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**STATE OF NEW HAMPSHIRE**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

***DIVISION OF PUBLIC HEALTH***

**Lori A. Weaver**
**Commissioner**

**Iain N. Watt**
**Director**

**29 HAZEN DRIVE, CONCORD, NH 03301**
**603-271-4482 1-800-852-3345 Ext. 4482**
**Fax: 603-271-4932 TDD Access: 1-800-735-2964 www.dhhs.nh.gov**


December 17, 2025

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
State House
Concord, New Hampshire 03301

## REQUESTED ACTION

Authorize the Department of Health and Human Services (DHHS), Division of Public Health (DPH) on behalf of the Department of Administrative Services, pursuant to MOP 150, VII, C, to make a **Sole Source** purchase of immunizations from the vendors below to be distributed to healthcare providers in accordance with the Centers for Disease Control and Prevention (CDC) contracted prices in various amounts not to exceed a total of $7,322,715, effective upon Governor and Executive Council approval, through June 30, 2026. 100% Other Funds.

Funds are available in the following account for State Fiscal Year 2026, with the authority to adjust budget line items within the price limitation through the Budget Office, if needed and justified.

**05-95-90-902510-51770000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF DISEASE CONTROL, VACCINES - INSURERS**

| Vendor Name | Vendor Code | Class / Account | Class Title | Job Number | Amount |
|---|---|---|---|---|---|
| Glaxosmithkline Pharmaceuticals | 530018 | 513-500355 | Vaccines | 90023102 | $1,645,769.00 |
| Merck Sharp & Dohme LLC | 427479 | 513-500355 | Vaccines | 90023102 | $4,707,952.00 |
| Sanofi Pasteur Inc. | 176250 | 513-500355 | Vaccines | 90023102 | $968,994.00 |
| | | | | **Total** | $7,322,715.00 |

## EXPLANATION

This request is **Sole Source** because the New Hampshire Division of Public Health (DPH) purchases immunizations for the State of New Hampshire universal purchase program through the CDC's approved vaccine distributors to maximize buying power and decrease costs for Medicaid, commercial insurers, group health plans, health providers, and New Hampshire families.

Under the authority of RSA 126-Q and RSA 141:C-17, New Hampshire has a universal purchasing program for pediatric immunizations whereby the Department combines federal Vaccine for Children (VFC) Program funds that support the purchase of vaccines for low-income children with funds collected from

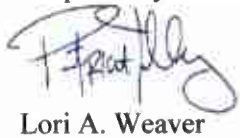
commercial insurers by the New Hampshire Vaccine Association (NHVA). These combined funds, for publicly and commercially insured children, allow for the purchase of immunizations for all New Hampshire children under the age of nineteen, including those who are on Medicaid, uninsured, underinsured, have commercial insurance, and others. The universal purchase structure provides significant cost savings on immunization purchases at an approximate 30% reduction from the manufacturers' market rate. Universal purchasing maintains low administrative costs for commercial insurers and group health plans since they benefit from this discount and the purchasing efficiencies of the Department.

It is anticipated that approximately 380,000 vaccines will be purchased in SFY 2026. The Department manages supply and distribution of the vaccines to healthcare providers ensuring proper storage, handling, and distribution, including temperature-controlled transport and inventory management. Physicians, clinics, and hospitals receive the State-supplied vaccines at no charge.

The Department has executed the universal purchase program since 2002 and New Hampshire childhood immunization rates compare favorably to national rates, in part due to this purchasing and distribution mechanism that makes it easy and cost-efficient for providers to have vaccines available for all children.

This authorization will enable the Department to purchase childhood immunizations directly from pharmaceutical companies at discounted rates, saving resources for public and private insurers and reducing immunization cost as a barrier to immunizing eligible children.

Respectfully Submitted,



*for:*

Lori A. Weaver
Commissioner

## Pediatric/VFC Vaccine Price List As Of April 1, 2025

| Vaccine | Brandname | NDC | Packaging | CDC Cost/ Dose | Private Sector Cost/ Dose | Contract End Date | Mfrr |
|---|---|---|---|---|---|---|---|
| **DTaP B** | Daptacel® | 49281-0286-10 | 10 pack – 1 dose vial | $22.466 | $30.393 | 3/31/2026 | Sanofi |
| **DTaP B** | Infanrix® | 58160-0810-52 | 10 pack – 1 dose syringe | $22.24 | $29.591 | 3/31/2026 | GSK |
| **DTaP-IPV C** | Quadracel™ | 49281-0564-15 | 10 pack – 1 dose syringe | $49.702 | $64.574 | 3/31/2026 | Sanofi |
| **DTaP-IPV C** | Kinrix® | 58160-0812-52 | 10 pack – 1 dose syringe | $49.637 | $62.821 | 3/31/2026 | GSK |
| **DTaP-Hep B-IPV D** | Pediarix® | 58160-0811-52 | 10 pack – 1 dose syringe | $67.939 | $103.62 | 3/31/2026 | GSK |
| **DTaP-IP-HI D** | Pentacel® | 49281-0511-05 | 5 pack – 1 dose vial | $73.508 | $120.062 | 3/31/2026 | Sanofi |
| **DTaP-IPV-HIB-HEPB E** | Vaxelis™ | 63361-0243-15 | 10 pack – 1 dose syringe | $103.76 | $156.70 | 3/31/2026 | Merck |
| **e-IPV F** | IPOL® | 49281-0860-10 | 1 pack – 10 dose vial | $16.903 | $44.732 | 3/31/2026 | Sanofi |
| **Hepatitis A Pediatric F** | Vaqta® | 00006-4095-02 | 10 pack – 1 dose syringe | $24.674 | $38.845 | 3/31/2026 | Merck |
| **Hepatitis A Pediatric F** | Havrix® | 58160-0825-52 | 10 pack – 1 dose syringe | $24.585 | $39.127 | 3/31/2026 | GSK |
| **Hepatitis B F Pediatric/Adolescent** | Engerix B® | 58160-0820-52 | 10 pack – 1 dose syringe | $17.874 | $29.252 | 3/31/2026 | GSK |
| **Hepatitis B F Pediatric/Adolescent** | Recombivax HB® | 00006-4093-02 | 10 pack – 1 dose syringe | $15.143 | $27.907 | 3/31/2026 | Merck |
| **Hib F** | ActHIB® | 49281-0545-03 | 5 pack – 1 dose vial | $11.596 | $13.406 | 3/31/2026 | Sanofi |
| **Hib F** | Hiberix® | 58160-0726-15 | 10 pack – 1 dose vial | $11.363 | $13.165 | 3/31/2026 | GSK |
| **HPV – Human Papillomavirus 9-valent F** | Gardasil®9 | 00006-4121-02 | 10 pack – 1 dose syringe | $257.071 | $307.610 | 3/31/2026 | Merck |
| **MENB – Meningococcal Group B F** | Trumenba® | 00005-0100-10 | 10 pack – 1 dose syringe | $142.73 | **$207.32** | 3/31/2026 | Pfizer |
| **MENB – Meningococcal Group B F** | Bexsero® | 58160-0976-20 | 10 pack – 1 dose syringe | $154.504 | $237.126 | 3/31/2026 | GSK |
| **Meningococcal Conjugate (Groups A, C, W and Y) F** | MenQuadfi™ | 49281-0590-10 | 10 pack – 1 dose vial | $114.36 | $171.972 | 3/31/2026 | Sanofi |
| **Meningococcal Conjugate (Groups A, C, Y and W-135) F** | Menveo® one-vial | 58160-0827-30 | 10 pack – 1 dose vial | $111.986 | $166.747 | 3/31/2026 | GSK |
| **Meningococcal Conjugate (Groups A, C, Y and W-135) F** | Menveo® two-vial | 58160-0955-09 | 5 pack – 1 dose vial | $111.986 | $166.748 | 3/31/2026 | GSK |
| **Meningococcal (Groups A, B, C, W and Y-135) F** | Penbraya™ | 00069-0600-01 | 1 pack – 1 dose vial | $189.35 | $230.75 | 3/31/2026 | Pfizer |
| | | 00069-0600-05 | 5 pack – 1 dose vial | $189.35 | $230.75 | | |
| **Measles, Mumps and Rubella (MMR) B** | M-M-R®II | 00006-4681-00 | 10 pack – 1 dose vial | $26.345 | $95.201 | 3/31/2026 | Merck |
| **Measles, Mumps and Rubella (MMR) B** | Priorix | 58160-0824-15 | 10 pack – 1 dose vial | $26.33 | $95.201 | 3/31/2026 | GSK |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **MMR/Varicella C** | ProQuad® | 00006-4171-00 | 10 pack – 1 dose vial | $186.55 | $278.162 | 3/31/2026 | Merck |
| **MPOX** | Jynneos™ | 50632-0001-03 | 10 pack – 1 dose vial | $229.50 | $270.00 | 3/31/2026 | Bavarian Nordic |
| **Pneumococcal 15-valent F** | Vaxneuvance™ | 00006-4329-03 | 10 pack – 1 dose syringe | $175.45 | $229.20 | 3/31/2026 | Merck |
| **Pneumococcal 20-valent F** | Prevnar 20™ | 00005-2000-10 | 10 pack – 1 dose syringe | $192.46 | **$274.60** | 3/31/2026 | Pfizer |
| **Pneumococcal Polysaccharide (23 Valent)** | Pneumovax®23 | 00006-4837-03 | 10 pack – 1 dose syringe | $65.80 | $117.081 | 3/31/2026 | Merck |
| **Respiratory Syncytial Virus (RSV)** | Beyfortus™ (100mg) | 49281-0574-15 | 5 pack – 1 dose syringe | $414.75 | **$556.132** | 3/31/2026 | Sanofi |
| | Beyfortus™ (50mg) | 49281-0575-15 | 5 pack – 1 dose syringe | $414.75 | **$556.132** | | |
| **Respiratory Syncytial Virus (RSV)** | Abrysvo™ | 00069-0344-01 | 1 pack – 1 dose vial | $230.09 | **$306.80** | 3/31/2026 | Pfizer |
| **Rotavirus, Live, Oral, Pentavalent F** | RotaTeq® | 00006-4047-41 | 10 pack – 1 oral dose | $84.018 | $98.818 | 3/31/2026 | Merck |
| | | 00006-4047-20 | 25 pack – 1 oral dose | $84.018 | $98.818 | | |
| **Rotavirus, Live, Oral, Oral F** | Rotarix® | 58160-0740-21 | 10 pack – 1 oral dose | $111.722 | $147.02 | 3/31/2026 | GSK |
| **Tetanus and Diphtheria Toxoids G** | Tenivac® | 49281-0215-15 | 10 pack – 1 dose syringe | $25.213 | $40.306 | 3/31/2026 | Sanofi |
| | | 49281-0215-10 | 10 pack – 1 dose vial | $25.213 | $40.306 | | |
| **Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis B** | Boostrix® | 58160-0842-52 | 10 pack – 1 dose syringe | $38.061 | $48.746 | 3/31/2026 | GSK |
| **Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis B** | Adacel® | 49281-0400-10 | 10 pack – 1 dose vial | $38.062 | $49.20 | 3/31/2026 | Sanofi |
| | | 49281-0400-20 | 5 pack – 1 dose syringe | $38.062 | $49.20 | | |
| **Varicella F** | Varivax® | 00006-4827-00 | 10 pack – 1 dose vial | $151.446 | $183.002 | 3/31/2026 | Merck |

**DEPARTMENT OF ADMINISTRATIVE SERVICES**
DIVISION OF PROCUREMENT AND SUPPORT SERVICES
BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX
CONCORD, NEW HAMPSHIRE 03301-6398

DATE: 06/12/2024

TO: CHARLES ARLINGHAUS, COMMISSIONER
DEPT. OF ADMINISTRATIVE SERVICES

| | |
|---|---|
| **Requester:** Department of Administrative Services, Bureau of Purchasing and Property | **Agency:** State of NH Immunization Program |
| **Commodity:** Immunization Vaccines | **Vendor:** Various/CDC |
| **RFB/RFP/RFQ (if applicable)** Multiple/Various | **Exemption #:** 19 |
| **Est. Amount:** | **Class Exemption Expiration:** 06/30/2029 |

PERMISSION IS HEREBY REQUESTED TO CONSIDER THE FOLLOWING AS A CLASS EXCEPTION IN COMPLIANCE WITH THE REQUIREMENTS OF RSA 21-I:11, IV AND THE NEW HAMPSHIRE ADMINISTRATIVE RULE 600 FOR THE FOLLOWING REASONS:

This request is to establish a five (5) year class exception for New Hampshire Immunization Program (NHIP) within the Department of Health and Human Services, Division of Public Health Services, for the purchase of vaccines through the Federal CDC Contract.

In accordance with NH Immunization Program's Cooperative agreement (CoAg) with the Center for Disease control (CDC), the NHIP is required to purchase all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) via the agreement with CDC. The CDC vaccine contract is negotiated annually to ensure discounted prices from vaccine manufactures.

The vaccines for Children (VFC) program is a federal entitlement program that was enacted in 1994. The VFC program provides funding for states to purchase vaccines for children from birth to 18 years of age. Vaccines are distributed to partnered healthcare providers under the guidelines of of the Vaccine for Children Program (VFC).

The department is subsequently reimbursed by the NH Vaccine association through collection of payments from NH Insurers in accordance with NH RSA 126 Q

Term of the Exception is from July 1, 2024, through June 30, 2029.

**SUBMITTED FOR ACCEPTANCE BY:**

Carrie L Martin

Mathew T Stanton

PA / ADMIN / DEPUTY DIRECTOR
BUREAU OF PURCHASE AND PROPERTY

**APPROVED FOR ACCEPTANCE BY:**

Digitally signed by Gary S Lunetta
DN: cn=Gary S Lunetta, o=Dept Administrative Services, ou=Div Procurement & Support Services, email=Gary.S.Lunetta@das.nh.gov, c=US
Date: 2024.06.25 08:37:44 -04'00'

**GARY S. LUNETTA, DIRECTOR**
**DIVISION OF PROCUREMENT & SUPPORT SERVICES**
*ACCEPTED FOR THE STATE OF NEW HAMPSHIRE UNDER THE AUTHORITY GRANTED TO ME BY NEW HAMPSHIRE REVISED STATUTES, ANNOTATED 21-I:14, XII.*

6.27.24

**CHARLES M. ARLINGHAUS, COMMISSIONER** **DATE**
**DEPARTMENT OF ADMINISTRATIVE SERVICES**

Lori A. Weaver
Commissioner

Iain N. Watt
Interim Director

**STATE OF NEW HAMPSHIRE**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

***DIVISION OF PUBLIC HEALTH SERVICES***

***BUREAU OF INFECTIOUS DISEASE CONTROL***

***IMMUNIZATION PROGRAM***

**29 HAZEN DRIVE, CONCORD, NH 03301**
**603-271-4482 1-800-852-3345 Ext. 4482**
**Fax: 603-271-3850 TDD Access: 1-800-735-2964 www.dhhs.nh.gov**

May 21, 2024

Department of Administrative Services
Division of Procurement and Support Services
Bureau of Purchase and Property
State House Annex
Concord, NH 03301-6398

RE: Request for Class Exception Waiver for Immunization/Vaccine

The NH Immunization Program (NHIP), within Department of Health and Human Services, Division of Public Health Services, requests a class exception waiver for purchase of immunization/vaccine. In accordance with the NH Immunization Program's Cooperative Agreement (CoAg) with the Centers for Disease Control (CDC), the NHIP is required to purchase all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) via the agreement with the CDC described herein.

The CDC contract, which is attached for reference, is negotiated annually to ensure discounted prices from vaccine manufacturers are afforded to awardees. Vaccines are purchased by NHIP with State funding for administration to all insured New Hampshire children, birth through 18 years of age. Vaccines are distributed to partnered healthcare providers under the guidelines of the Vaccine for Children Program (VFC) at no cost to providers. The Department is subsequently reimbursed by the NH Vaccine Association through collection of payments from NH insurers in accordance with NH RSA 126-Q.

If you have any questions concerning this request, please contact the NHIP Section Chief, Anne Marie Mercuri, at Annemarie.mercuri@dhhs.nh.gov.

Sincerely,

Iain N. Watt
Interim Director
Division of Public Health Services

cc: Anne Marie Mercuri, Immunization Section Chief

Attachment

## ORDERING INSTRUCTIONS

### Consolidated Pediatric/Vaccines for Children (VFC) Contracts

**Period of Performance: April 1, 2024 - March 31, 2025**

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, 2024 through March 31, 2025. **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.


| Contract Number | Contractor | Page Numbers |
|---|---|---|
| 75D30124D18654 | Bavarian Nordic | 2 |
| 75D30124D18655 | GSK | 3 - 6 |
| 75D30124D18656 | Merck | 7 - 10 |
| 75D30124D18657 | Pfizer | 11 - 12 |
| 75D30124D18658 | Sanofi | 13 - 16 |
| Payment, Return, and Delivery Information | | 17 |

**Bavarian Nordic** - contract number: 75D30124D18654

| 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 | $2,295.00 | $229.50 |
| Package of 10 | | | |
| Single dose vial | Fed. Excise Tax | TBD | TBD |
| | Total | $2,295.00 | $229.50 |

***Note NDC 50632-0001-03 will not be immediately available for bulk orders as CDC completes set up tasks with Bavarian Nordic. CDC will send an additional notification when the product is available for bulk ordering.**

**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: 75D30124D18655

| 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 | $194.08 | $19.408 |
| Package of 10 | | | |
| Single dose syringe | Fed. Excise Tax | $ 22.50 | $ 2.250 |
| | Total | $216.58 | $21.658 |

| 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 | $623.19 | $62.319 |
| Package of 10 | | | |
| Single dose syringe | Fed. Excise Tax | $ 37.50 | $ 3.750 |
| | Total | $660.69 | $66.069 |

| 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 | $452.79 | $45.279 |
| Package of 10 | | | |
| Single dose syringe | Fed. Excise Tax | $ 30.00 | $ 3.000 |
| | Total | $482.79 | $48.279 |

| 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 | $231.41 | $23.141 |
| Package of 10 | | | |
| Single dose syringe | Fed. Excise Tax | $ 7.50 | $ 0.750 |
| | Total | $238.91 | $23.891 |

| 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 | $715.80 | $71.58 |
| Package of 10 | | | |
| Single dose syringe | Fed. Excise Tax | $ 15.00 | $ 1.50 |
| | Total | $730.80 | $73.08 |

| 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 | $166.25 | $16.625 |
| Package of 10 | | | |
| Single dose syringe | Fed. Excise Tax | $ 7.50 | $ 0.750 |
| | Total | $173.75 | $17.375 |

| 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 | $103.24 | $10.324 |
| Package of 10 | | | |
| Single dose vial | Fed. Excise Tax | $ 7.50 | $ 0.750 |
| | Total | $110.74 | $11.074 |

| 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 | $539.98 | $107.996 |
| Package of **5** | | | |
| Two dose vial | Fed. Excise Tax | $ 3.75 | $ 0.750 |
| | Total | $543.73 | $108.746 |

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

| | | | |
|---|---|---|---|
| MCV4 | 58160-0827-30 | $1,079.96 | $107.996 |
| Package of 10 | | | |
| Single dose vial | Fed. Excise Tax | $ 7.500 | $ 0.750 |
| | Total | $1,087.46 | $108.746 |

| Item Number | Vaccine Description |
|---|---|
| **09** | **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 | $1,077.40 | $ 107.74 |
| Package of 10 | | | |
| Single oral dose | Fed. Excise Tax | $ 7.50 | $ 0.75 |
| | Total | $1,084.90 | $ 108.49 |

| Item Number | Vaccine Description |
|---|---|
| **10** | **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 | $347.68 | $34.768 |
| Package of 10 | | | |
| Single dose syringe | Fed. Excise Tax | $ 22.50 | $ 2.250 |
| | Total | $370.18 | $37.018 |

| Item Number | Vaccine Description |
|---|---|
| **11** | **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 | $ 1,492.76 | $149.276 |
| Package of 10 | | | |
| Single dose syringe | Fed. Excise Tax | $ 7.50 | $ 0.750 |
| | Total | $1,500.26 | $ 150.026 |

| 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 | $ 234.24 | $ 23.424 |
| Package of 10 | | | |
| Single dose vial | Fed. Excise Tax | $ 22.50 | $ 2.250 |
| | Total | $ 256.74 | $ 25.674 |

**Ordering Address**

GlaxoSmithKline
Vaccine Service Center
FMC Tower at Cira Centre South
2929 Walnut Street, Suite 1700
Philadelphia, PA 19104

**Remittance Address**

GlaxoSmithKline
P.O. Box 740415
Atlanta, GA 30374-0415

**Merck Vaccine Division** - contract number: 75D30124D18656

| 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 | $ 960.89 | $ 96.089 |
| Package of 10 | | | |
| Single dose syringe | Fed. Excise Tax | $ 45.00 | $ 4.500 |
| | Total | $1,005.89 | $100.589 |

| 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 | $232.27 | $23.227 |
| Package of 10 | | | |
| Single dose syringe | Fed. Excise Tax | $ 7.50 | $ 0.750 |
| | Total | $239.77 | $23.977 |

| 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 | $138.39 | $13.839 |
| Package of 10 | | | |
| Single dose syringe | Fed. Excise Tax | $ 7.50 | $ 0.750 |
| | Total | $145.89 | $14.589 |

| 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 | $153.87 | $15.387 |
| Package of 10 | | | |
| Single dose vial | Fed. Excise Tax | $ 7.50 | $ 0.750 |
| | Total | $161.37 | $16.137 |

| 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 | $2,395.52 | $239.552 |
| Package of 10 | | | |
| Single dose syringe | Fed. Excise Tax | $ 7.50 | $ 0.750 |
| | Total | $2,403.02 | $240.302 |

| 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 | $234.34 | $23.434 |
| Package of 10 | | | |
| Single dose vial | Fed. Excise Tax | $ 22.50 | $ 2.250 |
| | Total | $256.84 | $25.684 |

| 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 | $1,679.81 | $ 167.981 |
| Package of 10 | | | |
| Single dose syringe | Fed. Excise Tax | $ 7.50 | $ 0.750 |
| | Total | $1,687.31 | $ 168.731 |

| 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 | | | |
| Single dose syringe | Fed. Excise Tax | N/A | N/A |
| | 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 | $808.45 | $80.845 |
| Package of 10 | | | |
| Single dose tube | Fed. Excise Tax | $ 7.50 | $ 0.750 |
| | Total | $815.95 | $81.595 |

| Description | NDC # | Unit Price | Price Per Dose |
|---|---|---|---|
| ROTA | 00006-4047-20 | $2,021.125 | $80.845 |
| Package of 25 | | | |
| Single dose tube | Fed. Excise Tax | $ 18.75 | $ 0.750 |
| | Total | $2,030.875 | $81.595 |

| 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 | $1,435.20 | $143.52 |
| Package of 10 | | | |
| Single dose vial | Fed. Excise Tax | $ 7.50 | $ 0.75 |
| | Total | $1,442.70 | $144.27 |

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 | $1,753.47 | $175.347 |
| Package of 10 | | | |
| Single dose vial | Fed. Excise Tax | $ 30.00 | $ 3.000 |
| | | $1,783.47 | $178.347 |

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

**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: 75D30124D18657

| 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 | 00069-0600-01 | $ 188.60 | $188.60 |
| Package of 1 | | | |
| Single dose vial | Fed. Excise Tax | $ 0.75 | $ 0.75 |
| | Total | $ 189.35 | $189.35 |

| Description | NDC # | Unit Price | Price Per Dose |
|---|---|---|---|
| MCV4-MENB | 00069-0600-05 | $ 943.00 | $188.60 |
| Package of 5 | | | |
| Single dose vial | Fed. Excise Tax | $ 3.75 | $ 0.75 |
| | Total | $ 946.75 | $189.35 |

| 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 | $1,843.40 | $184.34 |
| Package of 10 | | | |
| Single dose syringe | Fed. Excise Tax | $ 7.50 | $ 0.75 |
| | Total | $1,850.90 | $185.09 |

| 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 | $1,352.20 | $135.22 |
| Package of 10 | | | |
| Single dose syringe | Fed. Excise Tax | $ 7.50 | $ 0.75 |
| | Total | $1,359.70 | $135.97 |

| 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 | 00069-0344-01 | $221.24 | $221.24 |
| Package of 1 | | | |
| Single dose vial | Fed. Excise Tax | N/A | N/A |
| | Total | $221.24 | $221.24 |

**Ordering Address**

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

**Remittance Address**

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

**Sanofi Pasteur Inc.** - contract number: 75D30124D18658

| Item Number | Vaccine Description |
|---|---|
| **01** | **Dengue Tetravalent Vaccine (DENG)** |

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

| Description | NDC # | Unit Price | Price Per Dose |
|---|---|---|---|
| DENG | 49281-0605-01 | $ 98.81 | $ 98.81 |
| Package of 1 | | | |
| Single dose vial | Fed. Excise Tax | N/A | N/A |
| | Total | $ 98.81 | $ 98.81 |

| Item Number | Vaccine Description |
|---|---|
| **02** | **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 | $194.38 | $19.438 |
| Package of 10 | | | |
| Single dose vial | Fed. Excise Tax | $ 22.50 | $ 2.250 |
| | Total | $ 216.88 | $21.688 |

| Item Number | Vaccine Description |
|---|---|
| **03** | **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 | 49281-0564-10 | $449.06 | $44.906 |
| Package of 10 | | | |
| Single dose vial | Fed. Excise Tax | $ 30.00 | $ 3.000 |
| | Total | $479.06 | $47.906 |

| Description | NDC # | Unit Price | Price Per Dose |
|---|---|---|---|
| DTAP-IPV | 49281-0564-15 | $449.06 | $44.906 |
| Package of 10 | | | |
| Single dose syringe | Fed. Excise Tax | $ 30.00 | $ 3.000 |
| | Total | $479.06 | $47.906 |

| Item Number | Vaccine Description |
|---|---|
| **04** | **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 | $332.18 | $66.436 |
| Package of 5 | | | |
| Single dose vial | Fed. Excise Tax | $ 18.75 | $ 3.750 |
| | Total | $350.93 | $70.186 |

| Item Number | Vaccine Description |
|---|---|
| **05** | **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 | $15.71 | $15.71 |
| Package of 1 | | | |
| 10 dose vial | Fed. Excise Tax | $ 0.75 | $ 0.75 |
| | Total | $16.46 | $16.46 |

| Item Number | Vaccine Description |
|---|---|
| **06** | **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 | $52.14 | $10.428 |
| Package of 5 | | | |
| Single dose vial | Fed. Excise Tax | $ 3.75 | $ 0.750 |
| | Total | $55.89 | $11.178 |

| Item Number | Vaccine Description |
|---|---|
| **07** | **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 | 49281-0590-05 | $551.50 | $110.30 |
| Package of **5** | | | |
| Single dose vial | Fed. Excise Tax | $ 3.75 | $ 0.75 |
| | Total | $555.25 | $111.05 |

| Item Number | Product Description |
|---|---|
| **08** | **Nirsevimab-alip (RSV)** |

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

| Description | NDC # | Unit Price | Price Per Dose |
|---|---|---|---|
| RSV | 49281-0575-15 | $1,975.00 | $395.00 |
| Package of **5** | | | |
| Single dose syringe | Fed. Excise Tax | TBD | TBD |
| | Total | $1,975.00 | $395.00 |
| RSV | 49281-0574-15 | $1,975.00 | $395.00 |
| Package of **5** | | | |
| Single dose syringe | Fed. Excise Tax | N/A | N/A |
| | Total | $1,975.00 | $395.00 |

| Item Number | Vaccine Description |
|---|---|
| **09** | **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 | $228.01 | $22.801 |
| Package of 10 | | | |
| Single dose vial | Fed. Excise Tax | $ 15.00 | $ 1.500 |
| | Total | $243.01 | $24.301 |

| Description | NDC # | Unit Price | Price Per Dose |
|---|---|---|---|
| TD | 49281-0215-15 | $228.01 | $22.801 |
| Package of 10 | | | |
| Single dose syringe | Fed. Excise Tax | $ 15.00 | $ 1.500 |
| | Total | $243.01 | $24.301 |

| Item Number | Vaccine Description |
|---|---|
| **10** | **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 | $347.70 | $34.77 |
| Package of 10 | | | |
| Single dose vial | Fed. Excise Tax | $ 22.50 | $ 2.25 |
| | Total | $370.20 | $37.02 |

| Description | NDC # | Unit Price | Price Per Dose |
|---|---|---|---|
| TDAP | 49281-0400-20 | $173.85 | $34.77 |
| Package of 5 | | | |
| Single dose syringe | Fed. Excise Tax | $ 11.25 | $ 2.25 |
| | Total | $185.10 | $37.02 |

**Ordering Address**

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

**Remittance Address**

Sanofi Pasteur 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.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control
and Prevention (CDC)

April 1, 2025

Dear Immunization Awardees:

The Centers for Disease Control and Prevention (CDC) has awarded new contracts for the purchase of pediatric vaccines for the Vaccines for Children program. The contractors are Bavarian Nordic (**75D30125D00197**), GlaxoSmithKline LLC (**75D30125D00198**), Merck Sharp & Dohme Corp. (**75D30125D00195**), Pfizer Inc. (**75D30125D00194**), and Sanofi Pasteur Inc. (**75D30125D00196**). Vaccine prices are listed on the CDC website:

https://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.html

The contracts expire March 31, 2026. Contract terms and conditions allow for immunization awardees to purchase vaccines from these contracts at prices listed at the referenced CDC website.

If there are any questions on this matter, please contact David Dombeck, Contracting Officer, at vwj8@cdc.gov.

Sincerely,

David Dombeck
Contracting Officer
Office of Acquisition Services
Office of Financial Resources
Centers for Disease Control and Prevention

## ORDERING INSTRUCTIONS

### Consolidated Pediatric/Vaccines for Children (VFC) Contracts

### Period of Performance: April 1, 2025 - March 31, 2026

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, 2025 through March 31, 2026. **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.


| Contract Number | Contractor | Page Numbers |
|---|---|---|
| 75D30125D00197 | Bavarian Nordic | 2 |
| 75D30125D00198 | GSK | 3 - 6 |
| 75D30125D00195 | Merck | 7 - 9 |
| 75D30125D00194 | Pfizer | 10 - 11 |
| 75D30125D00196 | Sanofi | 12 - 14 |
| Payment, Return, and Delivery Information | | 15 |

**Bavarian Nordic** - contract number: 75D30125D00197

| 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 | $2,295.00 | $229.50 |
| Package of 10 | Fed. Excise Tax | N/A | N/A |
| Single dose vial | Total | $2,295.00 | $229.50 |

**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: 75D30125D00198

| 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 | $199.90 | $19.99 |
| Package of 10 | Fed. Excise Tax | $ 22.50 | $ 2.25 |
| Single dose syringe | Total | $222.40 | $22.24 |

| 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 | $641.89 | $64.189 |
| Package of 10 | Fed. Excise Tax | $ 37.50 | $ 3.750 |
| Single dose syringe | Total | $679.39 | $67.939 |

| 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 | $466.37 | $46.637 |
| Package of 10 | Fed. Excise Tax | $ 30.00 | $ 3.000 |
| Single dose syringe | Total | $496.37 | $49.637 |

| 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 | $238.35 | $23.835 |
| Package of 10 | Fed. Excise Tax | $ 7.50 | $ 0.750 |
| Single dose syringe | Total | $245.85 | $24.585 |

| 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 | $751.59 | $75.159 |
| Package of 10 | Fed. Excise Tax | $ 15.00 | $ 1.500 |
| Single dose syringe | Total | $766.59 | $76.659 |

| 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 | $171.24 | $17.124 |
| Package of 10 | Fed. Excise Tax | $ 7.50 | $ 0.750 |
| Single dose syringe | Total | $178.74 | $17.874 |

| 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 | $106.13 | $10.613 |
| Package of 10 | Fed. Excise Tax | $ 7.50 | $ 0.750 |
| Single dose vial | Total | $113.63 | $11.363 |

| 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 | $556.18 | $111.236 |
| Package of **5** | Fed. Excise Tax | $ 3.75 | $ 0.750 |
| Two dose vial | Total | $559.93 | $111.986 |

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

| Description | NDC # | Unit Price | Price Per Dose |
|---|---|---|---|
| MCV4 | 58160-0827-30 | $ 1,112.36 | $111.236 |
| Package of 10 | Fed. Excise Tax | $ 7.50 | $ 0.750 |
| Single dose vial | Total | $ 1,119.86 | $111.986 |

| Item Number | Vaccine Description |
|---|---|
| **09** | **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 | $1,109.72 | $110.972 |
| Package of 10 | Fed. Excise Tax | $ 7.50 | $ 0.750 |
| Single oral dose | | $1117.22 | $111.722 |

| Item Number | Vaccine Description |
|---|---|
| **10** | **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 | $358.11 | $35.811 |
| Package of 10 | Fed. Excise Tax | $ 22.50 | $ 2.250 |
| Single dose syringe | Total | $380.61 | $38.061 |

| Item Number | Vaccine Description |
|---|---|
| **11** | **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 | $1,537.54 | $153.754 |
| Package of 10 | | | |
| Single dose syringe | Fed. Excise Tax | $ 7.50 | $ 0.750 |
| | Total | $1,545.04 | $ 154.504 |

| 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 | $240.80 | $24.08 |
| Package of 10 | Fed. Excise Tax | $ 22.50 | $ 2.25 |
| Single dose vial | Total | $263.30 | $26.33 |

**Ordering Address**

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

**Remittance Address**

GlaxoSmithKline
P.O. Box 740415
Atlanta, GA 30374-0415

**Merck Vaccine Division** - contract number: 75D30125D00195

| 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 | $ 992.60 | $ 99.26 |
| Package of 10 | Fed. Excise Tax | $ 45.00 | $ 4.50 |
| Single dose syringe | Total | $1037.60 | $103.76 |

| 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 | $239.24 | $23.924 |
| Package of 10 | Fed. Excise Tax | $ 7.50 | $ 0.750 |
| Single dose syringe | Total | $246.74 | $24.674 |

| 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 | $ 143.93 | $ 14.393 |
| Package of 10 | | | |
| Single dose syringe | Fed. Excise Tax | $ 7.50 | $ 0.750 |
| | Total | $151.43 | $ 15.143 |

| 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 | $158.21 | $15.821 |
| Package of 10 | | | |
| Single dose vial | Fed. Excise Tax | $ 7.50 | $ 0.750 |
| | Total | $165.71 | $16.571 |

| 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 | $2,563.21 | $256.321 |
| Package of 10 | Fed. Excise Tax | $ 7.50 | $ 0.750 |
| Single dose syringe | Total | $2,570.71 | $257.071 |

| 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 | $240.95 | $24.095 |
| Package of 10 | Fed. Excise Tax | $ 22.50 | $ 2.250 |
| Single dose vial | Total | $263.45 | $26.345 |

| 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 | $1,747.00 | $ 174.70 |
| Package of 10 | Fed. Excise Tax | $ 7.50 | $ 0.75 |
| Single dose syringe | Total | $1,754.50 | $ 175.45 |

| 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 | $832.68 | $83.268 |
| Package of 10 | Fed. Excise Tax | $ 7.50 | $ 0.750 |
| Single dose tube | Total | $840.18 | $84.018 |

| Description | NDC # | Unit Price | Price Per Dose |
|---|---|---|---|
| ROTA | 00006-4047-20 | $2,081.70 | $83.268 |
| Package of 25 | Fed. Excise Tax | $ 18.75 | $ 0.750 |
| Single dose tube | Total | $2,100.45 | $84.018 |

| 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 | $1,506.96 | $150.696 |
| Package of 10 | Fed. Excise Tax | $ 7.50 | $ 0.750 |
| Single dose vial | Total | $1,514.46 | $151.446 |

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 | $1,835.50 | $183.55 |
| Package of 10 | Fed. Excise Tax | $ 30.00 | $ 3.00 |
| Single dose vial | | $1,865.50 | $186.55 |

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

**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: 75D30125D00194

| 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 | 00069-0600-01 | $ 188.60 | $188.60 |
| Package of 1 | Fed. Excise Tax | $ 0.75 | $ 0.75 |
| Single dose vial | Total | $ 189.35 | $189.35 |

| Description | NDC # | Unit Price | Price Per Dose |
|---|---|---|---|
| MCV4-MENB | 00069-0600-05 | $ 943.00 | $188.60 |
| Package of 5 | Fed. Excise Tax | $ 3.75 | $ 0.75 |
| Single dose vial | Total | $ 946.75 | $189.35 |

| 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 | $1,917.10 | $191.71 |
| Package of 10 | Fed. Excise Tax | $ 7.50 | $ 0.75 |
| Single dose syringe | Total | $1,924.60 | $192.46 |

| 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 | $1,419.80 | $141.98 |
| Package of 10 | | | |
| Single dose syringe | Fed. Excise Tax | $ 7.50 | $ 0.75 |
| | Total | $1,427.30 | $142.73 |

| 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 | 00069-0344-01 | $230.09 | $230.09 |
| Package of 1 | Fed. Excise Tax | N/A | N/A |
| Single dose vial | Total | $230.09 | $230.09 |

**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 Pasteur Inc.** - contract number: 75D30125D00196

| Item Number | Vaccine Description |
|---|---|
| **01** | **Dengue Tetravalent Vaccine (DENG)** |

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

| Description | NDC # | Unit Price | Price Per Dose |
|---|---|---|---|
| DENG | 49281-0605-01 | $ 65.99 | $ 65.99 |
| Package of 1 | Fed. Excise Tax | N/A | N/A |
| Single dose vial | Total | $ 65.99 | $ 65.99 |

| Item Number | Vaccine Description |
|---|---|
| **02** | **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 | $202.16 | $20.216 |
| Package of 10 | Fed. Excise Tax | $ 22.50 | $ 2.250 |
| Single dose vial | Total | $224.66 | $22.466 |

| Item Number | Vaccine Description |
|---|---|
| **03** | **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 | $467.02 | $46.702 |
| Package of 10 | Fed. Excise Tax | $ 30.00 | $ 3.000 |
| Single dose syringe | Total | $497.02 | $49.702 |

| Item Number | Vaccine Description |
|---|---|
| **04** | **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 | $348.84 | $69.768 |
| Package of 5 | Fed. Excise Tax | $ 18.75 | $ 3.750 |
| Single dose vial | Total | $367.54 | $73.508 |

| Item Number | Vaccine Description |
|---|---|
| **05** | **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 | $161.53 | $16.153 |
| Package of 1 | Fed. Excise Tax | $ 7.50 | $ 0.750 |
| 10 dose vial | Total | $169.03 | $16.903 |

| Item Number | Vaccine Description |
|---|---|
| **06** | **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 | $54.23 | $10.846 |
| Package of **5** | Fed. Excise Tax | $ 3.75 | $ 0.750 |
| Single dose vial | Total | $57.98 | $11.596 |

| Item Number | Vaccine Description |
|---|---|
| **07** | **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 | $1,136.10 | $113.61 |
| Package of **10** | Fed. Excise Tax | $ 7.50 | $ 0.75 |
| Single dose vial | Total | $1,143.60 | $114.36 |

| Item Number | Product Description |
|---|---|
| **08** | **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 | $2,073.75 | $414.750 |
| Package of **5** | Fed. Excise Tax | N/A | N/A |
| Single dose syringe | Total | $2,073.75 | $414.750 |

| Description | NDC # | Unit Price | Price Per Dose |
|---|---|---|---|
| RSV (100mg) | 49281-0574-15 | $2,073.75 | $414.750 |
| Package of **5** | Fed. Excise Tax | N/A | N/A |
| Single dose syringe | Total | $2,073.75 | $414.750 |

| Item Number | Vaccine Description |
|---|---|
| **09** | **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 | $228.01 | $23.713 |
| Package of 10 | Fed. Excise Tax | $ 15.00 | $ 1.500 |
| Single dose vial | Total | $252.13 | $25.213 |

| Description | NDC # | Unit Price | Price Per Dose |
|---|---|---|---|
| TD | 49281-0215-15 | $237.13 | $23.713 |
| Package of 10 | Fed. Excise Tax | $ 15.00 | $ 1.500 |
| Single dose syringe | Total | $252.13 | $25.213 |

| Item Number | Vaccine Description |
|---|---|
| **10** | **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 | $358.12 | $35.812 |
| Package of 10 | Fed. Excise Tax | $ 22.50 | $ 2.250 |
| Single dose vial | Total | $380.62 | $38.062 |

| Description | NDC # | Unit Price | Price Per Dose |
|---|---|---|---|
| TDAP | 49281-0400-20 | $179.06 | $35.812 |
| Package of 5 | Fed. Excise Tax | $ 11.25 | $ 2.250 |
| Single dose syringe | Total | $190.31 | $38.062 |

**Ordering Address**

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

**Remittance Address**

Sanofi Pasteur 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.

# State of New Hampshire Purchase Order

PURCHASE ORDER NUMBER
**1110076**

This number must appear on all invoices, packages, cartons, bills of lading, and packing slips.

Date: 12/15/2025
Status: DRAFT
Ship Via:
FOB: Destination
Freight Terms: Prepaid-Add
Terms: Net 30
Due Days: 30

**Bill To:** DHHS OFFICE HEALTH MANAGEMENT
BROWN BUILDING
129 PLEASANT ST
CONCORD NH 03301-3857

GLAXOSMITHKLINE LLC
2929 WALNUT ST STE 1700
PHILADELPHIA PA 19104-5434

**Ship To:**

DHHS OFFICE HEALTH MANAGEMENT
29 HAZEN DR
CONCORD NH 03301

Vendor #: 530018
Contact: AR Collections

Phone: (866) 334-7111
Fax: 91

Agency Contact: Jim Cavallini 603-271-9364 or

In accordance with CE Waiver # 19

| LINE | QTY | UOM | DESCRIPTION | UNIT PRICE | EXTENDED PRICE |
|---|---|---|---|---|---|
| | | | james.cavallini@dhhs.nh.gov<br>PENDING G&C APPROVAL | | |
| 1 | 1.00 | EA | MISC VACCINES MISC VACCINES<br>Deliver on or before June 30, 2026 | 1,645,769.00000 | 1,645,769.00 |
| | | | Purchase Order Summary | | |
| | | | Goods Total: | | $1,645,769.00 |
| | | | Order Total: | | $1,645,769.00 |

**Total Amount:** **$1,645,769.00**

Buyer: Carrie Martin
Phone: 603-271-0574
Process Level: 09500

1. The State of New Hampshire engages the firm or individual ("the Vendor") to perform the services and/or sale of goods, described in the attached State Proposal and the Vendor's proposal, bid or quotation, any of which are incorporated herein by reference.

**2. COMPLIANCE BY VENDOR WITH LAWS AND REGULATIONS.** In connection with the performance of this agreement, the Vendor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which shall impose any obligation or duty upon the Vendor, including, but not limited to civil rights and equal opportunity laws. In addition, the Vendor shall comply with all applicable copyright laws.

**3. TERM.** The contract and all obligations of the parties thereunder, shall become effective on a specified date and shall be completed in their entirety prior to a specified date. Any work undertaken by the Vendor prior to the effective date shall be at his sole risk and, in the event that the contract shall not become effective, the State shall be under no obligation to reimburse the Vendor for any such work.

**4. CONTRACT PRICE.** The contract price, a payment schedule and a maximum limitation of price shall be as specified by the proposal or bid invitation and the Vendor's response. All payments shall be conditioned upon receipt, and approval by the State, of appropriate vouchers and upon satisfactory performance by the Vendor, as determined by the State. The payment by the State of the Contract Price shall constitute complete reimbursement to the Vendor for all expenses of any nature incurred by the Vendor in the performance by the contractor and complete payment for the Services. The State shall have no other liability to the Vendor.

**5. DELIVERY.** If the Vendor fails to furnish items and/or services in accordance with all requirements, including delivery, the state may repurchase similar items from any other source without competitive process, and the original Vendor may be liable to the state for any excess costs.

If a Vendor is unable to complete delivery by the date specified, he must contact the using branch and or agency. However, the branch and or agency is not required to accept a delay to the original delivery date. All deliveries are subject to inspection and receiving procedure rules as established by the State of New Hampshire. Deliveries are not considered accepted until compliance with these rules has been established. State personnel signatures on shipping documents shall signify only the receipt of shipment.

**6. INVOICING.** All invoices must be in triplicate showing Order Number, Unit and Extension Prices and discounts allowed. A separate invoice shall be submitted for each order. Unless otherwise noted on the proposal or purchase order, payment will not be due until thirty(30) days after all services have been completed, or all items have been delivered, inspected and accepted or the invoice has been received , whichever is later.

**7. PERSONNEL.**

7.1. The Vendor shall disclose in writing the names of all owners (5% or more), directors, officers, employees, agents or subcontractors who are also officials or employees of the State of New Hampshire. Any change in this information shall be reported in writing within fifteen (15) days of their occurrence.

7.2. The person signing this agreement on behalf of the State, or his or her delegee ("Contracting Officer") shall be the State's representative for purposes of this agreement. In the event of any dispute concerning the interpretation of this agreement, the Contracting Officer's decision shall be final.

**8. EVENT OF DEFAULT; REMEDIES.**

8.1. Any one or more of the following acts or omissions of the Vendor shall constitute an event of default hereunder ("Events of Default").

8.1.1. failure to deliver the goods or services satisfactorily or on schedule; or

8.1.2. failure to submit any report required hereunder; or

8.1.3. failure to perform any of the other covenants and conditions of this agreement.

8.2. Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1. give the Vendor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty(30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this agreement, effective two (2) days after giving the Vendor notice of termination; and

8.2.2. give the Vendor a written notice specifying the Event of Default and suspending all payments to be made under this agreement and ordering that the portion of the Contract Price, which would otherwise accrue to the Vendor during the period from the date of such notice until such time as the State determines that the Vendor has cured the Event of Default, shall never be paid to the Vendor; and

8.2.3. set off against any other obligation the State may owe to the Vendor any damages the State suffers by reason of any Event of Default; and

8.2.4. treat the agreement as breached and pursue any of its remedies at law or in equity, or both.

**9. WAIVER OF BREACH.** No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event, or any subsequent Event. No express failure of any Event of Default shall be deemed a waiver of any provision hereof. No such failure or waiver shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof regarding any further or other default on the part of the Vendor.

**10. VENDOR'S RELATION TO THE STATE.** In the performance of this agreement the Vendor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Vendor nor any of its officers, employees, agents or members shall have authority to bind the State nor are they entitled to any of the benefits, workmen's compensation or emoluments provided by the State to its employees.

**11. ASSIGNMENT AND SUBCONTRACTS.** The Vendor shall not assign, or otherwise transfer any interest in this agreement without the prior written consent of the State. No work required by this contract shall be subcontracted without the prior written consent of the State.

**12. INDEMNIFICATION.** The Vendor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the state, its officers and employees, by or on behalf of any person, on account of, based on, resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Vendor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this agreement.

**12.1. PATENT PROTECTION.** The Vendor agrees to indemnify and defend the State of New Hampshire from alleged and actual patent infringements and further agrees to hold the State of New Hampshire harmless from any liability arising under RSA 382-A:2-312(3). (Uniform Commercial Code).

**13. TOXIC SUBSTANCES.** In compliance with RSA 277-A known as the Workers Right to Know Act, the Vendor shall provide Material Safety Data Sheets with the delivery of any and all products covered by said law.

**14. NOTICE.** Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given below.

**15. AMENDMENT.** This agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto.

**16. CONSTRUCTION OF AGREEMENT AND TERMS.** This agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns.

**17. ADDITIONAL PROVISIONS.** The additional provisions (if any) have been set forth as Exhibit "A" hereto.

**18. ENTIRE AGREEMENT.** This agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings relating hereto.

# State of New Hampshire Purchase Order

PURCHASE ORDER NUMBER
**1110077**

This number must appear on all invoices, packages, cartons, bills of lading, and packing slips.

Date: 12/15/2025
Status: DRAFT
Ship Via:
FOB: Origin
Freight Terms: Prepaid-Add
Terms: Net 30
Due Days: 30

**Bill To:** DHHS OFFICE HEALTH MANAGEMENT
BROWN BUILDING
129 PLEASANT ST
CONCORD NH 03301-3857

MERCK SHARP & DOHME LLC
126 EAST LINCOLN AVE
PO BOX 2000
RAHWAY NJ 07065

**Ship To:**

DHHS OFFICE HEALTH MANAGEMENT
29 HAZEN DR
CONCORD NH 03301

Vendor #: 427479
Contact: Sharileen B Crawford
Phone: (704) 345-6376
Fax: 91

Agency Contact: Jim Cavallini 603-271-9364 or

In accordance with CE Waiver #19

| LINE | QTY | UOM | DESCRIPTION | UNIT PRICE | EXTENDED PRICE |
|---|---|---|---|---|---|
| | | | james.cavallini@dhhs.nh.gov<br>PENDING G&C APPROVAL | | |
| 1 | 1.00 | EA | MISC VACCINES MISC VACCINES<br>Deliver on or before June 30, 2026 | 4,707,952.00000 | 4,707,952.00 |
| | | | Purchase Order Summary<br>Goods Total:<br>Order Total: | | $4,707,952.00<br>$4,707,952.00 |

**Total Amount:** $4,707,952.00

Buyer: Carrie Martin
Phone: 603-271-0574
Process Level: 09500

1. The State of New Hampshire engages the firm or individual ("the Vendor") to perform the services and/or sale of goods, described in the attached State Proposal and the Vendor's proposal, bid or quotation, any of which are incorporated herein by reference.

**2. COMPLIANCE BY VENDOR WITH LAWS AND REGULATIONS.** In connection with the performance of this agreement, the Vendor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which shall impose any obligation or duty upon the Vendor, including, but not limited to civil rights and equal opportunity laws. In addition, the Vendor shall comply with all applicable copyright laws.

**3. TERM.** The contract and all obligations of the parties thereunder, shall become effective on a specified date and shall be completed in their entirety prior to a specified date. Any work undertaken by the Vendor prior to the effective date shall be at his sole risk and, in the event that the contract shall not become effective, the State shall be under no obligation to reimburse the Vendor for any such work.

**4. CONTRACT PRICE.** The contract price, a payment schedule and a maximum limitation of price shall be as specified by the proposal or bid invitation and the Vendor's response. All payments shall be conditioned upon receipt, and approval by the State, of appropriate vouchers and upon satisfactory performance by the Vendor, as determined by the State. The payment by the State of the Contract Price shall constitute complete reimbursement to the Vendor for all expenses of any nature incurred by the Vendor in the performance by the contractor and complete payment for the Services. The State shall have no other liability to the Vendor.

**5. DELIVERY.** If the Vendor fails to furnish items and/or services in accordance with all requirements, including delivery, the state may repurchase similar items from any other source without competitive process, and the original Vendor may be liable to the state for any excess costs.

If a Vendor is unable to complete delivery by the date specified, he must contact the using branch and or agency. However, the branch and or agency is not required to accept a delay to the original delivery date. All deliveries are subject to inspection and receiving procedure rules as established by the State of New Hampshire. Deliveries are not considered accepted until compliance with these rules has been established. State personnel signatures on shipping documents shall signify only the receipt of shipment.

**6. INVOICING.** All invoices must be in triplicate showing Order Number, Unit and Extension Prices and discounts allowed. A separate invoice shall be submitted for each order. Unless otherwise noted on the proposal or purchase order, payment will not be due until thirty(30) days after all services have been completed, or all items have been delivered, inspected and accepted or the invoice has been received , whichever is later.

**7. PERSONNEL.**

**7.1.** The Vendor shall disclose in writing the names of all owners (5% or more), directors, officers, employees, agents or subcontractors who are also officials or employees of the State of New Hampshire. Any change in this information shall be reported in writing within fifteen (15) days of their occurrence.

**7.2.** The person signing this agreement on behalf of the State, or his or her delegee ("Contracting Officer") shall be the State's representative for purposes of this agreement. In the event of any dispute concerning the interpretation of this agreement, the Contracting Officer's decision shall be final.

**8. EVENT OF DEFAULT; REMEDIES.**

**8.1.** Any one or more of the following acts or omissions of the Vendor shall constitute an event of default hereunder ("Events of Default").

**8.1.1.** failure to deliver the goods or services satisfactorily or on schedule; or

**8.1.2.** failure to submit any report required hereunder; or

**8.1.3.** failure to perform any of the other covenants and conditions of this agreement.

**8.2.** Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

**8.2.1.** give the Vendor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty(30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this agreement, effective two (2) days after giving the Vendor notice of termination; and

**8.2.2.** give the Vendor a written notice specifying the Event of Default and suspending all payments to be made under this agreement and ordering that the portion of the Contract Price, which would otherwise accrue to the Vendor during the period from the date of such notice until such time as the State determines that the Vendor has cured the Event of Default, shall never be paid to the Vendor; and

**8.2.3.** set off against any other obligation the State may owe to the Vendor any damages the State suffers by reason of any Event of Default; and

**8.2.4.** treat the agreement as breached and pursue any of its remedies at law or in equity, or both.

**9. WAIVER OF BREACH.** No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event, or any subsequent Event. No express failure of any Event of Default shall be deemed a waiver of any provision hereof. No such failure or waiver shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof regarding any further or other default on the part of the Vendor.

**10. VENDOR'S RELATION TO THE STATE.** In the performance of this agreement the Vendor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Vendor nor any of its officers, employees, agents or members shall have authority to bind the State nor are they entitled to any of the benefits, workmen's compensation or emoluments provided by the State to its employees.

**11. ASSIGNMENT AND SUBCONTRACTS.** The Vendor shall not assign, or otherwise transfer any interest in this agreement without the prior written consent of the State. No work required by this contract shall be subcontracted without the prior written consent of the State.

**12. INDEMNIFICATION.** The Vendor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the state, its officers and employees, by or on behalf of any person, on account of, based on, resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Vendor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this agreement.

**12.1. PATENT PROTECTION.** The Vendor agrees to indemnify and defend the State of New Hampshire from alleged and actual patent infringements and further agrees to hold the State of New Hampshire harmless from any liability arising under RSA 382-A:2-312(3). (Uniform Commercial Code).

**13. TOXIC SUBSTANCES.** In compliance with RSA 277-A known as the Workers Right to Know Act, the Vendor shall provide Material Safety Data Sheets with the delivery of any and all products covered by said law.

**14. NOTICE.** Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given below.

**15. AMENDMENT.** This agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto.

**16. CONSTRUCTION OF AGREEMENT AND TERMS.** This agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns.

**17. ADDITIONAL PROVISIONS.** The additional provisions (if any) have been set forth as Exhibit "A" hereto.

**18. ENTIRE AGREEMENT.** This agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings relating hereto.

# State of New Hampshire Purchase Order

PURCHASE ORDER NUMBER
**1110078**

This number must appear on all invoices, packages, cartons, bills of lading, and packing slips.

Date: 12/15/2025
Status: DRAFT
Ship Via:
FOB: Destination
Freight Terms: Vendor Paid
Terms: Net 30
Due Days: 30

**Bill To:** DHHS OFFICE HEALTH MANAGEMENT
BROWN BUILDING
129 PLEASANT ST
CONCORD NH 03301-3857

SANOFI PASTEUR
DISCOVERY DR
PO BOX 187
SWIFTWATER PA 18370-0187

**Ship To:**

DHHS OFFICE HEALTH MANAGEMENT
29 HAZEN DR
CONCORD NH 03301

Vendor #: 176250
Contact: Maria Durand

Phone: 800 822 2463
Fax: 9 1 800 295 7808

Agency Contact: Jim Cavallini 603-271-9364 or

In accordance with CE Waiver # 19

| LINE | QTY | UOM | DESCRIPTION | UNIT PRICE | EXTENDED PRICE |
|---|---|---|---|---|---|
| | | | james.cavallini@dhhs.nh.gov<br>PENDING G&C APROVAL | | |
| 1 | 1.00 | EA | MISC VACCINES MISC VACCINES<br>Deliver on or before June 30, 2026 | 968,994.00000 | 968,994.00 |
| | | | Purchase Order Summary<br>Goods Total:<br>Order Total: | | $968,994.00<br>$968,994.00 |

**Total Amount:** $968,994.00

Buyer: Carrie Martin
Phone: 603-271-0574
Process Level: 09500

1. The State of New Hampshire engages the firm or individual ("the Vendor") to perform the services and/or sale of goods, described in the attached State Proposal and the Vendor's proposal, bid or quotation, any of which are incorporated herein by reference.

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