



Pricing Effective Date:

9/1/2026

## CPP Member Pricing

Sanofi Tier 1 (Sanofi Portfolio + Beyfortus® or those not offering an infant RSV immunization)

Place orders directly with Sanofi at [www.VaccineShop.com](http://www.VaccineShop.com) or call 1-800-822-2463. Payment terms are 2% 60 days, net 61 days.

### CPP MEMBER BEST PRICE

| NDC #                                     | Description                     | On-Invoice Discount % | On-Invoice Price per Dose (w/out Excise Tax) | Federal Excise Tax per Dose (\$0.75/component) | On-Invoice Price per Dose (w/ Excise Tax) | Discounted Price per Dose plus 2% Prompt Pay Discount, 1% Online Ordering Discount* and <b>CPP REBATE</b> (w/out Excise Tax) |
|-------------------------------------------|---------------------------------|-----------------------|----------------------------------------------|------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <b>BEYFORTUS® RSV Monoclonal Antibody</b> |                                 |                       |                                              |                                                |                                           |                                                                                                                              |
| 49281-575-00                              | 5 X 1 0.5mL Prefilled Syringes  | 24%                   | \$454.36                                     | \$0.00                                         | \$454.36                                  | \$436.28                                                                                                                     |
| 49281-574-15                              | 5 X 1 1.0mL Prefilled Syringes  | 24%                   | \$454.36                                     | \$0.00                                         | \$454.36                                  | \$436.28                                                                                                                     |
| <b>VAXELIS® DTaP, Polio, Hib, HepB</b>    |                                 |                       |                                              |                                                |                                           |                                                                                                                              |
| 63361-243-10                              | 10 X 1 Dose Vials               | 34%                   | \$107.47                                     | \$4.50                                         | \$111.97                                  | \$104.51                                                                                                                     |
| 63361-243-15                              | 10 X 1 Prefilled Syringes       | 34%                   | \$107.47                                     | \$4.50                                         | \$111.97                                  | \$104.51                                                                                                                     |
| <b>PENTACEL® DTaP, Polio &amp; Hib</b>    |                                 |                       |                                              |                                                |                                           |                                                                                                                              |
| 49281-511-05                              | 5 X 1 Dose Vials                | 39%                   | \$77.68                                      | \$3.75                                         | \$81.43                                   | \$74.20                                                                                                                      |
| <b>ACTHIB® Haemophilus b</b>              |                                 |                       |                                              |                                                |                                           |                                                                                                                              |
| 49281-545-03                              | 5 X 1 Dose Vials                | 9%                    | \$11.98                                      | \$0.75                                         | \$12.73                                   | \$11.45                                                                                                                      |
| <b>DAPTACEL® DTaP</b>                     |                                 |                       |                                              |                                                |                                           |                                                                                                                              |
| 49281-286-10                              | 10 X 1 Dose Vials               | 24%                   | \$22.18                                      | \$2.25                                         | \$24.43                                   | \$21.18                                                                                                                      |
| <b>IPOL® Polio</b>                        |                                 |                       |                                              |                                                |                                           |                                                                                                                              |
| 49281-860-10                              | 10 X 1 Dose Vials               | 34%                   | \$31.23                                      | \$0.75                                         | \$31.98                                   | \$29.83                                                                                                                      |
| <b>QUADRACEL® DTaP, Polio</b>             |                                 |                       |                                              |                                                |                                           |                                                                                                                              |
| 49281-564-10                              | 10 X 1 Dose Vials               | 22%                   | \$50.15                                      | \$3.00                                         | \$53.15                                   | \$47.91                                                                                                                      |
| 49281-564-15                              | 10 X 1 Prefilled Syringes       | 22%                   | \$50.15                                      | \$3.00                                         | \$53.15                                   | \$47.91                                                                                                                      |
| <b>MENQUADFI® Meningococcal ACWY</b>      |                                 |                       |                                              |                                                |                                           |                                                                                                                              |
| 49281-590-10                              | 10 X 1 Dose Vials               | 32%                   | \$120.67                                     | \$0.75                                         | \$121.42                                  | \$115.26                                                                                                                     |
| <b>ADACEL® Tdap</b>                       |                                 |                       |                                              |                                                |                                           |                                                                                                                              |
| 49281-400-10                              | 10 X 1 Dose Vials               | 21%                   | \$38.75                                      | \$2.25                                         | \$41.00                                   | \$37.39                                                                                                                      |
| 49281-400-20                              | 5 X 1 Prefilled Syringes        | 21%                   | \$38.75                                      | \$2.25                                         | \$41.00                                   | \$37.39                                                                                                                      |
| <b>HEPLISAV-B® HepB Adult</b>             |                                 |                       |                                              |                                                |                                           |                                                                                                                              |
| 43528-003-05                              | 5 X 1 Dose Vials                | 12%                   | \$145.28                                     | \$0.75                                         | \$146.03                                  | \$138.78                                                                                                                     |
| <b>TENIVAC® Tetanus &amp; Diphtheria</b>  |                                 |                       |                                              |                                                |                                           |                                                                                                                              |
| 49281-215-10                              | 10 X 1 Dose Vials               | 8%                    | \$40.78                                      | \$1.50                                         | \$42.28                                   | \$38.96                                                                                                                      |
| 49281-215-15                              | 10 X 1 Prefilled Syringes       | 8%                    | \$40.78                                      | \$1.50                                         | \$42.28                                   | \$38.96                                                                                                                      |
| <b>IMOVAX® Rabies</b>                     |                                 |                       |                                              |                                                |                                           |                                                                                                                              |
| 49281-252-51                              | 1 X 1 Dose Vials                | 19%                   | \$379.06                                     | \$0.00                                         | \$379.06                                  | \$367.76                                                                                                                     |
| <b>NUVAXOVID™ COVID-19, Adjuvanted</b>    |                                 |                       |                                              |                                                |                                           |                                                                                                                              |
| 49281-0026-50                             | 10 x 1 0.5mL Prefilled Syringes | 46%                   | \$90.70                                      | \$0.00                                         | \$90.70                                   | \$88.00                                                                                                                      |
| <b>TUBERSOL® Tuberculin</b>               |                                 |                       |                                              |                                                |                                           |                                                                                                                              |
| 49281-752-21                              | 5 TU 10, 10 Tests               | 0%                    | \$12.60                                      | \$0.00                                         | \$12.60                                   | \$12.23                                                                                                                      |
| 49281-752-22                              | 5 TU 50, 50 Tests               | 0%                    | \$9.82                                       | \$0.00                                         | \$9.82                                    | \$9.53                                                                                                                       |
| <b>TYPHIM Vi® Typhoid Vi</b>              |                                 |                       |                                              |                                                |                                           |                                                                                                                              |
| 49281-790-51                              | 1 X 1 Prefilled Syringes        | 6%                    | \$152.67                                     | \$0.00                                         | \$152.67                                  | \$148.12                                                                                                                     |
| <b>YF-VAX® Yellow Fever</b>               |                                 |                       |                                              |                                                |                                           |                                                                                                                              |
| 49281-915-01                              | 5 X 1 Dose Vials                | 6%                    | \$242.23                                     | \$0.00                                         | \$242.23                                  | \$235.01                                                                                                                     |

\* Please note that the 1% online ordering discount cannot be earned on purchases of Adacel®.

### CPP REBATE:

Paid semi-annually as a % of purchases, if the CPP membership meets contractual performance metrics and associated administrative fees are received.

**1.50%** Pentacel, ActHIB, Daptacel, IPOL, Quadracel, MenQuadfi, Adacel, Helplisav-B, Tenivac**1.00%** Beyfortus**0.75%** Vaxelis

### Sanofi Tier 1 Purchase Guidelines:

Order Sanofi products for the following: Pediatric (VAXELIS®, PENTACEL®, DAPTACEL®, QUADRACEL®); Boosters (ADACEL®); MenACWY (MENQUADFI®); RSV (BEYFORTUS®), if you offer infant RSV immunization.

Purchase Sanofi vaccines directly from Sanofi ([VaccineShop.com](http://VaccineShop.com)) and/or VaxServe.[Agree to the Terms & Conditions for participation, as applicable.](#)



Pricing Effective Date:

9/1/2026

## CPP Member Pricing

Sanofi Tier 2 (Sanofi Portfolio excluding Beyfortus®)

Place orders directly with Sanofi at [www.VaccineShop.com](http://www.VaccineShop.com) or call 1-800-822-2463. Payment terms are 2% 60 days, net 61 days.

### CPP MEMBER BEST PRICE

| NDC #         | Description                                                               | On-Invoice Discount % | On-Invoice Price per Dose (w/out Excise Tax) | Federal Excise Tax per Dose (\$0.75/component) | On-Invoice Price per Dose (w/ Excise Tax) | Discounted Price per Dose plus 2% Prompt Pay Discount, 1% Online Ordering Discount* and <b>CPP REBATE</b> (w/out Excise Tax) |
|---------------|---------------------------------------------------------------------------|-----------------------|----------------------------------------------|------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| 63361-243-10  | <b>VAXELIS®</b> DTaP, Polio, Hib, HepB<br>10 X 1 Dose Vials               | 34%                   | \$107.47                                     | \$4.50                                         | \$111.97                                  | \$104.51                                                                                                                     |
| 63361-243-15  | 10 X 1 Prefilled Syringes                                                 | 34%                   | \$107.47                                     | \$4.50                                         | \$111.97                                  | \$104.51                                                                                                                     |
| 49281-511-05  | <b>PENTACEL®</b> DTaP, Polio & Hib<br>5 X 1 Dose Vials                    | 35%                   | \$82.36                                      | \$3.75                                         | \$86.11                                   | \$78.67                                                                                                                      |
| 49281-545-03  | <b>ACTHIB®</b> Haemophilus b<br>5 X 1 Dose Vials                          | 4%                    | \$12.59                                      | \$0.75                                         | \$13.34                                   | \$12.02                                                                                                                      |
| 49281-286-10  | <b>DAPTACEL®</b> DTaP<br>10 X 1 Dose Vials                                | 21%                   | \$23.05                                      | \$2.25                                         | \$25.30                                   | \$22.02                                                                                                                      |
| 49281-860-10  | <b>IPOL®</b> Polio<br>10 X 1 Dose Vials                                   | 27%                   | \$34.40                                      | \$0.75                                         | \$35.15                                   | \$32.86                                                                                                                      |
| 49281-564-10  | <b>QUADRACEL®</b> DTaP, Polio<br>10 X 1 Dose Vials                        | 19%                   | \$52.03                                      | \$3.00                                         | \$55.03                                   | \$49.69                                                                                                                      |
| 49281-564-15  | 10 X 1 Prefilled Syringes                                                 | 19%                   | \$52.03                                      | \$3.00                                         | \$55.03                                   | \$49.69                                                                                                                      |
| 49281-590-10  | <b>MENQUADFI®</b> Meningococcal ACWY<br>10 X 1 Dose Vials                 | 25%                   | \$132.30                                     | \$0.75                                         | \$133.05                                  | \$126.37                                                                                                                     |
| 49281-400-10  | <b>ADACEL®</b> Tdap<br>10 X 1 Dose Vials                                  | 17%                   | \$40.76                                      | \$2.25                                         | \$43.01                                   | \$38.93                                                                                                                      |
| 49281-400-20  | 5 X 1 Prefilled Syringes                                                  | 17%                   | \$40.76                                      | \$2.25                                         | \$43.01                                   | \$38.93                                                                                                                      |
| 43528-003-05  | <b>HEPLISAV-B®</b> HepB Adult<br>5 X 1 Dose Vials                         | 12%                   | \$145.28                                     | \$0.75                                         | \$146.03                                  | \$138.78                                                                                                                     |
| 49281-215-10  | <b>TENIVAC®</b> Tetanus & Diphtheria<br>10 X 1 Dose Vials                 | 5%                    | \$42.01                                      | \$1.50                                         | \$43.51                                   | \$40.12                                                                                                                      |
| 49281-215-15  | 10 X 1 Prefilled Syringes                                                 | 5%                    | \$42.01                                      | \$1.50                                         | \$43.51                                   | \$40.12                                                                                                                      |
| 49281-252-51  | <b>IMOVAX®</b> Rabies<br>1 X 1 Dose Vials                                 | 16%                   | \$394.34                                     | \$0.00                                         | \$394.34                                  | \$382.59                                                                                                                     |
| 49281-0026-50 | <b>NUVAXOVID™</b> COVID-19, Adjuvanted<br>10 x 1 0.5mL Prefilled Syringes | 46%                   | \$90.70                                      | \$0.00                                         | \$90.70                                   | \$88.00                                                                                                                      |
| 49281-752-21  | <b>TUBERSOL®</b> Tuberculin<br>5 TU 10, 10 Tests                          | 0%                    | \$12.60                                      | \$0.00                                         | \$12.60                                   | \$12.23                                                                                                                      |
| 49281-752-22  | 5 TU 50, 50 Tests                                                         | 0%                    | \$9.82                                       | \$0.00                                         | \$9.82                                    | \$9.53                                                                                                                       |
| 49281-790-51  | <b>TYPHIM VI®</b> Typhoid Vi<br>1 X 1 Prefilled Syringes                  | 3%                    | \$157.25                                     | \$0.00                                         | \$157.25                                  | \$152.56                                                                                                                     |
| 49281-915-01  | <b>YF-VAX®</b> Yellow Fever<br>5 X 1 Dose Vials                           | 3%                    | \$249.49                                     | \$0.00                                         | \$249.49                                  | \$242.06                                                                                                                     |

\* Please note that the 1% online ordering discount cannot be earned on purchases of Adacel®.

### CPP REBATE:

Paid semi-annually as a % of purchases, if the CPP membership meets contractual performance metrics and associated administrative fees are received.

**1.50%** Pentacel, ActHIB, Daptacel, IPOL, Quadracel, MenQuadfi, Adacel, Haplisav-B, Tenivac**0.75%** Vaxelis

### Sanofi Tier 2 Purchase Guidelines:

Order Sanofi products for the following: Pediatric (VAXELIS®, PENTACEL®, DAPTACEL®, QUADRACEL®); Boosters (ADACEL®); MenACWY (MENQUADFI®).

Purchase Sanofi vaccines directly from Sanofi ([VaccineShop.com](http://VaccineShop.com)) and/or VaxServe.[Agree to the Terms & Conditions for participation, as applicable.](#)



Pricing Effective Date:

11/10/2026

## CPP Member Pricing

Merck Roster 1 (RotaTeq®)

Place orders directly with Merck at [www.MerckVaccines.com](http://www.MerckVaccines.com) or call 1-800-637-2579. Payment terms are 2% 60 days, net 61 days.**OR** Order through a Merck Vaccines Prime Vendor Distributor. Payment terms may vary.

### CPP MEMBER BEST PRICE

| NDC #                                              | Description               | On-Invoice Discount % | On-Invoice Price per Dose (w/out Excise Tax) | Federal Excise Tax per Dose (\$0.75/component) | On-Invoice Price per Dose (w/ Excise Tax) | Discounted Price per Dose plus 2% Prompt Pay Discount, and 1% Online Ordering Discount* and <b>CPP REBATE</b> (w/out Excise Tax) |
|----------------------------------------------------|---------------------------|-----------------------|----------------------------------------------|------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <b>ENFLONIA™ RSV Monoclonal Antibody</b>           |                           |                       |                                              |                                                |                                           |                                                                                                                                  |
| 0006-5073-01                                       | 1 X 1 Dose Syringe        | 24%                   | \$422.56                                     | \$0.00                                         | \$422.56                                  | \$405.74                                                                                                                         |
| 0006-5073-02                                       | 10 X 1 Dose Syringes      | 24%                   | \$422.56                                     | \$0.00                                         | \$422.56                                  | \$405.74                                                                                                                         |
| <b>RECOMBIVAX HB® HepB Pediatric</b>               |                           |                       |                                              |                                                |                                           |                                                                                                                                  |
| 0006-4981-00                                       | 10 X 1 Dose Vials         | 22%                   | \$24.24                                      | \$0.75                                         | \$24.99                                   | \$23.16                                                                                                                          |
| 0006-4093-02                                       | 10 X 1 Prefilled Syringes | 22%                   | \$24.24                                      | \$0.75                                         | \$24.99                                   | \$23.16                                                                                                                          |
| <b>ROTATEQ® Rotavirus</b>                          |                           |                       |                                              |                                                |                                           |                                                                                                                                  |
| 0006-4047-41                                       | 10 X 1 Dose Tubes         | 11%                   | \$94.40                                      | \$0.75                                         | \$95.15                                   | \$90.17                                                                                                                          |
| 0006-4047-20                                       | 25 X 1 Dose Tubes         | 11%                   | \$94.40                                      | \$0.75                                         | \$95.15                                   | \$90.17                                                                                                                          |
| <b>PNEUMOVAX 23® Pneumococcal</b>                  |                           |                       |                                              |                                                |                                           |                                                                                                                                  |
| 0006-4897-00                                       | 10 X 1 Dose Vials         | 3%                    | \$113.57                                     | \$0.00                                         | \$113.57                                  | \$108.48                                                                                                                         |
| 0006-4943-00                                       | 10 X 1 Prefilled Syringes | 3%                    | \$113.57                                     | \$0.00                                         | \$113.57                                  | \$108.48                                                                                                                         |
| <b>PEDVAXHIB® Haemophilus b</b>                    |                           |                       |                                              |                                                |                                           |                                                                                                                                  |
| 0006-4897-00                                       | 10 X 1 Dose Vials         | 5%                    | \$31.81                                      | \$0.75                                         | \$32.56                                   | \$30.71                                                                                                                          |
| <b>MMRII® Measles, Mumps and Rubella</b>           |                           |                       |                                              |                                                |                                           |                                                                                                                                  |
| 0006-4681-00                                       | 10 X 1 Dose Vials         | 5%                    | \$93.68                                      | \$2.25                                         | \$95.93                                   | \$90.19                                                                                                                          |
| <b>VARIVAX® Varicella</b>                          |                           |                       |                                              |                                                |                                           |                                                                                                                                  |
| 0006-4827-00                                       | 10 X 1 Dose Vials         | 5%                    | \$190.89                                     | \$0.75                                         | \$191.64                                  | \$184.24                                                                                                                         |
| <b>PROQUAD® Measles, Mumps, Rubella, Varicella</b> |                           |                       |                                              |                                                |                                           |                                                                                                                                  |
| 0006-4171-00                                       | 10 X 1 Dose Vials         | 7%                    | \$276.78                                     | \$3.00                                         | \$279.78                                  | \$267.15                                                                                                                         |
| <b>VAQTA® HepA Pediatric</b>                       |                           |                       |                                              |                                                |                                           |                                                                                                                                  |
| 0006-4831-41                                       | 10 X 1 Dose Vials         | 26%                   | \$29.91                                      | \$0.75                                         | \$30.66                                   | \$28.57                                                                                                                          |
| 0006-4095-02                                       | 10 X 1 Prefilled Syringes | 26%                   | \$29.91                                      | \$0.75                                         | \$30.66                                   | \$28.57                                                                                                                          |
| <b>GARDASIL 9® HPV9</b>                            |                           |                       |                                              |                                                |                                           |                                                                                                                                  |
| 0006-4121-02                                       | 10 X 1 Prefilled Syringes | 3%                    | \$340.78                                     | \$0.75                                         | \$341.53                                  | \$328.92                                                                                                                         |
| <b>RECOMBIVAX HB® HepB Adult</b>                   |                           |                       |                                              |                                                |                                           |                                                                                                                                  |
| 0006-4995-41                                       | 10 X 1 Dose Vials         | 31%                   | \$53.75                                      | \$0.75                                         | \$54.50                                   | \$51.34                                                                                                                          |
| 0006-4094-02                                       | 10 X 1 Prefilled Syringes | 31%                   | \$53.75                                      | \$0.75                                         | \$54.50                                   | \$51.34                                                                                                                          |
| <b>RECOMBIVAX HB® HepB 40mcg/mL</b>                |                           |                       |                                              |                                                |                                           |                                                                                                                                  |
| 0006-4992-00                                       | 1 X 1 Dose Vial           | 40%                   | \$128.82                                     | \$0.75                                         | \$129.57                                  | \$123.05                                                                                                                         |
| <b>VAQTA® HepA Adult</b>                           |                           |                       |                                              |                                                |                                           |                                                                                                                                  |
| 0006-4841-00                                       | 1 X 1 Dose Vial           | 12%                   | \$76.44                                      | \$0.75                                         | \$77.19                                   | \$73.01                                                                                                                          |
| 0006-4841-41                                       | 10 X 1 Dose Vials         | 12%                   | \$75.22                                      | \$0.75                                         | \$75.97                                   | \$71.85                                                                                                                          |
| 0006-4096-02                                       | 10 X 1 Prefilled Syringes | 12%                   | \$75.22                                      | \$0.75                                         | \$75.97                                   | \$71.85                                                                                                                          |

#### CPP REBATE:

Paid semi-annually as a % of purchases, if the CPP membership meets contractual performance metrics and associated administrative fees are received.

**1.50%** RotaTeq, Recombivax HB (ped & adult), Vaqta (ped & adult), Pneumovax 23**1.00%** Enflonsia**0.75%** MMRII**0.50%** Gardasil 9, Varivax, ProQuad, PedVaxHIB

#### Merck Contract Purchase Guidelines for Roster 1:

Order Merck products for the following: Rotavirus (ROTATEQ®).

The 1% Online Ordering Discount is available through VaxServe and applies to Merck vaccines ordered online through VaxServe.

[Agree to the Merck Contract Terms and Conditions, as applicable](#)



## CPP Member Pricing

Merck Roster 2 (RotaTeq®, Capvaxive® and Vaxneuvance®)

Place orders directly with Merck at [www.MerckVaccines.com](http://www.MerckVaccines.com) or call 1-800-637-2579. Payment terms are 2% 60 days, net 61 days.

**OR** Order through a Merck Vaccines Prime Vendor Distributor. Payment terms may vary.

### CPP MEMBER BEST PRICE

| NDC #        | Description                                                             | On-Invoice Discount % | On-Invoice Price per Dose (w/out Excise Tax) | Federal Excise Tax per Dose (\$0.75/component) | On-Invoice Price per Dose (w/ Excise Tax) | Discounted Price per Dose plus 2% Prompt Pay Discount, and 1% Online Ordering Discount* and <b>CPP REBATE</b> (w/out Excise Tax) |
|--------------|-------------------------------------------------------------------------|-----------------------|----------------------------------------------|------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 0006-5073-01 | <b>ENFLONISIA™</b> RSV Monoclonal Antibody<br>1 X 1 Dose Syringe        | 24%                   | \$422.56                                     | \$0.00                                         | \$422.56                                  | \$405.74                                                                                                                         |
| 0006-5073-02 | 10 X 1 Dose Syringes                                                    | 24%                   | \$422.56                                     | \$0.00                                         | \$422.56                                  | \$405.74                                                                                                                         |
| 0006-4981-00 | <b>RECOMBIVAX HB®</b> HepB Pediatric<br>10 X 1 Dose Vials               | 22%                   | \$24.24                                      | \$0.75                                         | \$24.99                                   | \$23.16                                                                                                                          |
| 0006-4093-02 | 10 X 1 Prefilled Syringes                                               | 22%                   | \$24.24                                      | \$0.75                                         | \$24.99                                   | \$23.16                                                                                                                          |
| 0006-4047-41 | <b>ROTATEQ®</b> Rotavirus<br>10 X 1 Dose Tubes                          | 11%                   | \$94.40                                      | \$0.75                                         | \$95.15                                   | \$90.17                                                                                                                          |
| 0006-4047-20 | 25 X 1 Dose Tubes                                                       | 11%                   | \$94.40                                      | \$0.75                                         | \$95.15                                   | \$90.17                                                                                                                          |
| 0006-4329-03 | <b>VAXNEUVANCE®</b> PCV15 for Pediatrics<br>10 X 1 Prefilled Syringes   | 25%                   | \$188.90                                     | \$0.75                                         | \$189.65                                  | \$180.44                                                                                                                         |
| 0006-4943-00 | <b>PNEUMOVAX 23®</b> Pneumococcal<br>10 X 1 Dose Vials                  | 3%                    | \$113.57                                     | \$0.00                                         | \$113.57                                  | \$108.48                                                                                                                         |
| 0006-4837-03 | 10 X 1 Prefilled Syringes                                               | 3%                    | \$113.57                                     | \$0.00                                         | \$113.57                                  | \$108.48                                                                                                                         |
| 0006-4897-00 | <b>PEDVAXHIB®</b> Haemophilus b<br>10 X 1 Dose Vials                    | 5%                    | \$31.81                                      | \$0.75                                         | \$32.56                                   | \$30.71                                                                                                                          |
| 0006-4681-00 | <b>MMRII®</b> Measles, Mumps and Rubella<br>10 X 1 Dose Vials           | 5%                    | \$93.68                                      | \$2.25                                         | \$95.93                                   | \$90.19                                                                                                                          |
| 0006-4827-00 | <b>VARIVAX®</b> Varicella<br>10 X 1 Dose Vials                          | 5%                    | \$190.89                                     | \$0.75                                         | \$191.64                                  | \$184.24                                                                                                                         |
| 0006-4171-00 | <b>PROQUAD®</b> Measles, Mumps, Rubella, Varicella<br>10 X 1 Dose Vials | 7%                    | \$276.78                                     | \$3.00                                         | \$279.78                                  | \$267.15                                                                                                                         |
| 0006-4831-41 | <b>VAQTA®</b> HepA Pediatric<br>10 X 1 Dose Vials                       | 26%                   | \$29.91                                      | \$0.75                                         | \$30.66                                   | \$28.57                                                                                                                          |
| 0006-4095-02 | 10 X 1 Prefilled Syringes                                               | 26%                   | \$29.91                                      | \$0.75                                         | \$30.66                                   | \$28.57                                                                                                                          |
| 0006-4121-02 | <b>GARDASIL 9®</b> HPV9<br>10 X 1 Prefilled Syringes                    | 9%                    | \$319.70                                     | \$0.75                                         | \$320.45                                  | \$308.58                                                                                                                         |
| 0006-4347-02 | <b>CAPVAXIVE®</b> PCV21 for Adults<br>10 X 1 Prefilled Syringes         | 25%                   | \$226.01                                     | \$0.75                                         | \$226.76                                  | \$215.89                                                                                                                         |
| 0006-4995-41 | <b>RECOMBIVAX HB®</b> HepB Adult<br>10 X 1 Dose Vials                   | 31%                   | \$53.75                                      | \$0.75                                         | \$54.50                                   | \$51.34                                                                                                                          |
| 0006-4094-02 | 10 X 1 Prefilled Syringes                                               | 31%                   | \$53.75                                      | \$0.75                                         | \$54.50                                   | \$51.34                                                                                                                          |
| 0006-4992-00 | <b>RECOMBIVAX HB®</b> HepB 40mcg/mL<br>1 X 1 Dose Vial                  | 40%                   | \$128.82                                     | \$0.75                                         | \$129.57                                  | \$123.05                                                                                                                         |
| 0006-4841-00 | <b>VAQTA®</b> HepA Adult<br>1 X 1 Dose Vial                             | 12%                   | \$76.44                                      | \$0.75                                         | \$77.19                                   | \$73.01                                                                                                                          |
| 0006-4841-41 | 10 X 1 Dose Vials                                                       | 12%                   | \$75.22                                      | \$0.75                                         | \$75.97                                   | \$71.85                                                                                                                          |
| 0006-4096-02 | 10 X 1 Prefilled Syringes                                               | 12%                   | \$75.22                                      | \$0.75                                         | \$75.97                                   | \$71.85                                                                                                                          |

#### CPP REBATE:

Paid semi-annually as a % of purchases, if the CPP membership meets contractual performance metrics and associated administrative fees are received.

**1.50%** RotaTeq, Vaxneuvance, Capvaxive, Recombivax HB (ped & adult), Vaqta (ped & adult), Pneumovax 23

**1.00%** Enflonsia

**0.75%** MMRII

**0.50%** Gardasil 9, Varivax, ProQuad, PedVaxHIB

#### Merck Contract Purchase Guidelines for Roster 2:

Order Merck products for the following: Rotavirus (ROTATEQ®); Pneumococcal (VAXNEUVANCE®, CAPVAXIVE®); RSV (ENFLONISIA™), if you offer infant RSV immunization.

Pricing reflects a 2% Merck Moderna Portfolio Discount on VAXNEUVANCE® and CAPVAXIVE® for those also purchasing Moderna's SPIKEVAX® or mNEXSPIKE®.

The 1% Online Ordering Discount is available through VaxServe and applies to Merck vaccines ordered online through VaxServe.

[Agree to the Merck Contract Terms and Conditions, as applicable](#)



## CPP Member Pricing Pfizer Vaccines

Place orders directly with Pfizer at [www.primevaccines.pfizer.com](http://www.primevaccines.pfizer.com) or 1-800-666-7248. Payment terms are 2% 75 days, net 76 days.

**OR** Order through a Pfizer Vaccines Authorized Distributor. Pricing and payment terms may vary.

### CPP MEMBER BEST PRICE

| NDC #                                  | Description                        | On-Invoice Discount % | On-Invoice Price per Dose (w/out Excise Tax) | Federal Excise Tax per Dose (\$0.75/component) | On-Invoice Price per Dose (w/ Excise Tax) | Discounted Price per Dose plus 2% Prompt Pay Discount, and 2% Pfizer Portfolio Discount* and <b>CPP REBATE</b> (w/out Excise Tax) |
|----------------------------------------|------------------------------------|-----------------------|----------------------------------------------|------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>PREVNAR 20® PCV20</b>               |                                    |                       |                                              |                                                |                                           |                                                                                                                                   |
| 00005-2000-02                          | 1 X 1 Prefilled Syringe            | 22%                   | \$234.14                                     | \$0.75                                         | \$234.89                                  | \$227.70                                                                                                                          |
| 00005-2000-10                          | 10 X 1 Prefilled Syringes          | 22%                   | \$234.14                                     | \$0.75                                         | \$234.89                                  | \$227.70                                                                                                                          |
| <b>TRUMENBA® Meningococcal B</b>       |                                    |                       |                                              |                                                |                                           |                                                                                                                                   |
| 00005-0100-05                          | 5 X 1 Prefilled Syringes           | 30%                   | \$158.34                                     | \$0.75                                         | \$159.09                                  | \$153.99                                                                                                                          |
| 00005-0100-10                          | 10 X 1 Prefilled Syringes          | 30%                   | \$158.34                                     | \$0.75                                         | \$159.09                                  | \$153.99                                                                                                                          |
| <b>PENBRAYA™ Meningococcal ABCWY</b>   |                                    |                       |                                              |                                                |                                           |                                                                                                                                   |
| 00069-0600-01                          | 1 X 1 Dose Kit                     | 16%                   | \$210.11                                     | \$0.75                                         | \$210.86                                  | \$204.33                                                                                                                          |
| 00069-0600-05                          | 5 X 1 Dose Kits                    | 16%                   | \$210.11                                     | \$0.75                                         | \$210.86                                  | \$204.33                                                                                                                          |
| 00069-0600-10                          | 10 X 1 Dose Kits                   | 16%                   | \$210.11                                     | \$0.75                                         | \$210.86                                  | \$204.33                                                                                                                          |
| <b>COMIRNATY® mRNA COVID-19</b>        |                                    |                       |                                              |                                                |                                           |                                                                                                                                   |
| 00069-2631-10                          | 10 X 1 Prefilled Syringes (12+yrs) | 53%                   | \$95.70                                      | \$0.00                                         | \$95.70                                   | \$93.79                                                                                                                           |
| 00069-2609-10                          | 10 X 1 Dose Vials (5-11yrs)        | 47%                   | \$48.15                                      | \$0.00                                         | \$48.15                                   | \$47.19                                                                                                                           |
| <b>ABRYSVO® RSV Adult and Maternal</b> |                                    |                       |                                              |                                                |                                           |                                                                                                                                   |
| 00069-2465-01                          | 1 X 1 Act-O-Vial                   | 14%                   | \$275.38                                     | \$0.75                                         | \$276.13                                  | \$267.12                                                                                                                          |
| 00069-2465-10                          | 10 X 1 Act-O-Vial                  | 14%                   | \$275.38                                     | \$0.75                                         | \$276.13                                  | \$267.12                                                                                                                          |

\* The 2% Pfizer Portfolio Discount applies to members who align their purchasing with the full Pfizer vaccine portfolio and opt into the "Portfolio" offering via the Pfizer contracting portal. Those wanting to purchase select Pfizer vaccines will choose "Select" via the Pfizer contracting portal, enroll in the individual vaccine discount opportunities they wish to participate in, and will pay 2% more than the pricing listed above.

#### CPP REBATE:

Paid semi-annually as a % of purchases, if the CPP membership meets contractual performance metrics and associated administrative fees are received.

**1.00%** Abrysvo

**0.75%** Prevnar 20, Trumenba, Penbraya

#### Pfizer Purchase Guidelines:

Order PREVNAR 20® as your pneumococcal conjugate vaccine for both pediatric and adult patients, if participating in the PREVNAR 20® opportunity.

Order TRUMENBA® as your meningococcal B vaccine, if participating in the TRUMENBA® opportunity.

Order COMIRNATY® as your COVID-19 vaccine, if participating in the COMIRNATY® opportunity. 100% returnability of unused doses for both presentations.

Order ABRYSVO® as your RSV vaccine, if participating in the ABRYSVO® opportunity.

[Agree to the Terms & Conditions for participation, as applicable.](#)



## CPP Member Pricing Moderna Vaccines

Place orders directly with Moderna at [www.modernadirect.com](http://www.modernadirect.com) or call or 1-866-663-3762. Prompt pay discount of 2% available.

**OR** Order through an Authorized Moderna Vaccine Distributor. Pricing and payment terms may vary.

### CPP MEMBER BEST PRICE

| NDC #         | Description                                                       | On-Invoice Discount % | On-Invoice Price per Dose (w/out Excise Tax) | Federal Excise Tax per Dose (\$0.75/component) | On-Invoice Price per Dose (w/ Excise Tax) | Discounted Price per Dose plus 2% Prompt Pay Discount, and 2% Merck Moderna Portfolio Offer (w/out Excise Tax) |
|---------------|-------------------------------------------------------------------|-----------------------|----------------------------------------------|------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| 80777-0400-60 | mNEXSPIKE® mRNA COVID-19 (12+yrs)<br>10 X 1 Prefilled Syringes    | 37%                   | \$138.51                                     | \$0.00                                         | \$138.51                                  | \$135.74                                                                                                       |
| 80777-0345-63 | mRESVIA® mRNA RSV Adult<br>2 X 1 Prefilled Syringes               | 53%                   | \$150.00                                     | \$0.75                                         | \$150.75                                  | \$147.00                                                                                                       |
| 80777-0345-61 | 10 X 1 Prefilled Syringes                                         | 53%                   | \$150.00                                     | \$0.75                                         | \$150.75                                  | \$147.00                                                                                                       |
| 80777-0500-20 | mFLUSIVA® mRNA influenza vaccine<br>10 X 1 Prefilled Syringes     | 35%                   | \$97.21                                      | \$0.75                                         | \$97.96                                   | \$95.27                                                                                                        |
| 80777-0114-96 | SPIKEVAX® mRNA COVID-19 (12+yrs)<br>10 X 1 Prefilled Syringes     | 39%                   | \$93.02                                      | \$0.00                                         | \$93.02                                   | \$91.16                                                                                                        |
| 80777-0115-80 | SPIKEVAX® mRNA COVID-19 (6mos-11yrs)<br>10 X 1 Prefilled Syringes | 37%                   | \$94.89                                      | \$0.00                                         | \$94.89                                   | \$92.99                                                                                                        |

#### Moderna Purchase Guidelines:

Order SPIKEVAX® and/or mNEXSPIKE® as your COVID-19 vaccine.

Pricing reflects a 2% Merck Moderna Portfolio Discount for those also purchasing Merck's VAXNEUVANCE® and CAPVAXIVE®.

The number of returnable COVID-19 Vaccine doses shall not exceed **25%**.

[Agree to the Terms & Conditions for participation, as applicable.](#)





## CPP Member Pricing

### Influenza Vaccines for the 2026-2027 Influenza Season

#### Sanofi Influenza Program Agreement

| NDC #                         | Description                        | On-Invoice Discount % | On-Invoice Price per Dose (w/out Excise Tax) | Federal Excise Tax per Dose (\$0.75/component) | On-Invoice Price per Dose (w/ Excise Tax) |
|-------------------------------|------------------------------------|-----------------------|----------------------------------------------|------------------------------------------------|-------------------------------------------|
| <b>FLUBLOK® TIV</b>           |                                    |                       |                                              |                                                |                                           |
| 49281-0726-10                 | 10 X 1 Prefilled Syringes          | 20%                   | \$68.54                                      | \$0.75                                         | \$69.29                                   |
| <b>FLUZONE® TIV</b>           |                                    |                       |                                              |                                                |                                           |
| 49281-0645-15                 | 5mL multi-dose vial, 10 doses/vial | 6%                    | \$17.60                                      | \$0.75                                         | \$18.35                                   |
| 49281-0426-50                 | 10 X 1 Prefilled Syringes          | 11%                   | \$17.83                                      | \$0.75                                         | \$18.58                                   |
| <b>FLUZONE® HIGH DOSE TIV</b> |                                    |                       |                                              |                                                |                                           |
| 49281-0126-65                 | 10 X 1 Prefilled Syringes          | 20%                   | \$68.54                                      | \$0.75                                         | \$69.29                                   |

#### CPP MEMBER BEST PRICE

Discounted Price per Dose plus  
2% Prompt Pay Discount,  
1% Online Ordering Discount,  
**AND CPP REBATE**  
(w/out Excise Tax)

\$65.81

\$16.90

\$17.12

\$65.81

#### Discount Opportunities Include:

2% Prompt Pay Discount with 90 day payment terms; 1% Online Ordering Discount

2% on FLUZONE® presentations by confirming reservation by **May 15, 2026**

**1% rebate** from CPP on all Sanofi influenza vaccines ordered directly through Sanofi by December 31, 2026.

#### Sanofi Purchase Guidelines:

Order Sanofi products for your seasonal influenza vaccines. Purchase vaccines directly from Sanofi (VaccineShop.com) and/or VaxServe.

Up to 15% of unused doses of each presentation of influenza vaccines can be returned for credit.

[Agree to the Terms & Conditions for participation, as applicable.](#)

#### Seqirus Influenza Program Agreement

| NDC #                 | Description               | On-Invoice Discount % | On-Invoice Price per Dose (w/out Excise Tax) | Federal Excise Tax per Dose (\$0.75/component) | On-Invoice Price per Dose (w/ Excise Tax) |
|-----------------------|---------------------------|-----------------------|----------------------------------------------|------------------------------------------------|-------------------------------------------|
| <b>FLUAD® TIV</b>     |                           |                       |                                              |                                                |                                           |
| 70461-0026-03         | 10 X 1 Prefilled Syringes | 22%                   | \$66.66                                      | \$0.75                                         | \$67.41                                   |
| <b>FLUCELVAX® TIV</b> |                           |                       |                                              |                                                |                                           |
| 70461-0656-03         | 10 X 1 Prefilled Syringes | 25%                   | \$32.02                                      | \$0.75                                         | \$32.77                                   |

#### CPP MEMBER BEST PRICE

Discounted Price per Dose plus  
2% Prompt Pay Discount  
**AND CPP REBATE**  
(w/out Excise Tax)

\$64.66

\$31.06

#### Discount Opportunities Include:

3% by confirming reservation directly with Seqirus by **May 1, 2026**. Go to flu360.com or call 855-358-8966 to create an account and place your reservation.

2% Prompt Pay Discount with 60 day payment terms

**1% rebate** from CPP on all Seqirus influenza vaccines ordered directly through Seqirus by December 31, 2026.

Up to 15% of unused doses of each brand product can be returned for credit.

[Agree to the Terms & Conditions for participation, as applicable.](#)

#### AstraZeneca Influenza Program Agreement

| NDC #                          | Description                          | On-Invoice Discount % | On-Invoice Price per Dose (w/out Excise Tax) | Federal Excise Tax per Dose (\$0.75/component) | On-Invoice Price per Dose (w/ Excise Tax) |
|--------------------------------|--------------------------------------|-----------------------|----------------------------------------------|------------------------------------------------|-------------------------------------------|
| <b>FLUMIST® TIV intranasal</b> |                                      |                       |                                              |                                                |                                           |
| 66019-0113-10                  | 10 X 1 Prefilled Intranasal Sprayers | 14%                   | \$22.53                                      | \$0.75                                         | \$23.28                                   |

#### CPP MEMBER BEST PRICE

Discounted Price per Dose plus  
14% Pre-Book Discount  
(w/out Excise Tax)

\$22.53

#### Discount Opportunities Include:

14% discount on doses reserved with an authorized distributor by **April 30, 2026**: AZ Customer Care (1-800-221-1638 or flumisthcp.com/howtoorder), McKesson (1-877-625-4358 or fluconnection@mckesson.com), FFF Enterprises (1-800-843-7477 or myfluvaccine.com), ASD Healthcare (1-800-746-6273) or Besse Medical (1-800-543-2111 or

For those ordering 100+ doses, up to 10% of doses in unopened boxes may qualify for replacement doses, if expiration date occurs in-season.

For those ordering 100+ doses, up to 20% of doses in unopened boxes may be returned for a full refund.

[Agree to the Terms & Conditions for participation, as applicable.](#)