



The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header # 1

[List View](#)

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Procurement Folder: 1612085

Procurement Type: Central Master Agreement

Vendor ID: 000000227888

Legal Name: UNIQCARE PHARMACY LLC

Alias/DBA:

Total Bid: \$12,916.80

Response Date: 05/12/2025

Response Time: 16:47

Responded By User ID: uniqcare

First Name: Josh

Last Name: Curry

Email: ucifax@outlook.com

Phone: 8886984908

SO Doc Code: CRFQ

SO Dept: 0613

SO Doc ID: VNF2500000015

Published Date: 4/29/25

Close Date: 5/13/25

Close Time: 13:30

Status: Closed

Solicitation Description: Pharmacy Supplies and Services

Total of Header Attachments: 1

Total of All Attachments: 1



Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Solicitation Response

Proc Folder: 1612085
Solicitation Description: Pharmacy Supplies and Services
Proc Type: Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2025-05-13 13:30	SR 0613 ESR05122500000006963	1

VENDOR
000000227888
UNIQCARE PHARMACY LLC

Solicitation Number: CRFQ 0613 VNF2500000015
Total Bid: 12916.80000000000109139364212 **Response Date:** 2025-05-12 **Response Time:** 16:47:14
Comments:

FOR INFORMATION CONTACT THE BUYER
Joseph (Josh) E Hager III
(304) 558-2306
joseph.e.hageriii@wv.gov

Vendor
Signature X **FEIN#** **DATE**

All offers subject to all terms and conditions contained in this solicitation

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Pharmacy Supplies and Services				4305.60

Comm Code	Manufacturer	Specification	Model #
85121900			

Commodity Line Comments: \$2.99 A BED
\$358.8 A MONTH
\$4,305.60 ANNUAL
SEE EXHIBIT A

Extended Description:
Pharmacy Supplies and Services

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Pharmacy Services				4305.60

Comm Code	Manufacturer	Specification	Model #
85121900			

Commodity Line Comments: \$2.99 A BED
\$358.80 A MONTH
\$4,305.60 ANNUAL
SEE EXHIBIT A & B

Extended Description:
Pharmacy Services

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Pharmacy Supplies and Services				4305.60

Comm Code	Manufacturer	Specification	Model #
85121900			

Commodity Line Comments: \$2.99 A BED
\$358.80 A MONTH
\$4,305.60 ANNUAL
SEE EXHIBIT A & B

Extended Description:
Pharmacy Supplies and Services

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

(Printed Name and Title) Joshua Curry owner
(Address) 3538 Teays Valley Rd Hurricane WV 25526
(Phone Number) / (Fax Number) 888 698 4908 888 808 0795
(email address) ucpfax@outlook.com

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; that I am authorized by the Vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on Vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

UniCare Pharmacy
(Company)
[Signature]
(Signature of Authorized Representative)
Joshua Curry owner 5.12.2025
(Printed Name and Title of Authorized Representative) (Date)
888 698 4908 888 808 0795
(Phone Number) (Fax Number)
ucpfax@outlook.com
(Email Address)

REQUEST FOR QUOTATION
Pharmacy Supplies and Services – CRFQ VNF25*15

- 9.5. Vendor shall inform all staff of Agency's security protocol and procedures.
10. **VENDOR DEFAULT:** The following shall be considered a vendor default under this Contract:
- 10.1. Failure to perform Contract Services in accordance with the requirements contained herein.
 - 10.2. Failure to comply with other specifications and requirements contained herein.
 - 10.3. Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.
 - 10.4. Failure to remedy deficient performance upon request.
 - 10.5. The following remedies shall be available to Agency upon default.
 - 10.6. Immediate cancellation of the Contract.
 - 10.7. Immediate cancellation of one or more release orders issued under this Contract.
 - 10.8. Any other remedies available in law or equity.

11. **MISCELLANEOUS:**

- 11.1. **Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: Joshua Curry

Telephone Number: 888 698 4908

Fax Number: 888 808 0795

Email Address: ucpfax@outlook.com

EXHIBIT A - CRFQ VNF25*15

PRICING PAGE

Pharmacy Supplies, Consultant Pharmacist and Services

<i>WV Veterans Nursing Facility Number of Licensed Beds (Long Term Care)</i>	<i>Cost Per Licensed Bed Per Month</i>	<i>Total Per Month</i>	<i>12 months</i>	<i>Annual Cost</i>
120	\$ 2.99	\$ 358.80	12	\$ 4,305.60
Annual Total:				\$ 4,305.60

- Any anticipated travel, dispensing or other costs related to the performance of services under this RFQ must be accounted for an incorporated into the vendor's monthly service fee to be reported
- No expenses other than the pre-established costs of drugs and monthly service fees will be reimbursed by the State.
- Cost per Licensed Bed must include all equipment, supplies, services, meetings, reports, travel and any other Contract Services listed in the Specifications. Facility will not reimburse separately for any other fees.
- Bids will be reviewed and an award made to the responsible bidder providing the overall lowest costs meeting specifications of the RFQ.
- Submission of a bid implies acceptance of the following pre-established acquisition cost margins to be paid by the State for pharmaceuticals:**

SERVICES	ALLOWABLE CHARGES
Prescription Drugs for <i>Service-Connected and/or non-insured residents:</i>	Wholesale Acquisition Cost (W.A.C.) + 2 %
Non-Prescription Drugs for <i>Service-Connected and/or non-insured residents:</i>	Wholesale Acquisition Cost (W.A.C.) + 1 %

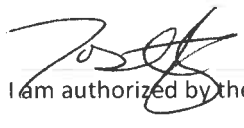
Vendor Information			
Vendor:	UNIQCARE PHARMACY	*Printed Name	JOSHUA CURRY
Address:	3538 TEAYS VALLEY RD	Title	OWNER
	HURRICANE WV 25526	*Signature	
Office Phone:	888.698.4908	*I hereby certify I am authorized by the Vendor to sign this document.	
Cell Phone			
Fax	888.808.0795	Email:	UCPFAX@OUTLOOK.COM


EXHIBIT B - CRFQ VNF25*15

Vendor's Cost

Top 20 Pharmaceuticals

NDC Description	Dosage	NADAC Price Per Unit on 1/1/25	Unit Qty	OTC, Brand or Generic	Vendor's Price Per Unit	Vendor Price minus NADAC Price	Vendor % above NADAC	Vendor's Source
<i>Example: Aspirin</i>	<i>325 MG</i>	<i>\$ 0.01391</i>	<i>EA</i>	<i>OTC, Generic</i>	<i>\$ 0.01435</i>	<i>\$ 0.00044</i>	<i>3.16%</i>	<i>McKesson</i>
AMLODIPINE BESYLATE	5 MG	\$ 0.01040	EA	RX, Generic	\$ 0.00660	\$ (0.00380)	-36.54%	AMERISOURCE
BACLOFEN	20 MG	\$ 0.05102	EA	RX, Generic	\$ 0.03010	\$ (0.02092)	-41.00%	AMERISOURCE
CARBIDOPA- LEVODOPA	25MG-100MG	\$ 0.07542	EA	RX, Generic	\$ 0.05940	\$ (0.01602)	-21.24%	AMERISOURCE
CLOPIDOGREL	75 MG	\$ 0.05708	EA	RX, Generic	\$ 0.06060	\$ 0.00352	6.17%	AMERISOURCE
DONEPEZIL HCL	10 MG	\$ 0.04890	EA	RX, Generic	\$ 0.03140	\$ (0.01750)	-35.79%	AMERISOURCE
FAMOTIDINE	20 MG	\$ 0.02888	EA	RX, Generic	\$ 0.02270	\$ (0.00618)	-21.40%	AMERISOURCE
FINASTERIDE	5 MG	\$ 0.06402	EA	RX, Generic	\$ 0.04320	\$ (0.02082)	-32.52%	AMERISOURCE
FUROSEMIDE	40 MG	\$ 0.02872	EA	RX, Generic	\$ 0.03170	\$ 0.00298	10.38%	AMERISOURCE
LORATADINE	10 MG	\$ 0.05176	EA	RX, Generic	\$ 0.02510	\$ (0.02666)	-51.51%	AMERISOURCE
LOSARTAN POTASSIUM	50 MG	\$ 0.03610	EA	RX, Generic	\$ 0.04140	\$ 0.00530	14.68%	AMERISOURCE
METFORMIN HCL	500 MG	\$ 0.01304	EA	RX, Generic	\$ 0.01070	\$ (0.00234)	-17.94%	AMERISOURCE
METFORMIN HCL ER	500 MG	\$ 0.02708	EA	RX, Generic	\$ 0.02000	\$ (0.00708)	-26.14%	AMERISOURCE
MONTELUKAST SOD	10 MG	\$ 0.04984	EA	RX, Generic	\$ 0.05890	\$ 0.00906	18.18%	AMERISOURCE
PANTOPRAZOLE SOD DR	40 MG	\$ 0.04069	EA	RX, Generic	\$ 0.04150	\$ 0.00081	1.99%	AMERISOURCE
PRIMIDONE	50 MG	\$ 0.11462	EA	RX, Generic	\$ 0.05920	\$ (0.05542)	-48.35%	AMERISOURCE
QUETIAPINE FUMARATE	50 MG	\$ 0.03439	EA	RX, Generic	\$ 0.02380	\$ (0.01059)	-30.79%	AMERISOURCE
QUETIAPINE FUMARATE	25 MG	\$ 0.02796	EA	RX, Generic	\$ 0.01330	\$ (0.01466)	-52.43%	AMERISOURCE
SERTRALINE HCL	50 MG	\$ 0.03381	EA	RX, Generic	\$ 0.03470	\$ 0.00089	2.63%	AMERISOURCE
TAMSULOSIN HCL	0.4 MG	\$ 0.04665	EA	RX, Generic	\$ 0.08060	\$ 0.03395	72.78%	AMERISOURCE

- Vendor must list their cost to purchase each prescription drug and where they purchase same.
- This page will not be a fixed price for the contract, as NADAC prices fluctuate.
- This page will be utilized to determine lowest overall bid for award to lowest responsible bidder.
- Purchase of these products is not guaranteed and is for estimating purposes only.

Vendor Information	
Vendor:	UNIQCARE PHARMACY
Address:	3538 TEAYS VALLEY RD HURRICANE WV 25526
Office Phone:	888 698 4908
Cell Phone:	
Fax:	888 808 0795
*Printed Name	JOSHUA CURRY
Title	OWNER
*Signature	
*I hereby certify I am authorized by the Vendor to sign this document.	
Email:	UCPFAX@OUTLOOK.COM