

Attachment B

ADAPT Pharma, Inc.
Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP)
Public Interest Pricing (PIP) Declaration Form
Send Completed Form to MMCAP at MMCAP.Contracts@state.mn.us

MMCAP Member: _____
To be valid, the form must be completed by an individual authorized to bind the Member.

Address: _____

City, State, Zip Code: _____

Phone #: _____ **HIN#:** _____ (if unknown, MMCAP will insert HIN)

MMCAP Member is electing to purchase ADAPT’s Narcan Nasal Spray (Product) under the terms of the ADAPT/MMCAP contract (MMS16000). As long as Member meets the Eligibility Criteria below, Contract pricing will be effective the date this Declaration is signed.

Eligibility Criteria:

In order to access PIP, the Member must:

- a) Submit this Declaration Form to MMCAP; and
- b) Not seek third party reimbursement of any kind for the Product, including Medicaid or any commercial insurance.

ADAPT retains sole control of PIP eligibility criteria and may remove an MMCAP Member from PIP if it does not meet the eligibility criteria stated above.

Product Use:

All items acquired by MMCAP Members under MMS16000 are purchased for consumption in traditional governmental functions and not for the purpose of competing against private enterprise. The unauthorized transfer or sale of any Products purchased at the PIP to any other unauthorized party constitutes a violation of MMS16000 and is a material breach thereof. In such event, Adapt may immediately disqualify the MMCAP Member in breach from purchasing Products at PIP.

Additional Terms:

In exchange for PIP on Product(s) under MMS16000:

- a) Any product purchased is not returnable or refundable;
- b) Adapt does not provide indemnity to the Member; and
- c) Adapt reserves the right to audit Member to ensure compliance with the Eligibility Criteria.

By signing below, Member acknowledges the requirements of this Declaration Form and certifies it meets the Eligibility Criteria.

By: _____
Authorized Representative of Member
(Signature)

Title of Authorized Representative

Authorized Representative of Member
(Printed Name)

Date

ADAPT retains the sole right to determine eligibility of Member signing this Agreement.
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