Index No.: LDC102
Contract No.: RS900613
Eff. Date: 01/06/14

STATE OF OHIO
DEPARTMENT OF ADMINISTRATIVE SERVICES
GENERAL SERVICES DIVISION
OFFICE OF PROCUREMENT SERVICES
4200 SURFACE ROAD, COLUMBUS, OH 43228-1395

AMENDMENT FOR CHANGE
AMENDMENT NO. 7

TO: LIMITED DISTRIBUTION – OHIO DEPARTMENT OF HEALTH, 900 FREEWAY DR. N., BLDG. 8, COLUMBUS, OH 43229, OHIO DEPARTMENT OF MENTAL HEALTH, OFFICE OF SUPPORT SERVICES, 2150 W. BROAD ST., COLUMBUS, OH 43223, STATE UNIVERSITIES OF OHIO, AND LOCAL HEALTH DEPARTMENTS APPROVED BY THE OHIO DEPARTMENT OF HEALTH WHICH ARE PROPERLY REGISTERED PURSUANT TO SECTION 125.04(B) OF THE OHIO REVISED CODE, COOPERATIVE PURCHASING ACT

FROM: ROBERT BLAIR, DIRECTOR, DEPARTMENT OF ADMINISTRATIVE SERVICES

SUBJECT: CONTRACT FOR VACCINES

Attached are pages 19 through 21, 24, 25, and 55 to this contract. Remove these pages from the existing contract and replace with the attached pages on the effective and/or revision date.

This amendment is issued to advise of price change effective for orders issued on or after January 6, 2014, as indicated herein.

All other prices, terms and conditions remain unchanged.

Questions regarding this Amendment and/or the Requirements Contract may be directed to:

Terry Spiropoulos, CPPB
terry.spiropoulos@das.ohio.gov

This Amendment, the main Requirements Contract and any additional amendments thereto are available from the DAS Web site at the following address:

http://www.ohio.gov/procure

Affected Contractor(s):

131828
Sanofi Pasteur, Inc.
Discovery Drive
Swiftwater, PA 18370
jill.bingham@sanofipasteur.com

ITEM ID NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
10564 210-80-0711	Human Diploid Rabies Immune Globulin (HRIG) Vaccine 150IU/ml, Single Dose Vial (Imogam) (no substitution)	2 ml 1	VL	260	430.83	SANOFI 49281-0190-20	*
10565 210-80-0711V	Human Diploid Rabies Immune Globulin (HRIG) Vaccine 150IU/ml, Vial (Imogam) (no substitution)	10 ml 1	VL	260	2,154.11	SANOFI 49281-0190-10	*
23024 210-80-0855	Diphtheria, Tetanus, acellular pertussis combined with inactivated polio (DTaP-IPV), single dose vial. (Kinrix) (no substitution) 10 vials/package	1-Dose Vials 10	PKG	60	462.20	GLAXO 58160-0812-11	
23028 210-80-0855S	Diphtheria, Tetanus, acellular pertussis combined with inactivated polio (DTaP-IPV), single pre-filled syringe. 10 pack - 1 dose T-L syringes (Kinrix) (no substitution)	Single-Dose Syringes 10	PKG	60	462.10	GLAXO 58160-0812-52	
23029 210-80-0859	Tetanus and Diphtheria Toxoids (Td), 10 pack, single dose vials. (Merck) (no substitution)	1-Dose Vials 10	PKG	06	189.00	MERCK 00006-4133-41	
10545 210-80-0859S	Tetanus & Diphtheria Toxoids Adsorbed (Td) for Adult use, Preservative Free, 10 pre-filled single-dose syringes, No needle. (Tenivac) (no substitution)	Single-Dose Syringes 10	PKG	260	223.45	SANOFI 49281-0215-15	*
14808 210-80-0859V	Tetanus & Diphtheria Toxoids Adsorbed (Td) for Adult use, Preservative Free, 10 Single-Dose Vials. (no substitution) (Tenivac)	1-Dose Vials 10	PKG	260	223.45	SANOFI 49281-0215-10	*

* To advise of price increase effective for orders issued on or after January 6, 2014.

ITEM ID NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
23030 210-80-0861	Tetanus and Diphtheria Toxoids (Td), 10 pack, single dose vials. (MassBiologics) (no substitution)	1-Dose Vials 10	PKG			SEE PART B	
23031 210-80-0863	DTaP-Hep B-IPV [(Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Hepatitis B (Recombinant) and Inactivated Poliovirus Vaccine Combined)] 10 pack - single dose T-L syringes, no needle. (Pediarix) (no substitution)	Single-Dose Syringes 10	PKG	60	665.20	GLAXO 58180-0811-52	
23032 210-80-0864	DTaP-IP-Hib [Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus and Haemophilus b Conjugate (Tetanus Toxoid Conjugate) Vaccine]. 5-pack, single dose vials. (Pentacel) (no substitution)	Single-Dose Vials 5	PKG	260	402.14	SANOFI 49281-0510-05	
10568 210-80-0870	DTaP (Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed). 10 - pack, Single Dose Vials. (Daptacel) (no substitution)	Single-Dose Vials 10	PKG	260	209.15	SANOFI 49281-0286-10	*
23033 210-80-0871S	DTaP (Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed). 10 pack - single dose T-L syringes, no needle. (Infanrix) (no substitution)	Single-Dose Syringes 10	PKG	60	189.60	GLAXO 58160-0810-52	

* To advise of price decrease effective for orders issued on or after January 6, 2014.

ITEM ID NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
23034 210-80-0871V	DTaP (Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed). 10 - pack, Single Dose Vials. (Infanrix) (no substitution)	Single-Dose Vials 10	PKG	60	189.60	GLAXO 58160-0810-11
1841 210-80-0872	Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed (TDaP) 10 pack - single dose T-L syringes, no needle. (Boostrix) (no substitution)	Single-Dose Syringes 10	PKG	60	340.80	GLAXO 58160-0842-52
23035 210-80-0872V	Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed (TDaP). 10 - pack, single dose vials. (Boostrix) (no substitution)	Single-Dose Vials 10	PKG	60	340.80	GLAXO 48160-0842-11
6519 210-80-0874	Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed (TDaP). 10 - pack, single dose vials. (Adacel) (no substitution)	10	PKG	260	352.50	SANOFI 49281-0400-10
23037 210-80-0874S	Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed (TDaP). 5 - pack, single dose dose BD Leur-Lok syringes. (Adacel) (no substitution)	Single-Dose Syringes 5	PKG	260	176.25	SANOFI 49281-0400-15
23038 210-80-1200	e-IPV (Poliovirus Vaccine Inactivated) 10-dose vial. (IPOL) (no substitution)	1	VL	260	274.38	SANOFI 49281-0860-10 *

* To advise of price increase effective for orders issued on or after January 6, 2014.

ITEM ID NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
(TBD) 210-80-1356V	Hib - Haemophilus b Conjugate Vaccine 10 - pack single-dose vials. (Hiberix) (No Substitution)	1-Dose vials 10	PKG			NO AWARD	
10571 210-80-1357 A	Hib - Haemophilus b Conjugate Vaccine 5 - pack single-dose vials. (ActHIB) (No Substitution)	1-Dose vials 5	PKG	260	96.05	SANOFI 49281-0545-05	*
23044 210-80-1357V	Hib - Haemophilus B Conjugate Vaccine 10 - pack single-dose vials. (PedvaxHIB) (no substitution)	1-Dose vials 10	PKG	234	233.91	MERCK 00006-4897-00	
23045 210-80-1369P	Rotavirus Vaccine, Live, Oral, Pentavalent 25 pack – 1 dose 2mL tubes (RotaTeq) (no substitution)	1-dose 2ml tubes 25	PKG	234	1,848.40	MERCK 00006-4047-20	
6697 210-80-1440	Measles, Mumps & Rubella Virus Vaccine Live, (MMR), Box of 10 Single Dose 0.5ml Vials w/ necessary diluent. (MMRII) (no substitution)	1-Dose vials 10	BOX	234	536.91	MERCK 00006-4681-10	
23046 210-80-1449	Meningococcal Conjugate (Groups A, C, Y and W-135), 5 - pack single-dose vials. (Menveo) (no substitution)	1-Dose vials 5	PKG	182	410.60	NOVARTIS 46028-0208-01	
10572 210-80-1449 V	Meningococcal Conjugate (Groups A, C, Y and W-135), 5 - pack single-dose vials. (Menactra) (no substitution)	1-Dose vials 5	PKG	260	548.32	SANOFI 49281-0589-05	*
14811 210-80-1521	Rabies Vaccine 2.5 IU, Powder for Inj (RabAvert) (no substitution)	1 ml 1	PKG			SEE PART B	

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ITEM ID NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
23047 210-80-1522V	Rabies Vaccine (Imovax) (no substitution)	1 ml 1	PKG	260	226.05	SANOFI 49281-0250-51	*
23048 210-80-1539S	HPV – Bivalent Human Papillomavirus Bivalent (Types 16 and 18) Vaccine, Recombinant, 10 pack – single dose syringes, no needle. (Cervarix) (no substitution)	1-Dose Syringes 10	PKG	60	1,282.20	GLAXO 58160-0830-52	
11945 210-80-1540	HPV – Quadrivalent Human Papillomavirus Types 6, 11, 16, and 18 Recombinant, 10 – pack single-dose vials. (Gardasil) (no substitution)	1-Dose vials 10	PKG			NO AWARD	
23049 210-80-1545S	PCV13, Pneumococcal 13-valent Conjugate Vaccine (Diphtheria CRM197 Protein), Pediatric, 10 pack - single dose syringes, no needle. (Prevnar 13 TM) (no substitution)	Single- Dose Syringes 10	PKG			SEE PART B	
23050 210-80-1546	Pneumococcal Vaccine Polyvalent, (23 Valent), 10 - pack single-dose vials. (Pneumovax) (no substitution)	1-Dose vials 10	PKG			SEE PART B	
23051 210-80-1546 V	Pneumococcal Vaccine Polyvalent, (23 Valent), 5 Doses/Vial. (Pneumovax) (no substitution)	5-dose 1	VL			SEE PART B	
23053 210-80-1568V	Rotavirus, Live, Oral, 10 - pack single-dose vials. (Rotarix) (no substitution)	1-Dose vials 10	PKG	60	1,054.60	GLAXO 58160-0854-52	

* To advise of price increase effective for orders issued on or after January 6, 2014.

SUMMARY OF AMENDMENTS

Amendment Number	Revision Date	Description
7	01/06/14	To advise of price change, as indicated herein.
6	12/21/13	To advise of price increase, as indicated herein.
5	09/17/13	To advise of price change, as indicated herein.
4	02/26/13	To advise of award of products as a result of ITB No. RS902513, with the addition of Part B and one (1) contractor, and other changes, as indicated herein.
3	10/23/12	To advise of award of products with the addition of two (2) contractors, as indicated herein.
2	10/01/12	To advise item will be available for ordering on or after October 22, 2012.
1	09/17/12	To advise items are not available for ordering (see page 5, Item Transition).