

CCPA Purchasing Partners

Vaccine Contracting & Compliance Form

Prior to completing this form, please review the compliance requirements outlined below as well as the information provided in CCPAPP's *Vaccine Contracting Guide* (www.ccpapp.org/vendor-partners/vaccine-forms/).

Once your practice understands the requirements of each contract, please complete **all four sections** of this form. Completed forms may be emailed to CCPAPP at applications@ccpapp.org or faxed to **888.276.2344**.

You may also complete this form online by logging into your account on the CCPAPP website and clicking on Vaccine Contracting & Compliance (<https://www.ccpapp.org/members/>)

For questions, please call **312.227.7508** or email info@ccpapp.org

SECTION I: Participation in CCPAPP's Contracts with Merck and Sanofi Pasteur

Members may select one (1) of the options in this section. If no option is selected, your practice will not be enrolled in either contract.

Merck and Sanofi Pasteur Contracts

My practice fully supports CCPA Purchasing Partners' **Merck and Sanofi Pasteur** contracts by agreeing to purchase Merck's Hepatitis A (Vaqta), Hepatitis B (Recombivax HB), MMR (M-M-R II), Varicella (Varivax), HPV (Gardasil/Gardasil9), Rotavirus (RotaTeq), and Pneumococcal (Pneumovax23) vaccine products as needed. My practice also agrees to purchase Sanofi Pasteur's Polio, Pertussis, HIB products (Pentacel, IPOL, DAPTACEL, and Quadracel), Meningococcal (Menactra), and Tdap (Adacel) vaccine products as needed. By selecting this option, my practice agrees **not** to purchase Merck's Pedvax HIB, GlaxoSmithKline's Infanrix, Havrix, Engerix-B, Kinrix, Twinrix, Hiberix, Cervarix, Rotarix, and Pediarix products, Novartis' Menveo product, and/or any other vaccine product that competes with the Merck and Sanofi products noted above. It is understood that failure to comply with these compliance terms may result in price increases, loss of administrative awards, and termination of my practice from CCPAPP's Merck and/or Sanofi Pasteur contract(s).

If available, please provide your Merck Account # _____ and your Sanofi Pasteur Customer # _____

Please also complete and return the Sanofi Pasteur General Information Form if you have not done so previously.

*If you do **not** have a Merck and/or a Sanofi Pasteur ordering account, please complete the required Merck New Account application and/or Sanofi Pasteur New Customer Form and submit the documents directly to the vaccine manufacturer. Please inform CCPAPP once you have received your new account number(s) so that we may proceed with linking your account(s) to our agreements.*

Merck Contract Only

My practice fully supports CCPA Purchasing Partners' **Merck** contract by agreeing to purchase Merck's Hepatitis A (Vaqta), Hepatitis B (Recombivax HB), MMR (M-M-R II), Varicella (Varivax), HPV (Gardasil/Gardasil9), Rotavirus (RotaTeq), HIB (PeVax HIB) and Pneumococcal (Pneumovax23) vaccine products as needed. By selecting this option, my practice agrees **not** to purchase GlaxoSmithKline's Havrix, Engerix-B, Twinrix, Hiberix, Cervarix, Rotarix, and Pediarix products, and/or any other vaccine product that competes with the Merck products noted above. It is understood that failure to comply with these compliance terms may result in price increases, loss of administrative awards, and termination of my practice from CCPAPP's Merck contract.

If available, please provide your Merck Account # _____. *If you do **not** have a Merck ordering account, please complete the required Merck New Account application (www.ccpapp.org/vendor-partners/vaccine-forms/) and submit it directly to Merck. Please inform CCPAPP once you have received your new account number so that we may proceed with linking your account to our agreement.*

Sanofi Pasteur Contract Only

My practice fully supports CCPA Purchasing Partners' **Sanofi Pasteur** contract by agreeing to purchase Sanofi Pasteur's Polio, Pertussis, HIB products (Pentacel, IPOL, DAPTACEL, and Quadracel), Meningococcal (Menactra), and Tdap (Adacel) vaccine products as needed. By selecting this option, my practice agrees **not** to purchase Merck's Pedvax HIB, GlaxoSmithKline's Infanrix, Havrix, Engerix-B, Kinrix, Twinrix, Hiberix, Cervarix, Rotarix, and Pediarix products, Novartis' Menveo product, and/or any other vaccine product that competes with the Merck and Sanofi products noted above. It is understood that failure to comply with these compliance terms may result in price increases, loss of administrative awards, and termination of my practice from CCPAPP's Sanofi Pasteur contract.

If available, please provide your Sanofi Pasteur Customer # _____. **Please also complete and return the Sanofi Pasteur General Information Form if you have not done so previously.** *If you do **not** have a Sanofi Pasteur ordering account, please complete the required Sanofi Pasteur New Customer Form (www.ccpapp.org/vendor-partners/vaccine-forms/) and submit it directly to Sanofi Pasteur. Please inform CCPAPP once you have received your new account number so that we may proceed with linking your account to our agreement.*

Merck and Sanofi Pasteur Contracts Declination

My practice will not be participating in any of the above Merck and/or Sanofi Pasteur contracting options at this time. It is understood that CCPAPP's contracted savings with Merck and/or Sanofi Pasteur are offered only to member practices that have elected to participate in the respective contract(s) and have signed and submitted this form. Should my practice choose to participate at a later time, it is understood that a new *Vaccine Contracting & Compliance Form* must be submitted.

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CCPA Purchasing Partners

Vaccine Contracting & Compliance Form (continued)

SECTION II: Participation in CCPAPP's Contract with Pfizer

Members may select one (1) of the options in this section. If no option is selected, your practice will not be enrolled in this contract.

Pfizer Contract

My practice fully supports CCPA Purchasing Partners' **Pfizer** contract by agreeing to purchase Pfizer's Serogroup B Meningococcal (Trumenba) vaccine product as needed. By selecting this option, my practice agrees **not** to purchase GlaxoSmithKline's Bexsero product and/or any other vaccine product that competes with Trumenba.

If available, please provide your Pfizer Account# _____. If you do not have a Pfizer ordering account, please complete the required Pfizer New Ordering Account application (www.ccpapp.org/vendor-partners/vaccine-forms/) and submit it directly to Pfizer. Please inform CCPAPP once you have received your new account number so that we may proceed with linking your account to our agreement.

Pfizer Contract Declination

My practice will not be participating in the Pfizer contracting option at this time. It is understood that CCPAPP's contracted savings with Pfizer is offered only to members that have signed and submitted this form electing to participate in the Pfizer contract. Should my practice choose to participate at a later time, it is understood that a new *Vaccine Contracting & Compliance Form* must be submitted.

SECTION III: Participation in CCPAPP's Contract with MedImmune

Members may select one (1) of the options in this section. If no option is selected, your practice will not be enrolled in this contract.

MedImmune Contract

My practice would like to participate in CCPA Purchasing Partners' **MedImmune** contract for FluMist. I understand that in order to receive CCPAPP's contracted discounts, I must purchase FluMist through McKesson or another distributor authorized by MedImmune.

To participate in the MedImmune agreement, please complete the required MedImmune GPO Declaration Form (www.ccpapp.org/vendor-partners/vaccine-forms/) and submit it directly to MedImmune. Please provide CCPAPP with a copy of your Declaration Form so we may help to ensure that your practice is linked to the agreement.

MedImmune Contract Declination

My practice will not be participating in the MedImmune contracting option at this time. It is understood that CCPAPP's contracted savings with MedImmune is offered only to member practices that have elected to participate in the MedImmune contract and have signed and returned MedImmune's GPO Declaration Form. Should my practice choose to participate at a later time, it is understood that a new *Vaccine Contracting & Compliance Form* must be submitted.

SECTION IV: Acceptance to Compliance Terms and Own-Use Requirements

On behalf of my practice, I understand and agree to the compliance terms listed for the contract option(s) selected on this form. I understand that CCPAPP's discounted pricing applies only to the contract(s) selected on this form and that pricing through another manufacturer or distributor is at the discretion of that vendor.

Additionally, I understand and agree that any vaccine product purchased under any of CCPAPP's contract options selected on this form is sold to members of CCPAPP for their "own use" and no such product purchased hereunder by my practice may be commercially resold to any other person or entity.

Practice Name

Practice Phone

Practice Address, Suite, City, State, Zip

Authorizing Physician Name (Please Print)

Authorizing Physician Signature

Date

Please complete
and email pages 1
and 2 of this form
to: info@ccpapp.org
or fax to:
888.276.2344

For questions or to obtain any of the vaccine applications/participation forms, please call CCPAPP at 312.227.7508 or email info@ccpapp.org. All forms can also be found at www.ccpapp.org/vendor-partners/vaccine-forms/