

December 13, 2013

ADDENDUM #1

SB13-169 Department of Corrections Pharmacy

Addendum #1 is being issued in order to:

1. Request additional information. Please include a copy of your credit/return policy
2. To Provide a Revised Bid Form – **Please See Attached**

Revised Bid Form must be submitted with bid

Bidders shall sign this Addendum as acknowledgment and return it with their bid

ADDENDUM #1

Dated _____

We, the undersigned, acknowledge the receipt of the above addendum #1 as dated.

By: _____

Title: _____

Company: _____

Date: _____

REVISED BID FORM December 16, 2013

13-169 Department of Corrections Pharmacy

For Bid purposes pricing needs to reflect Brand and/or Generic AWP as of November 1, 2013.

Drug Name	Qty Disp 1 dose per day	Pricing
ABILIFY 10MG TABLET Total	30	\$
ACET/CODEINE 30MG TABLET Total	30	\$
ACETAMINOPHEN 500MG CPLT Total	30	\$
ATENOLOL 25MG TAB Total	30	\$
BENZTROPINE 1MG TABLET Total	30	\$
BUPROPION-SR 150MG TAB Total	30	\$
CARBAMAZEPINE 200MG TAB Total	30	\$
CEPHALEXIN 500MG CAPSULE Total	30	\$
CITALOPRAM 20MG TABLET Total	30	\$
CLINDAMYCIN 150MG CAPSULE Total	30	\$
CLONIDINE 0.1MG TABLET Total	30	\$
CLONIDINE 0.2MG TABLET Total	30	\$
CYMBALTA 60MG CAPSULE Total	30	\$
DIVALPROEX *ER* 500MG TAB Total	30	\$
DIVALPROEX EC 500MG TAB Total	30	\$
DONNATAL TABLET Total	30	\$
ESCITALOPRAM 10MG TABLET Total	30	\$
FLUOXETINE 20MG CAPSULE Total	30	\$
GABAPENTIN 300MG CAPSULE Total	30	\$
GABAPENTIN 600MG TABLET Total	30	\$
GLIPIZIDE 5MG TABLET Total	30	\$
HALOPERIDOL 5MG TABLET Total	30	\$
HCTZ 25MG TABLET Total	30	\$
HUMULIN N 100UNIT VIAL Total	1	\$
HUMULIN R 100UNIT VIAL Total	1	\$
HYDROXYZINE PAM 25MG CAP Total	30	\$
ISONIAZID 300MG TABLET Total	30	\$
LAMOTRIGINE 100MG TAB Total	30	\$
LEVETIRACETAM 500MG TAB Total	30	\$
LISINOPRIL 20MG TABLET Total	30	\$
LITHIUM CARB 300MG CAPS Total	30	\$
METFORMIN 500MG TABLET Total	30	\$
METOPROLOL 25MG TABLET Total	30	\$
METOPROLOL 50MG TABLET Total	30	\$
MIRTAZAPINE 15MG TABLET Total	30	\$
NAPROXEN 500MG TABLET Total	30	\$

Drug Name	Qty Disp 1 dose per day	Pricing
OMEPRAZOLE 20MG CAPSULE Total	30	\$
PANTOPRAZOLE 40MG TABLET Total	30	\$
PAROXETINE 20MG TABLET Total	30	\$
PENICILLIN VK 500MG TAB Total	30	\$
PHENYTOIN 100MG CAP Total	30	\$
PHENYTOIN SOD 100MG CAP Total	30	\$
PRISTIQ 50MG TABLET Total	30	\$
PROPRANOLOL 10MG TABLET Total	30	\$
PROPRANOLOL 20MG TABLET Total	30	\$
RANITIDINE 150MG TABLET Total	30	\$
RISPERIDONE 1MG TABLET Total	30	\$
RISPERIDONE 2MG TABLET Total	30	\$
SERTRALINE 100MG TABLET Total	30	\$
SERTRALINE 50MG TABLET Total	30	\$
SIMVASTATIN 40MG TABLET Total	30	\$
SULFASALAZINE 500MG TAB Total	30	\$
SULFATRIM DS TABLET Total	30	\$
VENLAFAXINE ER 75MG CAP Total	30	\$
VITAMIN B-6 50MG TABLET Total	30	\$

TOTAL BID PRICE \$ _____

Brand name single source medications = AWP less _____%

Generic multi-sourced medications = AWP less _____%

Non-prescription drugs are billed at AWP _____%

Is there a minimum prescription price? _____ If so, what? \$ _____

Please note Medispan AWP pricing will be used in verifying AWP pricing. Vendor invoicing needs to reflect what month AWP is being used.

Credit for returned drugs:

Percent or amount given for drugs returned _____

Other costs:

Please describe and discuss any other associated costs the County would incur for your Pharmacy services. If more space is needed, please attach additional pages.
