

Ensuring Funds for Childhood Vaccines

What:Operations Committee MeetingDate & Time:April 25, 2024; 12:30-1:30 p.m. PTLocation:Zoom

This meeting will take place solely by webinar. To register for this meeting, please visit: <u>https://us02web.zoom.us/webinar/register/WN_LK0mnKeiQ4GxS65Zf9TfDw</u>

Notice: The meeting may be recorded for the benefit of the minute-taker. The WVA intends to delete the recording after the minutes are approved.

Approx. Time	*	Page	Topic/[Anticipated Action]	Presented by:
12:30-12:35 p.m.			 Introductions & Agenda Review Notice of Recording Survey of Other Topics 	J. Zell
12:35-12:40 p.m.	*	Pg. 2-3	 Action Items a. Vote to Approve Operations Committee Minutes - October 26, 2023 	J. Zell
12:40-1:00 p.m.	* *	Pg. 4-16 Pg. 17-26	 3. Assessment Grid 2024-25 a. Process and Communications Plan b. Vote to Finalize 2024-25 Assessment Grid 	J. Zell / P. Miller
1:00-1:25 p.m.			 4. Operational Updates a. Non-Traditional Provider Outreach b. Inpatient Hospital DBA Update c. Future Steps d. Vaccine Pipeline - PENBRAYA 	J. Zell / P. Miller / A. Ithal
1:25-1:30 p.m.			5. Other Matters from Committee Members	Any
1:30 p.m.			6. Closing	J. Zell

Agenda

*Indicates agenda item attached

Red text indicates an action item



1 2 3		Washington V Operations Co October 26, 2023	ommi	ittee Meeting
4 5 6	I.	Attendance. Participating in all or part of	the m	neeting by telephone were the following individuals:
6 7 8 9 10 11 12 13 14 15 16	Michell Diana E Tracey Tiffany Delphia Cathy F Tawnya Janel Jo	ttee Members e Baker, Zenith Baxter, Cambia Cardillo, Cigna Conley, Regence a Dent Leffew, Cigna Falanga, Aetna a Flyberg, Premera orgenson, Washington Department of Health fanley, United	18 19 20 21 22 23 24 25 26 27	Cheryl Rairigh, Regence Jennifer Simonsen, Kaiser <u>WVA</u> Julia G. Zell, Esq., Executive Director, Chair Cheri Cagle, Stakeholder Liaison <u>Helms & Company, Inc.</u> Patrick Miller, MPH, Administrative Director Ashley Ithal, MPH, Project Support Leader
17		Oliver, Premera	28	Leslie Walker, CPA, Mason+Rich, PA
29 30 31 32	I.	Summary of Actions Taken and/or Recomme	endeo	1
33 34 35	i. ii.	To approve April 25, 2023, meeting minutes. To approve future Assessment Grid additions.		
36 37	II.	Welcome and Introductions		
38 39	At 12:3	2 p.m., Ms. Zell called the meeting to order and j	provid	led a notice of recording.
40 41	III.	Calendar Consent Items		
41 42 43 44 45 46		l asked for a motion to approve the April 25, 202 animously VOTED: To approve April 25, 20		eting minutes. Upon motion duly made and seconded, it neeting minutes.
47 48	IV.	Operations Updates		
49 50 51 52 53 54 55	Ms. Ze assessm DBAs a than-ex	nent process have been alleviated after a review of are being submitted with the correct grid amoun	payer ts. M hem.	and stated that initial concerns of the dosage-based data. Mr. Miller reported that for the most part, COVID r. Miller stated that there are a few payers with lower- He stated that the first COVID-related mailing was sent rovider mailing was sent in mid-October.
56 57 58 59 60 61 62 63	Ms. Zel state's p joining definition should Departm	burchase of the new RSV monoclonal antibody, new the bepartment of Health to purse a technic on of "vaccine." To advance this work, the WV know by the end of March 2024 whether the star	nirsev ical " A ha tute h	WVA Board approved the use of reserve funds for the imab. To be able to assess for nirsevimab, the WVA is fix" to the Association's enabling statute to update the s engaged a lobbyist. Mr. Miller stated that the WVA as been changed. He provided an overview of the WA ections which vary from approximately \$10M-20M/year

- 65 Future Assessment Grids/New Vaccine Pipeline

- Mr. Miller reviewed the costs of vaccines added in the past year and stated that the costs are much higher than historically seen which will have impacts on future assessment rates. Mr. Miller reported that AbrysvoTM (for maternal RSV), PenbrayaTM (for Meningococal B), and Jynneos® (for Mpox) have been both FDA approved and ACIP VFC recommended. It is anticipated that pricing will be known by the end of the year so that they may be added to the grid for early 2024. Ms. Zell added that ideally the WVA would add future off cycle grid additions in January of each year, and continue with the annual grid updates on July 1. Mr. Miller added that the July 2024 grid may see up to a 30% rate increase to build back reserves. He reported that modeling has begun using known assumptions.
- 73
- Mr. Miller stated that the WVA is assembling a taskforce to determine the best way for hospitals to bill DBAs for
 nirsevimab. Ms. Dent and Ms. Manley volunteered to join the taskforce. Ms. Zell stated that if others are interested,
 please reach out to her.
- 77

Ms. Jorgenson provided an update on nirsevimab ordering. There were 135 providers who placed orders before CDC
 shut down ordering due to supply chain issues. The CDC is currently distributing nirsevimab based on allocations to
 those states that have either not ordered nirsevimab or ordered a low supply.

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- Ms. Zell asked for a motion to approve the addition of Abrysvo[™] (for maternal RSV for those under 19), Penbraya[™]
 (for Meningococal B), and Jynneos[®] (for Mpox for those under 19) to the Assessment Grid. Discussion occurred and
 a minor correction was made to the vote. Upon motion duly made and seconded, it was unanimously
 - VOTED: Vote to approve assessment grid additions of Abrysvo[™] (for maternal RSV for those under 19), Penbraya[™] (for Meningococal B), and Jynneos[®] (for Mpox for those under 19) with corrections at the meeting.
- 90 V. Closing
- 91
- 92 Ms. Zell thanked everyone for their input and guidance today, and the meeting was adjourned at 1:22 pm PT.



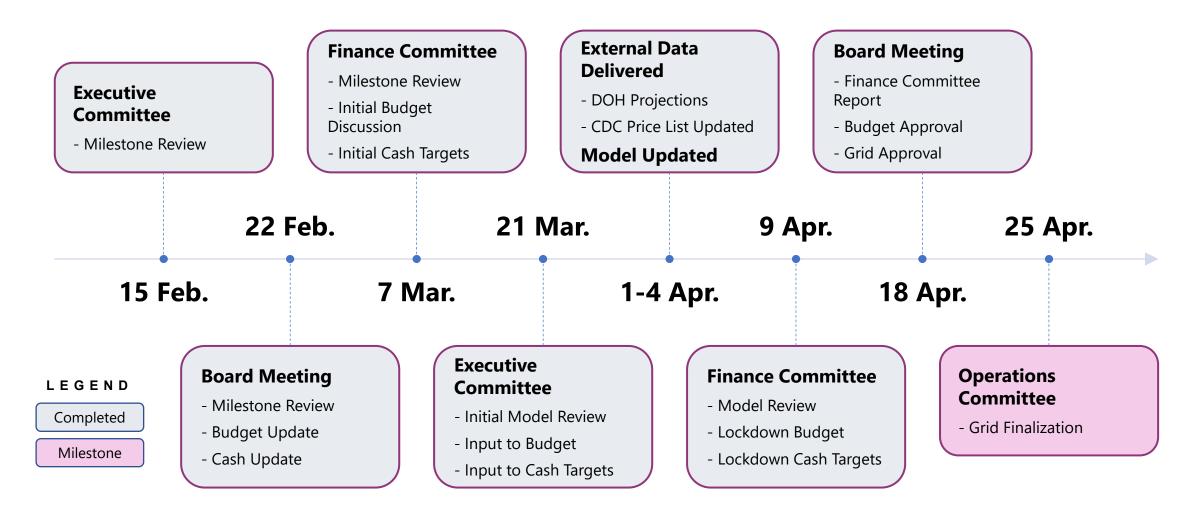
FY2025 Vaccine Assessment Grid Operations Committee April 25, 2024

Discussion Topics

- Process Timeline
- Integrated Approach
- Cash Projection Model
- Assessment Grid



2024-25 Budget & Vaccine Grid Development Process



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S WVA



Integrated Approach

2024-25 Vaccine Assessment Grid Goal: Build cash reserves through multi-year, incremental Vaccine Assessment Grid increases.

The Vaccine Assessment Grid is built upon the Cash Flow Model and the Administrative Budget. Vaccine Assessment Grid = \$ for Operations & Future Needs

Administrative Budget

Cash Flow Model

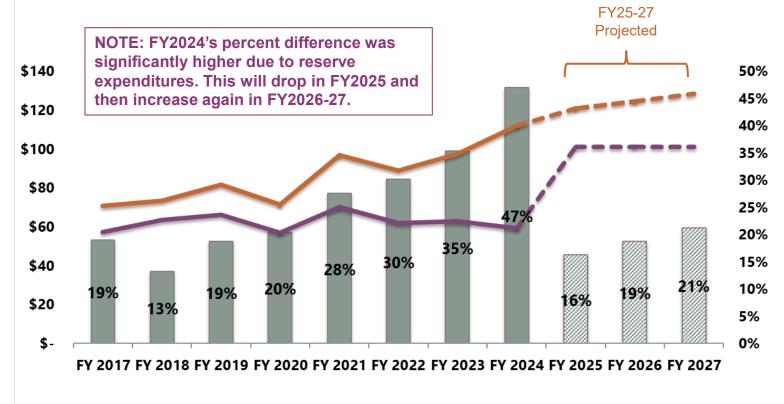
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Weighted Average Grid Amount Vs. Weighted Average Private Sector Price – FY2017-FY2027



Percent Difference — Weighted Average Grid Amount — Weighted Average Private Sector Price

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Cash Ending Balance – Actual and Projected

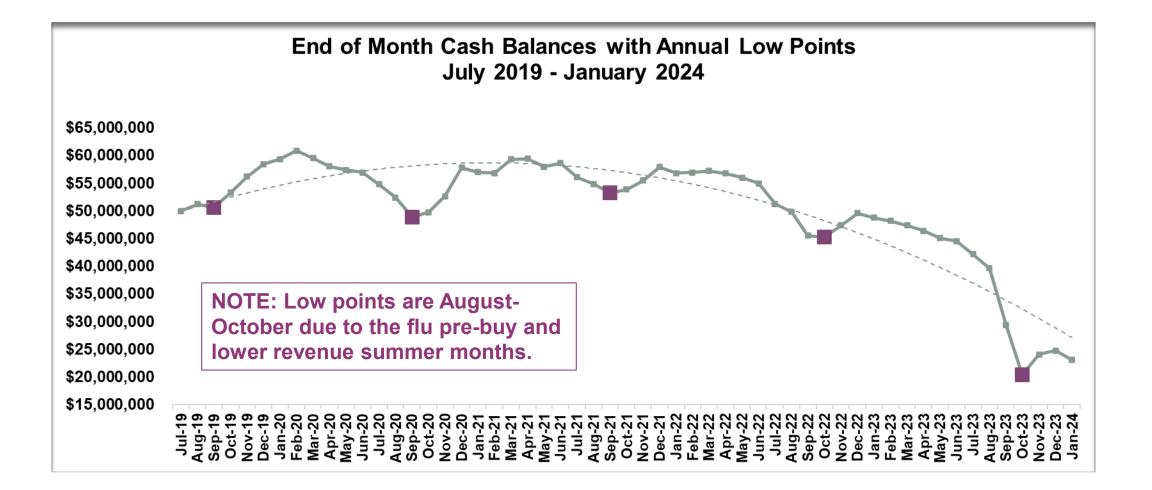
Cash Ending Balance



UUVA

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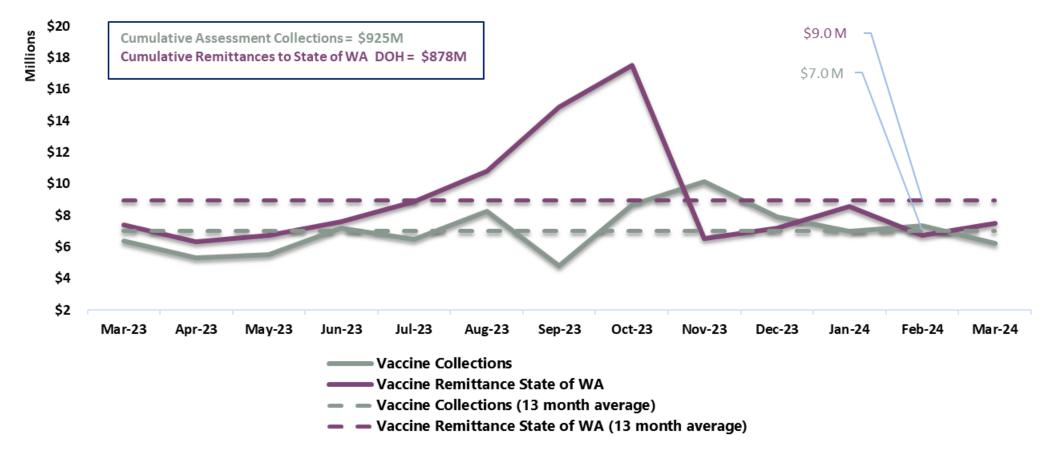
Historic Cash High and Low Points



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Collections and DOH Remittances

Total Vaccine Collections and Vaccine Remittances to State of WA March 2023- March 2024



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WA DOH FY25 Assessment Grid Changes

1. Additions

- a. Meningococcal B & Conjugate Penbraya™
- b. Respiratory Syncytial Virus Beyfortus
- c. Smallpox & Mpox Age 18 Only JYNNEOS®

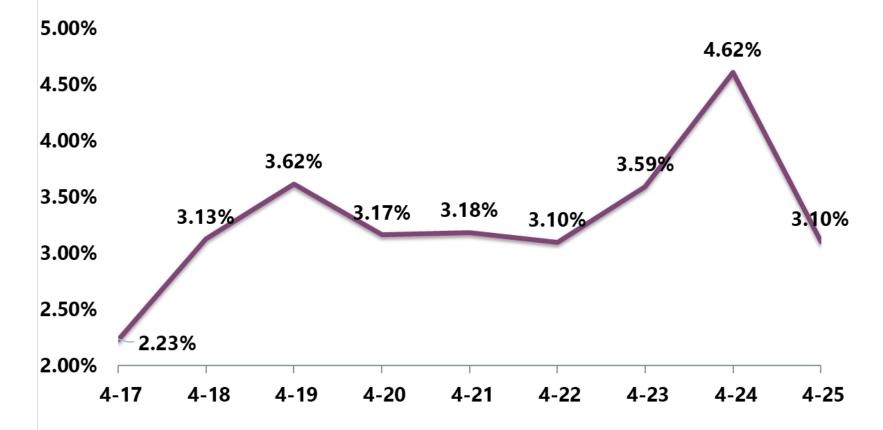
2. Changes

- a. Influenza quadravalent moving to trivalent
- Expectation that current COVID-19 vaccines will expire in early June 2024 with fall COVID-19 vaccine decisions made by CDC ACIP in late June
- 3. Retired
 - a. DT Pediatric
 - b. Menactra®



Weighted CDC Contract Price Increases

Weighted CDC Contract Price Increases



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UUVA

Model Summary

Adjustment Variables		Assumptio	ons					
	FY2024 Projected	FY2025	FY2026	FY2027				
Assessment Grid as Percent of Prior Year	110.0%	119%	100%	100%				
TRICARE Surcharge	2.5%	2.5%	2.5%	2.5%				
DOH Indirect Charge	1.4%	1.4%	1.4%	1.4%				
DOH Cost Recovery Fee (2.8% Cap)	1.4%	1.8%	1.8%	1.8%				
Vaccine Wastage	2.5%	2.4%	2.4%	2.4%				
Denials	7.0%	7.0%	7.0%	7.0%				
Denial Recoveries	1.0%	1.0%	1.0%	1.0%				
Administrative Budget	\$2.19M	\$2.51M	\$2.40M	\$2.33M				
Cash Generated / (Used)	(\$21.6M)	\$16.5M	\$12.4M	\$ 6.5M				
Year End Balance	\$22.9M	\$39.5M	\$51.9M	\$58.4M				
CDC Vaccine Purchase Price Increase	4.6%	3.1%	5.0%	5.0%				

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Assessment Grid

PRINTABLE ASSESSMENT GRID TAB							sment Grid	
Washington Vaccine Association Assessment Grid For Dosage-Based Assessment (DBA) Billing Used for FOR ALL CLAIMS WITH A DATE OF SERVICE ON OR AFTER JULY 1, 2024. Commercially Insured Patients Under the Age of 19. Please note that this WVA Assessment Grid, effective July 1, 2024, replaces the grid last updated on July 1, 2023. The grid lists vaccines and their corresponding CPT codes that are part of the						ge of 19.	rt of the	
CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount <u>Per</u> <u>Dose</u> from 07/01/2023 to 06/30/2024	For Reference: CDC Private Sector Cost <u>Per Dose</u> 04/01/2024	WVA Assessment Amount <u>Per</u> <u>Dose</u> from 07/01/2024 to 06/30/2025	Percent	
Hepatiti			1					
(1	58160-0825-52 10 pack – 1 dose syringe)	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for	Havrix®		\$38.01			
	00006-4095-02	intramuscular use	Vaqta ®	\$22.79	\$37.74	\$29.54	29.6%	
	10 pack – 1 dose syringe)		vaqta®		\$57.74			
Hepatiti								
	00006-4981-00							
0	10 pack – 1 dose vial) 00006-4093-02	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for	Recombivax HB®		\$27.12			
90744	10 pack – 1 dose syringe)	intramuscular use		\$13.79		\$18.19	31.9%	
-	58160-0820-52			1		1		
	10 pack – 1 dose syringe)		Engerix B®		\$28.42			
Rotaviru	us							
I I	00006-4047-41							
90680	10 pack – 1 dose tube)	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	RotaTeg ®	\$79.24	\$95.96	\$86.67	9.4%	
	00006-4047-20 25 pack – 1 oral dose)							
	58160-0854-52							
(1	10 pack – 1 dose vial)				\$138.74			
90681 🛏	58160-0740-21	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	Rotarix®	\$107.67		\$115.56	7.3%	
	10 pack – 1 oral dose)				\$138.74			
DTaP								
5	8160-0812-52		Kinrix®		\$61.08			
(1	10 pack – 1 dose syringe)		Kiilitä		\$01.00			
	9281-0562-10	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated						
90696 🛏	10 pack – 1 dose vial)	poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years		\$46.12		\$50.29	9.0%	
	9281-0564-10 10 pack – 1 dose vial)	of age, for intramuscular use	Quadracel™		\$62.21			
I 1	19281-0564-15							
	10 pack – 1 dose syringe)							

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WASHINGTON VACCINE ASSOCIATION

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<u>info@wavaccine.org</u> Ph 888-928-2224 Fax 888-928-2242 Mailing Address: PO Box 94002 Seattle, WA 98124-9402

www.wavaccine.org



PRINTABLE ASSESSMENT GRID TAB

Washington Vaccine Association Assessment Grid FOR ALL CLAIMS WITH A DATE OF SERVICE ON OR AFTER JULY 1, 2024.

For Dosage-Based Assessment (DBA) Billing Used for Commercially Insured Patients Under the Age of 19.

Please note that this **WVA Assessment Grid, effective July 1, 2024, replaces the grid last updated on July 1, 2023.** The grid lists vaccines and their corresponding CPT codes that are part of the dosage-based assessment (DBA) process for providers, health insurance carriers, and third party administrators. There are other childhood vaccines (and corresponding CPT codes) that are not included in the DBA process and, therefore, no assessment is needed. The availability of specific vaccine brands are determined by the manufacturer and not all brands of flu vaccine are offered through the Childhood Vaccine Program (CVP). The PURPLE COLUMN is the assessment amount per dose as of July 1, 2024.

CPT Code Hepati	NDC Code / Packaging	CPT Code Description	A Tradename	WVA Assessment Amount <u>Per</u> <u>Dose</u> from 07/01/2023 to 06/30/2024	For Reference: CDC Private Sector Cost <u>Per Dose</u> 04/01/2024	WVA Assessment Amount <u>Per</u> <u>Dose</u> from 07/01/2024 to 06/30/2025	Percent Change 07/01/2023 to 07/01/2024
00633	58160-0825-52 (10 pack – 1 dose syringe)	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for	Havrix®	\$22.79	\$38.01	\$29.54	29.6%
	00006-4095-02 (10 pack – 1 dose syringe)	intramuscular use	Vaqta®	<i> </i>	\$37.74	ψ29.94	2010/0
Hepati	tis B						
90744	00006-4981-00 (10 pack – 1 dose vial) 00006-4093-02 (10 pack – 1 dose syringe)	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	Recombivax HB®	\$13.79	\$27.12	\$18.19	31.9%
	58160-0820-52 (10 pack – 1 dose syringe)	apr	Engerix B®		\$28.42		
Rotavi	rus		•	•			
90680	00006-4047-41 (10 pack – 1 dose tube)	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	RotaTeg ®	\$79.24	\$95.96	\$86.67	9.4%
	00006-4047-20 (25 pack – 1 oral dose)						
	58160-0854-52 (10 pack – 1 dose vial)		Deterio	¢107.07	\$138.74	¢115.50	7.20/
	58160-0740-21 (10 pack – 1 oral dose)	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	KOTARIX®	\$107.67	\$138.74	\$115.56	7.3%



April 17, 2024 DRAFT V2 2024-25 Vaccine Assessment Grid

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CPT Code DTaP	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount <u>Per</u> <u>Dose</u> from 07/01/2023 to 06/30/2024	For Reference: CDC Private Sector Cost <u>Per Dose</u> 04/01/2024	WVA Assessment Amount <u>Per</u> <u>Dose</u> from 07/01/2024 to 06/30/2025	Percent Change 07/01/2023 to 07/01/2024
	58160-0812-52		Kinrix®		\$61.08		
90696	(10 pack – 1 dose syringe) 49281-0562-10 (10 pack – 1 dose vial) 49281-0564-10	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated liovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years		\$46.12	\$62.21	\$50.29	9.0%
	49281-0504-10 of age, for intramuscular use (10 pack – 1 dose vial) 0 49281-0564-15 0 (10 pack – 1 dose syringe) 0	of age, for intramuscular use	Quadracel™				
90697	63361-0243-15 (10 pack – 1 dose syringe) 63361-0243-10 (10 pack – 1 dose vial)	Diphtheria and tetanus toxoids and acellular pertussis adsorbed, inactivated poliovirus, Haemophilus b conjugate (meningococcal protein conjugate), and Hepatitis B (recombinant) vaccine	Vaxelis™	\$91.72	\$150.85	\$125.19	36.5%
90698	49281-0511-05	Diphtheria, tetanus toxolds, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	Pentacel®	\$68.13	\$114.52	\$95.23	39.8%
	49281-0286-10 (10 pack – 1 dose vial)	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when	Daptacel ®	400.40	\$29.31		0 70/
90700		administered to individuals younger than seven years, for intramuscular use	Infanrix®	\$20.49	\$28.80	\$22.47	9.7%
90723	, ,	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use	Pediarix®	\$67.07	\$97.97	\$71.76	7.0%
Tdap	(To pack - Toose synnige)	mactivated policivitas vaccine (Drar -nepb-ir v), for intramascular use					

April 17, 2024 DRAFT V2 2024-25 Vaccine Assessment Grid

		WASHINGTON April 17, 2024 DRAFT V2 VACCINE	024-25 \	/accine	e Asse	essmer	t Gric
90714	49281-0215-15 (10 pack – 1 dose syringe) 49281-0215-10 (10 pack – 1 dose vial)	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	Tenivac®	\$18.06	\$37.10	\$25.68	42.2%
	13533-0131-01 Tetanus and diphtheria toxoids (Td) action	Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use	TDVAX™		\$27.99		
	58160-0842-52 (10 pack – 1 dose syringe)		Boostrix ®		\$47.39		
1 90/15	49281-0400-10 (10 pack – 1 dose vial)	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use		\$36.00	\$47.83	\$39.59	10.0%
	49281-0400-20 (5 pack – 1 dose syringe)		Adacel®		\$47.83		
			~~·				

			S				
CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount <u>Per</u> <u>Dose</u> from 07/01/2023 to 06/30/2024	For Reference: CDC Private Sector Cost <u>Per Dose</u> 04/01/2024	WVA Assessment Amount <u>Per</u> <u>Dose</u> from 07/01/2024 to 06/30/2025	07/01/2023 to 07/01/2024
Heamo	ophilus Influenzae						
	00006-4897-00 (10 pack – 1 dose vial)	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use	PedvaxHIB®	\$14.89	\$29.71	\$17.12	15.0%
	49281-0545-03 (5 pack – 1 dose vial)		ActHIB®		\$12.92		
90648	58160-0726-15 (10 pack – 1 dose vial)	Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use		\$10.41	¢12.00	\$10.72	3.0%
	58160-0818-11 (10 pack – 1 dose vial)		Hiberix ®		\$12.80		
Pneum	nococcal						
	00005-1971-02 (10 pack – 1 dose syringe)	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	Prevnar 13™	\$159.32	\$226.43	\$216.14	35.7%
	00005-2000-10 (10 pack – 1 dose syringe)	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	Prevnar 20 [™]	\$159.32	\$261.56	\$216.14	35.7%
	00006-4329-03 (10 pack – 1 dose syringe)	Pneumococcal conjugate PCV15, polysaccharide CRM197 conjugate, adjuvant, PF	TM Vaxneuvance	\$182.07	\$222.55	\$194.81	7.0%

		WASHINGTON April 17, 2024 DRAFT V2 VACCINE	024-25 \	/accine	Asse	ssmen	t Gri
90732	00006-4837-03 (10 pack – 1 dose syringe)	ASSOCIATION Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	Pneumovax®23	\$65.76	\$117.08	\$93.67	42.4%
Inactiv	ated Poliovirus						
90713	49281-0860-10 (10 dose vial)	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	IPOL®	\$15.29	\$42.64	\$17.12	12.0%
MMR							
90707	00006-4681-00 (10 pack – 1 dose vial) 58160-0824-15 (10 pack – 1 dose vial)	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	M-M-R®II Priorix	\$23.95	\$92.49	\$27.82	16.2%
90710	00006-4171-00 (10 pack – 1 dose vial)	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	ProQuad®	\$152.54	\$270.15	\$223.63	46.6%
Varice	la		N.				
90716	00006-4827-00 (10 pack – 1 dose vial)	Varicella virus vaccine (VAR), live, for subcutaneous use	Varivax®	\$121.31	\$174.32	\$150.87	24.4%
HPV							
	00006-4121-02 (10 pack – 1 dose syringe)	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	Gardasil®9	\$207.99	\$287.54	\$215.02	3.4%
		OR AR'					
CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount <u>Per</u> <u>Dose</u> from 07/01/2023 to 06/30/2024	For Reference: CDC Private Sector Cost <u>Per Dose</u> 04/01/2024	WVA Assessment Amount <u>Per</u> <u>Dose</u> from 07/01/2024 to 06/30/2025	Percent Change 07/01/2023 to 07/01/2024
Menin	gococcal B				•		
	58160-0976-20 (10 pack – 1 dose syringe)	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	Bexsero ®	\$132.92	\$190.26	\$179.76	35.2%
90621	00005-0100-10 (10 pack – 1 dose syringe)	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	Trumenba®	\$126.69	\$178.95	\$145.52	14.9%
/ enin	gococcal Conjugate						

		WASHINGTON April 17, 2024 DRAFT V2 VACCINE)24-25 \	/accine	e Asse	ssmen	it Grid
00610	49281-0590-05 (5 pack – 1 dose vial)	Meningococcal polysaccharide (groups A, C, Y, W-135) tetanus toxoid conjugate vaccine .5mL dose, preservative free	MenQuadfi™	\$105.77	\$166.98	\$132.68	25.4%
	58160-0827-30 (10 pack – 1 dose vial)	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent	Menveo® One Vial				
00724	58160-0955-09	(MCV4 or MenACWY), for intramuscular use		\$105.77	\$157.35	\$126.26	19.4%
	(5 pack – 1 dose vial)		Menveo® Two Vial				
Menin	gococcal B & Conjugate						
000000	00069-0600-01 NEW 6.1.2024 (1 pack – 1 dose vial)	Ieningococcal pentavalent vaccine, conjugated Men A, C, W, Y- tetanus oxoid carrier, and Men B-FHbp, for intramuscular use	PENBRAYA™ O	n/a	\$230.75	\$207.67	n/2
	00069-0600-05 NEW 6.1.2024 (5 pack – 1 dose vial)		PENDRATA	n/a	\$230.75	\$207.07	n/a
RSV -	Respiratory Syncytial Virus		Q.1				
00200	49281-0575-15 NEW: 7.1.2024 (5 pack – 1 dose syringe)	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	Beyfortus™ (50mg)	n/a	\$519.75	\$450.00	n/a
90381	49281-0574-15 NEW 7.1.2024 (5 pack – 1 dose syringe)	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1.0 mL dosage, for intramuscular use	Beyfortus™ (100mg)	n/a	\$519.75	\$450.00	n/a
1 90678	00069-0344-01 NEW 1.1.2024 (1 pack – 1 dose vial)	RSV, bivalent, protein subunit RSVpreF, diluent reconstituted, 0.5 mL, PF	ABRYSVO™	\$265.50	\$295.00	\$265.50	n/a
Smallp	oox & Mpox - Age 18 Only (Ordering Expected to Begin in August 2024)					
90611	50632-0001-03 NEW: 8.1.2024 (10 pack - 1 dose vial)	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non- replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use	JYNNEOS®	n/a	n/a	\$275.40	n/a
Influer	Influenza						
Note:	Note: All influenza codes for the period will have a Grid amount of \$18.00. A separate Grid update will be sent during the summer of 2024 once the trivalent CPT, NDC, and descriptions are available for the fall 2024/winter 2025 season.						
COVID	-19						
	Note: All COVID-19 codes for the period will have a Grid amount of \$(13.00. A separate Grid update will be sent during the summer of 2024 once the CDC's ACIP determines the strain for the fall 2024/winter 2025 season and the CPT, NDC, and descriptions are available. (10.00) n/a (10.00) 7.6%						
	NOTE: The WV	A reserves the right to modify the Assessment Grid in effect at any time wit	h Board approval and	appropriate not	ification of pay	/ers.	

To ensure proper DBA submission and carrier/TPA remittance to the WVA, providers should check the:

- Date of service to ensure the correct Grid year is being used;
- CPT code to ensure it is a valid code for the date of service (*see note below); and

- Assessment Grid amount to ensure proper DBA submission and carrier/TPA remittance to the WVA.
- *Please note: Sometimes vaccine material is still viable and can be administered, even if it has been discontinued from prior Grids and is not shown on the current Grid.

If the CPT code is not offered on the current Grid, providers should check the legacy information at the end of the grid document to determine if a prior Grid amount DRAFT APR 17, 2024 V2;

This document is available in PDF and Excel versions at: https://wavaccine.org/assessment-grid/

Meeting Patter ECTIVE JUL 1, 2024



April 17, 2024 DRAFT V2 2024-25 Vaccine Assessment Grid

DISCONTINUED PEDIATRIC INFLUENZA <u>NDC CODES</u> AS OF JUNE 30, 2024							
NDC Code / Packaging	CPT Code Description	Tradename					
66019-0310-10 (10 pack- 1 dose sprayer (Intranasal))	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	FluMist®Quadrivalent					
		Flucelvax ® Quadrivalent					
		FluLaval® Quadrivalent					
		Fluzone® Quadrivalent SYR					
		Fluzone® Quadrivalent MDV					
	66019-0310-10 (10 pack- 1 dose sprayer (Intranasal)) 70461-0323-03 (10 pack – 1 dose syringe) 19515-0814-52 (10 pack – 1 dose syringe) 49281-0423-50 (10 pack – 1 dose syringe) 49281-0639-15	NDC Code / PackagingCPT Code Description66019-0310-10 (10 pack- 1 dose sprayer (Intranasal))Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use70461-0323-03 (10 pack – 1 dose syringe)Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use19515-0814-52 (10 pack – 1 dose syringe)Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use49281-0423-50 (10 pack – 1 dose syringe)Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use49281-0423-50 (10 pack – 1 dose syringe)Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use49281-0423-50 (10 pack – 1 dose syringe)Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use49281-0639-15Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for					

		DISCONTINUED PEDIATRIC INFLUENZA NDC CODES	S OF JUNE 30, 2023
CPT Code	NDC Code / Packaging	CPT Code Description	Tradename
90686	19515-0808-52 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	FluLaval® Quadrivalent
50000	49281-0422-50 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (IV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Fluzone ® Quadrivalent SYR
90688	49281-0637-15 (10 dose vial)	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Fluzone ® Quadrivalent MDV
	66019-0309-10 (10 pack- 1 dose sprayer (Intranasal))	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	FluMist®Quadrivalent
90674	70461-0322-03 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Flucelvax® Quadrivalent

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WASHINGTON VACCINE ASSOCIATION

April 17, 2024 DRAFT V2 2024-25 Vaccine Assessment Grid

	DISCONTINUED PEDIATRIC INFLUENZA NDC CODES AS OF JUNE 30, 2022					
CPT Code	NDC Code / Packaging	CPT Code Description	Tradename			
90686	19515-0818-52 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	FluLaval® Quadrivalent			
90000	49281-0421-50 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Fluzone® Quadrivalent SYR			
90688	49281-0635-15 (10 dose vial)	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Fluzone® Quadrivalent MDV			
90672	66019-0308-10 (10 pack- 1 dose sprayer (Intranasal))	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	FluMist®Quadrivalent			
90674	70461-0321-03 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Flucelvax® Quadrivalent			
	DISCONTINUED PEDIATRIC INFLUENZA NOC CODES AS OF JUNE 30, 2021					
CPT Code	NDC Code / Packaging	CPT Code Description	Tradename			
90686	19515-0816-52 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (IIV4), split virus preservative free, 0.5 mL dosage, for intramuscular use	FluLaval® Quadrivalent			
50000	49281-0420-50 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Fluzone® Quadrivalent SYR			
90688	49281-0635-15 (10 dose vial)	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Fluzone® Quadrivalent MDV			
90672	66019-0308-10 (10 pack- 1 dose sprayer (Intranasal))	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	FluMist®Quadrivalent			
90674	70461-0321-03 (10 pack - 1 dose syringe)	Influenza virus vaccine quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Flucelvax® Quadrivalent			
	DISCONTINUED PEDIATRIC INFLUENZA NDC CODES AS OF JUNE 30, 2020					
CPT Code	NDC Code / Packaging	CPT Code Description	Tradename			
90686	19515-0906-52 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	FluLaval® Quadrivalent			
00000	49281-0419-50 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Fluzone® Quadrivalent SYR			

April 17, 2024 DRAFT V2 2024-25 Vaccine Assessment Grid WASHINGTON VACCINE ASSOCIATION 66019-0306-10 90672 (10 pack- 1 dose sprayer Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use FluMist ® Quadrivalent (Intranasal)) Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for Fluzone[®] Quadrivalent MDV 90688 49281-0631-15 (10 dose vial) intramuscular use 70461-0319-03 Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, 90674 Flucelvax[®] Quadrivalent (10 pack - 1 dose syringe) subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use

N/A

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DISCONTINUED CPT OR NDC CODES FROM JULY 1, 2023 ASSESSMENT GRID						
CPT Code	NDC Code / Packaging	July 1, 2023 Grid CPT Code Description	A Tradename	WVA Assessment Amount per dose as of 7/1/2023		
91320	00069-2362-10 (10 pack –1 dose vial)	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccine, mRNA- LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation for intramuscular use	COMIRNATY® (Pfizer)	\$105.00		
90702	49281-0225-10 (10 pack – 1 dose vial)	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use	DT (pediatric)	\$65.55		
90715	58160-0842-11 (10 pack – 1 dose vial)	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	Boostrix®	\$36.00		
90734	49281-0589-05 (5 pack – 1 dose vial)	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWY), for intramuscular use	Menactra®	\$105.77		
DISCONTINUED <u>CPT OR NDC CODES</u> FROM JULY 1, 2022 ASSESSMENT GRID						
CPT Code	NDC Code / Packaging	July 1, 2022 Grid CPT Code Description	Tradename	WVA Assessment Amount per dose as of 7/1/2022		

DISCONTINUED CPT OR NDC CODES FROM JULY 1, 2020 ASSESSMENT GRID

NONE

April 17, 2024 DRAFT V2 2024-25 Vaccine Assessment Grid					
CPT Code	NDC Code / Packaging	July 1, 2021 Grid CPT Code Description	Tradename	WVA Assessment Amount per dose as of 7/1/2021	
90696	58160-0812-11 (10 pack – 1 dose vial)	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	Kinrix ®	\$41.93	
90698	49281-0510-05 (5 pack – 1 dose vial)	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	Pentacel®	\$61.94	
90700	58160-0810-11 (10 pack – 1 dose vial)	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than seven years, for intramuscular use	Infanrix®	\$18.63	
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DISCONTINUED CPT OR NDC CODES FROM JULY 1, 2019 ASSESSMENT GRID WVA Grid July 1, 20 Assessment СРТ **CPT Code Description** NDC Code / Packaging Tradename Amount per Code dose as of 7/1/2019 Hepatitis A and hepatitis Byaccine (HepA-HepB), adult dosage, for 58160-0815-52 intramuscular use. 90636 Twinrix® \$67.29 (10 pack – 1 dose syringe) (Age 18 only for CVP)

	DISCONTINUED CPT OR NDC CODES FROM JULY 1, 2018 ASSESSMENT GRID					
CPT Code	NDC Code / Packaging	CPT Code Description July 1, 2018 Grid	Tradename	WVA Assessment Amount per dose as of 7/1/2018		

DRAFT APR 17, 2024 V2; Meeting Patre ECTIVE JUL 1, 2024

		WASHINGTON April 17, 2024 DRAFT V2 VACCINE)24-25
90685	49281-0518-25 (10 pack - 1 dose	Influenza virus vaccine, quadrivalent, split virus, preservative free, when	Fluzone Pediatric
		administered to children 6 - 35 months of age, for intramuscular use (Code	Preservative Free
	syringe)	Price is per 0.25 mL dose)	(PF)

April 17 2024 DRAET V2 Vaccine Assessment Grid

\$23.16

DISCONTINUED CPT OR NDC CODES FROM JULY 1, 2017 ASSESSMENT GRID					
CPT Code	NDC Code	July 1, 2017 Grid CPT Code Description	Trade Name(s)	WVA Assessment Amount per dose as of 7/1/2017	
90644	58160-0801-11	Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza B vaccine (Hb-MenCY), 4 dose schedule, when administered to high risk children 2 - 15 months of age, for intramuscular use	MenHipix	\$14.72	
90649	00006-4045-41	Human Papilloma Virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use (Code Price is per dose = 0.5 mL)	Gardasil	n/a	
90650	58160-0830-52	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use (Code Price is per dose = 0.5 mL)	Cervarix	n/a	
90743	00006-4981-00	Hepatitis B vaccine, adolescent dosage (2-dose schedule), for intramoscular use (Code price is per dose) (Recombivax HB 10mcg = one dose)	Recombivax HB	\$17.19	
90685	49281-0517-25	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6 - 35 months of age, for intranuscular use (Code Price is per 0.25 mL dose)	Fluzone Pediatric Preservative Free (PF)	\$23.16	
90687	49281-0517-25	Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use	Fluzone	\$18.47	
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