



COVID-19 Pfizer Vaccine Update, Age Change and Comirnaty

Background

On **May 10, 2021**, the use of the name Pfizer-BioNTech COVID-19 vaccine continues under the Emergency Use Authorization (EUA) for ages 12-15 years of ages, since the Food and Drug Administration (FDA) is not fully approved,

On **Aug. 23, 2021**, the Food and Drug Administration (FDA), issued full approval of the [Pfizer-BioNTech COVID-19 Vaccine](#), now marketed as Comirnaty, for individual 16 years of age and older. Blue Cross and Blue Shield of Texas is working with our Pharmacy Benefit Managers (PBMs) to modify their system to cover the Pfizer COVID-19 vaccine. Also, the Vendor Drug Program (VDP) backdated the effective date of the formulary coverage to align with FDA approval date.

On **Oct. 29, 2021** the FDA issued a new EUA for the use Pfizer-BioNTech COVID-19 vaccine for children aged 5-11 years as approved.

Comirnaty

Effective Oct. 25, 2021, Medicaid will cover the brand name Comirnaty for the Pfizer-BioNTech COVID-19 vaccine. The National Drug Code's (NDC) for each vaccine will be added to the formulary for Medicaid and CHIP as a payable pharmacy benefit.

Drug Name	Dosage	NDC
Comirnaty COVID-19 Vaccine	30 mcg/ 0.3 mL	00069-1000-02
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Age Change

On **Oct. 29, 2021**, the FDA issued a new EUA for the use of the Pfizer-BioNTech COVID-19 Vaccine for children aged 5-11. The vaccine for the children is a different product, tris-sucrose formulation, and requires different storage, dosage, and dilution, from the vaccines currently available for adolescents and adults. BCBSTX is working with our PBMs to modify their systems to cover the pediatric Pfizer COVID-19 vaccine.

On **Nov. 1, 2021**, HHSC added coverage for the pediatric Pfizer-BioNTech COVID-19 vaccine and NDCs for each vaccine to the formulary for Medicaid and CHIP as a reimbursable pharmacy benefit for members ages 5-11.

Drug Name	Dosage	NDC
Pfizer COVID-19 (5-11Y) vaccine (EUA)	10 mcg/ 0.2 mL	59267-1055-01
Pfizer COVID-19 (5-11Y) vaccine (EUA)	10 mcg/0.2 mL	59267-1055-02
Pfizer COVID-19 (5-11Y) vaccine (EUA)	10 mcg/ 0.2 mL	59267-1055-04



**BlueCross BlueShield
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Reimbursement

HHSC will cover the administration of the COVID-19 vaccine as non-risk and will continue to follow the Medicare rate for vaccine administration.

Contact

Email [VDP Formulary](#)

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