



# Vaccination Coverage Guide

CareOregon Advantage and OHP Members  
Updated 3/27/18



Instructions for Use:

1. This document provides general information regarding vaccination coverage through CareOregon’s Medicaid and Medicare Advantage plans.
2. Some vaccines are covered under the “medical” benefit inferring office administration and others are covered under the “pharmacy” benefit meaning dispensed at a network pharmacy. For some vaccines, both office and pharmacy administration are allowed.
3. For vaccines not identified in the table below, you can check the [OHP formulary](#) or the [CareOregon Advantage formulary](#) to see if the vaccine is allowed under the pharmacy benefit and if there are any restrictions.
4. If you have questions or need specific details please contact CareOregon Customer Service.

Medicare Vaccine Coverage:

- Most preventative vaccines are covered by Part D (pharmacy benefit) and not by Part B (medical benefit).
- Part B covers pneumococcal, influenza, hepatitis B for individuals at high or intermediate risk, and tetanus toxoid or rabies directly related to the treatment of an injury or direct exposure. These vaccines can be billed through medical or at a network pharmacy. If applicable, coverage rules must be met.
- You can check the [CareOregon Advantage formulary](#) to see whether or not the vaccine is covered by Part D and if there are any restrictions.
- For all Part D vaccines, we prefer that members go to a network pharmacy because the vaccine and the administration will be covered by us at the lowest cost.
- However if you decide to vaccinate in the office, you have several different options: 1) You can bill the member for the entire cost of the vaccine and the administration. They will need to contact us for reimbursement or 2) You can fill out this [form](#) to request payment for a Part D vaccine administered in the office.

Medicaid Vaccine Coverage:

- Many routine vaccines for kids are covered by the Vaccines for Children (VFC) program. These vaccines are NOT covered at the pharmacy. They should be administered in the office with the vaccine supplied by the VFC. CareOregon will reimburse for the administration of these vaccines only. Please see the VFC website for their current covered vaccines.
- Vaccines for the purposes of foreign travel (“Travel Vaccines”) are excluded under Medicaid.

Common Vaccines

	Medicare (COA)		Medicaid (OHP)	
	Medical	Pharmacy	Medical	Pharmacy
HepA/HepB (Twinrix)	PA required	PA required	18 and up	19 and up
HepA (Havrix, Vaqta)	Excluded	Covered	Covered	19 and up
HepB (Recombivax, Recombivax)	PA required	PA required	Covered	19 and up
Shingles (Zostavax)	Excluded	Shingrix Preferred (see below)		
Shingles (Shingrix)	Excluded	50 and up	50 and up	50 and up
Varicella/Chicken-Pox (Varivax)	Excluded	Covered	Covered	19 and up
Pneumonia (Pneumovax, Pneumovax)	Covered	Covered	Covered	19 and up
Influenza (specific forms may have labeled indications to follow)	Covered	Covered	Covered	Covered
HPV (Gardasil 9)	Excluded	Ages 9-26	Age ≤ 26	Ages 19-26