

OHS Vaccine Formulary April 2024

	OHS Vaccines In Use	Ped/Adult?	Backorder Status?	Formulary?	Clinics	Hospitals	Path forward during backorder/shortage period
Generic	COVID-19 VACCINE						
Brand Name	Spikevax (Moderna)	ALL	OHS preferred vaccine	Yes	Yes	Yes	
Brand Name	Novavax COVID-19 Vaccine (Novavax)	ALL	authorized for 12 years of age and older	Yes	Yes	Yes	
Generic	INFLUENZA VACCINE						
Brand Name	Fluarix'- Quadrivalent (6 mo & older) should be the GSK vaccines Fluad (65 y & older) should be the Seqirus vaccine Fluad Flumist- LIVE intranasal (2 to 49 years old ONLY)	ALL	Influenza formulations are reviewed annually to determine which vaccines will be utilized in OHS for influenza prevention. Those recommended vaccines will come from that review team annually.	Yes	Yes	Yes, except LIVE intranasal vaccine	Annually reviewed and recommended for OHS
Generic	HEPATITIS A VACCINE						
Brand Name	Vaqta, 25u/0.5ml	Pediatric	OHS preferred vaccine, Pediatric dose	Yes	Yes	Yes	If unavailable, use pediatric dose of Havrix.
Brand Name	Vaqta, 50u/ml	Adult	OHS preferred vaccine, Adult dose	Yes	Yes	Yes	If unavailable, use adult dose of Havrix.
Brand Name	Havrix, 720elu/0.5ml	Pediatric	Pediatric dose - Currently in use due to Vaqta shortage.	Yes	Alternative	Alternative	Approved as alternative if Vaqta is unavailable
Brand Name	Havrix, 1440elu/ml	Adult	Adult dose - Currently in use due to Vaqta shortage.	Yes	Alternative	Alternative	Approved as alternative if Vaqta is unavailable
Generic	HEPATITIS B RECOMB/HEP A VIR						
Brand Name	Twinrix	Adult		Yes	Yes	Yes	
Generic	HEPATITIS B VACCINE						
Brand Name	Engerix-B, 10mcg/0.5ml	Pediatric	OHS preferred Pediatric formulation	Yes	Yes	Yes	
Brand Name	Engerix-B, 20mcg/ml	Adult		Yes	Yes	Yes	
Brand Name	Recombivax Hb, 5mcg/0.5ml	Pediatric		No	N/A	N/A	
Brand Name	Recombivax Hb, 10mcg/mL	Adult		No	N/A	N/A	
Brand Name	Recombivax Hb, 40mcg/mL	Adult, Dialysis		No	N/A	N/A	
Brand Name	Hepelisav-B, 20 mcg/mL	Adult	OHS preferred Adult HepB formulation - 2 dose series completed in one month	Yes	Yes	Yes	
Generic	HAEMOPH B POLYSAC CONJ-TET TOX (Hib)						
Brand Name	Hiberix	Both		Yes	Yes	Yes	
Generic	PNEUMOCOCCAL 20 VAL PSAC VACC						
Brand Name	Pevnar 20	Both	OHS preferred - All patients 2 months of age or older	Yes	Yes	Yes	
Generic	PNEUMOCOCCAL 23 VAL PSAC VACC						
Brand Name	Pneumovax 23	Both	See restrictions /criteria of use	Yes	Yes	Yes	

Generic	HUMAN PAPILOMAV VACC 9-VAL						
Brand Name	Gardasil 9	Both		Yes	Yes	No	9 to 26 year olds
Generic	MEASLES/MUMPS/RUB/VARICEL VACC						
Brand Name	Proquad Vaccine Dshp	Pediatric	LIVE measles, mumps, rubella, varicella vaccine	Yes	Yes	No	General hesitance towards administration of live vaccines in the inpatient setting to pediatric patient.
Generic	MEASLES/MUMPS/RUBELLA VACC						
Brand Name	M-M-R li Vaccine W/Diluent	Pediatric	LIVE measles, mumps, rubella vaccine	Yes	Yes	No	General hesitance towards administration of live vaccines in the inpatient setting to pediatric patient.
		Adult			Yes	Yes	
Generic	VARICELLA VIRUS VACC LIVE						
Brand Name	Varivax Vaccine Frozen Dshp	Pediatric	LIVE chicken pox vaccine	Yes	Yes	No	General hesitance towards administration of live vaccines in the inpatient setting to pediatric patient.
		Adult			Yes	No	
Generic	RABIES VACC PF CHICK-EMB CELL						
Brand Name	Rabavert			Yes	Yes - ID Clinic ONLY	Yes	Typically administered in ED but possible that it could be required if patient admitted before ED administers. Imovax as alternative if Rabavert is unavailable.
Generic	ROTAVIRUS VAC LIVE PENTAV						
Brand Name	Rotateq	Pediatric	LIVE rotavirus vaccine	Yes	Yes	No	General hesitance towards administration of live vaccines in the inpatient setting to pediatric patient.
Generic	ROTAVIRUS VAC LIVE ATT 89-12						
Brand Name	Rotarix	Pediatric		Yes	Yes	No	General hesitance towards administration of live vaccines in the inpatient setting to pediatric patient.
Generic	POLIOMYELITIS VACC KILLED						
Brand Name	Ipol	Both		Yes	Yes	No	
Generic	MENINGOC VACC ACY W-135 DIP						
Brand Name	Menveo 1-vial	Both	OHS preferred	Yes	Yes	Yes	Meningococcal ACWY protection
Brand Name	Menveo 2-vial	Both	limited availability	Yes	Yes	Yes	Meningococcal ACWY protection
Generic	MENINGOCOCCAL B VACC 4-COMP						
Brand Name	Bexsero	Both		Yes	Yes	Yes	Meningococcal Group B protection
Generic	DIPHThER PERTUSS TETANUS VAC						
Brand Name	Boostrix	Adol/Adult					
Brand Name	Infanrix	Pediatric		Yes	Yes	Yes	
Generic	DIPHThER PERTUSS TET POLIO VAC						
Brand Name	Kinrix	Pediatric		Yes	Yes	No	
Generic	DP(A)T-POLIO/HIB CONJ-TET/PF						

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Brand Name	Pediarix	Pediatric		Yes	Yes	Yes		
Generic	HEP B VACCINE/DP(A)T/POLIO							
Brand Name	Pediarix Pf	Pediatric		Yes	Yes	No		
Generic	HiB vaccine/DTaP-IPV							
Brand Name	Pentacel	Adult	See restrictions /criteria of use	Yes	Yes - ID and BMT only	No		
Generic	RSV - nirsevimab (monoclonal antibody with anti-RSV activity)							
Brand Name	Beyfortus	Pediatric		Yes	Yes	Yes		
Generic	RSV VAC, PREF A AND PREF B(PF)							
Brand Name	Abyrsvo	Adult	Clinic use: for pregnant individuals at 32 through 36 weeks gestational age	Yes	Yes	No		
Generic	TYPHOID VACC VI (INJECTABLE)							
Brand Name	Typhim Vi	Both		Yes	Yes - ID Clinic ONLY	No		
Generic	VARICELLA-ZOSTER GE/AS01B/PF							
Brand Name	Shingrix	Adult	CDC preferred shingles vaccine	Yes	Yes	Yes	2 dose series within 2-6 months	
Generic	ZOSTER VACCINE LIVE							
Brand Name	Zostavax Pf Dshp	Adult	No longer commercially available.	Yes	Yes - Alternative	No	Alternative shingles vaccine - Patients will still need to be vaccinated with Shingrix at a later date (min of 4 weeks between Zostavax and Shingrix vaccines) unless contraindication for Shingrix.	

2/27/2019 Recommended formulary approved by Vaccine Subcommittee pending Dr. Starr's recommendations for pediatric vaccines for hospitals.

3/20/2019 Okay to remove all combination tetanus-pertussis vaccines except Pentacel from hospital formulary per Dr. Starr and general hesistance to administer a live vaccine to inpatient pediatric patient, no for hospital for peds - okayed per Dr. Starr. Formulary finalized.

5/9/2019 System clinical request addition of influenza vaccine with note that it is handled seperately each flu season and note for vaccines that should be reserved for ID or Transplant.

5/21/2019 ID review and approval of recommended inpatient LIVE vaccines - no need to restrict utilization of LIVE vaccines to ID or Transplant.