



Merck Vaccines Independent Pharmacy Network Portfolio Program

Sign-Up Today & Start Saving!

PPSC is proud to support the Merck Vaccines Independent Pharmacy Network Portfolio Program through ABC. This opportunity can **save your pharmacy anywhere from 0.10%-34%** on the Merck products listed below. As a PPSC member, you are entitled to special discounted pricing. To enroll please read the enclosed terms/conditions and return this signed opt-in form to PPSC via fax (850-895-3046).

NDC	PRODUCT	DISCOUNT
00006-4119-03	GARDASIL 10 SDV 0.5 ML	0.10%
00006-4121-02	GARDASIL 10 SD 0.5ML PFS	0.10%
00006-4681-00	M-M-R 10 SDV 0.5ML w/ DILUENT	2%
00006-4837-03	PNEUMOVAX 23 PFS 10	2%
00006-4837-02	PNEUMOVAX 23 PFS 0.5ML	2%
00006-4943-00	PNEUMOVAX 23 SDV 10	2%
00006-4995-41	RECOMBIVAX-HB 10MCG 1ML PF10*	34.86%
00006-4094-02	RECOMBIVAX-HB PFS 10MCG/ML 10*	34.86%
00006-4995-00	RECOMBIVAX-HB VL 10MCG PF 1ML*	34.86%
00006-4096-02	VAQTA ADLT PFS 1ML 10	13.57%
00006-4841-41	VAQTA ADLT VL 50U/1ML 10X1	13.57%
00006-4841-00	VAQTA SDV 50U/1ML 1	13.57%
00006-4827-00	VARIVAX 10 SDV 0.5ML w/ DILUENT	0.10%
00006-4963-41	ZOSTAVAX SDV D/SHIP .65ML 10	2%
00006-4963-00	ZOSTAVAX SDV D/SHIP .65ML 1	2%

**Products marked with an asterisk are temporarily unavailable for order or discontinued.
This program is for licensed, retail pharmacies administering the vaccine only and is not for resale.*



YES

I want to join the PPSC/Merck Vaccines Independent Pharmacy Network Portfolio Program and start saving through ABC!

Pharmacy Name: _____ DEA #: _____

Contact Person: _____ ABC #: _____

By enrolling in the Merck Vaccine program, I agree to the enclosed terms and conditions.

Authorized Signature: _____ Date: _____

FAX THIS FORM TO PPSC (850-895-3046) TO TAKE ADVANTAGE!