	<b>90698</b>
Meningococcal Conjugate (MCV4)					
Dose 1	11-18 years	YES	YES	YES	<b>90734</b>
Dose 2	16-18 years	YES	YES	YES	<b>90734</b>
Tdap	7-18 years <sup>4</sup>	YES	YES	YES	<b>90715</b>
Influenza	6-59 months 5-18 years	YES YES	YES <b>NO</b>	YES YES	<b>90655</b> <b>90656</b> <b>90660</b>
Hepatitis A	12-23 months 2-18 years	YES YES	YES <b>NO</b>	YES YES	<b>90633</b> <b>90633</b>
Pneumococcal Conjugate Vaccine (PCV 13)	2-71 months	YES	<b>NO</b>	YES	<b>90670</b>
Rotavirus	6 weeks-8 months	YES	<b>NO</b>	YES	<b>90681</b>
HPV (males & females)	9-18 years	YES	<b>NO</b>	YES	<b>90649</b>

1 VFC eligibility is defined as follows: (a) Medicaid enrolled; (b) NO health insurance; or (c) American Indian or Alaskan native. In addition those individuals who are under-insured (have health insurance that does not cover immunizations) can be referred to a Federally Qualified Health Center (FQHC) to be immunized with VFC-supplied vaccine. Non-VFC Children refers to patients who have private insurance that covers the cost of immunizations. S-CHIP children are those children enrolled in HUSKY B.

2 Susceptible children who do not have a clinical history of chicken pox.

3 Td vaccine can be given to children 7-18 years of age to complete their primary series, or to those children 7-18 years of age who are in need of a Tetanus containing vaccine and cannot receive Tdap.

4 Tdap vaccine should be administered routinely to children at the 11-12 year old preventive health care visit, and to children 7-10 years old who have not been fully vaccinated against pertussis and for whom no contraindication to pertussis containing vaccine exists.

**As of October 1, 2012 the only recommended childhood vaccines not available from the state immunization program are:**  
**Influenza for privately insured patients 5-18 years of age; Hepatitis A for privately insured patients 2-18 years of age;**  
**PCV13 for privately insured patients 2-71 months of age; Rotavirus for privately insured patients 6 weeks-8 months of age;**  
**and HPV for privately insured patients 9-18 years of age.**

Revised 7/18/2012