



Medi-Cal & Group Care Vaccine Coverage List - Provider Reference Sheet

- The following list of vaccines (listed by most common brand name) reflects coverage under the Alameda Alliance for Health (Alliance) Outpatient Pharmacy Benefit for members over 18 years of age, unless otherwise noted below.
- Vaccines not found on this list may be covered under medical benefit or require prior authorization for coverage under the Alliance Outpatient Pharmacy Benefit. Please contact the Alliance Provider Services Department at **510.747.4510** for more information.
- Children 18 years of age or younger are eligible for vaccinations under the California Vaccines for Children (VFC) Program. Please call VFC toll-free at **1.877.243.8832** for more information.
- Last Updated: **October 22, 2018**

ANTHRAX

*Biothrax[®]

CHOLERA

*Vaxchora[®]

HAEMOPHILUS INFLUENZAE TYPE B (Hib)

ActHIB[®]

HEPATITIS A

Havrix[®]

Vaqta[®]

HEPATITIS B

Engerix-B Adult[®]

Heplisav-B[®]

Recombivax HB[®]

Hepatitis A and B

Twinrix[®]

HUMAN PAPILOMAVIRUS (HPV)

Gardasil[®] (Quadrivalent)

Gardasil 9[®] (9-valent)

INFLUENZA[‡]

Afluria[®] 2018 – 2019

Afluria[®] Quad 2018 – 2019

Fluarix[®] Quad 2018 – 2019

Flucelvax[®] Quad 2018 – 2019

Flulaval[®] Quad 2018 – 2019

Fluvirin[®] 2018 -2019

Fluzone[®] Intraderm Quad 2018 – 2019

Fluzone[®] Quad 2018 – 2019

Flumist Nasal Spray 2018 – 2019

JAPANESE ENCEPHALITIS

*Ixiaro[®]

MEASLES/MUMPS/RUBELLA

M-M-R[®] II

MENINGOCOCCAL

Bexsero[®]

Menactra[®]

Menveo[®]

Menomune[®]

Trumenba[®]

PNEUMOCOCCAL

Pneumovax 23[®]

Prevnar 13[®]

RABIES

Imovax Rabies[®]

RabAvert[®]

SHINGLES (HERPES ZOSTER)

Shingrix[®]

*Zostavax[®]

TETANUS/DIPHTHERIA (Td)

Tetanus/diphtheria toxoids[®]

Tenivac[®]

TETANUS/DIPHTHERIA/PERTUSSIS (Tdap)

Adacel[®]

Boostrix[®]

TYPHOID

[‡]Vivotif[®] Capsules

VARICELLA (CHICKEN POX)

Varivax[®]

YELLOW FEVER

*YF-Vax[®]

[‡]For Alliance Group Care members, coverage under 19 years of age subject to formulary restrictions.

[‡]Covered for both Medi-Cal and Group Care members at least 6 years old.

*Some vaccines may require Prior Authorization (PA). Any non-formulary vaccines will also require PA per the Alliance Medication Request Guidelines. The Medi-Cal/Group Care PA form is available at: www.alamedaalliance.org/providers/pharmacy-drug-benefits.

PA requests should be faxed to PerformRx at 1.855.811.9329.