

**Response to Request Bids for  
Hidalgo County Sheriff's Office  
"Legend and Non-Legend Pharmaceutical"  
Bid No. 2009-384-10-07-MEG**

*October 5, 2009*

Copy



MAO Westwood Pharmacy  
5823 Patterson Avenue  
Richmond, VA 23226  
(804) 288-1933

Bid  
for  
**HIDALGO COUNTY SHERIFF'S OFFICE**  
**"LEGEND & NON-LEGEND PHARMACEUTICALS"**  
**BID NO.: -2009-384-10-07-MEG**

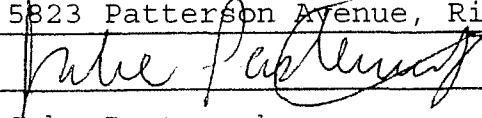
To: Martha L. Salazar, CPPB, Purchasing Agent  
Hidalgo County Purchasing Department  
Physical location: 2802 S. Business Highway 281  
Postal/Mailing: 2812 S. Business Highway 281  
Edinburg, Texas, 78539

In accordance with the Specifications, and subject to all laws and regulations of the United States and state and local laws, the undersigned bidder proposes and commits to furnish all labor, equipment, material, software and services as set forth in the documents hereinbefore mentioned. The undersigned bidder further agrees, upon acceptance of its bid, to execute a contract and/or Purchase Order issued by Hidalgo County for performing and completing the work described in the Specifications within the time stated and for the prices proposed in the documents attached hereto and made a part hereof.

Bidder acknowledges receipt of all of the pages of the documents referenced in the Invitation to Bid Checklist presented in connection with this procurement. Bidder understands that Hidalgo County reserves the right to reject any or all bids and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best bid.

Bidder agrees that this bid shall be good and may not be withdrawn for a period of thirty (30) calendar days after the scheduled closing time for receiving bids, as contained in the Specifications.

Respectfully submitted,

Bidder:	<u>Westwood Pharmacy</u>
Address:	<u>5823 Patterson Avenue, Richmond, VA 23226</u>
By:	<u></u>
Printed Name:	<u>Jake Pasternak</u>
Title:	<u>CFO</u>

# ADDENDUM NO. 1

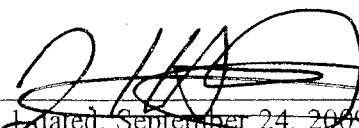
September 24, 2009

HIDALGO COUNTY SHERIFF'S OFFICE  
"LEGEND & NON-LEGEND PHARMACUETICALS"  
RFB NO. 2009-384-10-07-MEG

Bid Opening Date: October 07, 2009

## PLEASE NOTE THE FOLLOWING CHANGES

1. Please Note Correction page 1 of 5 on Exhibit "B"
  - Name/Address of local Client is needed and has been added for all Class "E" Pharmacists.
2. Please add this **ADDENDUM NO. 1** to your Bid so as to permit your company to submit a complete packet.

I,  \_\_\_\_\_, acknowledge receipt of ADDENDUM NO. 1 dated, September 24, 2009 for RFB NO.: 2009-384-10-07-MEG Hidalgo County Sheriff's Office - "LEGEND & NON-LEGEND PHARMACUETICALS".

Hunter Hoggatt

Printed Proposer Name

9-30-09

Date

NOTE: PLEASE SUBMIT THIS ADDENDUM WITH YOUR PACKET IN ORDER TO COMPLETE YOUR PROPOSAL PACKET.

**EXHIBIT "A"**  
**HIDALGO COUNTY SHERIFF'S OFFICE**  
**"LEGEND and NON-LEGEND PHARMACEUTICALS"**  
**BID NO: 2009-384-10-07-MEG**

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**ITEM 1: Legend items (prescribed)**

- A. All bids must be based on a percentage mark-up or mark-down from current AWP (**Average Wholesale Price**).
1. "Brand Name" Percentage above or below AWP:  
\_\_\_\_\_ % above AWP      OR      20.3 % below AWP
2. "Generic Brand" Percentage above or below AWP:  
\_\_\_\_\_ % above AWP      OR      75.4 % below AWP
- B. Regular business hours are from 12 a.m. to 12 p.m.
- 

**ITEM 2: Non-legend items (non-prescribed)**

Bidder(s) will supply the Hidalgo County Sheriff's Office-Adult Detention Center (Jail Infirmary) requirements of non-prescription drugs for the contract period. Non-legend items (non-prescribed) will be ordered approximately every month on a one-time per month basis.

The Bidder(s) will offer Hidalgo County Sheriff's Office-Adult Detention Center (Jail Infirmary) a percentage discount from retail on all purchases by Hidalgo County Sheriff's Office-Adult Detention Center (Jail Infirmary) on non-legend (non-prescription) drugs.

- A. Blanket discount for non-prescription drugs. 75.4 %
- B. Regular business hours are from 12 a.m. to 12 p.m.

The following list of non-prescribed items are estimated quantity amounts to be used per year. However, the contract awarded is a requirements contract for all non-legend drugs and will not be restricted to mentioned quantities or products only. This list is no and should not be understood to be an exhaustive listing of all non-legend items which may be required by Hidalgo County Adult Detention Center (Jail Infirmary).

**EXHIBIT "A"**  
**HIDALGO COUNTY SHERIFF'S OFFICE**  
**"LEGEND and NON-LEGEND PHARMACEUTICALS"**  
**BID NO: 2009-384-10-07-MEG**

DESCRIPTION			
	PRODUCT	ESTIMATED MONTHLY QUANTITIES	BRAND OR GENERIC
1	DIPHENHRAMIN 25mg OTC	5 BOTTLES	BRAND- GENERIC- .04
2	LATEX STRIPS OTC	25 BOXES	BRAND- GENERIC- 2.95
3	NS 0.9 IRR SOLN 1000 ml OTC	100/1000 ML 6 BAGS	BRAND- GENERIC- 2.45
4	TOLNFTATE CREAM 1% 15 g OTC	70 TUBES	BRAND- GENERIC- 1.25
5	MILK OF MAGNESIA OTC	1GAL/BTL=15 BOTTLES	BRAND- GENERIC- 3.95
6	MAGNESIUM HYD OTC	15 BOTTLES	BRAND- GENERIC- 2.35
7	IBUPROFEN 400 mg OTC	15 BOTTLES	BRAND- GENERIC- .07
8	POLYSPORIN OINTMENT OTC	5 OZ/TUBES = 20 TUBE	BRAND- GENERIC- .20
9	THROAT LOZENGES GREEN OTC	1M/BTL = 288 BOTTLES	BRAND- GENERIC- 1.99
10	KAOPECTOLIN OTC	1 PT/BTL = 10 BOTTLES	BRAND- GENERIC- 2.95
11	BEN - GAY OTC MUSCLE RUB	5 OZ. / TUBES = 60 TUBES	BRAND- GENERIC- 1.25
12	FUROSEMIDE 20 mg RX	150 DOSES	BRAND- GENERIC- .04
13	LITHIUM 300 mg RX	600 DOSES	BRAND- GENERIC- .10
14	SERTALINE 50 mg RX	350 DOSES	BRAND- GENERIC- .13
15	ERYTHROMYCIN 500 mg RX	500 DOSES	BRAND- GENERIC- .20

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16	TRAZODONE 50 mg <i>RX</i>	500 DOSES	BRAND- ----- GENERIC- .10
17	AMOXICILLIN 500 mg <i>RX</i>	2500 DOSES	BRAND- ----- GENERIC- .16
18	GUAFENESIN 600 MG <i>RX</i>	7,000 DOSES	BRAND- ----- GENERIC- .30
19	VALPROIC ACID 250 mg <i>RX</i>	700 DOSES	BRAND- ----- GENERIC- .25
20	PHENYTOIN SOD EX 100 MG TABS <i>RX</i>	3000 TABS	BRAND- ----- GENERIC- .21
21	TETANUS TOXOID <i>RX</i>	10 CC BTL=10 BTL	BRAND- ----- GENERIC- 21.13
22	BENZTROPINE <i>RX</i>	2MG TABS= 2000 TABS	BRAND- ----- GENERIC- .07
23	ALBUTEROL INHALER <i>RX</i>	90MCG=20 INHALERS	BRAND- ----- GENERIC- 3.99
24	DEPAKOTE <i>RX</i>	250 MG TABS=1500 TABS	BRAND- ----- GENERIC- .15
25	ARISTOCOT / KENOLOG <i>RX</i> ----- TRIAMCINALONE 0.1 %	5 OZ. / TUBES = 20 TUBES	BRAND- ----- GENERIC- 1.45
26	SILVADENE CRÈME <i>RX</i> ----- SILVERSULFADIAZONE	1 LB. / JAR = 10 JARS	BRAND NAME: ----- GENERIC: 2.95
27	CENTRUM <i>OTC</i> ----- CTM VITAMIN TABLETS	1M CAP / BTL = 5 BOTTLES	BRAND NAME: ----- GENERIC: 12.95
28	VISINE <i>OTC</i> ----- TETRAHYDROZOLINE	5 OZ./BTL = 5 BOTTLES	BRAND NAME: ----- GENERIC: 1.95
29	BETADINE OINTMENT <i>OTC</i> ----- PROVIDONE SCRUB	GAL / BOTTLES = 10BOTTLES	BRAND NAME: ----- GENERIC: 3.95
30	HYDROSCORTISONE cream 1 % <i>OTC</i> ----- HYDROSCORTISONE cream 1%	CREAM 1% = 50 TUBES	BRAND NAME: ----- GENERIC: 1.05

EXHIBIT A  
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	<b>BRAND/GENERIC</b>	<b>ESTIMATED MONTHLY QUANTITIES</b>	
31	CORTISPORIN OPHTHALMIC ointment <i>RX</i> OCCUSPORIN HC OPHTHALMIC ointment	c OZ. / TUBES = 25 TUBES	<b>BRAND NAME:</b> <b>GENERIC: 2.95</b>
32	TINACTIN CREAM 1% <i>OTC</i> TOLNAFTATE CREAM 1%	1 OZ./TUBE = 70 TUBES	<b>BRAND NAME:</b> <b>GENERIC: 1.25</b>
33	TYLENOL EXTRA STRENGTH CAPLET 500 MGS <i>OTC</i> ACETAMINOPHEN 500 mg CAPLET EXTRA-STRENGTH	1M CAP / BTL = 15 BOTTLES	<b>BRAND NAME:</b> <b>GENERIC: .03</b>
34	MAALOX PLUS SUSPENSION <i>OTC</i> ALAMAG PLUS	1 GAL/BTL = 10 BOTTLES	<b>BRAND NAME:</b> <b>GENERIC: 2.95</b>
35	OCEAN NASAL SPRAY <i>OTC</i> SEA MIST NASAL	45 CC BTLS = 5 BOTTLES	<b>BRAND NAME:</b> <b>GENERIC: .95</b>
36	DUCOLAX 5MGS. TABLETS <i>OTC</i> BISACODYL 5MG E.C. TABS	100/BTL = 5 BOTTLES	<b>BRAND NAME:</b> <b>GENERIC: 1.50</b>
37	SURFAX 240 MG <i>OTC</i> DCS SOFT GEL	100/BTL CAPSULES = 5 BOTTLES	<b>BRAND NAME:</b> <b>GENERIC: 3.95</b>
38	ALCOHOL PREP PADS <i>OTC</i>	50 BOXES	2.25
39	IV CANNULAS <i>OTC</i>	150 CANNULAS	0.69
40	IV START KITS <i>OTC</i>	150 KITS	1.15
41	STERILE H2O <i>OTC</i>	200 BOTTLES	1.99
42	NS FOR IRRIGATION <i>OTC</i>		2.45
43	IV FLUID 0.9%NS,D5W,LR <i>OTC</i>	75/1,000 ML BAGS	2.25
44	IV POLES <i>OTC</i>	2	2.95
45	IV TUBING <i>OTC</i>	150 SETS	1.95
46	SPUFFLE PLASTIC ¼ OZ. PLASTIC SQUAT CUPS <i>OTC</i>	1M/BOX = 10 BOXES	4.95
47	AMMONIA INHALANTS AMPULES <i>OTC</i>	100/BOX = 50 BOXES	1.99
48	COTTON BALLS MEDIUM <i>OTC</i>	4M/CASE = 1 CASE	9.25
49	INSULIN SYRINGES 28" X 1/2" SINGLE U-100 <i>OTC</i>	100/BOX = 120 BOXES	19.41
50	ASA EC <i>OTC</i>	81MG TABS=500 TABS	0.02
51	ASA EC <i>OTC</i>	325 MG TABS=250 TABS	0.02
52	DEPAKOTE EC <i>RX</i>	20 MG TABS=500 TABS	0.02

**EXHIBIT "A"**  
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53	LEXAPRO <i>RX</i>	10 MG TABS= 500 TABS	1.39
54	TRILEPTAL <i>RX</i>	300 MG TABS= 1500 TABS	0.57
55	GEMFIBROZILE <i>RX</i>	600 MG TABS=1000 MG TABS	0.17
56	HALDOL <i>RX</i>	5 MG TABS=1500 TABS	0.14
57	HALDOL DEC <i>RX</i>	100 MG/ML=5 VIALS	6.85
58	HALDOL LAC <i>RX</i>	5 MG/ML=5 VIALS	2.80
59	LORAZEPAM <i>RX</i>	1 MG TABS=50 TABS	0.06
60	LORAZEPAM INJ. <i>RX</i>	2 MG/ML=1 VIAL	1.48
61	GEODON <i>RX</i>	60 MG CAPS= 100 CAPS	6.75
62	HEMORRHOIDAL SUPPOSITORIES <i>OTC</i> COMPARABLE TO ANUSOL	12/BOX =288 BOXES	BRAND NAME: ----- GENERIC: 1.95
63	HEMORRHOIDAL CREAM <i>OTC</i> COMPARABLE TO ANUSOL	12/BOX=288 BOXES	BRAND NAME: ----- GENERIC: 4.99
64	KWELL LOTION 1% <i>OTC</i> LIDANE LOTION	GALLON BTLs = 20 GALS	BRAND NAME: ----- GENERIC: 9.87
65	KWELL CREAM 1% <i>OTC</i> LIDANE CREAM	2OZ/TUBES = 288 TUBES	BRAND NAME: ----- GENERIC: 2.87
66	GLUCOPHAGE <i>RX</i>	500 MG=1500 TABS	0.10
67	GLIPIZIDE <i>RX</i>	5MG=1500 TABS	0.05
68	OMPERAZOLE <i>RX</i>	20MG TABS=1200 TABS	0.31
69	RISPERDAL <i>RX</i>	1MG=1200 TABS	0.55
70	RISPERDAL <i>RX</i>	2MG=1200 TABS	0.59
71	LACTULOSE SOL. <i>RX</i>	10 MG/15ML=3000 ML	0.01
72	PRINIVIL <i>RX</i>	5MG TABS=500 TABS	0.09
73	RANITIDINE <i>RX</i>	150 MG=2000 TABS	0.10
74	SEROQUEL <i>RX</i>	100 MG TABS=1000 TABS	3.75
75	SMZ-TMP DS <i>RX</i>	800/160 MG TABS=20000 TABS	0.15
76	ZYPREXA <i>RX</i>	10 MG TABS=1000 TABS	11.48
77	PAROXETINE <i>RX</i>	20 MG TABS=500 TABS	0.17
78	BUSPIRONE <i>RX</i>	5 MG TABS=400 TABS	0.06
79	ABILIFY <i>RX</i>	5 MG TABS=1000 CAPS	6.53
80	BUPROPION XL <i>RX</i>	150 MG TABS=200 TABS	0.74
81	CARBAMAZEPINE <i>RX</i>	100 MG TABS=200 TABS	0.08
82	NEOSPORIN OPTH SOL. <i>RX</i>	15 ML BOTTLE=10 BOTTLES	1.99

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83	EFFEXOR <i>RX</i>	75 MG=1000 TABS	0.50
84	TOPROL XL <i>RX</i>	50 MG=500 TABS	0.82
85	PHENOBARBITAL <i>RX</i>	100 MG=1000 TABS	0.05
86	NOVOLIN NPH <i>RX</i>	10 VIALS	40.83
87	NOVOLIN 70/30 <i>RX</i>	10 VIALS	90.99
88	CATAPRESS <i>RX</i>	0.1 MG=1200 TABS	0.05
89	GLYBURIDE <i>RX</i>	5MG= 1200 TABS	0.07
90	CEPHALAXIN <i>RX</i>	500 MG CAPS= 2000 CAPS	0.22

EXHIBIT "B"  
 "LEGEND & NON-LEGEND PHARMACEUTICALS"  
 BID NO: 2009-384-10-07-MEG

**BID PAGE**

Vendor must thoroughly fill in each section of the Bid Page (Exhibit "B") if applicable  
**INCOMPLETE** submittals shall be considered a probable cause for disqualification.

**Item 1**

24 hours Pharmacist services assistance provided	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Class "E" Pharmacist must have at least one local client in Hidalgo County for emergency propose only	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>AWP (Average Wholesale Price)</b>	<b>PRICES</b>
<b>Brand Name</b>	
% above AWP	\$ 20.3% below AWP
% below AWP	\$
<b>Generic Brand</b>	
% above AWP	\$
% below AWP	\$ 75.4% below AWP
Regular business hours are from	12 a.m. to 12 p.m.

**Item 2**

Blanket discount for non-prescription drugs	35 %
Regular business hours are from	12 a.m. to 12 p.m.

**OPENED**

10:14am  
 10-07-09

**Witnessed**

  
 \_\_\_\_\_

EXHIBIT "B"  
 "LEGEND & NON-LEGEND PHARMACEUTICALS"  
 BID NO: 2009-384-10-07-MEG

DESCRIPTION		DOES YOUR COMPANY CARRY GENERIC
	PRODUCTS USED MOST	
1	DIPHENHRAMIN 25mg OTC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2	LATEX STRIPS OTC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3	NS 0.9 IRR SOLN 1000 ml OTC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
4	TOLNFTATE CREAM 1% 15 g OTC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
5	MILK OF MAGNESIA OTC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
6	MAGNNESIUM HYD OTC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
7	IBUPROFEN 400 mg OTC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
8	POLYSPORIN OINTMENT OTC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
9	THROAT LOZENGES GREEN OTC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
10	KAOPECTOLIN OTC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
11	BEN - GAY BRAND NAME OTC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	MUSCLE RUB GENERIC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
12	FUROSEMIDE 20 mg RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
13	LITHIUM 300 mg RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
14	SERTALINE 50 mg RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
15	ERYTHROMYCIN 500 mg RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
16	TRAZODONE 50 mg RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
17	AMOXICILLN 500 mg RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
18	GUAFENESIN 600 MG RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
19	VALPROIC ACID 250 mg RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
20	PHENYTOIN SOD EX 100 MG TABS RX	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
21	TETANUS TOXOID RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
22	BENZTROPINE RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
23	ALBUTEROL INHALER RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

EXHIBIT "B"  
 "LEGEND & NON-LEGEND PHARMACEUTICALS"  
 BID NO: 2009-384-10-07-MEG

24	DEPAKOTE <i>RX</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
25	ARISTOCOT / KENOLOG BRAND NAME <i>RX</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	TRIAMCINALONE 0.1% GENERIC	
26	SILVADENE CRÈME BRAND NAME <i>RX</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	SILVERSULFADIAZONE GENERIC	
27	CENTRUM BRAND NAME <i>OTC</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	CTM VITAMIN TABLETS GENERIC	
28	VISINE BRAND NAME <i>OTC</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	TETRAHYDROZOLINE GENERIC	
29	BETADINE OINTMENT BRAND NAME <i>OTC</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	PROVIDONE SCRUB GENERIC	
30	HYDROSCORTISONE cream 1% GENERIC <i>OTC</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
31	CORTISPORIN OPHTHALMIC ointment BRAND NAME <i>RX</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	OCCUSPORIN HC OPHTHALMIC ointment GENERIC	
32	TINACTIN CREAM 1% BRAND NAME <i>OTC</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	TOLNAFTATE CREAM 1% GENERIC	
33	TYLENOL EXTRA STRENGTH CAPLET 500 MGS BRAND NAME <i>OTC</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	ACETAMINOPHEN 500 mg CAPLET EXTRA-STRENGTH GENERIC	
34	MAALOX PLUS SUSPENSION BRAND NAME <i>OTC</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	ALAMAG PLUS GENERIC	
35	OCEAN NASAL SPRAY <i>OTC</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	SEA MIST NASAL	
36	DUCOLAX 5MGS. TABLETS BRAND NAME <i>OTC</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	BISACODYL 5MG E.C. TABS GENERIC	
37	SURFAX 240 MG <i>OTC</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	DCS SOFT GEL	
38	ALCOHOL PREP PADS <i>OTC</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
39	IV CANNULAS <i>OTC</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
40	IV START KITS <i>OTC</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
41	STERILE H2O <i>OTC</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
42	NS FOR IRRIGATION <i>OTC</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
43	IV FLUID 0.9%NS,D5W,LR <i>OTC</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
44	IV POLES <i>OTC</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
45	IV TUBING <i>OTC</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

EXHIBIT "B"  
 "LEGEND & NON-LEGEND PHARMACEUTICALS"  
 BID NO: 2009-384-10-07-MEG

	PRODUCTS USED MOST	DOES YOUR COMPANY CARRY GENERIC
46	SPUFFLE PLASTIC ¼ OZ. PLASTIC SQUAT CUPS OTC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
47	AMMONIA INHALANTS AMPULES OTC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
48	COTTON BALLS MEDIUM OTC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
49	INSULIN SYRINGES 28" X 1/2" SINGLE U-100 OTC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
50	ASA EC OTC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
51	ASA EC OTC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
52	DEPAKOTE EC RX	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
53	LEXAPRO RX	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
54	TRILEPTAL RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
55	GEMFIBROZILE RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
56	HALDOL RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
57	HALDOL DEC RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
58	HALDOL LAC RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
59	LORAZEPAM RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
60	LORAZEPAM INJ. RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
61	GEODON RX	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
62	HEMORRHOIDAL SUPPOSITORIES BRAND NAME OTC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	COMPARABLE TO ANUSOL GENERIC	
63	HEMORRHOIDAL CREAM BRAND NAME OTC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	COMPARABLE TO ANUSOL GENERIC	
64	KWELL LOTION 1% BRAND NAME OTC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	LIDANE LOTION GENERIC	
65	KWELL CREAM 1% BRAND NAME OTC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	LIDANE CREAM GENERIC	
66	GLUCOPHAGE RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
67	GLIPIZIDE RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
68	OMPERAZOLE RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
69	RISPERDAL RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
70	RISPERDAL RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
71	LACTULOSE SOL. RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
72	PRINIVIL RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
73	RANITIDINE RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
74	SEROQUEL RX	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
75	SMZ-TMP DS RX	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
76	ZYPREXA RX	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

EXHIBIT "B"  
 "LEGEND & NON-LEGEND PHARMACEUTICALS"  
 BID NO: 2009-384-10-07-MEG

77	PAROXETINE <i>RX</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
78	BUSPIRONE <i>RX</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
79	ABILIFY <i>RX</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
80	BUPROPION XL <i>RX</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
81	CARBAMAZEPINE <i>RX</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
82	NEOSPORIN OPTH SOL <i>RX</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
83	EFFEXOR <i>RX</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
84	TOPROL XL <i>RX</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
85	PHENOBARBITAL <i>RX</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
86	NOVOLIN NPH <i>RX</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
87	NOVOLIN 70/30 <i>RX</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
88	CATAPRESS <i>RX</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
89	GLYBURIDE <i>RX</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
90	CEPHALAXIN <i>RX</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

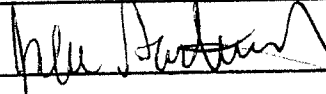
BIDDER/COMPANY NAME: Westwood Pharmacy

ADDRESS: 5823 Patterson Avenue

CITY/STATE/ZIP CODE: Richmond, Virginia 23226

PHONE & FAX NO.'S: (804) 288-1933 / Fax: (804) 288-1510

CELL PHONE: (804) 519-3383

AUTHORIZED SIGNATURE: 

PRINTED NAME: Jake Pasternak

TITLE: CFO

EMAIL ADDRESS: jake.pasternak@westwoodpharmacy.com

# HIDALGO COUNTY PURCHASING DEPARTMENT Bidder/Vendor Application

Complete in print or type. Please return this application to the Hidalgo County Purchasing Department  
thru Facsimile: (956) 318-2629 or Fax (956) 292-7612  
in person or regular mail to: 2812 S. Business Hwy. 281 , Edinburg, Texas 78539  
or email: [purchasing@co.hidalgo.tx.us](mailto:purchasing@co.hidalgo.tx.us)

Company Name: MAO Westwood Pharmacy Telephone No. (804 ) 288-1933	
dba Name: Westwood Pharmacy	
Legal Name: MAO Pharmacy, Inc.	
Mailing Address : 5823 Patterson Avenue Fax No. ( 804) 288-1510	
Physical Address: 5823 Patterson Avenue	
City, State, Zip Richmond, VA 23226	Tax I.D. No. 54-1857437
Remit to Address : 5823 Patterson Ave. City, State, Zip Richmond, VA 23226	
E-Mail Address: <a href="mailto:jake.pasternak@westwoodpharmacy.com">jake.pasternak@westwoodpharmacy.com</a>	
Representative(s) Name(s) & Title(s) Jake Pasternak, CFO	
Type of Organization (check one): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other, Specify	
State Identification No. <u>54-1857437</u> (Please attached completed W-9 form with this application) Federal Identification No. or (if individual) SS No.	
State of Incorporation: <u>Virginia</u> Date: <u>July 1997</u> Other:	
Type of Business (check one): <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input checked="" type="checkbox"/> Retailer <input type="checkbox"/> Broker <input type="checkbox"/> Distributor <input type="checkbox"/> Service Organization <input type="checkbox"/> Other, Specify	
Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts: Jake Pasternak, CFO	
<b>Small and/or Disadvantaged Business Information (check application criteria)</b>	
Small Business: _____ Disadvantaged Business (At Least 51% Ownership)	
<input type="checkbox"/> Less than 125,000 annual gross receipt	<input type="checkbox"/> Black American
<input type="checkbox"/> Less than 250,000 annual gross receipt	<input type="checkbox"/> Hispanic American
<input type="checkbox"/> Less than 499,000 annual gross receipt	<input type="checkbox"/> Asian Pacific American
<input type="checkbox"/> More than 500,000 annual gross receipt	<input type="checkbox"/> Native American
	<input checked="" type="checkbox"/> Women
	<input type="checkbox"/> Other
Have you been certified as a HUB or an MBE/WBE source?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Indicate Certification No.(s): <u>SWAM 668868</u> or are Certificate(s) attached?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
What type of product(s) is/are solicited by your company?:	
Would you like to be provided with specifications for procurements of such products?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
To Be Completed by the County: Rec'd by (Purchasing): _____ Date Rec'd by (Purchasing): _____	
Date Forwarded Information to Auditor's Office: _____ Entry Date: _____ Vendor No.: _____	

**HISTORICALLY UNDERUTILIZED BUSINESS (HUB) DECLARATION**

The primary objective of the Hidalgo County HUB Program is to ensure Historically Underutilized Businesses receive a fair and equal opportunity for participation in the County's procurement process. This fact holds true for Services (Professional & Non-Professional), Commodities, and Construction contracts and any subcontracts thereto. The program strongly encourages Prime Contractors to provide subcontracting opportunities to Certified Hub Contractors/Vendors. Our goal for HUB contractor/vendor participation, as well as HUB subcontractor participation is 30%. To be considered as a "Certified HUB Contractor/Vendor" the contractor/vendor must have been certified by, and hold a current and valid certification with any of the three agencies listed below.

Have you been Certified as a HUB or an MBE/WBE source?:       Yes    No

If yes, by whom?:    Texas Building & Procurement Commission       Other Virginia

Indicate Certification No(s): SWAM668868 or Are Certificate(s) Attached?:    Yes    No

---

**LIST OF CERTIFIED HUB SUBCONTRACTORS**

(Attach additional pages if necessary)

What percentage of the Bid, RFP, or RFQ is to be subcontracted with Certified HUB sources?:   0 %  
(List HUB Subcontractor information below).

HUB Subcontractor Name: \_\_\_\_\_ HUB Status: \_\_\_\_\_  
Certifying Agency (Check all applicable):    Texas Building & Procurement Commission    Other  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: (   )  
Subcontract Amount: \$ \_\_\_\_\_ Description of Work to be Performed: \_\_\_\_\_

HUB Subcontractor Name: \_\_\_\_\_ HUB Status: \_\_\_\_\_  
Certifying Agency (Check all applicable):    Texas Building & Procurement Commission    Other  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: (   )  
Subcontract Amount: \$ \_\_\_\_\_ Description of Work to be Performed: \_\_\_\_\_

HUB Subcontractor Name: \_\_\_\_\_ HUB Status: \_\_\_\_\_  
Certifying Agency (Check all applicable):    Texas Building & Procurement Commission    Other  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: (   )  
Subcontract Amount: \$ \_\_\_\_\_ Description of Work to be Performed: \_\_\_\_\_

---

## Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <b>MAO Pharmacy, Inc.</b>	
	Business name, if different from above <b>Westwood Pharmacy</b>	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) <b>5823 Patterson Avenue</b>	Requester's name and address (optional)
	City, state, and ZIP code <b>Richmond, VA 23226</b>	
List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b>											
Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.											
<p><b>Note.</b> If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.</p>	<table border="1" style="margin: auto;"> <tr> <td colspan="2" style="text-align: center;">Social security number</td> </tr> <tr> <td style="text-align: center;">:</td> <td style="text-align: center;">:</td> </tr> <tr> <td colspan="2" style="text-align: center;">or</td> </tr> <tr> <td colspan="2" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="text-align: center;">54</td> <td style="text-align: center;">1857437</td> </tr> </table>	Social security number		:	:	or		Employer identification number		54	1857437
Social security number											
:	:										
or											
Employer identification number											
54	1857437										

**Part II 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), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (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, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>JULY 17, 2009</b>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

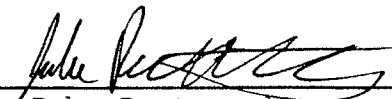
The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

**Certification  
Regarding Debarment, Suspension and Ineligibility**

As is required by the Federal Regulations Implementing Executive Order 12549, Debarment and Suspension, 45 CFR Part 76, Government-wide Debarment and Suspension, the applicant certifies, to the best of his or her knowledge and belief, that both it and its principals:

- a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;
- b. Have not within a three-year period preceding this bid proposal and/or application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity with commission of any of the offenses enumerated herein; and
- d. Have not within a three-year period preceding this bid proposal and/or application had one or more public transactions terminated for cause or default.

Signature:   
Print Name: Jake Pasternak  
Title: CFO  
Telephone Number: (804) 288-1933  
Date: July 17, 2009

If the bidder is unable to certify to all of the statements in this Certification, such bidder should attach an explanation to this proposal.

**PROJECT REQUIREMENTS  
ACKNOWLEDGMENT**

This is to certify that I, Jake Pasternak, possess all of the APPLICABLE:

1. Licenses: VA State Pharmacy License, Texas Certificate
2. Bonds: \_\_\_\_\_
3. Certificates: \_\_\_\_\_
4. Permits: DEA Permits
5. Other: \_\_\_\_\_

necessary to carry out the required project. Furthermore, I am providing copies of the required documentation so that, if my company is awarded this bid, I may be eligible to enter into a contract with Hidalgo County and proceed to complete the project in a timely manner.

\* Any licenses, bonds, certificates, permits, etc. which are required must be presented as part of the bid packet in order to expedite the bid evaluation process. Failure to provide said documentation will result in the disqualification of your bid.

  
Authorized Signature

October 5, 2009  
Date

Westwood Pharmacy  
Company

5823 Patterson Avenue  
Address

Richmond, VA 23226  
City, State, Zip

# Insurance Requirement Acknowledgment

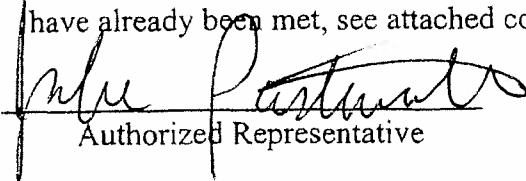
I, Jake Pasternak, authorized representative for Westwood Pharmacy,  
Company/Vendor

hereby acknowledge receipt of the County's required insurance limits. Said requirements:

- will be acquired within 10 working days after notification from Purchasing Department of bid awarded by the Hidalgo County Commissioners' Court;
- will acquire additional amounts required to meet the County's requirements within 10 working days after notification from Purchasing Department of bid award by the Hidalgo County Commissioners' Court; currently carry the following:

Automobile Liability: \$ 1,000,000 General Liability: \$ 3,000,000

- have already been met, see attached copy of insurance certificate.

  
Authorized Representative

October 5, 2009  
Date

## **Notice to Bidder:**

A certificate of insurance for the required insurance limits shall be provided to the Purchasing Department's Contract Managers in order to qualify for award of bid and to execute a contract between your Company and the County

Failure to provide Certificates of Insurance to the Purchasing Department's Contract Managers will cause the bid award to be rescinded and re-awarded to next lowest bidder. Certificates of Insurance will be monitored and verified on a **quarterly basis** to ensure coverage policy is in place. It is the Company's obligation to maintain the appropriate insurance coverage throughout the term of the contract.

**THIS FORM MUST ACCOMPANY BID PACKET**

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID FA  
WESTW-1

DATE (MM/DD/YYYY)  
07/15/09


<b>PRODUCER</b>  GHT Insurance Agency, Inc. P.O. Box 38059 Richmond VA 23231 Phone: 804-428-0000 Fax: 804-428-9991	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  *Westwood Pharmacy MAO Pharmacy, Inc. T/A 5823 Patterson Avenue Richmond VA 23226	INSURER A: Fireman's Ins. Co of Wash., DC	21784
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Business Owners</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CPA0017953-19	01/01/09	01/01/10	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$	
A	X	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS	CPA0017953-19	01/01/09	01/01/10	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000  BODILY INJURY (Per person) \$	
A	X	<input checked="" type="checkbox"/> HIRED AUTOS	CPA0017953-19	01/01/09	01/01/10	BODILY INJURY (Per accident) \$	
A	X	<input checked="" type="checkbox"/> NON-OWNED AUTOS	CPA0017953-19	01/01/09	01/01/10	PROPERTY DAMAGE (Per accident) \$	
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$  OTHER THAN EA ACC \$ AUTO ONLY: AGG \$	
A	X	<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0	CPA0017953-19	01/01/09	01/01/10	EACH OCCURRENCE \$ 3000000 AGGREGATE \$ 3000000  \$ \$	
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WCA0017955-19	01/01/09	01/01/10	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500000 E.L. DISEASE - EA EMPLOYEE \$ 500000 E.L. DISEASE - POLICY LIMIT \$ 500000	
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**CERTIFICATE HOLDER IS LISTED AS ADDITIONAL INSURED ONLY IN RESPECT TO THE GENERAL LIABILITY.**

<b>CERTIFICATE HOLDER</b>  HIDALG1  Hidalgo County Purchasing Department 2812 S. Highway Bus. 281 Edinburg TX 78539	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE 
------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

TEXAS STATE BOARD OF PHARMACY  
333 GUADALUPE ST STE 3 600  
AUSTIN TX 78701

WESTWOOD PHARMACY CLINICAL  
SERVICES  
5823 PATTERSON AVE, STE A  
RICHMOND, VA 23226



This certifies that the pharmacy named below is hereby licensed to operate as a Class E pharmacy.

License No. **25953**

Expiration Date **0310**

Balances 0

WESTWOOD PHARMACY CLINICAL  
SERVICES  
5823 PATTERSON AVE, STE A  
RICHMOND, VA 23226



  
Gay Dodson, R. Ph  
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

# COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH PROFESSIONS

*Sandra Whitley Ryals, Director*

*Elizabeth Scott Russell*  
*Executive Director*  
*(804) 367-4456*

## BOARD OF PHARMACY

*9960 Mayland Drive, Suite 300*  
*Richmond, VA 23233-1463*  
*[www.dhp.virginia.gov/pharmacy](http://www.dhp.virginia.gov/pharmacy)*

### Pharmacy Permit

### WESTWOOD PHARMACY CLINICAL SERVICES

5823 PATTERSON AVENUE, SUITE A  
Richmond VA 23226

**Pharmacist in Charge**  
**Shannon Dowdy**  
**0202206202**

Expires <b>04/30/2010</b>
------------------------------

Number <b>0201003985</b>
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**To Provide Information or File a  
Complaint About a Licensee, Call: 1-800-533-1560**

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON, D. C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BW8897829	05-31-2010	PAID

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3,3N,4,5	RETAIL PHARMACY	04-03-2007

WESTWOOD PHARMACY CLINICAL SR 5823 PATTERSON AVENUE SUITE A RICHMOND VA 23226-0000
---------------------------------------------------------------------------------------------

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

5823 Patterson Avenue  
Richmond, VA 23226  
(866) 996-6379 (toll-free)



www.westwoodpharmacy.com  
info@westwoodpharmacy.com  
(866) 288-6707 (fax)

October 5, 2009

Martha L. Salazar, CPPB, Purchasing Agent  
Hidalgo County Purchasing Department  
2812 S. Business Highway 281  
Edinburg, Texas 78539



**WESTWOOD PHARMACY**

**HUNTER HOGGATT**  
VP/NATIONAL ACCOUNT MANAGER

Ms. Salazar:

5823 PATTERSON AVE. PHONE 804-288-1933  
RICHMOND, VA 23226 CELL 804-519-3383  
E-mail: hunter.hoggatt@westwoodpharmacy.com FAX 804-288-1508

Westwood Pharmacy is an offeror for the attached bid proposal for the PROVISION OF LEGEND and Non-Legend Pharmaceuticals.

Westwood Pharmacy got its start over 50 years ago as a customer-oriented retail business. Westwood Pharmacy is currently providing pharmacy services to correctional facilities in nine states. We have been providing pharmacy services to Cameron County, Texas since 2007. We encourage you to contact Cameron County as a reference. We have been able to provide significant discounts to Cameron County by working with their medical department on a daily basis thus yielding them a 35% savings during their first year from what they had been previously spending with another national correctional pharmacy.

We have been recognized as one of the fastest growing national providers of comprehensive pharmacy services to correctional facilities. We have targeted southern Texas as an area of growth and would love the opportunity to service Hidalgo County. We understand the objective of the services to be performed and will commit to performing the services within the time period specified. Additionally we will comply with all applicable laws in carrying out the contract.

Our staff members work very closely with the medical departments of our facilities, seeking methods to stretch budgets that are constantly being lowered by tighter financial times. These methods may include regular drug utilization reviews, formulary reviews, or physician consultations. We commit to offering your facility 24-hour service, 7 days a week, in addition to offering the services of a pharmacist who will be available by phone immediately. Westwood Pharmacy takes great pride in the implementation of WebConnect. We are offering your facility our WebConnect system, which allows your facility to go online and gain access to real-time patient profiles, print MARs, order new medications, refills, check-in orders, and print drug monographs. We are confident that our firm can provide Hidalgo County with superior customer service, accessibility, and competitive pricing.

Westwood Pharmacy greatly appreciates the opportunity to bid on the enclosed proposal.

Respectfully Yours,

A handwritten signature in black ink, appearing to read "Hunter Hoggatt".

Hunter Hoggatt  
VP/National Accounts Manager, Westwood Pharmacy, (804) 519-3383 (cell)