



IPS Vaccine Member Update



PRE BOOKING IS OPEN NOW FOR SANOFI PASTEUR'S FLUZONE

Pre-Booking is currently available for **Sanofi Pasteur's Fluzone** - all presentations: **Adult, Pediatric, High-Dose and Intradermal**. Make sure you pre-book your **Fluzone** orders by **March 31st**.

And if your practice uses **MedImmune's FluMist**, please be sure you complete the attached form to designate **IPS** as your selected group purchasing organization in order to receive **IPS** discount pricing. Just fax the form back to **IPS @ 678-832-1888** and we'll forward it to **MedImmune** for you. (See *MedImmune form on last page*)

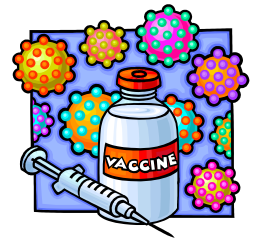
Integrated
Physician
Solutions
(IPS)

888-440-4772

March, 2012

vaccines.ips-usa.com

60 DAY GRACE PERIOD ON MERCK INCREASES



Did you know **IPS** members receive a full **60 day grace period** for any **Merck** vaccine price increases? That's right! Should **Merck** increase their pricing on any vaccine, **IPS** members will automatically receive the "old" pricing on that vaccine for a full **60 days** following the date of **Merck's** price increase. Be sure to **stock up** at the old price!



PRICE INCREASE ON ZOSTAVAX

Merck has increased their catalog pricing on **Zostavax** effective **Feb. 15th**. **IPS** members have a full **60 day grace period** to order **Zostavax** at the "old" price. **IPS** members will receive the "old" pricing for **Zostavax** through **April 15th**.

IPS ORDERING PROCESS

Please remember, in order to receive **IPS** discount pricing, please order your **Sanofi Pasteur** vaccines through www.vaccineshoppe.com (and receive your additional **1%** on line ordering discount) and order your **Merck** vaccines through www.merckvaccines.com.



MERCK'S OUTREACH PROGRAM FOR VACCINE SERIES COMPLETION

Do you know if your patients have received all the required shots when receiving a vaccine that requires a multi-dose series? If they haven't, they may not be **FULLY** protected against that disease. With **Merck's Outreach Program for Vaccine Series Completion**, you can help ensure that your patients are returning to your office to receive the full complement of immunizations in the multi-dose series.

It's Easy:

Merck will provide postage-prepaid postcards ("**Mail Reminders**") or arrange recorded telephone reminder calls ("**Call Reminders**") on behalf of enrolled practices.

The reminder cards/calls can be for any vaccine (not just those manufactured by **Merck**) for those patients you have identified who have started but not yet completed a vaccine series.

The program is at no cost to **IPS** members - and is fully paid for by **Merck**.

Contact your **Merck** representative or go to www.vaccineoutreach.com to enroll in this valuable program.

TENIVAC—WHAT'S THAT?



Sanofi Pasteur has discontinued production of Decavac vaccine (Tetanus and Diphtheria Toxoids Adsorbed for patients **7 years of age and older**) and has replaced it with **Tenivac** vaccine. You can continue using your existing supply of Decavac but it is not available for re-order. **Tenivac** vaccine has the same presentations as Decavac - single dose vials and single dose syringes and is billed using the same CPT code: **90714**. **Tenivac** vaccine is preservative free. **IPS** pricing for **Tenivac** is the same as for Decavac. If you have questions about **Tenivac**, please contact your **Sanofi Pasteur** representative.

FOR ADULTS ONLY

Don't Forget: **Merck's Recombivax ADULT Hep B** vaccine is back in full supply. Our members are requested to order their **Recombivax Adult Hep B** vaccine through **Merck**.

QUESTIONS?

If you or any of your staff have questions about the **IPS** ordering process or about using vaccines other than **Merck**, **Sanofi Pasteur**, or **MedImmune**, please be sure to contact **IPS**. We are here to serve you and we want you to have all the information necessary to make the right decisions for your practice.



DO YOU NEED INFORMATION ON VACCINE REIMBURSEMENT FOR YOUR PATIENTS? MERCK EXPRESSCHECK HAS THE ANSWER TO MANY OF YOUR REIMBURSEMENT QUESTIONS.

Did you know that **Merck** has a website where you can access specific reimbursement coverage for selected **Merck** vaccines for your patients? **It's easy!**

Go to www.checkcoveragenow.com.

First - register your practice on line.

Next - enter information specific to your practice, providers, and patients to instantly check patient-specific insurance coverage information for selected **Merck** products.

Please note: Information is not available for all insured patients.

Merck's Commitment to IPS and You -

If the coverage information obtained by **Merck ExpressCheck** is not accurate and the inaccurate information causes the coverage response to show a lower patient amount due than the patient's **EOB (Explanation of Benefits)**, you may be eligible for **Merck** to pay the difference, up to a limit of **\$115** per claim. Due to state laws, this Commitment provision **does not apply** to patients or providers in the states of Maine, Massachusetts, Michigan, Minnesota, Missouri, New Hampshire, Rhode Island, or Vermont.

WE LOVE YOUR REFERRALS!

Do you know of a practice who would benefit by saving money on their vaccine costs by joining **IPS**?

Please let us know and if they become members of **IPS**, we will send you a thank you gift in appreciation.





GROUP PURCHASING ORGANIZATION DECLARATION FORM

To comply with MedImmune Biologics, Inc. Single Dedication Policy, please accept this declaration form that:

(Facility Name)
("Facility") is confirming INTEGRATED PHYSICIAN SOLUTIONS (IPS)
(Group Purchasing Organization & SubGroup, if applicable)

as the exclusive Group Purchasing Organization ("GPO") for contract eligibility with MedImmune.

This document will serve as written confirmation of the exclusive GPO of choice by Facility, and will remain in effect and on file until further written confirmation of a change has been received and approved by MedImmune. MedImmune, as referred to herein, shall mean MedImmune Biologics, Inc. (MEDI) for all products identified by a MEDI product code, labeler code, or National Drug Code (NDC) number. The undersigned agrees to permit MedImmune to at least annually audit, on reasonable notice and during normal business hours, the relevant records and books of the undersigned. The undersigned certifies on behalf of Facility that all data submitted by Facility to the exclusive GPO of choice or to MedImmune for chargebacks and other reimbursements relating to purchases by Facility under the MedImmune contract with the exclusive GPO of choice must be data originating from the purchases of MedImmune product bearing MedImmune 11 digit National Drug Code, as assigned by the United States Food and Drug Administration. In addition, all applicable federal and state laws must be adhered to. The undersigned certifies on behalf of Facility that:

- i) Facility's pharmacy(ies) that dispense(s) MedImmune products which are the subject of the Agreement between MedImmune and the exclusive GPO choice are located, licensed, and registered within the United States of America; and
- ii) MedImmune products purchased under the MedImmune contract with the exclusive GPO of choice are for its "own use," and no products purchased under the MedImmune contract with the exclusive GPO of choice may be commercially resold or redistributed to any other entity or person. Sales and/or redistribution of said products to any other type of entity, account, or third party will be a violation of such contract and, in addition to pursuing any other remedies that MedImmune may have available at law or equity, MedImmune may terminate your right to receive products and/or reimbursements under said contract.

Authorized Signature:	Date	Facility Name:
Printed Name:		Address:
Job Title:		City, State, ZIP Code:
Phone Number:		DEA: HIN:
Fax Number:		Email:

Please check the box which best describes your facility:

- Clinic
 - HMO Facility
 - Home Health Hospice
 - Oncology Center
 - Physician / Practitioner
 - Rehabilitation Facility
 - Surgery Center / Freestanding Surgical Facility
 - Long Term Care (Nursing Home / Nursing Home Provider)
- (Nursing Home Provider – Sales of products purchased are limited to licensed nursing homes, approved correctional facilities, and other long-term care facilities for their own use.)
- Other (if checked, please specify)

Please return completed forms to: Membership@astrazeneca.com OR FAX: 302-886-4338/678-832-1888

MEDIIMMUNE INTERNAL PURPOSES ONLY		
DEA/HIN #:	CID #:	Receipt Date:
Current Dedication:		Entered By:

*This GPO Declaration Form will be effective 10 days from Receipt Date by MedImmune.
This Form contains confidential and sensitive information*

PLEASE NOTE: All Facilities are subject to the approval of MedImmune.

Revised 07/2011