COVID-19 Vaccine Summary Chart



Quick Links

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

- CDC: <u>V-safe After Vaccination Health Checker</u>
- 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 COVID-19 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 COVID-19 Resources: Know the Facts library.

Vaccine	Comirnaty and Pfizer-BioNTech (BNT162b2)	Moderna (mRNA-1273)	Janssen (Ad26.CoV2.S)
FDA Approval	Issued August 23, 2021For 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)	<u>Issued December 18, 2020</u>	Issued February 27, 2021
Fact sheet	Health care providersRecipients/caregivers	Health care providersRecipients/caregivers	Health care providersRecipients/caregivers
ACIP recommendations	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		on Errors of Deviations guide for information abouriate from CDC recommendations but are not con		
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 ≥5 years old			
Recommended interval	≥ 28 days after primary series			





Vaccine	Comirnaty and Pfizer-BioNTech (BNT162b2)	Moderna (mRNA-1273)	Janssen (Ad26.CoV2.S)
Dosing and Administration	(continued)		
Additional Dose (continued)			
Additional Dose Options	Individuals ≥18 years old: • Pfizer-BioNTech 0.3 mL • Moderna 0.5 mL* Individuals 12-17 years old: • Pfizer-BioNTech 0.3 mL Individuals 5-11 years old: • Pfizer-BioNTech 0.2 mL (Pediatric-indicated vaccine)	Individuals ≥18 years old: • Moderna 0.5 mL • Pfizer-BioNTech 0.3 mL*	
Booster Dose			
Booster dose eligibility based on primary series	Should get a booster dose: • People aged ≥ 12 years	Should get a booster dose: • People aged ≥ 18 years	Should get a booster dose: • People aged ≥ 18 years
Recommended interval	≥ 5 months after primary series; or ≥ 3 months after additional dose for individuals who are moderately or severely immunocompromised 2 months after additional dose for individuals individuals who are moderately or severely immunocompromised		≥ 2 months after initial dose; or ≥ 2 months after additional dose for individuals who are moderately or severely immunocompromised
	Individuals ages	s 12-17 years old may only receive Pfizer-Bio	NTech (0.3mL)
Booster dose options	Individuals aged ≥ 18 years have the option to receive any of the FDA-approved/authorized COVID-19 booster products, but the Pfizer-BioNTech and Moderna vaccines are preferred in most situations		
	Pfizer-BioNTech 0.3 mL OR Moderna 0.25 mL OR Janssen (J&J) 0.5 mL		

^{*}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)
Storage*			
How product arrives	Frozen liquid.	No preservative.	Liquid suspension. No preservative.
	Purple Cap: 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: https://www.modernatx.com/covid19vaccine-eua/providers/vial-lookup	Refrigerate until expiry date; check the expiry date here: https://vaxcheck.jnj/
Long-term storage	Gray Cap: Ultra-low freezing until expiry date** OR store in the refrigerator for up to 10 weeks prior to use; if product is received at refrigerated temperature, do NOT refreeze		
Thawing	Purple Cap: 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 Gray Cap: Thaw in refrigerator for about 6 hours or at room temperature for 30 minutes prior to use; 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	Purple Cap: 30 days Gray Cap: 10 weeks	30 days	Until expiry date
Max time at room temperature unpunctured	Purple Cap: 2 hours Gray Cap: 12 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	Dose Preparation					
Dilution	Purple Cap: Dilute with 1.8 mL of 0.9% sodium chloride (normal saline, preservative free)	Not dilu	ted.			
	Gray Cap: 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 o	ore drawing up dose			
Max time refrigerated after first punctured	Purple Cap: 6 hours after dilution Gray Cap: 12 hours	12 hours	6 hours			
Max time at room temperature after first punctured	Purple Cap: 6 hours after dilution Gray Cap: 12 hours	12 hours Maximum of 20 punctures into vial septum; after this, discard unused doses	2 hours			
Efficacy and Safety Informa	tion					
Publications	Dagan, et al. NEJM. Feb 24, 2021	Baden, et al. NEJM. Feb 4, 2021	Sadoff, et al. NEJM. Jan 13, 2021			
	Polack, et al. NEJM. Dec 31, 2020	Anderson, et al. NEJM. Dec 17, 2020				
	Walsh, et al. NEJM. Dec 17, 2020	Jackson, et al. NEJM. Nov 12, 2020				
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: 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			





Vaccine	Comirnaty and Pfizer-BioNTech (BNT162b2)	Moderna (mRNA-1273)	Janssen (Ad26.CoV2.S)
Efficacy and Safety Informa	tion (continued)		
Study demographics	26.2% Hispanic/Latino; 9.8% African American; 4.4% Asian; <3% other races/	versity of volunteers: 79.4% White; % Hispanic/Latino; 9.7% African nerican; 4.7% Asian; <3% other races/ nnicities	Diversity of volunteers: 59% White; 45% Hispanic/Latino ; 19% African American; 3% Asian ; 9% Native American
		e and sex distribution: 52.6% male; .4% female; 25.3% 65 years and older	Age and sex distribution: 55% male; 45% female; 34% 60 years and older
Patient Counseling	 Injection site: Pain, swelling, erythema at in lymphadenopathy (80%–89% of vaccinated 		 Injection site: Pain, swelling, erythema
	Systemic: Fever, fatigue, headache, chills, m vaccinated persons*; acetaminophen or ibu		 Systemic: Headache, fatigue, muscle ache, nausea, fever
	 These symptoms tend to be more common 1-3 days after vaccination 	n after the second dose and resolve	 Warn about the <u>rare</u> potential onset of symptoms of
	 Reports suggest there is an increased risk of particularly in young adults, after vaccination within a few days after vaccination and reso management; refer to CDC's guidance on M 	on; symptom onset generally occurs solve with appropriate medical	thrombocytopenia syndrome (TTS) 1–2 weeks after vaccination, including shortness of breath, chest pain, leg
	Anaphylaxis following vaccination is noted rate of 4.7 cases/million for Pfizer-BioNTec Moderna as of 1/18/21; unless contraindication of anaphylaxis; refer to CDC's guidance.	ch and at a rate of 2.5 cases/million for cated, benefit of vaccination outweighs	swelling, abdominal pain, persistent headache, or bruising around injection site.
 risk of anaphylaxis; refer to CDC's guidance on Managing Anaphylaxis Access a comprehensive summary of local reactions, systemic reactions, and serious adverse events for the Pfizer or Moderna COVID-1 	al reactions, systemic reactions, adverse	 Access a comprehensive summary for the <u>Janssen</u> COVID-19 vaccine. 	
	* Depending on the vaccine, age group, and vac	ccine dose	



Vaccine	Comirnaty and Pfizer-BioNTech (BNT162b2)	Moderna (mRNA-1273)	Janssen (Ad26.CoV2.S)	
Efficacy and Safety Info	rmation (continued)			
Contraindications	 If the person has a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine or a history of a known diagnosed allergy to a component of the COVID-19 vaccine, do not vaccinate with the same type of COVID-19 vaccine (i.e., mRNA or Janssen COVID-19 vaccine) 			
	 Do not vaccinate with the Janssen COVID-19 vaccine if the person developed TTS following receipt of a previous Janssen COVID-19 vaccine (or other COVID-19 vaccines not currently authorized in the United States that are based on adenovirus vectors, e.g., AstraZeneca) 			
Precautions	The following are precautions, but the benefits of vaccination usually outweigh the risks:			
	 Person has a history of an immediate allergic reaction to any vaccine other than COVID-19 vaccine or to any injectable therapy 			
	 People with a history of a non-severe, immediate (onset less than 4 hours) allergic reaction after a dose of type of COVID-19 vaccine (i.e., mRNA or Janssen) have a precaution to the same type of COVID-19 vaccine 			
	 People with an allergy-related co type of COVID-19 vaccine 	ntraindication to one type of COVID-19 vacci	ne have a precaution to the other	
	Defer vaccination until individuals w	Defer vaccination until individuals with a moderate or severe illness have improved		
	 A subsequent dose of any COVID-19 or pericarditis after a dose of an mR 	vaccine should generally be avoided in indiv NA COVID-19 vaccine	viduals with a history of myocarditis	



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 acceptable 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				
Persons with a history of MIS-C or MIS-A	There is limited 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 treatment of COVID-19 infection can receive a COVID-19 vaccination after they recover from COVID-19 disease; there is no longer a need for a waiting period in between therapy and vaccination				



Vaccine	Comirnaty and Pfizer-BioNTech (BNT162b2)	Moderna (mRNA-1273)	Janssen (Ad26.CoV2.S)			
Clinical Considerations (con	Clinical Considerations (continued)					
Persons vaccinated outside of the U.S.	Recommendations for people vaccinated outside of the United States depend on the vaccine(s) received for the primary series, whether the primary series was completed, and whether a booster dose was received; for more information, or to determine whether an individual is eligible to receive additional or booster doses, refer to CDC's <u>interim guidance for persons vaccinated outside of the U.S.</u>					
Persons who received COVID-19 vaccine as part of a clinical trial	 Persons who received COVID-19 vaccine as part of a clinical trial are considered fully vaccinated, if: They received all of the recommended "active" (not placebo) primary series doses of a WHO-EUL COVID-19 vaccine that is not FDA-approved or FDA-authorized They did not receive a WHO-EUL COVID-19 vaccine, but a U.S. data and safety monitoring board or equivalent has independently confirmed efficacy (i.e., Novavax COVID-19 Vaccine, Moderna COVID-19 Vaccine in children aged 6-17 years) 					
	 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 in clinical trials 					
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 COVID-19 Resources: Know the Facts 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			





Vaccine	Comirnaty and Pfizer-BioNTech (BNT162b2)	Moderna (mRNA-1273)	Janssen (Ad26.CoV2.S)	
Additional Considerations for	People with Underlying Medical Conditions			
Immunocompromised persons	Individuals who are moderately or severely immunocompromised should receive a three-dose primary series, which includes a two-dose series of an mRNA COVID-19 vaccine followed by an additional dose of mRNA COVID-19 vaccine 28 days later and then a booster dose 3 months after the additional dose (third dose); individuals who received the Janssen COVID-19 vaccine should receive an additional dose of mRNA COVID-19 vaccine 28 days later followed by a booster dose 2 months later; 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)			
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			
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	



Vaccine	Comirnaty and Pfizer-BioNTech (BNT162b2)	Moderna (mRNA-1273)	Janssen (Ad26.CoV2.S)		
Additional Considerations for	People with Underlying Medical Conditions	(continued)			
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	Additional Considerations for People Who Are Pregnant or Lactating				
Pregnant/lactating persons	COVID-19 vaccination is recommended for people who are pregnant, lactating, trying to get pregnant now, or who might want to be pregnant in the near future; postauthorization <u>safety monitoring</u> of >30,000 pregnant 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	 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 	Recombinant, replication-incompetent Ad26 vector, encoding a stabilized variant of the SARS-CoV-2 Spike (S) protein Citric acid Trisodium citrate Ethanol
	 Cholesterol (4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate) Potassium chloride Monobasic potassium phosphate Sodium chloride Dibasic sodium phosphate dihydrate Sucrose 	 SM-102 (proprietary to Moderna) Tromethamine Tromethamine hydrochloride Acetic acid Sodium acetate Sucrose 	 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.

