

# **VACCINES FOR SENIORS AGE 65+ ON MEDICARE PARTS A & B**

**FLUZONE HIGH DOSE QUADRIVALENT FLU VACCINE** – RECEIVE AT DOCTORS OFFICE OR ANY PHARMACY AT **NO COST** (ONCE A YEAR)

**COVID 19 OMICRON BIVALENT BOOSTER** – RECEIVE AT ANY PHARMACY AT **NO COST** (ELIGIBLE 4 MONTHS AFTER YOUR LAST COVID BOOSTER OR 3 MONTHS AFTER YOUR LAST POSITIVE TEST FOR COVID)

**PREVNAR 20 (PCV 20) PNEUMONIA VACCINE** – ASK YOUR DOCTOR OR PHARMACIST IF YOU HAVE HAD THIS VACCINE AND IF NOT YOU CAN RECEIVE IT ANY PHARMACY OR DOCTORS OFFICE AT **NO COST**

**PNEUMOVAX 23 (PPSV 23)** - ASK YOUR DOCTOR OR PHARMACIST IF YOU HAVE HAD THIS VACCINE AND IF NOT YOU CAN RECEIVE IT ONE YEAR AFTER YOU RECEIVE THE PREVNAR 20 VACCINATION AT ANY PHARMACY OR DOCTORS OFFICE AT **NO COST**

## **COVERED UNDER PART D**

**RSV** (RESPIRATORY SYNCYTIAL VIRUS) - **AREXVY OR ABRYVO** CALL YOUR MEDICARE PART D PLAN OR MEDICARE ADVANTAGE PLAN FOR A PREFERRED PHARMACY TO RECEIVE THIS VACCINE AT **NO COST**

**SHINGRIX SHINGLES VACCINE** – CALL YOUR MEDICARE PART D DRUG PLAN OR MEDICARE ADVANTAGE PLAN FOR A PREFERRED PHARMACY TO RECEIVE THIS VACCINE AT **NO COST** (THIS IS A 2 SHOT VACCINE, ONE NOW AND ONE 2 MONTHS LATER)

**TDAP TETANUS VACCINE** - (ONCE EVERY 10 YEARS) – ASK YOUR DOCTOR IF ITS TIME FOR THIS VACCINE. CALL YOUR MEDICARE PART D DRUG PLAN OR MEDICARE ADVANTAGE PLAN FOR A PREFERRED PHARMACY TO RECEIVE THIS VACCINE AT **NO COST**

**HEPATITIS A VACCINE** - (**HAVRIX**) THIS VACCINE PROTECTS YOU FROM A SERIOUS FOOD BORNE ILLNESS, CALL YOUR MEDICARE PART D PLAN OR MEDICARE ADVANTAGE PLAN FOR A PREFERRED PHARMACY AT **NO COST**.

**MEASLES (MMR) VACCINE** – IMMUNITY WANES OVER THE YEARS SO GETTING THIS VACCINE ADDS TO YOUR PROTECTION FROM SERIOUS ILLNESS. (ONE SHOT NOW AND ONE SHOT 31 DAYS LATER) **NO COST**

**(OVER)**