



STATE OF MICHIGAN ENTERPRISE PROCUREMENT

Department of Technology, Management, and Budget
525 W. ALLEGAN ST., LANSING, MICHIGAN 48913
P.O. BOX 30026 LANSING, MICHIGAN 48909

CONTRACT CHANGE NOTICE

Change Notice Number **2**
to
Contract Number **071B5500077**

CONTRACTOR	Diamond Pharmacy Services
	1300 Morris Dr.
	Chesterbrook, PA 19807
	Dale Williams
	(248) 478-8030
	Dwilliams@ameriasourcebergen.com
	*****0482

STATE	Program Manager	Dan Stevens	DTMB
		(517) 284-7049	
	StevensD6@michigan.gov		
	Contract Administrator	Dan Stevens	DTMB
(517) 284-7049			
StevensD6@michigan.gov			

CONTRACT SUMMARY				
DESCRIPTION: PHARMACEUTICAL MMCAP STATEWIDE				
INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW	
March 1, 2015	October 31, 2016	3 - 1 Year	December 31, 2016	
PAYMENT TERMS		DELIVERY TIMEFRAME		
See MMCAP Contract 15003		See MMCAP Contract 15003		
ALTERNATE PAYMENT OPTIONS			EXTENDED PURCHASING	
<input type="checkbox"/> P-card <input type="checkbox"/> Direct Voucher (DV) <input type="checkbox"/> Other			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
MINIMUM DELIVERY REQUIREMENTS				
DESCRIPTION OF CHANGE NOTICE				
OPTION	LENGTH OF OPTION	EXTENSION	LENGTH OF EXTENSION	REVISED EXP. DATE
<input checked="" type="checkbox"/>	2 years 10 months	<input type="checkbox"/>		October 31, 2019
CURRENT VALUE		VALUE OF CHANGE NOTICE	ESTIMATED AGGREGATE CONTRACT VALUE	
\$19,500,000.00		\$ 30,000,000.00	\$49,500,000.00	
DESCRIPTION: Effective December 6, 2016, this Contract is renewed for 2 years 10 months, per the original Contract and is increased by \$30,000,000.00. All other terms, conditions, specifications and pricing remain the same. Per vendor and agency agreement, DTMB Procurement approval and State Administrative Board approval on December 6, 2016.				



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CONTRACT CHANGE NOTICE

Change Notice Number **1**
to
Contract Number **071B5500077**

CONTRACTOR	ASD Specialty Healthcare
	1300 Morris Dr.
	Chesterbrook, PA 19807
	Dale Williams
	Dwilliams@ameriasourcebergen.com
	(248) 478-8030
	*****0482

STATE	Program Manager	Dan Stevens	DTMB
		(517) 284-7049	
	StevensD6@michigan.gov		
	Contract Administrator	Dan Stevens	DTMB
(517) 284-7049			
StevensD6@michigan.gov			

CONTRACT SUMMARY				
DESCRIPTION: PHARMACEUTICAL MMCAP STATEWIDE				
INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW	
March 1, 2015	October 31, 2016	3 - 1 Year	October 31, 2016	
PAYMENT TERMS		DELIVERY TIMEFRAME		
See MMCAP Contract 15003		See MMCAP Contract 15003		
ALTERNATE PAYMENT OPTIONS			EXTENDED PURCHASING	
<input type="checkbox"/> P-card <input type="checkbox"/> Direct Voucher (DV) <input type="checkbox"/> Other			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
MINIMUM DELIVERY REQUIREMENTS				
N/A				
DESCRIPTION OF CHANGE NOTICE				
OPTION	LENGTH OF OPTION	EXTENSION	LENGTH OF EXTENSION	REVISED EXP. DATE
<input checked="" type="checkbox"/>	2 month	<input type="checkbox"/>		December 30, 2016
CURRENT VALUE		VALUE OF CHANGE NOTICE	ESTIMATED AGGREGATE CONTRACT VALUE	
\$19,500,000.00		\$ 100,000.00	\$19,600,000.00	
DESCRIPTION: Effective October 26, 2016, this Contract is renewed for 2 months and increased by \$100,000.00. All other terms, conditions, specifications and pricing remain the same. Per vendor and agency agreement and DTMB Procurement approval.				

AMENDMENT NO. 5 TO MMCAP CONTRACT NO. MMS15003

THIS AMENDMENT is by and between the State of Minnesota, through its Commissioner of Administration, on behalf of the Minnesota Multistate Contracting Alliance for Pharmacy (“MMCAP”) and AmerisourceBergen Drug Corporation, whose designated business address is 1300 Morris Drive, Chesterbrook, PA 19087-5594 (“WHOLESALER”).

MMCAP has a contract with the Wholesaler identified as MMCAP Contract No. MMS15003 (“Original Contract”) to provide the services of a pharmaceutical wholesaler to distribute pharmaceuticals, over the counter products, nutritionals, and vaccines to MMCAP members.

Amendment

This Amendment will be effective March 1, 2015, and continue until the end of the term of the Original Contract.

Revision 1: Upon request of the **State of Michigan**, Wholesaler will provide pharmaceutical wholesaler distribution services to the State of Michigan as their selected wholesaler in accordance with the Contract and the amended Attachment E, E-2, specific to the State of Michigan, which is attached and now incorporated into the Contract.

Except as amended, the terms and conditions of the Original Contract and any previous amendments remain in full force and effect.

1. AmerisourceBergen Drug Corporation

This certifies that the appropriate person(s) have executed this Agreement on behalf of the Wholesaler as required by applicable articles, bylaws, resolutions, or ordinances.

By: _____

Title: _____

Date: _____

2. STATE OF MINNESOTA FOR MMCAP

In accordance with Minn. Stat. § 16C.03, subd. 3

By: _____

Title: _____

Date: _____

3. COMMISSIONER OF ADMINISTRATION

In accordance with Minn. Stat. § 16C.05, subd. 2

By: _____

Date: _____



MEMBER-REQUESTED PARTICIPATION AGREEMENT

Attachment E, E-2 MMS15003, Amendment 5

This Member-requested Participation Agreement (MPA) is by and among:

STATE OF MICHIGAN (MEMBER);

AMERISOURCEBERGEN DRUG CORPORATION (VENDOR);

and

**STATE OF MINNESOTA
ACTING THROUGH ITS COMMISSIONER OF ADMINISTRATION
ON BEHALF OF THE MINNESOTA MULTISTATE CONTRACTING ALLIANCE FOR
PHARMACY (MMCAP)**

and amends the Agreement between MMCAP and Vendor to include the following:

Effective Date and Term: This MPA is effective upon final signature, and expires upon the expiration of MMCAP's contract with Vendor (MMS15003 Michigan Contract Number 071B5500077) or by any party upon 30 days' written notice to the other parties to this MPA.

Scope: Member desires to access the MMCAP agreement for wholesaler services with Vendor, which is incorporated into this MPA by reference.

State of Michigan Contact:

The State of Michigan contact for this contract is:

Name: Chelsea Edgett
Title: Buyer
Address: State of Michigan
Procurement
Constitution Hall, 1st Floor NE
525 W. Allegan
Lansing, MI 48909
Telephone: 517-284-7031
Fax: 517-335-0046
E-mail: edgettc@michigan.gov

1. State of Michigan

By: _____
Sharon Walenga-Maynard

Date: _____

Title: Sourcing Director DTMB Procurement



MEMBER-REQUESTED PARTICIPATION AGREEMENT

**Attachment E, E-2
MMS15003, Amendment 5**

2. AmerisourceBergen Drug Corporation

By: _____

Date: _____

Title: _____

3. State of Minnesota for MMCAP

In accordance with Minn. Stat. § 16C.03, subd. 3

By: _____

Date: _____

4. Minnesota Commissioner of Administration

In accordance with Minn. Stat. § 16C.05, subd. 2

By: _____

Date: _____