

# **Vaccines Covered Under the Pharmacy Benefit**

Most BCBSAZ benefit plans that have a retail pharmacy benefit also provide coverage for certain vaccines with no out of pocket costs for eligible members, when the vaccine is administered by a pharmacist in a retail pharmacy setting. When vaccines are not covered under your plan's retail pharmacy benefit, they may still be covered under a different benefit through your plan.

This list of vaccines with coverage under the pharmacy benefit is based on the Centers for Disease Control and Prevention (CDC) Immunization Schedule(s) with consideration of Arizona State Law. This list is subject to change at any time, without notice.

## **Questions?**

Log in to MyBlue<sup>SM</sup> to find participating retail pharmacies, review your specific benefit information, and compare medication pricing and options. If you have questions, please call us.

Member Services	Phone Number	Standard Hours of Operation
Pharmacy Benefits	1 (866) 325-1794	24/7/365
BCBSAZ	Call the number on your ID card	8:30 a.m. to 4:30 p.m. Monday - Friday

## Vaccines Covered Under the Pharmacy Benefit

Drug	Notes		
*Toxoids*			
*Toxoid Combinations***			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	QL (3 doses (1.5ml) per year); Vaccine		
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	QL (3 doses (1.5ml) per year); Vaccine		
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	QL (3 doses (1.5ml) per year); Vaccine		
INFANRIX	QL (3 doses (1.5ml) per year); Vaccine		
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	QL (0.5ml (1 dose) per lifetime); AL (Min 4 Years and Max 6 Years); Vaccine		
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	QL (3 doses (1.5ml) per year); AL (Max 6 Years); Vaccine		
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Vaccine		
QUADRACEL INTRAMUSCULAR SUSPENSION	QL (0.5ml (1 dose) per lifetime); AL (Min 4 Years and Max 6 Years); Vaccine		
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	QL (0.5ml (1 dose) per lifetime); AL (Min 4 Years and Max 6 Years); Vaccine		
TDVAX	QL (3 doses (1.5ml) per year); Vaccine		
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	QL (3 doses (1.5ml) per year); Vaccine		
tetanus-diphtheria toxoids td	QL (3 doses (1.5ml) per year); Vaccine		
VAXELIS	AL (Max 5 Years); Vaccine		
*Vaccines*			
*Bacterial Vaccines***			
ACTHIB	Vaccine		
BEXSERO	QL (2 doses (1ml) per year); AL (Min 10 Years); Vaccine		
HIBERIX INJECTION	Vaccine		
MENVEO	Vaccine		
PEDVAX HIB INTRAMUSCULAR SUSPENSION	Vaccine		
PENBRAYA	AL (Min 10 Years and Max 25 Years); Vaccine		
PNEUMOVAX 23	QL (2 doses (1ml) per year); Vaccine		
PREVNAR 13	QL (0.5ml (1 dose) per lifetime); Vaccine		
PREVNAR 20	QL (0.5ml (1 dose) per lifetime); Vaccine		
TRUMENBA	QL (3 doses (1.5ml) per year); AL (Min 10 Years and Max 26 Years); Vaccine		
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	Vaccine		
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Vaccine		
VAXCHORA	Vaccine		
VAXNEUVANCE	QL (0.5ml (1 dose) per lifetime); Vaccine		
VIVOTIF	QL (4 capsules per month); Vaccine		
*Viral Vaccine Combinations***			
M-M-R II INJECTION	Vaccine		
PRIORIX	Vaccine		

OPEN Drug List; Last revision date:04/25/2024 To search for a drug use control + f

Drug	Notes			
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	QL (3 doses (3ml) per year); AL (Min 18 Years); Vaccine			
*Viral Vaccines***				
ABRYSVO	QL (1 doe per lifetime); AL (Min 60 Years); Vaccine			
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	QL (1 dose (0.5ml) in 9 months); AL (Min 6 Years); Vaccine			
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	QL (1 dose (0.5ml) in 9 months); AL (Min 6 Years); Vaccine			
AREXVY	QL (1 dose per lifetime); AL (Min 60 Years); Vaccine			
COMIRNATY	AL (Min 12 Years); Vaccine			
DENGVAXIA	Vaccine			
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Vaccine			
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	Vaccine			
FLUAD QUADRIVALENT	QL (1 dose (0.5ml) in 9 months); AL (Min 65 Years); Vaccine			
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	QL (1 dose (0.5ml) in 9 months); AL (Min 6 Years); Vaccine			
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	QL (1 dose (0.5ml) per 9 months); AL (Min 6 Years); Vaccine			
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	QL (2 doses (1ml) per year); AL (Min 6 Years); Vaccine			
FLUZONE HIGH-DOSE QUADRIVALENT	QL (1 dose (0.7ml) in 9 months); AL (Min 65 Years); Vaccine			
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	QL (1 dose (0.5ml) in 9 months); AL (Min 6 Years); Vaccine			
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	QL (1 dose (0.5ml) in 9 months); AL (Min 6 Years); Vaccine			
GARDASIL 9	QL (3 doses (1.5ml) per lifetime); AL (Min 9 Years and Max 45 Years); Vaccine			
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	QL (4 doses (4ml) per lifetime); Vaccine			
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	QL (4 doses (2ml) per lifetime); Vaccine			
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	QL (3 doses (1.5ml) per year); AL (Min 18 Years); Vaccine			
IXCHIQ	Vaccine			
IXIARO	Vaccine			
MODERNA COVID-19 VAC 6M-11Y	QL (2 doses per year); AL (Min 6 Months and Max 11 Years); Vaccine			
novavax covid-19 vaccine	QL (2 doses per year); AL (Min 12 Years); Vaccine			
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	QL (2 doses per year); AL (Min 5 Years and Max 11 Years); Vaccine			
pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml	QL (2 doses per year); AL (Min 6 Months and Max 4 Years); Vaccine			
PREHEVBRIO	Vaccine			

OPEN Drug List; Last revision date:04/25/2024 To search for a drug use control + f

Drug	Notes
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	Vaccine
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	Vaccine
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	QL (2 doses per lifetime); AL (Min 50 Years); Vaccine
SPIKEVAX	AL (Min 12 Years); Vaccine
stamaril	Vaccine
TICOVAC	Vaccine
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML	QL (4 doses (2ml) per lifetime); Vaccine
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	QL (4 doses (4ml) per lifetime); Vaccine
VARIVAX	QL (2 doses per year); Vaccine
YF-VAX SUBCUTANEOUS INJECTABLE	Vaccine

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call 602-864-4884 for Spanish and 877-475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, 602-864-2288, TTY/TDD 602-864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.



# Multi-language Interpreter Services

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílínigíí Blue Cross Blue Shield of Arizona haada yit'éego bína'ídíłkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'ídíłkidgo beehaz'áanii hólo díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'ą doo bąąh ílínígóó. Ata' halne'ígíí kojı' bich'j' hodíilnih 877-475-4799.

Chinese: 如果您,或是您正在協助的對象,有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題,您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員,請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

### Arabic:

إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة المتحدث مع مترجم اتصل ب. 479-475-4798

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona について ご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることが できます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

#### Farsi:

اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 479-475-877 [تماس حاصل نمایید

#### Assyrian:

1, 2سمور، عرسم فخيروفة ومنوذومن عمور، 2عكومور في في المحكومور ومنوذومن على Blue Cross Blue Shield of Arizona عمود العمور العمور

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคณ หรอคนทคณกาลงชวยเหลอมคาถามเกยวกบ Blue Cross Blue Shield of Arizona คณมสทธทจะไดรบความชวยเหลอและขอมลในภาษา ของคณไดโดยไมมคาใชจาย พดคยกบลาม โทร 877-475-4799

