CITY
OF
JOPLIN, MISSOURI

BID PACKAGE

#2019-RFP-09

for

PHARMACY SERVICES 2019

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., Thursday, August 08, 2019 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, Interim 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: Monday, July 08, 2019

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 #2019-RFP-05; Pharmacy Services 10:00 A.M., August 08, 2019 "

Questions concerning the specifications and bidding procedures should be directed to Ryan Talken, 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 2019-RFP-05; 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	
Cefidinir	Caps	300 mg	20	
Cephalexin	Caps	500 mg	30	
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	
Levaquin	Tabs	250 mg	7	
Levaquin	Tabs	250 mg	10	
Levaquin	Tabs	250 mg	14	
Levofloxacin	Caps	750 mg	7	
Levofloxacin	Caps	750 mg	10	
Metronidazole	Tabs	500 mg	21	
TMP/SMX DS	Tabs		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	

ANTICONVULSANTS				
	TYPE	**DSG**	**AMOUNT**	**COST**
NONE				

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	30	
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	
Benazepril	Tabs	10 mg	30	
Benazepril	Tabs	20 mg	30	
Benazepril	Tabs	40 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	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	

CARDIOVASCULAR Cont'd				
	TYPE	**DSG**	**AMOUNT**	**COST**
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	
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		22 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	10mg	30	
Saline mist			45 ml	

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

HORMONES				
	TYPE	**DSG**	**AMOUNT**	**COST**
Progesterone	Caps	100 mg	30	

LAXATIVES & STOOL SOFTENERS				
	TYPE	**DSG**	**AMOUNT**	**COST**
DSS	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	
Fluoxetine	Caps	20 mg.	30	
Gabapentin	Caps	100 mg	60	
Gabapentin	Caps	300 mg	60	
Prednisone	Tabs	5 mg	30	
Prednisone	Tabs	10 mg	30	
Trazadone	Tabs	50 mg	30	

Total Cost $_____

Company Name: _____

Address: _____

_____

Signature: _____

Printed Name: _____

Telephone: _____

E-mail: _____

MBE_____ WBE_____

MARK BID ENVELOPES: "BID #2019-RFP-05; Pharmacy Services 10:00 A.M., August 08, 2019 "