



National  
Pharmacy  
Purchasing  
Association

NPPA

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## NPPA *RxBuyer E-News*

### 2025 Advertising Rates, Positions, Specs & Deadlines

| <u>Position</u>      | <u>Size</u>     | <u>Format</u> | <u>Gross Per Ad</u> | <u>Deadline</u>                 |
|----------------------|-----------------|---------------|---------------------|---------------------------------|
| Advertorial w/Photos | Up to 175 Words | Text+JPEGs    | \$750.00            | 15 <sup>th</sup> of month prior |
| Photo Ad             | Sizes can vary  | JPEG+URL      | \$600.00            | 15 <sup>th</sup> of month prior |

### ORDER TERMS

**Advertorials:** Content must first be approved by NPPA. Ad orders must be placed by the 15th of the month prior to the month of publication. For word counts over the stated maximum in above chart, an additional fee may be charged; please advise of such possibility & total word count as soon as known. Max allowed per edition: 1 Advertorial or 1 Advertorial w/Photo (up to 2 photos). Also, please provide us with URLs to your company's website. The URLs will be embedded within the photos as indicated by you.

**\*Discounts Available:** NPPA Member-7%. 4-series, paid in advance-5%.  
Outside Ad Agency-15%, (3rd party agency, handles billing). Max allowable total discounts: 15%.

**\*Payment Terms:** Credit card must be provided at time of order, to either pay in full or "hold" your reservation. If not paying by credit card at time of order, you will be billed after your reservation order is received, with payment due upon receipt of our invoice.

### PRODUCTION MONTHS & SCHEDULE

*RxBuyer E-News* is distributed in January, April, July, & October, by the end of each edition's month.

| <u>Due</u>                   | <u>Deadline</u>                 | <u>Example using the February Edition</u> |
|------------------------------|---------------------------------|---|
| Order (Advertorial or photo) | 15 <sup>th</sup> of month prior | January 15 <sup>th</sup>                  |
| Payment                      | 25 <sup>th</sup> of month prior | January 25 <sup>th</sup>                  |

### AD SUBMISSIONS

**Advertorials:** Text portion sent in Word format.  
Photos sent as JPEG. Send both via email to:  
[Advertising@PharmacyPurchasing.com](mailto:Advertising@PharmacyPurchasing.com), by the 15th of the month prior to the month of publication.

### DISTRIBUTION

*RxBuyer E-News* is distributed to approximately 1,800 total Pharmacy Professionals and GPO Reps.

**2025 NPPA Advertising in RxBuyer E-News  
Credit Card Order Form**

Return to NPPA by email: [Advertising@PharmacyPurchasing.com](mailto:Advertising@PharmacyPurchasing.com)

*Credit card must be provided at time of order, to either pay in full or “hold” your reservation.  
If not paying by credit card at time of order, you will be billed after your reservation order is  
received, with payment due upon receipt of our invoice.*

*We accept Visa, M/C, American Express, & Discover.*

| <b><u>Order</u></b>      | <b><u>Position</u></b>        | <b><u>Gross Per Ad</u></b> | <b><u>Ad Series</u></b>   |
|--------------------------|-------------------------------|----------------------------|---|
| <input type="checkbox"/> | Advertorial w/Photo (up to 2) | \$750.00                   | <input type="checkbox"/> 1-Issue or <input type="checkbox"/> 4-Series |
| <input type="checkbox"/> | Photo-JPEG+URL                | \$600.00                   | <input type="checkbox"/> 1-Issue or <input type="checkbox"/> 4-Series |

**\*Discounts:**    7% (NPPA Membership)    5% (4-Series)    15% (Offsite Ad Agency)  
(For additional details, see “Discounts Available” section on Page 1)

**PAYMENT OPTIONS**

Publication Month Ad to appear in: \_\_\_\_\_

Company Placing Ad: \_\_\_\_\_

Total Due (with any applicable Discounts applied): \$ \_\_\_\_\_

Credit Card To:    Hold Reservation (you will be billed)    Pay Total Due In Full (with this order)

Card Number: \_\_\_\_\_

Expiration date (MM/YY): \_\_\_\_\_      Card Code: \_\_\_\_\_

Billing STREET address (numbers only): \_\_\_\_\_      Billing ZIP code: \_\_\_\_\_

Cardholder Name/s (printed): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Name, Company, Email & Phone of person completing this form:

\_\_\_\_\_

\_\_\_\_\_