COVID-19 Vaccine Summary Chart

Quick Links

- CDC: Frequently Asked Questions about COVID-19 Vaccination
- CDC: <u>Understanding and Explaining Viral Vector</u> <u>COVID-19 Vaccines</u>

- CDC: <u>V-safe After Vaccination Health Checker</u>
- CDC: VaxTextSM COVID-19 Vaccination Second-Dose Reminder
- USP: <u>COVID-19 Vaccine Handling: Operational Considerations</u> for Healthcare Practitioners

•	FDA:	COVID-	19	<u>Vaccines</u>
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Vaccine	Comirnaty and Pfizer-BioNTech (BNT162b2)	Moderna (mRNA-1273)	Janssen (Ad26.CoV2.S)
FDA Approval	 Issued August 23, 2021 For use in adults ages 16 years and older 		
Prescribing Information	Comirnaty Package Insert		
Emergency Use Authorization	Issued December 11, 2020 <u>Revised May 10, 2021</u> • For use in persons ages 12-15 years old	Issued December 18, 2020	Issued February 27, 2021
Fact sheet	 <u>Health care providers</u> <u>Recipients/caregivers</u> 	 <u>Health care providers</u> <u>Recipients/caregivers</u> 	 <u>Health care providers</u> <u>Recipients/caregivers</u>
ACIP	Interim recommendation for use: Persons aged ≥12 years for prevention of COVID-19	Interim recommendation for use: Persons aged ≥18 years for prevention of COVID-19	Interim recommendation for use: Persons aged ≥18 years for prevention of COVID-19
CDC resources	Pfizer-BioNTech COVID-19 Vaccine	Moderna COVID-19 Vaccine	Janssen COVID-19 Vaccine
CDC clinical considerations		Interim Clinical Considerations	



Vaccine	Comirnaty and Pfizer-BioNTech (BNT162b2)	Moderna (mRNA-1273)	Janssen (Ad26.CoV2.S)	
Dosing and Administration				
Vaccine type	m	RNA	Viral Vector	
Administer		Intramuscular (I.M.)		
	Refer to CDC's COVID-19 Vaccine Administ	ration Errors of Deviations guide for informatio	n about how to handle these situations.	
Administration Errors	*Note: Second doses of mRNA vaccine given more than 42 days from the first dose is considered an administration error and should be documented.			
Primary Vaccine Series				
Dose	30 mcg (0.3 mL each)	100 mcg (0.5 mL each)	5x10 ¹⁰ viral particles (0.5 mL each)	
Doses per vial	6	10-11 dose vial or 13-15 dose vial	5	
Schedule	Two-dose series	Two-dose series	Single dose	
Recommended interval	21 days from first dose	28 days from first dose	N/A	
Earliest interval	17 days from first dose	24 days from first dose	N/A	
Additional Dose				
Additional dose recommendations	Recommended for moderately or sev	Not recommended at this time.		
Additional Dose Ontions	Pfizer-BioNTech 0.3 mL	Moderna 0.5 mL		
	Moderna 0.5 mL*	Pfizer-BioNTech 0.3 mL*		
Recommended interval	≥ 28 days after primary series			

*If the product administered for the primary series is unavailable, an alternative mRNA COVID-19 vaccine may be given as an additional dose



Vaccine	Comirnaty and Pfizer-BioNTech (BNT162b2)	Moderna (mRNA-1273)	Janssen (Ad26.CoV2.S)
Dosing and Administration	(continued)		
Booster Dose			
Booster dose	Should get a booster dose:		Should get a booster dose:
recommendations based on primary series	 People aged ≥ 65 years 		 People aged ≥ 18 years
,	 Residents aged ≥ 18 years in long-term 	care settings	Moderately or severely
	 People aged 50-64 years with underlyin 	g medical conditions	immunocompromised individuals
	May get a booster dose based on individua	al risk and benefit:	
	 People aged 18-49 years with underlyin 	g medical conditions	
	 People aged 18-64 years at increased r transmission because of occupational 		
	 Moderately or severely immunocompro additional dose (3 doses of mRNA vaca 	mised individuals who received an cine)	
Booster Dose Options			
(Individuals have the	Pfizer-BioNTech 0.3 mL	Moderna 0.25 mL	Janssen (J&J) 0.5 mL
option to receive any of the	Moderna 0.25 mL	Pfizer-BioNTech 0.3 mL	Pfizer-BioNTech 0.3 mL
FDA-approved/authorized	Janssen (J&J) 0.5 mL	Janssen (J&J) 0.5 mL	Moderna 0.25 mL
products)			
Recommended interval	≥ 6 months aft	er primary series	\ge 2 months after initial dose



Vaccine	Comirnaty and Pfizer-BioNTech (BNT162b2)	Moderna (mRNA-1273)	Janssen (Ad26.CoV2.S)
Storage*			
How product arrives	Frozen liquid.	No preservative.	Liquid suspension. No preservative.
Long-term storage	Ultra-low freezing until expiry date** OR store frozen between -25°C to -15°C (-13°F to 5°F) for up to 2 weeks	Store frozen between -50°C to -15°C (-58°F to 5°F) until expiry date; check expiry date here: <u>https://www.modernatx.com/</u> <u>covid19vaccine-eua/providers/vial-lookup</u>	Refrigerate until expiry date; check the expiry date here: <u>https://vaxcheck.jnj/</u>
Thawing	hours or at room temperature; must be at room temperature for at least 30 mins before dilution; do NOT refreeze	or at room temperature; must be at room temperature for at least 30 mins before administration; do NOT refreeze	Product is stored frozen by manufacturer until shipped at refrigerated temperatures; If vaccine is still frozen upon receipt, thaw at refrigerated temperature or if immediate use is required, thaw at room temperature; do NOT refreeze
Max time refrigerated unpunctured	30 days	30 days	Until expiry date
Max time at room temperature unpunctured	2 hours	24 hours	12 hours

*Temperature Key:

- Ultra-low Frozen Temperature: -90°C to -60°C (-130°F to 76°F)
- Pfizer-BioNTech Frozen Temperature: -25°C to -15°C (-13°F to 5°F)
- Moderna Frozen Temperature: -50°C to -15°C (-58°F to 5°F)

- Refrigerated Temperature: 2°C to 8°C (36°F to 46°F)
- Room Temperature: 9°C to 25°C (47°F to 77°F)

**Note: Cartons and vials of Pfizer-BioNTech COVID-19 Vaccine with an expiry date of August 2021 through February 2022 printed on the label may remain in use for 3 months beyond the printed date as long as authorized storage conditions between -90°C to -60°C (-130°F to -76°F) have been maintained.



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Dose Preparation			
Dilution	Dilute with 1.8 mL of 0.9% sodium chloride (normal saline, preservative free).	Not dilu	ited.
Coloring	Off-white	suspension	Colorless to slightly yellow, clear very opalescent suspension
Handling	Do NOT shake; invert only	Do NOT shake; swirl before drawing up dose	
Max time refrigerated after first punctured	6 hours after dilution	12 hours	6 hours
Max time at room temperature after first punctured	6 hours after dilution	12 hours Maximum of 20 punctures into vial septum; after this, discard unused doses	2 hours
Efficacy and Safety Informa	ation		
Publications	Dagan, et al. <i>NEJM</i> . Feb 24, 2021 Polack, et al. <i>NEJM</i> . Dec 31, 2020 Walsh, et al. <i>NEJM</i> . Dec 17, 2020	Baden, et al. <i>NEJM</i> . Feb 4, 2021 Anderson, et al. <i>NEJM</i> . Dec 17, 2020 Jackson, et al. <i>NEJM</i> . Nov 12, 2020	<u>Sadoff, et al. NEJM. Jan 13, 2021</u>
Overall efficacy; prevention of COVID-19 infection	95% beginning 7 days after second dose: <u>primary analysis</u> of Phase III trial data in 43,538 volunteers	94% beginning 14 days after second dose: primary analysis of Phase III trial data in >30,000 volunteers	67% beginning 14 days after single dose: <u>primary analysis</u> of Phase III trial data in >40,000 volunteers
Prevention of severe COVID-19 infection	89%	100%	85%
Prevention of asymptomatic COVID-19 infection	Under evaluation	Limited data suggest some degree of prevention	Data suggest a 60% reduction in asymptomatic infection from 29 days after dose



Vaccine	Comirnaty and Pfizer-BioNTech (BNT162b2)	Moderna (mRNA-1273)	Janssen (Ad26.CoV2.S)
Efficacy and Safety Informa	ation (continued)		
Study demographics	Diversity of volunteers: 81.9% White; 26.2% Hispanic/Latino; 9.8% African American; 4.4% Asian; <3% other races/ ethnicities Age and sex distribution: 50.6% male; 49.4% female; 21.4% 65 years and older	Diversity of volunteers: 79.4% White; 20% Hispanic/Latino; 9.7% African American; 4.7% Asian; <3% other races/ ethnicities Age and sex distribution: 52.6% male; 47.4% female; 25.3% 65 years and older	Diversity of volunteers: 59% White; 45% Hispanic/Latino ; 19% African American; 3% Asian ; 9% Native American Age and sex distribution: 55% male; 45% female; 34% 60 years and older
Patient Counseling	 Injection site: Pain, swelling, erythema lymphadenopathy (80%–89% of vaccir Systemic: Fever, fatigue, headache, chi vaccinated persons*; acetaminophen c These symptoms tend to be more com days after vaccination Reports suggest there is an increased particularly in young adults, after vacci within a few days after vaccination and management; refer to CDC's guidance Anaphylaxis following vaccination is no rate of 4.7 cases/million for Pfizer-Biol Moderna as of 1/18/21; unless contrai risk of anaphylaxis; refer to CDC's guida Access a comprehensive summary of events, and serious adverse events for 	Injection site: Pain, swelling, erythema at injection site, localized axillary lymphadenopathy (80%–89% of vaccinated persons*) Systemic: Fever, fatigue, headache, chills, myalgia, arthralgia (55%–83% of vaccinated persons*; acetaminophen or ibuprofen may be used) These symptoms tend to be more common after the second dose and resolve 1–3 days after vaccination Reports suggest there is an increased risk of myocarditis and pericarditis, particularly in young adults, after vaccination; symptom onset generally occurs within a few days after vaccination and resolve with appropriate medical management; refer to CDC's guidance on Myocarditis and Pericarditis Anaphylaxis following vaccination is noted in US postmarket surveillance at a rate of 4.7 cases/million for Pfizer-BioNTech and at a rate of 2.5 cases/million for Moderna as of 1/18/21; unless contraindicated, benefit of vaccination outweighs risk of anaphylaxis; refer to CDC's guidance on Managing Anaphylaxis Access a comprehensive summary of local reactions, systemic reactions, adverse events, and serious adverse events for the Pfizer or Moderna COVID-19 vaccines	



Vaccine	Comirnaty and Pfizer-BioNTech (BNT162b2)	Moderna (mRNA-1273)	Janssen (Ad26.CoV2.S)				
Efficacy and Safety Inform	Efficacy and Safety Information (continued)						
Contraindications	Severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine						
	o mRNA COVID-19 vaccines (including due t Janssen COVID-19 vaccine, and vice versa	o a known allergy to polyethylene					
 Persons with a contraindication to Janssen COVID-19 vaccine (including due to a known allergy have a precaution to mRNA COVID-19 vaccines 							
	Immediate (within 4 hours) allergic re component of the vaccine (see ingre	eaction of any severity after a previous dose dients below)	or known (diagnosed) allergy to a				
	 Persons with contraindication to one mRNA vaccine should not receive doses of either mRNA vaccine (Pfizer-BioNTech or Moderna) 						
	• If screen positive for a contraindication, do not vaccinate and consider referral to allergist-immunologist						
Precautions • Among persons without a contraindication, a history of any immediate (within 4 hours) allered vaccines or injectable therapies			nours) allergic reaction to other				
	 Persons with a contraindication to mRNA COVID-19 vaccines (Pfizer-BioNTech or Moderna) have a precaution to Janssen COVID-19 vaccine, and vice versa 						
	 If screen positive for a precaution, co observe for 30 minutes postvaccinat 	mplete a risk assessment, consider referral ion	to allergist-immunologist, and				



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Clinical Considerations				
Interchangeability of	In general, COVID-19 vaccines are not int	erchangeable; some nuances include:		
COVID-19 vaccines	 If the first dose of an mRNA COVID-19 contraindication), then the Janssen Co and the patient is considered to have 	vaccine was received, but the patient is unable to complete the series (e.g., OVID-19 vaccine may be given at a minimum interval of 28 days from mRNA dose received a valid, single-dose Janssen vaccination, not a mixed vaccination series		
 If the mRNA COVID-19 vaccine product given for the first dose cannot be determined and it has been as second dose of either product can be administered 				
	 For moderate to severely immunocompromised individuals, if the original mRNA vaccines administered is not availa it is okay to administer the other mRNA vaccine 			
Coadministration with	May be administered without regard to timing (can be administered on same day and without waiting period); if multiple			
other vaccines	vaccines are administered at a single visit, administer each injection in a different injection site per best practices; have discussion with patient regarding potential vaccine reactions and how to manage			
Coadministration with	Prophylactic administration of antipyretic or analgesic medications for the prevention of postvaccination symptoms is			
antipyretic/analgesic	NOT recommended; these medications may be used if postvaccination symptoms occur, and patient need exists			
Persons with a history of SARS-CoV-2 infection	Vaccination should be offered regardless of prior SARS-CoV-2 infection; while vaccine supplies remain limited, persons with a history of infection may choose to delay vaccination, if desired			
Persons with a history of MIS-C or MIS-A	There is no data on the safety and efficacy of COVID-19 vaccines in people with a history of multisystem inflammatory syndrome in children (MIS-C) or in adults (MIS-A); access more information on the risks and benefits			
Persons treated with antibodies	Persons who received monoclonal antibo	ody therapy for COVID-19 infection treatmen	t should defer vaccination for 90 days	



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Additional Considerations by	Additional Considerations by Age					
Children and adolescents	Children and adolescents ages 12–17	Not recommended to persons <18 years	Not recommended to persons			
(<18 years old)	years are eligible for vaccination; this	of age	<18 years of age			
	age group may be at increased risk of					
	syncope after any vaccine, including					
	covid-19; symptoms of myocarditis					
	vaccination have been reported					
Women aged < 50 years	No additional considerations.	No additional considerations.	May receive Janssen COVID-19 vaccine; should be made aware of the rare risk of TTS and the availability of mRNA vaccines			
Additional Considerations fo	r People with Underlying Medical Conditions	5				
Immunocompromised	May be vaccinated; counsel on the potential for a reduced immune response to the vaccine (efficacy) and the need to follow current guidance to protect themselves against COVID-19 (e.g., masks, social distancing); antiviral therapy is unlikely to impact development of a protective antibody response; for individuals who are moderately or severely immunocompromised:					
persons	 An additional dose is recommended 28 days after completion of a two-dose mRNA may be given 6 months after the additional dose 		A primary series and a booster dose			
 A booster dose is recommended 2 months after an initial dose of J 			-19 vaccine			
Persons with autoimmune disorder	May be vaccinated; no safety and efficacy data available, but persons with autoimmune disorders were included in clinical trials					
People with a history of myocarditis	People with a history of myocarditis/pericarditis unrelated to an mRNA COVID-19 vaccine may receive any FDA-authorized COVID-19 vaccine as long as the episode of has resolved; people with a history of myocarditis/pericarditis after first dose of mRNA COVID-19 vaccine should speak with their physician to determine whether they should receive a second dose					



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Additional Considerations fo	r People with Underlying Medical Conditions	continued)			
Persons with a history/ risk for thrombosis	No additional considerations.	No additional considerations.	Persons with a history of an episode of an immune-mediated syndrome characterized by thrombosis and thrombocytopenia, such as heparin-induced thrombocytopenia (HIT), should avoid use; persons with a history or risk of venous thromboembolism are not believed to be more susceptible to TTS following receipt of vaccine		
Persons with a history of Guillain-Barre syndrome	May receive any FDA-Approved or authorized COVID-19 vaccine; should be made aware of the possible association between the Janssen COVID-19 vaccine and an increased risk of GBS, a patient with a history of GBS and the availability of mRNA COVID-19 vaccines				
Other special populations	Persons with a history of Bell's palsy may be vaccinated; persons with a history of dermal filler use may experience temporary swelling at or near the site of filler injection following vaccination and should follow up with their health care provider if this or				
Additional Considerations for People Who Are Pregnant or Lactating					
Pregnant/lactating persons	May be vaccinated; pregnant or breastfeeding women were not included in the clinical trials; postauthorization <u>safety monitoring</u> of >30,000 women has not revealed a safety problem; mRNA and viral vector COVID-19 vaccines are not considered live virus vaccines and are not considered a risk to the breastfeeding infant				



Vaccine	Comirnaty and Pfizer-BioNTech (BNT162b2)	Moderna (mRNA-1273)	Janssen (Ad26.CoV2.S)
Vaccine Ingredients	 Pfizer-BioNTech (BNT162b2) Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS- CoV-2 2[(polyethylene glycol)*-2000]-N,N- ditetradecylacetamide 1,2-distearoyl-sn-glycero-3- phosphocholine Cholesterol (4-hydroxybutyl)azanediyl)bis(hexane- 6,1-diyl)bis(2-hexyldecanoate) Potassium chloride Monobasic potassium phosphate 	Moderna (mRNA-1273) Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2 Polyethylene glycol (PEG)* 2000 dimyristoyl glycerol (DMG) 1,2-distearoyl-sn-glycero-3-phosphocholine Cholesterol SM-102 (proprietary to Moderna) Tromethamine Tromethamine Acetic acid Sodium acetate	 Janssen (Ad26.CoV2.S) Recombinant, replication-incompetent Ad26 vector, encoding a stabilized variant of the SARS-CoV-2 Spike (S) protein Citric acid Trisodium citrate Ethanol 2-hydroxypropyl-β-cyclodextrin Polysorbate-80* Sodium chloride
	Sodium chlorideDibasic sodium phosphate dihydrateSucrose	- Suciose	

*As of March 1, 2021, mRNA COVID-19 vaccines are the only vaccines in the United States that contain PEG, though several vaccines contain polysorbate (more information can be found in CDC's vaccine excipient summary).

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