MEDICATION COVERAGE POLICY

PHARMACY AND THERAPEUTICS ADVISORY COMMITTEE

Health Plan of San Joaquin | Mountain Valley Health Plan

POLICY:	Immunizations	**P&T DATE:**	6/10/2025
THERAPEUTIC CLASS:	Infectious Disease	**REVIEW HISTORY:** (MONTH/YEAR)	3/24, 3/23, 5/22, 5/21, 5/20, 5/19, 2/18, 2/17, 2/16, 2014, 2013, 2011
LOB AFFECTED:	MCL		

This policy has been developed through review of medical literature, consideration of medical necessity, generally accepted medical practice standards, and approved by the Health Plan of San Joaquin/Mountain Valley Health Plan (Health Plan) Pharmacy and Therapeutic Advisory Committee.

Effective 1/1/2022, the Pharmacy Benefit is regulated by Medi-Cal Rx. Please visit https://medi-calrx.dhcs.ca.gov/home/ for portal access, formulary details, pharmacy network information, and updates to the pharmacy benefit. All medical claims require that an NDC is also submitted with the claim. If a physician administered medication has a specific assigned CPT code, that code must be billed with the correlating NDC. If there is not a specific CPT code available for a physician administered medication, the use of unclassified CPT codes is appropriate when billed with the correlating NDC.

OVERVIEW

Vaccinations help in reducing the health consequences of vaccine-preventable diseases among both adolescents and adults. The most recently recommended immunization schedules approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (APP), the American Academy of Family Physicians (AAFP), and the American College of Obstetricians and Gynecologists are readily available on www.cdc.gov/vaccines/schedules. Scheduled/routine vaccinations are listed in Table 1. Non-schedule/non-routine vaccinations that are available are listed in Table 2. Note that all vaccinations can be provided by the primary care provider, but only some can be provided at the pharmacy. Vaccinations marked as being available under the Vaccines for Children (VFC) program, anyone under the age of 19 can only obtain that vaccine at a VFC facility. For more information about the California VFC Program, follow this link: http://eziz.org/vfc/.

As a reminder, according to the 10/6/2023 CDC update, the US government is no longer purchasing COVID-19 vaccines; therefore, the CDC COVID-19 Vaccination Program has ended.[4] The latest 2024-2025 COVID-19 vaccines are now available and listed below with no preference for one vaccine over the other when more than one vaccine is recommended for the age group [5]:

- Moderna COVID-19 Vaccine for everyone ages 6 months and older
- Novavax COVID-19 Vaccine for everyone ages 12 years and older
- Pfizer-BioNTech COVID-19 Vaccine for everyone ages 6 months and older

The purpose of this coverage policy is to review the available agents and distinguish where the medications may be billed to. For agents listed for coverage under the medical benefit, this coverage is specific to outpatient coverage only (excludes emergency room and inpatient coverage).

Table 1: Available Scheduled Vaccinations

CPT Code	Vaccination For	Vaccination(s)	Pharmacy Benefit	Medical Benefit	Vaccine for Children
90700	Diphtheria, tetanus, & acellular pertussis (DTaP)	Daptacel®, Infanrix®	X	X	X
90647, 90648	Haemophilus influenzae type b (Hib)	PedvaxHIB®, ActHIB®, Hiberix®	X	X	X

90632, 90633	Hepatitis A (HepA)	Vaqta®, Havrix®	X	X	X
90371, 90739, 90740, 90743, 90744, 90746, 90747, 90759	Hepatitis B (HepB)	Engerix B®, Recombivax HB®	X	X	X
90649, 90650, 90651	Human papillomavirus	Gardasil®, Gardasil®9, Cervarix®	X	X	X
90713	Inactivated poliovirus (IPV)	IPOL®	X	X	X
90630, 90654, 90655, 90656, 90661, 90662, 90673, 90674, 90682, 90685, 90686, 90694	Influenza	Afluria-no preservative, Fluzone Quadrivalent no preservatives	X	X	X
90653, 90657, 90658, 90682, 90687, 90688, 90756		Fluzone®, Fluzone® Quadrivalent, Flucelvax®, Fluvirin®, FluLaval Quadrivalent, Afluria®, Flublok® Fluzone® Intradermal Quadrivalent, Fluarix®	X	X	X
90660, 90672		FluMist	X	X	X
90707, 90710	Measles, mumps, rubella (MMR)	M-M-R®II	X	X	X
90619, 90733, 90734	Meningococcal	Menactra®, Menveo®	X	X	X
90620, 90621	Meningococcal B (MenB)	Trumenba®, Bexsero®	X	X	X
90623	Meningococcal and Meningococcal B	Penbraya	x	x	X
90670	Pneumococcal conjugate (PCV13)	Prevnar 13™	X	X	X
90671	Pneumococcal conjugate (PCV15)	Vaxneuvance®	X	X	X
90677	Pneumococcal conjugate (PCV20)	Prevnar 20™	X	X	X
90684	Pneumococcal 21-Valent Conjugate (PCV21)	Capvaxive™	X	X	
90732	Pneumococcal polysaccharide (PPSV23)	Pneumovax®23	X	X	X
90375, 90376, 90675	Rabies	Rabavert ®, Imovax ®	X	X	
90680, 90681	Rotavirus (RV)	RotaTeq®, Rotarix®		X	X
90702, 90714	Tetanus & diptheria (Td)	Tenivac®	X	X	X
90715	Tetanus, diphtheria, & acellular pertussis (Tdap)	Boostrix®, Adacel®	X	X	X
90396, 90716	Varicella (VAR)	Varivax®, Varizig®	X	X	X
90750	Zoster	Shingrix®	X	X	
90736		Zostavax®	X	X	X

90585	Tuberculosis	BCG Vaccine	X	X	
91304, 91318, 91319, 91320, 91321, 91322	COVID-19	Novavax Covid-19 Vaccine, Adjuvanted Pfizer-BioNTech COVID-19 Vaccine 2023-2024 COMIRNATY (COVID-19 Vaccine, mRNA) 2023-2024 Moderna COVID-19 Vaccine 2023-2024 SPIKEVAX 2023-2024	x	x	X
90611, 90622	Monkeypox (Mpox)	Jynneos, ACAM2000®	x	x	X
90678	Respiratory Syncytial Virus (RSV)	Abrysvo	x	x	X
90679		Arexvy	X	X	
90380, 90381		Beyfortus®	X	X	X
90683		mRESVIA	X	X	
90644, 90698, 90697, 90723, 90748	Combinations	DTaP-IPV (Kinrix®) DTaP-IP-HI (Pentacel®) HIBMENCY (MENHIBRIX®) MMR/Varicella (ProQuad®) Hepatitis B-DTaP-IPV (Pediarix®)	X	X	X
90696		DTaP-IPV (Quadracel®)	X	X	X
90636		Hepatitis A-Hepatitis B (Twinrix®)	X	X	X

Table 2: Available Non-Scheduled Vaccinations

CPT Code	Vaccination For	Vaccination(s)	Pharmacy Benefit	Medical Benefit	Vaccine for Children
90581	Anthrax	Biothrax®		X	
90589, 90593	Chikungunya	Ixchiq	X	X	
90625	Cholera	Vaxchora	X	X	
90587	Dengue	Dengvaxia	X	X	X
90758	Ebola	Ervebo®		X	
90738	Japanese Encephalitis	Ixiaro®	X	X	
90375, 90376, 90377, 90675	Rabies	HyperRAB, Imovax, RabAvert	X	X	
J1670	Tetanus	HyperTET	X	X	
90690, 90691	Typhoid	Typhim VI ®, Vivotif Berna® Capsules	X	X	
90378	RSV	Synagis®	X	X	
90717	Yellow Fever	YF-Vax®	X	X	

Clinical Justification:

Due to the effective date change of ALL PLAN LETTER 16-009, adult immunizations are now available under the pharmacy benefit as well as under the medical benefit. This means that members can go to their local pharmacy or to their doctor's office for their immunizations. For members under the age of 19, routine vaccinations available through the VFC program are available via the VFC program and administered at the provider's office. Limitations are based on the APL 16-009 restrictions and recommended routine immunization schedules as published by ACIP (http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-009R.pdf). In accordance with an updated ALL PLAN LETTER 18-004, effective 1/31/18, in instances where the Medi-Cal Provider Manual outlines immunization criteria that is less restrictive than ACIP criteria, MCPs must provide the immunization in accordance with the less restrictive Medi-Cal Provider Manual criteria which can be found at https://mcweb.apps.prd.cammis.medi-

cal.ca.gov/assets/49FB210E-E257-445C-84FA-1C39C388291C/immun.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO. Also note that any immunizations that are available through the pharmacy benefit may require Prior Authorization or have other various restrictions. Details for immunizations through the pharmacy benefit can be found at https://medi-calrx.dhcs.ca.gov/provider/drug-lookup.

EVALUATION CRITERIA FOR APPROVAL/EXCEPTION CONSIDERATION

The coverage criteria and required information for agents with medical benefit restrictions can be found via the Department of Health Care Services (DHCS) Medi-Cal Provider Manual at Immunizations (immun) and Immunizations Code List (immun cd). This coverage criteria has been reviewed and approved by the Health Plan Pharmacy & Therapeutics (P&T) Advisory Committee. For agents that do not have established prior authorization criteria, Health Plan will make the determination based on Medical Necessity criteria as described in Health Plan Medical Review Guidelines (UM06).

REFERENCES

1. Centers for Disease Control and Prevention. (2025). Child and Adolescent Immunization Schedule for ages 18 years or younger. Retrieved from: https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html
2. Centers for Disease Control and Prevention. (2025). Adult Immunization Schedule for ages 19 years or older. Retrieved from: https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html
3. Centers for Disease Control and Prevention. (2025). ACIP Recommendations. Retrieved from: https://www.cdc.gov/acip/vaccine-recommendations/index.html
4. Centers for Disease Control and Prevention. (2025). CDC COVID-19 Vaccination Program Provider Requirements and Support. Retrieved from: https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html
5. Centers for Disease Control and Prevention. (2025). Staying Up to Date with COVID-19 Vaccines. Retrieved from: https://www.cdc.gov/covid/vaccines/stay-up-to-date.html
6. American Academy of Professional Coders. (2024). AMA Releases Vaccine CPT Code Update. Retrieved from: https://www.aapc.com/blog/90916-ama-releases-immunization-vaccine-code-changes/?msockid=374c27297f536f950fc131287ec16e8c
7. Department of Health Care Services Medi-Cal Provider Manual. (2025). Immunizations. Retrieved from: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/49FB210E-E257-445C-84FA-1C39C388291C/immun.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO

REVIEW & EDIT HISTORY

Document Changes	Reference	Date	P&T Chairman
Creation of Policy	Medi-Cal_EOC_2011.pdf	2011	Allen Shek PharmD BCPS
Update to Policy	2013 Medi-Cal EOC.pdf	2013	Allen Shek PharmD BCPS
Update to Policy	Medi-Cal EOC Addendum.pdf	2014	Jonathan Szkotak, PharmD, BCACP
Update to Policy	HPSJ Coverage Policy – Infectious Disease – Immunizations 2016-02.docx	2/2016	Johnathan Yeh, PharmD
Update to Policy	HPSJ Coverage Policy – Infectious Disease – Immunizations 2017-02.docx	2/2017	Johnathan Yeh, PharmD
Update to Policy	HPSJ Coverage Policy – Infectious Disease – Immunizations 2018-02.docx	2/2018	Johnathan Yeh, PharmD
Update to Policy	HPSJ Coverage Policy – Infectious Disease – Immunizations 2019-05.docx	5/2019	Matthew Garrett, PharmD
Update to Policy	Immunizations	5/2020	Matthew Garrett, PharmD
Review of Policy	Immunizations	5/2021	Matthew, Garrett, PharmD
Review of Policy	Immunizations	5/2022	Matthew Garrett, PharmD
Review of Policy	Immunizations	3/2023	Matthew Garrett, PharmD
Review of Policy	Immunizations	3/2024	Matthew Garrett, PharmD
Update to Policy	Immunizations	6/2025	Matthew Garrett, PharmD

Note: All changes are approved by the Health Plan P&T Committee before incorporation into the utilization policy