

# Alameda Alliance for Health Covered Flu Vaccine List 2019-2020



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	33332-0319-01	IM syringe	SEQIRUS, INC.	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>≥ 36 months old</b> , 1 fill per 270 days.
Afluria Quad (PF) 30mcg/0.25ml – 6-35 months	90685	33332-0219-20	IM syringe	SEQIRUS, INC.	<b>NON FORMULARY. Only covered by VFC</b>	<b>NON FORMULARY</b>
Afluria Quad 60mcg/0.5ml – 6 months and up	90688	33332-0419-10	IM suspension	SEQIRUS, INC.	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.
Fluad (PF) 45mcg/0.5ml – 65 years of age and up	90653 (not a covered Medi-Cal code)	70461-0019-03	IM syringe	SEQIRUS, INC	<b>NON FORMULARY</b>	<b>NON FORMULARY</b>
Fluarix Quad (PF) 60mcg/0.5ml – 6 months and up	90686	58160-0896-52	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	49281-0719-10 49281-0719-88	IM syringe	Sanofi-Pasteur	<b>NON FORMULARY</b>	<b>NON FORMULARY</b>
Flucelvax Quad (PF) 60mcg/0.5ml – 4 years of age and up	90674	70461-0319-03	IM syringe	SEQIRUS, INC.	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>≥ 4 years old</b> , 1 fill per 270 days.
Flucelvax Quad 60mcg/0.5ml – 4 years of age and up	90756	70461-0419-10	IM suspension	SEQIRUS, INC.		
Flulaval Quad (PF) 60mcg/0.5ml – 6 months and up	90686	19515-0906-52	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.
Flulaval Quad 60mcg/0.5ml – 6 months and up	90688	19515-0897-11	IM suspension	GSK		

VFC = Vaccines for Children program  
PA = Prior Authorization

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Flumist Quad (live) 2019-2020 – 2-49 years of age	90672 (not a covered Medi-Cal code)	66019-0306-10	Nasal spray	Mediummune, INC	Covered for members <b>19-49 years of age</b> , 1 fill per 270 days. 0-19 years of age should receive through VFC program.	Covered for members <b>2-49 years old</b> , 1 fill per 270 days.
<b>Fluzone High Dose (PF) 180mcg/0.5ml – 65 years of age and up</b>	<b>90662</b>	<b>49281-0405-65</b> <b>49281-0405-88</b>	<b>IM syringe</b>	<b>Sanofi-Pasteur</b>	<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	49281-0419-10 49281-0419-58	IM suspension	Sanofi-Pasteur	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.
Fluzone Quad (PF) 60mcg/0.5ml – 6 months and up	90686	49281-0419-50 49281-0419-88	IM syringe	Sanofi-Pasteur		
Fluzone Quad 60mcg/0.5ml – 6 months up	90688	49281-0631-15 49281-0631-78	IM suspension	Sanofi-Pasteur		
<b>Fluzone Quad Pedi (PF) 30mcg/0.25ml – 6-35 months</b>	<b>90685</b>	<b>49281-0519-00</b> <b>49281-0519-25</b>	<b>IM syringe</b>	<b>Sanofi-Pasteur</b>		

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