

# **APPENDIX C (3)**

Services Providers by  
Department of Health PR

APPENDIX C (3)

Immunization Certification

I, Thurman R Justice, President Triple-S Salud and President Triple-S Advantage, hereby certify that Triple S Advantage 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: Platino Plus 024

I. <sup>1</sup>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)

<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)

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.



**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. <sup>3</sup>Vaccines 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.

**President Triple-S Salud and President Triple-S Advantage**

6/8/2023

**Date**



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

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Product Platino Identification: Platino Advance 026

I. <sup>1</sup>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)

<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)

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

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**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. <sup>3</sup>Vaccines 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)
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- Haemophilus influenzae type b vaccine (Hib)
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<sup>2</sup>View Recommends influenza vaccination 2017-2018

<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.

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



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**Product Platino Identification: Platino Blindao 028**

**I. <sup>1</sup>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)

<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)

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.



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**II. <sup>3</sup>Vaccines 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



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

<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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**Product Platino Identification: Platino Enlace 035**

**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)

<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)

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.



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**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. <sup>3</sup>Vaccines for adults from 21 years of age \*\*\***

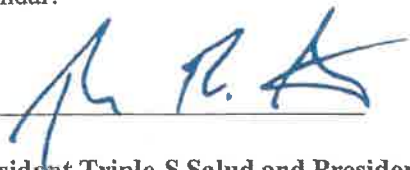
**Nombre genérico de la vacuna (abreviatura)**

- 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)
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- Pneumococcal 15-valent Conjugate Vaccine (PCV15)
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- 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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<sup>2</sup>View Recommends influenza vaccination 2017-2018

<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.

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



**APPENDIX C (3)**

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**Product Platino Identification: Platino Titán 036**



**I. <sup>1</sup>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)

<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)

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.

**APPENDIX C (3) Certification Immunization Medicare Platino 2024**

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**II. <sup>3</sup>Vaccines 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)
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Product Platino Identification: Platino Selecto 040



**I. <sup>1</sup>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 antineumocólicas): 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® 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

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**II. <sup>3</sup>Vaccines 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)
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