



**TO:** SOUTHERN NEVADA DISTRICT BOARD OF HEALTH      **DATE:** January 22, 2009

**RE:** *Approval of Vaccine Pricing for Non-Qualifying Vaccines for Children (VFC) Patients*

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**PETITION #05-09**

That the Southern Nevada District Board of Health approve the pricing of vaccines Southern Nevada Health District will begin charging non-qualifying Vaccines for Children (VFC) patients.

**PETITIONERS:**

**Bonnie Sorenson**, *Director of Clinics and Nursing Services* BS

**Kieawa A. Mason**, *Interim Financial Services Manager* KM

**Scott Weiss**, *Director of Administration* SW

**Lawrence Sands, DO, MPH**, *Chief Health Officer* LS

**DISCUSSION:**

On January 2, 2009, the State of Nevada changed from Universal Select to Vaccines for Children (VFC) only. This means that the District has to sell all vaccines to those families that do not qualify for the VFC program. Kinrix, Pentacel, and Rotarix were universal vaccines and thus, had no price that could be charged by the District.

**FUNDING:**

No funds are required in approving the above requested action.

**SOUTHERN NEVADA HEALTH DISTRICT  
FEE CHARGES TO MEDICAL PROCEDURES (PROPOSED)  
July 1, 2008 - June 30, 2009**

<b>CLINIC SERVICES:</b>	<b>CURRENT (FY 08-09)</b>	<b>PROPOSED (FY 08-09)</b>
1. Blood Pressure	No Charge	
2. Newborn Screening (PKU - Blood Test)	\$5.00	
3. Day Care or Camp Physical	\$25.00	
4. Sports Physical	\$25.00	
5. Immunization Record Replacement	\$0.60	
6. Immunization Documentation Fee	\$10.00	
7. Transcription	\$10.00	
8. Visit Administration Fee	\$16.00/ 1 Inj, \$25.00/ 2 or more Inj.	

**TRAVEL/SPECIAL REQUEST IMMUNIZATIONS:**

1. Typhoid (Injection)	\$65.00/Inj*	
2. Yellow Fever	\$95.00/Inj*	
3. Meningococcal Polysaccharide (Menomune)	\$115.00/Inj*	
4. Meningococcal Conjugate (Menactra)	\$115.00*	
5. Twinrix (Combination Hep A and Hep B Vaccine)	\$65.00/Inj (3-shot series)*	
6. Gamma Globulin	\$60.00*	

**IMMUNIZATIONS - AGES 19 AND OVER OR NON-VACCINES FOR CHILDREN (NON-VFC):**

1. Tetanus/Diphtheria - 19 yrs and over	\$40.00*	
2. Tdap - 19 yrs and over	\$55.00*	
3. Hepatitis A Vaccine Injection at SNHD (19 yrs and over)	\$45.00/Inj (2-shot series)*	
4. Hepatitis A Vaccine Pediatric Formulation (1 through 18 yrs, Non-VFC)	\$45.00/Inj (2-shot series)*	
5. Hepatitis A Vaccine Employer Program	\$35.00/Inj (2-shot series)*	
6. Influenza Vaccine Injection/Flu Mist	Price Set Annually**	
7. Pneumonia Vaccine	\$45.00**	
8. Measles, Mumps & Rubella - 19 yrs and over	\$65.00/Dose*	
9. Polio Vaccine Injection - 19 yrs and over	\$45.00/Inj*	
10. Varicella - 19 yrs and over & non-VFC (1-18 yrs)	\$95.00/Dose*	
11. Haemophilus B (HIB) Adults w/ prescription	\$35.00/Inj*	
12. Prevnar - Non-VFC - all ages	\$105.00/Dose*	
13. Hepatitis B - For Public Agencies and Non-Profits & Students (age 19 yrs. & over)	\$45.00/each*	
14. Hepatitis B - For Private Agencies/Individuals	\$50.00/each*	
15. Meningococcal Conjugate (Menactra) - Non-VFC age 11 - 54 years	\$110.00	
16. Rabies	\$185.00/Dose*	
17. Rotavirus - Non-VFC - 6 weeks - 32 weeks (Rotateq)	\$102.00/Dose*	
18. Measels, Mumps, Rubella, & Varicella (ages 1 - 12 years) (MMRV)	\$80.00/Dose*	
19. Herpes Zoster (Zostavax)	\$175.00/Dose*	
20. Human Papilloma Virus 11 - 26 yrs 3 shot series (Non-VFC)	\$140.00/Dose*	
21. Kinrix (new)		\$55.00/Dose*
22. Pentacel (new)		\$90.00/Dose*
23. Rotarix (new)		\$105.00/Dose*

**IMMUNIZATIONS - AGES 0 THROUGH 18 VFC:**

VFC = Uninsured, Underinsured, NV Medicaid\*\*  
Native American, Alaskan Native

1. Hepatitis A	\$16.00/ 1 Inj, \$25.00/ 2 or more Inj.	
2. Hepatitis B	\$16.00/ 1 Inj, \$25.00/ 2 or more Inj.	
3. Measles, Mumps and Rubella (MMR)	\$16.00/ 1 Inj, \$25.00/ 2 or more Inj.	

\*PLUS \$16.00/VISIT ADMINISTRATION FEE FOR 1 INJECTION/\$25.00 FOR 2 OR MORE INJECTIONS

\*\*VISIT ADMINISTRATION FEE DOES NOT APPLY

SET BY LAW  
REVISED 10/01/08