



SFHP Vaccine Drug List

The following vaccines (listed by most common brand name) are covered under the San Francisco Health Plan's (SFHP) Outpatient Pharmacy Benefit for Medi-Cal members 19 years of age and older.

Children 18 years of age or younger are eligible for vaccinations through California Vaccines for Children (VFC) Program. Please contact VFC at 1-877-243-8832 for more information.

Vaccines not found on this list may be covered under medical benefit. Please contact Customer Service at 1(800)288-5555 or 1(415)547-7800 for more information.

Billing Instruction

- Submit quantity dispense based on billing unit or appropriate single dose.
- Professional service or MA code must be entered for claims to process.
- Incentive/administration fee must be entered for claims to process.
 - SFHP have set incentive fee at \$9.50 for all vaccines.
- For members 18 years or younger, please refer member to provider for administration of vaccines through VFC program. **

**This vaccine drug list is current as of
09/15/2021.**

Influenza Vaccine

Fluad® Quad 2021-2022(65yr+)(PF)
Fluarix® Quad 2021-2022 (PF)
Flublok® Quad 2021-2022 (PF)
Flucelvax® Quad 2021-2022
Flucelvax® Quad 2021-2022 (PF)
Flulaval® Quad 2021-2022 (PF)
Flumist® Quad 2021-2022 Nasal Spray
Fluzone® Quad 2021-2022
Fluzone® Quad 2021-2022 (PF)
Fluzone® HD Quad 2021-2022 (PF)

Measles/Mumps/Rubella(MMR)

M-M-R® II

Rabies

Imovax Rabies®
Rabavert®

Typhoid

Vivotif® Berna Vaccine

Meningococcal

Bexsero®
Menveo®
Menactra®
Trumenba®

Pneumococcal

Pneumovax®23
Prenar 13®

Herpes Zoster (Shingles)

Zostavax®
Shingrix®

Tetanus/Diphtheria/Pertussis (Tdap/Td)

Adacel®
Boostrix®
Tenvirax®

Diphtheria/Tetanus/Pertussis/Polio/Haemophilus Influenzae Type B (DTaP-IPV-Hib)

Pentacel®

Haemophilus Influenzae Type B (Hib)

ActHIB®



COVID-19 Vaccines

Pfizer-BioNTech

Moderna

Janssen (Johnson & Johnson)

***Healthy Workers HMO only, Medi-Cal member
vaccines bill directly to FFS***

Varicella (Chickenpox)

Varivax®

Human Papillomavirus (HPV)

Gardasil® (Quadrivalent)

Gardasil 9® (9-valent)

Hepatitis A and B Virus Vaccines

Twinrix®

Hepatitis A Virus Vaccine

Havrix®

VAQTA®

Hepatitis B Virus Vaccine

Engerix-B®

Recombivax HB®

Heplisav-B®

If you are hearing impaired, please call the TDD/TYY line at 1(415) 547-7830, toll-free at 1(888) 883-7347 or through the California Relay Service at 711. You may request this document in alternative formats like Braille, large size print, and audio. To request other formats, or for help with reading this document and other SFHP materials, please call Customer Service at 1(415) 547-7800 or toll-free at 1(800) 288-5555.