STATE OF DELAWARE
DEPARTMENT OF CORRECTION
BUREAU OF MANAGEMENT SERVICES / PURCHASING
245 MCKEE ROAD
DOVER, DELAWARE 19904

TO: ALL OFFERERS

FROM: PURCHASING SERVICES ADMINISTRATOR

SUBJECT: RESPONSES TO RFP QUESTIONS FOR PROPOSAL NO.:
DOC1427-PHARM, Correctional Health Care Pharmaceutical Services

**ADDENDUM #15 – May 16, 2014**

DE Department of Correction submits the following Consolidated Response to questions received. All other terms and conditions of the RFP remain unchanged.

QUESTION #1

The answer to Question 14 in Addendum 4 stated that the cost for PharmD consultative services is built into the current bid, which implies it is part of the PIPM rate. However, the invoices provided in Addendum 13 show PharmD consultative services as a separate billable item that is not included as part of the PIPM, but stands as its own line item each month. Please clarify how you wish for these costs to be declared on a bid submission as these two addenda conflict with each other.
**ANSWER:** The current RFP does have changes from the previous contract. We wish to have the PharmD Consultative costs individually priced in the bid.

QUESTION #2

Does the DDOC receive credit at 100% of the actual acquisition cost of medications or at a percentage of acquisition cost?
**ANSWER:** The current contract allows for 100% credit of invoice costs for full, separately charged, unused solid medications with a value greater than Two Dollars ($2.00).

QUESTION #3

Is there a minimum value (based on the acquisition cost) on medications returned before a credit is applied?
**ANSWER:** See Ans. 2.

QUESTION #4

Is there a processing fee for return processing?
**ANSWER:** No.

QUESTION #5

Does the current vendor accept from the DDOC the return of partial medications cards that do not have the back of each individual bubble labeled with the medication's name, strength, lot number, and expiration date, and does the current vendor provide credits on such partial medication cards?
**ANSWER:** The vendor accepts return of partial cards but provides no monetary credits on partial card returns.

QUESTION #6

If unknown at the DDOC level, can you verify with one (or several) of the DDOC facilities if each bubble of the blister card contains this information, as failure to comply could result in the facilities losing the ability to receive credit, which in turn would substantially impact costs?
**ANSWER:** See answer 5.

QUESTION #7

Will you deem bidders that choose not to, or cannot, label each bubble of a blister card with this information as non-responsive and therefore ineligible for an award since they cannot assure patient safety?
**ANSWER:** No. This was not specified in the RFP.

QUESTION #8

Will you now require a sample blister card to be submitted by each bidder as proof of compliance with this requirement, as a sample was not required in the initial answer?
**ANSWER:** No. This was not specified in the RFP.

QUESTION #9

If not, how will you determine if bidders are properly labeling their blister cards before an award is granted if they cannot prove proof of compliance?
**ANSWER:** No. This was not specified in the RFP.

QUESTION #10

Thus, would the DDOC provide bidders with a list of the top 100 medications by volume and the specific quantity of each medication that bidders could use to price out?
**ANSWER:** We are unable to supply the top 100 medication list and have only the top 50 medications list (continued next page):

TOP 50 ALL MEDICATIONS
DELAWARE DOC
DECEMBER 2013 - FEBRUARY 2014

| | | |
|---|---|---|
| 1 | TRUVADA 200/300 TAB | 3,794 |
| 2 | ATRIPLA 600/200/300 TAB | 2,420 |
| 3 | REYATAZ 300MG CAP | 2,386 |
| 4 | LEVEMIR 100U/ML VIAL | 344 |
| S | QVAR 80MCG 8.7GM INHALER 80MCG | 321 |
| 6 | PREZISTA TAB 800MG TABS | 1,121 |
| 7 | HUMIRA (2X0.8ML) 40MG/.8ML INJ | 17 |
| 8 | TASIGNA 150MG (4X28) CAP | 560 |
| 9 | NORVIR 100MG TAB | 4,380 |
| 10 | VENTOLIN HFA 18GM 90MCG | 663 |
| 11 | COMPLERA 200-25-300 TABS | 400 |
| 12 | SPRYCEL 100MG TAB | 90 |
| 13 | HALOPERIDOL(HALDOL) 5MG TAB | 44,049 |
| 14 | ISENTRESS 400MG TAB | 1,314 |
| 15 | EPZICOM 600/300 TAB | 592 |
| 16 | ADVAIR DISKUS 250/50 250-50MCG | 68 |
| 17 | PREZISTA 600MG 600MG TAB | 902 |
| 18 | PEGASYS 180MCG/1ML 180MCG/ML | 21 |
| 19 | ATROVENT HFA INHALER 17MCG | 68 |
| 20 | XIFAXAN 550MG TAB | 684 |
| 21 | REM ICADE 100MG VIAL | 18 |
| 22 | AVONEX 30MCG 4 WEEK PACK 30MCG | 3 |
| 23 | STRIBILD TABLET 150-200 TABS | 162 |
| 24 | KALETRA TABLETS 200/50 TAB | 2,010 |
| 25 | HALOPERIDOL DEC 1M L 100MG/ML | 303 |
| 26 | INTELENCE 100MG TAB | 1,560 |
| 27 | NOVOLIN R 100UNITS/ML VIAL | 213 |
| 28 | TWINRIX PFS 1OX1ML 20MCG IN | 122 |
| 29 | SAN DOSTAT LAR DEPOT SYG 20MG | 4 |
| 30 | REBIF 44MCG 44MCG/.5ML INJ | 2 |
| 31 | ARANESP PFS 4X.3ML 150MCG/.3ML SYR | 12 |
| 32 | APLISOLSOTESTSML INJ | 49 |
| 33 | FLUNISOLIDE 0.025% 0.025% SPRY | 308 |
| 34 | VI READ 300MG 300MG TAB | 300 |
| 35 | PENTASA 500MG CAP | 2,400 |
| 36 | LANTUS 100U/ML VIAL | 41 |
| 37 | ENBREL 50 MG SYRINGES 50 MG SYR | 12 |
| 38 | PERPHENAZI NE (TRILAFON) 8MG TAB | 5,228 |
| 39 | ORENCIA VIAL 15ML 250MG | 150 |
| 40 | INVANZ 1GM VIAL | 85 |
| 41 | ADVAIR DISKUS 500/50 | 17 |
| 42 | FUZEON INJECTION KIT 90MG KIT | 2 |
| 43 | BUPROPION SR 150MG TAB | 25,863 |
| 44 | PERPHENAZINE (TRILAFON) 4MG TAB | 4,739 |
| 45 | ADVAIR DISKUS 100/50 100-50MCG INH | 22 |
| 46 | DELZICOL CAP 400MG CAP | 2,190 |
| 47 | VENLAFAXINE TABLET 75MG TAB | 17,947 |
| 48 | COPAXONE 20MG 20MG INJ | 1 |
| 49 | BUDESONIDE CAPS 3MG CAP | 450 |
| 50 | SELZENTRY 150MG TAB | 240 |

QUESTION #11

Would the DDOC also require bidders to submit copies of their supplier invoices for the DDOC to use to clearly assess costs?

**ANSWER:** No. This was not specified in the RFP. The DDOC reserves the right to request supplier invoices should they be needed to assess performance or other matters of public interest. It is possible that citizens may seek supplier invoices under Delaware's Freedom of Information Act 29 Del. C. §§10001-10006.

QUESTION #12

To follow up Question 15 of Addendum 6, can you clarify if the DDOC would like bidders to offer an electronic ordering and eMAR solution to interface with the current EHR? Or, can the current EHR transmit orders electronically and provide a med pass?

**ANSWER:** No. This was not specified in the RFP. The DDOC is developing a proprietary system which is based on a standard HL7 interface transmission and will be available to the successful bidder. The DDOC system incorporates a Medication Administration Record module and worklist which we believe is what the question refers to as providing a system for nursing to conduct med-pass.

QUESTION #13

The answer to Question 17 of Addendum 6 states that the pharmacy must absorb in its bid rate all costs for backup medications and delivery. However, this instruction conflicts with the information provided in Addendum 13, which shows that current vendor passes through these charges to the DDOC as a line item cost. Can you please clarify the intent of the RFP and explain why this information conflicts?

**ANSWER:** The current RFP does have changes from the previous contract. Under the current RFP, the Vendor is responsible for the pharmaceutical and delivery costs. As reflected in Addendum 13 these costs have been historically low.

QUESTION #14

Will you require bidders to submit evidence or documentation as part of their proposals to show the percentage of sales that are stock, so you can determine if they need to operate as a wholesale distributor?

**ANSWER:** No. This was not specified in the RFP.

QUESTION #15

Will failure to provide proof of compliance with any federal regulation or State of Delaware requirement, specifically regarding this and other wholesale distributor requirements, deem a bidder non-responsive and therefore ineligible for an award?

**ANSWER:** No. This was not specified in the RFP.

QUESTION #16

Will you require bidders to submit evidence (such as the repacker's license and labeler code) as part of the proposal to prove that they use an FDA-registered repackager and comply with federal regulations, as this is the only means to ensure compliance?

**ANSWER:** No. This was not specified in the RFP.

QUESTION #17

If not, what process is in place for the DDOC to ensure full compliance with this requirement prior to making an award?
**ANSWER:** The DDOC does not feel this is required.

QUESTION #18

Will failure to provide proof of compliance with federal regulations, specifically this requirement, deem a bidder non-responsive and therefore ineligible for an award?
**ANSWER:** See Ans. 17.

QUESTION #19

Section 2.B.2 on lines 250-253 on page 6 of the RFP, requests individualized pricing on prescription and OTC items, but it does not provide a list of individual medications in an attachment or addendum. Please clarify the intent of this requirement.
**ANSWER:** The DDOC understands that it is impossible to provide individual prices for each prescription item in a proposal. However it does expect a general manner of pricing such as a "pass-through" of medication costs; vs. a cost plus markup; vs. cost pus processing fee, etc.

QUESTION #20

As these clinical specialists are truly committed only to providing clinical services, can you remove the requirement to have Delaware licensure and prior correctional experience, as neither of these requirements would have any effect on a PharmD's ability to provide clinical expertise and services?
**ANSWER:** The only requirements for a PharmD is a Delaware license to provide services in a Delaware State facility and have correctional experience. The State feels that the license is an absolute for the PharmD to be physically present in the facility. The requirement for previous correctional experience could be waived under appropriate circumstances similar to working in a facility with restricted access. The preferred experience listed in the RFP focus the bidder on the specific needs of the DOC and is negotiable.

QUESTION #21

Is attendance at these meetings considered part of the PharmD consulting services? If so, can the meetings be attended by one of the five PharmDs required in this procurement?
**ANSWER:** The PharmD assigned to a facility is expected to attend the MAC meetings.

QUESTION #22

Section 2.B.14 on lines 614-620 on page 13 of the RFP requires a Vendor to provide monthly safety and sanitary inspections. Is this a requirement of the medical vendor or of the pharmacy vendor? If the pharmacy vendor, can a sample copy of a current monthly inspection be provided as part of an addenda, as this is a requirement not typically seen in procurement?
**ANSWER:** The storage of medicines is of utmost importance and the PharmD's are expected to be aware of the storage areas of the facilities they are assigned to. The current contract does not address this concern so there are no inspection reports to provide. The DDOC expects the successful bidder to organize the inspection of all the medication areas to ensure proper and safe storage of medicines.

QUESTION #23

Section 4.B.2 on lines 1223-1224 on page 26 of the RFP requires copies of the most recent accreditation surveys for facilities serviced. Is this a requirement of the pharmacy provider, as this information is not readily available or provided to the pharmacy vendor by the accredited facility?

**ANSWER:** Pharmacy is an integral part of providing the constitutionally mandated health care for offenders and pharmacy must be involved in the accreditation process. If documentation is not available, the bidder will need to describe their involvement in the accreditation process in those facilities that the bidder has had experience in providing pharmaceutical services and whether those facilities received accreditation.

QUESTION #24

Section FF.1 on lines 1594-1597 on page 34 of the RFP provide tremendous latitude to the DDOC regarding the selection of a bidder for an award, and the RFP later defines the evaluation metrics. However, a review of Addenda 10, 11, and 12, indicates that the scoring per evaluator and the overall scoring per bidder was never disclosed, and the DDOC transitioned directly into negotiations with one provider who was subsequently recommended for the award. After the DDOC evaluates this set of proposals, but before the DDOC declares its intent to negotiate, will the DDOC adhere to transparency in the evaluation process and post the respective scoring per section per bidder as an addendum?

**ANSWER:** The RFP does not state that the scoring information will be disclosed and the DDOC does not anticipate disclosing this information through the venue suggested.

QUESTION #25

According to Addendum 13, in November 2013, the incumbent provider charged the DDOC over $96,000 as a pass-through charge for the replacement of emergency bags. Are these emergency bags the property of the DDOC? Or, will they need to be replaced by an incoming vendor?

**ANSWER:** The Emergency Bags are property of the DDOC which include IV fluids and medications that have expiration dates. The expired medications will need to be replaced periodically as the medications expire.

QUESTION #26

Addendum 13 also shows that in February 2013 the incumbent provider billed the DDOC just under $10,000 to interface their pharmacy system with the medical services provider's system; however, any costs related to a pharmacy vendor's side of such an interface are typically absorbed by the pharmacy vendor. Thus, would an incoming vendor also be permitted to bill any interface costs as a pass-through charge, or would an incoming vendor be responsible for any costs on its side of any expected interface?

**ANSWER:** No. This was not specified in the RFP. The incoming vendor is expected to have standard HL7 interfaces to the DDOC EHR. As this is an industry standard that has been accepted since the previous vendor contract the DDOC expects there should be minimal cost to interface.

QUESTION #27

The RFP repeatedly states that exceptions may or may not be accepted at the sole discretion of the DDOC. This in turn has the potential to dramatically lower a bidder's evaluation score if the bidder presents an alternative methodology that is not subsequently accepted by the DDOC. Could the DDOC confirm that any suggested exceptions would not lower their evaluation score?

**ANSWER:** The DOC encourages alternatives to Pricing Methodologies which will be scored, compared and rank-ordered with other proposals.

QUESTION #28

What is the anticipated start date for services?
**ANSWER:** July 1, 2014

QUESTION #29

Will there be an opportunity to ask more questions in the event responses are not clear?
**ANSWER:** No. Addendum 13 clearly stated that the closure date for questions was 4PM on Friday, May 09, 2014