# Pediatric Vaccine Eligibility Table

| VACCINES FOR CHILDREN | WYOMING VACCINATES IMPORTANT PEOPLE (WyVIP)<br>Participation in the WyVIP Program is limited to Public Health Nursing Offices, Rural Health Clinics (RHCs), and Federally Qualified Health Centers (FQHCs) |
|---|---|
| **Eligibility Criteria:**<br>0-18 years and;<br>Medicaid/EqualityCare/Title XIX, or<br>Uninsured, or<br>American Indian/Alaska Native, or<br>Underinsured at FQHC/RHC or at a deputized provider<br><br>**Administration Fee:** Not to exceed $21.72 per **shot** | **Eligibility Criteria:**<br>0-18 years and;<br>Wyoming resident and;<br>Not VFC-eligible<br>- **Example:** Insured Wyoming resident<br><br>**Administration Fee:** Not to exceed $21.72 per **antigen** |

| Vaccine | Brand | Manufacturer | Eligibility |
|---|---|---|---|
| **COVID-19** | Varies | Varies | **VFC ONLY** |
| **DTaP** | Daptacel® | Sanofi Pasteur | VFC and WyVIP |
| | Infanrix® | GlaxoSmithKline | VFC and WyVIP |
| **DTaP-Hep B-IPV** | Pediarix® | GlaxoSmithKline | VFC and WyVIP |
| **DTaP-IPV-HIB** | Pentacel® | Sanofi Pasteur | VFC and WyVIP |
| **DTaP-IPV** | Kinrix® | GlaxoSmithKline | VFC and WyVIP |
| | Quadracel™ | Sanofi Pasteur | VFC and WyVIP |
| **DTaP-IPV-HIB-HEPB** | Vaxelis™ | Merck / Sanofi Pasteur | VFC and WyVIP |
| **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 |
| **Hepatitis A/Hepatitis B** (Age 18 only) | Twinrix | GlaxoSmithKline | **VFC ONLY** |
| **HIB** | PedvaxHIB® | Merck | VFC and WyVIP |
| | ActHIB® | Sanofi Pasteur | VFC and WyVIP |
| | Hiberix® | GlaxoSmithKline | VFC and WyVIP |
| **HPV** | Gardasil®9 | Merck | **VFC ONLY** |
| **Influenza** | Varies | Varies | **VFC ONLY** |
| **Meningococcal Conjugate (Groups A, C, W and Y)** | MenQuadfi™ | Sanofi Pasteur | **VFC ONLY** |
| **Meningococcal Conjugate (Groups A, C, Y and W-135)** | Menveo® | GlaxoSmithKline | **VFC ONLY** |
| **Meningococcal Conjugate (Groups A, B, C, W and Y-135)** | Penbraya™ | Pfizer | **VFC ONLY** |
| **MENB-Meningococcal Group B** | Trumenba® | Pfizer | **VFC ONLY** |
| | Bexsero® | GlaxoSmithKline | **VFC ONLY** |
| **MMR** | MMR®II | Merck | VFC and WyVIP |
| | Priorix | GlaxoSmithKline | VFC and WyVIP |
| **MMR/Varicella** | ProQuad® | Merck | VFC and WyVIP |
| **PCV-15** | Vaxneuvance™ | Merck | VFC and WyVIP |
| **PCV-20** | Prevnar 20™ | Pfizer | VFC and WyVIP |
| **PPSV23** | Pneumovax®23 | Merck | VFC and WyVIP |
| **Respiratory Syncytial Virus (RSV)** | Beyfortus™ | Sanofi Pasteur | **VFC ONLY** |
| | Abrysvo™ | Pfizer | **VFC ONLY** |
| **Rotavirus** | RotaTeq® | Merck | VFC and WyVIP |
| | Rotarix® | GlaxoSmithKline | VFC and WyVIP |
| **Td** | Tenivac® | Sanofi Pasteur | 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.**

Rev. 4/2025