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QUESTIONS AND RESPONSES #4 SOLICITATION NO. Q0016025 DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES PHARMACY SERVICES DECEMBER 11, 2017

Ladies/Gentlemen:

This list of Questions and Responses #242, question #246, is being issued to clarify certain information contained in the above RFP.

In most instances the Department's response to the submitted questions merely serves to clarify the existing requirements of the RFP. Sometimes, however, in submitting questions potential Offerors may make statements or express interpretations of contract requirements that may be inconsistent with the Department's intent. To the extent that the Department recognizes such an incorrect interpretation, the provided answer will note that the interpretation is erroneous and either state that the question is moot once the correct interpretation is explained or provide the answer based upon the correct interpretation.

No provided answer to a question may in and of itself change any requirement of the RFP. If it is determined that any portion of the RFP should be changed based upon a submitted question, the actual change may only be implemented via a formal amendment to the RFP. In this situation the answer provided will reference the amendment containing the RFP change.

Questions and Answers

242. On Attachment F, if an item has been discontinued by the manufacturer, there will not be a current Wholesale Acquisition Cost (WAC) published to provide the current cost for that medication. Some respondents may have purchased that item during the defined time frame while others may not have purchased that item. Should all respondents enter "N/A" (Not Available) for all manufacturer discontinued items on attachment F in order to avoid any discrepancies in the pricing provided?

RESPONSE: If a Pharmaceutical or Supply listed on the Financial Proposal Form has been discontinued as of the time of proposal submission, then Offerors shall provide \$0 as the AAC per Unit of Measure in Column F on the Pharmaceuticals & Supplies Tab of Attachment F – Financial Proposal Form. See Amendment #10, Item 1.

243. Section 3.2.1 of the RFP states, “The Contractor shall purchase and dispense the most cost effective Pharmaceuticals and Supplies irrespective of brand and generic labeling.”

However, there are several Brand Name Drugs listed on Attachment F - Financial Proposal Form – Section D that are now available as a significantly lower priced generic equivalent.

Upon contract initiation the successful pharmacy vendor will be providing the Department with the generic medication, yet in this RFP each offeror is being asked to compete with Brand prices. As a result the State will be receiving price proposals with inflated drug costs that will not be reliable for budget projections regarding the cost of the contract over the next 5 or 7 years.

- (1) Considering that Section 1.15 Award Basis states, “The Contract shall be awarded to the responsible Offeror submitting the Proposal that has been determined to be the most advantageous to the State, considering price and evaluation factors set forth in this RFP (see COMAR 21.05.03.03F), for providing the goods and services as specified in this RFP” and
- (2) Section 5.5.3 Award Determination states, “Upon completion of the Technical Proposal and Financial Proposal evaluations and rankings, each Offeror will receive an overall ranking. The Procurement Officer will recommend award of the Contract to the responsible Offeror that submitted the Proposal determined to be the most advantageous to the State. In making this most advantageous Proposal determination, financial factors will receive greater consideration than technical factors” and
- (3) the Department has stated in response to question #107 of QUESTIONS AND RESPONSES #1 that the offerors may not make any substitutions.

Will the State consider making the following changes to Attachment F - Financial Proposal Form – Section D so that Offerors are providing prices for medications that will actually be dispensed upon award and so that the State will have more reliable pricing and may more accurately determine budget projection and which Offeror’s Response is Most Advantageous to the State?

Line #	Pharmaceuticals & Supplies Name & Strength	Unit of Measure (per tab, cap, ML, inhaler, syringe, can, bottle, kit, etc.)	GENERIC EQUIVALENT
14	DAKINS FULL STRENGTH 0.5% 480ML SOL	ML	HYSEPT SOLUTION 0.50%
36	NITROSTAT SL (1/150) (4 X 25) 0.4MG SUB	TAB	NITROGLYCERIN 1/150 4X25'S
40	EPZICOM 600/300 TAB	TAB	ABACAVIR-LAMIVUDINE 600-300 MG TAB
70	JANTOVEN 10 MG TAB 100	TAB	WARFARIN 10MG
76	REVELA 800MG TAB	TAB	SEVELAMER CARBONATE 800MG TAB
86	LEXIVA 700MG TAB	TAB	FOSAMPRENAVIR CALCIUM 700MG TAB
104	NITROSTAT SUBLINGUAL 0.3MG TAB	TAB	NITROGLYCERIN 0.3MG
119	OXYCONTIN 10MG TAB	TAB	OXYCODONE 10 MG TAB
149	DILANTIN 100MG CAP	CAP	PHENYTOIN ER 100NG
157	ZEMPLAR 5MCG/1ML 1ML VIAL	ML	(PARICALCITOL) 1ML 5MCG/1ML VIAL
169	OXYCONTIN 15MG TAB	TAB	OXYCONTIN CR 15 MG TAB
170	VOLTAREN 1% 100 GM GEL	GRAM	DICLOFENAC SOD 1% GEL 100GM
185	OXYCONTIN 20MG TAB	TAB	OXYCODONE HCL 20MG ER TAB
208	OXYCONTIN 30MG TAB	TAB	OXYCONTIN CR 30 MG TAB
211	TACLONEX 60GM 0.05/0.064 OINT	GRAM	CALCIPOTRIENE-BET .005%-0.064%

Line #	Pharmaceuticals & Supplies Name & Strength	Unit of Measure (per tab, cap, ML, inhaler, syringe, can, bottle, kit, etc.)	GENERIC EQUIVALENT
219	METANX CAP	CAP	FOLTANX TAB
220	ZETIA 10MG TAB	TAB	EZETIMIBE 10 MG TAB
224	MEGACE ES 150ML 625MG/5ML SUSP	ML	MEGESTROL ES 150ML 625MG/5ML SUSP
227	CRESTOR 40MG TAB	TAB	ROSUVASTATIN CALC 40MG TAB
243	NEXIUM 40MG 40MG CAP	CAP	ESOMEPRAZOLE MAG 40 MG DR CAP
260	AQUORAL ORAL 40ML SPRY	ML	AQUEOUS VITAM D3 400 IU-ML ORAL DRP 50ML
274	JALYN 0.5/0.4MG CAP	CAP	DUTASTERIDE-TAMS HCL 0.5-0.4MG CAPS
296	FOLGARD TAB	TAB	TL G-FOL OS TAB
299	OCUVITE LUTEIN TAB	TAB	OCUVITE MULTIVIT W/LUTEIN CAPSULE 36CT
300	OXYCONTIN 40MG TAB	TAB	OXYCODONE HCL 40MG ER TAB
306	NITRO-DUR **BRAND NAME** 0.4MG/HR PATCH	PATCH	NITROGLYCERIN TRNSDRML 0.4MG/HR SYS
307	EPIPEN 0.3MG 2 PK	PACK	EPINEPHRINE 0.3 MG AUTO INJ PFS 2
312	CLOBEX 0.05% 130ML SPRY	ML	CLOBETASOL SPRAY 0.05% 125ML
328	MIRALAX (8.3OZ) 238GM POWDER	GEL	GAVILAX POWDER 510GM
336	ENABLEX 7.5MG TAB	ML	DARIFENACIN 7.5 MG ER TAB
340	SYNTHROID 200MCG TAB	ML	LEVOTHYROXINE 200 MCG TAB
354	OCUVITE PRESER VISION TAB	TAB	I-VITE TABLET
355	TAZORAC 60GM 0.1% CREAM	TAB	TAZAROTENE 0.1% CRM 30GM
361	CLEOCIN 4ML 600MG/4ML VIAL	vial	CLINDAMYCIN A-V 600MG SDV 25X4ML
380	COPAXONE PFS 12X1ML 40MG SYR	KIT	GLATIRAMER ACETATE 40MG-ML PFS
390	URELLE TAB	TAB	URO-458 TAB
392	GLEEVEC 400MG TAB	TAB	IMATINIB MESYLATE 400MG TAB
399	BENADRYL M/S ITCH STOP 2% 105GM GEL	GRAM	GNP ANTI ITCH 2% X/S CRM 1 OZ
413	DETROL 1MG TAB	TAB	TOLTERODINE TARTRATE 1MG TAB
414	DETROL 2MG TAB	TAB	TOLTERODINE TARTRATE 2MG TAB
419	NEXIUM 20MG CAP	CAP	ESOMEPRAZOLE MAG 20 MG DR CAP
439	METROGEL VAG 0.75% 70GM GEL	GEL	METRONIDAZOLE 0.75% VAG GEL 70 GM
451	FABB (FOLGARD RX 2.2) 2.2/1.0/25MG TAB	TAB	VIRTGARD TAB
456	LOVAZA 1GM CAP	CAP	OMEGA-3-ACID 1GM CAP
466	GLEEVEC 100MG 100MG TAB	TAB	IMATINIB MESYLATE 400MG TAB
470	SYNTHROID 25MCG TAB	TAB	LEVOTHYROXINE 25 MCG TAB
471	ORTHO-TRICYLEN **LO** LO TAB	TAB	TRINESSA LO TAB 6X28
474	DOMEBORO ASTRIGENT POWDER PACKETS	GRAM	ASTRINGENT SOLUTION POWDER
475	ZEMPLAR(PARICALCITOL) 1ML 2MCG/1ML VIAL	ML	(PARICALCITOL) 1ML 2MCG/1ML VIAL
477	COPAXONE 1ML 20MG SYR	VIAL	GLATIRAMER ACETATE 20MG-ML PFS
494	GLUCOTROL XL 2.5MG 2.5MG TAB	TAB	GLIPIZIDE 2.5 MG ER TAB
497	PREVPAC 30/500/500 CAP	CAP	LANS/AMOX/CLA 30/500/500 MG KIT
505	TAMIFLU 75MG CAP	CAP	OSELTAMIVIR PHOS 75 MG CAP
517	AZOR 5/40MG TAB	TAB	AMLODIPINE-OLMESARTAN 5-40MG TAB
524	GLYOXIDE 10% 15ML	ML	EAR DROP 15ML
534	TOPROL XL 50MG TAB	TAB	METOPROLOL SUCCINATE 50 MG ER TAB
559	ZYVOX 600MG TAB	TAB	LINEZOLID 600 MG TAB
570	DELESTROGEN 5ML 20MG/ML INJ	VIAL	ESTRADIOL 20 MG-ML VL 5 ML
592	TIAZAC 180MG 180MG CAP	CAP	DILTIAZEM HCL 180 MG ER CAP

Line #	Pharmaceuticals & Supplies Name & Strength	Unit of Measure (per tab, cap, ML, inhaler, syringe, can, bottle, kit, etc.)	GENERIC EQUIVALENT
601	AZOR 5MG/20MG TAB	TAB	AMLODIPINE-OLMESARTAN 5-20MG TAB
606	DELESTROGEN 5ML 40MG/ML VIAL	VIAL	ESTRADIOL 40 MG-ML VL 5 ML

RESPONSE: New generic Pharmaceuticals and Supplies have been added to and the corresponding brand Pharmaceuticals and Supplies remain in Attachment F - Financial Proposal Form. The new generic Pharmaceuticals and Supplies will be shown at 80% of the Annual Estimated Quantity of Pharmaceuticals & Supplies (Based on CY 2016) amount shown in Column C of the Pharmaceuticals & Supplies Tab and the corresponding brand Pharmaceuticals and Supplies remaining in the price form will be shown at 20% of the Annual Estimated Quantity of Pharmaceuticals & Supplies (Based on CY 2016) amount shown in Column C. The Annual Estimated Quantity of Fills has not been changed. See Amendment #10.

243. The response to question #227 states, “The Annual Management Fee for Pharmacy Services will be weighted at 75% and the Annual Management Fee for Pharmacy Services if 340B Program is terminated will be weighted at 25%.”

However, the Annual Management Fee Tab of Attachment F - Financial Proposal Form - 2nd Revised states, “The Annual Management Fee for Pharmacy Services will be weighted at 85% and the Annual Management Fee for Pharmacy Services if 340B Program is Terminated will be weighted at 15%” which is also consistent with the calculation being applied in Attachment F. Please clarify which is the appropriate weighting of the Financial Proposals.

CLARIFICATION: Q&A #2, Q 227 Response is: The Annual Management Fee for Pharmacy Services will be weighted at 85% and the Annual Management Fee for Pharmacy Services if 340B Program is Terminated will be weighted at 15%. See Amendment 6, Items 9 and 10.

244. The initial RFP was issued on June 22, 2017 and required offerors to provide pricing documentation from the month of July 2017.

Amendment #3 was issued on August 10, 2017 and changed the pricing documentation month from July 2017 to June 2017 with a new submission date of September 25, 2017. This decision to delay the due date, while at the same time request the offeror to provide pricing documentation from an earlier month is highly unusual and not in concert with other procurements.

It does not seem logical that the requested month of prices used to determine the award would be moved backward when the due date was moved forward. Drug prices fluctuate and the older the date used for price documentation the staler and less reliable is the data. It gives an indication that a mistake was made as it defies reason and more importantly denies MD DPSCS from receiving responses that include the most favorable negotiated pricing.

Given that proposals are currently due December 21, 2017. We would ask the Department to consider the following:

- 1st choice: Require Offerors to provide pricing and invoices from a more recent month than June 2017.
- 2nd choice: Use the original date and require Offerors to provide pricing and invoices from July 2017.

RESPONSE: July 2017 invoices are not acceptable. See Amendment #10, Items 1 and 2 for partially revised invoice requirements.

245. The DPSCS Office of Clinical Services / Inmate Health Pharmacy Services Manual states in Chapter 3 Section A.II.D, “Medications shall be supplied (whenever possible) in “blister” card packaging on an individual patient prescription basis, in a maximum quantity of a thirty (30) day supply, unless otherwise specified by contract. Some medications will be dispensed in bulk bottles when repackaging is limited by stability.”

While most orders are written for 120 days, patient specific medications are dispensed by the pharmacy in 30 day quantities (e.g., first fill = 30 day quantity; 2nd fill = 30 day quantity; 3rd fill = 30 day quantity and 4th fill = 30 day quantity). There are some exceptions like bulk products (e.g., inhalers, vials, lotions, creams and ointments) that are dispensed as one unit of use and other products that must be dispensed in original manufacturer packaging.

The response to question #237 states, “refills are dispensed in 90 day allotments.”

Will the Department clarify the response to question #237 to reflect the current practice of refills being dispensed in quantities equal to or less than a 30 day supply?

RESPONSE: RFP Section 3.2.14 has been revised to reflect the requirements in Attachment X-3 – Pharmacy Services Manual, Chapter 3, Sections A.II.D and A.II.E. See Amendment #10, Item 3. Disregard responses to Q&A #1, Q 172 and Q&A #3, Q 237.

246. The previous pharmacy RFP’s issued by the Department gave equal weighting to the Technical Response and Financial Proposals. Since this RFP continues to be both a services and commodity contract and given the fact that the services have an equal if not greater impact on the overall dollars spent by the State for this contract, will the Department reconsider its decision and

- 1st choice: Give the Technical Response greater consideration than the Financial Proposal.
- 2nd choice: Give equal consideration to the Technical Response and the Financial Proposal.

RESPONSE: No, the Department will not change the RFP. Regarding the most advantageous Proposal determination, financial factors will receive greater consideration than technical factors. See RFP Section 5.5.3.