

Bid Opening Results For:

IFB NUMBER

22884

BID OPENING

6/2/2015

GROUP NUMBER

10201

PURCHASING OFFICER

Vivian Basile

TELEPHONE

(518) 474-0912

DESCRIPTION

PHARMACEUTICALS, Individual Prescriptions
(Statewide and Regional)



Office of General Services

Procurement Services

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Invitation For Bids

**IMPORTANT: SEE "NOTICE TO BIDDERS" CLAUSES HEREIN
BIDS MAY BE SENT TO THE ADDRESS NOTED IN SECTION 3.3.1 ONLY
(E-Mail or Facsimile Bid Submissions Are NOT Acceptable)**

BID OPENING DATE: June 2, 2015 TIME: 11:00 AM	TITLE: Group 10201- PHARMACEUTICALS-Individual Prescriptions (Statewide & Regional) Classification Code(s): 51 & 85
INVITATION FOR BIDS NUMBER: 22884	SPECIFICATION REFERENCE: As Incorporated Herein
CONTRACT PERIOD: Five (5) Years	
DESIGNATED CONTACTS:	
Vivian Basile Contract Management Specialist 1 E-mail address: SSTPharmaceuticals@ogs.ny.gov	John Normile Contract Management Specialist 3 E-mail address: SSTPharmaceuticals@ogs.ny.gov

The bid must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this INVITATION FOR BIDS, Appendix A (Standard Clauses For New York State Contracts), Appendix B (OGS General Specifications), and State Finance Law §139-j and §139-k (Procurement Lobbying), and that all information provided is complete, true and accurate. By signing, bidder affirms that it understands and agrees to comply with the OGS procedures relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b). Information may be accessed at:

Procurement Lobbying: <http://www.ogs.ny.gov/aboutOgs/regulations/defaultAdvisoryCouncil.html>

Bidder's Federal Tax Identification Number: <i>(Do Not Use Social Security Number)</i>	NYS Vendor Identification Number: <i>(See "New York State Vendor File Registration" clause)</i> 1100052026
If applicable, place an "x" in the appropriate box <i>(check all that apply):</i>	<input checked="" type="checkbox"/> NYS Small Business 40 #Employees
	<input type="checkbox"/> Minority Owned Business
	<input type="checkbox"/> Women Owned Business
Legal Business Name of Company Bidding: HARBOR PHARMACY, LLC	
D/B/A - Doing Business As (if applicable):	
Street 102 LAKESHORE RD	City OSWEGO
State NY	Zip 13126
County OSWEGO	
If applicable, place an "x" in the appropriate box <i>(check all that apply):</i>	<input type="checkbox"/> Manufactured Within New York State
	<input type="checkbox"/> Manufactured Outside New York State
If you are not bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE	
Bidder's Signature:	Printed or Typed Name: JAMES BRANSHAW
Title: MANAGING MEMBER	Date: 5-29-2015
Phone : (315) 3425 - 6822 ext ()	Toll Free Phone : (800) 305-7624 ext ()
Fax : (315) 342 - 5951 ext ()	Toll Free Fax : (800) 305-7822 ext ()
E-mail Address: HARBORR.K@VERIZON.NET	Company Web Site:

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Vivian Basile Contract Management Specialist 1 E-mail address: SSTPharmaceuticals@ogs.ny.gov	John Normile Contract Management Specialist 3 E-mail address: SSTPharmaceuticals@ogs.ny.gov

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Bidder's Federal Tax Identification Number: (Do Not Use Social Security Number) 27-3494141	NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 1100092216
If applicable, place an "x" in the appropriate box (check all that apply):	<input type="checkbox"/> NYS Small Business _____ #Employees
	<input type="checkbox"/> Minority Owned Business
	<input type="checkbox"/> Women Owned Business
Legal Business Name of Company Bidding: ChemRX Pharmacy Services, LLC	
D/B/A - Doing Business As (if applicable):	
Street 750 Park Place	City Long Beach
State NY	Zip 11561
	County Nassau
If applicable, place an "x" in the appropriate box (check all that apply):	<input checked="" type="checkbox"/> Manufactured Within New York State
	<input type="checkbox"/> Manufactured Outside New York State
If you are not bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE	
Bidder's Signature: Paula Agoglia, RPh	Printed or Typed Name: PAULA AGOGLIA, RPh
Title: VP ACCOUNT SERVICES	Date: 05/28/2015
Phone: (516) 889 - 8770 ext (887637)	Toll Free Phone: () - () ext ()
Fax: (516) 889 - 8225 ext ()	Toll Free Fax: () - () ext ()
E-mail Address: PAULA@CHEMEX.NET	Company Web Site: CHEMEX.NET

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Bidder's Federal Tax Identification Number: (Do Not Use Social Security Number) 11-2111713	NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) VC00158932
If applicable, place an "x" in the appropriate box (check all that apply):	<input checked="" type="checkbox"/> NYS Small Business 25 #Employees
	<input type="checkbox"/> Minority Owned Business
	<input type="checkbox"/> Women Owned Business
Legal Business Name of Company Bidding: medford Chemists Inc	
D/B/A - Doing Business As (if applicable):	
Street 2608 Route 112	City medford
State NY	Zip 11763
County Suffolk	
If applicable, place an "x" in the appropriate box (check all that apply):	<input type="checkbox"/> Manufactured Within New York State
	<input type="checkbox"/> Manufactured Outside New York State
If you are not bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE	
Bidder's Signature 	Printed or Typed Name: Rajan Uchara
Title: member	Date: 5/29/15
Phone : (631) 475-4476 ext ()	Toll Free Phone : (855) 633-2456 ext ()
Fax : (631) 475-4911 ext ()	Toll Free Fax : () N/A ext ()
E-mail Address: ruchara@medfordchemists.com Company Web Site: www.medfordchemists.com	

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CONTRACT PERIOD: Five (5) Years
DESIGNATED CONTACTS: Vivian Basile Contract Management Specialist 1, John Normile Contract Management Specialist 3

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Bidder's Federal Tax Identification Number: 25-1378278 NYS Vendor Identification Number: 1000008989
If applicable, place an "x" in the appropriate box (check all that apply):
Legal Business Name of Company Bidding: Diamond Drugs, Inc.
Street: 645 Kolter Drive City: Indiana State: PA Zip: 15701 County: Indiana
If applicable, place an "x" in the appropriate box (check all that apply):
If you are not bidding, place an "x" in the box and return this page only.
Bidder's Signature: [Signature] Printed or Typed Name: LouAnn Bowser
Title: Chief Financial Officer Date: 5/29/15
Phone: (724) 349-1111 ext (1003) Toll Free Phone: (800) 882-6337 ext ()
Fax: (724) 349-2604 ext () Toll Free Fax: (877) 234-7050 ext ()
E-mail Address: proposal@diamondpharmacy.com Company Web Site: www.diamondpharmacy.com

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[Handwritten signature]



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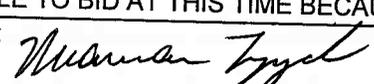
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DESIGNATED CONTACTS:	
Vivian Basile Contract Management Specialist 1 E-mail address: SSTPharmaceuticals@ogs.ny.gov	John Normile Contract Management Specialist 3 E-mail address: SSTPharmaceuticals@ogs.ny.gov

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Bidder's Federal Tax Identification Number: (Do Not Use Social Security Number) 11-2034718	NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 1100015518
If applicable, place an "x" in the appropriate box (check all that apply): <input type="checkbox"/> NYS Small Business #Employees 75 <input checked="" type="checkbox"/> Minority Owned Business <input type="checkbox"/> Women Owned Business	
Legal Business Name of Company Bidding: Sorkin's RX LTD	
D/B/A - Doing Business As (if applicable): CareMed Specialty Pharmacy	
Street 1981 Marcus Ave City Lake Success State NY Zip 11042 County Nassau	
If applicable, place an "x" in the appropriate box (check all that apply): <input type="checkbox"/> Manufactured Within New York State <input type="checkbox"/> Manufactured Outside New York State	
If you are not bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE	
Bidder's Signature: 	Printed or Typed Name: Nuaman Tyeb
Title: President	Date: 05/29/2015
Phone : (877) 227 - 3405 ext (9055) Fax : (877) 542 - 2731 ext () E-mail Address: ntyeb@caremedsp.com	Toll Free Phone : (877) 227 - 3405 ext (9055) Toll Free Fax : (877) 542 - 2731 ext () Company Web Site: www.caremedsp.com

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Bidder's Federal Tax Identification Number: <i>(Do Not Use Social Security Number)</i> 20-1583911	NYS Vendor Identification Number: <i>(See "New York State Vendor File Registration" clause)</i> 1100143522
If applicable, place an "x" in the appropriate box <input checked="" type="checkbox"/> NYS Small Business <input type="checkbox"/> Minority Owned <input type="checkbox"/> Women Owned <i>(check all that apply):</i> <u>10</u> #Employees Business Business	
Legal Business Name of Company Bidding: CRESTWOOD HEALTH INC.	
D/B/A - Doing Business As (if applicable): CRESTWOOD PHARMACY	
Street 26A PICOTTE DR.	City ALBANY
State NY	Zip 12208
County ALBANY	
If applicable, place an "x" in the appropriate box <input checked="" type="checkbox"/> Manufactured Within New York State <input checked="" type="checkbox"/> Manufactured Outside New York State <i>(check all that apply):</i>	
If you are not bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE	
Bidder's Signature:	Printed or Typed Name: JAGAT PATEL
Title: PRESIDENT	Date: 5/5/15
Phone : (518) 435 - 2315 ext ()	Toll Free Phone : () - ext ()
Fax : (518) 435 - 2323 ext ()	Toll Free Fax : () - ext ()
E-mail Address: crestwoodrx@yahoo.com	Company Web Site: www.crestwoodpharmacy.com

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Bidder's Federal Tax Identification Number: <i>(Do Not Use Social Security Number)</i> 16-1131340	NYS Vendor Identification Number: <i>(See "New York State Vendor File Registration" clause)</i> 1100035722
If applicable, place an "x" in the appropriate box <i>(check all that apply):</i>	<input type="checkbox"/> NYS Small Business #Employees _____ <input type="checkbox"/> Minority Owned Business <input type="checkbox"/> Women Owned Business
Legal Business Name of Company Bidding: Gifford and West Pharmacy	
D/B/A - Doing Business As (if applicable):	
Street 300 Gifford St	City Syracuse
State NY	Zip 13204
County Onondaga	
If applicable, place an "x" in the appropriate box <i>(check all that apply):</i>	<input type="checkbox"/> Manufactured Within New York State <input type="checkbox"/> Manufactured Outside New York State
If you are not bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE	
Bidder's Signature: 	Printed or Typed Name: Venkatapathi Phikhan A
Title: owner	Date: 5/25/15
Phone : (315) 471 - 4139 ext ()	Toll Free Phone : () ext ()
Fax : (315) 471 - 4155 ext ()	Toll Free Fax : () ext ()
E-mail Address: phikhanava@yahoo.com	Company Web Site: giffordwestRx.com

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Bidder's Federal Tax Identification Number: (Do Not Use Social Security Number) 61-1322120	NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 1000018397
If applicable, place an "x" in the appropriate box (check all that apply):	
<input type="checkbox"/> NYS Small Business _____ #Employees <input type="checkbox"/> Minority Owned Business <input type="checkbox"/> Women Owned Business	
Legal Business Name of Company Bidding: Med World Acquisition Corp.	
D/B/A - Doing Business As (if applicable): Omnicare of Chestnut Ridge	
Street 80 Red School House Road, Suite 226	City Chestnut Ridge
State NY	Zip 10977
County Rockland	
If applicable, place an "x" in the appropriate box (check all that apply):	
<input checked="" type="checkbox"/> Manufactured Within New York State <input checked="" type="checkbox"/> Manufactured Outside New York State	
If you are not bidding, place an "x" in the box and return this page only.	
<input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE _____	
Bidder's Signature: 	Printed or Typed Name: Jonathan D. Kukulski
Title: Secretary	Date: 5/27/15
Phone : (845) 371 - 8600 ext ()	Toll Free Phone : (800) 221 - 6564 ext ()
Fax : (877) 900 - 5566 ext ()	Toll Free Fax : (877) 900 - 5566 ext ()
E-mail Address: jonathan.kukulski@omnicare.com	Company Web Site: www.omnicare.com

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Bidder's Federal Tax Identification Number: <i>(Do Not Use Social Security Number)</i> 26-2269880	NYS Vendor Identification Number: <i>(See "New York State Vendor File Registration" clause)</i> 1100113120
If applicable, place an "x" in the appropriate box <i>(check all that apply):</i>	<input type="checkbox"/> NYS Small Business #Employees _____ <input type="checkbox"/> Minority Owned Business <input type="checkbox"/> Women Owned Business
Legal Business Name of Company Bidding: HealthDirect Institutional Pharmacy Services, Inc.	
D/B/A - Doing Business As (if applicable):	
Street 29 East Main Street	City Gouverneur
State NY	Zip 13642
County St. Lawrence	
If applicable, place an "x" in the appropriate box <i>(check all that apply):</i>	<input type="checkbox"/> Manufactured Within New York State <input type="checkbox"/> Manufactured Outside New York State
If you are not bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE	
Bidder's Signature:	Printed or Typed Name: Brian J. Scott
Title: President	Date: 5/21/15
Phone : (315) 287 - 3600 ext (2650)	Toll Free Phone : (800) 552 - 8663 ext (2650)
Fax : (315) 287 - 7099 ext ()	Toll Free Fax : (800) 898 - 4232 ext ()
E-mail Address: brianscott@kinneydrugs.com	Company Web Site: www.hdrxservices.com

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DESIGNATED CONTACTS:	
Vivian Basile Contract Management Specialist 1 E-mail address: SSTPharmaceuticals@ogs.ny.gov	John Normile Contract Management Specialist 3 E-mail address: SSTPharmaceuticals@ogs.ny.gov

The bid must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this INVITATION FOR BIDS, Appendix A (Standard Clauses For New York State Contracts), Appendix B (OGS General Specifications), and State Finance Law §139-j and §139-k (Procurement Lobbying), and that all information provided is complete, true and accurate. By signing, bidder affirms that it understands and agrees to comply with the OGS procedures relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b). Information may be accessed at:

Procurement Lobbying: <http://www.ogs.ny.gov/aboutOgs/regulations/defaultAdvisoryCouncil.html>

Bidder's Federal Tax Identification Number: <i>(Do Not Use Social Security Number)</i> 25-186-7644	NYS Vendor Identification Number: <i>(See "New York State Vendor File Registration" clause)</i>
If applicable, place an "x" in the appropriate box <i>(check all that apply):</i>	<input type="checkbox"/> NYS Small Business #Employees _____ <input type="checkbox"/> Minority Owned Business <input type="checkbox"/> Women Owned Business
Legal Business Name of Company Bidding: CL Ciessler, Inc.	
D/B/A - Doing Business As (if applicable): The Medicine Shoppe Long Term Care	
Street 1179 Vestal Ave Suite 2	City Binghamton, NY
State NY	Zip 13903
County Broome	
If applicable, place an "x" in the appropriate box <i>(check all that apply):</i>	<input type="checkbox"/> Manufactured Within New York State <input type="checkbox"/> Manufactured Outside New York State
If you are not bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE	
Bidder's Signature: Shannon DiRose	Printed or Typed Name: Shannon DiRose
Title: Sales Rep	Date: 5/29/15
Phone : (607) 217-4845 ext ()	Toll Free Phone : (888) 628-5657 ext ()
Fax : (607) 217-5061 ext ()	Toll Free Fax : () ext ()
E-mail Address: sdrose@carecapitalmanagement.com	
Company Web Site: www.carecapitalmanagement.com	

RETURN THIS PAGE AS PART OF BID OR NO BID

DR



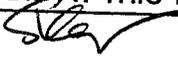
Invitation For Bids

**IMPORTANT: SEE "NOTICE TO BIDDERS" CLAUSES HEREIN
BIDS MAY BE SENT TO THE ADDRESS NOTED IN SECTION 3.3.1 ONLY
(E-Mail or Facsimile Bid Submissions Are NOT Acceptable)**

BID OPENING DATE: June 2, 2015 TIME: 11:00 AM	TITLE: Group 10201- PHARMACEUTICALS-Individual Prescriptions (Statewide & Regional) Classification Code(s): 51 & 85
INVITATION FOR BIDS NUMBER: 22884	SPECIFICATION REFERENCE: As Incorporated Herein
CONTRACT PERIOD: Five (5) Years	
DESIGNATED CONTACTS:	
Vivian Basile Contract Management Specialist 1 E-mail address: SSTPharmaceuticals@ogs.ny.gov	John Normile Contract Management Specialist 3 E-mail address: SSTPharmaceuticals@ogs.ny.gov

The bid must be fully and properly executed by an authorized person. By signing you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this INVITATION FOR BIDS, Appendix A (Standard Clauses For New York State Contracts), Appendix B (OGS General Specifications), and State Finance Law §139-j and §139-k (Procurement Lobbying), and that all information provided is complete, true and accurate. By signing, bidder affirms that it understands and agrees to comply with the OGS procedures relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b). Information may be accessed at:

Procurement Lobbying: <http://www.ogs.ny.gov/aboutOas/regulations/defaultAdvisoryCouncil.html>

Bidder's Federal Tax Identification Number: <i>(Do Not Use Social Security Number)</i> 11-2880441	NYS Vendor Identification Number: <i>(See "New York State Vendor File Registration" clause)</i>
If applicable, place an "x" in the appropriate box <input type="checkbox"/> NYS Small Business <input type="checkbox"/> Minority Owned Business <input type="checkbox"/> Women Owned Business <i>(check all that apply):</i> _____ #Employees	
Legal Business Name of Company Bidding: GREAT NECK CHEMISTS INC of N.Y.	
D/B/A - Doing Business As (if applicable): Precision LTC Pharmacy	
Street: 665 MIDDLENECK RD City: GREAT NECK State: NY Zip: 11023 County: NASSAU	
If applicable, place an "x" in the appropriate box <input checked="" type="checkbox"/> Manufactured Within New York State <input type="checkbox"/> Manufactured Outside New York State <i>(check all that apply):</i>	
If you are not bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE	
Bidder's Signature: 	Printed or Typed Name: STEVEN KARP
Title: SALES MANAGER	Date: 6/2/15
Phone : (516) 466-7700 ext ()	Toll Free Phone : (800) 737-0921 ext ()
Fax : (516) 487-8729 ext ()	Toll Free Fax : () ext ()
E-mail Address: SKARP@PRECISIONLTC.COM	Company Web Site:

SKARP@PRECISIONLTC.COM RETURN THIS PAGE AS PART OF BID OR NO BID