

MCH 13087



RemedyRepack™

655 Kolter Drive
Indiana, PA 15701

724.465.8762
1.866.845.3791
1.866.307.9744 fax
www.remedyrepack.com

January 22, 2013

Department of Administration
Attn: Roberta Wagner
Purchasing Division
Building 15
2019 Washington Street East
Charleston, WV 25305-0130

01/23/13 10:00:33 AM
West Virginia Purchasing Division

Dear Ms. Wagner:

Please find enclosed our quotation for your RFQ MCH13087. We appreciate this opportunity to quote on the pharmaceutical repackaging for the Department of Health and Human Resources for the Family Planning Program (FPP).

Remedy Repack is an FDA Registered Drug Repacker which repackages over 2.3 million items per year. Remedy's products are the highest quality and exceed industry and government standards; our services are timely, reliable, and dependable; and our prices are some of the most competitive in the industry. Packages are shipped via FedEx ground service and require signature upon receipt. We were initially formed to repackage medications for our parent company, Diamond Drug, to decrease the need to outsource these services, but over the past few years, we expanded our customer base, and we now repackage pharmaceuticals for drug manufacturers, departments of health, tuberculosis clinics, sports teams, and other repackers.

Superior quality and compliance are standard at Remedy. RemedyRepack is compliant with cGMP (current good manufacturing practices), as evidenced by our U.S. Food and Drug Administration (FDA) certification. Diamond is accredited by The Joint Commission and is a National Boards of Pharmacy (NABP) Verified-Accredited Wholesale Distributor (VAWD). Diamond is licensed in good standing with the State Boards of Pharmacy in accordance with the standards of the Commonwealth of Pennsylvania, the State of West Virginia, and with the U.S. Drug Enforcement Administration (DEA) to dispense controlled substances in Schedules II through V. Diamond is a licensed wholesaler in both Pennsylvania and West Virginia. RemedyRepack is an FDA Registered Repacker and is also licensed by the DEA.

After reviewing our bid, we hope you will agree that RemedyRepack is the logical choice for exceeding the repackaging service needs of your department. If you have questions regarding any aspects of our bid or services, do not hesitate to contact me at 1.800.882.6337 x1003.

Sincerely,

Mark J. Zilner, R.Ph.
President

REQUEST FOR QUOTATION
MCH13087 – PHARMACEUTICAL REPACKAGING FOR PRESCRIPTION DRUGS

7. MISCELLANEOUS:

- 7.1 No Substitutions:** Vendor shall supply only Contract Items submitted in response to the RFQ unless a contract modification is approved in accordance with the provisions contained in this Contract.
- 7.2 Vendor Supply:** Vendor must carry sufficient inventory of the Contract Items being offered to fulfill its obligations under this Contract. By signing its bid, Vendor certifies that it can supply the Contract Items contained in its bid response.
- 7.3 Reports:** Vendor shall provide quarterly reports and annual summaries to the Agency showing the Agency's items purchased, quantities of items purchased, and total dollar value of the items purchased. Vendor shall also provide reports, upon request, showing the items purchased during the term of this Contract, the quantity purchased for each of those items, and the total value of purchases for each of those items. Failure to supply such reports may be grounds for cancellation of this Contract.
- 7.4 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: Pat Hays
Telephone Number: 724-465-8762
Fax Number: 724-349-2636
Email Address: phays@remedyrepack.com



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

Solicitation

NUMBER
MCH13087

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 304-558-0067

VENDOR

RFQ COPY
 TYPE NAME/ADDRESS HERE
 RemedyRepack, Inc.
 655 Kolter Drive
 Indiana, PA 15701

SHIP TO

HEALTH AND HUMAN RESOURCES
 BPH - OMCFH
 MATERIALS MANAGEMENT
 900 BULLITT STREET
 CHARLESTON, WV
 25301 304-558-3417

DATE PRINTED
01/15/2013

BID OPENING DATE: 01/24/2013 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 02						
1. THIS ADDENDUM IS BEING SUBMITTED TO CORRECT ITEM #4 ON THE COST SHEET (EXHIBIT A). THE CORRECTED COST SHEET IS ATTACHED.						
2. TO PROVIDE ADDENDUM ACKNOWLEDGEMENT, THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN THE DISQUALIFICATION OF YOUR BID.						
END OF ADDENDUM NO. 02						

SIGNATURE	TELEPHONE 724.349-1111 x1003	DATE 1/22/13
TITLE President	FEIN 20-4037334	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

SOLICITATION NUMBER: MCH13087

Addendum Number: 02

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

Description of Modification to Solicitation:

1. To correct Item #4 on the Cost Sheet (Exhibit A)
2. To provide Addendum Acknowledgement.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ATTACHMENT A

EXHIBIT A

COST SHEET FOR MCH13087				
ITEM #	APPROXIMATE ANNUAL USAGE	DESCRIPTION	UNIT PRICE	TOTAL COST
1	5000 VIALS	AZITHROMYCIN (OR EQUAL) 1G 1 TAB/VIAL, 25 VIALS PER PACKAGE	\$3.98	\$19,882.00
2	3500 VIALS	FLAGYL (OR EQUAL) 500 MG 14 TABS/VIAL, 50 VIALS PER PACKAGE	\$8.93	\$31,251.17
3	25 VIALS	CIPROFLOXACIN (OR EQUAL) 500 MG 1 TAB/VIAL, 25 VIALS PER PACKAGE	\$2.50	\$ 62.53
4	1000 VIALS	FLUCONAZOLE (OR EQUAL) 150 MG 1 PILL BLISTER PACK, 12 INDIVIDUAL POUCHES PER BOX	\$2.25	\$ 2,245.83
TOTAL COST				\$53,444.53

THIS WILL BE AN OPEN END CONTRACT. QUANTITIES LISTED ARE ESTIMATES ONLY. ACTUAL NEEDS OF THE AGENCY WILL BE SUPPLIED, WHETHER THEY BE GREATER THAN OR LESS THAN ESTIMATES.

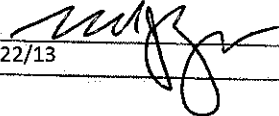
CONTRACT SHALL EXTEND FOR A PERIOD OF ONE (1) YEAR FROM DATE OF AWARD, WITH THE OPTION OF TWO (2), ONE (1) YEAR RENEWAL PERIODS.

PRODUCT MUST BE SHIPPED F.O.B. DESTINATION, ACCORDING TO MANUFACTURER'S SPECIFICATIONS FOR STORAGE. PRODUCT MUST BE DELIVERED WITHIN SEVEN (7) WORKING DAYS AFTER ORDERS ARE RECEIVED. EMERGENCY ORDERS MUST BE DELIVERED WITHIN THREE (3) WORKING DAYS AFTER ORDERS ARE RECEIVED.

ORDERS WILL BE PLACED BY FAXING A WV-39 RELEASE ORDER TO THE VENDOR. AFTER RECEIPT OF PRODUCT, VENDOR WILL SUBMIT INVOICE FOR PAYMENT. PAYMENT WILL BE MADE IN ARREARS.

EVALUATION OF BIDS WILL BE BASED ON TOTAL COST AND AWARD WILL BE MADE TO THE LOWEST OVERALL BID WHICH MEETS SPECIFICATIONS.

VENDOR NAME: RemedyRepack, Inc.
 ADDRESS: 655 Kolter Drive
Indiana PA 15701
 FAX #: 724-349-2636
 PHONE #: 724-465-8762
 E-MAIL ADDRESS: proposal@diamondpharmacy.com
 REMIT TO ADDRESS: 655 Kolter Drive, Indiana PA 15701

SIGNATURE: 
 DATE: 1/22/13

VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

1. **Application is made for 2.5% resident vendor preference for the reason checked:**
 Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
 Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
 Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
2. **Application is made for 2.5% resident vendor preference for the reason checked:**
 Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
3. **Application is made for 2.5% resident vendor preference for the reason checked:**
 Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
4. **Application is made for 5% resident vendor preference for the reason checked:**
 Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
5. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
 Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
6. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
 Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.
7. **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with *West Virginia Code* §5A-3-59 and *West Virginia Code of State Rules*.**
 Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (*West Virginia Code*, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: RemedyRepack, Inc.

Signed: 

Date: 1/22/13

Title: President

RFQ No. MCH13087

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

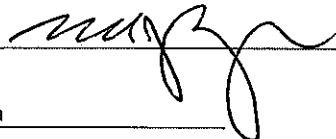
"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Mark J. Zilner

Authorized Signature:  Date: 1/22/13

State of Pennsylvania

County of Indiana, to-wit:

Taken, subscribed, and sworn to before me this 22 day of January, 2013

My Commission expires 2-11, 2015

AFFIX SEAL HERE

NOTARY PUBLIC



Purchasing Affidavit (Revised 07/01/2012)

COMMONWEALTH OF PENNSYLVANIA

Notarial Seal
Deborah L. Rodgers, Notary Public
White Twp., Indiana County
My Commission Expires Feb. 11, 2015

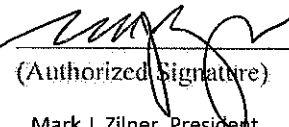
MEMBER PENNSYLVANIA ASSOCIATION OF NOTARIES

CERTIFICATION AND SIGNATURE PAGE

By signing below, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

RemedyRepack, Inc.

(Company)



(Authorized Signature)

Mark J. Zilner, President

(Representative Name, Title)

800.882.6337 x1003

724.349-2604

(Phone Number)

(Fax Number)

1/22/13

(Date)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: MCH13087

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

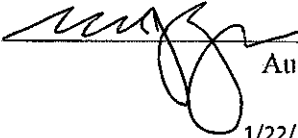
(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

RemedyRepack, Inc.

Company



Authorized Signature

1/22/13

Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.
 Revised 6/8/2012



RemedyRepack™

655 Kolter Drive
Indiana, PA 15701

724.465.8762
1.866.845.3791
1.866.307.9744 fax
www.remedyrepack.com

Auxiliary
Peel-Off
Self Stick Label

Four
Peel-Off
Self Stick Labels
(Can peel from either
top or bottom)

2"

METRONIDAZOLE 500 MG TABLET QTY: 14 NDC 24236018604 LOT WY01860407014700 EXP 04/2011 MFG NDC 5011133402 MFG LOT 314700		METRONIDAZOLE 500 MG TABLET PATIENT: _____ QTY: 14 DATE: _____ TAKE (1) TABLET ORALLY TWICE DAILY FOR 7 DAYS TAKE WITH FOOD OR MILK. FINISH ALL MEDICATION. DO NOT DRINK ALCOHOL WHILE TAKING THIS MEDICATION. STORE AT 59-86F. NDC 24236018604 LOT WY01860407014700 EXP 04/2011 MFG NDC 5011133402 MFG LOT 314700 PHYSICAL DESCRIPTION WHITE OBLONG P/LVA 334 WARNINGS: *ANTIBIOTIC RESISTANCE: ANY ANTIBIOTIC TREATMENT OF THIS TYPE TO ANY PERSON OTHER THAN FOR WHOM KNOWN/ISSUED. KEEP OUT OF THE REACH OF CHILDREN. Packaged by: RemedyRepack, Indiana, PA Manufactured by: Piko Krakow Pharma Co Krakow, Poland		PACIENT CHART EXP 04/2011 LOT WY01860407014700 P14 MFG NDC 5011133402 MFG LOT 314700 METRONIDAZOLE 500 MG TABLET NDC 24236018604 MFG NDC 5011133402 MFG LOT 314700 METRONIDAZOLE 500 MG TABLET LOT WY01860407014700 P14 EXP 04/2011 METRONIDAZOLE 500 MG TABLET NDC 24236018604 MFG NDC 5011133402 MFG LOT 314700 METRONIDAZOLE 500 MG TABLET LOT WY01860407014700 P14 EXP 04/2011 METRONIDAZOLE 500 MG TABLET NDC 24236018604 MFG NDC 5011133402 MFG LOT 314700	
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4 5/8"