

CCPA Purchasing Partners

Pfizer Vaccine Participation Form

Members may enroll in the CCPAPP-Pfizer agreement to receive discounted pricing on Pfizer's Trumenba vaccine by completing and submitting this form to CCPAPP. **Please note that discounted pricing on Trumenba is only eligible for direct purchases made with Pfizer.** Trumenba may be purchased indirectly through McKesson; however, discounted pricing is not guaranteed; Members who choose to purchase indirectly should confirm pricing with McKesson.

All information on this form must be accurate and complete to ensure timely processing. Once CCPAPP has received this form, please allow up to **15 business days** to become effective and receive the contracted discount on *direct purchases of Trumenba made with Pfizer*. Please verify contract participation prior to placing your first order.

Step 1: Elect How Your Practice Will Purchase (only one option may be selected on this form)

☐ Direct with Pfizer ☐ Indirect through McKesson (*discounted pricing is not guaranteed*)

If your practice has elected direct purchasing with Pfizer, please complete steps 2,3,5,6

If you practice has elected indirect purchasing through McKesson, please complete steps 4,5,6

Step 2: Set up a Pfizer Ordering Account for Direct Purchasing

If your practice does not currently have a Pfizer account number and would like to set one up, please download the application from the following site and submit the one-page application directly to Pfizer:

https://www.pfizerprime.com/Pfizer_Prime_Contact/VaccinesNewAcctForm_Updated_4.1.2015.pdf

You may also access the application on CCPAPP's website: <https://www.ccpapp.org/vendor-partners/vaccine-forms/>

After receiving your Pfizer account number (or if your practice already has a Pfizer account number), please enter the account number in step 2 below. *If your practice is electing only to order indirectly through McKesson, you do not need to set up a Pfizer account.*

Step 3: Provide Your Pfizer Account Number: 3 0 0 0 _____

If your practice is electing only to order indirectly through McKesson, the above account number may be left blank. However, should your practice decide at a later time to order directly with Pfizer, you must complete a new Pfizer Vaccine Participation Form.

Step 4: Provide Your McKesson Account Number for Indirect Purchasing: _____

If your practice does not have a McKesson ordering account, please contact CCPAPP or McKesson for assistance or access the application on the [Vendors Form Page](#) of the CCPAPP website. *If your practice is electing only to order directly with Pfizer to receive the discounted pricing, the above account number may be left blank.*

Step 5: Provide Information Associated with Your Ordering Account

If your practice has more than one ordering account, please submit a separate form for each account

Practice Site Name: _____ Phone: _____

Physician First Name, Last Name, Title: _____

List only the physician who is registered with this practice site's ordering account

Physician DEA License Number: _____

List only the DEA number of the Physician named above who is registered with this practice site's ordering account

Address, Suite, City, State, Zip: _____

Step 6: Acceptance to "Own Use" Agreement Requirement and Authorizing Signature:

On behalf of my practice, I understand and agree that Trumenba and any other product that may be purchased under the CCPAPP-Pfizer agreement 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 entity or person.

Print First Name, Last Name, Title of Authorized Signer

Authorizing Signature

Date

Please email this completed form to: info@ccpapp.org or fax to: 888.276.2344