

APPENDIX C (3)

Services Providers by
Department of Health PR

Appendix C-3

Immunization Certification

H5577 – 002

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 24 - 0004

Contrato Número

EMR

MCS Advantage, Inc.
P.O. Box 191720
San Juan, P.R. 00919-1720

APPENDIX C (3)

Immunization Certification

I, **James P. O'Drobinak, Chief Executive Officer**, hereby certify that **MCS Advantage, Inc.** will offer the following services that are not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH).

Product Platino Identification: H5577-002

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

Hepatitis 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)

²Vacunas 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)

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.**

ADMINISTRACION DE
SEGUROS DE SALUD

EMUR

Nº 24 - 0004

Contrato Número

APPENDIX C (3) Certification Immunization Medicare Platino 2024

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”)

II. ³Vaccines for adults from 21 years of age ***

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.

**ADMINISTRACION DE
SEGUROS DE SALUD ,**

Nº 2 4 - 0 0 0 4

Contrato Número

6.8.2023

Date

**James P. O’Drobinak
Chief Executive Officer
MCS Advantage, Inc.**

¹The MAO should consult Public Policy documents regarding vaccination and immunization guidelines recommended detailed.

²View Recommends influenza vaccination 2017-2018

³Recommended 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.

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

Appendix C-3

Immunization Certification

H5577 – 017

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 24 - 0004

Contrato Número

EMR

MCS Advantage, Inc.
P.O. Box 19 720
San Juan, P.R. 00919-7200

APPENDIX C (3)
Immunization Certification

I, James P. O'Drobinak, Chief Executive Officer, hereby certify that MCS Advantage, Inc. will offer the following services that are not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH).

Product Platino Identification: H5577-017

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

Hepatitis 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)

²Vacunas 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 (Meningococos 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 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.

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 24 - 0004 *EMR*

Contrato Número

APPENDIX C (3) Certification Immunization Medicare Platino 2024

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")

II. ³Vaccines for adults from 21 years of age ***

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

ADMINISTRACION DE SEGUROS DE SALUD ,

Nº 24 - 0004

EMR Contrato Número

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.

James P. O'Drobinak
Chief Executive Officer
MCS Advantage, Inc.

Date

6.8.2023

¹The MAO should consult Public Policy documents regarding vaccination and immunization guidelines recommended detailed.
²View Recommends influenza vaccination 2017-2018
³Recommended 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.
***Reference: <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>

Appendix C-3

Immunization Certification

H5577 – 029

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 24 - 0004

Contrato Número

EMR

APPENDIX C (3)

Immunization Certification

I, **James P. O'Drobinak, Chief Executive Officer**, hereby certify that **MCS Advantage, Inc.** will offer the following services that are not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH).

Product Platino Identification: H5577-029

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

Hepatitis 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)

²Vacunas 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)

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.

**ADMINISTRACION DE
SEGUROS DE SALUD**

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Contrato Número

EMR

[Signature]

APPENDIX C (3) Certification Immunization Medicare Platino 2024

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”)

II. ³Vaccines for adults from 21 years of age ***

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

ADMINISTRACION DE SEGUROS DE SALUD

Nº 24 - 0004

EMR **Contrato Número**

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.

James P. O'Drobinak
Chief Executive Officer
MCS Advantage, Inc.

6.8.2023

Date

¹The MAO should consult Public Policy documents regarding vaccination and immunization guidelines recommended detailed.
²View Recommends influenza vaccination 2017-2018
³Recommended 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.
***Reference: <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 2 4 - 0 0 0 4

Contrato Número

Appendix C-3

EMR

Immunization Certification

H5577 – 046

APPENDIX C (3)

Immunization Certification

I, **James P. O'Drobinak, Chief Executive Officer**, hereby certify that **MCS Advantage, Inc.** will offer the following services that are not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH).

Product Platino Identification: H5577-046

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

Hepatitis 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)

²Vacunas 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

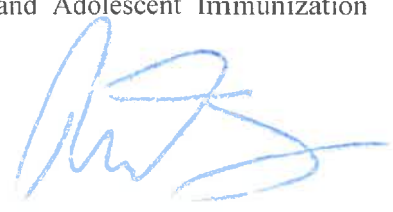
Virus Papiloma Humano (VPH)

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.**

ADMINISTRACION DE
SEGUROS DE SALUD

EMR Nº 24 - 0004

Contrato Número



APPENDIX C (3) Certification Immunization Medicare Platino 2024

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”)

II. ³Vaccines for adults from 21 years of age ***

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.

James P. O'Drobinak
Chief Executive Officer
MCS Advantage, Inc.

**ADMINISTRACION DE
SEGUROS DE SALUD**

Nº 2 4 - 0 0 0 4

Contrato Número

EMR

6.8.2023

Date

¹The MAO should consult Public Policy documents regarding vaccination and immunization guidelines recommended detailed.

²View Recommends influenza vaccination 2017-2018

³Recommended 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.

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

Appendix C-3

Immunization Certification

H5577 – 054

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 24 - 0004

Contrato Número

EMR

MCS Advantage, Inc.
P.O. Box 191720
San Juan, P.R. 00919-1720

APPENDIX C (3)
Immunization Certification

I, **James P. O'Drobinak, Chief Executive Officer**, hereby certify that **MCS Advantage, Inc.** will offer the following services that are not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH).

Product Platino Identification: H5577-054

**ADMINISTRACION DE
SEGUROS DE SALUD**

Nº 24 - 0004

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

Hepatitis 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)

²Vacunas 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)

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.

Contrato Número

EMR

[Signature]

APPENDIX C (3) Certification Immunization Medicare Platino 2024

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")

II. ³Vaccines for adults from 21 years of age ***

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

ADMINISTRACION DE
SEGUROS DE SALUD

EMR Nº 24 - 0004

Contrato Número



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.



James P. O'Drobinak
Chief Executive Officer
MCS Advantage, Inc.

6-8-2023

Date

¹The MAO should consult Public Policy documents regarding vaccination and immunization guidelines recommended detailed.

²View Recommends influenza vaccination 2017-2018

³Recommended 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.

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

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 24 - 0004

Contrato Número

Appendix C-3 *EMR*

Immunization Certification

H5577 – 055

APPENDIX C (3)

Immunization Certification

I, **James P. O'Drobinak, Chief Executive Officer**, hereby certify that **MCS Advantage, Inc.** will offer the following services that are not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH).

Product Platino Identification: H5577-055

**ADMINISTRACION DE
SEGUROS DE SALUD**

№ 2 4 - 0 0 0 4

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

Hepatitis 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)

²Vacunas 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)

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.

Contrato Número

EMR

[Signature]

APPENDIX C (3) Certification Immunization Medicare Platino 2024

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”)

II. ³Vaccines for adults from 21 years of age ***

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

ADMINISTRACION DE SEGUROS DE SALUD

№ 2 4 - 0 0 0 4

Contrato Número

EMR

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.

**James P. O'Drobinak
Chief Executive Officer
MCS Advantage, Inc.**

6-8-2023

Date

¹The MAO should consult Public Policy documents regarding vaccination and immunization guidelines recommended detailed.

²View Recommends influenza vaccination 2017-2018

³Recommended 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.

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