

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 program ³	No	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	2 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