

## Vaccines Covered Under the Pharmacy Benefit

### Open Drug List

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](http://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<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
AZ Blue	Call the number on your ID card	8 a.m. to 5 p.m. Monday - Friday

**Vaccines Covered Under the Pharmacy Benefit**

<b>Drug</b>	<b>Notes</b>
<b>*Toxoids*</b>	
<b>*Toxoid Combinations***</b>	
<b>ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5</b>	QL (3 doses (1.5ml) per year); Vaccine
<b>ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	QL (3 doses (1.5ml) per year); Vaccine
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5</b>	QL (3 doses (1.5ml) per year); Vaccine
<b>DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5</b>	QL (3 doses (1.5ml) per year); Vaccine
<b>INFANRIX</b>	QL (3 doses (1.5ml) per year); Vaccine
<b>KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	QL (0.5ml (1 dose) per lifetime); AL (Min 4 Years and Max 6 Years); Vaccine
<b>PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	QL (3 doses (1.5ml) per year); AL (Max 6 Years); Vaccine
<b>PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	Vaccine
<b>QUADRACEL INTRAMUSCULAR SUSPENSION</b>	QL (0.5ml (1 dose) per lifetime); AL (Min 4 Years and Max 6 Years); Vaccine
<b>QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	QL (0.5ml (1 dose) per lifetime); AL (Min 4 Years and Max 6 Years); Vaccine
<b>TDVAX</b>	QL (3 doses (1.5ml) per year); Vaccine
<b>TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU</b>	QL (3 doses (1.5ml) per year); Vaccine
<b>TENIVAC INTRAMUSCULAR SUSPENSION</b>	QL (3 doses (1.5ml) per year); Vaccine
<i>tetanus-diphtheria toxoids td</i>	QL (3 doses (1.5ml) per year); Vaccine
<b>VAXELIS</b>	AL (Max 5 Years); Vaccine
<b>*Vaccines*</b>	
<b>*Bacterial Vaccines***</b>	
<b>ACTHIB</b>	Vaccine
<i>bcg vaccine injection solution reconstituted</i>	Vaccine
<b>BEXSERO</b>	QL (2 doses (1ml) per year); AL (Min 10 Years); Vaccine
<b>BIOTHRAX</b>	Vaccine
<b>CAPVAXIVE</b>	QL (0.5ml (1 dose) per lifetime); AL (Min 18 Years); Vaccine
<b>HIBERIX INJECTION</b>	Vaccine
<b>MENQUADFI INTRAMUSCULAR SOLUTION</b>	QL (1 dose (0.5ml) per 354 days); AL (Max 23 Years); Vaccine
<b>MENVEO</b>	Vaccine
<b>PEDVAX HIB INTRAMUSCULAR SUSPENSION</b>	Vaccine
<b>PENBRAYA</b>	AL (Min 10 Years and Max 25 Years); Vaccine
<i>penmenvy</i>	Vaccine
<b>PNEUMOVAX 23 INJECTION INJECTABLE</b>	QL (2 doses (1ml) per year); Vaccine
<b>PREVNAR 13</b>	QL (0.5ml (1 dose) per lifetime); Vaccine
<b>PREVNAR 20</b>	QL (2ml (4 doses) per lifetime); Vaccine

Drug	Notes
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 5 years); AL (Min 6 Years); Vaccine
<b>*Viral Vaccine Combinations***</b>	
M-M-R II INJECTION	Vaccine
PRIORIX	Vaccine
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Vaccine
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	QL (3 doses (3ml) per year); AL (Min 18 Years); Vaccine
<b>*Viral Vaccines***</b>	
ABRYOVO	QL (1 dose per lifetime); AL (Min 50 Years); Vaccine
ACAM2000	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 50 Years); Vaccine
COMIRNATY	AL (Min 12 Years); Vaccine
COMIRNATY 5-11 YEARS	QL (2 doses per year); AL (Min 5 Years and Max 11 Years); Vaccine
DENGVAXIA	Vaccine
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Vaccine
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	Vaccine
FLUAD QUADRIVALENT	QL (1 dose (0.5ml) in 9 months); AL (Min 65 Years); Vaccine
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	QL (1 dose per 274 days); AL (Min 6 Years); Vaccine
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	QL (1 dose (0.5ml) in 9 months); AL (Min 6 Years); Vaccine
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	QL (1 dose (0.5ml) per 274 days); AL (Min 9 Years); Vaccine
FLUCELVAX INTRAMUSCULAR SUSPENSION	QL (1 dose per 274 days); AL (Min 6 Years); Vaccine
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	QL (1 dose per 274 days); AL (Min 6 Years); Vaccine
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	QL (1 dose (0.5ml) per 9 months); AL (Min 6 Years); Vaccine

Drug	Notes
<b>FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	QL (2 doses (1ml) per year); AL (Min 6 Years); Vaccine
<b>FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	QL (1 dose per 274 days); AL (Min 6 Years); Vaccine
<b>FLUMIST</b>	QL (2 dose per 274 days); AL (Min 2 Years and Max 49 Years)
<b>FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	AL (Min 65 Years)
<b>FLUZONE HIGH-DOSE QUADRIVALENT</b>	QL (1 dose (0.7ml) in 9 months); AL (Min 65 Years); Vaccine
<b>FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	AL (Min 6 Years)
<b>FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION</b>	QL (1 dose (0.5ml) in 9 months); AL (Min 6 Years); Vaccine
<b>FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>	QL (1 dose (0.5ml) in 9 months); AL (Min 6 Years); Vaccine
<b>GARDASIL 9</b>	QL (3 doses (1.5ml) per lifetime); AL (Min 9 Years and Max 45 Years); Vaccine
<b>HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML</b>	QL (4 doses (4ml) per lifetime); Vaccine
<b>HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML</b>	QL (4 doses (2ml) per lifetime); Vaccine
<b>HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML</b>	QL (4 doses (4ml) per lifetime); Vaccine
<b>HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML</b>	QL (4 doses (2ml) per lifetime); Vaccine
<b>HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</b>	QL (3 doses (1.5ml) per year); AL (Min 18 Years); Vaccine
<b>IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	Vaccine
<b>IPOL INJECTION INJECTABLE</b>	Vaccine
<b>IPOL INJECTION SUSPENSION</b>	Vaccine
<b>IXCHIQ</b>	Vaccine
<b>IXIARO</b>	Vaccine
<b>JYNNEOS</b>	QL (2x 0.5 ML doses per year); AL (Min 18 Years); Vaccine
<b>MNEXSPIKE</b>	AL (Min 12 Years); Vaccine
<b>MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION</b>	QL (2 doses per year); AL (Min 6 Years and Max 11 Years); Vaccine
<b>MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	AL (Min 6 Years and Max 11 Years)
<b>MRESVIA</b>	QL (0.5ml (1 dose) per lifetime); AL (Min 60 Years)
<i>novavax covid-19 vaccine</i>	QL (2 doses per year); AL (Min 12 Years); Vaccine
<i>nuvaxovid covid-19 vaccine</i>	QL (2 doses per year); AL (Min 12 Years); Vaccine
<b>PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML</b>	QL (2 doses per year); AL (Min 5 Years and Max 11 Years); Vaccine

Drug	Notes
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml</i>	QL (2 doses per year); AL (Min 6 Years and Max 4 Years); Vaccine
<b>PREHEVBRIO</b>	Vaccine
<b>RABAVERT</b>	Vaccine
<b>RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML</b>	Vaccine
<b>RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE</b>	Vaccine
<b>ROTARIX ORAL SUSPENSION RECONSTITUTED</b>	Vaccine
<b>ROTATEQ ORAL SOLUTION</b>	Vaccine
<b>SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	QL (2 doses per lifetime ); AL (Min 50 Years); Vaccine
<b>SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML</b>	QL (2 doses per lifetime); AL (Min 50 Years); Vaccine
<b>SPIKEVAX</b>	AL (Min 12 Years); Vaccine
<b>SPIKEVAX 6M-11Y</b>	AL (Min 6 Months and Max 11 Years); Vaccine
<i>stamaril</i>	Vaccine
<b>TICOVAC</b>	Vaccine
<b>VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML</b>	QL (4 doses (2ml) per lifetime); Vaccine
<b>VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML</b>	QL (4 doses (4ml) per lifetime); Vaccine
<b>VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML</b>	QL (4 doses (2ml) per lifetime); Vaccine
<b>VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/ML</b>	QL (4 doses (4ml) per lifetime); Vaccine
<b>VARIVAX</b>	QL (2 doses per year); Vaccine
<b>VIMKUNYA</b>	AL (Min 12 Years); Vaccine
<b>YF-VAX SUBCUTANEOUS INJECTABLE</b>	Vaccine
<b>YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED</b>	Vaccine



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# 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](mailto: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](http://azblue.com/nondiscrimination-notice).



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](mailto: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](http://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 yániit'i'gogo, saad bee aná'awo' bee áka'anída'awo'ít'á'á jiiik'eh ná hóló. Bee ahít hane'go bee nida'anishí t'á'á ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'i'ígíí éí t'á'á jiiik'eh hóló. Kohjí' 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 Sprachassistentendienste 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:** 한국어를 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 सेवाएं भी निःशुल्क उपलब्ध हैं। 1-877-475-4799 ।

### Farsi (Persian)

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

**Thai:** หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย 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。