



SEDGWICK COUNTY, KANSAS
DIVISION OF FINANCE
PURCHASING DEPARTMENT
525 N. Main, Suite 823 ~ Wichita, KS 67203
Phone: 316 660-7255 Fax: 316 383-7055
<http://sedgwickcounty.org/finance/purchasing.asp>

REQUEST FOR PROPOSAL
#16-0028
CO-PHARMACY SERVICES

February 29, 2016

PURPOSE

Sedgwick County, Kansas, will be accepting proposals for Co-Pharmacy Services. It is anticipated that an official contract or purchase order will be issued after Board of County Commission approval of the recommended proposal. It should be noted, however, that the County cannot guarantee the purchase of services/products described herein.

SUBMITTALS

Carefully review this Request for Proposal. It provides specific technical information necessary to aid participating firms in formulating a thorough response. Should you elect to participate, submit one (1) complete original and one (1) electronic copy (CD or USB) of the Bid Response Form with any supplementary materials to:

ATTN: Kara Kingsley
Sedgwick County Purchasing Department
525 N. Main St., Suite 823
Wichita, KS 67203

SUBMITTALS are due **NO LATER THAN 1:45 p.m., CDT, Tuesday March 29, 2016.** Responses must be sealed and marked on the lower left-hand corner with the firm name and address, bid number, and bid due date. Late or incomplete responses will not be accepted and will not receive consideration for final award.

Bid responses will be acknowledged and read into record at bid opening which will occur at 2:00 p.m., on the due date.

QUESTIONS AND CLARIFICATIONS

All requests for clarifications of the RFP process and document content should be directed to Kara Kingsley at email kara.kingsley@sedgwick.gov. Questions are due **in writing** no later than 5 p.m. on March 7, 2016. Any questions of a substantive nature will be responded to in addendum form to be sent to all vendors no later than 5 p.m. on March 11, 2016.

Kara Kingsley
Purchasing Agent

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1. About this Document

This document is a Request for Proposal. It differs from a Request for Bid or Quotation in that the County is seeking a solution, as described on the cover page and in the following background information section, not a bid or quotation meeting firm specifications for the lowest price. As such, the lowest price proposed will not guarantee an award recommendation. As defined in Charter Resolution No. 65, Competitive Sealed Proposals will be evaluated based upon criteria formulated around the most important features of the product(s) and/or service(s), of which quality, testing, references, service, availability or capability, may be overriding factors, and price may not be determinative in the issuance of a contract or award. The proposal evaluation criteria should be viewed as standards that measure how well a vendor's approach meets the desired requirements and needs of the County. Criteria that will be used and considered in evaluation for award are set forth in this document. The County will thoroughly review all proposals received. The County will also utilize its best judgment when determining whether to schedule a pre-proposal conference before proposals are accepted, or meetings with vendors after receipt of all proposals. A Purchase Order/Contract will be awarded to a qualified vendor submitting the best proposal. **Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service(s) and/or product(s) which best meets its required needs, quality levels and budget constraints.**

2. Background

Sedgwick County, located in south-central Kansas, is the most populous of Kansas' 105 counties with a population estimated at more than 504,000 persons. It is the sixteenth largest in area, with 1,008 square miles, and reportedly has the second highest per capita wealth among Kansas' counties. Organizationally, the County is a Commission/Manager entity, employs nearly 2,800 persons, and provides a full range of municipal services; e.g., public safety, public works, criminal justice, recreation, entertainment, cultural, human/social, and education.

COMCARE of Sedgwick County is a licensed community mental health center and licensed alcohol and drug treatment provider serving Sedgwick County, Kansas. COMCARE serves approximately 15,008 individuals annually with a variety of mental and behavioral health issues. Additionally, COMCARE affiliated agencies serve approximately 1,200 individuals each year. Currently COMCARE medical providers write one or more prescriptions for over 8,300 individuals and provide 4,582 injections (medications include: Invega Sustenna, Invega Trinza, Risperdal Consta, Abilify Maintena, Aristada, Prolixin Deconate, Haldol Deconate,) annually through our Medical Clinic at Community Support Services (CSS).

3. Scope of Service and Requirements

COMCARE of Sedgwick County currently utilizes a pharmacy that is co-located in the same building as our Community Support Services (CSS) program. This pharmacy leases space from the building owner and may or may not choose to stay and continue pharmacy services upon the release of this RFP. COMCARE has been satisfied with the services provided but would like to also gain more knowledge of all the possible pharmacy services currently available. In order to provide increased customer service for clients served by COMCARE and to improve coordination with pharmacists, COMCARE would like to request that the proposals include a written plan on the necessary space requirements needed if co-located in one or more COMCARE facilities or a plan to lease an adjacent space. COMCARE currently has three programs that could benefit from some type of pharmacy services including our Outpatient Services (OPS) located at 1919 N. Amidon, Community Support Services (CSS) located at 1929 W. 21st Street, and the Community Crisis Center (CCC) located at 635 N. Main. OPS and CCC do not have current identified space. COMCARE would consider providing utilities and parking. Any modifications to the site necessary for pharmacy services would be covered by the pharmacy. The pharmacy would also be responsible for providing janitorial services, furniture, office supplies and computer equipment. The pharmacy would be licensed as a closed door, institutional pharmacy and could provide services only to individuals associated with COMCARE. COMCARE clients won't be required to use the co-located pharmacy, but may use it at their own discretion. Expected benefits from a co-located or adjacent pharmacy include more immediate consultations with a pharmacist, more personal services to clients since the pharmacy will have a relationship with the clients and medical staff, and improved coordination between the pharmacy and COMCARE medical staff. The pharmacy would also be expected to provide pre-packaged medications, for identified COMCARE clients.

COMCARE is requiring proposals to include a plan to administer a full service Patient Assistance Program (PAP) for all necessary medications. Currently, COMCARE has a method for completing part of this service but would be interested in the pharmacy taking on this full task. Proposals should include a plan for taking this service over, including the details of a smooth transition process or propose a plan on how they would reimburse COMCARE to cover this current cost if COMCARE keeps the PAP services. COMCARE employs one full time staff member who processes approximately 2000 new PAP applications and 2000 refill applications annually. The pharmacy must be able to bill Medicaid and other HMO's and insurance companies for prescription costs.

COMCARE understands that prescription medication costs can be burdensome for the clients with very limited budgets. To assist the truly needy clients and ensure medication is obtainable, COMCARE has established a voucher system. The voucher system will cover the costs of prescriptions for some clients without insurance or other resources. Vouchers will only be available for clients that choose to use the selected co-located pharmacy. The client will present the voucher to the pharmacy at the time they submit their prescription. The vouchers are limited to \$25.00 each and must be approved by COMCARE medical staff. The pharmacy would then bill COMCARE bi-weekly for these prescriptions. The pharmacy would be expected to bill Medicaid, other insurance companies, or the clients directly for all other prescriptions.

Mandatory services required from the co-located pharmacy include:

- A. Pharmacist
- B. Patient Assistance Program (Full Service to include all necessary medications)
- C. Pre-packaged medication for identified clients
- D. Assist consumers with filling their medication planners (if needed)
- E. Free delivery to customers in Sedgwick County
- F. Twenty-four hour availability in Emergencies
- G. Price Hike Restriction Plan (plan for ensuring fair market price on pharmaceuticals)
- H. Transition Plan
- I. Utilize an ePrescribe system that is compatible with COMCARE's technology
- J. Handle all refill requests from COMCARE clients (If the script is expired or changes are requested, the pharmacy will send a request to COMCARE through the ePrescribe system and COMCARE will respond through ePrescribe. Calls to COMCARE by clients will be referred to the pharmacy.)

Additionally desired services from the co-located pharmacy include:

- K. Courier service to deliver medications between COMCARE programs
- L. Assistance with calculating spend-downs
- M. Unlimited consultation for COMCARE medical staff
- N. A system for forecasting medication price increases and notification to clients
- O. A system to track and restock COMCARE sample medications Work with pharmaceutical representatives to ensure adequate supply of sample medications
- P. Incentive Plan for clients who utilize this chosen co-located pharmacy
- Q. Utilize an automated call-in phone system with user-friendly menus and high functionality for clients

4. Minimum Mandatory Qualifications

This section lists the criteria to be considered in evaluating the ability of firms interested in providing the service specified below, to be considered for award. Specific responses to each must be provided in the proposal. It is expected that the successful firm will meet and/or exceed these qualifications.

Firms must:

- A. Be a qualified, licensed pharmacy; (Be capable of setting up a full service pharmacy in one or more COMCARE locations to provide pharmacy services and administer a patient assistance program for COMCARE referred clients and staff. The pharmacy must be licensed as a closed door institutional pharmacy to serve only COMCARE associated clients and employees.)
- B. Hire and maintain competent and qualified personnel, licensed/certified in the State of Kansas;
- C. Provide verification that all employees selected to perform work for the County have passed a background check meeting requirements listed under participant safeguards above;

- D. Provide COMCARE the right to accept or reject any of Contractor's pharmacy personnel if COMCARE determines, after good faith efforts to resolve the problem, that the personnel is incompetent, negligent, violates customary professional behavioral standards or does not meet the necessary qualifications to provide services in the pharmacy;
- E. Have the capacity to acquire all required bonds/insurance and provide proof to County prior to award of the contract;
- F. Have provided the mandatory services specified herein for a minimum of three (3) years;
- G. Provide references from at least (3) three companies for whom you have provided or currently providing the proposed or similar service, including company name, address, phone numbers, contact name, and dates of service;
- H. Have the ability to receive prescriptions for controlled substances through secure Electronic Prescriptions for Controlled Substances (EPCS). COMCARE does not currently use EPCS, but has the capacity and interest to do so;
- I. Bill Medicaid and other third party payers for services rendered;
- J. Provide services generally between the hours of 8:00 am and 5:00 pm, Monday – Friday, Central Standard Time;
- K. Maintain all federal and state confidentiality requirements;
- L. Provide consultation services to COMCARE staff and clients pertaining to all drug related matters, including proper dosage, side effects, toxicities, pharmacology and drug interactions; and,
- M. Provide a comprehensive transition plan for current COMCARE pharmacy clients.

5. Participant Safeguards

Firms must provide proof that all employees having contact with COMCARE clients have passed a background check prior to providing any service to the County. The following participant safeguards are required for any staff providing direct service to clients of County:

- A. Persons convicted of any felony, drug or drug-related offense, crime of falsehood or dishonesty, crime of moral turpitude or crime against another person during the ten-year period concluding on the date of execution of this contract or during the pendency of this contract, or any individual who is known by provider to have had a prior employment history of abuse, neglect or exploitation of children or vulnerable adults, shall not be permitted to administer this contract or handle the funds conveyed under this contract;
- B. Persons with convictions for crimes against persons, for crimes of moral turpitude, including, but not limited to, sex offenses and crimes against children, or any individual who is known by provider to have had a prior employment history of abuse, neglect or exploitation of children or vulnerable adults, shall not be permitted to provide services or interact in any way with persons served pursuant to this contract; and,
- C. Persons having been convicted of a serious driving offense, including but not limited to driving under the influence of alcohol or a controlled substance, during the five-year period concluding on the date of execution of this contract, or during the pendency of this contract, shall not be permitted to operate a vehicle in which a person served pursuant to this contract is a passenger. For purposes of this section, "serious traffic offense" shall not include any offense deemed a "traffic infraction" under K.S.A. 8-2116 and 8-2118.

Any question concerning the interpretation of this participant safeguard requirement and/or its application to an individual shall be referred to the Director of the Agency administering the funding of this agreement for the County. The Director's decision shall be final for purposes of compliance with this contract. The term "conviction" shall include convictions from any federal, state, local, military, or other court of competent jurisdiction, and shall include being placed into a diversion or deferred judgment program in lieu of prosecution. Provider shall not be held accountable for cases in which diversions or deferred judgments are not reflected in an individual's criminal record, or for expunged convictions, if Provider would have no other reasonable way of knowing of these acts.

6. Selection Criteria

The selection process will be based on responses to this Request for Proposal and any interviews required verifying the ability of respondents to provide services in accord with this document. A committee will evaluate each agency's response as determined by meeting the following criteria (ranked in no particular order):

- A. Demonstrate clearly and completely the organization's ability and capacity to meet all Request For Proposal conditions;
- B. Verifiable ability to provide services, which will include capacity of respondent to provide the quality and quantity of services required;

- C. Proposing the services described herein with the most advantageous and prudent methodology and costs to the County and in accord with the best business practices of COMCARE;
- D. Overall quality of the respondent's proposal.

NO NEGOTIATIONS, DECISIONS OR ACTIONS SHALL BE INITIATED BY ANY COMPANY AS A RESULT OF ANY VERBAL DISCUSSION WITH ANY COUNTY EMPLOYEE PRIOR TO THE COMPLETION OF THE REQUEST FOR PROPOSAL PROCESS, OTHER THAN THE EMPLOYEES IDENTIFIED IN THIS DOCUMENT. SUCH ACTIVITY MAY BE CAUSE FOR DISQUALIFICATION OF CONSIDERATION FOR AWARD OF THIS PROJECT.

Sedgwick County, Kansas reserves the right to select the service/provider which best meets its required needs, budget constraints, quality levels, and administrative expectations. Sedgwick County also reserves the right to not award this contract.

7. Proposal Content

The information provided in the proposal will be carefully reviewed and used in making a determination; providing specific information on how your company meets the criteria will assist the reviewers in making a better informed decision. Proposal pages should be numbered, single sided and secured with a single clip or rubber band; proposals should include no staples or binding (this includes audits). Please be concise and reference sources as required.

The Proposal submission must be organized in the following format and information sequence:

- A. Provide Proposal Response Form (last page of this RFP). The Proposal Response Form should be the first page of the proposal so the firm name and contact are clearly visible.
- B. Provide specific responses to each of the minimum mandatory requirements and accompanying questions as provided below:
 - 1) Be capable of setting up a full service pharmacy in one or more COMCARE locations to provide pharmacy services.
 - a. Include a brief overview of the applicant's understanding of the general nature of services to be provided through this RFP including information on the firm's background, expertise, and qualifications, to provide the outlined services.
 - b. Provide a detailed description of the organization including the type and scope of goods and services it currently supplies or offers.
 - c. Describe experience billing Medicaid and other third party payers.
 - d. Describe in detail, plans for administering the Patient Assistance Program and the costs associated.
 - e. Describe how pre-packed medications will be administered for clients.
 - f. Provide a description of how the free delivery of medication to clients throughout Sedgwick County will be obtained and the emergency management plan for COMCARE needs after business hours.
 - g. Explain the applicant's methodology to prevent price hiking and ensuring fair market pricing on all medications. (Complete and attach Appendix A)
 - h. Provide a thorough description of the start-up methodology, timeline for implementation, and the transition plan for clients.
 - i. Specify plans of where pharmacy services will be offered at COMCARE sites.
 - j. Indicate whether agency has experience providing pharmacy services as a closed door institutional pharmacy.
 - 2) Provide services generally between the hours of 8:00 am and 5:00 pm Central Standard Time. Indicate the proposed hours of operation.
 - 3) Hire and maintain competent and qualified personnel, licensed/certified in the State of Kansas.
 - 4) Describe hiring process to include system for background checks and credentialing as appropriate.
 - 5) Include a detailed proposed staffing plan including anticipated level of staff.
 - 6) Provide job descriptions and resumes of key management staff and all company staff who will be providing services. If awarded contract, firm must provide this information for each new employee assigned to provide work for the County prior to the employee beginning service.

- 7) Provide COMCARE the right to accept or reject any of Contractor's pharmacy personnel if COMCARE determines, after good faith efforts to resolve the problem, that the personnel is incompetent, negligent, violates customary professional behavioral standards or does not meet the necessary qualifications to provide services in the pharmacy.
 - 8) Describe system for COMCARE to provide input into staffing decisions.
 - 9) Explain the process for complaints against pharmacy staff.
 - 10) Maintain all federal and state confidentiality requirements.
 - 11) Discuss processes for maintaining confidentiality, including how communication and collaboration with COMCARE medical providers will be maintained to ensure good client care.
 - 12) Provide consultation services to COMCARE staff and clients pertaining to all drug related matters, including proper dosage, side effects, toxicities, pharmacology and drug interactions.
 - 13) Describe consultation services offered.
- C. Discuss and provide proof of licenses, permits, and certificates to provide services in the State of Kansas, if applicable.
- D. Discuss any current ongoing litigation, which may cause conflicts or affect the ability of the proposer to provide services.
- E. Discuss the ability to receive prescriptions for controlled substances through secure Electronic Prescriptions for Controlled Substances (EPCS). COMCARE does not currently use EPCS, but has the capacity and interest to do so;
- F. Provide any additional information relevant to expertise of the requested services that may assist the County in evaluating your proposal.
- G. Describe how refill requests from COMCARE clients will be handled by the pharmacy.
- H. Describe the menus and functionality with the pharmacy's automated call-in system.
- I. Required Attachments
- 1) Appendix A- must complete pricing sheet for COMCARE's commonly prescribed medication (provided).
 - 2) Appendix B- the resumes of key staff for the proposed program.
 - 3) Appendix C- the agency's most recent annual audit or financial statement, including any Audit Act Reports that are required of the agency (OMB A-128 or OMB A-133 audits).
 - 4) Appendix D- a copy of the agency's equal opportunity employment policy
 - 5) Appendix E- references from at least three (3) companies currently using the proposed or similar services, including company name, address, phone and fax numbers, contact name and dates of service.

8. Contract Period and Termination Terms

A One (1) year contractual period will begin after Board of County Commission approval of the recommended vendor, with options to renew for four (4) additional one (1) year terms. A written contract will be completed referencing this document, the successful vendor's response, and any applicable terms, conditions and instructions.

The County shall retain the right to cancel the contract at any time with thirty (30) days written notice for any cause. Such cancellation will generally result by the failure of the contracted vendor to complete and/or provide the specified services or violation of the Mandatory Requirements. The County may, however, elect to terminate the contract and have services provided by in-house staff or terminate the services entirely.

9. Request for Proposal Timeline

The following dates are provided for information purposes and are subject to change without notice. Contact Kara Kingsley, kara.kingsley@sedgwick.gov, to confirm any and all dates.

Distribution of Request for Proposal to interested parties	February 29, 2016
Clarification, Information and Questions submitted in writing by 3:00 p.m. CDT	March 7, 2016
Addendum Issued	March 11, 2016
Sealed Proposal due before 1:45pm CDT	March 29, 2016
Evaluation Period	March 29 – April 14, 2016
Board of Bids and Contracts Recommendation	April 14, 2016
Board of County Commission Award	April 20, 2016

10. Insurance

Workers' Compensation:	
Applicable coverage per State Statutes	
Employer's Liability Insurance:	\$100,000.00
Commercial General Liability Insurance:	
Bodily Injury:	
Each Occurrence	\$500,000.00
Aggregate	\$500,000.00
Property Damage:	
Each Occurrence	\$500,000.00
Aggregate	\$500,000.00
Personal Injury:	
Each Occurrence	\$500,000.00
General Aggregate	\$500,000.00
Automobile Liability-Owned, Non-owned and Hired	
Each Occurrence Bodily Injury and Property damage	\$500,000.00
General Aggregate	\$500,000.00
Professional Liability If required	

Liability insurance coverage indicated below must be considered as primary and not as excess insurance. Contractor shall furnish a certificate evidencing such coverage, with County listed as an additional insured, except for professional liability, workers' compensation and employer's liability. Certificate shall be provided with bid/proposal submittals. Certificate shall remain in force during the duration of the project/services and will not be canceled, reduced, modified, limited, or restricted until thirty (30) days after County receives written notice of such change. All insurance must be with an insurance company with a minimum BEST rating of A-VIII and licensed to do business in the State of Kansas. It is the responsibility of Contractor to require that any and all approved subcontractors meet the minimum insurance requirements. Contractor shall obtain the above referenced certificate(s) of insurance, and in accordance with this Agreement, provide copies of such certificates to County.

11. Indemnification

To the fullest extent of the law, the Provider, its subcontractors, agents, servants, officers or employees shall indemnify and hold harmless Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, from any and all claims brought by any person or entity whatsoever, arising from any act, error, or omission of the provider during the provider's performance of the agreement or any other agreements of the provider entered into by reason thereof. The provider shall indemnify and defend Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, with respect to any claim arising, or alleged to have arisen from negligence, and/or willful, wanton or reckless acts or omissions of the provider, its subcontractors, agents, servants, officers, or employees and any and all losses or liabilities resulting from any such claims, including, but not limited to, damage awards, costs and reasonable attorney's fees. This indemnification shall not be affected by any other portions of the agreement relating to insurance requirements. The provider agrees that it will procure and keep in force at all times at its own expense insurance in accordance with these specifications.

12. Proposal Conditions

All times indicated in this solicitation document are central standard/central daylight as applicable. In submitting a response to this Request for Bid, vendors hereby understand the following as applicable: http://www.sedgwickcounty.org/purchasing/pdf_files/Proposal%20Terms%20%20Conditions.pdf

13. General Contract Provisions

In submitting a response to this Request for Bid, vendors hereby understand the following as applicable: http://www.sedgwickcounty.org/purchasing/pdf_files/General%20Contractual%20Provisions.pdf

Appendix A

Pricing Sheet for COMCARE's Commonly Prescribed medications

Generic Name	Trade Name	Use	MG	PAP Available (Yes or No)	#30 \$	#60 \$	#90 \$
Amitriptyline	Elavil	Antidepressant	10 mg tab				
Amitriptyline	Elavil	Antidepressant	25 mg tab				
Amitriptyline	Elavil	Antidepressant	50 mg tab				
Amitriptyline	Elavil	Antidepressant	75 mg tab				
Amitriptyline	Elavil	Antidepressant	100 mg tab				
Amitriptyline	Elavil	Antidepressant	150 mg tab				
Arpiprazole	Abilify	Antipsychotic	5 mg tab				
Arpiprazole	Abilify	Antipsychotic	10 mg tab				
Arpiprazole	Abilify	Antipsychotic	15 mg tab				
Arpiprazole	Abilify	Antipsychotic	20 mg tab				
Arpiprazole	Abilify	Antipsychotic	30 mg tab				
Atomoxetine	Strattera	Anti - ADD	10 mg tab				
Atomoxetine	Strattera	Anti - ADD	18 mg tab				
Atomoxetine	Strattera	Anti - ADD	25 mg tab				
Atomoxetine	Strattera	Anti - ADD	40 mg tab				
Atomoxetine	Strattera	Anti - ADD	60 mg tab				
Benztropine	Cogentin	Side-effect control	0.5 mg tab				
Benztropine	Cogentin	Side-effect control	1 mg tab				
Benztropine	Cogentin	Side-effect control	2 mg tab				
Brexpiprazole	Rexulti	Antipsychotic	1 mg tab				
Brexpiprazole	Rexulti	Antipsychotic	2 mg tab				
Brexpiprazole	Rexulti	Antipsychotic	4 mg tab				
Bupropion	Wellbutrin	Antidepressant	75 mg tab				
Bupropion	Wellbutrin	Antidepressant	100 mg tab				
Bupropion SR	Wellbutrin SR	Antidepressant	100 mg tab				
Bupropion SR	Wellbutrin SR	Antidepressant	150 mg tab				
Bupropion SR	Wellbutrin SR	Antidepressant	200 mg tab				
Bupropion XL	Wellbutrin XL	Antidepressant	150 mg tab				
Bupropion XL	Wellbutrin XL	Antidepressant	300 mg tab				
Bupirone	Buspar	Antianxiety	5 mg tab				
Bupirone	Buspar	Antianxiety	10 mg tab				
Bupirone	Buspar	Antianxiety	15 mg tab				
Bupirone	Buspar	Antianxiety	30 mg tab				
Carbamazepine	Tegretol	Mood Stabilizer	100 mg tab				
Carbamazepine	Tegretol	Mood Stabilizer	200 mg tab				

Chlorpromazine	Thorazine	Antipsychotic	10 mg tab				
Chlorpromazine	Thorazine	Antipsychotic	25 mg tab				
Chlorpromazine	Thorazine	Antipsychotic	50 mg tab				
Chlorpromazine	Thorazine	Antipsychotic	100 mg tab				
Chlorpromazine	Thorazine	Antipsychotic	200 mg tab				
Citalopram	Celexa	Antidepressant	10 mg tab				
Citalopram	Celexa	Antidepressant	20 mg tab				
Citalopram	Celexa	Antidepressant	40 mg tab				
Clonidine	Catapress	Anti - ADD	0.1 mg tab				
Clonidine	Catapress	Anti - ADD	0.2 mg tab				
Clonidine	Catapress	Anti - ADD	0.3 mg tab				
Clozapine	Clozaril	Antipsychotic	25 mg tab				
Clozapine	Clozaril	Antipsychotic	50 mg tab				
Clozapine	Clozaril	Antipsychotic	100 mg tab				
Clozapine	Clozaril	Antipsychotic	200 mg tab				
Cyproheptadine	Periactin	Side-effect control	4 mg tab				
Diphenhydramine	Benadryl	Sedative	25 mg tab				
Diphenhydramine	Benadryl	Sedative	50 mg cap				
Divalproex Sod DR	Depakote DR	Mood Stabilizer	125 mg tab				
Divalproex Sod DR	Depakote DR	Mood Stabilizer	250 mg tab				
Divalproex Sod DR	Depakote DR	Mood Stabilizer	500 mg tab				
Divalproex Sod ER	Depakote ER	Mood Stabilizer	250 mg tab				
Divalproex Sod ER	Depakote ER	Mood Stabilizer	500 mg tab				
Doxepin	Sinequan	Antidepressant	10 mg cap				
Doxepin	Sinequan	Antidepressant	25 mg cap				
Doxepin	Sinequan	Antidepressant	50 mg cap				
Doxepin	Sinequan	Antidepressant	75 mg cap				
Duloxetine	Cymbalta	Antidepressant	20 mg cap				
Duloxetine	Cymbalta	Antidepressant	30 mg cap				
Duloxetine	Cymbalta	Antidepressant	60 mg cap				
Escitalpram	Lexapro	Antidepressant	10 mg tab				
Escitalpram	Lexapro	Antidepressant	20 mg tab				
Fluoxetine	Prozac	Antidepressant	10 mg cap				
Fluoxetine	Prozac	Antidepressant	20 mg cap				
Fluoxetine	Prozac	Antidepressant	40 mg cap				
Fluphen Dec	Prolixin Dec	Antipsychotic	25 mg/ml vial				
Fluphenazine	Prolixin	Antipsychotic	1 mg tab				
Fluphenazine	Prolixin	Antipsychotic	2.5 mg tab				
Fluphenazine	Prolixin	Antipsychotic	5 mg tab				

Fluphenazine	Prolixin	Antipsychotic	10 mg tab				
Flucoxamin	Luvox	Antidepressant	25 mg tab				
Flucoxamin	Luvox	Antidepressant	50 mg tab				
Flucoxamin	Luvox	Antidepressant	100 mg tab				
Gabapentin	Neurontin	Mood Stabilizer	100 mg cap				
Gabapentin	Neurontin	Mood Stabilizer	300 mg cap				
Gabapentin	Neurontin	Mood Stabilizer	400 mg cap				
Gabapentin	Neurontin	Mood Stabilizer	600 mg cap				
Gabapentin	Neurontin	Mood Stabilizer	800 mg cap				
Haloperid Dec	Haldol Dec	Antipsychotic	50 mg/ml vial				
Haloperid Dec	Haldol Dec	Antipsychotic	100 mg/ml vial				
Haloperidol	Haldol	Antipsychotic	0.5 mg tab				
Haloperidol	Haldol	Antipsychotic	1 mg tab				
Haloperidol	Haldol	Antipsychotic	2 mg tab				
Haloperidol	Haldol	Antipsychotic	5 mg tab				
Haloperidol	Haldol	Antipsychotic	10 mg tab				
Hydroxyzine HCL	Atarax	Hypnotic	10 mg tab				
Hydroxyzine HCL	Atarax	Hypnotic	25 mg tab				
Hydroxyzine HCL	Atarax	Hypnotic	50 mg tab				
Hydroxyzine PAM	Vistaril	Hypnotic	25 mg cap				
Hydroxyzine PAM	Vistaril	Hypnotic	50 mg cap				
Hydroxyzine PAM	Vistaril	Hypnotic	100 mg cap				
Lamotrigine	Lamictal	Mood Stabilizer	25 mg tab				
Lamotrigine	Lamictal	Mood Stabilizer	100 mg tab				
Lamotrigine	Lamictal	Mood Stabilizer	150 mg tab				
Lamotrigine	Lamictal	Mood Stabilizer	200 mg tab				
Levetiracetam ER	Keppra	Mood Stabilizer	250 mg tab				
Levetiracetam ER	Keppra	Mood Stabilizer	500 mg tab				
Levetiracetam ER	Keppra	Mood Stabilizer	750 mg tab				
Lithium Carb	Eskalith	Mood Stabilizer	150 mg cap				
Lithium Carb	Eskalith	Mood Stabilizer	300 mg cap				
Lithium Carb	Eskalith	Mood Stabilizer	600 mg cap				
Lithium Carb ER	Eskalith CR	Mood Stabilizer	450 mg tab				
Lithium SR	Lithobid	Mood Stabilizer	300 mg tab				
Lurasidone	Latuda	Antipsychotic	20 mg tab				
Lurasidone	Latuda	Antipsychotic	40 mg tab				
Lurasidone	Latuda	Antipsychotic	60 mg tab				
Lurasidone	Latuda	Antipsychotic	80 mg tab				
Lurasidone	Latuda	Antipsychotic	120 mg tab				
Mirtaz Sol-tabs	Remeron Soltab	Antidepressant	15 mg ODT				
Mirtaz Sol-tabs	Remeron Soltab	Antidepressant	30 mg ODT				

Mirtaz Sol-tabs	Remeron Soltab	Antidepressant	45 mg ODT				
Mirtazapine	Remeron	Antidepressant	15 mg tab				
Mirtazapine	Remeron	Antidepressant	30 mg tab				
Mirtazapine	Remeron	Antidepressant	45 mg tab				
Naltrexone	Revia	EtOH Dependence	50 mg tab				
Nefazodone	Serzone	Antidepressant	50 mg tab				
Nefazodone	Serzone	Antidepressant	100 mg tab				
Nefazodone	Serzone	Antidepressant	150 mg tab				
Nefazodone	Serzone	Antidepressant	200 mg tab				
Nortriptyline	Pamelor	Antidepressant	10 mg cap				
Nortriptyline	Pamelor	Antidepressant	25 mg tab				
Olanzapine	Zyprexa	Antipsychotic	2.5 mg tab				
Olanzapine	Zyprexa	Antipsychotic	5 mg tab				
Olanzapine	Zyprexa	Antipsychotic	7.5 mg tab				
Olanzapine	Zyprexa	Antipsychotic	10 mg tab				
Olanzapine	Zyprexa	Antipsychotic	15 mg tab				
Olanzapine	Zyprexa	Antipsychotic	20 mg tab				
Olansapine ODT	Zyprexa ZYDIS	Antipsychotic	5 mg ODT				
Olansapine ODT	Zyprexa ZYDIS	Antipsychotic	10 mg ODT				
Olansapine ODT	Zyprexa ZYDIS	Antipsychotic	15 mg ODT				
Olansapine ODT	Zyprexa ZYDIS	Antipsychotic	20 mg ODT				
Olanzapine / Fluoxetine	Symbyax	Antipsychotic / SSRI	12 / 25 mg				
Oxcarbazepine	Trileptal	Mood Stabilizer	150 mg tab				
Oxcarbazepine	Trileptal	Mood Stabilizer	300 mg tab				
Oxcarbazepine	Trileptal	Mood Stabilizer	600 mg tab				
Paliperidone	Invega	Antipsychotic	1.5 mg tab				
Paliperidone	Invega	Antipsychotic	3 mg tab				
Paliperidone	Invega	Antipsychotic	6 mg tab				
Paliperidone	Invega	Antipsychotic	9 mg tab				
Paroxetine	Paxil	Antidepressant	10 mg tab				
Paroxetine	Paxil	Antidepressant	20 mg tab				
Paroxetine	Paxil	Antidepressant	30 mg tab				
Paroxetine	Paxil	Antidepressant	40 mg tab				
Paroxetine SR	Paxil SR	Antidepressant	25 mg tab				
Perphenazine	Trilafon	Antipsychotic	2 mg tab				
Perphenazine	Trilafon	Antipsychotic	4 mg tab				
Pramipexole	Mirapex	RLS, Parkinson's	0.125 mg tab				
Pramipexole	Mirapex	RLS, Parkinson's	.25 mg tab				

Pramipexole	Mirapex	RLS, Parkinson's	.5 mg tab				
Pramipexole	Mirapex	RLS, Parkinson's	1 mg tab				
Pramipexole	Mirapex	RLS, Parkinson's	1.5 mg tab				
Prazosin	Minipress	Antihypertension	1 mg cap				
Prazosin	Minipress	Antihypertension	2 mg cap				
Prazosin	Minipress	Antihypertension	5 mg cap				
Propranolol	Inderal	Side-effect control	10 mg tab				
Propranolol	Inderal	Side-effect control	20 mg tab				
Propranolol	Inderal	Side-effect control	40 mg tab				
Propranolol	Inderal	Side-effect control	80 mg tab				
Quetiapine	Seroquel	Antipsychotic	25 mg tab				
Quetiapine	Seroquel	Antipsychotic	50 mg tab				
Quetiapine	Seroquel	Antipsychotic	100 mg tab				
Quetiapine	Seroquel	Antipsychotic	200 mg tab				
Quetiapine	Seroquel	Antipsychotic	300 mg tab				
Quetiapine	Seroquel	Antipsychotic	400 mg tab				
Quetiapine ER	Seroquel XR	Antipsychotic	50 mg tab				
Quetiapine ER	Seroquel XR	Antipsychotic	150 mg tab				
Quetiapine ER	Seroquel XR	Antipsychotic	200 mg tab				
Quetiapine ER	Seroquel XR	Antipsychotic	300 mg tab				
Quetiapine ER	Seroquel XR	Antipsychotic	400 mg tab				
Risperidone	Risperdal	Antipsychotic	0.25 mg tab				
Risperidone	Risperdal	Antipsychotic	0.5 mg tab				
Risperidone	Risperdal	Antipsychotic	1 mg tab				
Risperidone	Risperdal	Antipsychotic	2 mg tab				
Risperidone	Risperdal	Antipsychotic	3 mg tab				
Risperidone	Risperdal	Antipsychotic	4 mg tab				
Ropinerole	Requip	RLS, Parkinson's	0.25 mg tab				
Ropinerole	Requip	RLS, Parkinson's	0.5 mg tab				
Ropinerole	Requip	RLS, Parkinson's	1 mg tab				
Ropinerole	Requip	RLS, Parkinson's	2 mg tab				
Ropinerole	Requip	RLS, Parkinson's	3 mg tab				
Ropinerole	Requip	RLS, Parkinson's	4 mg tab				
Sertraline	Zoloft	Antidepressant	25 mg tab				
Sertraline	Zoloft	Antidepressant	50 mg tab				
Sertraline	Zoloft	Antidepressant	100 mg tab				
Thioridazine	Mellaril	Antipsychotic	10 mg tab				
Thioridazine	Mellaril	Antipsychotic	25 mg tab				
Thioridazine	Mellaril	Antipsychotic	50 mg tab				
Thioridazine	Mellaril	Antipsychotic	100 mg tab				
Thiothixene	Navane	Antipsychotic	1 mg tab				

Thiothixene	Navane	Antipsychotic	2 mg tab				
Thiothixene	Navane	Antipsychotic	5 mg tab				
Thiothixene	Navane	Antipsychotic	10 mg cap				
Topiramate	Topamax	Mood Stabilizer	25 mg tab				
Topiramate	Topamax	Mood Stabilizer	50 mg tab				
Topiramate	Topamax	Mood Stabilizer	100 mg tab				
Topiramate	Topamax	Mood Stabilizer	200 mg tab				
Trazodone	Desyrel	Antidepressant	50 mg tab				
Trazodone	Desyrel	Antidepressant	100 mg tab				
Trazodone	Desyrel	Antidepressant	150 mg tab				
Trazodone	Desyrel	Antidepressant	300 mg tab				
Trifluoperazine	Stelazine	Antipsychotic	1 mg tab				
Trifluoperazine	Stelazine	Antipsychotic	2 mg tab				
Trifluoperazine	Stelazine	Antipsychotic	5 mg tab				
Trifluoperazine	Stelazine	Antipsychotic	10 mg tab				
Venlafaxine	Effexor	Antidepressant	25 mg cap				
Venlafaxine	Effexor	Antidepressant	37.5 mg cap				
Venlafaxine	Effexor	Antidepressant	50 mg cap				
Venlafaxine	Effexor	Antidepressant	75 mg cap				
Venlafaxine	Effexor	Antidepressant	100 mg cap				
Venlafaxine XR	Effexor XR	Antidepressant	37.5 mg cap				
Venlafaxine XR	Effexor XR	Antidepressant	75 mg cap				
Venlafaxine XR	Effexor XR	Antidepressant	150 mg cap				
Ziprasidone	Geodon	Antipsychotic	20 mg cap				
Ziprasidone	Geodon	Antipsychotic	40 mg cap				
Ziprasidone	Geodon	Antipsychotic	60 mg cap				
Ziprasidone	Geodon	Antipsychotic	80 mg cap				

Injectables:

Abilify Maintena	200 mg						
	300 mg						
	400 mg						
Aristada	441 mg						
	662 mg						
	885 mg						
Fluphenazine Deconate	25 mg / 1 ml						
Haloperidol Decanoate	50 mg / 1 ml						
	100 mg / 1ml						
Invega Sustenna	117 mg						
	156 mg						
	234 mg						
Invega Trinza	410 mg						
	546 mg						
	819 mg						

RFP #16-0028

Sedgwick County... Working for you

Risperdal Consta	25 mg				
	37.5 mg				
	50 mg				
Vivitrol	380 mg				

PROPOSAL RESPONSE FORM

#16-0028

CO-PHARMACY SERVICES

The undersigned, on behalf of the Proposer , certifies that: (1) this offer is made without previous understanding, agreement or connection with any person, firm, or corporation submitting a proposal on the same project; (2) is in all respects fair and without collusion or fraud; (3) the person whose signature appears below is legally empowered to bind the firm in whose name the Proposer is entered; (4) they have read the complete Request for Proposal and understands all provisions; (5) if accepted by the County, this proposal is guaranteed as written and amended and will be implemented as stated; and (6) mistakes in writing of the submitted proposal will be their responsibility.

NAME _____

DBA/SAME _____

CONTACT _____

ADDRESS _____ CITY/STATE _____ ZIP _____

PHONE _____ FAX _____ HOURS _____

STATE OF INCORPORATION or ORGANIZATION _____

COMPANY WEBSITE ADDRESS _____ E-MAIL _____

NUMBER OF LOCATIONS _____ NUMBER OF PERSONS EMPLOYED _____

TYPE OF ORGANIZATION: Public Corporation _____ Private Corporation _____ Sole Proprietorship _____

LLC _____ LLP _____ Not For Profit Corporation _____ Partnership _____ Other (Describe): _____

BUSINESS MODEL: Small Business _____ Manufacturer _____ Distributor _____ Retail _____

Dealer _____ Other (Describe): _____

Not a Minority Owned Business: _____ **Minority-Owned Business:** _____ **Certification #** _____

African American _____ Asian _____ Hispanic _____ Native American _____ Other _____ Woman-Owned Business _____

ARE YOU REGISTERED TO DO BUSINESS IN THE STATE OF KS: _____ Yes _____ No

(Please see item 15 in the Request for Proposal Terms and Conditions)

ACKNOWLEDGE RECEIPT OF ADDENDA: All addendum(s) are posted to our RFQ/RFP web page and it is the vendor's responsibility to check and confirm all addendum(s) related to this document by going to www.sedgwickcounty.org/finance/purchasing.asp .

NO. _____, DATED _____; NO. _____, DATED _____; NO. _____, DATED _____

Yes, I would like to be on the emergency vendor list.

No, I would not like to be on the emergency vendor list.

After Hours Phone #: _____ Emergency Contact Name: _____

After Hours Fax #: _____

In submitting a response to this document, vendor acknowledges acceptance of all sections of the entire document and has clearly delineated and detailed any exceptions.

Signature _____ Title _____

Print Name _____ Dated _____