



**Texas Medicaid now covers adult vaccines under pharmacy benefits, for eligible members 19 years and older**

Vaccine Name	Vaccine Type
ABRYSVO ACT-O-VIAL	RSV
ABRYSVO VIAL	RSV
ABRYSVO VIAL WITH DILUENT SYRG	RSV
ACTHIB VACCINE WITH DILUENT	Hib
ADACEL TDAP VIAL	Tetanus-diphtheria-pertussis
BEXSERO PREFILLED SYRINGE	Meningococcal
BOOSTRIX TDAP VACCINE VIAL	Tetanus-diphtheria-pertussis
ENGERIX-B PEDI 10 MCG/0.5 SYRN	Hepatitis B
GARDASIL 9 SYRINGE	HPV
HAVRIX 720 UNIT/0.5 ML SYRINGE	Hepatitis A
IPOL VIAL	Polio
JYNNEOS 0.5 ML VIAL	Mpox
MENQUADFI VIAL	Meningococcal
MENVEO 1 VIAL-A-C-Y-W-135-DIP	Meningococcal
MENVEO A-C-Y-W KIT (2 VIALS)	Meningococcal
MENVEO A-C-Y-W-135-DIP VIAL KT	Meningococcal
M-M-R II VACCINE VIAL	MMR
PEDVAXHIB VACCINE VIAL	Hib
PENBRAYA KIT	Meningococcal
PNEUMOVAX 23 SYRINGE	Pneumococcal
PREVNAR 13 SYRINGE	Pneumococcal
PREVNAR 20 SYRINGE	Pneumococcal
PRIORIX VIAL	MMR
RECOMBIVAX HB 5 MCG/0.5 ML SYR	Hepatitis B
SHINGRIX ADJUVANT COMPONENT	Shingles
SHINGRIX GE ANTIGEN COMPONENT	Shingles
SHINGRIX VIAL KIT	Shingles
TDVAX VIAL	Tetanus-diphtheria
TENIVAC VIAL	Tetanus-diphtheria
TETANUS DIPHTERIA TOXOIDS	Tetanus-diphtheria-pertussis
TRUMENBA 120 MCG/0.5 ML VACCIN	Meningococcal
TWINRIX VACCINE SYRINGE	Hepatitis A/B
VAQTA 25 UNITS/0.5 ML SYRINGE	Hepatitis A
VARIVAX VACCINE VIAL	Shingles
PREVNAR 13 SYRINGE	Pneumococcal
PREVNAR 20 SYRINGE	Pneumococcal
PRIORIX VIAL	MMR
RECOMBIVAX HB 5 MCG/0.5 ML SYR	Hepatitis B
SHINGRIX ADJUVANT COMPONENT	Shingles
SHINGRIX GE ANTIGEN COMPONENT	Shingles
SHINGRIX VIAL KIT	Shingles
TDVAX VIAL	Tetanus-diphtheria
TENIVAC VIAL	Tetanus-diphtheria
TETANUS DIPHTERIA TOXOIDS	Tetanus-diphtheria-pertussis
TRUMENBA 120 MCG/0.5 ML VACCIN	Meningococcal
TWINRIX VACCINE SYRINGE	Hepatitis A/B
VAQTA 25 UNITS/0.5 ML SYRINGE	Hepatitis A
VARIVAX VACCINE VIAL	Shingles
VARIVAX VACCINE WITH DILUENT	Shingles
VAXNEUVANCE 0.5 ML SYRINGE	Pneumococcal