
POLICY DETERMINATION



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

***Current Policy Effective Date:** June 16, 2026

Title: 90635 Influenza virus vaccine, H5N1, derived from cell cultures, adjuvanted, for intramuscular use

Brief Description of Service:

Influenza virus vaccine, H5N1, derived from cell cultures, adjuvanted, for intramuscular use.

AREPANRIX is a vaccine indicated for active immunization for the prevention of disease cause by the influenza A virus H5N1 subtype contained in the vaccine.

AREPANRIX is approved for use in individuals 6 months and older at increased risk of exposure to the influenza A virus H5N1 subtype contained in the vaccine.

The U.S. Food and Drug Administration approved this vaccine on 10/18/24.

The CPT code for this vaccine is effective 7/1/2025.

Recommendation:

The Influenza virus vaccine, H5N1, derived from cell cultures, adjuvanted, for intramuscular use is **experimental/investigational**.

It was approved by the U.S. Food and Drug Administration (FDA) on 10/18/24.

This vaccine is not currently recommended by the (ACIP) Advisory Committee on Immunization Practices.

This vaccine is not currently recommended by Morbidity and Mortality Weekly Report (MMWR)

CPT/HCPCS Level II Codes *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure.)*

Established codes:

NA

Other codes (investigational, not medically necessary, etc.):

90635

References:

1. Vaccines Licensed for the Use in the United States [Vaccines Licensed for Use in the United States | FDA](#) Accessed 5/6/26
2. FDA [AREPANRIX | FDA](#) accessed 5/6/26
3. Advisory Committee on Immunization Practices (ACIP) [Vaccine-Specific Recommendations | ACIP Recommendations | CDC](#) accessed 4/6/26
4. Morbidity and Mortality Weekly Report (MMWR) [Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023–24 Influenza Season | MMWR](#) accessed 5/6/26

Joint Blue Cross/BCN Medical Policy History

Policy Effective Date	Blue Cross Signature Date	BCN Signature Date	Comments
6/17/25	6/17/25		Joint policy established Policy determination – EI (jf) Vendor Managed: NA
6/16/26	6/16/26		Routine Maintenance (jf) Vendor Managed: NA

Next Review Date: 2nd QTR 2027