**MED D – Vaccines**

[Vaccination Coverage Chart For Medicare Beneficiaries](#_Toc190347944)

[Part D Vaccines](#_Toc190347945)

[Submitting Claim for Reimbursement](#_Toc190347946)

[Vaccine Call Handling](#_Toc190347947)

[Flu Shot / Influenza Vaccine](#_Toc190347948)

[Shingles Vaccines - Shingrix](#_Toc190347949)

[Related Documents](#_Toc190347950)

**Description:** This document covers Vaccine information for **Medicare Part D** beneficiaries.

* For **Medicare** **Part B** vaccine questions for vaccines not mentioned below, beneficiaries will need to reach out to their **Medical Benefits**.
  + **Do not** contact the CVS/Caremark Medicare B Team.
  + Refer to the CIF for **Medical Benefits** contact information
* **Medicare Part D** Vaccines submitted with a CPT code do not need to be routed to Aetna Pharmacy Management (APM) for processing. When the charge is denied with remit code DBQ, this automatically routes the claim for processing via a report.

**Note: The** report is only generated as a claim is processed; it is not a running report that can be accessed on demand.

|  |
| --- |
| **Vaccination Coverage Chart For Medicare Beneficiaries** |

The chart below is a guide to assist in determining if a vaccine will be covered under the beneficiary medical (**Part B**) benefit or prescription (**Part D**) benefit coverage:

**Note:** If the medication you need is not in this chart below, run a test claim. Refer to [MED D - Test Claim](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2fbf3461-4262-483c-9879-b305dd6fe125).

**Table Reviewed:** 07/10/25

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vaccine Type** | **Brand Names(examples)** | **Covered Under Medical (Part B)** | **Covered Under Pharmacy (Part D)\*** | **Requires Clinical Review to Determine B vs. D Coverage** | **Qualifies for IRA $0 benefit** |
| BCG (Tuberculosis) | BCG |  | **X** |  | **X** |
| Chikungunya | Ixchiq, Vimkunya |  | **X** |  | **X** |
| Dengue Fever | Dengvaxia |  | **X** |  |  |
| Cholera | Vaxchora |  | **X** |  | **X** |
| COVID-19 | Comirnaty, Spikevax, Pfizer, Moderna | **X** |  |  |  |
| Diphtheria-tetanus-pertussis (DTaP) | Infanrix, Daptacel |  | **X** |  |  |
| Diphtheria-tetanus-pertussis-polio (DtaP-IPV) | Kinrix, Quadracel |  | **X** |  |  |
| Diphtheria-acellular pertussis-tetanus toxoid-polio-haemophilus B (DtaP-IPV/Hib) | Pentacel Inj |  | **X** |  |  |
| Diphtheria-acellular pertussis-tetanus toxoid-hepatitis B-polio (DtaP-HepB-IPV) | Pediarix |  | **X** |  |  |
| Haemophilus B | Pedvax HIB, ActHIB, Hiberix |  | **X** |  |  |
| Hepatitis A | Havrix, Vaqta |  | **X** |  | **X** |
| Hepatitis A and Hepatitis B combination | Twinrix |  | **X** |  | **X** |
| Hepatitis B | Recombivax HB, Engerix-B, Heplisav-B |  |  | **X** | **X** |
| Herpes zoster (Shingles) | Shingrix |  | **X** |  | **X** |
| Human papillomavirus (HPV)\*\* | Gardasil 9 |  | **X** |  | **X\*\*** |
| Influenza |  | **X** |  |  |  |
| Japanese Encephalitis | Ixiaro |  | **X** |  | **X** |
| Measles-Mumps-Rubella | M-M-R II; Proquad; Priorix |  | **X** |  | **X\*\*\*** |
| Meningococcal | Bexsero, Menactra, Menquadfi, Menveo, Trumenba, Penbraya, Penmenvy |  | **X** |  | **X** |
| Pneumococcal |  | **X** |  |  |  |
| Polio (IPV) | IPOL |  | **X** |  | **X** |
| Rabies | Imovax Rabies, Rabavert |  |  | **X** | **X** |
| Respiratory Syncytial Virus (RSV) \*\*\* | Abrysvo, Arexvy, mResvia |  | **X** |  | **X\*\*\*\*** |
| Rotavirus | Rotarix, Rotateq |  | **X** |  |  |
| Smallpox and Mpox | Jynneos |  |  | **X** | **X** |
| Tetanus-diphtheria (Td) | Tdvax, Tenivac |  |  | **X** | **X** |
| Tetanus-diphtheria-pertussis (Tdap) | Adacel, Boostrix |  | **X** |  | **X** |
| Tick-borne Encephalitis | Ticovac |  | **X** |  | **X** |
| Typhoid | Typhim VI, Vivotif |  | **X** |  | **X** |
| Varicella | Varivax |  | **X** |  | **X** |
| Yellow Fever | YF-Vax |  | **X** |  | **X** |

\*Prior authorization programs and/or dispensing quantity limits may apply to certain medications covered under Medicare **Part D**.

\*\*IRA $0 benefit applies only for adults aged 19-45.

\*\*\* IRA $0 benefit applies only for M-M-R II and Priorix; NOT Proquad

\*\*\*\*IRA $0 benefit applies only for adults aged 50 and older.

[Top of the Document](#_top)

|  |
| --- |
| **Part D Vaccines** |

* **Part D** Vaccines are typically for preventive purposes (**Examples:** Shingles, tetanus-diphtheria-pertussis (Tdap), and meningitis vaccines).
* **Part B** Vaccines are typically for treatment and used for preventive uses (**Examples:** Flu and pneumonia vaccines).
* The Entity covering the vaccine determines the participating providers:
  + **Part D** vaccine participating providers are pharmacies, not physicians – even when the applicable product is an MAPD.

 **Note:** Clinics located within pharmacies may not be affiliated with the pharmacy. (**Example**: MinuteClinic)

* + **Part B** vaccine participating providers are contracted physicians and facilities.
* To minimize beneficiary expense, direct beneficiaries to appropriate providers based upon the coverage of the drug.
* Encourage beneficiaries to get **Part D** vaccines at network pharmacies if the state allows as it results in the lowest beneficiary expense and inconvenience (**Examples:** No beneficiary claim submission required).
* Most Vaccine Types included in the [Vaccination Coverage Chart for Medicare Beneficiaries](#Chart) require a written prescription.
* On August 16, 2022, the 2022 Inflation Reduction Act (IRA) was signed into law.
* Beginning January 1, 2023, the IRA requires $0 beneficiary cost share for adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) under Medicare Part D for those beneficiaries that are **19 and older.** There is no beneficiary cost sharing on the ingredient cost of the vaccine or any associated sales tax, dispensing fee or vaccine administration fee regardless of tier placement or benefit phase.
* Beneficiaries that are **18 and under** or in **any adult age groups not supported by ACIP recommendations for the vaccine** will not qualify for the zero copayunder the IRA guidance. Claims for these beneficiaries will still process under the plan benefit.
  + For Human papillomavirus-HPV (Gardasil 9), the IRA $0 benefit applies for adults age 19-45.
  + For Respiratory Syncytial Virus (RSV) (Abryso, Arexvy, mResvia), the IRA $0 benefit applies for adults age 50 and older.
* However, the **final** beneficiary cost associated with **Part D** vaccines depends on the supply and administration of the drug:

|  |  |  |
| --- | --- | --- |
| **Part D Vaccine Purchase and Administration Method** | **Beneficiary payment and Process for Part D Vaccines** | |
| **Part D** vaccines administered at a network pharmacy (where allowed by state law) | **Pharmacist/Pharmacy Technician:**   * Administers the vaccine, and * Electronically submits claim.   Beneficiary pays applicable copayment/coinsurance. Unless $0 IRA provisions apply. | |
| Physician writes a prescription for beneficiary pick up from pharmacy for administration by physician (considered a **Part D** drug) | Beneficiary picks up vaccine from pharmacy. | |
| **If...** | **Then...** |
| Participating Pharmacy | * Beneficiary pays copayment/coinsurance to pharmacy and physician administrative fee to the physician. * Beneficiary [submits claim](#_Submitting_Claim_for) for administrative fee for reimbursement. |
| Nonparticipating Pharmacy | * Beneficiary pays entire cost of drug to pharmacy and physician administrative fee to physician. * Beneficiary [submits claims](#_Submitting_Claim_for) for vaccine and administrative fee for reimbursement. |
| Physician supplies vaccine and vaccine is administered by Physician/Physician’s Assistant/Nurse/Nurse Practitioner (considered a **Part B** drug) | **Physician/Physician’s Assistant/Nurse/Nurse Practitioner:**   * Administers the vaccine, and * Beneficiary pays billed charge. * Beneficiary [submits claim](#_Submitting_Claim_for) for vaccine and administrative fee for reimbursement. | |

[Top of the Document](#_top)

|  |
| --- |
| **Submitting Claim for Reimbursement** |

The following information is needed to submit a claim:

1. Provide the following **required** information on a blank piece of paper:
   1. Primary Member ID#
   2. Member Name (and DOB or ID# if different from cardholder)
   3. Member Address
2. A Detailed receipt

Claims for vaccines can be sent to:

**CVS Caremark Medicare Vaccine Processing**

**PO Box 52066**

**Phoenix, Arizona 85072-2066**

**Turn Around Time:** Up to21 days for research and callback.

[Top of the Document](#_top)

|  |
| --- |
| **Vaccine Call Handling** |

If you receive a call from a beneficiary regarding a vaccine that was denied with remit code DBQ,

* Advise them the charge may be covered under their pharmacy plan and that the claim has been forwarded for processing under that plan.
* Do not email or attempt to route the claim for processing.

[Top of the Document](#_top)

|  |
| --- |
| **Flu Shot / Influenza Vaccine** |

Beneficiaries are covered for seasonal flu vaccines. All medical plans and Part B cover the seasonal flu vaccine and administration fee.

* Only 2 flu vaccines will be covered per fiscal year 8/1- 7/31
* Beneficiaries can get a flu shot from any **in-network flu vaccine provider** simply by presenting their ID card and they are not required to pay any patient pay/copay amounts up front.
* If a beneficiary chooses to get a flu shot from an out-of-network flu vaccine provider, they will be required to pay for the shot up front, but the beneficiary can [submit a claim](#_top) for reimbursement and the flu shot will be covered at 100%.
* If a beneficiary receives a flu shot at a pharmacy, the beneficiary or pharmacy may have to submit a paper reimbursement, because some pharmacies are not able to electronically bill for **Part B** services through PeopleSafe.
* For PDP: If the Beneficiary/Pharmacy is inquiring if a particular Pharmacy is part of the network, or for billing/processing questions; they should be referred contact their Part B Provider.

[Top of the Document](#_top)

|  |
| --- |
| **Shingles Vaccines - Shingrix** |

Please refer to [Part D Vaccines](#PartDVaccines) for additional information.

|  |  |
| --- | --- |
| Shingrix ® | Shingrix® is: The recommended vaccine for Shingles.   * There is a Quantity Limit of 2 injections per lifetime on the Medicare template formularies.   + - It is recommended that the 2 doses are administered, intramuscularly, first dose, followed by the 2nd dose 2-6 months after.   Claims should be submitted for reimbursement even when the claim is administered in the doctor's office or out of network provider. The beneficiary would need to pay out-of-pocket for the vaccine at the doctor's office and then [submit a claim](#Claim) for reimbursement.  **Note:** The beneficiary only pays a copay and possibly an administration fee if they obtained the Vaccine at the pharmacy. Unless the beneficiary is 19 and older, then the vaccine will be $0 per the IRA requirements. Only the pharmacy can tell them if there will be an administration fee.  Medicare Part D DMR receives Shingrix® Vaccines from the prescriber’s office. The beneficiary may either pay for it up front or the prescriber will send a bill to the beneficiary for the vaccine and administration fee. The beneficiary will then send it to Medicare claims team for reimbursement.  The beneficiary will be reimbursed the amount of the administration fee and the total (minus their copay) for the vaccine. Unless the beneficiary is 19 and older than the beneficiary will be reimbursed the amount of the administration fee and the total for the vaccine. The Medicare claims team uses a special AWP pricing that will take into account what LIS level the beneficiary is in and will charge the correct copay for the vaccine claim. |

[Top of the Document](#_top)

|  |
| --- |
| **Related Documents** |

**Parent SOP:**

* CALL-0048: [Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/SecureDocRenderer?documentId=CALL-0048)
* AUDSUP-0020: [Medicare Part D Vaccine and Vaccine Administration, CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/SecureDocRenderer?documentId=AUDSUP-0020)

**Abbreviations/Definitions:** [Abbreviations / Definitions](file:///C:\Users\z02346\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\O1VOEFL2\CMS-2-017428)

[Top of the Document](#_top)

Not To Be Reproduced Or Disclosed to Others Without Prior Written Approval

**ELECTRONIC DATA = OFFICIAL VERSION – PAPER COPY = INFORMATIONAL ONLY**