



TRICARE Retail Vaccination Program

Vaccine List - February 2019*

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

*This reference chart is intended to provide vaccine abbreviations and age limitations used in ACIP Recommendations and Policy Notes for routine immunizations (non-routine immunization criteria are not included in this document); published in the *MMWR* and in the U.S. immunization schedules for children, adolescents, and adults. This information is subject to change.



TRICARE Retail Vaccination Program

Vaccine List - February 2019*

Vaccine	Vaccine description	ACIP Abbreviation	Trade Name	Age Limitation MIN	Age Limitation MAX
Haemophilus influenzae type 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
Hepatitis	Hepatitis A vaccine	HepA	Havrix Vaqta	≥ 6 months	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
Herpes zoster	Zoster Vaccine Live	ZVL	Zostavax	≥ 60 years	None
	Zoster Vaccine Recombinant, Adjuvanted	RZV	Shingrix	≥ 50 years	None

*This reference chart is intended to provide vaccine abbreviations and age limitations used in ACIP Recommendations and Policy Notes for routine immunizations (non-routine immunization criteria are not included in this document); published in the *MMWR* and in the U.S. immunization schedules for children, adolescents, and adults. This information is subject to change.



TRICARE Retail Vaccination Program

Vaccine List - February 2019*

Vaccine	Vaccine description	ACIP Abbreviation	Trade Name	Age Limitation MIN	Age Limitation MAX
Human papillomavirus	Human papillomavirus vaccine (9-valent) – types 6, 11, 16, 18, 31, 33, 45, 52, and 58	9vHPV	Gardasil-9	≥ 9 years	< 27 years
Influenza	Live Attenuated Influenza Vaccine, quadrivalent	LAIV4	Flumist	≥ 2 years	< 50 years
		Trivalent inactivated influenza vaccine	IIV3	Afluria	≥ 6 months
			Fluad	≥ 65 years	None
			Fluzone High Dose	≥ 65 years	None
	Quadrivalent inactivated influenza vaccine	IIV4	Afluria Quad	≥ 6 months	None
			Fluarix Quad	≥ 6 months	None
			FluLaval Quad	≥ 6 months	None
			Flucelvax Quad	≥ 4 years	None
			Fluzone Quad - MDV	≥ 6 months	None
			Fluzone Quad (Syringe/SDV)	≥ 3 years	None
		Fluzone Quad - Ped	≥ 6 months	≤ 35 months	
	Recombinant Influenza Vaccine, Trivalent	RIV3	FluBlok	≥ 18 years	None

*This reference chart is intended to provide vaccine abbreviations and age limitations used in ACIP Recommendations and Policy Notes for routine immunizations (non-routine immunization criteria are not included in this document); published in the *MMWR* and in the U.S. immunization schedules for children, adolescents, and adults. This information is subject to change.



TRICARE Retail Vaccination Program

Vaccine List - February 2019*

Vaccine	Vaccine description	ACIP Abbreviation	Trade Name	Age Limitation MIN	Age Limitation MAX
Measles, mumps and rubella	Measles, mumps, and rubella vaccine	MMR	M-M-R II	≥ 6 months	None
	Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad	≥1 year	None
Meningococcal	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

*This reference chart is intended to provide vaccine abbreviations and age limitations used in ACIP Recommendations and Policy Notes for routine immunizations (non-routine immunization criteria are not included in this document); published in the *MMWR* and in the U.S. immunization schedules for children, adolescents, and adults. This information is subject to change.



TRICARE Retail Vaccination Program

Vaccine List - February 2019*

Vaccine	Vaccine description	ACIP Abbreviation	Trade Name	Age Limitation MIN	Age Limitation MAX
Pneumococcal	Pneumococcal conjugate vaccine (13-valent)	PCV13	Prevnar 13	≥ 1 month* (6 weeks)	None
	Pneumococcal polysaccharide vaccine (23-valent)	PPSV23	Pneumovax	≥ 2 years	None
Poliovirus	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 Quadacel	≥ 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
Rotavirus	Rotavirus vaccine (monovalent)	RV1	Rotarix	≥ 1 month* (6 weeks)	<9 months
	Rotavirus vaccine (pentavalent)	RV5	RotaTeq	≥ 1 month* (6 weeks)	<9 months
Varicella	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

*This reference chart is intended to provide vaccine abbreviations and age limitations used in ACIP Recommendations and Policy Notes for routine immunizations (non-routine immunization criteria are not included in this document); published in the *MMWR* and in the U.S. immunization schedules for children, adolescents, and adults. This information is subject to change.