

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.  
Commissioner



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

### Immunization Program

**PLEASE COPY THIS FOR ALL HEALTH CARE PROVIDERS IN YOUR PRACTICE**

**TO: Local Health Departments**

**FROM: Mick Bolduc, Vaccine Coordinator-Connecticut Vaccine Program (CVP)**

A handwritten signature in black ink, appearing to read "Mick Bolduc".

**DATE: May 7, 2018**

**SUBJECT: State Influenza Contract**

The primary purpose of this communication is to provide you with information concerning the state influenza contract.

### Influenza Contract

Enclosed is information for local health departments to order influenza vaccine off the state contract procured through the Department of Administrative Services (DAS). This contract enables Local Health Departments to purchase flu for its clientele outside of the vaccines provided by the CVP. The DAS contract has been extended through December 2020 and enables Local Health Departments to order flu vaccine through the 2 vendors on the contract: FFF Enterprises and Protein Sciences Corporation. Local Health Departments should follow the instructions in the contract for placing orders with the vendors. You can access the full contract at: [https://biznet.ct.gov/SCP\\_Search/ContractDetail.aspx?ID=18217](https://biznet.ct.gov/SCP_Search/ContractDetail.aspx?ID=18217)

As always if you have any questions, please feel free to contact me at (860) 509-7940.



Phone: (860) 509-7929 • Fax: (860) 509-7945  
Telecommunications Relay Service 7-1-1  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*



CONTRACT SUPPLEMENT  
 SP-37 - Rev. 11/17/16  
 Prev. Rev. 4/28/14

Arlene Watson-Paulin  
 Contract Specialist

860-713-5237  
 Telephone Number

# STATE OF CONNECTICUT

DEPARTMENT OF ADMINISTRATIVE SERVICES  
 PROCUREMENT DIVISION  
 450 Columbus Boulevard, Hartford, CT 06103

CONTRACT AWARD NO.:	17PSX0052
Contract Award Date:	5 May 2017
Bid Due Date:	17 April 2017
SUPPLEMENT DATE:	27 February 2018

**CONTRACT AWARD SUPPLEMENT #3**  
**IMPORTANT: THIS IS NOT A PURCHASE ORDER. Do NOT PRODUCE OR SHIP WITHOUT AN AGENCY PURCHASE ORDER.**

DESCRIPTION: Influenza Virus Vaccine and Miscellaneous Vaccines

FOR: All Using State Agencies and Political Subdivisions		TERM OF CONTRACT: May 1, 2017 through December 31, 2020	
		AGENCY REQUISITION NUMBER: 0000004672	
CHANGE TO IN STATE (NON-SB) CONTRACT VALUE	CHANGE TO DAS-CERTIFIED SMALL BUSINESS CONTRACT VALUE	CHANGE TO OUT OF STATE CONTRACT VALUE	CHANGE TO TOTAL CONTRACT AWARD VALUE
N/C	N/C	N/C	N/C

**NOTICE TO CONTRACTORS:** This notice is not an order to ship. Purchase Orders against contracts will be furnished by the using agency or agencies on whose behalf the contract is made. INVOICE SHALL BE RENDERED DIRECT TO THE ORDERING AGENCY.

**NOTE:** Dollar amounts listed next to each contractor are possible award amounts, however, they do not reflect any expected purchase amounts (actual or implied). They are for CHRO use only.

**NOTICE TO AGENCIES:** A complete explanatory report shall be furnished promptly to the Procurement Manager concerning items delivered and/or services rendered on orders placed against awards listed herein which are found not to comply with the specifications or which are otherwise unsatisfactory from the agency's viewpoint, as well as failure of the contractor to deliver within a reasonable period of time specified. Please issue orders and process invoices promptly.

**CASH DISCOUNTS:** Cash discounts, if any, shall be given SPECIAL ATTENTION, but such cash discount shall not be taken unless payment is made within the discount period.

**PRICE BASIS:** Unless otherwise noted, prices include delivery and transportation charges fully prepaid f.o.b. agency. No extra charge is to be made for packing or packages.

**CONTRACTOR INFORMATION:**

REFER TO THE CONTRACT ON THE DAS PROCUREMENT WEB PAGE FOR THE MOST CURRENT CONTRACTOR INFORMATION. (<http://das.ct.gov/mp1.aspx?page=8>)

Company Name: **FFF Enterprises**

Company Address: **41093 County Center Drive, Temecula, CA 92591**

Tel. No.: **1-800-843-7477 ext. 1128**

Fax No.: **1/800-418-4333**

Contract Value: **N/C**

Contact Person: **Luke Noll**

Delivery: **N/C**

Contact Person Address: **same as above**

Company E-mail Address and/or Company Web Site: **[lnoll@fffenterprises.com](mailto:lnoll@fffenterprises.com) [www.fffenterprises.com](http://www.fffenterprises.com)**

Remittance Address: **same as above**

Certification Type (SBE, MBE or None): **None**

Agrees to Supply Political SubDivisions: **Yes**

Prompt Payment Terms: **0.25% Net 20**

**Supplement #3 issued –Flumist Quadrivalent Nasal Spray Influenza Vaccine added to 2018-2019 Season.**

**Updated pricing sheet for 2018-2019 for FFF Enterprises for Client Agency use.**

All terms and conditions not otherwise affected by this supplement remain unchanged and in full force and effect.

DEPARTMENT OF ADMINISTRATIVE SERVICES

By: \_\_\_\_\_  
(Original Signature on Document in Procurement Files)

Name: **ARLENE WATSON-PAULIN**

Title: Contract Specialist

Date:

CONTRACT SUPPLEMENT  
 SP-37 - Rev. 11/17/16  
 Prev. Rev. 4/28/14

Arlene Watson-Paulin  
 Contract Specialist

860-713-5237  
 Telephone Number

**STATE OF CONNECTICUT**  
 DEPARTMENT OF ADMINISTRATIVE SERVICES  
 PROCUREMENT DIVISION  
 450 Columbus Boulevard, Hartford, CT 06103

CONTRACT AWARD NO.:	17PSX0052
Contract Award Date:	5 May 2017
Bid Due Date:	17 April 2017
SUPPLEMENT DATE:	6 February 2018

**CONTRACT AWARD SUPPLEMENT #2**  
**IMPORTANT: THIS IS NOT A PURCHASE ORDER. Do NOT PRODUCE OR SHIP WITHOUT AN AGENCY PURCHASE ORDER.**

DESCRIPTION: Influenza Virus Vaccine and Miscellaneous Vaccines

FOR: All Using State Agencies and Political Subdivisions		TERM OF CONTRACT: May 1, 2017 through December 31, 2020	
		AGENCY REQUISITION NUMBER: 0000004672	
CHANGE TO IN STATE (NON-SB) CONTRACT VALUE	CHANGE TO DAS-CERTIFIED SMALL BUSINESS CONTRACT VALUE	CHANGE TO OUT OF STATE CONTRACT VALUE	CHANGE TO TOTAL CONTRACT AWARD VALUE
N/C	N/C	N/C	N/C

**NOTICE TO CONTRACTORS:** This notice is not an order to ship. Purchase Orders against contracts will be furnished by the using agency or agencies on whose behalf the contract is made. INVOICE SHALL BE RENDERED DIRECT TO THE ORDERING AGENCY.

**NOTE:** Dollar amounts listed next to each contractor are possible award amounts, however, they do not reflect any expected purchase amounts (actual or implied). They are for CHRO use only.

**NOTICE TO AGENCIES:** A complete explanatory report shall be furnished promptly to the Procurement Manager concerning items delivered and/or services rendered on orders placed against awards listed herein which are found not to comply with the specifications or which are otherwise unsatisfactory from the agency's viewpoint, as well as failure of the contractor to deliver within a reasonable period of time specified. Please issue orders and process invoices promptly.

**CASH DISCOUNTS:** Cash discounts, if any, shall be given SPECIAL ATTENTION, but such cash discount shall not be taken unless payment is made within the discount period.

**PRICE BASIS:** Unless otherwise noted, prices include delivery and transportation charges fully prepaid f.o.b. agency. No extra charge is to be made for packing or packages.

**CONTRACTOR INFORMATION:**

REFER TO THE CONTRACT ON THE DAS PROCUREMENT WEB PAGE FOR THE MOST CURRENT CONTRACTOR INFORMATION. (<http://das.ct.gov/mp1.aspx?page=8>)

Company Name: **FFF Enterprises**

Company Address: **41093 County Center Drive, Temecula, CA 92591**

Tel. No.: **1-800-843-7477 ext. 1128**

Fax. No.: **1/800-418-4333**

Contract Value: **N/C**

Contact Person: **Luke Noll**

Delivery: **N/C**

Contact Person Address: **same as above**

Company E-mail Address and/or Company Web Site: **[lnoll@fffenterprises.com](mailto:lnoll@fffenterprises.com) [www.fffenterprises.com](http://www.fffenterprises.com)**

Remittance Address: **same as above**

Certification Type (SBE, MBE or None): **None**

Agrees to Supply Political SubDivisions: **Yes**

Prompt Payment Terms: **0.25% Net 20**

**Supplement #2 issued – Updated Exhibit B - Price Schedule for 2018-2019 for FFF Enterprises and sample order form for Client agencies use.**

**Client Agencies please use the attached excel spreadsheet for 2018-2019 pricing.**

All terms and conditions not otherwise affected by this supplement remain unchanged and in full force and effect.

DEPARTMENT OF ADMINISTRATIVE SERVICES

By: \_\_\_\_\_  
(Original Signature on Document in Procurement Files)

Name: **ARLENE WATSON-PAULIN**

Title: Contract Specialist

Date:

FFF Item Number	Manufacturer/Product Description/Age indication	NDC # carton/Vial or syringe	Latex Status	Thimerosal	CPT/Q code	Needle	Unit of Measure
	<b>Sagivax</b>						
FLU031803	Fluceivax Quadrivalent influenza Virus Vaccine 0.5mL Prefilled syringes, needleless, 10 per box, 4 years of age and older	70461-0318-03	Latex free	Preservative free	90674	Needleless	Box of 10
FLU141810	Fluceivax Quadrivalent Influenza Virus Vaccine 5mL 10 dose vial, 4 years of age and older	70461-0418-10	Latex free	25mcg/dose	90756	N/A	Ten dose vial
FLU001803	Fluad Influenza Virus Vaccine 0.5mL Prefilled syringes, needleless, 10 per box, 65 years of age and older	70461-0018-03	Latex-free	Preservative free	90653	Needleless	Box of 10
FLU241810	Afluria Quadrivalent Influenza Virus Vaccine 5mL 10 dose vial, 5 years of age and older	33332-0418-10	Latex free	24.5mcg/dose	90688	N/A	Ten dose vial
FLU031801	Afluria Quadrivalent Influenza Virus Vaccine 0.5mL Prefilled syringes, needleless, 10 per box, 5 years of age and older	33332-0318-01	Latex free	Preservative free	90686	Needleless	Box of 10
	<b>SANOPI</b>	<b>NDC #</b>					
FLU062915	Fluzone Quadrivalent Influenza Virus Vaccine 5mL 10 dose vial, 6 months of age and older	49281-0629-15	Latex free	25mcg/dose	90688	N/A	Ten dose vial
FLU051825	Fluzone Quadrivalent Influenza Virus Vaccine 0.25mL Prefilled syringes, 10 per box, 6 to 35 months of age	49281-0518-25	Latex free	Preservative free	90685/90687	Needleless	Box of 10
FLU041850	Fluzone Quadrivalent Influenza Virus Vaccine 0.5mL Prefilled syringes, 10 per box, 3 years of age and older	49281-0418-50	Latex free	Preservative free	90686	Needleless	Box of 10
FLU041810	Fluzone Quadrivalent Influenza Virus Vaccine 0.5mL Single dose vials, 10 per box, 3 years of age and older	49281-0418-10	Latex free	Preservative free	90686	N/A	Box of 10
FLU040365	Fluzone High Dose Influenza Virus Vaccine 0.5mL Prefilled syringes, 10 per box, 65 years of age and older	49281-0403-65	Latex free	Preservative free	90662	Needleless	Box of 10
FLU071810	Flublok Quadrivalent Influenza Vaccine 0.5mL Prefilled syringes, 10 per box, 18 years of age and older	42874-0718-10	Latex free	Preservative free	90682	N/A	Box of 10
	<b>GSK</b>						
FLU090011	FluLaval Quadrivalent Influenza Virus Vaccine 5mL 10 dose vial, 6 months of age and older	19515-0900-11	Latex free	25 mcg/dose	90688	N/A	Ten dose vial
FLU090952	FluLaval Quadrivalent Influenza Virus Vaccine 0.5mL Prefilled syringes, 10 per box, 6 months of age and older	19515-0909-52	Latex free	Preservative free	90686	Needleless	Box of 10
FLU089852	Fluarix Quadrivalent Influenza Virus Vaccine 0.5mL Prefilled syringes, 10 per box, 3 years of age and older	58160-0898-52	Latex free	Preservative free	90686	Needleless	Box of 10
	<b>MEDIMMUNE</b>						
FLU030510	Flumist Quadrivalent Influenza Vaccine Live 0.2mL prefilled, single-use intranasal spray, 10 per box, 2 to 49 years of age	TBD	Latex free	Preservative free	90672	N/A	Box of 10



**PLEASE NOTE:**

**Supplement #1 issued to correct Contract end date and add the vaccine below effective immediately:**

GSK  
Fluarix Quadrivalent 0.5mL PFS, 10 per box

Price \$160.70 per box  
Federal Excise Tax \$7.50  
Total price: \$168.20/box of 10

All terms and conditions not otherwise affected by this supplement remain unchanged and in full force and effect.

DEPARTMENT OF ADMINISTRATIVE SERVICES

By: \_\_\_\_\_  
(Original Signature on Document in Procurement Files)  
Name: **ARLENE WATSON-PAULIN**  
Title: Contract Specialist  
Date:



CONTRACT AWARD  
SP-38 - Rev. 11/17/16  
Prev. Rev. 5/21/14

Arlene Watson-Paulin  
Contract Specialist

860-713-5237  
Telephone Number

**STATE OF CONNECTICUT**  
DEPARTMENT OF ADMINISTRATIVE SERVICES  
PROCUREMENT DIVISION  
450 Columbus Boulevard, Hartford, CT 06103

CONTRACT AWARD NO.:
17PSX0052
Contract Award Date:
5 May 2017
Bid Due Date:
17 April 2017

**CONTRACT AWARD**  
**IMPORTANT: THIS IS NOT A PURCHASE ORDER. DO NOT PRODUCE OR SHIP WITHOUT AN AGENCY PURCHASE ORDER.**

DESCRIPTION:

**Influenza Virus Vaccine and Miscellaneous Vaccines**

FOR: All Using State Agencies and Political Subdivisions		TERM OF CONTRACT: May 1, 2017 through March 31, 2018	
		AGENCY REQUISITION NUMBER: 0000004672	
IN STATE (NON-SB) CONTRACT VALUE	DAS CERTIFIED SMALL BUSINESS CONTRACT VALUE	OUT OF STATE CONTRACT VALUE	TOTAL CONTRACT AWARD VALUE
\$25,000.00 Estimate	N/A	\$75,000.00 Estimate	\$100,000.00 Estimate

**NOTICE TO CONTRACTORS:** This notice is not an order to ship. Purchase Orders against contracts will be furnished by the using agency or agencies on whose behalf the contract is made. INVOICE SHALL BE RENDERED DIRECT TO THE ORDERING AGENCY.

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**CASH DISCOUNTS:** Cash discounts, if any, shall be given SPECIAL ATTENTION, but such cash discount shall not be taken unless payment is made within the discount period.

**PRICE BASIS:** Unless otherwise noted, prices include delivery and transportation charges fully prepaid f.o.b. agency. No extra charge is to be made for packing or packages.

**CONTRACTOR INFORMATION:**

REFER TO THE CONTRACT ON THE DAS PROCUREMENT WEB PAGE FOR THE MOST CURRENT CONTRACTOR INFORMATION. (<http://das.ct.gov/mp1.aspx?page=8>)

Company Name: **FFF Enterprises**

Company Address: **41093 County Center Drive, Temecula, CA 92591**

Tel. No.: **1-800-843-7477 ext. 1128**

Fax No.: **1-800-418-4333**

Contract Value: **\$75,000.00 Estimate**

Contact Person: **Luke Noll**

Delivery: **Per contract**

Contact Person Address: **same as above**

Company E-mail Address and/or Company Web Site: **[lnoll@fffenterprises.com](mailto:lnoll@fffenterprises.com) [www.fffenterprises.com](http://www.fffenterprises.com)**

Remittance Address: **same as above**

Certification Type (SBE, MBE or None): **None**

Agrees to Supply Political SubDivisions: **Yes**

Prompt Payment Terms: **0.25% Net 20 days**

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**CONTRACTOR INFORMATION:**

REFER TO THE CONTRACT ON THE DAS PROCUREMENT WEB PAGE FOR THE MOST CURRENT CONTRACTOR INFORMATION. (<http://das.ct.gov/mp1.aspx?page=8>)

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Company Name: **Protein Sciences Corporation**

Company Address: **1000 Research Parkway, Meriden, CT 06450**

Tel. No.: **1-203-599-6064 ext. 177**

Fax No.: **1-203-599-6069**

Contract Value: **\$25,000.00 Estimate**

Contact Person: **Nadine Francis West**

Delivery: **Per contract**

Contact Person Address: **same as above**

Company E-mail Address and/or Company Web Site: **[nfwest@proteinsciences.com](mailto:nfwest@proteinsciences.com) [www.proteinsciences.com](http://www.proteinsciences.com)**

Remittance Address: **same as above**

Certification Type (SBE, MBE or None): **None**

Agrees to Supply Political SubDivisions: **Yes**

Prompt Payment Terms: **Net 45 days**

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The signature below by the DAS Contract Specialist is evidence that the Contractor's solicitation response has/have been accepted and that the Contractor(s) and DAS are bound by all of the terms and conditions of the Contract.

DEPARTMENT OF ADMINISTRATIVE SERVICES

By: \_\_\_\_\_  
(Original Signature on Document in Procurement Files)

Name: **ARLENE WATSON-PAULIN**

Title: **Contract Specialist**

Date:

**State of CT - Vaccine Contract Summary**

**FFF Enterprises, Inc.**

**Contract Number**

**17PSX0052**

**Term of Contract**

**May 5, 2017 through March 31, 2020**

**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**

**Contractor 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](mailto:lnoll@fffenterprises.com)**

**State of Connecticut Wholesale License No: CSW-0000654**

**Quote # to utilize when placing orders against Contract:**

**FFF1425**

**Shipping and Delivery**

- **FOB Destination**
- **Damaged products should be reported to Contractor immediately upon receipt-contact customer service for instructions**
- **Orders may be cancelled or modified at any time up until shipment**
- **Influenza delivery 25% by 8/31/2017 – 100 % by 9/30/2017**

**Delivery: Note: The estimated total seasonal number of required doses is 75,000 (any combination of vials/prefilled syringes)**

**Protein Sciences Corporation**

**Contract Number**

17PSX0052

**Term of Contract**

May 5, 2017 through March 31, 2020

**Product Ordering by Fax or Email preferably**

Phone: 1-203-686-0800

Fax: 1-203-686-1208

Email: [Flubloksales@proteinsciences.com](mailto:Flubloksales@proteinsciences.com)

Website: [www.proteinsciences.com](http://www.proteinsciences.com)

**Customer Service**

Phone: 1-800-488-7099 1-203-686-0800

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

**Contractor Administrator**

Name: Nadine Francis West

Title: SVP & CAO

Company Name: Protein Sciences Corporation

Address: 1000 Research Parkway

City, ST, Zip: Meriden, CT 06450

Phone: 1-203-599-6064

Email: [nfwest@proteinsciences.com](mailto:nfwest@proteinsciences.com)

Quote # (17PSX0052) to utilize when placing orders against Contract:

**Shipping and Delivery**

- FOB Destination (Client Agency please fill out order form online and Contractor will ship direct next day Monday throughout Thursday)
- Damaged products should be reported to Contractor immediately upon receipt-contact customer service for instructions
- Orders may be cancelled or modified at any time up until shipment
- Earliest date for supply is 8/30/2017 – all State orders will be prioritized

Delivery: Note: The estimated total seasonal number of required doses is 75,000 (any combination of vials/prefilled syringes)

**STATE OF CONNECTICUT  
PROCUREMENT SERVICES**

**Exhibit B - Price Schedule**

CONTRACT NO: 17PSX0052
DELIVERY: 25% by 8/31-100% by 9/30/ 2017
TERMS: 45 Days
CASH DISCOUNT: 0.25 % Net 20 Days
CONTRACTOR NAME: FFF Enterprises

Unit of Measurement	Quantity	UNIT PRICE DELIVERED
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ITEM #	Description of Goods and/or Services		
<b>2016/2017</b>			
<b>SECTION A</b>			
<u>INFLUENZA VIRUS VACCINE</u>			
<b><u>Split-Virus (Influenza) Trivalent</u></b>			
0001.	Split-Virus - 5 mL Vial - Ten (10) Dose Vial (Formulation - For Ages 4+) <b>RETURNABLE: Yes</b> Up to 30% returnable. Please contact FFF Enterprises for additional information.	Vial	<b>\$99.07/Per Vial</b> <b>Plus</b> Federal Excise Tax: <b>\$7.50/Per Dose</b> Mfg.: Sequiris Brand Name: Fluvirin Trivalent NDC Number: 70461-120-10 Doses Per 5ml Vial: 10 Formulation For Age - 4 and above
<b><u>Split-Virus (Influenza) Quadrivalent</u></b>			
	Split-Virus - 5 mL Vial - Ten (10) Dose Vial (Formulation - For Ages 4+) <b>RETURNABLE: Yes</b> Up to 30% returnable. Please contact FFF Enterprises for additional information.	Vial	<b>\$147.21/Per Vial</b> <b>Plus</b> Federal Excise Tax: <b>\$7.50/Per Dose</b> Mfg.: Sanofi Pasteur Brand Name: Fluzone Quad NDC Number: 49281-0627-15 Doses Per 5ml Vial: Formulation For Age - 3 and above
0002.	<u>Prefilled Syringes (Packages of Ten (10) Per Pack) - 0.5 mL</u> Single Dose Per Syringe - IMPORTANT: NON-TUBEX TYPE ONLY (Formulation - For Ages 4+) <b>RETURNABLE: Yes</b> Up to 30% returnable. Please contact FFF Enterprises for additional information.	Pkg.	<b>\$108.18/Per Pkg.</b> <b>Plus</b> Federal Excise Tax: <b>\$7.50 /Per Dose</b> Non-Tubex: <b>Yes</b> *Retractable Safety Syringe: <b>NO</b> Mfg.: Sequiris No. Per Package: 10 Brand Name: <b>Fluvirin Tri PFS</b> NDC Number: 70461-120-02 Formulation For Age - 4 and above
	<b>Quadrivalent</b>	Pkg.	<b>\$156.64/Per Pkg.</b> <b>Plus</b> Federal Excise Tax: <b>\$7.50/Per Dose</b> Non-Tubex: <b>Yes</b> *Retractable Safety Syringe: <b>Yes</b> Mfg.: Sequiris No. Per Package: 10 Brand Name: <b>Fluvelvax quad FPS</b> NDC Number: 70461-0201-01 Formulation For Age - 4 and above
	<u>Prefilled Syringes (Packages of Ten (10) Per Pack) - 0.5 mL</u> Single Dose Per Syringe - IMPORTANT: NON-TUBEX TYPE ONLY (Formulation - For Ages 4+) <b>RETURNABLE: Yes</b> Up to 30% returnable. Please contact FFF Enterprises for additional information.		

0003	Flublok Quadrivalent Prefilled Syringes (Packages of Ten) Per Pack) 0.5 mL Single Dose Per Syringe  <b>RETURNABLE: Yes</b> <b>Up to 30% returnable. Please contact FFF Enterprises for additional information.</b>  State of Connecticut Wholesale License No.:CSW-00 CSW-0000654 - FFF Enterprises	<b>\$392.00/Per Vial</b> <b>Plus Federal Excise Tax:</b> <b>\$7.50/Per Dose</b> Mfg.: Protein Sciences Brand Name: Flublok NDC Number: 42874-117-10 Doses Per 0.5ml Vial: Formulation For Age - 18 and above
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END OF SECTION A

SECTION B - MISC. VACCINES/BIOLOGICALS

0017.	Influenza Virus Vaccine, LIVE, intranasal, Prefilled Sprayer <u>Package of 10 Single Use Sprayers - NASAL USE ONLY</u>  Ref.: MedImmune - FluMist® <b>RETURNABLE: Yes</b> <b>Up to 30% returnable. Please contact FFF Enterprises for additional information.</b>	Pkg.	<b>\$190.49</b> <b>Plus Federal Excise Tax:</b> <b>\$7.50/Per Dose</b> Mfg.: MedImmune Brand Name - Flumist NDC Number. TBD
0018.	Influenza Virus Vaccine, <u>HIGH-DOSE</u> , 0.5 mL, w/o needle For Adults 65 Years of Age and Older <u>Package of 10 PREFILLED SYRINGES</u>  <b>RETURNABLE: Yes</b> <b>Up to 30% returnable. Please contact FFF Enterprises for additional information.</b>	Pkg.	<b>\$402.85</b> <b>Plus Federal Excise Tax:</b> <b>\$7.50/Per Dose</b> Mfg.: Sanofi Pasteur Brand Name Fluzone HD NDC Number . 49281-0401-65
0022.	FluLaval Quadrivalent Influenza Virus Vaccine 5mL 5mL 10 dose via, 3 years of age and older Ref: <b>RETURNABLE: Yes</b> <b>Up to 30% returnable. Please contact FFF Enterprises for additional information.</b>	Box	<b>\$145.69</b> <b>Plus Federal Excise Tax:</b> <b>\$7.50/Per Dose</b> Mfg.: GSK Brand Name: Flulaval Quad NDC Number. 19515-0896-11

**STATE OF CONNECTICUT  
PROCUREMENT SERVICES**

Exhibit B - Price Schedule

CONTRACT NO: 17PSX0052		
DELIVERY: see instruction sheet		
TERMS: 45 Days		
CONTRACTOR NAME: Protein Sciences Corporation		
Unit of Measure ment	Quantity	UNIT PRICE DELIVERED

ITEM #	Description of Goods and/or Services		
			<b>2016/2017</b>
<u>SECTION A</u>			
<u>INFLUENZA VIRUS VACCINE</u>			
0003	Flublok Quadrivalent Prefilled Syringes (Packages of Ten) Per Pack) 0.5 mL Single Dose Per Syringe		<b>\$40.00/Per-Filled Syringe</b> Plus Federal Excise Tax: <b>\$7.50/Per Dose</b> Mfg.: Protein Sciences Brand Name: Flublok NDC Number: 42874-117-10 Formulation For Age - 18 and above
	<b>RETURNABLE: NO</b>		

**EXHIBIT A**

**DESCRIPTION OF GOODS & SERVICES AND ADDITIONAL TERMS & CONDITIONS**

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**1. DESCRIPTION OF GOODS AND SERVICES:**

- (a) Contractor shall provide the following types of the United States Food and Drug Administration (U.S. FDA) approved virus vaccines for the 2017-2018 season.
- 2017-2018 approved FDA influenza virus vaccine(s) safe for patients four (4) years of age and older ("Virus Vaccine") which are acceptable to the Client Agency and listed in Exhibit B.
  - 2017-2018 approved FDA Flublok Quadrivalent influenza vaccine R1V3 (recombinant hemagglutinin influenza vaccine, trivalent formulation) acceptable to the Client Agency and safe for patients 18 years of age and older ("Flublok")
  - 2017-2018 approved miscellaneous and Flublok vaccines which are acceptable and safe for patients 18 years of age and older.
- (b) Upon Client Agency request, the Contractor shall provide a minimum of 75,000 doses of the Virus Vaccine for the 2017/2018 season.
- (c) For Flublok for age criteria 50 or older, Contractor must submit proof of FDA approval upon delivery.
- (e) All Contractor Virus Vaccines and Flublok listed in Exhibit B must be fully approved by the FDA for immediate dispensing in the United States.
- (f) Contractor shall include up-to-date package, formulary and prescribing information and any inserts with any vaccine shipment regarding safe dosing practices for all vaccines shipped.
- (g) Each vial of vaccine provided by the Contractor must yield a minimum of at least ten (10) doses of the Virus Vaccine (5mL Vial – split Virus).
- (h) If vials, due to no fault of the administering clinician and/or physician, do not yield the guaranteed minimum in the Client Agency's sole opinion based upon usage reports from administering clinicians and/or physicians, the Contractor shall provide additional units of the vaccine at no additional cost to the Client Agency in an amount sufficient to make up any Client Agency identified dosage shortfall.
- (e) The Client Agency shall submit orders to the Contractor no later than June 30, 2017, for season 2017/2018 unless a later date is specified by the Contractor in writing and agreed upon by both parties.
- (f) Contractor shall commence Virus Vaccine shipments no later than September 1, 2017 for 2017/2018 season.



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(g) All orders are FOB Client Agency designated destination to multiple locations within the State of Connecticut.

**2. Other Vaccines:**

(a) Contractor shall provide other miscellaneous Vaccines listed in Exhibit B, at the prices listed in Exhibit B.

**(3) Substitute Vaccine:**

(a) If a vaccine becomes unavailable or a delivery or shipment schedule cannot be met, the Contractor shall provide safe, alternate product substitutions acceptable to Client Agency.

(b) Substitution of a vaccine must be authorized in writing by the State of Connecticut, Department of Public Health ("DPH") and municipal representatives (if applicable) and not by the Contractor. The Contractor shall make the substitution in a timely manner that best fits the needs of the Client Agencies at no additional cost through the term of the Contract.

(c) Contractor shall not under any circumstances substitute a vaccine unless duly authorized in writing by DPH.

(d) DPH approval of an alternate or substitute vaccine does not relieve the Contractor from its obligation to ship only FDA approved vaccines.

**(4) Contractor Reporting:**

(a) Upon request, Contractor shall supply detailed reports on demand as orders are accepted, shipped and received at Client Agencies throughout the term of the Contract.

(b) Contractor shall provide the Client Agency with reports and access to up-to-date information (at the line item level) of what has been ordered, shipped and what is due to be shipped by each Client Agency throughout the term of the Contract, especially during the critical periods of early fall through early winter.

Reports must include:

- Customer name
- Address
- Sales quantity or total product ordered
- Product number
- Delivered quantity (to date)
- Total cost
- Date product ordered

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- Required or specified delivery date
- Actual delivery date and special instructions

**6. Packaging:**

- (a) Any broken, repacked, damaged, imperfect and or partial packages will not be accepted and are to be replaced by Contractor at no additional cost to Client Agency.
- (b) All vaccines specified in Exhibit B – Price schedule must be of latest possible dating when delivered to insure longest possible shelf life.
- (c) Full prescribing information (*i.e.*, package insert and literature) must be included with each and every delivery including at least the following:
- Vaccine description
  - Clinical pharmacology
  - Indications and usage
  - Precautions and warnings
  - Adverse reactions
  - Safety for both pediatric and adult administration
  - Age factors
  - Dosage
  - Administration and proper storage procedures.

**7. Other Related Products:**

- (a) If the Client Agency requires a small quantity of a vaccine that is not listed in Exhibit B, the Client Agency may obtain those vaccines at prices provided by Contractor.
- (b) Client Agency must contact DAS/Procurement Services if the Client Agency needs a vaccine on more than one-time basis that is not available under Exhibit B. DAS/Procurement Services will issue a Contract supplement identifying the vaccine(s), describing the quantity needed and the dollar value of such vaccine(s).

**8. Federal Pricing Schedule (FSS):**

- (a) If the Connecticut Department of Veterans' Affairs ("DVA") is the Client Agency, Contractor must provide DVA with Federal Supplies Schedule (FSS) pricing under the Veterans Health Care Act, Public Law 102-585.
- (b) The DVA is located at 287 West Street, Rocky Hill, CT 06067. Contact – Briana Palmer – 860-616-3638 or via email at [Briana.Palmer@ct.gov](mailto:Briana.Palmer@ct.gov)

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**(9) Latex Content:**

- (a) No packaging of vaccines may contain latex.
- (b) In regards to prefilled syringes, the tip caps may contain natural rubber latex, but no other components may contain latex.

**10. Minimum orders:**

- (a) There will be no minimum ordering requirements during the term of the Contract.
- (b) The estimated annual quantities are estimated quantities and/or usages only and in no way represent a commitment and/or intent to purchase a particular quantity by the Client Agency.

**11. Returns:**

- (a) At the end of the seasonal shipping period for the season, all Client Agencies with excess vaccine on hand must be given explicit instructions on credit issuance, Electronic Fund Transfer (EFT) credit and the complete address for return of the vaccine to the Contractor. The Client Agency shall bear the cost of shipping for any returned vaccine.

**12. Contractor Licensing:**

- (a) If the Contractor is a distributor that is not located in the State of Connecticut, the Contractor shall maintain a current and valid copy of their Connecticut wholesaler's license. At minimum the license must be current at all times and indicate the state in which the distributor functions or operates from.
- (b) If the Contractor is a manufacturer, Contractor shall maintain its FDA registration throughout the term of the Contract.

**13. Federal Excise Tax (FET):**

- (a) Vaccine excise tax (if applicable to selected vaccine) must be included as a separate line item on Exhibit B – Price Schedule, cost figure (per dose), reflecting the excise tax imposed by law.
- (b) Vaccine excise tax (if applicable to selected vaccine) is included as a separate line item on Exhibit B - Price Schedule, cost figure (per dose), reflecting the excise tax imposed by law.

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**14. Agency contact information:**

Department of Administrative Services (DAS) Procurement Services  
Arlene Watson-Paulin – [Arlen.watson-paulin@ct.gov](mailto:Arlen.watson-paulin@ct.gov)  
450 Columbus Boulevard, S1202, Hartford, CT 06103  
860-713-5237 (office #)  
860-622-2936 (fax)

Department of Public Health (DPH)  
Connecticut Immunization Program  
Michael Bolduc – [Michael.bolduc@ct.gov](mailto:Michael.bolduc@ct.gov)  
410 Capitol Avenue  
Hartford, CT 06106  
860-509-7940 (office #)

Capitol Region Council of Governments – CROCG  
Maureen Barton – [mbarton@crocg.org](mailto:mbarton@crocg.org)  
241 Main Street, Hartford, CT 06106  
860-522-2217 x 237 (office #)  
860-724-1274 (fax)

**13. ADDITIONAL TERMS AND CONDITIONS:**

**(a) Contract Separately/Additional Savings Opportunities**

DAS reserves the right to either seek additional discounts from the Contractor or to contract separately for a single purchase, if in the judgment of DAS, the quantity required is sufficiently large, to enable the State to realize a cost savings, over and above the prices set forth in Exhibit B, whether or not such a savings actually occurs.

**(b) Mandatory Extension to State Entities**

Contractor shall offer and extend the Contract (including pricing, terms and conditions) to political subdivisions of the State (towns and municipalities), schools, and not-for-profit organizations.

**(c) P-Card (Purchasing MasterCard Credit Card)**

Notwithstanding the provisions of Section 4(b)(2) of the Contract, purchases may be made using the State of Connecticut Purchasing Card (MasterCard) in accordance with Memorandum No. 2011-11 issued by the Office of the State Comptroller.

Contractor shall be equipped to receive orders issued by the Client Agency using the MasterCard. The Contractor shall be responsible for the credit card user-handling fee associated with MasterCard

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purchases. The Contractor shall charge to the MasterCard only upon acceptance of Goods delivered to the Client Agency or the rendering of Services.

The Contractor shall capture and provide to its merchant bank, Level 3 reporting at the line item level for all orders placed by MasterCard.

Questions regarding the state of Connecticut MasterCard Program may be directed to Ms. Kerry DiMatteo, Procurement Card Program Administrator at 860-713-5072.

**(d) Subcontractors**

Subcontracting is not allowed under this Contract.

**(e) Security and/or Property Entrance Policies and Procedures**

Contractor shall adhere to established security and/or property entrance policies and procedures for each requesting Client Agency. It is the responsibility of each Contractor to understand and adhere to those policies and procedures prior to any attempt to enter any Client Agency premises for the purpose of carrying out the scope of work described in this Contract.