

HUMAN PAPILLOMAVIRUS (HPV) VACCINE FORMULARY

Effective 1 January 2025

PLEASE NOTE!

- The Society will only pay for the vaccines listed on this formulary from the applicable benefit.
- This formulary represents vaccines covered by the Society and which are subject to applicable benefits and limits as specified by the Society for your benefit option.
- The examples below serve as a guide on the trade names available for the active ingredients listed and not for marketing a specific brand.
- The medication on this list is published on an annual basis. Medication and prices are subject to change based on new clinical information and/or pricing updates which may not be reflected on the list below.

NAPPI CODE	LABEL NAME	GENERIC NAME
00703448001	HAVRIX JUNIOR S/DOSE 0.5ML	4
00822361019	HAVRIX 1440U/ML	4
00700513001	AVAXIM PREF SYR 80 0.5ML	4
00848905008	AVAXIM PREF SYR 0.5ML	4