

# NORTH CAROLINA IMMUNIZATION PROGRAM COVERAGE CRITERIA FOR STATE-SUPPLIED VACCINE PROVIDED THROUGH NCIP

**Effective: January 30, 2026**

The purpose of this document is to clarify which groups of individuals in North Carolina are eligible to receive vaccines through the **North Carolina Immunization Program (NCIP)**.

NCIP includes two components under the **State Supply** program:

1. **Vaccines for Children (VFC)**
2. **Vaccines for Adults (VFA) 317**

It is a requirement that all patients are screened for eligibility at each immunization encounter and this eligibility is documented. <https://www.cdc.gov/vaccines/hcp/admin/screening.html>

## Vaccines for Children (VFC)

The **VFC program** provides vaccines at no cost to eligible children from **birth through age 18**, following immunization recommendations made by the **Advisory Committee on Immunization Practices (ACIP)\*\***.

Eligible children include those who are:

- American Indian or Alaska Native
- Medicaid-eligible
- Uninsured
- Underinsured (Can **only** receive VFC vaccines at LHDs, FQHCs, RHCs, and deputized providers)
  - Children who have health insurance, but coverage does not include any vaccines
  - Children who have health insurance, but coverage does not include all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP)
  - Children who have health insurance, but coverage has a fixed dollar limit (or cap) for vaccines
  - Children who have health insurance, but insurance does not provide first dollar coverage for vaccines

## Vaccines for Adults (VFA) 317

The **VFA 317 program** supports immunization of uninsured and underinsured adults at Local Health Departments (LHDs), Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), Free & Charitable Clinics, or a designated VFA 317 provider location. Private Health care providers must use privately purchased vaccine for those adults who wish to be vaccinated and are not included in the criteria below.

Eligible adults include those who are:

- Uninsured adults
- Underinsured adults
  - Adults who have health insurance, but insurance does not cover any vaccines
  - Adults who have health insurance, but insurance covers only selected vaccines
  - Adults who have health insurance, but insurance does not provide first-dollar coverage for vaccines

## Use of Private Vaccine Supply

Healthcare providers must use **privately purchased vaccines** for individuals who **do not meet the eligibility criteria** outlined above but still wish to be vaccinated.

## Health Care Sharing Ministries (HCSMs)

HCSMs are nonprofit alternatives to purchasing health insurance from private, for-profit insurers. Generally, HCSMs are organizations whose members share a common belief system and "share" the cost of their members' medical care.

VFC eligibility depends primarily on recognition of the plan as insurance by the state. A child with this type of plan should be considered:

- Uninsured if the plan is not recognized as insurance by the North Carolina Department of Insurance (NCDOI)
- Insured if plan is recognized by the NCDOI and covers all ACIP-recommended vaccines
- Underinsured if plan is recognized by the NCDOI and meets the definition of underinsured.

Providers are responsible for verifying the insurance plan with NCDOI prior to administration of VFC vaccine.

- ❖ *VFC vaccine cannot be used for allergy skin testing prior to vaccination.*
- ❖ *Students attending colleges within the North Carolina Community College System are exempt from North Carolina Immunization Law for college/university entry. However, some programs at community colleges, such as medical programs, may have requirements specific to their program, but this does not allow them to receive state supplied vaccine unless it is specifically stated in the coverage criteria.*



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Public Health

## Vaccines for Children (VFC)

COVID-19	Vaccine	Eligibility Age	Funding Source	Eligibility	How to order
	Spikevax® 2025-2026 Formula (6m-11y)	6 months through 11 years	VFC	<a href="#">VFC-Eligible Only</a>	NCIR
	Comirnaty® 2025-2026 Formula (5-11y)	5 years through 11 years	VFC	<a href="#">VFC-Eligible Only</a>	NCIR
	Comirnaty® Spikevax® Nuvaxovid™ 2025-2026 Formula (12y+)	12 years through 18 years	VFC	<a href="#">VFC-Eligible Only</a>	NCIR

DTaP + IPV	Vaccine	Eligibility Age	Funding Source	Eligibility	How to order
	DTaP Daptacel® Infanrix®	≥ 2 months through 6 years	VFC	<a href="#">VFC-Eligible Only</a>	NCIR
	<b>DTaP + Hep B + IPV</b>				
	Pediatrix®	≥ 2 months through 6 years	VFC	<a href="#">VFC-Eligible Only</a>	NCIR
	<b>DTaP + IPV + Hib</b>				
	Pentacel®	≥ 2 months through 4 years	VFC	<a href="#">VFC-Eligible Only</a>	NCIR
	<b>DTaP + IPV + Hib + HepB</b>				
	Vaxelis®	≥ 2 months through 4 years	VFC	<a href="#">VFC-Eligible Only</a>	NCIR
<b>DTaP + IPV</b>					
Kinrix®; Quadracel™					
≥ 4 years through 6 years					
<a href="#">VFC-Eligible Only</a>					
NCIR					

Hepatitis A	Vaccine	Eligibility Age	Funding Source	Eligibility	How to order
	Havrix® Vaqta®	≥ 12 months through 18 years  <i>Certain VFC-eligible infants 6 months through 11 months</i>	VFC	<a href="#">VFC-Eligible Only</a>  <i>Hepatitis A vaccine may also be given to VFC-eligible infants 6 months through 11 months of age who are traveling internationally (excluding Canada, western Europe and Scandinavia, Japan, New Zealand, and Australia)</i>	NCIR

Hepatitis B	Vaccine	Eligibility Age	Funding Source	Eligibility	How to order
	Engerix B® Recombivax HB®	Birth through 18 years	VFC	<a href="#">VFC-Eligible Only</a>	NCIR
	<a href="#">Pediatrix® See DTaP section</a>				
	<a href="#">Vaxelis® See DTaP section</a>				

Hib	Vaccine	Eligibility Age	Funding Source	Eligibility	How to order
	ActHIB® Hiberix® PedvaxHIB®	≥ 2 months through 4 years	VFC	<a href="#">VFC-Eligible Only</a>	NCIR
	<a href="#">Pentacel® See DTaP section</a>				
	<a href="#">Vaxelis® See DTaP section</a>				

HPV	Vaccine	Eligibility Age	Funding Source	Eligibility	How to order
	Gardasil® 9	Females and males 9 through 18 years	VFC	<a href="#">VFC-Eligible Only</a>	NCIR

Vaccine	Eligibility Age	Funding Source	Eligibility	How to order
				NCIR
Afluria® Flucelvax® Flulaval® FluMist® Fluzone®	≥ 6 months through 18 years	VFC	<a href="#">VFC-Eligible Only</a>  <i>Please refer to the <a href="#">seasonal influenza memo</a> for age indications for each product. Eligibility is effective August 2025.</i>	
Fluzone® High-Dose FLUAD®	18-year-olds only	VFC	<a href="#">VFC-Eligible Only</a>  <i>Please refer to the <a href="#">seasonal influenza memo</a> for age indications for each product. Eligibility is effective August 2025.</i>	Email <a href="mailto:ncirhelp@dhhs.nc.gov">ncirhelp@dhhs.nc.gov</a> to request

Vaccine	Eligibility Age	Funding Source	Eligibility	How to order
				Meningococcal Conjugate (ACWY)
Conjugate MenQuadfi®	11 years through 18 years for routine vaccination	VFC	<a href="#">VFC-Eligible Only</a>	NCIR
	≥ 2 years through 10 years if high risk			
	11 years through 18 years for routine vaccination	VFC	<a href="#">VFC-Eligible Only</a>	NCIR
Conjugate Menveo® one-vial	≥ 10 years through 18 years if high risk	VFC	<a href="#">VFC-Eligible Only</a>	NCIR
	≥ 2 months through 18 years			
Conjugate Menveo® two-vial	<i>Due to limited quantities, providers are encouraged to limit use to children ages 2 months through 23 months at increased risk of meningococcal disease as this is the only product available for this age group.</i>	VFC	<a href="#">VFC-Eligible Only</a>	Email <a href="mailto:ncirhelp@dhhs.nc.gov">ncirhelp@dhhs.nc.gov</a> to request
Meningococcal ACWY/B				
ACWY and MenB Combination Penbraya™ PENMENVY™	≥10 through 18 years	VFC	<a href="#">VFC-Eligible Only</a>	NCIR
Meningococcal B				
Serogroup B Bexsero® Trumenba®	≥10 through 18 years	VFC	<a href="#">VFC-Eligible Only</a>  <i>MenB vaccines are recommended &amp; available for children 10 through 18 years of age at increased risk of disease. MenB may be administered to adolescents aged 16–18 years of age who are not at increased risk for meningococcal disease based on <a href="#">shared clinical decision-making</a>.</i>	NCIR

Vaccine	Eligibility Age	Funding Source	Eligibility	How to order
				NCIR
MMR®II PRIORIX	≥ 12 months through 18 years  <i>*Certain VFC-eligible infants 6 months through 11 months of age</i>	VFC	<a href="#">VFC-Eligible Only</a>  <i>*MMR may also be given to VFC-eligible infants 6 months through 11 years of age who will be traveling internationally or to areas with known outbreaks domestically</i>	

MMR (continued)	Post-Exposure Prophylaxis (PEP)				
	Vaccine	Eligibility Age	Funding Source	Eligibility	How to order
MMR®II PRIORIX	≥ 6 months through 18 years	317 PEDIATRIC	<b>LHD Only:</b> One dose may be administered in accordance with <a href="#">NC DHHS measles post-exposure prophylaxis (PEP) guidance</a> for anyone 6 months through 18 y/o regardless of insurance status.  Please refer to the <a href="#">317 MMR Measles PEP memo</a> for additional information.	<a href="#">MMR Vaccine PEP Request Form</a>	

MMRV	Vaccine	Eligibility Age	Funding Source	Eligibility	How to order
	ProQuad®	≥ 4 years through 12 years	VFC	<a href="#">VFC-Eligible Only</a>	NCIR

Mpox	Vaccine	Eligibility Age	Funding Source	Eligibility	How to order
	JYNNEOS®	18-year-olds only	VFC	<a href="#">VFC-Eligible Only</a>  <i>Available for 18-year-olds at increased risk of mpox disease</i>	NCIR

RSV	Vaccine	Eligibility Age	Funding Source	Eligibility	How to order
	RSV Monoclonal Antibody Products				
	<b>Nirsevimab</b> Beyfortus® 50 mg	Birth through < 8 months weighing < 5 kg: 50 mg dose	VFC	<b>Seasonal administration (October 1st through March 31st).</b>  <i>All infants younger than age 8 months during their first RSV season and in some children at high risk of severe disease during their second RSV season.</i>  <a href="#">VFC-Eligible Only</a>	NCIR
	<b>Nirsevimab</b> Beyfortus® 100mg	Birth through < 8 months weighing ≥5 kg: 100 mg dose  <i>*High-risk infants 8 months through 19 months of age</i>	VFC	<b>Seasonal administration (October 1st through March 31st).</b>  <a href="#">VFC-Eligible Only</a>  <i>All infants younger than age 8 months during their first RSV season and in some children at high risk of severe disease during their second RSV season.</i>  <b>*Dosing for Children at High Risk During Second RSV Season</b> <i>Children ages 8-19 months who remain vulnerable to severe RSV disease when entering their second RSV season should receive a 200mg (2 x 100mg) dose of Beyfortus®.</i>	NCIR

RSV (continued)	Vaccine	Eligibility Age	Funding Source	Eligibility	How to order
	<b>Clesrovimab</b> ENFLONSIA™	Birth through < 8 months	VFC	<b>Seasonal administration (October 1st through March 31st).</b>  <a href="#">VFC-Eligible Only</a>  <i>All infants younger than age 8 months during their first RSV season.</i>	NCIR
<b>Maternal</b>					
	ABRYSVO®	Pregnant individuals < 19 years	VFC	<b>Seasonal administration (September 1st through January 31st).</b>  During 32 through 36 weeks gestation.  <a href="#">VFC-Eligible Only</a>	NCIR

IPV-Polio	Vaccine	Eligibility Age	Funding Source	Eligibility	How to order
	<b>IPV-Polio</b> IPOL®	≥ 2 months through 18 years	VFC	<a href="#">VFC-Eligible Only</a>	NCIR
	Pediarix®	<a href="#">Pediarix® See DTaP section</a>			
	Kinrix®, Quadracel®	<a href="#">Kinrix®; Quadracel® See DTaP section</a>			
	Pentacel®	<a href="#">Pentacel® See DTaP section</a>			
	Vaxelis®	<a href="#">Vaxelis® See DTaP section</a>			

Pneumococcal	Vaccine	Eligibility Age	Funding Source	Eligibility	How to order
	<b>Pneumococcal Conjugate</b>				
	PCV15 Vaxneuvance™	≥ 2 through 59 months  ≥ 60 months through 18 years with certain high-risk conditions	VFC	<a href="#">VFC-Eligible Only</a>	NCIR
	PCV20 Prevnar 20™	≥ 2 through 59 months  ≥ 60 months through 18 years with certain high-risk conditions	VFC	<a href="#">VFC-Eligible Only</a>	NCIR
	<b>Pneumococcal Polysaccharide (23 Valent)</b>				
	PPSV23 Pneumovax®23	≥ 2 years through 18 years with certain high-risk conditions	VFC	<a href="#">VFC-Eligible Only</a>	NCIR

Rotavirus	Vaccine	Eligibility Age	Funding Source	Eligibility	How to order
	Rotarix® RotaTeq®	≥ 2 through 7 months	VFC	<a href="#">VFC-Eligible Only</a>	NCIR

Td or Tdap	Vaccine	Eligibility Age	Funding Source	Eligibility	How to order
	Td Tenivac® <b>Tdap</b> Adacel® Boostrix®	≥ 7 years through 18 years	VFC	<a href="#">VFC-Eligible Only</a>	NCIR

<b>Varicella (Chickenpox)</b>	<b>Vaccine</b>	<b>Eligibility Age</b>	<b>Funding Source</b>	<b>Eligibility</b>	<b>How to order</b>
	Varivax®	≥ 12 months through 18 years	VFC	<a href="#">VFC-Eligible Only</a>	NCIR

## Vaccines for Adult (VFA) 317

	<b>Vaccine</b>	<b>Eligibility Age</b>	<b>Funding Source</b>	<b>Eligibility</b>	<b>How to order</b>
<b>Hepatitis B</b>	Heplisav-B®  <b>Pediatric</b> Engerix-B® Recombivax HB®	19-year-olds only	317 VFA	<p><a href="#">Uninsured Adult Use (317 Vaccines)</a></p> <p>Any uninsured adult 19 years of age may receive state-supplied Hep B if the first dose of Hep B is administered before the 19th birthday. The series must be complete before the 20th birthday if using 317 VFA vaccine.</p> <p><b>LHD Only:</b> Uninsured immigrants with refugee status who are from endemic countries who are 19 years of age may receive Hepatitis B vaccine at the LHD. All immigrants with refugee status must be referred to the LHD for testing and vaccination.</p> <p><b>LHD Only:</b> Uninsured adults 19 years of age who are household, sexual or needle sharing contacts of an acute or chronic Hepatitis B infected person may receive Hepatitis B vaccine at the LHD. All household, sexual, or needle sharing contacts of an acute or chronic Hepatitis B infected person must be referred to the LHD for testing/vaccination.</p>	NCIR with comment in special instructions box*
	<b>Adult</b> Engerix-B® Heplisav-B® Recombivax HB®	≥ 20 years	317 VFA	<p><b>LHD Only:</b> Uninsured immigrants with refugee status who are from endemic countries who are ≥ 20 years of age may receive Hepatitis B vaccine at the LHD. All immigrants with refugee status must be referred to the LHD for testing and vaccination.</p> <p><b>LHD Only:</b> Uninsured adults ≥ 20 years of age who are household, sexual or needle sharing contacts of an acute or chronic Hepatitis B infected person may receive Hepatitis B* vaccine at the LHD. All household, sexual, or needle sharing contacts of an acute or chronic Hepatitis B infected person must be referred to the LHD for testing and vaccination.</p> <p><i>*Heplisav-B® (two-dose series can be used)</i></p>	NCIR with comment in special instructions box*

	Vaccine	Eligibility Age	Funding Source	Eligibility	How to order
<b>Hepatitis A</b>	Havrix® Vaqta®	≥ 19 years	317 VFA	<p><a href="#">Uninsured Adult Use (317 Vaccines)</a></p> <p>One dose of Hepatitis A vaccine is available for uninsured adults (≥ 19 years) who meet one or more of the following high-risk criteria:</p> <ul style="list-style-type: none"> <li>• People who use injection and/or non-injection drugs</li> <li>• People who are homeless</li> <li>• Men who have sex with men</li> <li>• People with chronic liver disease, including chronic hepatitis B or C</li> <li>• People who are currently incarcerated in a county-owned facility/jail</li> </ul>	NCIR with comment in special instructions box*
<b>Hep A/Hep B Combo</b>	Twinrix®	≥ 18 years	317 VFA	<p><a href="#">Uninsured and Underinsured Adult Use (317 Vaccines)</a></p> <p><i>*State-supplied Hep A/Hep B vaccine cannot be used for people with a documented history of a completed hepatitis A or B series or for the accelerated schedule, four dose series.</i></p>	NCIR with comment in special instructions box*
<b>Influenza</b>	Afluria® Fluarix® Flucelvax® Flulaval® Fluzone®	≥ 19 years	317 VFA	<p><a href="#">Uninsured Adult Use (317 Vaccines)</a></p> <p>Please refer to the <a href="#">seasonal influenza memo</a> for age indications for each product. Eligibility is effective August 2025.</p>	NCIR with comment in special instructions box*
<b>MMR</b>	<p><b>Vaccine</b></p> <p>MMR®II PRIORIX</p>	<p><b>Eligibility Age</b></p> <p>≥ 19 years</p>	<p><b>Funding Source</b></p> <p>317 VFA</p>	<p><b>Eligibility</b></p> <p><a href="#">Uninsured and Underinsured Adult Use (317 Vaccines)</a></p> <p>One dose of MMR vaccine is available for all uninsured and underinsured susceptible people without documentation of a prior MMR.</p>	<p><b>How to order</b></p> <p>NCIR with comment in special instructions box*</p>
	<b>Post-Exposure Prophylaxis (PEP)</b>				
	MMR®II PRIORIX	≥ 19 years	317 VFA	<p><b>LHD Only:</b> One dose may be administered in accordance with <a href="#">NC DHSS measles post-exposure prophylaxis (PEP) guidance</a> for anyone 19 y/o &amp; older regardless of insurance status.</p> <p>Please refer to <a href="#">the 317 MMR Measles PEP memo</a> for additional information.</p>	<p><a href="#">MMR Vaccine PEP Request Form</a></p>

	Vaccine	Eligibility Age	Funding Source	Eligibility	How to order
	JYNNEOS®	≥ 19 years	317 VFA STATE	<p><u><a href="#">Uninsured Adult Use (317 Vaccines)</a></u></p> <p>Uninsured adults (19 and older) who meet one or more of the following high-risk criteria:</p> <ul style="list-style-type: none"> <li>• Anyone who has or may have multiple or anonymous sex partners</li> <li>• Anyone whose sex partners are eligible per the criteria above</li> <li>• People who know or suspect they have been exposed to mpox in the last 14 days</li> <li>• Anyone else who considers themselves to be at risk for mpox through sex or other intimate contact</li> </ul>	NCIR with comment in special instructions box*
IPV-Polio	Vaccine	Eligibility Age	Funding Source	Eligibility	How to order
	IPOL®	≥ 18 years	STATE	<p><b>LHD Only:</b> One-time allocation for displaced adults from Ukraine. See the <a href="#">July 17, 2024 Polio Vaccine for Adults Displaced from Ukraine memo</a> for more information.</p>	NCIR with comment in special instructions box*
RSV	Vaccine	Eligibility Age	Funding Source	Eligibility	How to order
	<b>Maternal</b>				
	ABRYSVO®	Pregnant individuals ≥ 19 years	317 VFA	<ul style="list-style-type: none"> <li>• Non-Medicaid, uninsured women who are pregnant during RSV season, and receiving services at the LHD, FQHC, or RHC.</li> <li>• People enrolled in the Family Planning Medicaid program receiving services at the LHD, FQHC, or RHC***.</li> </ul> <p><b>Seasonal administration (September 1st through January 31st).</b></p> <p>During 32 through 36 weeks gestation.</p>	NCIR
Td or Tdap	Vaccine	Eligibility Age	Funding Source	Eligibility	How to order
	Td Tenivac® <b>Tdap</b> Adacel® Boostrix®	≥ 19 years	317 VFA	<p><u><a href="#">Uninsured and Underinsured Adult Use (317 Vaccines)</a></u></p>	NCIR with comment in special instructions box*
Varicella (Chickenpox)	Vaccine	Eligibility Age	Funding Source	Eligibility	How to order
	Varivax®	≥ 19 through 44 years	317 VFA	<p><u><a href="#">Uninsured Adult Use (317 Vaccines)</a></u></p> <p><b>LHD Only:</b> One dose can be administered to uninsured, unvaccinated women</p>	NCIR with comment in special instructions box*

\*VFA (317) Ordering Instructions: When placing an order for adult (317) vaccines in NCIR specify the products and number of doses desired in the "Updates to Vaccine Delivery Hours/Special Instructions" box on the ordering screen. These doses must be maintained separate from your VFC supply in the vaccine storage unit.

\*\*ACIP Recommendation: The ACIP recommendations for each vaccine are located on the CDC website at [cdc.gov/acip-recs/hcp/vaccine-specific/?CDC\\_AAref\\_Va=1](https://www.cdc.gov/acip-recs/hcp/vaccine-specific/?CDC_AAref_Va=1). Full and final recommendations are published as MMWR Recommendations and Reports. There is also separate documentation for **Contraindication/Precautions** for all vaccines on the CDC web site at: [cdc.gov/vaccines/hcp/admin/screening.html](https://www.cdc.gov/vaccines/hcp/admin/screening.html)

\*\*\*LHD/FQHC/RHC only: People covered by the Family Planning Medicaid Program are considered uninsured and may receive certain state supplied vaccines as noted in this coverage criteria for uninsured adults if receiving services at a Local Health Department, Federally Qualified Health Center, or Rural Health Clinic.