



**Advertisement Notice**

**REQUEST FOR PROPOSAL (RFP) #102PHSL**

**for**

**ON-SITE PHARMACY SERVICES AND PHARMACY SUBLEASE**

**Date Posted: September 17, 2021**

**Proposal Opening Date: October 25, 2021**

Burke is seeking Proposals from qualified vendors for **ON-SITE PHARMACY SERVICES AND PHARMACY SUBLEASE**. Pharmacy Services will be provided to the participating Burke persons served as well as some employed staff within its twelve-county catchment area. Pharmacy Sublessor will lease two spaces, one in Lufkin and one in Nacogdoches. Services will also be provided to off-site Burke facilities.

**RFP NOTICE AND DOCUMENT** may be obtained via internet at [www.myburke.org](http://www.myburke.org) OR at the Burke Central Administration Building at 2003 S. Medford Dr. Lufkin, Texas 75901, beginning September 27, 2021.

The initial contract period shall commence on April 1, 2022, and will continue through August 31, 2026, unless renewed, extended, or terminated according to the terms and conditions of the contract and upon mutual agreement. **CORRECTION: When this Ad Notice was posted in the Lufkin Daily News, the contract period initially read; "...April 1, 2022, and will continue through August 31, 2025."** We have corrected the contract period in this Ad Notice and the RFP document. **The new contract period is from April 1, 2022, through August 31, 2026.**

**PROPOSAL CLOSING DATE, TIME and LOCATION is NOVEMBER 30, 2021, at 5:00 p.m. at 2001 S. Medford Drive, Lufkin, Texas 75901.** All proposal responses and all required proposal submission content must be submitted before the closing date and time at the location specified. The official time and date submitted shall be determined by the time/date stamp when received at the location. Faxed responses shall not be accepted.

**All proposals that are submitted between the opening and closing date and time become the property of Burke and will not be returned to the Respondent. Proposals received after the closing date and time will be returned unopened and shall be considered void and unacceptable.**

**MINORITY OWNED BUSINESSES:** Minority business enterprises will be afforded full opportunity to submit proposals in response to this invitation and will not be discriminated against on the grounds of race, color, creed, sex, or national origin in consideration for an award.

\*Burke appreciates your time and effort in preparing your proposal\*

## **I. BACKGROUND INFORMATION**

Burke Center dba Burke is the Texas Health and Human Services Commission (HHSC) designated Mental Health and Developmental Disability Authority established to plan, coordinate, develop policy, develop and allocate resources, supervise, and ensure the provision of community based mental health and developmental disability services for the residents of twelve (12) Deep East Texas Counties which include Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, and Tyler counties.

## **II. DESCRIPTION OF REQUEST FOR PROPOSAL**

### **A. Purpose of RFP**

The purpose of this Request for Proposal is to provide participating Burke clients with the opportunity to receive a greater scope of services within the continuum of care. Through obtaining an on-site Pharmacy and delivery of pharmaceuticals/pharmacy supplies, Burke clients and employees will have ease of accessibility.

### **B. Scope of Services**

All proposals will consider and include the following conditions for the:

#### **1. ON-SITE PHARMACY** (The planning and provision of a staffed and fully stocked pharmacy in which participating Burke clients and employees will be served.)

- a. Provision of pharmacy and pharmaceutical services;
- b. Provision of pharmaceutical services for Burke paid prescriptions as determined by Burke;
- c. Billing client's pharmacy benefit when the client has insurance or third-party coverage, for Burke prescribed medications;
- d. Billing Burke when the client has no pharmacy benefit and is eligible and authorized by Burke, for Burke prescribed medications;
- e. Utilize pharmaceutical assistance programs, cost savings resources to ease the financial demands upon Burke's budget for medication funding where indicated.
- f. Provision of a full time Pharmacist-in-charge during pharmacy hours of operation;
- g. Ensure that all pharmaceuticals are labeled and filled in accordance with Federal, Texas State Law and the Texas Board of Pharmacy regulations;
- h. Prepare and dispense medication in a blister pack, as requested;
- i. Prepare any liquid and/or dissolvable psychotropic medication as required;
- j. Prepare and track any injectable medications;
- k. Ability to provide and administer vaccines;
- l. Accept and properly dispose of any unused medication returned by clients, as regulations permit, including expired medication;
- m. Document and maintain records for all prescriptions and services provided, according to State, Federal and Pharmacy Board guidelines;
- n. Maintain Bi-Directional Interface with Burke's Electronic Health Record for Burke clients (E.H.R. – Clinical system);
- o. Provide prior authorization for prescription support and services as indicated, according to Pharmacy Board guidelines;
- p. Ability to provide emergency & after-hours medication as requested.

## **B. Scope of Services CONTINUED**

**2. OFF-SITE CLINIC LOCATIONS** (The planning and provision of delivery of pharmaceutical products and services to off-site clinic locations in which participating Burke clients and employees will be served.)

**Proposal will consider and include the following:**

- a. Off-site locations, see Exhibit A;
- b. Provision of pharmaceutical services;
- c. Provision of pharmaceutical services for Burke paid prescriptions as determined by Burke;
- d. Billing client's pharmacy benefit when the client has insurance or third-party coverage, for Burke prescribed medications;
- e. Billing Burke when the client has no pharmacy benefit and is eligible and authorized by Burke, for Burke prescribed medications;
- f. Utilize Pharmaceutical Assistance Programs (PAP) to ease the financial demands upon Burke's budget for medication funding;
- g. Accessibility to the full time Pharmacist-in-charge during pharmacy hours of operation;
- h. Ensure that all pharmaceuticals are labeled and filled in accordance with Federal, Texas State Law and the Texas Board of Pharmacy regulations;
- i. Fill all prescriptions and have delivered to the designated location onsite or via mail process where applicable;
- j. Prepare and dispense medication in a blister pack, as requested;
- k. Prepare any liquid and/or dissolvable psychotropic medication as required;
- l. Prepare and track any injectable medications;
- m. Ability to provide and administer vaccines;
- n. Accept and properly dispose of any unused medication returned by clients, as regulations permit, including expired medication;
- o. Maintain pharmaceuticals onsite or via short notice in order to fill prescriptions in a timely manner;
- p. Document and maintain records for all prescriptions and services provided, according to State, Federal and Pharmacy Board guidelines;
- q. Maintain Bi-Directional Interface with Burke's Electronic Health Record for Burke clients (E.H.R. – Clinical system); see section IV, B, Technical Support;
- r. Provide prior authorization for prescription support and services as indicated, according to Pharmacy Board guidelines;
- s. Provision of emergency & after-hours medication, as requested.

**3. ON-SITE PHARMACY & PHARMACY SUBLEASE SPACES** (Vendor awarded contract will plan, prepare, and provide all equipment, supplies and tools necessary to supply a fully functioning pharmacy at all three on-site pharmacy locations.

- a. One (1) on-site pharmacy sublease space will be located at Burke Angelina Mental Health Clinic at 1522 West Frank Avenue, Lufkin, Texas 75904, room 127, approximately 378 square feet, \$567.00 monthly rent;
- b. One (1) on-site pharmacy sublease space will be located at Burke Nacogdoches Mental Health Clinic, at 3824 North University Drive, Nacogdoches, Texas 75965, suite 103, approximately 308 square feet, \$493.82 monthly rent;
- c. One (1) on-site pharmacy, Integrated Care Clinic, **will not be subleased**, will also be located at Burke Angelina Mental Health Clinic at 1522 West Frank Avenue, Lufkin, Texas 75904, room 109; approximately 200 square feet.

### C. Terms of the Contract

The contract for services and sublease will be for the following term:

April 1, 2022, through August 31, 2026

*\*Burke reserves the right to terminate any resulting contract within thirty (30) days written notice\**

### D. Key Dates Required for the RFP

The following table outlines Burke's key dates and events for RFP/RFB process.

Activity	Due Dates
RFP Notice Published/Posted	MONDAY September 17, 2021
RFP Opening	MONDAY October 25, 2021
Questions Due by 12 pm	FRIDAY November 12, 2021
RFP Closing 5 p.m.	TUESDAY November 30, 2021
Opening of Proposal Submissions	WEDNESDAY December 1, 2021
Intent to Award	MONDAY December 13, 2021
Contract Negotiations	MONDAY-FRIDAY January 4-8, 2022
Implementation	FRIDAY April 1, 2022

### E. Proposal Guidelines

Please observe and follow these guidelines and respond, as outlined in this request for proposal:

- Where brand names are specified, proposals on alternate brands will be considered, provided they meet specification requirements;
- Any corrections, deletions, or additions to proposals may be made prior to closing date and time of the solicitation. No oral, telephone, telegraphic, fax, email, or other electronically transmitted corrections, deletions, or additions shall be accepted. The Respondent shall submit substitute pages in the appropriate number of copies with a letter documenting the changes and the specific pages for substitution. The signatures on the form and letter must be original and of equal authority as the signatures on the offer;
- Burke reserves the right to modify the general description on the advertising notice and Scope of Services by issuing written addenda to Respondent of any such modifications;
- Any interpretations, corrections or changes to the Request for Proposal prior closing date and time, shall be made by written addenda. Sole issuing authority of addenda shall be vested in the RFP evaluation Committee. Addenda shall be mailed to all who are known to have received a copy of the Request for Proposal. Upon issuance, all such addenda become an inseparable part of the specifications which must be met for the offer to be considered. All Respondents shall acknowledge receipt of all addenda by either mail or email;
- A proposal may not be altered or amended after proposal has been submitted and opened by reviewer. No increase in price will be considered after proposal is reviewed and scored. A Respondent may reduce its price provided that it is the lowest and best proposal among the Respondent and is otherwise entitled to the award. Material changes to a proposal, after the proposal has been opened will result in cancelation of the procurement process without award;
- Any Respondent currently held in abeyance from or barred from the award of a Federal or State contract may not contract with Burke;
- Proposal must comply with all federal, state, county and local laws concerning these types of service;
- Late proposals received after the closing time and date shall be returned unopened. Burke is not responsible for lateness of mail, carrier, etc. The official time shall be determined by the time/date stamp when received by the designated staff at Burke's specified location.

## II. STATEMENT OF REQUIREMENTS

### A. Minimum Requirements

A prospective Respondent must affirmatively demonstrate Respondent's responsibility and must meet the following minimum requirements:

- Have adequate financial resources, or the ability to obtain such resources as required;
- Be able to comply with the required or proposed services;
- Have a satisfactory record of performance, integrity, and ethics;
- Be otherwise qualified and eligible to receive an award;
- Be registered with the Texas Secretary of State to the extent required by Texas law
- Professionals must have current, valid Texas certifications and licenses to the extent required by Texas law;
- Maintain policies of general and professional liability insurance coverage, see section IV, letter C;
- Conform to the standards, as set forth by the FDA and the latest editions of the US Pharmacopoeia, the National Formulary, or the AMA's publications while all pharmaceuticals, and drugs provided under this contract;
- Consistently maintain and allocate enough staffing resources to provide timely service for Burke's pharmacy and pharmaceutical service needs;
- Maintain staff that are qualified and available to provide specialized technical expertise in various disciplines as necessary;
- Maintain all standards applicable to medically-related services; and
- Maintain all standards related to confidentiality and releases of information.
- Respondent may withdraw or cancel a proposal upon written request at any time prior to the proposal closing date and time. The signature on the withdrawal letter must be original and must be of equal authority as the signature of the Respondent;
- The apparent silence of these specifications as to any detail or to the apparent omission from it of a detailed description concerning any point, shall be regarded as meaning that only best practices of quality services and facilities will prevail. All interpretations of these specifications shall be made on the basis of this statement;
- All proposals meeting the intent of this Request for Proposal shall be considered for award. Respondents taking exception to the specifications, terms and conditions or offering substitutions, shall state these exceptions in the section provided in Exhibit D as part of the proposal. The absence of such a list shall indicate that the Respondent has not taken exceptions and Burke shall hold the resultant Contractor responsible to perform in strict accordance with any and/or none of the exception(s)/substitution(s) as deemed to be in the best interest of Burke.

To comply with the required proposal submission content, the Respondent will provide:

### B. Submission Response Material

- Respondent's organization name, type of organization, corporate office address, telephone number and email;
- Respondent's organization representative name, location address, telephone number and email if different from corporate office contact information;
- Organizational credentials and staff experience for providing the goods or services such as applicable certifications and licenses, evidence of liability of insurance, evidence of financial solvency, evidence of compliance or ability to comply with relevant Texas HHSC rules, appropriate Federal, State and County registration numbers;
- Respondent Assurances Agreement, signed by an authorized representative of the Respondent's organization;
- Provide at least three (3) separate corporate references where the Respondent has provided services, and if any, include client/facility-based pharmacy/pharmaceutical services, do not include references from Burke;
- Exhibit B (Integrated Care Clinic Stock Formulary);
- Exhibit C (Angelina & Nacogdoches MHC On-Site Pharmacy Sample Formulary) with pricing;
- Exhibit D, (Exceptions/Substitutions), if any;

- Detailed description of how Respondent will meet each item listed in section II, letter B, number 1, (a-p) and letter B, number 2, (b-s);
- Business portfolio describing the company’s mission, competency, abilities, and strategies in order to successfully fulfill the scope of services as defined.

**III. PROPOSAL SUBMISSION PROCEDURES AND CONDITIONS**

**A. RFP delivery of responses**

**SUBMIT BY MAIL or in PERSON**, one (1) original sealed proposal, including two (2) copies of your proposal, and all other required proposal submission content in the same envelope, clearly marked with “**Sealed Proposal RFP#102PHSL**”. The original, copies and all required proposal submission content, including items to be signed must be submitted and signed by an authorized representative of the Respondent’s organization.

**SUBMIT PROPOSALS TO:**

Burke Business Services / Attn: Jennifer H. Collins  
2003 S. Medford Dr. / Lufkin, TX 75901

All proposal responses and all other required proposal submission content must be submitted before the closing date and time at the location specified. The official time and date submitted shall be determined by the time/date stamp when received at location. Faxed responses will not be accepted.

**B. Questions**

Questions regarding RFP must be emailed by **12:00 pm FRIDAY, November 12, 2021**.

**Please email questions, phone calls will not be accepted.**

**SUBMIT ADMINISTRATIVE QUESTIONS TO:**

Jennifer.Collins@myburke.org

**SUBMIT PHARMACY QUESTIONS TO:**

Kathy.Burr@myburke.org

**C. Acceptance/Rejection of Submittal**

Burke reserves the right to accept or reject any and/or all proposals for any or all services covered in this solicitation and to waive informalities or defects in proposals or to accept such proposals as it shall deem to be in the best interest of Burke. Proposals will be invalid and not considered under the following circumstances.

- If the proposal or any required proposal submission content is received after the closing time and date;
- If a proposal/proposal has incorrect information on the envelope, e.g., wrong opening date, which results in it not being considered for award;
- If the proposal or any of the required proposal submission content is not signed or dated by an authorized Representative of your organization. Burke is not responsible for lateness of mail, carrier, etc.;
- If there is material failure to comply with the specification requirements;
- If the proposal or any other of the required proposal submission content is missing;
- If any of the minimum requirements for prospective Respondents are not met;
- If there are any material changes to proposal after proposal has been opened; and
- If the Respondent is currently held in abeyance or barred from the award of a federal or state contract.

**D. Protest Procedures**

Any Respondent wishing to protest or appeal the selection process must do so, in writing, within fifteen (15) calendar days of the date of notification of the unsuccessful proposal in order to be considered. Protest or appeal letter must be titled “Protest Demand Letter” and must include:

- Name of Respondent’s organization, contact name, address, phone number, email address and fax number (if applicable);

- Clearly and specifically state the nature of the protest, including Burke’s decision which the Respondent’s organization is protesting or appealing;
- Approximate date of Burke’s decision which the Respondent’s organization is protesting or appealing and;
- Any additional information not listed to those who will make the decisions in the protest/appeal process.

**Send letter, via certified mail to:**

Burke | Attn: CEO | 2001 S. Medford Dr. | Lufkin, Texas 75901

**IV. EVALUATION/AWARD**

**A. Evaluation**

The evaluation process is as follows.

- All proposals received by the date and time in this notice and document will be evaluated and ranked by Burke’s Evaluation Committee according to the award criteria;
- Respondents meeting the requirements and criteria may be invited to interview with Burke to further clarify the evaluation of proposal, if deemed necessary by the committee;
- Additional information, such as copies of the Respondent’s Organizational Policies, Procedures and Quality Assurance documents, may be requested during contract negotiations;
- Visits may be conducted to potential service contractors; and
- Based on result ranking of the proposals, one or more Respondents may be asked to participate in negotiation with Burke.

**B. Award Criteria**

Based upon this Request for Proposal, any award made will have been evaluated by best value to Burke. Best value is the optimum combination of economy and quality resulting from fair, efficient, and practical procurement decision-making, which consider the following relevant factors but are not limited to:

- Any installation or service cost;
- The delivery terms;
- The quality and reliability of the Respondent’s goods or services;
- The extent to which the goods or services meet local authority’s needs;
- Indicators of probable Respondent performance under a contract, such as past Respondent performance, the Respondent’s financial resources and ability to perform, the Respondent’s experience and responsibility, and the Respondent’s ability to provide reliable maintenance agreements;
- The impact on the ability of the local authority to comply with laws and rules relating to historically underutilized businesses or relating to the procurement of goods and services from persons with disabilities;
- The total long-term cost to the local authority of acquiring the Respondent’s goods or services;
- The acquisition price;
- The Respondent’s history of compliance with the laws relating to its business operations, the affected service(s), and whether it is currently in compliance.
- The Respondent’s compliance with public policy, record of past performance, and financial and technical resources;
- The character, responsibility, integrity, reputation, and experience of the Respondent;
- Any other factor relevant to determining the best value for Burke in the context of a particular acquisition; and
- The ability of the Respondent to meet all applicable written policies, principles, and regulations; and previous experience with Burke will be considered.

**C. Award Recipient**

- The successful Respondent shall not sell, assign, transfer or convey any contract resulting from this RFP, in whole or in part, without the prior written consent of Burke;
- The successful Respondent and Burke agree that both parties have all rights, duties, and remedies available as stated in the Uniform Commercial Code;
- Any notice provided by this proposal (or required by Law) to be given to the successful Respondent by Burke shall be deemed to have been given and received on the next day after such written notice has been deposited in the mail in Lufkin, Texas by Registered or Certified Mail with sufficient postage affixed thereto, addressed to the successful Respondent at the address so provided; provided this shall not prevent the giving of actual notice in any other manner;
- Successful Respondent shall defend, indemnify, and hold harmless Burke or its designee and its officers, directors, and employees from any and all suits, claims, actions, losses, damages, liability, and expenses, including attorney's fees arising from any negligent or willful act, error, omission or misrepresentation of Contractor or his employees, agents (including subagents) or servants. The provisions of the subparagraph shall continue and be ongoing in any contract resulting from this RFP; and
- Successful Respondent must provide proof of minimum insurance coverage prior to start of contract and annually thereafter of liability insurance (including general liability, and worker's compensation coverage) Schedule as follows:
  - General Liability \$1,000,000/\$3,000,000;
  - Certificate of Insurance naming Burke as an additional insured shall be provided prior to start of work.
  - Worker's Compensation in accordance with Texas Statutory Requirements;

**V. FINANCIAL GOVERNANCE**

**A. Funding**

- Funds for payment shall come from Burke.

**B. Sales Tax**

- Burke is by statute exempt from the State Sales Tax and Federal Excise Tax; therefore, proposal shall not include tax.

**C. Billing**

- Contractor will bill for services performed on Burke clients; and
- Contractor will provide Burke with a statement of services rendered indicating the individual's name, prescribing physician or prescriber, date of service, service type, and service cost. The Contractor agrees not to bill Burke for any remaining third-party insurance provider balances or for any private pay patient balances. Burke will pay the remaining balance as per contracted rates for any client services for those individuals with State Supported services.

**D. Invoices**

- Invoices shall show all information as required and shall be delivered to Burke Business Services at 2003 S. Medford Dr., Lufkin Texas 75901 or emailed to the Director of Accounting, Shandi Porterfield at [shandi.porterfield@myburke.org](mailto:shandi.porterfield@myburke.org). For additional questions regarding invoices, call 936-633-5653

**E. Payment**

- Payment shall be made with 30 days upon receipt of valid invoice and approval by Burke of all completed services as set out in the contract entered into by Burke and the selected Respondent.



**RESPONDENT ASSURANCES AGREEMENT**

The undersigned does make the following assurances that:

1. That the Respondent is not currently held in abeyance or barred from the award of a federal or state contract.
2. That the Respondent is not currently delinquent in its payments of any franchise tax or state tax owed to the state of Texas, pursuant to Texas Business Corporation Act, Texas Civil Statutes, Article 2.45.
3. No attempt will be made by the Respondent to induce any person or firm to submit or not to submit a response, unless so described in the RFP response document.
4. The Respondent does not discriminate in its services or employment practices on the basis of race, color, religion, sex, national origin, disability, veteran status, or age.
5. That no employee of Burke, Texas HHSC, and no member of Burke's Board of Trustees will directly or indirectly receive any pecuniary interest from an award of the proposed contract. If the Respondent is unable to make the affirmation, then the Respondent must disclose any knowledge of such interests.
6. Respondent accepts Burke's right to cancel the RFP at any time prior to contract award.
7. The RFP response submitted by the Respondent has been arrived at independently without consultation, communication, or agreement for the purpose of restricting competition.
8. No claim will be made for payment to cover costs incurred in the preparation of the submission of the application or any other associated costs.
9. The individual signing this document and any subsequent contract (if necessary) is authorized to legally bind the Respondent.
10. That Respondent will comply with the rules and standards adopted under Section 534.052 of the Texas Health and Safety Code, the Texas HHSC Community Standards of Community Mental Health Centers and Community Service Programs, and applicable local, state, and federal laws, rules, and regulations, including the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.

The Respondents organization or Individual named below offers and agrees to furnish all labor, materials, and services offered within the designated time frame for the amount to be agreed upon and upon conclusion of a successful contract.

**Name of Respondent's Organization:** \_\_\_\_\_

**Name of Organization's Authorized Representative:** \_\_\_\_\_

**Type of Legal Entity:** \_\_\_\_\_

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

**Phone No.:** \_\_\_\_\_ **FAX No.:** \_\_\_\_\_

**Auth. Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

## **REFERENCES**

Please provide at least three (3) separate corporate references where similar services have been provided by Respondent's organization. Please do not include references from Burke. Include the name of organization, contact name, address, telephone number, description of services and if any, fax number and email address.

### **REFERENCE 1**

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

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Services Provided: \_\_\_\_\_

### **REFERENCE 2**

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

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Services Provided: \_\_\_\_\_

### **REFERENCE 3**

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

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Services Provided: \_\_\_\_\_

**EXHIBIT A (Burke Facility Locations and Points of Contract)**  
**ON-SITE PHARMACY SERVICES AND PHARMACY SUBLEASE**

**On-Site Pharmacy Locations**

<b>Unit Name /Type</b>	<b>Address</b>	<b>County</b>	<b>Hours / Days of Operation</b>	<b>Point of Contact</b>
Angelina Mental Health Clinic <b>AND</b> Integrated Care Clinic	1522 West Frank Avenue Lufkin Texas 75904	Angelina	Monday-Friday 8am-5pm	Sherene Bell-ANG MH  Kathy Burr-ICC
Nacogdoches Mental Health Clinic	3824 North University Drive Suite 103 Nacogdoches, Texas 75965	Nacogdoches	Monday-Friday 8am-5pm	Megan Cole

**Off-Site Clinic Delivery Locations**

<b>Unit Name /Type</b>	<b>Address</b>	<b>County</b>	<b>Hours / Days of Operation</b>	<b>Point of Contact</b>
Crockett Mental Health Clinic	1401 West Austin Street Corckett, Texas 75835	Houston	Monday-Friday 8am-5pm	Sherene Bell
San Augustine Mental Health Clinic	583 South El Camino Crossing San Augustine, Texas 75972	San Augustine	1 day a week / 8-5	Megan Cole
Polk (Livingston) Mental Health Clinic	1100 Ogletree Drive Livingston, Texas 77351	Polk	Monday-Friday 8am-5pm	DJ Martinez
Woodville Mental Health Clinic	1100 West Bluff Woodville, Texas 75979	Tyler	1 day a week / 8-5	DJ Martinez
Jasper Mental Health Clinic	1250 Marvin Hancock Drive Jasper, Texas 75951	Jasper	Monday-Friday 8am-5pm	Sherene Bell

**EXHIBIT B (Integrated Care Clinic Stock Formulary)**  
**ON-SITE PHARMACY SERVICES AND PHARMACY SUBLEASE**

**Sampling of Integrated Care Clinic Formulary**

\*\*Full formulary list available on request

Advair Discus	Januvia
Albuterol Inhalent 0.0083%	Ketoconazole cream
Alloputinol	Lactulose
Amiodarone	Levemir Flextouch Pen
Amlodapine	Levothyroxine
Amoxicillin	Lidocaine
Aricept	Rocephin
Augmentin	Lisinopril
Baclofen	lovastatin
Benzotropine	Naproxen
Brilinta	Novalog
Byetta Pen	Novalin
Bystolic	Potassium Chloride
Caduet	Prednisone
Cefaclor	QVAR Redihaler
Carvedilol	Simvastatin
Celebrex	Sulfamethoxazole
Ciprofloxacin	Trulicity
Clonidine	Tussin DM
Combivent Respimat Inhaler	Warfarin
Cyclobenzprine	Xigduo
Dexamethasone	Xopenex
Digoxin	Zithromax
Diltiazem	Advil
Dulera Inhaler	Tylenol
Estradiol	Aspirin
Farxiga	
Flovent Discus	
Furosimide	
Fluticasone Spray	
Glipizide	
Glyburide	
Guaifacine Tabs	
Humalog	
Humalog Kwickpen	
Humalog R	
Atrovent Duoneb	
Ivermectin	
Janumet	

**EXHIBIT C (Angelina & Nacogdoches Mental Health Clinics On-Site Pharmacy Sample Formulary)**  
**ON-SITE PHARMACY SERVICES AND PHARMACY SUBLEASE**

**Instructions for RFP Response EXHIBIT C** \*\*Past 6 month formulary available upon request

A. List the full cost of prescriptions by using this formula:

AWP (average whole sale price) Minus Discount, + Dispensing Fee + Fill fee (if any) = Total Price

\*\*You may use this format OR provide the information as per other reporting method

\*\*Additional lines may be inserted for tablets/ capsules/ other

B. List the fee for Blister Packing Medications if offered here:

Antidepressants	AWP	Discount	Dispensing Fee	Fill Fee if any	Total Price
amitriptyline (Elavil)					
amoxapine (Asendin) nonformulary					
bupropion (Wellbutrin, Wellbutrin SR, Wellbutrin XL)					
citalopram (Celexa)					
desipramine (Norpramin)					
desvenlafaxine (Pristiq, Khedezla) nonformulary					
doxepin (Sinequan)					
duloxetine (Cymbalta)					
escitalopram (Lexapro)					
fluoxetine (Prozac)					
imipramine (Tofranil)					
ketamine (Ketalar) Reserve					
levomilnacipran (Fetzima) nonformulary					
maprotiline (Ludiomil) nonformulary					
mirtazapine (Remeron, Remeron SolTab)					
nefazodone (Serzone) nonformulary					
nortriptyline (Pamelor, Aventyl)					
paroxetine (Paxil, Paxil CR)					

<b>Antidepressants (continued)</b>					
protriptyline (Vivactil) nonformulary					
sertraline (Zoloft)					
trazodone (Desyrel)					
trimipramine (Surmontil) nonformulary					
venlafaxine (Effexor, Effexor XR)					
vilazodone (Viibryd) nonformulary					
vortioxetine (Trintellix) nonformulary					
<b>Monoamine Oxidase Inhibitors</b>					
isocarboxazid (Marplan) nonformulary					
phenelzine (Nardil)					
selegiline (Emsam) nonformulary					
tranylcypromine (Parnate)					
<b>Substance Use Treatments</b>					
acamprosate (Campral)					
buprenorphine (Subutex) Reserve					
buprenorphine/naloxone (Suboxone) Reserve					
disulfiram (Antabuse)					
naltrexone (ReVia ) naltrexone (Vivitrol) Reserve					
topiramate (Topamax)					
<b>Antipsychotics</b>					
aripiprazole (Abilify, Abilify Discmelt)					
aripiprazole (Abilify Maintena)					
aripiprazole lauroxil (Aristada)					
aripiprazole lauroxil (Aristada Initio) Reserve					
asenapine (Saphris)					
asenapine (Secuado) nonformulary					

<b>Antipsychotics (continued)</b>					
brexpiprazole (Rexulti)					
cariprazine (Vraylar)					
chlorpromazine (Thorazine)					
clozapine (Clozaril, Fazaclo, Versacloz) Reserve					
droperidol (Inapsine) nonformulary					
fluphenazine (Prolixin)					
fluphenazine decanoate (Prolixin D)					
haloperidol (Haldol)					
haloperidol decanoate (Haldol D)					
iloperidone (Fanapt) Reserve					
loxapine (Loxitane)					
loxapine inhalant (Adasuve) nonformulary					
lurasidone (Latuda)					
olanzapine (Zyprexa, Zyprexa Zydis)					
olanzapine pamoate (Zyprexa Relprevv) Reserve					
paliperidone (Invega)					
paliperidone palmitate (Invega Sustenna)					
paliperidone palmitate (Invega Trinza) nonformulary					
perphenazine (Trilafon)					
pimozide (Orap) nonformulary					
quetiapine (Seroquel)					
quetiapine (Seroquel XR) nonformulary					
risperidone (Risperdal, Risperdal M-Tab)					
risperidone (Risperdal Consta)					
risperidone (Perseris) nonformulary					
thioridazine (Mellaril) Reserve					
thiothixene (Navane)					
trifluoperazine (Stelazine)					
ziprasidone (Geodon)					

<b>Anxiolytics/Sedatives/Hypnotics</b>					
buspirone (BuSpar)					
clonazepam (Klonopin)					
clorazepate (Tranxene)					
diphenhydramine (Benadryl)					
eszopiclone (Lunesta) nonformulary					
flurazepam (Dalmane) nonformulary					
hydroxyzine (Atarax, Vistaril)					
lorazepam (Ativan)					
midazolam (Versed)					
oxazepam (Serax)					
pentobarbital (Nembutal) nonformulary					
ramelteon (Rozerem) nonformulary					
suvorexant (Belsomra) nonformulary					
temazepam (Restoril)					
triazolam (Halcion)					
zaleplon (Sonata)					
zolpidem (Ambien)					
zolpidem (Ambien CR) nonformulary					
<b>Mood Stabilizers</b>					
carbamazepine (Tegretol, Tegretol XR, Carbatrol, Equetro)					
divalproex sodium (Depakote, Depakote ER, Depakote Sprinkles)					
lamotrigine (Lamictal)					
lithium (Eskalith, Eskalith CR, Lithobid)					
oxcarbazepine (Trileptal)					
topiramate (Topamax)					
valproic acid (Depakene)					



<b>Stimulants</b>					
amphetamine/dextroamphetamine mixture (Adderall, Adderall XR)					
dexmethylphenidate ER (Focalin XR)					
dexmethylphenidate (Focalin) nonformulary					
dextroamphetamine (Dexedrine, Dexedrine, Zenzedi)					
lisdexamfetamine (Vyvanse) Reserve					
methamphetamine (Desoxyn) nonformulary					
methylphenidate (Ritalin, Ritalin SR, Concerta, Metadate, Metadate CD, Jornay PM)					
methylphenidate patch (Daytrana) nonformulary					
methylphenidate soln (Quillivant XR) nonformulary					
<b>Miscellaneous Drugs</b>					
amantadine ( Symmetrel)					
atomoxetine (Strattera)					
atenolol (Tenormin)					
clomipramine (Anafranil)					
clonidine (Catapres)					
clonidine ER (Kapvay) nonformulary					
ferrous sulfate					
fluvoxamine (Luvox)					
gabapentin (Neurontin)					
guanfacine (Tenex, Intuniv)					
lamotrigine ( Lamictal)					
metoprolol (Lopressor)					
nadolol (Corgard) nonformulary					
propranolol (Inderal)					
naltrexone (ReVia)					
olanzapine/fluoxetine (Symbyax) nonformulary					
pindolol (Visken) nonformulary					
pimavanserin (Nuplazid) nonformulary					

<b>Miscellaneous Drugs (continued)</b>					
prazosin (Minipress)					
trihexphenidyl ( Artane)					
aspirin ( ASA)					
Multivitamin					
B Complex Vitamin					
Vitamin C					
montelukast ( Singulair)					
melatonin					
cetirizine ( Zyrtec)					
fish Oil					
metamucil					

**EXHIBIT D**  
**(Exceptions/Substitutions-Optional)**

The absence of this list shall indicate that the Respondent has not taken exceptions and Burke shall hold the resultant Contractor responsible to perform in strict accordance with any and/or none of the exception(s)/substitution(s) as deemed to be in the best interest of Burke.

Comments: \_\_\_\_\_  
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Attach any relevant documents or use the space below to insert: