

**BUTLER COUNTY COMMISSIONERS**

*Donald L. Dixon T.C. Rogers Cindy Carpenter*

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**INVITATION TO BID**

ITB NO. 19-12-013

**BUTLER COUNTY SHERIFF'S OFFICE  
PHARMACY SERVICES FOR BUTLER  
COUNTY CORRECTIONAL COMPLEX**

**BID DATE AND TIME:  
TUESDAY, December 3, 2019  
10:30 A.M. (EST)**

**BIDS MUST BE RETURNED TO:  
BUTLER COUNTY COMMISSIONER'S OFFICE  
ATTN: TAWANA KEELS  
315 HIGH STREET, 6<sup>TH</sup> FLOOR  
HAMILTON, OH 45011**

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**LEGAL AD AND NOTICE TO BIDDERS**  
**CONTRACT NO. 19-12-013**

Sealed Bids will be received at the office of the Butler County Commissioner's Office, Attn: Tawana Keels, 315 High Street, 6<sup>th</sup> Floor, Hamilton, Ohio 45011 until 10:30 a.m. EST on Tuesday, December 3, 2019 and will be opened and read aloud at 10:45 a.m. or shortly thereafter in the Commissioners' Conference Room on the 6<sup>th</sup> Floor in the Butler County Government Services Center, for the Pharmacy Services for Butler County Correctional Complex in accordance with specifications under Contract No. 19-12-013.

Specifications may be obtained at the office of the Butler County Commissioners; by query at [www.butlercountyohio.org/commissioner](http://www.butlercountyohio.org/commissioner) or by query at [www.butlersheriff.org/category/request-for-bids/](http://www.butlersheriff.org/category/request-for-bids/).

Bidders are required to complete and submit with bid ALL forms that are included with the specifications packet. Bidders are required to use the forms furnished by the County when submitting their bid.

The Board of Butler County Commissioners reserves the right to waive informalities, to reject any and all bids, to accept the bid which is in the best interest of the County as determined by the Board, and to hold bids valid for ninety (90) days from the bid date.

Butler County reserves the right to award partial bids to multiple bidders. Bidders may receive bid awards for some but not all of the items on the specified list.

Bids are to be SEALED and delivered to the office of the Butler County Commissioner's Office, and each bid shall bear on its face the name and address of the bidder and shall be plainly marked "Bid on Contract No. 19-12-013 Pharmacy Services for Butler County Correctional Complex".

By order of the Board of Butler County Commissioners:  
Donald L. Dixon, President  
T. C. Rogers, Vice President  
Cindy Carpenter, Commissioner

Attest: Flora R. Butler, Clerk

Publish 1 time: Tuesday, November 19, 2019  
*Hamilton Journal-News*

# **PLEASE NOTE**

**BID MUST BE SEALED, DELIVERED TO, AND RECEIVED IN THE BUTLER COUNTY BOARD OF COMMISSIONER'S OFFICE ON THE SIXTH FLOOR OF THE BUTLER COUNTY GOVERNMENT SERVICES CENTER, 315 HIGH STREET, HAMILTON, OHIO, BY**

**10:30 a.m. local time on**

**TUESDAY, December 3, 2019**

**ANY BID DELIVERED AFTER THE TIME SPECIFIED, ACCORDING TO THE CLOCK IN THE COMMISSIONER'S OFFICE, WILL NOT BE ACCEPTED FOR ANY REASON.**

# BUTLER COUNTY SHERIFF BID REQUEST

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DATE: November 4, 2019

CONTRACT NUMBER: 19-12-013

**BIDS MUST BE RETURNED TO:**  
**BUTLER COUNTY COMMISSIONERS**  
**ATTN: TAWANA KEELS**  
**315 HIGH STREET, SIXTH FLOOR**  
**HAMILTON, OHIO 45011**

FOR FURTHER INFORMATION CONTACT:  
**Carla Fisher**  
PHONE NUMBER:  
**(513) 785-1125**

Sealed bids will be received in this office until: **10:30 a.m. est. on TUESDAY, DECEMBER 3, 2019**  
Using Department: **BUTLER COUNTY SHERIFF'S OFFICE**  
Delivered To: **BUTLER COUNTY COMMISSIONERS, ATTN: TAWANA KEELS, 315 HIGH STREET, SIXTH FLOOR, HAMILTON, OH 45011**

Your written bid is requested for the following:

The Butler County Sheriff's Office (BCSO) is requesting bids for pharmaceuticals for the Butler County Correctional Complex. Please see the attached medication specification sheets for pharmacy services. Also, complete the attached "Additional Bid Specifications" document. Any emergencies that arise that are not included in the contract will be put in the form of a resolution and be submitted for approval and payment. The contract is binding for two years with the option to renew at the end of that particular year for an additional year. Butler County reserves the right to award the contract to multiple bidders.

The BCSO currently has three operating facilities with an average of 1,000 inmates with an average length of stay of 31 days. Inmates include local, US Marshall and Immigration inmates. BCSO obtains state pharmacy licenses (Class-Terminal-Clinic Category 3) for all three facilities. BCSO maintains a Keep-On-Person (KOP) program that includes inhalers, eye drops and optic solutions. The facility has a DEA license in the name of the Medical Director. BCSO has current medical staff, paramedics and/or nurses on site that administer medical services and/or medications. A medical doctor and physician assistant visit the facility on an as needed basis and issue prescriptions. Medications are delivered to the inmate in the housing unit on medical carts (7 of them) by the medical staff.

- All items must be bid per single unit to be considered. Vendors are not required to bid on all items. The desired pricing methodology for the basis of pricing is Actual Acquisition Cost (AAC). The pricing methodology is expected to remain fixed throughout the length of the contract.
- The "Projected Quantity to be Ordered" on the attached spreadsheet indicates the approximate amount of medication to be ordered during a one year time frame.
- Vendors will be required to interface with the Sheriff's Office current medical administration records system, CorrecTek. The Vendor will be responsible for any additional cost necessary to establish the interface.
- The vendor would be required to provide compliance packaging of medications that would allow for unused medications to be returned for credit at no additional cost to the Butler

County Sheriff's Office.

- The vendor would be required to provide a minimum of daily delivery including weekends at no additional cost to Butler County Sheriff's Office. BCSO would prefer twice a day delivery or multiple deliveries per day would be acceptable.
- BCSO maintains three facilities, however, all medications will be shipped to 705 Hanover Street, Hamilton, Ohio 45011.
- The vendor should be able to provide STAT delivery and/or an alternative procedure to provide pharmaceuticals in an emergency situation. A STAT delivery is needed when an inmate is booked into a facility who requires medication to be administered that day. The STAT delivery would need to be made before the next medication is due. This situation occurs approximate 5 – 10 times a month.
- The vendor should be able to provide a STAT Box which contains mutually determined supply of emergency stock of medications and controlled substances.
- Stock medications are currently received in 30 count blister cards.
- The vendor will be responsible for destroying all non-narcotic medicals and out of date medications.
- The vendor must disclose the cost for **any and all** dispensing fees.
- BCSO would expect the same pricing formula and methodology for medications not included on the attached medication specification sheets.
- Current medication packaging is Blister Cards.

Any questions concerning pharmaceutical items and/or supply items should be directed in writing to Carla Fisher, Medical Supervisor at [cfisher@butlersheriff.org](mailto:cfisher@butlersheriff.org) or Debra Maloney at [dmaloney@butlersheriff.org](mailto:dmaloney@butlersheriff.org) .

Bids shall be sealed and bear on its face the Name and Address of the bidder and be plainly marked **BID ON CONTRACT 19-12-013 PHARMACY SERVICES FOR BUTLER COUNTY CORRECTIONAL COMPLEX**".

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Bidders Please Note: Butler County is an equal opportunity employer and has specific certifications regarding equal opportunity that are applicable to all contracts/purchases in excess of \$2,000.00.

Bidder is required to use the County Bid Form.

A copy of the Bid Tabulation may be obtained by sending a stamped, self-addressed envelope.

**IMPORTANT:** Bids to be sealed and endorsed on the outside of the envelope with the name of the bidder and item bid upon.

**ADDITIONAL BID SPECIFICATIONS**

**HOW MANY YEARS HAVE YOU BEEN IN BUSINESS?**

**DESCRIBE HOURS OF OPERATION:**

**DESCRIBE DELIVERY SCHEDULE FOR BOTH WEEKDAYS AND WEEKENDS:**

**ARE MULTIPLE DAILY DELIVERIES AVAILABLE?**

**DESCRIBE PROCEDURE FOR EMERGENCY BOX? ARE THERE ANY ADDITIONAL CHARGES?**

**WHAT EDUCATIONAL PROGRAMS/IN SERVICES COULD YOU PROVIDE?**

**CAN YOU PROVIDE AND SUPPORT ELECTRONIC MEDICAL ADMINISTRATION RECORDS? ARE THERE ANY ADDITIONAL COST FOR EMARS? We currently use Correc Tek for our EMR. Can your software interface with Correc Tek?**

**WOULD YOU PROVIDE COMPLIANCE PACKAGING OF MEDICATIONS THAT WOULD ALLOW FOR UNUSED MEDICATIONS RETURNED FOR CREDIT? (With no additional cost to BCSO)**

**DESCRIBE CHECKS AND BALANCES SYSTEM IN PLACE TO ASSURE QUALITY CONTROL SYSTEM:**

**DESCRIBE WHAT SUPPORT STAFF WOULD BE AVAILABLE TO THE BUTLER COUNTY SHERIFF'S OFFICE:**

**ACCREDITATIONS:**

**ARE THERE ANY ADDITIONAL COSTS THAT WOULD BE CHARGED TO THE JAIL FOR ANY ADDITIONAL SERVICES?**

**WOULD YOUR ORGANIZATION PROVIDE DETAILED INVOICES FROM YOUR WHOLESALER TO SUPPORT INVOICE COSTS TO BCSO – UPON REQUEST?**

PHARMACY SERVICES FOR BUTLER COUNTY CORRECTION COMPLEX  
ATTACHMENT A  
ITB - 19-12-013

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	UNIT COST	TOTAL	ANY ADDITIONAL COSTS	DESCRIPTION OF ADDITIONAL COSTS
ABACAVIR ( ZIAGEN) 300MG TAB	Tab	60				
ABILIFY MAINTENA KIT 400MG	Kit	1				
ACAMPROSATE CALCIUM (CAMPRAL) 333MG TAB	Tab	360				
ACETAMINOPHEN (TYLENOL) 325MG TAB	Tab	490				
ACETAMINOPHEN (TYLENOL) 500MG TAB	Tab	5342				
ACYCLOVIR (ZOVIRAX) 400MG TAB	Tab	422				
ACYCLOVIR (ZOVIRAX) 800MG TAB	Tab	243				
ADENOSINE 2ML SYRINGE	per syringe	22				
ADENOSINE VIAL 6MG/2 ML VIAL	per Vial	6				
ADVAIR DISKUS 250/50MCG 60 PUFFS INHALER	per Inhaler	7				
ADVAIR DISKUS 500/50MCG 60 PUFFS INHALER	per Inhaler	1				
ADVAIR HFA 12GM 45/21MCG INHALER	per Inhaler	2				
ALAVERT-D 12HR TAB	Tab	60				
ALBUTEROL (VENTOLIN) 2MG/5ML SYRINGE	per syringe	480				
ALBUTEROL 0.5% NEB 2.5MG/0.5ML SOLUTION (1 BX=15ML)	per box	15				
ALBUTEROL 3ML U/D 0.083% (75ML SOLUTION per box)	per box	375				
ALLEGRA 60MG TAB	Tab	60				
ALLEGRA D24HR 180/240MG TAB	Tab	90				
ALLOPURINOL (ZYPLOPRIM) 100MG TAB	Tab	510				
ALLOPURINOL (ZYPLOPRIM) 300MG TAB	Tab	330				
ALOGLIPTIN 25MG TAB	Tab	120				
ALVESCO 60 INHALATIONS 80MCG 6.1 GM INHALER	per Inhaler	6				
AMIODARONE (CORDARONE) 200MG TAB	Tab	252				
AMIODARONE 50MG/ML (3ML VIAL)	per Vial	6				
AMITRIPTYLINE (ELAVIL) 50MG TAB	Tab	90				
AMLODIPINE (NORVASC) 2.5MG TAB	Tab	150				
AMLODIPINE (NORVASC) 10MG TAB	Tab	2655				
AMLODIPINE (NORVASC) 5MG TAB	Tab	3120				
AMLODIPINE/BENAZ 10/40MG CAP	Cap	60				
AMLODIPINE/BENAZEPRIL (LOTREL) 2.5/10 CAP	Cap	90				
AMLODIPINE/BENAZEPRIL (LOTREL) 5/10 CAP	Cap	30				
AMLODIPINE/BENAZEPRIL (LOTREL) 5/20 CAP	Cap	30				
AMLODIPINE/OLMESART (AZOR) 10/40MG TAB	Tab	30				
AMMONIA INHALANTS (AROMATIC) 12/BOX	Box	12				

PHARMACY SERVICES FOR BUTLER COUNTY CORRECTION COMPLEX  
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MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	UNIT COST	TOTAL	ANY ADDITIONAL COSTS	DESCRIPTION OF ADDITIONAL COSTS
AMOX/CLAV POT (AUGMENTIN) 500-125MG TAB	Tab	142				
AMOX/CLAV POT (AUGMENTIN) 875-125MG TAB	Tab	476				
AMOXICILLIN (TRIMOX) 500MG CAP	Cap	2054				
AMOXICILLIN (TRIMOX) 875MG TAB	Tab	10				
ANASTROZOLE (ARMIDEX) 1MG TAB	Tab	15				
ANORO ELLIPTA 60 DOSES 62.5-25MCG INHALER	per puff	60				
ANTI-DANDRUFF 1% SUSPENSION (GENERIC)	per Bottle	200				
APRISO ER 0.375GM CAP	Cap	90				
ARIPIRAZOLE (ABILIFY) 10MG TAB	Tab	900				
ARIPIRAZOLE (ABILIFY) 15MG TAB	Tab	1335				
ARIPIRAZOLE (ABILIFY) 20MG TAB	Tab	30				
ARIPIRAZOLE (ABILIFY) 2MG TAB	Tab	300				
ARIPIRAZOLE (ABILIFY) 30MG TAB	Tab	60				
ARIPIRAZOLE (ABILIFY) 5MG TAB	Tab	480				
ARMOUR THYROID [FORREST] 90MG TAB	Tab	30				
ASCORBIC ACID 500MG TAB	Tab	60				
ASPIRIN 325MG TAB	Tab	270				
ASPIRIN BUFFERED 325MG TAB	Tab	30				
ASPIRIN CHEW 81MG TAB	Tab	3233				
ASPIRIN EC (ECOTRIN) 81MG TAB	Tab	2880				
ASPIRIN ENTERIC (ECOTRIN) 325MG TAB	Tab	120				
ATENOLOL (TENORMIN) 100MG TAB	Tab	600				
ATENOLOL (TENORMIN) 25MG TAB	Tab	780				
ATENOLOL (TENORMIN) 50MG TAB	Tab	660				
ATENOLOL/CHLORTHAL 100/25 TAB	Tab	90				
ATENOLOL/CHLORTHAL 50/25 MG TAB	Tab	75				
ATOMOXETINE (STRATTERA) 40MG CAP	Cap	60				
ATORVASTATIN (LIPITOR) 10MG TAB	Tab	1140				
ATORVASTATIN (LIPITOR) 20MG TAB	Tab	1980				
ATORVASTATIN (LIPITOR) 40MG TAB	Tab	2481				
ATORVASTATIN (LIPITOR) 80MG TAB	Tab	813				
ATRIPLA 600/200/300 TAB	Tab	60				
ATROPINE SYRINGE .1MG/ML 10ML SYRINGE	per syringe	12				
AZITHROMYCIN (ZITHROMAX) 250MG TAB	Tab	415				



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MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	UNIT COST	TOTAL	ANY ADDITIONAL COSTS	DESCRIPTION OF ADDITIONAL COSTS
AZITHROMYCIN (ZITHROMAX) 500MG TAB	Tab	340				
AZOPT OPHTAL SUSP 1% 10ML SUSPENSION	BOTTLE	10				
BACITRACIN OPTH OINTMENT	3.5 gm Tube	4				
BENAZEPRIL (LOTENSIN) 20MG TAB	Tab	30				
BENZOYL PEROXIDE WASH 10% 150 ML WASH	BOTTLE	50				
BENZOYL PEROXIDE WASH 5% 237ML	BOTTLE	6				
BENZTROPINE (COGENTIN) 0.5MG TAB	Tab	1320				
BENZTROPINE (COGENTIN) 1MG TAB	Tab	3300				
BENZTROPINE (COGENTIN) 2MG TAB	Tab	870				
BETHANECHOL (URECHOLINE) 10MG TAB	Tab	180				
BISACODYL EC (DULCOLAX) 5MG TAB	Tab	1010				
BISOPROLOL/HCTZ (ZIAC) 10/6.25 TAB	Tab	30				
BISOPROLOL/HCTZ (ZIAC) 5/6.25 TAB	Tab	60				
BOOST INST VAN LIQUID	Case	729				
BOOSTRIX (TDAP) SDV 0.5ML VIAL	Vial	0.5				
BREO ELLIPTA 30 DOSES 100/25MCG INHALER	Inhaler	10				
BREO ELLIPTA 30 DOSES 200-25 INHALER	Inhaler	10				
BRILINTA 90MG TAB	Tab	240				
BRIMONIDINE 0.2% 5 ML DROP	BOTTLE	7				
BUDESONIDE (ENTOCORT) 3MG CAP	Cap	120				
BUMETANIDE (BUMEX) 2MG TAB	Tab	30				
BUPROPION (WELLBUTRIN) 100MG TAB	Tab	60				
BUPROPION (WELLBUTRIN) 75MG TAB	Tab	60				
BUPROPION SR (WELLBUTRIN SR) 150MG TAB	Tab	510				
BUPROPION SR (WELLBUTRIN SR) 200MG TAB	Tab	420				
BUPROPION XL (WELLBUTRIN XL) 150MG TAB	Tab	1590				
BUPROPION XL (WELLBUTRIN XL) 300MG TAB	Tab	810				
BUPROPION**SR**(WELLBUTRIN SR) 100MG TAB	Tab	630				
BUSPIRONE (BUSPAR) 10MG TAB	Tab	8310				
BUSPIRONE (BUSPAR) 15MG TAB	Tab	5430				
BUSPIRONE (BUSPAR) 30MG TAB	Tab	120				
BUSPIRONE (BUSPAR) 5MG TAB	Tab	1560				
CALCIUM ACET. (PHOSLO) 667MG CAP	Cap	90				
CALCIUM CARB [ANTACID CHEW] 500MG TAB	Tab	3300				

PHARMACY SERVICES FOR BUTLER COUNTY CORRECTION COMPLEX  
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MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	UNIT COST	TOTAL	ANY ADDITIONAL COSTS	DESCRIPTION OF ADDITIONAL COSTS
CALCIUM CITRATE 250MG TAB	Tab	60				
CARBAMAZEPINE CHEW (TEGRETOL) 100MG TAB	Tab	330				
CARBAMAZEPINE ER (CARBATROL) 200MG CAP	Cap	120				
CARBAMAZEPINE ER (TEGRETOL XL) 200MG TAB	Tab	180				
CARBAMAZEPINE*200MG*(TEGRETOL) 200MG TAB	Tab	1020				
CARBID/LEVODOPA (SINEMET) 25-100MG TAB	Tab	30				
CARBIDOPA/LEV SR 25/100 TAB	Tab	30				
CARVEDILOL (COREG) 12.5MG TAB	Tab	840				
CARVEDILOL (COREG) 25MG TAB	Tab	846				
CARVEDILOL (COREG) 3.125MG TAB	Tab	270				
CARVEDILOL (COREG) 6.25MG TAB	Tab	1170				
CEFTRIAZONE(ROCEPHIN) 250MG VIAL	Vial	180				
CEFUROXIME (CEFTIN) 250MG TAB	Tab	72				
CEFUROXIME (CEFTIN) 500MG TAB	Tab	14				
CELECOXIB (CELEBREX) 200MG CAP	Cap	30				
CEPHALEXIN (KEFLEX) 500MG CAP	Cap	14532				
CETIRIZINE (ZYRTEC) 10MG TAB	Tab	1440				
CHLORDIAZEPOXIDE (LIBRIUM) 25MG CAP	Cap	90				
CHLORHEXIDINE 473ML 0.12% LIQUID	BOTTLE	4				
CHLORPROMAZINE (THORAZINE) 100MG TAB	Tab	30				
CHLORPROMAZINE (THORAZINE) 200MG TAB	Tab	120				
CHLORPROMAZINE 10MG TAB	Tab	450				
CHLORTHALIDONE (HYGROTON) 25MG TAB	Tab	60				
CIPROFLOXACIN (CIPRO) 250MG TAB	Tab	6				
CIPROFLOXACIN (CIPRO) 500MG TAB	Tab	268				
CITALOPRAM (CELEXA) 10MG TAB	Tab	434				
CITALOPRAM (CELEXA) 20MG TAB	Tab	1815				
CITALOPRAM (CELEXA) 40MG TAB	Tab	1380				
CLARITIN D 24HR TAB	Tab	30				
CLINDAMYCIN (CLEOCIN) 150MG CAP	Cap	8738				
CLINDAMYCIN (CLEOCIN) 300MG CAP	Cap	306				
CLOBETASOL (TEMOVATE) 0.05% 30 GM GEL	per tube	3				
CLOBETASOL (TEMOVATE) 0.05% 60GM CREAM	per tube	4				
CLOMIPRAMINE (ANAFRANIL) 75MG CAP	Cap	150				

PHARMACY SERVICES FOR BUTLER COUNTY CORRECTION COMPLEX  
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MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	UNIT COST	TOTAL	ANY ADDITIONAL COSTS	DESCRIPTION OF ADDITIONAL COSTS
CLONIDINE (CATAPRES) 0.1MG TAB	Tab	4029				
CLONIDINE (CATAPRES) 0.2MG TAB	Tab	1800				
CLONIDINE (CATAPRES) 0.3MG TAB	Tab	180				
CLOPIDOGREL (PLAVIX) 75MG TAB	Tab	1140				
CLOTRIMAZOLE 1% 28 GM CREAM	per tube	56				
COLACE CLEAR 50 MG CAP	Cap	159				
COLCHICINE 0.6MG TAB	Tab	19				
COMBIVENT RESPIMAT 4 GM 20-100MCG INHALER	Inhaler	12				
CONTACT LENS CASE	Each	33				
CREON 36000 CAP	Cap	300				
CYANOCOBLMN (B-12) 1ML 1000MCG/ML VIAL	Vial	3				
DAPSONE (AVLOSULFON) 100MG TAB	Tab	120				
DESCOVY 200/25MG TAB	Tab	240				
DESMOPRESSIN (DDAVP) 0.2MG TAB	Tab	180				
DESVENLAFAXINE ER (PRISTIQ) 100MG TAB	Tab	90				
DESVENLAFAXINE ER (PRISTIQ) 50MG TAB	Tab	360				
DEXTROSE 50% 50ML SYRINGE	Pre Fill syringe	4				
DICLOFENAC DR (VOLTAREN) 50MG TAB	Tab	120				
DICLOFENAC EC (VOLTAREN) 75MG TAB	Tab	840				
DICYCLOMINE (BENTYL) 10MG CAP	Cap	390				
DICYCLOMINE (BENTYL) 20MG TAB	Tab	684				
DIGOXIN (LANOXIN) 0.125MG TAB	Tab	300				
DILANTIN 100MG CAP	Cap	270				
DILTIAZEM (CARDIZEM) 60MG TAB	Tab	60				
DILTIAZEM CD (CARDIZEM CD) 120MG CAP	Cap	60				
DILTIAZEM CD (CARDIZEM CD) 180MG CAP	Cap	90				
DILTIAZEM CD (CARDIZEM CD) 240MG CAP	Cap	360				
DILTIAZEM CD (CARDIZEM CD) 300MG CAP	Cap	60				
DILTIAZEM TZ 360MG 360MG CAP	Cap	30				
DIPHENHYDRAMINE 1ML 50MG/ML VIAL	Vial	26				
DIPHENHYDRAMINE (BENADRYL) 25MG CAP	Cap	2014				
DIVALPROEX DR (DEPAKOTE) 125MG TAB	Tab	90				
DIVALPROEX DR (DEPAKOTE) 250MG TAB	Tab	1950				
DIVALPROEX DR (DEPAKOTE) 500MG TAB	Tab	4200				

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MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	UNIT COST	TOTAL	ANY ADDITIONAL COSTS	DESCRIPTION OF ADDITIONAL COSTS
DIVALPROEX ER (DEPAKOTE ER) 250MG TAB	Tab	150				
DIVALPROEX ER (DEPAKOTE ER) 500MG TAB	Tab	1020				
DIVALPROEX SPRINKLES 125MG CAP	Cap	180				
DONEPEZIL 10MG TAB	Tab	30				
DOXAZOSIN (CARDURA) 4MG TAB	Tab	30				
DOXEPIN (SINEQUAN) 10MG CAP	Cap	30				
DOXYCYCLINE MONOHYDRATE 100MG CAP	Cap	508				
DOXYCYCLINE MONOHYDRATE 50MG CAP	Cap	60				
DSS (COLACE) 100MG CAP	Cap	3554				
DULERA 13GM 100/5MCG INHALER	Inhaler	169				
DULERA 13GM 200/5MCG INHALER	inh	130				
DULOXETINE (CYMBALTA) 20MG CAP	Cap	150				
DULOXETINE (CYMBALTA) 30MG CAP	Cap	1485				
DULOXETINE (CYMBALTA) 60MG CAP	Cap	1320				
DYMISTA (120 DOSES) 137-50MCG SPRAY	per BOTTLE	23				
EAR WAX (DEBROX) 15 ML CARBAM.6.5% DROPS	per BOTTLE	72				
EASY TOUCH SAFE-LANCET BUTTON 26G (100 per box)	Box	50				
ELIQUIS 5MG TAB	Tab	1080				
EMTRIVA 200MG CAP	Cap	120				
ENALAPRIL (VASOTEC) 10MG TAB	Tab	120				
ENALAPRIL (VASOTEC) 5MG TAB	Tab	180				
ENOXAPARIN (LOVENOX) 120MG/0.8ML SYRINGE	Pre Fill	1				
ENOXAPARIN (LOVENOX) 0.6ML 60MG/0.6ML SYRINGE	Pre Fill	2				
ENOXAPARIN (LOVENOX) 1ML 100MG/1ML SYRINGE	Pre Fill	5				
ENSURE VANILLA 24/CASE LIQUID	Case	10				
ENTRESTO 49-51MG TAB	Tab	60				
EPINEPHRINE 1:1000 1MG/ML	1ML AMPULE	10				
EPINEPHRINE 1:10000 10ML 0.1MG/ML SYRINGE	Pre Fill syringe	7				
ERYTHROMYCIN (ERY-TAB) 500MG TAB	Tab	60				
ERYTHROMYCIN GENERIC 500MG TAB	Tab	30				
ERYTHROMYCIN OPHTH 0.5% 3.5 GM OINTMENT	Tube	8				
ESCITALOPRAM (LEXAPRO) 10MG TAB	Tab	2047				
ESCITALOPRAM (LEXAPRO) 20MG TAB	Tab	1140				
ESCITALOPRAM (LEXAPRO) 5MG TAB	Tab	180				

PHARMACY SERVICES FOR BUTLER COUNTY CORRECTION COMPLEX  
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MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	UNIT COST	TOTAL	ANY ADDITIONAL COSTS	DESCRIPTION OF ADDITIONAL COSTS
ESOMEPRAZOLE (NEXIUM) 40MG CAP	Cap	60				
ESTRADIOL 0.5MG TAB	Tab	30				
ESTRADIOL (ESTRACE) 1MG TAB	Tab	120				
ESTRADIOL (ESTRACE) 2MG TAB	Tab	60				
ETODOLAC (LODINE) 500MG TAB	Tab	60				
EZETIMIBE (ZETIA) 10MG TAB	Tab	30				
FAMOTIDINE (PEPCID) 20MG TAB	Tab	960				
FAMOTIDINE (PEPCID) 40MG TAB	Tab	120				
FARXIGA 5MG TAB	Tab	30				
FENOFIBRATE 160MG TAB	Tab	180				
FENOFIBRATE TAB 54MG TAB	Tab	60				
FENOFIBRATE (TRICOR) 145MG TAB	Tab	60				
FENOFIBRIC ACID (TRILIPIX) 135MG CAP	Cap	30				
FERROUS SULFATE 325MG TAB	Tab	1320				
FETZIMA 120MG CAP	Cap	30				
FEXOFENADINE (ALLEGRA) 180MG TAB	Tab	180				
FEXOFENADINE (ALLEGRA) 60MG TAB	Tab	14				
FIBER-LAX 625MG TAB	Tab	240				
FINASTERIDE (PROSCAR) 5MG TAB	Tab	120				
FISH OIL 500MG CAP	Cap	60				
FISH OIL OMEGA 3 1000MG CAP	Cap	570				
FIXODENT ADHES. DENTAL ORIG. 68 GM CREAM	Per Tube	80				
FLONASE SENSIMIST OTC 27.5MCG SPRAY	Inhaler	30				
FLOVENT HFA 10.6 GM 44MCG INHALER	Inhaler	5				
FLOVENT HFA 12GM 110MCG INHALER	Inhaler	5				
FLOVENT HFA 12GM 220MCG INHALER	Inhaler	5				
FLUCONAZOLE (DIFLUCAN) 100MG TAB	Tab	46				
FLUCONAZOLE (DIFLUCAN) 150MG TAB	Tab	11				
FLUCONAZOLE (DIFLUCAN) 200MG TAB	Tab	10				
FLUOXETINE (PROZAC) 10MG CAP	Cap	255				
FLUOXETINE (PROZAC) 20MG CAP	Cap	7950				
FLUOXETINE (PROZAC) 40MG CAP	Cap	1170				
FLUPHENAZINE DECANOATE INJECTION 25MG	5 ML Vial	20				

PHARMACY SERVICES FOR BUTLER COUNTY CORRECTION COMPLEX  
ATTACHMENT A  
ITB - 19-12-013

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	UNIT COST	TOTAL	ANY ADDITIONAL COSTS	DESCRIPTION OF ADDITIONAL COSTS
FLUTICASONE NASAL (FLONASE) 50MCG	16 GM SPRAY BOTTLE	26				
FLUVOXAMINE 100MG TAB	Tab	60				
FLUVOXAMINE 50MG TAB	Tab	90				
FOLIC ACID 1MG TAB	Tab	840				
FOSRENOL CHEW (ORIG BOTTLE) 500MG TAB	Tab	180				
FUROSEMIDE (LASIX) 20MG TAB	Tab	1777				
FUROSEMIDE (LASIX) 40MG TAB	Tab	1375				
FUROSEMIDE (LASIX) 80MG TAB	Tab	30				
FUROSEMIDE 4ML 40MG/4ML VIAL	Vial	8				
GAVILAX (MIRALAX) 510 GM POWDER	10 count box	10				
GEMFIBROZIL (LOPID) 600MG TAB	Tab	660				
GENVOYA 150/150/200/ TAB	Tab	690				
GLIMEPIRIDE (AMARYL) 1MG TAB	Tab	90				
GLIMEPIRIDE (AMARYL) 2MG TAB	Tab	270				
GLIMEPIRIDE (AMARYL) 4MG TAB	Tab	180				
GLIPIZIDE (GLUCOTROL) 10MG TAB	Tab	270				
GLIPIZIDE (GLUCOTROL) 5MG TAB	Tab	480				
GLIPIZIDE XL (GLUCOTROL) 5MG TAB	Tab	150				
GLUCAGEN HYPO KIT 1MG SYRINGE	Syringe	3				
GLUCOSAMINE 500MG CAP	Cap	30				
GLUCOSE (10 TABS) 4G TAB	Tab	740				
GLUCOSE GEL 40% 112.5GM GEL (pack of 3)	pack of 3	4				
GLYBURIDE (MICRONASE) 5MG TAB	Tab	30				
GLYBURIDE/METFORMIN 5/500 TAB	Tab	60				
MULTI PURPOSE CONTACT SOLUTION (Pack of 2 = 355 ML)	pack of 2	60				
GUANFACINE HCL (TENEX) 1MG TAB	Tab	60				
HALOPERIDOL (HALDOL) 0.5MG TAB	Tab	30				
HALOPERIDOL (HALDOL) 10MG TAB	Tab	225				
HALOPERIDOL DECANOATE 100MG/1ML VIAL	2 ML Vial	10				
HALOPERIDOL DECANOATE 100MG/5ML 100MG/ML VIAL	5 ML Vial	10				
HALOPERIDOL INJECTION 1ML 5MG/ML VIAL	2 ML Vial	10				
HALOPERIDOL(HALDOL) 1MG TAB	Tab	240				
HALOPERIDOL(HALDOL) 5MG TAB	Tab	1050				

PHARMACY SERVICES FOR BUTLER COUNTY CORRECTION COMPLEX  
ATTACHMENT A  
ITB - 19-12-013

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	UNIT COST	TOTAL	ANY ADDITIONAL COSTS	DESCRIPTION OF ADDITIONAL COSTS
HCTZ 12.5MG TAB	Tab	1200				
HCTZ 25MG TAB	Tab	3150				
HCTZ 50MG TAB	Tab	90				
HEALTHLAX PEG 3350 NF PACKETS 14X17GM=238G	Pkg	8				
HEMORRHOIDAL (PREP-H) OINTMENT	1 OZ. Tube	46				
HEPARIN 10ML 1000U/1ML VIAL	Vial	0				
HEPARIN PF 5ML 100U/ML SYRINGE	Pre Fill	35				
HUMALOG 100 U/ML	Vial	175				
HUMULIN 70/30	PER PEN	30				
HUMULIN R 100 U/ML VIAL	10 ML Vial	60				
HYDRALAZINE 100MG TAB	Tab	90				
HYDRALAZINE 10MG TAB	Tab	120				
HYDRALAZINE 50MG TAB	Tab	630				
HYDRALAZINE HCL 25MG TAB	Tab	750				
HYDROCORTISONE 0.5%	30 GM TUBE	30				
HYDROCORTISONE 1%	28 GM tube	300				
HYDROXYCHLOROQUINE 200MG TAB	Tab	120				
HYDROXYUREA (HYDREA) 500MG CAP	Cap	270				
HYOSCYAMINE ER 0.375MG TAB	Tab	60				
HYOSCYAMINE SUBLINGUAL 0.125MG TAB	Tab	15				
IBUPROFEN (MOTRIN) 200MG TAB	Tab	9670				
IBUPROFEN (MOTRIN) 400MG TAB	Tab	1798				
IBUPROFEN (MOTRIN) 600MG TAB	Tab	22178				
IBUPROFEN (MOTRIN) 800MG TAB	Tab	6435				
IBUPROFEN (MOTRIN) 3RD PARTY 600MG TAB	Tab	18				
IBUPROFEN (MOTRIN) 3RD PARTY 400MG TAB	Tab	132				
IBUPROFEN 3RD PARTY 800MG TAB	Tab	141				
INCRUSE ELLIPTA 30 DOSE 62.5MCG INHALER	Inhaler	60				
INDOMETHACIN (INDOCIN) 25MG CAP	Cap	150				
INDOMETHACIN (INDOCIN) 50MG CAP	Cap	60				
INH (ISONIAZIDE) 300MG TAB	Tab	30				
INTELENCE 200MG TAB	Tab	60				
INVEGA SUSTEN 1.5ML 234MG/1.5ML SYRINGE	Pre Fill	5				
INVEGA SUSTEN 1ML 156MG/ML SYRINGE	Pre Fill	5				

PHARMACY SERVICES FOR BUTLER COUNTY CORRECTION COMPLEX  
ATTACHMENT A  
ITB - 19-12-013

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	UNIT COST	TOTAL	ANY ADDITIONAL COSTS	DESCRIPTION OF ADDITIONAL COSTS
INVOKANA 300MG TAB	Tab	60				
IPRAT/ALBUTEROL 30X3ML U/D 0.5/3MG/3ML SOLUTION	BOTTLE	22				
IPRATROPIUM NEBS (25X2.5ML) 0.02% SOLUTION	BOTTLE	4				
ISENTRESS 400MG TAB	Tab	60				
ISENTRESS HD 600MG TAB	Tab	180				
ISOSORBIDE MN ER 120MG TAB	Tab	60				
ISOSORBIDE MONO 30MG ER TAB	Tab	270				
JANUMET 50/1000MG TAB	Tab	60				
JANUVIA 100MG TAB	Tab	570				
KETOCONAZOLE (NIZORAL) 2% CREAM	30 GM TUBE	3				
KETOCONAZOLE SHAMPOO 2%	120 ML BOTTLE	6				
KETOROLAC TROM 0.5% DROPPER	5 ML BOTTLE	2				
L-METHYLFOLATE 15MG TAB	Tab	30				
L-METHYLFOLATE (DEPLIN) 7.5MG TAB	Tab	180				
L-METHYLFOLATE *FORTE (DEPLIN) 15MG CAP	Cap	30				
LABETALOL 200MG TAB	Tab	60				
LABETALOL (NORMODYNE) 300MG TAB	Tab	120				
LABETALOL (TRANDATE) 100MG TAB	Tab	120				
LACTULOSE 10G/15ML SOLUTION	16 oz BOTTLE	5				
LAMIVUDINE (EPIVIR) 300MG TAB	Tab	30				
LAMOTRIGINE (LAMICTAL) 150MG TAB	Tab	420				
LAMOTRIGINE (LAMICTAL) 200MG TAB	Tab	1327				
LAMOTRIGINE ER (LAMICTAL XR) 300MG ER TAB	Tab	30				
LAMOTRIGINE(LAMICTAL) 100MG TAB	Tab	997				
LAMOTRIGINE(LAMICTAL) 25MG TAB	Tab	3181				
LAMOTRIGINE(LAMICTAL) 25MG CHEW TAB	Tab	148				
LANSOPRAZOLE 15MG DR CAP	Cap	60				
LANSOPRAZOLE DR (PREVACID) 30MG CAP	Cap	180				
LANTUS 100U/ML INJECTION	Vial	1010				
LATANOPROST OPHTHAL 0.005% 2.5ML DROPPER	BOTTLE	5				
LATUDA 120MG TAB	Tab	90				
LATUDA 20MG TAB	Tab	30				
LATUDA 40MG TAB	Tab	150				
LATUDA 60MG TAB	Tab	30				



PHARMACY SERVICES FOR BUTLER COUNTY CORRECTION COMPLEX  
ATTACHMENT A  
ITB - 19-12-013

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	UNIT COST	TOTAL	ANY ADDITIONAL COSTS	DESCRIPTION OF ADDITIONAL COSTS
LATUDA 80MG TAB	Tab	180				
LEVEMIR 100U/ML 10ML INJECTION	Vial	60				
LEVETIRACETAM (KEPPRA) 500MG TAB	Tab	4080				
LEVETIRACETAM (KEPPRA) 750MG TAB	Tab	900				
LEVETIRACETAM(KEPPRA) 250MG TAB	Tab	120				
LEVOCETIRIZINE (XYZAL) 5MG TAB	Tab	30				
LEVOFLOXACIN (LEVAQUIN) 500MG TAB	Tab	78				
LEVOFLOXACIN (LEVAQUIN) 750MG TAB	Tab	25				
LEVOTHYROXINE SOD 0.075MG TAB	Tab	30				
LEVOTHYROXINE (SYNTHROID) 100MCG TAB	Tab	60				
LEVOTHYROXINE (SYNTHROID) 125MCG TAB	Tab	90				
LEVOTHYROXINE (SYNTHROID) 150MCG TAB	Tab	180				
LEVOTHYROXINE (SYNTHROID) 175MCG TAB	Tab	120				
LEVOTHYROXINE (SYNTHROID) 200MCG TAB	Tab	450				
LEVOTHYROXINE (SYNTHROID) 25MCG TAB	Tab	210				
LEVOTHYROXINE (SYNTHROID) 50MCG TAB	Tab	390				
LEVOTHYROXINE (SYNTHROID) 75MCG TAB	Tab	330				
LEVOTHYROXINE (SYNTHROID) 88MCG TAB	Tab	30				
LIDOCAINE 1% 10MG/ML VIAL	20 ML VIAL	15				
LIDOCAINE 1% 10MG/ML VIAL	50 ML VIAL	3				
LINEZOLID (ZYVOX) 600MG TAB	Tab	62				
LISINAPRIL (PRINIVIL-ZESTRIL) 10MG TAB	Tab	4920				
LISINAPRIL (PRINIVIL-ZESTRIL) 2.5MG TAB	Tab	670				
LISINAPRIL (PRINIVIL-ZESTRIL) 20MG TAB	Tab	4653				
LISINAPRIL (PRINIVIL-ZESTRIL) 30MG TAB	Tab	90				
LISINAPRIL (PRINIVIL-ZESTRIL) 40MG TAB	Tab	1620				
LISINAPRIL (PRINIVIL-ZESTRIL) 5MG TAB	Tab	900				
LISINAPRIL/HCTZ (PRINZIDE) 20/25MG TAB	Tab	720				
LISINAPRIL/HCTZ(PRINZIDE) 10/12.5MG TAB	Tab	60				
LISINAPRIL/HCTZ(PRINZIDE) 20/12.5 TAB	Tab	690				
LITHIUM **SR**TAB** (LITHOBID) 300MG TAB	Tab	570				
LITHIUM **TABS*** 300MG TAB	Tab	570				
LITHIUM CARB 150MG CAP	Cap	4500				
LITHIUM CARB (LITHONATE) 300MG CAP	Cap	6570				

PHARMACY SERVICES FOR BUTLER COUNTY CORRECTION COMPLEX  
ATTACHMENT A  
ITB - 19-12-013

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	UNIT COST	TOTAL	ANY ADDITIONAL COSTS	DESCRIPTION OF ADDITIONAL COSTS
LITHIUM CARB SR (ESKALITH SR) 450MG TAB	Tab	660				
LOPERAMIDE (IMODIUM A-D) 2MG TAB	Tab	369				
LORATADINE (CLARITIN) 10MG TAB	Tab	3536				
LORATADINE (CLARITIN) (SB) 10MG TAB	Tab	100				
LORATADINE-D 24HR 10-240MG TAB	Tab	545				
LORAZEPAM (ATIVAN) 1ML 2MG/ML INJECTION	1 ML vial	30				
LOSARTAN (COZAAR) 100MG TAB	Tab	600				
LOSARTAN (COZAAR) 25MG TAB	Tab	300				
LOSARTAN (COZAAR) 50MG TAB	Tab	540				
LOSARTAN/HCTZ 100/25MG TAB	Tab	210				
LOSARTAN/HCTZ 50-12.5MG TAB	BOTTLE	7				
LOVASTATIN (MEVACOR) 20MG TAB	Tab	120				
LOVASTATIN (MEVACOR) 40MG TAB	Tab	60				
MAG HYDROX/AL HYDROX/SIMET 200/200/20 SUSP	BOTTLE	10				
MAGNESIUM OXIDE 400MG TAB	Tab	1092				
MAGNESIUM OXIDE 500MG TAB	Tab	30				
MAPROTIline 25MG	Tab	240				
MECLIZINE CHEW 25MG TAB	Tab	30				
MECLIZINE ORAL TAB (ANTIVERT) 25MG TAB	Tab	45				
MEDROXYPROGEST (PROVERA) 10MG TAB	Tab	15				
MEDROXYPROGESTERONE (PROVERA) 5MG TAB	Tab	60				
MELOXICAM (MOBIC) 15MG TAB	Tab	690				
MELOXICAM (MOBIC) 7.5 MG TAB	Tab	660				
MESALAMINE (ASACOL HD) 800MG DR TAB	Tab	90				
MESALAMINE (LIALDA) 1.2GM TAB	Tab	120				
METFORMIN ER 500MG TAB	Tab	720				
METFORMIN (GLUCOPHAGE) 1000MG TAB	Tab	4290				
METFORMIN (GLUCOPHAGE) 500MG TAB	Tab	4506				
METFORMIN (GLUCOPHAGE) 850MG TAB	Tab	270				
METHOTREXATE (RHEUMATREX) 2.5MG TAB	Tab	224				
METHYLPREDNISOLONE DOSEPK 4MG TAB	Tab	21				
METOCLOPRAMIDE (REGLAN) 10MG TAB	Tab	74				
METOLAZONE(ZAROXOLYN) 2.5MG TAB	Tab	30				
METOPROLOL ER SUCC (TOPROL XL) 100MG TAB	Tab	270				

PHARMACY SERVICES FOR BUTLER COUNTY CORRECTION COMPLEX  
ATTACHMENT A  
ITB - 19-12-013

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	UNIT COST	TOTAL	ANY ADDITIONAL COSTS	DESCRIPTION OF ADDITIONAL COSTS
METOPROLOL ER SUCC (TOPROL XL) 25MG TAB	Tab	525				
METOPROLOL ER SUCC (TOPROL XL) 50MG TAB	Tab	1530				
METOPROLOL TART (LOPRESSOR) 100MG TAB	Tab	30				
METOPROLOL TART (LOPRESSOR) 25MG TAB	Tab	3420				
METOPROLOL TART (LOPRESSOR) 50MG TAB	Tab	2130				
METOPROLOL TARTRATE 100MG TAB	Tab	360				
METOPROLOL/HCTZ (LOPRESSOR HCT 50/25 TAB	Tab	180				
METRONIDAZOLE (FLAGYL) 500MG TAB	Tab	540.5				
MEXILETINE (MEXITIL) 150MG 150MG CAP	Cap	90				
MG217 MEDICATED 3% CREAM	3.5 OZ TUBE	50				
MG217 MEDICATED TAR SHAMPOO	8 OZ BOTTLE	120				
MG217 PSORIASIS MULTI-SYMPATOM 2% 107 GM OINTMENT	PACKAGE	50				
MICONAZOLE 7 VAG CREAM	45 GM Tube	130				
MIDAZOLAM 50MG/10ML INJECTION	10 ML Vial	10				
MIDODRINE(PROAMATINE) 5MG TAB	Tab	135				
MILK OF MAGNESIA 355ML SUSPENSION	12 OZ BOTTLE	60				
MINERIN CREAM (EUCERIN) CREAM	bottle	1362				
MINOCYCLINE(MINOCIN) 100MG CAP	Cap	72				
MINOXIDIL (LONITEN) 10MG TAB	Tab	60				
MIRTAZAPINE (REMERON) 15MG TAB	Tab	1320				
MIRTAZAPINE (REMERON) 30MG TAB	Tab	1545				
MIRTAZAPINE (REMERON) 45MG TAB	Tab	390				
MIRTAZAPINE SOLUTAB (REMERON) 15MG TAB	Tab	30				
MONTELUKAST (SINGULAIR) 10MG TAB	Tab	1450				
MULTIVITAMINS TAB	Tab	25				
MYCOPHENOLATE (CELLCEPT) 250MG CAP	Cap	120				
NABUMETONE (RELAFEN) 750MG TAB	Tab	30				
NADOLOL (CORCARD) 20MG TAB	Tab	30				
NADOLOL (CORCARD) 40MG TAB	Tab	30				
NADOLOL (CORCARD) 80MG TAB	Tab	30				
NALOXONE 2ML 2MG/2ML SYRINGE	Pre-fill Syringe	100				
NAPROXEN (NAPROSYN) 500MG TAB	Tab	2622				
NAPROXEN DR (NAPROSYN EC) 500MG TAB	Tab	60				
NAPROXEN SOD (ANAPROX) 275MG TAB	Tab	60				

PHARMACY SERVICES FOR BUTLER COUNTY CORRECTION COMPLEX  
ATTACHMENT A  
ITB - 19-12-013

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	UNIT COST	TOTAL	ANY ADDITIONAL COSTS	DESCRIPTION OF ADDITIONAL COSTS
NEO/POLY/HC 10 ML OTIC SOLUTION	BOTTLE	15				
NEO/POLY/HC SUSP (PLASTIC) OTIC 10 ML SUSPENSION	BOTTLE	100				
NEXIUM 24HR 20MG CAP	Cap	120				
NIFEDIPINE ER 30MG TAB	Tab	90				
NIFEDIPINE ER 90MG TAB	Tab	30				
NITROFURANT(MACROBID) 100MG CAP	Cap	416				
NITROFURANT(MACRODANTIN) 100MG CAP	Cap	20				
NITROGLYCERIN SL (1/150) 4 X25 0.4MG SUB	BOTTLE	5				
NOVOLIN N 100UNITS/ML	10 ML Vial	30				
NOVOLIN R 100UNITS/ML INJECTION	10 ML Vial	50				
NOVOLOG 100U/ML INJECTION	10 ML Vial	50				
NYSTATIN [NYAMYC ] 15 GM POWDER	BOTTLE	2				
NYSTATIN 30 GM 100000 UN/GM CREAM	BOTTLE	2				
NYSTATIN ORAL 60ML 100MUN/ML SUSPENSION	BOTTLE	1				
ODEFSEY 200/25/25MG TAB	Tab	60				
OLANZAPINE (ZYPREXA) 10MG TAB	Tab	1685				
OLANZAPINE (ZYPREXA) 15MG TAB	Tab	960				
OLANZAPINE (ZYPREXA) 7.5MG TAB	Tab	300				
OLANZAPINE [ZYPREXA] 2.5 MG TAB	Tab	840				
OLANZAPINE [ZYPREXA] 20MG TAB	Tab	1175				
OLANZAPINE [ZYPREXA] 5MG TAB	Tab	1290				
OLMESARTAN HCT (BENICAR HCT) 40/25MG TAB	Tab	60				
OMEGA 3 ACID (LOVAZA) 1GM CAP	Cap	60				
OMEPRAZOLE (PRILOSEC) 10MG CAP	Cap	60				
OMEPRAZOLE (PRILOSEC) 20MG CAP	Cap	12535				
OMEPRAZOLE (PRILOSEC) 40MG CAP	Cap	780				
ONDANSETRON (ZOFTRAN) 4MG TAB	Tab	140				
ONDANSETRON (ZOFTRAN) 8MG TAB	Tab	150				
ONDANSETRON 4MG/2ML VIAL	2ML VIAL	26				
ONDANSETRON ODT (ZOFTRAN ODT) 4MG TAB	Tab	42				
OSELTAMIVIR (TAMIFLU) 75MG CAP	Cap	10				
OXCARBAZEPINE (TRILEPTAL) 150MG TAB	Tab	570				
OXCARBAZEPINE (TRILEPTAL) 300MG TAB	Tab	1050				
OXCARBAZEPINE (TRILEPTAL) 600MG TAB	Tab	570				

PHARMACY SERVICES FOR BUTLER COUNTY CORRECTION COMPLEX  
ATTACHMENT A  
ITB - 19-12-013

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	UNIT COST	TOTAL	ANY ADDITIONAL COSTS	DESCRIPTION OF ADDITIONAL COSTS
OXYBUTYNIN (DITROPAN) 5MG TAB	Tab	270				
OXYBUTYNIN ER (DITROPAN XL) 10MG TAB	Tab	150				
OYST CAL D 500/200MG TAB	Tab	30				
PALIPERIDONE ER (INVEGA) 3MG TAB	Tab	30				
PALIPERIDONE ER (INVEGA) 6MG TAB	Tab	630				
PALIPERIDONE ER (INVEGA) 9MG TAB	Tab	30				
PANTOPRAZOLE (PROTONIX) 40MG TAB	Tab	2510				
PANTOPRAZOLE SODIUM 20MG TAB	Tab	150				
PAROXETINE (PAXIL) 10MG TAB	Tab	240				
PAROXETINE (PAXIL) 20MG TAB	Tab	1080				
PAROXETINE (PAXIL) 30MG TAB	Tab	270				
PAROXETINE (PAXIL) 40MG TAB	Tab	270				
PENICILLIN VK 250MG TAB	Tab	60				
PENICILLIN VK (VEETIDS) 500MG TAB	Tab	8989				
PERMETHRIN (ELIMITE) 5% 60 GM CREAM	TUBE	12				
PERPHENAZINE (TRILAFON) 2MG TAB	Tab	30				
PERPHENAZINE (TRILAFON) 4MG TAB	Tab	210				
PERPHENAZINE (TRILAFON) 8MG TAB	Tab	120				
PHENYLEPHRINE (SUDOGEST PE) 10MG TAB	Tab	24				
PHENYTOIN (DILANTIN) SOD *EXT* 100MG CAP	Cap	3814				
PHENYTOIN ER (PHENYTEK) 200MG CAP	Cap	360				
PILOCARPINE (SALAGEN) 5MG TAB 5MG TAB	Tab	540				
PIOGLITAZONE (ACTOS) 15MG TAB	Tab	30				
PIOGLITAZONE (ACTOS) 30MG TAB	Tab	300				
PIOGLITAZONE (ACTOS) 45MG TAB	Tab	30				
PIPERACILLIN/TAZOBAC (ZOSYN) 3.375GM VIAL	Vial	4				
POLIDENT DENTU-CREME 110GM	Tube	12				
POLYETHYLENE GLYCOL (MIRALAX) 3350 NF POWDER	Pkg	100				
POTASSIUM (K-DUR) 20MEQ TAB	Tab	785				
POTASSIUM CHLORIDE 10MEQ TAB	Tab	1105				
POTASSIUM CHLORIDE *CAPS* ER 10MEQ CAP	Cap	180				
POTASSIUM CITRATE (UROKIT-K) 10 MEQ ER TAB	Tab	90				
PRAVASTATIN (PRAVACHOL) 40MG TAB	Tab	120				
PRAVASTATIN (PRAVACHOL) 80MG TAB	Tab	90				

PHARMACY SERVICES FOR BUTLER COUNTY CORRECTION COMPLEX  
ATTACHMENT A  
ITB - 19-12-013

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	UNIT COST	TOTAL	ANY ADDITIONAL COSTS	DESCRIPTION OF ADDITIONAL COSTS
PRAZOSIN (MINIPRESS) 1MG CAP	Cap	1800				
PRAZOSIN (MINIPRESS) 2MG CAP	Cap	1530				
PRAZOSIN (MINIPRESS) 5MG CAP	Cap	180				
PRAZOSIN (MINIPRESS) - WHITE 1MG CAP	Cap	210				
PREDNISOLONE ACET(PRED FORTE) 1% 5ML DROP	BOTTLE	5				
PREDNISONE (DELTASONE) 10MG TAB	Tab	296				
PREDNISONE (DELTASONE) 20MG TAB	Tab	658				
PREDNISONE (DELTASONE) 5MG TAB	Tab	9				
PREMARIN 0.9MG TAB	Tab	30				
PREMPRO 0.3/1.5 TAB	Tab	28				
PRENATAL PLUS 27-1MG TAB	Tab	1320				
PRENATAL VITAMIN 27-0.8MG TAB	Tab	2340				
PREPARATION H M/S 51 GM 0.25%-1% CREAM	Tube	10				
PREPLUS 27-1MG TAB	Tab	365				
PREZCOBIX 800-150 TAB	Tab	45				
PREZISTA 800MG TAB	Tab	30				
PRISTIQ 25MG TAB	Tab	30				
PROAIR HFA 8.5GM INHALER	Inhaler	500				
PROBIOTIC COLON SUPPT 1.5 BILLION CAP	Tab	30				
PROCHLORPERAZINE(COMPAZINE) 10MG TAB	Tab	210				
PROMACTA DS (ORIG BOTTLE) 50MG TAB	Tab	30				
PROMETHAZINE (PHENERGAN) 25MG TAB	Tab	60				
PROMETHAZINE 1ML 50MG/1ML VIAL	Vial	5				
PROPAFENONE (RYTHMOL) 225MG TAB	Tab	90				
PROPRANOLOL (INDERAL) 10MG TAB	Tab	1470				
PROPRANOLOL (INDERAL) 20MG TAB	Tab	1140				
PROPRANOLOL (INDERAL) 40MG TAB	Tab	120				
PROPRANOLOL (INDERAL) 60MG TAB	Tab	60				
PROPRANOLOL (INDERAL) 80MG TAB	Tab	180				
PROPRANOLOL ER 60MG CAP	Cap	210				
PROPRANOLOL ER 80MG CAP	Cap	30				
PROPRANOLOL LA 120MG CAP	Cap	30				
PSEUDOEPHEDRINE (SUDAFED) 30MG TAB	Tab	2774				
QUETIAPINE IR (SEROQUEL) 100MG TAB	Tab	30				

PHARMACY SERVICES FOR BUTLER COUNTY CORRECTION COMPLEX  
ATTACHMENT A  
ITB - 19-12-013

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	UNIT COST	TOTAL	ANY ADDITIONAL COSTS	DESCRIPTION OF ADDITIONAL COSTS
QUETIAPINE IR (SEROQUEL) 200MG TAB	Tab	30				
QUINAPRIL 20MG TAB	Tab	30				
QVAR 40MCG INHALER	10.6 GM Inhaler	2				
RAMIPRIL (ALTACE) 2.5MG CAP	Cap	60				
RANEXA 1000MG TAB	Tab	180				
RANEXA 500MG TAB	Tab	420				
RANITIDINE (ZANTAC) 75MG TAB	Tab	60				
RANITIDINE (ZANTAC) 150MG TAB	Tab	10758				
RANITIDINE (ZANTAC) USM 300MG TAB	Tab	345				
READYLANCE SAFETY LANCETS 23G/1.8MM	Box	150				
RENAL CAPS (NEPHROCAPS) 1MG CAP	Cap	30				
RENU MULTIPURP CONTACT 354ML SOLUTION	BOTTLE	10				
REXULTI 1MG TAB	Tab	30				
REXULTI 2MG TAB	Tab	60				
RIBOFLAVIN (VIT B 2) 100MG TAB	Tab	360				
RIFAMPIN (RIFADIN) 300MG CAP	Cap	60				
RISPERIDONE (RISPERDAL) 0.25MG TAB	Tab	120				
RISPERIDONE (RISPERDAL) 0.5MG TAB	Tab	960				
RISPERIDONE (RISPERDAL) 1MG TAB	Tab	2160				
RISPERIDONE (RISPERDAL) 2MG TAB	Tab	1530				
RISPERIDONE (RISPERDAL) 3MG TAB	Tab	1470				
RISPERIDONE (RISPERDAL) 4MG TAB	Tab	480				
RISPERIDONE ODT(M) (RISPERDAL) 0.5MG TAB	Tab	90				
RISPERIDONE ODT(M) (RISPERDAL) 1MG TAB	Tab	180				
RISPERIDONE ODT(M) (RISPERDAL) 2MG TAB	Tab	150				
ROPINIROLE (REQUIP) 0.5MG TAB	Tab	60				
ROSUVASTATIN (CRESTOR) 10MG TAB	Tab	180				
ROSUVASTATIN (CRESTOR) 20MG TAB	Tab	60				
ROSUVASTATIN (CRESTOR) 40MG TAB	Tab	30				
RP AMLODIPINE 10MG TAB	Tab	30				
RP CHLORDIAZEPOXIDE 25MG CAP	Cap	630				
RP CLINDAMYCIN 150MG CAP	Cap	300				
RP CLONIDINE 0.1MG TAB	Tab	60				
RP DIVALPROEX SOD DR 500MG TAB	Tab	90				

PHARMACY SERVICES FOR BUTLER COUNTY CORRECTION COMPLEX  
ATTACHMENT A  
ITB - 19-12-013

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	UNIT COST	TOTAL	ANY ADDITIONAL COSTS	DESCRIPTION OF ADDITIONAL COSTS
RP HALOPERIDOL 5MG TAB	Tab	30				
RP HCTZ 25MG TAB	Tab	180				
RP LEVETIRACETAM 500MG TAB	Tab	30				
RP LISINAPRIL 20MG TAB	Tab	30				
RP METFORMIN 500MG TAB	Tab	210				
RP METOPROLOL 25MG TAB	Tab	30				
RP ONDANSETRON 4MG TAB	Tab	90				
RP SMZ-TMP DS 800/160MG TAB	Tab	480				
SALINE NASAL SPRAY 0.65% 45ML SPR	BOTTLE	5				
SENNALAXATIVE 8.6MG TAB	Tab	120				
SENNALAXATIVE (DOC-Q-LAX) TAB	Tab	690				
SENSIPAR 30MG TAB	Tab	60				
SERTRALINE (ZOLOFT) 100MG TAB	Tab	4035				
SERTRALINE (ZOLOFT) 25MG TAB	Tab	270				
SERTRALINE (ZOLOFT) 50MG TAB	Tab	9127				
SEVELAMER CARB (REVELA) 800MG TAB	Tab	270				
SIMVASTATIN (ZOCOR) 10MG TAB	Tab	60				
SIMVASTATIN (ZOCOR) 20MG TAB	Tab	330				
SIMVASTATIN (ZOCOR) 40MG TAB	Tab	540				
SMZ/TMP *SINGLE STRENGTH* 400-80MG TAB	Tab	30				
SMZ/TMP DS 800-160MG TAB	Tab	19354				
SOD CHLORIDE BAG 0.9% 1000ML	bag	40				
SOD CHLORIDE BAG 0.9% 250ML	bag	40				
SOD CHLORIDE OPTH 5% 3.5ML OINTMENT	Tube	4				
SOTALOL (BETAPACE) 80MG TAB	Tab	180				
SPIRIVA 30 CAP HANDIHALER 18MCG CAP	Cap	210				
SPIRIVA RESPIMAT 4GM 2.5MCG	Inhaler	10				
SPIRONOLACTONE (ALDACTONE) 25MG TAB	Tab	255				
SPIRONOLACTONE (ALDACTONE) 50MG TAB	Tab	240				
SPIRONOLACTONE/HCTZ 25MG/25MG TAB	Tab	60				
SPRINTEC 0.25/0.035MG TAB	Tab	28				
SSD 1% 50GM CREAM	BOTTLE	3				
STERILE WATER FOR INJECTION	50 ML Vial	10				
SUCRALFATE (CARAFATE) 1GM TAB	Tab	270				



PHARMACY SERVICES FOR BUTLER COUNTY CORRECTION COMPLEX  
ATTACHMENT A  
ITB - 19-12-013

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	UNIT COST	TOTAL	ANY ADDITIONAL COSTS	DESCRIPTION OF ADDITIONAL COSTS
SYMBICORT 120 10.2GM 160-4.5MCG INHALER	Inhaler	30				
SYMBICORT 60 6.9 GM 80-4.5MCG INHALER	Inhaler	2				
TACROLIMUS (PROGRAF) 0.5MG CAP	Cap	60				
TAMSULOSIN (FLOMAX) 0.4MG CAP	Cap	1221				
TEKTURN TABLETS 150MG TAB	Tab	30				
TENOFOVIR (VIREAD) 300MG TAB	Tab	150				
TERAZOSIN (HYTRIN) 1MG CAP	Cap	60				
TERAZOSIN (HYTRIN) 5MG CAP	Cap	120				
TERCONAZOLE VAG (TERAZOL) 0.4% 45GM CREAM	Tube	90				
TERCONAZOLE VAG CR (TERAZOL) 0.8% CREAM	Tube	20				
TETRACAINE 15ML 0.5% DROP	Bottle	20				
THEO-24 ER 200MG CAP	Cap	180				
THEOPHYLLINE ER (THEO-DUR) 300MG TAB	Tab	60				
THERA-M TAB	Tab	90				
THEREMS-M TAB	Tab	60				
THIAMINE (VIT B-1) 100MG TAB	Tab	540				
TIVICAY 50MG TAB	Tab	210				
TOBRAMYCI/DEX 0.3-0.1% SUSPENSION	5 ML BOTTLE	5				
TOBRAMYCIN OPTH (TOBREX) 0.3% 5 ML DROP	5 ML BOTTLE	50				
TOLNAFTATE 15GM (TINACTIN) 1% CREAM	Bottle	150				
TOLNAFTATE 45GM (TINACTIN) 1% POWDER	Bottle	5				
TOPIRAMATE (TOPAMAX) 100MG TAB	Tab	840				
TOPIRAMATE (TOPAMAX) 200MG TAB	Tab	240				
TOPIRAMATE (TOPAMAX) 25MG TAB	Tab	1050				
TOPIRAMATE (TOPAMAX) 50MG TAB	Tab	1575				
TORSEMIDE 100MG TAB	Tab	60				
TRADJENTA 5MG TAB	Tab	30				
TRAZODONE (DESYREL) 100MG TAB	Tab	90				
TRIAM/HCTZ (DYAZIDE) 37.5/25MG CAP	Cap	120				
TRIAM/HCTZ(MAXZIDE) 37.5/25MG TAB	Tab	270				
TRIAMCINOLONE 0.1% OINTMENT	15 GM Tube	4				
TRIAMCINOLONE 0.1% OINTMENT	80 GM Tube	8				
TRIAMCINOLONE (KENALOG) 0.1% 454GM CREAM	Tube	4				
TRIAMCINOLONE (KENALOG) 0.1% 454GM OINTMENT	JAR	2				

PHARMACY SERVICES FOR BUTLER COUNTY CORRECTION COMPLEX  
ATTACHMENT A  
ITB - 19-12-013

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	UNIT COST	TOTAL	ANY ADDITIONAL COSTS	DESCRIPTION OF ADDITIONAL COSTS
TRIAMCINOLONE (PLASTIC TUBE) 0.1% 80GM CREAM	80 GM Tube	4				
TRIMETHOPRIM (PRIMSOL) 100MG TAB	Tab	15				
TRINTELLIX 10MG TAB	Tab	120				
TRINTELLIX 20MG TAB	Tab	180				
TRINTELLIX 5MG TAB	Tab	30				
TRIUMEQ 600/50/300MG TAB	Tab	180				
TRUVADA 200/300MG TAB	Tab	30				
TUBERSOL 5 TU 50 TEST 5ML INJECTION	Vial	10				
TUDORZA (30 DOSES) 400MCG INHALER	Inhaler	5				
VALACYCLOVIR (VALTREX) 1000MG TAB	Tab	79				
VALACYCLOVIR (VALTREX) 500MG TAB	Tab	40				
VALPROIC ACID (DEPAKENE) 250MG CAP	Cap	1320				
VALSARTAN 320MG TAB	Tab	60				
VALSARTAN (DIOVAN) 160MG TAB	Tab	60				
VALSARTAN (DIOVAN) 40MG TAB	Tab	30				
VALSARTAN (DIOVAN) 80MG TAB	Tab	90				
VALSARTAN/HCTZ 320/25MG TAB	Tab	30				
VANCOMYCIN 125MG CAP	Cap	56				
VASCEPA 1GM CAP	Cap	120				
VENLAFAXINE CAPS ER (EFFEXOR) 150MG CAP	Cap	1980				
VENLAFAXINE CAPS ER (EFFEXOR) 75MG CAP	Cap	3570				
VENLAFAXINE ER 37.5MG ER CAP	Cap	30				
VENLAFAXINE HCL ER 225MG ER TAB	Tab	120				
VENLAFAXINE TABLET (EFFEXOR) 100MG TAB	Tab	510				
VENLAFAXINE TABLET (EFFEXOR) 37.5MG TAB	Tab	7				
VENLAFAXINE TABLET (EFFEXOR) 50MG TAB	Tab	210				
VENLAFAXINE TABLET (EFFEXOR) 75MG TAB	Tab	2952				
VENTOLIN HFA **8GM** 90MCG INHALER	Inhaler	15				
VENTOLIN HFA 18GM (USM) 90MCG INHALER	Inhaler	10				
VERAPAMIL ER (CALAN) 120MG TAB	Tab	30				
VERAPAMIL ER (CALAN) 180MG TAB	Tab	30				
VESICARE 10MG TAB	Tab	30				
VIIBRYD 40MG TAB	Tab	210				
VISINE A 15 ML DROP	Bottle	5				

PHARMACY SERVICES FOR BUTLER COUNTY CORRECTION COMPLEX  
ATTACHMENT A  
ITB - 19-12-013

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	UNIT COST	TOTAL	ANY ADDITIONAL COSTS	DESCRIPTION OF ADDITIONAL COSTS
VISINE AC 15 ML DROP	Bottle	5				
VISINE TEARS DRY EYE 15 ML DROP	Bottle	5				
VIT B COMPLEX CAP	Cap	60				
VIT B-100 COMPLEX/FA 0.4MG 100MG TAB	Tab	30				
VIT B-12 1000MCG TAB	Tab	30				
VIT B-12 100MCG TAB	Tab	30				
VIT B-12 250MCG TAB	Tab	60				
VIT B-12 500MCG TAB	Tab	60				
VIT B-6 (PYRIDOXINE) 100MG TAB	Tab	30				
VIT B-6 (PYRIDOXINE) 25MG TAB	Tab	150				
VIT B-6 (PYRIDOXINE) 50MG TAB	Tab	30				
VIT D 400IU TAB	Tab	60				
VIT D (ERGOCALCI) 50K IU CAP	Cap	96				
VIT D-3 1000 IU TAB	Tab	780				
VIT D3 2000 IU TAB	Tab	90				
VIT D3 5000 IU TAB	Tab	480				
VIT D3 5000IU CAP	Cap	180				
VITAMIN B-12 TIME RELEASE 1000MCG TAB	Tab	60				
VITAMIN D3 10000IU CAP	Cap	30				
VITAMIN D3 2000 IU CAP	Cap	210				
VRAYLAR 1.5MG CAP	Cap	30				
VRAYLAR 3MG CAP	Cap	30				
WARFARIN 4MG TAB	Tab	240				
WARFARIN (COUMADIN) 3MG TAB	Tab	210				
WARFARIN (COUMADIN) 7.5MG TAB	Tab	102				
WARFARIN SOD 1MG TAB	Tab	45				
WARFARIN SOD (COUMADIN) 2MG TAB	Tab	144				
WARFARIN SOD (COUMADIN) 5MG TAB	Tab	286				
WARFARIN SODIUM 10MG TAB	Tab	90				
WATER BACTERIOSTATIC	30 ML Vial	60				
XARELTO 15MG TAB	Tab	124				
XARELTO 20MG TAB	Tab	750				
XIFAXAN 550MG TAB	Tab	120				
XYLOCAINE 1% INJECTION	20 ML Vial	4				

PHARMACY SERVICES FOR BUTLER COUNTY CORRECTION COMPLEX  
ATTACHMENT A  
ITB - 19-12-013

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	UNIT COST	TOTAL	ANY ADDITIONAL COSTS	DESCRIPTION OF ADDITIONAL COSTS
ZENPEP 40 40,000UNITS CAP	Cap	360				
ZIPRASIDONE (GEODON) 20MG CAP	Cap	300				
ZIPRASIDONE (GEODON) 40MG CAP	Cap	180				
ZIPRASIDONE (GEODON) 60MG CAP	Cap	180				
ZIPRASIDONE (GEODON) 80MG CAP	Cap	420				
ZONISAMIDE (ZONEGRAN) 100MG CAP	Cap	840				

# VENDOR INFORMATION

## CONTRACT NO. 19-12-013

BUTLER COUNTY SHERIFF'S OFFICE  
PHARMACY SERVICES FOR BUTLER  
COUNTY CORRECTION COMPLEX

Deadline for Bid Submission: 10:30 a.m., Tuesday, December 3, 2019

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

I.R.S. EMPLOYER IDENTIFICATION NO.: \_\_\_\_\_

WORKERS' COMPENSATION NO.: \_\_\_\_\_

YEAR COMPANY FOUNDED: \_\_\_\_\_ NUMBER OF EMPLOYEES: \_\_\_\_\_

CONTACT PERSON FOR BID: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ CONTACT FAX: \_\_\_\_\_

CERTIFICATION: This bid has been completed in accordance with the Specifications for Contract No. 19-12-013. I hereby certify that, to the best of my knowledge, the information contained herein, is accurate, complete, and current as of this date. I also certify that I have the authority to submit this proposal and to negotiate, sign, modify, and terminate contracts on behalf of the above named organization.

SIGNATURE: \_\_\_\_\_

TYPED/PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

# BID FORM

**CONTRACT NO. 19-12-013  
BUTLER COUNTY SHERIFF'S OFFICE  
PHARMACY SERVICES FOR BUTLER COUNTY  
CORRECTION COMPLEX**

Company Name: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Company Website: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Authorized Signature

Date: \_\_\_\_\_

**Butler County Ohio**  
**Substitute Form W9 / Ohio Reporting Form**  
**Request for Taxpayer Identification Number and Certification**

In order to maintain Butler County's supplier records in compliance with the Internal Revenue Service regulation 1.0641-1 and Ohio Revised Code section 3121.89-3121.8911, please **complete** and return by fax with fax cover sheet to **513-887-3129**; or by mail to:  
**Auditor of Butler County**  
**130 High Street, Fiscal Services Dept.**  
**Hamilton, OH 45011**

To **properly complete** the form, the following information must be provided:

- Part I, line 1, enter the business owner's name (if applicable), part 1, line 2, business name (if applicable), federal tax classification, and address.
- Part II, you must provide either a Taxpayer Identification Number (TIN) or Social Security Number (SSN)
- Part III, **you must check "Yes" or "No"** to the question about providing goods or services as the sole owner of your business. If you check the "Yes" box to indicate that you are the sole owner, you must provide your name, the first date of providing goods or services for Butler County, **birth date**, and **description** of the type of good or service you will provide the county.
- Part IV, You must answer this question if Part III is answered "Yes". Answer "Yes" only if you are receiving retirement or disability payments from Ohio Public Employees Retirement System (OPERS).
- Part V, **sign** the form and **enter today's date**.

For definitions of Part I and II of this form, please refer to IRS Form W-9.

**Part I Business Ownership and Address Information**

Name (as shown on your income tax return). **DO NOT LEAVE BLANK.** If you are an individual or file under your name put your name here.

Business name/disregarded entity name, if different from above.

Check appropriate box for federal tax classification: (check only one box) If Individual PART III below is ALWAYS "YES"

- Individual/Sole Proprietor (or single-member LLC)   
  C Corporation   
  S Corporation   
  Partnership   
  Trust/Estate  
 Limited Liability Company – Tax classification (C = C Corp, S = S Corp, P = Partnership) \_\_\_\_\_  
 Other \_\_\_\_\_   
  Exempt from backup withholding

NOTE: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

Address Line 1 (number, street, and apt. or suite no.)

Requestor's name and address

Address Line 2

**Auditor of Butler County**  
**130 High Street, Fiscal Services Dept.**  
**Hamilton, OH 45011**

City, state, and ZIP code

**Part II Taxpayer Identification Number (TIN) and Social Security Number (SSN)**

For suppliers that have a TIN, this must be entered.

For individuals, sole proprietors, and corporations owned by an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name. You may enter your business or DBA name on the Business name line.

Taxpayer Identification Number (TIN):

		-									
--	--	---	--	--	--	--	--	--	--	--	--

and / or

Social Security Number (SSN):

			-			-					
--	--	--	---	--	--	---	--	--	--	--	--

**Part III Additional information Required by the State of Ohio for Independent Contractors**

Will you receive payments from Butler County as either an individual, sole owner of a business, or single-member LLC?

- Yes  
 No

If "Yes" is checked, you **MUST** complete the information below for name, date good or service provided, birth date, and description of the nature of your financial transactions with the county.

Printed first name, middle initial, and last name

Date good or service provided (MM / DD / YY)  
/ /

Birth date (MM / DD / YY)  
/ /

Describe the Nature of the transactions you will be engaged in with Butler County

**Part IV Additional information Required by the State of Ohio for Public Employees**

Are you currently receiving retirement or disability benefits from Ohio Public Employees Retirement System (OPERS)?

- Yes  
 No

If you are an individual, the sole owner of your business, a single-member LLC, or a disregarded entity and have answered Part III "Yes", You must answer this question "Yes" or "No". If you answer "Yes" Please fill out the SR-6 Form (Notice of Re-Employment of an OPERS Benefit Recipient)

**Part V Certification**

**Under penalties of perjury, I certify that:**

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
- I am not subject to backup withholding because, (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a US person (including a US resident alien).

**Certification Instructions:** You must cross out exempt from backup withholding above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

Signature of  
U.S. person \_\_\_\_\_

Date \_\_\_\_\_



# INDEPENDENT CONTRACTOR ACKNOWLEDGMENT

Ohio Public Employees Retirement System  
277 East Town Street, Columbus, Ohio 43215-4642

Employer Outreach: 1-888-400-0965  
www.opers.org

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee and will not have contributions made to OPERS. This form must be completed not later than 30 days after you begin providing personal services to the public employer.

## STEP 1: Personal Information

Social Security Number

First Name

MI

Last Name

## STEP 2: Public Employment Information

Name of Public Employer

B E U T L E R C O U N T Y O H I O

Employer Contact

First Name

MI

Last Name

J I L L

M

C O L E

Employer Code

Employer Contact Phone Number

2 0 2 5 - 0 8

5 1 3 8 8 7 3 1 5 5

Service Provided to Public Employer

Start Date of Service

Month

Day

Year

/ /

End Date of Service

Month

Day

Year

/ /



**STEP 3: Acknowledgment**

The public employer identified in Step 2 has identified you as an independent contractor or another classification other than a public employee. Ohio law requires that you acknowledge in writing that you have been informed that the public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee for the services described in Step 2 and that you have been advised that contributions to OPERS will not be made on your behalf for these services.

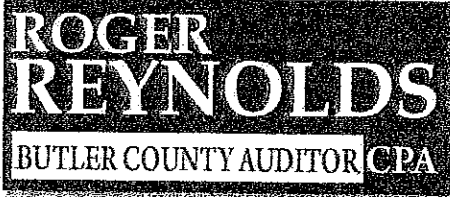
If you disagree with the public employer's classification, you may contact OPERS to request a determination as to whether you are a public employee eligible for OPERS contributions for these services. Ohio law provides that a request for a determination must be made within five years after you begin providing personal services to the public employer, unless you are able to demonstrate through medical records to the Board's satisfaction that at the time the five-year period ended, you were physically or mentally incapacitated and unable to request a determination.

By signing this form, you are acknowledging that the public employer for whom you are providing personal services has informed you that you have been classified as an independent contractor or another classification other than a public employee and that no contributions will be remitted to OPERS for the personal services you provide to the public employer. This acknowledgment will remain valid as long as you continue to provide the same services to the same employer with no break in service regardless of whether the initial contract period is extended by any additional agreement of the parties. You also acknowledge that you understand you have the right to request a determination of your eligibility for OPERS membership if you disagree with the public employer's classification.

**This form must be retained by the public employer and a copy sent to OPERS. The public employer's failure to retain this acknowledgment may extend your right to request a determination beyond the five years referenced above.**

Signature \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Do not print or type name

**PLEASE RETURN THIS FORM TO THE BUTLER COUNTY  
AUDITOR'S OFFICE AT 130 HIGH STREET, 4<sup>TH</sup> FLOOR  
HAMILTON, OHIO 45011**



Office Phone: 513-887-3154

Office Fax: 513-887-3149

130 High Street

Hamilton, Ohio 45011



For your convenience, the Butler County Auditor's Office offers the opportunity to receive future payments electronically, rather than by check. Payments can be deposited into a checking or savings account of your choice. In addition, you will be notified of the deposit by e-mail. The e-mail will provide you with all the information that would normally print on the check stub. To receive payments electronically, you must complete this form and return to the address above with a voided check or bank letter containing routing/account information.

<b>Action:</b> <input type="checkbox"/> <b>ADD</b> <input type="checkbox"/> <b>CHANGE/UPDATE</b> <input type="checkbox"/> <b>INACTIVATE</b>			
<b>Payee Name:</b>		<b>Phone No:</b>	
<b>Taxpayer ID:</b>	-	<b>Butler County Employee:</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>SSN:</b>	-                      -		
<b>Address:</b>			
<b>Required E-mail Address:</b>			
<b>Bank Name:</b>			
<b>Bank Routing Number:</b>	<input type="checkbox"/> <b>Savings Acct No:</b>		
	<input type="checkbox"/> <b>Checking Account No:</b>		

**ATTACH VOIDED CHECK OR A BANK LETTER CONTAINING ACCOUNT AND ROUTING INFORMATION**

**Authorization:** This authorizes the Butler County Auditor's Office to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account indicated above and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. I understand and accept the conditions of participation in the direct deposit program.

This authorization will be in effect until the Butler County Auditor's Office receives a written termination notice from myself and has a reasonable opportunity to act on it.

<b>Print Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>

## CIVIL RIGHTS COMPLIANCE

Vendor agrees that in the performance of this agreement there shall be no discrimination against an employee because of race, color, sex, religion, national origin, or any other factor as specified in the Civil Rights Act of 1964 and subsequent amendments.

\_\_\_\_\_  
Signature of Representative of Vendor

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Date

Attachment A



**NON-COLLUSION AFFIDAVIT**

STATE OF OHIO )

)ss.

COUNTY OF )

I, \_\_\_\_\_,  
(name of party signing affidavit) (title)

being duly sworn, do depose and say:

That \_\_\_\_\_  
(Name of Individual or Company)

its agent, officers or employees have not directly or indirectly entered into any agreement,  
participated in any collusion, or otherwise taken any action in restraint of free competitive  
bidding  
in connection with this proposal.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(NOTARY PUBLIC)

SEAL

\_\_\_\_\_  
Ohio

My commission expires  
\_\_\_\_\_