



Medicaid Covered Immunizations – as recommended by the Advisory Committee on Immunization Practices (ACIP) and approved by the Oregon Immunization Program Medical Director. Click [here](#) for model orders for clinical guidance.



	0 to 6 months	6 to 8 months	8 to 9 months	9 months to 1 year	1 year to 5 years	5 years to 9 years	9 years to 10 years	10 years to 11 years	11 years to 19 years	19 years to 21 years	22 years to 27 years	27 years to 50 years	50 years to 60 years	60 years to 65 years	65 years and older
DTaP, DT, Tdap, Td	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
Hepatitis A	White	Orange	Orange	Orange	Blue	Blue	Blue	Blue	Blue	Orange	Orange	Orange	Orange	Orange	Orange
Hepatitis B	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
HIB	Blue	Blue	Blue	Blue	Blue	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
HPV (for females)	White	White	White	White	White	White	Blue	Blue	Blue	Blue	Blue	Orange	White	White	White
HPV (for males)	White	White	White	White	White	White	Blue	Blue	Blue	Blue	Orange	White	White	White	White
Influenza	White	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
Measles, Mumps, and Rubella	White	Orange	Orange	Orange	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Orange	Orange	Orange
Meningococcal ACYW	White	White	White	Orange	Orange	Orange	Orange	Blue	Orange	Orange	Orange	Orange	Orange	Orange	Orange
Meningococcal B	White	White	White	White	White	White	White	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
Pneumococcal (PCV13)	Blue	Blue	Blue	Blue	Blue	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Blue
Pneumococcal (PPSV)	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Blue
Polio	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	White	White	White	White	White	White
Rotavirus	Blue	Blue	White	White	White	White	White	White	White	White	White	White	White	White	White
Varicella	White	White	White	White	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
Zoster (Shingrix)	White	White	White	White	White	White	White	White	White	White	White	White	Blue	Blue	Blue
Zoster (Zostavax)	White	White	White	White	White	White	White	White	White	White	White	White	White	Blue	Blue

-  Universal recommendation in the age group
-  Recommendation for some individuals in the age group

Additional immunization recommendations for recipients of hematopoietic stem cell transplants may be found as indicated in chapter 2 of the [Pink Book](#).



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