


**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

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

<b>Item 3</b>	
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


<b>Item 4</b>	
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

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

<b>Item 5</b>	
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


<b>Item 6</b>	
Product Name (This may vary with each implementation)	Prenar 20 00005-2000-01
Unit-of-Sale (Box) NDC	00005-2000-10
<b>Unit-of-Use (Syringe or Vial) NDC</b>	<b>00005-2000-01</b>
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

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

<b>Item 7</b>	
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

<b>Item 8</b>	
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

<b>Item 9</b>	
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

<b>Item 10</b>	
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.**