

STATE OF DELAWARE
Department of Human Resources

DHR25006A-PBM (REBID)
Pharmacy Benefit Management Services

VENDOR QUESTIONS AND ANSWERS

No.	Date Recvd	RFP Section/ Question/Page	Question	Response
1	3/31/2026	PBM Questionnaire - Question 3.19.12	Please provide the link referenced in this question: 3.19.12 Please confirm that you have reviewed and can support the State of Delaware's current Commercial appeals process at the below link which includes Level I through IV appeal	The State of Delaware commercial appeal process can be found on SBO's website here- https://dhr.delaware.gov/benefits/cvs/documents/cvs-appeal-process.pdf?ver=0815 .
2	3/31/2026	Attachment 6 – Subcontractor Information Form	Please provide a version of Attachment 6 that allow for editing. The current version has all of the editable fields pasted as an image.”	Attachment 6 was added with Addendum 2 and is available as a word document at Bid Details DHR25006A-PBM - DE Bids Contracts and in ProposalTech
3	04/02/2026	Client Information	Could you please advise if and when the EGWP claims data will be made available? We have successfully accessed the two commercial claims data files (Attachment 34), but wanted to confirm whether a separate file will be uploaded in ProposalTech for the EGWP population. We also noted that the data dictionary references a retiree indicator; however, we were unable to locate this field within the claims file.	All confidential data files are available for vendors who have submitted a signed NDA. If you had asked this question prior to receiving confirmation that the files were released to you, they would not have been available through the Manage Documents screen. Once files have been released to you, you will receive an email notification and can access the additional files through the Manage Documents screen where all other Attachments are accessed from. Attachment 34 -Claims Data EGWP contains the EGWP claims. Column C within the EGWP claims file is labeled as “Retiree Indicator.”
4	4/3/2026	General	Will the claims file to reprice and analyze be sent or loaded separately? We see the file outline however not the actual claims file from which to work the data. Thanks,	All confidential data files are available for vendors who have submitted a signed NDA. If you had asked this question prior to receiving confirmation that the files were released to you, they would not have been available through the Manage Documents screen. Once files have been released to you, you will receive an email notification and can access the additional files through the Manage Documents screen where all other Attachments are accessed from. The three claims files all start with Attachment 34.

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5	04/03/2026	Other Section Number: Appendix A - Minimum Mandatory Submission Requirements Paragraph Number: Bullet point #14 Page Number: Page number 166 Text of passage being questioned: "One (1) completed and signed copy of the Questionnaire (See Attachment 22). This is done in ProposalTech."	The RFP states, "One (1) completed and signed copy of the Questionnaire (See Attachment 22). This is done in ProposalTech." Is there a place in Proposal Tech bidders should provide a signature, or are bidders expected to provide a DocuSigned export of the questionnaire from ProposalTech?	The RFP Questionnaire will be answered and submitted through Proposal Tech, there is a confirmation button for submission. This Attachment does not require a signature.
6	04/03/2026	Section Number: III. Required Information A. Minimum Requirements Paragraph Number: Minimum requirement number 10 Page Number: Page number 8 Text of passage being questioned: "Confirm your organization is a registered PBM in Delaware or will become registered by June 1, 2026. If you are a registered PBM in the State of Delaware, please provide your nine-digit PBM Registration Number (XX_XXXXXXX)."	RFP Minimum Requirement 2.10 states: "Confirm your organization is a registered PBM in Delaware or will become registered by June 1, 2026. If you are a registered PBM in the State of Delaware, please provide your nine-digit PBM Registration Number (XX_XXXXXXX)." Can you please confirm whether this refers to the FEIN, which follows the (XX_XXXXXXX) format, or the PBM license registration number, which in our case is only six characters?	Please provide the FEIN (nine-digit format) and the Delaware PBM license number if available.
7	04/03/2026	Section Number: 20. Retiree Solutions - Pharmacy Benefits Paragraph Number: Question #5 within this section of the RFP. Question 3.20.6 within Proposal Tech. Page Number: 142 Text of passage being questioned: "Please complete the table below listing the number of EGWP lives covered by your plan as of the listed dates."	Could you please clarify the following discrepancy in Question 3.20.6 within ProposalTech? The question requests completion of a table listing the number of EGWP lives. However, the table in ProposalTech references January 2021, January 2022, and January 2023, while the "DHR-25006A-PBM RFP" document lists January 2023, January 2024, and January 2025.	This has been updated to accurately reflect 2023, 2024, and 2025 within the table of the questionnaire.
8	04/03/2026	Section Number: VII. Attachments Paragraph Number: Attachment 17 Page Number: 44 – 45 Text of passage being questioned: Attachment 17 - Account Management Survey	Could you please confirm whether Attachment 17 - Account Management Survey is required to be completed and submitted? Page 45 does not list this as a required submittal. If it is required, should the proposed references identified in our RFP response complete the survey?	Attachment 17 is not required to be submitted with a proposal. See Account Management Satisfaction on page 99 and 105.

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9	04/03/2026	General	Could you please advise whether the State of Delaware has any onsite or in-house pharmacy services available to members or employees?	The State of Delaware does not currently have any onsite or in-house pharmacy services.
10	04/03/2026	Questionnaire	In the Performance guarantees section of the questionnaire, the RFP asks the below. Is an Exhibit required? - Maintenance of Detailed Project Plan - Project plan must delineate due dates, responsible parties and critical linkages between tasks, as appropriate. Project plan will be updated and distributed in advance of each implementation weekly call. Confirm agreement to meet and propose the Fee at Risk (\$ or % of Total Annual Fee At Risk).	An exhibit is not required to be included in the bid response. However, the awarded vendor will be required to provide a detailed project plan as stated in this Performance Guarantee.
11	04/03/2026	Plan Design	Do you currently cover weight loss?	Yes, weight loss medications are currently covered under the non-Medicare Rx plan. Weight loss medications are not currently covered under the EGWP for Medicare members.
12	04/03/2026	Plan Design	Can you confirm the tiering for your current EGWP formulary?	3 Tier
13	04/03/2026	Other	Can you please provide both a commercial and an EGWP claims file with formulary indicators?	Attachment 34 includes a total of three files, two commercial claims files and one EGWP claims file. In the commercial claims files, column K is labeled as "On_Formulary" and contains the indicator. In the EGWP claims file, column J is labeled as "Formulary_indicator" and contains the indicator. These files would only be made available through the Manage Documents library once you have provided a signed NDA and received an email notification that access has been granted.
14	04/03/2026	Other	How does WTW expect vendors to provide One (1) completed and signed copy of the Questionnaire (See Attachment 22) if this is to be completed in Proposal Tech?	The RFP Questionnaire will be answered and submitted through Proposal Tech, there is a confirmation button for submission. This Attachment does not require a signature.

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15	04/03/2026	Plan Design	Does the client have a self-insured or fully-insured EGWP today?	EGWP is self-insured.
16	04/03/2026	Plan Design	Does the plan cover SNP (special needs plan) members or is it a dual coverage/demonstration plan?	No, it is a Standard Part D plan
17	04/03/2026	Plan Design	How many Medicare Part D lives meet the CMS standard for MTM (medication therapy management)?	6,607 lives
18	04/03/2026	Plan Design	Please provide a claim file with NDCs, GCN, or GPI CD information in order to provide a detailed formulary analysis.	Attachment 34 includes a total of three files, two commercial claims files and one EGWP claims file. All files contain these indicators to perform a detailed formulary analysis.
19	04/03/2026	Client Information	Are there any in-house pharmacies? If so, please provide the NPI.	The State of Delaware does not currently have any in-house pharmacies.
20	04/03/2026	Plan Design	Please provide the average number of DMRs (direct member reimbursement) per month (or annually).	Commercial: Jul-June 2025 had 1,274 paper claims for commercial EGWP: 2024 had 356 total paper claims submitted for the EGWP.
21	04/03/2026	Client Information	What is the client's ERISA status?	The State of DE GHIP is a governmental entity, and not subject to ERISA regulations.
22	04/03/2026	Client Information	Please provide the average number of prior authorizations, appeals, and grievances per month (or annually).	Commercial: 2025 annualized PA requests = 35,817 for commercial; annualized appeals = 1,351 for commercial. EGWP: 2025 annualized PA requests = 10,769 for the EGWP. Annualized appeals = 1,356 for the EGWP. Grievances in 2024 = 1,054 for the EGWP.

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23	04/03/2026	Client Information	Please provide monthly volume of member calls handled by the call center.	Commercial July – June 2025: ~1,174 per month for the commercial Customer Care Team EGWP: ~1,200 a month for the EGWP Customer Care team.
24	04/03/2026	Client Information	Please provide current benefit design(s) and detailed information on available clinical programs.	Please see the following attachments: Attachment 26 – Pharmacy Plan Design and UM Programs – Commercial Attachment 27 – Pharmacy Plan Design and UM Programs - EGWP
25	04/03/2026	Plan Design	Related to your Medicare formulary -is the goal to be member friendly, achieve cost savings, or a balance of the 2?	The goal of the State is a balance of the two.
26	04/03/2026	Plan Design	Related to your Medicare formulary How many tiers are on the current formulary and do you want to continue with that structure?	Currently 3 tier, and please continue as such.
27	04/03/2026	Plan Design	Related to your Medicare formulary Are you interested in a specialty tier?	Please follow the current plan design for all categories.
28	04/03/2026	Plan Design	Related to your Medicare formulary Are you interested in providing drugs (e.g., adherence Star metric drugs, insulin, vaccines, enhanced, etc.) on an optional tier?	Please follow the current plan design for all categories.
29	04/03/2026	Plan Design	Please provide your current formulary (formularies).	Attachment 34 includes a total of three files, two commercial claims files and one EGWP claims file. In the commercial claims files, column K is labeled as “On_Formulary” and contains the indicator. In the EGWP claims file, column J is labeled as “Formulary_indicator” and contains the indicator. These files would only be made available through the Manage Documents library once you have provided a signed NDA and received an email notification that access has been granted.

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30	04/03/2026	Questionnaire Section number: 3 Pharmacy Questionnaire - General, 3.1 Pharmacy Questionnaire - General Paragraph number: 3.1.3 Page number: Page 15 Text of passage being questioned: 3.1.3 Attached is a description of the pharmacy benefit plan designs for State of Delaware, as well as the clinical programs in place today for Commercial and EGWP, Attachments 24 and 25. Please provide your financial quote assuming no change in designs and clinical programs. Your offer should assume your most closely matched standard formulary and network to what State of Delaware currently has in place and all pharmacy lives provided in the data set. Additionally, please refer to Attachments 24 and 25 that summarize the current account structure for Commercial and EGWP	Bidder question: Question 3.1.3 indicates that Attachments 24 and 25 provide a description of the clinical programs currently in place for Commercial and EGWP; however, we are unable to locate the clinical information. Please provide detail on the clinical programs currently in place and those that the State of Delaware intend to implement for both Commercial and EGWP plans.	For this information please refer to Attachments 26 and 27, the RFP and questionnaire will be updated to reflect the changes.
31	04/03/2026	Questionnaire Section number: 2 Minimum Requirements Paragraph number: 2.8 Page number: Page 5 Text of passage being questioned: 2.8 Confirm your organization will comply with all state and federal Pharmacy laws, regulations, and guidance, including all CMS-mandated requirements if bidding on EGWP, including any such laws, regulations, or guidance that become effective after the contract effective date and during the term of the contract(s).	Bidder question: In regard to MFP drugs, please advise if bidders should exclude 2027 MFP drug list or 2026 MFP drug list.	MFP drugs do not impact commercial plans. For EGWP underwrite MFP drugs as appropriate.
32	04/03/2026	Other	What is the NPI/NCPDP number for Biotek Remedys specialty pharmacy?	Biotek Remedys, Inc. — NPI 1689955163

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33	04/05/2026	Other Section Number: 3.7 PBM Account Management and Implementation (Pharmacy Questionnaire - General) Paragraph Number: 3.7.6 Page Number: 113 Text of passage being questioned: Upload, as an attachment, a copy of your implementation timeline assuming State of Delaware's effective date.	Could you clarify the distinction between the implementation timeline requested in question 3.7.6 and the implementation schedule required in 3.1.12? Both items appear to request the same information.	The implementation timeline and the implementation schedule are the same and should supply the requested information as described below 11. Assuming a vendor is selected for negotiation of a contract by December 31, 2026 and an anticipated Commercial effective date of July 1, 2027, as an exhibit provide a detailed implementation schedule and include steps required to implement the program, role played by the plan sponsor/vendor, testing of enrollment file feed(s), production and distribution of enrollment materials, contacts and personnel assigned to each step of the implementation process, establishment of online plan information, and online Open Enrollment in mid-May
34	04/05/2026	Other Section Number: 3.10 PBM Plan Administration (Pharmacy Questionnaire - General) Paragraph Number: 3.10.5 Page Number: 120 Text of passage being questioned: Confirm that your organization will provide State of Delaware with a disruption analysis of the maintenance drug list as compared to State of Delaware's current maintenance drug list.	Could you please share an Excel version of the State of Delaware NDC-level maintenance drug list for the disruption analysis requested in question 3.10.5?	A new file has been uploaded to Proposal Tech through the Manage Documents screen, which requires an NDA, named Attachment 36 – Maintenance Drug List, Confidential, NDA required.
35	04/05/2026	Other Section Number: III. Required Information, Section A. Minimum Requirements (Minimum Requirements Questionnaire) Paragraph Number: 16 Page Number: 9 • Text of passage being questioned: The State is interested in evaluating alternative pricing proposals, including acquisition cost/cost plus pricing proposals. Confirm if your organization will provide an alternative pricing proposal, such as an acquisition cost/cost plus pricing proposal, that includes the elimination of spread pricing as defined as any difference between the amount paid by the State and the amount reimbursed to the pharmacy for all prescription claims. An acquisition cost pricing proposal should include those medications dispensed at Mail Order and Specialty and the full pass-through of all pricing components, with minimum guarantees. You are strongly encouraged to submit an alternative	Could you please specify any additional alternative pricing models the State is interested in evaluating beyond the acquisition cost plus model?	The State is open to evaluating alternative pricing models that do not include spread pricing and are transparent in nature.

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		pricing proposal, though failure to submit an alternative pricing proposal will not result in disqualification from this procurement.		
36	04/05/2026	Other Section Number: N/A Paragraph Number: N/A Page Number: N/A • Text of passage being questioned: N/A	Are there any cost containment strategies or vendors currently being utilized by the State? Are those claims part of the claim set? Is there a cost / fee associated with the current cost containment programs?	Please review Attachments 26 and 27 for current plan design and programs.
37	04/06/2026	Pricing III. Required Information A. Minimum Requirements Paragraph Number 8 Page Number 9 21. Confirm your organization's understanding that rebate guarantee modifications of the contract, if applicable, will not be allowed unless the State changes to the formulary result in a 10% or greater loss in total rebates to the GHIP. Any changes to the rebate guarantee, based on the State's changes to the formulary, will be based on the actual reductions in rebate revenues related to that decision and will be fully supported by documentation made available to the State and its consultants by the PBM on a prospective basis only.	Is it preferable for vendors to provide a separate document with their specific pricing assumptions that may be impactful for evaluation? Alternatively, please provide guidance for which section of Proposal Tech is most appropriate for vendors to present their specific pricing assumptions that may be impactful for evaluation.	Include all relevant pricing details and assumptions in Attachment 31.
38	04/06/2026	Pricing III. Required Information A. Minimum Requirements Paragraph Number 8 Page Number 9 21. Confirm your organization's understanding that rebate guarantee modifications of the contract, if applicable, will not be allowed unless the State changes to the formulary result in a 10% or greater loss in total rebates to the GHIP. Any changes to the rebate guarantee, based on the State's changes to the formulary, will be based on the actual reductions in rebate revenues related to that decision and will be fully	Please provide guidance as to how the State expects the vendors to account for future events that are not known at this time such as future MFP list additions, WAC reductions or Biosimilar pipeline.	Please provide proposals consistent with financial requirements tab of Attachment 31.

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		supported by documentation made available to the State and its consultants by the PBM on a prospective basis only.		
39	04/06/2026	Pricing 14. PBM Formulary Management Paragraph Number 6 Page Number 126 17. Describe your willingness to allow the administration and fulfillment of specific drug classes, including GLP-1s, to be carved out to another vendor.	For GLP-1s, Anti-Obesity and Anti-diabetic products, please provide any relevant UM or PA documentation. or benefit design/coverage documentation. Do co-pay structures for GLP-1, Anti-Obesity, and/or Anti-diabetic products differ from other products on the formulary? If so, please explain and provide detail.	Prior authorization requirements for Anti-Obesity products align with the FDA label for each medication and current clinical guidelines, including, but not limited to, a diagnosis of obesity with at least one weight related comorbid condition, previous participation in a comprehensive weight management program, a reduced calorie diet and exercise, and achieving or maintaining a positive clinical response. Effective 7/1/26 copays for all weight loss GLP-1s will increase to \$200 per month for a 30-day supply. Prior authorization requirements for Anti-diabetic products align with the FDA label for each medication and current clinical guidelines, including diagnosis of diabetes. Copays for Anti-diabetic GLP1's will follow the standard copay structure for 30D and 90D supply.
40	04/06/2026	Pricing 14. PBM Formulary Management Paragraph Number 6 Page Number 126 17. Describe your willingness to allow the administration and fulfillment of specific drug classes, including GLP-1s, to be carved out to another vendor.	For GLP-1s, was this coverage strategy modified during the time period of provided claims data? If yes, specify date of implementation for each. Weight Loss Diabetes Cardiovascular Other - please specify	No changes were made.
41	04/06/2026	Pricing 14. PBM Formulary Management Paragraph Number 6 Page Number 126 17. Describe your willingness to allow the administration and fulfillment of specific drug classes, including GLP-1s, to be carved out to another vendor.	For GLP-1s, are any changes planned for this coverage strategy for the coming year? • Weight Loss Diabetes Cardiovascular Other - please specify	The State of DE covers GLP-1 drugs for all indications approved by the FDA. No changes are expected for the upcoming plan year which begins on July 1, 2026.
42	04/06/2026	Questionnaire II. Scope of Services 1. Overview of the SEBC Paragraph Number 3 Page Number 4 Benefit eligible plan participants include the State's active employees (State agency, school district, charter school, Delaware State University, and Delaware Technical Community	The claims data includes the University of Delaware which is no longer included in the account structure. Should the University of Delaware claims be removed or can the State please provide updated claims data that reflects the removal of the University of Delaware?	The University of Delaware is no longer included in the account structure. Please refer to most recent data files uploaded as of 4.13.26, if you downloaded prior to this date you will need to download the most current, Attachment 34 - (3 files).

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		College employees) and their dependents; non-Medicare and Medicare retired employees and their dependents; employees of non-State groups (i.e., towns and fire companies these groups are also referred to as “participating groups” or “non-payroll group” employees) and their dependents; and COBRA participants.		
43	04/06/2026	Questionnaire II. Scope of Services 1. Overview of the SEBC Paragraph Number 3 Page Number 4 Benefit eligible plan participants include the State's active employees (State agency, school district, charter school, Delaware State University, and Delaware Technical Community College employees) and their dependents; non-Medicare and Medicare retired employees and their dependents; employees of non-State groups (i.e., towns and fire companies these groups are also referred to as “participating groups” or “non-payroll group” employees) and their dependents; and COBRA participants.	It looks like the revised claims detail files with the University of Delaware claims removed that were provided on 1-22-26 may not have been provided in attachment x. Will the State resend the claims data files?	Please refer to most recent data files uploaded as of 4.13.26, if you downloaded prior to this date you will need to download the most current, Attachment 34 - (3 files).
44	04/06/2026	Questionnaire 1. Pharmacy Questionnaire Paragraph Number 6 Page Number 90 Exclusive Specialty (including Biotek Remedys specialty pharmacy)	Given that BioTek ReMEDys is included in the specialty network but located in the state of Delaware, please confirm that it is subject to NADAC legislation.	Yes, BioTek ReMEDys is subject to NADAC legislation.
45	04/06/2026	Questionnaire 10. PBM Plan Administration Paragraph 5 Page Number 121 15. Confirm whether your POS rebate offer includes PBM pre-funding of rebates at the time of adjudication.	Please confirm bidders should use the following adjudication logic for its NADAC proposal: NADAC + Dispensing Fee or; WAC + Dispensing Fee or; AWP + Dispensing Fee	Please address the State of Delaware reimbursement laws in their proposal.
46	04/06/2026	Questionnaire 6. PBM Specialty Pharmacy Management Paragraph Number 11 Page Number 133	Please confirm that the State's intention is to prefer a Low WAC only biosimilar strategy for Humira, where Low WAC alternatives are preferred on the commercial formulary.	One of the State's goals is to provide coverage for prescription drugs at the lowest net cost possible to reduce drug spend and trend.

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		35. Please describe if your organization prefers low or high WAC biosimilars and how this approach benefits State of Delaware.		
47	04/06/2026	Questionnaire 6. PBM Specialty Pharmacy Management Paragraph Number 11 Page Number 133 35. Please describe if your organization prefers low or high WAC biosimilars and how this approach benefits State of Delaware.	Please confirm that the State's intention is to prefer a Low WAC only biosimilar strategy for Stelara, where Low WAC alternatives are preferred on the commercial formulary.	One of the State's goals is to provide coverage for prescription drugs at the lowest net cost possible to reduce drug spend and trend.
48	04/06/2026	Questionnaire 6. PBM Specialty Pharmacy Management Paragraph Number 11 Page Number 133 35. Please describe if your organization prefers low or high WAC biosimilars and how this approach benefits State of Delaware.	As a related question, please confirm the requirement of a Low-WAC only strategy requires bidders to bid Low-WAC biosimilars, i.e. for Stelara or Humira, as opposed to Mid- or High-WAC biosimilars.	One of the State's goals is to provide coverage for prescription drugs at the lowest net cost possible to reduce drug spend and trend. There is not a specific requirement for bidders to bid Low-WAC biosimilars. The question is for the bidders to describe if their organization prefers low or high WAC biosimilars and how this approach would benefit the State of Delaware. The State cannot speak to the strategy of the bidders.
49	04/06/2026	Questionnaire 6. PBM Specialty Pharmacy Management Paragraph Number 11 Page Number 133 35. Please describe if your organization prefers low or high WAC biosimilars and how this approach benefits State of Delaware.	As it relates to financial evaluation, if a High or Mid WAC biosimilar strategy is proposed, will the modeling adjust the ingredient cost for any existing low WAC products to be shifted to the high or mid WAC to account for lost ingredient cost savings?	Please respond accordingly to the structure of your proposed formulary.