

Vaccine Availability January 2024

Vermont Child Vaccine Program (VCVP), birth - 18 years

Vermont Adult Vaccine Program (VAVP), 19 - 64 years

VACCINE	BRAND NAME	NDC	CPT CODE	CVX CODE	VERMONT AVAILABILITY		
					VCVP	VAVP	NOTES
9vHPV	Gardasil 9	00006-4121-02	90651	165	✓	✓	Age 9 – 45 years
DTaP	Daptacel	49281-0286-10	90700	106	✓		
	Infanrix	58160-0810-52		20			
DTaP-HepB-IPV	Pediarix	58160-0811-52	90723	110	✓		
DTaP-IPV/Hib	Pentacel	49281-0511-05	90698	120	✓		
DTaP-IPV-Hib-HepB	Vaxelis	63361-0243-15	90697	146	✓		
DTaP-IPV	Kinrix	58160-0812-52	90696	130	✓		
	Quadracel	49281-0564-15					
HepA	Vaqta	00006-4095-02	90633	83	✓		
		00006-4096-02	90632	52		✓	
	Havrix	58160-0825-52	90633	83	✓		
		58160-0826-52	90632	52		✓	
HepB	Recombivax HB	00006-4981-00	90744	08	✓		
		00006-4094-02	90746	43		✓	
	Engerix B	58160-0820-52	90744	08	✓		
		58160-0821-52	90746	43		✓	
	HepSivav-B	43528-0003-05	90739	189		✓	
HepA-HepB	Twinrix	58160-0815-52	90636	104		✓	
Hib	PedvaxHIB	00006-4897-00	90647	49	✓		Refer adults to hospital pharmacy
	ActHIB	49281-0545-03	90648	48			
	Hiberix	58160-0818-11					
Influenza 2023-24	Fluzone Quad	49281-0423-50	90686	150	✓		2023-24 season, Influenza vaccine is available for people age 6 months though 64 years only. See product prescribing information for specific age indication.
	FluLaval Quad	19515-0814-52					
	Fluarix Quad	58160-0909-52					
	FluMist Quad	66019-0310-10	90672	149			
IPV	IPOL	49281-0860-10	90713	10	✓		Refer adults to travel clinic. Email the IZ program for availability to special populations.
MenACWY	MenQuadfi	49281-0590-05	90619	203	✓	✓	
	Menveo two-vial	58160-0955-09	90734	136	✓		2m-18y: limited, upon request
	Menveo one-vial	58160-0827-30			✓	✓	Age 10 – 55 years
MenB	Trumenba	00005-0100-10	90621	162	✓	✓	
	Bexsero	58160-0976-20	90620	163			
MMR	MMR II	00006-4681-00	90707	03	✓	✓	
	Priorix	58160-0824-15					

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MMRV	ProQuad	00006-4171-00	90710	94	✓		
PCV20	Pevnar 20	00005-2000-10	90677	216	✓	✓	
PPSV23	Pneumovax 23	00006-4837-03	90732	33	✓	✓	
RSV	Beyfortus(100mg)	49281-0574-15	90381	307	Limited allocation		Nirsevimab monoclonal antibody for infants
	Beyfortus (50mg)	49281-0575-15	90380	306			
	Arexvy	58160-0848-11	90679	303		✓	Age 60-64 years
	Abrysvo		00069-0344-05	90678	305		✓
		00069-0344-01	weeks 32-36 of pregnancy during September - January				
RV	RotaTeq	00006-4047-41	90680	116	✓		
	Rotarix	58160-0740-21	90681	119			
RZV	Shingrix	58160-0823-11	90750	187		✓	
Td	TDVAX	13533-0131-01	90714	09	✓	✓	Limited availability, contraindication to pertussis vaccine only
	Tenivac	49281-0215-15		113			
Tdap	Boostrix	58160-0842-11	90715	115	✓	✓	
	Adacel	49281-0400-10					
VAR	Varivax	00006-4827-00	90716	21	✓	✓	
COVID-19	Spikevax (Moderna)	80777-0102-95	91322	312	✓	✓	Age 12-64 years
	Moderna	80777-0287-92	91321	311	✓		Age 6m-11 years
	Comirnaty (Pfizer)	00069-2377-10	91320	309	✓	✓	Age 12-64 years
	Pfizer	59267-4331-02	91319	310	✓		Age 5-11 years
	Pfizer	59267-4315-02	91318	308	✓		Age 6m-4 years
	Novavax	80631-0105-02	91304	313		✓	Age 19-64 years