



## CareSource Ohio Medicaid Vaccination Coverage

Speak with your provider or pharmacist to check what vaccines you may need. All vaccines covered at participating pharmacies are also covered at your provider's office. Children's (ages 0-18) routine vaccines are only covered at your provider's office.

Vaccines covered for ages 19 and older at participating pharmacies and for all ages at your provider's office	
Vaccine Brand Name	Vaccine Generic Name
Havrix <sup>1</sup> ; Vaqta <sup>1</sup>	Hepatitis A <sup>1</sup>
Engerix B; Recombivax HB; Hheplisav-B	Hepatitis B
Twinrix	Hepatitis A & B
Gardasil 9	Human papillomavirus
Afluria; Fluad	Influenza (Injectable – Trivalent)
Afluria Quadrivalent; Flucelvax; FluLaval; Fluzone Quadrivalent	Influenza (Injectable – Quadrivalent)
Fluzone HD	Influenza (Injectable – Trivalent, High-Dose)
Bexsero; Trumenba; Menactra; Menveo	Meningococcal
M-M-R II	Measles-mumps-rubella
Prennar 13; Pneumovax 23	Pneumonia
Tenivac; TDVAX	Tetanus-diphtheria
Adacel; Boostrix	Tetanus-diphtheria-pertussis
Varivax	Varicella
Shingrix	Zoster

1. Hepatitis A vaccines (Havrix and Vaqta) are covered at participating pharmacies for children aged 13 to 18 years without a prescription and for children aged 7 to 12 years with a prescription.
2. Vivotif oral typhoid vaccine requires prior authorization to be covered at the pharmacy with a prescription from your doctor.



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Vaccines covered at your provider's office only	
Vaccine Brand Name	Vaccine Generic Name
Generic diphtheria and tetanus toxoids	Diphtheria-tetanus
Daptacel; Infanrix	Diphtheria-tetanus-pertussis
Kinrix; Quadracel	Diphtheria-tetanus-pertussis-poliovirus
Pentacel	Diphtheria-tetanus-pertussis-poliovirus-haemophilus B
Pediarix	Diphtheria-tetanus-pertussis-poliovirus-hepatitis B
Hiberix; ActHIB; PedvaxHIB	Haemophilus B
IPOL	Poliovirus
ProQuad	Measles-mumps-rubella-varicella
Imovax; RabAvert	Rabies
Rotarix; RotaTeq	Rotavirus
Typhim Vi <sup>2</sup>	Typhoid injection <sup>2</sup>

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