

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

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Commissioner



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### 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: April 8, 2015**  
**SUBJECT: HPV 9 and Meningococcal Group B vaccines**

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

The primary purpose of this communication is to inform you of three new vaccines that the Connecticut Vaccine Program (CVP) will be providing beginning June 1, 2015.

#### HPV 9 vaccine

During its February 2015 meeting, the Advisory Committee on Immunization Practices (ACIP) recommended Merck's 9-valent Human Papillomavirus Vaccine (brand name Gardasil 9) for routine vaccination at 11-12 years of age. The ACIP also recommends HPV 9 for females 13-26 years old and males 13-21 years old who have not previously been vaccinated against HPV or who have not completed their 3 dose HPV series. Vaccination with HPV 9 can be started as early as 9 years of age. HPV 9 is administered in a three dose series with the second dose given 1-2 months after dose one and the third dose given 6 months after the first. The ACIP did not make any recommendations for vaccinating individuals who have already completed a 3 dose series with HPV 2 or HPV 4 vaccines. Recommendations for those individuals will be discussed at ACIP's June meeting. The current HPV 9 recommendations can be found at:

[www.cdc.gov/mmwr/preview/mmwrhtml/mm6411a3.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6411a3.htm)

**Beginning June 1, 2015 providers can begin to order HPV 9 for VFC & SCHIP (HUSKY B) patients 9-18 years of age. HPV 9 will not be available from the CVP for privately insured patients. Providers are expected to use up their current inventory of HPV 4 before beginning to order HPV 9.**

#### Meningococcal Serogroup B vaccine

The ACIP also voted to recommend serogroup B meningococcal vaccine for persons aged 10 years and older who are at increased risk for meningococcal disease: persons with persistent complement component deficiencies, anatomic or functional asplenia, microbiologists who are routinely exposed to *Neisseria meningitidis*, and those considered at risk due to an outbreak. **The risk groups do NOT currently include college freshman living in dorms or otherwise, travelers, or military recruits.** Recommendations for these groups and additional recommendations will be discussed at the next ACIP meeting in June. There are two serogroup B meningococcal vaccines licensed in the United States for persons aged 10-25 years. Trumenba is a 3-dose Pfizer product, given at 0, 2 and 6 months. Bexsero is a 2-dose Novartis product given at 0 and 1 month. The new meningococcal serogroup B vaccine is a separate series of shots, in addition to the quadrivalent meningococcal conjugate vaccine that covers serogroups A, C, W-135, and Y (Menactra & Menveo).

**Beginning June 1, 2015 providers can begin to order both newly licensed meningococcal serogroup B vaccines for high-risk VFC & SCHIP patients 10-18 years of age. These vaccines will not be available from the CVP for privately insured patients and can only be used for patients that fall into the high-risk categories noted above.**

An updated Vaccine Eligibility Criteria form and the list of vaccines supplied by the CVP are enclosed. A revised Vaccine Order Form (VOF) will be sent out in May. As always, if you have any questions, please feel free to contact me at (860) 509-7940.

**Connecticut Vaccine Program (CVP)  
Eligibility Criteria for vaccines as of June 1, 2015**

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 (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 High Risk Children Routine Doses 1 & 2	2 months-10 years 11-18 years	YES YES	YES YES	YES YES	YES YES	<b>90734</b> <b>90734</b>
Meningococcal Conjugate/Hib	6 weeks-18 months	YES	YES	YES	YES	<b>90644</b>
Tdap	7-18 years <sup>5</sup>	YES	YES	YES	YES	<b>90715</b>
Pneumococcal Conjugate (PCV13)	2 months-18 years	YES	YES	YES	YES	<b>90670</b>
Pneumococcal Polysaccharide (PPSV23)	2-18 years	YES	YES	YES	YES	<b>90732</b>
Influenza	6-59 months 5-18 years	YES YES	YES <b>NO</b>	YES YES	YES YES	<b>90685, 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, 90651</b>
Meningococcal Serogroup B (High Risk)	10-18 years	YES	<b>NO</b>	YES	YES	<b>90620, 90621</b>

<sup>1</sup> 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).

<sup>2</sup> 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.

<sup>3</sup> Susceptible children who do not have a clinical history of chicken pox.

<sup>4</sup> 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.

<sup>5</sup> 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 June 1, 2015 the only childhood vaccines not available from the CVP are: Flu for privately insured patients 5-18 years of age; Hep A for privately insured patients 2-18 years of age; Rotavirus for privately insured patients 6 weeks-8 months of age; Meningococcal Serogroup B for patients 10-18 years 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 insurer in accordance with normal billing procedures.

Revised 4/8/15



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION PROGRAM

Vaccines supplied by the Connecticut Vaccine Program as of June 1, 2015

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
HPV 9	Gardasil 9	10 pack single dose vials	00006-4119-03
MCV4	Menactra	5 pack single dose vials	49281-0589-05
MCV4	Menveo	5 pack single dose vials	46028-0208-01
Meningococcal Serogroup B	Bexsero	1 single dose syringe	46028-0114-02
Meningococcal Serogroup B	Trumenba	10 single dose syringes	00005-0100-10
Meningococcal Conjugate/Hib	MenHibrix	1 single dose vial	58160-0801-11
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
PPSV23	Pneumovax23	10 pack single dose vials	00006-4943-00
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	58160-0903-52
Influenza .2mL	Flumist-Quad	10 pack single dose sprayer	66019-0302-10
Influenza .25 mL	Fluzone-Quad	10 pack single dose syringes	49281-0515-25
Influenza .5mL	Fluzone-Quad	10 pack single dose vials	49281-0415-10
Influenza .5mL	Fluzone-Quad	10 pack single dose syringes	49281-0415-50

List of available state supplied vaccines as of 6 1 2015