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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

ADDRESS CORRESPONDENCE TO ATTENTION OF:

ROBERTA WAGNER 304-558-0067

HEALTH AND HUMAN RESOURCES BPH - OMCFH MATERIALS MANAGEMENT

900 BULLITT STREET

CHARLESTON, WV

25301 304-558-3417

ADDRESS CHANGES TO BE NOTED ABOVE

DATE PRINTED 01/10/2013 BID OPENING DATE OPENING TIME 01/24/2013 1:30PM CAT. LINE QUANTITY UOP ITEM NUMBER UNIT PRICE AMOUNT NO. ADDENDUM NO. 01 1. TO PROVIDE ANSWER TO QUESTIONS REGARDING THE ORIGINAL RFQ SUBMITTED. QUESTIONS AND ANSWERS ARE 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. ADDENDUM NO. 01 END OF SIGNATURE TELEPHONE DATE TITLE FEIN



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25

12 PILL CARDS PER PACKAGE.

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DATE PRINTED 01/10/2013 BID OPENING DATE: 01/24/2013 OPENING TIME 1:30PM CAT. LINE QUANTITY UOP ITEM NUMBER UNIT PRICE AMOUNT 0001 VIAL 270-19 2,500 DOXYCYCLINE 100 MG 14 TABS/CAPSULES/VIAL OR EQUAL 50 VIALS PER PACKAGE. 0002 VIAL 270-19 3,500 FLAGYL 500 MG 14 TABS/VIAL OR EQUAL 50 VIALS PER PACKAGE. 0003 VIAL 270-19 25 CIPROFLOXACIN 500 MG 1 TAB/VIAL OR EQUAL 25 VIALS PER PACKAGE. 0004 VIAL 270-19

SIGNATURE TELEPHONE DATE TITLE FEIN ADDRESS CHANGES TO BE NOTED ABOVE

FLUCONAZOLE 150 MG 1 TAB PER BLISTER PACK OR EQUAL



VENDOR

RFQ COPY

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

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HEALTH AND HUMAN RESOURCES

BPH - OMCFH MATERIALS MANAGEMENT 900 BULLITT STREET CHARLESTON, WV 25301 304-558-3417

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SOLICITATION NUMBER: MCH13087 Addendum Number: 01

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
[1	Modify specifications of product or service being sought
[•	1	Attachment of vendor questions and responses
[1	Attachment of pre-bid sign-in sheet
[1	Correction of error
[1	Other

Description of Modification to Solicitation:

- 1. To provide answer to questions regarding the original RFQ.
- 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

MCH13087

ADDENDUM #1

VENDOR QUESTION #1:

I need clarification on how you are wanting the ciprofloxacin dosed. How many pills per vial? Or is this one pill per unit dose pouch?

RESPONSE:

The ciprofloxacin will be dosed one pill per vial. Vial allows for special labeling required by the Family Planning Program.

.VENDOR QUESTION #2:

I need clarification on how you are wanting the Fluconazole dosed. We do not offer pill cards, only unit of use vials or individual pouches.

RESPONSE:

The fluconazole will be in individual pouches.

VENDOR QUESTION #3:

Do you have an estimated number of doses each month for each drug listed on the RFQ?

RESPONSE:

Approximately 2000 doses per month.

VENDOR QUESTION #4:

Who is your current services provider?

RESPONSE:

There is not a contracted services provider at this time.

VENDOR QUESTION #5:

What is the current contract rate for repackaging services?

RESPONSE:

Not applicable.

VENDOR QUESTION #6:

Doxycycline is currently on national backorder and experiencing shortages with many wholesalers; thus, current pricing is not readily available for vendors to provide a responsible quote. In fact, we have been alerted by wholesalers of a potential cost increase in excess of 1500%. With this situation being understood, would your department consider an extension to the Request for Quotation until an established supply line and price is established?

RESPONSE:

No, an extension to the Request for Quotation would not be considered. Because the doxycycline is on national backorder and the price could rise substantially, the following drug will replace the doxycycline:

FROM: Doxycycline (or equal) 100mg, 14 tabs/capsules per vial, 50 vials per package

TO: Azithromycin (or equal) 1g, 1 tablet per vial, 25 vials per package

EXHIBIT A

	COST	SHEET FOR MCH13087		
			T	T
ITEM #	APPROXIMATE	DESCRIPTION	UNIT PRICE	TOTAL COST
	ANNUAL USAGE			
1	5000 VIALS	AZITHROMYCIN (OR EQUAL) 1G		
		1 TAB/VIAL, 25 VIALS PER PACKAGE		
2	3500 VIALS	FLAGYL (OR EQUAL) 500 MG		
		14 TABS/VIAL, 50 VIALS PER PACKAGE		
3	25 VIALS	CIPROFLOXACIN (OR EQUAL) 500 MG		
		1 TAB/VIAL, 25 VIALS PER PACKAGE		
4	1000 VIALS	FLUCONAZOLE (OR EQUAL) 150 MG		
		1 PILL BLISTER PK, 12 PILL CARDS PER BOX		
		TOTAL COST		

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.

ENDOR NAME:	
DDRESS:	
AX #:	
HONE #:	
MAIL ADDRESS:	_
EMIT TO ADDRESS:	
GNATURE:	
ATE:	

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: MCH 13087

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.

		umbers Received: x next to each addendum rece	ived	l)		
[]	Addendum No. 1	[]	Addendum No. 6	
[]	Addendum No. 2	1]	Addendum No. 7	
[]	Addendum No. 3]]	Addendum No. 8	
]]	Addendum No. 4]]	Addendum No. 9	
]]	Addendum No. 5]]	Addendum No. 10	
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.						
			=		Company	
					Authorized Signature	
					Date	

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