Vaccine Network Drug List

Updated January 1, 2017

For those who participate in the Vaccine Network, the vaccines listed below can be conveniently administered at a participating pharmacy by a qualified clinician once you present your member ID card and any associated copay/coinsurance or prescription if applicable. This applies to Blue Cross plan members with coverage through the Blue Cross Pharmacy Vaccine Network. Check your Blue Cross benefit booklet to find out if this network applies to your plan. After selecting a participating pharmacy, be sure to check with the pharmacy on availability of the selected vaccine and staff to administer it.

BACTERIAL VACCINE COMBINATIONS

MENHIBRIX

DIPHTHERIA-TETANUS COMBINATIONS (Toxoids)

ADACEL BOOSTRIX DAPTACEL DIPHTHERIA/TETANUS TOXOIDS - ADSORBED **INFANRIX** KINRIX PEDIARIX PENTACEL QUADRACEL TENIVAC TETANUS/DIPHTHERIA TOXOIDS - ADSORBED

HAEMOPHILUS INFLUENZAE TYPE B (HIB)

ACTHIB HIBFRIX PEDVAX HIB

HEPATITIS A

HAVRIX VAQTA

HEPATITIS B

FNGFRIX-B RECOMBIVAX HB

HEPATITIS COMBINATIONS

COMVAX TWINRIX

HUMAN PAPILLOMAVIRUS (HPV) - Females only **CFRVARIX**

HUMAN PAPILLOMAVIRUS (HPV) – Males & Females GARDASIL **GARDASIL 9**

INFLUENZA

AFLURIA/PRESERVATIVE FREE/QUADRIVALENT FLUAD FLUARIX/QUADRIVALENT

FLUBLOK FLUCELVAX/QUADRIVALENT FLULAVAL/QUADRIVALENT FLUVIRIN/PRESERVATIVE FREE FLUZONE/HIGH-DOSE/INTRADERMAL/PRESERVATIVE FREE/ QUADRIVALENT/SPLIT

MEASLES, MUMPS, AND RUBELLA VIRUS (MMR) M-M-R II

MEASLES, MUMPS, RUBELLA, AND VARICELLA (MMRV) PROQUAD

MENINGITIS

BEXSERO MENACTRA MENOMUNE **MENVEO TRUMENBA**

PNEUMONIA

PNFUMOVAX 23 PREVNAR 13

POLIO

IPOL RABIES **IIMOVAX RABIES**

RABAVERT

VARICELLA (Chickenpox)

To find a pharmacy that participates in the Pharmacy Vaccine Network:

Go to AlabamaBlue.com/PharmacyLocator.

- 2. Enter a search location by using the zip code for the area you would like to search or by selecting a state.
- З. In the "Network or Plan" section, use the drop down menu to select "Vaccine Network" and then filter by the retail network that applies to your plan.

Generic Drugs = **bold** Brand Drugs = CAPITAL LETTERS ** = generic available

3160-E © Prime Therapeutics LLC 10/16 Product names listed are the property of their respected owners.



ROTAVIRUS ROTARIX ROTATEQ SHINGLES

ZOSTAVAX

VARIVAX