

- 1) Will there be an opportunity for a second round of questions if any answers in the first round of questions needs clarification? **A new schedule of events will be released near the same time as the release of this form. Further questions will not be received.**
- 2) Will Eddy County consider extending the due date for Submission of Response to accommodate thoughtful consideration of answers to all questions submitted and a potential second round of questions in order to provide the most cost effective proposal possible? **Yes.**
- 3) Once the contract is awarded, what is the proposed contract start date? **This depends on the previous question and the amount of follow-up needed and time allotted to Offeror's to prepare responsive proposals. At this rate, the County predicts sometime December, 2016.**
- 4) Who is the current vendor providing Pharmaceutical Services to Eddy County Detention Center? **Diamond Pharmacy.**
- 5) What are the current contracted pharmacy rates? **Three recent invoice statements were pulled. Per month they were \$15,916.39, \$12,741.10 and \$17,665.47, respectively.**
- 6) What is your current cutoff time for next-day delivery orders to be submitted to the pharmacy? Do you intend to keep this the same? **1 p.m. MST.**
- 7) What is the average number of prescriptions filled per month for your facility? **200-250.**
- 8) Actual utilization data would be helpful for potential bidders to study medication mix and prescriber ordering trends in order to prepare a responsible and competitive bid rate. Can you please provide the past 3 month's pharmacy invoices for review? What is the average pharmacy dollar amount spent monthly over the past 12 months? **No**
- 9) What is the percentage of stock medications vs. patient specific medications? **10-90.**
- 10) Do you receive stock medications in 30 count blister cards or is all stock in manufacturer's bulk bottles? **Blister packs.**
- 11) What type of medication packaging do you currently use in your facility? (Ex: Blister Cards, Vials, strips, etc.) Do you intend to keep the same packaging type? **Blister, yes.**
- 12) How many days' worth of medication is typically dispensed for routine medication orders? (Ex: 7, 14, 30 days.) **30.**
- 13) May we have a copy of your current formulary? **No**
- 14) Please provide a sample of currently/commonly prescribed NDCs and the frequency in which medications are dispensed. **According to the Detention Center the Center does not track individual prescription quantity. Please see attachment 1 at the end of this document for a list of currently prescribed medications.**
- 15) How does the County send prescription new orders and refills to the pharmacy vendor? Email, Fax, Remote Provider Order entry? If multiple methods are used, approx. what percentage of each type of transmittal apply? **Email and fax.**
- 16) What is the current preferred method for delivery? **Fed Ex.**
- 17) Please describe the frequency for medication deliveries to your facility by current vendor. **Monday-Friday.**

- 18) Are medical supplies (needles, syringes, diabetic test strips, etc.) for your location ordered from the current contracted pharmacy? **No.**
- 19) Does the County currently have an eMAR or EHR in place? If so, what is the name of the program currently in place? **Not at this time. The Detention Center is working on one.**
- 20) If not, are there plans to implement an eMAR or an EHR during the term of this contract?
- 21) If yes, would a new price be negotiated to include the value added service of an eMAR or EHR implementation? **One is not fully implemented; contracts may be renegotiated, when necessary.**
- 22) Does Eddy County use an on-site automated medication supply unit (Talyst or other)? **No.**
- 23) If so, in what capacity are these automated medication supply units being utilized? **n/a.**
- 24) Who is the current after-hours back-up pharmacy (if utilized)? **Walgreen's.**
- 25) What is/are the current daily census system(s) used to interface with the Pharmacy Information System? **Archonix.**
- 26) Does the daily census management system have HL7 interface capability? The County currently does not utilize an HL7 Interface.
- 27) How often are updates transferred from the daily census management system to the pharmacy information system? (Hourly, daily, etc.?) **Updates every time there is a new inmate intake – approximately, approximately 10 – 15 inmates daily.**
- 28) What is your current average daily inmate population? Can you please provide the inmate population for the past 12 months? **300.**
- 29) How are the prescription returns from your facility currently handled? Do you currently receive credit for returned medications? Are there any restocking fees or minimum costs to qualify as a return? **Full credit.**
- 30) Are release medications supplied to inmates upon parole or discharge? If so, how many days' supply is provided? **Yes, what is on hand.**
- 31) What is the current process for notifying pharmacy of inmates release dates? **Unable to do but this will depend; we have several inmates at any one time with varying release date. Depends on local courts. Normally, if the individual is staying the entire sentence. We can tell what the planned release date. The average stay for inmates is approx. 28 31days.**
- 32) Will it be required to ship inmate discharge/transfer medications to private residences or are they shipped to each correctional facility only for discharge/transfer patients? **Not required**
- 33) Is your correctional facility accredited by the National Commission on Correctional Health Care (NCCHC) or American Correctional Association (ACA)? If not, do you expect to seek accreditation during the term of the contract? **We are currently not ACA or NCH accredited at this time, but are working to get on accredited New Mexico of Counties (NMAC) under the specific certifications for Detention Center. The Detention Center, while not accredited itself, yet, expects offerors to meet the requirements.**
- 34) Does the Detention Center currently maintain a Keep-On-Person (KOP) Program? If so, please provide a list of KOP medications approved by facility. **Yes, this determined on case-by-case basis.**

- 35) What percentage of your inmates, if any, are Federal? Specifically, what percentages are under jurisdiction of each the US Marshals Service (USMS) and US Immigrations and Customs Enforcement (ICE)? **0.**
- 36) Are OTC medications for commissary provided by the Contracted Pharmacy? If not, where do they come from? **No.**
- 37) How are non-formulary requests approved? **Medical Director.**
- 38) Please describe your Non-Formulary Review process in detail. This is done on a Case-by-Case basis by our Medical Director (It is important to note the Medical Director is in the RFP process).
- 39) Please describe the current destruction policy for all outdated/expired drugs. **We use Stericycle.**
- 40) Does your facility have a DEA License? If so, whose name(s) is (are) under licensure? **No.**
- 41) Does your facility have a current state pharmacy license? **Yes.**
- 42) Please provide the following pharmacy information by year for the last three years: number of patients on HIV medication, number of patients on psychotropic medications, number of patients on Hepatitis C medications, number of patients receiving medications associated with hemophilia, HIV medication dollars, psychotropic medication dollars, hepatitis C medication dollars, and hemophilia related medications dollars. **0 on HIV, 17% psych meds, 0 HepC unknown dollar amounts.**
- 43) Of inmates receiving Hepatitis C treatment, what is the nature of the treatment? Please list medications used to treat over the past three years. **0% of inmates have self-reported to agency nursing staff having contracted Hepatitis C -**
- 44) Does your facility currently use a barcode electronic order reconciliation and medication return management system? **No.**
- 45) Does the current pharmacy vendor use a FDA-registered repackager to ensure compliance with federal regulations for Correctional Health stock medications? **Yes.**
- 46) Will you mandate that the pharmacy vendor use a FDA-registered repackager for Correctional Health stock medications to ensure compliance with Federal regulations? **No.**
- 47) Will you require bidders to provide, as part of the proposal, evidence (the repacker's license and labeler code) that they use a FDA-registered repackager, as this is the only means to ensure compliance? **No, and this will not disqualify Offerors that do not provide such proof but if a potential Offeror has this information, they may provide. This will not be a mandatory requirement. **Offerors may attach other material they believe may improve the quality of their responses. However, these materials will be included in Binder 2.**
- 48) Will failure to provide proof of compliance with Federal regulations deem a bidder non-responsive and therefore ineligible for an award? **No**
- 49) Will you mandate that the pharmacy vendor be a National Association of Boards of Pharmacy (NABP) Verified Accredited Wholesale Distributor (VAWD) in regard to stock distribution? Will you require this documentation be submitted as part of the proposal? **No. and this will not disqualify Offeror that do not provide such proof. but if a potential Offeror has this information, they may provide. This will not be a mandatory requirement. **Offerors may**

attach other material they believe may improve the quality of their responses. However, these materials will be included in Binder 2.

- 50) Does your Detention Center maintain an Emergency Drug Box? If so, please provide a list of medications to be contained in the Emergency Drug Boxes. **No**
- 51) Please provide a list of your current Stock Medications. **The County currently does not keep a stock of medications, they are ordered as needed.**
- 52) Who administers medications to inmates? For example: nursing staff or correctional officers? **RN's and nursing staff.**
- 53) Where does medication administration take place, that is, do medication carts go to the housing units or do inmates come to the medical units for medication administration? **Medication Administration takes place at the housing area.**
- 54) How many med carts are currently in use by your correctional facility? **3.**
- 55) Are these med carts the property of the current contractor or will they remain with the County? **Some are property of current contractor, some are not.**
- 56) Please outline the quantity of medications carts needed for each facility (if required)? **3.**
- 57) What reports are currently being utilized by Eddy County? **Several reports are utilized by the current Vendor, that the County primarily utilizes invoicing;**
What additional reports will be required? **None at this time but may be negotiated.**
Can Eddy County provide examples of current monthly reports provided by current pharmaceutical services vendor? **The County will provide will this document an invoice.**
- 58) Are there any current committee meetings that would require a pharmacist or other vendor representative to attend? If so, what is the frequency of those meetings? Are the meetings required to be attended in person or will video/teleconferencing be permitted? **None required.**
- 59) Bidders' complying with federal and state regulations is anticipated and should be expected. However, compliance cannot be fully assured unless written documentation is provided to your office at the time of proposal submittal. Since you currently receive stock in blister cards, a pharmacy or a wholesaler cannot simply put those medications in a card and label them as stock and still be in full regulatory compliance. A company must be an FDA-registered repackager or use the services of an FDA-registered repackager to legally repack stock medications into blister cards or into any other packaging that results in a change to the original manufacturer's packaging.
- Will you mandate that bidders comply with these regulations and use an FDA-registered repackager if stock is provided in packaging other than the original manufacturer's packaging (such as blister cards)?
 - Will you require bidders to provide evidence (such as the repackager's license, labeler code, or a letter from the repackager on their letterhead) at the time of proposal submittal to show that they are actually using an FDA-registered repackager?
 - Will a pharmacy bidder's failure to provide written documentation at the time of proposal submittal showing that they comply with FDA repackaging regulations regarding the provision of stock deem that bidder non-compliant and therefore ineligible to receive an award? **No**
 - If not, what process will Eddy County follow prior to making an award to ensure compliance

with federal and state laws regarding stock repackaging so that an award is not made to a bidder that Eddy County later discovers is unable to comply, which would put your facility at risk for possible fines and/or disciplinary actions if the facility is inspected? **The County does not have stock medication.**

60) Local news and print media frequently run stories about counterfeit medications being discovered in the supply chain. Similar to the situation with repackaging regulations and wholesaler regulations, bidders' complying with federal and state regulations regarding the Drug Quality and Security Act (DQSA) is anticipated and should be expected. However, compliance cannot be fully assured unless written documentation is provided to your office at the time of proposal submittal. The DQSA requires prescription drug data to be tracked throughout the supply chain. Wholesalers **and pharmacies**, under the 5% rule mentioned above, that provide stock to correctional facilities must collect and store information provided by manufacturers, identifying drug products to the lot level in the form of paper or electronic transaction history records (formerly known as pedigree documentation). Verifying compliance should be simple and is critical, as bidders only have to provide a sample of their current product tracing information to your office.

Will you require pharmacy bidders at the time of proposal submittal to provide written documentation (sample of their current product tracing information) to show that they comply with the regulations for stock medications to provide FDA-mandated tracing information or use the services of a wholesaler that complies to ensure the supply line integrity of medications distributed to your facility? **No, it will not be required, but we will review any information regarding this. **Offerors may attach other material they believe may improve the quality of their responses. However, these materials will be included in Binder 2.**

- Will failure to comply with these requirements (as set forth in the DQSA) and failure to provide written documentation at the time of proposal submittal deem a bidder non-compliant and therefore ineligible for an award? **See above, no.**
- If not, what process will Eddy County follow prior to making an award to ensure compliance with these federal laws regarding track and trace documentation so that an award is not made to a bidder that Eddy County discovers only later is unable to comply, which puts your facility at risk for possible fines and disciplinary action? **N/A**

61) Section 7.B(1) Cost (See Table 1) on pages 26 and 27 of the RFP states:

"The evaluation of each Offeror's Cost Proposal will be conducted using the following formula:

Highest point discounted proposed receives full points.

Subsequent lower discounted rates will be scored by the percent of discount multiplied by Maximum Points available.

There will be 300 total points available for this factor, divided into 150 point sections for Generic and Brand Name Pricing, respectively."

The RFP then provides example score calculations for generic and brand name medications.

As you know from your procurement experience, for a facility the size of Eddy County, brand name medications typically are discounted between 17% and 21%. Using the RFP's scoring formula and referencing the example provided in the RFP, but using a discount rate reflective of what you should realistically expect to receive from pharmacy bidders, the scoring may look like:

- Company A offers a 20% discount to brand name medications.
- Company B offers a 21% discount to brand name medications.
- Company C offers an 18% discount to brand name medications.

The scoring would then be as follows:

- Company B (proposing the largest discount rate) will receive the full complement of 150 points.
- Although Company A made an offer only 1% less than Company B, their point allotment would be (150×0.20) for a very disproportionate score of 30 points in this category.
- Company C would receive a score of 27 points in this category (150×0.18) .

This scoring formula essentially makes the discount submitted on brand name medication the determining factor in the overall scoring, as a company would have difficulty making up 120 points in other areas of the evaluation scoring.

To prevent bidders from arbitrarily submitting an unrealistic discount to AWP on brand name medications (anything over 22%), would you consider modifying the scoring calculation for brand name medications, as brand name medications are not typically dispensed to any great extent in the correctional industry?

Any "unrealistic discount" will be discussed by the evaluation team and may lead to disqualification if any awardee, during the evaluation phase fails to show the Cost offer is, in fact, valid.

62) "Offerors should provide **no more than four (4) references** from" based on this statement are you going to deduct points if I only have 3? **Yes. From the RFP: "Points will be awarded based upon an evaluation of the responses to a series of questions as per Appendix F. Points will be awarded for each individual response up to 1/4 of the total points for this category. Lack of a response will be awarded zero (0) points. Fifty points per reference will be calculated if 4 responses are received, with points taken away based on Reference scores, Reference response to open-ended questions or references not received."**

**Attachment 1
Response to #14**

Please provide a sample of currently/commonly prescribed NDCs and the frequency in which medications are dispensed. **According to the Detention Center the Center does not track individual prescription quantity.**

The following is a sample of medications from October 2016 invoicing. While not a complete list this represents majority of the commonly prescribed medications and current medications the Detention Center needs.

Ventolin	Clonidine	Sertraline	Ibuprofen	Metformin	Lisinopril
Levetiracetam	Gabapentin	Omeprazole	Aspirin-low	HCTZ	Levothyroxine
Lisinopril	Carbamazepine ER	Fluoxetine	Levetiracetam	Prazosin	Respirdone
Cdp	Clonidine	Hydroxyzine HCl	Lithium Carb	Prazoaln	Risperdone
Baclofen	Naproxen	Sumatriptan	Toprimate	Rantidine	Sulfartrim
Docusate SOD	Guanfacine	Clonidine	Benz Peroxide Gel	Haloperidol	Pantoprazole
Diclofenac Pot	Benzotropine	Ciprofloxacin	Impiramine	Lisinop-HCTZ	MedrozyPROG
Nitrofur	Oxybutynin	Azithromycin	Lantus	Pantoprazole	Potassium
Qvar	Ventolin HFA Inhaler	Atorvastatin	Metoprolol	Naproxen	Bupropion
Citaloprem	Mirtazapine	Prazosin	Omeprazole	Paroxetine	Dermaphor Ointment
Clotrimazole	Citalopram	Olanzapine	Nitrofur	Topiramate	Divalproex
Pantoprazole	Divalproex	Preparation H suppository	Diclofenac Sod	Olanzapine	Prenatal Plus Table
Meloxicam	Aspirin	Colchicine	Mycophenolate	Rosuvastatin	Sodium Bicarb
Uloric	Ranitidine	Ketoconazole 2% Cream	Aquadoks Softgel	Pulmozyme Ampules	Vitamin D3 1000 unit
Venlafaxine	Phenytoin Sod	Amlodipine	Hctz	Tamsulosin	Carbamazepine
Fluconazole	Cephalexin	Calcium	One Daily Vitamin Tablet	Cyclobenzaprine	Clindamycin
Mirtazapine	Ferrous Sulfate	Losartan	Bacitracin OPN	Cabamide Perx	CiproDex
Melatonin	Duloxetine	Aspirin-low	Metoprolol	Amoxicillin	Advair
Donepezil	Lamotrigine	Lantus	Spiroonactone	Cephalexin	Haloperidol