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**REQUEST FOR PROPOSALS #14-13
Prepackaged Pharmaceutical Service
University of Southern Maine
ADDENDUM #1**

In response to vendor inquiries, the University offers the following:

The University of Maine

Q1. What is the University currently doing for Pharmaceutical Services?

A1. Pharmedix is our current contractor.

University of Maine
at Augusta

Q2. How are pharmacy orders currently being transmitted?

University of Maine
at Farmington

A2. Electronically through Maine Street Marketplace, a Sci-Quest supported e-procurement site.

University of Maine
at Fort Kent

Q3. What was the University's annual pharmaceutical spending for the year 2012?

A3. Approximately \$4,000

University of Maine
at Machias

Q4. How are the medications currently packaged?

A4. Individual Units – pre-packaged, pre-labeled treatment doses. No bulk dispensing.

University of Maine
at Presque Isle

Q5. What is the average number of prepackaged units that is distributed per month?

A5. On average, 28 per month.

University of
Southern Maine

Q6. What is the current turnaround time from order placement until order receipt?

A6. On average, less than 1 week.

Q7. Is a bulk order placed at the beginning of the school year, or are orders placed as needed throughout the school term?

A7. Both – bulk orders are placed in August and we may bulk order again in December depending on supply. Sometimes there is an unexpected surge in a particular medication's use which prompts us to order outside our bulk order times but we try to keep this to a minimum.

Q8. What is the current contract rate for services? As pricing is not deemed confidential, can a copy of your invoices for the past 6 months be posted as an addendum for review?

A8. A copy of the formulary master list with pricing is attached.

- Q9. Who is your current services provider? How long has this vendor been providing services?
- A9. Pharmedix – about 5 years.
- Q10. What state and federal licenses are in your facility's name? Can you provide a complete list?
- A10. As nurse practitioners, each holds individual professional state licenses and DEA licenses but they are not in the facility's name.
- Q11. A company must be an FDA-registered repackager to legally repackage medications to fully comply with your RFP, as repackaged units are not commercially available in the package sizes requested. (1) To be legally compliant, will you mandate that the pharmacy vendor use an FDA-registered repackager? (2) Will you require bidders to provide evidence that they use an FDA-registered repackager (such as providing the repackager's registration/license and labeler code)? (3) Will you require documentation to be submitted as part of the proposal? (4) Will failure to provide this information render a proposal non-responsive?
- A11. Although not stipulated as a mandate, provision of documentation of drug manufacturer and repackaging credentials would be viewed favorably as part of the proposal review process.
- Q12. A vendor is required by law to be a licensed wholesaler in a particular state to distribute wholesale quantities of stock medications in that state. (1) Will you require bidders to provide evidence that they are a licensed wholesaler in the bidder's home state and in Maine? (2) Will you require documentation to be submitted as part of the proposal?
- A12. As above, documentation or a clear description of the vendor's adherence to required laws would be viewed favorably.
- Q13. The Prescription Drug Marketing Act of 1987 (PDMA) requires vendors to provide electronic pedigree papers (ePedigrees) with all stock medications. (1) Will you require the pharmacy vendor to provide FDA-mandated pedigree papers for stock medications? (2) What is your current medication return policy?
- A13. 1) As above 2) We do not accept any medication back once it has been dispensed and left our premises.
- Q14. Page 2, Section 1.4 of the RFP states that cost will be one criterion considered in the evaluation process. Will your department define a uniform cost/pricing structure so you can compare all vendors equally during the evaluation process? Do you prefer pricing to be submitted consistent with one of the following pricing structures?
- a. Cost plus a dispensing fee per unit packaged.
 - b. Average wholesale price (AWP) minus a percentage discount.
 - c. Firm and fixed pricing per prepackaged unit.
- A14. Any of the 3 pricing options is acceptable but we are most familiar with option c.
- Q15. Page 5, Section 2.5 of the RFP refers to "commissions" paid to the University. Can you provide more information regarding commissions and/or a more detailed explanation? What commissions are currently paid, and how are they paid?
- A15. Commission refers to our nominal dispensing fee which is a % mark-up on the cost of the medication.

Q16. Page 8, Section 4.2.2 of the RFP asks for "pharmacy credentials." However, to fulfill the packaging sizes requested in the RFP, prepackaged medications are required, and , thus, the items requested in the solicitation must be provided by an FDA-registered repackager. Is your current provider a pharmacy or a registered/licensed repackager?

A16. Yes.

Q17. The RFP is not clear regarding how the University intends for bidders to provide pricing. Are bidders to apply their bid rate to the package sizes established in the "number" column of Attachment 2 (page 10) so all bidders can be evaluated on an equal basis? Please clarify the submission process for medication prices.

A17. Yes, for purposes of comparison, it would be helpful if the vendor used the package sizes that were listed in the attachment.

Q18. Will there be an opportunity to ask more questions in the event responses are unclear?

A18. Yes, within time constraints.

Q19. Page 8, Section 4.2.9 of the RFP states, "Identify space requirements." Please clarify/elaborate. Does the space requirement refer to storage space at the university or at RemedyRepack?

A19. Space requirements refers to the space required to accommodate the vendor's package sizes and how it would fit into our storage space. In general, smaller is better.

Q20. Page 8, Section 4.2.10 of the RFP states, "Identify any potential for revenue for USM." Please clarify/elaborate. Does the potential for revenue refer to cost savings USM can achieve with the pricing we offer versus what your current vendor offers?

A20. We want to keep our prices as low as possible so that students can afford them.

Q21. Page 8, Section 4.2.11 of the RFP states, "Describe return policy." What is your current return policy?

A21. We are inquiring about vendors' accommodations for return of shipments – perhaps an oversupply was shipped or incorrect med or dose of med, etc. How willing will the vendor be to allow return of shipment errors. We do not expect vendors to take back expired or near expired medications.



Hal Wells
University of Maine System
Assistant Director of Strategic Procurement

January 4, 2013



#5352 P.001/005
 3291 Whipple Road
 Union City, CA 94587-4218

Pharmedix DEA #: PP0234899
 Pharmedix Manufact, Llc.#: 40920

4/17/2012

UNIVERSITY OF SOUTHERN MAINE
 UNIVERSITY HEALTH SERVICES
 37 COLLEGE AVENUE-PO BOX 9300
 GORHAM, ME 04038

Clinic ID: USM2

(207) 780-0411

Formulary Master List

Formulary #	Schedule	Size	Drug Name	Compare To
PharmD	Qty Order			
Cost	Retail	Net		
<hr/>				
UMHS00034	6	8.6 Gm	ALBUTEROL HFA (PROAIR) INHALER	
1590-1				
\$ 43.99	\$ 0.00			
<p>Sig: INHALE 2 PUFFS EVERY 6-8 HOURS AS NEEDED.</p> <p>Warnings: READ PATIENT INSTRUCTIONS ON AND IN BOX SHAKE WELL BEFORE USING-DO NOT EXCEED PRESCRIBED DOSAGE. FOR ORAL INHALATION ONLY.</p>				
<hr/>				
UMHS00021	5	30 mg	AMOXICILLIN 500MG CAPSULES	AMOXIL 500MG
216-30				
\$ 5.74	\$ 0.00			
<p>Sig: TAKE 1 CAPSULE 3 TIMES A DAY FOR 10 DAYS.</p> <p>Warnings: IMPORTANT: THIS DRUG IS AN ANTIBIOTIC AND SHOULD BE TAKEN UNTIL FINISHED UNLESS DIRECTED OTHERWISE BY YOUR PRESCRIBER.</p>				
<hr/>				
UMHS00005	6	1 Card	AZITHROMYCIN 250MG TABS DOSPAP	ZITHROMAX 250MG
1222-60				
\$ 2.94	\$ 0.00			
<p>Sig: TAKE AS DIRECTED ON PACKAGING.</p> <p>Warnings: IMPORTANT: THIS DRUG IS AN ANTIBIOTIC. TAKE ONLY AS DIRECTED-READ ENCLOSED PATIENT INFORMATION CAREFULLY BEFORE USING. MAY BE TAKEN WITH MEALS</p>				
<hr/>				
UMHS00028	6	28 mg	CEPHELEXIN 500MG CAPSULES	KERLEX 500MG
219-28				
\$ 0.79	\$ 0.00			
<p>Sig: TAKE 1 CAPSULE 4 TIMES A DAY FOR 7 DAYS.</p> <p>Warnings: THIS DRUG IS AN ANTIBIOTIC AND SHOULD BE TAKEN UNTIL FINISHED UNLESS DIRECTED OTHERWISE BY YOUR PRESCRIBER. MAY BE TAKEN WITH MEALS.</p>				

* This item has a Minimum Order Qty and must be ordered in increments of Minimum Qty

** NF = Non Formulary item and can NOT be RETURNED

USM2

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Form: F3

Formulary # PKX NDC	Schedule Min Order	Size	Drug Name	Compare To
Cost	Retail	Net		
UMHS0028 284-14	10	\$ 4.13 \$ 0.00	14 ea CIPROFLOXACIN 500MG TABLETS Sig: TAKE 1 TABLET TWICE A DAY FOR 7 DAYS. Warnings: TAKE UNTIL FINISHED AND WITH PLENTY OF FLUIDS. DON'T TAKE WITH ANTACIDS OR MINERALS. MAY CAUSE DIZZINESS. USE CAUTION WHEN OPERATING HEAVY MACHINERY	CIPRO 500MG
UMHS0026 271-20	10	\$ 2.88 \$ 0.00	20 ea DOXYCYCLINE 100MG TABLETS Sig: TAKE 1 TABLET TWICE A DAY FOR 10 DAYS. Warnings: ANTIBIOTIC - TAKE UNTIL GONE UNLESS DIRECTED OTHERWISE. DON'T TAKE WITH ANTACIDS/IRON/ MILK PRODUCTS OR WHEN PREGNANT. AVOID PROLONGED SUN EXPOSURE.	VIBRATABS 100MG
UMHS0027 1136-1	12	\$ 1.88 \$ 0.00	1 ea FLUCONAZOLE 150MG TABLET Sig: TAKE 1 TABLET AS A SINGLE DOSE. Warnings: THIS DRUG IS AN ANTIFUNGAL AGENT AND SHOULD ONLY BE TAKEN AS DIRECTED BY YOUR PRESCRIBER. - READ PATIENT INFORMATION ON PACKAGE CAREFULLY BEFORE USING	DIFLUCAN 150MG
UMHS0013 023-06	10	\$ 2.92 \$ 0.00	15 Gm FLUOCINONIDE 0.05% CREAM Sig: APPLY TO AFFECTED AREA 2-3 TIMES A DAY AS DIRECTED. Warnings: IMPORTANT: THIS DRUG IS A CORTICOSTEROID FOR EXTERNAL USE ONLY. USE ONLY AS DIRECTED BY YOUR PRESCRIBER.	LIDEX 0.05% CREAM
UMHS0024 267-14	10	\$ 8.44 \$ 0.00	14 ea METRONIDAZOLE 500MG TABLETS Sig: TAKE 1 TABLET TWICE A DAY FOR 7 DAYS. Warnings: THIS DRUG IS AN ANTI-INFECTION AGENT & SHOULD BE TAKEN UNTIL FINISHED UNLESS DIRECTED OTHERWISE. TAKE WITH FOOD - AVOID ALCOHOL MAY DISCOLOR URINE.	FLAGYL 500MG
UMHS0014 714-14	5	\$ 31.81 \$ 0.00	14 ea NITROFURANTOIN 100MG BID CAPS Sig: TAKE 1 CAPSULE TWICE A DAY FOR 7 DAYS. Warnings: IMPORTANT: THIS DRUG IS AN ANTIBIOTIC WHICH SHOULD BE TAKEN UNTIL FINISHED UNLESS DIRECTED OTHERWISE. TAKE WITH FOOD TO ENHANCE ABSORPTION.	MACROBID 100MG

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Formulary # PFX #00	Schedule Min Order	Size	Drug Name	Compare To
Cost	Retail	NP**		
UNHS0029				
201-46		6	40 ea PENICILLIN VK 250MG TABLETS	V-CILLIN K 250MG
\$ 6.16	\$ 0.00		Sig: TAKE 1 TABLET 4 TIMES A DAY FOR 10 DAYS.	Warnings: THIS IS AN ANTI-BIOTIC AND SHOULD BE TAKEN UNTIL FINISHED UNLESS DIRECTED OTHERWISE BY YOUR DOCTOR. BEST TAKEN 1 HOUR BEFORE OR 2 HOURS AFTER MEALS.
UNHS0038				
500-72		6	10 mL POLYMYXIN-TRIMETH OPHTHAL SOLN POLYTRIM	
\$ 9.36	\$ 0.00		Sig: INSTILL 1 DROP INTO AFFECTED EYE(S) EVERY 3 HOURS.	Warnings: THIS DRUG IS AN ANTI-BIOTIC FOR USE IN THE EYE ONLY TO PREVENT CONTAMINATION, DO NOT LET THE BOTTLE TIP TOUCH THE EYE, EYE LID OR ANY OTHER SURFACE.
UNHS0016				
303-20		5	20 ea PREDNISONE 10MG TABLETS	DELTAONE 10MG
\$ 2.43	\$ 0.00		Sig: TAKE AS DIRECTED.	Warnings: IMPORTANT: THIS DRUG IS A CORTICOSTEROID AND SHOULD ONLY BE TAKEN AS DIRECTED BY YOUR PRESCRIBER. TAKE WITH FOOD OR MILK.
UNHS0036				
1001-1		6	1 Mon RECLIPSEN 0.1500.03 TABS 28DAY	DESOGENWORTHOCEPT
\$ 8.36	\$ 0.00	NF	Sig: TAKE 1 TABLET DAILY AS DIRECTED.	Warnings: IMPORTANT: READ PATIENT INFORMATION SHEET CAREFULLY BEFORE USING. TAKE ONLY AS DIRECTED BY YOUR PRESCRIBER.
UNHS0034				
1327-1		5	10 ea TAMIFLU 75MG CAPSULES	
\$ 105.68	\$ 0.00	NF	Sig: TAKE 1 CAPSULE TWICE A DAY FOR 5 DAYS.	Warnings: THIS DRUG IS AN ANTI-VIRAL-TAKE ONLY AS DIRECTED. CAREFULLY READ PATIENT INFORMATION SHEET PROVIDED BEFORE USING. MAY TAKEN WITH MEALS
UNHS0033				
1304-1		6	1 Mon TRI-PREVIFEM TABLETS 28-DAY	ORTHO TRI-CYCLEN
\$ 9.36	\$ 0.00	NF	Sig: TAKE 1 TABLET DAILY AS DIRECTED.	Warnings: IMPORTANT: READ PATIENT INFORMATION SHEET CAREFULLY BEFORE USING. TAKE ONLY AS DIRECTED BY YOUR PRESCRIBER.

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Formulary # Flex ID#	Schedule Min Order*	Size	Drug Name	Compens To
Cost	Rebail	NF**		
UMHS0003				
210-00		6 ea	TRIMETH SULFA DS TABLETS	BACTRIM DS
\$ 2.91	\$ 0.00	10	Ward: TAKE 1 TABLET TWICE A DAY FOR 3 DAYS.	Ward: IMPORTANT: THIS DRUG IS AN ANTIBIOTIC AND SHOULD BE TAKEN UNTIL FINISHED UNLESS DIRECTED OTHERWISE. TAKE WITH PLENTY OF WATER.
UMHS0004				
210-14		14 ea	TRIMETH SULFA DS TABLETS	BACTRIM DS
\$ 3.91	\$ 0.00	10	Ward: TAKE 1 TABLET TWICE A DAY FOR 7 DAYS.	Ward: IMPORTANT: THIS DRUG IS AN ANTIBIOTIC AND SHOULD BE TAKEN UNTIL FINISHED UNLESS DIRECTED OTHERWISE. TAKE WITH PLENTY OF WATER.
UMHS0037				
100-1		1 Non	TRINESSA TABLETS 28-DAY	ORTHO TRICYCLEN
\$ 9.98	\$ 0.00	8	Ward: TAKE 1 TABLET DAILY AS DIRECTED.	Ward: IMPORTANT: READ PATIENT INFORMATION SHEET CAREFULLY BEFORE USING. TAKE ONLY AS DIRECTED BY YOUR PRESCRIBER.

* This item has a Minimum Order Qty and must be ordered in increments of Minimum Qty

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Form: F3

04/17/2012 08:17
Phone: 800.488.1811
Fax : 800.783.2058



Pharmedix DEA #: PP024838
Pharmedix Manufact. Lic #: 40830

UNIVERSITY OF SOUTHERN MAINE
UNIVERSITY HEALTH SERVICES
37 COLLEGE AVENUE-PO BOX 9300
GORHAM, ME 04038
(207) 780-5411

clinic ID: **USM2**

Injectable, OTC, Medical-Surgical Supply
Formulary & Fax Order Form

Person Ordering : _____ Date: _____
Purchase Order No: _____ No. Pages Faxed: _____

ORDER # NF	Price	Order Qty	Order Min	Drug Name	Drug Strength
PB00003	4.71	1		ALBUTEROL 0.083% INHAL SOL 2ml Compare to: PROVENTIL INHALATION SOLUTION	25.00 Box
PB00323	9.98	1		BREATHRITE NDI RIGID SPACER Compare to:	1.00 Unit
PQ20033	23.98	1		DIAMODIE (LOPERAMIDE) CAPLETS Compare to: IMODIUM AD	100.00 Box
PB01211	9.49	1		NEXT CHOICE 0.75MG TABLETS Compare to: PLAN B	1.00 Kit
PB00218	2.29	6	14	PSEUDOPHEDRINE 30MG TABLETS Compare to: SUDAFED 30MG	24.00 ea

Request for New Items for Formulary
Injectables, OTC's, Rx Bulbs & Surgical Supplies

Qty	Package Size	Drug Name	Strength
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* This Item has a Minimum Order Qty and must be ordered in increments of Minimum Qty
** NF = Non Formulary Item and can NOT be RETURNED