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
COVID-19	Varies	Varies
DTaP	Daptacel®	Sanofi Pasteur
	Infanrix®	GlaxoSmithKline
DTaP-Hep B-IPV	Pediarix®	GlaxoSmithKline
DTaP-IPV-HIB	Pentacel®	Sanofi Pasteur
DTaP-IPV	Kinrix®	GlaxoSmithKline
	Quadracel™	Sanofi Pasteur
DTaP-IPV-HIB-HEPB	Vaxelis™	Merck / Sanofi Pasteur
IPV	IPOL®	Sanofi Pasteur
Hepatitis A Peds	Vaqta®	Merck
	Havrix®	GlaxoSmithKline
Hepatitis B Ped/Adol	Engerix B®	GlaxoSmithKline
	Recombivax HB®	Merck
Hepatitis A/Hepatitis B (Age 18 only)	Twinrix	GlaxoSmithKline
HIB	PedvaxHIB®	Merck
	ActHIB®	Sanofi Pasteur
	Hiberix®	GlaxoSmithKline
HPV	Gardasil®9	Merck
Influenza	Varies	Varies
Meningococcal Conjugate (Groups A, C, W and Y)	MenQuadfi™	Sanofi Pasteur
Meningococcal Conjugate (Groups A, C, Y and W-135)	Menveo®	GlaxoSmithKline
Meningococcal Conjugate (Groups A, B, C, W and Y-135)	Penbraya™	Pfizer
MENB-Meningococcal Group B	Trumenba®	Pfizer
	Bexsero®	GlaxoSmithKline
MMR	MMR®II	Merck
	Priorix	GlaxoSmithKline
MMR/Varicella	ProQuad®	Merck
PCV-15	Vaxneuvance™	Merck
PCV-20	Prevnar 20™	Pfizer
PPSV23	Pneumovax®23	Merck
Respiratory Syncytial Virus (RSV)	Beyfortus™	Sanofi Pasteur
	Abrysvo™	Pfizer
Rotavirus	RotaTeq®	Merck
	Rotarix®	GlaxoSmithKline
Td	Tenivac®	Sanofi Pasteur
Tdap	Boostrix®	GlaxoSmithKline
	Adacel®	Sanofi Pasteur
Varicella	Varivax®	Merck

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