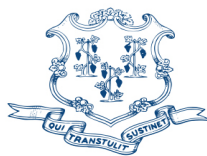


STATE OF CONNECTICUT


DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH
Acting Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Immunization Program

TO: All CVP Providers
FROM: Mick Bolduc 
Vaccine Coordinator-Connecticut Vaccine Program (CVP)
DATE: June 15, 2021
SUBJECT: Reminder on Vaxelis™ & MenQuadfi™ availability

Vaxelis™ & MenQuadfi™ availability

Just a reminder that Vaxelis™ & MenQuadfi™ vaccines will be available through the CVP beginning July 1, 2021. If you are planning to use those vaccines, you can begin to place orders for those vaccines now in order to have a supply on hand for the beginning of next month. Please be sure to utilize your existing inventory of vaccines before making the switch to avoid any potential wastage. An updated Vaccine Order Form (VOF), Vaccine Return Form, & CVP Vaccine Eligibility Criteria as of July 1, 2021 is included below.

Influenza vaccine

The CVP anticipates the first doses of flu vaccine for the 2021-22 influenza season to be available sometime in early to mid-August. We will notify providers when doses have arrived at McKesson and you are able to begin placing orders. Expired influenza doses from the 2020-21 season should be returned to McKesson through the normal return mechanisms.

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



Phone: (860) 509-7929 • Fax: (860) 706-5429
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



Connecticut Vaccine Program (CVP) Eligibility Criteria as of July 1, 2021

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 (PCV13)	2 months-18 years	YES	YES	YES	YES	90670
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 & 13-18 years	YES	NO	YES	YES	90651
	11-12 years	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	YES	

- VFC eligibility is defined as follows: (a) Medicaid enrolled; (b) NO health insurance; (c) American Indian or Alaskan native; or (d) underinsured seen at an FQHC.
- 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.
- Susceptible children who do not have a clinical history of chicken pox.
- 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.
- 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, 2020 the only childhood vaccine not universally available from the CVP is HPV for privately insured patients 9-10 & 13-18 years of age. Providers can purchase this vaccine privately and submit billing requests to the appropriate insurer in accordance with normal billing procedures.



CONNECTICUT VACCINE PROGRAM VACCINE ORDER FORM (VOF)

Please read the instructions on page 3 before completing and submitting this form

Completed forms can be emailed to: dph.immunizations@ct.gov or FAX To 860-706-5429

Facility Name				Shipping Address					Date of Report		PIN			
Month / Year Reporting:				Completed by:			Phone Number:		Dates Practice will be closed for the month. Do not include weekends.					
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	49281-0545-03	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 .5mL Syr.	49281-0421-50	10											
FluLaval-Quad	Influenza .5mL Syr.	19515-0818-52	10											
FluMist	Influenza .2mL Spray	66019-0308-10	10											
Flucelvax-Quad	Influenza .5mL Syr.	70461-0321-03	10											
Gardasil 9	HPV 9	00006-4121-02	10											
Havrix	Hepatitis A	58160-0825-52	10											
Hiberix	Hib	58160-0818-11	10											
Infanrix	DTaP	58160-0810-11	10											
IPOL	IPV	49281-0860-10	10											
Kinrix	DTaP/IPV	58160-0812-52	10											
MMR II	MMR	00006-4681-00	10											

<u>Facility Name</u>				<u>Shipping Address</u>						<u>Date of Report</u>		<u>PIN</u>		
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
MenQuadfi *NEW*	MCV4	49281-0590-05	5											
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	49281-0511-05	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	00006-4095-02	10											
Varivax	Varicella	00006-4827-00	10											
Vaxelis * NEW *	DTaP/IPV/HiB/ Hep B	63361-0243-10	10											
Bexsero	Meningococcal B	58160-0976-20	1											
Trumenba	Meningococcal B	00005-0100-10	10											
Pneumovax 23*	PPSV23	00006-4837-03	1											

*FOR HIGH RISK PATIENTS ONLY

Revised 7/01/2021 New vaccines MenQuadfi and Vaxelis



Connecticut Vaccine Program Vaccine Return Form

Click Submit or email completed form to: 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 Quantum 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. **Never 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.

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

Vaccine Brand	Vaccine	NDC #	Lot #	Expiration Date	No. of Doses	Cost/Dose	Reason For Return
ActHib	Hib	49281-0545-03				\$9.746	
Adacel	Tdap	49281-0400-10				\$32.634	
Bexsero	Meningococcal Serogroup B	58160-0976-20				\$120.24	
Boostrix	Tdap	58160-0842-11				\$33.14	
Daptacel	DTaP	49281-0286-10				\$18.546	
Engerix-B	Hepatitis B	58160-0820-52				\$17.394	
Flucelvax-Quad	Influenza	70461-0320-03				\$15.55	
FluLaval-Quad	Influenza .5mL Syringe	19515-0816-52				\$13.50	
FluMist-Quad	Influenza Sprayer	66019-0307-10				\$18.88	
Fluzone-Quad	Influenza .5mL Syringe	49281-0420-50				\$13.757	
Gardasil 9	HPV 9	00006-4121-02				\$187.01	
Havrix	Hepatitis A	58160-0825-52				\$21.113	
Hepelisav-B	Adult Hepatitis B	43528-0003-05				69.75	
Hiberix	Hib	58160-0818-11				\$9.46	
Infanrix	DTaP	58160-0810-11				\$19.163	
IPOL	IPV	49281-0860-10				\$13.85	
Kinrix	DTaP/IPV	58160-0812-11				\$42.459	
Menactra	MCV4	49281-0589-05				\$96.232	
MenQuadfi	MCV4	49281-0590-05				\$100.05	
Menveo	MCV4	58160-0955-09				\$95.78	
MMR II	MMR	00006-4681-00				\$21.708	
Pediarix	DTaP/IPV/Hep B	58160-0811-52				\$60.709	
Pedvax	Hib	00006-4897-00				\$13.514	
Pentacel	DTaP/IPV/Hib	49281-0510-05				\$61.648	
Pneumovax23	PPSV23	00006-4837-03				\$59.12	
Prenar 13	PCV13	00005-1971-02				\$143.82	
ProQuad	MMRV	00006-4171-00				\$137.516	
Quadracel	DTaP/IPV	49281-0562-10				\$41.797	
Recombivax	Hepatitis B	00006-4981-00				\$12.53	
Rotarix	Rotavirus	58160-0854-52				\$97.508	
Rotateq	Rotavirus	00006-4047-41				\$71.88	
Shingrix	Adult Shingles	58160-0819-12				\$102.90	
Td Vax	Td	13533-0131-01				\$16.343	
Tenivac	Td	49281-0215-10				\$21.18	
Trumenba	Meningococcal Serogroup B	00005-0100-10				\$114.36	
Twinrix	Adult Hep A/HepB	58160-0815-52				\$61.858	
Vaxelis:	DTaP/IPV/HiB/Hep B	63361-0243-10				\$91.59	
Vaqta	Hepatitis A	00006-4095-02				\$20.61	
Varivax	Varicella	00006-4827-00				\$109.26	