



**MAY 1, 2025**

**ADDENDUM NO. 2**

**ADDITIONAL PHARMACY SERVICES**

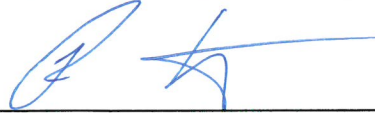
**RFP NO. 2025-133**

Proposers are directed to revise and incorporate into their responses the following answers to questions posed during the allotted Q & A timeframe:

**QUESTIONS & ANSWERS:**

- Question 1:** Can we get an extension on the submission date? Ideally 2 weeks would be needed.  
**Answer:** This proposal was advertised in the Daily Commercial Record on April 17, 2025, and April 24, 2025, allowing two weeks for responses. Addendum 1 was released on April 30, 2025 which extended this proposal for an additional two-weeks.
- Question 2:** Are the drugs that are listed on page 22 the only products that will need to be procured?  
**Answer:** No, additional drugs beyond the list will be provided during the interview process.
- Question 3:** If so, can you share the historical or anticipated utilization?  
**Answer:** We will provide the full list during the interview process.
- Question 4:** If there are more drugs to be considered, can you share a historical utilization and names of the specific drugs that are in scope?  
**Answer:** We will provide the full list during the interview process.
- Question 5:** Would the service area be the entire city of Mesquite?  
**Answer:** The service area would need to be in Texas as a whole.
- Question 6:** Or include surrounding cities?  
**Answer:** See answer 5.
- Question 7:** Would insurance be involved?  
**Answer:** No.
- Question 8:** How would authorization of the specific prescriptions to be processed through the program?  
**Answer:** The authorization would follow the normal process without insurance.

If you should have any other questions, do not hesitate to contact the Purchasing Office at 972-216-6201.



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Ryan Williams, Manager of Purchasing

ACCEPTANCE:

We, the undersigned, do hereby acknowledge receipt of this Addendum No. 2 to RFP No. 2025-133; Additional Pharmacy Services and agree to the instructions herein written.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date