

Clinical Policy: Immunization Coverage

Reference Number: ERX.SPA.344

Effective Date: 09.01.19

Last Review Date: 08.20

Line of Business: Commercial, 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.

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.

Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions[™] 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. Requested immunization will be given in accordance with the recommendations made by the Advisory Committee on Immunization Practices (ACIP) (*see Appendix D*);
2. 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

II. Continued Therapy: Not applicable

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

- ##### A. Immunizations recommended for travelers or military personnel, including but not limited to: adenovirus, anthrax, Japanese encephalitis, smallpox (vaccinia), typhoid, and yellow fever.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

ACIP: Advisory Committee on Immunization Practices

FDA: Food and Drug Administration

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>.
- A summary of the recommended immunization schedules can be found at: <http://www.cdc.gov/vaccines/schedules/hcp/index.html>.
- 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>.

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. Available at: <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>. Page last reviewed July 16, 2013.. Accessed May 4, 2020.
2. Vaccine immunization schedules. Centers for Disease Control and Prevention website. Available at: <http://www.cdc.gov/vaccines/schedules/hcp/index.html>. Page last reviewed February 3, 2020. Accessed May 4, 2020.
3. Vaccines for Children (VFC) program. Centers for Disease Control and Prevention website. Available at: <http://www.cdc.gov/vaccines/programs/vfc/index.html>. Page last reviewed February 18, 2016. Accessed May 4, 2020.
4. Immunity types. Centers for Disease Control and Prevention website. Available at: <http://www.cdc.gov/vaccines/vac-gen/immunity-types.htm>. Page last reviewed March 10, 2017. Accessed May 4, 2020.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created	09.01.19	08.19
3Q 2020 annual review: no significant changes; references reviewed and updated.	05.12.20	08.20

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.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. 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.

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