

Pediatric Vaccine Eligibility Table

VACCINES FOR CHILDREN	WYOMING VACCINATES IMPORTANT PEOPLE
<p>Eligibility Criteria:</p> <ul style="list-style-type: none"> • 0-18 years and <ul style="list-style-type: none"> ▪ Medicaid/EqualityCare/Title XIX, or ▪ Uninsured, or ▪ American Indian/Alaska Native, or ▪ Underinsured at FQHC/RHC or at a deputized provider <p>Administration Fee: Not to exceed \$21.72 per <u>dose</u></p>	<p>Eligibility Criteria:</p> <ul style="list-style-type: none"> • 0-18 years, and • Wyoming resident • Not VFC-eligible <p>Example:</p> <ul style="list-style-type: none"> • Insured WY resident • Underinsured resident at non-FQHC/non-RHC or at an office who has not received a Delegation of Authority <p>Administration Fee: Not to exceed \$21.72 per <u>antigen</u></p>

Vaccine	Brand	Manufacturer	Eligibility
DTaP	Daptacel®	Sanofi Pasteur	VFC and WyVIP
	Infanrix®	GlaxoSmithKline	VFC and WyVIP
DTaP-Hep B-IPV	Pediarix®	GlaxoSmithKline	VFC and WyVIP
DTaP-HIB-IPV	Pentacel®	Sanofi Pasteur	VFC and WyVIP
DTaP-IPV	Kinrix®	GlaxoSmithKline	VFC and WyVIP
	Quadracel™	Sanofi Pasteur	VFC and WyVIP
E-IPV	IPOL®	Sanofi Pasteur	VFC and WyVIP
Hepatitis A Peds	Vaqta®	Merck	VFC ONLY
	Havrix®	GlaxoSmithKline	VFC ONLY
Hepatitis B Ped/Adol	Engerix B®	GlaxoSmithKline	VFC and WyVIP
	Recombivax HB®	Merck	VFC and WyVIP
HIB	PedvaxHIB®	Merck	VFC and WyVIP
	ActHIB®	Sanofi Pasteur	VFC and WyVIP
HPV	Gardasil®9	Merck	VFC ONLY
Influenza	Varies	Varies	VFC ONLY
MCV-4	Menactra®	Sanofi Pasteur	VFC ONLY
	Menveo®	Novartis	VFC ONLY
MENB-Meningococcal Group B	Trumenba®	Pfizer	VFC ONLY
	Bexsero®	GlaxoSmithKline	VFC ONLY
MMR	MMRII®	Merck	VFC and WyVIP
MMR/Varicella	ProQuad®	Merck	VFC and WyVIP
PCV-13	Prenar 13 TM	Wyeth	VFC and WyVIP
PPSV23	Pneumovax®23	Merck	VFC and WyVIP
Rotavirus	RotaTeq®	Merck	VFC and WyVIP
	Rotarix®	GlaxoSmithKline	VFC and WyVIP
Td	Tenivac®	Sanofi Pasteur	VFC and WyVIP
	Td Vaccine	Grifols	VFC and WyVIP
Tdap	Boostrix®	GlaxoSmithKline	VFC and WyVIP
	Adacel®	Sanofi Pasteur	VFC and WyVIP
Varicella	Varivax®	Merck	VFC and WyVIP

*Vaccines marked in red as “VFC Only” cannot be administered to patients that do not meet the VFC Eligibility Criteria at the top of the page.