



### Dispatch via Print

<b>Contract ID</b> 000000000000000000000000003975				Page 1 of 1
<b>Contract Dates</b> 03/01/2015 to 12/31/2015	<b>Currency</b> USD	<b>Rate Type</b> CRRNT	<b>Rate Date</b> PO Date	
<b>Description:</b> SW023A		<b>Contract Maximum</b> 0.00		
<b>TYPE: STATEWIDE</b>				

Tax Exempt? Y      Tax Exempt ID:736017987

**Contract Lines:**

Line #	Cat CD / Item ID / Item Desc	UOM	Minimum Order		Maximum / Open	
			Qty	Amt	Qty	Amt
1	51201600 / 1000010807 DRUGS: Vaccines IN ACCORDANCE WITH MMCAP CONTRACT #MMS14003	EA	1.00	1.00	0.00	0.00

COMMENTS:

Final = The price is final after adjustments  
 Hard = Apply adjustments regardless of other adjustments  
 Skip = Skip adjustments if any other adjustments have been applied

**Authorized Signature**

Original Signature on File in Central Purchasing



## MMCAP INFLUENZA VACCINE CONTRACT SUMMARY

FFF Enterprises, Inc.

### Contract Number

MMCAP MMS14003  
In MN SWIFT #74018

### Term of Contract

January 24, 2014 through December 31, 2016. Contract may be extended for up to two (2) additional one (1) year extensions.  
Full line Influenza Vaccine Distributor Contract.

### Product Ordering

**Phone:** 1.800.843.7477  
**Fax:** 1.800.418.4333  
**Website:** [www.myfluvaccine.com](http://www.myfluvaccine.com)

### Customer Service

Phone: 1.800.843.7477  
Hours of Operation: 24/7/365 days a year

### Vendor Contract Administrator

Name: Luke Noll  
Title: Director Vaccine Product Sales and Corporate Accounts  
Company Name: FFF Enterprises, Inc.  
Address: 41093 County Center Drive  
City, ST ZIP: Temecula, CA 92591  
Phone: 1.800. 843.7477, ext. 1128  
Email: lnoll@fffenterprises.com

### Federal ID Number

33-0309114

### Shipping and Delivery

- Shipping included in the cost of the product
- Damaged products should be reported to vendor immediately upon receipt-contact customer service for instructions
- FOB Destination
- Orders may be cancelled or modified at any time up until shipment
- Influenza vaccine should be pre-booked January – April each year for delivery in August-October.

### Payment Terms

- 0.25% 20 days; Net 60 days
- Credit applications may be required as per the discretion of the Vendor's Credit Department

### Product Pricing

All Products listed in the *Products* section of the contract are fixed pricing. Pricing is found at [www.mmcap.org](http://www.mmcap.org) in the Programs section under Influenza Pricing and Pre-booking information link.

### Contract Cancellation

MMCAP or the Vendor may cancel the Contract at any time with or without cause upon 60 days written notice to the other party.



## CONTRACT

# State of Oklahoma

### Dispatch via Print

**Supplier** 0000068641  
GLAXOSMITH KLINE  
P O BOX 740415  
ATLANTA GA 30374-0415  
USA

<b>Contract ID</b> 000000000000000000000000003976				Page 1 of 1
<b>Contract Dates</b> 03/01/2015 to 12/31/2015	<b>Currency</b> USD	<b>Rate Type</b> CRRNT	<b>Rate Date</b> PO Date	
<b>Description:</b> SW023A		<b>Contract Maximum</b> 0.00		
<b>TYPE: STATEWIDE</b>				

Tax Exempt? Y      Tax Exempt ID:736017987

**Contract Lines:**

Line #	Cat CD / Item ID / Item Desc	UOM	Minimum Order		Maximum / Open	
			Qty	Amt	Qty	Amt
1	51201600 / 1000010807 DRUGS: Vaccines IN ACCORDANCE WITH MMCAAP CONTRACT #MMS13001	EA	1.00	1.00	0.00	0.00

COMMENTS:

Final = The price is final after adjustments  
 Hard = Apply adjustments regardless of other adjustments  
 Skip = Skip adjustments if any other adjustments have been applied

**Authorized Signature**

Original Signature on File in Central Purchasing

## GlaxoSmithKline

### Contract Number

MMCAP MMS13001

In MN SWIFT # 59732

### Term of Contract

January 1, 2013 through December 31, 2016. The Contract may be extended for up to one (1) additional one (1) year extension.

Direct Contract with Manufacturer

### Product Ordering

**Phone:** 1.866.475.8222

**Email:** vaccine.service-center@gsk.com

**Website:** [www.gskvaccinesdirect.com](http://www.gskvaccinesdirect.com)

### Customer Service

Phone: 1.866.475.8222

Hours of Operation: Monday-Friday 8:00a.m. to 6:00p.m. EST

### Vendor Contract Administrator

Name: George Roetzer

Title: National Accounts Director

Company Name: GlaxoSmithKline

Address: One Franklin Plaza-3F0605, 1600 Vine Street

City, ST ZIP: Philadelphia PA 19102

Phone: 1.309.827.0774

Email: george.h.roetzer@gsk.com

### Federal ID Number

23-1099050

### Shipping and Delivery

- Shipping included in the cost of the product
- Damaged products should be reported to vendor immediately upon receipt-contact customer service for instructions
- FOB Shipment
- Orders may be cancelled or modified at any time up until shipment
- Influenza vaccine should be pre-booked January – April each year for delivery in August-October.

### Payment Terms

- Net 30 days from date of invoice
- Cash, check and EFT are accepted
- Credit applications may be required as per the discretion of the Vendor's Credit Department

### Product Pricing

All Products listed in the *Products* section of the contract are fixed pricing. Pricing is found at [www.mmcap.org](http://www.mmcap.org) in the Programs section under Influenza Pricing and Pre-booking information link.

### Special form

For initial account set up GSK requires a GPO declaration form to be filled out, listing MMCAP as the GPO of choice. This form can be requested by emailing [mn.multistate@state.mn.us](mailto:mn.multistate@state.mn.us). Please list **GSK GPO Declaration Form needed** in the subject line of your email.

### Contract Cancellation

MMCAP or the Vendor may cancel the Contract at any time with or without cause upon 30 days written notice to the other party.



McKesson Medical Surgical, MN Supply, Inc.

Contract Number

MMCAP MMS14005

In MN SWIFT #76489

Term of Contract

February 18, 2014 through December 31, 2016. The Contract may be extended for up to two (2) additional one (1) year extensions. Full line Influenza Vaccine Distributor Contract.

Product Ordering

**Phone:** 1.800.328.8111, Option 1

**Fax:** 1.866.889.4203

**Email:** fluvaccine@mckesson.com

**Website:** <https://mms.mckesson.com>

Customer Service

Phone: 1.800.328.8111

Hours of Operation: Monday-Friday 8:00a.m. – 5:00p.m. CST; closed major holidays.

Vendor Contract Administrator

Name: Therese Mugge

Title: Director of Government Sales

Company Name: McKesson Medical Surgical, MN Supply Inc.

Address: 8121 10<sup>th</sup> Avenue North

City, ST ZIP: Golden Valley, MN

Phone: 763.595.6133

Email: Therese.Mugge@mckesson.com

Federal ID Number

41-1261653

Shipping and Delivery

- Shipping included in the cost of the product
- Damaged products should be reported to vendor immediately upon receipt-contact customer service for instructions
- FOB Destination
- Orders may be cancelled or modified at any time up until shipment
- Influenza vaccine should be pre-booked January – April each year for delivery in August-October.

Payment Terms

- Net 30 days from date of invoice
- Cash, check, credit card and EFT are accepted
- Credit applications may be required as per the discretion of the Vendor's Credit Department

Product Pricing

All Products listed in the *Products* section of the contract are fixed pricing. Pricing is found at [www.mmcap.org](http://www.mmcap.org) in the Programs section under Influenza Pricing and Pre-booking information link.

Contract Cancellation

MMCAP or the Vendor may cancel the Contract at any time with or without cause upon 60 days written notice to the other party.



## CONTRACT

# State of Oklahoma

### Dispatch via Print

**Supplier** 0000078547  
**SANOFI PASTEUR INC**  
**1 DISCOVERY DR**  
**SWIFTWATER PA 18370-9100**  
**USA**

<b>Contract ID</b> 0000000000000000000000003978			Page 1 of 1	
<b>Contract Dates</b> 03/01/2015 to 12/31/2015	<b>Currency</b> USD	<b>Rate Type</b> CRRNT	<b>Rate Date</b> PO Date	
<b>Description:</b> SW023A		<b>Contract Maximum</b> 0.00		
<b>TYPE: STATEWIDE</b>				

Tax Exempt? Y      Tax Exempt ID:736017987

**Contract Lines:**

Line #	Cat CD / Item ID / Item Desc	UOM	Minimum Order		Maximum / Open	
			Qty	Amt	Qty	Amt
1	51201600 / 1000010807 DRUGS: Vaccines IN ACCORDANCE WITH MMCAAP CONTRACT #MMS13000	EA	1.00	1.00	0.00	0.00

COMMENTS:

Final = The price is final after adjustments  
 Hard = Apply adjustments regardless of other adjustments  
 Skip = Skip adjustments if any other adjustments have been applied

**Authorized Signature**

Original Signature on File in Central Purchasing

Sanofi Pasteur, Inc.

Contract Number

MMCAP MMS13000

In MN SWIFT # 59734

Term of Contract

December 21, 2012 through December 31, 2016. The Contract may be extended for up to one (1) additional one (1) year extension.

Direct Contract with Manufacturer

Product Ordering

**Phone:** 1.800.822.2463

**Website:** [www.vaccineshoppe.com](http://www.vaccineshoppe.com)

Customer Service

Phone: 1.800.822.2463

Hours of Operation: Monday-Friday; fluctuates on major holidays.

Vendor Contract Administrator

Name: Pamela Garcia-Gomez

Title: Deputy Director, State Government Contracts

Company Name: Sanofi Pasteur, Inc.

Address: Discovery Drive

City, ST ZIP: Swiftwater, PA 18370

Phone: 570.957.0330

Email: [pamela.gomez@sanofipasteur.com](mailto:pamela.gomez@sanofipasteur.com)

Federal ID Number

98-0033013

Shipping and Delivery

- Shipping included in the cost of the product
- Damaged products should be reported to vendor immediately upon receipt-contact customer service for instructions
- FOB Shipment
- Orders may be cancelled or modified at any time up until shipment
- Influenza vaccine should be pre-booked January – April each year for delivery in August-October.

Payment Terms

- 2% 30 days, Net 31
- Cash, check, credit card and EFT are accepted
- Credit applications may be required as per the discretion of the Vendor's Credit Department

Product Pricing

All Products listed in the *Products* section of the contract are fixed pricing. Pricing is found at [www.mmcap.org](http://www.mmcap.org) in the Programs section under Influenza Pricing and Pre-booking information link.

Contract Cancellation

MMCAP or the Vendor may cancel the Contract at any time with or without cause upon 60 days written notice to the other party.





# CONTRACT

## State of Oklahoma

Dispatch via Print

**Supplier** 0000067168  
NOVARTIS VACCINES AND DIAGNOSTICS INC  
4560 HORTON ST  
EMERYVILLE CA 94608-2916  
USA

<b>Contract ID</b> 0000000000000000000000002804			Page 1 of 1	
<b>Contract Dates</b> 08/27/2010 to 12/31/2015		<b>Currency</b> USD	<b>Rate Type</b> CRRNT	<b>Rate Date</b> PO Date
<b>Description:</b> MMCAP CONTRACT #MMS13002			<b>Contract Maximum</b> 0.00	
<b>Allow Open Item Reference</b>				
<b>TYPE: STATEWIDE</b>				

Tax Exempt? Y Tax Exempt ID:736017987

### Contract Lines:

Line #	Cat CD / Item ID / Item Desc	UOM	Minimum Order		Maximum / Open	
			Qty	Amt	Qty	Amt
1	51201600 / 1000010807 DRUGS: Vaccines VACCINES	EA	1.00	0.00	0.00	0.00
Contract Base Pricing			0.01000	EA	0001	

COMMENTS:

Final = The price is final after adjustments  
Hard = Apply adjustments regardless of other adjustments  
Skip = Skip adjustments if any other adjustments have been applied

**Authorized Signature**

Original Signature on File in Central Purchasing

## Novartis Vaccines &amp; Diagnostics

Contract Number

MMCAP MMS13002

In MN SWIFT # 61240

Term of Contract

March 25, 2013 through December 31, 2015. The Contract may be extended for up to two (2) additional one (1) year extensions.  
Direct Contract with Manufacturer

Product Ordering**Phone:** 1.877.683.4732**Email:** vaccines.cs@novartis.com**Website:** [www.novartisvaccinesdirect.com](http://www.novartisvaccinesdirect.com)

Influenza vaccine should be pre-booked January – April each year for delivery in August-October.

Customer Service

Phone: 1.877.683.4732

Hours of Operation: Monday-Friday 8:00a.m. – 8:00p.m. EST; fluctuates on major holidays.

Vendor Contract Administrator

Name: Mr. Stan Hazzard

Title: National Segment Lead

Company Name: Novartis Vaccines &amp; Diagnostics, Inc.

Address: 350 Massachusetts Avenue

City, ST ZIP: Cambridge, MA 02139-4182

Phone: 773.255.2234

Email: stanton.hazzard@novartis.com

Federal ID Number

94-2754624

Shipping and Delivery

- Shipping included in the cost of the product
- Damaged products should be reported to vendor immediately upon receipt-contact customer service for instructions
- FOB Shipment
- Orders may not be cancelled or modified
- Influenza vaccine should be pre-booked January – April each year for delivery in August-October.

Payment Terms

- 2% 60 days, Net 61
- Cash, check, credit card and EFT are accepted
- Credit applications may be required as per the discretion of the Vendor's Credit Department

Product Pricing

All Products listed in the *Products* section of the contract are fixed pricing. Pricing is found at [www.mmcap.org](http://www.mmcap.org) in the Programs section under Influenza Pricing and Pre-booking information link.

Member Shareback

None at this time

Administrative Fee paid to MMCAP

3%

Contract Cancellation

MMCAP or the Vendor may cancel the Contract at any time with or without cause upon 60 days written notice to the other party.