

[Facility Name]

Request For Proposal

Wholesale Pharmacy Distributor

[Date]

[Facility Name]

Request For Proposal (RFP) – Wholesale Pharmacy Distributor

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[Facility Name]

Request For Proposal (RFP) – Wholesale Pharmacy Distributor

I. Invitation to Participate

Your company has been chosen to participate in a Request For Proposal (RFP) process to assist [Facility Name] in the selection of a Wholesale Pharmacy Distributor. We thank you for your participation in advance and look forward to reviewing your responses.

For any questions or correspondence please call or email:

[IDN Contact Info]

NOTE: Please provide electronic copies of responses only.

[Facility Name]

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II. Purpose

The purpose of this Request for Proposal is to gather information which can be used to (1) compare and scorecard wholesaler competencies and costs, and (2) bring forth new programs, services and commitments that will assist the pharmacist in meeting a variety of challenges today, tomorrow and in years to come.

Your company has been requested to participate in this RFP process because of their historical demonstration/reputation for meeting customer needs. To be selected by [Facility Name], the company must extend the greatest flexibility to develop and implement strategies to improve processes, by member, sub-group and the total membership, as well as demonstrate a positive impact on members' bottom-line. The strength of the proposal will be cemented in the provision of core services demonstrated by a commitment to devote resources in sales representation, customer support, shipping & transportation, as well as information services, data analysis, accounts payable, and program management for the acute, retail, clinic, home health and long-term care businesses.

[Facility Name]

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III. Company Overview

[About Facility or IDN]

[Facility Name]

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IV. Current Systems Overview

[Insert Facts]

[Facility Name]

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V. Review Process

- This RFP contains sufficient information to allow qualified vendors to prepare and submit a response to include providing supporting materials. Vendors must submit a complete response that satisfies all requirements.
- Responses due by [Insert Date] at the close of business.
- The [Facility Name] group is targeting to make a selection of a wholesale pharmacy distributor by [Insert Date].
- Implementation: Awarded vendor must be prepared to assume full responsibility for distribution to all members in advance of the [Insert Date] implementation date.
- Confidentiality:
The [Facility Name] RFP document and vendor responses are to be treated as confidential material by vendors and members. Vendors who choose not to respond are requested to return the entire document to [Facility Name].

[Facility Name]

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VI. Instructions to Vendors

Respond to all inquiries and questions in Excel spreadsheet titled “Responses - Pharmacy Distributor RFP.” [see separate excel attachment]

Responses must follow exact sequence of the questions.

Do not submit boilerplate documentation as a response.

Vendor responses to the RFP will be shared with [Facility Name] members.

Response must be submitted in electronic format, utilizing the attached Excel spreadsheet to the greatest extent possible. Attachments to RFP questions contained are allowed.

Return completed responses no later than [Insert Date] by close of business to:

[IDN Contact Info]