

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* (<https://www.ccpapp.org/members/links-resources/>).

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 or MenQuadfi), and Tdap (Adacel) vaccine products as needed.

If available, please provide your Merck Account # _____, the DEA # associated with this 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.

If available, please provide your Merck Account # _____. If available, please provide the DEA # associated with this 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 or MenQuadfi), and Tdap (Adacel) vaccine products as needed.

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) and/or Pfizer's Pneumococcal Pneumonia (Prevnar 13) vaccine products, as needed.

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 AstraZeneca

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.

AstraZeneca Contract

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

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

AstraZeneca Contract Declination

My practice will not be participating in the AstraZeneca contracting option at this time. It is understood that CCPAPP's contracted savings with AstraZeneca is offered only to member practices that have elected to participate in the AstraZeneca contract and have signed and returned AstraZeneca'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.

To help ensure that your practice is accurately linked to our discounts, CCPAPP may provide your practice name, address, and/or other information listed on this form to any or all of our business partners. Please check this box to acknowledge that you are aware that your information may be shared. **Please note: CCPAPP cannot process your form unless this box has been checked.**

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