# 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 | |
| | Caps | 500 mg | 30 | |
| | | | | |
| Amoxicillin/Clavulanate | Tabs | 875 mg/125 mg | 20 | |
| Augmentin – 10 day supply, twice daily | | | | |
| | | | | |
| Azithromycin | Tabs (5 days) | 250 mg | 6 | |
| Azithromycin | Tabs (3 days) | 500 mg | 7 | |
| | | | | |
| Cefdinir | Caps | 300 mg | 20 | |
| | | | | |
| Cephalexin | Caps | 300 mg | 20 | |
| | | | | |
| Ciprofloxacin | Tabs | 250 mg | 14 | |
| Ciprofloxacin | Tabs | 500 mg | 14 | |
| | | | | |
| Clindamycin | Caps | 150 mg | 30 | |
| | | | | |
| Doxycycline Hyclate | Tabs | 100 mg | 14 | |
| Doxycycline Hyclate | Tabs | 100 mg | 20 | |
| | | | | |
| | | | | |
| Levofloxacin | Caps | 750 mg | 7 | |
| Levofloxacin | Caps | 750 mg | 10 | |
| Levofloxacin | Caps | 500 mg | 7 | |
| Levofloxacin | Caps | 500 mg | 10 | |
| Levofloxacin | Caps | 500 mg | 14 | |
| | | | | |
| | | | | |
| Metronidazole | Tabs | 500 mg | 21 | |
| | | | | |
| Nitrofurantoin (Macrobid) | Caps | 100 mg | 14 | |
| | | | | |
| Penicillin VK | Tabs | 500 mg | 28 | |
| | | | | |
| Bactrim DS (TMP/SMX) | Tabs | 800-160 mg | 20 | |

| **ANALGESICS - NSAIDS** | | | | |
|---|---|---|---|---|
| | **TYPE** | **DSG** | **AMOUNT** | **COST** |
| Ibuprofen | Tabs | 600 mg | 60 | |
| Ibuprofen | Tabs | 600 mg | 90 | |
| Ibuprofen | Tabs | 800 mg | 60 | |
| Ibuprofen | Tabs | 800 mg | 90 | |
| | | | | |
| Meloxicam | Tabs | 7.5 mg | 30 | |
| Meloxicam | Tabs | 15 mg | 30 | |
| | | | | |
| Naproxen | Tabs | 500 mg | 60 | |

| **ANTIDEPRESSANTS / ANTI-ANXIETY** | | | | |
|---|---|---|---|---|
| | **TYPE** | **DSG** | **AMOUNT** | **COST** |
| Duloxetine | Caps | 30 mg | 30 | |
| Duloxetine | Caps | 30 mg | 60 | |
| Duloxetine | Caps | 60 mg | 30 | |
| Duloxetine | Caps | 60 mg | 60 | |
| | | | | |
| Escitalopram | Tabs | 10 mg | 30 | |
| Escitalopram | Tabs | 20 mg | 30 | |
| | | | | |
| Nortriptyline | Caps | 25 mg | 60 | |
| Nortriptyline | Caps | 50 mg | 30 | |
| | | | | |
| Sertraline | Tabs | 25 mg | 30 | |
| Sertraline | Tabs | 50 mg | 30 | |
| Sertraline | Tabs | 100 mg | 30 | |
| | | | | |
| Trazadone | Tabs | 50 mg | 30 | |

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

| | | | | |
|---|---|---|---|---|
| Glipizide | Tabs | 5 mg | 60 | |
| | | | | |
| Glyburide | Tabs | 5 mg | 30 | |
| Glyburide | Tabs | 5 mg | 120 | |
| | | | | |
| Metformin | Tabs | 500 mg | 60 | |
| Metformin | Tabs | 500 mg | 120 | |
| Metformin | Tabs | 1000 mg | 60 | |
| | | | | |
| Pioglitazone (Actos) | Tabs | 15 mg | 30 | |
| Pioglitazone (Actos) | Tabs | 30 mg | 30 | |

| **CARDIOVASCULAR** | | | | |
|---|---|---|---|---|
| | **TYPE** | **DSG** | **AMOUNT** | **COST** |
| Amlodipine | Tabs | 2.5 mg | 30 | |
| Amlodipine | Tabs | 5 mg | 30 | |
| Amlodipine | Tabs | 10 mg | 30 | |
| | | | | |
| Atenolol | Tabs | 25 mg | 30 | |
| Atenolol | Tabs | 50 mg | 30 | |
| | | | | |
| Carvedilol | Tabs | 6.25 mg | 60 | |
| Carvedilol | Tabs | 12.5 mg | 60 | |
| Carvedilol | Tabs | 25 mg | 60 | |
| | | | | |
| Clonidine | Tabs | 0.1 mg | 60 | |
| Clonidine | Tabs | 0.1 mg | 90 | |
| | | | | |
| Clopidogrel (Plavix) | Tabs | 75 mg. | 30 | |
| | | | | |
| Diltiazem CD | Caps | 120 mg | 30 | |
| Diltiazem CD | Caps | 180 mg | 30 | |
| Diltiazem CD | Caps | 240 mg | 30 | |
| | | | | |
| Furosemide | Tabs | 20 mg | 30 | |
| Furosemide | Tabs | 40 mg | 30 | |
| | | | | |
| Gemfibrozil | Tabs | 600 mg | 60 | |
| | | | | |
| Hydrochlorothiazide (HCTZ) | Caps or Tabs | 12.5 mg | 30 | |

| | | | | |
|---|---|---|---|---|
| Hydrochlorothiazide (HCTZ) | Tabs | 25 mg | 30 | |
| Hydrochlorothiazide (HCTZ) | Tabs | 50 mg | 30 | |
| | | | | |
| Isosorbide Mononitrate ER | Tabs | 30 mg | 60 | |
| | | | | |
| Labetalol | Tabs | 100 mg | 60 | |
| Labetalol | Tabs | 100 mg | 120 | |
| Labetalol | Tabs | 200 mg | 60 | |
| | | | | |
| Lisinopril | Tabs | 5 mg | 30 | |
| Lisinopril | Tabs | 10 mg | 30 | |
| Lisinopril | Tabs | 20 mg | 30 | |
| Lisinopril | Tabs | 30 mg | 30 | |
| Lisinopril | Tabs | 40 mg | 30 | |
| | | | | |
| Losartan | Tabs | 50 mg. | 30 | |
| Losartan | Tabs | 100 mg. | 30 | |
| | | | | |
| Metoprolol Tartrate | Tabs | 25 mg | 60 | |
| Metoprolol Tartrate | Tabs | 50 mg | 60 | |
| | | | | |
| Nifedipine ER | Tabs | 60 mg | 30 | |
| Nifedipine ER | Tabs | 60 mg | 60 | |
| | | | | |
| Potassium Chloride | Tabs | 10 mEq | 30 | |
| Potassium Chloride | Tabs | 20 mEq | 30 | |
| | | | | |
| Simvastatin | Tabs | 10 mg | 30 | |
| Simvastatin | Tabs | 20 mg | 30 | |
| Simvastatin | Tabs | 40 mg | 30 | |
| Simvastatin | Tabs | 80 mg | 30 | |
| | | | | |
| Sotalol | Tabs | 80 mg | 30 | |
| Sotalol | Tabs | 80 mg | 60 | |

| **COUGH & COLD** | | | | |
|---|---|---|---|---|
| | **TYPE** | **DSG** | **AMOUNT** | **COST** |
| Benzonatate | Perles | 100 mg | 14 | |
| Benzonatate | Perles | 100 mg | 30 | |

| **CREAMS, OINTMENTS & SUPPOSITORIES** | | | | |
|---|---|---|---|---|
| | **TYPE** | **DSG** | **AMOUNT** | **COST** |

| | | | | |
|---|---|---|---|---|
| Bactroban 2% | Ointment | | 50 Gm | |
| | | | | |
| Silver Sulfadiazine 1%` | Cream | | 50 Gm | |
| | | | | |
| Triamcinolone 0.01% | Cream | | 80 Gm | |
| Triamcinolone 0.01% | Ointment | | 80 Gm | |
| | | | | |
| Triple Antibiotic | Ointment | | 30 Gm | |

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

| **$H_2$-ANTAGONISTS & ANTACIDS** | | | | |
|---|---|---|---|---|
| | **TYPE** | **DSG** | **AMOUNT** | **COST** |
| Dicyclomine | Caps | 10 mg | 90 | |
| | | | | |
| Famotidine | Tabs | 150 mg | 60 | |
| | | | | |
| Omeprazole | Caps | 20 mg | 30 | |
| | | | | |
| Pantoprazole DR | Tabs | 40 mg. | 30 | |
| | | | | |
| Ranitidine | Tabs | 150 mg | 60 | |

| **HORMONES** | | | | |
|---|---|---|---|---|
| | **TYPE** | **DSG** | **AMOUNT** | **COST** |
| Medroxyprogesterone | Tabs | 10 mg | 10 | |
| Medroxyprogesterone | Tabs | 10 mg | 30 | |
| Medroxyprogesterone | Tabs | 10 mg | 60 | |
| Medroxyprogesterone | Tabs | 10 mg | 90 | |
| | | | | |
| Progesterone | Caps | 100 mg | 30 | |

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

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

Total Cost $_____

Company Name: _____

Address: _____

_____

Signature: _____

Printed Name: _____

Telephone: _____

E-mail: _____

MBE_____ WBE_____

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