

**2017-2018 KENTUCKY MEDICAID COVERED INFLUENZA VACCINES LIST (without PA)**

KENTUCKY MEDICAID HEALTH PLAN		AETNA Better Health of KY		ANTHEM		HUMANA Care Source		PASSPORT		WELLCARE		KY FFS	
VACCINE and MANUFACTURER	NDC	In office	POS	In Office	POS	In Office	POS	In Office	POS	In Office	POS	In Office	POS
Afluria® (Age 5 years and older; age 18-64 via jet injector) Seqirus	33332-0117-10 (10 dose vial, outer pack) 33332-0117-11 (10 dose vial, inner pack)	Y	Y	Y	Y	0 to 18 years old: reject for Vaccines for Children (VFC) Program 19 or older: covered	0 to 18 years old: reject for Medical benefit 19 or older: covered, bill to Broader Vaccine Network (BVN)	Y	Y	Y	Y	Y	N
Afluria® Preservative Free (Age 5 years and older) Seqirus	33332-0017-01 (10 pk - 1 dose syringe) 33332-0017-02 (1 dose syringe)	Y	Y	Y	Y	0 to 18 years old: reject for Vaccines for Children (VFC) Program 19 or older: covered	0 to 18 years old: reject for Medical benefit 19 or older: covered, bill to Broader Vaccine Network (BVN)	Y	Y	Y	Y	Y	N
Afluria® Quadrivalent (Age 18 years and older; age 18-64 via jet injector) Seqirus	33332-0417-10 (10 dose vial, outer pack) 33332-0417-11 (10 dose vial, inner pack)	Y	Y	Y	Y	0 to 18 years old: reject for Vaccines for Children (VFC) Program 19 or older: covered	0 to 18 years old: reject for Medical benefit 19 or older: covered, bill to Broader Vaccine Network (BVN)	Y	Y	Y	Y	Y	N
Afluria® Quadrivalent Preservative Free (Age 18 years and older) Seqirus	33332-0317-01 (10 pk - 1 dose syringe) 33332-0317-02 (1 dose syringe)	Y	Y	Y	Y	0 to 18 years old: reject for Vaccines for Children (VFC) Program 19 or older: covered	0 to 18 years old: reject for Medical benefit 19 or older: covered, bill to Broader Vaccine Network (BVN)	Y	Y	Y	Y	Y	N
Fluad® Preservative Free (Age 65 years and older) Seqirus	70461-0002-01 (10 pk - 1 dose syringe) 70461-0002-11 (1 dose syringe)	Y	N	Y	Y	0 to 18 years old: reject for Vaccines for Children (VFC) Program 19 or older: covered	0 to 18 years old: reject for Medical benefit 19 or older: covered, bill to Broader Vaccine Network (BVN)	Y	N	Y	Y	Y	N
Fluarix® Quadrivalent Preservative Free (Age 36 months and older) GlaxoSmithKline	58160-0907-52 (10 pk - 1 dose syringe) 58160-0907-41 (1 dose syringe)	N	Y	Y	Y	0 to 18 years old: reject for Vaccines for Children (VFC) Program 19 or older: covered	0 to 18 years old: reject for Medical benefit 19 or older: covered, bill to Broader Vaccine Network (BVN)	Y	Y	Y	Y	Y	N
Flublok® Preservative Free (Age 18 years and older) Protein Sciences	42874-0017-10 (10 pk - 1 dose syringe) 42874-0017-01 (1 dose syringe)	Y	N	Y	Y	0 to 18 years old: reject for Vaccines for Children (VFC) Program 19 or older: covered	Non-Preferred	Y	Y	Y	Y	Y	N
Flublok® Quadrivalent Preservative Free (Age 18 years and older) Protein Sciences	42874-0117-10 (10 pk - 1 dose vial) 42874-0117-01 (1 dose vial)	Y	Y	Y	Y	0 to 18 years old: reject for Vaccines for Children (VFC) Program 19 or older: covered	Non-Preferred	Y	Y	Y	Y	Y	N
Flucelvax® Quadrivalent (Age 4 years and older) Seqirus	70461-0301-10 (10 dose vial, outer pack) 70461-0301-12 (10 dose vial, inner pack)	Y	Y	Y	Y	0 to 18 years old: reject for Vaccines for Children (VFC) Program 19 or older: covered	0 to 18 years old: reject for Medical benefit 19 or older: covered, bill to Broader Vaccine Network (BVN)	Y	Y	Y	Y	Y	N
Flucelvax® Quadrivalent Preservative Free (Age 4 years and older) Seqirus	70461-0201-01 (10 pk - 1 dose syringe) 70461-0201-11 (1 dose syringe)	Y	Y	Y	Y	0 to 18 years old: reject for Vaccines for Children (VFC) Program 19 or older: covered	0 to 18 years old: reject for Medical benefit 19 or older: covered, bill to Broader Vaccine Network (BVN)	Y	Y	Y	Y	Y	N

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KENTUCKY MEDICAID HEALTH PLAN		AETNA Better Health of KY		ANTHEM		HUMANA Care Source		PASSPORT		WELLCARE		KY FFS	
		In office	POS	In Office	POS	In Office	POS	In Office	POS	In Office	POS	In Office	POS
VACCINE and MANUFACTURER	NDC												
FluLaval® Quadrivalent (Age 6 months and older) GlaxoSmithKline	19515-0896-11 (10 dose vial, outer pack) 19515-0896-01 (10 dose vial, inner pack)	Y	Y	Y	Y	0 to 18 years old: reject for Vaccines for Children (VFC) Program 19 or older: covered	0 to 18 years old: reject for Medical benefit 19 or older: covered, bill to Broader Vaccine Network (BVN)	Y	Y	Y	Y	Y	N
FluLaval® Quadrivalent Preservative Free (Age 6 months and older) GlaxoSmithKline	19515-0912-52 (10 pk - 1 dose syringe) 19515-0912-41 (1 dose syringe)	Y	Y	Y	Y	0 to 18 years old: reject for Vaccines for Children (VFC) Program 19 or older: covered	0 to 18 years old: reject for Medical benefit 19 or older: covered, bill to Broader Vaccine Network (BVN)	Y	Y	Y	Y	Y	N
Fluvirin® (Age 4 years and older) Seqirus	70461-0120-10 (10 dose vial, outer pack) 70461-0120-11 (10 dose vial, inner pack) 70461-0120-02 (10 pk - 1 dose syringe) 70461-0120-12 (1 dose syringe)	N	Y	Y	Y	0 to 18 years old: reject for Vaccines for Children (VFC) Program 19 or older: covered	0 to 18 years old: reject for Medical benefit 19 or older: covered, bill to Broader Vaccine Network (BVN)	Y	Y	Y	Y	Y	N
Fluzone® High-Dose (Age 65 and older) Sanofi Pasteur	49281-0401-65 (10 pk - 1 dose syringe) 49281-0401-88 (1 dose syringe)	N	N	Y	Y	0 to 18 years old: reject for Vaccines for Children (VFC) Program 19 or older: covered	0 to 18 years old: reject for Medical benefit 19 or older: covered, bill to Broader Vaccine Network (BVN)	Y	Y	Y	Y	Y	N
Fluzone® Intradermal Quadrivalent (Age 18-64) Sanofi Pasteur	49281-0712-40 (10 pk - 1 dose syringe) 49281-0712-48 (1 dose syringe)	N	N	Y	Y	0 to 18 years old: reject for Vaccines for Children (VFC) Program 19 or older: covered	Non-Preferred	Y	Y	Y	Y	Y	N
Fluzone® Quadrivalent (Age 6 months and older) Sanofi Pasteur	49281-0627-15 (10 dose vial, outer pack) 49281-0627-78 (10 dose vial, inner pack)	N	Y	Y	Y	0 to 18 years old: reject for Vaccines for Children (VFC) Program 19 or older: covered	0 to 18 years old: reject for Medical benefit 19 or older: covered, bill to Broader Vaccine Network (BVN)	Y	Y	Y	Y	Y	N
Fluzone® Quadrivalent Pediatric Dose Preservative Free (Age 6-35 months) Sanofi Pasteur	49281-0517-25 (10 pk - 1 dose syringe) 49281-0517-00 (1 dose syringe)	N	Y	Y	Y	0 to 18 years old: reject for Vaccines for Children (VFC) Program 19 or older: covered	0 to 18 years old: reject for Medical benefit 19 or older: covered, bill to Broader Vaccine Network (BVN)	Y	Y	Y	Y	Y	N
Fluzone® Quadrivalent Preservative Free (Age 36 months and older) Sanofi Pasteur	49281-0417-10 (10 pk - 1 dose vial) 49281-0417-58 (1 dose vial) 49281-0417-50 (10 pk - 1 dose syringe) 49281-0417-88 (1 dose syringe)	N	Y	Y	Y	0 to 18 years old: reject for Vaccines for Children (VFC) Program 19 or older: covered	0 to 18 years old: reject for Medical benefit 19 or older: covered, bill to Broader Vaccine Network (BVN)	Y	Y	Y	Y	Y	N

A prescription is required for all vaccines.