# APPENDIX C (3)

Services Providers by Department of Health PR



#### APPENDIX C (3)

#### **Immunization Certification**

I, <u>Luis A. Torres Olivera</u>, <u>President & CEO</u>, hereby certify that <u>Humana Health Plans of Puerto Rico</u>, Inc. will offer the following services are not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH)

**Product Platino Identification: H4007-016** 

I. Vaccines for children from 0-20 years of age (inclusive)

Hepatits A

Hepatitis B

Rotavirus (RV)

DTaP (Toxoides de Diphtheria y vacuna pertussis acelular)

Hib (Vacuna conjugada Hib)

PCV 15 PCV13 Y PPSV23 (Vacunas antineumocócicas): Child and Adolescent Immunization

Schedule Changes for 2023. CDC

Polio (IPV)

<sup>2</sup>Vacunas contra la influenza (Virus atenuado LAIV o la IIV).

**MMR** 

Varicela (VAR)

Vacunas Antimeningocócicas - MenACWY-D [Menactra], MenACWY-CRM (Menveo) The MenACWY note was updated to include language stating the <u>newly licensed Menveo® one-vial (all liquid)</u> formulation should not be administered before age 10 years. MenB (Meningeococos serogrupo B Men B

-4C [Bexserol] y Men B- FHbp [Trumenba]

Tdap

Virus Papiloma Humano (VPH)

Dengvaxia (Indicated for the prevention of dengue disease caused by dengue virus serotypes 1, 2, 3 and 4. is approved for use in individuals 9 through 16 years of age with laboratory-confirmed previous dengue infection and living in endemic areas. The Dengue note was <u>revised</u> to clarify that the dengue vaccine is recommended for seropositive children living in endemic areas, <u>not for children traveling to or visiting</u> endemic dengue areas.

**COVID 19**: Added new abbreviations for the COVID-19 vaccine products. These abbreviations contain information on the vaccine's valency (i.e., monovalent versus bivalent, indicated by "**1v**" and "**2v**," respectively) and vaccine platform (**mRNA** versus acellular protein subunit, or "**aPS**")



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#### Nombre genérico de la vacuna (abreviatura)

Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap)

Tetanus-Diphtheria Toxoids (Td)

Meningococcal conjugate A, C, W, Y ó MenACWY vaccines (MenACWY-D, MenACWY-CRM, MenACWY-TT)

Meningococcal Group B Vaccine (MenB-4C, MenB-FHbp)

Measles, Mumps, and Rubella Virus Vaccine Live (MMR)

Varicella Virus Vaccine Live (VAR)

Zoster Vaccine Recombinant, Adjuvanted (RZV)

Human Papillomavirus 9-valent Vaccine, Recombinant (HPV)

Pneumococcal 15-valent Conjugate Vaccine (PCV15)

Pneumococcal 20-valent Conjugate Vaccine (PCV20)

Pneumococcal vaccine polyvalent (PCV23)

Hepatitis A vaccine, inactivated (HepA)

Hepatitis B vaccine (Recombinant) (HepB)

Hepatitis A inactivated & hepatitis B (recombinant) vaccine (HepA-HepB)

Haemophilus influenzae type b vaccine (Hib)

Influenza Vaccine: Influenza vaccine (inactivated) IIV4 or Quadrivalent Influenza vaccine(recombinant) RIV4

(Influenza vaccine (live, attenuated) LAIV4

III. COVID 19 Vaccine - not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH). MAO must follow the instructions provided by CMS.

These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

Luis A. Torres Olivera

President & CEO

Contrato Número

The MAO should consult Public Policy documents regarding vaccination and immunization guidelines recommended detailed.

<sup>&</sup>lt;sup>2</sup>View Recommends influenza vaccination 2017-2018

<sup>&</sup>lt;sup>3</sup>Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection. Recommended vaccination for adults with an additional risk factor or another indication.

<sup>\*\*\*</sup>Reference: https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf



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#### **Immunization Certification**

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**Product Platino Identification: H4007-018** 

I. <sup>1</sup>Vaccines for children from 0-20 years of age (inclusive)

Hepatits A

Hepatitis B

Rotavirus (RV)

DTaP (Toxoides de Diphtheria y vacuna pertussis acelular)

Hib (Vacuna conjugada Hib)

PCV 15 PCV13 Y PPSV23 (Vacunas antineumocócicas): Child and Adolescent Immunization Schedule Changes for 2023. CDC

Polio (IPV)

<sup>2</sup>Vacunas contra la influenza (Virus atenuado LAIV o la IIV).

**MMR** 

Varicela (VAR)

Vacunas Antimeningocócicas - MenACWY-D [Menactra], MenACWY-CRM (Menveo) The MenACWY note was updated to include language stating the <u>newly licensed Menveo® one-vial (all liquid)</u> formulation should not be administered before age 10 years. MenB (Meningeococos serogrupo B Men B -4C [Bexserol] y Men B- FHbp [Trumenba]

Tdap

Virus Papiloma Humano (VPH)

Dengvaxia (Indicated for the prevention of dengue disease caused by dengue virus serotypes 1, 2, 3 and 4. is approved for use in individuals 9 through 16 years of age with laboratory-confirmed previous dengue infection and living in endemic areas. The Dengue note was <u>revised</u> to clarify that the dengue vaccine is recommended for seropositive children living in endemic areas, <u>not for children traveling to or visiting</u>

endemic dengue areas.

**COVID 19**: Added new abbreviations for the COVID-19 vaccine products. These abbreviations contain information on the vaccine's valency (i.e., monovalent versus bivalent, indicated by "**1v**" and "**2v**," respectively) and vaccine platform (**mRNA** versus acellular protein subunit, or "**aPS**")





#### Nombre genérico de la vacuna (abreviatura)

Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap)

Tetanus-Diphtheria Toxoids (Td)

Meningococcal conjugate A, C, W, Y ó MenACWY vaccines (MenACWY-D, MenACWY-CRM, MenACWY-TT)

Meningococcal Group B Vaccine (MenB-4C, MenB-FHbp)

Measles, Mumps, and Rubella Virus Vaccine Live (MMR)

Varicella Virus Vaccine Live (VAR)

Zoster Vaccine Recombinant, Adjuvanted (RZV)

Human Papillomavirus 9-valent Vaccine, Recombinant (HPV)

Pneumococcal 15-valent Conjugate Vaccine (PCV15)

Pneumococcal 20-valent Conjugate Vaccine (PCV20)

Pneumococcal vaccine polyvalent (PCV23)

Hepatitis A vaccine, inactivated (HepA)

Hepatitis B vaccine (Recombinant) (HepB)

Hepatitis A inactivated & hepatitis B (recombinant) vaccine (HepA-HepB)

Haemophilus influenzae type b vaccine (Hib)

Influenza Vaccine: Influenza vaccine (inactivated) IIV4 or Quadrivalent Influenza vaccine(recombinant) RIV4
(Influenza vaccine (live, attenuated) LAIV4

III. COVID 19 Vaccine - not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH). MAO must follow the instructions provided by CMS.

These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

Luis A. Torres Olivera

**President & CEO** 

The MAO should consult Public Policy documents regarding vaccination and immunization guidelines recommended detailed.

<sup>&</sup>lt;sup>2</sup>View Recommends influenza vaccination 2017-2018

<sup>&</sup>lt;sup>3</sup>Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection. Recommended vaccination for adults with an additional risk factor or another indication.

<sup>\*\*\*</sup>Reference: https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf



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**Product Platino Identification: H4007-026** 

<sup>1</sup>Vaccines for children from 0-20 years of age (inclusive)

Hepatits A

Hepatitis B

Rotavirus (RV)

DTaP (Toxoides de Diphtheria y vacuna pertussis acelular)

Hib (Vacuna conjugada Hib)

PCV 15 PCV13 Y PPSV23 (Vacunas antineumocócicas): Child and Adolescent Imparing at the Schedule Changes for 2023. CDC

Polio (IPV)

<sup>2</sup>Vacunas contra la influenza (Virus atenuado LAIV o la IIV).

**MMR** 

Varicela (VAR)

Vacunas Antimeningocócicas - MenACWY-D [Menactra], MenACWY-CRM (Menveo) The MenACWY note was updated to include language stating the newly licensed Menveo® one-vial (all liquid) formulation should not be administered before age 10 years. MenB (Meningeococos serogrupo B Men B

Dengvaxia (Indicated for the prevention of dengue disease caused by dengue virus serotypes 1, 2, 3 and 4. is approved for use in individuals 9 through 16 years of age with laboratory-confirmed previous dengue infection and living in endemic areas. The Dengue note was revised to clarify that the dengue vaccine is recommended for seropositive children living in endemic areas, not for children traveling to or visiting

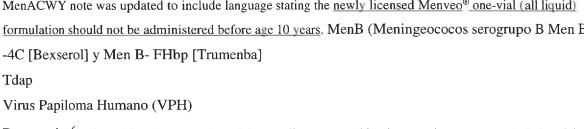
endemic dengue areas.

COVID 19: Added new abbreviations for the COVID-19 vaccine products. These abbreviations contain information on the vaccine's valency (i.e., monovalent versus bivalent, indicated by "1v" and "2v," respectively) and vaccine platform (mRNA versus acellular protein subunit, or "aPS")



Contrato Número

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#### Nombre genérico de la vacuna (abreviatura)

Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap)

Tetanus-Diphtheria Toxoids (Td)

Meningococcal conjugate A, C, W, Y ó MenACWY vaccines (MenACWY-D, MenACWY-CRM, MenACWY-TT)

Meningococcal Group B Vaccine (MenB-4C, MenB-FHbp)

Measles, Mumps, and Rubella Virus Vaccine Live (MMR)

Varicella Virus Vaccine Live (VAR)

Zoster Vaccine Recombinant, Adjuvanted (RZV)

Human Papillomavirus 9-valent Vaccine, Recombinant (HPV)

Pneumococcal 15-valent Conjugate Vaccine (PCV15)

Pneumococcal 20-valent Conjugate Vaccine (PCV20)

Pneumococcal vaccine polyvalent (PCV23)

Hepatitis A vaccine, inactivated (HepA)

Hepatitis B vaccine (Recombinant) (HepB)

Hepatitis A inactivated & hepatitis B (recombinant) vaccine (HepA-HepB)

Haemophilus influenzae type b vaccine (Hib)

Influenza Vaccine: Influenza vaccine (inactivated) IIV4 or Quadrivalent Influenza vaccine (recombinant) RIV4 (Influenza vaccine (live, attenuated) LAIV4

III. COVID 19 Vaccine - not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH). MAO must follow the instructions provided by CMS.

These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

Luis A. Torres Olivera

**President & CEO** 

Contrato Número

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Date

The MAO should consult Public Policy documents regarding vaccination and immunization guidelines recommended detailed.

<sup>&</sup>lt;sup>2</sup>View Recommends influenza vaccination 2017-2018

<sup>&</sup>lt;sup>3</sup>Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection.

Recommended vaccination for adults with an additional risk factor or another indication.

<sup>\*\*\*</sup>Reference: https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf



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**Product Platino Identification: H4007-019** 

I. <sup>1</sup>Vaccines for children from 0-20 years of age (inclusive)

Hepatits A

Hepatitis B

Rotavirus (RV)

DTaP (Toxoides de Diphtheria y vacuna pertussis acelular)

Hib (Vacuna conjugada Hib)

PCV 15 PCV13 Y PPSV23 (Vacunas antineumocócicas): Child and Adolescent Immunization

Schedule Changes for 2023. CDC

Polio (IPV)

<sup>2</sup>Vacunas contra la influenza (Virus atenuado LAIV o la IIV).

**MMR** 

Varicela (VAR)

Vacunas Antimeningocócicas - MenACWY-D [Menactra], MenACWY-CRM (Menveo) The MenACWY note was updated to include language stating the newly licensed Menveo<sup>®</sup> one-vial (all liquid) formulation should not be administered before age 10 years. MenB (Meningeococos serogrupo B Men B -4C [Bexserol] y Men B- FHbp [Trumenba]

Tdap

Virus Papiloma Humano (VPH)

Dengvaxia (Indicated for the prevention of dengue disease caused by dengue virus serotypes 1, 2, 3 and 4. is approved for use in individuals 9 through 16 years of age with laboratory-confirmed previous dengue infection and living in endemic areas. The Dengue note was <u>revised</u> to clarify that the dengue vaccine is recommended for seropositive children living in endemic areas, <u>not for children traveling to or visiting</u>

endemic dengue areas.

**COVID 19**: Added new abbreviations for the COVID-19 vaccine products. These abbreviations contain information on the vaccine's valency (i.e., monovalent versus bivalent, indicated by "**1v**" and "**2v**," respectively) and vaccine platform (**mRNA** versus acellular protein subunit, or "**aPS**")





#### Nombre genérico de la vacuna (abreviatura)

Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap)

Tetanus-Diphtheria Toxoids (Td)

Meningococcal conjugate A, C, W, Y ó MenACWY vaccines (MenACWY-D, MenACWY-CRM, MenACWY-TT)

Meningococcal Group B Vaccine (MenB-4C, MenB-FHbp)

Measles, Mumps, and Rubella Virus Vaccine Live (MMR)

Varicella Virus Vaccine Live (VAR)

Zoster Vaccine Recombinant, Adjuvanted (RZV)

Human Papillomavirus 9-valent Vaccine, Recombinant (HPV)

Pneumococcal 15-valent Conjugate Vaccine (PCV15)

Pneumococcal 20-valent Conjugate Vaccine (PCV20)

Pneumococcal vaccine polyvalent (PCV23)

Hepatitis A vaccine, inactivated (HepA)

Hepatitis B vaccine (Recombinant) (HepB)

Hepatitis A inactivated & hepatitis B (recombinant) vaccine (HepA-HepB)

Haemophilus influenzae type b vaccine (Hib)

Influenza Vaccine: Influenza vaccine (inactivated) IIV4 or Quadrivalent Influenza vaccine(recombinant) RIV4
(Influenza vaccine (live, attenuated) LAIV4

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Luis A. Torres Olivera

**President & CEO** 

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The MAO should consult Public Policy documents regarding vaccination and immunization guidelines recommended detailed.

<sup>&</sup>lt;sup>2</sup>View Recommends influenza vaccination 2017-2018

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection.

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#### APPENDIX C (3)

#### **Immunization Certification**

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Product Platino Identification: H4007-027

<sup>1</sup>Vaccines for children from 0-20 years of age (inclusive)

Hepatits A

Hepatitis B

Rotavirus (RV)

DTaP (Toxoides de Diphtheria y vacuna pertussis acelular)

Hib (Vacuna conjugada Hib)
PCV 15 PCV13 Y PPSV23 (Vacunas antineumocócicas): Child and Adolescent Immunizations TRAC

Polio (IPV)

<sup>2</sup>Vacunas contra la influenza (Virus atenuado LAIV o la IIV).

**MMR** 

Varicela (VAR)

Vacunas Antimeningocócicas - MenACWY-D [Menactra], MenACWY-CRM (Menveo) The MenACWY note was updated to include language stating the newly licensed Menveo® one-vial (all liquid) formulation should not be administered before age 10 years. MenB (Meningeococos serogrupo B Men B -4C [Bexserol] y Men B- FHbp [Trumenba]

Tdap

Virus Papiloma Humano (VPH)

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Contrato Número

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#### Nombre genérico de la vacuna (abreviatura)

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Influenza Vaccine: Influenza vaccine (inactivated) IIV4 or Quadrivalent Influenza vaccine(recombinant) RIV4

(Influenza vaccine (live, attenuated) LAIV4

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Luis A. Torres Olivera

**President & CEO** 

Contrato Número

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On Date

Date

<sup>&</sup>lt;sup>1</sup>The MAO should consult Public Policy documents regarding vaccination and immunization guidelines recommended detailed.

<sup>&</sup>lt;sup>2</sup>View Recommends influenza vaccination 2017-2018

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**Product Platino Identification: H4007-030** 

I. <sup>1</sup>Vaccines for children from 0-20 years of age (inclusive)

Hepatits A

Hepatitis B

Rotavirus (RV)

DTaP (Toxoides de Diphtheria y vacuna pertussis acelular)

Hib (Vacuna conjugada Hib)

PCV 15 PCV13 Y PPSV23 (Vacunas antineumocócicas): Child and Adolescent Immunization

Schedule Changes for 2023. CDC

Polio (IPV)

<sup>2</sup>Vacunas contra la influenza (Virus atenuado LAIV o la IIV).

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#### endemic dengue areas.

COVID 19: Added new abbreviations for the COVID-19 vaccine products. These abbreviations contain information on the vaccine's valency (i.e., monovalent versus bivalent, indicated by "1v" and "2v," respectively) and vaccine platform (mRNA versus acellular protein subunit, or "aPS")





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Varicella Virus Vaccine Live (VAR)

Zoster Vaccine Recombinant, Adjuvanted (RZV)

Human Papillomavirus 9-valent Vaccine, Recombinant (HPV)

Pneumococcal 15-valent Conjugate Vaccine (PCV15)

Pneumococcal 20-valent Conjugate Vaccine (PCV20)

Pneumococcal vaccine polyvalent (PCV23)

Hepatitis A vaccine, inactivated (HepA)

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Hepatitis A inactivated & hepatitis B (recombinant) vaccine (HepA-HepB)

Haemophilus influenzae type b vaccine (Hib)

Influenza Vaccine: Influenza vaccine (inactivated) IIV4 or Quadrivalent Influenza vaccine(recombinant) RIV4

(Influenza vaccine (live, attenuated) LAIV4

III. COVID 19 Vaccine - not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH). MAO must follow the instructions provided by CMS.

These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

Luis A. Torres Olivera

**President & CEO** 

Contrato Número

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<sup>&</sup>lt;sup>1</sup>The MAO should consult Public Policy documents regarding vaccination and immunization guidelines recommended detailed.

<sup>&</sup>lt;sup>2</sup>View Recommends influenza vaccination 2017-2018

<sup>&</sup>lt;sup>3</sup>Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection.

Recommended vaccination for adults with an additional risk factor or another indication.

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