

## VFC/WyVIP Vaccine Eligibility Table

\*Subject to change. Visit the VFC/WyVIP Providers webpage for the most recent version of this document.

VFC ELIGIBILITY CRITERIA	<ul style="list-style-type: none"> <li>• 0-18 years</li> <li>• Medicaid/EqualityCare/Title XIX</li> <li>• Uninsured</li> <li>• American Indian/Alaska Native</li> <li>• Underinsured at FQHC/RHC or at a deputized provider.</li> </ul>		
WYVIP (NON-VFC-ELIGIBLE) ELIGIBILITY CRITERIA	<ul style="list-style-type: none"> <li>• 0-18 years</li> <li>• Underinsured at non-FQHC/non-RHC or at an office who has <b>not</b> received a Delegation of Authority,</li> <li>• or other insured Wyoming resident</li> </ul>		
Vaccine	Brand Type	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
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®	Merck	VFC ONLY
	Cervarix®	GlaxoSmithKline	VFC ONLY
Influenza	Varies	Varies	VFC ONLY
MCV-4	Menactra®	Sanofi Pasteur	VFC ONLY
	Menveo®	Novartis	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	DECAVAC®	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.**