



## TRICARE Retail Vaccination Program

### Vaccine List - June 2018\*

Vaccine	Vaccine description	ACIP Abbreviation	Trade Name	Age Limitation MIN	Age Limitation MAX
Diphtheria, tetanus and pertussis	Diphtheria and tetanus toxoids adsorbed	DT	Diphtheria and tetanus toxoids adsorbed	≥ 1 month* (6 weeks)	<7 years
	Diphtheria and tetanus toxoids and acellular pertussis vaccine adsorbed	DTaP	Daptacel, Infanrix	≥ 1 month* (6 weeks)	<7 years
	Tetanus and diphtheria toxoids adsorbed (A)	Td	Tenivac	≥ 7 years	none
	Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine, adsorbed	Tdap	Adacel, Boostrix	≥ 7 years	none
	Diphtheria and tetanus toxoids and acellular pertussis adsorbed, hepatitis B and inactivated poliovirus vaccine	DTaP-HepB- IPV	Pediarix	≥ 1 month* (6 weeks)	<7 years
	Diphtheria and tetanus toxoids and acellular pertussis adsorbed and inactivated poliovirus vaccine	DTaP-IPV	Kinrix Quadracel	≥ 4 years	<7 years
	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

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<b>Haemophilus influenzae type b</b>	<i>Haemophilus influenzae</i> type b conjugate vaccine	Hib	PedvaxHIB; ActHIB Hiberix	≥ 1 month* (6 weeks)	none
	<i>H. influenzae</i> type b, diphtheria, tetanus, pertussis, and polio vaccine	DTaP-IPV/Hib	Pentacel	≥ 1 month* (6 weeks)	<7 years
<b>Hepatitis</b>	Hepatitis A vaccine	HepA	Havrix Vaqta	≥ 1 year	none
	Hepatitis B vaccine	HepB	Engerix-B Recombivax HB	none	none
	Hepatitis B-TLR	HepB-CpG	Hepelisav-B	≥ 18 years	none
	Hepatitis A inactivated and hepatitis B vaccine	HepA-HepB	Twinrix	≥ 18 year	none
	Diphtheria and tetanus toxoids and acellular pertussis adsorbed, hepatitis B and inactivated poliovirus vaccine	DTaP-HepB- IPV	Pediarix	≥ 1 month* (6 weeks)	<7 years
<b>Herpes zoster</b>	Zoster Vaccine Live	ZVL	Zostavax	≥ 60 years	none
	Zoster Vaccine Recombinant, Adjuvanted	RZV	Shingrix	≥ 50 years	none

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<b>Human papillomavirus</b>	Human papillomavirus vaccine (9-valent) – types 6, 11, 16, 18, 31, 33, 45, 52, and 58	9vHPV	Gardasil-9	≥9 years	<27 years
<b>Influenza</b>	Trivalent inactivated influenza vaccine	IIV3	Several	≥ 6 months	none
	Quadrivalent inactivated influenza vaccine	IIV4	Several	≥ 6 months	none
	Recombinant Influenza Vaccine, Trivalent	RIV3	FluBlok	≥ 6 months	none
<b>Measles, mumps and rubella</b>	Measles, mumps, and rubella vaccine	MMR	M-M-R II	≥ 6 months	none
	Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad	≥1 year	none
<b>Meningococcal</b>	Quadrivalent	MenACWY-CRM	Menveo	≥2 months	none
	Quadrivalent	MenACWY-D	Menactra	≥9 months	none
	Serogroup B meningococcal vaccine	MenB-FHbp MenB-4C	Trumenba Bexsero	≥10 years	none

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<b>Pneumococcal</b>	Pneumococcal conjugate vaccine (13-valent)	PCV13	Prennar 13	≥ 1 month* (6 weeks)	none
	Pneumococcal polysaccharide vaccine (23-valent)	PPSV23	Pneumovax	≥ 2 years	none
<b>Poliovirus</b>	Inactivated poliovirus vaccine	IPV	Ipol	≥ 1 month* (6 weeks)	none
	Diphtheria and tetanus toxoids and acellular pertussis adsorbed and inactivated poliovirus vaccine	DTaP-IPV	Kinrix Quadracel	≥ 4 years	<7 years
	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
<b>Rotavirus</b>	Rotavirus vaccine (monovalent)	RV1	Rotarix	≥ 1 month* (6 weeks)	<9 months
	Rotavirus vaccine (pentavalent)	RV5	RotaTeq	≥ 1 month* (6 weeks)	<9 months
<b>Varicella</b>	Varicella vaccine	VAR	Varivax	≥ 1 years	none
	Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad	≥ 1 years	none
	Varicella immune globulin	VZV	VariZIG	none	none

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