



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
COVID-19	Spikevax/ Moderna	Pediatric: 12-18yrs; single dose; administer at least 2 months after the last COVID-19 dose, if previously vaccinated Adult: 19+ yrs; single dose; administer at least 2 months after the last COVID-19 dose, if previously vaccinated	0.5mL	M	91322	312
COVID-19	COVID-19/Moderna	Pediatric: 6mn – 11yrs; 5-11yrs administer at least 2 months after the last COVID-19 dose, if previously vaccinated; 6mn-4yrs dosing regimen based on COVID-19 vaccination history ⁷	0.25mL	IM	91321	311
COVID-19	Comirnaty/ Pfizer	Pediatric: 12-18 yrs; single dose; administer at least 2 months after the last COVID-19 dose, if previously vaccinated Adult: 19+ yrs; single dose; administer at least 2 months after the last COVID-19 dose, if previously vaccinated	0.3mL	IM	91320	309
COVID-19	COVID-19/Pfizer	Pediatric: 5-11yrs; single dose; administer at least 2 months after the last COVID-19 dose, if previously vaccinated	0.3mL	IM	91319	310
COVID-19	COVID-19/Pfizer	Pediatric: 6mn-4yrs; dosing regimen based on COVID-19 vaccination history ⁷	0.3mL	IM	91318	308
COVID-19	COVID-19/Novavax	Pediatric: 12-18 yrs; unvaccinated 2 doses, 3-8 weeks apart; previously vaccinated 1 dose at least 2 months after last COVID-19 dose Adult: 19+yrs; unvaccinated 2 doses, 3-8 weeks apart; previously vaccinated 1 dose at least 2 months after last COVID-19 dose	0.5 mL	IM	91304	313
DTaP-HepB-IPV-Hib Diphtheria/Tetanus/Pertussis/HepB/Polio/Hib	Vaxelis MSD/PMC	Pediatric: 3 doses at 2, 4, and 6 months of age	0.5 mL	IM	90697	146
DTaP Diphtheria/Tetanus/Pertussis	Infanrix SKB	Pediatric: 1 dose at 15-18 months of age	0.5 mL	IM	90700	20
DTaP-IPV Diphtheria/Tetanus/Pertussis/Polio	Kinrix SKB	Pediatric: 1 dose at 4-6 years	0.5 mL	IM	90696	130
Hepatitis A	Havrix SKB	Pediatric: 2 doses at 12 and 18 months of age; catch-up vaccination <19 years (through 18 years)	0.5 mL	IM	90633	83
		Adult: Catch-up vaccination 19-26 years; high-risk adults ⁵	1.0 mL	IM	90632	52
Hepatitis B	Engerix B SKB	Pediatric: Birth dose; catch-up vaccination <20 years (through 19 years)	0.5 mL	IM	90744	08
	Heplisav-B DVX	Adult: 2 doses, four weeks of apart	0.5 mL	IM	90739	189
HIB (PRP-OMP) Haemophilus Influenza Type B	PedvaxHIB MSD	Pediatric and Adult: use as fourth dose at 12-15 months of age; high-risk children (> 5 years) ⁴ and adults ⁵ (contact RIDOH for transfer)	0.5 mL	IM	90647	49
9vHPV Human Papillomavirus	Gardasil 9 MSD	Pediatric and Adult: 2 doses (0, 6-12 months) at 11-12 years; 3 doses (0, 1-2 months, 6 months) at 15 years and older; any adults 19-26 years; some adults 27-45 years ³	0.5 mL	IM	90651	165
MCV4 Meningococcal Conjugate	MenQuadfi PMC	Pediatric and Adult: 1 dose at 11-12 years; booster at 16 years; unvaccinated college students 19-21 years living in dorm; high-risk children ⁴ (<11 years), and adults ⁵	0.5 mL	IM	90619	203
MenB-4C Meningococcal Serogroup B, OMV	Bexsero SKB	Pediatric: SCDM* - 2 doses, 6 months apart for healthy 16-18 years; high risk >10 years ⁴ 3 doses, 0, 1-2, and 6 months Adult: SCDM 2 doses, 6 months apart; for healthy 19-23 years; high risk ⁵ 3 doses, 0, 1-2, and 6 months	0.5 mL	IM	90620	163
MMR Measles/Mumps/Rubella	MMRII MSD	Pediatric and Adult: 1st dose at 12-15 months of age; catch-up vaccination children and adults 19-26 years; and high risk/special populations ⁵	0.5 mL	SC	90707	03
MMRV Measles/Mumps/Rubella/Varicella	Proquad MSD	Pediatric: Use for 2nd dose of MMR and varicella at 4-6 years	0.5 mL	SC	90710	94
PCV20 Pneumococcal Conjugate	Prevnar 20 PFR	Pediatric: 4 doses at 2, 4, 6, and 12-15 months; high-risk children ⁴ Adult: 1 dose for adults >50 years, high risk adults: 19-64 years	0.5 mL	IM	90677	216
RV (monovalent) Rotavirus (Oral)	Rotarix SKB	Pediatric: 2 doses at 2 and 4 months of age	1.5 mL	PO	90681	119
Tdap Tetanus/Diphtheria/Pertussis	Boostrix SKB	Pediatric: 1 dose at 11-12 years; catch-up vaccination <19 years; during each pregnancy	0.5 mL	IM	90715	115
	Adacel PMC	Adult: 1 dose for unvaccinated adults >19 years; vaccinate pregnant ⁵ women during each pregnancy, use to boost adults every 10 years (Td or TDap)				

Varicella Chickenpox	Varivax MSD	Pediatric and Adult: 1st 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
RSV	Beyfortus PMC	Pediatric: Neonate to 8 months of age; 50mg if less than 5kg in bodyweight for infants born during or entering their first RSV season	0.5mL	IM	90380	306
RSV	Beyfortus PMC	Pediatric: Neonate to 24 months of age; 100mg if greater than 5kg in bodyweight for infants born during or entering their first RSV season: Children who remain vulnerable through their second RSV season: 200mg (2x100mg injections)	1.0mL	IM	90381	307
VACCINE TYPE	BRAND & MFR CODE²	VACCINE USED IN SPECIAL CIRCUMSTANCES GUIDELINES FOR USE³	DOSE	ROUTE	CPT CODE	CVX CODE
Td Tetanus/Diphtheria	Td MBL or GRF	Pediatric: 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
	Td MBL or GRF	Adult: Use to boost adults every 10 years, may be Td or Tdap	0.5 mL	IM	90714	09
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 after 7 months of age	0.5 mL	IM	90734	136
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
RSV	Abrysvo PFR	Adult: 1 dose Pregnant women only, 32-36 weeks gestation, September to January administration	0.5 mL	IM	90471	305
Hepatitis B	Engerix B SKB	Adult: Pregnant women only, 3 doses – 0, 1 and 6 months	1.0 mL	IM	90746	43
FUNDING / VACCINE TYPE	BRAND & MFR CODE²	VACCINE USED IN SPECIAL CIRCUMSTANCES GUIDELINES FOR USE³	DOSE	ROUTE	CPT CODE	CVX CODE
Pediatric/Influenza (Trivalent)	Flulaval GSK	Use for children 6 months -18 years of age	0.5 mL	IM	90656	140
Pediatric/Influenza (Trivalent)	Flumist ATZ	Use for children 2 - 18 years of age	0.2 mL	Nasal Spray	90660	111
Adult/Influenza (Trivalent)	Fluzone PMC	Use for children 6 months – 18 years of age Use for adults >19 years	0.5 mL	IM	90656	140
Pediatric-Adult/Influenza (Trivalent)	Flucelvax SEQ	Use for children 6 months 18 years of age Use for adults >19 years	0.5 mL	IM	90661	153
Adult/Influenza (Trivalent)	Fluzone High Dose PMC	Use for adults >65 years	0.7 mL	IM	90662	135
Adult/Influenza (Trivalent)	Fluad SEQ	Use for adults >65 years	0.5 mL	IM	90653	168

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, Table 3
7. CDC: [Interim Clinical Considerations for Use of COVID-19 Vaccines in the United States](https://www.cdc.gov/media/releases/2020/s0916-covid-vaccines.html)

* Shared Clinical Decision-Making: <https://www.cdc.gov/vaccines/acip/acip-scdm-faqs.html>

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.

