

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION PROGRAM

Vaccines Supplied by the Pediatric Connecticut Vaccine Program (CVP)

Page 1

Vaccine Product Name	Brand Name	Packaging	NDC	Manufacturer	CVX	CT WiZ Drop Down Selection
COVID-19	Moderna (6m-11y)	10 pack- 1 dose syr	80777-0113-80	Moderna	311	COVID-19 (MOD) 6m-11y
COVID-19	Spikevax (12+)	10 pack- 1 dose syr	80777-0112-96	Moderna	312	COVID-19 (MOD) 12+ yrs
COVID-19	Nuvaxovid	10 pack- 1 dose syr	80631-0207-10	Novavax	313	COVID-19 (NVX) 12+yrs
COVID-19	Pfizer (5-11yrs)	10 pack- 1 dose vial	00069-2501-10	Pfizer	310	COVID-19 (PFR) 5 thru 11y
COVID-19	Comirnaty (12+)	10 pack- 1 dose syr	00069-2528-10	Pfizer	309	COVID-19 (PFR) 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 – multi dose vial	49281-0860-10	Sanofi Pasteur	10	Polio-IPV
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, 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
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	Flucelvax	10 pack- 1 dose syr	70461-0655-03	Seqirus	153	Influenza Inj MDCK P-Free
Influenza	Flulaval	10 pack- 1 dose syr	19515-0904-52	GlaxoSmithKline	140	Influenza, P-Free
Influenza	Fluzone	10 pack- 1 dose syr	49281-0425-50	Sanofi Pasteur	140	Influenza, P-Free
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	10 pack - 1 dose vial	49281-0590-10	Sanofi Pasteur	203	MenACWY-TT
MENB – Meningococcal	Bexsero	1 pack – 1 dose syr	58160-0976-20	GlaxoSmithKline	163	Meningococcal B OMV
MENB – Meningococcal	Trumemba	10 pack – 1 dose syr	00005-0100-10	Pfizer, Inc	162	Meningococcal B Recomb

For more information, visit [How do I report Funding Eligibility and Funding Source \(ct.gov\)](https://www.ct.gov/dph/programs/immunization/how-do-i-report-funding-eligibility-and-funding-source).

Revised: 5/1/2026

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION PROGRAM

Vaccines Supplied by the Pediatric Connecticut Vaccine Program (CVP)

Page 2

Vaccine Product Name	Brand Name	Packaging	NDC	Manufacturer	CVX	CT WiZ Drop Down Selection
Meningococcal-Pentavalent	Penbraya	1 pack- 1 dose vial	00069-0600-01	Pfizer, Inc	316	Meningococcal Pentavalent
Meningococcal-MenABCWY	Penmenvy 10	10 pack- 1 dose syr	58160-0757-15	GlaxoSmithKline	328	Menin Oligo MenACWY/MenB
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
PCV15	Vaxneuvance	10 pack – 1 dose syr	00006-4329-03	Merck & Co, Inc	215	PCV15
PCV20	Prennar20	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
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	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

See Page 3 for Vaccines Supplied Adults CVFA

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION PROGRAM

Vaccines Supplied by the Connecticut Vaccine for Adults (CVFA)

*Vaccines supplied through the CVFA are for uninsured patients 19 years and older only.
Providers must be enrolled with the CVFA to order these vaccines.*

Vaccine Product Name	Brand Name	Packaging	NDC	Manufacturer	CVX	CT WiZ Drop Down Selection
Hep A adult	Havrix	10 pack – 1 dose syr	58160-0826-52	GlaxoSmithKline	52	Hep A, adult
Hep B adult	Heplisav-B	5 pack – 1 dose syr	43528-0003-05	Dynavax	43	Hep B, adult
Hep A and B adult	Twinrix	10 pack – 1 dose syr	58160-0815-52	GlaxoSmithKline	104	HepA/B
HPV9	Gardasil 9	10 pack – 1 dose syr	00006-4121-02	Merck & Co, Inc	165	HPV9
MMR	MMR II	10 pack – 1 dose vial	00006-4681-00	Merck & Co, Inc	3	MMR
PCV20	Prevnar20	10 pack- 1 dose syr	00005-2000-10	Pfizer, Inc	216	PCV20
Tdap	Boostrix	10 pack – 1 dose syr	58160-0842-52	GlaxoSmithKline	115	Tdap, Adsorbed
Zoster Recombinant adult	Shingrix	10 pack – 1 dose syringe	58160-0823-11	GlaxoSmithKline	187	Recombinant Zoster