



**RHODE ISLAND DEPARTMENT OF HEALTH
PEDIATRIC AND ADULT STATE-SUPPLIED¹ VACCINES**

Vaccine Type	Brand & MFR Code ²	Guidelines for Use ³ (Childhood ⁴ and Adult ⁵ Immunization)	Dose	Route	CPT Code	CVX Code	Thimerosal ⁶ Content
DTaP-HepB-IPV Diphtheria/Tetanus/Pertussis/HepB/Polio	Pediarix SKB	Pedi: 3 doses at 2, 4, & 6 months	0.5 mL	IM	90723	110	Free
DTaP Diphtheria/Tetanus/Pertussis	Infanrix SKB	Pedi: 1 dose at 15-18 months	0.5 mL	IM	90700	20	Free
DTaP-IPV Diphtheria/Tetanus/Pertussis/Polio	Kinrix SKB	Pedi: 1 dose at 4-6 years	0.5 mL	IM	90696	130	Free
Hepatitis A	Havrix SKB	Pedi: 2 doses at 12 & 18 months; Catch-up vaccination < 19 yrs	0.5 mL	IM	90633	83	Free
	Havrix SKB	Adult: Catch-up vaccination 19-26 years High-risk adults ⁵	1.0 mL	IM	90632	52	
Hepatitis B	Engerix B SKB	Pedi: Birth dose; Catch-up vaccination <20 years (through 19 years)	0.5 mL	IM	90744	08	Free
	Hepsilav-B DVX	Adult: 2 doses, four weeks apart.	0.5 mL	IM	90739	189	
HIB (PRP-OMP) Haemophilus Influenza Type B	PedvaxHIB MSD	Pedi & Adult: 3 doses at 2, 4, & 12-15 mos; High-risk children (≥ 5 yrs) ⁴ and adults ⁵ (contact RIDOH for transfer)	0.5 mL	IM	90647	49	Free
9vHPV Human Papillomavirus	Gardasil 9 MSD	Pedi & Adult: 2 doses (0, 6-12 mos) at 11-12 yrs; Age 15 and older 3 doses (0, 1-2 mos, 6 mos); Adults: females and males 19-26 yrs; some adults age 27 through 45 years – see MMWR guidance ³ .	0.5 mL	IM	90651	165	Free
MCV4P Meningococcal Conjugate	Menactra PMC	Pedi & Adult: 1 dose 11-12 years; booster 16 years; Unvaccinated college students 19-21 living in dorm; High-risk children ⁴ <11 yrs, and adults ⁵ (footnote 4 & 5)	0.5 mL	IM	90734	114	Free
MenB-4C Meningococcal Serogroup B, OMV	Bexsero SKB	Pedi: 2 doses at least one month apart - high risk ≥ 10 yrs ⁴ ; 16-18 yrs	0.5 mL	IM	90620	163	Free
		Adult: 2 doses at least one month apart – high risk ⁵ ; 19-23 yrs					
MMR Measles/Mumps/Rubella	MMRII MSD	Pedi & Adult: 1 st dose at 12-15 months; catch-up vaccination children and adults 19-26 years; and high risk/special populations ⁵	0.5 mL	SC	90707	03	Free
MMRV Measles/Mumps/Rubella & Varicella	Proquad MSD	Pedi: Use for 2 nd dose of MMR and varicella at 4-6 years	0.5 mL	SC	90710	94	Free
PCV13 Pneumococcal Conjugate	Prevnar 13 PFR	Pedi: 4 doses at 2, 4, 6, 12-15 months; high-risk children ⁴ Adult: High risk adults and 1 dose for adults with shared clinical decision	0.5 mL	IM	90670	133	Free
PPSV23 Pneumococcal Polysaccharide	Pneumovax 23 MSD	Pedi & Adult: 1 dose for unvaccinated adults ≥ 65 years as recommended by CDC ⁵ ; High-risk children ⁴ and high-risk adults ⁵	0.5 mL	IM	90732	33	Free
RV (monovalent) Rotavirus	Rotarix SKB	Pedi: 2 doses at 2 & 4 months of age	1.0 mL	PO	90681	119	Free
Tdap Tetanus/Diphtheria/Pertussis	Boostrix SKB	Pedi: 1 dose at 11-12 years; Catch-up vaccination < 19 yrs; during each pregnancy	0.5 mL	IM	90715	115	Free
	Adacel PMC	Adult: 1 dose for unvaccinated adults ≥ 19 years; vaccinate pregnant ⁶ women each pregnancy; Booster every 10 yrs, maybe Tdap or Td					
Varicella Chickenpox	Varivax MSD	Pedi & Adult: 1 st dose at 12-15 months; catch-up vaccination children and adults 19- 26 years; and high risk/special populations ⁵	0.5 mL	SC	90716	21	Free

Vaccine Type	Brand & MFR Code ²	Vaccine Used in Special Circumstances Guidelines for Use ³	Dose	Route	CPT Code	CVX Code	Thimerosal ⁶ Content
Td Tetanus/Diphtheria	Td MBL or GRF	Pedi: Use for persons ≥ 7 yrs with unknown/incomplete series of Td-containing vaccine (series should include a dose of Tdap)	0.5 mL	IM	90714	09	Trace <0.00012%
	Td MBL or GRF	Adult: Booster every 10 years, may be Td or Tdap	0.5 mL	IM	90714	09	Trace <0.00012%
MenACWY–CRM/MCV4O Meningococcal Conjugate	Menveo SKB	4 doses at 2, 4, 6 and 12 months for children with persistent complement component deficiencies and functional or anatomical asplenia, including sickle cell, and children with HIV infection. See catch-up schedule for those starting at 7+ months.	0.5 mL	IM	90734	136	Free
MenB-FHbp Meningococcal Serogroup B	Trumenba PFR	Use for those who already started to complete series. 3 doses (0,2,6 months) high risk ≥ 10 years ^{4,5} ; 16-23 years, preferably 16-18 yrs.	0.5 mL	IM	90621	162	Free
IPV Polio	IPOL PMC	Use for catch-up vaccination through 18 years when combination vaccine is unavailable or required for series completion	0.5 mL	IM	90713	10	Free
Funding / Vaccine Type	Brand & MFR Code ²	Influenza Vaccine Guidelines for Use ³	Dose	Route	CPT Code	CVX Code	Thimerosal ⁶ Content
Pediatric/Influenza (Quadrivalent)	Fluarix SKB	Pedi: Use for children 6 months - 18 years	0.5 mL	IM	90686	150	Free
Pediatric/Influenza (Quadrivalent)	Flulaval IDB	Pedi: Use for children 6 months -18 years	0.5 mL	IM	90686	150	Free
Pediatric/Influenza (Quadrivalent)	Flumist MED	Pedi: Use for children 2 – 18 years	0.2 mL	Nasal Spray	90672	149	Free
Pediatric/Influenza (Quadrivalent)	Afluria SEQ	Pedi: Use for children 6 months – 35 months	0.25 ml	IM	90685	161	Free
Adult/Influenza (Quadrivalent)	Fluzone PMC	Adult: Use for adults 19 years and older	0.5 mL	IM	90686	150	Free
Adult/Influenza (Quadrivalent)	Flucelvax SEQ	Adult: Use for adults 19 years and older	0.5 mL	IM	90674	171	Free
Adult/Influenza (Quadrivalent)	Fluzone High Dose PMC	Adult: Use for adults 65 years and older	0.7 mL	IM	90662	197	Free
Adult/Influenza (Quadrivalent)	Fluad SEQ	Adult: Use for adults 65 years and older	0.5 mL	IM	90694	205	Free

Footnotes:

1. *Pediatric state-supplied* vaccines are provided to RI healthcare providers at no cost for all children (insured and uninsured) <19 years. *Adult state-supplied vaccines* are provided to RI healthcare providers at no cost for all adults (insured and uninsured) > 19 years living in RI; and adults > 19 years who don't live in RI, but who receive medical benefits through a RI employer (public and private).
2. Manufacturer Code Names: SKB or IDB (Glaxo Smith Kline); MSD (Merck); PMC (Sanofi/Aventis); PFR (Pfizer/Wyeth); MED (MedImmune); MBL or GRF (Grifols); SEQ (Seqirus). If another brand is substituted, coding may be different.
3. MMWR: ACIP recommendations for each individual vaccine available at: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>
4. CDC: Childhood and Adolescent Immunization Schedule and Footnotes (list high risk groups): <http://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>
5. CDC: Adult Immunization Schedule and Footnotes (lists high-risk groups): <http://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>
6. FDA: Thimerosal/Expanded List of Vaccines: www.fda.gov/cber/vaccine/thimerosal.htm, Table 3

RIDOH immunization website: <http://www.health.ri.gov/immunization> and Health Information Line: 401-222-5960.