


Description

This provides the details for vaccine products that should exist in the system under test before testing scenarios are performed.


This IIP test plan tests clients with NDC as the primary code set and CVX as an alternate code set. Please note that this configuration may vary among jurisdictions. NDC is required for all new administrations and CVX for historical but can include NDC if known.


Data Entry**Inventory****Item 1**

| | |
|---|---|
| Product Name (This may vary with each implementation) | PEDIARIX 58160-0811-43 |
| Unit-of-Sale (Box) NDC | 58160-0811-52 |
| Unit-of-Use (Syringe or Vial) NDC | 58160-0811-43 |
| Generic Name | DTaP-Hep B-IPV |
| Manufacturer | GlaxoSmithKline |
| Lot Number | IIPVAXN01 |
| Expiration Date | 9/27/2029 |
| Funding Source | Public |
| Doses on Hand | 10 |
| | |
| CVX Code | 110 |
| MVX Code | SKB |
| | |
| Funding Source Code | VXC50 |
| Packaging | 10 pack – 1 dose syringe |
| Trade Name | PEDIARIX |
| Unit-of-Use (Vial/Syringe) Image |  |
| GTIN | 10358160811439 |
| | (01)10358160811439(17)290927(10)IIPVAXN01 |


Item 2


| | |
|---|--------------------------------|
| Product Name (This may vary with each implementation) | RECOMBIVAX HB 00006-4981-01 |
| Unit-of-Sale (Box) NDC | 00006-4981-00 |
| Unit-of-Use (Syringe or Vial) NDC | 00006-4981-01 |
| Generic Name | Hep B, adolescent or pediatric |
| Manufacturer | Merck and Co., Inc. |
| Lot Number | IIPVAXN02 |
| Expiration Date | 9/27/2029 |
| Funding Source | Public |
| Doses on Hand | 10 |
| | |
| CVX Code | 08 |
| MVX Code | MSD |
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|----------------------------------|---|
| Funding Source Code | VXC50 |
| Packaging | 10 pack – 1 dose vial |
| Trade Name | RECOMBIVAX HB |
| Unit-of-Use (Vial/Syringe) Image |  |
| GTIN | 00300064981018 |
| | (01)00300064981018(17)290927(10)IIPVAXN02 |

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|---|---|
| Item 3 | |
| Product Name (This may vary with each implementation) | ENGERIX-B 58160-0821-05 |
| Unit-of-Sale (Box) NDC | 58160-0821-34 |
| Unit-of-Use (Syringe or Vial) NDC | 58160-0821-05 |
| Generic Name | Hep B, adult |
| Manufacturer | GlaxoSmithKline |
| Lot Number | IIPVAXN03 |
| Expiration Date | 9/27/2029 |
| Funding Source | Private funds |
| Doses on Hand | 10 |
| | |
| CVX Code | 43 |
| MVX Code | SKB |
| | |
| Funding Source Code | PHC70 |
| Packaging | Unknown |
| Trade Name | ENGERIX-B |
| Unit-of-Use (Vial/Syringe) Image |  |
| GTIN | 10358160821056 |
| | (01)10358160821056(17)290927(10)IIPVAXN03 |


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|---|--------------------------------|
| Item 4 | |
| Product Name (This may vary with each implementation) | ENGERIX-B 58160-0820-43 |
| Unit-of-Sale (Box) NDC | 58160-0820-52 |
| Unit-of-Use (Syringe or Vial) NDC | 58160-0820-43 |
| Generic Name | Hep B, adolescent or pediatric |
| Manufacturer | GlaxoSmithKline |
| Lot Number | IIPVAXN04 |
| Expiration Date | 9/27/2029 |
| Funding Source | Public |
| Doses on Hand | 10 |
| | |
| CVX Code | 08 |
| MVX Code | SKB |
| | |

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|----------------------------------|---|
| Funding Source Code | VXC50 |
| Packaging | 10 pack – 1 dose syringe |
| Trade Name | ENGERIX-B |
| Unit-of-Use (Vial/Syringe) Image |  |
| GTIN | 10358160820431 |
| | (01)10358160820431(17)290927(10)IIPVAXN04 |

| | |
|---|---|
| Item 5 | |
| Product Name (This may vary with each implementation) | ActHIB 49281-0547-58 |
| Unit-of-Sale (Box) NDC | 49281-0545-03 |
| Unit-of-Use (Syringe or Vial) NDC | 49281-0547-58 |
| Generic Name | Hib (PRP-T) |
| Manufacturer | sanofi pasteur |
| Lot Number | IIPVAXN05 |
| Expiration Date | 9/27/2029 |
| Funding Source | Public |
| Doses on Hand | 5 |
| CVX Code | 48 |
| MVX Code | PMC |
| Funding Source Code | VXC50 |
| Packaging | 5 pack – 1 dose vial |
| Trade Name | ActHIB |
| Unit-of-Use (Vial/Syringe) Image |  |
| GTIN | 00349281547584 |
| | (01)00349281547584(17)290927(10)IIPVAXN05 |


| | |
|---|---|
| Item 6 | |
| Product Name (This may vary with each implementation) | Pprevnar 20 00005-2000-01 |
| Unit-of-Sale (Box) NDC | 00005-2000-10 |
| Unit-of-Use (Syringe or Vial) NDC | 00005-2000-01 |
| Generic Name (CVX 216) | Pneumococcal conjugate PCV20, polysaccharide CRM197 conjugate, adjuvant, PF |
| Manufacturer | Pfizer, Inc |
| Lot Number | LLBUAYMO6 |
| Expiration Date | 9/27/2029 |
| Funding Source | Public |
| Doses on Hand | 10 |
| CVX Code | 216 |
| MVX Code | PFR |

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| Funding Source Code | VXC50 |
| Packaging | 10 pack – 1 dose syringe |
| Trade Name | Prevnar 20 |

| | |
|---|---|
| Item 7 | |
| Product Name (This may vary with each implementation) | Rotarix 58160-0740-02 |
| Unit-of-Sale (Box) NDC | 58160-0740-21 |
| Unit-of-Use (Syringe or Vial) NDC | 58160-0740-02 |
| Generic Name | rotavirus, monovalent |
| Manufacturer | GlaxoSmithKline |
| Lot Number | IIPVAXN07 |
| Expiration Date | 9/27/2029 |
| Funding Source | Public |
| Doses on Hand | 10 |
| | |
| CVX Code | 119 |
| MVX Code | SKB |
| | |
| Funding Source Code | VXC50 |
| Packaging | 10 pack – 1 oral dose |
| Trade Name | Rotarix |
| Unit-of-Use (Vial/Syringe) Image |  |
| GTIN | 10358160740029 |
| | (01)10358160740029(17)290927(10)IIPVAXN07 |

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|---|--------------------------|
| Item 8 | |
| Product Name (This may vary with each implementation) | GARDASIL 9 00006-4121-01 |
| Unit-of-Sale (Box) NDC | 00006-4121-02 |
| Unit-of-Use (Syringe or Vial) NDC | 00006-4121-01 |
| Generic Name | HPV9 |
| Manufacturer | Merck and Co., Inc. |
| Lot Number | IIPVAXN08 |
| Expiration Date | 9/27/2029 |
| Funding Source | Private funds |
| Doses on Hand | 10 |
| | |
| CVX Code | 165 |
| MVX Code | MSD |
| | |
| Funding Source Code | PHC70 |
| Packaging | 10 pack – 1 dose syringe |
| Trade Name | GARDASIL 9 |

| | |
|----------------------------------|--|
| Unit-of-Use (Vial/Syringe) Image |  |
| GTIN | 00300064121018 |
| | (01)00300064121018(17)290927(10)IIPVAXN08 |

| | |
|---|---|
| Item 9 | |
| Product Name (This may vary with each implementation) | GARDASIL 9 00006-4121-01 |
| Unit-of-Sale (Box) NDC | 00006-4121-02 |
| Unit-of-Use (Syringe or Vial) NDC | 00006-4121-01 |
| Generic Name | HPV9 |
| Manufacturer | Merck and Co., Inc. |
| Lot Number | IIPVAXN09 |
| Expiration Date | 3/26/2024 |
| Funding Source | Public |
| Doses on Hand | 10 |
| | |
| CVX Code | 165 |
| MVX Code | MSD |
| | |
| Funding Source Code | VXC50 |
| Packaging | 10 pack – 1 dose syringe |
| Trade Name | GARDASIL 9 |
| Unit-of-Use (Vial/Syringe) Image |  |
| GTIN | 00300064121018 |
| | (01)00300064121018(17)240326(10)IIPVAXN09 |

| | |
|---|--------------------------|
| Item 10 | |
| Product Name (This may vary with each implementation) | PEDIARIX 58160-0811-43 |
| Unit-of-Sale (Box) NDC | 58160-0811-52 |
| Unit-of-Use (Syringe or Vial) NDC | 58160-0811-43 |
| Generic Name | DTaP-Hep B-IPV |
| Manufacturer | GlaxoSmithKline |
| Lot Number | IIPVAXN10 |
| Expiration Date | 9/27/2029 |
| Funding Source | Private funds |
| Doses on Hand | 10 |
| | |
| CVX Code | 110 |
| MVX Code | SKB |
| | |
| Funding Source Code | PHC70 |
| Packaging | 10 pack – 1 dose syringe |
| Trade Name | PEDIARIX |

Unit-of-Use (Vial/Syringe) Image



GTIN

10358160811439

(01)10358160811439(17)290927(10)IIPVAXN10

Item 11

Product Name (This may vary with each implementation)

HAVRIX 58160-0825-43

Unit-of-Sale (Box) NDC

58160-0825-52

Unit-of-Use (Syringe or Vial) NDC

58160-0825-43

Generic Name

Hep A, ped/adol, 2 dose

Manufacturer

GlaxoSmithKline

Lot Number

IIPVAXN11

Expiration Date

9/27/2029

Funding Source

Private funds

Doses on Hand

10

CVX Code

83

MVX Code

SKB

Funding Source Code

PHC70

Packaging

10 pack – 1 dose syringe

Trade Name

HAVRIX

Unit-of-Use (Vial/Syringe) Image



(01)10358160825436(17)290927(10)IIPVAXN11

GTIN

10358160825436

Post-Condition

Data listed in the test cases listed below exist in the system under test.

Notes

This activity is not performed under proctor observation.

If unable to enter expired vaccination product please alert the proctor.

This was an attestation item-previously attested to.

Jurisdictions will individually determine if the Unit of Use or Unit of Sale NDC will be used when submitting vaccines to their IIS. This plan uses the Unit of Use NDC.