

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH



Jewel Mullen, M.D., M.P.H., M.P.A.  
Commissioner



Dannel P. Malloy  
Governor  
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Lt. Governor

**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:** September 21, 2012

**SUBJECT:** Universal Provider Participation

This past June the state legislature approved changes to Section 19a-7f of the Connecticut General Statutes mandating that beginning January 1, 2013 any health care provider who administers vaccine to children birth through 18 years of age shall utilize vaccine provided by the Department of Public Health Immunization Program. A listing of all the vaccines provided by the Immunization Program as of January 1, 2013 as well as the eligibility criteria for state supplied vaccines is included with this memo. Providers can continue to purchase and bill for any vaccine not provided on the enclosed list. As of January 1, 2013, 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.

**Provider Inventory Transition Plan for Universal Participation**

Providers who have privately purchased vaccines currently in stock that will be made available by the Immunization Program as of January 1, 2013 should plan to use up their existing inventory by the end of December. Providers should place a sufficiently sized vaccine order with the Immunization Program in December that will enable them in January to adequately vaccinate **all** patients in their practice eligible to receive state supplied vaccine. Most providers order vaccine once a month by submitting their orders on or before the first business day of the month ("first of the month orders"). For those providers who need to order more frequently, the Immunization Program will work with you to custom-tailor an ordering frequency plan ("alternate frequency plan") that will work for your practice.

If you have any questions about the Universal Provider Participation program, please feel free to contact Mick Bolduc, Vaccines for Children Coordinator at (860) 509-7940. All of the materials that you will need to enroll in the new program will be available shortly on the DPH website:

<http://www.ct.gov/dph/cwp/view.asp?a=3136&q=466892>



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION PROGRAM

Vaccines supplied by the Connecticut Vaccine Program as of  
January 1, 2013

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	66019-0110-10
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 1 1 2013

## Connecticut Vaccine Program

### Eligibility Criteria for vaccines as of January 1, 2013

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	<b>90744</b>
		YES	YES	YES	<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	<b>90707</b>
		YES	YES	YES	<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 Dose 2	11-18 years	YES	YES	YES	<b>90734</b>
	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	YES	YES	YES	<b>90655</b>
	5-18 years	YES	<b>NO</b>	YES	<b>90656</b> <b>90660</b>
Hepatitis A	12-23 months	YES	YES	YES	<b>90633</b>
	2-18 years	YES	<b>NO</b>	YES	<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. 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 January 1, 2013 the only recommended childhood vaccines not available from the Connecticut Vaccine 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.**

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