

## Questions and Answers for Pharmacy Services RFP

The following questions regarding the Inmate Pharmacy Services Request for Proposals (RFP) were received by email before 3:00 pm Eastern Standard Time, November 16, 2018.

The Connecticut Department of Correction has made every effort to answer the submitted questions to the extent possible. Please note that some data/information was not available or in an accessible form and as such the Department was unable to provide answers to some of the submitted questions. Please note that similar questions may have been combined and answered singularly.

1. **Question:** What is the current model? How are pharmacy services provided today?

**Answer:** Currently, retail bulk pharmaceuticals, provided by a contract vendor (the University of Connecticut Health Center) are delivered to CTDOC facilities and then loaded into Pyxis machines by CTDOC clinical staff.

2. **Question:** Will there be an opportunity for a second round of questions if any answers in the first round of questions needs clarification?

**Answer:** No.

3. **Question:** Will CTDOC 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?

**Answer:** No.

4. **Question:** Is this RFP seeking a vendor who will act as a central fill pharmacy, supplying all medication orders (including Stock / First-Dose / STATs) to each CT DOC facility?

**Answer:** Yes, this RFP is seeking a vendor to provide central fill pharmacy services for the Agency, to fulfill all medication orders (including stock, first dose, stat medications) to each CTDOC facility.

5. **Question:** Is it the intent of the RFP to have bidders open/operate/manage a Central Fill Pharmacy in the State of Connecticut which only serves the Correctional population of the State of Connecticut as stated in Section III. E. Scope of Services/Service Requirements, page 24/25 "The central fill pharmacy is designed to fill prescriptions for the correctional population of the State of Connecticut"?

If it is the expectation that the CTDOC Central Fill Pharmacy is opened, operated, and managed within the state of Connecticut serving only the correctional population of the State of Connecticut, does the CTDOC have any vacant office space in any of their facilities or properties to house the Central Fill Pharmacy or will the Central Fill Pharmacy need to be located at an off-site location? Please confirm that the Central Fill Pharmacy can be located outside the state of Connecticut. Can the central fill pharmacy be at an off-site or out-of-state mail order facility?

**Answer:** The successful respondent does not need to operate the central fill specifically within the State; the operations of central fill may be physically located out of the State of Connecticut. Fulfillment of the medication orders by the central fill operations (regardless of physical location) must provide the medications to the CTDOC facilities, which are located within the State of Connecticut. It is preferred that if central fill operations are not located within the State, there are contracts with local pharmacies for the fulfillment of orders, should any inclement weather or other exogenous event prevent the out-of-state location of central fill from fulfilling orders.

6. **Question:** Does the state provide the central pharmacy location/space or are prospective respondents to provide their own central fill facility and all needed equipment within that center?

**Answer:** The Respondent will need to provide their own space and equipment.

7. **Question:** Are release medications supplied to inmates upon parole or discharge? If so, how many days' supply is provided?

**Answer:** Release medications are not supplied to offenders on parole or discharge, these offenders are provided with a voucher for medications that are to be obtained in the community.

8. **Question:** Will the CTDOC Central Fill Pharmacy be responsible for providing pharmacy services to the approximately 4,617 offender inmates residing in the community prior to completion of their criminal sentences? If so, are these medications sent to a central location for pick-up by inmates or are they sent/delivered to private residences? Are medications for these offender inmates distributed in blister cards or vials?

**Answer:** The central fill pharmacy will not be responsible for providing pharmacy services to offenders supervised in the community.

9. **Question:** Is the CTDOC open to mail order rather than a central fill pharmacy?

**Answer:** Yes, the CTDOC is open to alternative proposal that will meet the needs and requirements as outlined in the RFP.

10. **Question:** Will the CTDOC be giving site tours and/or a tour of the desired location for the central fill pharmacy?

**Answer:** No.

11. **Question:** Who will provide the physical facilities for the central fill pharmacy? If the facilities are provided by the CTDOC, please provide a description of the space provided, square footage, and diagram of the floorplan.

**Answer:** CTDOC will not provide space.

12. **Question:** Page 25, Section E states that, "All drug deliveries from pharmacy wholesalers and direct purchases from drug companies will be received via electronic invoices that will enable the centralized pharmacy facility to track pharmacy inventory." Can this requirement please be clarified if a bidder is providing Central Fill services from an out-of-state location from inventory owned by the bidder?

**Answer:** Yes, as long as the respondent can produce an audit trail to the originator.

13. **Question:** Does the state provide the central pharmacy location/space or are prospective respondents to provide their own central fill facility and all needed equipment within that center?

**Answer:** The Respondent will need to provide their own space and equipment.

14. **Question:** Does the central fill pharmacy provide IV services or are these services outsourced?

**Answer:** IV services are currently provided by a contract vendor.

15. **Question:** What types of IVs are prepared by the central fill pharmacy?

**Answer:** Antibiotics and other common intravenous administered medications which are mixed onsite into intravenous solution bags by CT DOC clinical staff. CT DOC encourages respondents to include their model of how to best provide such services with premixed bags. CT DOC typically does not administer chemotherapy.

16. **Question:** What types of compounds are prepared by the central fill pharmacy?

**Answer:** There are no compounds prepared by the central fill pharmacy.

17. **Question:** Is the Central Fill Pharmacy currently providing 340B medications for any portion of the CT DOC population?

**Answer:** Yes.

18. **Question:** Is it the intent of the Department to have the respondent utilize and manage the current central fill pharmacy?

**Answer:** No

19. **Question:** What is the address of the central fill pharmacy?

**Answer:** UCHC is the vendor that is located in Farmington, Connecticut.

20. **Question:** Is it possible for respondents to arrange a tour of the current central fill pharmacy?

**Answer:** No

21. **Question:** Who leases or owns the building where the central fill pharmacy is located? What costs does the lessee or owner have to pay associated with the facility (i.e. rent, electricity, telephones, maintenance, etc.)? What did those charges run in 2017?

**Answer:** The contract vendor doesn't lease space at CTDOC facilities.

22. **Question:** Please quantify the total amount of annual medication waste and the sources and respective category totals of waste: (i.e., expired medication inventory in the central fill pharmacy, returned unused dispensed medications, etc.).

**Answer:** Information is not available.

23. **Question:** Do the clinical pharmacists work in the central fill pharmacy?

**Answer:** CTDOC does not employ clinical pharmacists.

24. **Question:** Will satellite pharmacy locations be needed?

**Answer:** To be determined by the respondent. A successful out of state respondent is expected to have agreement with local pharmacy in the event of an interruption of primary service.

25. **Question:** Is CTDOC considering final BAFO presentations for finalists to be a part of this RFP process? If so, what would be the selection process for those participating in an in-person BAFO presentation? In our experience, it is often helpful for all parties involved to participate in an in-person BAFO presentation meeting

with the most qualified and highest scoring vendor(s) prior to the intent to award announcement to provide an opportunity to meet the vendor that you are contracting with, receive a personalized presentation on their services offered, and an opportunity for all parties to ask qualifying questions regarding the specifics of the RFP and RFP response.

**Answer:** No.

26. **Question:** Is it the expectation that the CTDOC Central Fill Pharmacy become licensed as an FDA Repackager as referenced in Section III. E. Scope of Services/Service Requirements, page 25, paragraph 11?

**Answer:** The CTDOC will not own the central fill pharmacy operations; it is the expectation that the successful respondent own and operate the pharmacy operations. Thus, it will be subject to FDA regulations, on it is own, with CTDOC only acting in the capacity of recipient client of the successful respondent's services. Respondents are encouraged to explain how their licensing and organizational structure will meet the needs and requirements of CTDOC as outlined in the RFP.

27. **Question:** Does the current pharmacy vendor use an FDA-registered repackager to ensure compliance with federal regulations for Correctional Health stock medications? Will you mandate that the pharmacy vendor use an FDA-registered repackager for Correctional Health stock medications to ensure compliance with Federal regulations? 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?

**Answer:** The successful respondent is responsible for full compliance with all federal and state statutes regarding the operation of drug product commercial distribution in the manner in which they will operate to fulfill the central fill requirements as stated within the RFP. Evidence of licensure is not required for submission with bids, but statement of compliance with all federal and state statutes required for commercial distribution should be included. Respondents are encouraged to explain how their licensing and organizational structure will meet the needs and requirements of CTDOC as outlined in the RFP.

28. **Question:** Will CTDOC allow pharmacy vendors to operate consistent with applicable state law and as further delineated by their existing CT Board of Pharmacy issued licensure specific to their business model?

**Answer:** Respondents must meet all applicable state and federal laws. Models and business structure should not affect the delivery of products and services outlined in the RFP. Respondents are encouraged to explain how their licensing and organizational structure will meet the needs and requirements of CTDOC as outlined in the RFP.

29. **Question:** Will CTDOC agree and acknowledge that holding a FDA Repacker registration is not required in order to provide services to the CTDOC?

**Answer:** The successful respondent is responsible for full compliance with all federal and state statutes regarding the operation of drug product commercial distribution in the manner in which they will operate to fulfill the central fill requirements as stated within the RFP. Respondents are encouraged to explain how their licensing and organizational structure will meet the needs and requirements of CTDOC as outlined in the RFP.

30. **Question:** Will CTDOC agree and acknowledge that pedigree papers are not required in order to perform services under this contract?

**Answer:** The successful respondent is responsible for full compliance with all federal and state statutes regarding the operation of drug product commercial distribution in the manner in which they will operate to

fulfill the central fill requirements as stated within the RFP. Respondents are encouraged to explain how their licensing and organizational structure will meet the needs and requirements of CTDOC as outlined in the RFP.

31. **Question:** Will CTDOC agree and acknowledge that bidders are not required to label their medications in order to service CTDOC?

**Answer:** The successful respondent is responsible for full compliance with all federal and state statutes regarding the operation of drug product commercial distribution in the manner in which they will operate to fulfill the central fill requirements as stated within the RFP. Respondents are encouraged to explain how their licensing and organizational structure will meet the needs and requirements of CTDOC as outlined in the RFP.

32. **Question:** On page 25, the RFP states that “The blister card prepacking operation will be housed in its own separate room. The room will be designed to conform to FDA Good Manufacturing Practice Guidelines. There will be a tracking number assigned to each lot that is run, identifying the manufacturer’s lot number, the manufacturer and the expiration date of the pre-packed product. Each card will be bar-coded and the quantity verified”

a. Prepackaging by a vendor pharmacy is typically an *optional* function, performed by the pharmacy in order to realize certain operational efficiencies, but should not have an impact on the final quality of the product. Would CT DOC consider removing this requirement, if a bidder provides assurance that the final product will meet all requirements of the contract with respect to lot number, expiration date, accuracy, bar-coding, etc.?

**Answer:** If prepackaging is not the proposed solution by the responding bidder, a full explanation of the method by which medications will arrive for distribution to patients at the point of care should be provided. This is to say, an explanation of how medications will be packaged and labeled for use at the point of care. Respondents are encouraged to explain how their licensing and organizational structure will meet the needs and requirements of CTDOC as outlined in the RFP.

33. **Question:** Additionally, GMP guidelines are only applicable to pharmaceutical manufacturers or FDA-licensed “Repackagers”, and do not apply to a vendor pharmacy dispensing patient-specific prescription and limited “Stock” items to a correctional facility. Mandating this requirement may eliminate a significant number of potentially qualified bidders. Would CT DOC consider removing this requirement to prepackage according to GMP guidelines?

**Answer:** The successful respondent is responsible for full compliance with all federal and state statutes regarding the operation of drug product commercial distribution in the manner in which they will operate to fulfill the central fill requirements as stated within the RFP. Respondents are encouraged to explain how their licensing and organizational structure will meet the needs and requirements of CTDOC as outlined in the RFP.

34. **Question:** Will the State of Connecticut consider an out of state, mail order pharmacy model for the correctional population of the State?

**Answer:** Yes, the respondent is expected to clearly indicate their fulfillment model that is being proposed and how it will best address the needs and requirements articulated in the RFP.

35. **Question:** What are the current contracted pharmacy rates? In most, if not all public procurements, cost is not considered proprietary and would be readily available.

**Answer:** This cannot be determined as pharmaceutical services, including drug purchasing, are currently part of our overall contract with the contracted provider and is therefore part of the overall University of Connecticut Health drug purchasing contracts.

36. **Question:** What are the rebates and discounts that CTDOC is currently receiving from your current pharmacy provider?

**Answer:** CTDOC currently receives a 1.5% discount if invoices are paid within fifteen (15) business days. CTDOC also receives 60% of any 340B drug pricing discounts that may be received by our current pharmacy provider

37. **Question:** What is your current cutoff time for next-day or same-day delivery orders to be submitted to the pharmacy? Do you intend to keep this the same?

**Answer:** This is determined by courier service delivery times and less so by operational times, which can vary from facility to facility due to the time that healthcare staff completes their shift. A morning delivery of medications is preferred such that first shift staff can handle the logistics of the inventory and distribution however, late day deliveries can be accommodated.

38. **Question:** Is there currently a cutoff time for distribution and if so, what is that cutoff time? Are medications currently delivered the next day? On page 26, (3), the RFP states that pharmaceuticals will be delivered to the Facilities according to a mutually agreeable schedule. If possible, please provide more information about DOC’s expectations (i.e Next-Day AM, Next-Day PM, 2-day, 4-hour window for STATs, etc.)

**Answer:** Preferably to be delivered the next day and there is no cut off time.

39. **Question:** Please describe the frequency for medication deliveries to your facility by current vendor.

**Answer:** Daily, Monday through Friday; Weekend deliveries if needed, but not as standard practice.

40. **Question:** What is the average number of prescriptions filled per month for your facilities?

**Answer:** Over the last two months (Sept./Oct. 2018) the average monthly number of individual prescriptions filled was approximately 33,746 containing an average of 967 medications (unique or with different dosage strength) for approximately 7,590 individuals per month.

41. **Question:** Can you please provide the past 3 months’ pharmacy invoices for review? What is the average pharmacy dollar amount spent monthly over the past 12 months? What is the current annual pharmacy spending?

**Answer:** Healthcare and Pharmaceutical expenditures for the past several years are outlined below.

Health Services Expenditures		
	Total Health Services	Pharmaceuticals
FY19 1 <sup>st</sup> Qtr	\$ 19,558,912	\$ 6,118,983
FY18	\$ 81,835,526	\$ 14,593,783
FY17	\$ 82,725,071	\$ 14,162,738
FY16	\$ 86,645,474	\$ 12,118,691

FY15	\$ 88,862,715	\$ 13,982,279
FY14	\$ 85,578,829	\$ 11,445,371
FY13	\$ 81,457,578	\$ 9,337,736
FY12	\$ 86,905,333	\$ 10,720,017
FY11	\$ 91,019,016	\$ 10,322,391
FY10	\$ 91,995,699	\$ 11,965,237
FY09	\$ 99,453,348	\$ 14,739,051
FY08	\$ 102,249,293	\$ 17,698,306

42. **Question:** What is the percentage of stock medications vs. patient specific medications?

**Answer:** No stock is maintained at facilities. Central pharmacy inventory is patient specific.

43. **Question:** Do you receive stock medications in 30 count blister cards or is all stock in manufacturer's bulk bottles?

**Answer:** No stock is maintained at facilities. Central pharmacy inventory is patient specific.

44. **Question:** How many days' worth of medication is typically dispensed for routine medication orders? (Ex: 7, 14, 30 days.)

**Answer:** Typically, seven days worth of patient specific medicine is dispensed to the patient however that may differ depending upon specific circumstances.

45. **Question:** Can Exhibit 1 be provided to all prospective bidders in Excel Format?

**Answer:** Yes, see revised Exhibit 1.

46. **Question:** In order to ensure a fair and equitable evaluation of pricing where CTDOC can ensure they are comparing prices from all bidders on the exact same medications, would CTDOC consider updating Exhibit 1 to include specific NDCs for each line item?

**Answer:** All available information has been provided in the RFP and additional attachments.

47. **Question:** In order to ensure a fair and equitable evaluation of pricing where CTDOC can ensure they are comparing prices from all bidders on the exact same date, would CTDOC consider updating Exhibit 1 to include a recent date from which pricing should be provided for evaluation?

**Answer:** Please provide current pricing as of November 30, 2018. Respondents are expected to use the revised Exhibit 1 Excel spreadsheet to provide current pricing.

48. **Question:** The RFP requests that each bidder provide a price on the medications at the end of the RFP. These pages contain multiple NDCs for most generic medications, representing a range of manufacturers and product sizes for the exact same medication. Due to regional differences in NDC availability and frequent price changes

by manufacturers, many of the listed NDCs in the RFP may not be available or competitively priced by a particular vendor, especially on multi-source generic products. For these reasons, may a bidder consolidate the price file so that the vendor's most advantageous NDC and price can be presented?

**Answer:** Respondent must indicate their pricing methodology as the “cost proposal” of the RFP. CTDOC is seeking the most cost effective method possible to address the needs highlighted in the RFP.

49. **Question:** For Exhibit 1 there are specific NDCs listed. If we have a more cost effective NDC can we replace Exhibit 1 NDC with the lower cost NDC in our sample price list?

**Answer:** Yes, but it must clearly state what is being substituted to replace that which is on the NDC list.

50. **Question:** There are two lists of medications provided in the attachment labeled Exhibit 1. The first list provides medications with their corresponding NDC numbers. The second list does not include NDC numbers but does have columns that are labeled “QTY Ordered” and “Pills Purchased”.

**Answer:** Please utilize the attached Exhibit 1, which includes all available information.

- a. Does “QTY Ordered” equal the number of orders placed from the wholesaler or the number of orders procured for patients?

**Answer:** Please utilize the attached Exhibit 1, which includes all available information.

- b. What is the time period for these quantities?

**Answer:** State Fiscal Year 2017

- c. Are these files available in Microsoft Excel format?

**Answer:** Please utilize the attached Exhibit 1, which includes all available information.

- d. Since only the second file contains quantities of medications, how should the sample prices required be formatted (i.e. cost per pill or unit of measure) and should those prices then be multiplied by the “pills purchased” quantity to arrive at an extended cost?

**Answer:** Please utilize the attached Exhibit 1, which includes all available information.

- e. For all non-solid medications listed (i.e. liquids, cream, inhalers, vials, etc.) are the quantities listed the number of units or the quantities (i.e. MLs, Grams, Ounces)?

**Answer:** Please utilize the attached Exhibit 1, which includes all available information.

51. **Question:** Can Exhibit 1 be updated to inform bidders which medications were filled as stock and which medications were filled as patient specific?

**Answer:** No stock is maintained at facilities. Central pharmacy inventory is 100% patient specific medication.

52. **Question:** Please identify the number of facilities to ship to from the Pharmacy and the specific ship-to addresses. The web site referenced in Section III. A. Department Overview, page 19, paragraph 5 lists 20 facilities instead of 14 facilities stated in paragraph 5, page 19 “The Department incarcerates approximately 13,545 offender inmates throughout fourteen (14) facilities in the State of Connecticut.”

**Answer:** There are 14 facilities that will require shipments, but please note that some facilities have multiple buildings that may require separate delivery. Please see CTDOC website for detail information on facilities. Please note that some of the facilities listed on the website have been closed; the website indicates which of these facilities are closed. <https://portal.ct.gov/DOC/Miscellaneous/Facilities>

53. **Question:** What is the current preferred method for delivery?

**Answer:** CTDOC's pharmacy provider currently utilizes a courier for delivery. CTDOC is open to other alternative methods of delivery that will meet the departments needs and requirements as outlined in the RFP.

54. **Question:** Are medical supplies (needles, syringes, diabetic test strips, etc.) for your location ordered from the current contracted pharmacy? If not, would CTDOC be interested in this value-added service?

**Answer:** CTDOC has contracted service relationships in place for these non-medication items and is not bidding for such under this RFP.

55. **Question:** What is the name and email address of the main contact person for your facilities at GE Centricity EHR?

**Answer:** The Electronic Health Record contract is CN:13PSX0304. It can be accessed on the State's Contracting Portal via the following link: [https://biznet.ct.gov/SCP\\_Search/ContractDetail.aspx?ID=15914](https://biznet.ct.gov/SCP_Search/ContractDetail.aspx?ID=15914)

56. **Question:** Who is the current after-hours back-up pharmacy (if utilized)?

**Answer:** The current pharmacy services vendor has this responsibility.

57. **Question:** 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?

**Answer:** The current pharmacy vendor provides credit to CTDOC for returned medications and there are no minimum costs to qualify as a return.

58. **Question:** What is the current process for notifying pharmacy of inmate's release dates?

**Answer:** Data interface to the current pharmacy vendor's system notifies the pharmacy of inmate movement and location.

59. **Question:** 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?

**Answer:** No. Only shipping to CTDOC locations is required. Any internal transfer of offenders and their medication are handled by CTDOC clinical staff.

60. **Question:** Are your correctional facilities 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? Please provide all current Accreditation for all facilities.

**Answer:** Facilities are not currently accredited by NCCHC or ACA, however CTDOC uses NCCHC standards.

61. **Question:** 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)?
- Answer:** Approximately 0.2% of offenders are under Federal jurisdiction.
62. **Question:** Please describe the current destruction policy for all outdated/expired drugs.
- Answer:** The contracted pharmacy vendor handles the disposal of outdated /expired drugs.
63. **Question:** Which of the CTDOC facilities have a DEA License? Whose name(s) is(are) under licensure? We would need to get this from UCHC Pharmacy as we don't have these data
- Answer:** Each facility has a DEA license for controlled substances and one facility has two (one for controlled substances and one DEA Detox Permit)
64. **Question:** 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.
- Answer:** All available information is provided in the RFP and its related documents.
65. **Question:** Of inmates receiving Hepatitis C treatment, what is the nature of the treatment? Please list medications used to treat over the past three years.
- Answer:** Currently, CTDOC primarily utilizes Mavyret (Glecaprevir and Pibrentasvir) and Epclusa (Sofosbuvir and Velpatasvir) for the treatment of HEP C.
66. **Question:** Are there any state or federal drug programs being accessed for inmate medications? If so, what are they?
- Answer:** Yes, CTDOC currently receive 340B pricing discounts on certain medications through the current pharmacy vendor.
67. **Question:** Does your facility currently use a barcode electronic order reconciliation and medication return management system?
- Answer:** While medications are bar coded CTDOC does not have a bar code identification system in place for inmates.
68. **Question:** Please outline the medical personnel shifts that will require start up in-service training?
- Answer:** 1st, 2nd, 3rd shifts which cover a 24-hour period per day. Actual shift times can vary from facility to facility.
69. **Question:** Will failure to provide proof of compliance with Federal regulations deem a bidder non-responsive and therefore ineligible for an award?
- Answer:** CTDOC requires a respondent to show proof of compliance with applicable regulations or exemption therefrom. Inability to provide this information will not disqualify the respondent but may negatively affect the score assigned during the evaluation of the proposal.

70. **Question:** Please provide a list of your current Stock Medications.

**Answer:** This is not applicable. Unit doses are provided patient specific. No stock is maintained at facilities. Central pharmacy inventory is patient specific.

71. **Question:** Who administers medications to inmates? For example: nursing staff or correctional officers?

**Answer:** CTDOC licensed clinical personnel only administer medications to the patients.

72. **Question:** 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?

**Answer:** Medication administration varies from facility to facility depending upon each building's physical constraints. Medication carts are used when cell to cell distribution or administration is required, or patients will line up for administration at a centralized location.

73. **Question:** How many med carts are currently in use by your correctional facilities? Are these med carts the property of the current contractor or will they remain with CTDOC?

**Answer:** There are more than 20 med carts in use by CTDOC. Medication carts are the property of CTDOC

74. **Question:** Please outline the quantity of medications carts needed for each facility (if required)?

**Answer:** None are required.

75. **Question:** Is the contractor responsible for providing medication carts?

**Answer:** No.

76. **Question:** Are medication carts available for use by the contractor? If so, what are the conditions of the carts?

**Answer:** No. There is no need for successful respondent to be in the facilities.

77. **Question:** What reports are currently being utilized by CTDOC? What additional reports will be required? Can CTDOC provide examples of current monthly reports provided by current pharmaceutical services vendor? Please provide samples of the current reports CTDOC receives from your current vendor of pharmacy utilization for 2017.

**Answer:** CTDOC currently receives monthly reports from its pharmacy provider that provide cumulative pharmaceuticals purchased, all prescriptions filled; and quarterly 340B reports. Any additional reporting would be determined between CTDOC and the selected respondent. Information included in each report is as follows:

Pharmaceutical Purchase Report - AHFS therapeutic class code; AHFS therapeutic class description; DEA class; FDB package size quantity; generic abbreviation description; NDC number; product description; unit size quantity; unit strength code; unit strength quantity; UCHC acquisition cost; UCHC acquisition per unit price; classification of dispense as 34013 or non-340B program; invoice date; and invoice due date.

Filled Prescription Report - prescription fill date; inmate name and number; NDC; DEA class; product description name; product strength; product quantity dispensed; product unit type; product therapy code; product therapy class; and classification of dispense as 340B or non-340B.

340B Report - quarterly reporting that defines the percentage of Medicaid inpatient days generated by the inmate patient population for the previous quarter.

78. **Question:** Will you be requiring monthly/quarterly pharmacy consultations/inspections? If so, please describe?

**Answer:** The expectation is for the successful respondent to provide Clinical Pharmacy services that enable a two-way dialog concerning the pharmaceutical needs and trending usage of the CTDOC inmate population, as per the evidence which is reviewed proactively by the respondent out of their Pharmacy system, as it has interfaced with the orders generated by CTDOC for medications. Monthly participation in Pharmacy and Therapeutics Committee meetings would be the minimum expectation, but a proactive approach to Clinical Pharmacy is what is sought by CTDOC from respondents.

79. **Question:** 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?

**Answer:** No committee meetings are currently being held, however CTDOC would like to convene monthly meetings that would require the successful respondent's participation.

80. **Question:** Please provide the current pharmacy related Policies & Procedures for all facilities.

**Answer:** The CTDOC is currently in the process of updating and reviewing its healthcare policies, including pharmacy related documentation so they are not available at this time.

81. **Question:** What are the small diverse business and small business contract requirements/goals for this contract?

**Answer:** Awards will be made to the most qualified respondent which may or may not include small business and minority contractors.

82. **Question:** Can the electronic copy of the proposal for service be submitted in PDF format rather than Word? Word Documents can be edited and perhaps a PDF format is a much safer way to electronically deliver such an important proposal.

**Answer:** Please provide both PDF and word format electronic document.

83. **Question:** Section D Proposal Format, #6 specifies that the font size must be 12 point. Is this the minimum font size? For example, can headings, titles, etc. be a larger than 12-point font size?

**Answer:** Yes.

84. **Question:** Section D Proposal Format, #6 specifies the font type must be Times New Roman. Would it be acceptable to use an alternate standard serif or non-serif font type providing the type is easy to read and is not a script type font?

**Answer:** No.

85. **Question:** Section D Proposal Format, #7 Pagination states the respondent's name must be displayed specifically in the header of each page. Would it be acceptable to display the respondent's name in the footer of each page rather than the header so as not to detract from the subject content of each page?
- Answer:** It will be acceptable to display the respondent's name in the footer.
86. **Question:** Section III.A, page 20 states "Proposed providers will be responsible to provide all pharmacy services that are not covered in-house by CTDOC." Please identify which pharmacy services are provided "in-house" by CTDOC that providers will not be responsible for. Page 20 states that, "Proposed providers will be responsible to provide all pharmacy services that are not covered in-house by CTDOC." Can this requirement please be clarified? What pharmacy services would be covered in-house?
- Answer:** The successful proposer will be responsible to provide all pharmacy services including the fulfillment of medication orders as placed by CTDOC, Clinical Pharmacy, and other requirements as stated in the RFP. In-house pharmacy services that CTDOC presently has is limited to the distribution and inventory of medications at the point of care only.
87. **Question:** Does CTDOC currently operate in-house pharmacies?
- Answer:** No.
88. **Question:** Is this RFP seeking an acquisition cost plus dispensing fee pricing model?
- Answer:** The respondent should submit their proposed pricing model the respondent is comfortable with proposing, along with a detailed description of the pricing model itself.
89. **Question:** Are there currently licensed pharmacies at the facilities?
- Answer:** No.
90. **Question:** How many prescriptions are profile and how many are filled?
- Answer:** Over the last two months (Sept./Oct. 2018) the average monthly number of individual prescriptions filled was approximately 33,746 containing an average of 967 medications (unique or with different dosage strength) for approximately 7,590 individuals per month.
91. **Question:** What is the percentage of the prescriptions are dispensed patient specific?
- Answer:** 100% patient specific.
92. **Question:** Is the prescription volume correct on the data provided? Approximately 100,000 prescriptions per year?
- Answer:** Yes.
93. **Question:** Is clinic stock dispensed in stock bottles or carded stock.
- Answer:** Stock bottles and is distributed via Pyxis machines.
94. **Question:** Who will be responsible for replenishing the stock in the automated dispensing machines?

**Answer:** CTDOC does not own the automated dispensing cabinets located at the facilities. These machines are leased by the University of Connecticut Health Center, who is CTDOC’s current contract pharmacy vendor. The machines are refilled by CTDOC clinical staff.

95. **Question:** Are there any other pharmacy dispensing equipment available for use by the contractor?

**Answer:** No.

96. **Question:** On page 26, the RFP states that “The central pharmacy will support and include automated dispensing cabinet replenishment stations for after hours and emergent stock dispensing of medications”

a. Does CT DOC currently own and operate a series of Automated Dispensing Cabinets?

**Answer:** No. Current pharmacy vendor leases the Pyxis machines (20) that are located in the facilities.

b. If Yes, how many and what type(s) of units are in operation?

**Answer:** 20 Pyxis

c. If Yes, will CT DOC retain responsibility for the operational maintenance of these cabinets throughout the duration of the new contract?

**Answer:** Negotiable

d. If No, are these to be supplied and maintained by the vendor pharmacy? What are the requirements for the type and number to be supplied?

**Answer:** Negotiable.

Device Location	Quantity
Bridgeport CC	1
Cheshire CI	1
Corrigan CC	1
Cybulski CI	1
Willard CI	1
Garner CI	2
Hartford CC	1
Manson Youth CI	1
MacDougall CI	2
New Haven CC	1
Northern CI	1
Osborn CI	2
Robinson CI	1
Walker CI	1
York CI	3
<b>Total</b>	<b>20</b>

97. **Question:** Please define the quantities and location of all automated dispensing machines currently in use and/or under consideration.
- Are all of these machines Pyxis brand or are there other types of automation machines?
  - Who is currently refilling these machines? Who currently replenishes the automated dispensing machines? (Pharmacist, Technician or Nurse)

**Answer:** CTDOC does not own the automated dispensing cabinets located at the facilities listed below. These machines are leased by the University of Connecticut Health Center, who is CTDOC's current pharmacy vendor. The machines are refilled by CTDOC medical staff.

- **Machine Information** – CareFusion Pyxis, Medstation, 4000, Main 6 Drawer
- **Future Use of Dispensing Cabinets** – It has not been determined if the automated dispensing cabinets will be made available to CTDOC for future use, so the quantity and type of cabinet are not determined at this time and should be considered an item to be negotiated between CTDOC and successful bidder.

98. **Question:** The RFP references “automated dispensing cabinets within the prison facilities” in Section III. E, page 26, paragraph 5. At which facilities are these automated dispensing cabinets located? Are the automated dispensing cabinets the property of CTDOC or the property of your current pharmacy vendor? What brand and model number are the automated dispensing cabinets at each facility?

**Answer:** The current vendor leases the automated dispensing cabinets (20).

99. **Question:** The RFP states that the STAT orders will be processed at the local prison facility. Who is responsible for processing and dispensing these orders?

**Answer:** Clinical staff within each facility.

100. **Question:** How many techs are currently employed at the sites or central pharmacy? How many other pharmacy employees are employed at the sites or central pharmacy? Please provide the current pay rates for the pharmacy employees. Are there union pharmacy employees at the sites or central pharmacy?

**Answer:** CTDOC does not employ pharmacists.

101. **Question:** Are there currently Pyxis or automated dispensing cabinets in use at the facilities? If so, how many and what are the conditions. Will the machines be available for use by the contractor? If automated dispensing machines are not currently in use, how many cabinets are needed?

**Answer:** There are approximately 20 Pyxis machines in use.

102. **Question:** How are current medication orders sent to the pharmacy?

**Answer:** Through the Electronic Health Record.

103. **Question:** Is CT DOC currently using a paper MAR or an eMAR to document medication administration? If CT DOC is using an eMAR system, please provide the name.

**Answer:** CTDOC currently uses paper MAR across all facilities with plans to transition to eMAR in 2019

104. **Question:** Does the CTDOC currently produce electronic Medication Administration Records (eMAR)?

**Answer:** CTDOC is in process of rolling out a pilot for eMAR at 2 facilities with plans to roll out eMAR statewide in early 2019.

105. **Question:** Is the eMAR currently being used at all facilities?

**Answer:** eMAR is currently being tested at 2 facilities and will go live by early 2019.

106. **Question:** Will the current EHR system be utilized for the course of this contract or does the Department intend to make a change?

**Answer:** CTDOC does not anticipate any changes.

107. **Question:** Are there any paper or handwritten MARs currently being used? If so where, how many and for what purpose?

**Answer:** Paper MARs are used at all facilities, for all inmates on medication. They are the official medication record and will be used until eMAR is tested and live.

108. **Question:** What percentage of orders are electronically submitted vs faxed/scanned?

**Answer:** All medication orders are electronically submitted but some are submitted electronically and scanned/faxed

109. **Question:** What other equipment should the contractor be prepared to furnish such as filling equipment, IT hardware, internet access?

**Answer:** No equipment is required. Respondent is expected to provide everything needed to meet the pharmacy needs outlined in the RFP.

110. **Question:** What interface is required to connect to GE Centricity?

**Answer:** The current pharmacy vendor has an interface with GE Centricity. Successful respondent is expected to work with CTDOC to implement all required interfaces.

111. **Question:** How are prescriptions distributed to the facilities?

**Answer:** By courier service

112. **Question:** Can you please provide the names of all firms that submitted a LOI by the required deadline in order to participate in the RFP for pharmacy services?

**Answer:** No

113. **Question:** Will the awarded vendor be responsible to provide medication dispensing and pharmacy services to this portion of your inmate population [the 4,617 offenders under community supervision]? If so, how many facilities would this entail?

**Answer:** Medication dispensing and pharmacy services will not be provided to offenders under community supervision.

114. **Question:** Within Section I - General Information – Part C: Instructions; item 10 – Proposal Due Date and Time – the second paragraph states "faxed or emailed proposals will not be evaluated". In reviewing the submission instruction further below within the same section, it states "An acceptable submission must include the following: one (1) original proposal; five (5) conforming copies of the original proposal; and one (1) conforming electronic copy of the original proposal by e-mail (preferred) or on USB drive." Please clarify if the one electronic copy can be submitted via email and will be acceptable as part of the submission.

**Answer:** In addition to the electronic copy the respondent is required to submit 1 hard copy original proposal and 5 hard copy conforming copies of the original as outlined in the RFP.

115. **Question:** In Section I - General Information – Part D: Proposal Format; item 7 – Pagination – The information states "The Respondent's name must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be numbered in the footer." Based on the information in this section, please clarify if the page numbers on the forms should be updated to reflect those in the response? For example, the first document in the bid package (i.e. page 1) will be Form #6: Proposal Cover Sheet but Form #6 already has p. 53 in its footer.

**Answer:** Please see attachment for blank page 1 form #6 (Proposal cover sheet).

116. **Question:** In Section II - Mandatory Provisions – Part D: Rights Reserved to the State; item 8 – Key Personnel – Does key personnel only refer to the employees specifically identified by respondents as part of the Staffing Plan that is mentioned in Section III Department and Requested Service Information – Part C: Main Proposal Components; item 4 – Staffing Requirements? If not, please define "key personnel."

**Answer:** Key personnel may be defined as all the relevant persons needed in order for the successful respondent to meet the contract deliverables.

117. **Question:** In Section II – Mandatory Provisions – Part A: POS Standard Contract, Parts I and II – It is stated that the respondents are implicitly agreeing to comply with the provisions of Parts I and II of the State's contract. Please provide a copy of Part I of the contract so respondents may review what they are agreeing to.

**Answer:** Please see attached template for Part I and the link for Part II [Part 2, Effective June 1, 2018](#).

118. **Question:** Section II – Mandatory Provisions – Part E: Statutory and Regulatory Compliance; item 6 – Nondiscrimination Certification – The information in the proposal states this form must be uploaded prior to contract execution (we assume this means post-award). But when referring to the certification form online, it states "prior to the award of any contract." Please clarify when this form is required to be uploaded.

**Answer:** Will be required prior to contract execution.

119. **Question:** Section II – Mandatory Provisions – Parts A-E: It is stated that the respondents are implicitly agreeing to comply with the provisions of Parts I and II of the State's contract. Please clarify if a respondent will be automatically disqualified from consideration if the respondent provides proposed contract changes for the state to review. If respondents will not be automatically disqualified from consideration for providing proposed contract changes, how should said changes be submitted (ex. redline, list of alternate terms)?

**Answer:** Part II is part of the state's boiler plate language and is not negotiable.

120. **Question:** In Section II – Mandatory Provisions – Part E: Statutory and Regulatory Compliance; item 2 – Contract Compliance – The information in the proposal references the respondent to upload the Workplace Analysis Affirmative Action Report to the Department of Administrative Services on-line data vault. We have

been unable to locate the form online. Can CTDOC please provide a copy of the Workplace Analysis Affirmative Action Report form or provide a link directly to the form needed?

**Answer:** The form will be accessible once the respondent creates a Biznet account.

<https://biznet.ct.gov/AccountMaint/Login.aspx>

121. **Question:** Section IV – Proposal Outline – Part I: Forms; item e. Form #5 - Would it be possible to obtain a cleaner version of the Equal Employment Opportunity Form?

**Answer:** See Attachment for Form 5 – Commission on Human Rights and Opportunities, Contract Compliance Regulations, Notification to Bidders

122. **Question:** What is the current CT DOC process with regard to medication procurement and dispensing? Are prescriptions delivered daily or are some drugs on site?

**Answer:** Yes, medication is procured by contract vendor but is dispensed by CTDOC licensed staff daily as needed.

123. **Question:** Page 14, #4 “Proposed Costs” – “All proposed costs must be fixed through the entire term of the contract.” Please provide further clarification. For example, in this project it may be difficult to assess program utilization which is a factor in pricing, is there flexibility in establishing year over year pricing? Additionally, telehealth costs are typically based on a per person monthly charge. Should the state’s inmate population reduce significantly can a price adjustment be made? Conversely if there is a significant increase in the prison population can a fixed tiered pricing program be considered?

**Answer:** Fixed pricing will be for one year periods with an option for changes annually over the term of the agreement.

124. **Question:** Page 24, #3 – “Work Plan” – “A responsive proposal must include a comprehensive and realistic work plan as indicated in section 1 V.3”. Where is section 1 V.3?

**Answer:** This is a typo. It should be section IV.3

125. **Question:** The RFP states that “Proposed providers will be responsible to provide all pharmacy services that are not covered in-house by CTDOC”

a. Does CTDOC currently operate in-house pharmacies?

**Answer:** No

b. If Yes, is it the intention of CT DOC to continue operation of these in-house pharmacies, in addition to the services offered by a new vendor(s)?

**Answer:** Not applicable.

c. If Yes, is this a central-fill model, or does each facility currently have an on-site pharmacy?

**Answer:** Not applicable.

d. If Yes, is this RFP seeking staffing / operational management of CTDOC’s in-house pharmacy?

**Answer:** Not applicable.

e. If Yes, what factor(s) determine whether an order is / will be processed by the vendor pharmacy or by CTDOC's in-house pharmacy?

**Answer:** Not applicable.

f. If No, is this RFP seeking a vendor who will act as a central fill pharmacy, supplying all medication orders (including Stock / First-Dose / STATs) to each CT DOC facility?

**Answer:** Yes.

126. **Question:** On page 25, the RFP states that "Once inventory is delivered to the prison facility, an interface between the central pharmacy operating system and the local inventory system will be necessary to allow the transfer of inventory from the central pharmacy to the designated local inventory areas and then back to the central pharmacy for returns"

a. The phrase "transfer of inventory" implies a shipment of non-patient specific medications (i.e. wholesale transactions) from a central facility to a local inventory area. Is the intention of this RFP for the bidder to supply medications as "wholesale containers" of medications (not patient-specific) to a local area, which will then be administered to inmates directly?

**Answer:** The successful respondent will be required to provide patient specific medications to each CTDOC facility.

b. Or, is the intention of this RFP for the bidder to supply all prescription orders in patient-specific, labeled medication containers, limiting "STAT / First-Dose" orders to the minimum supply necessary before the labeled prescription container is received from the vendor / central fill pharmacy?

**Answer:** Yes.

127. **Question:** On page 26, (7), the RFP states that "Clinical Pharmacy/Clinical Pharmacist services" are to be provided. Please provide more information about the scope and extent of the Clinical Pharmacist Services required, including:

a. Need for Monthly Medication Profile Reviews with recommendations to providers.

**Answer:** Yes.

b. Need and/or frequency of on-site visits and expectations of such visits (ex Chart Reviews, Medication Room Inspections, etc.)

**Answer:** Chart reviews, clinical pharmacy consulting, and formulary development and management monthly.

c. Participation in various committees, including Pharmacy and Therapeutics meetings, Infection Control, Quality Assurance, etc.

**Answer:** Yes, monthly.

d. Medication Therapy Management Services

**Answer:** Yes, monthly.

128. **Question:** The Drug Usage List provided at the end of the RFP lists drug usage as “Qty Purchased” and “Pills Purchased” Does this data represent wholesale pharmaceutical purchases made by CT DOC’s current in-house pharmacy?

**Answer:** The list represents pharmaceuticals procured for the agency in 2017 and is not indicative of utilization data.

129. **Question:** In order to provide an accurate pricing proposal, it is extremely important that a potential bidder also receives patient-specific drug usage reports (with patient names redacted), including the number of prescriptions filled per NDC. Can this information be provided in a format such as?

NDC	Product Name	Total Number of RXs	Total Quantity Dispensed
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**Answer:** Please see attachment with drug use data for September 2018.

130. **Question:** Is CT DOC mandating that bidders maintain the exact operational model for pharmacy services which is currently in place? Or, is CT DOC willing to consider certain operational changes proposed by a bidder?

**Answer:** CTDOC is not mandating any particular model. Respondents are encouraged to submit proposal with models that may be considered to best meet the needs and requirements outlined in the RFP.

131. **Question:** Do you have an existing formulary in place? If so can you provide a claims file? Are you open to changing formulary? May we have a copy of your current formulary?

**Answer:** Please see attachment of the most recent formulary. It should be noted that this formulary needs updating.

132. **Question:** Who is the current pharmacy provider?

**Answer:** University of Connecticut Health Center (UCHC)

133. **Question:** Do you require a pharmacist on site?

**Answer:** No.

134. **Question:** Page 9, D. Proposal Format, Cover Sheet, it states: “The Cover Sheet is Page 1 of the proposal. Respondents must complete and use the Cover Sheet form provided by the Department as Form #6, in Section IV.” However, the download of this page was a blank page. Can you please provide Page 1/the Cover Sheet?

**Answer:** Yes. Please see attachment.

135. **Question:** Are the 4,617 offenders under community supervision included in the provision of pharmaceutical services from CTDOC?

**Answer:** No.

136. **Question:** Is the central pharmacy currently being operated by the State or a pharmacy management vendor?

**Answer:** UCHC (a vendor)

137. **Question:** Please list all the positions that are working for the current vendor including pharmacists, pharmacy technicians, and other employees by job title. Please indicate whether the position is filled or empty?
- Answer:** CTDOC currently contracts with UCHC.
138. **Question:** Is it possible for respondents to arrange a tour of some of the CTDOC facilities?
- Answer:** No
139. **Question:** What types of IVs are outsourced and who provides this service?
- Answer:** If an IV medication such as chemotherapy is required, such services are typically administered offsite at an infusion center.
140. **Question:** What types of compounds are outsourced and who provides this service?
- Answer:** No compounding.
141. **Question:** Please describe the automated reclamation process currently in place.
- Answer:** Unused medications are returned to the current pharmacy vendor.
142. **Question:** 340 B discounted pharmaceutical pricing is provided for specific eligible patients in a specific contract between the covered entity and the contracted pharmacy as approved by HRSA. In reference to discounts and special pricing in this RFP, HRSA expressly prohibits a contracted pharmacy from sharing 340 B Pricing from other contracts. Please advise how the CTDOC would like respondents to reply since this information cannot be shared without violating program rules.
- Answer:** Respondents should indicate how 340B price will be made available to CTDOC and the range of discount that should be expected.
143. **Question:** What are the current hours of operation?
- Answer:** 8:00AM to 4:00PM
144. **Question:** What is the average days' supply of medication that is kept in inventory?
- Answer:** The facilities typically have seven days worth of medication on hand.
145. **Question:** If a new vendor is selected, will they have to purchase the inventory from the current vendor?
- Answer:** No.
146. **Question:** Please list all operating supplies that are expected to be transitioned to the new vendor. Is the new vendor expected to pay for the supplies or are they already owned by the state?
- Answer:** None.
147. **Question:** What is the current local inventory management system in use at each delivery location/facility? Who owns the current pharmacy operating system?

**Answer:** It is owned by the current third party vendor.

148. **Question:** Does the current pharmacy operating system interface with GE Centricity?

**Answer:** Yes.

149. **Question:** What is the current ADP and number of facilities?

**Answer:** Current DOC Inmate Population data can be accessed via the following link:

[https://www.ct.gov/opm/cwp/view.asp?a=2967&Q=382106&opmNav\\_GID=1797&opmNav=](https://www.ct.gov/opm/cwp/view.asp?a=2967&Q=382106&opmNav_GID=1797&opmNav=)

Annual Correctional Population Forecast can be accessed via the following link:

[https://www.ct.gov/opm/cwp/view.asp?a=2976&Q=383682&opmNav\\_GID=1797](https://www.ct.gov/opm/cwp/view.asp?a=2976&Q=383682&opmNav_GID=1797)

CALENDAR YEAR AVERAGES			
CY	Accused/Other Status Count	Sentenced Status Count	Total Facility Population Count
2018*	3,867	9,660	13,526
2017	3,777	10,536	14,313
2016	3,836	11,441	15,277
2015	3,957	12,140	16,097
2014	4,084	12,491	16,576

\* For the period 01/01/18 through 11/27/18

150. **Question:** Is there a plan to reduce the current ADP or close certain institutions during the next 3 years?

**Answer:** No changes are anticipated at this time.

151. **Question:** Please provide the requested pharmacy utilization data for 2017 and for each individual month.

- Total spent for pharmacy services and by facility. \_\_\_\_\_
- Total spent for medications and by facility. \_\_\_\_\_
- Total spent for medication categorized by disease state (i.e., Psychotropic, HIV, Hep-C, Infectious Disease, Cardiovascular, Diabetes, etc.). \_\_\_\_\_
- Total fills for medication categorized by disease state (i.e., Psychotropic, HIV, Hep-C, Infectious Disease, Cardiovascular, Diabetes, etc.). \_\_\_\_\_
- Total number of profiled orders? These are orders that are profiled but not filled? \_\_\_\_\_
- Top 100 drugs dispensed by cost. \_\_\_\_\_
- Top 100 drugs dispensed by quantity. \_\_\_\_\_
- Total number of patients on medications. \_\_\_\_\_
- Number of patients on medications categorized by facility \_\_\_\_\_
- Number of new orders categorized by facility \_\_\_\_\_
- Number of re-fill orders categorized by facility \_\_\_\_\_
- Average cost of medication Per Inmate Per Month. \_\_\_\_\_

**Answer:** All available information is included in the RFP.

152. **Question:** Please describe the current clinical pharmacy services that are being provided?

**Answer:** The agency currently contracts with a retail pharmacy. At present, there are little to no clinical pharmacy services. The RFP includes clinical pharmacy services. The agency encourages respondents to include chart reviews/clinical pharmacy consulting and formulary development/management services.

153. **Question:** How many clinical pharmacists provide services?

**Answer:** CTDOC does not employ clinical pharmacists.

154. **Question:** Are clinical pharmacists employed full-time to work for the CTDOC?

**Answer:** No. CTDOC does not employ clinical pharmacists.

155. **Question:** Do the clinical pharmacists dispense medication?

**Answer:** No. Medication is dispensed by CTDOC clinical staff.

156. **Question:** Are medication room inspections included in the scope of services? If not, who provides the medication room inspections to comply with ACA and NCCHC standards?

**Answer:** Medication rooms are inspected quarterly.

157. **Question:** How often does the Pharmacy and Therapeutics Committee meet?

**Answer:** The committees will meet Monthly.

158. **Question:** Who are the members of the Pharmacy and Therapeutics Committee?

**Answer:** Pharmacy and Therapeutics Committee consist of contracted pharmacy staff and CTDOC clinical staff.