



20-200

PharMerica

Supplier Response

Event Information

Number: 20-200
Title: Pharmacy & Related Services - Lancaster County (Rebid)
Type: Notice to Bidders
Issue Date: 8/31/2020
Deadline: 9/9/2020 12:00 PM (CT)
Notes: This is a rebid of 20 – 164. Vendors must read and respond to all requirements of this bid. Responses from previous bid will not be carried over.

Contact Information

Contact: Robert Walla Purchasing Agent
Address: Suite 200
Purchasing
440 S. 8th St.
Lincoln, NE 68508
Phone: 1 (402) 441-8309
Fax: 1 (402) 441-6513
Email: rwalla@lincoln.ne.gov

PharMerica Information

Contact: Cory Stoner
Address: 6528 South 118th St
Omaha, NE 68137
Phone: (502) 432-5265
Email: cory.stoner@pharmerica.com

By submitting your response, you certify that you are authorized to represent and bind your company.

Robert Dries

Signature

Submitted at 9/9/2020 9:05:38 AM

robert.dries@pharmerica.com

Email

Response Attachments

PharMerica response to bid number 20-200 - Pharmacy & Related Services.pdf

PharMerica response to bid number 20-200 - Pharmacy & Related Services

Bid Attributes

1 Electronic Signature

Please check here for your electronic signature.

Yes

2 Instructions to Bidders

I acknowledge reading and understanding the Instructions to Bidders.

Yes

3 Insurance Requirements and Endorsements

Vendor agrees to provide insurance coverage for each checked box on the Insurance Clause document in the Bid Attachments including the submission of the Certificate of ACORD and the applicable endorsements.

Insurance Certificate and required Endorsements are required at time of contract execution by the vendor.

Vendors are strongly encouraged to send the insurance requirements and endorsement information to their insurance agent prior to bid close in order to expedite the contract execution process.

Yes

4 Specifications

I acknowledge reading and understanding the specifications.

Yes

5 Bid Documents

I acknowledge and accept that it is my responsibility as a Bidder to promptly notify the Purchasing Department Staff prior to the close of the bid of any ambiguity, inconsistency or error which I may discover upon examination of the bid documents including, but not limited to the Specifications.

Yes

6 Sample Contract
I acknowledge reading and understanding the sample contract.

7 Government/Corporate Purchase Card
Will your company accept payment by a Visa/Purchase Card? Yes/No _____
1) If yes, will your company charge a fee for accepting a Visa/Purchase Card? Yes/No _____
2) If yes, do you require payment upon receipt of order? Yes/No _____
3) If yes, will you accept payment after delivery and acceptance of product/equipment/service? Yes/No _____

8 Quantities
I acknowledge that the quantities listed for each line item are an estimated amount. The City/County does not guarantee any dollar amount or order quantities for the term of the contract.

9 Contact
Name of person submitting this bid:

10 Tax Exempt Certification Forms
Materials being purchased in this bid are tax exempt and unit prices are reflected as such. A Purchasing Agent Appointment form and a Exempt Sales Certificate form shall be issued with contract documents. (Note: State Tax Law does not provide for sales tax exemption for proprietary functions for government, thereby excluding the purchases of pipes to be installed in water lines and purchase of water meters.)

11 U.S. Citizenship Attestation
Is your company legally considered an Individual or Sole Proprietor: YES or NO
As a Vendor who is legally considered an Individual or a Sole Proprietor I hereby understand and agree to comply with the requirements of the United States Citizenship Attestation Form, available at:
<http://www.sos.ne.gov/business/notary/citizenforminfo.html>
All awarded Vendors who are legally considered an Individual or a Sole Proprietor must complete the form and submit it with contract documents at time of execution.
If a Vendor indicates on such attestation form that he or she is a qualified alien, the Vendor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Vendor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
Vendor further understands and agrees that lawful presence in the United States is required and the Vendor may be disqualified or the Contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. 4-108.

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2 **Term Clause of Contract with Escalation/De-Escalation - 4 year**

I acknowledge that the term of the contract is for a four (4) year term from the date of the executed contract.

(a) Are your bid prices firm for the full contract period. YES or NO _____

(b) Are your bid prices subject to escalation/de-escalation. YES or NO _____

(c) If (b), state period for which prices will remain firm: through _____

(a) No (b) Yes (c) October 9, 2021 - A 3% annual increase may apply thereafter

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3 **Submittal Information**

I have completed and attached all of the submittals listed in the specifications to the Response Attachment section of the Ebid response. Submittal information is to be typed on company letterhead.

Yes

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4 **Drug Markup**

The list of Line Items for pricing is a partial list of all drugs ordered by the Mental Health Center. Vendor shall indicate the percent of markup for these drugs and all others that are included on the list in the Bid Attachments. The markup may be included in this Attribute or added to the documents which are submitted and attached to the bid.

Generic: AWP - 80%
Brand: WAC + 2%
OTC: WAC + 15%

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5 **Prescription Cost**

Is the cost of each prescription the same regardless of the payor? Is there a difference in price for medication if it is a facility pay for a client vs. stock?

The difference in the cost of a medication order does vary depending on payor. If a prescription is dispensed as a patient-specific order, a dispense fee is factored in to the price. If a bulk order of a medication is sold to the facility as stock, the dispense fee is not added. Outside of contracted pricing with a customer, we establish individual reimbursement contracts with third parties.

Bid Lines

1 Olanzapine 10mg

Quantity: 2800 UOM: EA Unit Price: Total:

Item Notes: Estimated quantity is based on a four year contract.

2 Olanzapine 15mg

Quantity: 400 UOM: EA Unit Price: Total:

Item Notes: Estimated quantity is based on a four year contract.

3 Haloperidol Lactate 5MG/ML Vial

Quantity: 2400 UOM: EA Unit Price: Total:

Item Notes: Estimated quantity is based on a four year contract.

4 Gabapentin 600 MG Tablet

Quantity: 3600 UOM: EA Unit Price: Total:

Item Notes: Estimated quantity is based on a four year contract.

5	Divalproex Sodium ER - 500 mg tablet	Quantity: <u>2700</u> UOM: <u>EA</u>	Unit Price: <input type="text" value="\$0.81"/>	Total: <input type="text" value="\$2,187.00"/>
Item Notes: Estimated quantity is based on a four year contract.				
6	Lithium 300 MG Cap	Quantity: <u>800</u> UOM: <u>EA</u>	Unit Price: <input type="text" value="\$0.08"/>	Total: <input type="text" value="\$64.00"/>
Item Notes: Estimated quantity is based on a four year contract.				
7	Geodon 20 MG/ML Vial	Quantity: <u>45</u> UOM: <u>EA</u>	Unit Price: <input type="text" value="\$57.13"/>	Total: <input type="text" value="\$2,570.85"/>
Item Notes: Estimated quantity is based on a four year contract.				
8	Resperidone 1 MG Tablet	Quantity: <u>700</u> UOM: <u>EA</u>	Unit Price: <input type="text" value="\$0.22"/>	Total: <input type="text" value="\$154.00"/>
Item Notes: Estimated quantity is based on a four year contract.				
9	Haloperidol 10 MG Tablet	Quantity: <u>400</u> UOM: <u>EA</u>	Unit Price: <input type="text" value="\$1.73"/>	Total: <input type="text" value="\$692.00"/>
Item Notes: Estimated quantity is based on a four year contract.				
10	Lithium Carbonate	Quantity: <u>100</u> UOM: <u>EA</u>	Unit Price: <input type="text" value="\$0.31"/>	Total: <input type="text" value="\$31.00"/>
Item Notes: Estimated quantity is based on a four year contract.				
Supplier Notes: <input type="text" value="This pricing represents Lithium Carbonate ER 450 MG tab."/>				
11	Metoprolol Succ ER 100 MG Tab	Quantity: <u>1000</u> UOM: <u>EA</u>	Unit Price: <input type="text" value="\$0.86"/>	Total: <input type="text" value="\$860.00"/>
Item Notes: Estimated quantity is based on a four year contract.				
12	Pantoprazole SOD DR 40 MG Tab	Quantity: <u>400</u> UOM: <u>EA</u>	Unit Price: <input type="text" value="\$0.19"/>	Total: <input type="text" value="\$76.00"/>
Item Notes: Estimated quantity is based on a four year contract.				
13	Omeprazole DR 20 MG Capsule	Quantity: <u>1200</u> UOM: <u>EA</u>	Unit Price: <input type="text" value="\$0.09"/>	Total: <input type="text" value="\$108.00"/>
Item Notes: Estimated quantity is based on a four year contract.				
14	Lamotrigine 24 MG Tablet	Quantity: <u>500</u> UOM: <u>EA</u>	Unit Price: <input type="text" value="\$0.05"/>	Total: <input type="text" value="\$25.00"/>
Item Notes: Estimated quantity is based on a four year contract.				
15	Quetipine Fumarate 200 MG Tab	Quantity: <u>320</u> UOM: <u>EA</u>	Unit Price: <input type="text" value="\$0.34"/>	Total: <input type="text" value="\$108.80"/>
Item Notes: Quantity is based on 4 year estimate				

1 6	Divalproex SOD ER 250 MG Tab	Quantity: <u>500</u> UOM: <u>EA</u>	Unit Price: <input type="text" value="\$0.14"/>	Total: <input type="text" value="\$70.00"/>
Item Notes: Estimated quantity is based on a four year contract.				

1 7	Dispensing Fee	Quantity: <u>3600</u> UOM: <u>EA</u>	Unit Price: <input type="text" value="\$3.75"/>	Total: <input type="text" value="\$13,500.00"/>
Item Notes: Estimated quantity is based on a four year contract. (900 per year)				

1 8	Delivery Fee	Quantity: <u>1460</u> UOM: <u>EA</u>	Unit Price: <input type="text" value="\$0.00"/>	Total: <input type="text" value="\$0.00"/>
Item Notes: Estimated quantity is based on a four year contract with 1 delivery each day. Additional deliveries may be requested and will be charged at the same unit price rate submitted.				

Response Total: \$26,614.65