

Clinical Policy: Immunization Coverage

Reference Number: CA.CP.PHAR.28

Effective Date: 10/18

Last Review Date: 07/26

Line of Business: Medicaid

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

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.

The Federal Vaccines For Children (VFC) program provides free vaccines to enrolled physicians. Children younger than 19 years of age may receive vaccines supplied by the VFC program.

COVID-19 vaccines and associated administration fees from the Medi-Cal managed care delivery system are carved out to Medi-Cal fee-for-service (FFS) for medical and pharmacy claims.

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.

This policy shall be used for authorizations billed under the medical benefit. For pharmacy requests, please submit the authorization to Medi-Cal Rx.

It is the policy of Health Net of California that routine and travel immunizations are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Request for 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) (including the 2025 recommendations made prior to September 2025 that continue to be endorsed by national professional societies such as the American Academy of Pediatrics, the

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American College of Obstetricians and Gynecologists or the American Academy of Family Physicians or any modification or supplement to that adopted recommendation pursuant to Section 120164 of the Health and Safety Code; *see Appendix B*);

**Eligible immunizations covered under the Vaccines for Children program should be provided by the VFC program (see Appendix B 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: Vaccine duration in accordance with ACIP recommendations

B. Request for Travel Vaccines (must meet all):

1. Requested immunization will be given in accordance with the recommendations made by the Advisory Committee on Immunization Practices (ACIP) and Centers for Disease Control and Prevention (CDC) Health Information for International Travel (commonly known as the Yellow Book) (*see Appendix B*);
2. Request is for travel to areas where there is a recognized high risk for exposure based on recent CDC travel guidelines (*see Appendix B*).

Approval duration: Vaccine duration in accordance with CDC Yellow Book recommendations

II. Continued Therapy:

- A. Routine immunizations – N/A
- B. Travel vaccines – refer to initial criteria

III. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

ACIP: Advisory Committee on Immunization Practices

FDA: Food and Drug Administration

Appendix B: General Information

- Current ACIP recommendations can be found at: <https://www.cdc.gov/acip-recs/hcp/vaccine-specific/>.
- A summary of the current recommended immunization schedules can be found at: <https://www.cdc.gov/vaccines/hcp/imz-schedules/>.
- The American Academy of Pediatrics recommended immunization schedule can be found at: <http://aap.org/ImmunizationSchedule>.
- The Vaccines for Children 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>.
 - Vaccine coverage through VFC program include, but are not limited to the following:

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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 [®]
Mpox	Jynneos [®]
Polio	IPOL [®] , Quadracel [™] , Kinrix [®] , Pediarix [®] , Vaxelis [™]
Pneumococcal	Prevnar 13 [®] , Vaxneuvance [™] , Prevnar 20 [®] , Pneumovax [®] 23
Rotavirus	RotaTeq [®] , Rotarix [®]
Respiratory Syncytial Virus (RSV)	Beyfortus [™] (nirsevimab-alip), Enflonsia [™] (clesrovimab-cfor)

- CDC Travelers' Health provides information on risk exposure based on destination can be found at: <https://wwwnc.cdc.gov/travel>.

IV. References

1. Advisory Committee on Immunization Practices (ACIP) vaccine recommendations. Centers for Disease Control and Prevention website. Available at: https://www.cdc.gov/acip-recs/hcp/vaccine-specific/?CDC_AAref_Val=https://www.cdc.gov/vaccines/hcp/acip-recs/index.html. Accessed July 2026.
2. Vaccine immunization schedules. Centers for Disease Control and Prevention website. Available at: https://www.cdc.gov/vaccines/hcp/imz-schedules/?CDC_AAref_Val=https://www.cdc.gov/vaccines/schedules/hcp/index.html. Accessed July 2026.
3. Vaccines for Children (VFC) program. Centers for Disease Control and Prevention website. Available at: <https://www.cdc.gov/vaccines-for-children/about/index.html>. Accessed July 2026.
4. Immunity types. Centers for Disease Control and Prevention website. Available at: <https://www.cdc.gov/vaccines/basics/immunity->

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- [types.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/vac-gen/immunity-types.htm](https://www.cdc.gov/vaccines/vac-gen/immunity-types.htm). Accessed July 2026.
5. Yellow Book Health Information for International Travel. Centers for Disease Control and Prevention website. Available at: <https://wwwnc.cdc.gov/travel/page/yellowbook-home>. Accessed July 2026.
 6. Travelers' Health. Centers for Disease Control and Prevention website. Available at: <https://wwwnc.cdc.gov/travel>. Accessed July 2026.
 7. Medi-Cal Provider Manual Part 2-General Medicine: Immunizations. Available at: <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/publications/manual?community=general-medicine>. Accessed July 2026.
 8. State of California-Health and Human Services Agency, Department of Health Care Services. All Plan Letter 18-004. January 31, 2018. Immunization Requirements. Available at: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-004.pdf>. Accessed July 2026.
 9. State of California-Health and Human Services Agency, Department of Health Care Services. All Plan Letter 16-009. December 23, 2016. Adult Immunization as a Pharmacy Benefit. Available at: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-009R.pdf>. Accessed July 2026.
 10. State of California-Health and Human Services Agency, Department of Health Care Services. All Plan Letter 26-015. July 14, 2026. Immunization Requirements. Available at: <https://www.dhcs.ca.gov/wp-content/uploads/2026/07/APL26-015.pdf>

Reviews, Revisions, and Approvals	Date	P&T Approval Date
New policy for routine and travel immunizations.	09/18	10/18
Renamed Policy from CA. PHAR.28 to CA.CP.PHAR.28	02/19	02/19
Annual Review. References updated.	09/19	10/19
Annual Review. References updated.	09/20	10/20
Added Covid vaccines carve out to FFS. References updated.	06/21	07/21
Added redirection for pharmacy requests to Medi-Cal Rx. References updated.	11/21	01/22
Annual Review. References updated.	09/22	10/22
Annual Review. Added to initial criteria that there exists no product-specific clinical policy or custom coverage criteria. References reviewed and updated.	9/23	10/23
Annual Review.	08/24	08/24

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Reviews, Revisions, and Approvals	Date	P&T Approval Date
- Clarified initial criteria with asterisk to verify if vaccine is covered by VFC program; - Clarified approval duration for all vaccines is based on ACIP and CDC Yellow Book recommendations; - References reviewed and updated.		
Added monkeypox vaccine Jynneos® to vaccine table in Appendix B. References reviewed and updated.	07/25	09/25
3Q 2026 annual review: - Alignment with 2026 Medi-Cal Provider Manual Immunization requirements; added that the requested immunization may be given in accordance with recommendations made by ACIP in 2025 prior to September 2025, including the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists or the American Academy of Family Physicians or any modification or supplement to that adopted recommendation pursuant to Section 120164 of the Health and Safety Code; - Added Enflonsia as VFC RSV immunization; - References reviewed and updated.	07/26	

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. The Health Plan 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. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

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,

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contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. 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. The Health Plan 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 the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. 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.

Note:

For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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