

## 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
<b>*Toxoids*</b>	
<b>*Toxoid Combinations***</b>	
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
<i>tetanus-diphtheria toxoids td</i>	QL (3 doses (1.5ml) per year); Vaccine
VAXELIS	AL (Max 5 Years); Vaccine
<b>*Vaccines*</b>	
<b>*Bacterial Vaccines***</b>	
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
<b>*Viral Vaccine Combinations***</b>	
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
<b>*Viral Vaccines***</b>	
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
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	Vaccine
ENGRIX-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
<i>novavax covid-19 vaccine</i>	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
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml</i>	QL (2 doses per year); AL (Min 6 Months and Max 4 Years); Vaccine
PREHEVBRIO	Vaccine

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
<i>stamaryl</i>	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

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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](mailto: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>.



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