

# List of Vaccine Names, Best ASIIS Selection and CPT/CVX Codes



This list matches the vaccine name or codes in Arizona State Immunization Information System (ASIIS) with the brand name or other common names of the vaccines you use most often.

Vaccine trade name or common name	Fund	Best ASIIS Selection	Age (Range)	Dose	Route	Manufacturer/ NDC Number	CPT Code	CVX Code
<b>Combination Vaccines</b>								
Quadracel™	VFC	DTaP/IPV	4 - 6 years	0.5 ml	IM	Sanofi Pasteur – PMC NDC: 49281-0562-10 (1 dose vial)	90696	130
Kinrix®	VFC	DTaP/IPV	4 - 6 years	0.5 ml	IM	GlaxoSmithKline – SKB NDC: 58160-0812-11 (1 dose vial) NDC: 58160-0812-52 (1 dose T-L syringe)	90696	130
Pediarix®	VFC	DTAP/HepB/IPV	6 weeks - 6 years	0.5 ml	IM	GlaxoSmithKline – SKB NDC: 58160-0811-52 (1 dose syringe)	90723	110
Pentacel®	VFC	DTaP/Hib/IPV	6 weeks - 4 years	0.5 ml	IM	Sanofi Pasteur – PMC NDC: 49281-0510-05 (1 dose vial)	90698	120
Twinrix®	VFC VFA	HepA/HepB - Adult	18 years & older	1.0 ml	IM	GlaxoSmithKline – SKB NDC: 58160-0815-52 (1 dose T-L syringes; No needle)	90636	104
ProQuad®	VFC	MMR/V	12 months - 12 years	0.5 ml	SC	Merck- MSDNDC: 00006-4171-00 (1 dose vial)	90710	94
Comvax (discontinued)		HepB/HIB	6 weeks - 15 months	0.5 ml	IM	Merck- MSD NDC: 0006-4898-00	90748	51
MenHibrix (discontinued)		Meningococcal C/Y-HIB PRP	6 weeks - 18 months	0.5 ml	IM	GlaxoSmithKline – SKB NDC: 58160-0801-11	90644	148

# List of Vaccine Names, Best ASIIS Selection and CPT/CVX Codes



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

This list matches the vaccine name or codes in Arizona State Immunization Information System (ASIIS) with the brand name or other common names of the vaccines you use most often.

Vaccine trade name or common name	Fund	Best ASIIS Selection	Age (Range)	Dose	Route	Manufacturer/ NDC Number	CPT Code	CVX Code
<b>Diphtheria, Tetanus and Pertussis</b>								
Daptacel®	VFC	DTaP	6 weeks - 6 years	0.5 ml	IM	Sanofi Pasteur – PMC NDC: 49281-0286-10 (1 dose vial)	90700	106
Infanrix®	VFC	DTaP	6 weeks - 7 years	0.5 ml	IM	GlaxoSmithKline – SKB NDC:58160-0810-11 (1 dose vial) NDC: 58160-0810-52 (1 dose T-L syringes; No needle)		20
Tenivac® Tetanus and diphtheria toxoids adsorbed	VFC	Td (adult), adsorbed	7 years & older	0.5 ml	IM	Sanofi Pasteur – PMC NDC: 49281-0215-10 (1 dose vial) NDC: 49281-0215-15 (1 dose syringe)	90714	113
Boostrix® Tetanus Diphtheria & Acellular Pertussis	VFC VFA	Tdap	10 years & older	0.5 ml	IM	GlaxoSmithKline – SKB NDC:58160-0842-11 (1 dose vial) NDC: 58160-0842-52 (1 dose syringe, no needle)	90715	115
Adacel® Tetanus Diphtheria & Acellular Pertussis	VFC VFA	Tdap	10 - 64 years	0.5 ml	IM	Sanofi Pasteur – PMC NDC: 49281-0400-10 (1 dose vial) NDC: 49181-0400-15 (1 dose BD Luer Lock Syringe)		
Td Vaccine Tetanus and diphtheria toxoids adsorbed	VFC VFA	Td (adult), adsorbed	7 years & older	0.5 ml	IM	Grifols – GRF NDC: 13533-0131-01 (1 dose vial)	90714	09
Decavac (discontinued) Tetanus and diphtheria toxoids adsorbed		Td Adult, Preserv free	7 years & older	0.5 ml	IM	Sanofi Pasteur – PMC NDC: 49281-291-83 or 49281-291-10	90718	113
Tripedia (discontinued)		DTaP	6 weeks - 6 years	0.5 ml	IM	Sanofi Pasteur – PMC NDC: 49281-0298-10	90700	20
Diphtheria and tetanus toxoids adsorbed		DT (Ped)	6 weeks - 6 years	0.5 ml	IM	Sanofi Pasteur – PMC NDC: 49281-0225-10	90702	28
DTaP, 5 Pertussis Antigen		DTaP, 5 Pertussis Antigen					90700	106
Tetanus and diphtheria toxoids adsorbed		Td Adult	7 years & older				90714	09
Whenever DTaP was given, even if the brand name is unknown		DTaP					90700	20
Diphtheria, tetanus toxoids, & whole cell pertussis vaccine (will be from historical records)		DTP					90701	01

# List of Vaccine Names, Best ASIIS Selection and CPT/CVX Codes



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

This list matches the vaccine name or codes in Arizona State Immunization Information System (ASIIS) with the brand name or other common names of the vaccines you use most often.

Vaccine trade name or common name	Fund	Best ASIIS Selection	Age (Range)	Dose	Route	Manufacturer/ NDC Number	CPT Code	CVX Code
<b>Hepatitis A</b>								
<b>Vaqta®</b> (2 doses for pediatric/adolescents)	VFC	Hep A, ped/adol, 2 dose	12 months - 18 years	0.5 ml (25 U)	IM	Merck- MSD NDC: 00006-4831-41 (1 dose vial)	90633	83
<b>Havrix®</b> (2 doses for pediatric/adolescent)	VFC	Hep A, ped/adol, 2 dose	12 months - 18 years	0.5 ml (720 EL.U)	IM	GlaxoSmithKline – SKB NDC: 58160-0825-11 (1 dose vial) NDC: 58160-0825-52 (1 dose syringes. No needle)		
<b>Vaqta®</b> (2 doses for adults)	VFA	Hep A, adult	19 years & older	1.0 ml (50u)	IM	Merck- MSD NDC: 00006-4841-41 (1 dose vial) NDC: 00006-4096-02 (1 dose prefilled syringe)	90632	52
<b>Havrix®</b> (2 doses for adults)	VFA	Hep A, adult	19 years & older	1.0 ml (1440 EL.U)	IM	GlaxoSmithKline – SKB NDC: 58160-0826-11 (1 dose vial) NDC: 58160-0826-52 (1 dose syringes. No needle)		
<b>Havrix®</b> (3 doses for pediatric/adolescent)		Hep A, ped/adol, 3 dose	12 months - 18 years	0.5 ml (360 EL.U)	IM	GlaxoSmithKline – SKB	90634	84
<b>Hepatitis B</b>								
<b>Engerix B®</b> Ped/Adol (3 dose schedule)	VFC	Hep B - Ped/Adol - presv. free	Birth - 19 years	0.5 ml 10µg	IM	GlaxoSmithKline – SKB NDC: 58160-0820-52 (1 dose T-L syringe, no needle)	90744	08
<b>Recombivax HB®</b> Ped/Adol	VFC	Hep B - Ped/Adol - presv. free	Birth - 19 years	0.5 ml 10µg	IM	Merck- MSD NDC: 00006-4981-00 (1 dose vial)		
<b>Engerix B®</b> for adults	VFA	Hep B - Ped/Adol - presv. free	20 years & older	1.0 ml 20µg	IM	GlaxoSmithKline – SKB NDC: 58160-0821-11 (1 dose vial) NDC: 58160-0821-52 (1 dose T-L syringe, no needle)	90746	43
<b>Recombivax HB®</b> for adults	VFA	Hep B, 2 Adol/Adult	20 years & older	1.0 ml 10µg	IM	Merck- MSD NDC: 00006-4995-41 (1 dose vial) NDC: 00006-4094-02 (1 dose syringe)		
<b>Recombivax HB®</b> Dialysis (3 dose schedule)		Hepatitis B - Dialysis	18 years & older	1.0 ml 40µg	IM		90740	44

\* Various choices and dosages available depending on specific individual cases, such as high risk or dialysis.

# List of Vaccine Names, Best ASIIS Selection and CPT/CVX Codes



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

This list matches the vaccine name or codes in Arizona State Immunization Information System (ASIIS) with the brand name or other common names of the vaccines you use most often.

Vaccine trade name or common name	Fund	Best ASIIS Selection	Age (Range)	Dose	Route	Manufacturer/ NDC Number	CPT Code	CVX Code
<b>HIB</b>								
PedvaxHIB®	VFC	Hib-PRP-OMP	2 months - 5 years	0.5 ml	IM	Merck- MSD NDC: 00006-4897-00 (1 dose vial)	90647	49
ActHIB®	VFC	Hib-PRP-T	2 months - 5 years	0.5 ml	IM	Sanofi Pasteur – PMC NDC: 49281-0545-03 (1 dose vial)	90648	48
Hiberix®	VFC	Hib-PRP-T	6 weeks - 4 years	0.5 ml	IM	GlaxoSmithKline – SKB NDC:58160-0818-11 (1 dose vial)	90648	48
OmniHib (discontinued)		Hib-PRP-T					90648	48
HibTITER (discontinued)		Hib-Hboc					90645	47
ProHIBit (discontinued)		Hib-PRP-D					90646	46
<b>Human Papilloma Virus</b>								
Gardasil®9	VFC VFA	HPV9	9 - 26 years	0.5 ml	IM	Merck- MSD NDC: 00006-4119-03 (1 dose vial)	90651	165
<b>Immune Globulin Products</b>								
HyperHEP B S/D or HepaGam B (Hepatitis B Immune Globulin)		HBIG (Hepatitis B Immune Globulin)			See pkg insert for dosage and admin recommendations	Talecris Biotherapeutics – TAL OR Cangene Corp - CNJ	90371	30
GamaSTAN S/D (Immune Globulin) Note: Used for post-exposure prophylaxis for Hep A and MMR exposure		IG (Immune Globulin IM)				Talecris Biotherapeutics - TAL	90281	86
Immune Globulin, intravenous Note: Rarely used for post-exposure prophylaxis		IGIV				Many Manufacturers	90283	87
HyperRAB S/D (Rabies Immune Globulin)		RIG				Talecris Biotherapeutics - TAL	90375	34
Synagis (Respiratory Syncytial Virus Immune Globulin)		RSV-IGIM	Birth - 24 months			MedImmune – MED	90378	93
HyperTET S/D (Tetanus Immune Globulin)		TIG				Talecris Biotherapeutics - TAL	90389	13
VariZIG (Varicella Zoster Immune Globulin) Note: Used for post exposure prophylaxis to Chickenpox		VZIG				Cangene Corporation (Canada) – CNJ	90396	36

# List of Vaccine Names, Best ASIIS Selection and CPT/CVX Codes



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

This list matches the vaccine name or codes in Arizona State Immunization Information System (ASIIS) with the brand name or other common names of the vaccines you use most often.

Vaccine trade name or common name	Fund	Best ASIIS Selection	Age (Range)	Dose	Route	Manufacturer/ NDC Number	CPT Code	CVX Code
<b>Influenza - Reflects the vaccine for the 2017-2018 Flu Season</b>								
Fluzone® Quadrivalent 6+ mos (IIV4)	VFC	Influenza, injectable, quadrivalent	6 months & older	0.25 ml MDV	IM	Sanofi Pasteur – PMC NDC: 49281-0627-15 (10 dose vial)	90687	158
	VFA			0.5 ml MDV			90688	
Fluzone® Quadrivalent Ped PF 6-35 mos (IIV4)	VFC	Influenza, injectable, quadrivalent, preservative free, pediatric	6 - 35 months	0.25 ml PFS	IM	Sanofi Pasteur – PMC NDC: 49281-0517-25 (1 dose syringe)	90685	161
Fluzone® Quadrivalent PF 36+ mos (IIV4)	VFC	Influenza inj quadrivalent pres free 36+ mos	3 years & older	0.5 ml PFS	IM	Sanofi Pasteur – PMC NDC: 49281-0417-50 (1 dose syringe)	90686	150
	VFA			0.5 ml SDV		Sanofi Pasteur – PMC NDC: 49281-0417-10 (1 dose vial)		
Fluarix® Quadrivalent PF 36+ mos (IIV4)	VFC VFA	Influenza inj quadrivalent pres free 36+ mos	3 years & older	0.5 ml PFS	IM	GlaxoSmithKline – SKB NDC: 58160-0907-52 (1 dose TipLok syringe)	90686	150
FluLaval Quadrivalent 6+ mos (IIV4)	VFC	influenza, injectable, quadrivalent	6 month & older	0.5 ml MDV	IM	GlaxoSmithKline – SKB NDC: 19515-0896-11 (10 dose vial)	90688	158
	VFA			0.5 ml PFS		GlaxoSmithKline – SKB NDC: 19515-0912-52 (1 dose syringe)		
Flucelvax® Quadrivalent 48+ (ccIIV4)	VFC	Influenza, injectable, MDCK, preservative free, quadrivalent	4 years & older	0.5 ml PFS	IM	SEQIRUS – SEQ NDC: 70461-0201-01 (1 dose syringe)	90674	171
	VFA			0.5 ml MDV		SEQIRUS – SEQ NDC: 70461-0301-10 (10 dose vial)		
Fluvirin® (IIV3)		Influ Inact. 48+ mos, w/Thimerosol	4 years & older	0.5 ml MDV	IM	SEQIRUS – SEQ NDC: 70461-0120-10 (10 dose vial)	90658	141
				0.5 ml PFS		SEQIRUS – SEQ NDC: 70461-0120-02 (1 dose syringe)		
Afluria® (IIV3) Preservative Free		Influ Inact 9+yrs pres free	9 years & older	0.5 ml PFS	IM	SEQIRUS – SEQ NDC: 33332-0017-01 (10 dose vial)	90656	140
Afluria® (IIV3) Contains Preservative		Influ Inact 9 + yrs w/Thimerosol	9 years & older	0.5 ml MDV	IM	SEQIRUS – SEQ NDC: 33332-0117-10 (1 dose syringe)	90658	141
Flublok® (RIV3)		Inf, recombinant (RIV3), inj, 18+ yrs, pres free	18 - 49 years	0.5 ml SDV	IM	Protein Sciences Corp – PSC NDC: 42874-0117-10 (1 dose vial)	90673	155

# List of Vaccine Names, Best ASIIS Selection and CPT/CVX Codes



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

This list matches the vaccine name or codes in Arizona State Immunization Information System (ASIIS) with the brand name or other common names of the vaccines you use most often.

Vaccine trade name or common name	Fund	Best ASIIS Selection	Age (Range)	Dose	Route	Manufacturer/ NDC Number	CPT Code	CVX Code
<b>Japanese Encephalitis</b>								
IXIARO		Japanese Encephalitis-IM	2 months & older	0.5 ml	IM	GlaxoSmithKline – SKB NDC: 42515-0001-01	90738	134
JE-VAX		Japanese Encephalitis	12 months & older		SC	The Research Foundation for Microbial Diseases of Osaka University (BIKEN)	90735	39
<b>Measles, Mumps &amp; Rubella</b>								
M-M-R®II	VFC VFA	MMR	12 months & older	0.5 ml	SC	Merck- MSD NDC: 00006-4681-00 (1 dose vial)	90707	03
ProQuad®	VFC	MMRV	12 months - 12 years	0.5 ml	SC	Merck- MSD NDC: 00006-4171-00 (1 dose vial)	90710	94
<b>Meningococcal</b>								
Menactra® Meningococcal Conjugate vaccine (Serogroups A,C,Y,W-135)	VFC VFA	Meningococcal (MCV4P)	9 months - 55 years	0.5 ml	IM	Sanofi Pasteur – PMC NDC: 49281-0589-05 (1 dose vial)	90734	114
Menveo® Meningococcal Conjugate vaccine (Serogroups A,C,Y,W-135)	VFC VFA	Meningococcal (MCV4O)	2 months - 55 years	0.5 ml	IM	GlaxoSmithKline – SKB NDC: 58160-0955-09 (1 dose vial)	90734	136
Bexsero® Meningococcal recombinant protein and outer membrane vesicle vaccine (Serogroup B)	VFC VFA	Meningococcal B, OMV	10 - 25 years	0.5 ml	IM	GlaxoSmithKline – SKB NDC: 58160-0976-06 (1 pack, 1 dose syringe) NDC: 58160-0976-20 (10 pack, 1 dose syringe)	90620	163
Trumenba® Meningococcal Recombinant Lipoprotein Vaccine (Serogroup B)	VFC VFA	Meningococcal B, recombinant	10 - 25 years	0.5 ml	IM	Pfizer, INC - PFR NDC: 00005-0100-10 (1 dose syringe)	90621	162
Menomune A/C/Y/W-135 Meningococcal Polysaccharide vaccine		Meningococcal (MPSV4)	2 years & older	0.5 ml	SC	Sanofi Pasteur – PMC NDC: 49281-0489-91 (10 dose vial) NDC: 49281-0489-01 (1 dose vial)	90733	32

# List of Vaccine Names, Best ASIIS Selection and CPT/CVX Codes



This list matches the vaccine name or codes in Arizona State Immunization Information System (ASIIS) with the brand name or other common names of the vaccines you use most often.

Vaccine trade name or common name	Fund	Best ASIIS Selection	Age (Range)	Dose	Route	Manufacturer/ NDC Number	CPT Code	CVX Code
<b>Pneumococcal</b>								
<b>Prevnar 13™</b> Pneumococcal Conjugate, 13 valent	VFC VFA	Pneumococcal conjugate PCV 13	6 weeks - 17 years 50 years & older	0.5 ml	IM	Pfizer, INC - PFR NDC: 00005-1971-02 (1 dose vial)	90670	133
<b>Pneumovax®23</b> Pneumococcal, polyvalent	VFC VFA	Pneumococcal polysaccharide PPV23	50 years & older 2 years & older with health risks	0.5 ml	SC/IM	Merck- MSD NDC: 00006-4943-00 (1 dose vial)	90732	33
<b>Prennar</b> (Pneumococcal Conjugate, 7 valent) (Note: to be documented for vaccine given before 04/2010)		Pneumococcal PCV-7	6 weeks - 9 years	0.5 ml	IM	Wyeth Ayerst – WAL	90669	100
<b>Polio</b>								
<b>IPOL®</b> Poliovirus vaccine, inactivated	VFC	IPV	6 weeks & older	0.5 ml	SC/IM	Sanofi Pasteur – PMC NDC: 49281-0860-10 (10 dose vial)	90713	10
<b>Poliovirus vaccine, live oral historical</b>		OPV					90712	02
<b>Rabies</b>								
<b>Imovax</b>		Rabies		1.0 ml	IM	Sanofi Pasteur – PMC NDC: 49281-0250-51	90675	18
<b>RabAvert</b>		Rabies		1.0 ml	IM	GlaxoSmithKline – SKB NDC: 63851-0501-01	90675	18
<b>Rabies, ID</b>		Rabies Intradermal		0.1 ml	ID		90676	40
<b>Rotavirus</b>								
<b>RotaTaq®</b> (3 dose)	VFC	Rotavirus pentavalent RV5	6 - 32 weeks	2.0 ml	Oral	Merck- MSD NDC: 00006-4047-41 (10 pack, 1 dose tube) NDC: 00006-4047-20 (25 pack, 1 dose tube)	90680	116
<b>Rotarix®</b> (2 dose)	VFC	Rotavirus monovalent RV1	6 - 24 weeks	1.0 ml	Oral	GlaxoSmithKline – SKB NDC: 58160-0854-52 (1 dose vial)	90681	119

# List of Vaccine Names, Best ASIIS Selection and CPT/CVX Codes



This list matches the vaccine name or codes in Arizona State Immunization Information System (ASIIS) with the brand name or other common names of the vaccines you use most often.

Vaccine trade name or common name	Fund	Best ASIIS Selection	Age (Range)	Dose	Route	Manufacturer/ NDC Number	CPT Code	CVX Code
<b>TB Test</b>								
Purified Protein Derivative (PPD)		PPD Test		0.1 ml	ID	Parkdale Pharmaceuticals – PD	86580	96
QuantiFERON – TB Gold Test (QGT-G)		QuantiFERON – TB Gold Test (QGT-G)		N/A	Blood Draw	N/A	86480	N/A
<b>Typhoid</b>								
Typhoid ViCPs (Typhim Vi)		Typhoid, ViCPs	2 years & older	0.5 ml	IM	Sanofi Pasteur – PMC NDC: 49281-0790-20 NDC: 49281-0790-51	90691	101
Typhoid, Oral (Vivotif Berna)		Typhoid, oral	6 years & older	4 tabs	Oral	Crucell - CRU	90690	25
Typhoid, parenteral		Typhoid, parenteral					90692	41
<b>Varicella</b>								
Varivax® Chicken Pox Vaccine	VFC VFA	Varicella	1 years & older	0.5 ml	SC	Merck- MSD NDC: 00006-4827-00 (1 dose vial)	90716	21
<b>Yellow Fever</b>								
Yellow Fever (Yf-Vax)		Yellow Fever	9 months & older	0.5 ml	SC	Sanofi Pasteur – PMC NDC: 49281-915-01 (single dose vial) NDC: 49281-915-05 (multi dose vial)	90717	37
<b>Zoster ("Shingles")</b>								
Zostavax®	VFA	Zoster, live	50 years & older	0.65 ml	SC	Merck- MSD NDC: 00006-4963-41 (1 dose vial)	90736	121

## Notes

On the Vaccination View/Add Screen: there are two places to look for the appropriate vaccine choice when entering a vaccination date. Always look FIRST at the vaccine names that appear on the screen. ALL routine vaccines will appear. For less common vaccines that you can't find on this list, go to the "select" box at the bottom of the vaccine list, and choose your vaccine from the drop-down list and enter the date administered.

"Unspecified" vaccines should only be used for entering historical vaccines when the specific vaccine type is unknown.

When managing your vaccine inventory in ASIIS: make sure the vaccine types and lot numbers you enter match the vaccine types and lot numbers in the system. If you don't see the correct lot number on your Vaccination Detail screen, you may be entering a different vaccine (i.e., DTaP vs. DTaP-5 pertussis antigen.) Be sure to speak with the person entering your lot numbers if you notice any issues/problems.

PFS = Prefilled Syringe; MDV = Multidose vial;

IM = Intramuscular; SC = Subcutaneous; ID = Intradermal; NAS = Intranasal; IV = Intra venous