COVID-19 Vaccine Summary Chart



Quick Links

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

- 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

This chart covers information for the adult-indicated Pfizer-BioNTech vaccine only. The Pfizer-BioNTech COVID-19 vaccine is now recommended for children ages 5–11 years old. Children require a smaller dose and therefore, providers must use the pediatric-indicated Pfizer-BioNTech COVID-19 vaccine to vaccinate this population. For information about the pediatric-indicated vaccine, reference APhA's "COVID-19 Vaccination in Adolescents and Children" resource in the <u>COVID-19 Resources: Know the Facts</u> library.

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 Revised October 29, 2021 For use in persons ages 5-11 years old (not detailed in this chart) 	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 ≥5 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



Vaccine	Comirnaty and Pfizer-BioNTech (BNT162b2)	Moderna (mRNA-1273)	Janssen (Ad26.CoV2.S)
CDC resources	Pfizer-BioNTech COVID-19 Vaccine	Moderna COVID-19 Vaccine	Janssen COVID-19 Vaccine
CDC clinical considerations		Interim Clinical Considerations	
Dosing and Administration			
Vaccine type	m	RNA	Viral Vector
Administer		Intramuscular (I.M.)	
Administration Errors	Refer to CDC's <u>COVID-19 Vaccine Administrati</u> errors. Reference additional scenarios that dev	on Errors of Deviations guide for information abouviate from CDC recommendations but are not const	It how to prevent and report administration sidered administration errors.
Primary Vaccine Series			
Dose	30 mcg (0.3 mL each) for individuals ≥12 years old; for individuals ages 5-11 years old, use pediatric-indicated vaccine (not detailed in this chart)	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 ≥12 years old		Not recommended at this time.
Additional Dose Options	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 eligibility based on primary series	 Should get a booster dose: People aged ≥ 18 years Moderately or severely immunocompromised individuals ≥ 18 years old who received an additional dose (3 doses of mRNA vaccine) May get a booster dose: People aged 16-17 years 	 Should get a booster dose: People aged ≥ 18 years Moderately or severely immunocompromised individuals ≥ 18 years old who received an additional dose (3 doses of mRNA vaccine) 	 Should get a booster dose: People aged ≥ 18 years Moderately or severely immunocompromised individuals
Booster dose options	Individuals aged 16-17 years may only receive Pfizer-BioNTech (0.3mL) Individuals aged ≥ 18 years have the option to receive any of the FDA-approved/authorized COVID-19 booster product Pfizer-BioNTech 0.3 mL OR Moderna 0.25 mL OR Janssen (J&J) 0.5 mL ≥ 6 months after primary series; or after additional dose for individuals who are		
Recommended interval		ely immunocompromised	≥ 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> covid19vaccine-eua/providers/vial-lookup	Refrigerate until expiry date; check the expiry date here: <u>https://vaxcheck.jnj/</u>
Thawing	Thaw in refrigerator for at least 2–3 hours or at room temperature; must be at room temperature for at least 30 mins before dilution; do NOT refreeze	Thaw in refrigerator for at least 2–3 hours 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.



Vaccine	Comirnaty and Pfizer-BioNTech (BNT162b2)	Moderna (mRNA-1273)	Janssen (Ad26.CoV2.S)
Dose Preparation			
Dilution	Dilute with 1.8 mL of 0.9% sodium chloride (normal saline, preservative free).		ited.
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 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: primary analysis of Phase III trial data in 43,538 volunteers	94% beginning 14 days after second dose: <u>primary analysis</u> 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



Comirnaty and Pfizer-BioNTech (BNT162b2)	Moderna (mRNA-1273)	Janssen (Ad26.CoV2.S)	
nation (continued)			
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/ ethnicitiesx 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	
		Injection site: Pain, swelling, erythema	
 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 in particularly in young adults, after vaccination and management; refer to CDC's guidance c Anaphylaxis following vaccination is not rate of 4.7 cases/million for Pfizer-BioN Moderna as of 1/18/21; unless contrain risk of anaphylaxis; refer to CDC's guidace Access a comprehensive summary of I 	Ils, myalgia, arthralgia (55%–83% of or ibuprofen may be used) mon after the second dose and resolve 1–3 risk of myocarditis and pericarditis, nation; symptom onset generally occurs resolve with appropriate medical on Myocarditis and Pericarditis oted in US <u>postmarket surveillance</u> at a NTech and at a rate of 2.5 cases/million for ndicated, benefit of vaccination outweighs ance on <u>Managing Anaphylaxis</u> ocal reactions, systemic reactions, adverse		
	Pfizer-BioNTech (BNT162b2) mation (continued) 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 • Injection site: Pain, swelling, erythemalymphadenopathy (80%–89% of vaccing) • Systemic: Fever, fatigue, headache, chi vaccinated persons*; acetaminophen condays after vaccination • These symptoms tend to be more com days after vaccination • Reports suggest there is an increased of particularly in young adults, after vaccing within a few days after vaccination and management; refer to CDC's guidance of 4.7 cases/million for Pfizer-BioN Moderna as of 1/18/21; unless contrait risk of anaphylaxis; refer to CDC's guida • Access a comprehensive summary of Lating	Pfizer-BioNTech (BNT162b2)Moderna (mRNA-1273)nation (continued)Diversity of volunteers: 81.9% White; 26.2% Hispanic/Latino; 9.8% African American; 4.4% Asian; <3% other races/ ethnicitiesDiversity of volunteers: 79.4% White; 20% Hispanic/Latino; 9.7% African American; 4.7% Asian; <3% other races/ ethnicitiesAge and sex distribution: 50.6% male; 49.4% female; 21.4% 65 years and olderAge and sex distribution: 52.6% male; 47.4% female; 25.3% 65 years and older• Injection site: Pain, swelling, erythema at injection site, localized axillary lymphadenopathy (80%-89% of vaccinated persons*)Age and resolve 1-3• Systemic: Fever, fatigue, headache, chills, myalgia, arthralgia (55%-83% of vaccinated persons*; acetaminophen or ibuprofen may be used)	



Vaccine	Comirnaty and Pfizer-BioNTech (BNT162b2)	Moderna (mRNA-1273)	Janssen (Ad26.CoV2.S)	
Efficacy and Safety Info	rmation (continued)			
Contraindications	Severe allergic reaction (e.g., anaphy	laxis) to any component of the vaccine		
	 Persons with a contraindication to mRNA COVID-19 vaccines (including due to a known allergy to polyethylene glycol [PEG]) have a precaution to Janssen COVID-19 vaccine, and vice versa 			
	 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) allergy to a 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-immunologist			
Precautions	 Among persons without a contraindication, a history of any immediate (within 4 hours) allergic reactio vaccines or injectable therapies 			
	 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	



Vaccine	Comirnaty and Pfizer-BioNTech (BNT162b2)	Moderna (mRNA-1273)	Janssen (Ad26.CoV2.S)		
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 days, a second dose of either product can be administered 				
	• For moderate to severely immunocompromised individuals, if the original mRNA vaccines administered is not available it is okay to administer the other mRNA vaccine				
Coadministration with other vaccines	May be administered without regard to timing (can be administered on same day and without waiting period); if multiple 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 antibody therapy for COVID-19 infection treatment should defer vaccination for 90 days				



Vaccine	Comirnaty and Pfizer-BioNTech (BNT162b2)	Moderna (mRNA-1273)	Janssen (Ad26.CoV2.S)	
Clinical Considerations (con	tinued)			
Persons vaccinated	Persons vaccinated outside of the U.S	are considered fully vaccinated, if:		
outside of the U.S.	 They received all recommended doses of a single or two-dose COVID-19 vaccine series currently FDA-approved/authorized in the U.S. 			
		nended doses of a <u>WHO-EUL COVID-19 vacc</u> a FDA-approved/authorized COVID-19 vaccir		
	 Persons who received only one dose in a two-dose series of FDA-approved/authorized COVID-19 vaccine may receive a second dose as close to the recommended time as possible and do not have to restart their series 			
	 Persons vaccinated outside of the U.S. should be offered a primary vaccination series with an FDA-approved/authorized COVID-19 vaccine (minimum interval of 28 days since their last dose), if: 			
	 They received only the first dose of a multidose WHO-EUL COVID-19 vaccine 			
	 They were NOT vaccinated with a WHO-EUL COVID-19 vaccine or FDA-approved/authorized COVID-19 vaccine 			
	 For more information, or to determine whether an individual is eligible to receive additional or booster doses once they are considered fully vaccinated, refer to CDC's interim guidance on persons vaccinated outside of the U.S. 			
Persons who received	Persons who received COVID-19 vacci	ne as part of a clinical trial are considered fu	lly vaccinated, if:	
COVID-19 vaccine as part of a clinical trial	They received all of the recomme vaccine that is not FDA-approved	nded "active" (not placebo) primary series do or FDA-authorized	oses of a <u>WHO-EUL COVID-19</u>	
		COVID-19 vaccine, but a U.S. data and safety (i.e., Novavax COVID-19 Vaccine, Moderna C	•	
		whether an individual is eligible to receive ad o CDC's <u>interim guidance on persons vaccina</u>		



Vaccine	Comirnaty and Pfizer-BioNTech (BNT162b2)	Moderna (mRNA-1273)	Janssen (Ad26.CoV2.S)
Additional Considerations by	Age		
Children and adolescents (<18 years old)	Children and adolescents ≥5 years of age are eligible for vaccination; considerations for vaccinating this age group are covered in APhA's "COVID-19 Vaccination in Adolescents and Children" resource in the <u>COVID-19</u> <u>Resources: Know the Facts</u> library	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 for	r People with Underlying Medical Conditions		
Immunocompromised persons	 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: An additional dose is recommended 28 days after completion of a two-dose mRNA primary series and a booster dose may be given 6 months after the additional dose A booster dose is recommended 2 months after an initial dose of Janssen COVID-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 or pericarditis	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		



Vaccine	Comirnaty and Pfizer-BioNTech (BNT162b2)	Moderna (mRNA-1273)	Janssen (Ad26.CoV2.S)	
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	ctating 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			

COVID-19 Vaccine Summary Chart

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 	 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
	 Dibasic sodium phosphate dihydrate Sucrose 		

* 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.

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