

Influenza Vaccine Products for the 2020–2021 Influenza Season

Manufacturer	Trade Name (vaccine abbreviation) ¹	How Supplied	Mercury Content (mcg Hg/0.5mL)	Age Range	CVX Code	Vaccine Product Billing Code ²
						CPT
AstraZeneca	FluMist (LAIV4)	0.2 mL (single-use nasal spray)	0	2 through 49 years	149	90672
GlaxoSmithKline	Fluarix (IIV4)	0.5 mL (single-dose syringe)	0	6 months & older ³	150	90686
	FluLaval (IIV4)	0.5 mL (single-dose syringe)	0	6 months & older ³	150	90686
Sanofi Pasteur	Flublok (RIV4)	0.5 mL (single-dose syringe)	0	18 years & older	185	90682
	Fluzone (IIV4)	0.5 mL (single-dose syringe)	0	6 months & older ³	150	90686
		0.5 mL (single-dose vial)	0	6 months & older ³	150	90686
		5.0 mL (multi-dose vial)	25	6 through 35 months ³	158	90687
		5.0 mL (multi-dose vial)	25	3 years & older	158	90688
	Fluzone High-Dose (IIV4-HD)	0.7 mL (single-dose syringe)	0	65 years & older	197	90662
Seqirus	Afluria (IIV4)	0.25 mL (single-dose syringe)	0	6 through 35 months ³	161	90685
		0.5 mL (single-dose syringe)	0	3 years & older ³	150	90686
		5.0 mL (multi-dose vial)	24.5	6 through 35 months ³	158	90687
		5.0 mL (multi-dose vial)	24.5	3 years & older ⁴	158	90688
	Fluad (aIIV3)	0.5 mL (single-dose syringe)	0	65 years & older	168	90653
	Fluad (aIIV4)	0.5 mL (single-dose syringe)	0	65 years & older	205	90694
	Flucelvax (ccIIV4)	0.5 mL (single-dose syringe)	0	4 years & older	171	90674
		5.0 mL (multi-dose vial)	25	4 years & older	186	90756

NOTES

- IIV3/IIV4 = egg-based trivalent/quadrivalent inactivated influenza vaccine (injectable); where necessary to refer to cell culture-based vaccine, the prefix “cc” is used (e.g., ccIIV4); RIV4 = quadrivalent recombinant hemagglutinin influenza vaccine (injectable); aIIV3/aIIV4 = adjuvanted trivalent/quadrivalent inactivated influenza vaccine.
- An administration code should always be reported in addition to the vaccine product code. Note: Third party payers may have specific policies and guidelines that might require providing additional information on their claim forms.
- Dosing for infants and children age 6 through 35 months:
 - Afluria 0.25 mL
 - Fluarix 0.5 mL
 - FluLaval 0.5 mL
 - Fluzone 0.25 mL or 0.5 mL
- Afluria is approved by the Food and Drug Administration for intramuscular administration with the PharmaJet Stratis Needle-Free Injection System for persons age 18 through 64 years.