

STATE OF CONNECTICUT


DEPARTMENT OF PUBLIC HEALTH

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Commissioner



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Immunization Program

TO: All Connecticut Vaccine Program (CVP) Providers
FROM: Mick Bolduc 
Vaccine Coordinator, Connecticut Immunization Program
DATE: September 1, 2023
SUBJECT: PCV20 now available to order

PREVNAR 20[®], Pfizer's Pneumococcal 20-valent Conjugate Vaccine (PCV20) is now available for order from the CVP for use in all children aged 18 and younger. A storage and coding fact sheet on PCV20 is attached.

The Advisory Committee on Immunization Practices (ACIP) approved the following [recommendations for pneumococcal vaccines](#) at its June 2023 meeting:

- Use of either pneumococcal conjugate vaccines (PCV) PCV15 or PCV20 is recommended for all children aged 2–23 months according to currently recommended PCV dosing and schedules.
- For children with an incomplete PCV vaccination status, use of either PCV15 or PCV20 according to currently recommended PCV dosing and schedules is recommended for:
 - Healthy children aged 24–59 months
 - Children with specified health conditions aged 24 through 71 months¹
- For children aged 2–18 years with any risk condition who have received all recommended doses of PCV before age 6 years:
 - Using ≥1 dose(s) of PCV20: No additional doses of any pneumococcal vaccine are indicated. This recommendation may be updated as additional data become available.
 - Using PCV13 or PCV15 (no PCV20): A dose of PCV20 or PPSV23 using previously recommended dosing and schedules is recommended.
- For children aged 6–18 years with any risk condition who have not received any dose of PCV13, PCV15, or PCV20, a single dose of PCV15 or PCV20 is recommended. When PCV15 is used, it should be followed by a dose of PPSV23 at least 8 weeks later if not previously given.



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- ¹Risk conditions include: cerebrospinal fluid leak; chronic heart disease; chronic kidney disease (excluding maintenance dialysis and nephrotic syndrome, which are included in immunocompromising conditions); chronic liver disease; chronic lung disease (including moderate persistent or severe persistent asthma); cochlear implant; diabetes mellitus; immunocompromising conditions (on maintenance dialysis or with nephrotic syndrome; congenital or acquired asplenia or splenic dysfunction; congenital or acquired immunodeficiencies; diseases and conditions treated with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and solid organ transplant; HIV infection; and sickle cell disease and other hemoglobinopathies).

These recommendations were adopted by the CDC Director on June 27, 2023 and are now official. The full ACIP recommendations will be published in the [Morbidity and Mortality Weekly Report](#) in the coming months.

Remaining Inventory of PCV13 & PCV15

PCV13 is no longer available for order. Providers can choose to continue using PCV15 (Vaxneuvance) or begin to order PCV20. Providers who have PCV13 in stock will not be required to replace unused doses of PCV13. Providers need to keep unused doses of PCV13 until they expire and then return them to McKesson so the CVP can collect the excise tax credit on each dose. Providers who are currently using PCV15 and want to make the switch to PCV20 will need to use up their current supply of doses or transfer those doses to another provider who can administer them before switching over to PCV20 to avoid wastage.

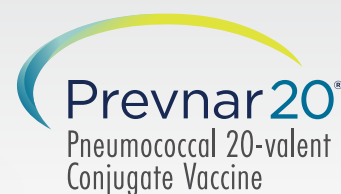
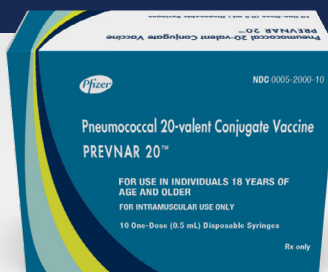
The updated Vaccine Eligibility Criteria table is attached.

As always if you have any questions, please feel free to contact me at (860) 509-7929.

This communication is being sent to key contacts of the CVP—please read this message in its entirety. Please feel free to share it with others in your organization who may benefit from the update. Note that all our communications are archived on our [web site](#).

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Prevnar 20® Storage and Coding Fact Sheet



How Supplied¹

0.5 mL suspension for intramuscular injection, supplied in a single-dose pre-filled syringe.

Storage and Handling¹

- After shipping, Prevnar 20® may arrive at temperatures between 2°C to 25°C (36°F to 77°F)
- Upon receipt, store refrigerated at 2°C to 8°C (36°F to 46°F)
- Syringes should be stored in the refrigerator horizontally to minimize the resuspension time
- Do not freeze. Discard if the vaccine has been frozen
- Prevnar 20® should be administered as soon as possible after being removed from refrigeration
- Prevnar 20® can be administered provided total (cumulative multiple excursions) time out of refrigeration (at temperatures between 8°C and 25°C) does not exceed 96 hours. Cumulative multiple excursions between 0°C and 2°C are also permitted as long as the total time between 0°C and 2°C does not exceed 72 hours. These are not, however, recommendations for storage

Packaging

- Blue box with Prevnar 20® branding. Note that packaging may include the statement “For use in individuals 18 years of age and older”; however, the product can still be administered to pediatric patients because the vaccine formulation and dosage are the same. Based on the transition timing and current inventory, the existing package and the new package may be available at the same time in the United States for up to 6 months

CPT® Code for Prevnar 20®²

90677 [Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use]

CVX Code³

216

Billing Code for Diagnosis (ICD-10-CM)⁴

Z23 (Encounter for immunization)

CPT® Code for Pediatric Administration⁵

90460 (Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified healthcare professional; first or only component of each vaccine or toxoid administered)

NDC Number ¹	Description ¹	Wholesale Acquisition Cost ⁶
0005-2000-10	Pre-filled Syringe, 1 Dose (10 per package)*	(\$2532.14)

CPT® is a registered trademark of the American Medical Association.

CPT=Current Procedural Terminology; CVX=Codes for Vaccine Administered; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; NDC=National Drug Code.

*Individual syringes are also available (NDC: 0005-2000-02).¹



Scan or visit prevnar20pediatric.pfizerpro.com to see what expanded serotype coverage could look like for babies.

Please see Indications and Important Safety Information on page 2.
Please click for [Prevnar 20® full Prescribing Information](#).



Billing for Prevnar 20[®] Using CMS-1500 or CMS-1450/UB-04 Forms

**For populating specific fields of the CMS-1500 (physician office)
or CMS-1450/UB-04 (hospital outpatient department) claim forms**



Information Requested	Enter This Information	CMS-1500 Item Number	CMS-1450/UB-04 Form Locator
Medication information⁷			
CPT [®] code	90677	24D	FL 44
Full name of medication, dosage, basis of measurement	Prevnar 20 [®] , 0.5 mL	19/24A shaded area	FL 43
Diagnosis code⁷			
ICD-10 code	Z23*	21	FL 67
Administration code^{5,7}			
CPT [®] code	90460	24D	FL 44
11-digit NDC number^{6-8†}			
Carton of 10 pre-filled syringes – Individual pre-filled syringe from a carton of 10	0 0005-2000-01	24 (place NDC in the shaded area at the top of the line)	FL 43

Indications

- Prevnar 20[®] is a vaccine indicated for active immunization for the prevention of invasive disease caused by *Streptococcus pneumoniae* serotypes 1, 3, 4, 5, 6A, 6B, 7F, 8, 9V, 10A, 11A, 12F, 14, 15B, 18C, 19A, 19F, 22F, 23F, and 33F in individuals 6 weeks of age and older
- Prevnar 20[®] is a vaccine indicated for active immunization for the prevention of otitis media caused by *S. pneumoniae* serotypes 4, 6B, 9V, 14, 18C, 19F, and 23F in individuals 6 weeks through 5 years of age

Important Safety Information

- Do not administer Prevnar 20[®] to individuals with a severe allergic reaction (eg, anaphylaxis) to any component of Prevnar 20[®] or to diphtheria toxoid
- Safety and immunogenicity data on Prevnar 20[®] are not available for individuals in immunocompromised groups, and vaccination should be considered on an individual basis. Based on experience with pneumococcal vaccines, individuals with altered immunocompetence may have reduced immune responses to Prevnar 20[®]
- Apnea following intramuscular vaccination has been observed in some infants born prematurely. Vaccination of premature infants should be based on the infant's medical status and the potential benefits and risks
- In individuals 2, 4, 6, and 12 through 15 months of age vaccinated with a 4-dose schedule, the most commonly reported solicited adverse reactions (>10%) were irritability, pain at the injection site, drowsiness, decreased appetite, injection site redness, injection site swelling, and fever
- In individuals 15 months through 17 years of age vaccinated with a single dose, the most commonly reported solicited adverse reactions (>10%) were irritability, pain at the injection site, drowsiness, fatigue and muscle pain, decreased appetite, injection site swelling and redness, headache, and fever

*Enter the ICD indicator "0" in item 21 for CMS-1500.

†An additional "0" is placed in front of the NDC number to ensure creation of an 11-digit code that meets general billing standards.



Scan or visit prevnar20pediatric.pfizerpro.com to see what expanded serotype coverage could look like for babies.

Please click for **Prevnar 20[®] full Prescribing Information.**

References: 1. Prevnar 20[®] (Pneumococcal 20-valent Conjugate Vaccine) Prescribing Information, Wyeth Pharmaceuticals LLC, 2023. 2. Centers for Medicare & Medicaid Services (CMS). Billing and coding: Medicare preventive coverage for certain vaccines. Revised October 1, 2022. Accessed February 27, 2023. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=54767&DocID=A54767>. 3. Centers for Disease Control and Prevention. IIS: Current HL7 standard code set CVX—vaccines administered. Revised February 14, 2022. Accessed February 27, 2023. <https://www2a.cdc.gov/vaccines/iis/istandards/vaccines.asp?rpt=cvxvis>. 4. 2023 ICD-10-CM Diagnosis Code Z23: Encounter for immunization. <https://www.icd10data.com/ICD10CM/Codes/Z00-Z99/Z20-Z29/Z23-/Z23>. Accessed February 27, 2023. 5. American Medical Association. CPT categories/new vaccine codes (including incorporation of ACIP abbreviations listing) long descriptors. Updated February 2, 2023. Accessed February 27, 2023. <https://www.ama-assn.org/system/files/covid-vaccine-long-descriptors.pdf>. 6. Data on file. Pfizer Inc., New York, NY. 7. RJ Health Systems. Drug reimbursement coding and pricing advisory. July 2021. 8. United Healthcare. National Drug Code (NDC) Requirement Policy, Professional and Facility. 2023. Accessed February 27, 2023. <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-reimbursement/COMM-National-Drug-Code-Requirement-Policy.pdf>.

Connecticut Vaccine Program (CVP) Eligibility Criteria as of September 1, 2023

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	YES	YES	YES	YES	90744
	Children 0-18 years	YES	YES	YES	YES	
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	12 months-18 years	YES	YES	YES	YES	90707
	College (any age)	YES	YES	YES	YES	
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
DTaP/IPV/Hib/Hep B	2-59 months	YES	YES	YES	YES	90697
Meningococcal Conjugate High Risk:	2 months-10 years	YES	YES	YES	YES	90619, 90734
Routine Doses 1 & 2:	11-18 years	YES	YES	YES	YES	
Tdap	7-18 years ⁵	YES	YES	YES	YES	90715
Pneumococcal Conjugate 20	2 months-18 years	YES	YES	YES	YES	90677
Pneumococcal Polysaccharide (PPSV23)	2-18 years	YES	YES	YES	YES	90732
Influenza	6 months-18 years	YES	YES	YES	YES	90672, 90674, 90686
Hepatitis A	12 months -18 years	YES	YES	YES	YES	90633
Rotavirus	6 weeks-8 months	YES	YES	YES	YES	90680, 90681
HPV (males & females)	9,10, 15, 16 yrs	YES	NO	YES	YES	90651
	11-14 & 17-18 yrs	YES	YES	YES	YES	
Meningococcal Serogroup B High Risk:	10-18 years	YES	YES	YES	YES	90620, 90621
	Routine Doses 1 & 2:	16-18 years	YES	YES	YES	
Pneumococcal Conjugate 15	2 months-18 years	YES	YES	YES	YES	90671

1. VFC eligibility is defined as follows: (a) Medicaid enrolled; (b) NO health insurance; (c) American Indian/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 & 13-18 years old who have not been fully vaccinated against pertussis and for whom no contraindication to pertussis containing vaccine exists.

As of July 1, 2023, the only childhood vaccine not universally available from the CVP is HPV for privately insured patients 9 & 10, & 15 & 16 years of age. Providers can purchase this vaccine privately and submit billing requests to the appropriate insurer in accordance with normal billing procedures.