

Alameda Alliance for Health Covered Flu Vaccine List 2018-2019



Vaccine Name	NDC	Dosage Form	Manufacturer	Medi-Cal Coverage (632)	Group Care IHSS Coverage (636)
Afluria (PF) 45 mcg/0.5 ml – 5 years and up	33332-0018-01	IM syringe	SEQRUS, INC.	Covered for members 19-64 years old, 1 fill per 270 days. Ages 0-19 should receive through VFC, ages 65 and over should receive from Medicare Part B (or submit PA if they do not have Part B)	Covered for members \geq 5 years old, 1 fill per 270 days.
Afluria 45 mcg /0.5 ml – 5 years and up	33332-0118-10	IM suspension			
Afluria Quad 60 mcg/0.5 ml – 5 years and up	33332-0318-01	IM syringe			
Afluria Quad 60 mcg/0.5 ml – 5 years and up	33332-0418-10	IM suspension			
Fluad (PF) 45 mcg/0.5 ml – 65 years and up	70461-0018-03	IM syringe	SEQRUS, INC.	NON FORMULARY - HIGH DOSE NOT COVERED	NON FORMULARY - HIGH DOSE NOT COVERED
Fluad (PF) 45 mcg/0.5 ml – 65 years and up	70461-0018-04	IM syringe			
Flublok Quad (PF) 180 mcg /0.5 ml – 18 years and up	42874-0718-10	IM syringe	Sanofi-Pasteur	NON FORMULARY	NON FORMULARY
Flublok Quad (PF) 180 mcg /0.5 ml – 18 years and up	42874-0718-88	IM syringe	Sanofi-Pasteur		
Flucelvax Quad (PF) 60 mcg/0.5 ml – 4 years and up	70461-0318-03	IM syringe	SEQRUS, INC.	Covered for members 19-64 years old, 1 fill per 270 days. Ages 0-19 should receive through VFC, ages 65 and over should receive from Medicare Part B (or submit PA if they do not have Part B)	Covered for members \geq 4 years old, 1 fill per 270 days.
Flucelvax Quad 60 mcg /0.5 ml – 4 years and up	70461-0301-10	IM suspension			
Flulaval Quad (PF) 60 mcg/0.5 ml – 6 months and up	19515-0909-52	IM syringe	GSK		
Flulaval Quad (PF) 60 mcg/0.5 ml – 6 months up	19515-0900-11	IM suspension			
Fluarix Quad (PF) 60 mcg/0.5 ml – 6 months and up	58160-0898-52	IM syringe			
Fluzone High-Dose (PF) 180 mcg/0.5 ml – 65 years and up	49281-0403-88	IM syringe	Sanofi-Pasteur	NON FORMULARY - HIGH DOSE NOT COVERED	NON FORMULARY - HIGH DOSE NOT COVERED
Fluzone High-Dose (PF) 180 mcg/0.5 ml – 65 years and up	49281-0403-65	IM syringe			

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Fluzone Quad (PF) 60 mcg /0.5 ml – 36 months and up	49281-0418-58	IM suspension	Sanofi-Pasteur	Covered for members 19-64 years old, 1 fill per 270 days. Ages 0-19 should receive through VFC, ages 65 and over should receive from Medicare Part B (or submit PA if they do not have Part B)	Covered for members ≥ 3 years old , 1 fill per 270 days.
Fluzone Quad (PF) 60 mcg /0.5 ml – 36 months and up	49281-0418-10	IM suspension			
Fluzone Quad (PF) 60 mcg /0.5 ml – 36 months and up	49281-0418-88	IM syringe			
Fluzone Quad (PF) 60 mcg /0.5 ml – 36 months and up	49281-0418-50	IM syringe			Covered for members ≥ 3 years old , 1 fill per 270 days.
Fluzone Quad 60 mcg/0.5 ml – 6 months and up	49281-0629-78	IM suspension			Covered for members ≥ 6 months old , 1 fill per 270 days.
Fluzone Quad 60 mcg/0.5 ml – 6 months up	49281-0629-15	IM suspension			
Fluzone Quad Pedi (PF) 30 mcg/0.5 ml – 6 -35 months	49281-0518-25	IM suspension	Sanofi-Pasteur	NON-FORMULARY	NON-FORMULARY
Fluzone Quad Pedi (PF) 30 mcg/0.25 ml – 6 -35 months	49281-0518-00	IM syringe			
Flumist Quad Nasal (live) 2018-2019 – 2-49 years	66019-0305-10	Nasal Spray	Medimmune, inc	Covered for members 19-49 years old, 1 fill per 270 days. Ages 0-19 should receive through VFC.	Covered for members ≥ 2 – 49 years old , 1 fill per 270 days.