Vaccine Availability January 2025

Vermont Child Vaccine Program (VCVP), birth - 18 years
Vermont Adult Vaccine Program (VAVP), 19 - 64 years

VACCINE	BRAND NAME	NDC	VERMONT AVAILABILITY		
			VCVP	VAVP	NOTES
DTaP	Daptacel	49281-0286-10	✓		
	Infanrix	58160-0810-52			
DTaP-IPV	Kinrix	58160-0812-52	✓		
	Quadracel	49281-0564-15			
DTaP-IPV-HepB	Pediarix	58160-0811-52	✓		
DTaP-IPV/Hib	Pentacel	49281-0511-05	✓		
DTaP-IPV-Hib-HepB	Vaxelis	63361-0243-15	✓		
HepA	Havrix	58160-0825-52	✓		
		58160-0826-52		✓	
	Vaqta	00006-4095-02	✓		
		00006-4096-02		✓	
HepB	Engerix-B	58160-0820-52	✓		
		58160-0821-52		✓	
	Heplisav-B	43528-0003-05		✓	
	Recombivax HB	00006-4093-02	✓		
		00006-4094-02		✓	
HepA-HepB	Twinrix	58160-0815-52		✓	
Hib	ActHIB	49281-0545-03	✓	Refer adults to hospital pharmacy	
	Hiberix	58160-0726-15			limited, upon request
	PedvaxHIB	00006-4897-00			limited, upon request
HPV	Gardasil 9	00006-4121-02	✓	✓	Age 9 – 45 years
IPV	IPOL	49281-0860-10	✓	✓	
MenACWY	MenQuadfi	49281-0590-10	✓	✓	
	Menveo one-vial	58160-0827-30	✓	✓	Age 10 – 55 years: limited, upon request
	Menveo two-vial	58160-0955-09	✓		2-23mon: limited, upon request
MenB	Bexsero	58160-0976-20	✓	✓	
	Trumenba	00005-0100-10			limited, upon request
MMR	MMR II	00006-4681-00	✓	✓	
	Priorix	58160-0824-15			limited, upon request
MMRV	ProQuad	00006-4171-00	✓		
MPOX	Jynneos	50632-0001-03		✓	
PCV20	Prevnar 20	00005-2000-10	✓	✓	
PCV21	Capvaxive	00006-4347-02		✓	
PPSV23	Pneumovax 23	00006-4837-03	✓	✓	limited, upon request
RV	RotaTeq	00006-4047-41	✓		
	Rotarix	58160-0740-21			
RZV	Shingrix	58160-0823-11		✓	
Tdap	Adacel	49281-0400-10	✓	✓	
	Boostrix	58160-0842-52			
VAR	Varivax	00006-4827-00	✓	✓	

Respiratory Virus Season Vaccines

VACCINE	BRAND NAME	NDC	VERMONT AVAILABILITY		
			VCVP	VAVP	NOTES
COVID-19	Moderna	80777-0291-80	✓		Age 6m-11 years
	Spikevax (Moderna)	80777-0110-93	✓	✓	Age 12-64 years
	Pfizer	59267-4426-02	✓		Age 6m-4 years
	Pfizer	59267-4438-02	✓		Age 5-11 years
	Comirnaty (Pfizer)	00069-2432-10	✓	✓	Age 12-64 years
	Novavax	80631-0107-10		✓	Age 12-64 years; limited, upon request
Influenza 2024-25	FluLaval Tri	19515-0810-52	✓		Age 6 months-18 yrs
	FluMist Tri	66019-0311-10	✓		Age 2-18 years
	Fluarix Tri	58160-0884-52		✓	Age 19-64 years
	Flucelvax Tri	70461-0654-03	✓	✓	Age 6 months-64 years only. See product prescribing info for specific age indication.
	Fluzone Tri	49281-0424-50	✓	✓	
RSV	Beyfortus (50mg)	49281-0575-15	✓		Nirsevimab monoclonal antibody for infants age birth-8 months; 10/1-3/31; limited allocation
	Beyfortus (100mg)	49281-0574-15			
	Abrysvo	00069-0344-05		✓	Age 60-64 years and weeks 32-36 of pregnancy during 9/1-1/31; limited allocation for VCVP
		00069-0344-01	✓		
	Arexvy	58160-0848-11		✓	Age 60-64 years

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VERMONT DEPARTMENT OF HEALTH