CITY
OF
JOPLIN, MISSOURI

BID PACKAGE

#2021-RFP-14

for

PHARMACY SERVICES 2021

JOPLIN HEALTH DEPARTMENT
321 E. 4th Street
JOPLIN, MO 64801
(417) 623-6122
(417) 624-6453 (FAX)

NOTICE TO BIDDERS

The City of Joplin, Missouri will accept sealed bid proposals until 10:00 A.M., Monday, November 08, 2021 at the Joplin Health Department located at 321 E. 4th Street, Joplin, Missouri, 64801 to PURCHASE the following:

Pharmacy Services

Specifications and bid forms are available from Ryan Talken, Public Health Director, by calling 417-623-6122 or by writing to the address indicated above. Any bids received after the specified deadline will be returned to the vendor.

The City reserves the right to evaluate all bids, to reject any or all bids and re-bid at a later date. The City may waive any irregularities in the bid or negotiate variances from specifications, and make awards that are in the best interests of the City. The City will have final decision in all matters regarding acceptance of bids and issuance of awards.

The City encourages minority and female owned businesses to submit bids on all City purchases.

Leslie Haase, CPA
Finance Director

Publication Date: Thursday, Ocotober 07, 2021

INSTRUCTIONS TO BIDDERS

The City of Joplin, Missouri proposes to **PURCHASE** the following:

Pharmacy Services

All bids shall have firm-fixed F.O.B. Joplin; Missouri price and shall be honored for a minimum of ninety (90) days following the bid opening.

All bids shall be exclusive of Federal, State, and City taxes.

It is the intent of the specifications included with this bid document to generally describe the item(s) desired in sufficient detail as to secure bids on comparable items.

Specification variances, and additional information should be attached to the bid form. All blanks on the attached bid specifications shall be filled in completely and accurately. Any bid not meeting this requirement may be considered non-responsive.

Any protest or grievance must be issued in writing and delivered to the office of the Director of Finance within ten (10) days following the bid opening. Any protest filed after this time period has elapsed will not be considered.

The City encourages selection of products manufactured, assembled and/or produced in the United States, as long as the quality and price are comparable with other items bid.

Businesses which are located within the city limits of Joplin may be given preference in the awarding of a bid, providing the bid from the local business does not exceed the lowest bid by more than 3% or $2,500, whichever is less.

The City may give preference to vendors handling products that contain post-consumer recovered materials, providing the bid does not exceed the lowest bid by more than 5% or $2,500, whichever is less.

Once the bids are reviewed and evaluated, the successful vendor will be notified, in writing, and will receive an authorized City of Joplin purchase order. Verbal acknowledgments will not be considered as official notification and will not obligate the City in any way. Delivery or performance should not be completed without the receipt of an authorized purchase order. Minimum information to be submitted with each bid shall consist of the following:

1. Bid Response Form (all 7 pages)

MARK BID ENVELOPES: "BID #2021-RFP-14; Pharmacy Services 10:00 A.M., Nov 08, 2021"

Questions concerning the specifications and bidding procedures should be directed to Cynthia Burnham, Joplin Health Department at 321 E. 4th St, Joplin, MO, 64801 or by phoning 417-623-6122.

JOPLIN CITY HEALTH DEPARTMENT
BID SPECIFICATIONS FOR
PHARMACEUTICAL SERVICES

GENERAL

It is the intent of these specifications to procure licensed retail pharmacy services to provide prescriptions referred from the Joplin Community Clinic.

TERM OF BID

The bid formulary price shall remain in effect for a one (1) year period from the date of the signed agreement. The contract may be extended one year at a time up to a maximum of three years if agreeable to both parties, and the price is substantially unchanged.

In the event the pharmacy fails to perform to the satisfaction of the City of Joplin, the City may terminate its obligation under this bid 10 days after written notice.

BILLING AND PAYMENT

The pharmacy shall submit separate billing invoices at the end of each month for all the prescriptions dispensed during that month for the Community Clinic Account. Each invoice shall list the name of the patient, the name of the prescription, the amount/dosage of the prescription, the gross price, the co-pay received-if any, and the net price charged to the City after reduced by the co-pay amount.

The City will issue a check within 15 days of receipt of the invoice.

SCOPE OF WORK

For Joplin Community Clinic Prescriptions:
The pharmacy shall fill and invoice to the City only those prescriptions provided on Joplin Community Clinic Prescription Pad. The pharmacy shall utilize the generic formulary provided by the Community Clinic (attached herein on the Bid Proposal Response Form) when filling prescriptions. The only exceptions to this formulary must be approved in advance of filling by the Director of the Community Clinic or the Director of the Joplin City Health Department.

For the contract period specified in this bid request the City shall be charged no more than the price as specified on the Bid Response Form. The bid price for each prescription shall be the total cost including dispensing and pharmaceutical cost. All items on the Bid Response Form are to be **bid as generic**.

All items from the Community Clinic Generic Formulary and listed on the attached Bid Proposal Response Form must be available from the successful bidder. If an item is not available an equal

substitute may be included in the bid, however this must be indicated on the Bid Response Form and/or on an additional attached form.

From time to time during the contract period the Community Clinic may adjust its Generic Formulary by deleting or adding a different item or formulation. Any potential contractor would be expected to utilize the same competitive pricing structure used for the completion of this bid for the pricing of new items.

The successful bidder may be required by the City to collect a prescription co-pay for some or all prescriptions provided to patients. The value of any co-pay would be deducted from the gross price to the city per prescription. The City will provide the amount of this co-pay, if any, to the successful bidder.

AWARD OF BID

In the evaluation of these bids additional criteria may be considered and given preference. These additional criteria include:

- Location of pharmacy. Transportation can be a factor for many clients receiving services from the Community Clinic. Pharmacies within the corporate limits of the City of Joplin or pharmacies that will make a provision for dispensing of prescriptions within the corporate limits of the city may be given preference.
- Convenience of use for Joplin Community Clinic patients and staff. Any pharmacy chosen should have operations that are convenient to the patients of the Joplin Community Clinic and to the staff and general operations and flow of the Community Clinic.

BID RESPONSE FORM
BID #2021-RFP-14, Pharmacy Services

ANTIBIOTICS				
	TYPE	**DSG**	**AMOUNT**	**COST**
Amoxicillin	Caps	250 mg	14	6
	Caps	500 mg	30	9
Amoxicillin/Clavulanate	Tabs	875 mg/125 mg	20	18
Augmentin – 10 day supply, twice daily				
Azithromycin	Tabs (5 days)	250 mg	6	12
Azithromycin	Tabs (3 days)	500 mg	7	19
Cefdinir	Caps	300 mg	20	25
Cephalexin	Caps	500 mg	20	9
Ciprofloxacin	Tabs	250 mg	14	14
Ciprofloxacin	Tabs	500 mg	14	10
Clindamycin	Caps	150 mg	30	9
Doxycycline Hyclate	Tabs	100 mg	14	14
Doxycycline Hyclate	Tabs	100 mg	20	16
Levofloxacin	Tabs	750 mg	7	16
Levofloxacin	Tabs	750 mg	10	18
Levofloxacin	Tabs	500 mg	7	14
Levofloxacin	Tabs	500 mg	10	16
Levofloxacin	Tabs	500 mg	14	17
Metronidazole	Tabs	500 mg	21	9
Nitrofurantoin (Macrobid)	Caps	100 mg	14	19
Penicillin VK	Tabs	500 mg	28	9
Bactrim DS (TMP/SMX)	Tabs	800-160 mg	20	9

ANALGESICS - NSAIDS				
	TYPE	**DSG**	**AMOUNT**	**COST**
Ibuprofen	Tabs	600 mg	60	5
Ibuprofen	Tabs	600 mg	90	7
Ibuprofen	Tabs	800 mg	60	11
Ibuprofen	Tabs	800 mg	90	15
Meloxicam	Tabs	7.5 mg	30	5
Meloxicam	Tabs	15 mg	30	4
Naproxen	Tabs	500 mg	60	13

60

ANTIDEPRESSANTS / ANTI-ANXIETY				
	TYPE	**DSG**	**AMOUNT**	**COST**
Duloxetine	Caps	30 mg	30	15
Duloxetine	Caps	30 mg	60	28
Duloxetine	Caps	60 mg	30	15
Duloxetine	Caps	60 mg	60	28
Escitalopram	Tabs	10 mg	30	4
Escitalopram	Tabs	20 mg	30	4
Nortriptyline	Caps	25 mg	60	7.50
Nortriptyline	Caps	50 mg	30	35
Sertraline	Tabs	25 mg	30	9
Sertraline	Tabs	50 mg	30	4
Sertraline	Tabs	100 mg	30	9
Trazadone	Tabs	50 mg	30	4

162.50

ANTIDIABETIC				
	TYPE	**DSG**	**AMOUNT**	**COST**
Glimepiride	Tabs	2 mg	30	4
Glimepiride	Tabs	2 mg	60	8
Glimepiride	Tabs	4 mg	30	4

238.50 ✓

Glimepiride	Tabs	4 mg	60	8
Glipizide	Tabs	5 mg	60	4
Glyburide	Tabs	5 mg	30	9
Glyburide	Tabs	5 mg	120	23
Metformin	Tabs	500 mg	60	4
Metformin	Tabs	500 mg	120	8
Metformin	Tabs	1000 mg	60	4
Pioglitazone (Actos)	Tabs	15 mg	30	15
Pioglitazone (Actos)	Tabs	30 mg	30	15

100

CARDIOVASCULAR				
	TYPE	**DSG**	**AMOUNT**	**COST**
Amlodipine	Tabs	2.5 mg	30	9
Amlodipine	Tabs	5 mg	30	9
Amlodipine	Tabs	10 mg	30	9
Atenolol	Tabs	25 mg	30	4
Atenolol	Tabs	50 mg	30	4
Carvedilol	Tabs	6.25 mg	60	4
Carvedilol	Tabs	12.5 mg	60	4
Carvedilol	Tabs	25 mg	60	4
Clonidine	Tabs	0.1 mg	60	4
Clonidine	Tabs	0.1 mg	90	6
Clopidogrel (Plavix)	Tabs	75 mg.	30	15
Diltiazem CD	Caps	120 mg	30	9
Diltiazem CD	Caps	180 mg	30	13
Diltiazem CD	Caps	240 mg	30	14
Furosemide	Tabs	20 mg	30	4
Furosemide	Tabs	40 mg	30	4
Gemfibrozil	Tabs	600 mg	60	9

215

Hydrochlorothiazide (HCTZ)	Caps or Tabs	12.5 mg	30	4
Hydrochlorothiazide (HCTZ)	Tabs	25 mg	30	4
Hydrochlorothiazide (HCTZ)	Tabs	50 mg	30	4
Isosorbide Mononitrate ER	Tabs	30 mg	60	4
Labetalol	Tabs	100 mg	60	10
Labetalol	Tabs	100 mg	120	15
Labetalol	Tabs	200 mg	60	12
Lisinopril	Tabs	5 mg	30	4
Lisinopril	Tabs	10 mg	30	4
Lisinopril	Tabs	20 mg	30	4
Lisinopril	Tabs	30 mg	30	4
Lisinopril	Tabs	40 mg	30	**11**
Losartan	Tabs	50 mg.	30	9
Losartan	Tabs	100 mg.	30	9
Metoprolol Tartrate	Tabs	25 mg	60	4
Metoprolol Tartrate	Tabs	50 mg	60	4
Nifedipine ER	Tabs	60 mg	30	18
Nifedipine ER	Tabs	60 mg	60	32
Potassium Chloride	Tabs	10 mEq	30	**8**
Potassium Chloride	Tabs	20 mEq	30	9
Simvastatin	Tabs	10 mg	30	9
Simvastatin	Tabs	20 mg	30	9
Simvastatin	Tabs	40 mg	30	9
Simvastatin	Tabs	80 mg	30	17
Sotalol	Tabs	80 mg	30	13
Sotalol	Tabs	80 mg	60	18

313

COUGH & COLD				
	TYPE	**DSG**	**AMOUNT**	**COST**
Benzonatate	Perles	100 mg	14	8
Benzonatate	Perles	100 mg	30	16

24

CREAMS, OINTMENTS & SUPPOSITORIES

272.00

	TYPE	DSG	AMOUNT	COST
Bactroban 2%	Ointment	1 tube=22gr	[redacted]	18
Silver Sulfadiazine 1%`	Cream		50 Gm	10
Triamcinolone 0.01%	Cream		80 Gm	6
Triamcinolone 0.01%	Ointment		80 Gm	9
Triple Antibiotic	Ointment		30 Gm	4

47

EAR, NOSE & THROAT				
	TYPE	**DSG**	**AMOUNT**	**COST**
Ear Wax	Drops		15 ml	4
Flonase (Fluticasone Propionate)	Nasal Spray		16 Gm	12
Loratadine (Claritin)	Tabs	10 mg	30	4
Montelukast (Singular)	Tabs	10 mg	30	17
Saline mist			45 ml	2

39

H_2-ANTAGONISTS & ANTACIDS				
	TYPE	**DSG**	**AMOUNT**	**COST**
Dicyclomine	Caps	10 mg	90	15
Famotidine	Tabs	[redacted] 20?	60	17
Omeprazole	Caps	20 mg	30	15
Pantoprazole DR	Tabs	40 mg.	30	16
Ranitidine	Tabs	150 mg	60	Off the mkt

63

HORMONES				
	TYPE	**DSG**	**AMOUNT**	**COST**
Medroxyprogesterone	Tabs	10 mg	10	7
Medroxyprogesterone	Tabs	10 mg	30	11
Medroxyprogesterone	Tabs	10 mg	60	16
Medroxyprogesterone	Tabs	10 mg	90	22

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72

Progesterone	Caps	100 mg	30	16

LAXATIVES & STOOL SOFTENERS				
	TYPE	**DSG**	**AMOUNT**	**COST**
DSS (docusate sodium)	Caps	100 mg	60	3
Docusate Calcium	Caps	240 mg	30	7

10

MISCELLANEOUS				
	TYPE	**DSG**	**AMOUNT**	**COST**
Allopurinol	Tabs	300 mg	30	11
Allopurinol	Tabs	300 mg	60	17
Cyclobenzaprine	Tabs	10 mg	30	10
Fluconazole	Tabs	150 mg	30	40
Fluoxetine	Caps	20 mg	30	4
Gabapentin	Caps	100 mg	60	11
Gabapentin	Caps	300 mg	60	17
Levothyroxine	Tabs	All mg	30	4
Meclizine	Tabs	25 mg	30	9
Nystatin Cream	Cream	15 gm	1	7
Nystatin Cream	[redacted]	15 gm	1	7
Prednisone	Tabs	5 mg	30	7
Prednisone	Tabs	10 mg	30	10
Zofran Ondansetron (not ODT)	Tabs	4 mg	30	20
Zofran Ondansetron (not ODT)	Tabs	8 mg	30	20

194

220

Total Cost of drugs **$1442.50** (plus 1.25 per claim to PBM-Script Claim**):$167.50** (134 items on list)
Total with PBM 1.25 per claim: $1610.00

Company Name: ____Walmart _____

Address: _____1501 S Rangeline Rd_____

_____Joplin, MO 64804_____

Signature: _____

Printed Name: _____LESLIE FRAZIER_____

Telephone: ____573-718-0892_____

E-mail: _____Leslie.Frazier@walmart.com_____

MBE_____ WBE_____

MARK BID ENVELOPES: "BID #2021-RFP-14; Pharmacy Services 10:00 A.M., NOV 08, 2021"