TRICARE Retail Vaccination Program

Vaccine List – October 2026*

Vaccine	Vaccine description	ACIP Abbreviation	Trade Name	Age Limitation MIN	Age Limitation MAX
Coronavirus	COVID-19 mRNA	COVID-19	Comirnaty 2026 - 2027	≥ 5 years	none
	COVID-19 mRNA	COVID-19	Spikevax 2026 - 2027	≥ 6 months	none
	COVID-19 mRNA	COVID-19	mNexspike 2026 - 2027	≥ 12 years	none
	COVID-19 Vaccine, Adjuvanted	COVID-19	Nuvaxovid 2026 - 2027	≥ 12 years	none
Diphtheria, Tetanus and Pertussis	Diphtheria and Tetanus Toxoids Adsorbed	DT	Diphtheria and Tetanus Toxoids Adsorbed	≥ 1 month* (6 weeks)	<7 years
	Diphtheria and tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed	DTaP	Daptacel, Infanrix	≥ 1 month* (6 weeks)	<7 years
	Tetanus and Diphtheria Toxoids Adsorbed (A)	Td	Tenivac	≥ 7 years	none
	Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed	Tdap	Adacel, Boostrix	≥ 7 years	none
	Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Hepatitis B and Inactivated Poliovirus Vaccine	DTaP-HepB- IPV	Pediarix	≥ 1 month* (6 weeks)	<7 years
	Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed and Inactivated Poliovirus Vaccine	DTaP-IPV	Kinrix Quadracel	≥ 4 years	<7 years

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	Diphtheria and Tetanus Toxoids and Acellular pertussis adsorbed, inactivated poliovirus and *Haemophilus influenzae* Type B Conjugate Vaccine	DTaP-IPV/Hib	Pentacel, Vaxelis	≥ 1 month* (6 weeks)	<5 years
Haemophilus influenzae Type B	*Haemophilus influenzae* Type B Conjugate Vaccine	Hib	PedvaxHIB; ActHIB Hiberix	≥ 1 month* (6 weeks)	none
	H. influenzae Type B, Diphtheria, Tetanus, Pertussis and Polio vaccine	DTaP-IPV/Hib	Pentacel, Vaxelis	≥ 1 month* (6 weeks)	<5 years
Hepatitis	Hepatitis A Vaccine	HepA	Havrix Vaqta	≥ 6 months	none
	Hepatitis B Vaccine	HepB	Engerix-B Recombivax HB	none	none
	Hepatitis B-TLR	HepB-CpG	Heplisav-B	≥ 18 years	none
	Hepatitis A Inactivated and Hepatitis B Vaccine	HepA-HepB	Twinrix	≥ 18 year	none
	Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Hepatitis B and Inactivated Poliovirus Vaccine	DTaP-HepB- IPV	Pediarix	≥ 1 month* (6 weeks)	<7 years

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	Zoster Vaccine Recombinant, Adjuvanted	RZV	Shingrix	≥ 19 years	none
Human Papillomavirus	Human Papillomavirus Vaccine (9-valent) – Types 6,11,16,18,31, 33,45,52 and 58	9vHPV	Gardasil-9	≥9 years	<46 years
Influenza	Live Attenuated Influenza Vaccine, Trivalent	LAIV3	Flumist	≥ 2 years	<50 years
	Adjuvanted Inactivated Influenza Vaccine, Trivalent	AIIV3	Fluad	≥ 18 years	None
	Recombinant Influenza Vaccine, Trivalent	RIV3	Flublok	≥ 9 years	None
	Inactivated Influenza Vaccine, Trivalent	IIV3	Fluarix	≥ 6 months	None
			FluLaval	≥ 6 months	None
			Fluzone	≥ 6 months	None
	Cell Culture Inactivated Influenza Vaccine, Trivalent	ccIIV3	Flucelvax	≥ 6 months	None
	High Dose Inactivated Influenza Vaccine, Trivalent	HD-IIV3	Fluzone High Dose	≥ 18 years	None
Measles, Mumps, Rubella and Varicella	Measles, Mumps, and Rubella Vaccine	MMR	M-M-R II Priorix	≥ 6 months	None
	Measles, Mumps, Rubella and Varicella Vaccine	MMRV	ProQuad	≥ 1 years	None

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Meningococcal	Quadrivalent	MenACWY-CRM	Menveo	≥ 2 months	None
	Quadrivalent Tetanus Toxoid Conjugate Vaccine	MenACWY-TT	MenQuadfi	≥ 2 years	None
	Serogroup B Meningococcal Vaccine	MenB-FHbp MenB-4C	Trumenba Bexsero	≥ 10 years	none
	Pentavalent	MenACWY-TT/MenB-FHbp	Penbraya	≥ 10 years	none
	Pentavalent	MenACWY-CRM/MenB-4C	Penmenvy	≥ 10 years	none
Mpox	Replication-Deficient Live Vaccinia Virus Vaccine	Mpox	Jynneos	≥ 18 years	None
Pneumococcal	Pneumococcal Polysaccharide Vaccine (23-valent)	PPSV23	Pneumovax	≥ 2 years	none
	Pneumococcal Conjugate Vaccine (15-valent)	PCV15	Vaxneuvance	≥ 1 month* (6 weeks)	none
	Pneumococcal Conjugate Vaccine (20-valent)	PCV20	Prevnar 20	≥ 2 months	none
	Pneumococcal Conjugate Vaccine (21-valent)	PCV21	Capvaxive	≥ 19 years	none
Poliovirus	Inactivated Poliovirus Vaccine	IPV	Ipol	≥ 1 month* (6 weeks)	none
	Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed and Inactivated Poliovirus Vaccine	DTaP-IPV	Kinrix Quadracel	≥ 4 years	<7 years
	Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed,	DTaP-IPV/Hib	Pentacel, Vaxelis	≥ 1 month* (6 weeks)	<5 years

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	Inactivated Poliovirus and *Haemophilus influenzae* Type B Conjugate Vaccine				
Rotavirus	Rotavirus Vaccine (Monovalent)	RV1	Rotarix	≥ 1 month* (6 weeks)	<9 months
	Rotavirus Vaccine (Pentavalent)	RV5	RotaTeq	≥ 1 month* (6 weeks)	<9 months
Respiratory Syncytial Virus	Adjuvanted Recombinant Stabilized Prefusion F Protein Vaccine	RSV	Arexvy	≥ 50 years	none
	Recombinant Stabilized Prefusion F Protein Vaccine	RSV	Abrysvo	≥ 15 years	none
	mRNA encoding the prefusion RSV F protein Vaccine	RSV	mResvia	≥ 50 years	none
Tick-Borne Encephalitis	Tick-Borne Encephalitis Vaccine	TBE	Ticovac	≥ 1 years	none
Varicella	Varicella Vaccine	VAR	Varivax	≥ 1 years	none

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