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Amendment #5
To
Request For Proposals (RFP)
Pharmacy Services
Solicitation No. Q0016025
October 13, 2017

Ladies and Gentlemen:

This Addendum is being issued to amend and clarify certain information contained in the above named RFP. All information contained herein is binding on all Offerors who respond to this RFP. Specific parts of the RFP have been amended. The following changes/additions are listed below. New language has been underlined and marked in bold (ex. **new language**), and language deleted has been marked with a strikeout (ex. ~~language deleted~~).

1. AMEND RFP Section 2.1.1 as follows:

2.1.1 Each Offeror shall clearly demonstrate and document within its Technical Proposal that as of the Proposal Due Date, the Offeror meets the following Minimum Qualifications. Required documentation shall be provided in Tab D as outlined in RFP Section 4.4.2.5 Minimum Qualifications Documentation. The Offeror's Executive Summary shall include reference to the page number(s) in the Proposal where such evidence can be found. **The Offeror shall submit verifiable references to demonstrate that it meets all of the following minimum qualifications.**

2. AMEND RFP Section 3.2.5 to add Section 3.2.5.3 as follows:

3.2.5.3 The Department anticipates issuing an RFP in FY18 for a comprehensive Electronic Health Record to include an eMAR component. The Contractor shall have the same responsibilities for any successor eMAR system implemented during the term of the Contract as for the existing eMAR. There will be a transition from the existing Electronic Health Record NextGen to the new one. That transition could take 18 to 24 months. The Contractor shall interface with the Department's new electronic health record regarding the electronic ordering of medications at some time during this contract period.

3. AMEND Attachment U by replacing it with REVISED Attachment U – List of Required Reports.

4. AMEND RFP Section 3.2.17 to add Section 3.2.17.8 as follows:

3.2.17.8 The Contractor shall generate a monthly facility staffing schedule for every facility, 10 days prior to the start of the next service month. The monthly schedule which must be submitted to, and approved by the Department Contract Monitor shall reflect required hours for every position at every facility. The Department's ACOMs (Area Contract Operations Managers) shall be able to make entries into the system for approval or disapproval of schedule changes. The staffing schedules shall be added to the document management system.

5. AMEND RFP Section 3.2.17.5 as follows:

3.2.17.5 Contractor's Program Manager

A. The Contractor shall have a Contractor's Program Manager, which shall be other than one of the On-site Clinical Pharm.D.s.
B. The Contractor's Program Manager shall be the Contractor's main point-of-contact for any contract matters raised by the **DPSCS** Contract Monitor.
C. Although it is expected that the Contractor's Program Manager will be located Off-site, upon request, the Department will consider providing space On-site for the Contractor's Program Manager, either primarily or part-time.
D. The Program Manager shall have, at a minimum, a master's degree in health administration or other health fields, or an MBA. It is preferred that this individual have correctional pharmacy management experience with multiple sites.
E. The Program Manager shall be based in the State of Maryland and work full-time in the State.

6. AMEND RFP Section 3.2.17 to add Section 3.2.17.9 as follows:

3.2.17.9 Unless otherwise indicated, all positions are full time at 40 hours per week minimum.

7. AMEND RFP Section 3.2.19 to add Section 3.2.19.8 as follows:

3.2.19.8 Upon request, Contractor shall provide training for new drug classes. This training must be coordinated with the Other Healthcare Contractors. Occasionally, the CMO will participate with regard to specific drug class alerts.

8. AMEND RFP Section 3.2.18.3 as follows:

3.2.18.3 Non-Formulary

A. The Contractor upon receipt of a Non-Formulary medication request shall notify the ~~Medical Contractor~~ **the appropriate Other Healthcare Contractor** via the Non-Formulary medical approval/denial process determined by the P&T Committee.

B. If a Clinician prescribes a Non-Formulary medication, the request shall be reviewed by the Contractor Clinical Pharm.D. to determine if there is a clinically equivalent Formulary medication. If the Contractor Clinical Pharm.D. determines that a clinically equivalent Formulary medication is available, the Formulary medication is to be supplied, even if a prescribing Other Healthcare Contractor has noted "Dispense as written," unless the ~~Medical Contractor's~~ **the appropriate Other Healthcare Contractor's** Statewide Medical Director or the CMO agrees, in a given circumstance, that the prescribed Non-Formulary medication shall be provided.

i. Upon determining that there is a Formulary equivalent for the requested medication, the Contractor's Clinical Pharm.D. shall contact the prescribing Other Healthcare Contractor and explain why prescribing the Formulary equivalent is an appropriate substitute in terms of clinical effectiveness and cost savings to the Department. The Contractor's Clinical Pharm.D. shall also explain that if the Other Healthcare Contractor continues to insist that the prescription be filled as written that the Contractor's Clinical Pharm.D. **must contact the Other Healthcare Contractor's statewide Director to discuss the concern.** ~~is barred under the Contract from filling the order as written without the approval of the CMO.~~

ii. If the Contractor Clinical Pharm.D. and prescribing Other Healthcare Contractor disagree as to the use of a Formulary equivalent, the Clinical Pharm.D. shall contact ~~the Medical Contractor's~~ **the appropriate Other Healthcare Contractor's** Statewide Medical**/Mental Health** Director to explain why the Formulary equivalent should be used. If the **Other Healthcare Contractor's** Statewide Medical**/Mental Health** Director is not convinced to require the prescribing Other Healthcare Contractor to change the prescription to the recommended Formulary equivalent, the Clinical Pharm.D. shall appeal to the CMO, who will determine the appropriate course of action.

C. The Clinical Pharm.D. shall initiate any required discussion with the prescribing Other Healthcare Contractor and, if necessary, ~~the Medical~~ **the appropriate Other Healthcare** Contractor's Statewide Medical**/Mental Health** Director, and any subsequent appeal to the CMO, well before the time that the prescribed medication is required to be delivered.

D. If the prescribing Other Healthcare Contractor or an appropriate alternate is unavailable despite conscientious communication attempts, the Contractor's Clinical Pharm.D. is to contact the Regional Medical Director or if unavailable, ~~Medical Contractor's~~ **the appropriate Other Healthcare Contractor's** Statewide ~~Medical~~ Director, or a designee

~~for permission~~ to **discuss the recommendation to** substitute the Formulary equivalent. If ~~the Medical Contractor's~~ **the appropriate Other Healthcare Contractor's** Statewide ~~Medical~~ Director or designee is unavailable despite conscientious communication attempts, the Clinical Pharm.D. shall contact the CMO for permission to use the Formulary equivalent. If, despite conscientious communication attempts, the Clinical Pharm.D. cannot reach anyone authorized to permit the substitution of a Formulary equivalent within the timeframe needed to comply with the delivery times, the Contractor shall fill the order as written within the required time period for a minimum of 72 hours until a definitive decision is reached by the parties involved.

E. A report shall be submitted to the CMO concerning the disposition of any request for a Non-Formulary medication as part of the monthly reporting **to include any designated by the appropriate Other Healthcare Contractors or the CMO.**

i. A monthly report shall be submitted by the 10th of the following month summarizing each occasion during the preceding month when a Non-Formulary medication was dispensed because a Contractor Clinical Pharm.D. determined that there was no Formulary equivalent for the Clinician ordered medication. **This will be done by facility, prescriber, SDA, and inmate name and number.**

ii. In any instance when after discussion with a Clinical Pharmacist**,** a Prescriber has disagreed with the recommendation for the use of a Formulary equivalent in lieu of the prescribed drug it shall be reported **by the 10th day each month, by prescriber to the CMO.** This report shall include:

(a). the **prescriber disagreeing, additional** persons contacted or that attempts were made to contact; **to include the CMO, Regional Pharm.D. and the appropriate Other Healthcare Contractors;**

(b). the day(s) and time(s) of the day each was contacted or that attempts were made to contact;

(c). how each contact, or contact attempt was made; e.g., phone, email, page;

(d). the suggested Formulary equivalent and the rationale for using the equivalent; **the final disposition; whether sustained, approved, appealed to the CMO, or 72-hour fill; and**

(e) **Appeals to the CMO; whether the disposition was denied or approved.** ~~if the Medical Contractor's Statewide Medical Director is not convinced to require the prescribing Other Healthcare Contractor to change the prescription to the recommended Formulary equivalent, the Clinical Pharm.D. shall appeal to the CMO, who will determine the appropriate course of action.~~

9. AMEND RFP Section 3.2 to add Section 3.2.35 as follows:

3.2.35 Staff Qualifications and Credentials

3.2.35.1 The Contractor must submit to the CCHU and the ACOM for pre-employment approval, all required credentialing documentation prior to initiation of new employee orientation. The credentialing documentation and the approval by the CCHU and the ACOM will be posted in the folder for each Staff in Netdocuments, the Department's document management system.

3.2.35.2 The following documentation is the minimum documentation that must be submitted and retained by the Contractor for each Staff.

3.2.35.2.1 For all Staff:

(1) Signed application;
(2) Verification of at least 3 professional references;
(3) Documentation of DPSCS pre-employment background check;
(4) Evidence of pre-hire drug screen (conducted by an independent third-party) with negative result;
(5) Current CPR and AED certification. Proof of on-line education and certification is acceptable;
(6) PREA Certification; and
(7) All medical information required for Staff to meet minimal standards of health, such as Tuberculosis and Hepatitis B screening.

3.2.35.2.2 Additional credentials

(1) Verification of education, training, work history for the past five years, including name and title of person who verified employment and date on which verification occurred;
(2) Current license in Maryland;
(3) Current or previous Board certification or completion of a Pharmacy residency documentation

3.2.35.2.3 Additional requirements for all other Healthcare Professionals:

(1) Current license or certification to practice in Maryland
(4) Verification of secondary education and advanced degrees, masters, PHD etc.

3.2.35.3 All Staff will be subject to a pre-employment background criminal records check by the Department. All Staff must report to CCHU or a satellite location to submit fingerprints to the Department to complete the

background check. This requirement applies to all Staff, including a person who was previously employed by the State, the Contractor, or Other Healthcare Contractors if there is a gap in employment. If the Contractor elects to conduct its own preliminary fingerprinting and criminal history check on prospective Staff, it shall be at the Contractor's expense. The Department will still perform its own official check at no cost to the Contractor. Criminal background checks may be required at any time while the Staff is assigned to perform services under this Contract.

3.2.35.4 All Staff will be subject to pre-employment drug testing and random drug testing during the term of the Contract. Positive drug test results will result in immediate termination of the Staff from the Contract. Tours of facilities for prospective employees shall be coordinated with the ACOM.

3.2.35.5 Proof of completion of required pre-employment training shall be included in the employee's credentialing folder.

3.2.35.6 No Staff is permitted to begin work in the facilities until all credentialing documentation has been received and approved and all background checks, drug testing, and orientation have been completed. Once all these processes are completed and posted in the document management system, the Contractor shall notify the ACOM for approval. The ACOM shall provide approval via email within 5 Business Days. Upon receipt of approval from the ACOM, the Contractor shall post approval to begin work in the employee's file in the document management system and shall include the ACOM email approval in the employee's file

3.2.35.7 All individuals who were employed as Staff under the prior Pharmacy Services Contract must complete the entire credentialing *(including background checks and drug testing)* process under the new Contract within 60 days of the Go-Live Date. The Contractor may request an extension for background checks and drug testing for these employees if there is documentation in the files from the current contract showing that the employees were subject to such checks and testing upon hiring. Such extension shall not exceed 90 days after the Go-Live Date and is subject to the approval of the DPSCS Contract Monitor.

3.2.35.8 The Contractor shall ensure that only qualified Healthcare Professionals will provide required services, as set forth in any federal or State laws, statutes, or regulations as presently enacted, or which may hereafter be enacted and which are applicable to the Department's facilities and the health care services to be provided under the Contract.

3.2.35.9 The Contractor shall use the web-based document management system for the storage, retrieval, reporting and auditing capabilities for credentials of all of the Contractor's Staff. At a minimum, the Contractor shall include:

(1) Current policies and procedures that define the credentialing;
(2) All credentialing related documents; and
(3) Prior to the performance of any services under the Contract and within five days after the renewal date of any credential, include evidence of all federal, state and local licenses, certificates, registrations, cooperative agreements and specialty board certifications or notices of eligibility for certification, that are legally required for any Staff.

10. AMEND RFP Section 3.2 to add Section 3.2.36 as follows:

3.2.36 Orientation and Training

3.2.36.1 The Contractor shall develop and maintain a comprehensive competency-based orientation program for new Staff and shall provide an annual refresher training program for all Staff. Training shall be in compliance with DPSCS, MCCS, NCCHC, and ACA standards, and the applicable practice requirements of any regulatory body with jurisdiction over the provision of health care services. The orientation program shall include, at a minimum, the following:

(1) Alcohol and detoxification management CIWA/COW;
(2) Basics of working in a prison setting;
(3) Confidentiality;
(4) CPR;
(5) Departmental policies and procedures, including how to access these policies and procedures;
(6) Documentation;
(7) Electronic Patient Health Records;
(8) Emergency response;
(9) HIPAA;
(10) Managing manipulative behavior;
(11) Medication administration;
(12) PREA; and
(13) Suicide prevention.

3.2.36.2 The orientation plan shall be implemented by the Contractor as described in the Offeror's Technical Proposal and a final orientation plan and schedule shall be provided to the DPSCS Contract Monitor no later than the forty (40) days after Contract Commencement, and shall be updated no less than annually. The plan shall provide competency checklists evidencing successful completion of competency training, which shall be accessible in the

credentialing files of all licensed personnel and of all personnel working under the license of professional personnel.

3.2.36.3 In accordance with MCCS requirements, signed paper logs of attendance for all orientation and training programs shall be maintained and available on request. Electronic copies of the logs shall be added to the document management system no later than thirty (30) days after the training.

3.2.36.4 All trainers shall possess the credentials, licenses, and/or certificates required by law and regulation to provide the training and continuing professional orientation.

3.2.36.5 For any training that does not exclusively apply to pharmaceutical services, the Contractor shall reserve 10% of the training spaces for personnel of the Other Healthcare Contractors. Contractor shall also permit Department staff, Other Healthcare Contractors' and subcontractor's Staff to attend its non-Contractor specific or non-confidential Orientation and In-Service training as space allows.

3.2.36.6 No later than thirty (30) days after having been notified by the DPSCS Contract Monitor, DPSCS Chief Medical Officer, or DPSCS DON of any new Department directives, manuals, policies, protocols, and/or procedures, or within thirty (30) days of adopting modifications to its own policies, procedures, etc., the Contractor shall implement training to those Staff members that may be required to apply the new policies and those supervisors that may enforce the processes.

3.2.36.7 No later than thirty (30) days after Contract Commencement and monthly thereafter, the Contractor shall develop and maintain documentation and will add to the document management system the following:

- **(1) Logs of Staff attendance and Other Healthcare Contractor Staff at Contractor orientation, training, and refresher training sessions;**
- **(2) Logs of Staff credentialing/license renewals;**
- **(3) In-Service training schedules;**
- **(4) Documentation of security training; and**
- **(5) Date of peer review completion.**

3.2.36.8 The Contractor shall not be required to maintain a training database for Other Healthcare Contractors but shall include in its database all training provided to personnel of the Other Healthcare Contractors so that Contractor can evidence that it is meeting the 10% reservation requirement for training of personnel of Other Healthcare Contractors.

3.2.36.9 In order to attend training in lieu of working their normal hours, Contractor's Staff shall submit a written request to the appropriate Department manager (Chief Medical Officer for Clinicians; DON for Healthcare Professionals, and Contract Monitor for non-clinical managers) at least thirty (30) days in advance of the proposed training date. The request shall include: (1) the title or subject, date, time, and approximate duration of the training; (2) the position(s) covered by the request; (3) the amount of time authorized for the training, including reasonable travel time if the training is less than 8 hours; and (4) a plan for service delivery that addresses how services will continue to be provided during the absence of the Staff attending the training. No authorization will be granted until the Department is assured that all positions will be staffed or covered in a manner that will not interrupt services. As appropriate, the DPSCS Monitor/Director may approve the substitution of training for work duties. Requests submitted with less than thirty (30) days advance notice may be considered for approval.

Written permission for vacations or absences greater than 10 consecutive Business Days shall be submitted for approval to the CMO with a coverage schedule showing how coverage will be accomplished and contacts noted.

11. AMEND RFP Section 3.2 to add Section 3.2.37 as follows:

3.2.37 Multi-Vendor Meeting

A mandatory monthly Multi-Disciplinary Statewide Infection Control meeting shall be organized and chaired by the medical contractor's Director of Infection Control, and shall include the Pharmacy Contractor's Regional Pharm.D.s and Clinical Liaison who may be asked to participate in presentations or supply data and information regarding the pharmacy aspects of the topics.

12. AMEND RFP Section 3.3 to add Sections 3.3.1.7 – 3.3.1.9 as follows:

3.3.1.7 No Staff may enter a Department facility or perform any Contract related duty On-site until the individual has taken mandatory DPSCS pre-service/security orientation and training which is generally 40 hours in duration and confirmed PREA training. Existing Staff of the current contractor who will continue employment with the Contractor need not repeat the training. Staff shall receive DPSCS approved refresher security training of approximately 8 hours at least annually.

3.3.1.8 DPSCS generally has an average of 8–10 slots per month available for training for Contractor Staff. If a need arises for expedited training, DPSCS will facilitate the training. If the Contractor has Staff ready for training, but DPSCS has no training slots available, liquidated damages will not be assessed because the failure to fill a position is not caused by the Contractor. Contact the DPSCS DON to facilitate the availability of training slots.

3.3.1.9 Individuals re-hired as Staff after a break in service must retake the required security orientation and training before entering a Department facility unless the return to service occurs in the same calendar year as the departure.

13. AMEND Attachment R by replacing it with revised Attachment R – Pharmacy Delivery Locations with Facilities.

14. AMEND the RFP to add Attachment BB – Medication Room Locations by SDA

15. AMEND RFP Section 3.2.26.2 as follows:

The Contractor shall provide an emergency operations plan. The emergency plan shall detail how the Contractor will support DPSCS if the emergency is general in nature (including, but not limited to, blizzards, inclement weather, hurricanes); unique to DPSCS (including, but not limited to, riots, facility shut downs, mass injuries, electrical outages); and/or unique to the Contractor (including, but not limited to, courier call outs, shortages, electrical outage, computer system down). The emergency plan shall be finalized and provided to the DPSCS Contract Monitor, CMO, and CNO within 60 days of the Go-Live Date. The emergency management plan shall include a distinct plan for each region and each facility. **The Contractor shall adhere to the Department's Emergency Management Plans and processes as incorporated into Departmental Directives and Procedural Manuals. See RFP Section 3.2.34.2.**

16. AMEND the RFP by replacing Attachment T – Liquidated Damages with revised Attachment T – Liquidated Damages.

17. AMEND the RFP to add Attachment CC - List of Required Meetings.

18. AMEND RFP Section 3.2 to add Section 3.2.38 as follows:

3.2.38 Clinical Pharm.D.s shall participate in patient case conferences as requested.

19. AMEND RFP Section 3.2.32.10O as follows:

3.2.32.10 Contractor's policies and procedures shall include, but are not limited to, direction regarding the following:

A. Administrative Matters
B. Barcode Scanning Manual
C. Medication Delivery (including handling of medications requiring refrigeration, access to institutions, marking of packages, etc.) and Inventory control
D. Packaging of medications, including blister packaging and discharge medications
E. Prescription processing
F. Refills**/early refill**
G. Medication dispensing and administration

H. Methadone utilization
I. Formulary adherence and requirements for variation
J. Emergency medications
K. P&T Committee processes
L. Infectious disease
M. Continuous Quality Improvement
N. Emergency Management Plans
O. **Monthly** Barcode Scanner and Medication Room Inspections
P. Pharmaceutical and Supplies Inventory Control Process
Q. Medical Records (when and how to make entries)
R. Utilization Management and Peer review
S. Risk Management and mortality review
T. Personnel Policies and Procedures
U. ARP (Administrative Remedy Procedure) and Grievance Process
V. DPSCS Pharmacy Services Manual Peer Review Process of any Contractor Clinical Pharm.D.
W. HIPAA requirements
X. Non formulary process
Y. 340B process, HCV, HIV, etc.

20. AMEND RFP Section 3.9 to add Section 3.9.11 as follows:

3.9.11 The audit period covered by the first SOC 2 Type 2 Report shall include the Start-Up Period. See RFP Section 1.4.2.

21. AMEND RFP Section 1.2.19 as follows:

1.2.19 **Division of Pre-Trial Detention and Services (DPDS) –** The unit within DPSCS responsible for operating the State's booking and detention facilities ~~in the City of Baltimore~~ as set forth in the Annotated Code of Maryland, Correctional Services Article, Title 5.

22. AMEND RFP Section 4.4.2.14 as follows:

4.4.2.14 Legal Action Summary (Submit under TAB M)

This summary shall include:

A. A statement as to whether there are any outstanding legal actions or potential claims against the Offeror and a brief description of any action;

B. A brief description of any settled or closed legal actions or claims against the Offeror over the past five (5) years;

C. A description of any judgments against the Offeror within the past five (5) years, including the case name, court case docket number, and what the final ruling or determination was from the court; and

D. In instances where litigation is on-going and the Offeror has been directed not to disclose information by the court, provide the name of the judge and location of the court.

E. <u>For purposes of this section, legal action includes any action in any state or federal court or any regulatory action by any governmental agency.</u>

23. AMEND RFP Section 3.2.26.1 as follows:

3.2.26.1 All medications ordered from the Contractor shall be dispensed and delivered by a delivery service pre-approved by the CMO to the appropriate location within the institution as identified in Attachment R, seven (7) days a week including Holidays, with no order cut-off time.

~~From the time an order is received by the Contractor, the required delivery is to be made within:~~

- ~~24 hours without a cut-off time, with the exception set forth below, and Urgent Medication Delivery requirements here-in-after set forth;~~
- ~~For any prescription being requested for an Inmate housed at DPDS facilities listed in Attachment R, every 12 hours with no cut-off time.~~
- ~~All medications deemed urgent by the Other Healthcare Contractors shall be delivered by the Contractor within 4 hours of the order being generated.~~

<u>From the time an order is received by the Contractor, the required delivery is to be made:</u>

<u>• within 4 hours, with no cut-off time, for all medications deemed Urgent by the Other Healthcare Contractors;</u>
<u>• within 12 hours medication with no cut-off time, for any prescription being requested for an inmate at any DPDS facility listed in Attachment R (no less than twice daily delivery, and in no event more than 12 hours from receipt of an order); and</u>
<u>• within 24 hours, with no cut-off time, for all other medications (not Urgent or for DPDS inmates).</u>

24. AMEND RFP Section 1.2.67 as follows:

1.2.67 **Urgent Medication Delivery** – All medications deemed urgent by the Other Healthcare Contractors shall be delivered by the Contractor within four (4) hours of the **<u>medication</u>** order being ~~generated~~ **<u>received by the Contractor.</u>**

25. AMEND the RFP to add Attachment X-10 Drug Utilization Report (DUR).

26. AMEND RFP Section 3.2.2 to add Section 3.2.2.2 as follows:

3.2.2.2 The Contractor shall submit a transition plan describing how it will be ready to initiate services at that time. Though expected to be fully capable of performance at the start of the Contract, the Contractor shall not be entitled to any remuneration for any transition services that precede the Contract "Go Live" date. In addition, within five (5) days after Contract Commencement (see RFP Section 1.4), the Contractor shall provide the Contract Monitor with documentation that the Contractor has established a software relationship with NextGen which only requires initiation. There will be a Start Up Period prior to the "Go Live" date, related to implementation of a number of pharmacy interfaces. During this time, the Contractor will establish connectivity and test the interfaces.

27. AMEND Attachment F, Instructions Tab as follows:

E) On the Pharmaceuticals & Supplies Tab, in Column F, provide the AAC per Unit of Measure DPSCS would pay (per tab, cap, vial, inhaler, syringe, can, bottle, kit, etc.) for each Brand and Generic Pharmaceutical or Supply as of June 2017, based upon Offeror's manufacturer/wholesaler/**specialty pharmacy vendor** invoicing for the month of June 2017.

If the Offeror did not purchase a particular Pharmaceutical or Supply during the month of **June** ~~July~~ 2017, ~~the most recent invoice prior to that month should be used to establish pricing.~~ **the Offeror shall provide the AAC per Unit of Measure DPSCS would pay (per tab, cap, vial, inhaler, syringe, can, bottle, kit, etc.) for each Brand and Generic Pharmaceutical or Supply supported by an invoice from the 90 days prior to June 2017. If the Offeror has not purchased a particular Pharmaceutical or Supply in June 2017 or within 90 days prior, then the Wholesale Acquisition Cost (WAC) for the Pharmaceutical or Supply shall be provided supported by the Offeror's wholesaler's records.**

L.) Include with the Financial Proposal: Provide a copy or copies of a manufacturer/wholesaler/ **specialty pharmacy vendor** invoice(s) that documents the AAC per Unit of Measure for all (100%) of the Pharmaceuticals & Supplies included in the Pharmaceuticals Tab as of **June** ~~July~~ 2017. If the Offeror did not purchase a particular Pharmaceutical or Supply during the month of **June** July 2017, then provide a copy of the manufacturer/wholesaler**/specialty pharmacy vendor** invoice ~~for the most recent purchase prior to June 2017.~~ **for each Brand and Generic Pharmaceutical or Supply from the 90 days prior to June 2017. If the Offeror has not purchased a particular Pharmaceutical or Supply in June 2017 or within 90 days prior, then the Wholesale Acquisition Cost (WAC) for the Pharmaceutical or Supply shall be provided supported by the Offeror's wholesaler's records.** Invoices shall be organized consistent with DPSCS' Pharmaceuticals List as provided on the Pharmaceuticals & Supplies Tab.

28. AMEND Attachment F – Financial Proposal Form, Pharmaceuticals & Supplies Tab at Cell A42 as follows:

MAGIC MOUTHWASH STD FORMULA 360ML SUSP

lidocaine 2%, Mylanta, and Benadryl 12.5mg/5ccs

29. AMEND Attachment F – Financial Proposal Form, Pharmaceuticals & Supplies Tab at Cell A157 as follows:

MAGIC MOUTHWASH SUSP
1000,000 units Nystatin and 15mg/ 5ccs prednisolone with 80 ccs of distilled water

30. AMEND Attachment F – Financial Proposal Form, Pharmaceuticals & Supplies Tab to remove certain Pharmaceuticals and Supplies which used 'EACH' as the Unit of Measure as follows:

Pharmaceuticals & Supplies Name & Strength	**Unit of Measure (per tab, cap, ML, inhaler, syringe, can, bottle, kit, etc.)**
~~CETAPHIL DAILY FACIAL CLEANSER 473ML~~	~~EACH~~
~~SILVER NITRATE APPLICATORS 75/25% 100EA~~	~~EACH~~
~~RESOURCE 2.0(#180100) 27X8OZ BRIK~~	~~EACH~~
~~AQUACEL EXTRA DRESSING 4X5 10/BOX~~	~~EACH~~
~~HALLS S/F COUGH DROPS 25/BAG~~	~~EACH~~
~~AQUACEL EXTRA DRESSING 6 X 6 IN~~	~~EACH~~
~~DUODERM CGF 4X4~~	~~EACH~~
~~ALOE VESTA BATHING CLOTHS~~	~~EACH~~
~~AQUACARE (UREA) 10% 71GM CREAM~~	~~EACH~~
~~ADAPTIC PET DRS 3X8~~	~~EACH~~
~~BREATHE RIGHT STRIP (LARGE)~~	~~EACH~~
~~DUODERM CGF 2.5X2.5 DRESSING~~	~~EACH~~
~~AQUACEL AG EXTRA 8 X 12 IN 1.2%~~	~~EACH~~
~~BOSTON ADVANCE CLEANER 30ML~~	~~EACH~~
~~ALGISITE M WOUND DRESSING 4X4 PAD~~	~~EACH~~
~~MEDIHONEY 4 X 5 DRESSING~~	~~EACH~~
~~MEDIHONEY 45ML~~	~~EACH~~
~~BD PEN NEEDLE NANO U/F 32GX4MM~~	~~EACH~~
~~PRILOSEC O/S PKT 10MG~~	~~EACH~~
~~OPTIFOAM FOAM DRESSING 4INX4IN~~	~~EACH~~
~~AQUACEL AG EXTRA 2X2~~	~~EACH~~
~~HYDROFERA BLUE 2X2 HB2214~~	~~EACH~~
~~IODOFORM STP~~	~~EACH~~
~~MERIPLEX FOAM DRESSING 4X4 5'S~~	~~EACH~~
~~GAUZE 4X4 PAD~~	~~EACH~~
~~MEDIHONEY 2X2 DRESSING 31022~~	~~EACH~~
~~AQUACEL AG EXTRA 4X5~~	~~EACH~~
~~AQUACEL DRESSING 1.2% 8X12~~	~~EACH~~
~~VASELINE PETROLEUM GAUZE STRIP 3 IN X 9 YD~~	~~EACH~~
~~HALLS MENTHOL EUCALYPTUS~~	~~EACH~~
~~DUODERM DRESSING CFG 6X6 187661~~	~~EACH~~
~~READI-CAT 2 BERRY~~	~~EACH~~

~~ALLEVYN GENTLE BORDER 5 X 5 INCH~~	~~EACH~~
~~ELASTO GEL WOUND DRESSING 2 IN X 3IN~~	~~EACH~~
~~CORN REMOVER MEDI PAD 40%SALICYCLI~~	~~EACH~~
~~AQUACEL HYDROFIBER DRESSING 4 X 4 IN~~	~~EACH~~
~~AQUACEL RIBBON DRESSING 3/4X18 IN~~	~~EACH~~
~~EXUDERM ODORSHIELD DRESSING 4"X4"~~	~~EACH~~
~~INSOLE GEL~~	~~EACH~~
~~COBAN WRAP 4IN~~	~~EACH~~
~~GUM ORTHOD WAX UNFLVD~~	~~EACH~~
~~MOLEFOAM PADDING~~	~~EACH~~
~~NASAL IRRIG (NETI POT)~~	~~EACH~~
~~UNNA BOOT WITH CALAMINE 3IN X10YD~~	~~EACH~~
~~LANCETS 100/BOX~~	~~EACH~~
~~HYDROFERA BLUE ANTIBAC DRSG 4X4~~	~~EACH~~
~~HYDROFERA BLUE ANTIBAC DRSG 4X4~~	~~EACH~~
~~ADAPTIC PET DRESSING 3X8~~	~~EACH~~
~~AQUACEL AG EXTRA HYDROFIBER 6 X6 1.2%~~	~~EACH~~
~~BUNION CUSHION 5CT~~	~~EACH~~
~~ELASTO GEL 5X5 5 X 5 IN~~	~~EACH~~
~~CEPACOL(BENZOCAINE) SUGAR FREE 15 3.6MG LOZ~~	~~EACH~~
~~PACKING STRIP IODOFORM STERILE 1/4 IN X 5Y~~	~~EACH~~
~~KALTOSTAT ROPE (5 / BOX) 2GM~~	~~EACH~~
~~UNNA'S BOOT 4X10 YDS~~	~~EACH~~
~~CHAPSTICK 0.15OZ~~	~~EACH~~
~~WATER DISTILLED 1 GALLON~~	~~EACH~~
~~HEEL CUP GEL (1 BOX = 2 CUPS) LG~~	~~EACH~~

The above list of Pharmaceuticals & Supplies has been removed from Attachment F – Financial Proposal Form. The original published version of Attachment F is no longer valid for this procurement. Offerors shall use the Revised Attachment F - Financial Proposal Form when submitting an offer in response to the DPSCS Pharmacy Services RFP No. Q0016025.

31. AMEND the Key Information Summary Sheet as follows:

Proposal Due (Closing)
Date and Time: ~~Tuesday, October 31, 2017 at 2 PM Local Time~~
Thursday, November 30, 2017 at 2 PM Local Time

Issued and authorized by

<signed>
Rachel J. Cruse
Procurement Officer