ORDERING INSTRUCTIONS

Consolidated Pediatric/Vaccines for Children (VFC) Contracts

Period of Performance: April 1, 2026 - March 31, 2027

The Centers for Disease Control & Prevention (CDC) has awarded five contracts for the purchase of vaccines covered under the Vaccines for Children program. The period of performance is April 1, 2026 through March 31, 2027. **Vaccines purchased under these contracts are to be used only in children 18 years of age and younger**. Sale of the vaccine to any specific person or entity or reimbursement of vaccine costs is strictly prohibited. Free distribution of the vaccine is also prohibited except where the vaccine is administered in the context of awardee immunization program activities.

Specific information concerning vaccines awarded under each contract is provided on the pages listed below. Authorized purchasers may order vaccine from any or all of these contracts.

Bavarian Nordic - contract number: 75D30126D20727

Item Number	Vaccine Description
01	**Small Pox and Monkeypox Vaccine, Live, Non-Replicating vaccine (MPOX)**

Product/Brand Name: **Jynneos™**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
MPOX	50632-0001-03	$2,327.13	$232.713
Package of 10	Fed. Excise Tax	N/A	N/A
Single dose vial	Total	$2,327.13	$232.713

Item Number	Vaccine Description
02	**Small Pox and Monkeypox Vaccine, Live, Non-Replicating vaccine (MPOX)**

Product/Brand Name: **Jynneos™**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
MPOX	50632-0023-02	$2,327.13	$232.713
Package of 10	Fed. Excise Tax	N/A	N/A
Single dose vial	Total	$2,327.13	$232.713

*NDC 50632-0023-02 does not have a market availability date at this time. Expected market entry in Q3.

Ordering Address

Bavarian Nordic Inc.
1005 Slater Road, Suite 101
Durham, NC 27703

Remittance Address

Bavarian Nordic Inc.
1005 Slater Road, Suite 101
Durham, NC 27703

GlaxoSmithKline - contract number: 75D30126D20728

Item Number	Vaccine Description
01	**Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed (DTaP)**

Product/Brand Name: **INFANRIX®**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
DTAP	58160-0810-52	$207.90	$20.79
Package of 10	Fed. Excise Tax	$ 22.50	$ 2.25
Single dose syringe	Total	$230.40	$23.04

Item Number	Vaccine Description
02	**Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Hepatitis B (Recombinant) and Inactivated Poliovirus Vaccine (DTaP/HB/IPV)**

Product/Brand Name: **PEDIARIX®**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
DTAP-IPV-HEP B	58160-0811-52	$661.15	$66.115
Package of 10	Fed. Excise Tax	$ 37.50	$ 3.750
Single dose syringe	Total	$698.65	$69.865

Item Number	Vaccine Description
03	**Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed and Inactivated Poliovirus Vaccine (DTaP/IPV)**

Product/Brand Name: **KINRIX®**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
DTAP-IPV	58160-0812-52	$485.02	$48.502
Package of 10	Fed. Excise Tax	$ 30.00	$ 3.000
Single dose syringe	Total	$515.02	$51.502

Item Number	Vaccine Description
04	**Hepatitis A Pediatric Vaccine (Hep A)**

Product/Brand Name: **HAVRIX®**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
HEP A (PED)	58160-0825-52	$245.50	$24.55
Package of 10	Fed. Excise Tax	$ 7.50	$ 0.75
Single dose syringe	Total	$253.00	$25.30

Item Number	Vaccine Description
05	**Hepatitis A and Hepatitis B (Recombinant) Vaccine (For Age 18 only) (Hep AB18)**

Product/Brand Name: **TWINRIX®**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
HEP AB	58160-0815-52	$804.20	$80.42
Package of 10	Fed. Excise Tax	$ 15.00	$ 1.50
Single dose syringe	Total	$819.20	$81.92

Item Number	Vaccine Description
06	**Hepatitis B (Recombinant) Pediatric/Adolescent Vaccine (Ages 0-18) (Hep B)**

Product/Brand Name: **ENGERIX-B®**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
HEP B (PED)	58160-0820-52	$176.38	$17.638
Package of 10	Fed. Excise Tax	$ 7.50	$ 0.750
Single dose syringe	Total	$183.88	$18.388

Item Number	Vaccine Description
07	**Haemophilus Influenza Type b Vaccine (Hib)**

Product/Brand Name: **HIBERIX®**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
HIB	58160-0726-15	$117.50	$11.75
Package of 10	Fed. Excise Tax	$ 7.50	$ 0.75
Single dose vial	Total	$125.00	$12.50

Item Number	Vaccine Description
08	**Meningococcal (Groups A, C, Y and W-135) Oligosaccharide Diphtheria CRM197 Conjugate Vaccine (MCV4)**

Product/Brand Name: **MENVEO® Two-vial**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
MCV4	58160-0955-09	$572.87	$114.574
Package of **5**	Fed. Excise Tax	$ 3.75	$ 0.750
Single dose vial	Total	$576.62	$115.324

Product/Brand Name: **MENVEO® One-vial**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
MCV4	58160-0827-30	$ 1,145.74	$114.574
Package of 10	Fed. Excise Tax	$ 7.50	$ 0.750
Single dose vial	Total	$ 1,153.24	$115.324

Item Number: **09**
Vaccine Description: **Rotavirus Vaccine, Live Oral (ROTA)**

Product/Brand Name: **ROTARIX®**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
ROTA	58160-0740-21	$1,140.26	$114.026
Package of 10	Fed. Excise Tax	$ 7.50	$ 0.750
Single oral dose		$1,147.76	$114.776

Item Number: **10**
Vaccine Description: **Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed (Tdap)**

Product/Brand Name: **BOOSTRIX®**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
TDAP	58160-0842-52	$368.85	$36.885
Package of 10	Fed. Excise Tax	$ 22.50	$ 2.250
Single dose syringe	Total	$391.35	$39.135

Item Number: **11**
Vaccine Description: **Meningococcal Group B Vaccine (MENB)**

Product/Brand Name: **BEXSERO®**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
MENB	58160-0976-20	$1,583.67	$158.367
Package of 10	Fed. Excise Tax	$ 7.50	$ 0.750
Single dose syringe	Total	$ 1,591.17	$159.117

Item Number	Vaccine Description
12	**Measles, Mumps and Rubella Vaccine, Live (MMR)**

Product/Brand Name: **PRIORIX**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
MMR	58160-0824-15	$259.82	$25.982
Package of 10	Fed. Excise Tax	$ 22.50	$ 2.250
Single dose vial	Total	$282.32	$28.232

Item Number	Vaccine Description
13	**Meningococcal Conjugate (A, B, C, W, Y-135)**

Product/Brand Name: **PENMENVY**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
MCV4-MENB	58160-0757-15	$1,942.58	$194.258
Package of 10	Fed. Excise Tax	$ 7.50	$ 0.750
Single dose syringe	Total	$1,950.08	$195.008

Ordering Address

GlaxoSmithKline LLC
Vaccine Service Center
2929 Walnut Street, Suite 1700
Philadelphia, PA 19104

Remittance Address

GlaxoSmithKline LLC
P.O. Box 24589
New York, NY 10087-4589

Merck Vaccine Division - contract number: 75D30126D20729

Item Number	Vaccine Description
01	**Diphtheria and Tetanus Toxoids and Acellular Pertussis, Inactivated Poliovirus, Haemophilus b Conjugate and Hepatitis B Vaccine (DTAP-IPV-HIB-HEPB)**

Product/Brand Name: **VAXELIS™**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
DTAP-IPV-HIB-HEPB	63361-0243-15	$1,042.23	$104.223
Package of 10	Fed. Excise Tax	$ 45.00	$ 4.500
Single dose syringe	Total	$1,087.23	$108.723

Item Number	Vaccine Description
02	**Hepatitis A Pediatric Vaccine (Hep A)**

Product/Brand Name: **VAQTA®**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
HEP A (PED)	00006-4095-02	$246.42	$24.642
Package of 10	Fed. Excise Tax	$ 7.50	$ 0.750
Single dose syringe	Total	$253.92	$25.392

Item Number	Vaccine Description
03	**Hepatitis B Pediatric/Adolescent Vaccine (Ages 0-18) (Hep B)**

Product/Brand Name: **RECOMBIVAX HB®**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
HEP B (PED)	00006-4093-02	$151.12	$15.112
Package of 10	Fed. Excise Tax	$ 7.50	$ 0.750
Single dose syringe	Total	$158.62	$15.862

Item Number	Vaccine Description
04	**Haemophilus Influenza Type b Vaccine (Hib)**

Product/Brand Name: **PEDVAXHIB®**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
HIB	00006-4897-00	$162.03	$16.203
Package of 10	Fed. Excise Tax	$ 7.50	$ 0.750
Single dose vial	Total	$169.53	$16.953

Item Number	Vaccine Description
05	**Human Papillomavirus Quadrivalent Vaccine (HPV)**

Product/Brand Name: **GARDASIL®9**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
HPV	00006-4121-02	$2,742.63	$274.263
Package of 10	Fed. Excise Tax	$ 7.50	$ 0.750
Single dose syringe	Total	$2,750.13	$275.013

Item Number	Vaccine Description
06	**Measles, Mumps, and Rubella Virus Vaccine Live (MMR II)**

Product/Brand Name: **M-M-R II®**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
MMR	00006-4681-00	$246.77	$24.677
Package of 10	Fed. Excise Tax	$ 22.50	$ 2.250
Single dose vial	Total	$269.27	$26.927

Item Number	Vaccine Description
07	**Pneumococcal (15 Valent) ConjugateVaccine (PCV15)**

Product/Brand Name: **VAXNEUVANCE™**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
PCV15	00006-4329-03	$1,834.35	$183.435
Package of 10	Fed. Excise Tax	$ 7.50	$ 0.750
Single dose syringe	Total	$1,841.85	$184.185

Item Number	Vaccine Description
08	**Pneumococcal (23 Valent) Polysaccharide Vaccine (PPV23)**

Product/Brand Name: **PNEUMOVAX®23**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
PPV23	00006-4837-03	$658.00	$65.80
Package of 10	Fed. Excise Tax	N/A	N/A
Single dose syringe	Total	$658.00	$65.80

Item Number	Vaccine Description
09	**Rotavirus Vaccine, Live, Oral Pentavalent (ROTA)**

Product/Brand Name: **ROTATEQ®**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
ROTA	00006-4047-41	$865.98	$86.598
Package of 10	Fed. Excise Tax	$ 7.50	$ 0.750
Single dose tube	Total	$873.48	$87.348

Description	NDC #	Unit Price	Price Per Dose
ROTA	00006-4047-20	$2,164.95	$86.598
Package of 25	Fed. Excise Tax	$ 18.75	$ 0.750
Single dose tube	Total	$2,183.70	$87.348

Item Number	Vaccine Description
10	**Varicella Virus Vaccine (VAR)**

Product/Brand Name: **VARIVAX®**
Minimum Order Size: 10 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
VAR	00006-4827-00	$1,582.30	$158.23
Package of 10	Fed. Excise Tax	$ 7.50	$ 0.75
Single dose vial	Total	$1,589.80	$158.98

Type of delivery: This product is a direct-ship vaccine

Item Number	Vaccine Description
11	**Measles, Mumps, Rubella and Varicella Virus Vaccine (MMR-V)**

Product/Brand Name: **PROQUAD®**
Minimum Order Size: 10 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
MMR-V	00006-4171-00	$1,919.47	$191.947
Package of 10	Fed. Excise Tax	$ 30.00	$ 3.000
Single dose vial		$1,949.47	$194.947

Type of delivery: This product is a direct-ship vaccine

Item Number	Vaccine Description
12	**Respiratory Syncytial Virus**

Product/Brand Name: **ENFLONSIA™**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
RSV	00006-5073-01	$421.29	$421.29
Package of 1	Fed. Excise Tax	$ 0.75	$ 0.75
Single dose syringe	Total	$422.04	$422.04

Description	NDC #	Unit Price	Price Per Dose
RSV	00006-5073-02	$4,212.90	$421.29
Package of 10	Fed. Excise Tax	$ 7.50	$ 0.75
Single dose syringe	Total	$4,220.40	$422.04

Ordering Address

Merck Vaccine Division
351 N. Sumneytown Pike MS UG4C-24
North Wales, PA 19454

Remittance Address

Merck Sharp & Dohme LLC
P.O. Box 94000
Palatine, IL 60094-40000

Pfizer - contract number: 75D30126D20730

Item Number	Vaccine Description
01	**Meningococcal Groups A, B, C, W and Y Vaccine (MCV4-MENB)**

Product/Brand Name: **PENBRAYA ™**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
MCV4-MENB	00069-0600-05	$990.15	$198.03
Package of 5	Fed. Excise Tax	$ 3.75	$ 0.75
Single dose vial	Total	$993.90	$198.78

Item Number	Vaccine Description
02	**Pneumococcal 20-Valent Conjugate Vaccine (PCV 20)**

Product/Brand Name: **PREVNAR 20®**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
PCV20	00005-2000-10	$1,993.80	$199.38
Package of 10	Fed. Excise Tax	$ 7.50	$ 0.75
Single dose syringe	Total	$2,001.30	$200.13

Item Number	Vaccine Description
03	**Meningococcal Group B Vaccine (MENB)**

Product/Brand Name: **TRUMENBA®**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
MENB	00005-0100-10	$1,519.20	$151.92
Package of 10	Fed. Excise Tax	$ 7.50	$ 0.75
Single dose syringe	Total	$1,526.70	$152.67

Item Number	Vaccine Description
04	**Respiratory Syncytial Virus Vaccine (RSV)**

Product/Brand Name: **ABRYSVO®**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
RSV	00069-2465-01	$240.04	$240.04
Package of 1	Fed. Excise Tax	N/A	N/A
Single dose vial	Total	$240.04	$240.04

Ordering Address

Pfizer, Inc.
500 Arcola Rd, E-4, Box 64
Collegeville, PA 19426
Phone: 1-800-666-7248
Fax: 484-563-0061

Remittance Address

Pfizer, Inc.
P.O. Box 100539
Atlanta, GA 30384-0539

Sanofi Vaccines US Inc. - contract number: 75D30126D20731

Item Number	Vaccine Description
01	**Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed (DTaP)**

Product/Brand Name: **DAPTACEL®**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
DTAP	49281-0286-10	$210.25	$21.025
Package of 10	Fed. Excise Tax	$ 22.50	$ 2.250
Single dose vial	Total	$232.75	$23.275

Item Number	Vaccine Description
02	**Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed and Inactivated Poliovirus Vaccine (DTaP/IPV)**

Product/Brand Name: **QUADRACEL™**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
DTAP-IPV	49281-0564-15	$485.70	$48.57
Package of 10	Fed. Excise Tax	$ 30.00	$ 3.00
Single dose syringe	Total	$515.70	$51.57

Item Number	Vaccine Description
03	**Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus and Haemophilus b Conjugate (Tetanus Toxoid Conjugate) Vaccine (DTaP/IP/HI)**

Product/Brand Name: **PENTACEL®**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
DTAP-IPV-HIB	49281-0511-05	$373.21	$74.642
Package of **5**	Fed. Excise Tax	$ 18.75	$ 3.750
Single dose vial	Total	$391.96	$78.392

Item Number	Vaccine Description
04	**Poliovirus Vaccine Inactivated (IPV)**

Product/Brand Name: **IPOL®**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
IPV	49281-0860-10	$165.43	$16.543
Package of 1	Fed. Excise Tax	$ 7.50	$ 0.750
10 dose vial	Total	$172.93	$17.293

Item Number	Vaccine Description
05	**Haemophilus Influenza Type b Vaccine (Hib)**

Product/Brand Name: **ActHIB ®**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
HIB	49281-0545-03	$56.40	$11.28
Package of **5**	Fed. Excise Tax	$ 3.75	$ 0.75
Single dose vial	Total	$60.15	$12.03

Item Number	Vaccine Description
06	**Meningococcal (Groups A, C, Y, W) Conjugate Vaccine (MCV4)**

Product/Brand Name: **MENQUADFI™**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
MCV4	49281-0590-10	$1,170.18	$117.018
Package of 10	Fed. Excise Tax	$ 7.50	$ 0.750
Single dose vial	Total	$1,177.68	$117.768

Item Number	Product Description
07	**Nirsevimab-alip (RSV)**

Product/Brand Name: **BEYFORTUS™**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
RSV (50mg)	49281-0575-15	$2,218.91	$443.782
Package of **5**	Fed. Excise Tax	N/A	N/A
Single dose syringe	Total	$2,218.91	$443.782

Description	NDC #	Unit Price	Price Per Dose
RSV (100mg)	49281-0574-15	$4,437.82	$443.782
Package of **5**	Fed. Excise Tax	N/A	N/A
Single dose syringe	Total	$4,437.82	$443.782

Item Number	Vaccine Description
08	**Tetanus and Diphtheria Toxoids Adsorbed Vaccine (Td)**

Product/Brand Name: **TENIVAC®**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
TD	49281-0215-10	$246.62	$24.662
Package of 10	Fed. Excise Tax	$ 15.00	$ 1.500
Single dose vial	Total	$261.62	$26.162

Description	NDC #	Unit Price	Price Per Dose
TD	49281-0215-15	$246.62	$24.662
Package of 10	Fed. Excise Tax	$ 15.00	$ 1.500
Single dose syringe	Total	$261.62	$26.162

Item Number	Vaccine Description
09	**Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine Adsorbed (Tdap)**

Product/Brand Name: **ADACEL®**
Minimum Order Size: 100 Doses Per Destination

Description	NDC #	Unit Price	Price Per Dose
TDAP	49281-0400-10	$368.86	$36.886
Package of 10	Fed. Excise Tax	$ 22.50	$ 2.250
Single dose vial	Total	$391.36	$39.136

Description	NDC #	Unit Price	Price Per Dose
TDAP	49281-0400-20	$184.43	$36.886
Package of **5**	Fed. Excise Tax	$ 11.25	$ 2.250
Single dose syringe	Total	$195.68	$39.136

Ordering Address

Sanofi Vaccines US Inc.
1 Discovery Drive
Swiftwater, PA 18370-0187

Remittance Address

Sanofi Vaccines US Inc.
12458 Collections Center Drive
Chicago, IL 60693

The following information is applicable to all contracts listed in this document:

PAYMENT DISCOUNT	RETURN PRIVILEGES
Net 30	None
TIME OF DELIVERY	PACKAGING/PACKING
Within 15 days from date of order	Standard Commercial Manner

METHOD OF PAYMENT:

Payment for orders utilizing Federal, State, CHIP or local funds will be made not later than 30 days after receipt of an invoice by the ordering office. You are further advised that the Prompt Payment Act, Public Law 97-177 (96 Stat. 85, 31 USC 1801) is applicable to payments under this contract and requires payment of interest on overdue payments and improperly taken discounts. Upon receipt and acceptance of partial deliveries, payment shall be made in accordance with the provision stated above.

INSPECTION/ACCEPTANCE:

Inspection/acceptance required by this contract will be completed no later than three working days after receipt of vaccine.

OPTIONAL USE:

State health department and certain authorized local health agencies may place orders against these contracts using State, CHIP, and local funds. The Contractor shall honor all authorized optional funding orders from these agencies.

OTHER:

All vaccine will be ordered or confirmed by written purchase orders, each citing as a minimum the following:

(1) Date of Order
(2) Contract Number and Order Number
(3) Item Description, Quantity and Unit Price
(4) Delivery or Performance Date
(5) Place of Delivery or Performance (Including Consignee)
(6) Packaging, Packing, and Shipping Instructions, if any
(7) Accounting and Appropriation Data
(8) Statement to indicate if partial deliveries are not acceptable
(Lack of a statement shall be construed to mean partial deliveries are acceptable and payment shall be made as required elsewhere herein)
(9) Any Other Pertinent Data

RESTRICTIONS ON USE OF VACCINE:

Vaccines obtained under this contract shall be used only in children 18 years of age and younger as authorized under Section 1928 of the Social Security Act. Sale of such vaccine to any person or entity or reimbursement of vaccine costs is strictly prohibited. Free distribution of such vaccine is also prohibited, except where such vaccine is administered in the context of Awardee immunization program activities.