

From: dph.immunizations@ct.gov <noreply@everbridge.net>

Sent: Monday, April 15, 2024 3:55 PM

Subject: New Meningococcal Conjugate/Meningococcal Serogroup B Combination Vaccine April 15, 2024



DEPARTMENT OF PUBLIC HEALTH

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April 15, 2024

This communication is being sent to all key contacts at provider organizations enrolled in the CT Vaccine Program (CVP). Please share it with others in your organization who may benefit from the update. All our communications are archived on our website [Provider Communications \(ct.gov\)](#).

Dear CVP providers,

On May 1, 2024, the CVP will make available a new meningococcal conjugate/meningococcal serogroup B combination vaccine (MenABCWY), brand name Penbraya™, manufactured by Pfizer. The vaccine will be available in single-dose vials (minimum order is 1 dose). The NDC for Penbraya™ is 00069-0600-01 and CPT code is 90623. Penbraya™ is licensed for use in individuals 10 through 25 years of age in 2 dose a series administered at least six months apart.

The [Advisory Committee on Immunization Practices \(ACIP\)](#) recommends that Penbraya™ be used when both meningococcal conjugate and MenB are indicated at the same visit for:

1. Healthy individuals aged 16–23 years (routine schedule) when shared clinical decision-making favors administration of MenB vaccination.
2. Individuals aged 10 years and older at increased risk of meningococcal disease (e.g., due to persistent complement deficiencies, complement inhibitor use, or functional or anatomic asplenia) due for both

More information on Penbraya™ can be found [here](#) (Pfizer) and on meningococcal vaccines [here](#) (CDC).

Also on May 1, 2024, the NDCs for 2 vaccines will be changing:

Boostrix will only be available in a package of 10 single-dose syringes: **NDC #58160-0842-52**

Recombivax will only be available in a package of 10 single-dose syringes: **NDC # 00006-4093-02**

An updated vaccine supplied by the Connecticut Vaccine Program as of May 1, 2024, is attached.

For the CT DPH Immunization Program, visit: [Contact Us](#)

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Vaccines supplied by the Connecticut Vaccine Program as of May 1, 2024

Vaccine Product Name	Brand Name	Packaging	NDC	Manufacturer	CVX	CT WIZ Drop Down Selection
COVID-19 (6m-11y)	Moderna	10 pack-1 dose vial	80777-0287-92	Moderna	311	COVID-19 (MOD) 6m-11y
COVID-19 (12y+)	Spikevax	10 pack-1 dose vial	80777-0102-95	Moderna	312	COVID-19 (MOD) 12+yrs
COVID-19 (6m-4y)	Pfizer-BioNTech	10 pack- 3 multi dose vial	59267-4315-02	Pfizer, Inc	308	COVID-19 (PFR) 6m-4y
COVID-19 (5y-11y)	Pfizer-BioNTech	10 pack-1 dose vial	59267-4331-02	Pfizer, Inc	310	COVID-19 (PFR) 5 thru 11y
COVID-19 (12+)	Comirnaty	10 pack-1 dose syr	00069-2377-10	Pfizer, Inc	309	COVID-19 (PFR) 12+yrs
COVID-19 (12+)	Novavax	2 pack- 5 mulit dose vial	80631-0105-02	Novavax, Inc	313	COVID-19 (NVX) 12+yrs
DTaP	Infanrix	10 pack – 1 dose syr	58160-0810-52	GlaxoSmithKline	20	DTaP
DTaP	Daptacel	10 pack – 1 dose syr	49281-0286-10	Sanofi Pasteur	106	DTaP
DTaP-HepB-IPV	Pediarix	10 pack – 1 dose syr	58160-0811-52	GlaxoSmithKline	110	DTaP-HepB-IPV
DTaP-IP-HI	Pentacel	5 pack – 1 dose syr	49281-0511-05	Sanofi Pasteur	120	DTaP-Hib-IPV
DTaP-IPV	Kinrix	10 pack – 1 dose syr	58160-0812-52	GlaxoSmithKline	130	DTaP-IPV
DTaP-IPV	Quadracel	10 pack – 1 dose syr	49281-0564-15	Sanofi Pasteur	130	DTaP-IPV
DTaP-IPV-Hib-Hep B	Vaxelis	10 pack – 1 dose syr	63361-0243-15	MSP Vaccine Co	146	DTaP-IPV-Hib-Hep B
E -IPV	IPOL	10 pack – 1 dose vial	49281-0860-10	Sanofi Pasteur	10	Polio-IPV
Hep A adult	Havrix	10 pack – 1 dose syr	58160-0826-52	GlaxoSmithKline	52	Hep A, adult
Hep A pediatric	Havrix	10 pack – 1 dose syr	58160-0825-52	GlaxoSmithKline	83	Hep A, ped/adol, 2D
Hep A pediatric	Vaqta	10 pack – 1 dose syr	00006-4095-02	Merck & Co, Inc	83	Hep A, ped/adol, 2D
Hep B adult	Hepelisav-B	5 pack – 1 dose syr	43528-0003-05	Dynavax	43	Hep B, adult
Hep B, ped/adol	Engerix B	10 pack – 1 dose syr	58160-0820-52	GlaxoSmithKline	8	Hep B, ped/adol
Hep B, ped/adol	Recombivax	10 pack – 1 dose syr	00006-4093-02	Merck & Co, Inc	8	Hep B, ped/adol
Hep A and B adult	Twinrix	10 pack – 1 dose syr	58160-0815-52	GlaxoSmithKline	104	HepA/B
Hib	Pedvaxhib	10 pack – 1 dose vial	00006-4897-00	Merck & Co, Inc	49	Hib (PRP-OMP)
Hib	ActHIB	5 pack - 1 dose vial	49281-0545-03	Sanofi Pasteur	48	Hib (PRP-T)
Hib	Hiberix	10 pack - 1 dose vial	58160-0726-15	GlaxoSmithKline	48	Hib (PRP-T)
HPV9	Gardasil 9	10 pack – 1 dose syr	00006-4121-02	Merck & Co, Inc	165	HPV9
Influenza	Flulaval	10 pack- 1 dose syr	19515-0814-52	GlaxoSmithKline	150	Influenza Quad Inj P
Influenza	Fluzone	10 pack- 1 dose syr	49281-0423-50	Sanofi Pasteur	150	Influenza Quad Inj P
MCV4	Menveo- High Risk Only	1 pack- 2 dose vial	58160-0955-09	GlaxoSmithKline	136	MCV4O/MCV4P
MCV4	Menveo- No reconstitution	10 pack- 1 dose vial	58160-0827-30	GlaxoSmithKline	136	MCV4O/MCV4P
MCV4	MenQuadfi	5 pack - 1 dose vial	49281-0590-05	Sanofi Pasteur	203	MenACWY-TT
MENB – Meningococcal	Bexsero	1 pack – 1 dose syr	58160-0976-20	GlaxoSmithKline	163	Meningococcal B OMV

For more information, visit our State Immunization Program webpage <https://portal.ct.gov/immunization> and the FAQ [How do I report Funding Eligibility and Funding Source \(ct.gov\)](#) To access this document from the CVP webpage, visit: <https://portal.ct.gov/immunization/Providers-Landing-Page/CVP> under Blue Folder.



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Vaccine Product Name	Brand Name	Packaging	NDC	Manufacturer	CVX	CT WiZ Drop Down Selection
MENB – Meningococcal	Trumemba	10 pack – 1 dose syr	00005-0100-10	Pfizer, Inc	162	Meningococcal B Recomb
Meningococcal-Pentavalent	Penbraya	1 pack- 1 dose vial	00069-0600-01	Pfizer, Inc	316	Meningococcal Pentavalent
MMR	MMR II	10 pack – 1 dose vial	00006-4681-00	Merck & Co, Inc	3	MMR
MMR	Priorix	10 pack – 1 dose vial	58160-0824-15	GlaxoSmithKline	3	MMR
MMR/Varicella	ProQuad	10 pack - 1 dose vial	00006-4171-00	Merck & Co, Inc	94	MMRV
Nirsevimab	Beyfortus <i>limited allocation</i>	5 pack - 0.5mL syringe	49281-0575-15	Sanofi Pasteur	306	RSV, mAb, 0.5 mL < 24 mo
Nirsevimab	Beyfortus <i>limited allocation</i>	5 pack- 1.0 mL syringe	49281-0574-15	Sanofi Pasteur	307	RSV, mAb, 1.0 mL < 24 mo
PCV15	Vaxneuvance	10 pack – 1 dose syr	00006-4329-03	Merck & Co, Inc	215	PCV15
PCV20	Prevnar20	10 pack- 1 dose syr	00005-2000-10	Pfizer, Inc	216	PCV20
PPSV23	Pneumovax23	10 pack – 1 dose syr	00006-4837-03	Merck & Co, Inc	33	PPV23
Zoster Recombinant	Shingrix	10 pack – 1 dose syringe	58160-0823-11	GlaxoSmithKline	187	Recombinant Zoster
Rotavirus, Oral	Rotarix	10 pack – 1 oral dose	58160-0740-21	GlaxoSmithKline	119	Rotavirus
Rotavirus, Oral	Rotateq	10 pack – 1 oral dose	00006-4047-41	Merck & Co, Inc	116	Rotavirus
Td	Td Vaccine	10 pack - 1 dose vial	13533-0131-01	Grifols	9	Td (adult), adsorbed
Td	Tenivac	10 pack – 1 dose syr	49281-0215-15	Sanofi Pasteur	9	TD (adult), Absorbed
Tdap	Adacel	10 pack – 1 dose vial	49281-0400-10	Sanofi Pasteur	115	Tdap, Adsorbed
Tdap	Boostrix	10 pack – 1 dose syr	58160-0842-52	GlaxoSmithKline	115	Tdap, Adsorbed
Varicella	Varivax	10 pack – 1 dose vial	00006-4827-00	Merck & Co, Inc	21	Varicella

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