

CCPA Purchasing Partners Vaccine Contracting & Compliance Form

Completed forms may be emailed to CCPA Purchasing Partners (CCPAPP) at applications@ccpapp.org or faxed to **888.276.2344**.

For questions, please call Paresh Patel, Director of Operations, at **312.227.7436** or email info@ccpapp.org.

SECTION I:

Merck

My practice fully supports CCPAPP's 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.

Merck Contract

Merck Account # _____

DEA # associated with this Merck Account: _____

Decline Merck Contract

Sanofi Pasteur

My practice fully supports CCPAPP's Sanofi Pasteur contract by agreeing to purchase Sanofi Pasteur's Polio, Pertussis, HIB products (Pentacel, IPOL, DAPTACEL, and Quadracel), Meningococcal (Menactra or MenQuadfi), Tdap (Adacel), and/or DTaP, Polio, Haemophilus b Conjugate and Hepatitis B (VAXELIS - Base Pricing) vaccine products.

Sanofi Pasteur Contract

Sanofi Pasteur Customer # _____

Please also complete and return the Sanofi Pasteur General Information Form which is available on our website: www.https://www.ccpapp.org/vendor-partners/vaccine-forms/.

Decline Sanofi Pasteur Contract

Merck and Sanofi Pasteur VAXELIS Performance Contract

My practice intends to participate in CCPAPP's Vaxelis Performance Contract and agrees to the following: Utilize Vaxelis for the three dose Primary Series (two, four, six months). Commit to purchases of Vaxelis for the full three dose primary series by direct purchase from Sanofi Pasteur using a VaccineShoppe account.

Merck and Sanofi Pasteur Vaxelis Performance Contract

Sanofi Pasteur Customer # _____

Please also complete and return the Sanofi Pasteur General Information Form which is available on our website: www.https://www.ccpapp.org/vendor-partners/vaccine-forms/.

Decline Merck and Sanofi Pasteur Vaxelis Performance Contract

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SECTION II:

Pfizer

My practice fully supports CCPAPP's Pfizer contract by agreeing to purchase Pfizer's Serogroup B Meningococcal (Trumenba) and/or Pfizer's Pneumococcal Pneumonia (**Pprevnar 13**) vaccine products.

Pfizer Contract

Pfizer Account # _____

Decline Pfizer Contract

SECTION III:

AstraZeneca

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.

AstraZeneca Contract

Decline AstraZeneca Contract

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

Phone

Address, Suite, City, State, Zip

Authorizing Physician Name (Please Print)

Authorizing Physician Signature

Date

Please return this form to:
applications@ccpapp.org or by fax at 888.276.2344