

**This update applies to:**  
All Network Pharmacies

**States:**  
Arkansas

**Line of Business:**  
Medicaid

**Pharmacy Inquiries:**  
If you have questions, call the Pharmacy Help Desk number provided in the claim response or 1-800-364-6331 if one is not provided.

**Payer Sheets:** For additional claim processing information, refer to the CVS Caremark Payer Sheets at [caremark.com/pharminfo](http://caremark.com/pharminfo) > NCPDP Payer Sheets.

## 2019 Seasonal Flu Vaccine Reimbursement

### Empower Healthcare Solutions (Empower)

**RXBIN:** 004336  
**RXPCN:** ADV  
**RXGRP:** RX2798

Empower is an existing plan sponsor with CVS Caremark®. Effective October 25, 2019, Empower will reimburse pharmacies for the dispensing and administration of seasonal flu vaccines (listed on page two of this communication) to all members seven (7) years of age and older.

**EMPOWER MEMBERS HAVE A \$0 COPAY FOR THE FLU VACCINE.**

Please bill for Empower vaccines as you would bill for any other vaccines. For billing assistance please contact 800-364-6331

#### REFERRALS

Flu vaccines for children ages 18 and under are also available through the Vaccines for Children (VFC) Program. For more information regarding the VFC program, please visit the Centers for Disease Control and Prevention (CDC) website at:

[www.cdc.gov/vaccines/programs/vfc/index.html](http://www.cdc.gov/vaccines/programs/vfc/index.html).

Pharmacies not administering the flu vaccine should refer Empower members to their provider or local health department for the flu vaccine.

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call the toll-free number at 877-265-2711 and/or fax the opt-out request to 401-652-0893, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to [do\\_not\\_call@cvscaremark.com](mailto:do_not_call@cvscaremark.com). An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within thirty days of receipt. An opt out request will not opt you out of purely informational, non-advertisements, Caremark pharmacy communications such as new implementation notices, formulary changes, point-of sale issues, network enrollment forms, and amendments to the Provider Manual.

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## PREFERRED PRODUCTS

Seasonal (8/1/19 - 4/30/20) Vaccines			
Brand Name	NDC	Brand Name	NDC
FLUZONE HD INJ PF 19-20	49281040565	AFLURIA QUAD INJ 2019-20	33332031901
FLUZONE HD INJ PF 19-20	49281040588	AFLURIA QUAD INJ 2019-20	33332031902
FLULAVAL QUA INJ 2019-20	19515089701	FLUZONE QUAD INJ 2019-20	49281041950
FLULAVAL QUA INJ 2019-20	19515089711	FLUZONE QUAD INJ 2019-20	49281041988
AFLURIA QUAD INJ 2019-20	33332041910	FLUARIX QUAD INJ 2019-20	58160089641
AFLURIA QUAD INJ 2019-20	33332041911	FLUARIX QUAD INJ 2019-20	58160089652
FLUZONE QUAD INJ 2019-20	49281063115	FLUAD INJ 2019-20	70461001903
FLUZONE QUAD INJ 2019-20	49281063178	FLUAD INJ 2019-20	70461001904
FLUZONE QUAD INJ 2019-20	49281041910	FLUCLVX QUAD INJ 2019-20	70461041910
FLUZONE QUAD INJ 2019-20	49281041958	FLUCLVX QUAD INJ 2019-20	70461041911
AFLURIA QUAD INJ 2019-20	33332021920	FLUCLVX QUAD INJ 2019-20	70461031903
AFLURIA QUAD INJ 2019-20	33332021921	FLUCLVX QUAD INJ 2019-20	70461031904
FLUZONE QUAD INJ 2019-20	49281051900	FLUBLOK QUAD INJ 2019-20	49281071910
FLUZONE QUAD INJ 2019-20	49281051925	FLUBLOK QUAD INJ 2019-20	49281071988
FLULAVAL QUA INJ 2019-20	19515090641	FLUMIST QUAD SUS 2019-20	66019030601
FLULAVAL QUA INJ 2019-20	19515090652	FLUMIST QUAD SUS 2019-20	66019030610

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