

## Pediatric Vaccine Eligibility Table

### VACCINES FOR CHILDREN (VFC)

**Eligibility Criteria:**

- 0-18 years and
  - Medicaid/EqualityCare/Title XIX, or
  - Uninsured, or
  - American Indian/Alaska Native, or
  - Underinsured at FQHC/RHC or at a deputized provider

**Vaccine Charge:** None

**Administration Fee:** Not to exceed \$21.72 per dose

\*Please note: Patients that do not meet the VFC Eligibility Criteria cannot be administered VFC vaccine and must be administered from private stock. Effective January 1, 2021 the WyVIP program is only available at certain providers.

Vaccine	Brand	Manufacturer
<b>COVID-19</b>	Varies	Varies
<b>DTaP</b>	Daptacel®	Sanofi Pasteur
	Infanrix®	GlaxoSmithKline
<b>DTaP-Hep B-IPV</b>	Pediarix®	GlaxoSmithKline
<b>DTaP-IPV-HIB</b>	Pentacel®	Sanofi Pasteur
<b>DTaP-IPV</b>	Kinrix®	GlaxoSmithKline
	Quadracel™	Sanofi Pasteur
<b>DTaP-IPV-HIB-HEPB</b>	Vaxelis™	Merck / Sanofi Pasteur
<b>IPV</b>	IPOL®	Sanofi Pasteur
<b>Hepatitis A Peds</b>	Vaqta®	Merck
	Havrix®	GlaxoSmithKline
<b>Hepatitis B Ped/Adol</b>	Engerix B®	GlaxoSmithKline
	Recombivax HB®	Merck
<b>HIB</b>	PedvaxHIB®	Merck
	ActHIB®	Sanofi Pasteur
	Hiberix®	GlaxoSmithKline
<b>HPV</b>	Gardasil®9	Merck
<b>Influenza</b>	Varies	Varies
<b>Meningococcal Conjugate (Groups A, C, W and Y)</b>	MenQuadfi™	Sanofi Pasteur
<b>Meningococcal Conjugate (Groups A, C, Y and W-135)</b>	Menveo®	GlaxoSmithKline
<b>MENB-Meningococcal Group B</b>	Trumenba®	Pfizer
	Bexsero®	GlaxoSmithKline
<b>MMR</b>	MMR®II	Merck
	Priorix	GlaxoSmithKline
<b>MMR/Varicella</b>	ProQuad®	Merck
<b>PCV-15</b>	Vaxneuvance™	Merck
<b>PCV-20</b>	Prevnar 20™	Pfizer
<b>PPSV23</b>	Pneumovax®23	Merck
<b>Respiratory Syncytial Virus (RSV)</b>	Beyfortus™	Sanofi Pasteur
	Abrysvo™	Pfizer
<b>Rotavirus</b>	RotaTeq®	Merck
	Rotarix®	GlaxoSmithKline
<b>Td</b>	Tenivac®	Sanofi Pasteur
	TDVAX™	Grifols
<b>Tdap</b>	Boostrix®	GlaxoSmithKline
	Adacel®	Sanofi Pasteur
<b>Varicella</b>	Varivax®	Merck