

# Vaccine List

## Kentucky Single Medicaid MCO PBM Program

Effective July 1, 2021

This list applies only to Kentucky Medicaid Managed Care Organizations (MCOs).  
For information about FFS coverage, please refer to the Magellan Member/Provider Portal at  
<https://kyportal.magellanmedicaid.com/provider/public/home.xhtml>



### Vaccines

Common Vaccine Name	Vaccine	Recommended Dosing Schedule*
ActHIB®	Haemophilus b polysaccharide conjugate vaccine	4 doses before 15 months old
Comvax®	Haemophilus B polysaccharide conjugated-Hepatitis B (recombinant) vaccine	2 doses before 15 months old
Havrix®	Hepatitis A vaccine	2 doses before 2 years old, then 1 dose after 18 years old
Twinrx®	Hepatitis A (inactive)-Hepatitis B (recombinant) vaccine	3 doses before 18 years old
Engerix-B®	Hepatitis B vaccine	3 doses before 18 months old
Gardasil®	Human Papillomavirus vaccine	1 dose before 12 years old, then 2 doses before 27 years old
Flu Mist®	Influenza live attenuated vaccine (LAIV) nasal	1 dose every year
Fluzone®	Influenza vaccine	
M-M-R II®	Measles-Mumps-Rubella virus vaccine	1 dose before 15 months old, then 1 dose before 6 years old
ProQuad®	Measles-Mumps-Rubella-Varicella virus vaccine	
Menactra®	Meningococcal conjugate vaccine	2 doses before 16 years old
Bexsero®	Meningococcal B vaccine	1 dose after 18 years old, then 1 dose after 23 years old

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Common Vaccine Name	Vaccine	Covered Dosing Schedule*
Prennar 13®	Pneumococcal vaccine (PCV13)	4 doses before 15 months old, then 1 dose after 18 years old
Pneumovax 23®	Pneumococcal vaccine (PPSV23)	1 dose after 18 years old, 1 dose after 65 years old
Ipol®	Poliovirus vaccine, inactive	4 doses before 18 months old, then 1 dose before 6 years old
COVID-19	Severe Acute Respiratory Syndrome Corona virus 2 vaccine	1 dose after 12 years old, other doses as recommended
Boostrix®	Tetanus Diphtheria Pertussis (Tdap) vaccine	1 dose before 12 years old, then 1 dose every 10 years
Tenivac®	Tetanus Diphtheria Pertussis (TD) vaccine	1 dose every 10 years after Tdap
Typhim Vi®	Typhoid (inactivated) vaccine	1 dose after 2 years old if recommended
Vivotif®	Typhoid (live) delayed release oral capsule vaccine	4 doses after 6 years old if recommended
Varivax®	Varicella virus vaccine live	1 dose before 15 months old, then 1 more dose before 6 years old
Zostavax®	Zoster live vaccine	2 doses after 50 years old
Shingrix®	Zoster recombinant vaccine	

\* Dosing schedule is based upon recommendations from the Centers for Disease Control. Please see additional information on the CDC website at <https://www.cdc.gov/vaccines/schedules/index.html>