



## 2020 Seasonal Influenza Vaccines

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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 members between the ages of 19 to 64 years old, and Alliance Group Care members of any age can now get a flu shot if, and when supplies are available and offered at your office.

Providers can be reimbursed based on current Medi-Cal reimbursement fees found on the Medi-Cal website at the following address:

**<https://files.medi-cal.ca.gov/Rates/RatesHome.aspx>**

**For Medi-Cal members under the age of 19, flu vaccines should be 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 2020 in a separate document.

**Please note High-Dose (HD) flu vaccines are not covered by the Alliance.** If a patient needs an HD flu vaccine please refer them to a network retail pharmacy to request an exception. For help with locating a network retail pharmacy, please call the Alliance Provider Services Department at **1.510.747.4510** or visit: **<https://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**.

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

# ALAMEDA ALLIANCE FOR HEALTH COVERED FLU VACCINE LIST 2020



VACCINE NAME	CPT CODE	NDC	DOSAGE FORM	MANUFACTURER	MEDI-CAL COVERAGE (632)	ALLIANCE GROUP CARE COVERAGE (636)
Afluria Quad (PF) 60mcg/0.5ml – 36 months and up	90686	33332-0320-01	IM syringe	SEQIRUS, INC.	Covered for members <b>19-64 years of age</b> , 1 fill per 270 days. 0-18 years of age should receive through VFC program. 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 <b>≥ 36 months old</b> , 1 fill per 270 days.
Afluria Quad (PF) 30mcg/0.25ml – 6-35 months	90685	33332-0220-20	IM syringe	SEQIRUS, INC.	<b>NON FORMULARY. Only covered by VFC.</b>	Covered through VFC for members <b>6 to 35 months old</b> , 1 fill per 270 days.
	90687					
Afluria Quad 60mcg/0.5ml – 6 months and up	90688	33332-0420-10	IM suspension	SEQIRUS, INC.	Covered for members <b>19-64 years of age</b> , 1 fill per 270 days. 0-18 years of age should receive through VFC program. 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 <b>≥ 6 months old</b> , 1 fill per 270 days.
Fluad (PF) 45mcg/0.5ml – 65 years of age and up	90653	70461-0020-03	IM syringe	SEQIRUS, INC	<b>NON FORMULARY</b>	<b>NON FORMULARY</b>
Fluad (PF) 60mcg/0.5ml – 65 years old and up	90654	70461-0120-03	IM syringe	SERIQUS, INC	<b>NON FORMULARY</b>	<b>NON FORMULARY</b>
Fluarix Quad (PF) 60mcg/0.5ml – 6 months and up	90686	58160-0885-52	IM syringe	GSK	Covered for members <b>19-64 years of age</b> , 1 fill per 270 days. 0-19 years of age should receive through VFC program. 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 <b>≥ 6 months old</b> , 1 fill per 270 days.
Flublok Quad (PF) 180mcg/0.5ml – 18 years of age and up	90682	49281-0720-10	IM syringe	Sanofi-Pasteur	<b>NON FORMULARY</b>	<b>NON FORMULARY</b>
		49281-0720-88				
Flucelvax Quad (PF) 60mcg/0.5ml – 4 years of age and up	90674	70461-0320-03	IM syringe	SEQIRUS, INC.	Covered for members <b>19-64 years of age</b> , 1 fill per 270 days. 0-18 years of age should receive through VFC program. 65 years of age and over should receive	Covered for members <b>≥ 4 years old</b> , 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.

# ALAMEDA ALLIANCE FOR HEALTH COVERED FLU VACCINE LIST 2020



VACCINE NAME	CPT CODE	NDC	DOSAGE FORM	MANUFACTURER	MEDI-CAL COVERAGE (632)	ALLIANCE GROUP CARE COVERAGE (636)
Flucelvax Quad 60mcg/0.5ml – 4 years of age and up	90756	70461-0420-10	IM suspension	SEQIRUS, INC.	from Medicare B (or submit an Alliance Prescription Drug PA form if they do not have part B).	
Flulaval Quad (PF) 60mcg/0.5ml – 6 months and up	90686	19515-0816-52	IM syringe	GSK	Covered for members <b>19-64 years of age</b> , 1 fill per 270 days. 0-18 years of age should receive through VFC program. 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 <b>≥ 6 months old</b> , 1 fill per 270 days.
Flumist Quad (live) 2020-2021 – 2-49 years of age	90672	66019-0307-10	Nasal spray	ASTRA ZENECA	Covered for members <b>19-49 years of age</b> , 1 fill per 270 days. 0-18 years of age should receive through VFC program.	Covered for members <b>2-49 years old</b> , 1 fill per 270 days.
Fluzone High Dose (PF) 240mcg/0.7ml – 65 years of age and up	90662	49281-0120-65 49281-0120-88	IM syringe	Sanofi-Pasteur	<b>NON FORMULARY - HIGH DOSE NOT COVERED.</b>	<b>NON FORMULARY - HIGH DOSE NOT COVERED.</b>
Fluzone Quad (PF) 60mcg/0.5ml – 6 months and up	90686	49281-0420-10 49281-0420-58	IM suspension	Sanofi-Pasteur	Covered for members <b>19-64 years of age</b> , 1 fill per 270 days. 0-18 years of age should receive through VFC program. 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 <b>≥ 6 months old</b> , 1 fill per 270 days.
Fluzone Quad (PF) 60mcg/0.5ml – 6 months and up	90686	49281-0420-50 49281-0420-88	IM syringe	Sanofi-Pasteur		
Fluzone Quad 60mcg/0.5ml – 6 months up	90688	49281-0633-15 49281-0633-78	IM suspension	Sanofi-Pasteur		

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