

VACCINATION BENEFIT GRID

Procedure Code	Vaccine	Description	Ages Covered	Where can you receive vaccine (P=pharmacy, O=Provider office)	Does it require a prior authorization (Y=yes, N=NO)	Is vaccine covered by VFC (vaccine for children program) (Y=yes, N=no)
90296	Diphtheria Antitoxin	diphtheria antitoxin	covered no age restrictions	O	N	N
90371	HBIG (BayHepB, Nabi-HB)	hepatitis b immune globulin	covered no age restrictions	O	N	N
90375	RIG	rabies immune globulin	covered no age restrictions	O	N	N
90389	TIG (Baytet)	tetanus immune globulin	covered no age restrictions	O	N	N
90396	VZIG	varicella zoster immune globulin	covered no age restrictions	O	N	N
90620	MENB (Bexsero)	meningococcal recombinant protein vaccine	Covered for children ages of 0 to 18	P,O	N	Y
90621	MENB (Trumenba)	meningococcal recombinant lipoprotein vaccine	Covered for children ages of 0 to 18	P,O	N	Y
90625	Cholera Vaccine	cholera vaccine, oral	covered for all age groups with prior authorization	O	Y	N
90632	HEPATITIS A ADULT (Harvix)	hepatitis A adult vaccine	covered for adults ≥ 19 years of age	O	N	N
90633	HEPATITIS A ADULT (Havrix, Vaqta) HEPATITIS A PED (Vaqta, Havrix)	hepatitis A adult vaccine Hepatitis A pediatric vaccine	Covered for children ages of 0 to 18	O	N	Y
90636	HEPATITIS A-HEPATITIS B (Twinrix)	hepatitis A and hepatitis B combo	covered for adults ≥ 19 years of age	O	N	Y
90647	HIB (Pedvax)	haemophilus B conjugate vaccine	Covered for children ages of 0 to 18	O	N	Y
90648	HIB (Acthib, Hiberix)	haemophilus B conjugate vaccine	Covered for children ages of 0 to 18	O	N	Y

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90649	HPV (Gardasil)	human papillomavirus quadrivalent (Types 6,11,16,18)	covered for adults ≥ 19 years of age through ≤ 45	O	N	N
90650	HPV (Cervarix)	human papillomavirus bivalent (types 16 & 18)	covered for adults ≥ 19 years of age through ≤ 45	O	N	N
90651	HPV (Gardasil 9)	human papillomavirus 9 valent	covered for ages ≥ 9 years through ≤ 45	O	N	Y
90653	INFLUENZA (Fluad)	influenza vaccine (allIV3)	covered for adults ≥ 65 years of age	P,O	N	N
90654	INFLUENZA (Fluzone Intradermal)	influenza seasonal, intradermal (IIV3,ID) preservative free	covered for ages 18 to ≤ 64 years	O	N	Y
90656	INFLUENZA (Afluria PF, Fluvirin PF, Fluzone PF)	influenza vaccine - preservative free	covered for adults ≥ 19 years of age	P,O	N	N
90658	INFLUENZA (Afluria, FluLaval Trivalent, Fluzone PF)	influenza vaccine	covered for adults ≥ 19 years of age	P,O	N	N
90661	INFLUENZA (Flucelvax)	influenza, injectable, MDCK, trivalent, (ccIIV3), preservative free	covered for ages ≥ 4	P,O	N	N
90662	INFLUENZA (Fluzone)	influenza vaccine, high dose (IIV3-HD)	covered for adults ≥ 65 years of age	P,O	N	N
90670	PNEUMOCOCCAL (Prevnar 13)	pneumococcal conjugate vaccine 13-valent	covered for adults ≥ 19 years of age	P,O	N	Y
90672	INFLUENZA Nasal	Influenza virus vaccine, quadrivalent (Flumist)	covered for ages 2 to 49	P,O	N	Y

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90673	INFLUENZA (Flublok)	influenza vaccine preservative free and antibiotic free	covered for ≥ 18 years of age	P,O	N	N
90674	INFLUENZA	influenza virus vaccine, quadrivalent (cclIV4) (Flucelvax Q)	covered for adults ≥ 19 years of age	P,O	N	Y
90675	Rabies Vaccine (RabAvert)	rabies vaccine (IM)	No age restrictions;covered for all age groups	O	N	N
90676	Rabies Vaccine (Immovax rabies I.D.)	rabies vaccine (intradermal)	No age restrictions;covered for all age groups	O	N	N
90680	ROTAVIRUS (RotaTeq)	rotavirus vaccine live, oral, Pentavalent	covered for children ages 0 to 1 years	O	N	Y
90681	ROTAVIRUS (Rotarix)	rotavirus vaccine, live oral	covered for children ages 0 to 1 years	O	N	Y
90682	INFLUENZA	influenza virus vaccine, quadrivalent	covered for ages ≤ 18 years	P,O	N	N
90685	INFLUENZA (Fluzone Q)	influenza vaccine, quadrivalent	covered for children 6 to 35 months	O	N	Y
90686	INFLUENZA (Fluarix Q, Flulaval Q, Fluzone Q)	influenza vaccine, quadrivalent	covered for ages ≤ 3 years	P,O	N	Y
90687	INFLUENZA	influenza virus vaccine,quadrivalent (IIV4) (Flulaval Quadrivalent, Fluzone Quadrivalent)	covered for children ages 6 to 35 months	O	N	Y
90688	INFLUENZA	influenza virus vaccine quadrivalent (IIV4) (Flulaval Quadrivalent)	covered for ages ≤ 3 years	P,O	N	Y

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90690	TYPHOID VACCINE, Live oral Ty21 (Vivotif Berna)	typhoid vaccine, oral	covered for all age groups with prior authorization	O	Y	N
90691	TYPHOID (Typhim Vi)	typhoid vaccine, subq	covered for all age groups with prior authorization	O	Y	N
90696	DTAP-IPV (Kinrix, Quadracel)	diphtheria, tetanus toxoid, acellular pertussis vaccine and inactivated poliovirus vaccine	covered for children 4-6 years of age	O	N	Y
90698	DTAP-IPV-HIB (Pentacel)	diphtheria, tetanus toxoid, acellular pertussis vaccine and inactivated poliovirus vaccine and haemophilus influenza B vaccine	covered for children 6 weeks through 4 years of age	O	N	Y
90700	DATP (Daptacel, Infranrix)	diphtheria, Tetanus Toxoid, acellular pertussis vaccine	Covered for children ages of 0 to 18	O	N	Y
90707	MMR (M-M-R II)	measles mumps and rubella vaccine	covered for children 0-18 years of age covered for adults ≥ 19 years of age	O	N	Y
90710	MMR-V (Proquad)	measles, mumps, and rubella and varicella vaccine	covered for children 1 to 13 years of age	O	N	Y
90713	e-IPV (Ipol)	inactivated poliovirus vaccine	Covered for children ages of 0 to 18	O	N	Y
90714	TD (Tenivac, Td vaccine)	tetanus & diphtheria toxoids	covered for ages ≤ 7 years	P,O	N	Y

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90715	TDAP (Adacel, Boostrix)	tetanus toxoid, diphtheria and acellular pertussis vaccine	covered for adults ≥ 19 years of age	P,O	N	Y
90716	VARICELLA (Varivax)	varicella virus vaccine	covered for children 0-18 years of age covered for adults ≥ 19 years of age	O	N	Y
90717	Yellow Fever Vaccine	yellow fever vaccine, live for subq	covered for all age groups with prior authorization	O	Y	N
90718	Td	tetanus toxoid and diphtheria vaccine	covered for ages ≥ 7 years	O	N	Y
90723	DTAP-Hep B-IPV (Pediarix)	Diphtheria, Tetanus Toxoid, Acellular Pertussis Hep B	covered for children ages of 0 to 18 covered for adults ≥ 19 years of age	O	N	Y
90732	PNEUMOCOCCAL (Pneumovax 23)	pneumococcal polysacchride vaccine 23-valent	covered for 2 years of age and older	P,O	N	Y
90733	MENINGOCOCCAL	meningococcal polysacchride vaccine	covered for 2 years of age and older	P,O	N	N
90734	MENINGOCOCCAL CONJUGATE (Menactra, Menveo)	meningococcal conjugate vaccine	covered for ages 11 through 55	P,O	N	Y
90736	ZOSTAVAX	herpes zoster (shingles) vaccine for subcutaneous use	covered for adults ≥ 50 years of age	P,O	N	N
90738	Japanese Encephalitis Virus Vaccine	japanese encephalitis virus vaccine, IM	covered for all age groups with prior authorization	O	Y	N

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90740	HEPATITIS B (Engerix-B, Recombivax-HB)	hepatitis b adult vaccine (40mcg dose)	covered for adults ≥ 19 years of age	O	N	N
90743	HEPATITIS B (Recombivax HB)	hepatitis B adult vaccine	covered for adults ≥ 20 years of age	O	N	N
90744	HEPATITIS B (Engerix-B, Recombivax HB)(PED/ADOL)	hepatitis B adult vaccine Hepatitis B pediatric/adolescent vaccine	Covered for children ages of 0 to 18	O	N	Y
90746	HEPATITIS B (Engerix-B) HEPATITIS B (Recombivax HB)	hepatitis B adult vaccine	covered for adults ≥ 19 years of age	O	N	N
90747	HEPATITIS B (Engerix-B)	hepatitis B adult vaccine	covered for adults ≥ 19 years of age	O	N	N
90750	SHINGRIX	zoster (shingles) vaccine (HZV) for IM use	covered for adults ≥ 50 years of age	P,O	N	N
90756	INFLUENZA	influenza virus vaccine, quadrivalent (cclIV4) (Flucelvax Q)	covered for ages ≥ 4	P,O	N	Y