STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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

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Immunization Program

PLEASE COPY THIS FOR ALL HEALTH CARE PROVIDERS IN YOUR PRACTICE

TO: **Health Care Providers**

FROM: **Mick Bolduc-Vaccine Coordinator**
Connecticut Vaccine Program (CVP)

DATE: **April 4, 2017**

SUBJECT: **Vaccine Update**

The primary purpose of this communication is to inform you of several updates to the vaccines supplied through the CVP.

DTaP/IPV vaccine

Beginning May 1, 2017 the CVP will begin offering a second DTaP/IPV combination vaccine; Sanofi Pasteur's Quadracel®. A single dose of Quadracel® vaccine is approved for use as a fifth dose in the diphtheria, tetanus, pertussis vaccination (DTaP) series, and as a fourth or fifth dose in the inactivated poliovirus vaccination (IPV) series in children 4-6 years of age who have previously received 4 doses of Pentacel® and/or Daptacel® vaccines. The vaccine comes packaged as 10 single dose vials per box under CPT code 90696.

New NDC for Meningococcal Conjugate vaccine

Glaxo Smith Kline has informed CDC that its Menveo® Meningococcal Conjugate vaccine will have a new NDC number:

Current NDC: 46028-0208-01
New NDC: 58160-0955-09

Providers should start seeing the new Menveo® NDC on orders distributed through the CVP sometime in June 2017.

Keeping Connecticut Healthy
DPH
Connecticut Department of Public Health

Phone: (860) 509-7929 • Fax: (860) 509-7945
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Hepatitis B vaccine

Glaxo Smith Kline has also informed CDC that it will stop manufacturing the single dose vials of its Engerix-B® Hepatitis B vaccine immediately. Once the current inventory of Engerix-B® single dose vials have been depleted at McKesson the CVP will only be offering pre-filled syringes (NDC # 58160-0820-52). Providers should start receiving the Engerix-B® pre-filled syringes on orders distributed through the CVP sometime in July 2017.

Enclosed is an updated Vaccine Order Form, Vaccine Return Form, and Vaccines Supplied by the CVP.

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

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
IMMUNIZATION PROGRAM

Vaccines supplied by the Connecticut Vaccine Program as of May 1, 2017

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
Meningococcal Conjugate/Hib	MenHibrix	1 single dose vial	58160-0801-11
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**	**19515-0912-52**
Influenza .5mL	**Flucelvax-Quad**	**10 pack single dose syringes**	**70461-0201-01**
Influenza .25 mL	**Fluzone-Quad**	**10 pack single dose syringes**	**49281-0517-25**
Influenza .5mL	**Fluzone-Quad**	**10 pack single dose vials**	**49281-0417-10**
Influenza .5mL	**Fluzone-Quad**	**10 pack single dose syringes**	**49281-0417-50**

Revised 4 3 2017 Changes marked in bold

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

Facility Name and Shipping Address	Date of Report Month / Year Reporting:	Completed by Phone Number	Dates Practice will be closed for the month. Do not include weekends.	PIN

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
ActHib	Hib	49281-0545-05	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											
Flucelvax-Quad	Influenza .5mL Syr.	70461-0201-01	10											
Gardasil 4	HPV 4	00006-4045-41	10	**N/A**										
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											
****** VACCINES BELOW ARE FOR HIGH RISK PATIENTS ONLY ******														
MenHibrix*	Meningococcal/Hib	58160-0801-11	1											
Pneumovax23*	PPSV23	00006-4943-00	1											

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 descrepancies 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 VTrckS; CDC's online vaccine ordering and inventory management program, please send a request to: dph.immunizations@ct.gov

Revised 8/16 Dept. of Public Health • Immunizations Program • 410 Capitol Avenue; Hartford, CT 06134 Phone (860) 509-7929 • Fax (860) 509-8371
http://www.ct.gov/dph/cwp/view.asp?a=3136&Q=466892&PM=1

VACCINE RETURN FORM

Connecticut Vaccine Program

Fax or email completed form to: FAX: 860-509-8371 email: DPH.Immunizations@ct.gov

Please use this form to report all types of state vaccine wastage

1. For vaccines that have spoiled please complete this form and a spoilage letter explaining why the vaccine spoiled and steps you will take to prevent future incidents from occurring. Fax or email the form and letter to the CVP using the contact information above.
2. The form and letter will be reviewed by the VFC Coordinator and a determination will be made if vaccine replacement is required in accordance with the Financial Restitution Policy. Please visit the CVP web page or contact the program at 860-509-7929 for a copy of the policy.
3. After you have submitted this form and spoilage letter to the CVP you will receive a label via email from UPS on behalf of McKesson Specialty Care. If an email is not on file with the CVP you will receive a UPS return label by U.S. mail from McKesson.
4. When you receive the UPS return label, package the vaccine, affix the UPS return label to the package and give to your UPS driver.
5. Return only the vaccine and quantities reported on this return form. N**ever return open multi-dose vials, broken vials or syringes with needles.**
6. If you do not receive a UPS label within 5 days of submitting your return form call the CVP at 860-509-7929.

Revised 4/3/17 Dept. of Public Health, Immunizations Program, 410 Capitol Avenue; Hartford, CT 06134 Phone (860) 509-7929 Fax (860) 509-8371 www.ct.gov/dph/immunizations

FACILITY NAME	COMPLETED BY	DATE OF REPORT	PIN
	PHONE	SPOILAGE LETTER ATTACHED (Y/N)?	

Vaccine Brand	Vaccine	NDC #	Lot #	Expiration Date	No. of Doses	Cost Per Dose	Reason For Return
ActHib	Hib	49281-0545-03				**$9.55**	
Adacel	Tdap	49281-0400-10				**$30.99**	
Bexsero	Meningococcal Serogroup B	58160-0976-06				**$122.95**	
Boostrix	Tdap	58160-0842-11				**$31.95**	
Daptacel	DTaP	49281-0286-10				**$17.16**	
Engerix-B	Hepatitis B	58160-0820-11				**$12.30**	
Fluarix-Quad	Influenza .5mL Syringe	58160-0905-52				**$14.43**	
Flucelvax-Quad	Influenza .5mL Syringe	70461-0200-01				**$14.34**	
Fluzone-Quad	Influenza .25 mL Syringe	49281-0516-25				**$19.14**	
Fluzone-Quad	Influenza .5mL Vial	49281-0416-10				**$15.82**	
Fluzone-Quad	Influenza .5mL Syringe	49281-0416-50				**$14.93**	
Gardasil	HPV	00006-4045-41				**$113.54**	
Gardasil 9	HPV 9	00006-4119-03				**$154.28**	
Havrix	Hepatitis A	58160-0825-11				**$18.68**	
Hiberix	Hib	58160-0818-11				**$9.46**	
Infanrix	DTaP	58160-0810-11				**$17.73**	
IPOL	IPV	49281-0860-10				**$13.04**	
Kinrix	DTaP/IPV	58160-0812-11				**$39.57**	
Menactra	MCV4	49281-0589-05				**$89.16**	
MenHibrix	Meningo. Conjugate/Hib	58160-0801-11				**$10.53**	
Menveo	MCV4	46028-0208-01				**$89.44**	
MMR II	MMR	00006-4681-00				**$20.59**	
Pediarix	DTaP/IPV/Hep B	58160-0811-52				**$56.43**	
Pedvax	Hib	00006-4897-00				**$12.79**	
Pentacel	DTaP/IPV/Hib	49281-0510-05				**$56.74**	
Pneumovax23	PPSV23	00006-4943-00				**$48.72**	
Prevnar 13	PCV13	00005-1971-02				**$126.97**	
ProQuad	MMRV	00006-4171-00				**$118.72**	
Quadracel	DTaP/IPV	49281-0562-10				**$39.57**	
Recombivax	Hepatitis B	00006-4981-00				**$12.30**	
Rotarix	Rotavirus	58160-0854-52				**$91.05**	
Rotateq	Rotavirus	00006-4047-41				**$69.12**	
Td Vaccine	Td	13533-0131-01				**$12.51**	
Tenivac	Td	49281-0215-10				**$19.69**	
Trumenba	Meningococcal Serogroup B	00005-0100-10				**$100.98**	
Twinrix	Adult Hep A/HepB	58160-0815-52				**$55.35**	
Vaqta	Hepatitis A	00006-4831-41				**$18.75**	
Varivax	Varicella	00006-4827-00				**$92.72**	