CITY OF
JOPLIN, MISSOURI

BID PACKAGE

#2025-RFP-05-2

for

PHARMACY SERVICES 2025

Joplin Health Department
321 East 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, February 17, 2025, 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: January 31, 2025

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 begiven preference in the awarding of a bid, providing the bid from the local business does not exceed the lowest bid by more than 3%.

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 5 pages)

MARK BID ENVELOPES: "BID #2025-RFP-05-2; Pharmacy Services 10:00 A.M., February 17, 2025"

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

JOPLIN CITY HEALTH DEPARTMENT
BID SPECIFICATIONS FOR PHARMACY SERVICES

GENERAL

It is the intent of these specifications to procure licensed retail pharmacy services to provide prescriptions referred to from the Joplin Community Clinic. The Community Clinic is a not-for-profit health center serving uninsured and underinsured individuals.

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 five 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

AUDIT SELECTION COMMITTEE

Proposals submitted will be evaluated by a three (3) member Audit Selection Committee selected by the Director of Health, consisting of various Health personnel. The Audit Selection Committee will make its recommendation to the City Council based on its review and scoring of the proposals.

REVIEW OF PROPOSALS

The Audit Selection Committee will use a point formula during the review process to score proposals. Each member of the Audit Selection Committee will first score each technical proposal by each of the criteria described below. The full Audit Selection Committee will then convene to review and discuss these evaluations and to combine the individual scores to arrive at a composite technical score for each firm. At this point, firms with an unacceptably low technical score will be eliminated from further consideration.

After the composite technical score for each firm has been established, the sealed dollar cost bid will be opened, and additional points will be added to the technical score based on the price bid. The maximum score for price will be assigned to the firm offering the lowest total all-inclusive maximum price. Appropriate fractional scores will be assigned to other offerors.

EVALUATION CRITERIA

Pharmacies must meet the mandatory elements listed below to have their proposals accepted. Pharmacies that do not meet the mandatory elements listed below will be eliminated from further consideration.

Mandatory Elements

1. The pharmacy is licensed to practice in the State of Missouri.
2. The pharmacy has no conflict of interest regarding any other work performed by the pharmacy for the City.
3. The pharmacy adheres to the instructions in this request for proposals on preparing and submitting the proposal.
4. The proposal demonstrates that the pharmacy understands the objectives, the City's needs and the final products to be delivered.
5. The proposal demonstrates an adequate intention of starting the pharmaceutical services within 30 days of awarding the contract.
6. The pharmacy shall have at least one brick and mortar location within the Corporate City Limits of Joplin Missouri.

Pharmacy proposals that meet the above mandatory elements will be evaluated and scored using the following three (3) sets of criteria:

1. **Price**: (Maximum Points = 50)
   - The objective of the bid is to fill a single order of the formulary presented in the document at the dosage and quantity listed.
   - The sum total of the prices submitted on the bid document will be used to determine the score.

2. **Convenience**: (Maximum Points = 25)
   - The hours of operation allowing patients to fill prescriptions beyond the hours of 8-5 Monday through Friday will be awarded higher points.
   - The pharmacy should have operations that are convenient to the patients of the Joplin Community Clinic, as well as to the staff and general operations of the Community Clinic.

3. **Location**: (Maximum Points = 25)
   - Pharmacies with multiple locations in Joplin city limits will be awarded higher scoring.
   - The physical location(s) of the pharmacies will be taken into consideration for access by patients of the Community Clinic. Patients may not have access to reliable transportation and be dependent on ride share or public transport.

FINAL SELECTION

The City Council will select a pharmacy based upon the recommendation of the Audit Selection Committee following its evaluation of proposals received.

It is anticipated that the pharmacy will be selected by February 1, 2025. Following notification of the pharmacy selected, it is expected a contract will be executed between both parties during February of 2025.

RIGHT TO REJECT PROPOSALS

Submission of a proposal indicates acceptance by the pharmacy of the conditions contained in this request for proposals unless clearly and specifically noted in the proposal submitted and confirmed in the contract between the City and the pharmacy selected.

The City reserves the right without prejudice to reject any or all proposals.

BID RESPONSE FORM

Please return all following 5 pages.

BID #2025-RFP-05-2, Pharmacy Services

FY2025 Proposed City Formulary

Name of drug/type	Dose	Medication use and/or class	QTY/amount	Cost FY25
Acetaminophen (liquid)	160mg/5cc	pain	120mL	
Acyclovir (tabs)	400mg	Antiviral	35	
Acyclovir (tabs)	800mg	Antiviral	35	
Albuterol HFA (inhaler)	90mcg	asthma	9g (1 inhaler)	
Albuterol (ampules)	2.5mg/3mL	asthma	1 box/75mL (25 vials)	
Alendronate (tabs)	35mg	osteoporosis	12	
Alendronate (tabs)	70mg	osteoporosis	12	
Allopurinol (tabs)	100mg	gout	90	
Allopurinol (tabs)	300mg	gout	90	
Amlodipine (tabs)	2.5mg	hypertension	90	
Amlodipine (tabs)	5mg	hypertension	90	
Amlodipine (tabs)	10mg	hypertension	90	
Amitriptyline (tabs)	25mg	tri-cyclic antidepressant, pain, sleep	90	
Amitriptyline (tabs)	50mg	tri-cyclic antidepressant, pain, sleep	90	
Amoxicillin (liquid)	250mg/5cc	antibiotic	150mL	
Amoxicillin (capsules)	500mg	antibiotic; penicillin	20	
Amoxicillin (tabs)	875mg	antibiotic	20	
Aspirin (tabs)	81mg	platelet aggregate inhibitor, NSAID	90	
Atenolol (tabs)	25mg	hypertension; heart rate control; b-blocker	90	
Atenolol (tabs)	50mg	hypertension; heart rate control; b-blocker	90	
Atorvastatin (tabs)	10mg	statin: hyperlipidemia	90	
Atorvastatin (tabs)	20mg	statin: hyperlipidemia	90	
Atorvastatin (tabs)	40mg	statin: hyperlipidemia	90	
Augmentin (tabs)	875mg/125 mg	penicillin antibiotic	20	
Azithromycin (tabs)	250mg (5 day)	macrolide antibiotic	6	
Azithromycin (tabs)	500mg (3 day)	macrolide antibiotic	7	
Benzonatate (perles)	100mg	antitussive	30	
Benzonatate (perles)	200mg	antitussive	30	
Benzoyl peroxide (wash)	10%	acne treatment	237g bottle	
Bupropion SR (tabs)	150mg	antidepressant	90	
Bupropion XL (tabs)	150mg	antidepressant	90	
Bupropion XL (tabs)	300mg	antidepressant	90	
Carafate (tabs)	1gm	Uncontrolled gERD	180	
Carbamide Peroxide (otic solution)	6.5%	ear wax	15mL	
Carvedilol (tabs)	6.25mg	hypertension; heart rate control; b-blocker	180	
Carvedilol (tabs)	12.5mg	hypertension; heart rate control; b-blocker	180	

Name of drug/type	Dose	Medication use and/or class	QTY/amount	Cost FY25
Carvedilol (tabs)	25mg	hypertension; heart rate control; b-blocker	180	
Cefdinir (caps)	300mg	cephalosporin antibiotic-3rdgeneration	20	
Cephalexin (caps)	500mg	cephalosporin antibiotic-1stgeneration	21	
Chlorhexidine (oral rinse)	0.12%	Antiseptic, germicide	473mL	
Ciprofloxacin (tabs)	250mg	quinolone antibiotic	14	
Ciprofloxacin (tabs)	500mg	quinolone antibiotic	14	
Citalopram (tabs)	10mg	SSRI	90	
Citalopram (tabs)	20mg	SSRI	90	
Citalopram (tabs)	40mg	SSRI	90	
Clindamycin (solution)	1%	acne treatment	60mL	
Clindamycin (caps)	150mg	antibiotic	30	
Clobetasol (cream)	0.05%	psoriasis	60gm tube	
Clonidine (tabs)	0.1mg	central acting anti-hypertensive	90	
Clopidogrel (tabs)	75mg	anti-platelet	90	
Clotrimazole (cream)	1%	topical antifungal	30gm tube	
Cortisporin otic (solution)		antibacterial, ear infections	1 bottle	
Cyclobenzaprine (tabs)	10mg	muscle relaxant	90	
Dicyclomine (caps)	10mg	forgI muscle spasms	90	
Diclofenac (gel)	1%	NSAID for pain	100gm tube	
Diphenhydramine (liquid)	12.5mg/5cc	antihistamine	120mL	
Diltiazem CD (caps)	120mg	hypertension; heart rate control; Ca Ch blocker	90	
Diltiazem CD (caps)	180mg	hypertension; heart rate control; Ca Ch blocker	90	
Diltiazem CD (caps)	240mg	hypertension; heart rate control; Ca Ch blocker	90	
Docusate Calcium (caps)	240mg	stool softener	90	
Docusate Sodium (caps)	100mg	stool softener	90	
Doxazosin (tabs)	1mg	hypertension	90	
Doxazosin (tabs)	2mg	hypertension	90	
Doxycycline Hyclate (caps or tabs)	100mg	tetracycline antibiotic	20	
Duloxetine (caps)	30mg	SSNRI, depression, pain	90	
Duloxetine (caps)	60mg	SSNRI, depression, pain	90	
Erythromycin (eye ointment)	0.5%	ophthalmic anti-infective	3.5gm tube	
Escitalopram (tabs)	10mg	SSRI, depression	90	
Escitalopram (tabs)	20mg	SSRI, depression	90	
Famotidine (tabs)	20mg	H2 blocker, stomach acid	60	
Famotidine (tabs)	40mg	H2 blocker, stomach acid	60	
Fluconazole (tabs)	150mg	oral antifungal	30	
Fluoxetine (caps)	20mg	SSRI, depression	90	
Fluoxetine (caps)	40mg	SSRI, depression	90	
Fluticasone (nasal spray)	16gm	nasal steroid, allergies	3 bottles	
Furosemide (tabs)	20mg	loop diuretic	90	
Furosemide (tabs)	40mg	loop diuretic	90	
Gabapentin (caps)	100mg	anticonvulsant, seizures, pain	90	
Gabapentin (caps)	300mg	anticonvulsant, seizures, pain	90	
Gemfibrozil (tabs)	600mg	fibrate, high triglycerides	90	
Glimepiride (tabs)	2mg	diabetes	90	
Glimepiride (tabs)	4mg	diabetes	90	
Glipizide (tabs)	5mg	diabetes	90	
HCTZ (tabs or caps)	12.5mg	diuretic, hypertension	90	
HCTZ (tabs or caps)	25mg	thiazide diuretic, hypertension	90	

Name of drug/type	Dose	Medication use and/or class	QTY/amount	Cost FY25
HCTZ (tabs or caps)	50mg	thiazide diuretic, hypertension	90	
Hydroxyzine (caps or tabs)	25mg	antihistamine	30	
Ibandronate (tabs)	150mg	osteoporosis	3	
Ibuprofen (liquid)	100mg/ 5cc	NSAID (pain)	120mL	
Ibuprofen (tabs)	600mg	NSAID (pain)	60	
Isosorbide Mono ER (tabs)	30mg	nitrate antianginal	60	
Labetalol (tabs)	100mg	hypertension; heart rate control; b-blocker	180	
Labetalol (tabs)	200mg	hypertension; heart rate control; b-blocker	180	
Levofloxacin (caps)	500mg	quinolone antibiotic	7	
Levofloxacin (caps)	750mg	quinolone antibiotic	7	
Levothyroxine (tabs)	all mg	thyroid replacement	90	
Lisinopril (tabs)	5mg	ACE inhibitor, hypertension, kidney protection	90	
Lisinopril (tabs)	10mg	ACE inhibitor, hypertension, kidney protection	90	
Lisinopril (tabs)	20mg	ACE inhibitor, hypertension, kidney protection	90	
Lisinopril (tabs)	30mg	ACE inhibitor, hypertension, kidney protection	90	
Lisinopril (tabs)	40mg	ACE inhibitor, hypertension, kidney protection	90	
Loratadine (tabs)	10mg	allergies	90	
Loperamide (tabs)	2mg	anti-diarrheal	30	
Losartan (tabs)	50mg	ARB, hypertension, kidney protection	90	
Losartan (tabs)	100mg	ARB, hypertension, kidney protection	90	
Losartan HCTZ (tabs)	50/12.5	hypertension	90	
Maxitrol ophthalmic (drops)	5mL	anti-bacterial, to use in ear	1 bottle	
Meclizine (tabs)	25mg	vertigo	90	
Methylprednisolone (Medrol) (tabs)	Dose Pack	steroid	21	
Medroxyprogesterone (tabs)	10mg	progestin, hormonal therapy	10	
Meloxicam (tabs)	7.5mg	NSAID	90	
Meloxicam (tabs)	15mg	NSAID	90	
Metformin ER (tabs)	500mg	type 2 diabetes	180	
Metformin ER (tabs)	1000mg	type 2 diabetes	180	
Metronidazole (tabs)	500mg	GI, vaginal infections, bacterial vaginosis	21	
Metoprolol Succinate (tabs)	25mg	hypertension; heart rate control; b-blocker	90	
Metoprolol Succinate (tabs)	50mg	hypertension; heart rate control; b-blocker	90	
Miconazole (Cream)	1 box/7 days	topical antifungal	1 box	
Mometasone Cream	0.1%	medium potency topical steroid	114gm tube	
Montelukast (tabs)	10mg	allergies, asthma	90	
Moxifloxacin eye (drops)	0.50%	antibiotic	1 bottle	
Mupirocin (ointment)	2%	Skin infections	22-30gm tube	
Naproxen (tabs)	500mg	NSAID	60	
Nifedipine ER (tabs)	60mg	hypertension; heart rate control; Ca Ch blocker	60	

Name of drug/type	Dose	Medication use and/or class	QTY/amount	Cost FY25
Nifedipine ER (tabs)	60mg	hypertension; heart rate control; Ca Ch blocker	90	
Nitrofurantoin (caps)	100mg	antibiotic, uti's	14	
Norethindrone EE (low dose)	1/20	Hormone	3 pack	
Norethindrone EE (medium dose)	1.5/30	Hormone	3 pack	
Norethindrone (progesterone only)	35 mcg	Hormone	3 pack	
Nystatin (cream)		topical antifungal	30gm tube	
Nystatin (oral solution)		thrush	200mL	
Omeprazole (tabs)	20mg	PPI, gERD, ulcers	90	
Ondansetron (tabs)	4mg	anti-emetic	30	
Ondansetron (tabs)	8mg	anti-emetic	30	
Pantoprazole (tabs)	40mg	PPI, gERD, ulcers	90	
Penicillin VK (tabs)	500mg	antibiotic	28	
Permethrin (cream)		anti-infective	(1) 60gm tube	
Pioglitazone (tabs)	15mg	type 2 diabetes	90	
Pioglitazone (tabs)	30mg	type 2 diabetes	90	
Polyethyleneglycol (powder)		laxative	510gm	
Potassium Cl (tabs)	10meq	potassium replacement	90	
Potassium Cl (tabs)	20meq	potassium replacement	90	
Prednisone (tabs)	5mg	oral steroid	30	
Prednisone (tabs)	10mg	oral steroid	30	
Prednisone (tabs)	20mg	oral steroid	30	
Progesterone (generic Prometrium) (caps)	100mg	progestin, hormonal therapy	30	
Promethazine (tabs)	25mg	antihistamine, antinausea	30	
Promethazine DM (syrup)	6.25mg/15mg/ 5mL	antitussive	120mL	
Propranolol (tabs)	10mg	hypertension; heart rate control; b-blocker, headaches	90	
Propranolol (tabs)	20mg	hypertension; heart rate control; b-blocker, headaches	90	
Propranolol (tabs)	40mg	hypertension; heart rate control; b-blocker, headaches	90	
Ropinirole (tabs)	1mg	hypertension; heart rate control; b-blocker, headaches	90	
Saline Mist (nasal spray)		nasal saline	45mL	
Sertraline (tabs)	25mg	SSRI, depression	90	
Sertraline (tabs)	50mg	SSRI, depression	90	
Sertraline (tabs)	100mg	SSRI, depression	90	
Silver Sulfadiazine (cream)	1%	topical antibiotics, burns	50gm tube	
Simvastatin (tabs)	10mg	statin: hyperlipidemia	90	
Simvastatin (tabs)	20mg	statin: hyperlipidemia	90	
Simvastatin (tabs)	40mg	statin: hyperlipidemia	90	
Simvastatin (tabs)	80mg	statin: hyperlipidemia	90	
Sotalol (tabs)	80mg	anti-arrhythmic	90	
Spironolactone (tabs)	50mg	hypertension, edema	90	
Spironolactone (tabs)	100mg	hypertension, edema	90	
Sulfamethoxazole/Trimethoprim (tabs)	800/160mg	sulfa antibiotic	20	

Name of drug/type	Dose	Medication use and/or class	QTY/amount	Cost FY25
Tamsulosin (caps)	0.4mg	benign prostatic hyperplasia	90	
Terbinafine (tabs)	250mg	tinea, onchomycosis	90	
Trazodone (tabs)	50mg	depression, sleep	90	
Trazodone (tabs)	100mg	antidepressant, serotonin modulator	90	
Trazodone (tabs)	150mg	antidepressant, serotonin modulator	90	
Triamcinolone (cream)	0.1%	moderate potency topical steroid	80gm tube	
Triamcinolone (ointment)	0.1%	moderate potency topical steroid	80gm tube	
Norgestimate/ethinyl estradiol (gen Tri Sprintec) (tabs)	Per pkg	Hormone	3 packs	
Valacyclovir (tabs)	500mg	Antiviral	20	
Valacyclovir (tabs)	1000mg	Antiviral	20	
Valsartan (tabs)	80mg	hypertension	90	
Valsartan (tabs)	160mg	hypertension	90	
Valsartan (tabs)	320mg	hypertension	90	
Valsartan/HCTZ (tabs)	160/12.5mg	hypertension	90	

Total Cost $: _____

Company Name	
Mailing Address	
City, State, Zip	
Signature	
Printed Name	
Telephone	
E-mail	

MBE _____ WBE _____

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