Awarded Vendor:  
0000014944  
McKesson Medical Surgical Minnesota Supply Inc.  
8121 10th Ave. North  
Golden Valley, MN. 55427  
Telephone No.: 1-800-328-8111 Option 1

Price Agreement Number: 50-000-14-00009

Price Agreement Amendment No.: Five

Term: December 8, 2014 – March 30, 2020

Procurement Specialist: Theresa Mendibles  
Telephone No.: (505) 827-0499  
Email: theresa.mendibles@state.nm.us

Title: Influenza Vaccine; MMCAP MMS14005 (Amendment No. 26)

This Price Agreement Amendment is to be attached to the respective Price Agreement and become a part thereof.

This amendment is issued to reflect the following effective IMMEDIATELY. Please see Attached Amendment 23, Amendment 24, Amendment 25, and Amendment 26 for full details of amendment revisions to reflect additional articles for Return Goods/Credits, additional products for the 2018-2019 list, Prebook order form, and Amendment Extension through March 30, 2020.

This Price Agreement may be extended if the Minnesota Multi-State Contract Alliance for Pharmacy (MMCAP) is extended, upon approval of all parties. **CONTRACT PRICES:** ALL PRICES ARE LOCATED AT www.mmcap.org. CUSTOMERS WILL NEED AN ACCESS CODE TO VIEW THE PRICE LISTS. IF YOU DO NOT HAVE A ACCESS CODE, CUSTOMERS MUST CONTACT THERESA MENDIBLES (505-827-0499) AT THE STATE PURCHASING DIVISION TO REGISTER TO UTILIZE THIS COOPERATIVE AGREEMENT WITH THE STATE OF MINNESOTA.

Except as modified by this amendment, the provisions of the Statewide Price Agreement shall remain in full force and effect.
AMENDMENT NO. 23 TO MMCAP CONTRACT NO. MMS14005

THIS AMENDMENT is by and between the State of Minnesota acting through its commissioner of Administration ("State") on behalf of the Minnesota Multistate Contracting Alliance for Pharmacy ("MMCAP") and McKesson Medical-Surgical Minnesota Supply Inc., 8121 10th Avenue North, Golden Valley, Minnesota 55427 ("Vendor").

MMCAP has a contract with the Vendor identified as Contract No. MMS14005 (Original Contract). MMCAP and the Vendor are willing to amend the Original Contract as stated below.

Contract Amendment
(1984/JV)

Effective when signed, the address for McKesson Medical-Surgical Minnesota Supply Inc., will be updated to 12755 Highway 55 #R200, Plymouth, MN 55441.

Except as herein amended, the provisions of the Original Contract between the parties hereto are expressly reaffirmed and remain in full force and effect.

1. MCKESSON MEDICAL-SURGICAL MINNESOTA SUPPLY INC.
The Vendor certifies that the appropriate person(s) have executed this Agreement on behalf of the Vendor as required by applicable articles, bylaws, resolutions, or ordinances.

By: [Signature]
Title: Vice President, Government Sales
Date: 11/28/2018

2. STATE OF MINNESOTA FOR MMCAP
In accordance with Minn. Stat. § 16C.03, subd. 3

By: [Signature]
Title: SPA-L
Date: 11/28/2018

3. COMMISSIONER OF ADMINISTRATION
In accordance with Minn. Stat. § 16C.05, subd. 2

By: [Signature]
Title: Pharmacist Sr.
Date: 11-28-18
AMENDMENT NO.24 TO MMCAP CONTRACT NO. MMS14005

THIS AMENDMENT NO.24 ("Amendment") is entered into as of February 11, 2019 or the date MMCAP obtains all required signatures within this document, whichever is later ("Effective Date") by and between the State of Minnesota acting through its Commissioner of Administration ("Minnesota") on behalf of the Minnesota Multistate Contracting Alliance for Pharmacy ("MMCAP") and McKesson Medical-Surgical Minnesota Supply Inc. a corporation with an address of 12755 Highway 55 #R200, Plymouth, Minnesota 55441 ("Vendor").

RECITALS

WHEREAS, MMCAP and Vendor entered into a Contract MMS14005 on February 18, 2014 ("Original Contract");

WHEREAS, MMCAP and Vendor amended certain terms and conditions of the Original Contract by the way of the MMS14005 Amendment 19 on February 22, 2018, Amendment 20 on March 6, 2018 and Amendment 21 on November 16, 2018; together, Original Contract and Amendment 19, 20, 21 will be referred to as "Agreement";

WHEREAS, MMCAP and Vendor have agreed to certain changes in the terms and conditions set forth in the Agreement and have agreed to amend the Agreement to reflect said changes;

WHEREAS, besides the terms and conditions of the Original Contract amended in this Amendment, the Agreement remains in full force and effect; and

NOW, THEREFORE, the parties acknowledge and hereby agree that the Original Contract shall be amended as follows:

Capitalized Terms; Definitions; Conditions. The Agreement and Amendments shall be read together as one document. Any capitalized terms used in Amendment which are defined in Amendment which will have the same meaning(s) when used herein, unless the context clearly requires otherwise. To the extent there shall exist a conflict between the Agreement and this Amendment, the terms of this Amendment will control. Unless otherwise clearly altered, modified, deleted or amended otherwise, the terms of the Agreement will continue in their entirety and govern the contractual relationship between Vendor and MMCAP.

Article and Clause Addendums

Revision 1: Table 1 of Article 2.1 of the Original Contract is amended to add the following products for the 2019-2020 season.

<table>
<thead>
<tr>
<th>Mfr. Name</th>
<th>Product Name</th>
<th>Container Type, Product Age Indication</th>
<th>Pack Size</th>
<th>MMCAP Price Per Container (Prices do not include FET)</th>
<th>Florida Cost (Prices do not include FET)</th>
<th>OK, SC Cost (Prices do not include FET)</th>
<th>Alaska Cost (Prices do not include FET)</th>
<th>Georgia Cost (Prices do not include FET)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AstraZeneca</td>
<td>Flumist</td>
<td>0.2ml Nasal Sprayer; 2 to 49 years</td>
<td>Pack of 10</td>
<td>$218.00</td>
<td>$219.53</td>
<td>$220.18</td>
<td>$221.27</td>
<td>$222.36</td>
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<tr>
<td>GSK</td>
<td>Fluarix Quadrivalent</td>
<td>0.5ml prefilled syringes, 6mo &amp; older</td>
<td>Pack of 10</td>
<td>$168.51</td>
<td>$169.69</td>
<td>$170.20</td>
<td>$171.04</td>
<td>$171.88</td>
</tr>
<tr>
<td>GSK</td>
<td>Flulaval Quadrivalent</td>
<td>5 ml MD vial; 6 mo. &amp; older</td>
<td>10 dose</td>
<td>$153.48</td>
<td>$154.55</td>
<td>$155.02</td>
<td>$155.78</td>
<td>$156.55</td>
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<tr>
<td>GSK</td>
<td>Flulaval Quadrivalent</td>
<td>0.5ml prefilled syringes, 6 mo. &amp; older</td>
<td>Pack of 10</td>
<td>$168.51</td>
<td>$169.69</td>
<td>$170.20</td>
<td>$171.04</td>
<td>$171.88</td>
</tr>
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1 Reference Contract Section 2.11 State Specific Requirements
<table>
<thead>
<tr>
<th>Mfr. Name</th>
<th>Product Name</th>
<th>Container Type, Product Age Indication</th>
<th>Pack Size</th>
<th>MMCAP Price Per Container (Prices do not include FET)</th>
<th>Florida Cost (Prices do not include FET)</th>
<th>OK, SC Cost (Prices do not include FET)</th>
<th>Alaska Cost (Prices do not include FET)</th>
<th>Georgia Cost (Prices do not include FET)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seqirus</td>
<td>Afluria Quadrivalent</td>
<td>0.5ml prefilled syringes; 3 years &amp; older</td>
<td>Pack of 10</td>
<td>$150.34</td>
<td>$151.39</td>
<td>$151.84</td>
<td>$152.60</td>
<td>$153.35</td>
</tr>
<tr>
<td>Seqirus</td>
<td>Afluria Quadrivalent</td>
<td>5 ml MD vial; 6 months &amp; older</td>
<td>10 dose</td>
<td>$139.02</td>
<td>$139.99</td>
<td>$140.41</td>
<td>$141.11</td>
<td>$141.80</td>
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<tr>
<td>Seqirus</td>
<td>Afluria Quadrivalent</td>
<td>0.25ml prefilled syringes; 6-35 months</td>
<td>Pack of 10</td>
<td>$150.34</td>
<td>$151.39</td>
<td>$151.84</td>
<td>$152.60</td>
<td>$153.35</td>
</tr>
<tr>
<td>Seqirus</td>
<td>Fludad</td>
<td>0.5ml prefilled syringes; 65 years &amp; older</td>
<td>Pack of 10</td>
<td>$439.01</td>
<td>$442.08</td>
<td>$443.40</td>
<td>$445.60</td>
<td>$447.79</td>
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<tr>
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<td>Fluolvax Quadrivalent</td>
<td>0.5ml prefilled syringes; 4 years &amp; older</td>
<td>Pack of 10</td>
<td>$182.98</td>
<td>$184.26</td>
<td>$184.81</td>
<td>$185.73</td>
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<tr>
<td>Seqirus</td>
<td>Fluolvax Quadrivalent</td>
<td>5 ml MD vial; 4 years &amp; older</td>
<td>10 dose</td>
<td>$172.18</td>
<td>$173.39</td>
<td>$173.90</td>
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<tr>
<td>Sanofi Pasteur</td>
<td>Flublok Quadrivalent</td>
<td>0.5ml prefilled syringes; 18 years &amp; older</td>
<td>Pack of 10</td>
<td>$471.42</td>
<td>$474.72</td>
<td>$476.13</td>
<td>$478.49</td>
<td>$480.85</td>
</tr>
<tr>
<td>Sanofi Pasteur</td>
<td>Fluzone Quadrivalent</td>
<td>5ml MD vial; 6 mo. of age &amp; older</td>
<td>10 dose</td>
<td>$150.26</td>
<td>$151.31</td>
<td>$151.76</td>
<td>$152.51</td>
<td>$153.27</td>
</tr>
<tr>
<td>Sanofi Pasteur</td>
<td>Fluzone Quadrivalent No Preservative</td>
<td>0.5ml prefilled syringe; 6mo of age &amp; older</td>
<td>Pack of 10</td>
<td>$162.17</td>
<td>$163.31</td>
<td>$163.79</td>
<td>$164.60</td>
<td>$165.41</td>
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<td>Sanofi Pasteur</td>
<td>Fluzone Quadrivalent No Preservative</td>
<td>0.5ml single dose vials; 6mo of age &amp; older</td>
<td>Pack of 10</td>
<td>$162.17</td>
<td>$163.31</td>
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<td>$164.60</td>
<td>$165.41</td>
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<td>Sanofi Pasteur</td>
<td>Fluzone Quadrivalent No Preservative Pediatric Dose</td>
<td>0.25ml prefilled syringe; 6 mo. to 35 months of age</td>
<td>Pack of 10</td>
<td>$171.00</td>
<td>$172.20</td>
<td>$172.71</td>
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<td>Sanofi Pasteur</td>
<td>Fluzone High-dose, No Preservative</td>
<td>0.5ml prefilled syringe; 65 years &amp; older</td>
<td>Pack of 10</td>
<td>$471.42</td>
<td>$474.72</td>
<td>$476.13</td>
<td>$478.49</td>
<td>$480.85</td>
</tr>
</tbody>
</table>

Pricing in the above table does not include Federal Excise Tax (FET).
Revision 2: Article 2.10 Return Goods/Credits: Is amended to include return and credit information for the 2019-2020 season. Vendor will supply a copy of its return goods/credit policy to MMCAP and/or Participating Facilities upon request. MMCAP Participating Facilities may return contracted purchased product to Vendor via the following guidelines for credit. Contact Vendor’s Customer Care Team at 1-800-328-8111.

➢ Only customers who pre-book 300 or more doses (30 units) by May 31, 2019 and receive their full pre-book on or before November 15, 2019 will have the right to return up to 20% per vendor, excluding FluMist, of unopened products for the 2019-2020 influenza season, according to the guidelines below:

- Full vials or boxes must be returned to Vendor between February 01, 2020 and March 01, 2020, and in accordance with Vendor vaccine guidelines.
- Only full units (vials or boxes of pre-filled syringes) are eligible to be returned. Eligible quantities will be rounded down to the nearest whole number.
- Customer will receive a credit to their McKesson account for eligible doses returned to McKesson.

Revision 3: Section 2.11.2 of Attachment A, 2. Transaction Fee paragraph 1 only is deleted and replaced with:

The State of Florida has instituted MyFloridaMarketPlace, a statewide eProcurement system. Pursuant to section 287.057(22), Florida Statutes, all payments shall be assessed Transaction Fee of 0.7%, which the Contractor shall pay to the State, as prescribed by rule 60A-1.031, Florida Administrative Code.

Revision 4: 2019-2020 McKesson Influenza Vaccine Prebook order form added as Exhibit A.

Except as herein amended, the provisions of the Original Contract/amendment between the parties are hereby expressly reaffirmed and remain in full force and effect.

1. MCKESSON MEDICAL-SURGICAL MINNESOTA SUPPLY INC.
   The Vendor certifies that the appropriate person(s) have executed this Agreement on behalf of the Vendor as required by applicable articles, bylaws, resolutions, or ordinances.

   Name: John Campbell
   Signature: ____________________________
   Title: VP Corporate Accts Gov't
   Date: 2/11/2019

2. STATE OF MINNESOTA FOR MMCAP
   In accordance with Minn. Stat. § 16C.03, subd. 3
   
   Name: Sara Turner
   Signature: ____________________________
   Date: 2-12-19

3. COMMISSIONER OF ADMINISTRATION
   In accordance with Minn. Stat. § 16C.05, subd. 2
   
   Name: Penny Fradkin
   Signature: ____________________________
   Date: 2/12/19
FluWise
McKesson FluWise™

2019 - 2020 Influenza Vaccine
Pre-book Form

MMCAP Members Only

Reserving Flu Vaccine is Easy!

Pre-book online at
mms.mckesson.com/flu

Contact your
Account Manager

Contact the Flu Team at
877-MCK-AFLU (877.625.4358)
or fluconnection@mckesson.com

Terms of Sale

Prices are subject to change without prior notification. Neither McKesson Medical-Surgical nor any of its affiliates (“McKesson”) guarantee any specific delivery date or quantity. McKesson will not be held liable for any delays or product shortages.

You agree that this is a binding order which may only be canceled by delivering McKesson written notice of cancellation prior to July 12, 2019. By placing this order, you agree to purchase the designated flu vaccine upon delivery. You further agree that, with mutual approval of the member/customer and McKesson, McKesson may substitute products at the same sales price as long as the substitute product has an equal or greater age indication and is provided in the same form. After July 12, 2019, you may cancel only the quantity of flu vaccine that McKesson fails to deliver by November 15, 2019. The sale price indicated includes freight unless separately identified on the invoice. McKesson’s standard terms of sales are incorporated by reference and apply to this order for flu vaccine. Any additional transaction or procurement fees applied by the state may increase the price of vaccines purchased under the MMCAP contract.

IN NO EVENT SHALL MCKESSON BE LIABLE FOR INCIDENTAL, SPECIAL, OR CONSEQUENTIAL DAMAGES, WHETHER BASED ON BREACH OF CONTRACT, WARRANTY, TORT, PRODUCT LIABILITY, OR OTHERWISE, INCLUDING LOST PROFITS) FROM ANY CAUSE, INCLUDING WITHOUT LIMITATION, DAMAGES RESULTING FROM ANY UNAVAILABILITY OF, DEFECT IN, OR MISSHIPMENT OF PRODUCTS OR THE PROVISION OF SERVICES, AND WHETHER OR NOT MCKESSON HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGE.

Return Policy

Only customers who pre-book 300 or more doses (30 units) by May 31, 2019, and receive their full pre-book on or before November 15, 2019, will have the right to return up to 20% per vendor, excluding FluMist®, of unopened products for the 2019 – 2020 influenza season, according to the guidelines below:

- Customer will receive a credit for eligible doses returned to McKesson between February 01, 2020, and March 01, 2020, in the subsequent influenza season on or before December 31, 2020
- Unopened vials or boxes must be returned to McKesson Medical-Surgical between February 01, 2020, and March 01, 2020, and in accordance with McKesson Medical-Surgical’s vaccine guidelines
- Only unopened units (vials or boxes of pre-filled syringes) are eligible to be returned. Eligible quantities will be rounded down to the nearest whole number.

For Example:

- A purchase of 30 vials = 6 unopened vials eligible for return
- A purchase of 33 vials = 6.6, rounded down to 6 unopened vials eligible for return
- A purchase of 6 boxes of syringes = 60 doses = Not eligible (minimum order quantity not met)

Account Number
Ship-to Account Number
Practice Name
Address
City/State
Zip
Account Executive
Practice Email

P.O. Number
Phone
Fax

O n M K
Exhibit A

INNOVATORS IN VACCINE DEVELOPMENT

GlaxoSmithKline
SANOFI PASTEUR
 Seqirus
AstraZeneca

MMS14005
Amendment 24
Exhibit A

1
<table>
<thead>
<tr>
<th>MFR</th>
<th>Product ID#</th>
<th>Description</th>
<th>Age Indication</th>
<th>Doses per Vial/Box</th>
<th>CPT Code</th>
<th>Preservative Status</th>
<th>Last Season Quantity Used</th>
<th>Total Quantity Vials/Boxes</th>
<th>Price per Vial/Box</th>
<th>Extended Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>AstraZeneca</td>
<td>AZSPRY19</td>
<td>FLUMIST®, QUAD Intranasal Spray</td>
<td>2 - 49 years</td>
<td>10 Doses/Box</td>
<td>90672</td>
<td>Preservative Free</td>
<td></td>
<td></td>
<td>$225.50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GQSYRX19</td>
<td>FLUARIK®, QUAD SYR 0.5 mL</td>
<td>6 months and older</td>
<td>10 Doses/Box</td>
<td>90686</td>
<td>Preservative Free</td>
<td></td>
<td></td>
<td>$176.01</td>
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<tr>
<td></td>
<td>GSKQVL19</td>
<td>FLUAVAX®, QUAD MDV 5 mL</td>
<td>6 months and older</td>
<td>10 Doses/ Vial</td>
<td>90688</td>
<td>Contains Preservative</td>
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<tr>
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<td>GSKSYR19</td>
<td>FLUAVAX®, QUAD SYR 0.5 mL</td>
<td>6 months and older</td>
<td>10 Doses/Box</td>
<td>90686</td>
<td>Preservative Free</td>
<td></td>
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<td>$176.01</td>
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</tr>
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<td>Sanofi</td>
<td>SPBSYR19</td>
<td>FLULOCK®, QUAD SYR 0.5 mL</td>
<td>18 years and older</td>
<td>10 Doses/Box</td>
<td>90682</td>
<td>Preservative Free</td>
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<td>10 Doses/Box</td>
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<td>$478.92</td>
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<td>SSPED19</td>
<td>FLUZONE®, QUAD Pediatric SYR 0.25 mL</td>
<td>6 - 35 months</td>
<td>10 Doses/Box</td>
<td>90685</td>
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<td>SPSDV19</td>
<td>FLUZONE®, QUAD SDV 0.5 mL</td>
<td>6 months and older</td>
<td>10 Doses/Box</td>
<td>90686</td>
<td>Preservative Free</td>
<td></td>
<td></td>
<td>$169.67</td>
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<tr>
<td></td>
<td>SPFYR19</td>
<td>FLUZONE®, QUAD SYR 0.5 mL</td>
<td>6 months and older</td>
<td>10 Doses/Box</td>
<td>90686</td>
<td>Preservative Free</td>
<td></td>
<td></td>
<td>$169.67</td>
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</tr>
<tr>
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<td>SPVL19</td>
<td>FLUZONE®, QUAD MDV 5 mL</td>
<td>6 - 35 months, 3 years and above</td>
<td>10 Doses/ Vial</td>
<td>90687/90688</td>
<td>Contains Preservative</td>
<td></td>
<td></td>
<td>$157.76</td>
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<tr>
<td>Seqirus</td>
<td>SAFVL19</td>
<td>AFLURIA®, QUAD MDV 5 mL</td>
<td>5 - 35 months, 3 years and above</td>
<td>10 Doses/ Vial</td>
<td>90688</td>
<td>Contains Preservative</td>
<td></td>
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<td>$146.52</td>
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<td>SAVLPED19</td>
<td>AFLURIA®, QUAD pediatric SYR 0.25 mL</td>
<td>6 - 35 months</td>
<td>10 Doses/Box</td>
<td>TBD</td>
<td>Preservative Free</td>
<td></td>
<td></td>
<td>$157.84</td>
<td></td>
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<tr>
<td></td>
<td>SAFLSYR19</td>
<td>AFLURIA®, QUAD SYR 0.5 mL</td>
<td>3 years and older</td>
<td>10 Doses/Box</td>
<td>90686</td>
<td>Preservative Free</td>
<td></td>
<td></td>
<td>$157.84</td>
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<tr>
<td></td>
<td>SADSYR19</td>
<td>FLUAD®, TRI SYR 0.5 mL</td>
<td>65 years and older</td>
<td>10 Doses/Box</td>
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<td></td>
<td>SCELVL19</td>
<td>FLUCELVAX®, QUAD MDV 5 mL</td>
<td>4 years and older</td>
<td>10 Doses/ Vial</td>
<td>90756</td>
<td>Contains Preservative</td>
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<td>$179.68</td>
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<tr>
<td></td>
<td>SCELSYR19</td>
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<td>4 years and older</td>
<td>10 Doses/Box</td>
<td>90674</td>
<td>Preservative Free</td>
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<td>$190.48</td>
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**Total Flu Vaccine Prebook**

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<tr>
<th>Total Doses</th>
<th>Total Quantity</th>
<th>Total Price</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Vaccine cost includes $0.75 per dose Federal Excise Tax.

---

**All prebooks not canceled by July 12, 2019 automatically turn into orders.**

---

I acknowledge that I have read this document in its entirety and agree to the terms and conditions stated herein. **I am authorized to order flu vaccines on behalf of this practice.**

---

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<thead>
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<th>Account Number</th>
<th>Date*</th>
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<td>City/State</td>
<td>Phone</td>
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<td>Zip</td>
<td>Fax</td>
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<tr>
<td>Account Executive</td>
<td>Practice Email</td>
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AMENDMENT NO.25 TO MMCAP CONTRACT NO. MMS14005

THIS AMENDMENT NO.25 ("Amendment") is entered into as of March 8, 2019 or the date MMCAP obtains all required signatures within this document, whichever is later ("Effective Data") by and between the State of Minnesota acting through its Commissioner of Administration ("Minnesota") on behalf of the Minnesota Multistate Contracting Alliance for Pharmacy ("MMCAP") and McKesson Medical-Surgical Minnesota Supply Inc., a corporation with an address of 12755 Highway 55 #R200, Plymouth, Minnesota 55441 ("Vendor").

RECITALS

WHEREAS, MMCAP and Vendor entered into a Contract MMS14005 on February 18, 2014 ("Original Contract");

WHEREAS, MMCAP and Vendor amended certain terms and conditions of the Original Contract by the way of the MMS14005 Amendment 24 into February 12, 2019, together, Original Contract and Amendment 24 will be referred to as "Agreement";

WHEREAS, MMCAP and Vendor have agreed to certain changes in the terms and conditions set forth in the Agreement and have agreed to amend the Agreement to reflect said changes;

WHEREAS, besides the terms and conditions of the Original Contract amended in this Amendment, the Agreement remains in full force and effect; and

NOW, THEREFORE, the parties acknowledge and hereby agree that the Original Contract shall be amended as follows:

Capitalized Terms; Definitions; Conditions. The Agreement and Amendment shall be read together as one document. Any capitalized terms used in Amendment which are defined in the Agreement will have the same meaning(s) when used herein, unless the context clearly requires otherwise. To the extent there shall exist a conflict between the Agreement and this Amendment, the terms of this Amendment will control. Unless otherwise clearly altered, modified, deleted or amended otherwise, the terms of the Agreement will continue in their entirety and govern the contractual relationship between Vendor and MMCAP.

Article and Clause Addendums:

Revision 1: On the Effective Date, Table 1 of the Agreement is amended as follows for the 2019-2020 season.

<table>
<thead>
<tr>
<th>Mfr. Name</th>
<th>Product Name</th>
<th>Container Type, Product Age Indication</th>
<th>Pack Size</th>
<th>MMCAP Price Per Container (Prices do not include FET)</th>
<th>Florida Cost (Prices do not include FET)</th>
<th>OK, SC Cost (Prices do not include FET)</th>
<th>Alaska Cost (Prices do not include FET)</th>
<th>Georgia Cost (Prices do not include FET)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AstraZeneca</td>
<td>Flumist</td>
<td>0.2ml Nasal Sprayer, 2 to 49 years</td>
<td>Pack of 10</td>
<td>$183.60</td>
<td>$184.89</td>
<td>$185.44</td>
<td>$186.35</td>
<td>$187.27</td>
</tr>
</tbody>
</table>

Pricing in the above table does not include Federal Excise Tax (FET).
EXHIBIT MODIFICATIONS:

Revision 2: Exhibit A, which is attached and incorporated to this Amendment, 2019-2020 McKesson Influenza Vaccine Prebook Order Form, of the Agreement updated as shown.

Except as herein amended, the provisions of the Agreement between the parties are hereby expressly reaffirmed and remain in full force and effect.

VENDOR: McKesson Medical-Surgical Minnesota Supply Inc.
The Vendor certified that the appropriate person(s) have executed this Amendment on behalf of the Vendor as required and by applicable articles, bylaws, resolutions, or ordinances.

Name: John Campbell
Signature:
Title: Vice President Government Sales
Date: 3/12/2019

STATE OF MINNESOTA FOR MMCAP
In accordance with Minn. Stat. 16C.03, Subd. 3

Name: Sara Turnbow
Signature: Sara Turnbow, Pharm.D.
Date: 3-12-19

COMMISSIONER OF ADMINISTRATION
In accordance with Minn. Stat. 16C.03, Subd. 2

Name: [Signature]
Signature:
Date: 3/13/2019
# FluWise

## 2019 - 2020 Influenza Vaccine Pre-book Form

**MMCAP Members Only**

<table>
<thead>
<tr>
<th>Account Number</th>
<th>Practice Name</th>
<th>Address</th>
<th>P.O. Number</th>
<th>Phone</th>
<th>Fax</th>
<th>Account Executive</th>
<th>Practice Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Reserving Flu Vaccine is Easy!

- Pre-book online at [muns.mckesson.com/flu](http://muns.mckesson.com/flu)
- Contact your Account Manager
- Contact the Flu Team at 877.MCK.4FLU (877.625.4358) or fluconnection@mckesson.com

### Terms of Sale

Prices are subject to change without prior notification. Neither McKesson Medical-Surgical nor any of its affiliates ("McKesson") guarantee any specific delivery date or quantity. McKesson will not be held liable for any delays or product shortages.

You agree that this is a binding order which may only be canceled by delivering McKesson written notice of cancellation prior to July 12, 2019. By placing this order, you agree to purchase the designated flu vaccine upon delivery. You further agree that, with mutual approval of the member/customer and McKesson, McKesson may substitute products at the same sales price as long as the substitute product has an equal or greater age indication and is provided in the same form. After July 12, 2019, you may cancel only the quantity of flu vaccine that McKesson fails to deliver by November 15, 2019. The sale price indicated includes freight unless separately identified on the invoice. McKesson's standard terms of sales are incorporated by reference and apply to this order for flu vaccine. Any additional transaction or procurement fees applied by the state may increase the price of vaccines purchased under the MMCAP contract. Prices for FL, OK, SC, AK and GA locations may be slightly higher than the standard MMCAP prices due to additional State Procurement fees.

IN NO EVENT SHALL MCKESSON BE LIABLE FOR INCIDENTAL, SPECIAL, OR CONSEQUENTIAL DAMAGES, WHETHER BASED ON BREACH OF CONTRACT, WARRANTY, TORT, PRODUCT LIABILITY, OR OTHERWISE, INCLUDING LOST PROFITS FROM ANY CAUSE, INCLUDING WITHOUT LIMITATION, DAMAGES RESULTING FROM ANY UNAVAILABILITY OF, DEFECT IN, OR MISSHIPMENT OF PRODUCTS OR THE PROVISION OF SERVICES, AND WHETHER OR NOT MCKESSON HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGE.

### Return Policy

Only customers who pre-book 300 or more doses (30 units) by May 31, 2019, and receive their full pre-book on or before November 15, 2019, will have the right to return up to 20% per vendor, excluding FluMist®, of unopened products for the 2019 - 2020 influenza season, according to the guidelines below:

- Customer will receive a credit for eligible doses returned to McKesson between February 01, 2020, and March 01, 2020, in the subsequent influenza season on or before December 31, 2020
- Unopened vials or boxes must be returned to McKesson Medical-Surgical between February 01, 2020, and March 01, 2020, and in accordance with McKesson Medical-Surgical's vaccine guidelines
- Only unopened units (vials or boxes of pre-filled syringes) are eligible to be returned. Eligible quantities will be rounded down to the nearest whole number.

### For Example:

- A purchase of 30 vials = 6 unopened vials eligible for return
- A purchase of 33 vials = 6.6, rounded down to 6 unopened vials eligible for return
- A purchase of 6 boxes of syringes = 60 doses = Not eligible (minimum order quantity not met)
<table>
<thead>
<tr>
<th>MFR</th>
<th>Product ID#</th>
<th>Description</th>
<th>Age Indication</th>
<th>Doses per Vial/Box</th>
<th>CPT Code</th>
<th>Preservative Status</th>
<th>Last Season Quantity Used</th>
<th>Total Quantity Vials/Boxes</th>
<th>Price per Vial/Box</th>
<th>Extended Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>AstraZeneca</td>
<td>A2SP9Y19</td>
<td>FLUMIST², QUAD Intra nasal Spray</td>
<td>2-49 years</td>
<td>10 Doses/Box</td>
<td>90672</td>
<td>Preservative Free</td>
<td></td>
<td></td>
<td>$191.10</td>
<td></td>
</tr>
<tr>
<td>GSK</td>
<td>G75X1719</td>
<td>FLURAX₂, QUAD SYR 0.5 mL</td>
<td>6 months and older</td>
<td>10 Doses/Box</td>
<td>90686</td>
<td>Preservative Free</td>
<td></td>
<td></td>
<td>$176.01</td>
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</tr>
<tr>
<td>GSK</td>
<td>G05K1619</td>
<td>FLUHALV, QUAD MDV 5 mL</td>
<td>6 months and older</td>
<td>10 Doses/Box</td>
<td>90888</td>
<td>Contains Preservative</td>
<td></td>
<td></td>
<td>$160.98</td>
<td></td>
</tr>
<tr>
<td>GSK</td>
<td>G05Y1719</td>
<td>FLUHALV, QUAD 5 mL</td>
<td>6 months and older</td>
<td>10 Doses/Box</td>
<td>90886</td>
<td>Preservative Free</td>
<td></td>
<td></td>
<td>$176.01</td>
<td></td>
</tr>
<tr>
<td>GSK</td>
<td>G55F1919</td>
<td>FLUBID, QUAD SYR 0.5 mL</td>
<td>18 years and older</td>
<td>10 Doses/Box</td>
<td>90882</td>
<td>Preservative Free</td>
<td></td>
<td></td>
<td>$478.92</td>
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</tr>
<tr>
<td>GSK</td>
<td>G55H1919</td>
<td>FLUCO⁻² High Dose, TRI SYR 0.5 mL</td>
<td>65 years and older</td>
<td>10 Doses/Box</td>
<td>90652</td>
<td>Preservative Free</td>
<td></td>
<td></td>
<td>$478.92</td>
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</tr>
<tr>
<td>GSK</td>
<td>G55P1919</td>
<td>FLUCO⁻², QUAD Pediatric SYR 0.25 mL</td>
<td>6-35 months</td>
<td>10 Doses/Box</td>
<td>90855</td>
<td>Preservative Free</td>
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<td>$178.30</td>
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<tr>
<td>GSK</td>
<td>G55D1919</td>
<td>FLUCO⁻², QUAD SDV 0.5 mL</td>
<td>6 months and older</td>
<td>10 Doses/Box</td>
<td>90865</td>
<td>Preservative Free</td>
<td></td>
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<td>$169.67</td>
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</tr>
<tr>
<td>GSK</td>
<td>G55P1919</td>
<td>FLUCO⁻², QUAD SYR 0.5 mL</td>
<td>6 months and older</td>
<td>10 Doses/Box</td>
<td>90865</td>
<td>Preservative Free</td>
<td></td>
<td></td>
<td>$169.67</td>
<td></td>
</tr>
<tr>
<td>GSK</td>
<td>G55V1919</td>
<td>FLUCO⁻², QUAD MDV 5 mL</td>
<td>6-35 months; 25mL; 3 years and above 5mL.</td>
<td>10 Doses/Box</td>
<td>90878</td>
<td>Contains Preservative</td>
<td></td>
<td></td>
<td>$157.76</td>
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</tr>
<tr>
<td>GSK</td>
<td>G55W1919</td>
<td>FLUCO⁻², QUAD MDV 5 mL</td>
<td>6-35 months; 25mL; 3 years and above 5mL.</td>
<td>10 Doses/Box</td>
<td>90888</td>
<td>Contains Preservative</td>
<td></td>
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<td>$146.52</td>
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<tr>
<td>Sanofi</td>
<td>S56B1919</td>
<td>AFELTRA, QUAD MDV 5 mL</td>
<td>6-35 months 35mL; 3 years and above 5mL.</td>
<td>10 Doses/Box</td>
<td>90188</td>
<td>Contains Preservative</td>
<td></td>
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<td>$157.84</td>
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<tr>
<td>Sanofi</td>
<td>S56F1919</td>
<td>AFELTRA, QUAD pediatric SYR 0.25 mL</td>
<td>6-35 months</td>
<td>10 Doses/Box</td>
<td>T890</td>
<td>Preservative Free</td>
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<tr>
<td>Sanofi</td>
<td>S56Y1919</td>
<td>AFELTRA, QUAD SYR 0.5 mL</td>
<td>3 years and older</td>
<td>10 Doses/Box</td>
<td>90886</td>
<td>Preservative Free</td>
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<td>$157.84</td>
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</tr>
<tr>
<td>Sanofi</td>
<td>S56D1919</td>
<td>AFELTRA, TRI SYR 0.5 mL</td>
<td>65 years and older</td>
<td>10 Doses/Box</td>
<td>90651</td>
<td>Preservative Free</td>
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<tr>
<td>Sanofi</td>
<td>S56L1919</td>
<td>FLUCELVAX, QUAD MDV 5 mL</td>
<td>4 years and older</td>
<td>10 Doses/Box</td>
<td>90756</td>
<td>Contains Preservative</td>
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<tr>
<td>Sanofi</td>
<td>S56Y1919</td>
<td>FLUCELVAX, QUAD SYR 0.5 mL</td>
<td>4 years and older</td>
<td>10 Doses/Box</td>
<td>90674</td>
<td>Preservative Free</td>
<td></td>
<td></td>
<td>$190.48</td>
<td></td>
</tr>
</tbody>
</table>

Vaccine cost includes $0.75 per dose Federal Excise Tax.

**All prebooks not canceled by July 12, 2019 automatically turn into orders.**

I acknowledge that I have read this document in its entirety and agree to the terms and conditions stated herein. I am authorized to order flu vaccines on behalf of this practice.

<table>
<thead>
<tr>
<th>Account Number</th>
<th>Date*</th>
<th>Signature*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ship-to Account Number</td>
<td>Signature*</td>
<td></td>
</tr>
<tr>
<td>Provider Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City/State</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Account Executive</td>
<td>Practice Email</td>
<td></td>
</tr>
</tbody>
</table>

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AMENDMENT NO. 26 TO MMCAP INFUSE CONTRACT NO. MMS14005

THIS AMENDMENT NO. 26 ("Amendment") is entered into on the date all required signatures are obtained for this document and is by and between the State of Minnesota acting through its Commissioner of Administration ("Minnesota") on behalf of the MMCAP Infuse ("MMCAP Infuse") and McKesson Medical-Surgical Minnesota Supply Inc., a corporation with an address of 12755 Highway 55 #R200, Plymouth, MN 55441 ("Vendor").

RECITALS

WHEREAS, MMCAP Infuse and Vendor entered into MMS14005 on February 18, 2014 ("Original Contract");

WHEREAS, MMCAP Infuse and Vendor amended certain terms and conditions of the Original Contract by the way of Amendments 1-25; together, Original Contract and Amendments 1-25 will be referred to as "Agreement";

WHEREAS, MMCAP Infuse and Vendor have agreed to certain changes in the terms and conditions set forth in the Agreement and have agreed to amend the Agreement to reflect said changes;

WHEREAS, besides the terms and conditions of the Agreement amended in this Amendment, the Agreement remains in full force and effect; and

NOW, THEREFORE, the parties acknowledge and hereby agree that the Agreement shall be amended as follows:

Capitalized Terms; Definitions; Conditions. The Agreement and Amendment shall be read together as one document. Any capitalized terms used in Amendment that are defined in the Agreement will have the same meaning(s) when used herein, unless the context clearly requires otherwise. To the extent there shall exist a conflict between the Agreement and this Amendment, the terms of this Amendment will control. Unless otherwise clearly altered, modified, deleted, or amended otherwise, the terms of the Agreement will continue in their entirety and govern the contractual relationship between Vendor and MMCAP Infuse.

Revision 1: When fully executed, all references to the Expiration Date in the Agreement will be deleted in its entirety and replaced with:

Expiration Date: April 30, 2020, or as cancelled pursuant to Article 21. Contract pricing terms for the 2019-2020 flu season will apply to the Agreement until Expiration Date unless amended hereinafter.

Except as herein amended, the provisions of the Agreement between the parties are hereby expressly reaffirmed and remain in full force and effect.

VENDOR: McKesson Medical-Surgical Minnesota Supply Inc.
The Vendor certified that the appropriate person(s) have executed this Amendment on behalf of the Vendor as required and by applicable articles, bylaws, resolutions, or ordinances.

Name: John Campbell
Signature: ________________
Title: Vice President, Government Sales
Date: 11/22/2019

STATE OF MINNESOTA FOR MMCAP INFUSE
In accordance with Minn. Stat. § 16C.03, subd. 3

Name: ________________
Signature: ________________
Date: ________________

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

Name: ________________
Signature: ________________
Date: ___-___-___