National Pharmacy Purchasing Association
NPPA
Phone: 888-544-NPPA www.pharmacypurchasing.com
Fax: 858-581-6372 info@pharmacypurchasing.com
4747 Morena Blvd., Suite 340, San Diego, CA 92117-3468

NPPA Vendor E-Blast Advertising - 2026 Rates & Specs

Description: E-Blast (Ad & Text), with your message ***only***, to send to our NPPA contacts

Gross Cost per E-Blast: $1,000.00

Type of Content	Specs	Format	Deadline
Photos for main text area	194 x 137 pixels or more	JPEG	15th of month prior
Content for main text area	Up to 500 Words	Text	15th of month prior
URL (can contain tracking code)	N/A		15th of month prior

ORDER/CONTENT TERMS & DISCOUNTS AVAILABLE

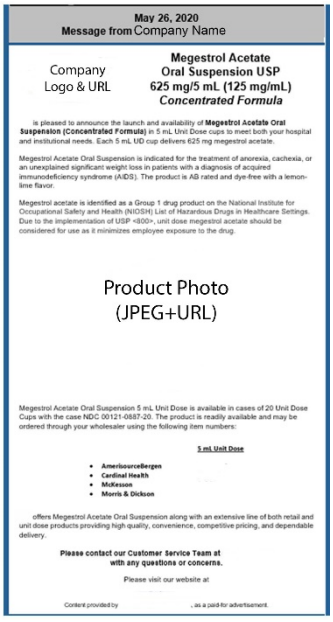
Content will be provided by you, with specs as noted above—and must first be approved by NPPA. Please do not send any E-Blast materials in HTML format.

Discounts Available: NPPA Member (current or new)—7% discount off gross.

Payment Terms: Credit card must be provided at time of order, to either pay in full or "hold" your reservation. If you are 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

Available at any time. Once content for your message has been received: NPPA will review, approve, or suggest edits if needed; then we will send you a "draft" copy to review (within 1-2 weeks of receipt of your content). After that is all confirmed and finalized, the E-Blast will be sent out on the date of your choosing, ***as long as it does not conflict with a scheduled date for one of NPPA's own e-communications***.


May 26, 2020
Message from Company Name

Company Logo & URL

Megestrol Acetate Oral Suspension USP 625 mg/5 mL (125 mg/mL) *Concentrated Formula*

is pleased to announce the launch and availability of **Megestrol Acetate Oral Suspension (Concentrated Formula)** in 5 mL Unit Dose cups to meet both your hospital and institutional needs. Each 5 mL UD cup delivers 625 mg megestrol acetate.

Megestrol Acetate Oral Suspension is indicated for the treatment of anorexia, cachexia, or an unexplained significant weight loss in patients with a diagnosis of acquired immunodeficiency syndrome (AIDS). The product is AB rated and dye-free with a lemon-lime flavor.

Megestrol acetate is identified as a Group 1 drug product on the National Institute for Occupational Safety and Health (NIOSH) List of Hazardous Drugs in Healthcare Settings. Due to the implementation of USP <800>, unit dose megestrol acetate should be considered for use as it minimizes employee exposure to the drug.

Product Photo (JPEG+URL)

Megestrol Acetate Oral Suspension 5 mL Unit Dose is available in cases of 20 Unit Dose Cups with the case NDC 00121-0887-20. The product is readily available and may be ordered through your wholesaler using the following item numbers:

5 mL Unit Dose

- AmerisourceBergen
- Cardinal Health
- McKesson
- Morris & Dickson

offers Megestrol Acetate Oral Suspension along with an extensive line of both retail and unit dose products providing high quality, convenience, competitive pricing, and dependable delivery.

Please contact our Customer Service Team at with any questions or concerns.

Please visit our website at

Content provided by , as a paid-for advertisement.

AD SUBMISSIONS

- Text portion sent in Word doc format. Layout can be adjusted.
- Photo sent as JPEG at 194 x 137 pixels or greater.

DISTRIBUTION

E-Blast Advertising is distributed to approximately 1,700 total Pharmacy professionals (purchasing agents, managers, directors), Group Purchasing Organization reps, and Vendor reps *(unless requesting to not include vendors)*.

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2026 NPPA Vendor E-Blast Advertising
Order & Payment Form

Description: Vendor E-Blast Ad **Gross Fee Per E-Blast**: $1,000.00

Discounts Available: ☐ 7%, for current or new NPPA Members (deduct $70.00 per E-Blast)

To become a new NPPA Member: see Order Form **HERE**

Date/s Prefer Ad/s to Be Sent: _____

Company Placing Ad: _____

Payment Options

☐ ACH payment *(after choosing this option, we will contact you with details to set up & submit)*

☐ Pay total amount for order by Credit Card, as approved below *(we accept all cards)*

☐ Hold Credit Card only to reserve, to wait for a check in process *(an invoice will be provided, and your ad will not be placed until we receive your payment)*

Gross Amount (before any discounts): $_____ Discounts to apply: $_____

Total Due: $_____ Charge Date: _____

Card Number: _____

Expiration Date (MM/YY): _____ Billing ZIP Code: _____

Name/s of Cardholder: _____

Signature of Cardholder: _____ Date of Signature: _____

SEND COMPLETED FORMS TO:

Advertising@PharmacyPurchasing.com