

# 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
- > Quadracel
- > Daptacel
- > IPOL
- > ADACEL
- > ActHIB
- > Menactra/ MenQuadfi

## CASA Members

- > Are eligible to receive a 2% discount for paying invoices within 90 days and an additional 1% online discount for ordering thru VaccineShoppe.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 [www.vaxserve.com](http://www.vaxserve.com) or [www.vacineshoppe.com](http://www.vacineshoppe.com) (CASA preferred Prime Distributor).
  - > Special Merck promotions and discounts are in addition to CASA discounts on all eligible vaccines.
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## Dynavax- Heplisav-B® Participation Terms

Casa Members are eligible and will be automatically enrolled to receive contract pricing on Heplisav-B vaccine from Dynavax, there is NO obligation to purchase Heplisav-B® vaccines from an approved Dynavax distributor once enrolled.

- > 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 VaccineShoppe.com (CASA preferred distributor). Approved distributors include AndaMEDS, Besse Medical, Henry Schein, and McKesson Medical.
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## 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.

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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.*

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### Account Set Up For- Sanofi- Merck- Pfizer

**Sanofi-** Go to: [www.vacineshoppe.com](http://www.vacineshoppe.com) to apply for a Sanofi account or call 1-800-822-2463  
Or Go to: [www.vaxserve.com](http://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](http://www.vaxserve.com) and [www.vacineshoppe.com](http://www.vacineshoppe.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](http://www.merckvaccines.com) or call 1-800-637-2590

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**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# \_\_\_\_\_  
AstraZeneca                              Complete and Return Included Declaration Form \_\_\_\_\_

Provider Name	DEA Number

When complete, please fax or email, along with other program forms to [info@casaalliance.net](mailto:info@casaalliance.net) or 866-243-9904

Practice Name	Address	
City	State	Zip Code
Phone Number	Fax Number	
Office Contact	Office Contact Email Address	
Provider's Printed Name	DEA Number (Required)	
Provider's Signature	Date	

**Email completed form to:866-243-9904 or email to: [info@casaalliance.net](mailto: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

## Terms and Conditions

### **Description of Service**

Group purchasing programs are and will be established and subsequently communicated to CASA Physicians Alliance members allowing them to purchase directly or indirectly from defined third party vendors that provide eligible CASA members discounts on specific products and/or services. Utilization of each vendor program by the participant is free of charge and voluntary.

### **Authority**

Participant agrees that CASA Physicians Alliance will on their behalf, negotiate purchasing programs with designated vendors that provide specific discounts to them. Participant agrees that each third party vendor has the exclusive right to approve or disapprove them as a CASA Member to receive their specific discounts. CASA Physicians Alliance does not guarantee that any individual vendor will accept them to participate in any discount buying program offered through CASA Physicians Alliance. CASA will provide the Participant prompt notification of any denied approval by an individual vendor partner to receive discounts that have been requested.

### **Purpose**

CASA Physicians Alliance limits its purpose on behalf of our members to the negotiation of discount program agreements with each vendor partner with which it engages. CASA Physicians Alliance extends membership and the benefits thereof only to Participants that demonstrate eligibility by showing purchasing loyalty as outlined in the Participation Agreement to the vendor partners with whom they have requested to receive purchasing discounts from. CASA agrees to monitor member compliance with the Participation Agreement and determine member eligibility utilizing member purchasing history provided to us by each individual vendor partner. CASA reserves the right to terminate membership to any participant without cause, or with cause due to non-compliance with the Participation Agreement.

### **Eligibility**

Member Participants are eligible to receive CASA Member discounts only from the Vaccine Vendor Partners that they have asked to receive discounts and have been subsequently approved to receive those discounts from. Participant Eligibility will be reviewed monthly by CASA Physicians Alliance and determination made as to whether the Participant eligibility will continue or will be terminated. If terminated, the Participant will be notified via Certified U.S. Mail of termination and notification will be provided to the respective Vaccine Vendor Partner of the termination. CASA makes no guarantees that any vendor partner will accept and approve any individual participant to receive CASA member discounts.

### **Confidentiality**

Eligible Participating Members understand and agree that any Pricing, benefits, terms and conditions contained in or being a part of materials provided to the member by CASA and or any of CASA's third party vendor partners is to be held by the member in a confidential manner and is not be disclosed to any outside person or party.

### **Vendor Agreements**

CASA Physicians Alliance makes reasonable efforts to negotiate agreements with third party vendors with the goal of obtaining favorable terms, conditions and provisions for eligible members. CASA will notify participating eligible members of terms, conditions, provisions, pricing, discounts and product availability as changes and updates become available in a reasonable timeframe to our eligible members via U.S. Mail, and or Electronic Mail.

Eligible members will acknowledge via their Participation Agreements with CASA that any and all Covered Products purchased under this Agreement are sold to Eligible Members for their "Own Use" and no Covered Product purchased hereunder may be commercially resold to any other entity or person.

**Member Reporting Responsibilities – If Applicable**

Eligible CASA Members must report if required to do so, the net effective price of vaccines discounted under this agreement with CASA to the U.S. Department of Health and Human Services, Medicare Part D PDP and MA-PD Plans enrollees and other individuals to the extent required under applicable federal or state law. Without limitation of the foregoing, all discounts paid by Merck under this Agreement, and any other information that must be disclosed under applicable law, shall be disclosed to the Centers for Medicare and Medicaid Services ("CMS") in accordance with (i) CMS guidance (as it may be revised from time to time), (ii) any disclosure requirements in CASA and its Eligible Clinic's contracts with Medicare Part D plans or other third parties; and (iii) any other disclosures or reporting obligations or requirements imposed by federal or state laws, regulations, or guidance. Confidential treatment shall be requested for any disclosures made to CMS and Medicare Part D Plans to the extent permitted by law.

**Member Purchasing Activities**

Participant understands and agrees that CASA may solicit, receive and maintain data concerning the members purchasing activities, including summary sales data directly from the Participant, and/or from suppliers and third party vendors. Information may be used to determine member compliance and purchasing habits. Participant agrees to give CASA permission to receive this information directly from suppliers and third-party vendors that include but are not limited to Sanofi Pasteur, Merck, Pfizer, VaxServe and AstraZeneca.

Participant understands and agrees that any disputes that arise between the Participant and any third party vendor associated with this agreement that include but not be limited to invoices, payments, warranties, product returns, claims or product effectiveness will be resolved directly between the Participant and the applicable third party vendor

**Costs and Administrative Fees**

Participant acknowledges that Casa charges administrative fees to third party vendors that furnish goods and services under the program to program participants. These administrative fees are fixed at three percent or less of the purchase price of the goods or services covered by the individual third party vendor agreements between Casa and the third party vendors. Casa retains these fees to cover its costs and the Participant is not entitled to any portion of these administrative fees unless otherwise agreed to by Casa. Casa reserves the right to share a portion of the administrative fees collected with its eligible members under certain terms and conditions. By law, records of administrative fees collected by Casa from each third party vendor will be disclosed at least annually to all Program Participants and, upon request to the Secretary of the United States Department of Health and Human Services.

**Safe Harbor Compliance**

Casa and Participants intend to comply with the requirements of the group purchasing organization safe harbor and discount safe harbor to the federal Anti-Kickback Statute (42 C.F.R. § 1001.952 (j)) as it relates to conducting business under the Participation Agreement. Participants agree to follow record keeping and reporting requirements by the Local, State and Federal Government as it pertains to vaccine purchases and utilization.

**Termination**

Casa and Participant AGREE that either party may terminate the Participation Agreement with or without cause, by providing the other party with written notice via U.S. Mail or Electronic Mail.

**Participation Effective Date**

The effective date for Participation in any of the discount programs offered by CASA is the Effective date that each individual third party vendor accepts and approves the Participant to receive their respective CASA member discounts.