## Vaccines – Approved by Jefferson County Board of Health (Updated 02/14/2020) Prices are based on cost plus 20% and are subject to fluctuations beyond the Board of Health's control.

Produce the service of the service o	CHILDREN VACCINES UP TO AGE 18	i e subje
90700	Dtap (Diptheria, tetanus, pertussis –	\$24
0.5	children under 6)	324
90633	Hep A (2 shot series: 0 and 6 mths)	\$28
0.5		6.7
90744	Hep B (3 shot series: 0, 1, and 6	\$16
0.5	months)	*
90648	<b>Hib</b> (haemophilus influenzae type B	\$11
0.5	- 4 shot series) found as: <b>ACTHIB</b>	
90651	HPV9 (human papillomavirus – 2	\$265
0.5	shot series if started before 15	
11	years, otherwise 3 shot series: 0, 2,	
	and 6 months with no 2-month shot	
	for under 15yrs – up to 46 yrs.	
90713	IPV (polio; 4 shot series) 0.5	\$26
90696	Kinrix (Dtap, polio-IPV)	\$51
0.5	for ages 4 yrs through 6 yrs)	
90620	Men B (2 shot series: 0 and 1month	\$176
0.5	– 16yrs-26yrs)	×
90734	MCV4 (meningococcal A, C, W, Y)	\$125
0.5	Required for 7 <sup>th</sup> grade	
90707	MMR (measles, mumps, rubella – 2	\$87
0.5	shot series)	
90710	MMRV (MMR & varicella) 0.5	\$241
90670	PCV13 (pneumonia) 0.5	\$191
90723	Pediarix (polio-IPV, Dtap, HepB)	\$71
0.5	for all ages 6wks thru 6 yrs	
90698	Pentacel (polio-IPV, Hib, Dtap)	\$37
0.5	for all ages 6wks thru 4 yrs	
90680	Rotavirus (babies under 15 weeks –	\$89
2.0	3 dose series: 2, 4, and 6 months	
	old) GIVEN ORALLY	
90714	Td (tetanus and diphtheria booster)	\$37
0.5	Every 10 years only if never had Td	
90715	Tdap (Diptheria, tetanus, pertussis)	\$41
0.5	1 time booster 7 yrs +)	
90716	Varicella (chickenpox – 2 shot	\$155
0.5	series)	ř.

	stration Fees: use <mark>ADULT</mark> codes for id & VFC)	
90471	Adults over 18 – first shot of visit	\$33
90471	<b>VFC</b> / no insurance / underinsured	\$19.85
90472	Adults – each additional shot & VFC	\$17
90460	Children – first shot of visit	\$33
90461	Children – each additional shot	\$17
G0008	Medicare <mark>influenza</mark>	\$33
G0009	Medicare <b>pneumonia</b>	\$33
G0010	Medicare <b>HepB</b>	\$33

	ADULT & TRAVEL VACCINES	
90746	Energix (Hep B)- 3 shot series: 0, 1,	\$54
1.0	and 6 months)	
90632	Havrix (Hep A) - 2 shot series: 0	\$70
1.0	and 6 months)	
90738	Japanese Encephalitis (2 shot	\$336
0.5	series: 0 and 28 days - complete at	
	least 1 week prior to travel) <b>NOT</b>	
	<b>KEPT IN STOCK</b> will need to pay for <b>1</b> to order \$369 then pay 2 <sup>nd</sup> shot at 1 <sup>st</sup> appt.	
90732	Pneumovax23 (Pneumonia) (2	\$101
0.5	shot series-PCV13 @ o months;	
	PPSV23 @ 12 months)	
90675	Rabies (pre-exposure:3 shot series	\$365
· 1.0	– 0, 7, and 21-28 days; post-	+33=
	exposure: days 0, 3, 7, 14 <mark>) will need</mark>	\$398
	to pay for <b>2</b> shots before ordering	
	\$796.00 & 3 <sup>rd</sup> shot paid at 2 <sup>nd</sup> visit	
	\$398.00	
90750	Shingrix (Zoster-Shingles)(50+yrs; 2	\$166
0.5	shot series: 0, 2-6 months)	
90636	Twinrix (Hep A & B – 3 shot series:	\$94
1.0	0, 1, and 6 months)	
90691	Typhoid (1 shot every 2 years at	\$124
0.5	least 1 week prior to travel)	

## **NO LONGER PROVIDE YELLOW FEVER**

	FLU SHOTS	
90686	Fluarix flu (6 months + years)	\$25
90685	Pediatric flu (6-36 months)	\$25
90756	Fluzone flu (36 months + years)	\$25
90662	High Dose flu (65+ years)	\$55
BILL Reg	ular dose at: <b>\$6/\$19</b> and High Dose at: <b>\$1</b>	0/\$45

	OTHER SERVICES	
86580	TB Skin Test - PPD	\$33
86481	TB Blood Test – T-Spot	\$70
(Collect at Window)	STI Testing, HIV, Chlamydia, Gonorrhea, Syphilis. No Herpers Testing. (HepB-C by request only)	\$10

Harm Reduction Needle Exchange	
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Medicare Group # is NONE Medicare Plan is Part B Medicare and Humana DOES NOT COVER HEPA OR TDAP MUST BE PAID AT WINDOW/ ID # Updated Yearly