

INVITATION TO BID

State of Ohio
Department of Administrative Services
General Services Division
Office of Procurement Services

The Original Signed Bid must be submitted to the Office of Procurement Services to receive consideration for award.		BIDDER NAME	
BID NUMBER <u>OT901611</u>	OPENING DATE (1:00 p.m.) <u>* AUGUST 20, 2010</u>	STREET ADDRESS <input type="checkbox"/> Check if remit address is different and list on separate sheet	
General Services Division Office of Procurement Services 4200 Surface Road Columbus, OH 43228-1395 Attn: Bid Desk		CITY STATE ZIP	
		COUNTY	MBE/EDGE CERTIFICATE NUMBER
		TELEPHONE NO. ()	TOLL FREE NO. 1 - ()
		CONTACT PERSON	FAX NO. ()
REQ./INDEX NO. LDC101V	BID NOTICE DATE JUNE 28, 2010	CONTRACTOR'S E-MAIL ADDRESS	
SELECT YOUR PREFERRED METHOD OF RECEIVING PURCHASE ORDERS AND ENTER THE E-MAIL OR FAX NUMBER INFORMATION (ONLY SELECT ONE METHOD)			
<input type="checkbox"/> E-Mail <input type="checkbox"/> Fax			
In addition to the standard terms for payment, the payment terms for state agency(ies) will be 2%, 10 Days, Net 30 Days unless otherwise stated in the following space. If no discount is offered, bidder should circle "Net 30 Days". ____%, ____Days, Net 30 Days			
PARTICIPATING AGENCY(IES): The Department of Mental Health, Office of Support Services, Pharmacy Service Center, 2150 W. Broad Street, Columbus, OH 43223, the Department of Health, 900 Freeway Drive North, Bldg. 8, Columbus, OH 43229, and any State University.			
ADDENDUM FOR CHANGE ADDENDUM NO.: 2 REVISION DATE: 08/10/10			
THE DEPARTMENT OF ADMINISTRATIVE SERVICES, OFFICE OF PROCUREMENT SERVICES IS SOLICITING BIDS FOR: PHARMACEUTICAL CONTRACT 2010-2011 (Section 4)			
Attached are pages 1, D-63, D-67, D-73, and D-85 to this Invitation to Bid. Remove the corresponding pages from the existing bid and replace with the attached.			
As indicated herein, this addendum is issued to advise line items have been removed and estimated yearly usage has changed.			
* In addition, the opening date has been extended from 08/11/10 to 08/20/10, and the inquiry period has changed from five (5) to three (3) working days prior to the bid opening date.			

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<input type="checkbox"/> E-Mail <input type="checkbox"/> Fax			
In addition to the standard terms for payment, the payment terms for state agency(ies) will be 2%, 10 Days, Net 30 Days unless otherwise stated in the following space. If no discount is offered, bidder should circle "Net 30 Days". _____%, _____ Days, Net 30 Days			
<u>PARTICIPATING AGENCY(IES): AS INDICATED HEREIN, SEE PAGE 11, TRANSPORTATION PARAGRAPH</u>			
<u>THE DEPARTMENT OF ADMINISTRATIVE SERVICES, OFFICE OF PROCUREMENT SERVICES, IS SOLICITING BIDS FOR:</u>			
PHARMACEUTICAL CONTRACT 2010-2011 (Section 4)			
TERM OF CONTRACT: This Invitation to Bid is to establish a requirements contract to procure the described supplies or services on behalf of the above participating agency(ies). The agency(ies) may place orders against the Contract beginning <u>October 1, 2010</u> or upon the date when DAS signs the Contract, whichever is later in time. The Contract will expire <u>March 31, 2011</u> unless DAS terminates the Contract based upon reasons set forth in Article I-C of the Standard Contract Terms and Conditions. No agencies may place purchase orders against the Contract beyond the expiration date unless DAS renews the Contract by amendment or letter. The Contractor may begin performance under the Contract only upon receipt of a valid order from a participating state agency.			
INSTRUCTIONS TO BIDDERS AND CONTRACT TERMS AND CONDITIONS, Revised 10-01-07, are a part of this Invitation to Bid. Copies may be downloaded by clicking on this link: Instructions: Terms and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions . All prior versions of Instructions to Bidders, Contract Terms and Conditions are null and void.			
By submitting this Invitation to Bid, the Contractor certifies that Contractor has truthfully disclosed the location(s) where all services are to be performed; the location(s) where all applicable State contract data is to be maintained or made available; and the principal location of business for the Contractor and all subcontractors. The Contractor further certifies and acknowledges that Contractor will not change the country of the location(s) where services are performed and will not change the country of the location(s) where data is maintained or made available without prior written consent of the State.			
Any questions or clarifications regarding this Invitation to Bid should be directed to the Office of Procurement Services through the Internet at www.procure.ohio.gov/ . All questions should be submitted a minimum of three (3) working days prior to the bid opening date.			
PRINTED/TYPED SIGNATURE	AUTHORIZED SIGNATURE (ORIGINAL SIGNATURE ONLY) (Please sign in blue ink)		DATE

The ORIGINAL signed Bid must be submitted to the Office of Procurement Services by 1:00 o'clock p.m., on the above listed opening date to receive consideration for award. It is requested that the Bidder NOT sign their bid in BLACK ink. BIDDER CERTIFIES, by signature affixed to its bid, that the information provided by it in its bid including the certified statements, is accurate and complete. Bidder declares to have read and understood and agrees to be bound by all of the instructions, terms, conditions and specifications of this Invitation to Bid and agrees to fulfill the requirements of any awarded contract at the prices bid.

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
10265 4 210-84-2555 A	Eucerin Cream, Jar	X	* Unkn	4 oz 1	EA					
1707 4 210-84-2575	Trypsin, Balsam Peru, Castor Oil Aerosol Spray. (Granulex)	X	69	4 oz 1	CAN					
(TBD) 4 210-84-2579	Hydrocolloids Gel (Duoderm Hydroactive Gel)		Unkn	30gm 1	EA					
2512 4 210-84-2585	(No Substitution) Keri-Lotion w/Dispenser 8-1/2 oz.	X	1,589	8.5 oz 1	BTL					
	(This Space intentionally left blank)									
7989 4 210-84-2591	Ammonium Lactate 12% Lotion, LAC Hydrin RX Only		268	225 gm 1	BTL					
6701 4 210-84-2592	Ammonium Lactate 12% Cream (Lachydrin) Tube		160	140 gm 1	TB					
1705 4 210-84-2607	Corn Starch Baby Powder	X	46	15 oz 1	CAN					

* To advise of change in estimated yearly usage quantity.

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ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
	* (This Space intentionally left blank)									
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35 4 210-84-3650	Epsom Salts	X	107	4 Lb 1	BOX					
6779 4 210-84-3659	Pimecrolimus Cream 1% (Elidel), Tube+C5485		186	30 gm 1	TB					
2436 4 210-84-3660	Diethyltoluamide (Off) 15% Aerosol	X	79	6 oz 1	CAN					
269-84-95-740-2 4 210-84-3665	Preparation H Suppositories Cocoa Butter 85.5%, Shark Liver Oil 3%, Phenylephrine 0.25%	X	344	12	BOX					
	(This Space intentionally left blank)									
12829 4 210-84-3715	Tacrolimus 0.1% Ointment (Protopic), Tube		21	(Tube) 60gm 1	TB					

* To advise line item has been removed.

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1989 4 210-88-2900 C	Vit B Complex & C W/B-12 & FA-(Nephrocaps)	X	195	100	BTL					
269-88-36-780-6 4 210-88-3055	Vitamins, Prenatal, Materna Tablets	X	423	100	BTL					
7065 4 210-88-3065 N	Vitamins, Prenatal, Chewable Tablets (NataChew)	X	22	90	BTL					
	* (This Space intentionally left blank)									
(TBD) 4 210-88-3148D	Theragran M Tablets Advanced Formula		Unkn	500	BTL					
1866 4 210-88-3148U	Theragran M Tablets - Advanced Formula	X	510	UD 100	PKG					
7067 4 210-88-3164 C	Vitamin Multiple-Daily w/ A-5000 IU; C-60mg; D-400 IU; E-30 IU; B1-1.5mg; B2-1.7mg; Niacin 20mg; B6-2mg; FA-400mcg; B12-6mcg; Pantothenic-10mg	X	950	100	BTL					

* To advise line item has been removed.

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6514 4 210-92-9700	Zolmitriptan Tablets 2.5mg (Zomig)		113	6	PKG					
	* (This Space intentionally left blank)									
1141 4 210-92-9702	Zolmitriptan Oral Disintegrating Tablet 2.5mg (Zomig ZMT)		8	6	BTL					
5764 4 210-92-9703	Zolmitriptan Oral Disintegrating Tablet 5mg (Zomig ZMT)		10	3	BTL					
12837 4 210-92-9704	Zolmitriptan Nasal Spray 5mg (Zomig)		20	sprays 6	BTL					

* To advise line item has been removed.