

POLICY NAME	Preventive Vaccine Policy	POLICY #	3132P
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Criteria

The following vaccines are covered with zero member cost share.

- ☐ **1.1 Acthib—Haemophilus B conjugate**
 - Max age: 6 years
- ☐ **1.2 Adacel—tetanus toxin-diphtheria-acellular pertussis**
- ☐ **1.3 Afluria—influenza quadrivalent**
- ☐ **1.4 Bexsero—meningococcal B**
- ☐ **1.5 Beyfortus – respiratory syncytial virus**
 - Max age: 24 months
- ☐ **1.6 Boostrix— tetanus toxin-diphtheria-acellular pertussis**
- ☐ **1.7 Capvaxive – pneumococcal 21-valent conjugate**
- ☐ **1.8 Covid-19—covid-19 (SARS-COV-2) vaccine**
 - Max dose: 3 per 365 days
 - Age limits based on product package label
- ☐ **1.9 Daptacel— tetanus toxin-diphtheria-acellular pertussis**
- ☐ **1.10 Dengvaxia – dengue (coverage under the Preventive benefit requires prior authorization)**
 - Minimum age: 9 years
 - Maximum age: 16 years
 - Documentation of a laboratory-confirmed previous Dengue viral infection and patient lives in an area where Dengue is endemic.
- ☐ **1.11 Engerix-B—hepatitis B**
- ☐ **1.12 FLuad –influenza type A&B surface ant adj quad**
 - Min age: 65 years
- ☐ **1.13 Fluarix— influenza quadrivalent**
- ☐ **1.14 Flublok— influenza quadrivalent**
- ☐ **1.15 Flucelvax— influenza quadrivalent**
- ☐ **1.16 Flulaval— influenza quadrivalent**

- ☐ **1.17 Flumist—influenza live attenuated**
 - Min age: 2 years
 - Max age: 49 years
- ☐ **1.18 Fluzone HD—influenza high-dose**
 - Min age: 65 years Policy & Procedure
- ☐ **1.19 Fluzone Quad— influenza quadrivalent**
- ☐ **1.20 Gardasil 9—human papillomavirus (HPV)**
 - Min age: 9 years
 - Max age: 27 years
- ☐ **1.21 Havrix—hepatitis A**
- ☐ **1.22 Heplisav-B—hepatitis B**
 - Min age: 18 years
- ☐ **1.23 Hiberix—Haemophilus B**
 - Max age: 6 years
- ☐ **1.24 Infanrix—diphtheria-acellular pertussis-poliovirus**
- ☐ **1.25 Ipol—poliovirus, IPV**
 - Max age: 17 years
- ☐ **1.26 Kinrix—diph-tet-acell pert-polio-IPV**
- ☐ **1.27 Menquadi-- meningococcal (A, C, Y, and W-135) Tetanus**
- ☐ **1.28 Menveo-- meningococcal (A, C, Y, and W-135) Oligo**
- ☐ **1.29 MMR II—measles-mumps-rubella**
- ☐ **1.30 Novavax—covid-19 (SARS-COV-2) mRNA**
- ☐ **1.31 Pediarix—diph-tetanus tox-acell pert-hepatitis B- polio IPV**
- ☐ **1.32 Pedvax HIB—Haemophilus B Polysaccharide**
 - Max age: 6 years
- ☐ **1.33 Penbraya—meningococcal (A, B, C, W, and Y)**
 - Max age: 25 years
- ☐ **1.34 Pentacel—diph-tetanus tox-Acell pert-hepatitis B-Polio IPV**
- ☐ **1.35 Pneumovax 23—pneumococcal polyvalent**
- ☐ **1.36 Prevnar 20—pneumococcal 20-valent conjugate**
- ☐ **1.37 Proquad—measles-mumps-rubella-varicella**
- ☐ **1.38 Quadracel—diph-tetanus tox ad-acell pert & polio, IPV**

☐ **1.39 Recombivax HB—hepatitis B (Recombinant)**

☐ **1.40 Respiratory Syncytial Virus (RSV)**

- Including (but not limited to): Arexvy, Abrysvo, mResvia
- Min age: 60 years old ☐ Abrysvo only: pregnant patients 32-36 weeks' gestation

☐ **1.41 Rotarix—rotavirus, live for oral suspension**

- Max age: 8 years

☐ **1.42 Rotateq—rotavirus, live oral**

- Max age: 8 years

☐ **1.43 Shingrix—zoster recombinant adjuvanted for IM**

- Max: 2 per lifetime
- Min age: 50 years
- Ages 19 to 49 who are immunocompromised: Requires Prior Authorization Approval for this age group requires that member is immunodeficient or immunocompromised because of disease or therapy: ☐ Hematopoietic cell transplant recipients ☐ Patients with hematologic malignancies ☐ Renal or other solid organ transplant recipients ☐ Patients with solid tumor malignancies ☐ Persons living with HIV ☐ Patients with primary immunodeficiencies ☐ Patients with autoimmune and inflammatory conditions ☐ Patients taking immunosuppressive medications or therapies

☐ **1.44 TDVax—tetanus-diphtheria toxoids**

☐ **1.45 Tenivac—tetanus-diphtheria toxoids**

☐ **1.46 Tet/Dip tox-- tetanus-diphtheria toxoids**

☐ **1.47 Trumenba—meningococcal group B**

☐ **1.48 Twinrix—hep A-hep B**

☐ **1.49 Vaqta—hepatitis A**

☐ **1.50 Varivax—varicella live for SC**

☐ **1.51 Vaxelis—diph-tet tox-acell pert AD-polio IPV-HIB-Hep B**

☐ **1.52 Vaxneuvance—pneumococcal 15-valent conjugate** Created Date: 04/06/22 Effective Date: 04/06/22 Posted to Website: 04/06/22 Revision Date: 08/07/24 **DISCLAIMER** This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage