CAMERON COUNTY PURCHASING
1100 E. Monroe St,
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Date out : 2-5-16

RFP TITLE: PHARMACEUTICALS & SERVICES W/ PRESCRIPTION & OVER THE COUNTER

BID # 1610

REVISED DEADLINE: FEBRUARY 17, 2016

(IN ORDER TO AVOID DISQUALIFICATION – ALL ADDENDUMS MUST BE SIGNED AND RETURNED BY DEADLINE AND INCLUDED IN THE SEALED RFP PACKAGE SUBMITTED)

Q & A BATCH 1

JAIL INFIRMARY & JUVENILE PROBATION DEPTS. Q & A 1

Questions for Cameron County, Texas
RFP #1610: Pharmaceuticals & Services w/ Prescription & Over the Counter

For additional information or to request addendum contact Mike Forbes or Beverly Findley [(956) 544-0871, mforbes@co.cameron.tx.us, purchasing@co.cameron.tx.us]

To ask specific questions on project requirements, please call Dean Garza [(956) 554-6701]

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1. For each facility covered under the RFP:

- a) What is the average number of prescriptions filled per month per facility for the past 12 months?

  SEE PAGE 22 & 27

- b) What type of medication packaging (blister cards, vials, strips, other) do you currently use in each facility? Do you intend to keep the same packaging?

  BLISTER CARDS / YES

- c) How many medications are, or what percentage is, dispensed as stock for each facility?

  VERY LITTLE STOCK, MOST OTC STOCK

- d) What is your total dollar amount spent on pharmacy per facility for the past 12 months?

  $ 270,000 PR/YR

2. Are medications for the Department of Health and Human Services dispensed as patient-specific orders?
   Or, is that agency using this contract only to receive bulk stock and repackaged pharmaceuticals?

   PATIENT SPECIFIC / BULK

3. If your facilities receive medications in blister cards, do you currently receive your patient-specific blister cards with each individual bubble of the blister card labeled with the medication's name and strength, lot number, expiration date, and manufacturer's name to allow those medications to be safely (and, in many states, legally) returned for credit?

WE WILL MAKE SURE THE AWARDED FIRM WILL COMPLY WITH ALL STATE AND FEDERAL REGULATIONS

4. How many days' worth of medication (7, 14, 30 days) is typically dispensed for routine medication orders? Do you intend to keep this the same?

30 / YES

5. Do any of your facilities have a state pharmacy license or any type of clinic license issued by the State Board of Pharmacy?

YES

6. Do any of your facilities have a U.S. Drug Enforcement Administration (DEA) registration, which is required to receive stock controlled substances (i.e., Schedule II-IV medications)?

YES

7. If not, is your facility's physical address listed as the business address on the DEA registration of at least one of your facility's providers?

YES

8. Nearly every correctional facility nationwide has some degree of emergency, night-locker, or first-dose starter stock on hand. Facilities often overlook that a pharmacy provider cannot dispense more than 5% of their overall company-wide sales as stock (Federal Register, Vol. 64, No. 232, 21 CFR Parts 203/205, III, H, 4). Additionally, in the state of Texas, a provider is required to be a licensed wholesaler by the Texas Administrative Code Title 25, Part 1, Chapter 229, and the Texas Department of State Health law to distribute wholesale quantities of stock medications in Texas**.** Therefore, to comply with federal and state regulations, a pharmacy provider must be a licensed wholesaler or use the services of a wholesaler licensed in both their home state and in Texas to distribute wholesale quantities of stock medications.

- Will you require bidders to comply with this regulation and include this documentation in their proposals to show whether they use a pharmacy provider that is licensed as a wholesaler or whether they use the services of a Texas-licensed wholesaler?

WE WILL MAKE SURE THE AWARDED FIRM WILL COMPLY WITH ALL STATE AND FEDERAL REGULATIONS

9. Will failure to provide proof of compliance with federal regulations, specifically this requirement, deem a pharmacy bidder or a health services bidder that uses a non-compliant pharmacy provider as non-responsive and therefore ineligible for an award?

NO

10 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 documentation to be submitted as part of the proposal?

NO

11 Do you receive stock in 30-count blister cards or in original manufacturers' bulk bottles? If not, how is your current vendor providing your facilities with stock medications in compliance with the Drug Supply Chain Security Act (DSCSA)?

PATIENT SPECIFIC

12 If you currently receive stock in blister cards for the Jails or Health Department, a pharmacy or a wholesaler cannot simply put those medications in a card (or even smaller bottles) and label them as stock and still be in full regulatory compliance. A company must be (or use the services of) a FDA-registered repackager to legally repackage stock medications into blister cards **or any other packaging** that results in a change to the original manufacturer's packaging .

PATIENT SPECIFIC

13 Will you mandate that the pharmacy vendor comply with the regulations and use an FDA-registered repackager if stock is provided in packaging other than the original manufacturer's packaging?

PATIENT SPECIFIC

14 Will you require bidders to provide evidence (such as the repackager's license and labeler code) to prove that they use an FDA-registered repackager?

PATIENT SPECIFIC

15 Will a pharmacy bidder that fails to comply with FDA repackaging regulations regarding the provision of stock be deemed non-compliant and therefore ineligible to receive an award?
WE WILL MAKE SURE THE AWARDED FIRM WILL COMPLY WITH ALL STATE AND FEDERAL REGULATIONS

Title II of the Drug Quality and Security Act (DQSA) requires prescription drug data be tracked throughout the supply chain. Wholesalers **and pharmacies** 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.

16 Will you require the pharmacy vendor to comply with the regulations to provide FDA-mandated tracing information for stock medications?

WE WILL MAKE SURE THE AWARDED FIRM WILL COMPLY WITH ALL STATE AND FEDERAL REGULATIONS

17 Will failure to comply with this requirement deem a bidder non-compliant and therefore ineligible for any award?

NO

18 To verify the ability of a bidder to comply with this requirement, will you require them to submit sample product tracing information?

NO

19 Are you receiving credit on all returned medications or only on those where each individual bubble of the blister cards is labeled with the medication name and strength, lot number, expiration date, and manufacturer's name?

YES

20 Can you provide your current medication formulary as an addendum so bidders can review it for possible modifications or recommendations?

WE DO NOT FEEL AN ADDENDUM IS NEEDED AT THIS STAGE OF THE RFP PROCESS

21 Will all medications be shipped to and received at one central location to be distributed to the other facilities designated in your RFP? Or, will medications be shipped to and received at multiple facilities?

MULTIPLE FACILITIES

22 How are controlled substance medications currently destroyed, as they cannot be returned?

WE FOLLOW ALL CURRENT REQUIRED GUIDELINES FOR DESTRUCTION OF ALL CONTROLLED SUBSTANCE MEDICATIONS.

23 How is your facility currently handling hazardous and non-hazardous pharmaceutical waste to remain in compliance with August 2015 EPA regulations?

NO – NONE

24 How many medication carts are required?

WE DO NOT REQUIRE ANY NEW CARTS - THE COUNTY JAIL / INFIRMAY DEPT. OWNS SIX (6) CARTS

25 Do you own your current medication carts?

YES

26 If so, can your awarded pharmacy vendor purchase them?

THIS DEPT. WILL MAINTAIN OWNERSHIP OF ITS EXISTING CARTS (THESE ARE NOT FOR SALE)

27 Or, are new carts required?

CURRENTLY NONE ARE NEEDED (ALL IN VERY GOOD CONDITION)
COUNTY WILL PURCHASE REPLACEMENTY CARTS (ON AN AS NEEDED BASIS)

28 Section II. SCOPE OF SERVICES, Item H on page 9 requires bidders to provide an electronic prescribing system, and Item I on page 9 requires a system that can print your monthly paper MARs. Do your facilities currently use a system with electronic prescription order entry and eMAR system that is provided to you by your pharmacy vendor that allows for completely paperless order entry **and** medication pass functionality? In other words, do your facilities currently use a system that allows your staff to no longer need to do med pass off a paper MAR? If so, what is the name of the system?

NO WE HAVE NO CURRENT SYSTEM AVAILABLE

29 Would you consider requiring bidders to provide a live or web-based demonstration of their proposed electronic order entry system prior to your determination of an award, as this area is one where bidders can clearly differentiate themselves from other bidders based on the technology they will provide Cameron County if granted an award?

WE WILL EVALUATE ALL PROPOSALS AND FOLLOW THE GUIDELINES IN THE RFP

30 Does your facility currently use a barcode electronic order reconciliation and medication return management system provided to you by your pharmacy vendor?

YES

31 If not, would you consider requiring this in an addendum to your current solicitation, as manual daily order check-in and return processing time can be decreased by up to 75%?

NO

32 Does you facility currently have 24/7/365 access to a web based online reporting dashboard provided at no cost by your current pharmacy provider for you to access meaningful and accurate reporting?

NO

33 If not, would you consider requiring this in an addendum to your current solicitation so your staff can better analyze prescriber ordering trends and costs to better manage facility operations through accessible reporting?

NO - IT IS NOT NEEDED

34 Does your facility currently use a current electronic health record (EHR)/electronic medical record (EMR) system?

NO

35 If so, is an interface required to connect with the system?

36 If so, can you provide the name of the correctional facility inmate management software or jail management system?

ODYSSEY

37 If so, will the inmate management software support an HL7 interface?

YES

38 Section III. RFP SPECIFICATIONS on page 12 of the RFP states, "'CAMERON COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH MEDICATIONS EXCLUDED FROM RFP' for medication purchases excluded from RFP."

- Should a list with this name have been attached to the RFP? If so, it is not included in the RFP published on the Purchasing Department website.

Please clarify this specification, as the intent is unclear and it implies that certain medications for the health department may not be part of the RFP.

SEE HEALTH DEPT

39 Section III. RFP SPECIFICATIONS, Item N on page 13 of the RFP states that Cameron County is expecting credit only on brand name medications. Is that currently the case with your incumbent provider? If so, the County is losing a tremendous amount of potential credit on returned medications. Please clarify.

NO – WE RECEIVE CREDIT ON BOTH BRAND AND GENERIC MEDICATIONS

40 Regarding Category A and Category B—When bidders are given latitude to provide pricing on a list of medications at their discretion (compared to the County providing specific NDCs for each medication), you will see prices differing (sometime quite significantly) among bidders, which can skew your overall cost evaluation. Some bidders quote low-cost published prices on their bids, but if awarded a contract, dispense another agent available on the market at the time of dispensing. To ensure a fair and equitable evaluation of pricing where the County can ensure they are comparing prices from all bidders on the exact same medications, would the County consider updating Category A and Category B to include specific NDCs for each line item?

NO

41 Regarding Category A and Category B—Because the RFP gives bidders great latitude in determining the quantity of each item that constitutes a 30-day supply, bidders will almost certainly price out different quantities, which will likely affect the County's ability to fairly and equitably compare costs among bidders. Would the County consider issuing an addendum that modifies Category A and Category B to include an exact quantity for each line item that bidders are required to use in pricing out that item?

PLEASE PRICE A 30 DAY SUPPLY

42 Regarding Category A and Category B —If a bidder's quoted price for a specific line item differs by more than 2% or 3% from prices quoted by other bidders for that item, will the County require the bidder to provide a wholesaler invoice to verify the pricing on that item?

WE WILL DO AN EXTENSIVE EVALUATION OF ALL PROPOSALS

43 Regarding Category A and Category B— The actual quantity in a 30-day supply of liquid, topical, inhaled, and injectable medications would be highly subjective among bidders. Thus, are bidders required to provide an individual unit price for the liquid, topical, inhaled, and injectable medications listed in Category A and Category B?

PRICE PER INHALER (SMALLEST SIZE)
PRICE PER (SMALLEST) GRAM SIZE CREAM
PRICE PER BOTTLE OF LIQUID
PRICE PER VIAL IF INJECTIBLE

44 Regarding Category A and Category B—To ensure consistency among bidders' prices, will the County specific the date (for instance, January 1, 2016) bidders are required to use for obtaining their price quotes for the items listed?

WE WILL DO AN EXTENSIVE EVALUATION OF ALL PROPOSALS

45 "PRICING" on page 41 of the RFP indicates that pricing must remain firm and fixed. The pharmacy industry has seen unprecedented volatility in pricing over the past 5 years, and significant and unexpected price changes often are passed from manufacturers and wholesalers on to pharmacy providers without any advanced notice or warning. Is the intent of the RFP to allow changes in medication costs (if support by a manufacturer or wholesaler invoice), as long as the percentage markup or dispensing fee is held firm and fixed?

YES THAT IS ACCEPTABLE

HEALTH DEPT. Q & A 1

Questions for Cameron County, Texas
RFP #1610: Pharmaceuticals & Services w/ Prescription & Over the Counter

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To ask specific questions on project requirements, please call Dean Garza [(956) 554-6701]

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46 For each facility covered under the RFP:

- What is the average number of prescriptions filled per month per facility for the past 12 months?
- What type of medication packaging (blister cards, vials, strips, other) do you currently use in each facility? Do you intend to keep the same packaging?
- How many medications are, or what percentage is, dispensed as stock for each facility?
- What is your total dollar amount spent on pharmacy per facility for the past 12 months?

47 Are medications for the Department of Health and Human Services dispensed as patient-specific orders?
Yes, patient-specific orders.

48 Or, is that agency using this contract only to receive bulk stock and repackaged pharmaceuticals?
This is correct health department does receive in bulk stock and repackage.

49 If your facilities receive medications in blister cards, do you currently receive your patient-specific blister cards with each individual bubble of the blister card labeled with the medication's name and strength, lot number, expiration date, and manufacturer's name to allow those medications to be safely (and, in many states, legally) returned for credit?
This is correct for the health department.

50 How many days' worth of medication (7, 14, 30 days) is typically dispensed for routine medication orders?
All may apply depending on the client's prescriptions and specific medications.

51 Do you intend to keep this the same?
Yes.

52 Do any of your facilities have a state pharmacy license or any type of clinic license issued by the State Board of Pharmacy?
All health department clinics have a state pharmacy license.

53 Do any of your facilities have a U.S. Drug Enforcement Administration (DEA) registration, which is required to receive stock controlled substances (i.e., Schedule II-IV medications)?
Yes, the health the department has DEA registration through the health authority.

54 If not, is your facility's physical address listed as the business address on the DEA registration of at least one of your facility's providers?

Yes.

Nearly every correctional facility nationwide has some degree of emergency, night-locker, or first-dose starter stock on hand. Facilities often overlook that a pharmacy provider cannot dispense more than 5% of their overall company-wide sales as stock (Federal Register, Vol. 64, No. 232, 21 CFR Parts 203/205, III, H, 4). Additionally, in the state of Texas, a provider is required to be a licensed wholesaler by the Texas Administrative Code Title 25, Part 1, Chapter 229, and the Texas Department of State Health law to distribute wholesale quantities of stock medications in Texas**.** Therefore, to comply with federal and state regulations, a pharmacy provider must be a licensed wholesaler or use the services of a wholesaler licensed in both their home state and in Texas to distribute wholesale quantities of stock medications.

55 Will you require bidders to comply with this regulation and include this documentation in their proposals to show whether they use a pharmacy provider that is licensed as a wholesaler or whether they use the services of a Texas-licensed wholesaler?

56 Will failure to provide proof of compliance with federal regulations, specifically this requirement, deem a pharmacy bidder or a health services bidder that uses a non-compliant pharmacy provider as non-responsive and therefore ineligible for an award?

57 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 documentation to be submitted as part of the proposal?

58 Do you receive stock in 30-count blister cards or in original manufacturers' bulk bottles? If not, how is your current vendor providing your facilities with stock medications in compliance with the Drug Supply Chain Security Act (DSCSA)?

Health department receives blister cards.

59 If you currently receive stock in blister cards for the Jails or Health Department, a pharmacy or a wholesaler cannot simply put those medications in a card (or even smaller bottles) and label them as stock and still be in full regulatory compliance. A company must be (or use the services of) a FDA-registered repackager to legally repackage stock medications into blister cards **or any other packaging** that results in a change to the original manufacturer's packaging .

60 Will you mandate that the pharmacy vendor comply with the regulations and use an FDA-registered repackager if stock is provided in packaging other than the original manufacturer's packaging?

Yes.

61 Will you require bidders to provide evidence (such as the repackager's license and labeler code) to prove that they use an FDA-registered repackager?

Yes.

62 Will a pharmacy bidder that fails to comply with FDA repackaging regulations regarding the provision of stock be deemed non-compliant and therefore ineligible to receive an award?

Yes.

Title II of the Drug Quality and Security Act (DQSA) requires prescription drug data be tracked throughout the supply chain. Wholesalers **and pharmacies** 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.

63 Will you require the pharmacy vendor to comply with the regulations to provide FDA-mandated tracing information for stock medications?

64 Will failure to comply with this requirement deem a bidder non-compliant and therefore ineligible for any award?

65 To verify the ability of a bidder to comply with this requirement, will you require them to submit sample product tracing information?

66 Are you receiving credit on all returned medications or only on those where each individual bubble of the blister cards is labeled with the medication name and strength, lot number, expiration date, and manufacturer's name?

All medications.

67 Can you provide your current medication formulary as an addendum so bidders can review it for possible modifications or recommendations?

68 Will all medications be shipped to and received at one central location to be distributed to the other facilities designated in your RFP?

Most of the time we receive the medication in our main pharmacy but some time we may it to be shipped to other clinics directly.

Or, will medications be shipped to and received at multiple facilities?

69 How are controlled substance medications currently destroyed, as they cannot be returned?

Crushed and placed in biohazard containers.

70 How is your facility currently handling hazardous and non-hazardous pharmaceutical waste to remain in compliance with August 2015 EPA regulations?

Yes, BIO-OPS takes are hazardous waste.

71 How many medication carts are required?

N/A to health department.

72 Do you own your current medication carts?

N/A to health department.

73 If so, can your awarded pharmacy vendor purchase them?

N/A to health department.

Or, are new carts required?

74 Section II. SCOPE OF SERVICES, Item H on page 9 requires bidders to provide an electronic prescribing system, and Item I on page 9 requires a system that can print your monthly paper MARs. Do your facilities currently use a system with electronic prescription order entry and eMAR system that is provided to you by your pharmacy vendor that allows for completely paperless order entry **and** medication pass functionality? In other words, do your facilities currently use a system that allows your staff to no longer need to do med pass off a paper MAR? If so, what is the name of the system?

N/A to health department.

75 Would you consider requiring bidders to provide a live or web-based demonstration of their proposed electronic order entry system prior to your determination of an award, as this area is one where bidders can clearly differentiate themselves from other bidders based on the technology they will provide Cameron County if granted an award?

N/A to health department.

76 Does your facility currently use a barcode electronic order reconciliation and medication return management system provided to you by your pharmacy vendor?

N/A to health department.

77 If not, would you consider requiring this in an addendum to your current solicitation, as manual daily order check-in and return processing time can be decreased by up to 75%?

78 Does you facility currently have 24/7/365 access to a web based online reporting dashboard provided at no cost by your current pharmacy provider for you to access meaningful and accurate reporting?

N/A to health department.

79 If not, would you consider requiring this in an addendum to your current solicitation so your staff can better analyze prescriber ordering trends and costs to better manage facility operations through accessible reporting?

80 Does your facility currently use a current electronic health record (EHR)/electronic medical record (EMR) system?

81 If so, is an interface required to connect with the system?

Yes.

82 If so, can you provide the name of the correctional facility inmate management software or jail management system?

Practice Fusion or Wellcentive for the health department.

83 If so, will the inmate management software support an HL7 interface?

Section III. RFP SPECIFICATIONS on page 12 of the RFP states, "'CAMERON COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH MEDICATIONS EXCLUDED FROM RFP' for medication purchases excluded from RFP."

84 Should a list with this name have been attached to the RFP? If so, it is not included in the RFP published on the Purchasing Department website.

RFP should have included in the document the medications for the Health department.

85 Please clarify this specification, as the intent is unclear and it implies that certain medications for the health department may not be part of the RFP.

86 Section III. RFP SPECIFICATIONS, Item N on page 13 of the RFP states that Cameron County is expecting credit only on brand name medications. Is that currently the case with your incumbent provider? If so, the County is losing a tremendous amount of potential credit on returned medications. Please clarify.

The health department expects credit on ALL medication not only brand name medications.

Regarding Category A and Category B—When bidders are given latitude to provide pricing on a list of medications at their discretion (compared to the County providing specific NDCs for each medication), you will see prices differing (sometime quite significantly) among bidders, which can skew your overall cost evaluation. Some bidders quote low-cost published prices on their bids, but if awarded a contract, dispense another agent available on the market at the time of dispensing. To ensure a fair and equitable evaluation of pricing where the County can ensure they are comparing prices from all bidders on the exact same medications, would the County consider updating Category A and Category B to include specific NDCs for each line item?

Regarding Category A and Category B—Because the RFP gives bidders great latitude in determining the quantity of each item that constitutes a 30-day supply, bidders will almost certainly price out different quantities, which will likely affect the County's ability to fairly and equitably compare costs among bidders. Would the County consider issuing an addendum that modifies Category A and Category B to include an exact quantity for each line item that bidders are required to use in pricing out that item?.

Regarding Category A and Category B —If a bidder's quoted price for a specific line item differs by more than 2% or 3% from prices quoted by other bidders for that item, will the County require the bidder to provide a wholesaler invoice to verify the pricing on that item?

Regarding Category A and Category B— The actual quantity in a 30-day supply of liquid, topical, inhaled, and injectable medications would be highly subjective among bidders. Thus, are bidders required to provide an individual unit price for the liquid, topical, inhaled, and injectable medications listed in Category A and Category B?

Regarding Category A and Category B—To ensure consistency among bidders' prices, will the County specific the date (for instance, January 1, 2016) bidders are required to use for obtaining their price quotes for the items listed?

"PRICING" on page 41 of the RFP indicates that pricing must remain firm and fixed. The pharmacy industry has seen unprecedented volatility in pricing over the past 5 years, and significant and unexpected price changes often are passed from manufacturers and wholesalers on to pharmacy providers without any advanced notice or warning. Is the intent of the RFP to allow changes in medication costs (if support by a manufacturer or wholesaler invoice), as long as the percentage markup or dispensing fee is held firm and fixed?

JAIL /INFIRMARY & JUVENILE PROBATION DEPT. Q & A 1

87 Many of the medications on the Price Pages can have multiple directions which can result in one to four tablets being used daily. For ease of comparison, should Offerors price 30 tablets per month instead of 30 days?

PRICE PER PILL/30 TABLETS

88 Please clarify/specify strengths for the following medications:

Bactrim 500mg - no such strength	**BACTRIM D/S**
Haldol 15mg – no such strength	**HALDOL 5 mg TABS**
Sterile Water, 1m/single dose vial – no such strength	(HEALTH DEPT)
Levothyroxine – strength missing	**25 mcg**
Fluconazole – strength missing	**200 mg**
Prezista - strength missing	**600 and 800 mg**
Intelence - strength missing	REMOVE
Prescouix – no such medication	**PREZCOBIX 800/150**

89 Bisacodyl 5ml: The only liquid available is an enema 10mg/30ml, available in unit of use 37ml. Please confirm if that is the product to be priced.

5 mg tablets

90 Amikacin 250mg/single dose ampule: The only product available is a 500mg/2ml ampule. Please confirm if that is the product to be priced.

(HEALTH DEPT question)

91 Please clarify if injectable syringes, multi-dose vials and amps are to be priced per unit or ml as those items may contain a volume greater than one ml.

JAIL AND JUVENILE PREFER MULTI DOSE VIALS (HALDOL LAC/DEC) 5 ml

92 Please clarify if Aerosol Units are to be priced per gram or per unit.

PER UNIT i.e. ALBUTEROL INHALERS

93 Please clarify if Unit of Use Liquids are to be priced as one ml or the total milliliters per unit.

TOTAL UNIT i.e. 1 BOTTLE OF LACTULOSE

HEALTH DEPT. Q & A 1

94 Many of the medications on the Price Pages can have multiple directions which can result in one to four tablets being used daily. For ease of comparison, should Offerors price 30 tablets per month instead of 30 days?

N/A to CCDHHS

95 Please clarify/specify strengths for the following medications:

N/A to CCDHHS

Bactrim 500mg - no such strength
Haldol 15mg – no such strength
Sterile Water, 1m/single dose vial – no such strength
Levothyroxine – strength missing
Fluconazole – strength missing
Prezista - strength missing
Intelence - strength missing
Prescouix – no such medication

96 Bisacodyl 5ml: The only liquid available is an enema 10mg/30ml, available in unit of use 37ml. Please confirm if that is the product to be priced.

N/A to CCDHHS

97 Amikacin 250mg/single dose ampule: The only product available is a 500mg/2ml ampule. Please confirm if that is the product to be priced.

N/A to CCDHHS

98 Please clarify if injectable syringes, multi-dose vials and amps are to be priced per unit or ml as those items may contain a volume greater than one ml.

N/A to CCDHHS

99 Please clarify if Aerosol Units are to be priced per gram or per unit.

N/A to CCDHHS

100 Please clarify if Unit of Use Liquids are to be priced as one ml or the total milliliters per unit

N/A to CCDHHS

GENERAL DEPT. Q & A 1

Under

III. RFP SPECIFICATIONS

G. A narrative outline describing the methodology to be taken by the consultant firm discussing any concerns which must be addressed in a project of this nature. The methodology should be specific in firm's ability to stay within budget, and what methods of cost containment are utilized (maximum 10 pages).

Methodology

6. assist in proposing phase,

101 We are not sure of the intent here. We are very happy to assist in any way with start-up and set up or transition. Proposing phase, would seem like assistance during the RFP process.

We would like the awarded vendor to assist all 3 entities with suggestions on less expensive alternative to medications that we order. For example, is the medication Seroquel is ordered we would like the vendor to suggest a cheaper medication.

102 Once the contract is awarded, what is the anticipate start date for the contract?

goal : April 1, 2016

Company Name_____ Phone # _____
Vendor Signature_____ Date _____

Must include and return with RFP