

ALAMEDA ALLIANCE FOR HEALTH

2023-2024 COVERED FLU VACCINE LIST



VACCINE NAME	CPT CODE	NDC	DOSAGE FORM	MANUFACTURER
Afluria Quad 2023-2024 (PF) 60 mcg (15 mcg x4)/0.5 mL – 3 years & up	90686	33332-0323-03	IM syringe	SEQIRUS
		33332-0323-04		
Afluria Quad 2023-2024 60 mcg (15 mcg x 4)/0.5 mL – 6 months & up	90688	33332-0423-10	IM suspension	SEQIRUS
		33332-0423-11		
Fluad Quad 2023-2024 60 mcg (15 mcg x 4)/0.5 mL – 65 years & up	90694	70461-0123-03	IM syringe	SEQIRUS
		70461-0123-04		
Fluarix Quad 2023-2024 (PF) 60 mcg (15 mcg x 4)/0.5 mL – 6 months & up	90686	58160-0909-52	IM syringe	GLAXOSMITHKLINE
		58160-0909-41		
Flublok Quad 2023-2024 (PF) 180 mcg (45 mcg x 4)/0.5 mL – 18 years & up	90682	49281-0723-10	IM syringe	SANOFI-PASTEUR
		49281-0723-88		
Flucelvax Quad 2023-2024 60 mcg (15 mcg x 4)/0.5 mL – 6 months & up	90756	70461-0423-10	IM suspension	SEQIRUS
		70461-0423-11		
Flucelvax Quad 2023-2024 (PF) 60 mcg (15 mcg x 4)/0.5 mL – 6 months & up	90674	70461-0323-03	IM syringe	SEQIRUS
		70461-0323-04		
Flulaval Quad 2023-2024 (PF) 60 mcg (15 mcg x 4)/0.5 mL – 6 months & up	90686	19515-0814-52	IM syringe	GSK-ID BIOMEDIC
		19515-0814-41		
Flumist Quad 2023-2024 10 exp 6.5-7.5 FF unit/0.2 mL – 2 to 49 years old	90672	66019-0310-01	Nasal Spray	MEDIMMUNE/ASTRA
		66019-0310-10		
Fluzone High-Dose Quad 2023-2024 (PF) 240 mcg/0.7 mL – 65 years old & up	90662	49281-0123-65	IM syringe	SANOFI-PASTEUR
		49281-0123-88		
Fluzone Quad 2023-2024 (PF) 60 mcg (15 mcg x 4)/0.5 mL – 6 months & up	90688	49281-0639-15	IM suspension	SANOFI-PASTEUR
		49281-0639-78		
Fluzone Quad 2023-2024 (PF) 60 mcg (15 mcg x 4)/0.5 mL – 6 months & up	90686	49281-0423-50	IM syringe	SANOFI-PASTEUR
		49281-0423-88		

PLEASE NOTE:

- Starting on Saturday, January 1, 2022, the California Department of Health Care Services (DHCS) began managing the Medi-Cal pharmacy benefit instead of the Alliance. The new program is called “Medi-Cal Rx.” To view the Medi-Cal Rx contracted drug list or to find a Medi-Cal Rx pharmacy for Alliance Medi-Cal members, please visit <https://medi-calrx.dhcs.ca.gov/home/>.
- There is a quantity limit of one (1) vaccine per member per 270 days, across all flu vaccine formulations.

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