

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Immunization Program

PLEASE COPY THIS FOR ALL HEALTH CARE PROVIDERS IN YOUR PRACTICE

TO: Health Care Providers

A handwritten signature in black ink, appearing to read "Mick Bolduc".

FROM: Mick Bolduc, Vaccine Coordinator-Connecticut Vaccine Program

DATE: July 23, 2018

SUBJECT: Influenza Formulations for 2018-19 Flu Season

The primary purpose of this communication is to inform you that Live Attenuated Influenza Vaccine (LAIV) will be available through the Connecticut Vaccine Program (CVP) for the 2018-19 flu season.

Live Attenuated Influenza Vaccine (LAIV)

In February 2018 the Advisory Committee on Immunization Practices recommended that LAIV (brand name FluMist®) be available as an option to vaccinate individuals 2 years of age and older for the upcoming flu season. The CDC has just finalized adding FluMist® to the federal contract for the 2018-19 influenza season. Doses of FluMist® are not expected to be available until sometime between late September and November. The CVP will be providing FluMist® and several other influenza formulations for all children 6 through 59 months of age regardless of insurance status as well as for all VFC-eligible and CHIP (HUSKY B) patients 5 through 18 years old. A complete list of the formulations is listed below. All vaccines offered will be quadrivalent preservative-free formulations.

As soon as the first doses of influenza vaccine become available (likely sometime in August) you will be notified that you can begin placing your flu orders. We will do our best to fill the orders as completely as possible but the majority of influenza vaccine is not expected to be available until September and October.



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Affirmative Action/Equal Opportunity Employer



Below is a list of the flu formulations the CVP will be supplying this upcoming influenza season:

Vaccine	Package	Dose	Age	Preservative Free	NDC #	CPT Code
Fluzone (Sanofi)	Single dose Syringe (Quadrivalent)	0.25 mL	6–35 months	YES	49281-0518-25	90685
Fluzone (Sanofi)	Single dose Syringe (Quadrivalent)	0.5 mL	3 years and older	YES	49281-0418-50	90686
Fluzone (Sanofi)	Single dose Vial (Quadrivalent)	0.5 mL	3 years and older	YES	49281-0418-10	90686
FluLaval (GSK)	Single dose Syringe (Quadrivalent)	0.5 mL	6 months and older	YES	19515-0909-52	90686
FluMist (Astra Zenaca)	Single dose Sprayer	0.2 mL	2 -49 years	YES	66019-0305-10	90672
Flucelvax (Seqirus)	Single dose Syringe (Quadrivalent)	0.5 mL	4 years and older	YES	70461-0318-03	90674

Enclosed are updated CVP Eligibility Criteria, Vaccines supplied by the CVP, and VOF (Vaccine Order Form) for your records.

As always, if you have any questions, please feel free to contact me at (860) 509-7940.

Connecticut Vaccine Program (CVP) Eligibility Criteria as of August 1, 2018

Vaccine	Age Group	Status of Children VFC and State Supplied Vaccine				CPT Code(s)
		VFC Eligible ¹	Non-VFC Eligible Privately Insured ²	Non-VFC Eligible Under-Insured ²	S-CHIP ²	
Hepatitis B	Newborns in hospital Children 0-18 years	YES YES	YES YES	YES YES	YES YES	90744 90744
Varicella (Doses 1 & 2)	12 months-18 years ³	YES	YES	YES	YES	90716
Td	7-18 years ⁴	YES	YES	YES	YES	90714
MMR (Doses 1 & 2)	12 months-18 years	YES	YES	YES	YES	90707
	College (any age)	YES	YES	YES	YES	90707
MMRV (Doses 1 & 2)	12 months-12 years	YES	YES	YES	YES	90710
DTaP	2 months – 6 years	YES	YES	YES	YES	90700
Hib	2-59 months	YES	YES	YES	YES	90647, 90648
IPV	2 months-18 years	YES	YES	YES	YES	90713
DTaP/IPV	4-6 years	YES	YES	YES	YES	90696
DTaP/IPV/Hep B	2-83 months	YES	YES	YES	YES	90723
DTaP/IPV/Hib	2-59 months	YES	YES	YES	YES	90698
Meningococcal Conjugate-High Risk	2 months-10 years	YES	YES	YES	YES	90734
Routine Doses 1 & 2	11-18 years	YES	YES	YES	YES	90734
Tdap	7-18 years ⁵	YES	YES	YES	YES	90715
Pneumococcal Conjugate (PCV13)	2 months-18 years	YES	YES	YES	YES	90670
Pneumococcal Polysaccharide (PPSV23)	2-18 years	YES	YES	YES	YES	90732
Influenza	6-59 months	YES	YES	YES	YES	90672, 90674 90685, 90686
	5-18 years	YES	NO	YES	YES	90672, 90674, 90686
Hepatitis A	12-23 months	YES	YES	YES	YES	90633
	2-18 years	YES	NO	YES	YES	90633
Rotavirus	6 weeks-8 months	YES	NO	YES	YES	90680, 90681
HPV (males & females)	9-10 & 13-18 years	YES	NO	YES	YES	90651
	11-12 years	YES	YES	YES	YES	90651
Meningococcal Serogroup B	10-15 years (High Risk)	YES	NO	YES	YES	90620, 90621
	16-18 years	YES	NO	YES	YES	90620, 90621

¹ VFC eligibility is defined as follows: (a) Medicaid enrolled; (b) NO health insurance; (c) American Indian or Alaskan native; or (d) underinsured seen at an FQHC.

² Non-VFC children refers to patients who have private insurance that covers the cost of immunizations, patients that are under-insured for some or all vaccines seen by a private provider; and S-CHIP children- those children enrolled in HUSKY B.

³ Susceptible children who do not have a clinical history of chicken pox.

⁴ 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.

⁵ 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 January 1, 2018 the only childhood vaccines not available from the CVP are: Flu for privately insured patients 5-18 years of age; Hep A for privately insured patients 2-18 years of age; Rotavirus for privately insured patients 6 weeks-8 months of age; Meningococcal Serogroup B for patients 10-18 years of age; and HPV for privately insured patients 9-10 & 13-18 years of age. For those vaccines providers can purchase them privately and submit billing requests to the appropriate insurer in accordance with normal billing procedures.

Revised 7/23/18



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION PROGRAM

Vaccines supplied by the Connecticut Vaccine Program as of August 1, 2018

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	Quadracel	10 pack single dose vials	49281-0562-10
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 pre-filled syringes	58160-0820-52
Hepatitis B	Recombivax	10 pack single dose vials	00006-4981-00
Hib	ActHib	5 pack single dose vials	49281-0545-05
Hib	Hiberix	10 pack single dose vials	58160-0818-11
Hib	Pedvax	10 pack single dose vials	00006-4897-00
HPV 9	Gardasil 9	10 pack single dose vials	00006-4119-03
MCV4	Menactra	5 pack single dose vials	49281-0589-05
MCV4	Menveo	5 pack single dose vials	58160-0955-09
Meningococcal Serogroup B	Bexsero	1 single dose syringe	58160-0976-06
Meningococcal Serogroup B	Trumenba	10 single dose syringes	00005-0100-10
MMR	MMR II	10 pack single dose vials	00006-4681-00
MMRV	ProQuad	10 pack single dose vials	00006-4171-00
PCV13	Prevnar 13	10 pack single dose syringes	00005-1971-02
PPSV23	Pneumovax23	10 pack single dose vials	00006-4943-00
Rotavirus	Rotarix	10 pack single dose vials	58160-0854-52
Rotavirus	Rotateq	10 pack single dose tubes	00006-4047-41
Td Vaccine	Td	1 single dose vial	13533-0131-01
Td	Tenivac	1 single dose syringe	49281-0215-15
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	FluLaval-Quad	10 pack single dose syringes	19515-0909-52
Influenza .5mL	Flucelvax-Quad	10 pack single dose syringes	70461-0318-03
Influenza .25 mL	Fluzone-Quad	10 pack single dose syringes	49281-0518-25
Influenza .5mL	Fluzone-Quad	10 pack single dose vials	49281-0418-10
Influenza .5mL	Fluzone-Quad	10 pack single dose syringes	49281-0418-50
Influenza .2mL	FluMist-Quad	10 pack single dose sprayers	66019-0305-10

Revised 7 23 2018



CONNECTICUT VACCINE PROGRAM VACCINE ORDER FORM (VOF)

Please read the instructions on page 3 before completing and submitting this form

Completed forms can be FAXED to: (860) 509-8371 or email to: dph.immunizations@ct.gov

<u>Facility Name and Shipping Address</u>		<u>Date of Report</u>				<u>Completed by</u>				<u>Dates Practice will be closed for the month. Do not include weekends.</u>				<u>PIN</u>
		<u>Month / Year Reporting:</u>	<u>Doses Ordered</u>	<u>Doses On Hand</u>	<u>Lot #</u>	<u>Expiration Date</u>	<u>Doses On Hand</u>	<u>Lot #</u>	<u>Expiration Date</u>	<u>Doses On Hand</u>	<u>Lot #</u>	<u>Expiration Date</u>	<u>Doses Administered</u>	
<u>Vaccine Brand</u>	<u>Vaccine</u>	<u>NDC Codes</u>	<u>Pack Size</u>											
ActHib	Hib	49281-0545-03	5											
Adacel	Tdap	49281-0400-10	10											
Boostrix	Tdap	58160-0842-11	10											
Daptacel	DTaP	49281-0286-10	10											
Engerix-B	Hepatitis B	58160-0820-52	10											
Fluzone-Quad	Influenza .25 mL Syr.	49281-0517-25	10											
Fluzone-Quad	Influenza .5mL Syr.	49281-0417-50	10											
Fluzone-Quad	Influenza .5mL Vial	49281-0417-10	10											
FluLaval-Quad	Influenza .5mL Syr.	19515-0912-52	10											
FluMist	Influenza .2mL Spray	66019-0305-10	10											
Fluclivax-Quad	Influenza .5mL Syr.	70461-0201-01	10											
Gardasil 9	HPV 9	00006-4119-03	10											
Havrix	Hepatitis A	58160-0825-11	10											
Hiberix	Hib	58160-0818-11	10											
Infanrix	DTaP	58160-0810-11	10											
IPOL	IPV	49281-0860-10	10											
Kinrix	DTaP/IPV	58160-0812-11	10											

Vaccine Brand	Vaccine	NDC Codes	Pack Size	Doses Ordered	Doses On Hand	Lot #	Expiration Date	Doses On Hand	Lot #	Expiration Date	Doses On Hand	Lot #	Expiration Date	Doses Administered
MMR II	MMR	00006-4681-00	10											
Menactra	MCV4	49281-0589-05	5											
Menveo	MCV4	58160-0955-09	5											
Pediarix	DTaP/IPV/Hep B	58160-0811-52	10											
Pedvax	Hib	00006-4897-00	10											
Pentacel	DTaP/IPV/Hib	49281-0510-05	5											
Prevnar 13	PCV 13	00005-1971-02	10											
ProQuad	MMRV	00006-4171-00	10											
Quadracel	DTaP/IPV	49281-0562-10	10											
Recombivax	Hepatitis B	00006-4981-00	10											
Rotarix	Rotavirus	58160-0854-52	10											
Rotateq	Rotavirus	00006-4047-41	10											
Td Vaccine	Td	13533-0131-01	1											
Tenivac	Td	49281-0215-10	1											
Vaqta	Hepatitis A	00006-4831-41	10											
Varivax	Varicella	00006-4827-00	10											
Bexsero	Meningococcal B	58160-0976-06	1											
Trumenba	Meningococcal B	00005-0100-10	10											
Pneumovax23*	PPSV23	00006-4943-00	1											

*FOR HIGH RISK PATIENTS ONLY

How To Submit Your Vaccine Order Form (VOF) To The CVP

- FAX or email your VOF to the Immunization Program each month even if you do not require additional vaccine.
- Additional forms are available on our website at <http://www.ct.gov/dph/cwp/view.asp?a=3136&q=511138>. FAX completed forms to **860-509-8371** or email dph.immunizations@ct.gov
- If emailing, please save and name the document with your PIN and name of form. For example: PIN 2000.VOF.pdf. Attach your completed form and email to dph.immunizations@ct.gov. Save and print a copy for your records. Please call (860) 509-7929 with any questions.

Identification & Shipping Information

- Complete all the information at the top of form including facility name, vaccine shipping address, date of order, completed by, PIN, phone and date range of doses administered totals.
- Complete the box with any dates your practice will be closed during the month outside of normal business hours as stated on your provider profile. Do not include weekends.
- **IMPORTANT! Please notify the Immunization Program if changes have occurred to your practice name, shipping address, hours and days to receive vaccine.**

Vaccine Order

- Indicate number of doses needed under the **DOSES ORDERED** column. Order by number of doses needed rounding to the number of doses per pack according to the VOF. **Do not order by number of boxes.** It is recommended that providers maintain at least a 4 week supply of vaccine in inventory to avoid running out of vaccine.

Vaccine Inventory

- The Centers for Disease Control and Prevention (CDC) requires inventory tracking by NDC, lot number, and expiration date of State supplied vaccine. Indicate number of doses on hand for each lot number and expiration date. THREE columns per vaccine product have been provided to record this data. Do not combine lot numbers or post the same lot number twice. If you have more than three different lot numbers per vaccine product, please indicate additional vaccine inventory on a separate vaccine form and note this as an addendum to vaccine inventory accounting.
- Balance inventory from last month's report to physical current inventory: (previous inventory + order – DA) = actual inventory (+ or – transfers & returns). **Resolve all discrepancies before submitting this form to the CVP.**

Expiration Dates

- Record complete expiration dates for all state supplied inventory. If vaccines are approaching their expiration dates and may expire before they can be used an attempt to transfer the vaccine to another practice should be made **4 months before expiration**. Please call the Immunization Program to help facilitate transfer of the vaccine.

Doses Administered

- **ONLY DOSES ADMINISTERED WITH STATE SUPPLIED VACCINE should be included in this count.**
- Indicate the **Month and Year** for which you are reporting doses administered totals.

Thank you for following the above instructions. VOFs that are complete and accurate enable us to process your order quickly!

If you are interested in registering for VTrackS; CDC's online vaccine ordering and inventory management program, please send a request to: dph.immunizations@ct.gov