

ESI ACA - Preventive Items and Services Offering Immunizations / Vaccines Cross Reference Guide – 2019-20

(Routine immunizations only)

This reference chart is intended to provide vaccine abbreviations and age limitations as well as references used in ACIP Recommendations and Policy Notes for routine immunizations (non-routine immunization criteria are not included in this document); published in the *MMWR* and in the U.S. immunization schedules for children, adolescents, and adults.

Vaccine	Vaccine description	ACIP Abbreviation	Trade Name	Age Limitation MIN	Age Limitation MAX	Source
Diphtheria, tetanus and pertussis	Diphtheria and tetanus toxoids adsorbed	DT	Diphtheria Tetnus Toxoids Absorbed	≥ 1 month (6 weeks)	<7 years	
	Diphtheria and tetanus toxoids and acellular pertussis vaccine adsorbed	DTaP	Daptacel, Infanrix	≥ 1 month (6 weeks)	<7 years	Reference 5 and MMWR, April 27, 2018 / Vol. 67 / No. 2 https://www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6702a1-H.pdf
	Tetanus and diphtheria toxoids adsorbed	Td	Tenivac	≥ 7 years	none	Reference 5 and MMWR, April 27, 2018 / Vol. 67 / No. 2 https://www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6702a1-H.pdf
	Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine, adsorbed	Tdap	Adacel, Boostrix	≥ 7 years	none	Reference 5 and MMWR, April 27, 2018 / Vol. 67 / No. 2 https://www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6702a1-H.pdf
	Tetanus toxoid – NOT INCLUDED IN OFFERING	TT	generic	NA	NA	“The use of single-antigen tetanus toxoid is not recommended.” http://www.cdc.gov/vaccines/pubs/pinkbook/tetanus.html
	Diphtheria and tetanus toxoids and acellular pertussis adsorbed, hepatitis B and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix	≥ 1 month (6 weeks)	<7 years	Reference 5 and MMWR, August 7, 2009; 58(30):829; http://www.cdc.gov/mmwr/PDF/wk/mm5830.pdf
	Diphtheria and tetanus toxoids and acellular pertussis adsorbed and inactivated poliovirus vaccine	DTaP-IPV	Kinrix Quadracel	≥ 4 years	<7 years	MMWR, September 4, 2015 / 64(34):948-949 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6434a5.htm
	Diphtheria and tetanus toxoids and acellular pertussis adsorbed, inactivated poliovirus and <i>Haemophilus influenzae</i> type b conjugate vaccine	DTaP-IPV/Hib	Pentacel	≥ 1 month (6 weeks)	<7 years	Reference 5 and MMWR, August 7, 2009; 58(30):829; http://www.cdc.gov/mmwr/PDF/wk/mm5830.pdf

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4. Recommended Immunization Schedule-Adult; <http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule-bw.pdf>
5. Recommended Immunization Schedule for Persons 0 to 18 years; <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-combined-schedule-bw.pdf>

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Haemophilus influenzae type b	<i>Haemophilus influenzae</i> type b conjugate vaccine	Hib	ActHIB Hiberix PedvaxHIB	≥ 1 month (6 weeks)	none	Reference 5 . “The first dose can be administered as early as age 6 weeks.” And: “Some older children and adults are at increased risk for invasive Hib disease and may be vaccinated if they were not vaccinated in childhood. These include those with functional or anatomic asplenia, immunodeficiency, immunosuppression from cancer chemotherapy, infection with HIV, and receipt of a hematopoietic stem cell transplant (HSCT). Previously unvaccinated persons older than 59 months of age with one of these high-risk conditions should be given at least one pediatric dose of any Hib conjugate vaccine.” http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/hib.pdf MMWR, February 28, 2014, Vol 63, #RR01
	Diphtheria and tetanus toxoids and acellular pertussis adsorbed, inactivated poliovirus and <i>Haemophilus influenzae</i> type b conjugate vaccine	DTaP-IPV/Hib	Pentacel	≥ 1 month (6 weeks)	<7 years	Reference 5 and MMWR, August 7, 2009; 58(30):829; http://www.cdc.gov/mmwr/PDF/wk/mm5830.pdf
Hepatitis	Hepatitis A vaccine	HepA	Havrix Vaqta	≥ 1 year <i>(no min age with Travel vaccine rule)</i>	none	Reference 5; http://www.cdc.gov/mmwr/PDF/rr/rr5507.pdf . Vaccine addition to Travel Vaccine rule without age restrictions scheduled for 01/01/2020 : ACIP Resolution 02/18-2 found at: MMWR / November 2, 2018 / Vol. 67 / No. 43
	Hepatitis B vaccine	HepB	Engerix-B Recombivax HB	none	none	Reference 5
	Hepatitis B-TLR	HepB-CpG	Hepelisav-B	≥ 18 years	none	MMWR April 20, 2018 / 67(15);455–458
	Hepatitis A inactivated and hepatitis B vaccine	HepA-HepB	Twinrix	≥ 18 years	none	Reference 5 and From: http://www.cdc.gov/vaccines/programs/vfc/downloads/resolutions/0607-1hepa.pdf
	Diphtheria and tetanus toxoids and acellular pertussis adsorbed, hepatitis B and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix	≥ 1 month (6 weeks)	<7 years	Reference 5 and MMWR, August 7, 2009; 58(30):829; http://www.cdc.gov/mmwr/PDF/wk/mm5830.pdf
Herpes zoster	Zoster Vaccine Live	ZVL	Zostavax	≥ 60 years	none	Recommendations of the Advisory Committee on Immunization Practices for Use of Herpes Zoster Vaccines. MMWR, January 26, 2018; 67(3); 103-108.
	Recombinant Zoster Vaccine	RZV	Shingrix	≥ 50 years	none	

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Human papillomavirus	Human papillomavirus vaccine – types 6, 11, 16, 18, 31, 33, 45, 52 and 58	9vHPV	Gardasil-9	9 years	<27years (<46 yrs implemented 1/1/2021)	Reference 5 http://www.cdc.gov/vaccines/programs/vfc/downloads/resolutions/2015-02-2-HPV.pdf Gardasil-9 ACIP Recommendations published: MMWR, March 27, 2015; 64(11):300-304 and dose change recommendation: http://www.cdc.gov/media/releases/2016/p1020-hpv-shots.html?s_cid=govD_HP10-20-16_01
Influenza	Trivalent inactivated influenza vaccine	IIV3	Severol	≥ 6 months	None	Reference 5 and MMWR; August 7, 2015;64(30);818-825 NOTE: ESI coverage limitation is set at broadest level for influenza vaccines in order to lessen member confusion regarding coverage. Prescriber is trusted to make appropriate product choice for age according to ACIP guidelines. The ESI program did not include coverage of FluMist [LAIV4; influenza A(H1N1)pdm09] for the 2016-2018 season. http://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm?s_cid=rr6505a1_w . Per ACIP vote February 2018; coverage added back at time for 2018-2019 season.
	Quadrivalent inactivated influenza vaccine	IIV4	Severol			
	Recombinant Influenza Vaccine, Trivalent	RIV3	FluBlok			
	Live attenuated influenza vaccine	LAIV4	FluMist			
Measles, mumps and rubella	Measles, mumps, and rubella vaccine	MMR	M-M-R II	≥ 6 months	None	Reference 5.
	Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad	≥ 1 years	None	
Meningococcal	Quadrivalent	MenACWY-CRM	Menveo	≥ 2 months	None	MMWR, June 20, 2014 / 63(24);527-530
	Quadrivalent	MenACWY-D	Menactra	≥ 9 months	None	
	Serogroup B meningococcal vaccine	MenB-FHbp MENenB-4C	Trumenba Bexsero	≥ 10 years	None	Reference 5
Pneumococcal	Pneumococcal conjugate vaccine (13-valent)	PCV13	Prevnar 13	≥ 1 month (6 weeks)	none	Update Adults: Sept. 2014 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6337a4.htm
	Pneumococcal polysaccharide (23-valent)	PPSV23	Pneumovax	≥ 2 years	none	Update: Children 6-18 with immune compromised conditions: http://www.cdc.gov/mmwr/pdf/wk/mm6225.pdf . Reference 5.

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Poliovirus	Inactivated poliovirus vaccine	IPV	I POL	≥ 1 month (6 weeks)	none	MMWR, August 7, 2009 / 58(30);829-830 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5830a3.htm Vaccination is recommended for certain adults who are at greater risk for exposure to polioviruses than the general population. This reference includes recommendations for administration of IPV to those >18 years of age. MMWR, May 19, 2000, Vol 49, #5; http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4905a1.htm
	Diphtheria and tetanus toxoids and acellular pertussis adsorbed and inactivated poliovirus vaccine	DTaP-IPV	Kinrix Quadracel	≥ 4 years	<7 years	MMWR, September 4, 2015 / 64(34);948-949 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6434a5.htm
	Diphtheria and tetanus toxoids and acellular pertussis adsorbed and inactivated poliovirus vaccine and <i>Haemophilus influenzae</i> type b conjugate vaccine	DTaP-IPV/Hib	Pentacel	≥ 1 month (6 weeks)	<7 years	Reference 5 and MMWR, August 7, 2009; 58(30):829; http://www.cdc.gov/mmwr/PDF/wk/mm5830.pdf
Rotavirus	Rotavirus vaccine (monovalent)	RV1	Rotarix	≥ 1 month (6 weeks)	<9 months	Reference 5. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5802a1.htm Limit could be < 12 months depending on capability of systems.
	Rotavirus vaccine (pentavalent)	RV5	RotaTeq	≥ 1 month (6 weeks)	<9 months	
Varicella	Varicella vaccine	VAR	Varivax	≥ 1 years	none	Reference 5.
	Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad	≥ 1 years	none	
	Varicella immune globulin	VZV	VariZIG	none	none	MMWR Weekly. July 19, 2013 / 62(28);574-576; http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6228a4.htm

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