INSTRUCTIONS FOR USE

This Drug Policy provides assistance in interpreting UnitedHealthcare benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Drug Policy is based. In the event of a conflict, the member specific benefit plan document supersedes this Drug Policy. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Drug Policy. Other Policies and Coverage Determination Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Drug Policy is provided for informational purposes. It does not constitute medical advice. This drug policy does not govern Medicare Group Retiree members.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.

UnitedHealthcare covers certain services under the Preventive Care Services benefit. Effective for plan years on or after September 23, 2010, the federal Patient Protection and Affordable Care Act (PPACA) requires non-grandfathered plans to cover certain preventive services identified by PPACA. For non-grandfathered plans, and for grandfathered plans wishing to offer such coverage, UnitedHealthcare will cover preventive services as mandated by PPACA, with no cost sharing when provided by a network provider for those vaccines with a definitive approval from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and Health Resources and Services Administration (HRSA) Guidelines including the American Academy of Pediatrics Bright Futures periodicity guidelines.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.
COVERAGE RATIONALE

The standard UnitedHealthcare Certificate of Coverage covers preventive health services, including immunizations, administered in a physician office. Some immunizations are excluded, e.g., immunizations that are required for travel, employment, education, insurance, marriage, adoption, military service, or other administrative reasons.

An immunization that does not fall under one of the exclusions in the Certificate of Coverage is considered covered after both of the following conditions are satisfied:
1. US Food and Drug Administration (FDA) approval; and
2. ACIP definitive (e.g., should, shall, is) recommendation rather than a permissive ("may") recommendation published in the Morbidity & Mortality Weekly Report (MMWR) of the Centers for Disease Control and Prevention (CDC).

Implementation of covered vaccines will typically occur within 60 days after publication in the MMWR. Please see the Preventive Care Services Coverage Determination Guideline for further information.

U.S. FOOD AND DRUG ADMINISTRATION (FDA)

See FDA approved product package inserts regarding precautions associated with each vaccine.

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Medicare does not have a National Coverage Determination (NCD) for Immunizations. Local Coverage Determinations (LCDs) exist; see the LCDs for Immunizations and the Local Coverage Articles (LCAs) for Medicare Preventive Coverage for Certain Vaccines, Tetanus Immunization- Medical Policy Article and Use of Vaccines or Inoculations for the Treatment of Injury or Exposure.

For specific coverage information of immunizations under the Medicare Part B program, refer to the Medicare Benefit Policy Manual, Chapter 15, Covered Medical and Other Health Services, Section 50.4.4.2 - Immunizations. (Accessed February 23, 2018)

REFERENCES


POLICY HISTORY/REVISION INFORMATION

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