

## KENTUCKY MEDICAID POINT OF SALE COVERED VACCINES LIST (without PA)

Managed Care Organization Health Plan Partner	Aetna Better Health of KY	Anthem	Humana	Passport	WellCare
VACCINE					
INFLUENZA LIVE ATTENUATED VACCINE (LAIV) FLU MIST®	X	X	X	X	X
HAEMOPHILUS B POLYSACCHARIDE CONJ VACCINE	X	X	X	X	X
HAEMOPHILUS B POLYSAC CONJ-HEPATITIS B (RECOMB) VAC		X	X		X
HEPATITIS A VACCINE	X	X	X	X	X
HEPATITIS B VACCINE	X	X	X	X	X
HEPATITIS A (INACT)-HEP B (RECOMB) VAC INJ		X	X	X	X
HUMAN PAPILLOMAVIRUS (GARDASIL 9®)	X	X	X	X	X
INFLUENZA VACCINE	X	X	X	X	X
MEASLES, MUMPS & RUBELLA VIRUS VACCINES	X	X	X	X	X
MEASLES-MUMPS-RUBELLA-VARICELLA VIRUS VACCINES		X	X	X	X
MENINGOCOCCAL CONJUGATE VACCINE	X	X	X	X	X
MENINGOCOCCAL B VACCINE	X	X	X	X	X
PNEUMOCOCCAL VACCINE (PCV13)	X	X	X	X	X
PNEUMOCOCCAL VACCINE (PPSV23)	X	X	X	X	X
POLIOVIRUS VACCINE, IPV	X	X	X	X	X
TETANUS DIPHTHERIA PERTUSSIS (TDAP)	X	X	X	X	X
TETANUS DIPHTHERIA PERTUSSIS (TD)	X	X	X	X	X
INACTIVATED TYPHOID VACCINE IM (TYPHIM VI)		X	X	X	
LIVE ORAL TYPHOID VACCINE CAP DELAYED RELEASE (VIVOTIF)		X	X	X	
VARICELLA VIRUS VACCINE LIVE	X	X	X	X	X
ZOSTER VACCINE LIVE (ZOSTAVAX)	X	X	X	X	X
ZOSTER VACCINE RECOMBINANT (SHINGRIX)	X	X	X	X	X

A prescription is required for all vaccines.

The Vaccines for Children Program (VFC) is available to Medicaid recipients < 19 years of age. All Medicaid recipients < 19 years of age are also eligible to receive Medicaid covered vaccines outside of the Vaccines for Children Program.

(Revised 10/21/2020)