

Vaccine	Trade Name	Min Order	Presentation ⁺	Ages/Indication
DT	Varies	1	Varies	6 weeks – 6 years Only to be administered when DTaP is medically contraindicated – call for approval to order.
DTaP	Daptacel®	10	SDV	6 weeks – 6 years
	Infanrix®	10	SDS	
DTaP-IPV	Kinrix®	10	SDS	4 years – 6 years Approved for use as the fifth dose of DTaP and fourth dose of IPV.
	Quadracel™	10	SDS	
DTaP-Hep B-IPV	Pediarix®	10	SDS	6 weeks – 6 years Approved only for the primary series (i.e., 2, 4, and 6 months).
DTaP-IPV-Hib	Pentacel®	5	SDV	6 weeks – 4 years
DTaP-IPV-Hib-HepB	Vaxelis™	10	SDS	6 weeks – 4 years
e-IPV	IPOL®	10	MDV	6 weeks – 18 years
Hepatitis A	Vaqta®	10	SDS	1 – 18 years Should be routinely administered to children 12 – 23 months of age.
	Havrix®	10	SDS	
Hepatitis A-B 18 only	Twinrix®	10	SDS	18 years of age only – call for approval to order.
Hepatitis B	Engerix B®	10	SDS	Birth – 18 years
	Recombivax HB®	10	SDS	
Hib	PedvaxHIB®	10	SDV	6 weeks – 59 months PedvaxHIB® is a three-dose series at 2, 4, and 12 – 15 months. ActHib® is a four-dose series at 2, 4, 6, and 12 – 15 months. Hiberix® is a four-dose series at 2, 4, 6, and 12 – 15 months.
	ActHIB®	5	SDV	
	Hiberix®	10	SDS	
HPV	Gardasil® 9	10	SDS	Gardasil® 9 is available for both males and females ages 9 and older. Adolescents aged 9-14 years who begin vaccination before their 15 th birthday will only need two doses of HPV vaccine at least 6 months apart. Persons who start the series at age 15 or older or immunocompromised need 3 doses.
Meningococcal A, B, C, W, Y	Penbraya™	1 or 5	SDV	Children age 10 years or older may receive a dose of Penbraya™ as an alternative to separate administration of MenACWY and MenB when both vaccines would be given on the same clinic day. For age-eligible children not at increased risk, if Penbraya™ is used for dose 1 MenB, MenB-FHbp (Trumenba) should be administered for dose 2 MenB. For age-eligible children at increased risk of meningococcal disease, Penbraya™ may be used for additional MenACWY and MenB doses (including booster doses) if both would be given on the same clinic day and at least 6 months have elapsed since most recent Penbraya™ dose.
Meningococcal Conjugate	MenQuadfi™	5	SDV	2 months – 18 years Should be routinely administered to children 11-12 years of age, with a booster dose at 16 years of age. Minimum age for Menveo® is 2 months. Minimum age for MedQuadfi™ is 2 years.
	Menveo®	10	SDV	
Meningococcal B	TRUMENBA®	10	SDS	16 – 18 years. High risk 10-18 years. TRUMENBA® is 2 doses at 0, and 6 months. During an outbreak or for high risk persons give 3 doses at 0, 1-2, and 6 months. BEXSERO® is 2 doses 1 month apart.
	BEXSERO®	10		
Measles, Mumps and Rubella	M-M-R®II	10	SDV	12 months – 18 years
	Priorix			
MMR/Varicella	ProQuad®	10	SDV	12 months – 12 years For the first dose of MMR and varicella vaccines at ages 12 – 47 months, either MMR and varicella vaccines administered separately or MMRV vaccine may be used. For the second dose of MMR and varicella vaccines at any age (15 months--12 years) and for the first dose at age ≥48 months.
Pneumococcal Conjugate	Prennar 20™ (PCV20)	10	SDS	6 weeks – 59 months The ACIP recommends PCV13 for all children ages two through 59 months and for children ages 60 through 71 months who have underlying medical conditions that increase their risk of pneumococcal disease or complications.
	Vaxneuvance™ (PCV15)			
Pneumococcal Polysaccharide	Pneumovax®23	1	SDS	2 – 18 years • Available for high-risk children with one or more of the following conditions: 1. Chronic illnesses such as cardiovascular disease, chronic pulmonary disease, diabetes mellitus, alcoholism, chronic liver disease or CSF leaks. 2. Functional or anatomic asplenia (splenectomy) 3. Conditions associated with immunosuppression, including HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, nephritic syndrome, or other conditions associated with immunosuppression (organ or bone marrow transplantation); and people receiving immunosuppressive chemotherapy, including long term high-dose corticosteroids. 4. Cochlear implants
Rotavirus, Live, Oral	RotaTeq®	10	SDT	6 weeks – 8 months, 0 days Rotateq® (three dose rotavirus vaccine to be administered at 2, 4, and 6 months of age) Rotarix® (two dose rotavirus vaccine to be administered at 2 and 4 months of age)
	Rotarix®	10	SDT	
Tetanus & Diphtheria Toxoids	TDVAX™	1	SDV	7 – 18 years • Tdap is recommended instead of Td. • Td is only necessary for children and adolescents who have not completed the primary series of DTaP, or who are contraindicated for Tdap.
Tdap	Boostrix®	10	SDS	7 – 18 years
	Adacel®	10	SDV	
Varicella	Varivax®	10	SDV	12 months – 18 years
Influenza	Varies	10	Varies	For VFC eligible children 6 months – 18 years of age.
COVID	Varies	Varies	Varies	Age appropriate doses and presentation for children 6 months – 18 years of age.
RSV	Beyfortus™	5	SDS	Birth – 19 months. Timing and dosage should be determined based on time of year, mothers RSV vaccine status. Special consideration for second dose for high risk children
RSV	Abrysvo™	1	SDV	VFC eligible pregnant persons at gestation 32 weeks through 36 weeks 6 days during the months of September through January.

*VFC-eligible children are those who are 18 and younger and meet one of the following criteria (child does not need to be a resident of, or live in SD):

- No health insurance
- Medicaid eligible
- American Indian or Alaskan Native
- Underinsured – have health insurance, but it does not cover a particular vaccine (VFC vaccine can only be administered to underinsured children at Rural Health Clinics, Federally Qualified Health Centers, SD Department of Health Community Health Offices)

*Presentations (this can change without notice):

SDS – Single Dose Syringe SDV – Single Dose Vial SDT – Single Dose Tube MDV – Multi-dose vial