



# 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** \*Revised\*  
to  
Contract Number **071B5500077**

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

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

CONTRACT SUMMARY				
<b>DESCRIPTION: PHARMACEUTICAL MMCAP STATEWIDE</b>				
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	
<b>DESCRIPTION:</b> 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**

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

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

CONTRACT SUMMARY				
<b>DESCRIPTION: PHARMACEUTICAL MMCAP STATEWIDE</b>				
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	
<b>DESCRIPTION:</b> 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

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### 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**

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**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: \_\_\_\_\_