

**First Amendment to the
San Mateo County Agreement
Effective as of October 1, 2002
(Lilly agreement #163750)
by and between
San Mateo County
and
Eli Lilly and Company**

The above referenced Agreement is hereby amended as follows:

1. Effective October 1, 2002 the Agreement term is hereby extended to September 30, 2006.
2. Effective October 1, 2003 the Products covered under this Agreement as set forth in Exhibit B – Formulary Status is hereby amended as indicated below:

Product or Product Class	Status	Price
ZYPREXA	Equal Status and Unrestricted Access	10% rebate*

Item Description	NDC #	Unit Size/Strength	Quantity
Zyprexa	0002-4112-60	OLANZAPINE 2.5MG	60
	0002-4112-33	OLANZAPINE 2.5MG	ID100
	0002-4112-04	OLANZAPINE 2.5MG	1000
	0002-4115-60	OLANZAPINE 5MG	60
	0002-4115-33	OLANZAPINE 5MG	ID100
	0002-4115-04	OLANZAPINE 5MG	1000
	0002-4116-60	OLANZAPINE 7.5MG	60
	0002-4116-33	OLANZAPINE 7.5MG	ID100
	0002-4116-04	OLANZAPINE 7.5MG	1000
	0002-4117-60	OLANZAPINE 10MG	60
	0002-4117-33	OLANZAPINE 10MG	ID100
	0002-4117-04	OLANZAPINE 10MG	1000
	0002-4415-33	OLANZAPINE 15MG	ID100
	0002-4415-04	OLANZAPINE 15MG	1000
	0002-4420-60	OLANZAPINE 20MG	60
	0002-4220-33	OLANZAPINE 20MG	ID100
	0002-4220-04	OLANZAPINE 20MG	1000

*NOTE 1: Rebate will be calculated based on Institution's total purchases at Net Wholesale Price (NWP). Net Wholesale Price is subject to change solely at Lilly's discretion. The rebate payment due shall be equal to the quarterly total sales calculated at NWP, multiplied by the eligible rebate amount set forth above.

This rebate shall only be available where equal and unrestricted status is granted. For avoidance of any doubt, no rebate will be available unless both of the conditions have been satisfied.

Except as specifically provided herein, all other terms and conditions of the above referenced Agreement remain in full force and effect.

SAN MATEO COUNTY

ELI LILLY AND COMPANY

Signature

Signature

Print

Print

Date

Date

COUNTY OF SAN MATEO
HEALTH SERVICES ADMINISTRATION

MEMORANDUM

DATE: June 8, 2004

TO: Priscilla Morse, Risk Management/Insurance Division

FROM: John Klyver, Mental Health Services/PONY #MLH 322

CONTRACTOR: Eli Lilly and Company

DO THEY TRAVEL: No

PERCENT OF TRAVEL TIME:

NUMBER OF EMPLOYEES: yes

DUTIES (SPECIFIC): See attached

COVERAGE:

Comprehensive General Liability:	\$ _____
Motor Vehicle Liability:	\$ _____
Professional Liability:	\$ _____
Worker's Compensation:	\$ _____

APPROVE _____

WAIVE  _____

MODIFY _____

REMARKS/COMMENTS: Please waive.


SIGNATURE