



2021 Seasonal Influenza Vaccines

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are committed to continuously improving our provider customer satisfaction.

The Alliance is pleased to offer coverage of the flu shot. All eligible Alliance Medi-Cal and Group Care members can now get a flu shot if supplies are available at your office.

Providers will be reimbursed based on current Medi-Cal reimbursement fees found on the Medi-Cal website at <https://files.medi-cal.ca.gov/Rates/RatesHome.aspx>.

For Medi-Cal members under the age of 19 flu vaccines should be covered through the Vaccines for Children (VFC) program. If you do not participate in the VFC program, the vaccination will be covered by the Alliance.

For Medi-Cal members age 65 years and older flu vaccines should be covered through Medicare Part B. If the Medi-Cal member does not have Part B coverage the vaccination will be covered by the Alliance.

Please see the Alliance Covered Flu Vaccine List 2021 in a separate document.

Please note: The Alliance will cover High-Dose (HD) flu vaccines for the 2021 influenza season. If a patient needs an HD flu vaccine, please refer them to a network retail pharmacy to request an exception. If you need help finding a network retail pharmacy, please call the Alliance Provider Services Department at **1.510.747.4510** or visit www.alamedaalliance.org/help/find-a-pharmacy.

Please encourage all patients to get their flu shot today.

If you have questions, please call the Alliance Provider Services Department at **1.510.747.4510**.

Questions? Call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**
www.alamedaalliance.org

VACCINE NAME	CPT CODE	NDC	DOSAGE FORM	MANUFACTURER	MEDI-CAL COVERAGE (632)	ALLIANCE GROUP CARE COVERAGE (636)
Fluzone High-Dose Quad 2021-2022 (PF) 240 mcg/0.7 mL – 65 years & up	90662	49281-0121-65	IM syringe	SANOFI-PASTEUR	Covered for members 65 years old and up , 1 fill per 270 days. Although this is covered for members 65 years of age and up, these members should receive from Medicare B as appropriate.	Covered for members 65 years old and up , 1 fill per 270 days.
		49281-0121-88				
Flublok Quad 2021-2022 (PF) 180 mcg (45 mcg x 4)/0.5 mL – 18 years old & up	90682	49281-0721-10	IM syringe	SANOFI-PASTEUR	Covered for members 18 to 64 years old , 1 fill per 270 days. Members 18 years old can also receive through VFC program. Members 65 years of age and up should receive from Medicare B (or submit an Alliance Prescription Drug PA form if they do not have part B).	Covered for members 18 years old and up , 1 fill per 270 days.
		49281-0721-88				
Fluzone Quad 2021-2022 (PF) 60 mcg (15 mcg x 4)/0.5 mL – 6 months & up	90686	49281-0421-50	IM syringe	SANOFI-PASTEUR	Covered for members 3 to 64 years old , 1 fill per 270 days. Members 6 months to 18 years old can also receive through VFC program. Members 65 years of age and up should receive from Medicare B (or submit an Alliance Prescription Drug PA Form if they do not have part B).	Covered for members 3 years old and up , 1 fill per 270 days.
		49281-0421-88				
Flulaval Quad 2021-2022 (PF) 60 mcg (15 mcg x 4)/0.5 mL – 6 months & up	90686	19515-0818-52	IM syringe	GSK-ID BIOMEDIC	Covered for members 3 to 64 years old , 1 fill per 270 days. Members 6 months to 18 years old can also receive through VFC program. Members 65 years of age and up should receive from Medicare B (or submit an Alliance Prescription Drug PA Form if they do not have part B).	Covered for members 3 years old and up , 1 fill per 270 days.
Fluarix Quad 2021-2022 (PF) 60 mcg (15 mcg x 4)/0.5 mL – 6 months & up	90686	58160-0887-52	IM syringe	GLAXOSMITHKLINE	Covered for members 3 to 64 years old , 1 fill per 270 days. Members 6 months to 18 years old can also receive through VFC program. Members 65 years of age and up should receive from Medicare B (or submit to Alliance Prescription Drug PA Form if they do not have part B).	Covered for members 3 years old and up , 1 fill per 270 days.
Fluzone Quad 2021-2022 60 mcg (15 mcg x 4)/0.5 mL – 6 months & up	90688	49281-0635-15	IM suspension	SANOFI-PASTEUR	Covered for members 3 to 64 years of age , 1 fill per 270 days. Members 6 months to 18 years old can also receive through VFC program. Members 65 years of age and up should receive from Medicare B (or submit an Alliance Prescription Drug PA Form if they do not have part B).	Covered for members 3 years old and up , 1 fill per 270 days.
		49281-0635-78				
Afluria Quad 2021-2022 60 mcg (15 mcg x 4)/0.5 mL – 6 months & up	90688	33332-0421-10	IM suspension	SEQIRUS	Covered for members 3 to 64 years of age , 1 fill per 270 days. Members 6 months to 18 years of age can also receive through VFC program. Members 65 years of age and up should receive from Medicare B (or submit an Alliance Prescription Drug PA Form if they do not have part B).	Covered for members 3 years old and up , 1 fill per 270 days.

ALAMEDA ALLIANCE FOR HEALTH

2021-2022 COVERED FLU VACCINE LIST



VACCINE NAME	CPT CODE	NDC	DOSAGE FORM	MANUFACTURER	MEDI-CAL COVERAGE (632)	ALLIANCE GROUP CARE COVERAGE (636)
Fluzone Quad 2021-2022 (PF) 60 mcg (15 mcg x 4)/0.5 mL – 6 months & up	90686	49281-0421-10	IM syringe	SANOFI-PASTEUR	Covered for members 3 to 64 years of age , 1 fill per 270 days. Members 6 months to 18 years of age can also receive through VFC program. Members 65 years of age and up should receive from Medicare B (or submit an Alliance Prescription Drug PA Form if they do not have part B).	Covered for members 3 years old and up , 1 fill per 270 days.
		49281-0421-58				
Fluad Quad 2021-2022 (PF) 60 mcg (15 mcg x 4)/0.5mL – 65 years & up	90694	70461-0121-03	IM syringe	SEQIRUS	Covered for members 65 years old and up , 1 fill per 270 days. Although this is covered for members 65 years of age and up, these members should receive from Medicare B as appropriate.	Covered for members 65 years old and up , 1 fill per 270 days.
Flucelvax Quad 2021-2022 60 mcg (15 mcg x 4)/0.5 mL – 2 years & up	90756	70461-0421-10	IM suspension	SEQIRUS	Covered for members 3 to 64 years old , 1 fill per 270 days. Members 2 to 18 years of age can also receive through VFC program. Members 65 years of age and over should receive from Medicare B (or submit an Alliance Prescription Drug PA Form if they do not have part B).	Covered for members 3 years old and up , 1 fill per 270 days.
Flucelvax Quad 2021-2022 (PF) 60 mcg (15 mcg x 4)/0.5 mL – 2 years & up	90674	70461-0321-03	IM syringe	SEQIRUS	Covered for members 3 to 64 years old , 1 fill per 270 days. Members 2 to 18 years of age can also receive through VFC program. Members 65 years of age and over should receive from Medicare B (or submit an Alliance Prescription Drug PA Form if they do not have part B).	Covered for members 3 years old and up , 1 fill per 270 days.
Afluria Qd 2021-2022 (PF)60 mcg (15 mcg x4)/0.5 mL – 36 months & up	90686	33332-0321-01	IM syringe	SEQIRUS	Covered for members 3 to 64 years old , 1 fill per 270 days. Members 2 to 18 years of age can also receive through VFC program. Members 65 years of age and over should receive from Medicare B (or submit an Alliance Prescription Drug PA form if they do not have part B).	Covered for members 3 years old and up , 1 fill per 270 days.
Flumist Quad 2021-2022 10 exp 6.5-7.5 FF unit/0.2ml – 2 to 49 years	90672	66019-0308-10	Nasal Spray	MEDIMMUNE/ASTRA	Covered for members 3 to 49 years old , 1 fill per 270 days. Members 2 to 18 years of age can also receive through VFC program.	Covered for members 3 to 49 years old . 1 fill per 270 days.

VFC = Vaccines for Children program

PA = Prior Authorization

PLEASE NOTE: CPT codes must be covered Medi-Cal codes on the date of service rendered.

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