



REQUEST FOR PROPOSAL #16RP009

WORKER'S COMPENSATION MEDICAL BILL REVIEW AND PHARMACY SERVICES

ADDENDUM #4

OCTOBER 21, 2015

NOTICE TO ALL BIDDERS AND PLAN HOLDERS

The Solicitation is amended by the following clarifications/changes/additional information. If any provision in this Addendum conflicts with any existing provisions in the Solicitation, this Addendum will control. All other terms, conditions, and provisions of the Solicitation remain in effect as published.

BID SUBMITTAL DEADLINE

The submittal due date and time **remains 2:00 P.M., LOCAL TIME, OCTOBER 28, 2015** and is **NOT CHANGED BY THIS ADDENDUM.**

CHANGES/CLARIFICATIONS

PRICING PROPOSAL FORM

Page 54, Part Two – Pharmacy Program – Sample Prescription Pricing page has been amended. **DELETE** page 54 and **REPLACE** with "Revised – Page 54" (**attached**). The following corrections were made:

- Item 3 name of medication was corrected
- Item 4 milligrams of medication was corrected
- NDC Numbers have been updated as of 10/21/15

By signing and submitting a Bid or Proposal, the Bidder/Proposer is acknowledging that they will abide by all Addenda issued prior to the opening of the Bids/Proposals and agreeing that all pricing takes into account all such Addenda.

END OF ADDENDUM #4

Karie Ingles, CPPB
Bid & Contract Specialist
kingles@scottsdaleaz.gov

PRICE PROPOSAL FORM – PHARMACY SERVICES PRICING – CONT'D



WORKER'S COMPENSATION MEDICAL BILL REVIEW AND PHARMACY SERVICES

RFP # 16RP009

PART TWO - PHARMACY PROGRAM – SAMPLE PRESCRIPTION PRICING

DATE OF SERVICE: OCTOBER 1, 2015

ITEM	Prescription 30 day supply Quantity 30	A. Manufacturer Suggested Retail	B. Contractors Fill Cost	C. Return of Rebate (if applicable)	D. All applicable fees for this prescription and payment	Total Cost to City Per Prescription (B-C+D)	NDC Number
1	Tramadol ER 150	\$ _____	\$ _____		\$ _____	\$ _____	50436-0822
2	Gabapentin 300 mg	\$ _____	\$ _____		\$ _____	\$ _____	45865-347-30
3	Meloxicam 7.5 mg	\$ _____	\$ _____		\$ _____	\$ _____	43063-395-30
4	Morphine Sulfate Cap ER 90mg	\$ _____	\$ _____		\$ _____	\$ _____	63629-3767-1
5	Morphine Sulfate tab 15mg	\$ _____	\$ _____		\$ _____	\$ _____	60951-652-70
6	Lunesta tab 3 mg	\$ _____	\$ _____		\$ _____	\$ _____	52959-852-30
7	Duloxetine cap 60mg	\$ _____	\$ _____		\$ _____	\$ _____	66993-076-30
8	Celebrex cap 200mg	\$ _____	\$ _____		\$ _____	\$ _____	52959-539-30
9	Senna tab 8.6mg	\$ _____	\$ _____		\$ _____	\$ _____	63629-1342-1
10	Duloxetine HCL Cap 60 mg.	\$ _____	\$ _____		\$ _____	\$ _____	66993-076-30
TOTAL COST FOR PRESCRIPTIONS						\$ _____	

COMPANY NAME: _____