BlueCross BlueShield Arizona

Vaccines Covered Under the Pharmacy Benefit

Custom Premium Drug List – Closed Formulary

Most Blue Cross® Blue Shield® of Arizona (AZ Blue) 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.

To check coverage and copay information for a medication under your plan, visit azblue.com and log into MyBlue. If you do not have access to the website, call the Pharmacy Benefits number on the back of your member ID card.

Questions?

Log in to MyBlue℠ 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
AZ Blue	Call the number on your ID card	8 a.m. to 5 p.m. Monday - Friday

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Drug	Notes
Antivirals	
Antiretroviral Combinations**	
DESCOVY TABLET 120-15 MG ORAL	
Toxoids	
Toxoid Combinations**	
ADACEL SUSPENSION 5-2-15.5 LF-MCG/0.5 INTRAMUSCULAR	QL (1.5 per 351 days); Vaccine
ADACEL SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5 INTRAMUSCULAR	QL (1.5 per 351 days); Vaccine
BOOSTRIX SUSPENSION 5-2.5-18.5 LF-MCG/0.5 INTRAMUSCULAR	QL (1.5 per 351 days); Vaccine
BOOSTRIX SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 INTRAMUSCULAR	QL (1.5 per 351 days); Vaccine
DAPTACEL SUSPENSION 23-15-5 INTRAMUSCULAR	QL (3 doses/ year); Vaccine
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR	QL (3 doses/ year); Vaccine
KINRIX SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	QL (1 dose/ lifetime); AL (Min 4 Years and Max 6 Years); Vaccine
PEDIARIX SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR	QL (3 doses/ year); AL (Max 6 Years); Vaccine
PENTACEL SUSPENSION RECONSTITUTED INTRAMUSCULAR	Vaccine
QUADRACEL SUSPENSION INTRAMUSCULAR	QL (1 dose/ lifetime); AL (Min 4 Years and Max 6 Years); Vaccine
QUADRACEL SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	QL (1 dose/ lifetime); AL (Min 4 Years and Max 6 Years); Vaccine
TDVAX SUSPENSION 2-2 LF/0.5ML INTRAMUSCULAR	QL (1.5 per 351 days); Vaccine
TENIVAC SUSPENSION 5-2 LF/0.5ML INTRAMUSCULAR	QL (1.5 per 351 days); Vaccine
VAXELIS SUSPENSION INTRAMUSCULAR	AL (Max 5 Years); Vaccine
VAXELIS SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR	AL (Max 5 Years); Vaccine
Vaccines	
Bacterial Vaccines**	
ACTHIB SOLUTION RECONSTITUTED INTRAMUSCULAR	Vaccine
bcg vaccine solution reconstituted 50 mg injection	Vaccine
BEXSERO SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	QL (1 per 354 days); AL (Min 10 Years); Vaccine
BIOTHRAX SUSPENSION INTRAMUSCULAR	Vaccine
CAPVAXIVE SOLUTION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	QL (1 per lifetime); AL (Min 18 Years); Vaccine
HIBERIX SOLUTION RECONSTITUTED 10 MCG INJECTION	Vaccine
MENQUADFI SOLUTION 0.5 ML INTRAMUSCULAR	QL (0.5 per 354 days); AL (Max 23 Years); Vaccine
MENVEO SOLUTION INTRAMUSCULAR	Vaccine
MENVEO SOLUTION RECONSTITUTED INTRAMUSCULAR	Vaccine
PEDVAXHIB SUSPENSION 7.5 MCG/0.5ML INTRAMUSCULAR	Vaccine
PENBRAYA SUSPENSION RECONSTITUTED INTRAMUSCULAR	AL (Min 10 Years and Max 25 Years); Vaccine

Drug	Notes
penmenvy suspension reconstituted intramuscular	Vaccine
PNEUMOVAX 23 SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML INJECTION	QL (1 per 354 days); Vaccine
PREVNAR 20 SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	QL (4 doses per lifetime); Vaccine
TRUMENBA SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	QL (1.5 per 354 days); AL (Min 10 Years and Max 26 Years); Vaccine
TYPHIM VI SOLUTION 25 MCG/0.5ML INTRAMUSCULAR	Vaccine
TYPHIM VI SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML INTRAMUSCULAR	Vaccine
VAXCHORA SUSPENSION RECONSTITUTED ORAL	Vaccine
VAXNEUVANCE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	QL (0.5 per lifetime); Vaccine
VIVOTIF CAPSULE DELAYED RELEASE ORAL	Vaccine
VIVOTIF CAPSULE DELAYED RELEASE ORAL	QL (4 per 1 months); Vaccine
Viral Vaccine Combinations**	
M-M-R II SOLUTION RECONSTITUTED INJECTION	Vaccine
PRIORIX SUSPENSION RECONSTITUTED SUBCUTANEOUS	Vaccine
PROQUAD SUSPENSION RECONSTITUTED SUBCUTANEOUS	Vaccine
TWINRIX SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML INTRAMUSCULAR	QL (3 per 354 days); AL (Min 18 Years); Vaccine
Viral Vaccines**	
ABRYSVO SOLUTION RECONSTITUTED 120 MCG/0.5ML INTRAMUSCULAR	QL (1 per lifetime); AL (Min 60 Years); Vaccine
ACAM2000 SOLUTION RECONSTITUTED INJECTION	Vaccine
AFLURIA PRESERVATIVE FREE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	QL (1 per 274 days); AL (Min 6 Months); Vaccine
AFLURIA SUSPENSION INTRAMUSCULAR	QL (1 per 274 days); AL (Min 6 Months); Vaccine
AREXVY SUSPENSION RECONSTITUTED 120 MCG/0.5ML INTRAMUSCULAR	QL (1 per lifetime); AL (Min 60 Years); Vaccine
COMIRNATY 5-11 YEARS SUSPENSION 10 MCG/0.3ML INTRAMUSCULAR	QL (2 per 1 years); AL (Min 5 Years and Max 11 Years); Vaccine
COMIRNATY SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML INTRAMUSCULAR	AL (Min 12 Years); Vaccine
DENGVAXIA SUSPENSION RECONSTITUTED SUBCUTANEOUS	Vaccine
ENGERIX-B SUSPENSION 20 MCG/ML INJECTION	Vaccine
ENGERIX-B SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML INJECTION	Vaccine
ENGERIX-B SUSPENSION PREFILLED SYRINGE 20 MCG/ML INJECTION	Vaccine
FLUAD SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	QL (0.5 per 274 days); AL (Min 65 Years); Vaccine
FLUARIX SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	QL (1 per 274 days); AL (Min 6 Months); Vaccine
FLUBLOK SOLUTION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	QL (0.5 per 274 days); AL (Min 9 Years); Vaccine

Drug	Notes
FLUCELVAX SUSPENSION INTRAMUSCULAR	QL (1 per 274 days); AL (Min 6 Months); Vaccine
FLUCELVAX SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	QL (1 per 274 days); AL (Min 6 Months); Vaccine
FLULAVAL SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	QL (1 per 274 days); AL (Min 6 Months); Vaccine
FLUMIST LIQUID NASAL	QL (0.4 per 274 days); AL (Min 2 Years and Max 49 Years); Vaccine
FLUZONE HIGH-DOSE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	QL (0.5 per 274 days); AL (Min 65 Years); Vaccine
FLUZONE SUSPENSION INTRAMUSCULAR	QL (1 per 274 days); AL (Min 6 Months); Vaccine
FLUZONE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	QL (1 per 274 days); AL (Min 6 Months); Vaccine
GARDASIL 9 SUSPENSION 0.5 ML INTRAMUSCULAR	QL (1.5 per lifetime); AL (Min 9 Years and Max 45 Years); Vaccine
GARDASIL 9 SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	QL (1.5 per lifetime); AL (Min 9 Years and Max 45 Years); Vaccine
HAVRIX SUSPENSION PREFILLED SYRINGE 1440 EL U/ML INTRAMUSCULAR	QL (4 per lifetime); Vaccine
HAVRIX SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML INTRAMUSCULAR	QL (2 per lifetime); Vaccine
HEPLISAV-B SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML INTRAMUSCULAR	QL (1.5 per 354 days); AL (Min 18 Years); Vaccine
IMOVAX RABIES SUSPENSION RECONSTITUTED 2.5 UNIT/ML INTRAMUSCULAR	Vaccine
IPOL SUSPENSION INJECTION	Vaccine
IXIARO SUSPENSION INTRAMUSCULAR	Vaccine
JYNNEOS SUSPENSION 0.5 ML SUBCUTANEOUS	QL (1 per 354 days); AL (Min 18 Years); Vaccine
MNEXSPIKE SUSPENSION PREFILLED SYRINGE 10 MCG/0.2ML INTRAMUSCULAR	AL (Min 12 Years); Vaccine
MRESVIA SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML INTRAMUSCULAR	AL (Min 60 Years); Vaccine
nuvaxovid covid-19 vaccine suspension prefilled syringe 5 mcg/0.5ml intramuscular	QL (1 per 354 days); AL (Min 12 Years); Vaccine
PREHEVBRIO SUSPENSION 10 MCG/ML INTRAMUSCULAR	Vaccine
RABAVERT SUSPENSION RECONSTITUTED INTRAMUSCULAR	Vaccine
RECOMBIVAX HB SUSPENSION 10 MCG/ML INJECTION	Vaccine
RECOMBIVAX HB SUSPENSION 40 MCG/ML INJECTION	Vaccine
RECOMBIVAX HB SUSPENSION 5 MCG/0.5ML INJECTION	Vaccine
RECOMBIVAX HB SUSPENSION PREFILLED SYRINGE 10 MCG/ML INJECTION	Vaccine
RECOMBIVAX HB SUSPENSION PREFILLED SYRINGE 5 MCG/0.5ML INJECTION	Vaccine
ROTATEQ SOLUTION ORAL	Vaccine

Drug	Notes
SHINGRIX SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML INTRAMUSCULAR	QL (2 doses/ lifetime); AL (Min 50 Years); Vaccine
SHINGRIX SUSPENSION RECONSTITUTED 50 MCG/0.5ML INTRAMUSCULAR	QL (2 per lifetime); AL (Min 50 Years); Vaccine
SPIKEVAX 6M-11Y SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML INTRAMUSCULAR	AL (Min 6 Months and Max 11 Years); Vaccine
SPIKEVAX SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML INTRAMUSCULAR	AL (Min 12 Years); Vaccine
stamaril suspension reconstituted injection	Vaccine
TICOVAC SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML INTRAMUSCULAR	Vaccine
TICOVAC SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML INTRAMUSCULAR	Vaccine
VAQTA SUSPENSION 25 UNIT/0.5ML INTRAMUSCULAR	QL (2 per lifetime); Vaccine
VAQTA SUSPENSION 50 UNIT/ML INTRAMUSCULAR	QL (4 per lifetime); Vaccine
VAQTA SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML INTRAMUSCULAR	QL (2 per lifetime); Vaccine
VAQTA SUSPENSION PREFILLED SYRINGE 50 UNIT/ML INTRAMUSCULAR	QL (4 per lifetime); Vaccine
VARIVAX SUSPENSION RECONSTITUTED 1350 PFU/0.5ML INJECTION	QL (1 per 354 days); Vaccine
VIMKUNYA SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML INTRAMUSCULAR	AL (Min 12 Years); Vaccine
YF-VAX SUSPENSION RECONSTITUTED SUBCUTANEOUS	Vaccine

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Notice of Nondiscrimination

Discrimination Is Against the Law

Blue Cross® Blue Shield® of Arizona (AZ Blue) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes). **AZ Blue** does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

AZ Blue:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 602-864-4884 for Spanish and 1-877-475-4799 for all other languages and other aids and services.

If you believe that **AZ Blue** 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:

Section 1557 Coordinator
P.O. Box 13466
Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711
or email us at **crc@azblue.com**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **AZ Blue Section 1557 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, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
This notice is available at AZ Blue's website: azblue.com/nondiscrimination-notice.

BlueCross BlueShield Arizona

Un licenciatario independiente de Blue Cross Blue Shield Association

Aviso de no discriminación

La discriminación es ilegal

Blue Cross® Blue Shield® of Arizona (AZ Blue) cumple con las leyes federales de derechos civiles vigentes y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad ni sexo (de conformidad con el alcance de la discriminación sexual descrita en la Sección 92.101[a][2] del Título 45 del Código de Regulaciones Federales [CFR]) (o sexo, que incluye las características sexuales, como rasgos intersexuales, embarazo o condiciones relacionadas, orientación sexual, identidad de género y estereotipos sexuales). **AZ Blue** no excluye a las personas ni las trata de manera menos favorable por motivos de raza, color, nacionalidad, edad, discapacidad ni sexo.

AZ Blue:

- Brinda a las personas con discapacidades modificaciones razonables y ayudas y servicios auxiliares gratuitos y apropiados para comunicarse de manera eficaz con nosotros, tales como:
  - Intérpretes de lenguaje de señas calificados.
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Ofrece servicios gratuitos de asistencia lingüística a personas cuyo idioma principal no es el inglés, que pueden incluir:
  - Intérpretes calificados.
  - Información escrita en otros idiomas

Si necesita modificaciones razonables, ayudas y servicios auxiliares apropiados o servicios de asistencia lingüística, llame al 602-864-4884 para español y al 1-877-475-4799 para todos los demás idiomas y otras ayudas y servicios**.**

Si considera que **AZ Blue** no ha proporcionado estos servicios o ha discriminado de cualquier otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja ante:

Section 1557 Coordinator
P.O. Box 13466
Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711

o bien, envíenos un correo electrónico a **crc@azblue.com**

Puede presentar una queja en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para presentar una queja, el **Coordinador de la Sección 1557 de AZ Blue** está disponible para ayudar.

También puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. de manera electrónica a través del Portal de reclamos de la Oficina de Derechos Civiles, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o por correo o teléfono a:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Los formularios de reclamos están disponibles en http://www.hhs.gov/ocr/office/file/index.html. Este aviso está disponible en el sitio web de AZ Blue: azblue.com/nondiscrimination-notice.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-475-4799.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 602-864-4884.

Navajo: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 1-877-475-4799.

Chinese Simplified: 如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-877-475-4799 。

Chinese Traditional: 如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-877-475-4799。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-475-4799.

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-475-4799.

Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-475-4799.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-475-4799.

Korean: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-475-4799.

Russian: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-475-4799.

Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-475-4799.

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-475-4799 ।

Farsi (Persian)

توجه: اگر فارسی صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-877-475-4799.

Thai: หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-475-4799 หรือปรึกษาผู้ให้บริการของคุณ”

Japanese: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-475-4799 。

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