

PROGRAM PRICING

2023/2024 Moderna COVID-19 Vaccines - Pharmacies

Age Indication	Presentation	Contract Price Per Dose	Prebook Discount	Prompt Pay Discount	Net Dose Price
Age 12 years and up	One Pre-Filled Syringe (Box of 10 doses)	\$119.14	5%	2%	\$110.92
Age 12 years and up	One Single Dose Vial (Box of 10 doses)	\$117.76	5%	2%	\$109.63
Age 6-11 years	One Single Dose Vial (Box of 10 doses)	\$117.76	5%	2%	\$109.63
Age 6mo-5 years	One Two Dose Vial (Box of Ten Vials - 20 doses)	\$117.76	5%	2%	\$109.63

Pricing for 2023-2024 season and does not include Federal Excise Tax.

PREBOOK ORDER FORM

Prebook either by going online at **ModernaDirect.com** or by emailing the below **prebook order form**.**Customer Name:** _____**Customer Address:** _____**DEA or HIN:** _____ **Contract Affiliation:** VACCINE CONNECT**If DEA, Name of Contact Affiliated HCP:** _____**Date Entered:** _____ **Director:** JOE TOMASZEWSKI, MODERNA DIRECTOR**Total Volume (Doses):** _____

Volume (Doses) by Product

Volume by Product (12y+ PFS): _____

Volume by Product (12y+ SDV): _____

Volume by Product (6m - 11y SDV): _____

**Your Trusted Buying
Group For Vaccines**

Phone: (843)973-2711



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Fax: (843)518-5640



www.vacconnect.com

Participating Member: (Practice Name)

Address: (Including City, State and Zip)

Phone:

Fax (Optional):

Contact Name:

Contact Title:

Contact Email (Required):

DEA Number (Must match address):

DEA Expiration Date:

HIN Number (If no DEA number):

PARTICIPATING MEMBER TERMS AND CONDITIONS

As a Participating Member,

- I understand that there are never any costs to join or be a member of Vaccine Connect.
- I wish to participate in Vaccine Connect's reward program and understand that Vaccine Connect's reward policy is available to read on their website, www.vacconnect.com.
- I agree that all products purchased through any Vaccine Connect agreement are for my own use.
- I understand that Vaccine Connect's contracted vendors may share my purchasing data with Vaccine Connect. Vaccine Connect will provide written notification of these sales to me no less than annually. I also understand that these vendors may pay Vaccine Connect an administrative service fee for operating and facilitating operations. This fee will never exceed 3% of my net purchases except in the case of Sanofi vaccines, where the fee will not exceed 5.75%.
- I agree to keep all Vaccine Connect pricing confidential.
- I understand that Vaccine Connect intends to comply with all applicable state and Federal laws. As a group purchasing organization, Vaccine Connect is subject to applicable provisions of the Federal "Safe Harbor" regulations. It is my responsibility and intent to comply with all applicable state and Federal laws, including the Medicare and Medicaid anti-kickback statute and Federal "Safe Harbor" regulations.
- I acknowledge that this agreement shall remain in effect unless terminated by either party. Either party may terminate this agreement by providing written notice to the other party.

As a Participating Member, by signing below, I certify that all of the information on this form is true and acknowledge that I have read and accept the terms and conditions set forth above.

Participating Member Authorized Signature

Date

Print Name of Signature

 amanda@vacconnect.com

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