



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 5

List View

**General Information** [Contact](#) [Default Values](#) [Discount](#) [Document Information](#)

Procurement Folder: 702380

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0506

Vendor ID:

SO Doc ID: MCH2000000005

Legal Name: REMEDYREPACK INC

Published Date: 5/13/20

Alias/DBA:

Close Date: 5/21/20

Total Bid: \$44,280.00

Close Time: 13:30

Response Date:

Status: Closed

Response Time:

Solicitation Description:

Total of Header Attachments: 5

Total of All Attachments: 5



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

**State of West Virginia  
 Solicitation Response**

**Proc Folder :** 702380

**Solicitation Description :** Addendum No.01 - Repackaging of Pharmaceuticals

**Proc Type :** Central Master Agreement

Date issued	Solicitation Closes	Solicitation Response	Version
	2020-05-21 13:30:00	SR 0506 ESR05142000000006680	1

<b>VENDOR</b>
000000112396 REMEDYREPACK INC

**Solicitation Number:** CRFQ 0506 MCH2000000005

**Total Bid :** \$44,280.00      **Response Date:** 2020-05-18      **Response Time:** 13:48:04

**Comments:**

**FOR INFORMATION CONTACT THE BUYER**  
 Brittany E Ingraham  
 (304) 558-0067  
 brittany.e.ingraham@wv.gov

<b>Signature on File</b>	<b>FEIN #</b>	<b>DATE</b>
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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	Doxycycline (or equal) 100MG 14 Tab/Caps vial 50 vials pk	3500.00000	VIAL	\$6.420000	\$22,470.00

Comm Code	Manufacturer	Specification	Model #
85121901			

<b>Extended Description :</b>	3.1.1 Doxycycline (or equal) 100 MG 14 tablets (or capsules)/vial, 50 vials per package
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**Comments:** Doxycycline Monohydrate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Metronidazole (or equal) 500MG 14 tab/vial, 50 vials per pk	3500.00000	VIAL	\$4.920000	\$17,220.00

Comm Code	Manufacturer	Specification	Model #
85121901			

<b>Extended Description :</b>	3.1.2 Metronidazole (or equal) 500 MG14 tablets/vial, 50 vials per package
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Fluconazole(or equal)150MG 1 Pill Blister Pack	1000.00000	BOX	\$4.590000	\$4,590.00

Comm Code	Manufacturer	Specification	Model #
85121901			

<b>Extended Description :</b>	3.1.3 Fluconazole (or equal) 150 MG 1 Pill Blister Pack, 12 individual pouches per box
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Purchasing Divison  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

State of West Virginia  
 Request for Quotation  
 33 — Service - Misc

Proc Folder: 702380

Doc Description: Addendum No.01 - Repackaging of Pharmaceuticals

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2020-05-13	2020-05-21 13:30:00	CRFQ 0506 MCH2000000005	2

**BID RECEIVING LOCATION**

BID CLERK  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON ST E  
 CHARLESTON WV 25305  
 US

**VENDOR**

**Vendor Name, Address and Telephone Number:**

RemedyRepack, Inc.  
 625 Kolter Drive, Suite 4  
 Indiana PA 15701  
 724-465-8762

**FOR INFORMATION CONTACT THE BUYER**

Brittany E Ingraham  
 (304) 558-0067  
 brittany.e.ingraham@wv.gov

Signature X

*Paul Bowser*

FEIN # 20-4037334

DATE 5/15/20

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



STATE OF WEST VIRGINIA  
Purchasing Division

# PURCHASING AFFIDAVIT

**CONSTRUCTION CONTRACTS:** Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

**ALL CONTRACTS:** 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: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, 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: RemedyRepack, Inc.

Authorized Signature: *Raul Bawse* Date: 5-15-2020

State of Pennsylvania

County of Indiana, to-wit:

Taken, subscribed, and sworn to before me this 15 day of May, 2020.

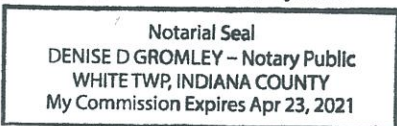
My Commission expires April 23, 2021.

**AFFIX SEAL HERE**  
Commonwealth of Pennsylvania

NOTARY PUBLIC

*Denise D Gromley*

Purchasing Affidavit (Revised 01/19/2018)



CRQM MCH2000000004  
REQUEST FOR QUOTATION  
**Repack of Pharmaceuticals for Prescription Drugs**

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**8.3 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.

**8.4 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:** Susan Scott, Director of Operations and Quality Assurance  
**Telephone Number:** 724-465-8762 ext 1073  
**Fax Number:** 844-329-8164  
**Email Address:** sscott@remedyrepack.com

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CRFQ MCH2000000005**

**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 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 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

5/15/20

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.



## Current Label

**Metformin HCl**

**500 mg Tablet** **QTY: 180**

ID # H:102 **Expires: 05/2021**  
 NDC # 70518-0355-01 Shape: Round  
 LOT # B0851960-051320 Ref #: 23155-0102-10  
 MFG: Heritage Pharma Inc., Eatontown, NJ 07724  
**RX ONLY**

Directions For Use: See Package Insert  
 Store at 20-25°C (68-77°F); excursions permitted to 15-30°C (59-86°F) [See USP]  
 Repackaged by:  
 RemedyRepack Inc., Indiana, PA 15701, 1-724-465-8762  
 B-0851-960 / S/N: 0088547785



## 4 Tab Label

<p><b>NDC: 70518-0355-01</b> <span style="float: right;"><b>EXP</b> 05/2021</span></p> <p>Mfg: 23155-0102-10        Lot #: B0851960-051320        Mfg: 4500757A)</p> <p>Date: _____        Patient: _____        Prescriber: _____  <b>Metformin HCl 500 mg Tablet</b></p> <p>Dosage Instructions</p> <p><b>Qty: 180</b></p> <p style="text-align: right;"><small>Rockland County        50 Cantonment Rd Bldg A 2nd Floor Penning, NY 10970</small></p> <p><small>Repackaged by: RemedyRepack, Inc. Indiana, PA 15701 724-465-8762</small></p>	<p style="font-size: small;">gold face</p>	<p><b>Metformin HCl 500 mg Tablet</b></p> <p>Patient: _____ Date: _____        Prescriber: _____</p> <p><b>NDC: 70518-0355-01 (Mfg: 23155-0102-10)</b> <span style="float: right;"><b>EXP</b> 05/2021</span>  <b>Lot #: B0851960-051320</b> <span style="float: right;"><b>Qty: 180</b></span>  <b>(Mfg: 4500757A)</b></p> <p><b>Metformin HCl 500 mg Tablet</b></p> <p><b>NDC: 70518-0355-01 (Mfg: 23155-0102-10)</b>  <b>Lot #: B0851960-051320</b> <span style="float: right;"><b>Qty: 180</b></span>  <b>(Mfg: 4500757A)</b></p> <p><b>Metformin HCl 500 mg Tablet</b></p> <p><b>NDC: 70518-0355-01 (Mfg: 23155-0102-10)</b>  <b>Lot #: B0851960-051320</b> <span style="float: right;"><b>Qty: 180</b></span>  <b>(Mfg: 4500757A)</b></p> <p style="text-align: right;"><small>Rockland County        50 Cantonment Rd Bldg A 2nd Floor Penning, NY 10970</small></p> <p><small>Mfg by: Heritage Pharma Inc., Eatontown, NJ 07724</small></p>	<p style="font-size: small;">gold face</p>	<p style="font-size: small;">gold face</p>
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NDC#: 70518-0312-00

# Divalproex Sodium Extended Release

250 mg

CAPSULES

QTY: 90

HD 2

Once-Daily Dosing



Exp: 04/2021

Lot#: B0841261-042420

Ref #: 55111-0533-05

Mfg: Dr. Reddy's, Schreveport, LA 71106



Directions for use: See package insert.

Store at 20-25C (68-77F) excursions permitted to  
15-30C (59-86F). (See USP)

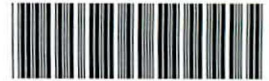
**RX ONLY**

*Repackaged by: RemedyRepack, Inc.,*

*Indiana, PA 724.465.8762*

*8-0834-026/S/N 0087511095*

This new label will be effective by June 2020



1:2 REMEDYREPACK  
 417/656 625 KOLTER DR STE 4  
 INDIANA, PA 15701-0000



10004511.2/000427-1/1-0

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RR0350126	04-30-2021	\$3047
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2, 3,3N,4,5	MANUFACTURER	04-21-2020
<b>REMEDYREPACK</b> 625 KOLTER DR STE 4 INDIANA, PA 15701-3571		

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
 UNITED STATES DEPARTMENT OF JUSTICE  
 DRUG ENFORCEMENT ADMINISTRATION  
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
 UNITED STATES DEPARTMENT OF JUSTICE  
 DRUG ENFORCEMENT ADMINISTRATION  
 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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<b>REMEDYREPACK</b> 625 KOLTER DR STE 4 INDIANA, PA 15701-3571		

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Form DEA-223 (9/2016)



Board of Pharmacy





# Certificate of Registration

**Certificate No. 1000003062**

(A certificate starting with a number 4, 5 or 6 does not permit the possession or sale of controlled substances or prescription drugs.)

**Category:**

Manufacturer (Prescription)  
Manufacturer (Non-Prescription)  
Distributor (Prescription)  
Distributor (Non-Prescription)

**REMEDYREPACK  
625 KOLTER DRIVE  
SUITE 4  
INDIANA, PA 15701**

**Drug & Device Registration**

555 WALNUT ST  
FORUM PLACE -7th FLOOR -SUITE 701  
HARRISBURG, PA 17101  
(717) 787-4779

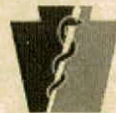
The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

**Issuance Date: February 28, 2006**

**Expiration Date: The Last Day of March, 2021**

Handwritten signature of Susan Coble in black ink.

Susan Coble  
Deputy Secretary for Quality Assurance



**pennsylvania**  
DEPARTMENT OF HEALTH

Handwritten signature of Rachel L. Levine in black ink.

Rachel L. Levine, MD  
Secretary of Health

**NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.**





# Board of Pharmacy

# NABP ACCREDITED DRUG DISTRIBUTOR

RemedyRepack Inc

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located at

625 Kolter Dr, Ste 4, Indiana, PA 15701

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This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at [www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/](http://www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/).



**Carmen A. Catizone, MS, RPh, DPh**  
*Executive Director/Secretary*



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07/15/2018 - 07/14/2021

Period of Accreditation