

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.

This list is updated weekly.

This list is current as of 7/2/2024.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: [Fee Schedules and Rates - Mississippi Division of Medicaid \(ms.gov\)](https://www.ms.gov/healthcare/medicaid-division/fee-schedules-and-rates).

Vaccine Administration Fees	
1st Vaccine Dose	\$16.25
Additional Vaccine Dose	\$11.77
COVID Vaccine Dose	\$30.91

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate (\$)	Unit
42515000301	CHIKUNGUNYA VACCINE, LIVE/PF	IXCHIQ VIAL	VALNEVA	275.00000	EA
59267433102	COVID VAC 23-24 (5-11Y)RAXT/PF	PFIZER COVID 2023-24(5-11Y)EUA	PFIZER MANUFACT	256.66666	ML
80631010501	COVID VAC 23-24 XBB.1.5/ADJ/PF	NOVAVAX COVID 2023-24 VL (EUA)	NOVAVAX INC.	260.00000	ML
80631010502	COVID VAC 23-24 XBB.1.5/ADJ/PF	NOVAVAX COVID 2023-24 VL (EUA)	NOVAVAX INC.	260.00000	ML
80777010201	COVID VAC 23-24(12UP)(ANDU)/PF	SPIKEVAX 2023-24 (12Y UP) SYRG	MODERNA US, INC	259.00000	ML
80777010204	COVID VAC 23-24(12UP)(ANDU)/PF	SPIKEVAX 2023-24 (12Y UP) VIAL	MODERNA US, INC	256.00000	ML
80777010293	COVID VAC 23-24(12UP)(ANDU)/PF	SPIKEVAX 2023-24 (12Y UP) SYRG	MODERNA US, INC	259.00000	ML
80777010295	COVID VAC 23-24(12UP)(ANDU)/PF	SPIKEVAX 2023-24 (12Y UP) VIAL	MODERNA US, INC	256.00000	ML
80777010296	COVID VAC 23-24(12UP)(ANDU)/PF	SPIKEVAX 2023-24 (12Y UP) SYRG	MODERNA US, INC	259.00000	ML
00069236210	COVID VAC 23-24(12UP)(RAXT)/PF	COMIRNATY 2023-24(12Y UP) VIAL	PFIZER US PHARM	383.33333	ML
00069237710	COVID VAC 23-24(12UP)(RAXT)/PF	COMIRNATY 2023-24(12Y UP) SYRG	PFIZER US PHARM	430.00000	ML
00069239210	COVID VAC 23-24(12UP)(RAXT)/PF	COMIRNATY 2023-24(12Y UP) SYRG	PFIZER US PHARM	400.00000	ML
80777028707	COVID VAC 23-24(6M-11Y)ANDU/PF	MODERNA COVID 23-24(6M-11Y)EUA	MODERNA US, INC	512.00000	ML
80777028792	COVID VAC 23-24(6M-11Y)ANDU/PF	MODERNA COVID 23-24(6M-11Y)EUA	MODERNA US, INC	512.00000	ML
59676058005	COVID-19 VAC,AD26(JANSSEN)/PF	JANSSEN COVID-19 VACCINE (EUA)	JANSSEN BIOTECH	.00400	ML
59676058015	COVID-19 VAC,AD26(JANSSEN)/PF	JANSSEN COVID-19 VACCINE (EUA)	JANSSEN BIOTECH	.00400	ML
63361024310	DIP,PERT(A)TET/HEPB/POL/HIB/PF	VAXELIS VACCINE VIAL	MSP VACCINE COM	292.70200	ML

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.

This list is updated weekly.

This list is current as of 7/2/2024.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: [Fee Schedules and Rates - Mississippi Division of Medicaid \(ms.gov\)](https://www.ms.gov/healthcare/medicaid/fee-schedules).

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate (\$)	Unit
63361024315	DIP,PERT(A)TET/HEPB/POL/HIB/PF	VAXELIS VACCINE SYRINGE	MSP VACCINE COM	292.70200	ML
63361024358	DIP,PERT(A)TET/HEPB/POL/HIB/PF	VAXELIS VACCINE VIAL	MSP VACCINE COM	292.70000	ML
63361024388	DIP,PERT(A)TET/HEPB/POL/HIB/PF	VAXELIS VACCINE SYRINGE	MSP VACCINE COM	292.70000	ML
49281056210	DIPH,PERTUS(ACEL),TET,POLIO/PF	QUADRACEL DTAP-IPV VIAL	SANOFI-PASTEUR	118.41200	ML
49281056258	DIPH,PERTUS(ACEL),TET,POLIO/PF	QUADRACEL DTAP-IPV VIAL	SANOFI-PASTEUR	118.42000	ML
49281056410	DIPH,PERTUS(ACEL),TET,POLIO/PF	QUADRACEL DTAP-IPV VIAL	SANOFI-PASTEUR	118.41200	ML
49281056415	DIPH,PERTUS(ACEL),TET,POLIO/PF	QUADRACEL DTAP-IPV SYRINGE	SANOFI-PASTEUR	118.41200	ML
49281056458	DIPH,PERTUS(ACEL),TET,POLIO/PF	QUADRACEL DTAP-IPV VIAL	SANOFI-PASTEUR	118.42000	ML
49281056488	DIPH,PERTUS(ACEL),TET,POLIO/PF	QUADRACEL DTAP-IPV SYRINGE	SANOFI-PASTEUR	118.42000	ML
58160081252	DIPH,PERTUS(ACEL),TET,POLIO/PF	KINRIX TIP-LOK SYRINGE	GLAXOSMITHKLINE	116.15800	ML
49281028610	DIPH,PERTUSS(ACELL),TET PED/PF	DAPTACEL DTAP VACCINE	SANOFI-PASTEUR	54.12200	ML
49281028658	DIPH,PERTUSS(ACELL),TET PED/PF	DAPTACEL DTAP VACCINE	SANOFI-PASTEUR	54.12000	ML
58160081052	DIPH,PERTUSS(ACELL),TET PED/PF	INFANRIX DTAP SYRINGE	GLAXOSMITHKLINE	53.09000	ML
49281040010	DIPH,PERTUSS(ACELL),TET VAC/PF	ADACEL TDAP VIAL	SANOFI-PASTEUR	91.16000	ML
49281040020	DIPH,PERTUSS(ACELL),TET VAC/PF	ADACEL TDAP SYRINGE	SANOFI-PASTEUR	91.16400	ML
49281040058	DIPH,PERTUSS(ACELL),TET VAC/PF	ADACEL TDAP VIAL	SANOFI-PASTEUR	91.16000	ML
49281040089	DIPH,PERTUSS(ACELL),TET VAC/PF	ADACEL TDAP SYRINGE	SANOFI-PASTEUR	91.16000	ML
49281051105	DIPHT,PERT(A),TET-POLIO/HIB/PF	PENTACEL VIAL KIT	SANOFI-PASTEUR	110.77400	EA
58160084211	DIPHTH,PERTUSS(ACELL),TET VAC	BOOSTRIX TDAP VACCINE VIAL	GLAXOSMITHKLINE	90.28400	ML
58160084234	DIPHTH,PERTUSS(ACELL),TET VAC	BOOSTRIX TDAP VACCINE SYRINGE	GLAXOSMITHKLINE	85.10000	ML
58160084252	DIPHTH,PERTUSS(ACELL),TET VAC	BOOSTRIX TDAP VACCINE SYRINGE	GLAXOSMITHKLINE	90.28400	ML
49281056101	DTAP-IPV COMPONENT 1 OF 2/PF	PENTACEL DTAP-IPV COMPONENT VL	SANOFI-PASTEUR	215.10000	ML

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.

This list is updated weekly.

This list is current as of 7/2/2024.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: [Fee Schedules and Rates - Mississippi Division of Medicaid \(ms.gov\)](https://www.ms.gov/healthcare/medicaid/fee-schedules).

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate (\$)	Unit
70461042310	FLU VAC QS 23-24 (6MS UP) CELL	FLUCELVAX QUAD 2023-2024 VIAL	SEQIRUS, INC.	55.54600	ML
70461032303	FLU VAC QS 23-24(6MS UP)CEL/PF	FLUCELVAX QUAD 2023-2024 SYR	SEQIRUS, INC.	58.70000	ML
49281072210	FLU VAC QV 2022(18YR UP)RCM/PF	FLUBLOK QUAD 2022-2023 SYRINGE	SANOPI-PASTEUR	121.45400	ML
49281072288	FLU VAC QV 2022(18YR UP)RCM/PF	FLUBLOK QUAD 2022-2023 SYRINGE	SANOPI-PASTEUR	121.46000	ML
49281072310	FLU VAC QV 2023(18YR UP)RCM/PF	FLUBLOK QUAD 2023-2024 SYRINGE	SANOPI-PASTEUR	127.52600	ML
49281072388	FLU VAC QV 2023(18YR UP)RCM/PF	FLUBLOK QUAD 2023-2024 SYRINGE	SANOPI-PASTEUR	127.52000	ML
33332042310	FLU VACC QS 2023-24 (6 MOS UP)	AFLURIA QUAD 2023-2024 VIAL	SEQIRUS, INC.	36.94800	ML
49281063915	FLU VACC QS 2023-24 (6 MOS UP)	FLUZONE QUAD 2023-2024 VIAL	SANOPI-PASTEUR	35.37800	ML
49281063978	FLU VACC QS 2023-24 (6 MOS UP)	FLUZONE QUAD 2023-2024 VIAL	SANOPI-PASTEUR	35.37800	ML
70461012303	FLU VACC QS2023(65UP)/MF59C/PF	FLUAD QUAD 2023-2024 SYRINGE	SEQIRUS, INC.	134.46800	ML
33332032303	FLU VACC QS2023-24 36MOS UP/PF	AFLURIA QUAD 2023-24 (3YR UP)	SEQIRUS, INC.	40.08800	ML
19515081452	FLU VACC QS2023-24(6MOS UP)/PF	FLULAVAL QUAD 2023-2024 SYRING	GSK-ID BIOMEDIC	37.96000	ML
49281042350	FLU VACC QS2023-24(6MOS UP)/PF	FLUZONE QUAD 2023-2024 SYRINGE	SANOPI-PASTEUR	38.01200	ML
49281042388	FLU VACC QS2023-24(6MOS UP)/PF	FLUZONE QUAD 2023-2024 SYRINGE	SANOPI-PASTEUR	38.02000	ML
58160090952	FLU VACC QS2023-24(6MOS UP)/PF	FLUARIX QUAD 2023-2024 SYRINGE	GLAXOSMITHKLINE	37.96000	ML
66019031010	FLU VACC QV LIVE 2023(2-49YRS)	FLUMIST QUAD NASAL 2023-24 VAC	MEDIMMUNE/ASTRA	23.75000	EA
49281054503	HAEMOPH B POLY CONJ-TET TOX/PF	ACTHIB VACCINE WITH DILUENT	SANOPI-PASTEUR	12.17000	EA
49281054758	HAEMOPH B POLY CONJ-TET TOX/PF	ACTHIB VACCINE VIAL	SANOPI-PASTEUR	12.17000	EA

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.

This list is updated weekly.

This list is current as of 7/2/2024.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: [Fee Schedules and Rates - Mississippi Division of Medicaid \(ms.gov\)](https://www.ms.gov/healthcare/medicaid/fee-schedules-and-rates).

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate (\$)	Unit
58160072615	HAEMOPH B POLY CONJ-TET TOX/PF	HIBERIX VIAL AND DILUENT SYRG	GLAXOSMITHKLINE	12.05300	EA
58160081811	HAEMOPH B POLY CONJ-TET TOX/PF	HIBERIX VIAL WITH DILUENT VIAL	GLAXOSMITHKLINE	12.05300	EA
00006489700	HAEMPH B POLYSAC CONJ-MENIN/PF	PEDVAXHIB VACCINE VIAL	MERCK SHARP & D	57.91800	ML
58160081152	HEP B VACCINE/DP(A)T-POLIO/PF	PEDIARIX 0.5 ML SYRINGE	GLAXOSMITHKLINE	188.43400	ML
58160081552	HEPATITIS A AND B VACCINE/PF	TWINRIX VACCINE SYRINGE	GLAXOSMITHKLINE	124.69600	ML
00006409502	HEPATITIS A VIRUS VACCINE/PF	VAQTA 25 UNITS/0.5 ML SYRINGE	MERCK SHARP & D	73.97000	ML
00006409602	HEPATITIS A VIRUS VACCINE/PF	VAQTA 50 UNITS/ML SYRINGE	MERCK SHARP & D	78.22000	ML
00006483141	HEPATITIS A VIRUS VACCINE/PF	VAQTA 25 UNITS/0.5 ML VIAL	MERCK SHARP & D	73.97000	ML
00006484100	HEPATITIS A VIRUS VACCINE/PF	VAQTA 50 UNITS/ML VIAL	MERCK SHARP & D	79.49000	ML
00006484141	HEPATITIS A VIRUS VACCINE/PF	VAQTA 50 UNITS/ML VIAL	MERCK SHARP & D	78.22000	ML
58160082552	HEPATITIS A VIRUS VACCINE/PF	HAVRIX 720 UNIT/0.5 ML SYRINGE	GLAXOSMITHKLINE	74.51800	ML
58160082652	HEPATITIS A VIRUS VACCINE/PF	HAVRIX 1,440 UNIT/ML SYRINGE	GLAXOSMITHKLINE	82.11600	ML
43528000305	HEPATITIS B VACCINE/CPG1018/PF	HEPLISAV-B 20 MCG/0.5 ML SYRNG	DYNAVAX TECHNOL	295.26000	ML
75052000110	HEPATITIS B VIRUS VAC S,M,L/PF	PREHEVBRIO 10 MCG/ML VIAL	VBI VACCINES (D	64.75000	ML
00006409302	HEPATITIS B VIRUS VACCINE/PF	RECOMBIVAX HB 5 MCG/0.5 ML SYR	MERCK SHARP & D	52.73200	ML
00006409402	HEPATITIS B VIRUS VACCINE/PF	RECOMBIVAX HB 10 MCG/ML SYR	MERCK SHARP & D	66.07800	ML
00006498100	HEPATITIS B VIRUS VACCINE/PF	RECOMBIVAX HB 5 MCG/0.5 ML VL	MERCK SHARP & D	52.73200	ML
00006499200	HEPATITIS B VIRUS VACCINE/PF	RECOMBIVAX HB 40 MCG/ML VIAL	MERCK SHARP & D	180.62000	ML
00006499500	HEPATITIS B VIRUS VACCINE/PF	RECOMBIVAX HB 10 MCG/ML VIAL	MERCK SHARP & D	65.29000	ML

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.

This list is updated weekly.

This list is current as of 7/2/2024.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: [Fee Schedules and Rates - Mississippi Division of Medicaid \(ms.gov\)](https://www.ms.gov/healthcare/medicaid/fee-schedules-and-rates).

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate (\$)	Unit
00006499541	HEPATITIS B VIRUS VACCINE/PF	RECOMBIVAX HB 10 MCG/ML VIAL	MERCK SHARP & D	66.07800	ML
58160082052	HEPATITIS B VIRUS VACCINE/PF	ENGERIX-B PEDI 10 MCG/0.5 SYRN	GLAXOSMITHKLINE	55.34400	ML
58160082111	HEPATITIS B VIRUS VACCINE/PF	ENGERIX-B 20 MCG/ML VIAL	GLAXOSMITHKLINE	68.74000	ML
58160082152	HEPATITIS B VIRUS VACCINE/PF	ENGERIX-B 20 MCG/ML SYRN	GLAXOSMITHKLINE	68.74000	ML
49281054458	HIB CONJ-TET,COMPONENT 2OF2/PF	PENTACEL ACTHIB COMPONENT VIAL	SANOPI-PASTEUR	110.77000	EA
00006411903	HPV VACCINE 9-VALENT/PF	GARDASIL 9 VIAL	MERCK SHARP & D	573.57000	ML
00006412102	HPV VACCINE 9-VALENT/PF	GARDASIL 9 SYRINGE	MERCK SHARP & D	573.57000	ML
00006417100	MEASLES,MUMPS,RUB,VARICELLA/PF	PROQUAD VIAL	MERCK SHARP & D	267.14800	EA
00006468100	MEASLES,MUMPS,RUBELLA VACC/PF	M-M-R II VACCINE VIAL	MERCK SHARP & D	90.24400	EA
58160082415	MEASLES,MUMPS,RUBELLA VACC/PF	PRIORIX VIAL	GLAXOSMITHKLINE	90.24400	EA
00069060001	MENING A,C,Y,W COMP/N.MEN B/PF	PENBRAYA KIT	PFIZER LABS.	230.00000	EA
00069060005	MENING A,C,Y,W COMP/N.MEN B/PF	PENBRAYA KIT	PFIZER LABS.	230.00000	EA
49281058905	MENING VAC A,C,Y,W-135 DIP/PF	MENACTRA VIAL	SANOPI-PASTEUR	296.00000	ML
49281058958	MENING VAC A,C,Y,W-135 DIP/PF	MENACTRA VIAL	SANOPI-PASTEUR	296.00000	ML
58160082730	MENING VAC A,C,Y,W-135 DIP/PF	MENVEO 1 VIAL-A-C-Y-W-135-DIP	GLAXOSMITHKLINE	313.20200	ML
58160095509	MENING VAC A,C,Y,W-135 DIP/PF	MENVEO A-C-Y-W-135-DIP VIAL KT	GLAXOSMITHKLINE	156.60200	EA
49281059005	MENING VAC A,C,Y,W135,C-TET/PF	MENQUADFI VIAL	SANOPI-PASTEUR	332.46800	ML
49281059058	MENING VAC A,C,Y,W135,C-TET/PF	MENQUADFI VIAL	SANOPI-PASTEUR	332.46000	ML
58160097620	MENINGOCOCCAL B VACCINE,4-COMP	BEXSERO PREFILLED SYRINGE	GLAXOSMITHKLINE	445.99200	ML
00005010005	N.MENINGITIDIS B,LIPID FHBP RC	TRUMENBA 120 MCG/0.5 ML VACCIN	WYETH/PFIZER	379.02400	ML
00005010010	N.MENINGITIDIS B,LIPID FHBP RC	TRUMENBA 120 MCG/0.5 ML VACCIN	WYETH/PFIZER	379.02400	ML

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.

This list is updated weekly.

This list is current as of 7/2/2024.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: [Fee Schedules and Rates - Mississippi Division of Medicaid \(ms.gov\)](https://www.ms.gov/healthcare/medicaid/fee-schedules-and-rates).

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate (\$)	Unit
00005197101	PNEUMOC 13-VAL CONJ-DIP CRM/PF	PREVNAR 13 SYRINGE	WYETH/PFIZER	226.80000	ML
00005197102	PNEUMOC 13-VAL CONJ-DIP CRM/PF	PREVNAR 13 SYRINGE	WYETH/PFIZER	451.36200	ML
00005197105	PNEUMOC 13-VAL CONJ-DIP CRM/PF	PREVNAR 13 SYRINGE	WYETH/PFIZER	465.52000	ML
00006432902	PNEUMOC 15-VAL CONJ-DIP CRM/PF	VAXNEUVANCE 0.5 ML SYRINGE	MERCK SHARP & D	457.50000	ML
00006432903	PNEUMOC 15-VAL CONJ-DIP CRM/PF	VAXNEUVANCE 0.5 ML SYRINGE	MERCK SHARP & D	443.59200	ML
00005200002	PNEUMOC 20-VAL CONJ-DIP CRM/PF	PREVNAR 20 SYRINGE	WYETH/PFIZER	538.02000	ML
00005200010	PNEUMOC 20-VAL CONJ-DIP CRM/PF	PREVNAR 20 SYRINGE	WYETH/PFIZER	521.62000	ML
00006434702	PNEUMOC 21-VAL CONJ-DIP CRM/PF	CAPVAXIVE 0.5 ML SYRINGE	MERCK SHARP & D	574.00000	ML
00006483703	PNEUMOCOCCAL 23-VAL P-SAC VAC	PNEUMOVAX 23 SYRINGE	MERCK SHARP & D	234.16200	ML
00006494300	PNEUMOCOCCAL 23-VAL P-SAC VAC	PNEUMOVAX 23 VIAL	MERCK SHARP & D	234.16200	ML
49281086010	POLIOMYELITIS VACCINE, KILLED	IPOL VIAL	SANOFI-PASTEUR	83.77600	ML
49281086078	POLIOMYELITIS VACCINE, KILLED	IPOL VIAL	SANOFI-PASTEUR	83.77600	ML
58160074021	ROTAVIRUS VAC,LIVE ATT, 89-12	ROTARIX VACCINE ORAL SYRINGE	GLAXOSMITHKLINE	91.99400	ML
58160085452	ROTAVIRUS VAC,LIVE ATT, 89-12	ROTARIX VACCINE SUSPENSION	GLAXOSMITHKLINE	137.99100	ML
00006404720	ROTAVIRUS VACCINE,LIVE ORAL PV	ROTATEQ VACCINE	MERCK SHARP & D	47.60600	ML
00006404741	ROTAVIRUS VACCINE,LIVE ORAL PV	ROTATEQ VACCINE	MERCK SHARP & D	47.60600	ML
00069034401	RSV VACC, PREF A AND PREF B/PF	ABRYSVO VIAL WITH DILUENT	PFIZER US PHARM	295.00000	EA
00069034405	RSV VACC, PREF A AND PREF B/PF	ABRYSVO VIAL WITH DILUENT	PFIZER US PHARM	295.00000	EA
80777034501	RSV VACCINE, PREF, MRNA/PF	MRESVIA 50 MCG/0.5 ML SYRINGE	MODERNA US, INC	580.00000	ML
80777034590	RSV VACCINE, PREF, MRNA/PF	MRESVIA 50 MCG/0.5 ML SYRINGE	MODERNA US, INC	580.00000	ML

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.

This list is updated weekly.

This list is current as of 7/2/2024.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: [Fee Schedules and Rates - Mississippi Division of Medicaid \(ms.gov\)](https://www.ms.gov/MS-Health-Care/MS-Medicaid/MS-Medicaid-Fee-Schedules-and-Rates).

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate (\$)	Unit
80777034596	RSV VACCINE, PREF, MRNA/PF	MRESVIA 50 MCG/0.5 ML SYRINGE	MODERNA US, INC	580.00000	ML
58160084811	RSVPREF3 ANTIGEN/AS01E/PF	AREXVY VIAL KIT	GLAXOSMITHKLINE	280.00000	EA
50632000101	SMALLPOX AND MPOX LIVE VACC/PF	JYNNEOS 0.5 ML VIAL	BAVARIAN NORDIC	.02000	ML
50632000102	SMALLPOX AND MPOX LIVE VACC/PF	JYNNEOS 0.5 ML VIAL(STOCKPILE)	BAVARIAN NORDIC	.02000	ML
50632000103	SMALLPOX AND MPOX LIVE VACC/PF	JYNNEOS 0.5 ML VIAL	BAVARIAN NORDIC	540.00000	ML
13533013101	TETANUS, DIPHTHERIA TOX,ADULT	TDVAX VIAL	GRIFOLS THERAPE	55.97000	ML
14362011103	TETANUS, DIPHTHERIA TOX,ADULT	TDVAX VIAL	MASS BIOLOGICS	35.98000	ML
49281021510	TETANUS-DIPHTHERIA TOXOIDS/PF	TENIVAC VIAL	SANOFI-PASTEUR	71.20400	ML
49281021515	TETANUS-DIPHTHERIA TOXOIDS/PF	TENIVAC SYRINGE	SANOFI-PASTEUR	71.20400	ML
49281021558	TETANUS-DIPHTHERIA TOXOIDS/PF	TENIVAC VIAL	SANOFI-PASTEUR	71.20000	ML
49281021588	TETANUS-DIPHTHERIA TOXOIDS/PF	TENIVAC SYRINGE	SANOFI-PASTEUR	71.20000	ML
00006482700	VARICELLA VACCINE LIVE/PF	VARIVAX VACCINE WITH DILUENT	MERCK SHARP & D	173.57300	EA
58160081912	VARICELLA-ZOSTER GE/AS01B/PF	SHINGRIX VIAL KIT	GLAXOSMITHKLINE	197.90000	EA
58160082311	VARICELLA-ZOSTER GE/AS01B/PF	SHINGRIX VIAL KIT	GLAXOSMITHKLINE	197.89500	EA