



# Department of Public Safety and Correctional Services

## Office of the Secretary

300 E. JOPPA ROAD • SUITE 1000 • TOWSON, MARYLAND 21286-3020  
(410) 339-5000 • FAX (410) 339-5071 • TOLL FREE (877) 379-8636 • V/TTY (800) 735-2258 • [www.dpscs.maryland.gov](http://www.dpscs.maryland.gov)

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## QUESTIONS AND RESPONSES #3 SOLICITATION NO. Q0016025

### DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES PHARMACY SERVICES NOVEMBER 29, 2017

Ladies/Gentlemen:

This list of Questions and Responses #3, questions #234 through #241, 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

234. Section 3.2.30.4.a and the responses to question number 33 and 173 (of Questions and Responses #1) refer specifically to the use of a product called the Takeaway Recovery System. We apologize for what may seem to be a question of redundancy, but we want to be absolutely clear that we understand what is required in this RFP. Is the Department requiring the use of this specific product offered by Sharps Compliance, Inc. or may a contractor satisfy this requirement by using a similar product that renders the product inert and irretrievable offered by a different company that provides a similar method of destruction for the removal and disposal of end user controlled substances?

**RESPONSE:** DPSCS will consider other methods of controlled substance disposal submitted as part of Offeror's proposal submitted in response to the RFP that are also compliant with DEA and Maryland Department of Health Office of Controlled

Substances Administration requirements (see COMAR 10.19.03.10D) if the process is conducted by an entity, independent of the pharmacy contractor, who can demonstrate similar proficiency as described by the TakeAway Medication Recovery System, (provides prepaid return transportation, materials to package for return, complete documentation of returned pharmaceuticals and proper disposal with online proof of destruction) and an audit process submission that demonstrates compliance to the Department. Disregard responses to Q&A #1, Q33 and Q173.

235. The Response to question number 139 (of Questions and Responses #1) states that it is estimated that 70% of fills are patient specific, but this data includes OTC fills. The percentage of non-patient specific prescription medication is less than 5%. Please clarify that less than 5% of legend medication fills are dispensed as stock.

**RESPONSE:** The percentage of legend medication fills dispensed as stock varies by SDA and by year.

236. The Response to question number 147 (of Questions and Responses #1) states that there are approximately 500 federal inmates. Please clarify that the Department has an MOU for providing these services to include medications and that the pharmacy vendor does not or will not receive additional remuneration or a separate payment structure for these inmates.

**RESPONSE:** The Department's ADP for Federal Inmates for October 2017 was 434. The federal inmates are treated as State inmates for the purposes of pharmacy processes and payments to the pharmacy contractor. There is no additional remuneration or separate payment structure for federal inmates under the pharmacy services contract.

237. The Response to question number 172 (of Questions and Responses #1) states that routine medication orders are filled for a 120 day supply. However, the pharmacy does not dispense a 120-day supply of medication all at once as this would overwhelm the medication rooms and create patient safety, waste and diversion issues. Please clarify or affirm that while medication orders are typically written for 120 days, the Department requires the pharmacy vendor to dispense medications in 30 day (or less) quantities and that refills are dispensed as needed and requested until the full order has been dispensed.

**RESPONSE:** It is incorrect to say that all medications are dispensed in 30 day (or less) quantities. The allocations for chronic care medications are in monthly blister packs of 30 day allotments and refills are dispensed in 90 day allotments with an additional 30 day safety net in case patients miss the 90 day appointment.

238. Section 3.2.17) The RFP requires the Contractor to provide five (5) on-site Clinical PharmDs. The clinical pharmacists in this RFP are to assist with managing difficult medical and mental health cases, round in the infirmaries, assist with disease management, and consult with clinicians regarding the best pharmacy interventions available and cost effective treatments. To perform the scope as outlined for these positions and to ensure that all contractors equally understand the Department's expectations and bear the same financial burden when hiring these Clinical PharmDs, would the Department clarify the required credentials to include a post graduate residency and National Board Certification (e.g., BCPS) in addition to being a Maryland licensed PharmD?

**RESPONSE:** Yes, all of the Clinical Pharm.D. positions shall hold a Ph.D. in pharmacy with residency training completion. National Board certification with clinical process experiences are preferred. The Clinical Liaison shall have correctional experience as well as supervisory/managerial experience in order to provide guidance in the reporting of the pharmaceutical processes, cost saving, protocols/policy experience. Cost models development experience regarding HCV and HIV medications is also preferred. See Amendment #8.

239. The RFP requires that one Clinical PharmD be assigned as the Clinical Liaison with additional responsibilities to the on-site Clinical PharmDs. To perform the scope as outlined for this position and to ensure that all contractors equally understand the Department's expectations and bear the same financial burden when hiring the Clinical Liaison, would the Department clarify the required credentials of the Clinical Liaison to include those of the onsite Clinical PharmD credentials plus managerial requirements (e.g., an additional advanced degree, five years of managerial experience and five years of correctional experience)?

**RESPONSE:** No, those requirements will not be added to the RFP. See response to Q&A #1, Q15.

240. Will the State consider opening its own pharmacy to dispense to inmates under a pharmacy management contract?

**RESPONSE:** No.

241. Will the State consider mail-order pharmacy options?

**RESPONSE:** No.