

# PHARMACY FACTS

## Program Updates from Louisiana Medicaid

September 16, 2022 *Revised September 23, 2022*

### **Adult Vaccines**

The updated Adult Vaccine List covered in the pharmacy program is listed below.

| <b>Vaccines</b>                                                   | <b>Brand Name Examples</b>     | <b>Age Limit</b> |
|-------------------------------------------------------------------|--------------------------------|------------------|
| Hepatitis A Adult                                                 | Vaqta®, Havrix®                | ≥ 19 years       |
| Hepatitis A – Hepatitis B Adult                                   | Twinrix®                       | ≥ 19 years       |
| Hepatitis B Adult (recombinant adjuvanted)                        | Heplisav-B®                    | ≥ 19 years       |
| Hepatitis B Adult (recombinant)                                   | Engerix-B®, Recombivax HB®     | ≥ 19 years       |
| Hepatitis B vaccine [trivalent (recombinant)]                     | PreHevbrio®                    | ≥ 19 years       |
| HPV – Human Papillomavirus 9-valent                               | Gardasil®9                     | 19-45 years      |
| Influenza Vaccine                                                 | Various Brands                 | *                |
| Measles, Mumps & Rubella                                          | M-M-R®II, Priorix®             | ≥ 19 years       |
| Meningococcal Conjugate (Groups A, C, Y and W-135)                | Menveo®, Menactra®, MenQuadfi® | ≥ 19 years       |
| MENB – Meningococcal Group B                                      | Trumenba®, Bexsero®            | ≥ 19 years       |
| Pneumococcal – 13-valent                                          | Prevnar 13™                    | ≥ 19 years       |
| Pneumococcal – 15-valent                                          | Vaxneuvance™                   | ≥ 19 years       |
| Pneumococcal – 20-valent                                          | Prevnar 20™                    | ≥ 19 years       |
| Pneumococcal Polysaccharide (23-valent)                           | Pneumovax®23                   | ≥ 19 years       |
| Rabies Vaccine<br><i>Effective 9/23/22</i>                        | Imovax®, RabAvert®             | ≥ 19 years       |
| Tetanus and Diphtheria Toxoids                                    | TDVAX®, Tenivac®               | ≥ 19 years       |
| Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis | Adacel®, Boostrix®             | ≥ 19 years       |
| Varicella                                                         | Varivax®                       | ≥ 19 years       |
| Zoster Vaccine Recombinant, adjuvanted                            | Shingrix®                      | ≥ 18 years       |

\*Age limits and age ranges for influenza vaccines are based on prescribing information.