

**IEHP**  
**VACCINE REIMBURSEMENT SCHEDULE**  
**MEDI-CAL, HEALTHY KIDS AND MEDICARE DUALCHOICE MEMBERS**  
**(EXCEPT MEDI-CAL MEMBERS 0-18 YOA)**

<b>Drug Name</b>	<b>Type of Vaccine</b>	<b>CPT Code</b>	<b>Target Age Group</b>
Vaqta	Hep A 2 dose-Adult	90632	19+ yoa (2 doses)
Twinrix	HepA/B-Adult	90636	18+ yoa*
Gardasil	HPV quadrivalent	90649	9-26 yoa (3 doses)
Cervarix	HPV bivalent	90650	10-25 yoa*
MMR	MMR	90707	1 or 2 doses before 49; 1 dose after
Decavac Tetanus and Diphtheria Toxoids Adsorbed Preservative Free	Td Adult, Preserv Free	90714	7+ yoa (every 10 years)
Adacel or Boostrix Tetanus Diphtheria and Acellular Pertussia	Tdap	90715	11-64 yoa (every 10 years)
Varicella	Varicella	90716	2 doses*
Tetanus and diphtheria toxoids adsorbed	Tdap	90718	7+ yoa (every 10 years)
Pneumovax23 or Pnu0Imune23	Pneumococcal	90732	65+yrs, More than 2 yrs with health risks*
Menactra or Menveo	Meningococcal	90734	2-55 yoa (1 or more doses)
Zostavax	Zoster, live	90736	60+ yoa (1 dose)
Ixiaro	Japanese Encephalitis	90738	17+ yoa*
Engerix-B for adults (20ug)	Hep B- Adult	90746	20+ yoa (3 doses)
Recombivax HB for adults (10ug)	Hep B- Adult	90746	20+ yoa (3 doses)

**Reimbursement Rate: Published Wholesale Acquisition Cost + 5%**

IEHP provides vaccine coverage based on the latest ACIP recommendations and guidelines. Note that IEHP is responsible for the cost of vaccines for all ages for our Medi-Cal, Healthy Kids and DualChoice Members (EXCEPT IEHP Medi-Cal Members 0-18 yoa). The vaccine costs are covered by the VFC program for the IEHP Medi-Cal between 0-18 yoa.

Please refer to the “Summary of Recommendations” for both Child & Adolescents AND Adult Vaccines. For the latest updates and news regarding the vaccines, please visit CDC’s ACIP website at: <https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>.

*\*If the targeted age range or dosage is not specified, please refer to the Summary of Recommendations for more detailed information.*