



# MedStar Health

2017 Vaccine Coverage					
Vaccines (Brand Drugs)	Qualifications	Employee Plan		Medicare	
Diphtheria/Tetanus/ Pertussis (ACE) (DTaP)	≥ 1 month and < 7 years	Rx or Medical	\$0	Rx or Medical	\$0
DTaP + Hepatitis B + IPV (Polio)	≥ 1 month and < 7 years	Rx or Medical	\$0	Rx or Medical	\$0
DTaP + Hib + IPV	≥ 1 month and < 7 years	Rx or Medical	\$0	Rx or Medical	\$0
Haemophilus B (Hib)	≥ 1 month	Rx or Medical	\$0	Rx Only	Tier 3 Copay
Hepatitis A	≥ 1 year	Rx or Medical	\$0	Rx Only	\$0
Hepatitis A, B	≥ 1 year	Rx or Medical	\$0	Rx Only	Tier 3 Copay
Hepatitis B	No Restriction	Rx or Medical	\$0	Rx or Medical	\$0
Hib + Hepatitis B	≥ 1 month	Rx or Medical	\$0	Rx Only	Tier 3 Copay
Human papilloma virus (HPV) – Cervarix	Female, ≥ 9 years and <27 years	Rx or Medical	\$0	Rx or Medical	\$0
HPV-Gardasil 4 & 9	≥ 9 years and <27 years	Rx or Medical	\$0	Rx Only	Tier 3 Copay

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Influenza (injectable)	≥ 6 months	Rx or Medical	\$0	Rx or Medical	\$0
Influenza (intranasal)	≥ 6 months	Rx or Medical	\$0	Rx or Medical	\$0
Measles, mumps, rubella (MMR)	≥ 6 months	Rx or Medical	\$0	Rx or Medical	\$0
Measles, mumps, rubella, varicella	≥ 1 year	Rx or Medical	\$0	Rx or Medical	\$0
Meningococcal	≥ 2 years	Rx or Medical	\$0	Rx or Medical	\$0
Meningococcal w/ Diphtheria	≥ 2 months	Rx or Medical	\$0	Rx or Medical	\$0
Pneumococcal (pneumovax23)	≥ 2 years	Rx or Medical	\$0	Rx or Medical	\$0
Pneumococcal (Pevnar13)	≥ 1 month	Rx or Medical	\$0	Rx or Medical	\$0
Polio	No Restriction	Rx or Medical	\$0	Rx or Medical	\$0
Shingles (Zostavax)	≥ 50 years (MAPD) ≥ 60 year (Commercial)	Rx or Medical	\$0	Rx Only	Tier 3 Copay