

Childhood Immunization: Other States

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Connecticut General Assembly

Presentation Overview

- National overview of states' immunization programs– funding, vaccine brand choice, exemptions
 - Case studies of four states:
 - Rhode Island
 - New Hampshire
 - Vermont
 - Washington
-

State Approaches

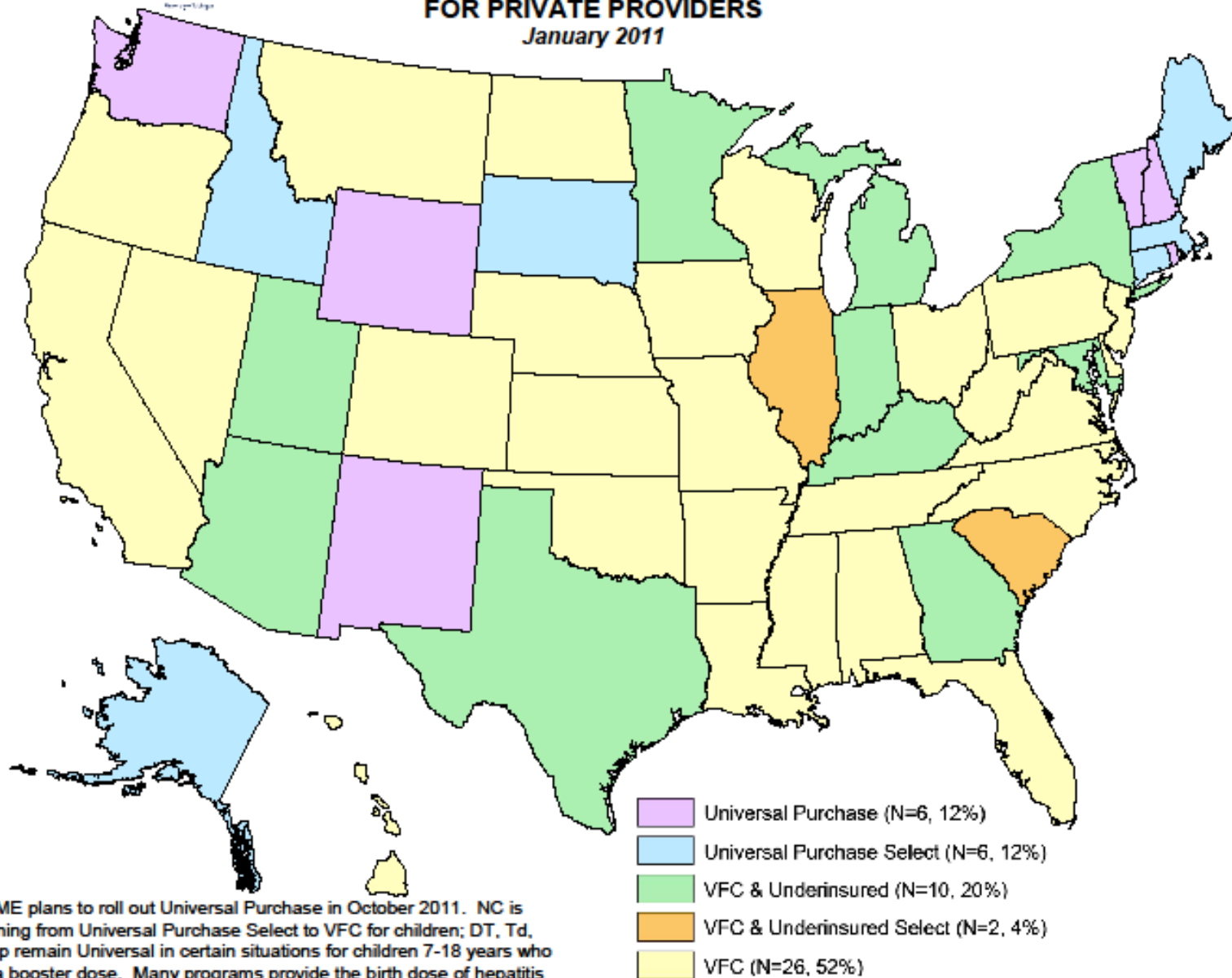
- Funding
- Vaccine Brand Choice

The following slides are from the Association of Immunization Managers website:

[http://www.immunizationmanagers.org/about/
state_programs.phtml](http://www.immunizationmanagers.org/about/state_programs.phtml)

CHILDHOOD VACCINE FINANCING / SUPPLY POLICY FOR PRIVATE PROVIDERS








January 2011



Notes: ME plans to roll out Universal Purchase in October 2011. NC is transitioning from Universal Purchase Select to VFC for children; DT, Td, and Tdap remain Universal in certain situations for children 7-18 years who require a booster dose. Many programs provide the birth dose of hepatitis B vaccine universally.

Data collected and verified Nov 2010-Jan 2011, map produced Jan 2011

Cities / Metropolitan Areas	Territories
Chicago	American Samoa
District of Columbia	Guam
Houston	Republic of Marshall Islands
New York City	Federated States of Micronesia
Philadelphia	Northern Mariana Islands
San Antonio	Palau
	Puerto Rico
	Virgin Islands

	Universal Purchase
	Universal Purchase Select
	VFC & Underinsured
	VFC & Underinsured Select
	VFC
	Not applicable
	Data not available

Category Definitions for Private Provider Childhood Vaccine Supply Policy:

- **Universal Purchase:** Program supplies all routinely recommended pediatric vaccines to all participating private providers to vaccinate all children, regardless of insurance status.
- **Universal Purchase Select:** Program supplies many, but not all, routinely recommended pediatric vaccines to all participating private providers to vaccinate all children, regardless of insurance status. The vaccines that are not provided universally are typically provided for VFC-eligible children only.
- **VFC & Underinsured:** Program supplies all routinely recommended pediatric vaccines to all participating private providers to vaccinate VFC-eligible and underinsured children.
- **VFC & Underinsured-Select:** Program supplies many, but not all, routinely recommended pediatric vaccines to all participating providers to vaccinate both VFC-eligible and underinsured children. The remaining routinely recommended pediatric vaccines are provided to VFC-eligible children only.
- **VFC:** Program supplies all routinely recommended pediatric vaccines to participating private providers to vaccinate VFC eligible children only.



**Immunization Program Grantees'
Childhood Vaccine Financing / Supply Policy for Private Providers
(as of January 2011)**

VFC	VFC & Under-insured "Select"	VFC & Underinsured	Universal Purchase "Select"	Universal Purchase
Alabama	Illinois	Arizona	Alaska	New Hampshire
Arkansas	South Carolina	Georgia	Connecticut	New Mexico
California		Indiana	Idaho	Rhode Island
Colorado		Kentucky	Maine ¹	Vermont
Delaware		Maryland	Massachusetts	Washington
Florida		Michigan	Nevada	Wyoming
Hawaii		Minnesota	South Dakota	
Indiana		New York		
Iowa		Texas		
Kansas		Utah		
Louisiana				
Mississippi				
Missouri				
Montana				
Nebraska				
New Jersey				
North Carolina ²				
North Dakota				
Ohio				
Oklahoma				
Oregon				
Pennsylvania				
Tennessee				
Virginia				
West Virginia				
Wisconsin				
District of Columbia	Chicago	New York City		
Philadelphia				
San Antonio				
Guam				American Samoa
Virgin Islands				

¹ ME plans to roll out Universal Purchase in October 2011

² NC is transitioning from Universal Purchase Select to VFC for children; DT, Td, and Tdap remain Universal in certain situations for children 7-18 years who require a booster dose

Other notes:

Federated States of Micronesia, Palau, Puerto Rico are not listed because they do not have a VFC program for private providers.

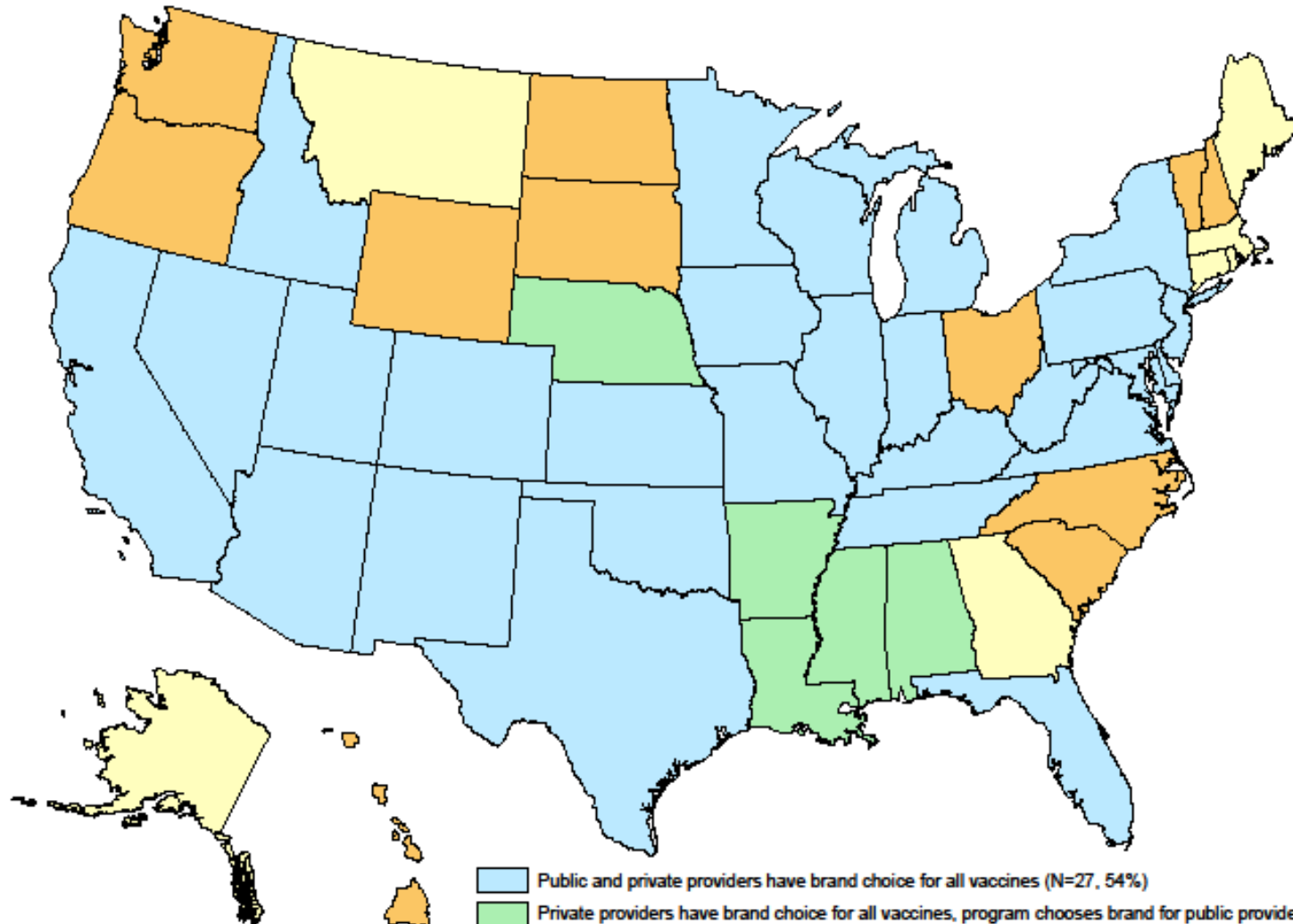
Updated data was not available for Houston and Northern Mariana Islands.

Many programs provide the birth dose of hepatitis B vaccine universally.



POLICY FOR VACCINE BRAND CHOICE

January 2011



- Public and private providers have brand choice for all vaccines (N=27, 54%)
- Private providers have brand choice for all vaccines, program chooses brand for public providers (N=7, 14%)
- All / some providers have brand choice for some vaccines (N=11, 22%)* (see note on next page)
- Program chooses brand for all vaccines for public and private providers (N=7, 14%)

Exemption from School Immunization Requirements

- All states grant exemptions for medical reasons.
- All but two states (Mississippi and West Virginia) grant exemptions for religious beliefs.
- 20 states grant exemptions for philosophical or similar reasons (Connecticut does not).
- CT statute: CGS § 10-204a.

Source: National Conference of State Legislatures, States with Religious and Philosophical Exemptions from School Immunization Requirements, March 2011

<http://www.ncsl.org/IssuesResearch/Health/SchoolImmunizationExemptionStateLaws/tabid/14376/Default.aspx?TabId=14376>

Rhode Island: Overview

- Rhode Island is a Universal Coverage state.
 - Its “Immunize For Life Initiative” consists of 3 programs:
 - Childhood Immunization Program (also called the Pediatric Universal State-supplied Vaccine (SSV) Program)
 - Vaccinate Before You Graduate Program
 - Adult Immunization Program
 - The state Department of Health (DOH) purchases vaccines at federal contract rates and distributes them to providers at no charge.
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Childhood Immunization Program

- The SSV program provides universal vaccine coverage for children up to 19 years of age.
 - It includes coverage for all routine childhood vaccinations recommended by the federal Advisory Committee for Immunization Practice (ACIP) and the American Academy of Pediatrics (AAP).
 - Providers who use state-supplied vaccines are also enrolled in KIDSNET, a computerized child health information system used to manage statewide immunizations.
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Vaccinate Before You Graduate Program

- This is an adolescent immunization “catch-up” program offered at most high schools to ensure that all students have the chance to be fully immunized before graduation.
 - Immunizations are provided by The Wellness Company, a for-profit medical provider.
 - In 2010, the state achieved near-top rankings in adolescent vaccination coverage rates for tetanus/diphtheria/pertussis (Tdap), meningitis (MCV4), and HPV vaccines.
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RHODE ISLAND VACCINE POLICY PEDIATRIC STATE-SUPPLIED VACCINES¹

VACCINE TYPE	BRAND NAME	VACCINE POLICY GUIDELINES ^{2,3}	CPT CODE	MFR CODE ⁴	THIMEROSAL CONTENT ⁵
DTaP-HepB-IPV Combination Vaccine	Pediarix	Routine: primary series at 2, 4, & 6 months	90723	SKB	Free
DTaP	Infanrix	Routine: 4th dose at 15-18 months	90700	SKB	Free
DTaP-IPV Combination Vaccine	Kinrix	Routine: 5th dose of DTaP & 4th dose IPV at 4-6 years	90696	SKB	Free
Hepatitis A	Havrix	Routine: Give 2 doses 6 months apart to children 12-23 months & high-risk 2-18 yrs; Permissive: 2-18 years of age	90633	SKB	Free
Hepatitis B	Engerix B	Routine: birth dose; catch-up vaccination through 18 years of age	90744	SKB	Free
Hib Haemophilus flu type B	PedvaxHIB	Routine: 3 doses at 2, 4, & 12-15 months	90647	MSD	Free
HPV4 Human Papillomavirus	Gardasil	<i>Females and Males</i> - Routine: 11-12 years-3 doses at 0, 1-2, 6 mos.; catch-up vaccination through 18 yrs	90649	MSD	Free
MCV4 Meningococcal conjugate	Menactra	Routine: 1 dose at 11-12 yrs; booster dose at 16 yrs; high-risk children 9 months -10 years	90734	PMC	Free
MMR Measles-mumps-rubella	MMRII	Routine: 2 doses at 12-15 months and 4-6 years	90707	MSD	Free
PCV13 Pneumococcal -conjugate	Prevnar	Routine: 4 doses at 2, 4, 6, 12-15 mos; single supplemental (5 th) dose for kids 14-59 mos. if all previous doses were PCV7; high-risk 60-71 mos	90670	PFR	Free
RV Rotavirus	Rotarix	Routine: 2 doses at 2 & 4 months	90681	SKB	Free
Tdap Tetanus-diphtheria-pertussis	Boostrix	Routine: 1 dose at 11-12 years; catch-up through 18 yrs; children 7-10 years not fully vaccinated against pertussis	90715	SKB	Free
Varicella (Chickenpox)	Varivax	Routine: 2 doses at 12-15 mos & 4-6 yrs; Catch-up 2 nd dose through 18 years	90716	MSD	Free
VACCINES USED IN SPECIAL CIRCUMSTANCES:					
DT (Diphtheria-tetanus)	DT	Use for children < 7 years with contraindication to pertussis vaccine	90702	PMC	Trace < 0.00012%
Td (Tetanus-diphtheria)	Decavac	Use for children 7-18 years who need to complete a tetanus-containing series after a dose of Tdap	90714	PMC	Trace < 0.00012%
IPV (Polio)	IPOL	Use for children for catch-up vaccination	90713	PMC	Free
PPV23 (Pneumo-polysaccharide)	Pneumovax	Use for children 2-18 years at high risk for pneumococcal disease	90732	MSD	Free

¹ Pediatric vaccine is provided to Rhode Island healthcare providers delivering care in RI for children (up to 19 years of age) through Rhode Island's Pediatric Universal State-supplied Vaccine (SSV) Program.

² Routine vaccine recommendations: Vaccine is provided as standard of care to all children up to 19 years of age.

³ Permissive vaccine recommendations: Vaccine should be provided upon parental request; provider may proactively offer the vaccine during office visits.

⁴ Manufacturer Code Names: SKB=Glaxo Smith Kline; Merck=MSD; Pfizer/Wyeth=PFR; Sanofi=PMC

⁵ Source: Food and Drug Administration, Table 3: Thimerosal/Expanded List of Vaccines: www.fda.gov/cber/vaccine/thimerosal.htm

Funding

- Rhode Island's vaccine policy is supported by three major funding sources:
 1. Federal funding through the Vaccines for Children Program for uninsured, underinsured, Medicaid-eligible, and American Indian or Alaska Native.
 2. An annual assessment on insurers which are deposited in a "Childhood Immunization Account" within the General Fund.
 3. Federal funding through the Section 317 Program, a discretionary grant program that provides vaccines to underinsured children and teens not served by the VFC program.
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Vaccine Selection: Guiding Principles

- Selections are made based on the recommendations of a DOH advisory committee using the following principles:
 - Provide all vaccines recommended by the ACIP and published in CDC's Morbidity and Mortality Weekly Report;
 - Base changes in current vaccine policy on supporting rationale;
 - Give preference to the least expensive vaccine when there's a choice between 2 or more competing vaccines of the same type;
 - Minimize the cost of purchase and delivery to maintain universal coverage;
 - Give preference to combined vaccines to minimize the number of injections and increase immunization rates;
 - Minimize over-vaccination;
 - Avoid changes in type and schedule of vaccine administration whenever possible;
 - Avoid using different formulations of the same vaccine and limit growth of storage demands for vaccines in provider sites;
 - After the above criteria are met, the committee will take into consideration a balance in the market share of the vaccine manufacturers or combination vaccine in question.
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Vaccine Financial Restitution Policy

- The state developed a policy to replace vaccine wasted or spoiled due to negligence and/or failure to properly store, handle, or rotate vaccine inventory.
 - Healthcare providers are allowed a 5% allowance toward wasted vaccines.
 - Once a practice has used the 5% allowance they need to achieve 12 consecutive months without incidence before another 5% allowance is made to the practice.
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Sources and Additional Information:

- Rhode Island Childhood Immunization website: <http://www.health.ri.gov/immunization/>
 - Rhode Island Department of Health Rules and Regulations Pertaining to Immunization and Testing For Communicable Diseases: <http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/5526.pdf>
 - The State of Rhode Island General Laws (§ 23-1-44 and § 23-1-45): <http://www.rilin.state.ri.us/statutes/>
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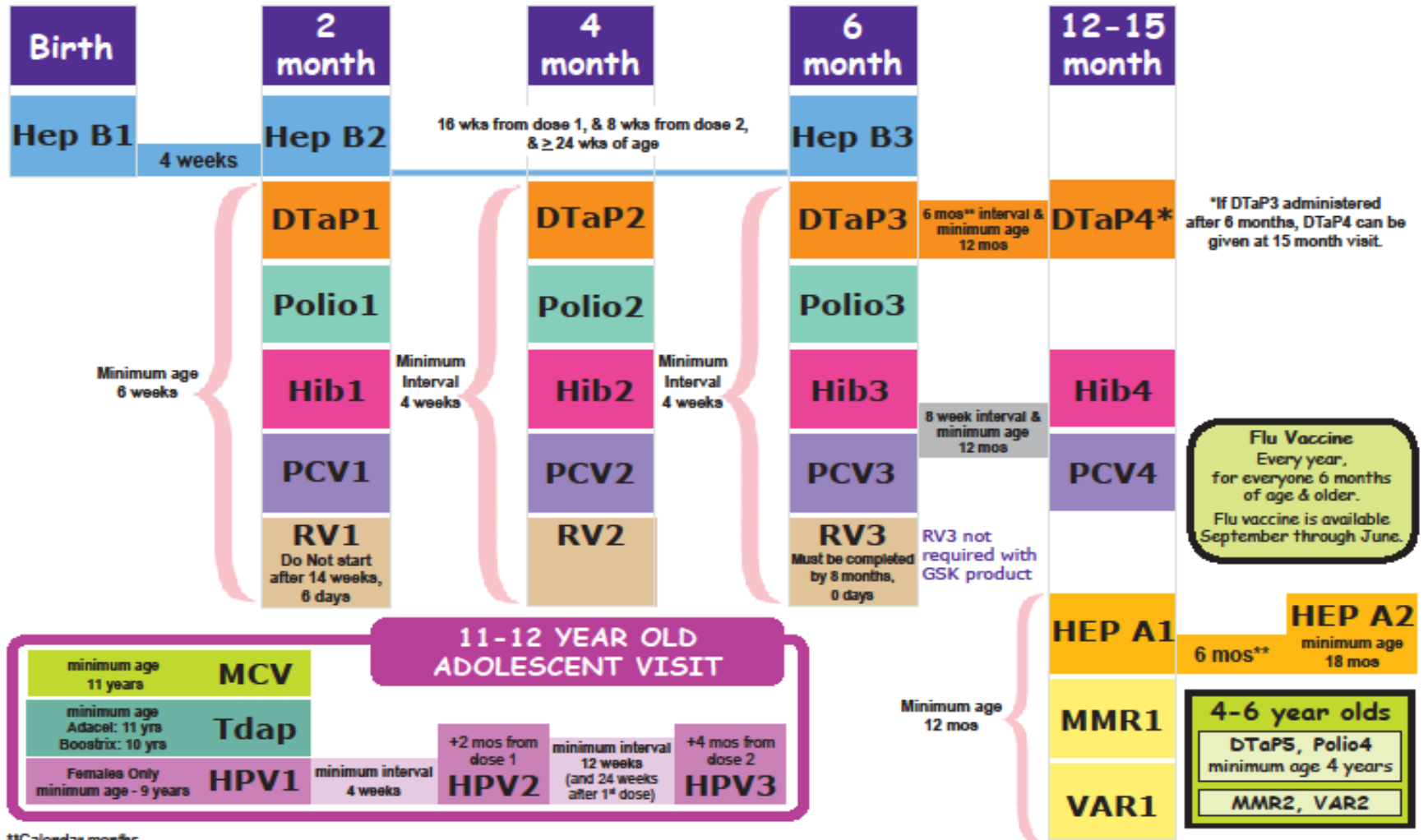
New Hampshire: Overview

- New Hampshire is a universal coverage state.
 - It provides all routinely recommended vaccinations free of charge for all children up to age 18 regardless of income or insurance.
 - The state Department of Health and Human Services purchases vaccines at federal contract rates and distributes them to providers at no charge.
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Immunization Schedule

- New Hampshire developed a simplified immunization schedule for healthcare providers.
 - Its purpose is to consistently administer vaccines at the earliest possible time.
 - It includes all recommended vaccines under the U.S. Childhood Immunization Schedule for children and adolescents.
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New Hampshire Simplified Schedule



**Calendar months

See current CDC recommended schedule for children/adolescents for additional information.

Immunization Program • Division of Public Health Services • Department of Health and Human Services • 29 Hazen Drive • Concord, NH 033011 • 603-271-4482 • last update 10/09

Funding Sources

- Federal funding through the Vaccines for Children and Section 317 programs.
 - An annual assessment on health insurers.
 - State general funds.
-

New Hampshire Vaccine Association (NHVA)

- A non-profit organization created by the state legislature in 2002 to determine the annual assessment levied on insurers to pay for the universal vaccine program.
 - Its board includes 3 insurance industry representatives, 2 health care provider representatives, and the insurance and health and human services commissioners.
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Annual Assessment

- The assessment was created in 2002 to provide equitable cost sharing between public and private resources.
 - It applies to all insurers in the individual and group health insurance market and the stop loss market.
 - It is based on the number of covered lives reported to the state for the second quarter each year.
 - The annual assessment is that quarter's number of covered lives divided by 3 and multiplied by the assessment rate set by the NHVA board.
 - The board set the FY 10/11 assessment rate at \$22 per covered life.
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Sources:

- The New Hampshire Vaccine Association website: <http://www.nhvaccine.org/>
 - The New Hampshire Department of Health and Human Services website: <http://www.dhhs.nh.gov/dphs/immunization/>
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Vermont: Overview

- Vermont is a Universal Coverage state.
 - Vaccine Purchasing Pool Pilot Program– began April 1, 2011; currently set to run through end of 2012.
 - Goal – to ensure universal vaccine access (both children and adults) at no charge and to reduce costs to state (18 V.S.A. § 1130).
 - The Vermont Department of Health (VDH) purchases vaccines and provides them to primary care providers at no cost, according to a schedule based on ACIP recommendations.
 - State funding through assessments on insurers (also federal funding).
 - Determination of specific state-supplied vaccines made by VDH, following recommendations of the Vermont Immunization Practices Advisory Committee (not all brands available).
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Vermont Recommended Child & Teen Vaccination Schedule

2011

	Vaccine	Birth	2 Months	4 Months	6 Months	12-15 Months	15-18 Months	Prior to Kindergarten	Prior to 7th Grade	13-18 Years
								4-6 Years	11-12 Years	
Required for child care Required for school	<i>Haemophilus influenzae</i> type b (Hib)		Hib	Hib	Hib	Hib				
	Pneumococcal (PCV)		PCV	PCV	PCV	PCV				
	Hepatitis B (HepB)	HepB	HepB		HepB					
	Diphtheria, Tetanus, Pertussis (DTaP)		DTaP	DTaP	DTaP		DTaP			
	Poliovirus (Polio) (IPV)		IPV	IPV	IPV					
	Measles, Mumps, Rubella (MMR)					MMR				
	Varicella (Chicken pox)*					Varicella				
	Tetanus, Diphtheria, Pertussis (Tdap)								Tdap	
Recommended	Meningococcal (MCV4)**								MCV4	MCV4 second dose, after age 16
	Hepatitis A (HepA)					HepA	HepA			
	Rotavirus (RV)		RV	RV						
	Human Papillomavirus (HPV)								HPV 3 doses over 6 months	
	Influenza				Influenza	Every flu season				

Assure your child is up to date by age 2

11/2011

* Vaccine or documentation of history of disease.

** Recommended for all. Required only for residential students entering 7th grade and newly enrolled in 8-12.

Vermont's immunization schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practice (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

For more information, contact the Vermont Department of Health Immunization Program:

Phone: 802-863-7638 toll free (in VT): 800-640-4374 website: HealthVermont.gov



Pilot Program and Purchasing Pool Fee

- All primary care providers expected to participate in program; certain others have option to participate (ob/gyns and hospital newborn services).
 - Providers bill insurers for costs of administering vaccine and submit claim for one cent as means of reporting which vaccine is associated with the charge.
 - Insurers reimburse VDH for vaccine cost and reimburse providers for cost of administering.
 - All health insurers expected to participate.
 - Vaccine purchasing pool fee assessed on all private health insurers with 200 or more VT covered lives; insurers assessed in proportion to the number of their covered lives.
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UNDERSTANDING THE CALCULATION OF YOUR 2011 ANNUAL ASSESSMENT

Per Implementation Procedure 7.0, annual insurer assessments for vaccines are calculated using the formula below.

Step 1 Start with the total estimated annual cost of vaccines to be purchased by the Vermont Department of Health Immunization Program	Children \$9,645,007	Adults \$1,861,744
Step 2 <u>Multiply</u> each amount by the percent of the population with private insurance (separate percentage is used for children 0-18 years and adults)*	X 0.56*	x 0.70*
	\$5,401,204	\$1,303,221
	$\$5,401,204 + \$1,303,221 = \$6,704,425$	
Step 3. Adjust the amount to account for federal funding available or any over - or under - charges in the previous year	$\$6,704,425 - \$709,274 = \$5,995,151$	
Step 4 <u>Add</u> VDH operational costs (administrative surcharge 3.23%)	$\$5,995,151 + \$193,848 = \$6,188,999$ <i>This is equal to the total amount billed to health insurers</i>	
Step 5 Determine market share for each insurer using the current "Average Annual Enrollment and Paid Claims Report for the Period: July 1 – June 30", prepared by BISHCA. (Market share is calculated by the number of covered VT lives^ / total number of Vermont covered lives as reported to BISHCA VHCURES program^)	Medical enrollment reported to BISHCA VHCURES program: # <hr style="width: 20%; margin: auto;"/> Total VT covered lives: 341,021	
Step 6 <u>Multiply by</u> market share for each insurer	x market share (calculated in Step 5)	
Step 7 This is <u>equal</u> to the annual amount due from each insurer	Annual assessment due in quarterly installments	

*The proportion of vaccine costs attributable to privately insured children and adults is calculated using the population counts derived from the 2009 Vermont Household Health Insurance Survey administered by the Department of Banking, Insurance, Securities and Health Care Administration (BISCHA) and based on the percent of Vermonters, by age, with private insurance.

^The determination of the number of Vermont covered lives enrolled in comprehensive major medical benefit plans will be derived from an annual report that BISHCA develops annually for the Health Information Technology Reinvestment Fund program based on claims data submitted to BISHCA by health insurers in through the VHCURES program titled, "Average Annual Enrollment and Paid Claims Report for the Period: July 1 – June 30."

Please note that the member counts for the Vaccine Purchasing Pool are also used for the FY basis report provided for the HIT Reinvestment Fund Report (last surcharge cycle for the period covering July 1, 2009 through June 30, 2010).

The next VHCURES enrollment and paid claims report for July 1, 2010 through June 30, 2011 will be published on October 1, 2011. If you have any questions about the VHCURES report, please contact Dian Kahn at the Department of Banking, Insurance, Securities and Health Care Administration (BISCHA) at (802) 828-2906 or dian.kahn@state.vt.us.

For questions regarding the Vaccine Purchasing Pool Pilot program, please contact the Immunization Program at (802) 863-7638.

Program Evaluation

- VDH will evaluate cost and effectiveness of the Pilot Program, including whether costs to insurers of participation are less than or equal to estimated costs had they not participated.
 - Providers will also provide data on program, including survey of their satisfaction with cost, effectiveness, and operation of program.
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Sources and Additional Information

- Vermont Immunization Program website:
<http://healthvermont.gov/hc/imm/index.aspx>.
 - VT Vaccine Purchasing Pool Implementation Procedures, available at:
http://healthvermont.gov/hc/imm/documents/Implementation_Procedures.pdf.
 - 18 Vt. Stat. Ann. § 1130, available at:
<http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=18&Chapter=021&Section=01130>
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Washington: Overview

- Washington is a Universal Coverage state.
 - 2010 legislation created an independent, nonprofit organization—the Washington Vaccine Association (WVA) – to help administer and continue the state’s Childhood Vaccine Program.
 - State purchases vaccines at federal contract rates and distributes them to providers at no charge.
 - State funding: the WVA collects dosage-based assessments from health plans, insurance companies, and other payers (such as third-party administrators) for vaccines given to non-VFC children and remits funds to the state (also federal funding).
 - In June 2011, state began allowing providers choice of vaccine orders.
 - In November 2011, the Washington State Department of Health and WVA received a Vision Award from the Association of State and Territorial Health Officials.
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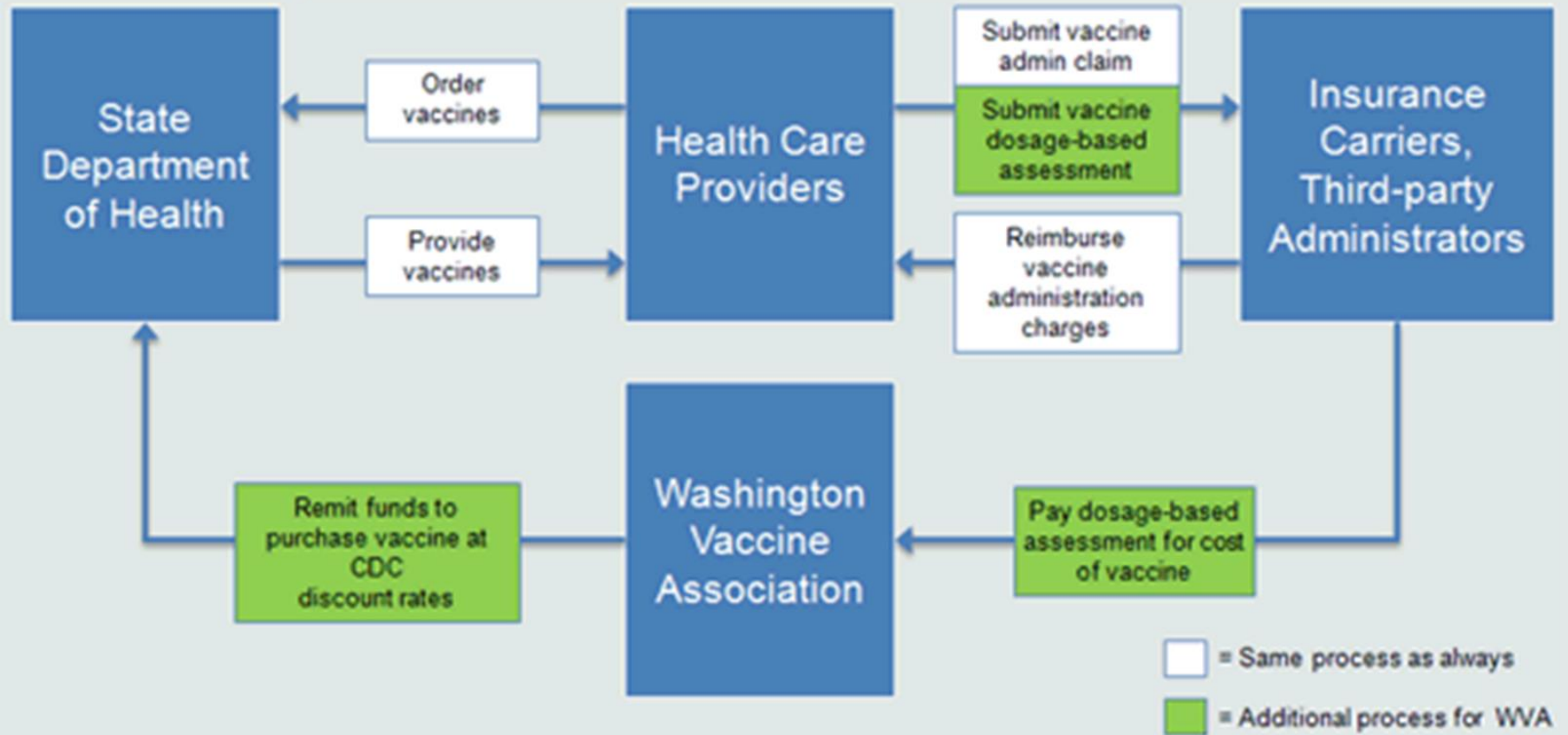
Background of WVA

- Due to budget constraints, state funding for insured children was scheduled to end in May 2010. State legislators created workgroup of various stakeholders to study ways to continue the state's universal program; process led to WVA.
 - WVA's Board of Directors includes representatives from the insurance industry and other payers (a majority) as well as physicians and the Department of Health secretary or designee.
 - WVA was initially funded by \$7.8 million of pre-payments from six private health plans (the pre-payments were repaid by April 2011).
 - Currently, all payers are responsible for covering the costs of administered vaccines as determined by dosage-based assessments, based on federal contract rates, plus fees to finance the WVA.
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Process Overview

- Providers order vaccines from state Department of Health, who supply them to providers.
 - After administering vaccines, providers submit forms to insurance company or other payer.
 - Payer reimburses provider for vaccine administration and office charges, and pays the WVA a dosage-based assessment for the state-supplied vaccine.
 - WVA transfers funds to state to continue buying vaccines.
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How the Funding Process Works



Source: <http://www.wavaccine.org/wavaccine.nsf/pages/for-payers.html>

Dosage-Based Assessment

- The WVA assessment grid includes all ACIP-recommended childhood vaccines.
 - For year ending June 30, 2011, WVA collected over \$54 million in assessments.
 - If a provider does not participate, payers can deny claims for privately purchased vaccines. Compliance rate was 92% as of September 30, 2011.
 - Failure to pay assessment within six months leads to fines.
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Washington Vaccine Association Assessment Grid

EFFECTIVE JUNE 1, 2011, FOR ALL CLAIMS WITH A DATE OF SERVICE ON OR AFTER JUNE 1st.

Please note that this WVA Assessment Grid, effective June 1, 2011, replaces the grid last updated on June 28, 2010. The grid lists vaccines and their corresponding CPT codes that are part of the dosage-based assessment (DBA) process for providers, health insurance carriers, and third party administrators. There are other childhood vaccines (and corresponding CPT codes) that are not included in the DBA process and, therefore, no assessment is needed. For a complete listing of all vaccines available through the state Childhood Vaccine Program, please visit the DOH web site: www.doh.wa.gov/cfh/immunize/vaccine/vaccine-supply.htm.

CPT Code	CPT Code Description	Trade Name(s)	WVA Assessment Amount per Dose	Notes
90633	Hepatitis A vaccine, pediatric/adolescent dosage (2-dose schedule), for intramuscular use (Code Price is per dose = 0.5 mL)	Havrix Vaqta	\$ 13.25	
90636	Hepatitis A & Hepatitis B vaccine (HepA-HepB) adult dosage, for intramuscular use (Code Price is per 1 mL)	Twinnix	\$ 44.50	For 18 year olds only.
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3-dose schedule), for intramuscular use (Code price is per dose = 0.5 mL)	PedvaxHIB	\$ 11.51	
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4-dose schedule), for intramuscular use (Code price is per dose = 0.5 mL)	Act HIB Hiberix	\$ 8.66	
90649	Human Papilloma Virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use (Code Price is per dose = 0.5 mL)	Gardasil	\$ 108.72	
90650	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use (Code Price is per dose = 0.5 mL)	Cervarix	\$ 96.08	
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use (Pevnar 13 was FDA approved on 2/24/10)	Pevnar 13	\$ 91.75	
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use (Code Price is per dose = 2 mL)	RotaTeq	\$ 59.18	
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use (Code Price is per 1 mL = 1 dose)	Rotarix	\$ 83.75	
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use (Code Price is per one dose = 0.5 mL)	Kinrix	\$ 32.75	

(partial list only; full list available at <http://www.wavaccine.org/wavaccine.nsf/pages/AssessmentGrid.html>)

Product Selection

- A committee of the WVA develops recommendations. Committee consists of at least five board members, plus a vaccine manufacturer representative as a non-voting member.

 - Committee considers following factors:
 - Patient safety and clinical efficacy
 - Public health and purchaser value
 - Compliance with state law restricting use of mercury in vaccines
 - Patient and provider choice
 - Stability of vaccine supply

 - Selection Process:
 - Providers submit preferred brands from all ACIP-recommended vaccines
 - Providers with no stated preferences receive committee-recommended orders
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Sources and Additional Information

- Washington Universal Childhood Program website:
<http://www.doh.wa.gov/cfh/immunize/providers/universal.htm>
 - Washington Vaccine Association website:
<http://www.wavaccine.org/>
 - WVA 2010-2011 Annual Report, available at:
[http://www.wavaccine.org/wavaccine.nsf/documents/AnnualReport2010-2011.html/\\$File/WVA%20Annual%20Report_2010-2011.pdf](http://www.wavaccine.org/wavaccine.nsf/documents/AnnualReport2010-2011.html/$File/WVA%20Annual%20Report_2010-2011.pdf)
 - Washington Chapter of American Academy of Pediatrics website:
http://www.wcaap.org/universal_purchase.php
 - Washington HB 2551 (2010), Chapter 174, 2010 Laws; and Final Bill Report, available at:
<http://apps.leg.wa.gov/billinfo/summary.aspx?bill=2551&year=2009>
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