# Clinical Policy: Immunization Coverage

Reference Number: LA.PHAR.28
Effective Date: 09.29.23
Last Review Date: 02.27.2405.01.23
Line of Business: Medicaid

Revision Log

**See Important Reminder at the end of this policy for important regulatory and legal information.**

**Please note: This policy is for medical benefit**

**Description**
Immunizations typically confer active immunity. Exposure to a killed or weakened form of the disease organism stimulates antibody production, allowing the body to more effectively resist or overcome infections caused by said organism. Immunization not only protects the person who receives the immunization, but also those who are not immunized with whom they are in contact.

**FDA Approved Indication(s)**
Immunizations are used to prevent a variety of infectious diseases. They should be started early and continued through the recommended schedule.

**Policy/Criteria**
*Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.*

It is the policy of Louisiana Healthcare Connections® that childhood and adult immunizations are **medically necessary** when the following criteria are met:

**I. Initial Approval Criteria**

**A. Request for Childhood or Adult Immunization** (must meet all)**:**

1. There exists no product-specific clinical policy or custom coverage criteria;
2. Requested immunization will be given in accordance with the recommendations made by the Advisory Committee on Immunization Practices (ACIP) (*see Appendix D*);)*;
   **Eligible immunizations covered under the Vaccines for Children program should be provided by the VFC program (see Appendix D for examples)*
3. If request is for a single antigen which is recommended to be given in a combination vaccine (e.g., mumps, measles, rubella, diphtheria, tetanus, and pertussis), documentation supports medical necessity for administration of the single antigen.

**Approval duration:** Not applicable**Vaccine duration in accordance with ACIP recommendations**

**II. Continued Therapy: Not applicable**

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**III. Diagnoses/Indications for which coverage is NOT authorized:**

**A.** ImmunizationsUnless listed on the preferred drug list (PDL)*, immunizations recommended for travelers or military personnel are not covered, including but not

limited to: adenovirus, anthrax, Japanese encephalitis, smallpox (vaccinia), typhoid, and yellow fever.

**Coverage for travel immunizations listed on state specific PDL are authorized*

## IV. Appendices/General Information

*Appendix A: Abbreviation/Acronym Key*
ACIP: Advisory Committee on Immunization Practices
FDA: Food and Drug Administration
VFC: vaccines for children

*Appendix B: Therapeutic Alternatives*
Not applicable

*Appendix C: Contraindications/Boxed Warnings*
Refer to each product's prescribing information.

*Appendix D: General Information*

- ACIP recommendations can be found at: ~~http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.~~http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- A summary of the recommended immunization schedules can be found at: ~~http://www.cdc.gov/vaccines/schedules/hcp/index.html.~~http://www.cdc.gov/vaccines/schedules/hcp/index.html.
- The Vaccines for Children (VFC) program provides immunizations **at no cost** for members between the ages of 0-18 years. Additional information about the Vaccines for Children program can be found at: ~~http://www.cdc.gov/vaccines/programs/vfc/index.html.~~http://www.cdc.gov/vaccines/programs/vfc/index.html.
  - Vaccine coverage through VFC program include, but are not limited to the following:

| Disease | Single-antigen or combination trade name |
|---|---|
| Chickenpox | Varivax®, ProQuad® |
| COVID-19 | Spikevax™, Comirnaty® |
| Dengue | Dengvaxia® |
| Diphtheria, pertussis, and tetanus | Daptacel®, Infanrix®, Quadracel®, Kinrix®, Pediarix®, Pentacel®, Vaxelis™ |
| Haemophilus influenzae type b (Hib) | Pentacel®, Vaxelis™ |
| Hepatitis A | Vaqta®, Havrix®, Twinrix® |
| Hepatitis B | Pediarix®, Twinrix®, Engerix B®, Recombivax HB® |
| Human Papilloma Virus (HPV) | Garvasil®9 |
| Influenza | Fluzone®, Fluarix®, Flucelvax®, Afluria®, FluMist® |
| Meningococcal | Trumenba®, Bexsero®, MenQuadfi®, Menveo® |
| Measles, mumps, and rubella | M-M-R®, Priorix, ProQuad®_ |
| Polio | IPOL®, Quadracel™, Kinrix®, Pediarix®, Vaxelis™ |
| Pneumococcal | Prevnar 13®, Vaxneuvance™, Prevnar 20®, Pneumovax®23 |
| Rotavirus | RotaTeq®, Rotarix® |
| Respiratory Syncytial Virus (RSV) | Beyfortus™(nirsevimab-alip) |

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## V. Dosage and Administration
Not applicable

## VI. Product Availability
Not applicable

## VII. References
1. Advisory Committee on Immunization Practices (ACIP) vaccine recommendations. Centers for Disease Control and Prevention website. Page last reviewed March 13, 2023. Available at: ~~http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.~~http://www.cdc.gov/vaccines/hcp/acip-recs/index.html. Accessed ~~May 11, 2022~~October 26, 2023.
2. Vaccine immunization schedules. Centers for Disease Control and Prevention website. Page last reviewed February 10, 2023. Available at: ~~http://www.cdc.gov/vaccines/schedules/hcp/index.html.~~http://www.cdc.gov/vaccines/schedules/hcp/index.html. Accessed ~~May 11, 2022~~October 26, 2023.
3. Vaccines for Children (VFC) program. Centers for Disease Control and Prevention website. Page last reviewed October 24, 2022. Available at: ~~http://www.cdc.gov/vaccines/programs/vfc/index.html.~~http://www.cdc.gov/vaccines/programs/vfc/index.html. Accessed ~~May 11, 2022~~October 26, 2023.
4. Immunity types. Centers for Disease Control and Prevention website. Page last reviewed: September 24, 2021. Available at: ~~http://www.cdc.gov/vaccines/vac-gen/immunity-types.htm. Accessed May 11, 2022~~http://www.cdc.gov/vaccines/vac-gen/immunity-types.htm. Accessed October 26, 2023.

| Reviews, Revisions, and Approvals | Date | LDH Approval Date |
|---|---|---|
| Policy created | 05.01.23 | 08.28.23 |
| Clarified initial criteria with asterisk to verify if vaccine is covered by VFC program; clarified approval duration for all vaccines is based on ACIP recommendations; in Section III, clarified vaccines listed in state PDL are authorized; references reviewed and updated. | 02.27.24 | |

**Important Reminder**
This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no

liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.

This clinical policy is the property of LHCC. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.