

COUNTY OF ROCKLAND
Department of General Services
Purchasing Division

Contract Award Notification

Title: **Pharmacy Services-Correctional Jail Washington County**

Contract Period: January 1, 2021 through December 31 2023

Original Date of Issue: April 9, 2021

Date of Revision:

BID No: **RFP-2020-30**

Catalog: **Health and Hospitals**

Authorized Users: Jail

Address Inquiries To:

Name: Richard Ryan
Title: Purchaser II
Phone: 845-364-3817
Fax: 845-364-3809
E-mail: ryanri@co.rockland.ny.us

Description

This is a piggyback contract through Washington County for Pharmacy Services for the
Correctional Center

Contract #	Vendor Number	Contractor & Address	Telephone No.
RFB-2020-30	0000026087	MAO Pharmacy Inc d/b/a Westwood Pharmacy 5823 Patterson Avenue Richmond, VA 23226 Contact: Hunter Hoggatt Hunter.hoggatt@westwoodpharmacy.com	804-519-3383 FAX: 804-288-1508

County of Rockland CONTRACT

Dept. of General Services

Purchasing Division
50 Sanatorium Rd
Bldg A, 6th Fl, Room 609
POMONA NY 10970
www.rcpurchasing.com

Dispatch via Print

Contract ID RFP-2020-30		Page 1 of 1
Contract Dates 01/01/2021 to 12/31/2023		Currency USD
Pharmacy Services-Correctional		Contract Maximum 99,000.00
Freight Terms	Buyer Email ryanri@co.rockland.ny.us	
Buyer Ryan, Richard	Phone 845/364-3817	Fax 845/364-3809

Supplier 0000026087
MAO PHARMACY INC DBA WESTWOOD PHARMACY
Hunter Hoggatt
5823 PATTERSON AVENUE
Suite A
RICHMOND VA 23226

Phone 804/288-1933

hunter.hoggatt@westwoodpharmacy.com

Tax Exempt? Tax Exempt ID:

Line #	Supplier Item	Item Desc	Item ID	Price	UOM
1		Prescriptions for Inmates	94872000001	1.00000	Dollar

TERMS AND CONDITIONS OF WASHINGTON COUNTY'S RFP-2020-30 INCORPORATED HEREIN BY REFERENCE.

Authorized Signature



AGREEMENT FOR PHARMACY SERVICES

This Agreement for pharmacy services ("Agreement") made effective the 1st day of January, 2021, by and between MAO Pharmacy, Inc., a Virginia corporation trading as "Westwood Pharmacy", hereinafter referred to as "WESTWOOD", and Washington County Jail, hereinafter referred to as "COUNTY", as follows:

WITNESSETH:

WHEREAS, WESTWOOD is in the business of providing comprehensive pharmacy services to correctional facilities; and,

WHEREAS, COUNTY desires to enter into an Agreement with WESTWOOD pursuant to COUNTY's RFP Proposal #2020-30: Pharmacy Services for Washington County Jail ("RFP") and WESTWOOD's proposal thereto ("Proposal").

NOW THEREFORE, in consideration of the mutual covenants, promises and agreements contained herein, COUNTY and WESTWOOD do mutually agree as follows:

- 1) Agreement. COUNTY and WESTWOOD agree that all terms, conditions and representations of the RFP and Proposal are hereby incorporated herein by this reference, and in the event there is a conflict of language between the RFP and the Proposal, the RFP shall govern.
- 2) Services. WESTWOOD agrees to provide to COUNTY comprehensive pharmacy services ("Services") pursuant to the terms and conditions of this Agreement.
- 3) Payment. In consideration of the Services, COUNTY agrees to pay WESTWOOD for all items of work performed and/or materials furnished within thirty (30) days from its receipt of an invoice. WESTWOOD will invoice COUNTY as outlined in its Proposal's Bidder Response Sheet, which is attached hereto and incorporated herein as Exhibit A. WESTWOOD will not sell medication below cost.
- 4) Term. The term of this Agreement shall commence on January 1, 2021, and shall remain in full force and effect until December 31, 2023.
- 5) Relationship of Parties. It is agreed that nothing contained in this Agreement is intended or should be construed as constituting a relationship of partnership, joint venture, or an association between WESTWOOD and COUNTY. WESTWOOD is an independent contractor and neither it, its employees, subcontractors, nor representatives shall be considered employees, agents, or representatives of COUNTY.
- 6) Assignment. Neither WESTWOOD nor COUNTY shall assign or transfer any interest in or rights to this Agreement without the prior written consent of the other.

- 7) Cooperative Procurement. It is the intent of this Agreement to allow for cooperative procurement. Accordingly, any public body, public or private health or educational institutions or lead issuing institution's affiliated entities may access this Agreement if authorized by COUNTY. WESTWOOD agrees that it will contract with any body in the State of New York who so desires to permit those public agencies or bodies to purchase such services at contract prices, in accordance with the terms and conditions of this Agreement. WESTWOOD will deal directly with each public agency, or public body seeking to obtain any goods and/or services pursuant to this Agreement
- 8) Counterparts. This Agreement may be executed by the parties hereto in multiple original counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same.
- 9) Governing Law. This Agreement shall be governed by the Laws of the State of New York.
- 10) Notices. Any notices required or permitted to be given under this Agreement shall be furnished in writing and sent first class mail or registered mail to:

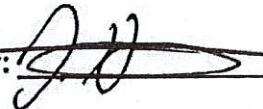
WESTWOOD: Westwood Pharmacy
Attn: Hunter Hoggatt, Vice President
5823 Patterson Avenue
Richmond, VA 23226

COUNTY: Washington County Jail
Attn: Sheriff Jeff Murphy
399 Broadway
Fort Edward, NY 12828

IN WITNESS WHEREOF, WESTWOOD and COUNTY have caused this Agreement to be executed by each of their duly authorized officers:

MAO Pharmacy, Inc.,
t/a Westwood Pharmacy

Washington County Jail

By: 

Printed Name & Title: VP of Corrections

By: 

Printed Name & Title: Sheriff J Murphy
Sheriff

BIDDER RESPONSE SHEET

1. Sample of prescription service invoice to include items itemized under **General Conditions Section 5 – Item 1** Please see Section III for samples.
2. Sample statements for prescription service. Please see Section III for samples.
3. Normal hours of operation Washington Co Jail will have 24/7/365 access to pharmacy consultation services.
4. In the event of an emergency prescription being needed during off hours, how would this be handled? From where to us and how long? Westwood Pharmacy will continue to partner with a local, back-up pharmacy for emergencies to be delivered within a mutually-agreed upon time frame.
5. List fees for :
 - a. Returned pharmaceutical /Restocking Fee No Fee
 - b. Emergency Service Fee No Fee
6. Maximum Cost of Prescriptions: *** If the formula falls below cost, Washington County Jail will be billed at Westwood Pharmacy's invoice cost. In some cases, based on utilization, Westwood Pharmacy can provide more aggressive pricing.*
 - a. **Brand Name Prescriptions:**
 - i. Discount from Medi-Span average wholesale price less -24 %+Dispensing Fee No Fee
 - b. **Generic Prescriptions:**
 - i. Discount from Medi-Span average wholesale price less -94 %+Dispensing Fee No Fee
 - c. **Pricing on the prior year prescribed drugs on attached sheet.** Please see attached.
7. List other facilities you have services since 2014 (attach separate sheet)
Westwood Pharmacy included a detailed client list under separate, confidential cover.

Company Name: MAO Pharmacy, Inc., DBA Westwood Pharmacy

Address: 5823 Patterson Avenue

City/State/Zip Code Richmond, VA 23226

Phone/Email: 804-519-3383 // hunter.hoggatt@westwoodpharmacy.com

Federal Identification Number: 54-1857437

Signature of Authorized Representative:



Contact Name/Title: Hunter Hoggatt, Vice President of Corrections

Date: 11/19/2020

Please include in your response your ability to directly bill other counties for their boarded-out inmates being hosted by Washington County. Also, your ability to change inmates home county given notice of sates of change.

YOU MUST RETURN THIS SHEET WITH YOUR PROPOSAL

2020-30 Pharmacy Services for Washington County Jail
SECTION III- PRIOR YEARS PRICING/ MEDICAL 30 DAY/BEHAVIORAL 90 DAY

Drug Name	Total Number of Fills	Quantity Dispensed	Westwood			Diamond			Omnicare		
			Cost per Pill	Cost per 30 day prescription	Total Cost based on Quantity Dispensed	Cost per Pill	Cost per 30 day prescription	Total Cost based on Quantity Dispensed	Cost per Pill	Cost per 30 day prescription	Total Cost based on Quantity Dispensed
ACETAMINOPHEN 325MG TAB	11	1020	\$ 0.01	\$ 0.19	\$ 6.50	\$ 0.01	\$ 2.66	\$ 5.41	\$ 0.01	\$ 0.26	\$ 8.68
ALBUTEROL SUL HFA 90 MCG INHO	91	1674	\$ 2.00	\$ 35.99	\$ 3,347.00	\$ 33.46	\$ 35.96	\$ 3,111.80	\$ 16.01	\$ 16.01	\$ 1,480.92
AMOXICILLIN 500MG CAP	48	1351	\$ 0.06	\$ 1.92	\$ 86.33	\$ 0.07	\$ 4.48	\$ 89.17	\$ 4.06	\$ 6.19	\$ 290.61
BACLOFEN 10MG TAB	9	633	\$ 0.10	\$ 3.08	\$ 65.01	\$ 0.08	\$ 4.80	\$ 48.55	\$ 4.43	\$ 17.05	\$ 311.58
BUPROPION HCL 100MG TAB	16	967	\$ 0.06	\$ 1.83	\$ 59.08	\$ 0.12	\$ 6.07	\$ 114.98	\$ 4.19	\$ 10.11	\$ 261.17
BUPROPION HCL 75MG TAB	23	1967	\$ 0.17	\$ 5.10	\$ 334.59	\$ 0.10	\$ 5.62	\$ 204.57	\$ 4.14	\$ 8.58	\$ 392.53
BUPROPION HCL ER (XL) 300MG TAB	25	750	\$ 0.25	\$ 7.61	\$ 190.28	\$ 0.25	\$ 7.56	\$ 188.88	\$ 5.10	\$ 37.24	\$ 930.95
BUPROPION XL 150MG TAB	23	732	\$ 0.21	\$ 6.21	\$ 151.45	\$ 0.21	\$ 6.26	\$ 152.84	\$ 4.91	\$ 31.56	\$ 764.38
BUSPIRONE 5MG TAB	9	832.5	\$ 0.03	\$ 0.76	\$ 20.98	\$ 0.01	\$ 2.94	\$ 12.07	\$ 4.14	\$ 8.44	\$ 159.50
BUSPIRONE HCL 10MG TAB	22	1574	\$ 0.04	\$ 1.06	\$ 55.72	\$ 0.02	\$ 3.19	\$ 36.04	\$ 4.25	\$ 11.76	\$ 495.31
BUSPIRONE HCL 30MG TAB	19	950	\$ 0.20	\$ 6.11	\$ 193.52	\$ 0.18	\$ 5.45	\$ 172.58	\$ 4.69	\$ 24.98	\$ 740.56
CITALOPRAM HYDROBROMIDE 20MG TAB	24	697	\$ 0.03	\$ 0.88	\$ 20.35	\$ 0.13	\$ 3.84	\$ 89.31	\$ 4.47	\$ 18.33	\$ 428.97
CLINDAMYCIN HCL 300MG CAP	20	651	\$ 0.39	\$ 11.82	\$ 256.56	\$ 0.37	\$ 13.64	\$ 241.78	\$ 4.71	\$ 25.46	\$ 545.62
CLONIDINE HCL 0.1MG TAB	55	2844	\$ 0.02	\$ 0.64	\$ 60.58	\$ 0.02	\$ 29.98	\$ 45.79	\$ 4.04	\$ 5.46	\$ 358.41
CYCLOBENZAPRINE HCL 10MG TAB	36	1693	\$ 0.03	\$ 1.00	\$ 56.38	\$ 0.05	\$ 1.64	\$ 92.40	\$ 4.20	\$ 10.29	\$ 499.36
DIVALPROEX SODIUM ER 500MG ER TAB	26	1500	\$ 0.24	\$ 7.33	\$ 366.74	\$ 0.20	\$ 6.11	\$ 305.62	\$ 4.77	\$ 27.52	\$ 1,280.37
DOK 100MG CAP	41	2240	\$ 0.00	\$ 0.04	\$ 2.91	\$ 0.02	\$ 2.96	\$ 34.27	\$ 0.04	\$ 1.15	\$ 85.77
ESCITALOPRAM OXALATE 10MG TAB	25	1110	\$ 0.04	\$ 1.34	\$ 49.40	\$ 0.22	\$ 6.50	\$ 240.32	\$ 4.90	\$ 31.22	\$ 1,107.27
ESCITALOPRAM OXALATE 20MG TAB	23	680	\$ 0.06	\$ 1.79	\$ 40.60	\$ 0.23	\$ 6.78	\$ 153.68	\$ 4.94	\$ 32.40	\$ 735.84
FAMOTIDINE 20MG TAB	17	780	\$ 0.05	\$ 1.50	\$ 39.00	\$ 0.12	\$ 3.63	\$ 94.46	\$ 4.46	\$ 17.98	\$ 431.49
FLUOXETINE HCL 20MG CAP	21	698	\$ 0.04	\$ 1.14	\$ 26.45	\$ 0.13	\$ 3.92	\$ 91.25	\$ 4.50	\$ 19.40	\$ 442.29
GABAPENTIN 300MG CAP	71	8001	\$ 0.06	\$ 1.90	\$ 507.26	\$ 0.07	\$ 2.00	\$ 532.35	\$ 4.25	\$ 11.68	\$ 2,334.83

2020-30 Pharmacy Services for Washington County Jail
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			Cost per Pill	Cost per 30 day prescription	Total Cost based on Quantity Dispensed	Cost per Pill	Cost per 30 day prescription	Total Cost based on Quantity Dispensed	Cost per Pill	Cost per 30 day prescription	Total Cost based on Quantity Dispensed
GABAPENTIN 400MG CAP	13	1101	\$ 0.05	\$ 1.46	\$ 53.40	\$ 0.08	\$ 2.41	\$ 88.44	\$ 4.30	\$ 13.21	\$ 390.36
GABAPENTIN 600MG TAB	42	2869	\$ 0.10	\$ 2.97	\$ 284.32	\$ 0.13	\$ 3.79	\$ 362.38	\$ 4.48	\$ 18.59	\$ 1,564.30
GABAPENTIN 800MG TAB	40	3282	\$ 0.13	\$ 3.89	\$ 425.68	\$ 0.15	\$ 4.55	\$ 497.39	\$ 4.57	\$ 21.51	\$ 2,076.69
HYDROXYZINE PAMOATE 25MG CAP	20	1276	\$ 0.07	\$ 2.23	\$ 94.93	\$ 0.04	\$ 3.82	\$ 56.02	\$ 4.01	\$ 4.52	\$ 102.40
HYDROXYZINE PAMOATE 50MG CAP	178	9898	\$ 0.08	\$ 2.32	\$ 766.11	\$ 0.06	\$ 4.24	\$ 575.07	\$ 4.01	\$ 4.72	\$ 949.91
IBUPROFEN 600MG TAB	91	5292	\$ 0.04	\$ 1.08	\$ 189.98	\$ 0.04	\$ 3.63	\$ 199.51	\$ 4.09	\$ 7.04	\$ 900.46
IBUPROFEN 800MG TAB	24	1224	\$ 0.04	\$ 1.32	\$ 53.73	\$ 0.04	\$ 3.75	\$ 50.80	\$ 4.12	\$ 7.95	\$ 257.16
LAMOTRIGINE 25MG TAB	12	910	\$ 0.04	\$ 1.13	\$ 34.22	\$ 0.10	\$ 2.96	\$ 89.91	\$ 4.87	\$ 30.25	\$ 844.42
LEVETIRACETAM 500MG TAB	12	1200	\$ 0.10	\$ 2.90	\$ 115.92	\$ 0.11	\$ 3.16	\$ 126.51	\$ 4.67	\$ 24.28	\$ 859.67
USINOPRIL 20MG TAB	25	710	\$ 0.03	\$ 0.77	\$ 18.18	\$ 0.05	\$ 1.58	\$ 37.40	\$ 4.19	\$ 10.07	\$ 243.72
LORATADINE 10MG TAB	136	3972	\$ 0.05	\$ 1.49	\$ 197.01	\$ 0.04	\$ 3.61	\$ 146.96	\$ 0.21	\$ 6.31	\$ 836.07
MELOXICAM 7.5MG TAB	47	2698	\$ 0.02	\$ 0.56	\$ 49.91	\$ 0.10	\$ 2.85	\$ 256.47	\$ 4.60	\$ 22.29	\$ 1,833.09
METFORMIN HCL 500MG TAB	14	920	\$ 0.02	\$ 0.47	\$ 14.54	\$ 0.04	\$ 1.06	\$ 32.38	\$ 4.12	\$ 7.96	\$ 177.70
METOPROLOL SUCCINATE ER 25MG TAB	13	605	\$ 0.14	\$ 4.20	\$ 84.70	\$ 0.08	\$ 4.88	\$ 47.68	\$ 4.19	\$ 10.08	\$ 174.60
MIRTAZAPINE 15MG TAB	34	894	\$ 0.06	\$ 1.92	\$ 57.13	\$ 0.14	\$ 4.05	\$ 120.69	\$ 4.51	\$ 19.58	\$ 600.32
NAPROXEN 375MG TAB	33	1542	\$ 0.10	\$ 2.94	\$ 150.96	\$ 0.05	\$ 4.02	\$ 78.33	\$ 4.19	\$ 10.13	\$ 447.35
NAPROXEN 500MG TAB	28	1402	\$ 0.07	\$ 2.15	\$ 100.31	\$ 0.06	\$ 1.79	\$ 83.59	\$ 4.21	\$ 10.61	\$ 421.22
OMEPRAZOLE 20MG CAP	82	2559	\$ 0.03	\$ 0.94	\$ 80.35	\$ 0.10	\$ 3.04	\$ 258.98	\$ 4.85	\$ 29.68	\$ 2,518.61
OMEPRAZOLE 40MG CAP	47	1410	\$ 0.04	\$ 1.32	\$ 62.18	\$ 0.20	\$ 6.02	\$ 283.00	\$ 5.41	\$ 46.70	\$ 2,194.81
PRazosin 1MG CAP	48	2060	\$ 0.25	\$ 7.45	\$ 511.50	\$ 0.25	\$ 9.91	\$ 508.82	\$ 4.16	\$ 9.16	\$ 546.59
PRazosin 2MG CAP	28	960	\$ 0.15	\$ 4.50	\$ 144.00	\$ 0.27	\$ 10.53	\$ 257.09	\$ 4.24	\$ 11.63	\$ 356.10
RANITIDINE 150MG TAB	44	2221	\$ 0.94	\$ 2.81	\$ 207.89	MFG DC	MFG DC	MFG DC	\$ 4.29	\$ 13.00	\$ 842.53

2020-30 Pharmacy Services for Washington County Jail
SECTION III- PRIOR YEARS PRICING/ MEDICAL 30 DAY/BEHAVIORAL 90 DAY

Drug Name	Total Number of Fills	Quantity Dispensed	Westwood			Diamond			Omnicare		
			Cost per Pill	Cost per 30 day prescription	Total Cost based on Quantity Dispensed	Cost per Pill	Cost per 30 day prescription	Total Cost based on Quantity Dispensed	Cost per Pill	Cost per 30 day prescription	Total Cost based on Quantity Dispensed
RISPERIDONE 0.25MG TAB	10	644	\$ 0.07	\$ 1.97	\$ 42.25	\$ 0.12	\$ 3.51	\$ 75.38	\$ 4.74	\$ 26.51	\$ 523.38
SERTRALINE HCL 100MG TAB	56	2154	\$ 0.06	\$ 1.73	\$ 124.50	\$ 0.09	\$ 2.56	\$ 184.06	\$ 4.54	\$ 20.46	\$ 1,405.68
SERTRALINE HCL 50MG TAB	35	1371	\$ 0.04	\$ 1.11	\$ 50.73	\$ 0.09	\$ 2.57	\$ 117.27	\$ 4.54	\$ 20.46	\$ 892.14
TRAZODONE HCL 100MG TAB	51	1530	\$ 0.07	\$ 2.15	\$ 109.55	\$ 0.05	\$ 1.64	\$ 83.85	\$ 4.26	\$ 12.03	\$ 613.41
TRAZODONE HCL 150MG TAB	24	680	\$ 0.09	\$ 2.73	\$ 61.88	\$ 0.13	\$ 3.77	\$ 85.42	\$ 4.53	\$ 20.11	\$ 461.14
TRAZODONE HCL 50MG TAB	52	1467	\$ 0.04	\$ 1.22	\$ 59.85	\$ 0.04	\$ 3.82	\$ 64.55	\$ 4.20	\$ 10.19	\$ 510.75
Grand Totals					\$ 10,082.40			\$ 10,826.07			\$ 37,630.99
Hours of operation			24/7/365 access to pharmacy consultation services			Diamond is open 24/7			Services provided 24/7/365		
Returned Pharmaceutical/Stocking Fee			No Fee			No Fee			No Fee		
Emergency Service Fee			No Fee			No Fee			No Fee		
Brand Name - discount from Medi-Span			24%			24%			25.50%		
Brand Name - dispensing fee			\$0.00			\$0.00			\$3.99		
Generic- discount from Medi-Span			94%			95%			80.75%		
Generic - dispensing fee			\$0.00			\$0.00			\$3.99		