



# Vaccine Fact Sheet

## DTaP-IPV combination vaccine

<b>Brand Name and Manufacturer</b>	Kinrix® GlaxoSmithKline (GSK)	Quadrace1™ Sanofi Pasteur
<b>Protects Against</b>	Diphtheria, tetanus, pertussis, polio	Diphtheria, tetanus, pertussis, polio
<b>Routine ACIP Schedule</b>	Single dose for 5th dose of DTaP and 4th dose of IPV	Single dose for 5th dose of DTaP and 4th dose of IPV
<b>Minimum Intervals</b>	6 month minimum interval since last (or 4th) DTaP 6 month minimum interval since last polio vaccine	6 month minimum interval since last (or 4th) DTaP 6 month minimum interval since last polio vaccine
<b>Approved for use in</b>	Children aged 4 years through 6 years	Children aged 4 years through 6 years
<b>Administration</b>	Intramuscular (IM) injection	Intramuscular (IM) injection
<b>Packaging</b>	Vaccine is packaged as 10 single-dose 0.5 mL vials or 5 single-dose 0.5 mL prefilled disposable syringes (without needles)	Vaccine packaged as 10 single-dose 0.5mL vials
<b>Storage</b>	Refrigerate between 36°F and 46°F (2°C to 8°C) <b>DO NOT FREEZE</b>	Refrigerate between 36°F and 46°F (2°C to 8°C) <b>DO NOT FREEZE</b>
<b>Full ACIP Recommendations</b>	<a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5739a4.htm">http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5739a4.htm</a>	<a href="https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6434a5.htm">https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6434a5.htm</a>
<b>VFC Letter</b>	<a href="http://www.eziz.org/PDF/KinrixDTaPIPVCCombination-Vaccinesigned.pdf">http://www.eziz.org/PDF/KinrixDTaPIPVCCombination-Vaccinesigned.pdf</a>	N/A
<b>Billing Codes</b>	CHDP code: 83 CPT code for vaccine: 90696 CPT code for administration*: 90460, 90461 Medi-Cal Fee-For-Service (FFS) administration: 90696 with modifiers –SK (high-risk) and –SL (VFC) ICD-10-CM code (encounter for immunization): Z23 * <a href="http://www.aafp.org/practice-management/payment/coding/admin.html">http://www.aafp.org/practice-management/payment/coding/admin.html</a>	CHDP code: 83 CPT code for vaccine: 90696 CPT code for administration*: 90460, 90461 Medi-Cal Fee-For-Service (FFS) administration: 90696 with modifiers –SK (high-risk) and –SL (VFC) ICD-10-CM code (encounter for immunization): Z23 * <a href="http://www.aafp.org/practice-management/payment/coding/admin.html">http://www.aafp.org/practice-management/payment/coding/admin.html</a>
<b>Comments</b>	<ul style="list-style-type: none"> <li>Licensed in 2008</li> <li>Indicated as a booster dose for children who received DTaP (Infanrix®) and/or DTaP-Hepatitis B-IPV (Pediatrix®) as the first 3 doses and DTaP (Infanrix®) as the 4th dose</li> <li>Not licensed for use in the primary series and should not be given to children younger than 4 years.</li> </ul>	<ul style="list-style-type: none"> <li>Licensed in 2015</li> <li>Indicated as a 5th dose in the DTaP series, and as a 4th or 5th dose in the IPV series for children who received 4 doses of Pentacel® and/or Daptacel®</li> <li>Not licensed for use for use in the primary series and should not be given to children younger than 4 years of age</li> </ul>