

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>
- FDA: COVID-19 Vaccines

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

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 Revised May 10, 2021 • For use in persons ages 12-15 years old	Issued December 18, 2020	Issued February 27, 2021
Fact sheet	Health care providersRecipients/caregivers	Health care providersRecipients/caregivers	Health care providersRecipients/caregivers
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.)	
Administration Errors	Refer to CDC's <u>COVID-19 Vaccine Administration Errors of Deviations</u> guide for information about how to handle these situations. *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	I		
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 severely immunocompromised individuals		Not recommended at this time.
Dose	30 mcg (0.3 mL)	100 mcg (0.5 mL)	
Recommended interval	≥ 28 days after primary series		



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Dosing and Administration	Dosing and Administration (continued)				
Booster Dose					
Booster dose recommendations	 Should get a booster dose: People aged ≥ 65 years Residents in long-term care settings People aged 50-64 years with underlying medical conditions May get a booster dose based on individual risk and benefit: People aged 18-49 years with underlying medical conditions People aged 18-64 years at increased risk for COVID-19 exposure and transmission because of occupational or institutional setting 	Not recommended at this time for individuals who received the Moderna COVID-19 vaccine as their primary vaccine series.	Not recommended at this time for individuals who received the Janssen COVID-19 vaccine as their primary series.		
Dose	30 mcg (0.3 mL)	N/A	N/A		
Recommended interval	≥ 6 months after primary series	N/A	N/A		



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 Thaw in refrigerator for at least 2-3	Store frozen between -50°C to -15°C (-58°F to 5°F) until expiry date; check expiry date here: https://www.modernatx.com/covid19vaccine-eua/providers/vial-lookup Thaw in refrigerator for at least 2–3 hours	Refrigerate until expiry date; check the expiry date here: https://vaxcheck.jnj/ Product is stored frozen by
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	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 diluted.	
Coloring	Off-white suspension		Colorless to slightly yellow, clear very opalescent suspension
Handling	Do NOT shake; invert only	Do NOT shake; swirl bef	ore 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	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. NEJM. Feb 4, 2021 Anderson, et al. NEJM. Dec 17, 2020 Jackson, et al. NEJM. Nov 12, 2020	Sadoff, et al. NEJM. Jan 13, 2021
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: primary analysis 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



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Efficacy and Safety Inform	Efficacy and Safety Information (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 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 		 Injection site: Pain, swelling, erythema Systemic: Headache, fatigue, muscle ache, nausea, fever Warn about the <u>rare</u> potential onset of symptoms of thrombocytopenia syndrome (TTS) 1–2 weeks after vaccination, including shortness of breath, chest pain, leg swelling, abdominal pain, persistent headache, or bruising around injection site. Access a comprehensive summary for the <u>Janssen</u> COVID-19 vaccine.
	* Depending on the vaccine, age group, and	the <u>Pfizer</u> or <u>Moderna</u> COVID-19 vaccines d vaccine dose	COVID-19 Vaccine.





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Efficacy and Safety Info	rmation (continued)			
Contraindications	Severe allergic reaction (e.g., anaphy	Severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine		
		o mRNA COVID-19 vaccines (including due to 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 to polysorbate) have a precaution to mRNA COVID-19 vaccines 		
	 Immediate (within 4 hours) allergic reaction of any severity after a previous dose or known (diagnosed) component of the vaccine (see ingredients below) 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-immuno			allergist-immunologist	
Precautions	Among persons without a contraindication, a history of any immediate (within 4 hours) allergic reaction to other vaccines or injectable therapies			
 Persons with a contraindication to mRNA COVID-19 vaccines (Pfizer-BioNTech or Moderna) have a pre- Janssen COVID-19 vaccine, and vice versa 				
	 If screen positive for a precaution, co observe for 30 minutes postvaccinat 	omplete 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 interchangeable; some nuances include:				
COVID-19 vaccines	• If the first dose of an mRNA COVID-19 vaccine was received, but the patient is unable to complete the series (e.g., contraindication), then the Janssen COVID-19 vaccine may be given at a minimum interval of 28 days from mRNA dose and the patient is considered to have 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 at least 28 d second dose of either product can be administered				
	 For moderate to severely immunocompromised individuals, if the original mRNA vaccines administered is not avit 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 antipyretic/analgesic	Prophylactic administration of antipyretic or analgesic medications for the prevention of postvaccination symptoms is 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	/ Age		
Children and adolescents (<18 years old)	Children and adolescents ages 12–17 years are eligible for vaccination; this age group may be at increased risk of syncope after any vaccine, including COVID-19; symptoms of myocarditis and pericarditis after receipt of mRNA vaccination have been reported	Not recommended to persons <18 years of age	Not recommended to persons <18 years of age
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	s	
Immunocompromised persons	May be vaccinated; a three-dose mRNA COVID-19 vaccine series is <u>recommended</u> for individuals who are moderately or severely immunocompromised; 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		
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 or pericarditis	COVID-19 vaccine as long as the episode	carditis unrelated to an mRNA COVID-19 vac of has resolved; people with a history of my with their physician to determine whether they	ocarditis/pericarditis after first dose of



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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 occurs		
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)
Ingredients	 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 Sodium chloride Dibasic sodium phosphate dihydrate Sucrose 	 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 hydrochloride Acetic acid Sodium acetate Sucrose 	 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

^{*}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).

Disclaimer: Information related to the COVID-19 pandemic is changing rapidly and continuously. The material and information contained in this publication is believed to be current as of the date included on this document. The American Pharmacists Association assumes no responsibility for the accuracy, timeliness, errors or omission contained herein. Links to any sources do not constitute any endorsement of, validity, or warranty of the information contained on any site. The user of these materials should not under any circumstances solely rely on, or act based on this publication. Pharmacy professionals retain the responsibility for using their own professional judgment and practicing in accordance with all rules, regulations, and laws governing the pharmacy practice within their jurisdiction.

