

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

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Commissioner



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

**Immunization Program**

**PLEASE COPY THIS FOR ALL HEALTH CARE PROVIDERS  
IN YOUR PRACTICE**

**TO: Health Care Providers**

**FROM: Mick Bolduc-Vaccine Coordinator**  
**Connecticut Vaccine Program (CVP)**

**DATE: September 16, 2014**

**SUBJECT: Comvax vaccine update, ordering blackout**

A handwritten signature in black ink, appearing to read "Mick Bolduc".

The primary purpose of this communication is to update you on the availability of Hepatitis B/Hib (Comvax<sup>®</sup>) combination vaccine and an upcoming ordering blackout due to the end of the federal fiscal year.

**Hepatitis B/Hib supply**

Effective immediately Merck's Hepatitis B/Hib combination vaccine (Comvax<sup>®</sup> CPT 90748) will no longer be available to order. Merck has stopped manufacturing Comvax and CDC has notified the CVP that the current inventory of the product at McKesson has been depleted. Merck will continue to manufacture its single antigen Hib (Pedvax<sup>®</sup>) and Hepatitis B (Recombivax<sup>®</sup>) vaccines. An updated Vaccine Eligibility Criteria form and Vaccines Supplied by the CVP form are attached.

**Ordering Blackout Period**

Due to the end of the Federal fiscal year VTrckS will be unavailable on Tuesday September 30<sup>th</sup> and Wednesday October 1<sup>st</sup>. No vaccine orders can be entered during this time period. Please keep this in mind when planning to submit your orders including those for flu vaccine. VTrcks will once again be available on Thursday October 2<sup>nd</sup>. We apologize for any inconvenience this may cause you.

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



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION PROGRAM

Vaccines supplied by the Connecticut Vaccine Program as of  
September 16, 2014

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
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
MMRV	ProQuad	10 pack single dose vials	00006-4999-00
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-Quad	10 pack single dose syringes	58160-0901-52
Influenza .2mL	Flumist-Quad	10 pack single dose sprayer	66019-0301-10
Influenza .25 mL	Fluzone-Quad	10 pack single dose syringes	49281-0514-25
Influenza .5mL	Fluzone-Quad	10 pack single dose vials	49281-0414-10
Influenza .5mL	Fluzone-Quad	10 pack single dose syringes	49281-0414-50

List of available state supplied vaccines as of 9 16 2014

**Connecticut Vaccine Program**  
**Eligibility Criteria for vaccines as of September 16, 2014**

Vaccine	Age Group	Status of Children VFC and State Supplied Vaccine				CPT Code(s)
		VFC Eligible <sup>1</sup>	Non-VFC Eligible Privately Insured <sup>2</sup>	Non-VFC Eligible Under-Insured <sup>2</sup>	S-CHIP <sup>2</sup>	
Hepatitis B	Newborns in hospital Children 0-18 years	YES YES	YES YES	YES YES	YES YES	<b>90744</b> <b>90744</b>
Varicella (Doses 1 & 2)	12 months-18 years <sup>3</sup>	YES	YES	YES	YES	<b>90716</b>
Td	7-18 years <sup>4</sup>	YES	YES	YES	YES	<b>90714</b>
MMR (Doses 1 & 2)	12 months-18 years College entry (any age)	YES YES	YES YES	YES YES	YES YES	<b>90707</b> <b>90707</b>
MMRV (Doses 1 & 2)	12 months-12 years	YES	YES	YES	YES	<b>90710</b>
DTaP	2 months – 6 years	YES	YES	YES	YES	<b>90700</b>
Hib	2-59 months	YES	YES	YES	YES	<b>90647, 90648</b>
IPV	2 months-18 years	YES	YES	YES	YES	<b>90713</b>
DTaP/IPV	4-6 years	YES	YES	YES	YES	<b>90696</b>
DTaP/IPV/Hep B	2-83 months	YES	YES	YES	YES	<b>90723</b>
DTaP/IPV/Hib	2-59 months	YES	YES	YES	YES	<b>90698</b>
Meningococcal Conjugate Dose 1 Dose 2	11-18 years 16-18 years	YES YES	YES YES	YES YES	YES YES	<b>90734</b> <b>90734</b>
Tdap	7-18 years <sup>5</sup>	YES	YES	YES	YES	<b>90715</b>
Pneumococcal Conjugate (PCV13)	2-71 months	YES	YES	YES	YES	<b>90670</b>
Influenza	6-59 months  5-18 years	YES  YES	YES  <b>NO</b>	YES  YES	YES  YES	<b>90685,</b> <b>90672, 90686</b>  <b>90672, 90686</b>
Hepatitis A	12-23 months 2-18 years	YES YES	YES <b>NO</b>	YES YES	YES YES	<b>90633</b> <b>90633</b>
Rotavirus	6 weeks-8 months	YES	<b>NO</b>	YES	YES	<b>90680, 90681</b>
HPV (males & females)	9-18 years	YES	<b>NO</b>	YES	YES	<b>90649, 90650</b>

1 VFC eligibility is defined as follows: (a) Medicaid enrolled; (b) NO health insurance; (c) American Indian or Alaskan native; or (d) underinsured seen at a Federally Qualified Health Center (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 years old who have not been fully vaccinated against pertussis and for whom no contraindication to pertussis containing vaccine exists.

As of March 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; Rotavirus for privately insured patients 6 weeks-8 months of age; and HPV for privately insured patients 9-18 years of age. For those vaccines providers can purchase them privately and submit billing requests to the appropriate private insurer in accordance with normal billing procedures.

Revised 9/16/2014