CAMERON COUNTY PURCHASING
1100 East Monroe St,
Brownsville, Texas 78520
(956) 544-0871 Fax: (956) 550-7219

ADDENDUM # 2 - PAGE 1 of 11

DATE OUT: 11/10/20

RFP TITLE: PHARMACEUTICALS & SERVICES W/ PRESCRIPTION & OVER THE COUNTER

RFP # 1610

DEADLINE: DECEMBER 8, 2020

(IN ORDER TO AVOID DISQUALIFICATION – ALL ADDENDUMS MUST BE SIGNED AND RETURNED BY DEADLINE AND INCLUDED IN THE SEALED RFP PACKAGE SUBMITTED)

PRICE PAGES # 19 THRU 28 REVISED (SEE ATTACHED)

Company Name_____ Phone # _____
Vendor Signature_____ Date _____

Must include and return with RFP package

CATEGORY A
COUNTY JAILS / DETENTION CENTERS
DESCRIPTION/ DOSAGE INFORMATION

Pharmacist Services (*Prices must Include All Pharmacist's services including all delivery fees*) *(The County does not administer prescription bulk – do not price bulk). Juvenile Probation Dept. will also be included in this group.*

	SPECIFY PRICE PER UNIT/ TABLET /CAPSULE/ VIAL	MONTHLY ESTIMATED USAGE TABLET/CAPSULE/VIAL	MONTHLY TOTAL PRICE
1. Tylenol 500 mg		2,500	
2. IBU 200 mg		2,500	
3. IBU 400 mg		1,500	
4. Amoxicillin 500 mg		500	
5. Lisinopril 10 mg		500	
6. Lisinopril 20 mg		500	
7. Metformin 500 mg		2,000	
8. Glipizide 5 mg		1,500	
9. Naproxen 250 mg		1,000	
10. Naproxen 500 mg		1,000	
11. HCTZ 12.5 mg		300	
12. HCTZ 25 mg		200	
13. Keflex 500 mg		500	
14. Prenatal Vitamin		100	
15. Buspar 10 mg		500	
16. Buspar 15 mg		300	
17. Depakote 250 mg		300	
18. Depakote 500 mg		300	
19. Remeron 15 mg		200	
20. Remeron 30 mg		200	
21. Trazadone 50 mg		1,500	
22. Trazdone 100 mg		1,500	
23. Trazdone 150 mg		500	
24. Zoloft 50 mg		300	
25. Zoloft 100 mg		200	
26. Bactrim 500 mg		300	
27. Trileptal 150 mg		600	

	SPECIFY PRICE PER UNIT/ TABLET /CAPSULE/ VIAL	MONTHLY ESTIMATED USAGE TABLET /CAPSULE/ VIAL	MONTHLY TOTAL PRICE
28. Albuterol Inaler		15	
29. Albuterol Solution		30	
30. Haldol Injection Lactate 5mg/ml		100 *injections*	
31. Haldol Decanotate 100 mg/ml		150 *injections*	
32. Trileptal 300 mg		200	
33. Dilantin 100 mg		500	
34. Fish Oil		2,000	
35. Lexapro 10 mg		100	
36. Lexapro 20 mg		400	
37. Lexapro 40 mg		30	
38. Gabapentin 100 mg		500	
39. Gabapentin 300 mg		500	
40. Gabapentin 600 mg		10	
41. Seroquel 50 mg		50	
42. Seroque 100 mg		200	
43. Seroque 200 mg		50	
44. Seroque 400 mg		50	
45. Immodium 2 mg		100	
46. Salfacetamide ear drop/otic		20	
47. Cortisporin otic		20	
48. Norvasc 5 mg		100	
49. Norvasc 10 mg		100	
50. Augmentin 875 mg		150	
51. Augmentin 500 mg		150	
52. Clindamycin 300 mg		100	
53. Iron 375		100	
54. Loratadine 10 mg		1,000	
55. MOM		20 *bottles*	
56. Wellbutrin 75 mg		100	
57. Rispudone ,5 mg		250	
58. Rispudone 1 mg		100	

	SPECIFY PRICE PER UNIT/ TABLET /CAPSULE/ VIAL	MONTHLY ESTIMATED USAGE TABLET /CAPSULE/ VIAL	MONTHLY TOTAL PRICE
59. Folic Acid 1 mg		100	
60. Haldol 5 mg		500	
61. Haldol 10 mg		300	
62. Haldol 15 mg		100	
63. Lithium 300 mg		100	
64. Atenolol 50 mg		250	
65. Atenolol 100 mg		100	
66. Tegretol 200 mg		300	
67. Levothyroxine		50	
68. Benztrophine 1 mg		300	
69. Benztrophine 2 mg		250	
70. Fluconazole		30	
71. Truvada		30	
72. Tivicay		60	
73. Biktany (HIV)		60	
74. Descovy		60	
75. Vitamin D2 50,000		150	
76. Ora Gel		50 *tubes*	
77. Insulin N		5 *vials*	
78. Insulin R		20 *vials*	
79. Reyataz 300 mg		30	
80. Ceftriaxone 1 gram vial (Rocephin)		100 *vials*	
81. Tiscovy		90	
82. Librium 5mg		100	
83. Librium 10 mg		150	

	SPECIFY PRICE PER UNIT/ TABLET /CAPSULE/ VIAL	MONTHLY ESTIMATED USAGE TABLET/CAPSULE/ VIAL	MONTHLY TOTAL PRICE
84. Insulin 70/30		30 *vials*	
85. Abilify 5 mg		60	
86. Abilify 10 mg		60	
87. Azithromycine 250 mg		300	
88. Clonidine 0.1 mg		100	
89. Clonidine 0.2 mg		100	
90. Ciprofloxacin 500 mg		150	
91. Ciprodex otic ear drops 7.5 ml		25 *bottles*	
92. Concerta 36 mg		100	
93. Concerta 54 mg		150	
94. Doxicycline 100 mg		150	
95. Fluoxetine 20 mg		200	
96. Fluoxetine 40 mg		100	
97. Hydroxyzine 25 mg		500	
98. Intuniv 1 mg		60	
99. Intuniv 2 mg		60	
100. Intuniv 4 mg		30	
101. Latuda 80 mg		30	
102. Mupirocin 2% ointment		10 *tubes*	
103. Neomycin & Polymyxin B sulfate		10 *vials*	
104. Promethazine 12.5 mg		200	
105. Promethazine 25 mg		200	
106. Pro Air Inhaler		15	
107. Symotza		60	

	SPECIFY PRICE PER UNIT/ TABLET /CAPSULE/ VIAL	MONTHLY ESTIMATED USAGE TABLET/CAPSULE/ VIAL	MONTHLY TOTAL PRICE
108. Strattera 40 mg		60	
109. Strattera 60 mg		30	
110. Strattera 80 mg		30	
111. Strattera 100 mg		20	
112. Topiramate 100 mg		5	
113. Ventoline 90 mcg		5 *units*	
114. Vyvanse 20 mg		30	
115. Vyvanse 30 mg		30	
116. Vyvanse 40 mg		30	
117. Vyvanse 50 mg		30	
OVER THE COUNTER MEDICATION			
118. Artificial Tears 1.4% (15ml)		50	
119. Alcohol 70%		30 *bottles*	
120. Analgesic Balm 1 oz tube		200	
121. Alle-Chlor 4 mg		2,000	
122. Bisacodyl 5 ml		1 *bottle*	
123. Benadryl 25 mg		500	
124. Calamine lotion 8 oz		1 *bottle*	
125. Docusate Sodium 100 mg		30	
126. Eye Wash Solution		5 *bottles*	
127. Ear wax removal drops		10 *boxes*	
128. Hydrocortizone 1% cream 1oz tube		300 *tubes*	
129. Liquid Antacid 12 oz		100 *bottles*	
130. Nasal Saline Spray 44 ml		20	
131. Triple Antibiotics ointment 1oz tube		500 *tubes*	
132. Tolnaftate 1% cream 1		500 *tubes*	
133. Vitamin A & D ointment		5 *tubes*	

Dispensings 3,800 approx. average per/ month (Jail /Detention County Inmates: 1,104 & Federal Inmates: 252)

x $_____.__ (unit price) = TOTAL DISPENSING FEE pr/month _____

GRAND TOTAL PRICE _____

On all other miscellaneous (currently in your catalog) prescription items not listed, Cameron County will receive:

1. cost plus _____ % or 2. cost plus Dispensing Fee $_____ (unit price).

On all new (not in your catalog as yet) miscellaneous prescription items not listed, Cameron County will receive:

1. cost plus _____ % or 2. cost plus Dispensing Fee $_____ (unit price).

All prices must include all pharmacist's services as well as all delivery fees.

Proposer _____

Address _____
(City/State/Zip)

Signature _____

Telephone_____Date_____

CATEGORY - B
HEALTH DEPT. – RFP# 1610
Clinical Services Program
Pharmaceutical Supply List

Pharmacist Services (***Prices must Include All Pharmacist's services and handling fees, including all delivery and handling fees***)
(The County does administer Over the Counter bulk – bulk pricing is acceptable).

		SPECIFY PRICE PER UNIT/ TABLET /CAPSULE/ VIAL	MONTHLY ESTIMATED USAGE TABLET/CAPSULE/VIAL	MONTHLY TOTAL PRICE
1.	Epinephrine EpiPen Auto Injector 0.3 mg, Adults		1	
2.	Epinephrine EpiPen Jr Auto Injector 0.15 mg		1	
3.	Ceftriaxone, 250mg/10 doses powder for injection			
4.	Ceftriaxone, 250mg/single dose powder for injection			
5.	Doxycycline, 100mg/#14		140	
6.	Doxycycline, 100mg/500 capsule			
7.	Erthromycin, 250mg/#56 (enteric coated tablet)			
8.	Erthromycin 250mg/500 tablet (enteric coated tablet)			
9.	Lidocaine, 0.01gm/single dose ampules		25 *ampules*	
10.	Podocon-25, 15ml/bottle		1 *bottle*	
11.	Diphenhydramine, 25mg/#20 capsule		100 *capsules*	

	SPECIFY PRICE PER UNIT/ TABLET /CAPSULE/ VIAL	MONTHLY ESTIMATED USAGE TABLET/ CAPSULE/VIAL	MONTHLY TOTAL PRICE
12. Tuberculin, 50units/10 dose vial		2 *vials*	
13. Diphenhydramine, 25mg/#10 capsule		100	
14. Metronidazole, 500mg/#14 capsule		250	
15. Metronidazole, 500mg/#4 capsule		250	
16. Ferrous Sulfate 5gr, 325mg/#100 tablet		1,000	
17. Nitrofurantoin (Monohydrate/Macrocrystals) 100mg/#20 capsules		200	

	SPECIFY PRICE PER UNIT TABLET/ CAPSULE/ VIAL	MONTHLY ESTIMATED USAGE TABLET / CAPSULE /VIAL	MONTHLY TOTAL PRICE
18. Oral Contraceptive Pills			
1. Ortho-Cept Pack - 28 day cycle			
• Solia Cycle Pack - 28 day cycle			
2. Ortho-Cyclen Pack - 28 day cycle			
• Sprintec Cycle Pack - 28 day cycle		560 *pills*	
• Previfem Cycle Pack - 28 day cycle		560 *pills*	
• MonoNessa Cycle Pack - 28 day cycle			
3. Ortho Tri-Cyclen Pack - 28 day cycle			
• Tri-Sprintec Pack - 28 day cycle			
• Tri-Previfem Pack - 28 day cycle			
• TriNessa Pack - 28 day cycle			
19. Male Condom		200	
20. Female Contraceptive Film		25	
21. Female Condom		5	
22. Ortho Evra Pack - 3/28 day cycle			
23. Emergency Contraceptive Pill			
• Plan B One-Step - 1.5 mg/single dose tablet		10	
24. NuvaRing		10	
25. Nexplanon		10	

WIC

	SPECIFY PRICE PER UNIT/ TABLET /CAPSULE/ VIAL	MONTHLY ESTIMATED USAGE TABLET/ CAPSULE / VIAL	MONTHLY TOTAL PRICE
1. Hepatitis B (Engerix-B vaccine);			
2. Measles, Mumps, Rubella (MMR) + Sterile Diluent (for mixing);			
3. Tetanus and Deptheria (Td); and			
4. Tuberculin, PPD (Purified Protein Derivative - for TB skin tests).			

Dispensings 1,470 approx. average per/ month (HEALTH / WIC)

x $_____.__ (unit price) = TOTAL DISPENSING FEE pr/month _____.

On all other miscellaneous over the counter drugs **not listed** Cameron County will receive:

1. cost plus _____ % or 2. cost plus Dispensing Fee $_____ (unit price).

On all new (not in the catalog as yet) miscellaneous prescription items **not listed** Cameron County will receive:

1. cost plus _____ % or 2. cost plus Dispensing Fee $_____ (unit price).

Proposer _____

Address _____

_____
(City/State/Zip)

Signature _____

Telephone _____ Date _____