

Pediatric Vaccine Eligibility Table

VACCINES FOR CHILDREN		WYOMING VACCINATES IMPORTANT PEOPLE (WyVIP)	
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		Eligibility Criteria: 0-18 years and; Wyoming resident and; Not VFC-eligible Example: Insured Wyoming resident	
Administration Fee: Not to exceed \$21.72 per <u>shot</u>		Administration Fee: Not to exceed \$21.72 per <u>antigen</u>	
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
	Quadratec™	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.