



**RHODE ISLAND DEPARTMENT OF HEALTH**  
**PEDIATRIC AND ADULT STATE-SUPPLIED<sup>1</sup> VACCINES**  
 Effective October 9, 2019

| Vaccine Type  | Brand & MFR Code <sup>2</sup> | Guidelines for Use <sup>3</sup><br>(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><br>Diphtheria/Tetanus/Pertussis/HepB/Polio | <b>Pediarix</b><br>SKB        | <b>Pediatric:</b> 3 doses at 2, 4, and 6 months of age  | 0.5 mL | IM    | 90723    | 110      | Free                            |
| <b>DTaP</b><br>Diphtheria/Tetanus/Pertussis                     | <b>Infanrix</b><br>SKB        | <b>Pediatric:</b> 1 dose at 15-18 months of age   | 0.5 mL | IM    | 90700    | 20       | Free                            |
| <b>DTaP-IPV</b><br>Diphtheria/Tetanus/Pertussis/Polio           | <b>Kinrix</b><br>SKB          | <b>Pediatric:</b> 1 dose at 4-6 years   | 0.5 mL | IM    | 90696    | 130      | Free                            |
| <b>Hepatitis A</b>  | <b>Havrix</b><br>SKB          | <b>Pediatric:</b> 2 doses at 12 and 18 months of age; catch-up vaccination <19 years (through 18 years)   | 0.5 mL | IM    | 90633    | 83       | Free                            |
|   | <b>Havrix</b><br>SKB          | <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><br>SKB       | <b>Pediatric:</b> Birth dose; catch-up vaccination <20 years (through 19 years)   | 0.5 mL | IM    | 90744    | 08       | Free                            |
|   | <b>Engerix B</b><br>SKB       | <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 (PRP-OMP)</b><br>Haemophilus Influenza Type B            | <b>PedvaxHIB</b><br>MSD       | <b>Pediatric and Adult:</b> 3 doses at 2, 4, and 12-15 months of age; high-risk children (≥5 years) <sup>4</sup> and adults <sup>5</sup> (contact RIDOH for transfer)                                     | 0.5 mL | IM    | 90647    | 49       | Free                            |
| <b>9vHPV</b><br>Human Papillomavirus                            | <b>Gardasil 9</b><br>MSD      | <b>Pediatric and Adult:</b> 2 doses (0, 6-12 months) at 11-12 years; 3 doses (0, 1-2 months, 6 months) at 15 years and older; adults: females and males 19-26 years; some adults 27-45 years <sup>3</sup> | 0.5 mL | IM    | 90651    | 165      | Free                            |
| <b>MCV4P</b><br>Meningococcal Conjugate                         | <b>Menactra</b><br>PMC        | <b>Pediatric and Adult:</b> 1 dose at 11-12 years; booster at 16 years; unvaccinated college students 19-21 years living in dorm; high-risk children <sup>4</sup> (<11 years), and adults <sup>5</sup>    | 0.5 mL | IM    | 90734    | 114      | Free                            |
| <b>MenB-4C</b><br>Meningococcal Serogroup B, OMV                | <b>Bexsero</b><br>SKB         | <b>Pediatric:</b> 2 doses at least 1 month apart – high risk ≥10 years <sup>4</sup> ; 16-18 years<br><b>Adult:</b> 2 doses at least 1 month apart – high risk <sup>5</sup> ; 19-23 years                  | 0.5 mL | IM    | 90620    | 163      | Free                            |
| <b>MMR</b><br>Measles/Mumps/Rubella                             | <b>MMRII</b><br>MSD           | <b>Pediatric and Adult:</b> 1 <sup>st</sup> dose at 12-15 months of age; catch-up vaccination children and adults 19-26 years; and high risk/special populations <sup>5</sup>                             | 0.5 mL | SC    | 90707    | 03       | Free                            |
| <b>MMRV</b><br>Measles/Mumps/Rubella/Varicella                  | <b>Proquad</b><br>MSD         | <b>Pediatric:</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><br>Pneumococcal Conjugate                          | <b>Prevnar 13</b><br>PFR      | <b>Pediatric and Adult:</b> 4 doses at 2, 4, 6, and 12-15 months; high-risk children <sup>4</sup> 1 dose for adults ≥65 years as recommended by CDC <sup>5</sup>  | 0.5 mL | IM    | 90670    | 133      | Free                            |
| <b>PPSV23</b><br>Pneumococcal Polysaccharide                    | <b>Pneumovax 23</b><br>MSD    | <b>Pediatric and Adult:</b> 1 dose for unvaccinated adults ≥65 years as recommended by CDC <sup>5</sup> ; high-risk children <sup>4</sup> and high-risk adults <sup>5</sup>                               | 0.5 mL | IM    | 90732    | 33       | Free                            |
| <b>RV (monovalent)</b><br>Rotavirus                             | <b>Rotarix</b><br>SKB         | <b>Pediatric:</b> 2 doses at 2 and 4 months of age  | 1.0 mL | PO    | 90681    | 119      | Free                            |
| <b>Tdap</b><br>Tetanus/Diphtheria/Pertussis                     | <b>Boostrix</b><br>SKB        | <b>Pediatric:</b> 1 dose at 11-12 years; catch-up vaccination <19 years; during each pregnancy  | 0.5 mL | IM    | 90715    | 115      | Free                            |
|   | <b>Adacel</b><br>PMC          | <b>Adult:</b> 1 dose for unvaccinated adults ≥19 years; vaccinate pregnant <sup>5</sup> women during each pregnancy   |        |       |          |          |                                 |
| <b>Varicella</b><br>Chickenpox                                  | <b>Varivax</b><br>MSD         | <b>Pediatric and Adult:</b> 1 <sup>st</sup> dose at 12-15 months; catch-up vaccination children and adults 19-26 years; and high risk/special populations <sup>5</sup>                                    | 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><br>Diphtheria/Tetanus                     | <b>DT</b><br>PMC                | Use for children <7 years with contraindication to pertussis vaccine  | 0.5 mL | IM          | 90702    | 28       | Trace<br><0.00012%              |
| <b>Td</b><br>Tetanus/Diphtheria                     | <b>Td</b><br>MBL or GRF         | <b>Pediatric:</b> Use for persons ≥7 years with unknown/incomplete series of Td-containing vaccine (series should include a dose of Tdap)   | 0.5 mL | IM          | 90714    | 09       | Trace<br><0.00012%              |
|   | <b>Td</b><br>MBL or GRF         | <b>Adult:</b> Use to boost adults every 10 years  | 0.5 mL | IM          | 90714    | 09       | Trace<br><0.00012%              |
| <b>MenACWY–CRM/MCV4O</b><br>Meningococcal Conjugate | <b>Menveo</b><br>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 after 7 months of age | 0.5 mL | IM          | 90734    | 136      | Free                            |
| <b>MenB-FHbp</b><br>Meningococcal Serogroup B       | <b>Trumenba</b><br>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 years   | 0.5 mL | IM          | 90621    | 162      | Free                            |
| <b>IPV</b><br>Polio                                 | <b>IPOL</b><br>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 <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><br>(Quadrivalent)        | <b>Fluarix</b><br>SKB           | Use for children 6 months - 18 years of age   | 0.5 mL | IM          | 90686    | 150      | Free                            |
| <b>Pediatric/Influenza</b><br>(Quadrivalent)        | <b>Flulaval</b><br>IDB          | Use for children 6 months -18 years of age  | 0.5 mL | IM          | 90686    | 150      | Free                            |
| <b>Pediatric/Influenza</b><br>(Quadrivalent)        | <b>Flumist</b><br>MED           | Use for children 2 - 18 years of age  | 0.5 mL | Nasal Spray | 90672    | 149      | Free                            |
| <b>Adult/Influenza</b><br>(Quadrivalent)            | <b>Fluzone</b><br>PMC           | Use for adults ≥19 years  | 0.5 mL | IM          | 90686    | 150      | Free                            |
| <b>Adult/Influenza</b><br>(Quadrivalent)            | <b>Flucelvax</b><br>SEQ         | Use for adults ≥19 years  | 0.5 mL | IM          | 90674    | 171      | Free                            |
| <b>Adult/Influenza</b><br>(Trivalent)               | <b>Fluzone High Dose</b><br>PMC | Use for adults ≥65 years  | 0.5 mL | IM          | 90662    | 135      | Free                            |
| <b>Adult/Influenza</b><br>(Trivalent)               | <b>Fluad</b><br>SEQ             | Use for adults ≥65 years  | 0.5 mL | IM          | 90653    | 168      | Free                            |

**Footnotes:**

1. Pediatric state-supplied vaccines are provided to Rhode Island healthcare providers at no cost for all children (insured and uninsured) <19 years. Adult state-supplied vaccines are provided to Rhode Island healthcare providers at no cost for all adults (insured and uninsured) > 19 years living in Rhode Island; and adults > 19 years who don't live in Rhode Island, but who receive medical benefits through a Rhode Island 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](http://www.fda.gov/cber/vaccine/thimerosal.htm), Table 3

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