



REQUEST FOR PROPOSAL #16RP009

WORKER'S COMPENSATION MEDICAL BILL REVIEW AND PHARMACY SERVICES

ADDENDUM #6

OCTOBER 27, 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, NOVEMBER 6, 2015** and is **NOT CHANGED BY THIS ADDENDUM.**

1. CHANGES

- A. **PRICING PROPOSAL FORM, Part Two – Pharmacy Program** – Sample Prescription Pricing page 54 has been amended.

DELETE page 54 and **REPLACE** with "*Revised – Page 54 dated 10/27/15*" (**attached**).

- Bidder shall quote best pricing for 30 day supply/one (1) pill per day.
- If a name brand is listed, do not substitute a generic medication.
- Bidder shall check the appropriate box for Brand Name or Generic being quoted.
- Bidder shall identify NDC code being quoted and list labeler/packager/manufacture (if applicable).

2. CONTRACTOR QUESTIONS AND ANSWERS

The following are additional Questions (Q#) and Answers (A#) the City received.

Q1 Can you clarify the intent of Part Two – Pharmacy Program Pricing on page 53?

A1 Our intent in providing the number of prescription fills and pricing was an attempt to indicate the volume of prescriptions per year. We do not want you to use those numbers in any pricing model. Therefore, 1) we would like to know if there is any fixed administration pricing and 2) we would like per prescription fill costs without the specific drug cost included. If you will be offering a rebate, please convert it to a per fill amount. Also, please list any other per prescription changes.

- Q2 Can you please clarify Part Two- Pharmacy Program – Sample Prescription Pricing”? The NDC numbers appear to refer to “re/pre-packaged” medications?
- A2 Pricing of these medications are not to be restricted to specific packaging or labeler. Therefore, Bidder will provide best pricing in the format as requested, and **MUST** provide the applicable NDC number and labeler for the product being quoted. For items which appears to be brand name medication, please do NOT substituted for a generic product. See revised page 54.
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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 #6

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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 / Manufacture(Pkgr) (Bidder to provide) |
|------------------------------|---|--|-----------------------------|---|--|---|--|
| 1 | Tramadol ER 150 Brand Name <input type="checkbox"/> or Generic <input type="checkbox"/> | \$ | \$ | | \$ | \$ | # Mfg |
| 2 | Gabapentin 300 mg Brand Name <input type="checkbox"/> or Generic <input type="checkbox"/> | \$ | \$ | | \$ | \$ | # Mfg |
| 3 | Meloxicam 7.5 mg Brand Name <input type="checkbox"/> or Generic <input type="checkbox"/> | \$ | \$ | | \$ | \$ | # Mfg |
| 4 | Morphine Sulfate Cap ER 90mg Brand Name <input type="checkbox"/> or Generic <input type="checkbox"/> | \$ | \$ | | \$ | \$ | # Mfg |
| 5 | Morphine Sulfate tab 15mg Brand Name <input type="checkbox"/> or Generic <input type="checkbox"/> | \$ | \$ | | \$ | \$ | # Mfg |
| 6 | Lunesta tab 3 mg Brand Name <input type="checkbox"/> or Generic <input type="checkbox"/> | \$ | \$ | | \$ | \$ | # Mfg |
| 7 | Duloxetine cap 60mg Brand Name <input type="checkbox"/> or Generic <input type="checkbox"/> | \$ | \$ | | \$ | \$ | # Mfg |
| 8 | Celebrex cap 200mg Brand Name <input type="checkbox"/> or Generic <input type="checkbox"/> | \$ | \$ | | \$ | \$ | # Mfg |
| 9 | Senna tab 8.6mg Brand Name <input type="checkbox"/> or Generic <input type="checkbox"/> | \$ | \$ | | \$ | \$ | # Mfg |
| 10 | Duloxetine HCL Cap 60 mg Brand Name <input type="checkbox"/> or Generic <input type="checkbox"/> | \$ | \$ | | \$ | \$ | # Mfg |
| TOTAL COST FOR PRESCRIPTIONS | | | | | | \$ | |

COMPANY NAME: _____