

CASA PHYSICIANS ALLIANCE PARTICIPATION AGREEMENT

Sanofi Pasteur Participation Terms

The following vaccines listed are Core Products to the performance of CASA Physicians Alliance Contract with Sanofi Pasteur and should be purchased through Sanofi Pasteur in lieu of equivalent vaccines from any other vendors.

Core Products and other vaccine products available with Sanofi Pasteur participation are itemized with the enclosed CASA/Sanofi pricing

- | | |
|-------------|-----------------------|
| > Pentacel | > ADACEL |
| > Quadracel | > ActHIB |
| > Daptacel | > Menactra/ MenQuadfi |
| > IPOL | |

CASA Members

- > Are eligible to receive a 2% discount for paying invoices within 90 days and an additional 1% online discount for ordering thru VaccineShope.com
 - > Sanofi promotions and discounts are in addition to CASA discounts on all eligible vaccines.
 - > Receive discount pricing on all Sanofi Influenza vaccines.
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Merck Participation Terms

The following vaccines listed are Core Products to the performance of the CASA Physicians Alliance Contract with Merck and should be purchased through Merck or one of the Prime Distributors approved by Merck in lieu of equivalent vaccines from any other vendors. Core Products and other vaccine products available with Merck participation are itemized on the CASA/Merck pricing schedule.

- > VAQTA (Hep A pediatric/ adolescent formulation)
- > RotaTeq

**** If your patient population does not utilize one or more of the core antigens you are not required to purchase these vaccines for compliance. (example: OB/GYN provider purchasing Gardasil®9 only)**

- > Best Discount Option: CASA Members are eligible to receive a 2% discount for paying invoices within 90 days and an **additional 1% online discount** for ordering thru VaxServe.com or VaccineShope.com (CASA preferred Prime Distributer).
- > Members have the option of ordering Merck vaccines “***directly***” from the manufacturer or purchasing them “***indirectly***” from a Prime Distributor; such as www.vaccineshoppe.com or www.Vaxserve.com
- > Special Merck promotions and discounts are in addition to CASA discounts on all eligible vaccines.
- > Other Merck Prime Distributors are listed at: www.merckvaccines.com
- > Merck requires an Account Number for participation to purchase **directly** from Merck thru www.merckvaccines.com or by calling 1-800-637-2590
- > A DEA number is required for participation to purchase Merck vaccines *indirectly* thru a Prime Distributor listed on merckvaccines.com a Merck direct account is not necessary if purchasing indirectly.

Pfizer- Trumenba® Participation Terms

Pfizer portal information will be provided once the completed CASA Physicians Alliance Participation Agreement is received. CASA members may choose to participate to receive contract pricing for either Prevnar13 or Trumenba® or opt in for both vaccines.

Members who participate to receive discounts from CASA for Trumenba® should demonstrate buying loyalty by purchasing Trumenba® doses in lieu of equivalent vaccines from any other vendors.

- Members may order Trumenba® directly from Pfizer.
 - Members are eligible to receive a discount of 2% for paying invoices within 75 days.
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Pfizer- Prevnar13 Participation Terms

- Members who participate may order directly from Pfizer
 - Members are eligible to receive a 2% discount for prompt payment of invoices within 75 days.
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AstraZeneca Pharmaceuticals LP, FluMist® Quadrivalent Influenza Vaccine Live, Intranasal

To participate: Complete the included AstraZeneca Group Purchasing Declaration Form and return to CASA for processing via fax or email. You will be notified once you have been added to the CASA membership for AstraZeneca.

The completion of CASA Physicians Alliance Program Participation Agreement is **NOT a binding** contract, but an agreement to comply with member compliance requirements described.

- There are no fees to join, participation is **FREE**.
- Participating members may discontinue participation at any time by notifying CASA Physicians Alliance and we will notify our participating vendors on your behalf.

CASA contract pricing should remain confidential for your personal review only.

Please review the included CASA Physicians Alliance Program Terms and Conditions.

Account Set Up For- Sanofi- Merck- Pfizer

Sanofi- Go to: www.vacineshoppe.com to apply for a Sanofi account or call 1-800-822-2463

Or Go to: www.vaxserve.com and set up your VaxServe Account.

Merck- A DEA number is required for participation to purchase Merck vaccines “indirectly” through Merck Prime Distributors. The preferred CASA/ Merck Prime Distributors are www.vaxserve.com and www.vaccineshoppe.com. For a list of Prime Distributors or if you would like to set up a Merck direct purchase account go to www.merckvaccines.com or call 1-800-637-2590

Please contact us if you have any questions or would like more information about CASA Physicians Alliance, we will welcome the opportunity to discuss the benefits of becoming a CASA member,

Sincerely,



Joseph D. Dixon
President, CASA Physicians Alliance

Casa Physicians Alliance sincerely thanks you for your confidence in us; a confidence we strive to earn each day. Should you need any assistance while completing this document, please do not hesitate to call our toll-free number, 866-434-9974

CASA PHYSICIANS ALLIANCE PARTICIPATION AGREEMENT

I desire to participate in the CASA Physicians Alliance purchasing group. I understand, accept and agree to the terms and conditions attached to and incorporated by reference in this Participation Agreement. Check the box(es) indicating desired participation below.

I understand that my clinic must be enrolled in *both* the Sanofi Pasteur and Merck programs to qualify for the CASA Incentives Reward Program which provides performance rewards in addition to other program discounts.

Sanofi Pasteur	Acct#	_____
Merck	Acct# and/or DEA#	_____
Pfizer Vaccines	Acct# and/or DEA#	_____
AstraZenica		<u>Complete and Return Included Declaration Form</u>

Provider Name	DEA Number
<div></div>	<div></div>

When complete, please fax or email, along with other program forms to info@casaalliance.net or 866-243-9904

<div>Practice Name</div>	<div>Address</div>
<div>City</div>	<div>State</div> <div>Zip Code</div>
<div>Phone Number</div>	<div>Fax Number</div>
<div>Office Contact</div>	<div>Office Contact Email Address</div>
<div>Doctor's Printed Name</div>	<div>DEA Number (Required)</div>
<div>Doctor's Signature</div>	<div>Date</div>

Email completed form to: 866-243-9904 or email to: info@casaalliance.net

You will be contacted upon receipt of the agreement.

Please attach IRS Form W-9 if you would like to participate in our Incentive Rewards Program.

Casa Physicians Alliance sincerely thanks you for your confidence in us; a confidence we strive to earn each day. Should you need any assistance while completing this document, please do not hesitate to call our toll-free number, 866-434-9974