



**RHODE ISLAND DEPARTMENT OF HEALTH  
PEDIATRIC AND ADULT STATE -SUPPLIED<sup>1</sup> VACCINES**

Vaccine Type	Brand & MFR Code <sup>2</sup>	Guidelines for Use <sup>3</sup> (Childhood <sup>4</sup> and Adult <sup>5</sup> Immunization)	Dose	Route	CPT Code	CVX Code	Thimerosal <sup>6</sup> Content
<b>DTaP-HepB -IPV</b> Diphtheria/Tetanus/Pertussis/HepB/Polio	<b>Pediarix</b> SKB	<b>Pedi:</b> 3 doses at 2, 4, & 6 months	0.5 mL	IM	90723	110	Free
<b>DTaP</b> Diphtheria/Tetanus/Pertussis	<b>Infanrix</b> SKB	<b>Pedi:</b> 1 dose at 15-18 months	0.5 mL	IM	90700	20	Free
<b>DTaP-IPV</b> Diphtheria/Tetanus /Polio	<b>Kinrix</b> SKB	<b>Pedi:</b> 1 dose at 4-6 years	0.5 mL	IM	90696	130	Free
<b>Hepatitis A</b>	<b>Havrix</b> SKB	<b>Pedi:</b> 2 doses at 12 & 18 months ; Catch-up vaccination < 19 yrs	0.5 mL	IM	90633	83	Free
	<b>Vaqta</b> MSD	<b>Adult:</b> Catch-up vaccination 19-26 years High-risk adults <sup>5</sup>	1.0 mL	IM	90632	52	
<b>Hepatitis B</b>	<b>Engerix B</b> SKB	<b>Pedi:</b> Birth dose; Catch-up vaccination <20 years (through 19 years)	0.5 mL	IM	90744	08	Free
	<b>Recombivax HB</b> MSD	<b>Adult:</b> Catch-up vaccination 20-26 years High-risk adults <sup>5</sup> ≥ 27 years	1.0 mL	IM	90746	43	
<b>HIB</b> Haemophilus Influenza Type B	<b>PedvaxHIB</b> MSD	<b>Pedi &amp; Adult:</b> 3 doses at 2, 4,&12-15 mos; High -risk children (≥ 5 yrs) <sup>4</sup> and adults <sup>5</sup> (contact RIDOH for transfer)	0.5 mL	IM	90647	49	Free
<b>9vHPV</b> Human Papillomavirus	<b>Gardasil 9</b> MSD	<b>Pedi &amp; Adult:</b> 3 doses (0, 1-2, 6 mos) at 11-12 yrs; Catch-up vaccination: females 19- 26 yrs; males-19-21 yrs, high-risk <sup>5</sup> males 22-26 yrs	0.5 mL	IM	90651	165	Free
<b>MCV4</b> Meningococcal Conjugate	<b>Menactra</b> PMC	<b>Pedi &amp; Adult:</b> 1 dose 11-12 years; booster 16 years; Unvaccinated college students 19-21 living in dorm; High-risk children <sup>4</sup> <11 yrs, and adults <sup>5</sup> (footnote 4 & 5)	0.5 mL	IM	90734	114	Free
<b>MenB-4C</b> Meningococcal Serogroup B	<b>Bexsero</b> SKB	<b>Pedi:</b> 2 doses at least one month apart - high risk ≥10 yrs <sup>4</sup> ; 16-18 yrs	0.5 mL	IM	90620	163	Free
		<b>Adult:</b> 2 doses at least one month apart – high risk <sup>5</sup> ; 19-23 yrs					
<b>MMR</b> Measles-Mumps-Rubella	<b>MMRII</b> MSD	<b>Pedi &amp; Adult:</b> 1 <sup>st</sup> dose at 12-15 months; catch -up vaccination children and adults 19-26 years	0.5 mL	SC	90707	03	Free
<b>MMRV</b> Measles-Mumps-Rubella & Varicella	<b>Proquad</b> MSD	<b>Pedi:</b> Use for 2 <sup>nd</sup> dose of MMR and varicella at 4-6 years	0.5 mL	SC	90710	94	Free
<b>PCV13</b> Pneumococcal Conjugate	<b>Pprevnar 13</b> PFR	<b>Pedi &amp; Adult:</b> 4 doses at 2, 4, 6, 12-15 months; High-risk children <sup>4</sup> and 1 dose for adults ≥ 65 years as recommended by CDC <sup>5</sup>	0.5 mL	IM	90670	133	Free
<b>PPSV23</b> Pneumococcal Polysaccharide	<b>Pneumovax 23</b> MSD	<b>Pedi &amp; Adult:</b> 1 dose for unvaccinated adults ≥ 65 years as recommended by CDC <sup>5</sup> ; High-risk children <sup>4</sup>	0.5 mL	IM	90732	33	Free
<b>RV</b> Rotavirus	<b>Rotarix</b> SKB	<b>Pedi:</b> 2 doses at 2 & 4 months of age	1.0 mL	PO	90681	119	Free
<b>Tdap</b> Tetanus -Diphtheria -Pertussis	<b>Boostrix</b> SKB	<b>Pedi:</b> 1 dose at 11-12 years; Catch-up vaccination < 19 yrs; during each pregnancy	0.5 mL	IM	90715	115	Free
	<b>Adacel</b> PMC	<b>Adult:</b> 1 dose for unvaccinated adults ≥19 years ; vaccinate pregnant <sup>5</sup> women during each pregnancy;					
<b>Varicella</b> Chickenpox	<b>Varivax</b> MSD	<b>Pedi &amp; Adult:</b> 1 <sup>st</sup> dose at 12-15 months; catch-up vaccination children and adults 19- 26 years	0.5 mL	SC	90716	21	Free

Vaccine Type	Brand & MFR Code <sup>2</sup>	Vaccine Used in Special Circumstances Guidelines for Use <sup>3</sup>	Dose	Route	CPT Code	CVX Code	Thimerosal <sup>6</sup> Content
<b>DT</b> Diphtheria -Tetanus	DT PMC	Use for children < 7 years with contraindication to pertussis vaccine	0.5 mL	IM	90702	28	Trace <0.00012%
<b>Td</b> Tetanus -Diphtheria	Tenivac PMC	Use to boost adults every 10 years; also use for persons ≥7yrs with unknown/incomplete series of Td-containing vaccine (series should include a dose of Tdap)	0.5 mL	IM	90714	113	Trace <0.00012%
<b>Hib-MenCY</b> Bivalent meningococcal conjugate vaccine and <i>Haemophilus influenzae</i> type b conjugate vaccine	MenHibrix SKB	4 doses at 2, 4, 6, 12-15 months for children with persistent complement component deficiencies and functional or anatomical asplenia, including sickle cell. Catch up vaccination 16-18 months	0.5 mL	IM	90644	148	Free
<b>MenB-FHbp</b> Meningococcal Serogroup B	Trumenba PFR	Use for those who already started to complete series. 3 doses (0,2,6 months) high risk ≥ 10 years <sup>4,5</sup> ; 16-23 years, preferably 16-18 yrs.	0.5 mL	IM	90620	162	Free
<b>IPV</b> Polio	IPOL PMC	Use for catch-up vaccination through 18 years	0.5 mL	IM	90713	10	Free
Vaccine Type	Brand & MFR Code <sup>2</sup>	Influenza Vaccine Guidelines for Use <sup>3</sup>	Dose	Route	CPT Code	CVX Code	Thimerosal <sup>6</sup> Content
<b>Pediatric Influenza</b> (Quadrivalent)	Fluzone PMC	Use for children 6-35 months of age	0.25 mL	IM	90685	161	Free
<b>Adult and Pediatric Influenza</b> (Quadrivalent)	Fluzone PMC	Use for children 3-18 years of age, Use for adults 19 years and older	0.5 mL	IM	90686	150	Free
<b>Adult and Pediatric Influenza</b> (Quadrivalent)	Flumist MED	Use for children 2-18 years of age, Use for adults 19-49 years of age. Give 0.2 mL (Divided dose) intranasal spray	0.2 mL Sprayer	NS	90672	149	Free
<b>Adult and Pediatric Influenza</b> (Quadrivalent)	Fluarix SKB	Use for children 3-18 years of age, Use for adults 19 years and older	0.5 mL	IM	90686	150	Free
<b>Adult Influenza</b> (Trivalent)	Fluzone HighDose PMC	Use for adults 65 years and older	0.5 mL	IM	90662	135	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: 1.) Uninsured adults >19 years (through select providers); 2.) Adults > 19 years who receive medical benefits thru a RI employer (public and private) including Medicare Advantage Plans (Note: does not include Medicare Part D for Tdap or Medicare Fee-for-Service/Straight Medicare)
2. Manufacturer Code Names: SKB (Glaxo Smith Kline); MSD (Merck); PMC (Sanofi/Aventis); PFR (Pfizer/Wyeth); MED (MedImmune)
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](http://www.fda.gov/cber/vaccine/thimerosal.htm), Table 3

#### Other Important Vaccine Tools & Resources:

Vaccine contraindications and precautions (includes information about latex in packaging): <http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>  
Ask the Experts at CDC-Frequently asked questions & answers about vaccines: <http://www.immunize.org/askexperts/>  
Vaccination of Persons with Primary and Secondary Immune Deficiencies: <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/immuno-table.pdf>  
Meningococcal Vaccination Recommendations for Children and Adults by Age and/or Risk factor: <http://www.immunize.org/catg.d/p2018.pdf>  
Pneumococcal Vaccination Recommendations for Children and Adults by Age and/or Risk Factor: <http://www.immunize.org/catg.d/p2019.pdf>;  
Recommendations for Pneumococcal Vaccine Use in Children and Teens: <http://www.immunize.org/catg.d/p2016.pdf>  
For list of vaccination clinics or where to send the uninsured, go to HEALTH's website at <http://health.ri.gov/find/vaccinations/> or call HEALTH Information Line (401) 222-5960.