

Alaska Medicaid Vaccine Coverage List - 2011

| Vaccine/ Biological | Trade Name | Manufacturer | LICENSED for these ages ¹ | Available thru AK Imm Prg for age ≤18 yrs (NOT provided for adults) | Medicaid Notes (AIP = AK Immunization Program) | Medicaid Coverage | | | |
|--------------------------------|---------------|----------------------|---|---|---|-------------------|-------------------|---------------------------------|-------------------|
| | | | | | | Vaccine | | Administration Fee ² | |
| | | | | | | Child ≤ 18 yrs | Adult ≥ 19 yrs | Child ≤ 18 yrs | Adult ≥ 19 yrs |
| DT | generic | Sanofi | 6 wks thru 6 yrs | Yes | | No | n/a | Yes | n/a |
| DTaP | Daptacel | Sanofi | 6 wks thru 6 yrs | No | AIP provides alternate brand | No | n/a | Yes | n/a |
| DTaP | Infanrix | GlaxoSmithKline | 6 wks thru 6 yrs | Yes | | No | n/a | Yes | n/a |
| DTaP | Tripedia | Sanofi | 6 wks thru 6 yrs | No | AIP provides alternate brand | No | n/a | Yes | n/a |
| DTaP/Hib | TriHIBit | Sanofi | 6 wks thru 6 yrs | No | AIP provides separate antigens/alternate combo | No | n/a | Yes | n/a |
| DTaP/Hep B/IPV | Pediarix | GlaxoSmithKline | 6 wks thru 6 yrs | Yes | | No | n/a | Yes | n/a |
| DTaP/IPV/Hib | Pentacel | Sanofi | 6 wks thru 4 yrs | No | AIP provides separate antigens/alternate combo | No | n/a | Yes | n/a |
| Hep A | Havrix | GlaxoSmithKline | 12 mos + | Yes | | No | Yes | Yes | Yes |
| Hep A | Vaqta | Merck | 12 mos + | No | AIP provides alternate brand | No | Yes | Yes | Yes |
| Hep A/Hep B | Twinrix | GlaxoSmithKline | 18 yrs + | No ³ | AIP provides thru limited prg ³ | n/a | Yes | Yes | Yes |
| Hep B | Engerix | GlaxoSmithKline | all ages | No | AIP provides alternate brand | No | Yes | Yes | Yes |
| Hep B | Recombivax | Merck | all ages | Yes | | No | Yes | Yes | Yes |
| Hib | PedVaxHIB | Merck | 6 wks thru 71 mos | Yes | | No | n/a | Yes | n/a |
| Hib | ActHIB | Sanofi | 2 mos thru 18 mos | No | AIP provides alternate brand | No | n/a | Yes | n/a |
| Hib | Hiberix | GlaxoSmithKline | 15 mos thru 4 yrs | No | AIP provides alternate brand | No | n/a | Yes | n/a |
| Hib/Hep B | Comvax | Merck | 6 wks thru 71 mos | No | AIP provides separate antigens/alternate combo | No | n/a | Yes | n/a |
| HPV2 | Cervarix | GlaxoSmithKline | 10 yrs thru 25 yrs | No | AIP provides alternate brand | No | Yes | Yes | Yes |
| HPV4 | Gardasil | Merck | 9 yrs thru 26 yrs | Yes (VFC eligibles only) | Medicaid recipient age ≤18 yrs = VFC eligible | No | Yes | Yes | Yes |
| Influenza (2010-11) | Afluria | CSL/Merck | 9 yrs + | No | * Medicaid covers if AIP flu supply depleted | * | Yes | Yes | Yes |
| Influenza (2010-11) | Agriflu | Novartis | 18 yrs + | No | * Medicaid covers if AIP flu supply depleted | * | Yes | Yes | Yes |
| Influenza (2010-11) | Fluarix | GlaxoSmithKline | 3 yrs + | No | * Medicaid covers if AIP flu supply depleted | * | Yes | Yes | Yes |
| Influenza (2010-11) | FluLaval | GlaxoSmithKline | 18 yrs + | No | * Medicaid covers if AIP flu supply depleted | * | Yes | Yes | Yes |
| Influenza (2010-11) | FluMist | MedImmune | 2 yrs thru 49 yrs | Yes | * Medicaid covers if AIP flu supply depleted | * | Yes | Yes | Yes |
| Influenza (2010-11) | Fluvirin | Novartis | 4 yrs + | No | * Medicaid covers if AIP flu supply depleted | * | Yes | Yes | Yes |
| Influenza (2010-11) | Fluzone | Sanofi | 6 mos + | Yes | * Medicaid covers if AIP flu supply depleted | * | Yes | Yes | Yes |
| Japanese Encephalitis | JE-Vax | Sanofi | 12 mos + | No | | No | No | No | No |
| Japanese Encephalitis | Ixiaro | Novartis | 17 yrs + | No | | No | No | No | No |
| MMR | M-M-R-II | Merck | 12 mos + | Yes | | No | Yes | Yes | Yes |
| MMRV | ProQuad | Merck | 12 mos + | No | AIP provides separate antigens/alternate combo | No | Yes | Yes | Yes |
| Meningococcal (conjugate) | Menactra | Sanofi | 2 yrs thru 55 yrs | Yes (VFC eligibles only) | Medicaid recipient age ≤18 yrs = VFC eligible | No | Yes | Yes | Yes |
| Meningococcal (conjugate) | Menveo | Novartis | 11 thru 55 yrs | No | AIP provides alternate brand | No | Yes | Yes | Yes |
| Meningococcal (polysaccharide) | Menomune | Sanofi | 2 yrs + | Yes | | No | Yes | Yes | Yes |
| Pneumococcal (conjugate) | Prevnar13 | Pfizer | 6 wks thru 71 mos | Yes | | No | n/a | Yes | n/a |
| Pneumococcal (polysaccharide) | Pneumovax | Merck | 2 yrs + | Yes ⁴ | | No | Yes | Yes | Yes |
| Polio | IPOL | Sanofi | 6 wks + | Yes | | No | Yes | Yes | Yes |
| Rabies | Imovax | Sanofi | all ages | No ⁵ | | No | No | Yes | Yes |
| Rotavirus | Rotarix | GlaxoSmithKline | 6 wks thru 32 wks | No | AK Section of Epi provides alternate brand | No | n/a | Yes | n/a |
| Rotavirus5 | RotaTeq | Merck | 6 wks thru 32 wks | Yes | | No | n/a | Yes | n/a |
| Td | Decavac | Sanofi | 7 yrs + | No | AIP provides alternate brand | No | Yes | Yes | Yes |
| Td | Generic | Mass Biological Labs | 7 yrs + | Yes | | No | Yes | Yes | Yes |
| Tdap | Adacel | Sanofi | 11 thru 64 yrs ⁶ | No | AIP provides alternate brand | No | Yes | Yes | Yes |
| Tdap | Boostrix | GlaxoSmithKline | 10 thru 64 yrs ⁶ | Yes | | No | Yes | Yes | Yes |
| Typhoid | Typhim Vi | Sanofi | 2 yrs + | No | | Yes | No | Yes | No |
| Typhoid | Vivotif Berna | Berna | 6 yrs + | No | | Yes | No | Yes | No |
| Vaccinia (smallpox) | ACAM2000 | Acambis | all ages | No | | Yes | No | Yes | No |
| Varicella | Varivax | Merck | 12 mos + | Yes | | No | Yes | Yes | Yes |
| Varicella - Zoster | Zostavax | Merck | 60 yrs + | No | | n/a | Yes | n/a | Yes |
| Yellow Fever | YF | Sanofi | 9 mos + | No | | Yes | No | Yes | No |

¹ For some vaccines, includes ages where vaccine recommended only for specific populations, such as persons with high risk medical conditions

² As of Jan 1, 2011, CPT codes for administration of vaccines for children age ≤18 yrs have been changed to 90460 and 90461. Adult vaccine administration CPT codes (90471 - 90474) are unchanged. Additional information on appropriate use of these codes is available <http://www.medicaidalaska.com>

³ Available from AIP through limited program in 2011 for certain high risk populations

⁴ Available from AIP only for certain high risk children.

⁵ Available for prophylaxis, if indicated, after consultation with the AK Section of Epidemiology

⁶ ACIP/CDC expected to issue expanded age ranges (including age 7 – 10 yrs and age 65+ yrs) for use of this vaccine