

State of Georgia
State Entity Standard Contract Form

Solicitation Title Offender Pharmacy Services	Solicitation Number GDC0000930	Contract Number 46700-054-GDC0000930
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1. This Contract is entered into between the State Entity and the Contractor named below:

State Entity's Name Georgia Department of Corrections	(hereafter called State Entity)
Contractor's Name Correct Rx Pharmacy Services, Inc.	(hereafter called Contractor)

2. Contract to Begin: Date of Completion: Renewals:
 June 30, 2021 9
4/01/2021 subject to the attached implementation schedule

3. Performance Bond, if any: Other Bonds, if any:
25% of the annual total amount of the contract

4. Maximum Amount of this Contract: OPEN – Estimated value \$36,847,393.83	Total Financial Obligation of the State Entity for the First Fiscal Year: OPEN	Total Financial Obligation of the State Entity for each Renewal Period if Renewed: OPEN
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5. Authorized Person to Receive Contract Notices for State Entity: Authorized Person to Receive Contract Notices for Contractor:
Ross Barrineau – ross.barrineau@gdc.ga.gov

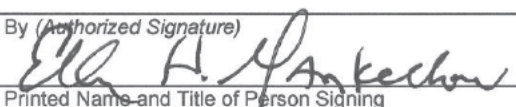
6. The parties agree to comply with the terms and conditions of the following attachments which are by this reference made a part of the Contract:

Attachment 1: State Entity Contract Terms and Conditions for Services
Attachment 2: Solicitation (referenced above)
Attachment 3: Contractor's Final Response

IN WITNESS WHEREOF, this Contract has been executed by the parties hereto.

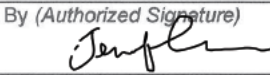
7. **Contractor**

Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.)
Correct Rx Pharmacy Services, Inc.

By (Authorized Signature) 	Date Signed March 31, 2021
Printed Name and Title of Person Signing Ellen H. Yankellow, PharmD, President and CEO	
Address 1352 Charwood Road, Suite C, Hanover, Maryland 21076	

8. **State Entity**

State Entity Name
Georgia Department of Corrections

By (Authorized Signature) 	Date Signed 03/31/2021
Printed Name and Title of Person Signing Jennifer Ammons, General Counsel	
Address 300 Patrol Road, Forsyth, GA 31029	

STATE OF GEORGIA
AGENCY STANDARD CONTRACT
Attachment 1
Contract Terms and Conditions for Services

A. DEFINITIONS AND GENERAL INFORMATION

1. Definitions. The following words shall be defined as set forth below:

- (i) **"Contractor"** means the provider(s) of the Services under the Contract.
- (ii) **"Purchase Instrument"** means the documentation issued by the State Entity to the Contractor for a purchase of Services in accordance with the terms and conditions of the Contract. The Purchase Instrument should reference the Contract and may include an identification of the Services to be purchased, the time and location such Services will be utilized, and any other requirements deemed necessary by the State Entity.
- (iii) **"Response", "Contractor's Response" or "Final Response"** means the Contractor's submitted response to the RFX, including any modifications or clarifications accepted by the State Entity.
- (iv) **"RFX"** means the Request for Proposal, Request for Bid, or other solicitation document (and any amendments or addenda thereto) specifically identified in the State Entity Standard Contract Form that was issued to solicit the Services that are subject to the Contract.
- (v) **"Services"** means the services and deliverables as provided in the RFX and as further described by the Response and the Contract.
- (vi) **"State"** means the State of Georgia, the State Entity, and any other authorized state entities issuing Purchase Instruments against the Contract.
- (vii) **"State Entity"** means the State of Georgia entity identified in the State Entity Standard Contract Form to contract with the Contractor for the Services identified in the Contract.
- (viii) **"State Entity Standard Contract" or "Contract"** means the agreement between the State Entity and the Contractor as defined by the State Entity Standard Contract Form and its incorporated documents.
- (ix) **"State Entity Standard Contract Form"** means the document that contains basic information about the Contract and incorporates by reference the applicable Contract Terms and Conditions, the RFX, Contractor's Response to the RFX, the final pricing documentation for Services and any mutually agreed clarifications, modifications, additions and deletions resulting from final contract negotiations. No objection or amendment by a Contractor to the RFX requirements or the Contract shall be incorporated by reference into this Contract unless the State Entity has accepted the Contractor's objection or amendment in writing. The State Entity Standard Contract Form is defined separately and referred to separately throughout the State Entity Standard Contract as a means of identifying the location of certain information. For example, the initial term of the Contract is defined by the dates in the State Entity Standard Contract Form.

2. **Priority of Contract Provisions.** Any pre-printed contract terms and conditions included on Contractor's forms or invoices shall be null and void.
3. **Reporting Requirements.** Contractor shall provide all reports required by the RFX. In addition, unless otherwise provided in the RFX, Contractor shall keep a record of the purchases made pursuant to the Contract and shall submit a quarterly written report to the State Entity.

B. DURATION OF CONTRACT

1. **Contract Term.** The Contract between the State Entity and the Contractor shall begin and end on the dates specified in the State Entity Standard Contract Form unless terminated earlier in accordance with the applicable terms and conditions. Pursuant to O.C.G.A. Section 50-5-64, this Contract shall not be deemed to create a debt of the State for the payment of any sum beyond the fiscal year of execution or, in the event of a renewal, beyond the fiscal year of such renewal.
2. **Contract Renewal.** The State Entity shall have the option, in its sole discretion, to renew the Contract for additional terms as defined in the State Entity Standard Contract Form on a year-to-year basis by giving the Contractor written notice of the renewal decision at least sixty (60) days prior to the expiration of the initial term or renewal term. Renewal will depend upon the best interests of the State, funding, and Contractor's performance. Renewal will be accomplished through the issuance of a Notice of Award Amendment. Upon the State Entity's election, in its sole discretion, to renew any part of this Contract, Contractor shall remain obligated to perform in strict accordance with this Contract unless otherwise agreed by the State Entity and the Contractor.
3. **Contract Extension.** In the event that this Contract shall terminate or be likely to terminate prior to the making of an award for a new contract for the Services, the State Entity may, with the written consent of Contractor, extend this Contract for such period as may be necessary to afford the State a continuous supply of the Services.

C. DESCRIPTION OF SERVICES

1. **Specifications in Bidding Documents.** All Services shall be provided in accordance with the specifications contained in the RFX, the terms of the Contract, and as further described in Contractor's Response. The scope of end-to-end service delivery includes the sourcing and purchasing of medications, delivery of medications, packaging and dispensing of medications for use, pharmacy advisory services, support for IT systems, and administration of pharmacy services. In addition, the supplier shall participate in activities to support the smooth transition of suppliers, including but not limited to preservation of continuity of service, management transition, any necessary transition of assets (sites, inventory, etc.), data migration, etc.
2. **Product Shipment and Delivery.** All products, if any, shall be shipped F.O.B. destination. Destination shall be the location(s) specified in the RFX or any provided Purchase Instrument. All items shall be at the Contractor's risk until they have been delivered and accepted by the receiving entity. All items shall be subject to inspection on delivery. Hidden damage will remain the responsibility of the Contractor to remedy without cost to the State Entity, regardless of when the hidden damage is discovered.
3. **Non-Exclusive Rights.** The Contract is not exclusive. The State Entity reserves the right to select other contractors to provide services similar to the Services described in the Contract during the term of the Contract.

4. **No Minimums Guaranteed.** The Contract does not guarantee any minimum level of purchases or use of Services.

D. COMPENSATION

1. **Pricing and Payment.** The Contractor will be paid for Services provided pursuant to the Contract in accordance with the RFX and final pricing documents as incorporated into the State Entity Standard Contract Form and the terms of the Contract. Unless clearly stated otherwise in the Contract, all prices are firm and fixed and are not subject to variation. Prices include, but are not limited to freight, insurance, fuel surcharges and customs duties.
2. **Billings.** If applicable, and unless the RFX provides otherwise, the Contractor shall submit, on a regular basis, an invoice for the Services supplied to the State Entity under the Contract at the billing address specified in the Purchase Instrument or Contract. The invoice shall comply with all applicable rules concerning payment of such claims. The State Entity shall pay all approved invoices in arrears and in accordance with applicable provisions of State law. Supplier shall provide an accurate invoice within 30 business days from services being rendered. The net 30-day payment clock starts when the State Entity receives an accurate and complete invoice from the Contractor and all services being billed for have been completed.

Unless otherwise agreed in writing by the State Entity and the Contractor, the Contractor shall not be entitled to receive any other payment or compensation from the State Entity for Services provided by or on behalf of the Contractor under the Contract. The Contractor shall be solely responsible for paying all costs, expenses and charges it incurs in connection with its performance under the Contract.

3. **Delay of Payment Due to Contractor's Failure.** If the State Entity in good faith determines that the Contractor has failed to perform or deliver Services as required by the Contract, the Contractor shall not be entitled to any compensation under the Contract until such Service is performed or delivered. In this event, the State Entity may withhold that portion of the Contractor's compensation which represents payment for Services that were not performed or delivered. To the extent that the Contractor's failure to perform or deliver in a timely manner causes the State Entity to incur costs, the State Entity may deduct the amount of such incurred costs from any amounts payable to Contractor. The State Entity's authority to deduct such incurred costs shall not in any way affect the State Entity's authority to terminate the Contract.
4. **Set-Off Against Sums Owed by the Contractor.** In the event that the Contractor owes the State Entity and/or the State any sum under the terms of the Contract, pursuant to any judgment, or pursuant to any law, the State Entity and/or the State may set off the sum owed against any sum owed by the State Entity to the Contractor in the State Entity's sole discretion.

E. TERMINATION

1. **Immediate Termination.** Pursuant to O.C.G.A. Section 50-5-64, this Contract will terminate immediately and absolutely if the State Entity determines that adequate funds are de-appropriated such that the State Entity cannot fulfill its obligations under the Contract, which determination is at the State Entity's sole discretion and shall be conclusive. Further, the State Entity may terminate the Contract for any one or more of the following reasons effective immediately without advance notice:

- (i) In the event the Contractor is required to be certified or licensed as a condition precedent to providing the Services, the revocation or loss of such license or

certification may result in immediate termination of the Contract effective as of the date on which the license or certification is no longer in effect;

- (ii) The State Entity determines that the actions, or failure to act, of the Contractor, its agents, employees or subcontractors have caused, or reasonably could cause, life, health or safety to be jeopardized;
- (iii) The Contractor fails to comply with confidentiality laws or provisions; and/or
- (iv) The Contractor furnished any statement, representation or certification in connection with the Contract or the bidding process which is materially false, deceptive, incorrect or incomplete.

2. Termination for Cause. The occurrence of any one or more of the following events shall constitute cause for the State Entity to declare the Contractor in default of its obligations under the Contract:

- (i) The Contractor fails to deliver or has delivered nonconforming Services or fails to perform, to the State Entity's satisfaction, any material requirement of the Contract or is in violation of a material provision of the Contract, including, but without limitation, the express warranties made by the Contractor;
- (ii) The State Entity determines that satisfactory performance of the Contract is substantially endangered or that a default is likely to occur;
- (iii) The Contractor fails to make substantial and timely progress toward performance of the Contract;
- (iv) The Contractor becomes subject to any bankruptcy or insolvency proceeding under federal or state law to the extent allowed by applicable federal or state law including bankruptcy laws; the Contractor terminates or suspends its business; or the State Entity reasonably believes that the Contractor has become insolvent or unable to pay its obligations as they accrue consistent with applicable federal or state law;
- (v) The Contractor has failed to comply with applicable federal, state and local laws, rules, ordinances, regulations and orders when performing within the scope of the Contract;
- (vi) The Contractor has engaged in conduct that has or may expose the State Entity or the State to liability, as determined in the State Entity's sole discretion; or
- (vii) The Contractor has infringed any patent, trademark, copyright, trade dress or any other intellectual property rights of the State Entity, the State, or a third party.

3. Notice of Default. If there is a default event caused by the Contractor, the State Entity shall provide written notice to the Contractor requesting that the breach or noncompliance be remedied within the period of time specified in the State Entity's written notice to the Contractor. If the breach or noncompliance is not remedied within the period of time specified in the written notice, the State Entity may:

- (i) Immediately terminate the Contract without additional written notice; and/or
- (ii) Procure substitute services from another source and charge the difference between the Contract and the substitute contract to the defaulting Contractor; and/or,

- (iii) Enforce the terms and conditions of the Contract and seek any legal or equitable remedies.
- 4. **Termination Upon Notice.** Following thirty (30) days' written notice, the State Entity may terminate the Contract in whole or in part without the payment of any penalty or incurring any further obligation to the Contractor. Following termination upon notice, the Contractor shall be entitled to compensation, upon submission of invoices and proper proof of claim, for Services provided under the Contract to the State Entity up to and including the date of termination.
- 5. **Termination Due to Change in Law.** The State Entity shall have the right to terminate this Contract without penalty by giving thirty (30) days' written notice to the Contractor as a result of any of the following:
 - (i) The State Entity's authorization to operate is withdrawn or there is a material alteration in the programs administered by the State Entity; and/or
 - (ii) The State Entity's duties are substantially modified.
- 6. **Payment Limitation in Event of Termination.** In the event of termination of the Contract for any reason by the State Entity, the State Entity shall pay only those amounts, if any, due and owing to the Contractor for the Services actually rendered up to the date specified in the notice of termination for which the State Entity is obligated to pay pursuant to the Contract or Purchase Instrument. Payment will be made only upon submission of invoices and proper proof of the Contractor's claim. This provision in no way limits the remedies available to the State Entity under the Contract in the event of termination. The State shall not be liable for any costs incurred by the Contractor in its performance of the Contract, including, but not limited to, startup costs, overhead or other costs associated with the performance of the Contract.
- 7. **The Contractor's Termination Duties.** Upon receipt of notice of termination or upon request of the State Entity, the Contractor shall:
 - (i) Cease work under the Contract and take all necessary or appropriate steps to limit disbursements and minimize costs, and furnish a report within thirty (30) days of the date of notice of termination, describing the status of all work under the Contract, including, without limitation, results accomplished, conclusions resulting therefrom, and any other matters the State Entity may require;
 - (ii) Immediately cease using and return to the State Entity, any personal property or materials, whether tangible or intangible, provided by the State Entity to the Contractor;
 - (iii) Comply with the State Entity's instructions for the timely transfer of any active files and work product produced by the Contractor under the Contract;
 - (iv) Cooperate in good faith with the State Entity and its employees, agents and contractors during the transition period between the notification of termination and the substitution of any replacement contractor(s); and
 - (v) Immediately return to the State Entity any payments made by the State Entity for Services that were not delivered or rendered by the Contractor.

F. CONFIDENTIAL INFORMATION

1. **Access to Confidential Data.** The Contractor's employees, agents and subcontractors may have access to confidential data maintained by the State to the extent necessary to carry out the Contractor's responsibilities under the Contract. The Contractor shall presume that all information received pursuant to the Contract is confidential unless otherwise designated by the State. If it is reasonably likely the Contractor will have access to the State's confidential information, then:
 - (i) The Contractor shall provide to the State a written description of the Contractor's policies and procedures to safeguard confidential information;
 - (ii) Policies of confidentiality shall address, as appropriate, information conveyed in verbal, written, and electronic formats;
 - (iii) The Contractor must designate one individual who shall remain the responsible authority in charge of all data collected, used, or disseminated by the Contractor in connection with the performance of the Contract; and
 - (iv) The Contractor shall provide adequate supervision and training to its agents, employees and subcontractors to ensure compliance with the terms of the Contract.

The private or confidential data shall remain the property of the State at all times. Some Services performed for the State Entity may require the Contractor to sign a nondisclosure agreement. Contractor understands and agrees that refusal or failure to sign such a nondisclosure agreement, if required, may result in termination of the Contract.

2. **No Dissemination of Confidential Data.** No confidential data collected, maintained, or used in the course of performance of the Contract shall be disseminated except as authorized by law and with the written consent of the State, either during the period of the Contract or thereafter. Any data supplied to or created by the Contractor shall be considered the property of the State. The Contractor must return any and all data collected, maintained, created or used in the course of the performance of the Contract, in whatever form it is maintained, promptly at the request of the State.
3. **Subpoena.** In the event that a subpoena or other legal process is served upon the Contractor for records containing confidential information, the Contractor shall promptly notify the State and cooperate with the State in any lawful effort to protect the confidential information.
4. **Reporting of Unauthorized Disclosure.** The Contractor shall immediately report to the State any unauthorized disclosure of confidential information.
5. **Survives Termination.** The Contractor's confidentiality obligation under the Contract shall survive termination of the Contract.

G. INDEMNIFICATION

1. **Contractor's Indemnification Obligation.** The Contractor agrees to indemnify and hold harmless the State and State officers, employees, agents, and volunteers (collectively, "Indemnified Parties") from any and all costs, expenses, losses, claims, damages, liabilities, settlements and judgments, including reasonable value of the time spent by the Attorney General's Office, related to or arising from:

- (i) Any breach of the Contract;
 - (ii) Any negligent, intentional or wrongful act or omission of the Contractor or any employee, agent or subcontractor utilized or employed by the Contractor;
 - (iii) Any failure of Services to comply with applicable specifications, warranties, and certifications under the Contract;
 - (iv) The negligence or fault of the Contractor in design, testing, development, manufacture, or otherwise with respect to the Services provided under the Contract;
 - (v) Claims, demands, or lawsuits that, with respect to the goods (if any) or any parts thereof, allege product liability, strict product liability, or any variation thereof;
 - (vi) The Contractor's performance or attempted performance of the Contract, including any employee, agent or subcontractor utilized or employed by the Contractor;
 - (vii) Any failure by the Contractor to comply with the "Compliance with the Law" provision of the Contract;
 - (viii) Any failure by the Contractor to make all reports, payments and withholdings required by federal and state law with respect to social security, employee income and other taxes, fees or costs required by the Contractor to conduct business in the State of Georgia or the United States;
 - (ix) Any infringement of any copyright, trademark, patent, trade dress, or other intellectual property right; or
 - (x) Any failure by the Contractor to adhere to the confidentiality provisions of the Contract.
2. **Duty to Reimburse State Tort Claims Fund.** To the extent such damage or loss as covered by this indemnification is covered by the State of Georgia Tort Claims Fund ("the Fund"), the Contractor (and its insurers) agrees to reimburse the Fund. To the full extent permitted by the Constitution and the laws of the State and the terms of the Fund, the Contractor and its insurers waive any right of subrogation against the State, the Indemnified Parties, and the Fund and insurers participating thereunder, to the full extent of this indemnification.
3. **Litigation and Settlements.** The Contractor shall, at its own expense, be entitled to and shall have the duty to participate in the defense of any suit against the Indemnified Parties. No settlement or compromise of any claim, loss or damage entered into by the Indemnified Parties shall be binding upon Contractor unless approved in writing by Contractor. No settlement or compromise of any claim, loss or damage entered into by Contractor shall be binding upon the Indemnified Parties unless approved in writing by the Indemnified Parties.
4. **Patent/Copyright Infringement Indemnification.** Contractor shall, at its own expense, be entitled to and shall have the duty to participate in the defense of any suit instituted against the State and indemnify the State against any award of damages and costs made against the State by a final judgment of a court of last resort in such suit insofar as the same is based on any claim that any of the Services constitutes an infringement of any United States Letters Patent or copyright, provided the State gives the Contractor immediate notice in writing of the institution of such suit, permits Contractor to fully participate in the defense of the same, and gives Contractor all available information, assistance and authority to enable Contractor to do so. Subject to approval of the Attorney General of the State of Georgia, the State Entity shall

tender defense of any such action to Contractor upon request by Contractor. Contractor shall not be liable for any award of judgment against the State reached by compromise or settlement unless Contractor accepts the compromise or settlement. Contractor shall have the right to enter into negotiations for and the right to effect settlement or compromise of any such action, but no such settlement shall be binding upon the State unless approved by the State.

In case any of the Services is in any suit held to constitute infringement and its use is enjoined, Contractor shall, at its option and expense:

- (i) Procure for the State the right to continue using the Services;
- (ii) Replace or modify the same so that it becomes non-infringing; or
- (iii) Remove the same and cancel any future charges pertaining thereto.

Contractor, however, shall have no liability to the State if any such patent, or copyright infringement or claim thereof is based upon or arises out of:

- (i) Compliance with designs, plans or specifications furnished by or on behalf of the State Entity as to the Services;
- (ii) Use of the Services in combination with apparatus or devices not supplied by Contractor;
- (iii) Use of the Services in a manner for which the same was neither designed nor contemplated; or
- (iv) The claimed infringement of any patent or copyright in which the State Entity or any affiliate or subsidiary of the State Entity has any direct interest by license or otherwise.

5. **Survives Termination.** The indemnification obligation of the Contractor shall survive termination of the Contract.

H. INSURANCE

Contractor shall procure and maintain the insurance policies described below at the supplier's own expense and shall furnish the State Entity an insurance certificate listing the State of Georgia as certificate holder and as an additional insured. The insurance certificate must document that the Commercial General Liability insurance coverage purchased by the supplier includes contractual liability coverage applicable to the contract. In addition, the insurance certificate must provide the following information: the name and address of the insured; name, address, telephone number and signature of the authorized agent; name of the insurance company (authorized to operate in Georgia); a description of coverage in detailed standard terminology (including policy period, policy number, limits of liability, exclusions and endorsements); and an acknowledgment of notice of cancellation to the State Entity.

The supplier is required to maintain the following insurance coverage's during the term of the contract:

- 1) Workers Compensation Insurance (Occurrence) in the amounts of the statutory limits established by the General Assembly of the State of Georgia (A self-insurer must submit a certificate from the Georgia Board of Workers Compensation stating that the supplier qualifies to pay its own workers compensation claims.) In

addition, the supplier shall require all subcontractors occupying the premises or performing work under the contract to obtain an insurance certificate showing proof of Workers Compensation Coverage with the following minimum coverage:

- | | | |
|----|--|--------------|
| | Bodily injury by accident - per employee | \$100,000; |
| | Bodily injury by disease - per employee | \$100,000; |
| | Bodily injury by disease – policy limit | \$500,000. |
| 2) | Commercial General Liability Policy with the following minimum coverage: | |
| | Each Occurrence Limit | \$1,000,000 |
| | Personal & Advertising Injury Limit | \$1,000,000 |
| | General Aggregate Limit | \$ 2,000,000 |
| | Products/Completed Ops. Aggregate Limit | \$ 2,000,000 |
| 3) | Automobile Liability | |
| | Combined Single Limit | \$1,000,000 |
| 4) | Professional Liability / Errors & Omissions | \$3,000,000 |
| 5) | Fidelity Coverage | \$1,000,000 |
| 6) | Umbrella Liability | \$3,000,000 |
| 7) | Cyber Liability | \$5,000,000 |

The Supplier shall add the “State of Georgia, its officers, employees and agents” as an additional insured under the commercial general, Automobile, Fidelity, Umbrella and Professional liability policies.

The foregoing policies shall contain a provision that coverage afforded under the policies will not be canceled, or not renewed or allowed to lapse for any reason until at least thirty (30) days prior written notice has been given to the State Entity. Certificates of Insurance showing such coverage to be in force shall be filed with the State Entity prior to commencement of any work under the contract. The foregoing policies shall be obtained from insurance companies licensed to do business in Georgia and shall be with companies acceptable to the State Entity, which must have a minimum A.M. Best rating of A-. All such coverage shall remain in full force and effect during the term and any renewal or extension thereof.

I. BONDS

The Contractor shall provide a performance bond to the State Entity for the faithful performance on the contract in an amount no less than 25% of the annual total amount of the contract. The bond shall be issued by a Corporate Surety authorized to do business with the State of Georgia.

J. WARRANTIES

- 1. Construction of Warranties Expressed in the Contract with Warranties Implied by Law.** All warranties made by the Contractor and/or subcontractors in all provisions of the Contract and the Contractor's Response, whether or not the Contract specifically denominates the Contractor's and/or subcontractors' promise as a warranty or whether the warranty is created only by the Contractor's affirmation or promise, or is created by a description of the Services to be provided, or by provision of samples to the State shall not be construed as limiting or negating any warranty provided by law, including without limitation, warranties which arise through course of dealing or usage of trade, the warranty of merchantability, and the warranty of fitness for a particular purpose. The warranties expressed in the Contract are intended to modify the warranties implied by law only to the extent that they expand the warranties applicable to the Services provided by the Contractor. The provisions of this section apply during the term of the Contract and any extensions or renewals thereof.
- 2. Warranty – Nonconforming Services and Goods.** All Services and any goods delivered by Contractor to the State Entity shall be free from any defects in design, material, or workmanship. If any Services or goods offered by the Contractor are found to be defective in material or workmanship, or do not conform to Contractor's warranty, the State Entity shall have the option of returning, repairing, or replacing the defective Services or goods at Contractor's expense. Payment for Services and any goods shall not constitute acceptance. Acceptance by the State Entity shall not relieve the Contractor of its warranty or any other obligation under the Contract.
- 3. Compliance with Federal Safety Acts.** Contractor warrants and guarantees to the State that the Services provided under the Contract are in compliance with Sections 5 and 12 of the Federal Trade Commission Act; the Fair Packaging and Labeling Act; the Federal Food, Drug, and Cosmetic Act; the Consumer Product Safety Act; the Federal Environmental Pesticide Control Act; the Federal Hazardous Substances Act; the Fair Labor Standards Act; the Wool Products Labeling Act; the Flammable Fabrics Act; the Occupational Safety and Health Act; the Office of Management and Budget A-110 Appendix A; and the Anti-Kickback Act of 1986.
- 4. Originality and Title to Concepts, Materials, and Goods Produced.** Contractor represents and warrants that all the concepts, materials, goods and Services produced, or provided to the State pursuant to the terms of the Contract shall be wholly original with the Contractor or that the Contractor has secured all applicable interests, rights, licenses, permits or other intellectual property rights in such concepts, materials and works. The Contractor represents and warrants that the concepts, materials, goods and Services and the State's use of same and the exercise by the State of the rights granted by the Contract shall not infringe upon any other work, other than material provided by the Contract to the Contractor to be used as a basis for such materials, or violate the rights of publicity or privacy of, or constitute a libel or slander against, any person, firm or corporation and that the concepts, materials and works will not infringe upon the copyright, trademark, trade name, trade dress patent, literary, dramatic, statutory, common law or any other rights of any person, firm or corporation or other entity. The Contractor represents and warrants that it is the owner of or otherwise has the right to use and distribute the goods and Services contemplated by the Contract.
- 5. Conformity with Contractual Requirements.** The Contractor represents and warrants that the Services provided in accordance with the Contract will appear and operate in conformance with the terms and conditions of the Contract.
- 6. Authority to Enter into Contract.** The Contractor represents and warrants that it has full authority to enter into the Contract and that it has not granted and will not grant any right or

interest to any person or entity that might derogate, encumber or interfere with the rights granted to the State and the State Entity.

7. **Obligations Owed to Third Parties.** The Contractor represents and warrants that all obligations owed to third parties with respect to the activities contemplated to be undertaken by the Contractor pursuant to the Contract are or will be fully satisfied by the Contractor so that the State and the State Entity will not have any obligations with respect thereto.
8. **Title to Property.** The Contractor represents and warrants that title to any property assigned, conveyed or licensed to the State is good and that transfer of title or license to the State is rightful and that all property shall be delivered free of any security interest or other lien or encumbrance. Title to any supplies, materials, or equipment shall remain in the Contractor until fully paid for by the State Entity. Except as otherwise expressly authorized by the State Entity, all materials produced by Contractor personnel in performance of Services, including but not limited to software, charts, graphs, diagrams, video tapes and other project documentation shall be deemed to be work made for hire and shall be the property of the State of Georgia.
9. **Industry Standards.** The Contractor represents and expressly warrants that all aspects of the Services provided or used by it shall at a minimum conform to the standards in the Contractor's industry. This requirement shall be in addition to any express warranties, representations, and specifications included in the Contract, which shall take precedence.
10. **Contractor's Personnel and Staffing.** Contractor warrants that all persons assigned to perform Services under this Contract are either lawful employees of Contractor or lawful employees of a subcontractor authorized by the State Entity as specified in the RFX. All persons assigned to perform Services under this Contract shall be qualified to perform such Services. Personnel assigned by Contractor shall have all professional licenses required to perform the Services.
11. **State Security.** State Entity requires that a criminal background investigation be made of any and all Contractor personnel utilized to provide Services to the State. Contractor represents and warrants that Contractor shall refrain from assigning personnel to any task under this Contract if such investigation reveals a disregard for the law or other background that indicates an unacceptable security risk as determined by the State. The Contractor's employees, agents and subcontractors may be granted access to state computers, hardware, software, programs and/or information technology infrastructure or operations to the extent necessary to carry out the Contractor's responsibilities under the Contract. Such access may be terminated at the sole discretion of the State. The Contractor shall provide immediate notice to State Entity of any employees, agents and/or subcontractors suspected of abusing or misusing such access privilege. The Contractor represents and warrants that Contractor shall provide notice to State Entity of the changed status of any employee, agent or subcontractor granted access to state computers, hardware, software, programs and/or information technology infrastructure or operations, including, but not limited to, termination or change of the position or contract relationship.
12. **Use of State Vehicles.** Contractor warrants that no State vehicles will be used by Contractor for the performance of Services under this Contract. Contractor shall be responsible for providing transportation necessary to perform all Services.

K. PRODUCT RECALL

If this Contract includes the provision of goods and in the event that any of the goods are found by the Contractor, the State, any governmental agency, or court having jurisdiction to contain a defect, serious quality or performance deficiency, or not to be in compliance with any standard or requirement so as to require or make advisable that such goods be reworked or recalled, the Contractor will promptly communicate all relevant facts to the State Entity and undertake all corrective actions, including those required to meet all obligations imposed by laws, regulations, or orders, and shall file all necessary papers, corrective action programs, and other related documents, provided that nothing contained in this section shall preclude the State Entity from taking such action as may be required of it under any such law or regulation. The Contractor shall perform all necessary repairs or modifications at its sole expense except to any extent that the Contractor and the State shall agree to the performance of such repairs by the State upon mutually acceptable terms.

L. CONTRACT ADMINISTRATION

1. **Order of Preference.** In the case of any inconsistency or conflict among the specific provisions of the State Entity Standard Contract Terms and Conditions (including any amendments accepted by both the State Entity and the Contractor attached hereto), the RFX (including any subsequent addenda), and the Contractor's Response, any inconsistency or conflict shall be resolved as follows:
 - (i) First, by giving preference to the specific provisions of the State Entity Standard Contract Terms and Conditions.
 - (ii) Second, by giving preference to the specific provisions of the RFX.
 - (iii) Third, by giving preference to the specific provisions of the Contractor's Response, except that objections or amendments by a Contractor that have not been explicitly accepted by the State Entity in writing shall not be included in this Contract and shall be given no weight or consideration.
2. **Intent of References to Bid Documents.** The references to the parties' obligations, which are contained in this document, are intended to supplement or clarify the obligations as stated in the RFX and the Contractor's Response. The failure of the parties to make reference to the terms of the RFX or the Contractor's Response in this document shall not be construed as creating a conflict and will not relieve the Contractor of the contractual obligations imposed by the terms of the RFX and the Contractor's Response. The contractual obligations of the State Entity cannot be implied from the Contractor's Response.
3. **Compliance with the Law.** The Contractor, its employees, agents, and subcontractors shall comply with all applicable federal, state, and local laws, rules, ordinances, regulations and orders now or hereafter in effect when performing under the Contract, including without limitation, all laws applicable to the prevention of discrimination in employment and the use of targeted small businesses as subcontractors or contractors. The Contractor, its employees, agents and subcontractors shall also comply with all federal, state and local laws regarding business permits and licenses that may be required to carry out the work performed under the Contract. Contractor and Contractor's personnel shall also comply with all State and State Entity policies and standards in effect during the performance of the Contract, including but not limited to the State Entity's policies and standards relating to personnel conduct, security, safety, confidentiality, and ethics. Further, the provisions of O.C.G.A. Section 45-10-20 et seq. have not and must not be violated under the terms of this Contract. Contractor certifies that

Contractor is not currently engaged in, and agrees for the duration of this Contract not to engage in, a boycott of Israel, as defined in O.C.G.A. § 50-5-85.

- 4. Sexual Harassment Prevention.** The State of Georgia promotes respect and dignity and does not tolerate sexual harassment in the workplace. The State is committed to providing a workplace and environment free from sexual harassment for its employees and for all persons who interact with state government. All State of Georgia employees are expected and required to interact with all persons including other employees, contractors, and customers in a professional manner that contributes to a respectful work environment free from sexual harassment. Furthermore, the State of Georgia maintains an expectation that its contractors and their employees and subcontractors will interact with entities of the State of Georgia, their customers, and other contractors of the State in a professional manner that contributes to a respectful work environment free from sexual harassment.

Pursuant to the State of Georgia's Statewide Sexual Harassment Prevention Policy (the "Policy"), all contractors who are regularly on State premises or who regularly interact with State personnel must complete sexual harassment prevention training on an annual basis.

If the Contractor, including its employees and subcontractors, violates the Policy, including but not limited to engaging in sexual harassment and/or retaliation, the Contractor may be subject to appropriate corrective action. Such action may include, but is not limited to, notification to the employer, removal from State premises, restricted access to State premises and/or personnel, termination of contract, and/or other corrective action(s) deemed necessary by the State.

- (i) If Contractor is an individual who is regularly on State premises or who will regularly interact with State personnel, Contractor certifies that:
 - (a) Contractor has received, reviewed, and agreed to comply with the State of Georgia's Statewide Sexual Harassment Prevention Policy located at <http://doas.ga.gov/human-resources-administration/board-rules-policy-and-compliance/jointly-issued-statewide-policies/sexual-harassment-prevention-policy>;
 - (b) Contractor has completed sexual harassment prevention training in the last year and will continue to do so on an annual basis; or will complete the Georgia Department of Administrative Services' sexual harassment prevention training located at this direct link <https://www.youtube.com/embed/NjVt0DDnc2s?rel=0> prior to accessing State premises and prior to interacting with State employees; and on an annual basis thereafter; and,
 - (c) Upon request by the State, Contractor will provide documentation substantiating the completion of sexual harassment training.
- (ii) If Contractor has employees and subcontractors that are regularly on State premises or who will regularly interact with State personnel, Contractor certifies that:
 - (a) Contractor will ensure that such employees and subcontractors have received, reviewed, and agreed to comply with the State of Georgia's Statewide Sexual Harassment Prevention Policy located at <http://doas.ga.gov/human-resources-administration/board-rules-policy-and-compliance/jointly-issued-statewide-policies/sexual-harassment-prevention-policy>;

- (b) Contractor has provided sexual harassment prevention training in the last year to such employees and subcontractors and will continue to do so on an annual basis; or Contractor will ensure that such employees and subcontractors complete the Georgia Department of Administrative Services' sexual harassment prevention training located at this direct link <https://www.youtube.com/embed/NjVt0DDnc2s?rel=0> prior to accessing State premises and prior to interacting with State employees; and on an annual basis thereafter; and
- (c) Upon request of the State, Contractor will provide documentation substantiating such employees and subcontractors' acknowledgment of the State of Georgia's Statewide Sexual Harassment Prevention Policy and annual completion of sexual harassment prevention training.

5. Drug-free Workplace. The Contractor hereby certifies as follows:

- (i) Contractor will not engage in the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana during the performance of this Contract; and
- (ii) If Contractor has more than one employee, including Contractor, Contractor shall provide for such employee(s) a drug-free workplace, in accordance with the Georgia Drug-free Workplace Act as provided in O.C.G.A. Section 50-24-1 et seq., throughout the duration of this Contract; and
- (iii) Contractor will secure from any subcontractor hired to work on any job assigned under this Contract the following written certification: "As part of the subcontracting agreement with (Contractor's Name), (Subcontractor's Name) certifies to the contractor that a drug-free workplace will be provided for the subcontractor's employees during the performance of this Contract pursuant to paragraph 7 of subsection (b) of Code Section 50-24-3."

Contractor may be suspended, terminated, or debarred if it is determined that:

- (i) Contractor has made false certification here in above; or
- (ii) Contractor has violated such certification by failure to carry out the requirements of O.C.G.A. Section 50-24-3(b).

- 6. Amendments.** The Contract may be amended in writing from time to time by mutual consent of the parties. If the contract award exceeds the delegated purchasing authority of the State Entity, then the State Entity must obtain approval of the amendment from the Department of Administrative Services (DOAS). All amendments to the Contract must be in writing and fully executed by duly authorized representatives of the State Entity and the Contractor.
- 7. Third Party Beneficiaries.** There are no third-party beneficiaries to the Contract. The Contract is intended only to benefit the State Entity, the State, and the Contractor.
- 8. Choice of Law and Forum.** The laws of the State of Georgia shall govern and determine all matters arising out of or in connection with this Contract without regard to the choice of law provisions of State law. In the event any proceeding of a quasi-judicial or judicial nature is commenced in connection with this Contract, such proceeding shall solely be brought in a

court or other forum of competent jurisdiction within Fulton County, Georgia. This provision shall not be construed as waiving any immunity to suit or liability, including without limitation sovereign immunity, which may be available to the State.

- 9. Parties' Duty to Provide Notice of Intent to Litigate and Right to Demand Mediation.** In addition to any dispute resolution procedures otherwise required under this Contract or any informal negotiations which may occur between the State and the Contractor, no civil action with respect to any dispute, claim or controversy arising out of or relating to this Contract may be commenced without first giving fourteen (14) calendar days written notice to the State of the claim and the intent to initiate a civil action. At any time prior to the commencement of a civil action, either the State or the Contractor may elect to submit the matter for mediation. Either the State or the Contractor may exercise the right to submit the matter for mediation by providing the other party with a written demand for mediation setting forth the subject of the dispute. The parties will cooperate with one another in selecting a mediator and in scheduling the mediation proceedings. Venue for the mediation will be in Atlanta, Georgia; provided, however, that any or all mediation proceedings may be conducted by teleconference with the consent of the mediator. The parties covenant that they will participate in the mediation in good faith, and that they will share equally in its costs; provided, however, that the cost to the State shall not exceed five thousand dollars (\$5,000.00).

All offers, promises, conduct and statements, whether oral or written, made in the course of the mediation by any of the parties, their agents, employees, experts and attorneys, and by the mediator or employees of any mediation service, are inadmissible for any purpose (including but not limited to impeachment) in any litigation or other proceeding involving the parties, provided that evidence that is otherwise admissible or discoverable shall not be rendered inadmissible or non-discoverable as a result of its use in the mediation. Inadmissibility notwithstanding, all written documents shall nevertheless be subject to the Georgia Open Records Act, O.C.G.A. Section 50-18-70 et seq.

No party may commence a civil action with respect to the matters submitted to mediation until after the completion of the initial mediation session, forty-five (45) calendar days after the date of filing the written request for mediation with the mediator or mediation service, or sixty (60) calendar days after the delivery of the written demand for mediation, whichever occurs first. Mediation may continue after the commencement of a civil action, if the parties so desire.

- 10. Assignment and Delegation.** The Contract may not be assigned, transferred or conveyed in whole or in part without the prior written consent of the State Entity. For the purpose of construing this clause, a transfer of a controlling interest in the Contractor shall be considered an assignment.
- 11. Use of Third Parties.** Except as may be expressly agreed to in writing by the State Entity, Contractor shall not subcontract, assign, delegate or otherwise permit anyone other than Contractor or Contractor's personnel to perform any of Contractor's obligations under this Contract or any of the work subsequently assigned under this Contract. No subcontract which Contractor enters into with respect to performance of obligations or work assigned under the Contract shall in any way relieve Contractor of any responsibility, obligation or liability under this Contract and for the acts and omissions of all subcontractors, agents, and employees. All restrictions, obligations and responsibilities of the Contractor under the Contract shall also apply to the subcontractors. Any contract with a subcontractor must also preserve the rights of the State Entity. The State Entity shall have the right to request the removal of a subcontractor from the Contract for good cause.

12. **Integration.** The Contract represents the entire agreement between the parties. The parties shall not rely on any representation that may have been made which is not included in the Contract.
13. **Headings or Captions.** The paragraph headings or captions used in the Contract are for identification purposes only and do not limit or construe the contents of the paragraphs.
14. **Not a Joint Venture.** Nothing in the Contract shall be construed as creating or constituting the relationship of a partnership, joint venture, (or other association of any kind or agent and principal relationship) between the parties thereto. Each party shall be deemed to be an independent contractor contracting for the Services and acting toward the mutual benefits expected to be derived herefrom. Neither Contractor nor any of Contractor's agents, servants, employees, subcontractors or contractors shall become or be deemed to become agents, servants, or employees of the State. Contractor shall therefore be responsible for compliance with all laws, rules and regulations involving its employees and any subcontractors, including but not limited to employment of labor, hours of labor, health and safety, working conditions, workers' compensation insurance, and payment of wages. No party has the authority to enter into any contract or create an obligation or liability on behalf of, in the name of, or binding upon another party to the Contract.
15. **Joint and Several Liability.** If the Contractor is a joint entity, consisting of more than one individual, partnership, corporation or other business organization, all such entities shall be jointly and severally liable for carrying out the activities and obligations of the Contract, and for any default of activities and obligations.
16. **Supersedes Former Contracts or Agreements.** Unless otherwise specified in the Contract, this Contract supersedes all prior contracts or agreements between the State Entity and the Contractor for the Services provided in connection with the Contract.
17. **Waiver.** Except as specifically provided for in a waiver signed by duly authorized representatives of the State Entity and the Contractor, failure by either party at any time to require performance by the other party or to claim a breach of any provision of the Contract shall not be construed as affecting any subsequent right to require performance or to claim a breach.
18. **Notice.** Any and all notices, designations, consents, offers, acceptances or any other communication provided for herein shall be given in writing by registered or certified mail, return receipt requested, by receipted hand delivery, by Federal Express, courier or other similar and reliable carrier which shall be addressed to the person who signed the Contract on behalf of the party at the address identified in the State Entity Standard Contract Form. Each such notice shall be deemed to have been provided:
 - (i) At the time it is actually received; or,
 - (ii) Within one (1) day in the case of overnight hand delivery, courier or Services such as Federal Express with guaranteed next day delivery; or,
 - (iii) Within five (5) days after it is deposited in the U.S. Mail in the case of registered U.S. Mail.

From time to time, the parties may change the name and address of the person designated to receive notice. Such change of the designated person shall be in writing to the other party and as provided herein.

- 19. Cumulative Rights.** The various rights, powers, options, elections and remedies of any party provided in the Contract shall be construed as cumulative and not one of them is exclusive of the others or exclusive of any rights, remedies or priorities allowed either party by law, and shall in no way affect or impair the right of any party to pursue any other equitable or legal remedy to which any party may be entitled as long as any default remains in any way unremedied, unsatisfied or undischarged.
- 20. Severability.** If any provision of the Contract is determined by a court of competent jurisdiction to be invalid or unenforceable, such determination shall not affect the validity or enforceability of any other part or provision of the Contract. Further, if any provision of the Contract is determined to be unenforceable by virtue of its scope, but may be made enforceable by a limitation of the provision, the provision shall be deemed to be amended to the minimum extent necessary to render it enforceable under the applicable law. Any agreement of the State Entity and the Contractor to amend, modify, eliminate, or otherwise change any part of this Contract shall not affect any other part of this Contract, and the remainder of this Contract shall continue to be of full force and effect.
- 21. Time is of the Essence.** Time is of the essence with respect to the performance of the terms of the Contract. Contractor shall ensure that all personnel providing Services to the State are responsive to the State's requirements and requests in all respects.
- 22. Authorization.** The persons signing this Contract represent and warrant to the other parties that:
- (i) It has the right, power and authority to enter into and perform its obligations under the Contract; and
 - (ii) It has taken all requisite action (corporate, statutory or otherwise) to approve execution, delivery and performance of the Contract and the Contract constitutes a legal, valid and binding obligation upon itself in accordance with its terms.
- 23. Successors in Interest.** All the terms, provisions, and conditions of the Contract shall be binding upon and inure to the benefit of the parties hereto and their respective successors, assigns and legal representatives.
- 24. Record Retention and Access.** The Contractor shall maintain books, records and documents in accordance with generally accepted accounting principles and procedures and which sufficiently and properly document and calculate all charges billed to the State throughout the term of the Contract for a period of at least five (5) years following the date of final payment or completion of any required audit, whichever is later. Records to be maintained include both financial records and service records. The Contractor shall permit the Auditor of the State of Georgia or any authorized representative of the State, and where federal funds are involved, the Comptroller General of the United States, or any other authorized representative of the United States government, to access and examine, audit, excerpt and transcribe any directly pertinent books, documents, papers, electronic or optically stored and created records or other records of the Contractor relating to orders, invoices or payments or any other documentation or materials pertaining to the Contract, wherever such records may be located during normal business hours. The Contractor shall not impose a charge for audit or examination of the Contractor's books and records. If an audit discloses incorrect billings or improprieties, the State reserves the right to charge the Contractor for the cost of the audit and appropriate reimbursement. Evidence of criminal conduct will be turned over to the proper authorities.

25. **Solicitation.** The Contractor warrants that no person or selling agency (except bona fide employees or selling agents maintained for the purpose of securing business) has been employed or retained to solicit and secure the Contract upon an agreement or understanding for commission, percentage, brokerage or contingency.
26. **Public Records.** The laws of the State of Georgia, including the Georgia Open Records Act, as provided in O.C.G.A. Section 50-18-70 et seq., require procurement records and other records to be made public unless otherwise provided by law.
27. **Clean Air and Water Certification.** Contractor certifies that none of the facilities it uses to provide the Services are on the Environmental Protection State Entity (EPA) List of Violating Facilities. Contractor will immediately notify the State Entity of the receipt of any communication indicating that any of Contractor's facilities are under consideration to be listed on the EPA List of Violating Facilities.
28. **Debarred, Suspended, and Ineligible Status.** Contractor certifies that the Contractor and/or any of its subcontractors have not been debarred, suspended, or declared ineligible by any agency of the State of Georgia or as defined in the Federal Acquisition Regulation (FAR) 48 C.F.R. Ch.1 Subpart 9.4. Contractor will immediately notify the State Entity if Contractor is debarred by the State or placed on the Consolidated List of Debarred, Suspended, and Ineligible Contractors by a federal entity.
29. **Use of Name or Intellectual Property.** Contractor agrees it will not use the name or any intellectual property, including but not limited to, State trademarks or logos in any manner, including commercial advertising or as a business reference, without the expressed prior written consent of the State.
30. **Taxes.** The State Entity is exempt from Federal Excise Taxes, and no payment will be made for any taxes levied on Contractor's employee's wages. The State Entity is exempt from State and Local Sales and Use Taxes on the services. Tax Exemption Certificates will be furnished upon request. Contractor or an authorized subcontractor has provided the State Entity with a sworn verification regarding the filing of unemployment taxes or persons assigned by Contractor to perform Services, which verification is incorporated herein by reference.
31. **Certification Regarding Sales and Use Tax.** By executing the Contract, the Contractor certifies it is either (a) registered with the State Department of Revenue, collects, and remits State sales and use taxes as required by Georgia law, including Chapter 8 of Title 48 of the O.C.G.A.; or (b) not a "retailer" as defined in O.C.G.A. Section 48-8-2. The Contractor also acknowledges that the State may declare the Contract void if the above certification is false. The Contractor also understands that fraudulent certification may result in the State Entity or its representative filing for damages for breach of contract.
32. **Delay or Impossibility of Performance.** Neither party shall be in default under the Contract if performance is delayed or made impossible by an act of God. In each such case, the delay or impossibility must be beyond the control and without the fault or negligence of the Contractor. If delay results from a subcontractor's conduct, negligence or failure to perform, the Contractor shall not be excused from compliance with the terms and obligations of the Contract.
33. **Limitation of Contractor's Liability to the State.** Except as otherwise provided in this Contract, Contractor's liability to the State for any claim of damages arising out of this Contract

shall be limited to direct damages and shall not exceed the total amount paid to Contractor for the performance under this Contract.

No limitation of Contractor's liability shall apply to Contractor's liability for loss or damage to State equipment or other property while such equipment or other property is in the sole care, custody, and control of Contractor's personnel. Contractor hereby expressly agrees to assume all risk of loss or damage to any such State equipment or other property in the care, custody, and control of Contractor's personnel. Contractor further agrees that equipment transported by Contractor personnel in a vehicle belonging to Contractor (including any vehicle rented or leased by Contractor or Contractor's personnel) shall be deemed to be in the sole care, custody, and control of Contractor's personnel while being transported. Nothing in this section shall limit or affect Contractor's liability arising from claims brought by any third party.

- 34. Obligations Beyond Contract Term.** The Contract shall remain in full force and effect to the end of the specified term or until terminated or canceled pursuant to the Contract. All obligations of the Contractor incurred or existing under the Contract as of the date of expiration, termination or cancellation will survive the termination, expiration or conclusion of the Contract.
- 35. Counterparts.** The State Entity and the Contractor agree that the Contract has been or may be executed in several counterparts, each of which shall be deemed an original and all such counterparts shall together constitute one and the same instrument.
- 36. Further Assurances and Corrective Instruments.** The State Entity and the Contractor agree that they will, from time to time, execute, acknowledge and deliver, or cause to be executed, acknowledged and delivered, such supplements hereto and such further instruments as may reasonably be required for carrying out the expressed intention of the Contract.
- 37. Transition Cooperation and Cooperation with other Contractors.** Contractor agrees that upon termination of this Contract for any reason, it shall provide sufficient efforts and cooperation to ensure an orderly and efficient transition of services to the State or another contractor. The Contractor shall provide full disclosure to the State and the third-party contractor about the equipment, software, or services required to perform the Services for the State. The Contractor shall transfer licenses or assign agreements for any software or third-party services used to provide the Services to the State or to another contractor.

Further, in the event that the State has entered into or enters into agreements with other contractors for additional work related to Services rendered under the Contract, Contractor agrees to cooperate fully with such other contractors. Contractor shall not commit any act, which will interfere with the performance of work by any other contractor.

Scope of Services

Offender Pharmacy Services

GDC has defined the below minimum basic requirements for scope of services:

Supplier shall provide end-to-end service delivery from prescription processing at prescribing provider's order to the point of dispensing of medications at its facilities, at which point nurses administer the medication. In addition to outpatient prescriptions, Supplier shall provide medications for care delivery within GDC's in-prison medical clinics, infirmaries, Mobile Ambulatory Surgical Unit (MSU) and Augusta State Medical Prison (ASMP) hospital. The scope of end-to-end service delivery includes the sourcing and purchasing of medications, delivery of medications, packaging and dispensing of medications for use, pharmacy advisory services, support for IT systems, and administration of pharmacy services. In addition, the supplier shall participate in activities to support the smooth transition from the services currently being provided to the services provided under the contract awarded as a result of this solicitation, including but not limited to preservation of continuity of service, management transition, any necessary transition of assets (sites, inventory, etc.), data migration, etc. The supplier shall participate in activities to support the smooth transition for any other suppliers that may stop/start provision of other offender healthcare services throughout the duration of the pharmacy services contract. Supplier shall cooperate in the transition of services to the state or another contractor upon termination of the contract resulting from this solicitation for any reason, including: provision of sufficient efforts and cooperation to ensure an orderly and efficient transition of services to the State or another contractor; full disclosure to the State and the third-party contractor about the equipment, software, or services required to perform the services for the State; transfer licenses or assign agreements for any software or third-party services used to provide the services to the State or to another contractor.

Supplier, its employees, agents, and subcontractors shall comply with all applicable federal, state, and local laws, rules, ordinances, regulations and orders now and hereafter in effect when performing under any resulting contract. Supplier, its employees, agents, and subcontractors shall provide services that meet or exceed the applicable standards and regulations of the Georgia Board of Pharmacy, National Commission on Correctional Health Care (NCCHC), American Correctional Association (ACA), and other relevant State or Federal regulations applicable to pharmacy. All Supplier employees and third-party service providers associated with this contract shall have the required credentials (certification, license, insurance, etc.) for the work being performed. In addition, any Supplier employee or Supplier(s) third party providers shall wear a picture identification badge while on GDC premises.

See below for additional requirements within each category of services:

- A. Sourcing and purchasing of medications: Negotiation of medication prices and purchasing of medications

Supplier shall provide the below minimum basic requirements:

A1. Access to medications, including prescription, specialty, limited distribution, and self-administered medications (SAMs)

A2. Transparency into price lists and the value achieved through cost control measures used to keep medication prices predictable and sustainable, including manufacturer rebates and patient assistance programs

B. Delivery of medications: Logistical support to deliver the medications to the facilities

Supplier shall provide the below minimum basic requirements:

B1. Delivery of the correct medications, including individual prescriptions and par level medications, in undamaged condition to the requesting facility within a time frame that allows the medication to be administered with the first dose on the start date and time specified on the physician's order

B2. Delivery of emergency, stat, or similar designation medications prior to next due dose (7 days per week, 24 hours per day)

B3. Designation of a backup provider (e.g., local pharmacy) for medication delivery in the event the supplier is unable to deliver a medication prior to next due dose

B4. Uninterrupted supply of medications required for normal operations of in-prison medical clinics, infirmaries, and a prison hospital

C. Packaging and dispensing of medications for use: Pharmacist support for packaging and dispensing of medications, including for individual prescriptions to be administered in facilities by direct observation or self-administration and for medications for use in-prison medical clinics, infirmaries, and a prison hospital

Supplier shall provide the below minimum basic requirements:

C1. Packaging and dispensing of correctly labeled medication (including offender name and unique offender identifier), ready to be administered by existing nursing staff or self-administered by offenders

C2. Disposal of all expired or discontinued medication in a safe manner that complies with currently accepted professional standards, and all applicable federal, state, and local laws, rules, regulations, and guidelines

D. Pharmacy advisory services: Provision of pharmacist expertise to avoid adverse medication events, maintain a formulary that adheres to quality and cost standards, and provide ad hoc consultations on pharmaceuticals

Supplier shall provide the below minimum basic requirements:

D1. Availability of a licensed pharmacist for emergency and non-emergency pharmacist response and resolution

- D2. Automatic substitution for best-value, therapeutically-equivalent alternative medication in line with clinical step therapy, unless otherwise indicated by physician or other guidelines
- D3. Participation in collaborative practice agreements, in order to provide therapeutically equivalent drug substitutions within the bounds of applicable laws, rules, and regulations
- D4. Participation in Pharmacy and Therapeutics Committee meetings at least once per month in order to develop and maintain a formulary, supported by a formalized exception review process to obtain nonformulary medications.
- D5. Identification, notification to prescribing physicians, and documentation of potential adverse medication reactions
- D6. Provision of medication reconciliation services
- E. IT systems: IT and network infrastructure to support data tracking and management, including provision of a Computerized Provider Order Entry (CPOE) system, electronic Medical Administration Record (eMAR), and compatibility with an Electronic Health Record (EHR)

Supplier shall provide the below minimum basic requirements:

Core systems, processes, and network environment

- E1. Provision of an end-user solution that is approved by GDC, complies with McAfee Endpoint and SCCM image requirements, is supported by Georgia Enterprise Technology Services (GETS) hardware maintenance solution, functions on a Windows 10 or newer operating system, and is browser-neutral
- E2. Provision and maintenance of a Computerized Provider Order Entry (CPOE) and an electronic Medication Administration Record (eMAR) with the ability to interface with an Electronic Health Record (EHR) in real-time using industry standard services and/or protocols
- E3. Independent printing capabilities of eMAR at each location for downtime purposes when connectivity is lost or disrupted
- E4. Integration of the software solution with GDC's Offender Management Solution (SCRIBE), which will include initial population of data and updates by web services protocol. Integration between SCRIBE and the data fields will be based on available and required fields within the provided solution. It is the desire of GDC to be able to integrate all necessary Offender information, such as Name, DOB, GDC number, facility assignment and location as well as security classification and bed type would be passed from SCRIBE to Pharmacy solution upon offender data change and or transfer. Fields would need to be mapped appropriately though method described in the RFP.

E5. An intuitive user interface that requires only a basic level of training to nursing staff, corrections professionals, and GDC administrators

E6. 24/7/365 availability of all core systems with minimum 98% uptime

E7. Provision of a database load balancing capability for optimization, with completion time under 4 hours from initiation

E8. Solution must provide effective, interactive control and use with nonvisual means in compliance with Section 508 requirements

Security

E9. Provision of physical and technological security that meets the standards defined by Health Insurance Portability and Accountability Act (HIPAA), FedRamp, and NIST 800

E10. Compliance with all relevant security and privacy measures, including encryption of data (including tables and attributes) at transfer and at rest and provision of an HL7 interface

E11. Provision of a cloud solution that allows GDC to solely manage their own encryption keys (256-bit)

E12. Provision of a solution with auditable history and transactions

Data, Backup, and Storage

E13. Back up of data at least once per day

E14. Compliance with storage specifications as indicated by GDC, including hosting of cloud services in the United States

E15. Provision of end-to-end support for Software Application issues and questions, including a user forum to facilitate discussion

E16. Hosting of all data in a US-based Tier 3 or greater secure data center, accessed by GDC over the Internet, with role-based access control capabilities and automatic system timeouts

E17. Protection of confidentiality of records, such that data will not be provided in connection with any resulting contract available to others for any purpose other than the provision of drugs, except as required by law (however, the supplier may combine such data for use in preparing statistical analysis reports, which may be made available to others, if information relating to the GDC or any offender is not identifiable from the data)

F. Administration: Provision of robust reporting and transparency of collected data, as well as collaboration with other suppliers and staff in a multi-supplier model

Supplier shall provide the below minimum basic requirements:

F1. Provision of standard reports including medication gross and net costs per unit, quantity ordered, and trends with views by offender, correctional facility, and prescriber for (1) medication name, (2) NDC, (3) therapeutic class, (4) disease state treated, and (5) formulary status

F2. Provision of standard reports on population health including number of patients and prescribing trends for patients prescribed (1) multiple medications to treat a single condition (2) medications to treat multiple conditions, and (3) medications to treat both behavioral health and physical health medications

F3. Provision of standard reports on provider-level prescribing patterns

F4. Provision of additional ad hoc reports on pharmacy operations and costs to include manufacturer rebates and patient assistance programs upon request of GDC

F5. Provision of raw underlying data, upon request of GDC, in a format that is analyzable by GDC staff

F6. Participation in at least two meetings each month to:

1. Review pharmacy operations with GDC health services staff
2. Participate in an interdisciplinary team meeting with all GDC Office of Health Services leadership as pharmacy representation



Supplier Q & A Template

RFX Number: GDC0000930	RFX Title: Offender Pharmacy Services
Requesting State Entity: Department of Corrections	Date: 7/27/2020
Issuing Officer: Ross Barrineau	RFX Initially Posted to Internet: 7/17/2020
eMail Address: ross.barrineau@gdc.ga.gov	Telephone: 404-557-3794

The purpose of this document is to provide answers to supplier questions. Please see Questions and Answers included herein.

Note: This document is intended for informational purposes only. Any changes to the RFX must occur through a published addendum (or through publication of a new version of the RFX in Team Georgia Marketplace™). If multiple Q & A documents are posted, the most recent Q & A shall govern in the event of a conflict.

QUESTIONS AND ANSWERS

#	Questions	Referenced RFX Section	Answers
1.	Do you anticipate extending the bid due date?	N/A	Suppliers should plan to adhere to the bid closing date that is currently posted.
2.	What additional details are you willing to provide, if any, beyond what is stated in bid documents concerning how you will identify the winning bid?	N/A	All available evaluation and award details are provided in Section 6 of Attachment A – State Entity eRFP.
3.	Was this bid posted to the nationwide free bid notification website at www.mygovwatch.com/free?	N/A	No.
4.	Other than your own website, where was this bid posted?	N/A	This bid has been posted publicly on Team Georgia Marketplace and the Georgia Procurement Registry.
5.	Can you tell me where the prescriptions will need to be delivered, so that I can determine if it is in my service delivery area?	N/A	Please see Attachment R – Facility Matrix for a listing of all GDC facilities where services are to be provided.



#	Questions	Referenced RFX Section	Answers
6.	Will GDC consider extending the due date for Submission of Response to accommodate thoughtful consideration of answers to all questions submitted in order to provide the most cost-effective proposal possible?	N/A	Suppliers should plan to adhere to the bid closing date that is currently posted.
7.	Once the contract is awarded, what is the proposed contract start date?	N/A	GDC expects the awarded supplier to begin providing contract services within 30 days of contract award.
8.	What is the average number of prescriptions filled per month for each of your facilities?	N/A	See Appendix A below for average number of prescriptions filled by regional pharmacy per month for Fiscal Year 2020.
9.	<p>Actual utilization data broken down by facility would be helpful for potential bidders to study medication mix and prescriber ordering trends in order to prepare a responsible and competitive bid rate.</p> <p>a. Can Attachment Q be revised to show which prescriptions and the corresponding quantities were filled at each facility for the 12 month data provided?</p> <p>b. Can Attachment Q be provided to bidders in Excel format rather than PDF?</p>	N/A	See Appendix A and C. The information on utilization is broken down by regional pharmacy. Individual facility level data is not available.



#	Questions	Referenced RFX Section	Answers
10.	What is the percentage of stock medications vs. patient specific medications?	N/A	Stock makes up only 1% to 2% of dispensed medications with 98% to 99% being patient-specific.
11.	What is the percentage of stock medications vs. patient specific medications?	N/A	Stock makes up only 1% to 2% of dispensed medications with 98% to 99% being patient-specific.
12.	Do you receive stock medications in 30 count blister cards or is all stock in manufacturer's bulk bottles?	N/A	Medication is received by the pharmacies in manufacturer bulk bottles and is repackaged for patient use in the local pharmacies.
13.	What type of medication packaging do you currently use in your facility? (Ex: Blister Cards, Vials, multi-dose strips, etc.) a. Do you intend to keep the same packaging type? b. If multiple medication packaging types are used, approximately what percentage of each type of packaging type apply?	N/A	Blister cards are used. GDC is open to other packaging types.
14.	How many days' worth of medication is typically dispensed for routine medication orders? (Ex: 7, 14, 30 days.)	N/A	30 days for routine, chronic care medications.
15.	Are medical supplies (needles, syringes, diabetic test strips, etc.) for your locations ordered from the current contracted pharmacy? If not, would GDC be interested in this value-added service?	N/A	Provision of medical supplies referenced in question is not a requirement.
16.	Does the inmate management software currently in use (SCRIBE) support an HL7 interface?	N/A	SCRIBE does not directly support HL7, however we are looking for future compatibility with an EHR which would. We would exchange data through web services.
17.	How are the prescription returns	N/A	1. Returns from the prison facilities



#	Questions	Referenced RFX Section	Answers
	<p>from your facility currently handled?</p> <p>a. Do you currently receive credit for returned medications?</p> <p>b. Are there any restocking fees or minimum costs to qualify as a return?</p>		<p>to the pharmacies are logged onto a "Return to Pharmacy" log and sent back to the pharmacy; these medications are then sent to a reverse distributor for destruction. Unopened pharmacy stock meds for return are processed through a wholesaler. Out of date pharmacy stock meds are processed through a reverse distributor.</p> <p>a. Yes, for pharmacy stock meds returned through a wholesaler or reverse distributor.</p> <p>b. If a pharmacy stock med is returned to the wholesaler > 30 days beyond invoice date, there is a 25% restock fee, no minimum is required.</p>
18.	<p>Are release medications supplied to inmates upon parole or discharge?</p> <p>a. If so, how many days' supply is provided?</p>	N/A	<p>Yes</p> <p>a) 14 days for routine, chronic care medications; 30 days for mental health and TB medications; exceptions are occasionally made to increase day's supply when post-release medical appointments cannot be made in a timely manner</p>
19.	What is the current process for notifying pharmacy of inmates' release dates?	N/A	The prison site notifies the pharmacy of pending releases; the manner of notification (faxed list, phone call, etc.) varies among the different prison sites.
20.	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?	N/A	Inmate discharge/transfer medications are shipped to the correctional facility to be given to the inmate prior to discharge. Any medication shipped to a private residence is sent by the prison site.
21.	Are your correctional facilities accredited by the National Commission on Correctional Health Care (NCCHC) or American Correctional Association (ACA)?	N/A	GDC is seeking ACA accreditation at all facilities. GDC facilities that are currently ACA accredited are shown in Appendix D below.



#	Questions	Referenced RFX Section	Answers
	a. If not, do you expect to seek accreditation during the term of the contract? b. Please provide all current Accreditation for all facilities.		
22.	Do the correctional facilities currently maintain a Keep-On-Person (KOP) Program? a. If so, please provide a list of KOP medications approved by facility	N/A	Yes. List of KOP medications approved by facility is unavailable.
23.	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)?	N/A	All offenders in custody of GDC are under the State's jurisdiction.
24.	Do any of your facilities have a DEA License? If so, whose name(s) is(are) under licensure?	N/A	See appendix B below.
25.	Of inmates receiving Hepatitis C treatment, what is the nature of the treatment? Please list medications used to treat over the past three years.	N/A	Patients are treated per gastroenterologist or infectious disease specialist (for co-infected patients) recommendations. Medications used include Epclusa; Harvoni; Mavyret; Ribavirin; Vosevi; Zepatier
26.	Are there any state or federal drug programs being accessed for inmate medications? a. If so, what are they?	N/A	Yes, we are able to access the federal 340B program for certain medications through our current provider.
27.	Does your facility currently use a barcode electronic order reconciliation and medication return management system?	N/A	No.
28.	Please outline the medical personnel shifts that will require start up in-service training?	N/A	GDC desires the supplier to propose their own solution and does not believe this information regarding the current state is critical for the supplier to develop their proposal.
29.	Does the current pharmacy vendor use a FDA-registered repackager to ensure compliance with federal	N/A	No. All repackaging is done in the regional pharmacies.



#	Questions	Referenced RFX Section	Answers
	regulations for Correctional Health stock medications?		
30.	Will you mandate that the pharmacy vendor use a FDA-registered repackager for Correctional Health stock medications to ensure compliance with Federal regulations?	N/A	GDC encourages suppliers to submit it's recommended approach for repackaging, ensuring that all applicable federal and state regulations are adhered to.
31.	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?	N/A	GDC encourages suppliers to submit it's recommended approach for repackaging, ensuring that all applicable federal and state regulations are adhered to.
32.	Will failure to provide proof of compliance with Federal regulations deem a bidder non-responsive and therefore ineligible for an award?	N/A	The question would likely lend towards the determination of responsibility, versus responsiveness. Per the Georgia Procurement Manual, in making a responsibility determination, a state entity is vested with a wide degree of discretion and, of necessity, must rely upon business judgment in exercising that discretion.
33.	Does your Detention Center maintain an Emergency Drug Box? If so, please provide a list of medications to be contained in the Emergency Drug Boxes.	N/A	GDC is researching this question and will provide a response at a later date.
34.	Please provide a list of your current Stock Medications for each facility.	N/A	Please see Attachment N – GDC Medication Formulary pages 28 and 29.
35.	<ul style="list-style-type: none"> a. How many med carts are currently in use by your correctional facilities? b. Are these med carts the property of the current contractor or will they remain with GDC? c. Please outline the quantity of 	N/A	Offender pharmacy services provider is not required to provide medication carts.



#	Questions	Referenced RFX Section	Answers
	medications carts needed for each facility (if required)?		
36.	Will you be requiring monthly/quarterly pharmacy/med room consultations/inspections? If so, please describe.	N/A	GDC desires the supplier to propose their own solution.
37.	Are the monthly P&T meetings required to be attended in person or will video/teleconferencing be permitted? Please clarify whether each individual institution has its own Pharmacy & Therapeutics Committee or is there one Pharmacy & Therapeutics Committee for the entire GDC in order to promote consistency among all GDC institutions.	Attachment D, number D4.	There will be one monthly P&T meeting for the entire agency. Monthly P&T meetings may be attended via video/teleconference.
38.	Are the monthly meetings to review pharmacy operations with GDC staff and the interdisciplinary team meeting required to be attended in person or will video/teleconferencing be permitted?	Attachment D, number F6.	Video/teleconferencing will be permitted for these monthly meetings.
39.	What are the small diverse business and small business contract requirements/goals for this contract?	N/A	GDC encourages minority and small business participation and encourages majority businesses to subcontract with minority and small businesses, however there are no requirements for this contract which must be met. In the event of a tie, preference to products manufactured or sold by small businesses may be used to resolve the tie.
40.	Please outline the facilities which are considered to be "offline facilities" that will not have electronic access?	Reference Attachment D #2 Order Processing	All should be considered as possibly offline scenarios for Disaster recovery, loss of connectivity etc. Most prisons are located within the last mile and often due to Georgia having such a large land mass, Facilities are effected often with service issues.
41.	Will Healthcare Services remain with the State University Model or is physical healthcare delivery a	Attachment K Current Model for Physical	Physical healthcare delivery beyond the services required in Attachment B – Scope of Services is not required.



#	Questions	Referenced RFX Section	Answers
	requirement of the Pharmacy RFP?	Healthcare	
42.	Who will be responsible for paying for the hardware (laptops, scanners, etc.) associated with the implementation of an eMAR? GDC or vendor?		GDC desires the supplier to propose their recommended solution.
43.	There are no Attachments G, H, or I on the vendor website. Are these attachments missing or do the published attachments just skip from Attachment F to Attachment J?		Attachments G, H and I are attachments that are posted to the solicitation. If you are having any issues locating or viewing these documents, please contact the Team Georgia Marketplace
44.	What type of GDC clearance documents will be required?	Attachment C, Question #1	Contract employees that will be working within a correctional facility must consent to and pass a Georgia Criminal History and Driver's Background Check.
45.	Is there any GDC required training that Offeror's employees who will be visiting GDC facilities will need to attend? a. Is the required training offered on an ongoing basis or is it offered only on certain scheduled dates/times? b. Who is required to complete this training (if necessary)?	Attachment C, Question #1.	Yes, there is GDC required training that must be completed annually. All training is available online and offered on an ongoing basis. Any supplier staff working within correctional facilities is required to complete the training.
46.	How does DOC currently order and administer medications? a. Does DOC currently use CPOE module? i. If so, who is the vendor and what is the name of the system? b. Does DOC currently use an eMAR? i. If so, who is the vendor and what is the name of the system? Will data migration be needed?		Please refer to Section 1.1 of Attachment A – State Entity eRFP for information on current process for ordering and administering medications and CPOE/eMar systems. GDC desires the supplier to propose their recommended solution for ordering and administering medications.



#	Questions	Referenced RFX Section	Answers
47.	<p>Can the DOC confirm the following staffing numbers:</p> <p># Full Time Physicians</p> <p># Part Time Physicians</p> <p># Per Diem Physicians</p> <p># Full Time Nurse Practitioners/PAs</p> <p># Part Time Nurse Practitioners/PAs</p> <p># Per Diem Nurse Practitioners/PAs</p> <p># Full Time Pharmacists</p> <p># Part Time Pharmacists</p> <p># Per Diem Pharmacists</p> <p># Full Time Nurses</p> <p># Part Time Nurses</p> <p># Per Diem Nurses</p> <p># Full Time Psychiatrists</p> <p># Part Time Psychiatrists</p> <p># Per Diem Psychiatrists</p> <p># Full Time Psychiatrist PAs</p> <p># Part Time Psychiatrist PAs</p> <p># Per Diem Psychiatrist PAs</p> <p># Full Time Psychologists</p> <p># Part Time Psychologists</p> <p># Per Diem Psychologists</p> <p># Full Time Psychologist PAs</p> <p># Part Time Psychologist PAs</p> <p># Per Diem Psychologist PAs</p> <p># Full Time Dentists</p> <p># Part Time Dentists/Associate</p> <p># Per Diem Dentists</p> <p>Other? Please elaborate</p>		<p>Full Time Physicians – **49.63</p> <p>Full Time Nurse Practitioners/Pas - **75.30</p> <p>Full Time Pharmacists – 24</p> <p>Part Time Pharmacists – 2</p> <p>Per Diem Pharmacists - varies, approximately 6</p> <p>Full Time Nurses - 743.94 FTE (365.34 RN; 378.60 LPN)</p> <p>**Note: provider numbers do not include mental health providers employed by supplier on contract to provide Mental/Dental health services</p>
48.	What is the total number of prescribers?		Approximately 125 FTE, <u>not including mental health providers employed by current supplier on contract to provide Mental/Dental health services.</u>
49.	What is the total number of workstations currently being used		GDC provides pharmacy services at all state facilities under its domain. GDC



#	Questions	Referenced RFX Section	Answers
	throughout all of the facilities (combined)?		desires the supplier to propose their recommended solution.
50.	What is the maximum (concurrent) number of users that will be on the CPOE system at any given time (all facilities combined)?		Approximately 125.
51.	What is the maximum (concurrent) number of users that will be on the eMAR system at any given time (all facilities combined)?		Approximately 744.
52.	How many shifts are there per day?		Pharmacies are typically open 8 to 12 hours per day; the medical department at the various prison sites are open up to 24 hours per day (split into 2 or 3 shifts) depending on the mission of that particular site.
53.	Is DOC mandated for electronic prescription of controlled substances (EPCS)?		No.
54.	What is the average daily population?		Please see Attachment P – Summary table of population characteristics by facility.
55.	Does DOC plan on going live with CPOE/eMAR with all sites at once (big bang) or will it be a phased go-live?		Suppliers are asked to provide their proposal for the best solution for CPOE/eMar go-live. Suppliers are encouraged to provide an aggressive schedule that can be met.
56.	Please confirm DOC is requesting a Cloud-Hosted (Vendor – Hosted) solution.		We are exploring a single cloud solution. Hosting is optional as to provide all suppliers the opportunity to bid, but if the selected supplier already hosts the platform and meets the required security protocols, we have no problem with a supplier- hosted solution.
57.	Please describe your current IT setup: <ol style="list-style-type: none"> Is your facility(s) equipped with Wifi? How many, and what kind, of computer workstations are you currently on? What kind of software are 		WiFi is not available in all facilities. (See description in Attachment A – State Entity eRFP) We are a Microsoft shop with O365 2016, currently running Dell desktops and Laptops with mostly i3 to i5 processors. Additional equipment will be necessary



#	Questions	Referenced RFX Section	Answers
	they running (i.e. what version of Microsoft, etc.)?		for the pharmacy distribution to the offenders. Software may include the Offender management solution SCRIBE, and other commercial software as needed.
58.	What is DOC's anticipated timeline for the release of a RFP for an Electronic Health Record (EHR)?		There is no estimated release date for an Electronic Health Record RFP at this time.
59.	Because a startup and transition done correctly takes resources, both monetary and personnel time, would the State Entity consider extending the initial term of the contract to allow for the selected supplier to re-coop their investment into the startup and transition? The clause of termination for reason would still be left unchanged, but the extension of the initial term will allow suppliers to lower their risk and submit more competitive proposals.	Attachment A. – 1.7. Contract Term	GDC is unable to offer an initial term beyond one year. Contract exceptions should be address on contract exception form.
60.	What is the name of the current electronic pharmacy management system?	Attachment A. – 1.1 Purpose of Procurement	RXPro version 7.2
61.	Will the existing supplier that will still be operating the medical contract continue to rent the space in the Augusta State Medical Prison to see patients and operate the 340B eligible clinic and have the new supplier provide the medications?	Attachment A.— 1.1 Purpose of Procurement	The State cannot guarantee the future state. Suppliers should submit responses without assuming that this will be an option.
62.	In the chance the State exercises their option to renew the contract, is a new performance bond going to be required for every renewal year?	Attachment A. 3.2 Bonds and/or Letter of Credit	Yes. The bond requirement associated with this contract will remain in place for renewals. GDC may revise this requirement at their discretion based on supplier's performance.
63.	Please provide the breakdown of the technical scoring criterion and associated points.	Attachment A. – 6.4. Scoring Criteria	All technical scoring and point distribution information available has been provided in Attachment A – State Entity eRFP Section 6.
64.	Will the State Entities current cloud storage solution that is hosted in a US data center be used for the data, back up and storage for the IT	Attachment A. - 1.1 Purpose of Procurement	It can be used, however we are also looking also at supplier hosted solutions. Total Cost of Ownership and Security will be factored in to determine



#	Questions	Referenced RFX Section	Answers
	systems requirements in the RFP to save on costs?		next steps forward. We are seeking the most economically friendly solutions while maintaining security and understanding current and future implications for the solution provider and their recommendation.
65.	Do you know the value of the assets (sites, inventory, etc.) that will need to be taken over during the transition? If not, can you have the current supplier give an estimate?	Attachment B. Scope of Services	GDC is researching this question and will provide a response at a later date.
66.	Will the State Entity require onsite Pharmacists at any or all of the Regional Medical locations?	Attachment K – Staffing	GDC desires the supplier to propose their own solution.
67.	Will the covered entity agree to work with Contractor?		GDC is unable to answer this question as it is unclear what is being asked.
68.	Are quarterly audits done at all 60 sites?		GDC does not feel current operations are relevant to a future Offender Pharmacy Services solution. If the Supplier feels this information is relevant to this solicitation, please resubmit this question with an explanation for why this information is relevant to this solicitation and supplier responses to it.
69.	Please provide a staffing matrix for each of the pharmacies detailing the number of pharmacists, techs, and other personnel.		See answer to Question# 47.
70.	Are all the pharmacy records in one database or are they in different databases?		Nine (9) different databases; one for each regional pharmacy
71.	What is the new to refill ratio?		The ratio will vary slightly; however, the ratio consistently hovers around 52% to 53% new orders and 47% to 48% refill orders.
72.	Is the patient assistance only for patients discharging?		No
73.	What is the current electronic pharmacy management system?		See answer to Question# 60.
74.	How are refills transmitted to the pharmacy?		Currently, the majority of refill requests are transmitted to the regional pharmacies via fax. Some refills are requested electronically from sites where



#	Questions	Referenced RFX Section	Answers
			network capacity and available staffing can support it.
75.	What is expected for the emergency response by the pharmacist?		Under the current provider, regional pharmacy staff is not "on-call"; however, the medical department at each prison site has emergency contact information for regional pharmacy staff and pharmacy staff is called in on occasion. The state pharmacy director and two regional pharmacists are available at all times; the two regional pharmacists have a mechanism to authorize payment for emergent medication from outside sources.
76.	What percentage of medications is filled from stock medication?		Approximately 1 % to 2%
77.	What is the estimated inventory at each of the 9 pharmacies? What is the makeup of the inventory (cards, bulk bottles, etc.)?		See Appendix C below. . The makeup of the inventory is primarily bulk bottles. There are some cards, unit-dose preps, and unit-of-use items as well.
78.	Does the facility have its own DEA number?		See answer to Question# 24
79.	Does the facility hold a State issued pharmacy license or State issued Control Substance license?		See answer to Question# 24
80.	Is the Contractor responsible for providing medication carts? If so, what is the current number of medication carts? Are all current carts in good working condition? How many would possibly need to be replaced if in poor condition?		See answer to Question# 35.
81.	Please provide a copy of the current formulary.		Please see Attachment N - GDC Medication Formulary
82.	Georgia Rule 480-16-.03 does not allow the return of medications unless corrections is exempted somehow. How are returns of medications currently handled?		See answer to Question # 17.
83.	Will supplier need to provide computers and peripherals for CPOE?		GDC desires the supplier to propose their recommended solution.



#	Questions	Referenced RFX Section	Answers
84.	If supplier is required to provide computers will the GA DOC be responsible for imaging and support for those computers?		If the supplier provides the equipment then they will be responsible for imaging and support. If GDC provides the computers, then they would be responsible for imaging and support.
85.	Are there any limitations on the types of devices that can be provided for use in CPOE?		No, we are looking to explore all available options and a decision will be made based on Physical security and information security requirements. WiFi is not available at all locations.
86.	Will nursing enter in known medication allergies into the system?		GDC is researching this question and will provide a response at a later date.
87.	Does the state currently have a system for CPOE? If a CPOE system is in place, what is the application name, vendor and version		See answer to Question #46.
88.	Attachment B, section B1 requires that the supplier must deliver medications "within a time frame that allows the medication to be administered with the first dose on the start date and time specified on the physician's order". Is DOC willing to consider an operational model that contains a pre-defined order cutoff time (ex. 5pm EST Mon-Fri and 2pm Sat) coupled with a next-day delivery service for routine, non-emergency orders? If so, will DOC specify those requirements, or is DOC asking bidders to specify their own terms?	Attachment B, Section B1	GDC desires the supplier to propose their own solution. Proposed solutions must comply with ACA requirements.
89.	Is DOC willing to consider an operational model in which a facility staff member travels to the local backup pharmacy to directly pick up the emergency medication?	Attachment B, Section B2	Yes.
90.	If DOC requires the supplier to manage all deliveries, is DOC willing to consider a model in which these charges are passed through to DOC? Or, will a supplier be required to provide these deliveries at no additional charge? If so can DOC	Attachment B, Section B2	GDC desires the supplier to propose their own solution.



#	Questions	Referenced RFX Section	Answers
	provide information to include the past 12 month's history with regards to backup pharmacy trips by date and facility?		
91.	Will DOC require all solid oral dosage forms to be packaged into "blister packs", or will DOC consider allowing self-administered medications (SAMs) to be packaged into prescription vials.	Attachment B, section C	See answer to Question# 13
92.	Attachment D, section D6 requires suppliers to provide "medication reconciliation services". As this is a relatively generic term that can be applied to a wide range of situations, can DOC offer more specific details about this requirement? Such as, what is the expected frequency? Is there a precipitating event, such as a transfer or hospital discharge, that would require the supplier to perform a medication reconciliation?	Attachment D, Section D6	GDC desires the supplier to propose their own solution
93.	As a general rule, neither a state corrections department (such as GA DOC) or a private correctional pharmacy provider would qualify for 340b eligibility as a "Covered Entity". The eligibility criteria as defined by the federal government limits 340b participation to qualifying hospitals, Federal grantees from HRSA, the Centers for Disease Control and Prevention (CDC), the Department of Health and Human Services' Office of Population Affairs, and the Indian Health Service. As a result, in order for DOC to realize 340b savings on certain drugs, DOC must work with a "covered entity", as described in Attachment A. Would access to the current 340b program be maintained, even if a new supplier assumes	Attachment A, Page 2, last paragraph	Supplier should propose pricing that they are capable of ensuring that they can provide independently.



#	Questions	Referenced RFX Section	Answers
	responsibility for all non-340b dispensing? Or will the new supplier vendor be required to establish a new protocol for 340b with a different "Covered Entity".		

July 1, 2019 - June 30, 2020

July	August	September	October	November	December	January	February	March	April	May	June	Total	Average
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Arrendale SP Regional Pharmacy

11085	10319	9555	10258	9213	10125	10226	9204	9807	8023	7826	8412	114,053	9,504
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ASMP Regional Pharmacy

13244	12652	13356	13563	11409	12149	11895	10495	10788	9140	9907	10122	138,720	11,560
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Autry SP Regional Pharmacy

8792	8687	8247	9218	7346	8107	9312	8250	8345	7649	7532	8317	99,802	8,317
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GDCP Regional Pharmacy

10001	10000	9590	10356	9141	9833	10173	8832	9060	8084	7550	7558	110,178	9,182
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GSP Regional Pharmacy

18398	17303	16606	17074	15037	16345	17349	15714	16882	15143	13898	16124	195,873	16,323
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Macon SP Regional Pharmacy

12181	11956	11261	12125	11164	11787	12187	10539	11310	11014	10643	11415	137,582	11,465
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MGCC Regional Pharmacy

16254	15664	15242	15651	13904	15495	16058	14514	16175	14198	14076	14143	181,374	15,115
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Pulaski SP Regional Pharmacy

15141	14412	13734	15273	13326	15098	14857	14060	14891	14096	13151	13671	171,710	14,309
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Valdosta SP Regional Pharmacy

5158	5163	4773	5130	4562	5209	4628	4656	5244	4417	4419	4755	58,114	4,843
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Statewide Total

110,254	106,156	102,364	108,648	95,102	104,148	106,685	96,264	102,502	91,764	89,002	94,517	1,207,406	100,617
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Appendix B

PHARMACY	STATE LIC #	STATE EXP	DEA Reg #	DEA EXP	NAME ON DEA
ARRENDALE STATE PRISON PHARMACY	PHPR006157	6/30/2021	AG5388423	9/30/2022	GA DEPT OF CORRECTIONS,
AUGUSTA STATE PRISON PHARMACY	PHH006083	6/30/2021	AA2058609	6/30/2022	AUGUSTA CORRECTIONAL & MED
AUTRY STATE PRISON PHARMACY	PHPR007470	6/30/2021	BJ3472090	12/31/2022	JIMMY AUTRY CORRECTIONAL INST
GEORGIA DIAGNOSTIC CENTER PHARMACY	PHPR003513	6/30/2021	AG6789905	9/30/2020	GEORGIA DIAGNOSTIC & CLASS
GEORGIA STATE PRISON PHARMACY	PHH005792	6/30/2021	AG5023801	9/30/2020	GEORGIA STATE PRISON
MACON STATE PRISON PHARMACY	PHPR007682	6/30/2021	BM3887758	1/31/2021	MACON STATE PRISON
MIDDLE GA CORRECTIONAL COMPLEX PHARMACY	PHPR006485	6/30/2021	AM2276005	1/31/2023	MIDDLE GA CORR COMPLEX PHCY
PULASKI STATE PRISON PHARMACY	PHPR007792	6/30/2021	BP4281820	3/31/2022	PULASKI STATE PRISON
VALDOSTA STATE PRISON PHARMACY	PHPR003519	6/30/2021	BV1862514	5/31/2022	VALDOSTA STATE PRISON

Appendix C
GCHC Pharmacy Services
Ending Inventory FY 2020

Pharmacy	Ending Inventory FY 2020
Arrendale SP Reg Pharm	\$203,301
AMSP Reg Pharm	\$412,253
Autry SP Reg Pharm	\$157,013
GDCP Reg Pharm	\$356,994
GSP Reg Pharm	\$225,397
Macon SP Reg Pharm	\$192,196
MGCC Reg Pharm	\$213,380
Pulaski Reg Pharm	\$178,493
Valdosta Reg Pharm	\$223,636
State Total	\$2,162,663

Appendix D
ACA Accredited Facilities

Central Office
Central Training Academy
Emanuel Women's Facility
Montgomery State Prison
Johnson State Prison
Baldwin State Prison
Wilcox State Prison
Pulaski State Prison
Hancock State Prison
Washington State Prison
Whitworth Women's Facility
Phillips State Prison & Transitional Center
Lee State Prison
Calhoun State Prison
Metro Re-Entry Prison & Helms Facility
Burruss Correctional Training Center
West Central Integrated Treatment Facility
Telfair State Prison
Dodge State Prison
Walker State Prison
Northwest Residential Substance Abuse Treatment Center
Rutledge State Prison



Supplier Q & A Template

RFX Number: GDC0000930	RFX Title: Offender Pharmacy Services
Requesting State Entity: Department of Corrections	Date: 08/07/2020
Issuing Officer: Ross Barrineau	RFX Initially Posted to Internet: 7/17/2020
eMail Address: ross.barrineau@gdc.ga.gov	Telephone: 404-557-3794

The purpose of this document is to provide answers to supplier questions. Please see Questions and Answers included herein.

Note: This document is intended for informational purposes only. Any changes to the RFX must occur through a published addendum (or through publication of a new version of the RFX in Team Georgia Marketplace™). If multiple Q & A documents are posted, the most recent Q & A shall govern in the event of a conflict.

ROUND 2 QUESTIONS AND ANSWERS

#	Questions	Referenced RFX Section	Answers
1.	Please describe the process of obtaining medications for sites without an in house pharmacy. Which internal pharmacy provides the medication for each non licensed pharmacy facilities and what is the prescription volume from each?	A - _StateEntityR FP_- _Pharmacy_v.F inal Page 2 Overview of the current pharmacy services model	GDC is interested in the supplier proposing their recommended innovations for how this could be done to meet the requirements outlined in the RFP, and agnostic of the current model.
2.	It has come to our attention that certain bidders within the industry are submitting questions to state and local correctional agencies during the bid process with misleading information regarding pharmacy operations in an effort to eliminate competition. For example, a competitor in the industry stated that	General	GDC requires any awarded supplier to be compliant with all federal and state regulations; suppliers are expected to understand and comply with those regulations. Suppliers should plan to adhere to the requirements, deadlines, and other specifications provided in the RFP as written.



	<p>a “company must be an FDA Registered Repacker to legally repack stock medications from bulk containers into blister cards.” However, not every pharmacy is required to hold a repacker registration merely because it is repackaging stock medication. The Code of Federal Regulations governing FDA Registered Repackers provides certain specific exemptions from registration under Section 207.13. It provides that if a pharmacy is operating under all applicable local laws that regulate the dispensing of medication and further if it is manufacturing or processing drugs in the normal course of pharmacy business and those drugs are being supplied to a licensed practitioner for use in his or her professional practice, then a pharmacy is exempt from the registration requirements. Therefore, based on most business models, wherein it is providing stock medications in a container relabeled by a pharmacist to a physician, then the repacker registration is not required. This unnecessary requirement only serves to eliminate competition and prevent the use of other significantly qualified pharmacy vendors who would provide cost effective, efficient and clinically sound pharmacy services to GDC.</p> <p>Will GDC agree and acknowledge that holding a FDA Repacker registration is not required in order to provide services to GDC?</p>		
3.	NCCHC requires quarterly inspections of medication management and processes at facilities that have medications. Do all 60 facilities have medications and	Scope of Services, page 1	GDC desires the supplier to propose their recommended solution.



	are quarterly inspections expected by GDC at all sites?		
4.	Please clarify the cost avoidance for HIV medications realized in 2019 as mentioned in the bid conference.	Bid Conference	The Department accesses 340B pricing for some specialty drugs, including medications for HIV and Hepatitis C, through its current vendor, leading to over \$10M in cost avoidance in FY19. 340B drug purchases are made through McKesson; a majority of McKesson spend is for HIV medications.
5.	What licenses (state pharmacy license, state and DEA controlled substance licenses, etc.) does each facility have and are they in the name of the facility or the current supplier? Will new licenses be needed or will the current licenses be utilized by the Supplier?	General	Pharmacy-related licensure is the responsibility of the vendor. See answer to Round 1 Question# 24 for current license status.
6.	How many med passes are done each day at each facility?	Scope of Services, Section E.E2	Currently, the number of medication passes per day at each facility is variable. The number of locations of medication passes per day at each facility is variable. GDC desires the supplier to propose their recommended model.
7.	How many prescriber offices, nursing stations, medication rooms are at each site that will need a computer for CPOE and eMAR? How many of these already have computers available?	Scope of Services, Section E.E2	GDC desires the supplier to propose their recommended solution for providing any necessary computers.
8.	How are prescriptions transported from the regional pharmacies to the appropriate prisons?	A - _StateEntityeR FP_ _Pharmacy_v.F inal Page 2 Overview of the current pharmacy services model	GDC desires the supplier to propose their recommended solution.



9.	Are there additional automatic substitutions performed outside of the list within the formulary (GDC Approved Biosimilar Automatic Substitution)?	Scope of Services, section D.D2	GDC desires the supplier to propose their recommended solution.
10.	Are any facilities under any sort of corrective action plan, monitoring, or investigation by either the state board of pharmacy or the DEA?	General	Not to GDC's knowledge.
11.	How many intakes are done annually?	General	Approximately 16,500 – 17,000, pre-COVID.
12.	What are the current hours of service for the 9 regional pharmacies?	K. Current Model for Physical Healthcare Services Information, page 1	Hours of operation are Monday – Friday 8 a.m. – 4:30 p.m. GDC desires suppliers propose their recommended solutions for pharmacy services.
13.	Please provide staffing information for each pharmacy, including the number of pharmacists, pharmacy techs, other employees, hours worked, hours of operation for the pharmacy and days per week.	K. Current Model for Physical Healthcare Services Information, page 1	See answer to Round 1 Question# 47. GDC. GDC desires the supplier to propose their recommended solution for staffing.
14.	Do any of the pharmacies or facilities utilize automated dispensing machines or electronic storage cabinets such as Pyxis machines? If so, will they remain and will the Supplier be responsible for the cost and maintenance for those machines?	K. Current Model for Physical Healthcare Services Information, page 1	The current model does not have automated dispensing capabilities. GDC desires the supplier to propose their solution.
15.	Will the Supplier receive a data file containing current pharmacy orders to load in the Supplier pharmacy system?	K. Current Model for Physical Healthcare	Yes.



		Services Information, page 1	
16.	Please provide expectations for emergency or stat medication deliveries. These are frequently filled by a local pharmacy and delivered to the site via a delivery service.	Scope of Services B2	See answer to Round 1 Question# 88
17.	Please describe the on site sterile compounding performed at Augusta State Medical Prison. Has the site been accreditation/inspected by the NABP, Joint Commission or other sterile compounding organization? Is sterile compounding limited to non-hazardous medications?	K. Current Model for Physical Healthcare Services Information, page 4	ASMP operates under a hospital license with a waiver for sterile compounding. The current supplier utilizes frozen pre-mix, commercially available connector systems, and commercially available pre-mixed products with additional as needed support from an outside IV care pharmacy. GDC desires suppliers to propose their recommended solution.
18.	Will the Supplier be supplying medications and services to the GEO Care at Columbia Regional facility in South Carolina?	K. Current Model for Physical Healthcare Services Information, page 1	No.
19.	Do pharmacists need to be ACLS certified?	Scope of Services D-D1	ACLS certification is not a requirement for pharmacists.
20.	What are the current salaries for the pharmacists and techs at the prison hospital?	K. Current Model for Physical Healthcare Services Information, page 1	Current pharmacists and techs at the prison hospital are not GDC employees. As such, GDC cannot provide current salary information.
21.	Do the pharmacists at the prison pharmacies currently assist with medical emergencies or codes?	K. Current Model for Physical Healthcare Services Information, page 1	Pharmacist assistance with emergency codes is not a requirement. GDC desires suppliers to propose their recommended solution for emergency response.



22.	Is the existing pharmacy available to submit existing files to the incoming vendor in either the .xl or .csv file format?	General	Yes, we will work with current vendor to provide a migration strategy based on the solution providers needs. All field in the new system may not be available in the current system.
23.	What is the maximum number of nurses, physicians, PAs, NPs, and medical assistants that could be on duty on a single shift?	Attachment B - Scope of Services; E. IT systems	See answer to Round 1 Question # 50.
24.	Will the DOC supply the vendor with an image for the provided computers?	Attachment B - Scope of Services; E. IT systems	GDC can provide an image or approve the supplier's build. GDC desires suppliers to propose their recommended solution.
25.	If the vendor chooses to utilize the GA DOC state cloud hosting solution, will the state charge back costs to the chosen vendor? If yes, please provide a cost schedule?	Attachment B - Scope of Services; E. IT systems	No, but related costs will be calculated in the total cost of ownership for evaluation purposes.
26.	Please provide specifications for any bi-directional interface requirements that are currently available for GA DOC OMS	Attachment B - Scope of Services; E. IT systems	REST and SOAP Web Protocol. Encrypted in transmission and at rest.
27.	Is there a requirement to have an electronic patient signature upon receipt or refusal of medication distribution?	Attachment B - Scope of Services; E. IT systems	GDC does not currently require electronic patient signature. GDC desires suppliers to propose their recommended solution.
28.	Is vendor responsible for fax machines and fax connectivity in a downtime scenario?	Attachment B - Scope of Services; E. IT systems	No, but suppliers must provide a plan with how they would be used. Keep in mind if the network is down, you will most likely lose fax services as well.
29.	Please provide an inventory of the following items that will be available for use by the vendor: a) laptop computers, b) desktop computers, c) scanners, d) printers, e) signature pads, f) fax machines.		GDC desires the supplier to propose their recommended solution. Any equipment that the supplier would expect GDC to provide must be clearly identified in the supplier's bid response.
30.	The first question on the response website states: "You must select the "View/Add		All eRFP instructions are provided within Attachment A – State Entity eRFP. If you have reviewed the instructions provided



	Comments and Attachments" link of this Event to access the eRFx Instructions document. Have you completed this task?" However, the link does not appear to be on the page. Please provide the link or indicate where it can be found.		within Attachment A – State Entity eRFP, please respond Yes to this question.
31.	Please confirm that Tax Compliance Form can be submitted with the proposal, i.e. that it does not need to be submitted prior to the proposal submission.	Attachment I	The completed Tax Compliance Form must be submitted with the proposal and not prior.
32.	Please clarify the difference between the proposed project team (section L) and the key people assigned to meet the service requirements (section M).	Attachment D, sections 1-L and 1-M	The requirements for the information to be provided in section L is different from the requirements for the information to be provided in section M. The supplier's response will determine the difference between the proposed project team and the key people assigned to meet the service requirements if there is any difference.
33.	Attachment D, Sections 5 and 6 are both labeled Cost Controls and Transparency. Please confirm that Section 6 should be labeled Delivery of Medications.	Attachment D, Sections 5 and 6	Attachment D, Mandatory Scored Question# 5 was incorrectly labeled. Attachment D has been revised and the updated version has replaced the previous version as a bid attachment.
34.	Attachment D, Sections 6 and 7 are identical. Please confirm that only bidders are only required to respond once.	Attachment D, Sections 6 and 7	Attachment D, Mandatory Scored Questions 6 and 7 were duplicate questions. Attachment D has been revised and the updated version has replaced the previous version as a bid attachment.
35.	Page 15, section 3. : eRFP Proposal (Bid) Factors references "Supplier General Information" and "Additional Scored Worksheets" forms to be completed and submitted, but neither are included in the bid packet. Please provide these forms if they are required, or confirm that neither is required.	Attachment A, page 15, section 3. -- eRFP Proposal (Bid) Factors	Neither of these forms are required to be provided in supplier's bid responses.



36.	Please clarify whether or not it would be acceptable to propose more than one approach (resulting in more than one proposed price) within the scope of an individual proposal.		Only one proposal per supplier may be submitted. Alternative considerations should be submitted within the Cost Incentive Response.
37.	Given the number of questions that remain unanswered as 7/31/20 from the first round of questioning, is GDC considering any extensions to the RFP due date, or additional round(s) for questioning?		GDC will add one additional round of Questions and Answers. See Addendum 1 attachment for details. Any extensions to the RFP closing date will be announced through Team Georgia Marketplace.
38.	Will a bidder's ability to provide a vendor-hosted cloud solution improve that vendor's evaluation score? If so, can GDC provide more information regarding the weight that this ability carries towards the evaluation score, so that a bidder can more accurately predict its own expenses and therefore provide the most cost-effective offer to GDC?		GDC desires the supplier to propose their recommended solution. GDC will not provide their scoring methodology.
39.	If the vendor is proposing to deploy the application and to host data on the government cloud, will the vendor have to manage everything including setting up VMs, configuring firewalls, licensing Windows and SQL Servers, running backup and maintenance or would GDC engage a cloud support team to manage the environment? If the cloud team would be engaged, to what extent? Would GDC absorb any cost in regards to hosting and maintenance services?		No, we will want a technical advisor with regards to standards and requirements for running your software to properly source the request and we will need a SME to ask questions as they arise. GDC would engage a support team. Any costs the supplier expects GDC to absorb must be clearly identified within the supplier's bid response.
40.	What would be the vendor's liability in case the connection to the government cloud goes down or data gets lost in transmission?		The liability will be based on where the breach occurs, what data it is, and what device the data was lost from. If it was taken from a government cloud provider, liability would be on the service, but based on what device and how a device is connected and maintained may play into the connection if the device was compromised. If a service provider is



			<p>responsible for a breach, they will pay the cost of the breach investigation, resolution, notification, credit monitoring, and call centers up to a set amount per record/per person. The Service Provider will take corrective action subject to any limitation of liability in the Contract.</p> <p>Security Incident Responsibilities: The service provider shall inform the public jurisdiction of any security incident or data breach.</p> <p>a. Incident Response: The service provider may need to communicate with outside parties regarding a security incident, which may include contacting law enforcement, fielding media inquiries and seeking external expertise as mutually agreed upon, defined by law or contained in the contract. Discussing security incidents with the public jurisdiction should be handled on an urgent as-needed basis, as part of service provider communication and mitigation processes as mutually agreed upon, defined by law or contained in the contract.</p> <p>b. Security Incident Reporting Requirements: The service provider shall report a security incident to the appropriate public jurisdiction identified contact immediately as defined in the SLA.</p> <p>c. Breach Reporting Requirements: If the service provider has actual knowledge of a confirmed data breach that affects the security of any public jurisdiction content that is subject to applicable data breach notification law, the service provider shall (1) promptly notify the appropriate public jurisdiction identified contact within 24 hours or sooner, unless shorter time is required by applicable law, and (2) take commercially reasonable measures to address the data breach in a timely manner. a. The service</p>
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			<p>provider, unless stipulated otherwise, shall immediately notify the appropriate public jurisdiction identified contact by telephone in accordance with the agreed upon security plan or security procedures if it reasonably believes there has been a security incident.</p> <p>b. The service provider, unless stipulated otherwise, shall promptly notify the appropriate public jurisdiction identified contact within 24 hours or sooner by telephone, unless shorter time is required by applicable law, if it confirms that there is, or reasonably believes that there has been a data breach. The service provider shall (1) cooperate with the public jurisdiction as reasonably requested by the public jurisdiction to investigate and resolve the data breach, (2) promptly implement necessary remedial measures, if necessary, and (3) document responsive actions taken related to the data breach, including any post-incident review of events and actions taken to make changes in business practices in providing the services, if necessary.</p> <p>c. Unless otherwise stipulated, if a data breach is a direct result of the service provider's breach of its contract obligation to encrypt personal data or otherwise prevent its release, the service provider shall bear the costs associated with (1) the investigation and resolution of the data breach; (2) notifications to individuals, regulators or others required by state law; (3) a credit monitoring service required by state (or federal) law; (4) a website or a toll-free number and call center for affected individuals required by state law</p> <p>Breach Responsibilities: This section only applies when a data breach occurs with respect to personal data within the</p>
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			<p>possession or control of the service provider.</p> <p>— all not to exceed the average per record per person cost calculated for data breaches in the United States (currently \$201 per record/person) in the most recent Cost of Data Breach Study: Global Analysis published by the Ponemon Institute¹⁷ at the time of the data breach; and (5) complete all corrective actions as reasonably determined by service provider based on root cause; all [(1) through (5)] subject to this contract's limitation of liability.</p>
41.	<p>In GDC's reply to question #7 in round 1 of the Supplier's Q&A, it is stated that GDC expects the awarded supplier to begin providing contract services within 30 days of contract award. Is it GDC's expectation that the awarded supplier will be providing all required services to all facilities within 30 days? Or, due to the size of this project, would GDC consider a more staggered implementation period, in which certain facilities are "phased-in" according to a mutually-agreed upon time-frame? If GDC is willing to consider a "phase-in" plan, can GDC provide any guidance on when it would expect all facilities to be live?</p>		<p>GDC desires the supplier to propose their recommended implementation plan. GDC is open to a mutually-agreed upon implementation plan.</p>
42.	<p>With regards to the implementation of a new pharmacy provider, CPOE, and an eMAR program, is GDC requiring all 3 processes to go live simultaneously? Or, would GDC consider an approach where each service is implemented in a "staggered" or "phase-in" manner, so as not to overwhelm GDC's current medical / nursing staff with too many operational changes at one time? If so, can GDC provide any guidance</p>		<p>GDC desires the supplier to propose their recommended implementation plan. GDC is open to a mutually-agreed upon implementation plan.</p>



	on when it would expect all services to be live?		
43.	With respect to the CPOE and eMAR implementations, does GDC have any specific requirements for staff training? Or, is GDC requesting that each Bidder provide their own training plan, which may include a combination of in-person sessions, pre-recorded webinars, live webinars, etc.? Lastly, is GDC willing to provide sufficient training hours outside of normally scheduled work duties for personnel to learn the CPOE and eMAR programs?		GDC desires the supplier to propose their recommended implementation plan which should include staff training.
44.	Attachment B, section B1 requires that the supplier must deliver medications "within a time frame that allows the medication to be administered with the first dose on the start date and time specified on the physician's order". Would GDC be willing to consider a model with a defined cutoff time for either next-day or same-day delivery? Would GDC allow orders that come after this cutoff time to be entered the following business day, unless that order is specifically designated as a "STAT" or "EMERGENCY" order by the ordering prescriber?		GDC is open to different models, provided the medication is delivered within supplier defined parameters.
45.	Will the current pharmacy vendor's database(s) be made available as part of a data conversion into the new vendor's pharmacy database? If yes, will the vendor be able transmit that data electronically in a database compatible format such as Excel? If no, in what format will the current pharmacy vendor provide current medication profiles?		Yes. See answer to Round 2 Question# 22.
46.	It is our understanding that GDC is going to use web-services to transmit demographic data to the vendor. Would GDC be willing to modify demographic data to match the vendor's specs? Will this data be		Yes we will transmit in our current format We are looking to transmit in real time where possible, however, connectivity may be an obstacle based on your delivery model. We are willing to look at any requested modifications and work



	transmitted on a real-time, 24/7 basis?		with the vendor where practically possible. Some data points may not be able to be changed based on need and characteristics within the OMS.
47.	Is SCRIBE hosted on a single server or does each facility have an independent instance of SCRIBE?		17 servers in a common location, distributed to each facility or work location.
48.	The current vendor did not appear to be a participant in the mandatory bidder's conference. Does this indicate that the current vendor has been eliminated from consideration as GDC's pharmacy provider, or will the winning Bidder's offer be compared with the current vendor to determine if GDC will switch to a new vendor or continue with the existing solution?		Suppliers must have attended the mandatory bidder's conference to be considered for award of this solicitation.
49.	If the winning Bidder's offer is compared against the current vendor; what factors will be considered and what will be the weight of each factor in this evaluation?		The methodology for evaluations are outlined in Attachment A – State Entity eRFP.
50.	Does GDC have any specific requirements as to how emergency / ward stock / first-dose stock must be stored at each facility?		GDC desires suppliers submit their recommended solutions for emergency stock storage.
51.	In the Bidder's conference call, it was mentioned that the current pharmacy vendor utilizes Patient Assistance Programs to help reduce cost. Does the current vendor manage this process completely in-house? If not, will whatever external resources that assist with this process be maintained for the new vendor? If so, can those resources be described?		Patient Assistance Program is managed in-house by the current vendor. GDC desires suppliers propose their recommended solutions to patient assistance and other cost-avoidance programs.
52.	How many individual medical prescribers (MD/DDS/PA/ARNP, etc.) will require access to the CPOE system?		SEE STAFFING ROUND 1
53.	Our research from various publicly available sources such as a 2017 article by The Pew Charitable Trust titled "Pharmaceuticals in State		GDC Co-pays are administered by medical personnel and are not transferred.



	Prisons” appears to indicate that GDC utilizes a “Co-Pay” system for certain prescription drugs. If this is correct, what responsibilities, if any, will the new vendor have with regards to determining / tracking / collecting copays? Are these copays maintained by GDC to help offset their overall pharmacy expenses? Or, are these funds transferred to the current vendor? If funds are transferred, can GDC provide additional information concerning co-pay eligibility criteria, co-pay collection requirements, and historical data over the past 12 months?		
54.	How will any remaining pharmaceutical inventory that has already been purchased by GDC be handled? Will the new vendor be required to purchase this inventory at negotiated prices? Or, would GDC consider a proposal in which the remaining inventory will be transferred to the new pharmacy vendor at no cost with assurances that this inventory will not be “double billed” and will only be used for GDC inmates?		Pharmaceutical inventory resides with the current provider. GDC will facilitate a transition plan for inventory at a later time.
55.	Would GDC be willing to consider vendor-installed mobile hotspots in areas without current Wi-Fi or LAN internet access?		No, it must be within the state network. The vendor could however fund WIFI for state to build as part of the solution.
56.	Attachment A, Page 2 - Overview of current pharmacy services model, indicates that the Contractor will be responsible for the sealing of non-solid medications for distribution. <ul style="list-style-type: none"> Can this be clarified as to what is being sought regarding the sealing of non-solid medications? 	Attachment A, Page 2	GDC desires suppliers to propose their recommended solution for the sealing of non-solid medications.
57.	Attachment A, Page 14, Section 3.2. Bonds and/or Letter of Credit,	Attachment A, Page 14,	See answer to Round 1 Question# 62.



	<p>indicates that the awarded supplier(s) shall be required to furnish a performance bond to the State Entity for the faithful performance on the contract in an amount no less than 25% of the annual total amount of the contract. With an estimated contract value in excess of \$50 million, the performance bond requirement will significantly increase the overall contract cost to all bidders and the GDC.</p> <ul style="list-style-type: none"> • Would the GDC consider removing the performance bond requirement for this RFP in order to lower overall costs for the taxpayers of Georgia? 	Section 3.2. Bonds and/or Letter of Credit	
58.	<p>Attachment A, Page 14, Section 3.1 Standard Insurance Requirements requires a description of coverage in detailed standard terminology (including policy period, policy number, limits of liability, exclusions and endorsements); and an acknowledgment of notice of cancellation to the State Entity.” To our understanding, it is against ACCORD form to list exclusions and endorsements on the COI.</p> <ul style="list-style-type: none"> • Please elaborate on the description required in order for bidders to ensure compliance with this section of the RFP? 	Attachment A, Page 14, Section 3.1 Standard Insurance Requirements	Failure to provide a COI listing exclusions and endorsements would not be cause for considering a supplier to be non-compliant.
59.	<p>Attachment B, Page 2, Section A2 is the first mention of patient assistance programs. Can you please provide details of the current patient assistance programs in place within the GDC?</p>	Attachment B, Page 2, Section A2	See answer to Round 2 Question# 51.



60.	<p>Attachment B, Page 3, Section D3 mentions the use of collaborative practice agreements in order to provide therapeutically equivalent drug substitutions within the bounds of applicable laws, rules, and regulations.</p> <ul style="list-style-type: none"> • Can additional details be provided on how current collaborative practice agreements are signed between a pharmacist and licensed prescriber and the scope of those agreements relative to patient care at GDC institutions? • Are collaborative practice agreements in place at all GDC institutions or only those with infirmaries? 	Attachment B, Page 3, Section D3	GDC desires suppliers to propose their recommended solution for therapeutically-equivalent drug substitutions.
61.	<p>Attachment B, Page 5, Section F6 requires participation in at least two meetings each month to review pharmacy operations with GDC health services staff and participate in an interdisciplinary team meeting with all GDC Office of Health Services leadership as pharmacy representation.</p> <ul style="list-style-type: none"> • Are these meetings required only at the state level with GDC Health Services Leadership twice monthly or are they also required at the regional and institutional levels as well? • Are these meetings typically attended in person or via webinar or teleconference? • Can a copy of the past two monthly meetings be provided for all bidders to review in order to best understand the content and 	Attachment B, Page 5, Section F6	GDC's current expectation is one monthly meeting between GDC Health Services leadership and the supplier to discuss pharmacy operations, contractual performance and projections, and one monthly meeting with GDC Health Services leadership and the interdisciplinary healthcare delivery suppliers to communicate operational successes, challenges and resolve any issues among the group. These meetings may be achieved via teleconference.



	agenda of these meetings?		
62.	<p>Attachment D, Section 1. General Qualifications and Experience, Item N.iii indicates that bidders are to provide a statement specifying that each proposed subcontractor has expressly assented to being proposed as a subcontractor in the supplier's response to this RFP.</p> <ul style="list-style-type: none"> For RFP purposes, local pharmacies for urgent medication dispensing are not typically considered to be sub-contractors regarding the provision of services. Can this be confirmed? 		Local pharmacies utilized for urgent medication dispensing will not be considered subcontractors with respect to this RFP.
63.	Attachment D, Sections 6 and 7 appear to be identical regarding inventory management. Can it be clarified if the current Section 7 is to be replaced with another topic?	Attachment D, Sections 6 and 7	Attachment D, Sections 6 and 7 were duplicates. Attachment D has been revised to correct this. The revised version of Attachment D has been uploaded to the solicitation to replace the previous version.
64.	<p>Regarding Attachment E, Cost Workbook, Materials Tab - often times a pharmacy will have contracts with multiple generic suppliers and multiple relationships with GPOs in order to provide the lowest cost on generic medications and the NDC dispensed will likely differ and can be much more aggressive than the NDCs listed on the cost workbook in Attachment E.</p> <ul style="list-style-type: none"> Are bidders required to price out the exact NDC listed in the Materials Tab of Attachment E or are bidders permitted to quote their generic pricing based on the bidder's best NDC pricing? <ul style="list-style-type: none"> If so, can bidders provide the NDC they used for pricing in Column E of the Excel 		Suppliers must provide pricing on the exact NDC listed in the Materials Tab of Attachment E. Any opportunities for lower materials pricing should be addressed within the Cost Incentive Response.



	pricing workbook if it differs from the NDC in Column B?		
65.	Often times, with a list as large as that represented on the Materials Tab of the Worksheet, a bidder will purchase medications from a drug clearing house with short dated medications that can be up to 90% off normal pricing in order to show a lower price on your list while also having an invoice to support that lower cost. Yet, when it comes time to actually dispense those medications, that price is no longer available in the marketplace. Will bidders that partake in this deceptive pricing practice be disqualified from participating in the RFP process?		Per the Georgia Procurement Manual, in making a responsibility determination, a state entity is vested with a wide degree of discretion and, of necessity, must rely upon business judgment in exercising that discretion.
66.	In order to establish a baseline regarding pricing that is uniform for all bidders, will the GDC establish a date from the recent past such as June 1, 2020 as the date for bidders to utilize when quoting pricing for medications in the cost worksheet?		To facilitate comparison of overall 10-year cost estimates among all suppliers, the bid price for years 1-10 is held constant, based on the vendor's NDC prices provided and the current NDC volumes and mix. Offer prices for NDCs included in this worksheet will be binding for at least a year, and will be the baseline for the incentives that the supplier describes in the scored question for approach to incentives.
67.	Regarding the pricing bidders are to reflect for materials on Attachment E, quoting 340B pricing, rebates, and discounts will potentially skew a bidder's overall pricing and could be misleading to the evaluation committee. <ul style="list-style-type: none"> Would the GDC consider requiring bidders to quote their upfront wholesaler medication cost on the Material Tab of Attachment E and reserve the discussion of 340B pricing, rebates, and 		To facilitate comparison of overall 10-year cost estimates among all suppliers, the bid price for years 1-10 is held constant, based on the vendor's NDC prices provided and the current NDC volumes and mix. Offer prices for NDCs included in this worksheet will be binding for at least a year, and will be the baseline for the incentives that the supplier describes in the scored question for approach to incentives.



	discounts for the Cost Incentive Response of Section 5.2 of Attachment A?		
68.	<p>Attachment E, Materials Worksheet Column C is labeled "Total Quantity Purchased (by package, June '19 to May '20)." Column D is requiring bidders to quote their price to the GDC based on the quantities indicated in Column C. It is very important for all bidders to interpret the quantities in Column C correctly.</p> <ul style="list-style-type: none"> For example, in row 9 the medication is listed as abacav/dolutegrav/lamivud with a NDC of 49702023113 (which is a bottle of 30 tablets) and a quantity of 509 <ul style="list-style-type: none"> Is the bidders price in Column D to reflect pricing for 509 tablets? Or, Is the bidders price in Column D to reflect pricing for 15,270 tablets (509 of the 30 count bottles)? Or, is the bidders price in Column D to reflect a quantity for 30 tablets that is represented by the NDC provided in Column B? Example two, in row 19 the medication is listed as acetamin/asa/caff with a NDC of 00904513559 (which is a bottle of 100 tablets) and a quantity of 4,075 <ul style="list-style-type: none"> Is the bidders price in Column D to reflect pricing for 4,075 		<p>Vendors should provide the price for the package as indicated by the NDC. In this example, the price for 1 package = the price for a bottle of 30 tablets ROSS</p> <p>If possible, could update header of column D in Materials tab of cost worksheet to clarify "Offer price to GDC for 1 package of this NDC"</p>



	<p>tablets? Or,</p> <ul style="list-style-type: none"> ○ Is the bidders price in Column D to reflect pricing for 407,500 tablets (4,075 of the 100 count bottles)? ○ Or, is the bidders price in Column D to reflect a quantity of 100 tablets that is represented by the NDC provided in Column B? 		
69.	<p>For non-oral solids such as injections, eye drops, and inhalers the package size is not evident based on the NDC and quantity provided and this can lead to bidders picking the wrong package size since it is unclear. Interpreting the wrong package size could skew a bidders overall pricing and cost them an awarded contract.</p> <ul style="list-style-type: none"> • Would the GDC please consider adding an additional column to the Attachment E Cost workbook that clearly indicates the package size bidders are to utilize when quoting their price in Column D since the pricing in Column D will impact the formulas for a FY cells on the remainder of the workbook? 		<p>Vendors should provide the price for the package as indicated by the NDC. In this example, the price for 1 package = the price for a bottle of 30 tablets ROSS</p> <p>If possible, could update header of column D in Materials tab of cost worksheet to clarify "Offer price to GDC for 1 package of this NDC"</p>
70.	<p>Attachment E, Instructions Tab, Material Cost section indicates that Offer prices for NDCs included in the workbook will be binding for at least one year. As you know, medication prices are solely established by the drug manufacturer and wholesaler and are subject to change daily with little to no advanced warning. No</p>		<p>To facilitate comparison of overall 10-year cost estimates among all suppliers, the bid price for years 1-10 is held constant, based on the vendor's NDC prices provided and the current NDC volumes and mix. All NDC rows must be completed. Offer prices for NDCs included in this worksheet will be binding for at least a year, and will be the</p>



	<p>pharmacy would be able to advance purchase and warehouse \$42 million in medications in order to guarantee a binding price for a period of 12 months as required in Attachment E.</p> <ul style="list-style-type: none"> Typical industry practice is to bill clients the medication actual acquisition cost at the time of dispensing. Would the GDC consider amending your pricing requirements to permit your pharmacy partner to bill the cost of medications at the time of dispensing as long as the pharmacy can provide the GDC with their invoices to validate pricing during audits? 		<p>baseline for the incentives that the supplier describes in the scored question for approach to incentives.</p>
71.	<p>With an independent pharmacy model, a POPM pricing model is very difficult to administer for a pharmacy since they will not have any control over the number of prescriptions ordered by the medical vendor's prescribers. With a pharmacy's greatest expenses being shipping and labor dollars, the more prescriptions ordered by a medical vendor that does not have any cost liability can lead to higher system cost and excessive ordering which puts the pharmacy at a financial risk. To mitigate risks in a POPM pricing model, a pharmacy will have to project additional markups to their pricing to account for risk associated with a higher number of prescriptions that are beyond the pharmacy's control.</p> <ul style="list-style-type: none"> Would the GDC be open to considering a pricing model based on medication cost at the time of dispensing plus a dispensing fee per prescription and stock piece 	<p>Attachment E, General Question</p>	<p>GDC desires the supplier to propose their recommended solution.</p>



	as medications are dispensed or distributed as stock from the pharmacy provider so that the GDC is only being invoiced for medications dispensed?		
72.	With a change of pharmacy vendors, will there be a way to obtain existing prescription data during the transition from the current pharmacy system? If so, what formats of data could be accommodated in such a feed?		See answer to Round 2 Question# 22.
73.	<p>Are medications dispensed to this inmate population in 30-day blister cards or is there an alternative method of medication dispensing? Does the ASMP use any type of automated dispensing machines or cabinets?</p> <p>Is there currently a pharmacy at the ASMP dedicated solely for in-patient dispensing needs of those inmate patients?</p> <p>If so, is the pharmacy at ASMP staffed 24/7/365?</p> <p>If so, how many pharmacists and technicians work at the ASMP pharmacy?</p> <p>If so, is the inpatient pharmacy licensed with the Georgia Board of Pharmacy and DEA?</p> <p>Will there be an opportunity to visit the ASMP for a tour in order to gain better insight to pharmacy operations at this location?</p>	Attachment K, General Questions regarding physical healthcare operations at the ASMP	GDC desires suppliers submit their recommended proposals for dispensing. The pharmacy at ASMP provides care for the entire facility to includes all infirmery beds, CSU beds, OR, dialysis, mental health and out-patient. This pharmacy also provides service for Augusta TC. The ASMP pharmacy currently has a Director, 2 staff pharmacists and 4 technicians. Regular hours are 8 to 4:30 M-F. DEA question answered earlier. Due to COVID-19, no tours are scheduled at this time.
74.	<p>Are medications for inmate patients at this facility dispensed by one of the nine current regional pharmacies?</p> <p>If so, are medications dispensed in blister card packaging or other packaging?</p>	Attachment K, General Questions regarding physical healthcare operations at the inpatient forensics unit	ASMP – the entire facility is served by the in-house pharmacy. ASMP “forensic beds” - None of GDC beds are labeled as forensic – ASMP has 110 infirmery beds. Currently, an annual internal audit is performed, Medical Association of Georgia, and future ACA. GDC desires



	<p>If so, how many inmate patients are housed at any given time in the forensic unit?</p> <p>If so, does the forensic unit require any additional levels of inspections by Agencies other than the GDC?</p>	within a community hospital.	supplier submit their recommended proposal for pharmacy services at ASMP.
75.	<p>Are medications for inmate patients at these units provided in blister card or other packaging?</p> <p>Are any of these locations licensed as a long-term care facility by the state of Georgia and thus requiring monthly chart reviews?</p> <p>Are there any unique requirements that bidders would need to know at these locations in order to provide an accurate bid rate for medication dispensing and pharmacy services?</p>	Attachment K, General Questions regarding physical healthcare operations at the long-term care and assisted living care at the 3 GDC institutions.	GDC desires suppliers submit their recommended solutions for pharmacy services. No GDC locations is licensed as a long-term care facility. Requirement and bidder information is provided in the eRFP and its attachments.
76.	<p>Will the awarded pharmacy also be required to provide commissary medications; or, are those medications procured under a separate contract with the GDC?</p> <p>If the awarded pharmacy is responsible for these medications, are they invoiced and sold to the GDC at a cost plus fee; or, are these costs to be figured into a bidder's proposed POPM fee?</p>	Attachment L	No. Commissary medications are not a part of pharmacy services.
77.	Attachment M, Page 9, Section 17 indicates that all unused or expired medication will be returned to the pharmacy at a minimum of once weekly. At facilities where there is not a pharmacy on-site, medications will be returned to the regional pharmacy. If there is not a regional pharmacy available, medications will be picked up by a licensed disposal firm in accordance with Georgia Pharmacy Code. Can you please provide a list of institutions that are using a licensed disposal firm, along with the name of each licensed	Attachment M, Page 9, Section 17	GDC desires supplier to propose their recommended solution to medication returns and disposal.



	disposal firm that is currently providing these services?		
78.	Should there be a change in pharmacy vendors, would the Covered Entity running the 340B program remain in place and be required to utilize your new pharmacy as a contract pharmacy for 340B medication dispensing services?		GDC desires vendor to propose their recommended solution and propose prices it is able to deliver and provide a solution.
79.	<p>With an inmate population that averages 42,000 inmates and a medication spend of \$42 million per year, the GDC is one of the larger DOC systems in the United States. Yet, the RFP is not establishing any minimum experience or volume standards when assessing a bidder's ability to properly manage the medication dispensing and pharmacy management program of such a large and complex system.</p> <ul style="list-style-type: none"> • Would the GDC consider adding any of the following minimum standards: <ul style="list-style-type: none"> o Current experience serving three Departments of Corrections with a minimum average daily population of 20,000 inmates? o Current experience serving six correctional institutions with an average daily population of 1,500 or more inmates? o Currently serve an aggregate census of 50,000 combined inmate lives? o Current aggregate gross receipts of at least \$80 million in order to establish the financial stability necessary to service an account the size of the GDC? 		Suppliers must meet all mandatory requirements to be considered for award. Any changes to mandatory requirements will be addressed by addendum to the solicitation if any are made.
80.	Typical industry practice when obtaining a limited supply of medication from a backup pharmacy is to bill the DOC the cost of	General Question regarding local	GDC desires vendor to propose their recommended solution for back-up pharmacies. GDC does not have



	<p>medications as invoiced to the pharmacy along with any delivery charges as a pass through cost.</p> <ul style="list-style-type: none"> • Please advise if that will be the procedure and billing practice under a contract awarded as a result of this RFP • If not, how would a pharmacy account for medications procured locally along with any delivery costs from couriers or delivery services? • If not, how many times in aggregate over the past 12 months have services been procured locally for urgent medication needs? 	backup pharmacies.	granular data on urgent procurement volumes.
81.	<p>Are pharmacists currently providing first-line reviews of non-formulary medications and providing alternative treatment recommendations?</p> <p>o If so, is this an electronic process or done manually via faxing of non-formulary review and approval forms to regional medical personnel?</p>	General Questions regarding clinical services.	Currently, Physical health - FER's are faxed to the regional pharmacy and reviewed by a pharmacist. The pharmacist has the authority to approved, request more information, forward to DOP or Medical Director, or suggest a change. A denial must be approved by the current vendor's Medical Director. FER Mental Health – All FER for MH are the responsibility of the mental health supplier. GDC desires suppliers submit their recommended proposal for formulary exception review.
82.	How are drug interactions and allergies currently communicated from the regional pharmacies to the prescribers at each institution?	General Questions regarding clinical services.	The current vendor utilizes First Data Bank with its pharmacy software. The pharmacist has the authority to review and approve level 2 and 3 interactions. Level 1 interactions must be approved by the provider. The drug interaction is sent to the provider via fax for review. GDC desires suppliers submit their recommended solutions for drug interaction and allergy review.
83.	What are the top three metrics being assessed by the GDC regarding the effectiveness of your current clinical services platforms?	General Questions regarding	GDC desires supplier submit their recommended solutions.



		clinical services.	
84.	How often is provider education offered to medical staff at each GDC institution?	General Questions regarding clinical services.	GDC desires supplier submit their recommended solutions.
85.	Do any pharmacists from the nine regional pharmacies round with providers at any of the GDC correctional institutions? If so, please detail.	General Questions regarding clinical services.	GDC desires supplier submit their recommended solutions.
86.	If given a clean canvas, what would be your Top 3 most important goals regarding clinical services?	General Questions regarding clinical services.	GDC desires supplier submit their recommended solutions. See eRFP and attachments.
87.	Does the GDC currently administer or run a MAT program at any of the GDC correctional institutions or the ASMP? If so, can details of the program's overview be provided?		GDC does not administer a MAT program.
88.	In order to provide a meaningful response to the RFP, while also respecting the time of your evaluation committee, it would be helpful to know in order of importance the top five goals/exact solutions the GDC is seeking as a result of publishing an RFP at this time. Can those please be provided?		GDC desires supplier submit their recommended solutions. See eRFP and attachments.
89.	In order to best understand the perspective of each individual on the evaluation committee, can you please share the name and title of each person that will be involved in the selection process? <ul style="list-style-type: none"> Will a final decision be made by the evaluation committee or will the committee provide a recommendation to a final decision maker? If so, who is the final decision maker regarding an award? 		The methodology for evaluations are outlined in Attachment A – State Entity eRFP.



90.	<ul style="list-style-type: none"> What percentage of medications are distributed as Standard Ward Inventory? Do you receive Standard Ward Inventory in 30-count blister cards? Or, is all oral-solid Standard Ward Inventory received in manufacturers' bulk bottles? 	General question regarding standard ward inventory at GDC institutions.	See answer to Round 1 Question# 10
91.	<p>GDC is a law enforcement correctional agency required to be in compliance with all applicable state and federal laws, rules, and regulations.</p> <ul style="list-style-type: none"> Will GDC require bidders to submit the name of their wholesaler and copy of the wholesaler's license in the state of Georgia that they will subcontract with for stock distribution in order to remain in regulatory compliance? Will a bidder's failure to provide proof of compliance with regulations at the time of proposal submittal, specifically this requirement, deem that bidder as non-compliant and therefore ineligible for an award? 		At its discretion, GDC may require additional documentation at any time.
92.	<p>It is indicated in the RFP that all services will be in compliance with all applicable state and federal laws, rules, and regulations. A company must use the services of an FDA-registered repackager to legally repackage stock medications into blister cards or into any other packaging that results in a change to the original manufacturer's packaging. This would include 30-count blister cards being sold/distributed to GDC as stock.</p> <ul style="list-style-type: none"> Will GDC require bidders at the time of proposal submittal to submit the name and FDA Drug Establishment Registration Facility Establishment Identifier of the registered repackager they are 		At its discretion, GDC may require additional documentation at any time.



	utilizing for these services in order to remain in regulatory compliance? • Will a bidder's failure to provide proof of compliance with regulations at the time of proposal submittal, specifically this requirement, deem that bidder as non-compliant and therefore ineligible to receive an award?		
93.	Do you currently receive inspections of the medication areas at all GDC prisons and alternative sentencing locations? If so, can you please detail by facility how often the medication areas are inspected by a pharmacist so bidders can properly account for those costs in their bid rates?		GDC desires supplier submit their recommended solutions.
94.	Most, if not all Departments of Corrections are using electronic check-in and return programs for inventory management. Manual daily order check-in and return processing time can be decreased by up to 75%, medication diversion potential will be virtually eliminated, and GDC will have full accountability of all medications received by, and returned from, each facility for accounting purposes. • Does GDC currently use a barcode electronic order reconciliation and medication return management system that is provided by your medical or pharmacy vendor at no additional cost? • If not, would you find value in adding this requirement to your current solicitation for bidders to provide a solution for electronic inventory management?		See answer to Round 1 Question# 27. GDC desires supplier submit their recommended solutions.
95.	Most, if not all Departments of Corrections have fingertip access to electronic reporting. Analyzing prescriber ordering trends and costs to better manage facility and DOC		GDC desires supplier submit their recommended solutions for data analysis and pharmacy operations.



	<p>operations is critical and dependent upon reliable and accurate reporting.</p> <ul style="list-style-type: none"> Does GDC currently have access to an online reporting dashboard to access meaningful and accurate reporting 24/7/365 that is provided by your medical or pharmacy vendor at no additional cost? If not, would you find value in adding this requirement to your current solicitation so your facility-level staff and DOC level administrators can access online reports? 		
96.	Will all medications be shipped to and received at one central location at each GDC institution? Or, will medications be shipped to and received at multiple units within a larger GDC complex? If so, please provide details.		GDC desires supplier submit their recommended solutions. See eRFP and attachments.
97.	Do you currently use local companies for the provision of IV medications? If so, could you please identify those specific companies and provide a contact person, if possible?		GDC desires supplier submit their recommended solutions.
98.	What are the main challenges or issues for GDC regarding your current medication dispensing and pharmacy management program? • If there are no challenges or issues, what are some areas in which you believe improvements can be made or value added?		See eRFP and attachments.
99.	Attachment D has heading formats viewable for requirements 1 through 9 in the navigation view of Word. Requirements 10 through 21 are not showing as being set as a heading format. • Can all Requirements 1 through 21 be updated to reflect a consistent heading format? Or,		Attachment D has been revised to correct this. The revised version of Attachment D has been uploaded to the solicitation to replace the previous version.



	•Are Offeror permitted to reformat Attachment D to allow for proper flow of headings and subheadings?		
100.	If the proposed eMAR software follows HIPAA standards and follows NIST CSF (Cyber Security Framework) and completes yearly clean SOC 2 audits will this be acceptable in place of FISMA?	Section E. IT Systems, page 4, subsection E9.Provision of physical and technological security that meets the standards defined by Health Insurance Portability and Accountability Act (HIPAA), FedRamp, and NIST 800.	<p>No, State follows the Federal Information Security Management Act (FISMA) and supporting documentation from NIST. The state follows FISMA and uses NIST 800-53 to describe and define our security controls. We would suggest that you request the vendor use the 800-53 framework in completing its self-certification assessment. For securing PII data, you would usually choose to use the FIPS moderate control set from 800-53as well as standards defined by Health Insurance Portability and Accountability Act (HIPAA) and the NIST 800-53 moderate control set. Documentation on that standard is available at: http://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-53r4.pdf</p> <p>The successful supplier must agree to comply with the State of Georgia's Statue for Data Breach; OCGA §§ 10-1-910 – 10-1-915 (under Title 10, Article 34, Identity Theft) § 10-1-912. Notification is required upon breach of security regarding personal information.</p>
101.	Will there be an opportunity to ask more questions, for clarification purposes, in the event responses to submitted questions are unclear?		See answer to Round 2 Question# 37.
102.	Please clarify the reference requirement (Attachment D, Section 1, item Q). Does the reference to State employees in this item refer only to State of Georgia employees? If not, how can we provide references from DOC clients who are of similar size if they cannot be current or former employees of the state?	Attachment D, Section 1, item Q	The reference to State employees refers only to employees of the State of Georgia.
103.	Since several questions from Round 1 Q&A have not been answered prior to the due date for Round 2 Q&A,		See answer to Round 2 Question# 37.



	will there be an opportunity for a third round of questions if any answers in the first and second round of questions needs clarification?		
104.	Will GDC consider extending the due date for Submission of Response to accommodate thoughtful consideration of answers to all questions submitted in order to provide the most cost-effective proposal possible?		Suppliers should plan to adhere to the bid closing date that is currently posted.
105.	Is the file sent from the GDC offender management (SCRIBE) a flat text file of all active patients? For example: If the patient is in the file he is at the facility, or if not in the file that means the patient is gone. Or is the GA DOC offender management sending updates as admits, changes, and discharges?		The patient would be classified by name, GDC number, facility location and any other available information that the supplier may need when finding the status of the offender to include security classification and medical profile if necessary.
106.	Is it possible for vendors to schedule a tour/site visit for the two hospital regional pharmacies supporting the ASMP hospital and the MSU surgery unit at GSP?		Tours/site visits are not available.
107.	Can you please provide the following information regarding staffing, hours of operation, and volume of prescriptions for the ASMP hospital pharmacy and the MSU surgery unit at GSP? Reference State Entity RFP "Overview of Current Pharmacy Services Model". a. Open "office" hours for the ASMP hospital pharmacy and the MSU surgery unit pharmacy? b. Current staffing model at the ASMP hospital pharmacy and the MSU surgery unit pharmacy, including which shift(s) each type of employee works. Include all personnel which would be the employee of the contractor (Pharmacists, pharmacy technicians, auxiliary staff, support/clerical staff, and Administrative staff.)		See answer to Round 2 Question# 73. Prescription utilization is not available to the bed level.



	<p>c. What holidays are recognized by GDC where the ASMP hospital pharmacy and the MSU surgical unit pharmacy does not require on-site staffing or skeleton crew staffing?</p> <p>d. Please provide utilization for the number of prescriptions dispensed to patients at ASMP hospital and the MSU surgical unit in Excel format.</p>		
108.	Are current employees of the GDC Regional pharmacies eligible for rehire by the new contractor if deemed appropriate to keep any of the Regional pharmacies open to service GDC facilities?		Current employees of the GDC Regional pharmacies are not GDC employees. As such, GDC cannot answer this question.
109.	Please describe your non-formulary review process in detail.		See answer to Round 2 Question# 81
110.	Is it the expectation of GDC that an eMAR be implemented on Day 1 of provision of services by the new pharmacy vendor? The answer to question #7 in the Round 1 questions indicates the proposed start date to be 30 days after contract award. However, implementation timelines of a new eMAR typically requires a minimum of 60 to 90 days to allow for adequate testing, evaluation of technology needs at each facility, training of all clinical staff, etc.		See answer to Round 1 Question# 55.
111.	What are the location and hours of operation for each of the current 9 onsite pharmacies?		See answer to Round 2 Question# 12.
112.	Does GDC want pharmacy vendors to provide onsite pharmacists or pharmacy technicians as part of the new contract?		GDC desires supplier submit their recommended solutions.
113.	What is the current process for Non-Formulary management? Who currently approves non-formulary medications? Will GDC want to maintain this process?		See answer to Round 2 Questions# 9.



114.	Cost_Proposal_Worksheets_10yr_vFinal-1: Can the Materials Worksheet of the cost proposal be amended to include a column with "Drug Strength" to ensure accurate pricing? Are all drug prices to be priced per tablet, per tube, per bottle, per inhaler?	Cost_Proposal_Worksheets_10yr_vFinal-1	See answer to Round 2 Question# 68.
115.	From what source does the operating room currently receive medications?		GDC desires supplier submit their recommended solutions.
116.	How are emergency medication and after hours orders currently filled? Please provide a list of all current backup pharmacies used?		GDC desires supplier submit their recommended solutions.
117.	Is it a requirement that the EMAR solution proposed be HL7 compliant? Will EMAR products be required to show proof of HL7 compliance?		GDC desires an EMAR solution that is HL7 compliant.
118.	As part of the newly awarded pharmacy contract, who will be responsible for the cost of disposing medication or hazardous material?		See eRFP and attachments. GDC desires supplier submit their recommended solutions for disposal.
119.	How does the current pharmacy provider get notified of inmates being sent out to hospitals?		Notification of hospitalization varies by facility.
120.	Are there currently any HepC or acute care clinics occurring on a regular basis?		See eRFP.
121.	Are all pharmacy orders currently being entered into SCRIBE? From what source will the contracted pharmacy vendor be receiving data on active pharmacy orders for the transition?		No. Data on active pharmacy orders will come from a paper-based file.
122.	Will pharmacy vendors be required to disclose removal from past pharmacy contracts for reason or convenience?		Attachment D has been revised to include the requirement that pharmacy contracts terminated for convenience must be reported in addition to the previous requirements. The revised version of Attachment D has been uploaded to the solicitation to replace the previous version.
123.	Is a pharmacy vendor permitted to bid on this RFP if they are currently		At its discretion, GDC may require additional documentation at any time to



	on probation or have been on probation in other statewide Department of Correction contracts? Will pharmacy vendors be required to disclose any current or past probations? Will failure to disclose this information result in removal from contract consideration?		determine a supplier's status as responsive or responsible.
124.	During the virtual conference held on Wednesday July 29th, it was stated that the annual spend on medication was \$40 million. Does that amount include or exclude the cost of 340B medications treating HepC or HIV?		The amount includes the cost of 340B medications.
125.	The current and future model of providing GDC inmates medical care places the responsibility of writing prescriptions with the medical vendor. Will GDC be interested in a contract model where the medical vendor is at risk for the cost spent on medications and establish a partnership with the incoming pharmacy vendor to reduce pharmacy costs through active non-formulary management, polypharmacy initiatives, and safe therapeutic substitutions?		See answer to Round 2 Question# 71.
126.	Will GDC accept any follow up questions based on answers to the two rounds of questions for clarification purposes?		See answer to Round 2 Question# 37.
127.	Annual spend for pharmaceuticals alone under the current contract averages \$41,850,000 based on the previous four years. GDC estimates annual labor costs under the current contract to be \$5,800,000 per year. a. Is that spend net of all wholesaler volume discounts and manufacturer rebates? b. If the answer to "a" is no, how much do the discounts and rebates average per year?	Section 1.1 Purpose of Procurement – Overview of Current Pharmacy Services Model	The average annual spend is a net amount.
128.	Attachment D question 6 and 7 appear to be the same question. If		See answer to Round 2 Question# 34



	they are not, can you please clarify the difference?		
129.	Attachment E – Cost Proposal Worksheet contains NDCs but the product description does not contain the strength, form, or number of pills in the container. In addition, some of the Generic Names of the items include Household Supplies or Pharmacy supplies but do not further describe the product. Different contractors may purchase different NDCs and not all the NDCs provided may be available at a specific wholesaler. We have been unable to identify several hundred NDCs. Would it be possible to receive a spreadsheet that contains a more detailed description of the product as well as the strength, form, and number of pills (vials, syringes, etc.) in the container?	Attachment E – Cost Proposal Worksheet	See answer to Round 2 Question# 68
130.	On the Services Worksheet, all of the charges are based on a per offender, per month calculation. A Contractor may propose services that do not lend themselves to this type of calculation. For example, a Contractor may want to continue to run the 9 regional pharmacies and would want to be able to include the monthly or annual costs of the staff. Would it be possible to add lines that would show a monthly or annual cost that does not vary with the number of offenders?	Attachment E – Cost Proposal Worksheet	The supplier shall provide per offender per month cost for each service described (the supplier can find a description of services A through F in Attachment B - Scope of Services). For each service, these costs should only cover costs in the scope of that service, and should cover all costs necessary for the approach the vendor will use to provide that service, inclusive of labor. The services costs proposed shall not include materials costs (i.e., medication costs), and shall not include any assumptions or proposed incentives in the service cost estimate, but the supplier may include assumed productivity efficiencies.
131.	Attachment A. On page 2 of 23, the GA Doc notes that pharmaceutical spend has only increased 0.3% per year. Is this based on total spend of Per Inmate per Year spend? If based on total spend, how did you normalize for changes in ADP?	Attachment A	The increase is calculated as net spend per year.



132.	Is the State currently implementing Medication Assisted Treatment (MAT) programs in your facilities? If not, do you have plans to move from detoxification to MAT? If so, what is the timeline?		See answer to Round 2 Question# 87
133.	In Attachment F – State Contract Section D Billings states that the State will pay within 30 days of receiving and accurate invoice. Assuming that invoices are billed monthly, the first payment from the State will be received in approximately sixty days from the start of the contract. This means the Contractor will have to have enough working capital to cover the cost of 60 days' worth of drug and other expenses before any payment is received by the Contractor. This amount would be \$6M-\$8M. GDC has requested audited financial statements which may or may not indicate a Contractor's ability to be able to fund this working capital need. Would you also consider requiring the Contractor's to prove they have the liquidity as of the due date of the RFP to bring on the Georgia contract?	Attachment F – State Contract	Suppliers must meet all mandatory requirements to be considered for award. Any changes to mandatory requirements will be addressed by addendum to the solicitation if any are made.
134.	Does the GDC have any diversity goals for this RFP? If yes, are there any points associated with the diversity goals?		GDC encourages minority and small business participation and encourages majority businesses to subcontract with minority and small businesses, however there are no requirements for this contract which must be met. In the event of a tie, preference to products manufactured or sold by small businesses may be used to resolve the tie.
135.	To ensure there is fair competitive bid process how is the GDC going to prove the acquisition costs of each supplier?		At its discretion, GDC may require additional documentation at any time.
136.	Because there was a longer than anticipated research process to publish the answers to the first round of questions, not allowing for		See answer to Round 2 Question# 37.



	adequate time for sufficient follow up questions, will the GDC allow bidders to submit a third round of questions to keep the integrity of the RFP process.		
137.	Attachment A. 1.1 Purpose of procurement references Augusta State Medical Prison. Does the Augusta State Medical Prison have a hospital pharmacy license?	Attachment A. 1.1	ASMP and Georgia State Prison have a hospital license. The other seven regional pharmacies operate with a prison clinic license.
138.	Please provide the job titles of each position, the numbers of employees at each position and the labor cost per position to currently operate the regional pharmacy located at Arrendale State Prison?		See answer to Round 2 Question# 13.
139.	Please provide the hours of operation for the regional pharmacy located at Arrendale State Prison?		See answer to Round 2 Question# 12.
140.	Please provide the job titles of each position, the numbers of employees at each position and the labor cost per position to currently operate the regional pharmacy located at Augusta State Medical Prison?		See answer to Round 2 Question# 13
141.	Please provide the hours of operation for the regional pharmacy located at Augusta State Medical Prison?		See answer to Round 2 Question# 12.
142.	Please provide the job titles of each position, the numbers of employees at each position and the labor cost per position to currently operate the regional pharmacy located at Autry State Prison?		See answer to Round 2 Question# 13
143.	Please provide the hours of operation for the regional pharmacy located at Autry State Prison?		See answer to Round 2 Question# 12.
144.	Please provide the job titles of each position, the numbers of employees at each position and the labor cost per position to currently operate the regional pharmacy located at Georgia Diagnostic and Classification Prison?		See answer to Round 2 Question# 13



145.	Please provide the hours of operation for the regional pharmacy located at Georgia Diagnostic and Classification Prison?		See answer to Round 2 Question# 12.
146.	Please provide the job titles of each position, the numbers of employees at each position and the labor cost per position to currently operate the regional pharmacy located at Georgia State Prison?		See answer to Round 2 Question# 13.
147.	Please provide the hours of operation for the regional pharmacy located at Georgia State Prison?		See answer to Round 2 Question# 12.
148.	Please provide the job titles of each position, the numbers of employees at each position and the labor cost per position to currently operate the regional pharmacy located at Macon State Prison?		See answer to Round 2 Question# 13.
149.	Please provide the hours of operation for the regional pharmacy located at Macon State Prison?		See answer to Round 2 Question# 12.
150.	Please provide the job titles of each position, the numbers of employees at each position and the labor cost per position to currently operate the regional pharmacy located at Phillips State Prison?		See answer to Round 2 Question# 13
151.	Please provide the hours of operation for the regional pharmacy located at Phillips State Prison?		See answer to Round 2 Question# 12.
152.	Please provide the job titles of each position, the numbers of employees at each position and the labor cost per position to currently operate the regional pharmacy located at Pulaski State Prison?		See answer to Round 2 Question# 13
153.	Please provide the hours of operation for the regional pharmacy located at Pulaski State Prison?		See answer to Round 2 Question# 12.
154.	Please provide the job titles of each position, the numbers of employees at each position and the labor cost per position to currently operate the regional pharmacy located at Valdosta State Prison?		See answer to Round 2 Question# 13



155.	Please provide the hours of operation for the regional pharmacy located at Valdosta State Prison?		See answer to Round 2 Question# 12.
156.	Please provide detail of other costs associated with the Arrendale State Prison that will be the responsibility of the Contractor (utilities, packaging, and equipment.)		See answer to Round 1 Question# 65.
157.	Please provide detail of other costs associated with the Augusta State Medical Prison that will be the responsibility of the Contractor (utilities, packaging, and equipment.)		See answer to Round 1 Question# 66.
158.	Please provide detail of other costs associated with the Autry State Prison that will be the responsibility of the Contractor (utilities, packaging, and equipment.)		See answer to Round 1 Question# 67
159.	Please provide detail of other costs associated with the Georgia Diagnostic and Classification Prison that will be the responsibility of the Contractor (utilities, packaging, and equipment.)		See answer to Round 1 Question# 68.
160.	Please provide detail of other costs associated with the Georgia State Prison that will be the responsibility of the Contractor (utilities, packaging, and equipment.)		See answer to Round 1 Question# 69.
161.	Please provide detail of other costs associated with the Macon State Prison that will be the responsibility of the Contractor (utilities, packaging, and equipment.)		See answer to Round 1 Question #70.
162.	Please provide detail of other costs associated with the Philips State Prison that will be the responsibility of the Contractor (utilities, packaging, and equipment.)		See answer to Round 1 Question# 71.
163.	Please provide detail of other costs associated with the Pulaski State Prison that will be the responsibility of the Contractor (utilities, packaging, and equipment.)		See answer to Round 1 Question# 72.
164.	Please provide detail of other costs associated with the Valdosta State		See answer to Round 1 Question# 7.



	Prison that will be the responsibility of the Contractor (utilities, packaging, and equipment.)		
165.	Please provide a list of which correctional facilities are currently being provided medications from which onsite pharmacy?		See answer to Round 1 Question# 74.



Supplier Q & A Template

RFX Number: GDC0000930	RFX Title: Offender Pharmacy Services
Requesting State Entity: Department of Corrections	Date: 08/21/2020
Issuing Officer: Ross Barrineau	RFX Initially Posted to Internet: 7/17/2020
eMail Address: ross.barrineau@gdc.ga.gov	Telephone: 404-557-3794

The purpose of this document is to provide answers to supplier questions. Please see Questions and Answers included herein.

Note: This document is intended for informational purposes only. Any changes to the RFX must occur through a published addendum (or through publication of a new version of the RFX in Team Georgia Marketplace™). If multiple Q & A documents are posted, the most recent Q & A shall govern in the event of a conflict.

ROUND 3 QUESTIONS AND ANSWERS

#	Questions	Referenced RFX Section	Answers
1.	In the second round of questions, the answer to question #165 did not seem to go with the question. The answer given was about refills being transmitted to the pharmacy (Round 1 Question #74) Please provide a list of which correctional facilities are currently being provided medications from which onsite pharmacy.	Round 2 Questions and Answers, #165	See Appendix A below.
2.	The answer to question #70 in the first round of questions stated that there are 9 different databases, one for each regional pharmacy. Which facilities are in each of the 9 databases?	Round 1 Questions and Answers, #70	The solution does not have to be broken into nine regions. A consolidated single data base, with backup would suffice, however, it depends on the individual proposed solution. Appendix A shows the facilities that are in each of the 9



#	Questions	Referenced RFX Section	Answers
			regional pharmacy databases.
3.	Are patient specific medications returned to the pharmacies for credit? If so, what was the dollar amount of credit given for those returned medications? Is full or partial credit given for returns?	Round 1 Questions and Answers, #17	GDC desires supplier to propose their recommended solution to medication returns. As such, GDC does not believe current return practices or credit amounts provided are relevant to bidder's proposals.
4.	Can Attachment Q be provided to bidders in Excel format?	Attachment Q	Yes, the information provided in Attachment Q has been provided in Excel format as Revised Attachment Q - Summary table of total medications ordered by GDC with and without 340B pricing in Excel format
5.	<p>Has the current vendor agreed to provide an electronic active order file from each of the nine (9) databases for each regional pharmacy to the selected vendor? There seems to be some inconsistencies in the previous answers provided regarding this subject.</p> <p>a. The answer to Question #22 in the 2nd round of questions states "the existing files will be transferred to the incoming vendor in either the .xl or .csv file format."</p> <p>b. The answer to Question #121 in the 2nd round of questions states "Date on active pharmacy orders</p>	Round 2 Questions and Answers, # 22 and 121	The existing files will be transferred to the incoming vendor in either the .xl or .csv file format.



#	Questions	Referenced RFX Section	Answers
	will come from a paper-based file.”		
6.	Will all patient allergies be included in the active order file data transfer from the current vendor to the new selected vendor?		Patient allergies are written in the chart in various places to include medication orders. The drug allergies are recorded in RxPro. The current vendor utilizes First Data Bank as a resource for allergy and drug interaction cross checks. New prescriptions are checked within RxPro for drug interactions and allergies. Drug allergies may be exported from RxPro.
7.	Section 3 of State Entity eRFP states suppliers are required to download, complete then upload a worksheet entitled “Supplier General Information”. I do not see this particular document as a current attachment to the items provided in the sourcing event. Please confirm whether this form is required and where vendors may find it to complete.		There is no Supplier General Information worksheet associated with this RFP and suppliers are not required to submit this document with bid responses.
8.	Section 3 of State Entity eRFP states suppliers are required to download, complete then upload a worksheet entitled “Additional Scored Response Worksheet”. I do not see this particular document as a current		There is no Additional Scored Response Worksheet associated with this RFP and suppliers are not required to submit this document with bid responses.



#	Questions	Referenced RFX Section	Answers
	attachment to the items provided in the sourcing event. Please confirm whether this form is required and where vendors may find it to complete.		
9.	<p>Round two Q&A response to question 66 indicates that, "Offer prices for NDCs included in this worksheet will be binding for at least a year, and will be the baseline for the incentives that the supplier describes in the scored question for approach to incentives."</p> <p>The price that a pharmacy pays for medications is dictated by manufacturers and wholesalers and is subject to change without any advanced notice.</p> <ul style="list-style-type: none"> Is the response to question 66 indicating that the price quoted for each medication in the cost workbook at the time of proposal submittal is to remain fixed and firm for an entire year for invoicing purposes? If so, how are bidders to account for medication cost increases that occur throughout the year by drug wholesalers and drug manufacturers? 	Round 2 Questions and Answers, #66	<p>GDC understands that medication prices change frequently. GDC also values stable pharmaceutical costs and is interested in partnering with a vendor who is committed to providing GDC medications at the most affordable and predictable price. As described in the cost proposal worksheet instructions, the purpose of the prices requested in the materials worksheet is to facilitate the most fair and transparent like-for-like comparison during the evaluation process. The starting point for the period of time is 12 months from the planned contract award date. Vendors are encouraged to provide any other supporting details they deem necessary to understand the price build-up. GDC is open to periodic medication cost reviews where price adjustments could be requested. Suppliers should include their proposed recommendation for periodic medication cost reviews in their cost incentive response if applicable.</p>
10.	Multiple potential bidders have		The NDCs provided are 11-digit



#	Questions	Referenced RFX Section	Answers
	<p>expressed similar concerns regarding what package size to price in Attachment E Cost Workbook based on the NDC provided.</p> <ul style="list-style-type: none"> In order to eliminate multiple interpretations of what package size to price on the Cost Workbook, would the GDC please consider adding an additional column to the Attachment E Cost workbook that clearly indicates the package size bidders are to utilize when quoting their price in Column D since the pricing in Column D will significantly impact the formulas for all FY cells on the remainder of the workbook? 		<p>HIPAA standard NDCs. Package size is specified by the last 1 or 2 digits of the NDC, depending on the form that NDC takes. For detailed explanation of NDCs and how to convert between 10-digit and 11-digit NDCs, please visit:</p> <p>https://www.fda.gov/drugs/drug-approvals-and-databases/national-drug-code-directory</p> <p>https://phpa.health.maryland.gov/OID/EOR/IMMUN/Shared%20Documents/Handout%203%20-%20NDC%20conversion%20to%2011%20digits.pdf</p>
11.	How many pharmacy technicians (or equivalent positions) are utilized statewide either in aggregate or individually at each of the nine regional pharmacy locations?		GDC desires the supplier to propose their own solution for staffing.
12.	Round two Q&A response to question 99 revised and corrected the heading formats on Attachment D and removed/update the duplicate headings and requirements thus changing the initial assigned		Attachment D has been revised and the revised version has been attached to the solicitation.



#	Questions	Referenced RFX Section	Answers
	<p>Mandatory Scored Question numbers. IT Systems went from #14 to #13 and IT Security went from #15 to #14 however in their respective requirement it still states that additional documents be titled as "Mandatory Scored Question 14 Attachment" and "Mandatory Scored Question 15 Attachment".</p> <ul style="list-style-type: none"> • Are we to submit additional documents using the previous title assigned ("Mandatory Scored Question 14 Attachment") for what is now requirement #13 or shall we title additional documents to reflect the new number associated with the requirement? • Or, will the DOC revise Attachment D to reflect the corrected requirement number assignments? 		
13.	<p>Bidders are required to provide pricing on Attachment E Cost Work that would reflect any discounts from participating in a 340B program. Historically, the discount offered is determined by the Covered Entity and is not a standardized discount that can be uniformly applied to all qualified medications in Attachment E.</p> <ul style="list-style-type: none"> • Would the GDC permit bidders to provide their upfront wholesaler medication cost on 		<p>Please see response to Round 1 Question# 93. Suppliers should submit their best available price they can provide on the cost worksheet and support how they would get to that price in the cost incentive response.</p>



#	Questions	Referenced RFX Section	Answers
	<p>Attachment E so all response are uniform and then have bidders discuss how potential discounts would apply in their Cost Incentive Response Narrative?</p> <ul style="list-style-type: none"> • If not, how are bidders to represent 340B pricing in Attachment E so that the evaluation team can accurately and correctly assess their pricing when a standardized 340B discount percentage does not exist? 		
14.	<p>At the bidder's conference, it was mentioned that manufacturer rebates are provided as a form of patient assistance.</p> <ul style="list-style-type: none"> • Can you please provide additional details on the current manufacturer patient assistance programs in place, including those manufacturers currently participating and for which medications they are providing patient assistance rebates? • Additionally, are there any other patient assistance programs in place that you can detail? • Also, are there any other future programs you plan to administer regarding 		<p>Please see response to Round 2 Question# 51. GDC desires the supplier to propose their own solution for patient assistance.</p>



#	Questions	Referenced RFX Section	Answers
	<p>patient assistance?</p> <ul style="list-style-type: none"> Is the GDC receiving any discount coupons or vouchers from manufacturers that discount the cost of inmate medications? If so, can you please detail? 		
15.	<p>In round 2 of supplier Q&A, question 7 asks “How many prescriber offices, nursing stations, medication rooms are at each site that will need a computer for CPOE and eMAR? How many of these already have computers available?”. GDC’s response states that “GDC desires the supplier to propose their recommended solution for providing any necessary computers”</p> <p>Provision of computers by any supplier represents a very significant cost factor that must be taken into account as a part of that supplier’s proposal. In addition, this potentially significant cost is entirely dependent upon GDC’s current needs. Without knowing the specific computer need(s) and layout(s) of each facility’s medication pass area, a supplier lacks sufficient knowledge that is required in order to provide a recommended solution to GDC. Furthermore, the eRFP does not</p>		<p>98 devices that will be used for pharmacy distribution (pill Call)</p> <p>GDC will provide all PC’ for CPOE’s</p> <p>60 machines for eMAR printing and review.</p> <p>A site survey will be conducted with the vendor to assure compliance with the recommended solution before final order is placed. The numbers provided are based on minimum usage and shall be used for the purposes of this response.</p>



#	Questions	Referenced RFX Section	Answers
	appear to explicitly indicate that a supplier is required to provide any additional computers. So that a supplier can produce a proposal that reasonably and accurately reflects its anticipated costs, can GDC confirm that a supplier is not required to provide any additional computers to any GDC facilities?		
16.	In round 2 of Supplier Q&A, GDC's answer to question 121 states that "Data on active pharmacy orders will come from a paper-based file."; however, GDC's response of "YES" to question 22, which asks "Is the existing pharmacy available to submit existing files to the incoming vendor in either the .xl or .csv file format?" appears to give a contradictory answer. Can GDC please confirm that data from the existing pharmacy vendor about active orders will be provided in true electronic format, such as .xl or .cvs, as opposed to an electronic copy of a scanned / paper-based image (ex .jpeg or .pdf) .		Please see response to Round 3 Question# 5.
17.	Please confirm if a new supplier will be expected to maintain on-site hospital pharmacy services at GDC's hospital prison, ASMP. Please confirm if the existing space and/or equipment will be		Yes, supplier will be expected to maintain on-site hospital pharmacy services at ASMP. Yes, the existing space and equipment may be made available upon request.



#	Questions	Referenced RFX Section	Answers
	made available for the new pharmacy vendor.		
18.	Please confirm whether GDC is expecting vendors to provide pricing on a per-month basis (flat fee per month) or if vendors will be billing on a per-prescription basis according to the individual drug prices.		Pricing should be provided as instructed within the Attachment E – Cost Worksheet. Supplier's proposed billing structure should be discussed in the supplier's Cost Incentive Response. Final agreed upon billing structure will be finalized during the negotiations phase.
19.	In each supplier Q&A, GDC has declined to answer questions from multiple bidders regarding the need for and frequency of on-site medication room / facility inspections. Due to the significant costs associated with these inspections, which must be taken into account in the bidder's proposal, a bidder may end up overbidding by proposing services that aren't required, or a bidder may end up underbidding by not proposing services that are required. Put another way, whichever bidder(s) correctly guesses whether or not these services are required will have an unfair advantage over the competition. Lastly, a careful review of the eRFP does not list medication room/facility inspections as a required service. So as to maintain a fair and competitive bidding environment, can GDC please confirm that on-site medication room / facility inspections are not required at this time?		ASMP and Georgia State Prison pharmacies have a hospital license. The other seven regional pharmacies operate with a prison clinic license. GDC requires compliance with licensure and ACA standards. Bidder's proposals should include all costs associated with providing the services necessary to ensure compliance.

<u>Pharmacy</u>	<u>Sites Served by Pharmacy</u>
-----------------	---------------------------------

Arrendale	Colwell PDC Lee Arrendale SP Whitworth PDC
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ASMP	ASMP Augusta TC
------	--------------------

Autry	Albany TC Autry SP Bainbridge PSATC Calhoun SP Lee SP Turner PRC
-------	---

GDCP	Atlanta TC Burris CTC Clayton TC GDCP Helms Unit Metro TC Paulding PDC West Central PRC
------	--

GSP	Appling PRC Bacon PDC/TC Coastal SP Emanuel PDC Emanuel Women's Facility GSP Long SP Montgomery SP Rogers SP Smith SP Smith TC Treutlen PDC Womens PDC
-----	--

<u>Pharmacy</u>	<u>Sites Served by Pharmacy</u>
------------------------	--

Macon	Central SP
	Columbus TC
	Hayes SP
	Lagrange TC
	Macon SP
	Macon TC
	Rutledge SP
	Walker SP

MGCC	Baldwin SP
	Hancock SP
	Johnson SP
	Metro Re-entry Facility
	Phillips SP/TC
	Phillips TC
	Washington SP

Pulaski	Bleckley PDC
	Dodge SP
	Dooly SP
	McEver PDC
	Pulaski SP
	Telfair SP
	Wilcox SP

Valdosta	Patten PDC
	Valdosta SP
	Valdosta TC
	Ware SP

Event Details

PeopleSoft Strategic Sourcing

Event ID 46700-GDC0000930	Format Sell	Type RFx	Page 1
Event Round 1	Version 7		
Event Name Offender Pharmacy Services			
Start Time 07/17/2020 13:58:40 EDT		Finish Time 08/31/2020 14:00:00 EDT	

Event Currency: US Dollar
Bids allowed in other currency: No

Bid Number: 1
Bid Date: 08/31/2020 12:49:26 EDT
Total Bid Amount: 0.00

Bidder: Correct Rx Pharmacy Services, Inc.
1352 Charwood Road
Suite C
Hanover MD 21076
United States

Submit To: Corrections, Dept of
GDC / PURCHASING
PONDER HALL
300 PATROL ROAD
FORSYTH GA 31029
United States
Contact: Ross Barrineau 478/992-2883
Phone: 404/556-3794
Email: ross.barrineau@gdc.ga.gov

Event Description

Pursuant to the State Purchasing Act (Official Code of Georgia Annotated §§50-5-50 et seq.), this electronic Request for Proposals (eRFP) is being issued to establish a contract with a qualified supplier who will provide Offender Pharmacy Services to the Department of Corrections (hereinafter, the State Entity) as further described in this eRFP.

The Georgia Department of Corrections (GDC) requires support for pharmacy services for GDC's offender population, including support for the transition from its current model of pharmacy services.

The scope of end-to-end service delivery includes the sourcing and purchasing of medications, delivery of medications, packaging and dispensing of medications for use, pharmacy advisory services, support for IT systems, and administration of pharmacy services. In addition, the supplier will be expected to participate in activities to support the smooth transition of suppliers.

Additional NIGP codes used: 26900 and 94874

General Comments

- Restrictions on Communicating with Staff

From the issue date of this eRFP until the final award is announced (or the eRFP is officially cancelled), suppliers are not allowed to communicate for any reason with any State staff except through the Issuing Officer named herein or as defined in this eRFP or as provided by existing work agreement(s). Prohibited communication includes all contact or interaction, including but not limited to telephonic communications, emails, faxes, letters, or personal meetings, such as lunch, entertainment, or otherwise. The State Entity reserves the right to reject the response of any supplier violating this provision.

- QUESTIONS AND ANSWER INSTRUCTIONS

All questions concerning this eRFP must be submitted in writing via email to the Issuing Officer: Ross Barrineau at ross.barrineau@gdc.ga.gov. No questions other than written will be accepted. No response other than written will be binding upon the State. All suppliers must submit questions by the deadline identified in the Schedule of Events for submitting questions. Suppliers are cautioned that the State Entity may or may not elect to entertain late questions or questions submitted by any other method than as directed by this section. All questions about this eRFP must be submitted in the following format:

Company Name

Question #1 Question, Citation of relevant section of the eRFP

Question #2 Question, Citation of relevant section of the eRFP

Do not use the comments section of the Sourcing Event to submit questions to the issuing officer.

Offerors are cautioned that the State may or may not elect to entertain late questions.

Answers will be provided to all questions as an attachment posted to the solicitation following the schedule outlined in Attachment A - State Entity eRFP.

- 08/24/2020 - Event Version #7 - This version was created to attach a revised version of the Supplier Q and A Round 3 attachment which includes Appendix A.

08/20/2020 - Event Version #6 - This version was created to attach Supplier Q and A Round 3 as a new attachment.

08/20/2020 - Event Version #5 - This version was created to attach Addendum 2, Revised Attachment Q - Summary table of total medications ordered by GDC with and without 340B pricing in Excel format, and Attachment D - Revised Mandatory Scored Response Worksheet.

08/07/2020 - Event Version #4 - This version was created to attach Addendum 1, revised Supplier A and A Round 1, Supplier Q and A Round 2 and Attachment D - Revised Mandatory Scored Response Worksheet.

****ANNOUNCEMENT**** - All suppliers wishing to attend the MANDATORY Bidders/Offeror's Conference must notify the issuing officer of their intent to attend no later than 4:00pm EST on Tuesday, 7/28/2020. See attachment Bidders/Offeror's Conference Announcement for additional details.

7/27/2020 Event Version #3 - This version was created to upload attachment Supplier Q and A Round 1 which includes all supplier questions received during round one and GDC's responses to those questions.

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID 46700-GDC0000930	Format Sell	Type RFx	Page 2
Event Round 1	Version 7		
Event Name Offender Pharmacy Services			
Start Time 07/17/2020 13:58:40 EDT	Finish Time 08/31/2020 14:00:00 EDT		

Event Currency: US Dollar
Bids allowed in other currency: No

Bid Number: 1
Bid Date: 08/31/2020 12:49:26 EDT
Total Bid Amount: 0.00

Bidder: Correct Rx Pharmacy Services, Inc.
1352 Charwood Road
Suite C
Hanover MD 21076
United States

Submit To: Corrections, Dept of
GDC / PURCHASING
PONDER HALL
300 PATROL ROAD
FORSYTH GA 31029
United States
Contact: Ross Barrineau 478/992-2883
Phone: 404/556-3794
Email: ross.barrineau@gdc.ga.gov

7/22/2020 Event Version #2 - This version was created to correct the issues with Attachment N - GDC Medication Formulary and Attachment O - Summary table of medications for population which were previously unable to be opened. The Offeror's Conference Announcement was also added as a new attachment. The mandatory conference will be held on 7/29/2020 from 11:00am (EST) until 12:00pm (EST). Please see the announcement for instructions on attending.

General Questions

Question	UOM	Best	Worst	Response
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You must select the "View/Add Comments and Attachments" link of this Event to access the eRFx Instructions document. Have you completed this task?

Yes

Required: Yes Mandatory Response: No

Y

Response Comments

Please provide the following information for your company:

Company Full Legal Name
Address
Authorized Contact Person's Name
Contact Person's Telephone Number
Contact Person's Email address

Required: Yes Mandatory Response: No

Correct Rx
Pharmacy

Response Comments

Reciprocal Preference Law O.C.G.A. §50-5-60(b) In which state is your company domiciled?

For the purposes of evaluation only, Suppliers resident in the State of Georgia will be granted the same preference over Suppliers resident in another state in the same manner, on the same basis, and to the same extent that preference is granted in awarding bids for the same goods or services by such other state to Suppliers resident therein over Suppliers resident in the State of Georgia.

NOTE: For the purposes of this law, the definition of a resident Supplier is a Supplier who is domiciled in the State of Georgia.

Options:

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
Washington DC

Select One

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID 46700-GDC0000930	Format Sell	Type RFx	Page 3
Event Round 1	Version 7		
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300 PATROL ROAD
FORSYTH GA 31029
United States
Contact: Ross Barrineau 478/992-2883
Phone: 404/556-3794
Email: ross.barrineau@gdc.ga.gov

Question	UOM	Best	Worst	Response
Florida				_____
Georgia				_____
Hawaii				_____
Idaho				_____
Illinois				_____
Indiana				_____
Iowa				_____
Kansas				_____
Kentucky				_____
Louisiana				_____
Maine				_____
Maryland				_____X_____
Massachusetts				_____
Michigan				_____
Minnesota				_____
Mississippi				_____
Missouri				_____
Montana				_____
Nebraska				_____
Nevada				_____
New Hampshire				_____
New Jersey				_____
New Mexico				_____
New York				_____
North Carolina				_____
North Dakota				_____
Ohio				_____
Oklahoma				_____
Oregon				_____
Pennsylvania				_____
Rhode Island				_____
South Carolina				_____
South Dakota				_____
Tennessee				_____
Texas				_____
Utah				_____
Vermont				_____
Virginia				_____
Washington				_____
West Virginia				_____
Wisconsin				_____
Wyoming				_____
Other				_____

Required: Yes Mandatory Response: No

Response Comments

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID 46700-GDC0000930	Format Sell	Type RFx	Page 4
Event Round 1	Version 7		
Event Name Offender Pharmacy Services			
Start Time 07/17/2020 13:58:40 EDT	Finish Time 08/31/2020 14:00:00 EDT		

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United States
Contact: Ross Barrineau 478/992-2883
Phone: 404/556-3794
Email: ross.barrineau@gdc.ga.gov

Question	UOM	Best	Worst	Response
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Please select the option that most accurately defines your company, based on the definitions below.

***Georgia Resident Business means any business that regularly maintains a place from which business is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.

**A Small business is defined as a business that is independently owned and operated. In addition, such a business must either have fewer than 300 employees or less than \$30 million in gross receipts per year.

*A Georgia Resident Small Business would be a business that meets the requirements for both a Georgia Resident and Small Business.

Also, the State encourages all companies to sub-contract portions of any state contract to small and minority business enterprises. Suppliers interested in taking advantage of the Georgia income tax incentives provided for by the Official Code of Georgia Annotated Section 48-7-38, relative to the use of minority subcontractors in the performance of contracts awarded by the State of Georgia, should contact the Vendor Relations Administrator:

Vendor Relations Administrator
Department of Administrative Services
200 Piedmont Avenue, S.E.
Suite 1308, West Tower
Atlanta, Georgia 30334 9010
Telephone: (404) 657-6000
Fax: (404) 657-8444

Options: Georgia Resident Business
Georgia Resident Small Business
Small Business
Not Applicable

Required: Yes Mandatory Response: No

Select One

X

Response Comments

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID 46700-GDC0000930	Format Sell	Type RFx	Page 5
Event Round 1	Version 7		
Event Name Offender Pharmacy Services			
Start Time 07/17/2020 13:58:40 EDT	Finish Time 08/31/2020 14:00:00 EDT		

Event Currency: US Dollar
Bids allowed in other currency: No

Bid Number: 1
Bid Date: 08/31/2020 12:49:26 EDT
Total Bid Amount: 0.00

Bidder: Correct Rx Pharmacy Services, Inc.
1352 Charwood Road
Suite C
Hanover MD 21076
United States

Submit To: Corrections, Dept of
GDC / PURCHASING
PONDER HALL
300 PATROL ROAD
FORSYTH GA 31029
United States
Contact: Ross Barrineau 478/992-2883
Phone: 404/556-3794
Email: ross.barrineau@gdc.ga.gov

Question	UOM	Best	Worst	Response
----------	-----	------	-------	----------

Are you a Women-Owned business?

A business that is at least 51% owned and controlled by one or more women, and primarily managed by one or more women.

No

Required: Yes Mandatory Response: No

Y

Response Comments

Are you a Veteran-Owned Small business?

Veteran-Owned Small Business as used in this provision means a small business that: (i) is at least 51% unconditionally owned by one or more veterans (as defined at 38 U.S.C 101(2)); or in the case of any publicly owned business, at least 51% of the stock of which is unconditionally owned by one or more veterans; and (ii) whose management and daily business operations are controlled by one or more veterans.

No

Required: Yes Mandatory Response: No

N

Response Comments

Is your company a scrutinized company?

Any Supplier that currently and/or previously, within the last three years, has had business activities or other operations outside of the United States, must certify that it is not a "scrutinized company". A scrutinized company is a company conducting business operations in Sudan that is involved in power production activities, mineral extraction activities, oil-related activities, or the production of military equipment, but excludes a company which can demonstrate any of the following exceptions noted in O.C.G.A. Section 50-5-84. False certification hereunder may result in civil penalties, contract termination, ineligibility to bid on state contractors for three or more years, and/or any other available remedy. If the Supplier is a scrutinized company, the Supplier shall not be eligible to bid on or submit a proposal for a contract with the State Entity unless DOAS makes a determination in accordance with O.C.G.A. Section 50-5-84 that it is in the best interests of the State to permit the scrutinized company to submit a bid or proposal. Any scrutinized company desiring DOAS to make such a determination should contact both DOAS and the Issuing Officer immediately.

Please make a selection from the three options:

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
46700-GDC0000930	Sell	RFX	6
Event Round	Version		
1	7		
Event Name			
Offender Pharmacy Services			
Start Time		Finish Time	
07/17/2020 13:58:40 EDT		08/31/2020 14:00:00 EDT	

Event Currency: US Dollar
Bids allowed in other currency: No

Bid Number: 1
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Email: ross.barrineau@gdc.ga.gov

A. I certify my company is NOT a "scrutinized company"
B. I certify my company is a "scrutinized company"
C. I certify I have requested and received written
permission from DOAS to submit a response to this Event
in accordance with O.C.G.A. Section 50-5-84.

Options: A
B
C

Required: Yes Mandatory Response: No

Select One

X

Response Comments

Have you submitted a completed Tax Compliance form?

To be eligible for contract award, the supplier must not owe taxes to the State of Georgia. Also, in accordance with Official Code of Georgia Annotated §50-5-82, the State Entity is prohibited from awarding any contract valued at more than \$100,000.00 to a nongovernmental vendor if that vendor or an affiliate of the vendor is a "dealer" failing or refusing to collect sales or use taxes on its sales delivered to Georgia. Each Supplier must submit a completed Tax Compliance Form (SPD-SP045), which has been provided as a downloadable document by accessing the link below. In the event the Supplier is being considered for contract award (and the contract is valued at more than \$100,000.00), the information provided in the Tax Compliance Form will be submitted by the State Entity to the Georgia Department of Revenue ("DOR") for a determination as to whether the Supplier is a "prohibited source" or has other tax deficiencies. The State Entity reserves the right to submit the Supplier's completed form to DOR for review even if the contract is valued at less than \$100,000.00. Download the Tax Compliance form using the link below and upload the completed form as part of your response:

<http://doas.ga.gov/assets/State%20Purchasing/Stage%203%20Documents/SPD-SP045TaxComplianceForm.doc>

Any Offeror identified as a prohibited source will be ineligible for award. Accordingly, the Offeror is strongly encouraged to check its tax status now and resolve any outstanding tax liabilities prior to submitting this response. Department of Revenue has identified the following source to allow Offerors to check current tax status:

<http://www.etax.dor.ga.gov/>

Yes

Required: Yes Mandatory Response: No

Y

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID 46700-GDC0000930	Format Sell	Type RFx	Page 7
Event Round 1	Version 7		
Event Name Offender Pharmacy Services			
Start Time 07/17/2020 13:58:40 EDT	Finish Time 08/31/2020 14:00:00 EDT		

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Event Currency: US Dollar
Bids allowed in other currency: No

Bid Number: 1
Bid Date: 08/31/2020 12:49:26 EDT
Total Bid Amount: 0.00

Response Comments

Question	UOM	Best	Worst	Response
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Do you have any exceptions to the State Contract as attached?

If yes, any exceptions to the contract must be identified in Attachment J - Contract Exceptions Form as explained in the instructions of that document. The completed Contract Exceptions Form shall be uploaded as an attachment to the Supplier's response.

No

Required: Yes Mandatory Response: No

N

Response Comments

Georgia Based

Are you a Georgia Based company as defined by the eRFQ Instructions attachment?

Yes

Required: Yes Mandatory Response: No

N

Response Comments

Minority Business Classification

Are you a Minority Business as defined in the eRFQ Instructions attachment?

Yes

Required: Yes Mandatory Response: No

N

Response Comments

Small Business

Are you a Small Business?

Yes

Required: Yes Mandatory Response: No

N

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID 46700-GDC0000930	Format Sell	Type RFx	Page 8
Event Round 1	Version 7		
Event Name Offender Pharmacy Services			
Start Time 07/17/2020 13:58:40 EDT		Finish Time 08/31/2020 14:00:00 EDT	

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Bids allowed in other currency: No

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Response Comments

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Question	UOM	Best	Worst	Response
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Communication with Issuing Officer

By answering "yes", the Offeror acknowledges the rule regarding restrictions on the supplier's communication with state staff members. If a communication is questionable, the Offeror agrees to contact the identified Issuing Officer to request assistance.

Options: Yes
No

Yes

Select One

X

Required: Yes Mandatory Response: Yes

Response Comments

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Pursuant to O.C.G.A. § 13-10-91, all contractors or subcontractors who enter into a contract with the State Entity in connection with the physical performance of services within this state, shall register and participate in the federal work authorization program to verify information of all employees. To be eligible for contract award, the supplier must complete, notarize and return Attachment G - Contractor Affidavit. If subcontractors will be used, Attachment H - Subcontractor Affidavit must be completed, notarized and return for each subcontractor that will be used. Please attach the completed Contractor Affidavit and all Subcontractor Affidavits (if applicable) here.

Required: Yes Mandatory Response: No

Response Comments

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Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID 46700-GDC0000930	Format Sell	Type RFx	Page 9
Event Round 1	Version 7		
Event Name Offender Pharmacy Services			
Start Time 07/17/2020 13:58:40 EDT		Finish Time 08/31/2020 14:00:00 EDT	

Event Currency: US Dollar
Bids allowed in other currency: No

Bid Number: 1
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Total Bid Amount: 0.00

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300 PATROL ROAD
FORSYTH GA 31029
United States
Contact: Ross Barrineau 478/992-2883
Phone: 404/556-3794
Email: ross.barrineau@gdc.ga.gov

Line Details

Line: 1 **Item ID:** **Line Qty:** 1 **UOM:** Yearly **Bid Qty:** 1

Required: No **Reserve Price:** No

Description: Offender Pharmacy Services

Question	UOM	Best	Worst	Response
What is your bid price?		0		
Required: Yes Mandatory Response: No				0

Response Comments

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID 46700-GDC0000930	Format Sell	Type RFx	Page 10
Event Round 1	Version 7		
Event Name Offender Pharmacy Services			
Start Time 07/17/2020 13:58:40 EDT		Finish Time 08/31/2020 14:00:00 EDT	

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FORSYTH GA 31029
United States
Contact: Ross Barrineau 478/992-2883
Phone: 404/556-3794
Email: ross.barrineau@gdc.ga.gov

Appendix A - Line Specifications

Line: 1 **Item ID:** **Line Qty:** 1 **UOM:** Yearly
Description: Offender Pharmacy Services

Item Specifications

Manufacturer:		Mfg Item ID:	
Item Length:	0	Item Height:	0
Item Width:	0	Dimension UOM:	
Item Volume:	0	Volume UOM:	
Item Weight:	0	Weight UOM:	
Item Size:		Item Color:	

Shipping Information

Schedule:	1	Ship To:	A Purchasing
Quantity:	1		GDC / PURCHASING
Due Date:	08/03/2020		PONDER HALL
Freight Terms:			300 PATROL ROAD
Ship Via:			FORSYTH GA 31029
			United States

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID 46700-GDC0000930	Format Sell	Type RFx	Page 11
Event Round 1	Version 7		
Event Name Offender Pharmacy Services			
Start Time 07/17/2020 13:58:40 EDT		Finish Time 08/31/2020 14:00:00 EDT	

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Bids allowed in other currency: No

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United States

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FORSYTH GA 31029
United States
Contact: Ross Barrineau 478/992-2883
Phone: 404/556-3794
Email: ross.barrineau@gdc.ga.gov

Appendix B - Terms & Conditions

1. Introduction. The Team Georgia Marketplace is provided by the Georgia Department of Administrative Services ("DOAS") and its partners and serves as an electronic tool to support various state purchasing functions, such as registration of bidders and suppliers, advertisement of contract opportunities, electronic bidding, and contracts management. Access to and/or use of the Team Georgia Marketplace is governed by these Terms & Conditions. DOAS reserves the right to change the Terms & Conditions at any time with or without notice by posting revisions. You are responsible for reviewing these Terms & Conditions as well as any subsequent changes to the Terms & Conditions. Unless otherwise specified, any changes will be effective when posted. YOUR ACCESS TO OR USE OF THE TEAM GEORGIA MARKETPLACE CONSTITUTES YOUR AGREEMENT TO BE BOUND BY THESE TERMS & CONDITIONS, INCLUDING ANY CHANGES THAT EXIST WHEN YOU RE-ACCESS THE TEAM GEORGIA MARKETPLACE. IF YOU DO NOT AGREE WITH THESE TERMS & CONDITIONS, DO NOT USE THE TEAM GEORGIA MARKETPLACE.
2. Definitions. "You" and "your" refer to the individual accessing this System as well as the legal entity the individual is representing. "System" shall mean DOAS' eSource system and the Team Georgia Marketplace, including but not limited to the PeopleSoft® Supplier Relationship Management, Purchasing and other Financial modules. "DOAS", "we", "us" and "our" refer to the Georgia Department of Administrative Services.
3. Acceptance of These Terms. By accessing or using the System, you agree that (1) you have read and understood these Terms & Conditions and (2) you are bound by the Terms & Conditions during your access to and/or use of the System.
4. Registration. By registering and establishing certain account and password information, you will gain access to certain information, services and/or materials maintained on this System. YOU ARE SOLELY RESPONSIBLE FOR MAINTAINING THE MOST CURRENT AND ACCURATE INFORMATION FOR YOUR BUSINESS. FAILURE TO PROPERLY MAINTAIN YOUR ACCOUNT MAY LEAD TO YOUR INABILITY TO FULLY UTILIZE THE SYSTEM, INCLUDING BUT NOT LIMITED TO YOUR ABILITY TO RECEIVE CERTAIN EMAIL NOTICES OF BUSINESS OPPORTUNITIES. As part of properly maintaining your account, you must immediately deactivate registered representatives of your company who are no longer authorized to represent your company (e.g. terminated employees, etc.). DOAS reserves the right to assign expiration dates to registrations, classify registrations as inactive, or remove registrations when to do so is in our best interests. Please note the System's acceptance of your registration is not an indication that you are eligible for contract award. In addition, DOAS reserves the right to charge a fee for the provision of certain services, including, but not limited to, the provision of certain notification emails.
5. Use of the System. You are responsible for all content that you post, e-mail, transmit, upload or otherwise make available through the System. You agree not to use the System to make available any content that: (1) is unlawful, harmful to adults or minors, threatening, abusive, harassing, tortious, defamatory, vulgar, obscene, libelous, invasive of another's privacy, hateful, or otherwise objectionable; (2) infringes any patent, trademark, trade secret, copyright or other proprietary rights of any person; (3) contains unauthorized advertising or solicitations; (4) is intended by you to interrupt, destroy or limit the functionality or integrity of any computer software, hardware or materials on the System; or (5) is misleading, false, fraudulent or criminal. You are responsible for maintaining the confidentiality of your password and any membership account information. You agree to immediately notify us of any unauthorized use of your password or other membership account information and further agree to indemnify and hold us harmless for any improper or illegal use of your password.
6. No Guarantee of Privacy. Your access to and/or use of the System may be subject to monitoring or tracking. Any and all materials entered into the System shall be considered "public records" and shall be subject to public disclosure in accordance with the Georgia Open Records Act.
7. Right to Restrict or Prohibit Access. You acknowledge and agree that DOAS may change, modify, amend, suspend or discontinue any aspect of the services or the System, at any time, without notice and without liability to you or to any third party. DOAS may impose limitations on the use of the System, including, but not limited to, limiting the time in which the System may be accessed and/or limiting the type or volume of materials which may be uploaded to the System. You are strongly cautioned to maintain your own records as any and all information contained on the System may be removed at DOAS' discretion at any time. DOAS may, at its sole and absolute discretion, refuse to accept your registration and may, at any time after accepting registration, refuse to permit your continued use of the System for any reason. In addition, in the event you violate the Terms & Conditions, we reserve the right to seek other appropriate remedies against you, including, but not limited to voiding contract award(s), suspension, debarment, criminal proceedings and any other remedies permitted by law.

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID 46700-GDC0000930	Format Sell	Type RFx	Page 12
Event Round 1	Version 7		
Event Name Offender Pharmacy Services			
Start Time 07/17/2020 13:58:40 EDT		Finish Time 08/31/2020 14:00:00 EDT	

Event Currency: US Dollar
Bids allowed in other currency: No

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Submit To: Corrections, Dept of
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United States

Contact: Ross Barrineau 478/992-2883
Phone: 404/556-3794
Email: ross.barrineau@gdc.ga.gov

8. **DISCLAIMER OF WARRANTIES.** DOAS does not represent or warrant that the System will operate uninterrupted or error-free. The System and any information or material contained on the System is provided to you on an "as is" and "as available" basis. Any material downloaded or otherwise obtained through the use of the System is done at your own discretion and risk and you shall be solely responsible for any damage to your computer system or loss of data that results from the download of any such material. All conditions, representations and warranties, whether express, implied, statutory, or otherwise, including any implied warranty of merchantability, fitness for a particular purpose, or non-infringement of third party rights, are hereby disclaimed. No advice or information, whether oral or written, obtained by you from the service shall create any warranty. DOAS is not liable and shall have no responsibility of any kind to you for any loss or damage that you incur in the event of (i) any failure or interruption of the System; (ii) any act or omission of any third party involved in making this System or the data contained herein available to you; (iii) any other cause relating to your access or use, or inability to access or use, any portion of this System or materials on this System, whether or not the circumstances giving rise to such cause may have been within the control of DOAS or of any vendor providing software, services or support. In no event will DOAS be liable to you for any direct, special, indirect, consequential, or incidental damages or any other loss or damages of any kind even if DOAS has been advised of the possibility thereof.
9. **Software & Third Party Content.** Information presented on the System is collected, maintained, and provided by DOAS, its partners, and other government entities. While every effort is made to keep such information accurate and up-to-date, DOAS does not certify the authenticity of any information that is provided on this System. Under no circumstances will DOAS be liable for any actions taken or omissions made from reliance on any information contained herein from whatever sources nor will DOAS be liable for any other consequences from any such reliance. Further, certain information and content available on the System may be provided by one or more third parties under license to DOAS ("Third Party Content"). The Third Party Content is, in each case, the copyrighted work of the creator/licensor. Without the consent of the applicable third party licensor, you shall only have the right to display the Third Party Content on your personal computer and to view such content for your personal use. Any use of the software other than as required to navigate the System and utilize the functionality offered through the System is expressly prohibited. No right to copy, distribute (in any manner through any means including without limitation rent, sales, lease, loan, or transfer), publicly display, publicly perform or modify the software accessible on the System is granted, or may be implied by these Terms & Conditions. You may not decompile, disassemble, reverse engineer, or otherwise attempt to discover the source code to the software without the express written permission of the creator/licensor.
10. **Links to Third Party Web Sites.** The System may contain links to other websites that are not under the control of or maintained by DOAS. You acknowledge that DOAS is providing these links to you only as a convenience and such provision of these links does not imply endorsement by DOAS of the websites or any part of its contents. You further agree that DOAS is not responsible for the content or links displayed on such websites.
11. **Indemnification.** You hereby waive, release, discharge and agree to indemnify, protect and save harmless the State of Georgia, its agencies, departments, authorities and instrumentalities, and the officers, directors and employees of each (hereinafter collectively referred to as "Indemnitees"), of and from any and all claims, demands, liabilities, losses, penalties, fines, fees, interest, awards, judgments, settlement payments, costs or expenses caused by, growing out of, or otherwise happening in connection with: (a) any breach of these Terms & Conditions hereof; (b) the violation of any applicable law, rule or regulation; or (c) damage to or destruction of tangible or intangible property (including data and software); (d) your misuse or modification of the System; in whole or in part caused by or resulting from any act or omission by you. This indemnification applies notwithstanding the fact that third parties or any of the Indemnitees may be partially responsible for the events giving rise to the claim; or the claim results in a monetary obligation that exceeds any contractual commitment. However, if any of the Indemnitees or third parties are partially responsible for the events giving rise to the claim, your indemnification obligation hereunder shall apply only to the extent that you contributed to the events. The foregoing indemnity is conditioned upon prompt written notice of any claim, action or demand for which indemnity is claimed.
12. **Relationship of Parties.** Each party shall be and act as an independent contractor of the other and shall not bind nor attempt to bind the other to any contract. No agency, partnership, joint venture, employee-employer or franchisor-franchisee relationship is intended nor created by these Terms & Conditions.
13. **Miscellaneous.** Each party agrees to comply with all applicable laws, statutes, ordinances and regulations regarding use of the System including any transactions entered into as a result of use of the System. If any provision of these Terms & Conditions is held by a court of competent jurisdiction to be invalid or unenforceable, such determination shall not affect the validity or enforceability of any other part or

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID 46700-GDC0000930	Format Sell	Type RFx	Page 13
Event Round 1	Version 7		
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Start Time 07/17/2020 13:58:40 EDT		Finish Time 08/31/2020 14:00:00 EDT	

Event Currency: US Dollar
Bids allowed in other currency: No

Bid Number: 1
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Phone: 404/556-3794
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provision of these Terms & Conditions. Further, if any provision of these Terms & Conditions is determined to be unenforceable by virtue of its scope, but may be made enforceable by a limitation of the provision, the provision shall be deemed to be amended to the minimum extent necessary to render it enforceable under the applicable law. The failure of DOAS to enforce any right or provision in these Terms & Conditions shall not constitute a waiver of such right or provision. The Terms & Conditions comprise the entire agreement between you and DOAS and supersede all prior or contemporaneous negotiations, discussions or agreements, if any, between the parties regarding the subject matter contained herein. The laws of the State of Georgia shall govern and determine all matters arising out of or in connection with these Terms & Conditions and/or the use of this System without regard to the choice of law provisions of state law. In the event any proceeding of a quasi-judicial or judicial nature is commenced in connection with these Terms & Conditions and/or the use of this System, such proceeding shall solely be brought in a court or other forum of competent jurisdiction within Fulton County, Georgia. This provision shall not be construed as waiving any immunity to suit or liability, including without limitation sovereign immunity, which may be available to DOAS.

14. These terms are effective as of 10/21/2009 and supersede any previous versions.

Last Updated: 09/14/2010

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID 46700-GDC0000930	Format Sell	Type RFx	Page 14
Event Round 1	Version 7		
Event Name Offender Pharmacy Services			
Start Time 07/17/2020 13:58:40 EDT		Finish Time 08/31/2020 14:00:00 EDT	

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Appendix C - Bid Responses

General Questions

Question	Response
You must select the "View/Add Comments and Attachments" link of this Event to access the eRFx Instructions document. Have you completed this task?	Y

Reciprocal Preference Law O.C.G.A. §50-5-60(b) In which state is your company domiciled?

For the purposes of evaluation only, Suppliers resident in the State of Georgia will be granted the same preference over Suppliers resident in another state in the same manner, on the same basis, and to the same extent that preference is granted in awarding bids for the same goods or services by such other state to Suppliers resident therein over Suppliers resident in the State of Georgia.

NOTE: For the purposes of this law, the definition of a resident Supplier is a Supplier who is domiciled in the State of Georgia.

Please select the option that most accurately defines your company, based on the definitions below.

***Georgia Resident Business means any business that regularly maintains a place from which business is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.

**A Small business is defined as a business that is independently owned and operated. In addition, such a business must either have fewer than 300 employees or less than \$30 million in gross receipts per year.

*A Georgia Resident Small Business would be a business that meets the requirements for both a Georgia Resident and Small Business.

Also, the State encourages all companies to sub-contract portions of any state contract to small and minority business enterprises. Suppliers interested in taking advantage of the Georgia income tax incentives provided for by the Official Code of Georgia Annotated Section 48-7-38, relative to the use of minority subcontractors in the performance of contracts awarded by the State of Georgia, should contact

Maryland

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
46700-GDC0000930	Sell	RFx	15
Event Round	Version		
1	7		
Event Name	Offender Pharmacy Services		
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07/17/2020 13:58:40 EDT	08/31/2020 14:00:00 EDT		

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United States
Contact: Ross Barrineau 478/992-2883
Phone: 404/556-3794
Email: ross.barrineau@gdc.ga.gov

the Vendor Relations Administrator:

Vendor Relations Administrator
Department of Administrative Services
200 Piedmont Avenue, S.E.
Suite 1308, West Tower
Atlanta, Georgia 30334 9010
Telephone: (404) 657-6000
Fax: (404) 657-8444

Are you a Women-Owned business?

A business that is at least 51% owned and controlled by one or more women, and primarily managed by one or more women.

Y

Are you a Veteran-Owned Small business?

Veteran-Owned Small Business as used in this provision means a small business that: (i) is at least 51% unconditionally owned by one or more veterans (as defined at 38 U.S.C 101(2)); or in the case of any publicly owned business, at least 51% of the stock of which is unconditionally owned by one or more veterans; and (ii) whose management and daily business operations are controlled by one or more veterans.

N

Is your company a scrutinized company?

Any Supplier that currently and/or previously, within the last three years, has had business activities or other operations outside of the United States, must certify that it is not a "scrutinized company". A scrutinized company is a company conducting business operations in Sudan that is involved in power production activities, mineral extraction activities, oil-related activities, or the production of military equipment, but excludes a company which can demonstrate any of the following exceptions noted in O.C.G.A. Section 50-5-84. False certification hereunder may result in civil penalties, contract termination, ineligibility to bid on state contractors for three or more years, and/or any other available remedy. If the Supplier is a scrutinized company, the Supplier shall not be eligible to bid on or submit a proposal for a contract with the State Entity unless DOAS makes a determination in accordance with O.C.G.A. Section 50-5-84 that it is in the best interests of the State to permit the scrutinized company to submit a bid or proposal. Any scrutinized company desiring DOAS to make such a determination should contact both DOAS and the Issuing Officer immediately.

Please make a selection from the three options:

- A. I certify my company is NOT a "scrutinized company"
- B. I certify my company is a "scrutinized company"

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
46700-GDC0000930	Sell	RFx	16
Event Round	Version		
1	7		
Event Name	Offender Pharmacy Services		
Start Time	Finish Time		
07/17/2020 13:58:40 EDT	08/31/2020 14:00:00 EDT		

Event Currency: US Dollar
Bids allowed in other currency: No

Bid Number: 1
Bid Date: 08/31/2020 12:49:26 EDT
Total Bid Amount: 0.00

Bidder: Correct Rx Pharmacy Services, Inc.
1352 Charwood Road
Suite C
Hanover MD 21076
United States

Submit To: Corrections, Dept of
GDC / PURCHASING
PONDER HALL
300 PATROL ROAD
FORSYTH GA 31029
United States
Contact: Ross Barrineau 478/992-2883
Phone: 404/556-3794
Email: ross.barrineau@gdc.ga.gov

C. I certify I have requested and received written permission from DOAS to submit a response to this Event in accordance with O.C.G.A. Section 50-5-84.

Have you submitted a completed Tax Compliance form?

To be eligible for contract award, the supplier must not owe taxes to the State of Georgia. Also, in accordance with Official Code of Georgia Annotated §50-5-82, the State Entity is prohibited from awarding any contract valued at more than \$100,000.00 to a nongovernmental vendor if that vendor or an affiliate of the vendor is a "dealer" failing or refusing to collect sales or use taxes on its sales delivered to Georgia. Each Supplier must submit a completed Tax Compliance Form (SPD-SP045), which has been provided as a downloadable document by accessing the link below. In the event the Supplier is being considered for contract award (and the contract is valued at more than \$100,000.00), the information provided in the Tax Compliance Form will be submitted by the State Entity to the Georgia Department of Revenue ("DOR") for a determination as to whether the Supplier is a "prohibited source" or has other tax deficiencies. The State Entity reserves the right to submit the Supplier's completed form to DOR for review even if the contract is valued at less than \$100,000.00. Download the Tax Compliance form using the link below and upload the completed form as part of your response:

<http://doas.ga.gov/assets/State%20Purchasing/Stage%203%20Documents/SPD-SP045TaxComplianceForm.doc>

Any Offeror identified as a prohibited source will be ineligible for award. Accordingly, the Offeror is strongly encouraged to check its tax status now and resolve any outstanding tax liabilities prior to submitting this response. Department of Revenue has identified the following source to allow Offerors to check current tax status:

<http://www.etax.dor.ga.gov/>

Y

Please provide the following information for your company:

Company Full Legal Name
Address
Authorized Contact Person's Name
Contact Person's Telephone Number
Contact Person's Email address

Correct Rx Pharmacy Services, Inc.
1352 Charwood Road, Suite C
Hanover, Maryland 21076
Ellen H. Yankellow, PharmD, President and CEO
Telephone: (800) 636-0501 ext. 248
Email: eyankellow@correctrxpharmacy.com

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID 46700-GDC0000930	Format Sell	Type RFx	Page 17
Event Round 1	Version 7		
Event Name Offender Pharmacy Services			
Start Time 07/17/2020 13:58:40 EDT		Finish Time 08/31/2020 14:00:00 EDT	

Event Currency: US Dollar
Bids allowed in other currency: No

Bid Number: 1
Bid Date: 08/31/2020 12:49:26 EDT
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United States
Contact: Ross Barrineau 478/992-2883
Phone: 404/556-3794
Email: ross.barrineau@gdc.ga.gov

Question	Response
Do you have any exceptions to the State Contract as attached?	
If yes, any exceptions to the contract must be identified in Attachment J - Contract Exceptions Form as explained in the instructions of that document. The completed Contract Exceptions Form shall be uploaded as an attachment to the Supplier's response.	N
Georgia Based	
Are you a Georgia Based company as defined by the eRFQ Instructions attachment?	N
Minority Business Classification	
Are you a Minority Business as defined in the eRFQ Instructions attachment?	N
Small Business	
Are you a Small Business?	N
Communication with Issuing Officer	
By answering "yes", the Offeror acknowledges the rule regarding restrictions on the supplier's communication with state staff members. If a communication is questionable, the Offeror agrees to contact the identified Issuing Officer to request assistance.	Yes
Pursuant to O.C.G.A. § 13-10-91, all contractors or subcontractors who enter into a contract with the State Entity in connection with the physical performance of services within this state, shall register and participate in the federal work authorization program to verify information of all employees. To be eligible for contract award, the supplier must complete, notarize and return Attachment G - Contractor Affidavit. If subcontractors will be used, Attachment H - Subcontractor Affidavit must be completed, notarized and return for each subcontractor that will be used. Please attach the completed Contractor Affidavit and all Subcontractor Affidavits (if applicable) here.	Yes

Line Items

Line Items				
Line: 1	Item ID:	Line Qty: 1	UOM: Yearly	Bid Qty: 1
Total Line Bid Amount: 0				
Description: Offender Pharmacy Services				

Question	Response
What is your bid price?	0

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID 46700-GDC0000930	Format Sell	Type RFx	Page 18
Event Round 1	Version 7		
Event Name Offender Pharmacy Services			
Start Time 07/17/2020 13:58:40 EDT		Finish Time 08/31/2020 14:00:00 EDT	

Event Currency: US Dollar
Bids allowed in other currency: No

Bid Number: 1
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Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
46700-GDC0000930	Sell	RFX	19
Event Round	Version		
1	7		
Event Name	Offender Pharmacy Services		
Start Time	Finish Time		
07/17/2020 13:58:40 EDT	08/31/2020 14:00:00 EDT		

Event Currency: US Dollar
Bids allowed in other currency: No

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FORSYTH GA 31029
United States
Contact: Ross Barrineau 478/992-2883
Phone: 404/556-3794
Email: ross.barrineau@gdc.ga.gov

Total number of attachments are : 13

File attachments included in this bid submission are as follows :

Attached File

Attachment Description

Attachment_G_-_Contractor_Affidavit.pdf
Attachment_H_-_Subcontractor_Affidavit.pdf
WBENC_Certificate.pdf
Attachment_J_-_Contract_Exception_Form.pdf
Attachment_I_SPD-SP045TaxComplianceForm.pdf
Attachment_C_-_Mandatory_Requirements_Response_Sheet.pdf
Addendum_1.pdf
Addendum_2.pdf
Attachment_D_-_Mandatory_Scored_Questions_vFinal_3.pdf
Cost_Incentive_Response.pdf
Confidential_Correct_Rx_2019_Financial_Statements.pdf
Trade_Secrets_Affidavit.pdf
Attachment_E_Cost_Proposal_Worksheets_10yr_vFinal.xlsx

Attachment C - Mandatory Requirements Response Sheet
Signed Addendum #1
Signed Addendum #2
Attachment D - Mandatory Scored Questions
Cost Incentive Response
2019 Financial Statement
Trade Secrets Affidavit
Attachment E - Cost Proposal Worksheet

These questions are Pass/Fail requirements. To be considered responsive, responsible and eligible for award, a Supplier must answer all questions in this section with a "YES" to denote agreement.

By answering "Yes," supplier indicates that they meet the individual requirements in the response block provided.

Any questions answered with a response of "NO" will fail the technical requirements and results in disqualification of the proposal.

DO NOT INCLUDE ANY COST INFORMATION IN THE RESPONSE TO THIS WORKSHEET.

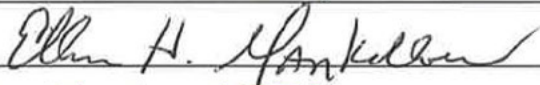
1	Supplier agrees to comply with Georgia Department of Corrections (GDC) policies and laws for staff and subcontractors background checks that perform work on State ground/facilities. Supplier(s) acknowledges that correctional facilities or other institutional grounds that pertain to law enforcement require prior clearances for all staff as well as drivers before entering. In addition, Supplier acknowledges that all Supplier and/or sub-contractor vehicles will be searched before entering correctional facilities or institutional grounds. Supplier(s) is responsible for obtaining prior clearance for staff.	YES ☒	NO ☐
2	Supplier understands and agrees to provide services that meet the minimum requirements identified in Attachment B – Scope of Services.	YES ☒	NO ☐
3	Supplier must have the capability to demonstrate to GDC, an assurance that it will be financially stable. The Supplier will submit an audited financial statement for its most recently closed fiscal year and/or the Supplier may submit financial statements reviewed by a Certified Public Accountant (CPA), annual balance sheets and income statements prepared by a CPA. GDC reserves the right to disqualify a Supplier for failure to properly submit financial statements.	YES ☒	NO ☐
4	Supplier understands that GDC must comply with the Freedom of Information Act.	YES ☒	NO ☐
5	Supplier is aware of all required licenses, certifications or other formal and informal approvals required for the proposed service and that the supplier holds all such approvals	YES ☒	NO ☐
6	Supplier shall provide one or more licensed pharmacists	YES ☒	NO ☐

OTHER DOCUMENTS REQUIRED TO BE RETURNED WITH BID RESPONSE IN
ADDITION TO THIS DOCUMENT:

- ☒ Mandatory Scored Response Sheet – Attachment D
- ☒ Cost Worksheet – Attachment E
- ☒ Cost Incentive Response – as described in Attachment A Section 5.2
- ☒ Contractor Affidavit - Attachment G
- ☒ SubContractor Affidavit (if applicable) – Attachment H
- ☒ Tax Compliance Form- Attachment I
- ☒ Contract Exceptions Document (if applicable) – Attachment J
- ☒ Any Addendum to the event

Company Name: Correct Rx Pharmacy Services, Inc.

Printed Name: Ellen H. Yankellow, PharmD

Authorized Signature: 

Title: President and CEO

Date: August 31, 2020

1. General Qualifications and Experience

Instructions: The Supplier must provide a response to the requests below. Additional supporting documents are acceptable and shall be provided as a document attached to the supplier's bid response titled "Mandatory Scored Question 1 Attachment."

- A) Detail the name, e-mail address, mailing address, telephone number, and facsimile number of the person the State should contact regarding the response.

As the President, CEO and majority owner of Correct Rx Pharmacy Services, Inc. (Correct Rx), Dr. Ellen H. Yankellow is authorized to bind Correct Rx to all statements, including service and timelines contained in this response. Dr. Yankellow is also the individual who may be contacted should any clarifications be necessary and will make certain that all of your questions are answered.

Name: Ellen H. Yankellow, PharmD, President and CEO

Email Address: eyankellow@correctrxpharmacy.com

Mailing Address: 1352 Charwood Road, Suite C, Hanover, Maryland 21076

Telephone Number: (800) 636-0501 ext. 248

Facsimile Number: (443) 557-0333

- B) Describe the supplier's form of business (*i.e.*, individual, sole proprietor, corporation, non-profit corporation, partnership, limited liability company) and business location (physical location or domicile).

Correct Rx is a pharmacist owned and operated privately held S-Corporation chartered and headquartered in Hanover, Maryland.

- C) Detail the number of years the supplier has been in business.

Correct Rx was incorporated in 2003 and has been providing pharmacy services for 17 years.

- D) Briefly describe how long the supplier has been providing the goods or services required by this RFP.

The owners of Correct Rx, Dr. Ellen H. Yankellow, President and CEO, Jill Molofsky, RPh, CCHP, Vice President, and Martin Yankellow, Esq., Vice President have over 100 years of combined experience in institutional pharmacy and correctional healthcare. Dr. Yankellow is a national leader in the advancement of clinical pharmacy for institutions. Jill Molofsky has extensive operational experience providing services to institutions nationally and Martin Yankellow leads our regulatory affairs group with unequaled and direct pharmacy business experience.

Dr. Yankellow and Mrs. Molofsky have been touted by their industry peers and colleagues as subject matter experts on the intricacies of transitioning internal correctional pharmacy systems to a privatized institutional pharmacy solution. Statewide systems including Connecticut, Illinois, Missouri, and local systems such as the Atlanta City Detention Center have been the beneficiaries of their business acumen and operational expertise. Correct Rx is quite proud of our commitment to excellence and reputation for integrity throughout the industry.

E) Describe the supplier's number of employees, client base, and location of offices.

Number of employees

"Who" We Hire

Correct Rx employs over 150 people with impeccable qualifications and the highest credentials. It is one of our core beliefs as a company that "who" you hire makes a significant difference. When you hire the best, you are investing in the talent required to make the contract successful. At Correct Rx, we have managed to assemble a team of "A" Players to work hand in hand on all components of our service. "A" Players are defined as those candidates who have at least a 90 percent chance of achieving outcomes that only the top 10 percent could achieve.

This culture of excellence is found from our top leadership team throughout every department in Correct Rx's organization.

Client Base

Correct Rx is a national leader in institutional and clinical pharmacy services. We currently provide services to over 160,000 patients in 350 correctional and juvenile facilities, residential treatment programs and senior care facilities. We are licensed in all 50 states and currently provide correctional pharmacy services in 35 states and Washington, D.C.

Location of Offices

Correct Rx's one and only pharmacy location is purposefully located within a mile of the Baltimore/Washington International Thurgood Marshall Airport. Our state of the art 43,000 square foot building affords us with the luxury of being able to seamlessly take on new and large pieces of business similar in size and scope to the Georgia Department of Corrections (GDC). This location combined with the volume of business we provide UPS, our package delivery logistics partner, affords Correct Rx the privilege of being the last stop before they go to the airport and prepare for delivery. Correct Rx is thus allowed the requisite time to process all orders received up to the cutoff time (and sometimes after the cutoff time), which ensures all medications are included with your delivery.

- F) Provide a statement of whether there have been any mergers, acquisitions, or change of control of the supplier within the last ten (10) years. If so, include an explanation providing relevant details.

Within the last 10 years, there have not been any mergers, acquisitions, or change of control of Correct Rx Pharmacy Services, Inc.

- G) Provide a statement of whether the supplier or, to the supplier's knowledge, any of the supplier's employees, agents, independent contractors, or subcontractors, involved in the delivery of goods or performance of services on a contract pursuant to this RFP, have been convicted of, pled guilty to, or pled *nolo contendere* to any felony. If so, include an explanation providing relevant details.

Correct Rx Pharmacy Services, Inc., nor to our knowledge, has any of our employees, agents, independent contractors, or subcontractors that will be involved in the delivery of goods or performance of services on a contract pursuant to eRFP GDC000930 been convicted of, pled guilty to, or pled *nolo contendere* to any felony.

- H) Provide a statement of whether, in the last ten (10) years, the supplier has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, include an explanation providing relevant details.

Financial Stability

During the last ten years, Correct Rx Pharmacy Services, Inc. has not filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of our creditors.

Correct Rx has been in business for 17 years and our healthy balance sheet and robust client list speaks volumes. In that period of time Correct Rx has grown to a multi-million dollar corporation with no debt and sufficient resources to service any client. More importantly, all of this was accomplished without any funding from venture capitalists or outside funding. Correct Rx was immediately successful and profitable due to our years of correctional experience and the stellar reputation of the owners.

CONFIDENTIAL: Cash Position/Debt to Equity Ratio is 0.38 to 1.0: Correct Rx has in excess of \$13 Million in cash reserves in addition to a \$6 Million line of credit with Truist Bank, which we are not currently using. This liquidity ensures that we can weather any economic difficulties we face without fear of financial stress, and that we will be able to fulfill the requirements of this contract.

Audited Financial Statements: Correct Rx has retained the services of Dixon Hughes Goodman, LLP a national accounting firm, to perform an independent audit of our financial records. We have had independent audits performed every year since our inception. Correct Rx has always received a “clean” audit substantiating the financial results of the company each year. Correct Rx has never had any accounting deficiencies or internal control weaknesses noted from these audits.

Physical Inventory Count: Correct Rx, in accordance with good accounting principles, has arranged to have a physical on site inventory count multiple times a year by an independent inventory firm. Correct Rx utilizes the services of RGIS to perform these counts. No discrepancies were noted during the last inventory count either by Correct Rx, RGIS or their independent CPA auditors from Dixon, Hughes, Goodman and Company, LLP.

Dun and Bradstreet Ratings: The most recent Dun & Bradstreet Rating for Correct Rx is 4A1. This is the best rating available and it indicates that we meet all of our financial obligations on or before their due dates. This rating also indicates that we have the financial strength on our balance sheet to provide the proposed services to the GDC without incurring any debt or taxing our financial resources to do so.

Giant Sized Cost Savings through Group Purchasing Buying Power/ Strength in Volume: Correct Rx operates as an independent entity except when it comes to purchasing. Correct Rx has formed an alliance with a large consortium of correctional pharmacies nationwide to take advantage of volume driven manufacturer discounts. Through our various Group Purchasing Organizations (GPO's) and buying alliances Correct Rx is able to access pricing usually reserved for a select few.

- I) Provide a statement of whether there is any material, pending litigation against the supplier that the supplier should reasonably believe could adversely affect its ability to meet contract requirements pursuant to this RFP or is likely to have a material adverse effect on the supplier's financial condition. If such exists, list each separately, explain the relevant details, and attach the opinion of counsel addressing whether and to what extent it would impair the supplier's performance in a contract pursuant to this RFP.

Correct Rx Pharmacy Services, Inc. does not have any material, pending litigation that could adversely affect our ability to meet the contract requirements pursuant to eRFP GDC000930.

- J) Provide a statement of whether there are any pending or in progress Securities Exchange Commission investigations involving the supplier. If such exists, list each separately, explain the relevant details, and attach the opinion of counsel addressing whether and to what extent it will impair the supplier's performance in a contract pursuant to this RFP.

As a privately held corporation, Correct Rx Pharmacy Services, Inc. does not have any pending or in progress Securities Exchange Commission investigations.

- K) Provide a brief, descriptive statement detailing evidence of the supplier's ability to deliver the goods or services sought under this RFP (e.g., prior experience, training, certifications, resources, program and quality management systems, etc.)

The GDC will be the beneficiary of a pharmacy vendor that first of all understands what the Offender Pharmacy Services contract demands and then delivers a team of professionals to accomplish all of the tasks. Good management and follow through are the hallmark of a well-run program. Excellent program management is not an accident. Correct Rx has the depth of specific private correctional pharmacy experience to assess the requirements of each facility and we devote the necessary resources to meet the needs of the offenders, other healthcare professionals and the GDC management team.

Highly Credentialed Staff with Years of Private Correctional Experience Hallmark of a well-run Project

Correct Rx's clinical department is staffed with a team of licensed clinical pharmacists who have earned a Doctorate in Pharmacy (PharmD) and have completed a post graduate residency program. Post-graduate residency trained pharmacists provide GDC with a level of competency essential when collaborating with providers as they have a greater understanding of the standards surrounding healthcare in the correctional setting. Correct Rx's strategic requirement of all our clinical pharmacists is obtaining a Pharmacotherapy Specialist certification issued by the Board of Pharmacy Specialties (BCPS).

Procurement of Medications

Correct Rx has the ability and the resources to supply all medications, formulary and non-formulary, injectables, intravenous products, syringes, sundries and other over-the-counter products for the GDC facilities. Correct Rx has access to all specialty medications through our wholesaler Amerisource Bergen, our GPO Innovatix and our alliances with Specialty Pharmacies for restricted medications. Medications need to be readily available when ordered.

- L) Provide a narrative description of the proposed project team, its members, and organizational structure along with an organizational chart identifying the key people who will be assigned to deliver the goods or services required by this RFP.

It is all about the Resources

Deliver What We Promise – Honesty, Service and Integrity

Correct Rx is providing an end-to-end detailed pharmacy services plan featuring operational efficiencies, operating the Augusta State Prison Pharmacy (ASPP), technological advances, clinical services and full program management. Our proposal reflects our best thinking and delineates our holistic approach to providing services. We define success as improved patient care resulting in decreased healthcare costs. Our high level of integrity will reassure the GDC that you are receiving the best customer service while employing the most cost effective approach to pharmaceutical care in the industry. We view ourselves as partners dedicated to providing optimal healthcare services, while being good stewards of the taxpayer's money. We are extremely proud of our clinical services that differentiate us from our competitors.

Correct Rx understands making a change in pharmacy vendors is no small task. Especially, when changing to a significantly different operational model. Our comprehensive pharmacy solution provides verifiable proof that our services are worth the switch. Our innovative comprehensive pharmacy service coupled with our thorough and thoughtful transition plan with its attention to detail will ensure the transition to Correct Rx will be as seamless as possible. But it does not stop there; once the transition is complete Correct Rx strives for 100% contract compliance from Day One. Correct Rx is prepared to ramp up to full compliance and we are confident in our ability to achieve maximum service levels shortly after implementation. Correct Rx has a proven plan and we are dedicating the necessary resources to get the job done right from the start.

Administrative, Operational & Clinical Personnel

Correct Rx understands what the eRFP demands and will deliver a team of professionals who will fulfill these requirements. Good management and follow through are the hallmark of a well-run program. Correct Rx is committed to providing substantial administrative, operational, and clinical personnel dedicated to our contracts. Correct Rx will achieve maximum service levels within the minimal amount of time following service implementation. We have assigned the appropriate members of our management team who are familiar with the administrative, operational and or clinical responsibilities required to ensure optimal patient care. Whether its medication delivery, information technology, CQI reporting or clinical services, our management team's professionalism, attention to detail, and follow through will guarantee that you are provided with a quality comprehensive Offender Pharmacy Services Program that improves patient care and reduces costs.

“Who” We Hire-Sourcing the Best

Correct Rx employs people with impeccable qualifications and the highest credentials. It is one of our core beliefs as a company that “who” you hire makes a significant difference. We select people who share our core values and core focus to deliver innovative and compassionate healthcare services that improve patient outcomes and reduce the total healthcare spend. The most effective way to accomplish this goal is to hire individuals who are operating within their area of greatest skill and passion and to ensure that the job they are hired to do fits their specific talents, training and skill.

“A” Players

Correct Rx uses a strategy for employee hiring and development based upon several of the concepts outlined in the 2008 New York Times Bestseller entitled *Who*, by Geoff Smart and Randy Street. Our entire Senior Management Team has read this book and we use it as a reference guide. The book is “*based on more than 1,300 hours of interviews with more than 20 billionaires and 300 CEOs.*” We recommend it to anyone interested in constructing a team of “A” Players. The book defines “A” Players as those candidates who have at least a **90 percent chance of achieving outcomes that only the top 10 percent could achieve**. Correct Rx understands that all staff must be approved and cleared by GDC prior to contract commencement.

In-state Georgia Presence - Key Personnel Assigned to this Project

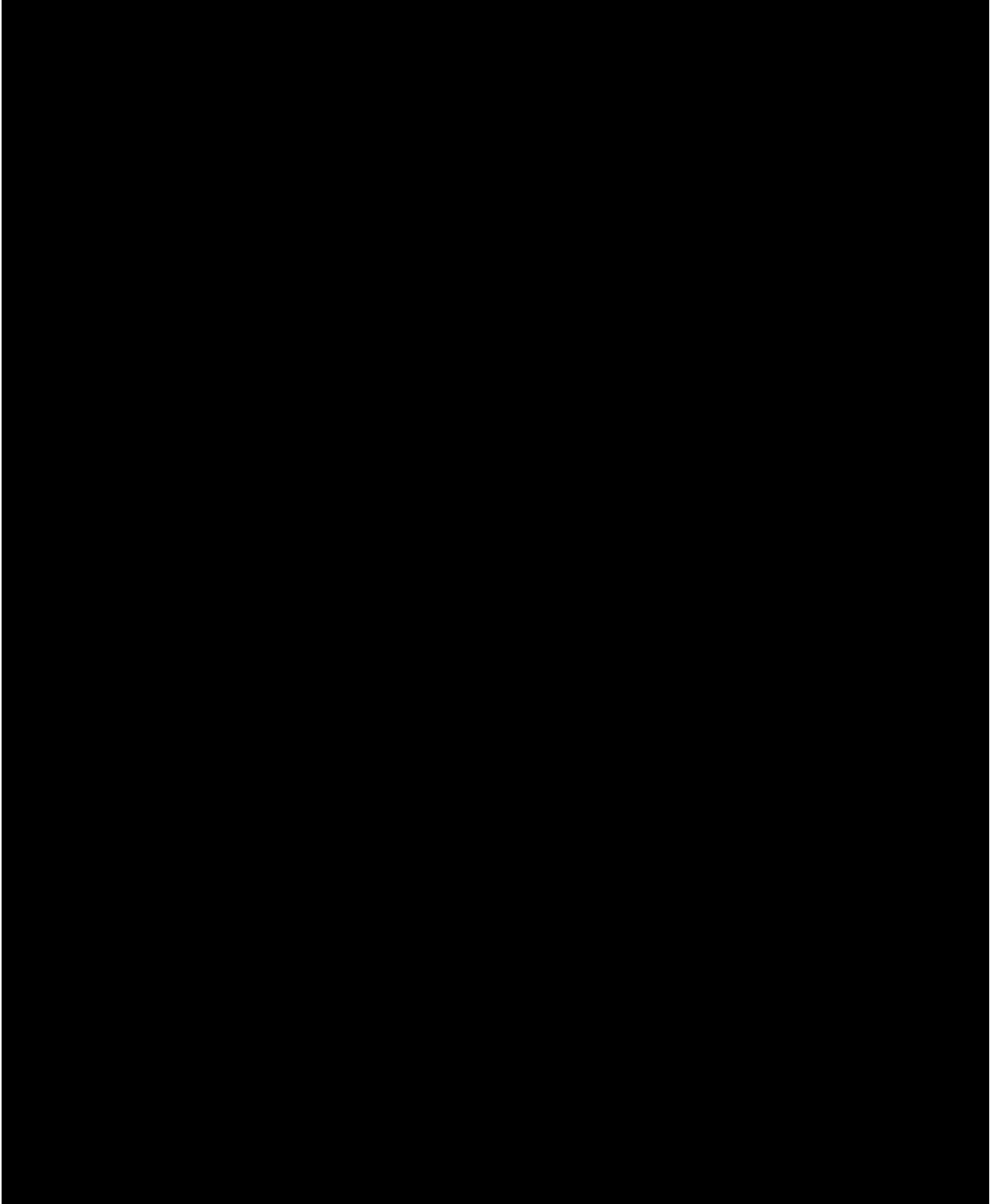
When providing pharmaceutical services to a project the size of the GDC, it is important to assign the right number of people with the right qualifications to ensure 100% compliance. Correct Rx will be allocating all of the necessary resources from data entry personnel, pharmacy technicians, staff pharmacists, clinical experts, billing specialists, regulatory affairs personnel, I.T. engineers and management all the way up to the owners to support this project.

Additionally, we understand that we must have a committed Georgia presence in order to maximize the impact of our clinical services and to ensure absolute contract compliance. Correct Rx is assigning an In-State Program Manager, Clinical Director, and two Regional Clinical Pharmacists. The Correct Rx Georgia Team will be on the ground level to serve as the primary personnel accountable to the GDC and oversee the two pharmacists and four pharmacy technicians to maintain services at the Augusta State Prison Pharmacy.

The Correct Rx Georgia Based Team

The Correct Rx Georgia based team will be laser focused on clinical services and program management. They will work in tandem with each other and the appropriate GDC personnel to ensure we are providing pharmacy services that maximize patient outcomes, reduce costs and are fully compliant with the eRFP, contract, regulations and accrediting bodies.

Correct Rx Pharmacy Services, Inc.
Georgia Department of Corrections Organizational Chart
CONFIDENTIAL – TRADE SECRET



- 1. Program Management Services:** The Project Manager is ultimately responsible for ensuring that Correct Rx is providing the GDC with 100% compliance on the terms in the eRFP and resultant contract(s). One client likened it to having “one belly button to push” or “one neck to strangle” when issues arise. While these are cute sayings, the fact is that you will be well served in knowing you have an identified program manager who is responsive to any and all contractual issues.

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[REDACTED]

[REDACTED]

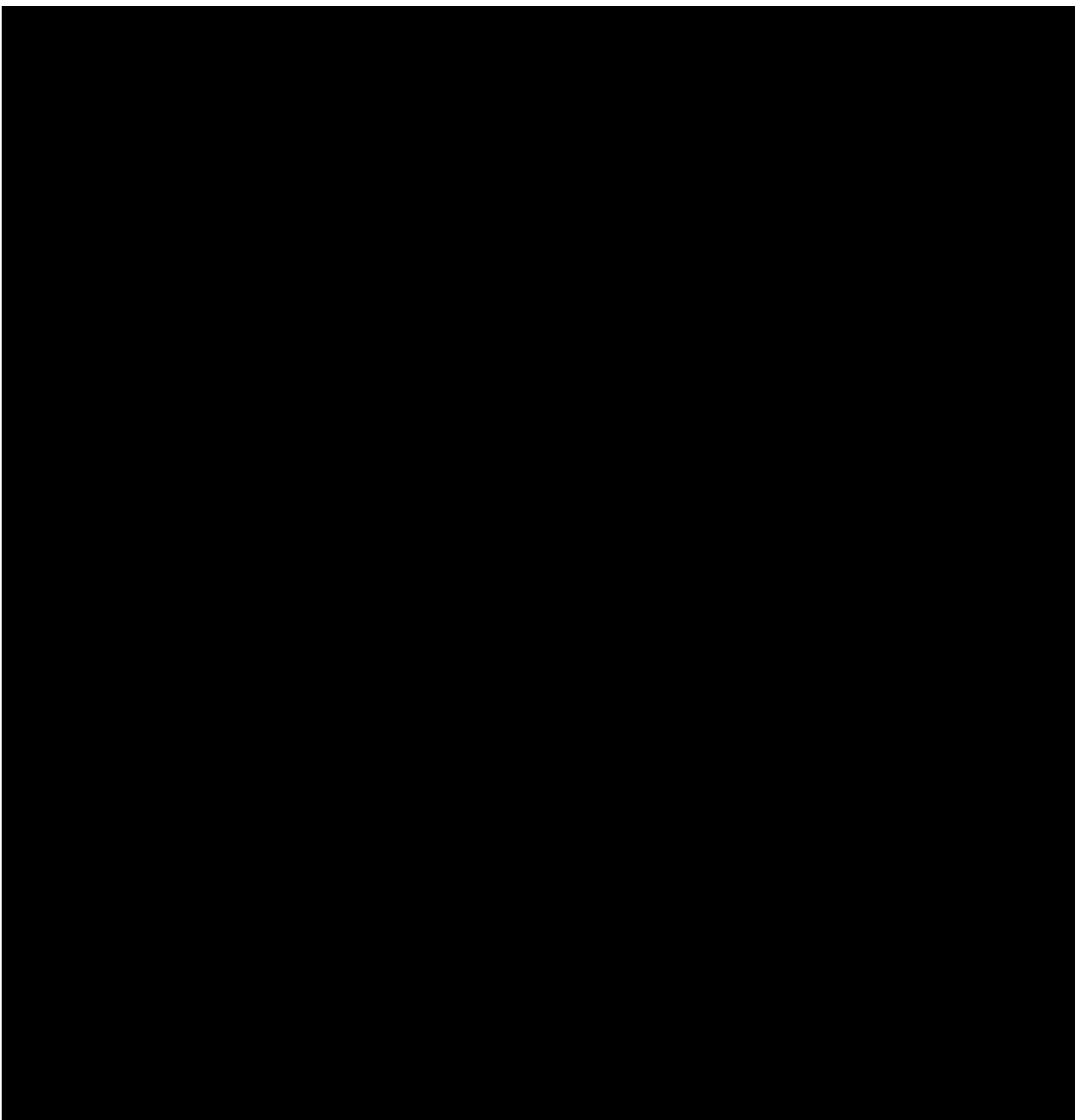
[REDACTED]

[REDACTED]

[REDACTED]

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- 2. Clinical Management:** Given the role of the Program Manager, the Clinical Director is then freed up to focus one hundred percent on delivering clinical programs that not only improve outcomes, but reduce overall healthcare costs. We state this not to be boastful, yet to express our pride in what we have achieved over the past 17 years and to promise this same level of commitment to the GDC.

- 
- 3. Two Onsite Regional Clinical PharmDs:** In addition to the Clinical Director, Correct Rx will be providing two full-time onsite Regional Clinical PharmDs to work as active collaborative members of the multi-disciplinary healthcare teams. Correct Rx is providing onsite Clinical PharmDs in other contracts so we already have a clear understanding of the recruitment and hiring aspects of getting these professionals approved, on boarded, credentialed and ready to work in the facilities as soon as possible. In collaboration with the GDC, Correct Rx will also identify the best facilities to establish a presence so that the work will have the greatest impact on the patients served in the GDC.

CONFIDENTIAL

[REDACTED]

[REDACTED]

[REDACTED]



[REDACTED]

[REDACTED]

[REDACTED]

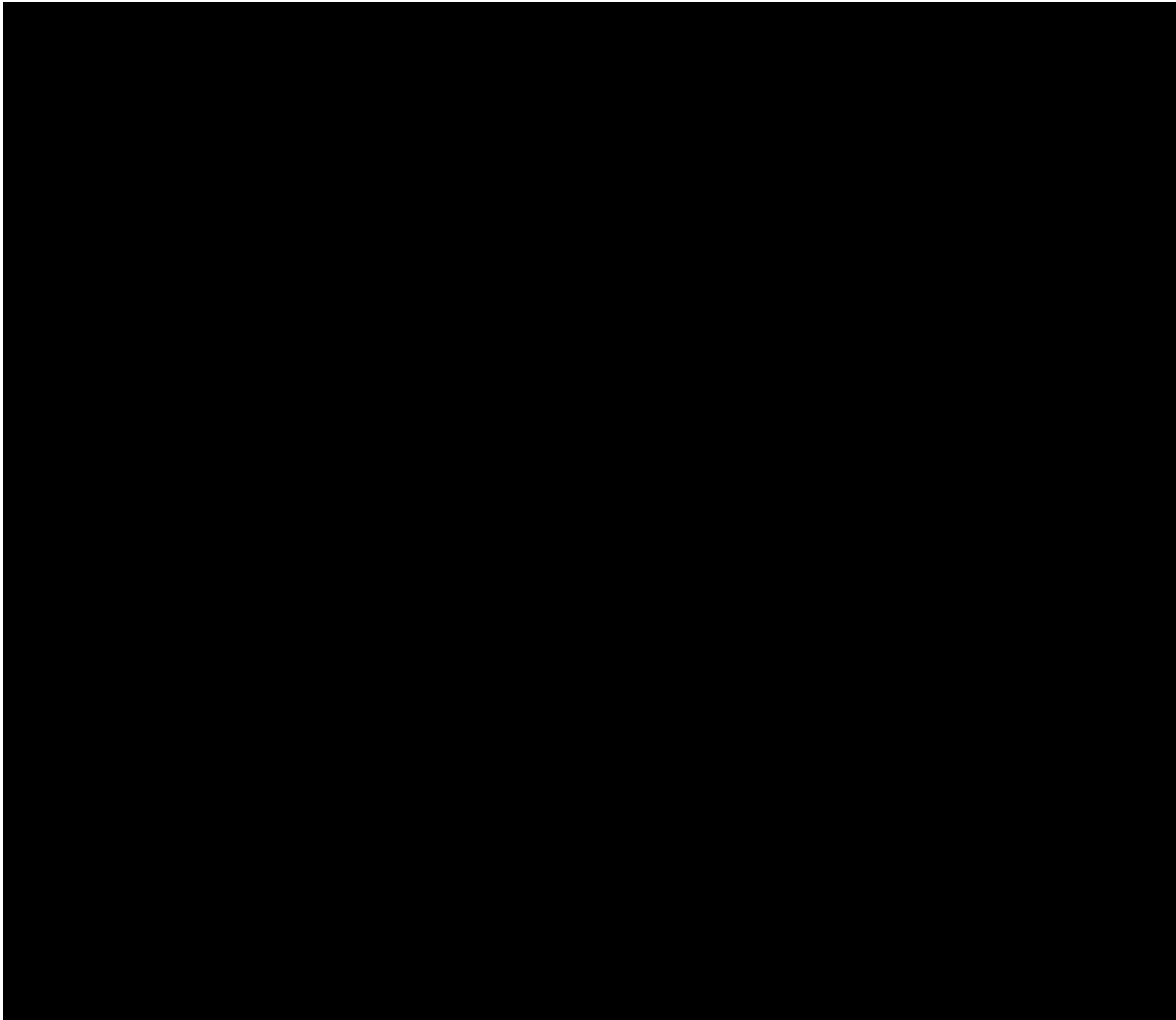
[REDACTED]

4. Pharmacy Staff at the Augusta State Prison Pharmacy (ASPP)

- Two Staff Pharmacists
- Four Pharmacy Technicians

Correct Rx will maintain pharmacy services at the ASPP to support the Augusta State Medical Prison (ASMP) for both inpatient and outpatient care. Correct Rx prefers to recruit the current staff at the ASPP. In the event that recruitment of the current pharmacist and technicians are not possible, Correct Rx is confident that we will hire new pharmacists and technicians if required. These positions will be supported by Dr. Karara and the Regional Clinical PharmDs.

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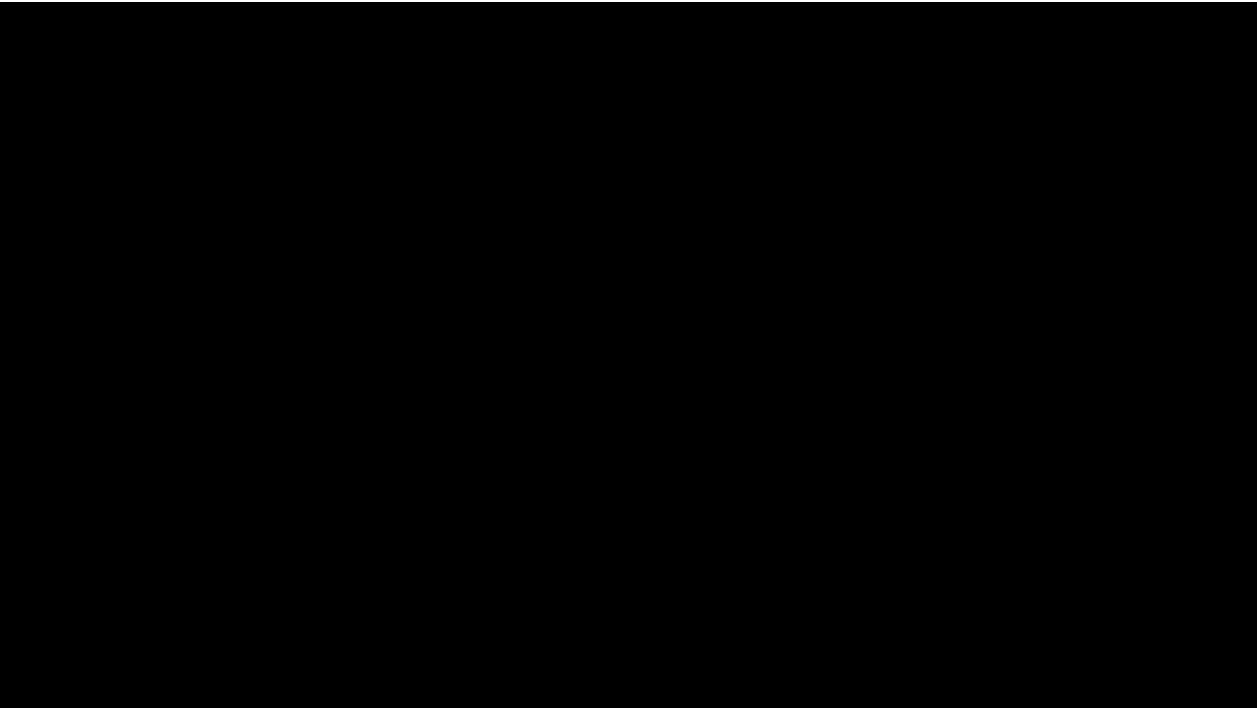


Corporate Clinical Support for GDC – Additional Resources

In addition to the Clinical Director and In-State Clinical PharmD, the GDC will benefit from Correct Rx's robust Corporate Clinical Support Team, which is available twenty-four hours a day, seven days a week; constantly. Our commitment to clinical pharmacy is what separates us from the field. Our corporate clinical team consists of five additional, highly credentialed clinical pharmacists who are familiar with correctional policies and procedures related to offender healthcare services.

Correct Rx's corporate bench strength of clinical pharmacists are also experts in medication therapy management, various disease state treatment guidelines and drug information. This depth in sophisticated clinical support allows the GDC and our healthcare partners to be assured that they will always be able to obtain accurate and clinically sound recommendations from Correct Rx staff at all times. Correct Rx has a total of 12 Clinical Pharmacists currently working onsite in correctional facilities and a Corporate Clinical Department staffed with another group of Clinical Pharmacists who are 100% dedicated to providing clinical services and data analytics. That means they are not working in operations filling orders and dispensing medications, rather they are fully focused on clinical activities and readily available to support our onsite teams and the GDC contract. Correct Rx will also provide as part of our fixed monthly management fee, access to advanced predictive analytics tool to identify patients at high risk for adverse medication events. The end result will be a clinical pharmacy program that will distinguish the GDC nationally as an innovative healthcare service provider.

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CONFIDENTIAL**Other Required Staff and Management – No Short Cuts**

Correct Rx shall retain any other staff and management as required to fulfill the obligations of the Contract and will retain such staffing as necessary to meet all obligations throughout the term of the Contract.

Allocating the Sufficient Resources – Necessary not Optional

Correct Rx has identified additional staffing positions (in addition to the general operational infrastructure) that we believe are necessary to provide a responsible pharmacy services program needed to satisfy the requirements of this RFP. Correct Rx understands the magnitude of this project and we intend to deliver on our promises from Day 1. It is much easier to do things the right way up front then to try and clean it up on the back end. Correct Rx understands that allocating sufficient resources is not optional but required to do the job right. Our proposal has carefully considered the required services and our plan allocates the necessary additional resources and staff required to support the provision of end to end pharmacy services for the 42,000 offenders served by the GDC.

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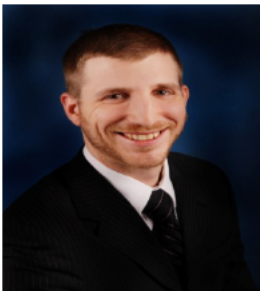
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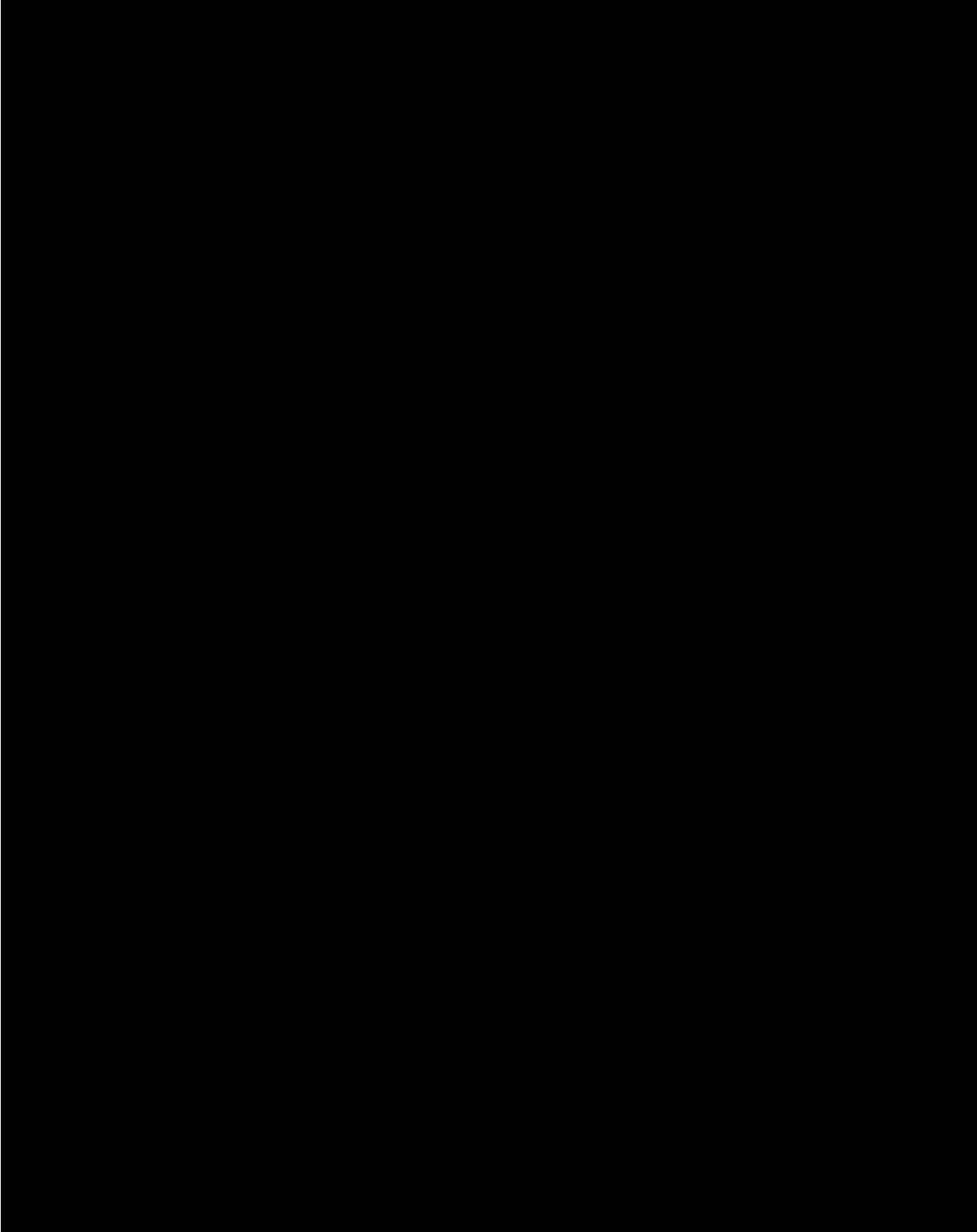
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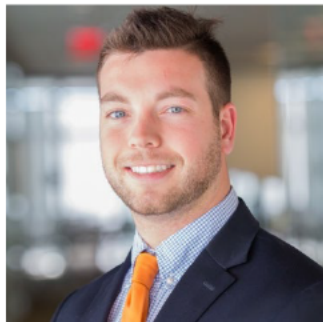


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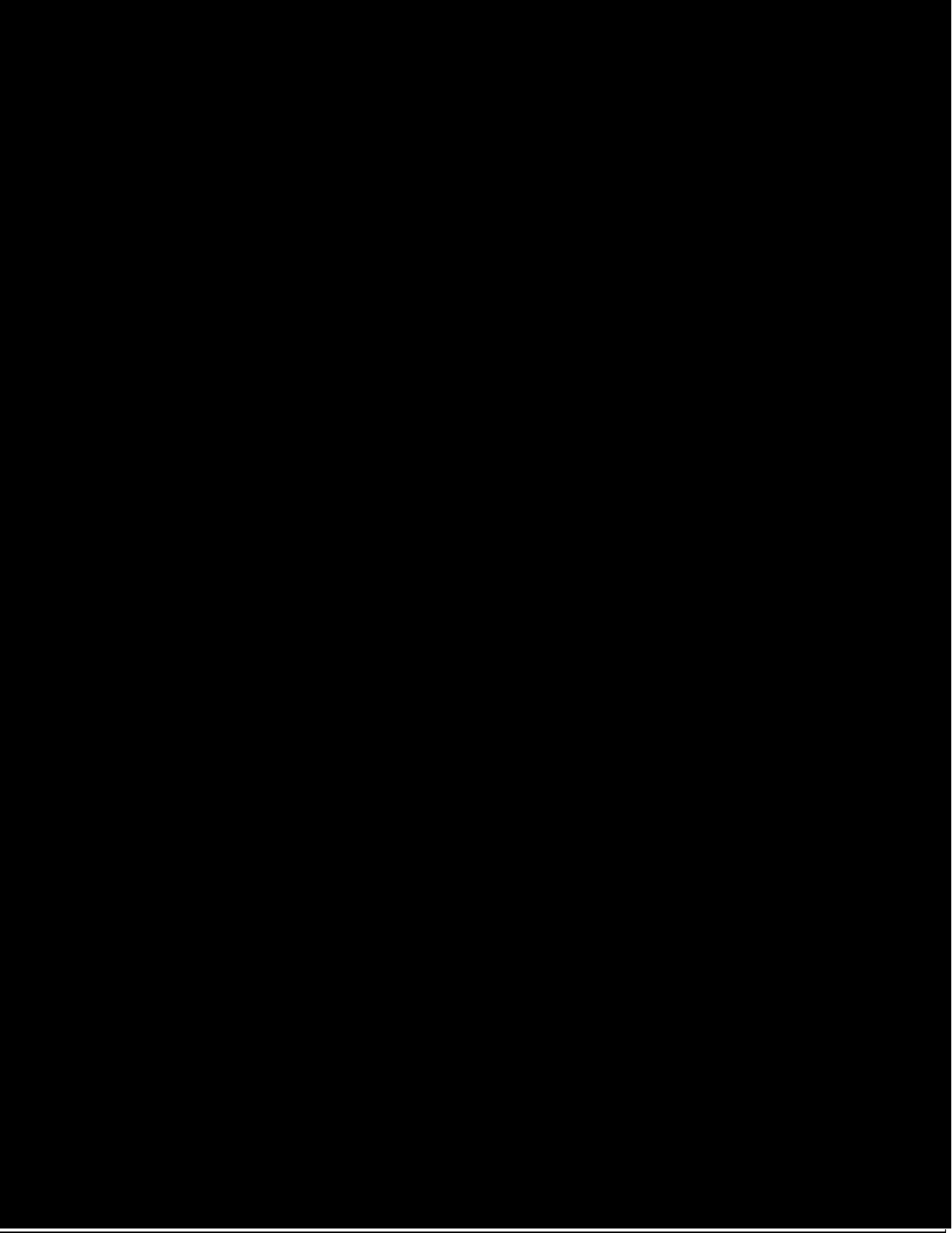
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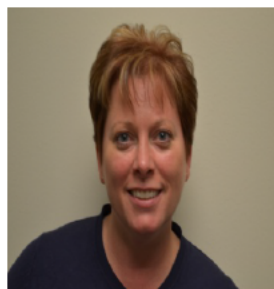


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Supported by Qualified Staff and Mid-Level Manager

The GDC account managers described in this section are all supported by teams of qualified staff and mid-level managers who work each day to provide an excellent service experience. It has been the efforts of our entire company that has established a trusted relationship with GDC by providing a robust, consistent and clinically focused pharmacy service.

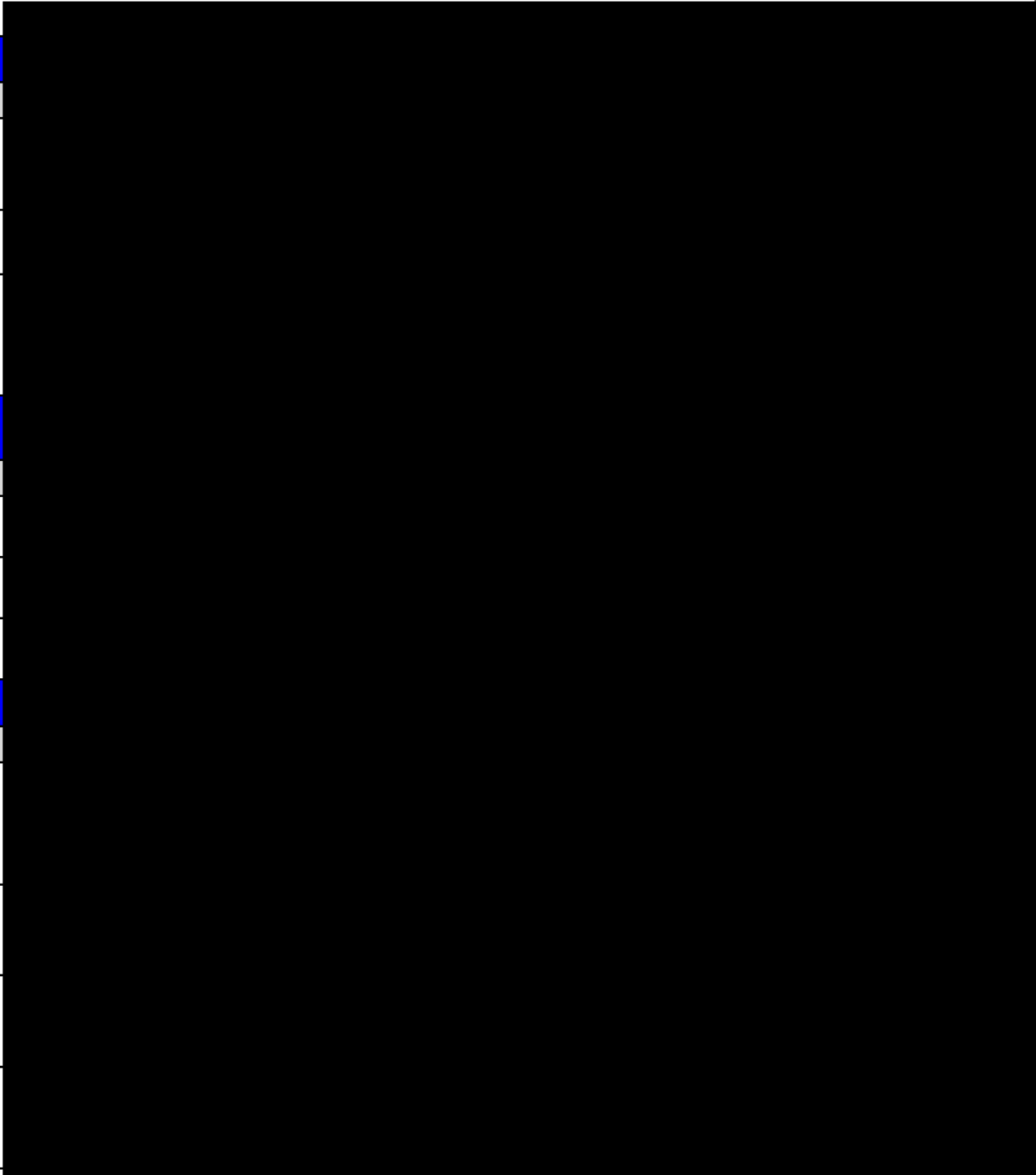
- M) Provide a personnel roster listing the names of key people who the supplier will assign to meet the supplier's requirements under this RFP along with the estimated number of hours that each individual will devote to that performance. Follow the personnel roster with a resume for each of the people listed. The resumes must detail the individual's title, education, current position with the supplier, and employment history.

Staffing and GDC Account Team

Correct Rx has a proven track record of providing our clients with the highest level of patient safety, clinical oversight and customer service. This is an accomplishment that we are extremely proud of and by no means happens by accident. Correct Rx employs over 150 dedicated employees who work in a variety of departments to support comprehensive pharmacy services for our clients. In each area of our company, we have assigned dedicated staff to ensure the highest level of quality and contract compliance are experienced by our clients. The following personnel roster represents a list of key account team members with direct management responsibilities of service to the GDC contract.

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**CORRECT RX PHARMACY SERVICES
MANAGEMENT TEAM FOR GDC**



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Operational Management Team

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1991-1994	Federal Bureau of Prisons Regional Director, Western Region - Dublin, CA Supervised 12 Federal Prison Wardens in the Western United States, to include 5,000 employees and 20,000 inmates. Managed an annual budget of over \$400 million.
1990-1991	Federal Bureau of Prisons Warden at the United States Penitentiary Atlanta, GA
1987-1990	Federal Bureau of Prisons Warden at the United States Penitentiary Leavenworth, KS
1985-1987	Federal Bureau of Prisons Warden at the Federal Correctional Institution Lexington, KY
1983-1985	U.S. Marshals Service United States Marshal for the District of Columbia Washington, D.C.
1981-1983	Federal Bureau of Prisons Warden at the Federal Correctional Institution Ashland, KY
1980-1981	Federal Bureau of Prisons Associate Warden at the United States Penitentiary Leavenworth, KS
1979-1980	Federal Bureau of Prisons Correctional Programs Administrator Washington, DC
1978-1979	Federal Bureau of Prisons Chief of Unit Management Washington, D.C.
1976-1978	Federal Bureau of Prisons Unit Manager - Drug Abuse Unit - the United States Penitentiary Atlanta, GA

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A high-contrast, black and white graphic of a film strip. The film strip is the central element, with sprocket holes visible on the left side. The film itself is mostly black, with some white rectangular shapes that look like frames or text. The background is white, and there are several thick black horizontal bars at the top and bottom, suggesting a film reel or a frame.

The image shows a document page that has been almost entirely redacted with black bars. The layout is organized into two main sections, separated by a horizontal line. On the left side of each section, there is a vertical list of redacted items. The right side of each section contains two columns of redacted text. The top section has a header row and several rows of text. The bottom section also has a header row and several rows of text. The redaction is represented by solid black bars of varying lengths.

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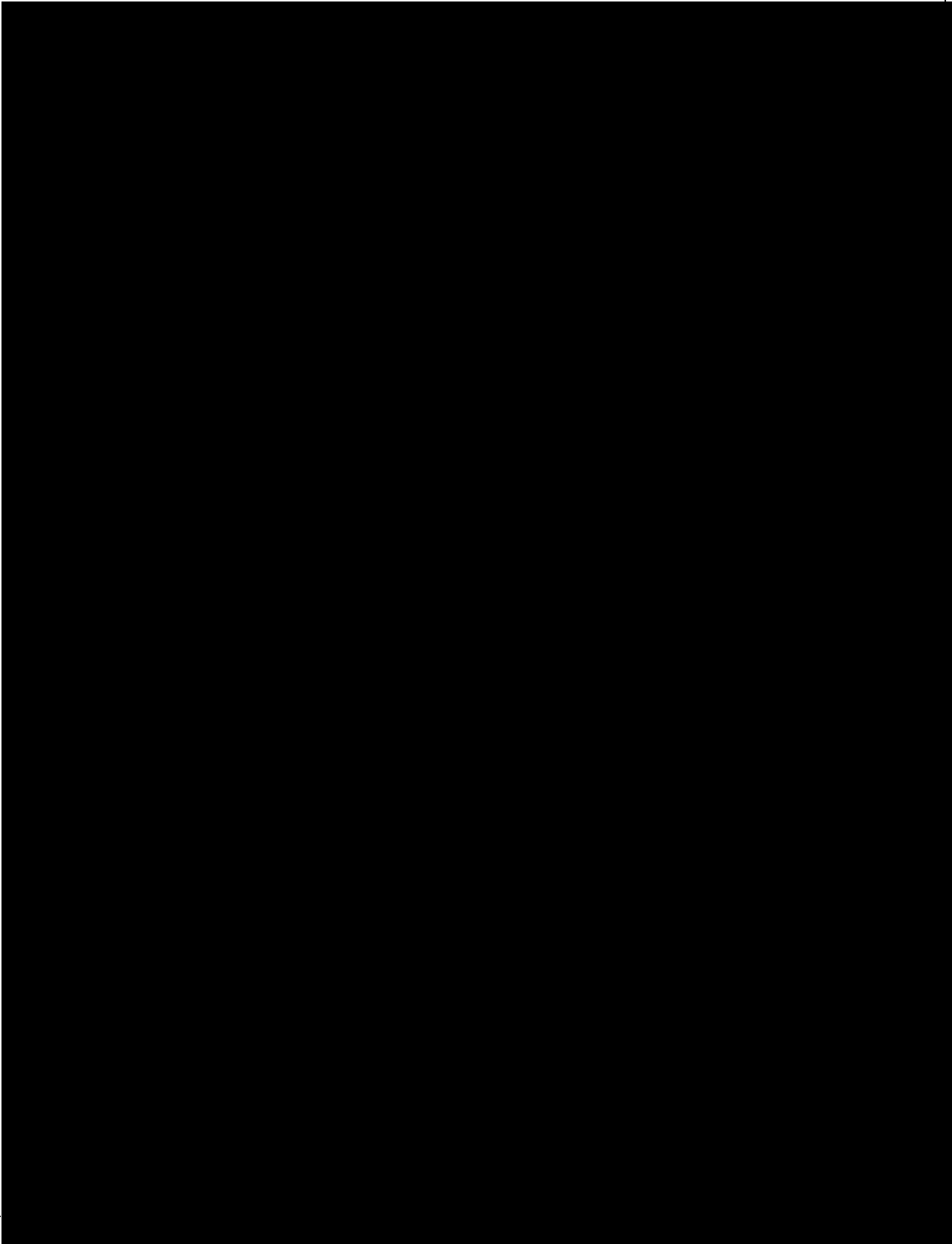
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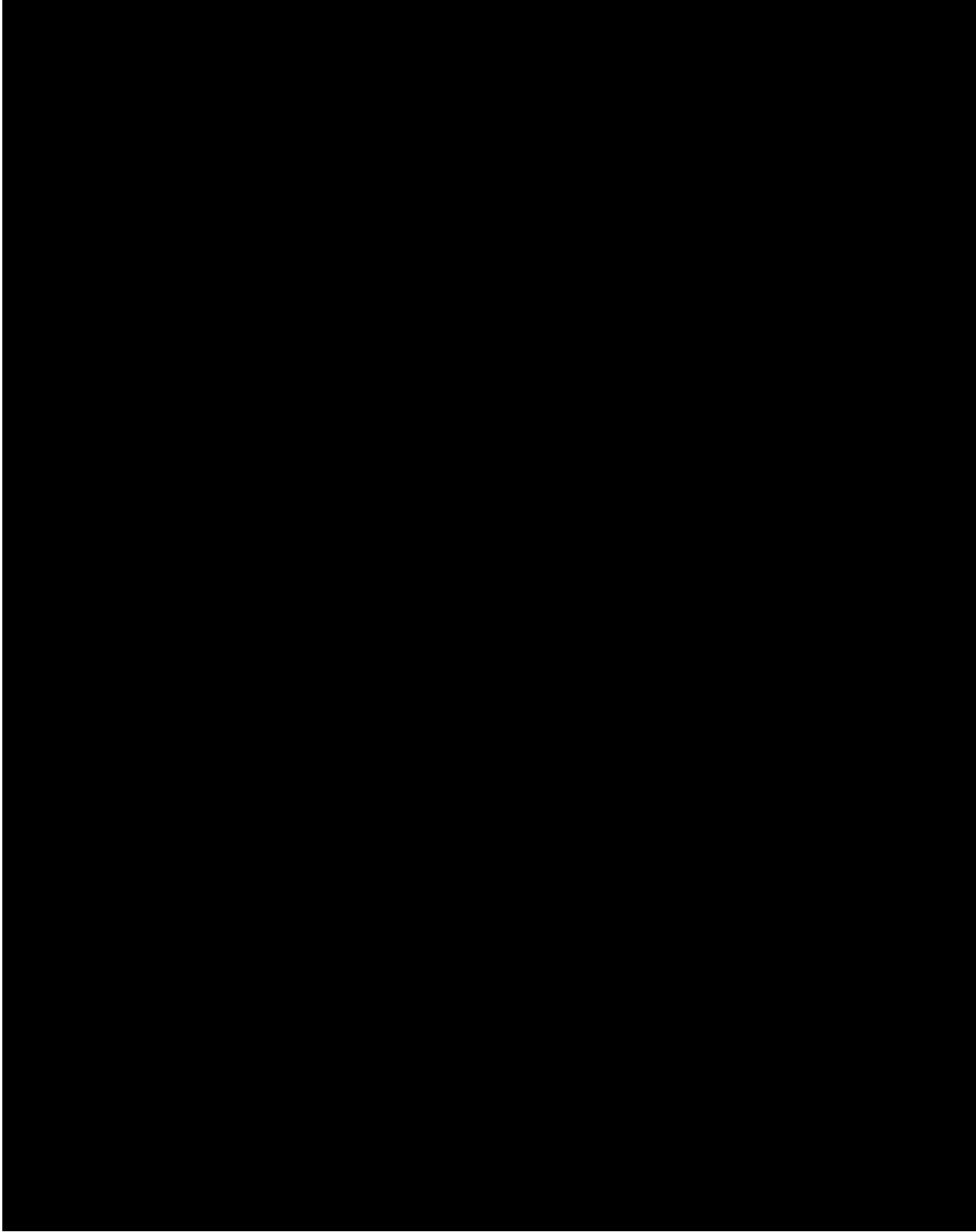
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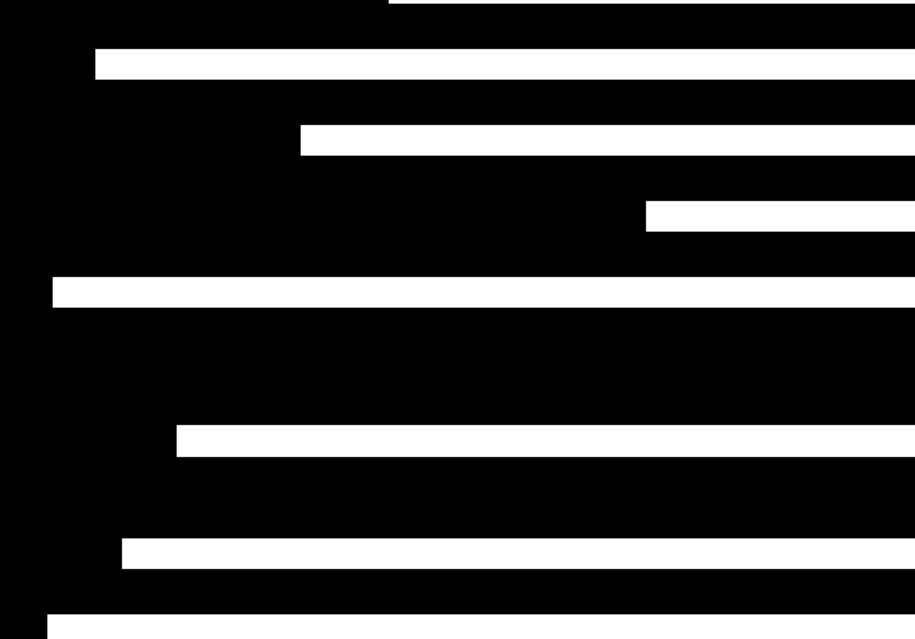
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Age Group	Percentage
18-24	10%
25-34	85%
35-44	45%
45-54	70%
55-64	55%
65-74	35%
75-84	15%
85+	10%



CONFIDENTIAL - RESUMES

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- N) Provide a statement of whether the supplier intends to use subcontractors to meet the Supplier's requirements of any contract awarded pursuant to this RFP, and if so, detail:
- i) The names of the subcontractors along with the contact person, mailing address, telephone number, and e-mail address for each.
 - ii) A description of the scope and portions of the goods each subcontractor involved in the delivery of goods or performance of the services each subcontractor will perform.
 - iii) A statement specifying that each proposed subcontractor has expressly assented to being proposed as a subcontractor in the supplier's response to this RFP.

Correct Rx does not intend to utilize subcontractors to meet the GDC's requirements for the provision of Offender Pharmacy Services. All offender pharmacy services will be provided by Correct Rx's properly credentialed and licensed pharmacists and registered pharmacy and data entry technicians.

- O) Provide documentation of the supplier's commitment to diversity.

Inclusion and Diversity

Correct Rx Pharmacy Services, Inc. is a woman owned and operated business who proudly maintains a diverse workforce and management team. Approximately half of Correct Rx's personnel are Black, and over 70% are women. Similarly, our Senior Management Team is women led with over half the positions filled by people of various races and nationalities.

Correct Rx is not new to being inclusive or embracing diversity as the owners understood from the inception of their company the importance of having a diverse workforce. They realized that diversity makes us all smarter and better able to address the needs of our clients. This lack of uniformity allows Correct Rx to approach issues from various points of view which has been instrumental in driving our excellence and continued growth.

The owners never found it difficult to identify talented people of all ethnicities and made it part of their fabric to be inclusive. As a result Correct Rx is not just making this statement to answer a question in an RFP but we are proposing to fill key positions dedicated to the GDC contract with fully credentialed and experienced members of the Correct Rx team who exemplify this commitment.

The GDC will see for yourselves when you meet the Correct Rx team and review our eRFP response that being inclusive is one of our key differentiators. It makes us stand out among our peers.

Correct Rx believes that diversity makes our country great! The GDC will experience firsthand how this value is interwoven throughout our entire organization and its positive impact on the GDC pharmacy program.

- P) Provide a statement of whether or not the supplier has any current contracts with the State of Georgia or has completed any contracts with the State of Georgia within the previous five (5) year period.

Correct Rx does not have any current contracts with the State of Georgia. Also, Correct Rx has not completed any contracts with the State of Georgia within the previous five (5) years. However, we are proud to have been instrumental in connecting the GDC's Metro Returning Citizens program with the award-winning and accomplished Pianist Choo Choo Hu.

In 2018 the award-winning and accomplished Pianist Choo Choo moved to Atlanta from Baltimore to join her fiancée, who was serving a Medical Residency at Emory Medical Center.

Before relocating, Choo Choo provided Concert Music at Correct Rx's Holiday Celebrations at Dr. Yankellow's residence for several years. We were thrilled to listen to her music as it was always the highlight of the evening.

Shortly after Choo Choo arrived in Atlanta, she contacted Mr. Robert Matthews, Correct Rx's Vice President of Marketing (In-State Program Manager for the GDC Contract), who resides in Atlanta, expressing her desire to give back to the community so that everyone has access to the arts. Mr. Matthews made some calls, and Choo Choo subsequently reached out to the Deputy Warden of Care and Treatment at the Metro Reentry Facility. Since late 2018, Choo Choo has been able to organize several performances at Metro for Returning Citizens.

In her own words, Choo Choo says, "I enjoy the experience of providing Concerts to the Returning Citizens and, in many ways, I'm sure it is more rewarding for me than it is for them." Choo Choo has been featured in the Metro Newsletter and continues to perform for the unrepresented and underserved through her new music group Ensemble VIM.

The Bethlehem Morning Call recently praised Choo Choo as "one of the finest musicians I've ever heard." Choo Choo has played with the Atlanta Symphony Orchestra, Spokane Washington Symphony, Baltimore Symphony Orchestra, and York Symphony. She is on the faculty at Lovett Conservatory of Music.

Correct Rx is hopeful that the music has a positive impact on the lives of Metro Returning Citizens.

City of Atlanta Department of Corrections Pharmacy Services Contract

Correct Rx has a long-standing history of providing clinical pharmacy services to correctional facilities in the State of Georgia. Since 2009, Correct Rx has been the sole provider of pharmaceuticals to the City of Atlanta Department of Corrections. The Atlanta City Detention Center had an on-site pharmacy before Correct Rx won the contract in 2009. Correct Rx implemented a comprehensive pharmacy program

that allowed the Detention Center to cease operating its in-house pharmacy. Medication orders transmitted to Correct Rx by 4:00 p.m. are delivered the following day. Correct Rx's dependable delivery, along with our clinical initiatives, made the transition successful. In this transition, Correct Rx guided the ADC on the regulatory issues of closing a pharmacy with the Georgia Board of Pharmacy and moved the facility away from using Manufacturer Bottles to Patient-Specific Blister Cards.

Correct Rx also is the sole provider of pharmaceutical services to The GEO Group and has been for over 15 years. GEO has contracts with the State of Georgia to house offenders and has multiple facilities located in Georgia as well. These experiences have allowed Correct Rx to stay vigilant to the specific Georgia Board of Pharmacy regulations that govern correctional pharmacy.

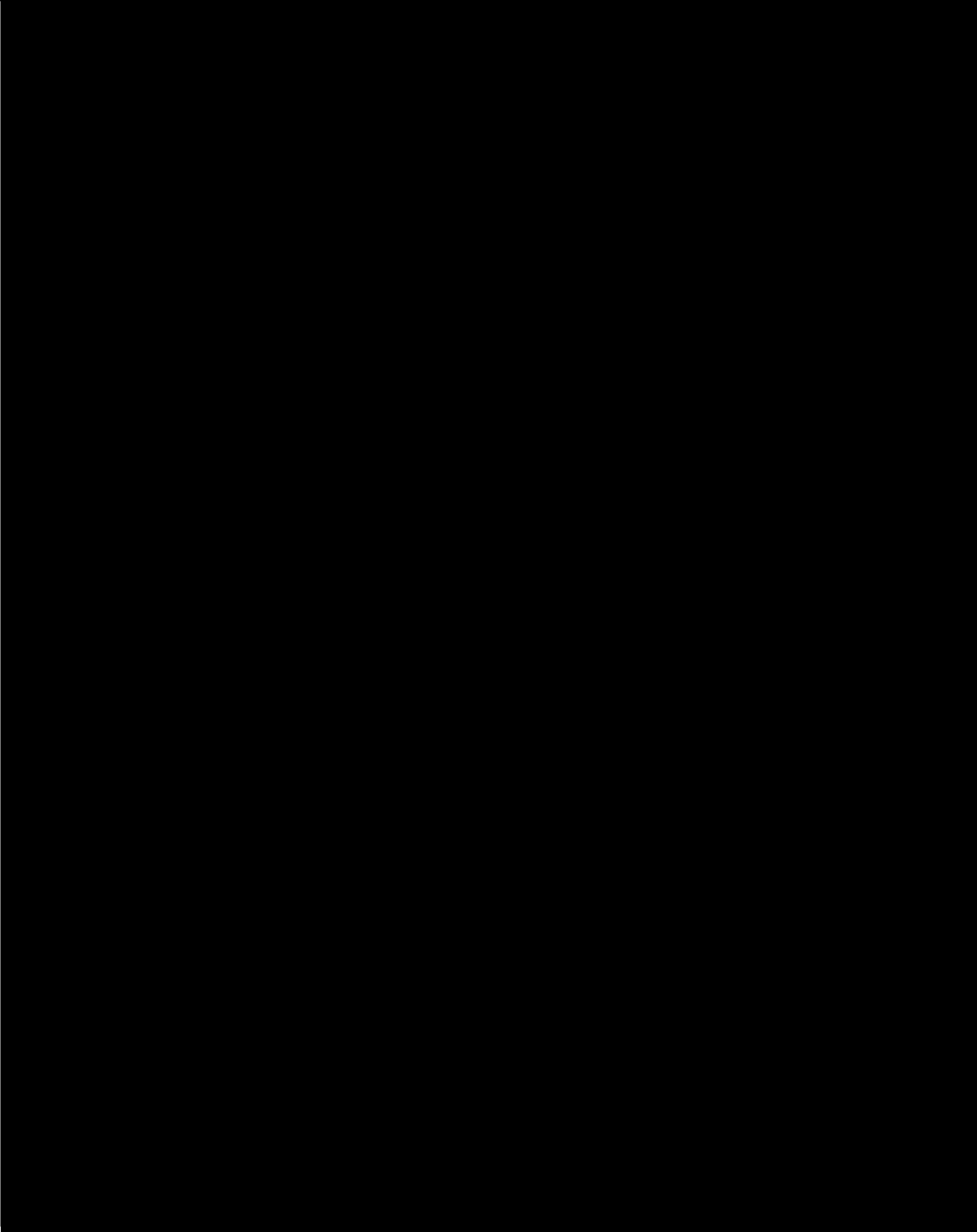
Q) Provide customer references from individuals who are not current or former State employees for projects similar to the goods or services sought under this RFP and which represent:

i) Two (2) accounts Supplier currently services that are similar in size to the State; and

Note: Correct Rx is providing four (4) accounts that we are currently servicing and one (1) completed project. Our entire book of business consists of on-going contracts. Due to measures beyond our control, the Atlanta City Detention Center will be closing its doors in the near future.

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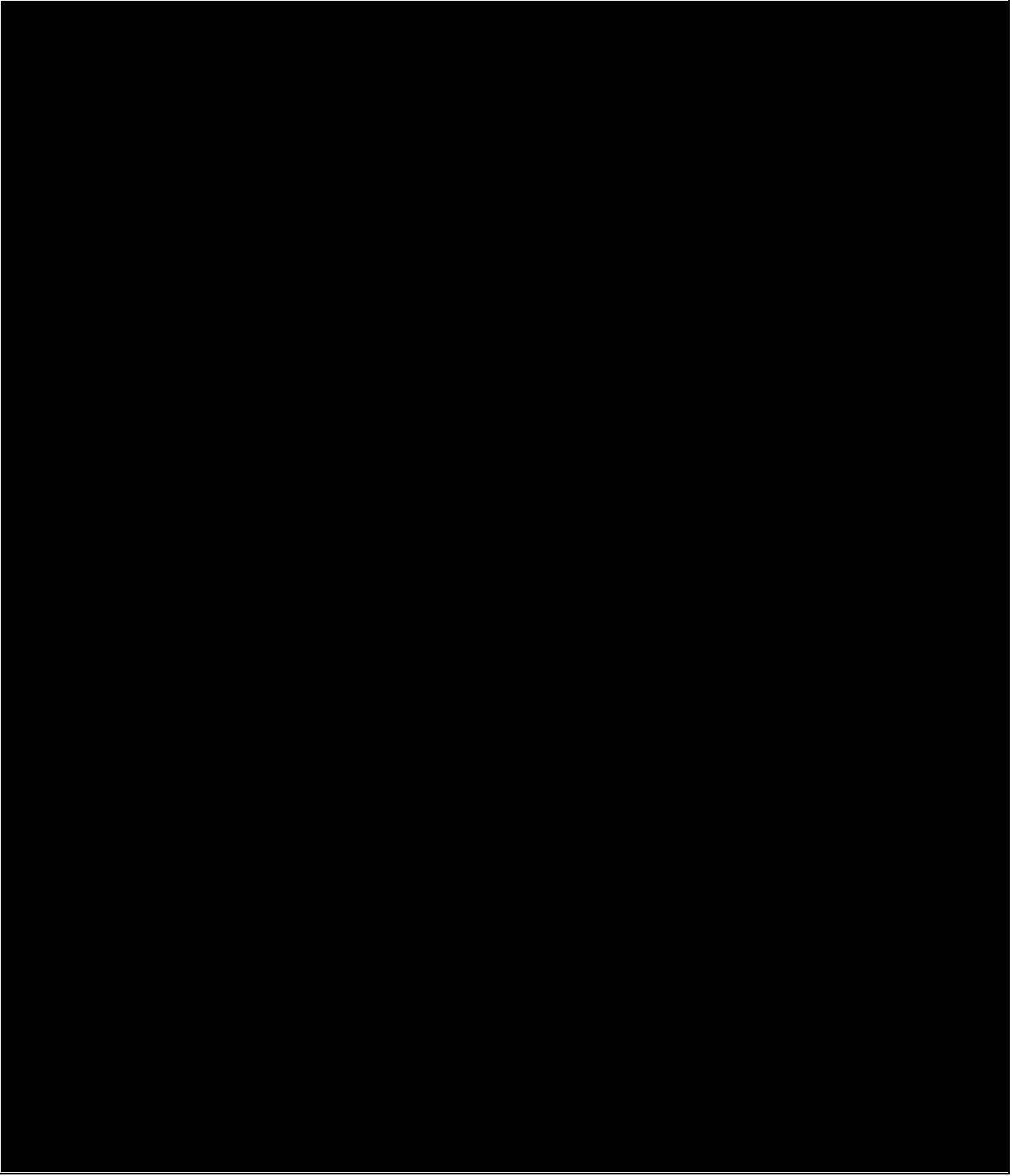
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ii) Three (3) completed projects.



R) Provide a statement and any relevant details addressing whether the supplier is any of the following:

- i) Is presently debarred, suspended, proposed for debarment, or voluntarily excluded from covered transactions by any federal or state department or agency;

Correct Rx Pharmacy Services, Inc. is not presently debarred, suspended, proposed for debarment, or voluntarily excluded from covered transactions by any federal or state department or agency.

- ii) Has within the past three (3) years, been convicted of, or had a civil judgment rendered against the contracting party from commission of fraud, or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

Correct Rx Pharmacy Services, Inc. within the past three years has not been convicted of, or had a civil judgment rendered against the contracting party from commission of fraud, or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

- iii) Is presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed above; and

Correct Rx Pharmacy Services, Inc. is not presently or has ever been indicted or otherwise criminally charged by a government entity (federal, state, or local) with commission of any of the offenses detailed above.

- iv) Has within a three (3) year period preceding the contract had one or more public transactions (federal, state, or local) terminated for cause, convenience or default.

Correct Rx Pharmacy Services, Inc. within a three (3) year period preceding the contract has not had one or more public transactions (federal, state, or local) terminated for cause, convenience or default.

2. Order Processing

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to pharmacy order processing, including in a setting(s) similar to corrections (if applicable).
- Supplier shall provide a concise overview of its proposed approach to pharmacy order processing from all facilities, including process to receive prescription orders from offline facilities that do not have electronic access and from multiple prescribers within and outside of GDC's facilities

Medications are the most common therapeutic modality in healthcare. A comprehensive pharmacy program positively impacts not only the offenders, but also the medical, mental health, dental, custody, facility administration teams, management and ultimately the Citizens of Georgia. The peril of not selecting the best pharmacy partner extends to every part of GDC including the financial consequences if each component of the pharmacy program is not properly managed.

Specific Qualifications and Capabilities

The owners of Correct Rx, Dr. Ellen Yankellow and Jill Molofsky have firsthand experience with transitioning large statewide systems with in-state pharmacies to a central fill model. Dr. Yankellow and Jill Molofsky successfully implemented this model in Connecticut, Illinois, Massachusetts and Missouri during their extensive correctional pharmacy careers.

There have not been any actions taken or any actions pending against our licensure in any jurisdiction. Correct Rx is a privately held Corporation chartered and headquartered in Maryland.

Modern and Automated Facility

Correct Rx will provide the GDC with modernized prescription services provided from our location in Maryland. We have excess capacity in our 49,000 sq. ft. facility with automated prescription processing systems. This solution allows us to maximize accuracy and efficiency while remaining true to our mission of patient centered pharmaceutical care and stellar customer service. Correct Rx is able to rapidly scale up to meet our clients' needs and bring on large portions of business seamlessly. GDC should be fully confident in Correct Rx's ability to satisfy all of the requirements set forth in this RFP.

Number of Prescriptions Dispensed – 17 Years of Growth

Correct Rx has experienced steady growth year over year. We are a full service pharmacy available 24 hours a day, seven days a week, providing accurate and timely dispensing and delivery, with personalized billing services, while infusing clinical services throughout the entire company. Correct Rx dispenses well over three million prescriptions a year. Typically during weekdays we fulfill between 16,000 and 18,000 orders a day.

Mission, Vision and Values

The corporate values of Correct Rx are founded upon caring and accuracy. Correct Rx knows that accuracy and reliability are essential when providing pharmacy services for our customers. Being correct in our line of work extends past our name. Since we are a pharmacy company, owned and operated by pharmacists, it is core to our culture. Correct Rx embraces the concept that what we do and how well we perform our job matters. You will often hear us say, "If it's the Right way, it's the Correct Way."

Unique Business Model

Correct Rx's unique business model is based on the practice of clinical pharmacy, collaborating with the interdisciplinary healthcare team to manage a patient's health rather than strictly filling prescriptions and selling pills. What distinguishes us from our competition is that our clinical pharmacists are actually healthcare partners, working with other medical professionals to achieve the optimal use of medication. Our approach lowers the overall healthcare costs and can do so very quickly. This is all done with evidence based recommendations and never puts GDC or your medical team at risk for cutting corners or denying care.

Deliver What We Promise – Honesty, Service and Integrity

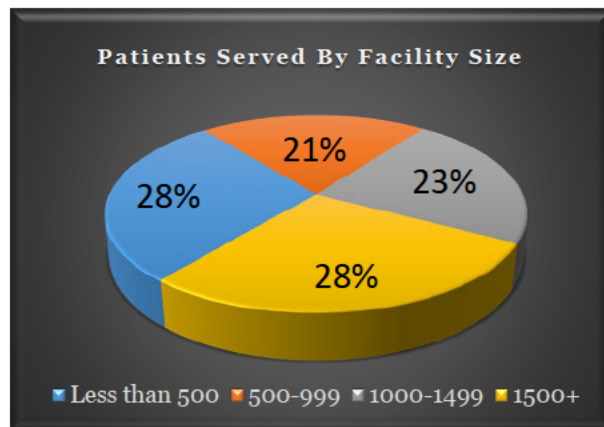
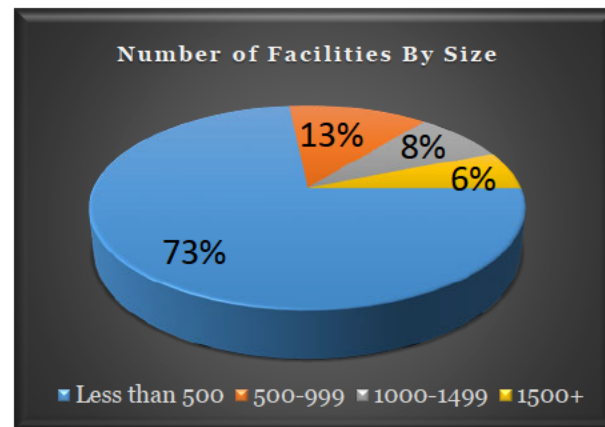
Correct Rx's pharmacy program features operational excellence, technology, pharmacy driven clinical services and program management. Our proposal reflects the best thinking and delineates our holistic approach to providing services. We built our industry-wide reputation for integrity by providing the best customer service and most cost effective approach to pharmacy. As your partner we are dedicated to providing Optimal Medication Therapy "OMT" along with documented healthcare savings.

Number of Facilities and Specific Private Correctional Service

Correct Rx is a national leader in institutional and clinical pharmacy services. We provide services for 150,000 offenders in over 340 facilities in the United States. We are licensed in all 50 states and currently service clients in 32 states and Washington, D.C. Correct Rx provides pharmacy services for facilities both large and small located all across the country located in rural, suburban and city settings.

The table below identifies the number and percentage of facilities Correct Rx serves based upon their average daily population (ADP). Fifty-one percent of the population served by Correct Rx is housed in 49 facilities that have an ADP of more than 1,000, while the other forty-nine percent is housed in 297 facilities that have an average ADP under 1,000.

Facility Size	Facility Count	Combined ADP
Less than 500	254	41,945
500-999	43	31,064
1000-1499	28	33,668
1500+	21	42,124
Total	346	148,801



Offenders per Geographic Location: The table below identifies each state where Correct Rx is currently providing pharmacy services to the respective number of facilities and average daily population served. We understand the importance of providing compassionate and quality care and thus afford the same level of care that we would extend to our own loved ones.

State	Facilities	ADP		State	Facilities	ADP		State	Facilities	ADP
AZ	6	6,270		KS	1	151		OK	2	4,328
CA	75	22,846		LA	3	2,971		OR	2	774
CO	2	2,579		MD	60	26,913		PA	7	4,278
DC	3	155		ME	2	152		RI	1	1,078
DE	10	5,194		MI	44	10,956		SD	1	650
FL	7	8,671		MO	6	1,370		TX	32	21,893
GA	17	6,901		NC	6	2,335		VA	8	6,276
IA	1	40		NJ	6	3,160		WA	1	1,021
ID	10	941		NM	4	510		WI	4	310
IL	7	1,059		NY	4	1,566		WV	1	66
IN	5	761		OH	7	2,363		WY	1	262

No Substitution for Relevant Experience

Correct Rx was awarded a contract in 2003 the year we opened to a large private correctional organization with facilities similar to those covered in this RFP because of the stellar reputation of our founder Dr. Ellen Yankellow. Correct Rx is extremely proud of the exemplary comprehensive pharmacy services and clinical pharmacy initiatives we have provided this client over the past 16 years.

Highly Credentialed Staff with Years of Private Correctional Experience Hallmark of a well-run Project

GDC will be the beneficiary of a pharmacy vendor that first of all understands what the GDC contract demands and then delivers a team of professionals to accomplish all of the tasks. Good management and follow through are the hallmark of a well-run program. Excellent program management is not an accident. Correct Rx has the depth of specific private correctional pharmacy experience to assess the requirements of each facility and we devote the necessary resources to meet the needs of the offenders, other healthcare professionals and the GDC management team.

Complete Understanding

Correct Rx has a complete understanding of the sufficient staff, management and corporate support needed to fulfill the obligations of this RFP and will retain such staffing as necessary to meet all obligations under this RFP and GDC Policies and Procedures. This statement is verified by our excellent track record providing services for similar projects since our inception in 2003.

Correct Rx has never been assessed any fines, liquidated damages, or notices of non-compliance; missed a deadline; or been cited for any deficiencies. In addition, we have not settled any lawsuits nor are there any pending.

These very facts confirm that Correct Rx not only knows what it takes to provide the services under this RFP, but that we have the appropriate personnel to accomplish the tasks as required by GDC.

GDC's Pharmacy Solution

Correct Rx has the ability, capacity and the resources to supply all medications formulary and non-formulary drugs, injectables, intravenous products, syringes, sundries and other over-the-counter products for GDC facilities from our pharmacy located in Maryland. With the exception of the Augusta State Prison Pharmacy (ASPP), Correct Rx will transition the remaining regional pharmacies to our location in Maryland.

Correct Rx has access to all specialty medications through our wholesaler Amerisource Bergen, our GPO Innovatix and our alliances with Specialty Pharmacies for restricted medications. Medications need to be readily available when ordered. Correct Rx

furnishes all prescription and non-prescription medications as prescribed by medical staff. Services make a big difference in the quality delivered and the price you pay each month. **With Correct Rx, GDC is buying a service that ensures patient safety, reduces cost, facilitates optimal outcomes and mitigates risk.** Correct Rx provides comprehensive Clinical, Operational and Program Management Services that are fully described throughout our RFP response. Correct Rx prides ourselves on the value of the services we provide.

Receive Prescriptions

Correct Rx will receive prescriptions and over-the-counter pharmaceutical orders by facsimile, telephone or the internet using computer applications. The Augusta State Prison Pharmacy (ASPP) will remain open and continue to support the Augusta State Medical Prison for both inpatient and outpatient services.

Correct Rx currently receives and fills medication orders twenty-four (24) hours per day, seven (7) days per week, three hundred sixty-five (365) days per year. We provide our clients with three options: (1) Fax and Fill; (2) Remote Order Entry; and (3) Interface with other ePrescribing systems or comprehensive electronic health records. Correct Rx is also available to take orders by phone in the same time frame.

1. Fax and Fill Option

While most facilities are using electronic health records, there are still some facilities that rely upon paper systems. Additionally, all facilities should be prepared with a back-up system in the event that there is an electronic system failure forcing the need to use an alternative ordering method. Correct Rx offers a tried and true fax and fill system to receive orders. We will furnish each facility serviced with a complete set of customized forms specifically designed to meet all pharmacy service and ordering needs. Once the forms are completed they are simply faxed to Correct Rx via our toll-free fax line.

■ Toll Free Fax and Phone Lines

Correct Rx provides toll-free numbers for fax and phone communications that you will be able to use to transmit medication orders at no additional cost.

■ Fax Server – No Busy Signals

For all faxed communications sent from the facility, Correct Rx uses a high speed fax server which allows for the electronic imaging of all orders and no busy signals. Upon receipt at Correct Rx, our fax server automatically transmits a verification receipt that the fax has been received. This verification is sent to the transmitting fax machine. This removes the need for the sender to call the pharmacy to inquire if the order has been received.

■ Electronic Imaging/Easy Retrieval of Orders

Received orders are routed directly to specified electronic folders making the overall process faster and more robust. An electronic image of all orders is stored on the system's hard drive. This allows for the easy retrieval of orders previously sent. Correct Rx will contact the sender if there is an exception, missing page, duplicate page, or unreadable text. Correct Rx has the capacity to accommodate all faxed orders transmitted by the facility healthcare staff to be filled by Correct Rx.

2. Remote Order Entry

Correct Rx is providing a detailed description of our ePrescribing Order Entry system. It has a workstation interface that is easy to use and allows any authorized user to quickly and efficiently access the system and perform all of the functions permitted by the individual's security level. Correct Rx's system requires only a single login by users who must perform multiple tasks.

■ Physician Order Entry Module (ePrescribing)

Correct Rx's order entry system is centralized and resides at our headquarters. This Window Server based application utilizes Microsoft SQL as its database engine. Our ePrescribing system allows users to enter orders directly into the Correct Rx database via a secure Remote Desktop connection. Remote Desktop software is a standard on computers, thus eliminating the need to load additional software on computers. We load and maintain specific formularies into our pharmacy database and make changes to the formulary as dictated. When a user enters a brand name drug, generic choices appear identifying each as either formulary or non-formulary. If a non-formulary drug is selected a non-formulary warning displays. The user has the option to continue and complete the order or choose another drug. As per the specific client, the pharmacy can allow the non-formulary item or enforce the formulary. Our subscription to Medi-Span ensures an accurate screening for all types of interactions and proper dosing. Pharmacy orders are entered as patient specific or interim emergency for immediate dosing needs.

■ Online Ordering

Correct Rx's electronic order entry system is a Windows Server based application accessible through the internet. GDC staff would connect to Correct Rx using Remote Desktop Connection. This connection requires no additional software installation. Remote desktop provides end-to-end security for the protection of all entered data.

■ Remote Desktop Connection Window

Correct Rx provides each user with appropriate system access credentials. Users are able to perform the following tasks, including but not limited to:

- Creation of new patient records;
- New prescription order entry;
- Refill prescription order entry;
- Advanced reporting capabilities, including drug utilization reporting and Patient Profile reporting.

The system provides the prescription history for each patient: status, drug, fill number, doctor, last fill, quantity and directions (sig). Remote desktop is native to all Windows operating systems and provides end to end security for the protection of all data being transmitted. There is no software to be installed and allows for different levels of role-based security, i.e. prescriber, non-prescriber, etc.

■ Interconnectivity

All of our methods of order transmission are interconnected. Thus irrespective of the method of transmission (ePrescribing, barcode system, or manually via facsimile) the full patient profile and utilization data is unified across our pharmacy database. As a result, the individual patient and facility usage is available to both the facility and corporate management for review and all reporting functions.

■ System Support and Programming Availability

Correct Rx's in-house I.T. Department provides 24/7 live system support. Since our clients' users remotely access the specialized software located on Correct Rx servers, our support team has the unique ability to shadow client sessions for support and training. This allows our staff to explain, show and teach users. Our support is always provided live and by Correct Rx staff. Correct Rx uses a Continued Quality Improvement (CQI) strategy to upgrade our system features and efficiencies. Correct Rx maintains support agreements with our software vendors to keep our system cyber secure and updated. We work closely with our clients to ensure our systems operate properly and efficiently. **All training for upgrades is provided at no charge.**

■ HIPAA Compliance

Correct Rx is committed to preserving the privacy and confidentiality of our patients and their health information. Correct Rx conducts all of its business in compliance with all applicable federal, state and local statutes, regulations, rules and policies, including but not limited to, the Health Insurance Portability and Accountability Act ("HIPAA"). In addition to the standards of practice and

procedure within the pharmacy as it relates to patient healthcare and record keeping that is HIPAA compliant, Correct Rx utilizes a pharmacy software package that has monitored the HIPAA since it was signed into law on August 21, 1996. The combination of Correct Rx's internal procedures, along with our pharmacy software vendor, provides assurance that confidential patient information is secure.

■ Cyber Security

Correct Rx's system is protected using an advanced firewall security system that actively monitors for security threats. Correct Rx's Remote Desktop Services uses the most secure layer that is supported by the client.

■ Training

Correct Rx provides each user with the appropriate credentials to access the system. Correct Rx conducts on-site user training on both access and use, and provides training manuals and quick reference guides to further assist users. **Correct Rx provides additional follow-up training throughout the length of the contract.** A failure to provide comprehensive support and supplemental training, particularly as facilities have staff turnover, results in system failures that are most evident in the use of IT solutions. Correct Rx is committed to the success of our clients. This includes reinforcing the full utilization of provided site specific tools by monitoring usage and comprehensive subsequent training. Correct Rx has produced professional videos for training purposes, quick start guides and a comprehensive training manual for our order entry system, and we also provide on-site training and computer based training via WebEx, or by having the user log in directly to our system while we share their session. This later training method does not require any client software installation or downloads.

3. Electronic Interface Capability

Correct Rx provides an option to establish a bi-directional interface with other ePrescribing systems or comprehensive electronic health records. Our correctional specific software is HL7 compliant and we have established bi-directional interfaces with multiple vendors including NextGen, CorrecTek, American Data, CorEMR, DocSynergy, eClinical Works, Vizion, EOMIS, ERMA, iCHRT, Fusion, Sapphire and MedUnison. Even further the software vendor and system that we utilize is already interfaced with a multitude of other health records and ePrescribing systems. Correct Rx is quite confident that we already have and/or could implement a bi-directional interface with any system that GDC is currently using to include Allscripts.

Additionally, we have experience with clients, including statewide systems that are utilizing EMR solutions that do not include ePrescribing or eMAR. Correct Rx is flexible and able to adjust to your specific needs. Correct Rx has developed bi-directional interfaces with electronic medication dispensing systems and offender management systems as well.

Our role has been to provide unbiased advice, create fully functional two-way interfaces and provide the necessary support and resources to ensure their successful implementation. As a result, we have interfaced with multiple vendors that have provided client specific solutions. Each of our clients' unique requirements has guided their selection and implementation of technology. We are proud of our ability to help our clients navigate through these complex issues and successfully fulfill our responsibilities in integration. Our team has worked state, county and city facilities in the public and private sector and has experienced both common themes and unique requirements

3. Procurement

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to the procurement of medications, including in a setting(s) similar to corrections (if applicable).
- Supplier shall provide a concise overview of its proposed approach to the procurement of medications (e.g., preferred methods and channels for purchasing medications, to include use of major US distributors, specialty distributors, directly from manufacturers, etc.)

Qualifications, Previous Experience, and Performance

Correct Rx has been providing prescription fulfillment services since 2003 which includes the direct negotiating and contracting in the procurement of medications. Our success in this area has been highlighted during the COVID-19 pandemic.

Supply-Chain Infrastructure

Correct Rx's supply chain infrastructure is a segment of our Risk Management Program that includes a robust Business Interruption Plan. Our focus is to establish primary, secondary and tertiary supply and business plans for all aspects of our operations necessary for the fulfillment of orders with a goal of United States based solutions.

Correct Rx continues to deliver all medication orders on time without disruption. Planning and purchasing in advance for medication shortages and consistent access to labor has permitted our operations to continue without shortening cut-off times or being unable to fill sought-after medications that are now hard to obtain. Having the financial resources and programs in-place we acted quickly.

The World of Drugs is Available to GDC

Correct Rx has the ability and the resources to supply all prescription and over-the-counter (OTC) medications as designated by the Purchasing Agency. This includes drugs ordered for stock, for physician's use, and for distribution by the facility. All prescriptions and OTC medications dispensed by the Correct Rx shall be filled with AB rated generic products whenever available. Correct Rx also has access to all specialty medications either through our wholesaler Amerisource Bergen, our GPO Innovatix or through our alliances with Specialty Pharmacies for restricted medications.

Correct Rx would be honored to serve as your pharmacy provider and we take great pride in the value of our services. We are clear that GDC is not just buying a commodity and thus our offering includes a comprehensive clinical, operational and program management services that is fully described throughout this RFP response. We know that the services provided by the vendor you select makes a big difference in the quality and cost of the pharmaceutical services contract, and we are equally clear that the pharmaceuticals need to be readily available when ordered. We look at ourselves as your healthcare partner and are always available to assist through customer service, clinical consultation, and training. **With Correct Rx, GDC is buying a service that ensures patient safety, reduces cost, facilitates optimal outcomes and mitigates risk.**

Supply-Chain Infrastructure

Correct Rx's supply chain infrastructure is a segment of our Risk Management Program that includes a robust Business Interruption Plan. Our focus is to establish primary, secondary and tertiary supply and business plans for all aspects of our operations necessary for the fulfillment of orders with a goal of United States based solutions.

The current COVID-19 crisis has highlighted the strengths of our Risk Mitigation as well as the weaknesses of our competition. Correct Rx continues to deliver all medication orders on time without disruption. Planning and purchasing in advance for medication shortages and consistent access to labor has permitted our operations to continue without shortening cut-off times or being unable to fill sought-after medications that are now hard to obtain. Having the financial resources and programs in-place, we acted quickly.

■ Medication Supply Chain

Orders cannot be filled without medications. Correct Rx purchases pharmaceuticals through our Group Purchasing Organization Innovatix-Premier and our wholesaler Amerisource Bergen, one of three national wholesalers (the others Cardinal and McKesson) who account for 85% of all medications sold within the United States. The process of these companies pass strict Federal scrutiny. **Correct Rx does not risk the safety of our patients or our clients by purchasing outside of these supply chains.** GDC should not bear the risk of illegitimate or short-dated products from pharmacies attempting to profit from buying outside of federally recognized legitimate and safe supply chains.

■ Packaging and Consumable Materials

Medications cannot be delivered without being packaged from Bulk Containers. Blister Cards and Labels are necessary when packaging medications for patient use. Without either, the fulfillment of orders would be impossible. Access to reliable consumables in the quantities we require to service our clients is critical. While this may not seem as an area “at risk” one of the largest and oldest manufacturers of blister cards collapsed in 2018 without warning. Any pharmacy who relied on them as their supplier was left to re-enter the market place at the most inopportune time and faced the prospect of not being able to adequately secure enough materials. Understanding the critical importance of packaging materials Correct Rx was not adversely affected. Correct Rx has direct contracting with two manufacturers as well as business relationship with a large nationally distribution network who is able to supply and price match our blister card, label and packaging needs from multiple manufacturers.

■ Distribution Networks

Beyond direct contracting with supply manufacturers, Correct Rx has direct contracting with a National Group Purchasing Organization and National Manufacturing Distribution Networks. These organizations have direct access and contracting to the supply chain, from procuring medications to supplying the boxes we use to ship orders to your facilities. We utilize our direct contracting and these distributors as a redundant system of primary, secondary, tertiary and beyond for levels of protection built-in to our business to maintain operations and protect the financial structure of our contracts. All of these solutions require a company appropriately capitalized.

■ Business Interruption Plan: Emergency Preparedness Continuous Service:

In the history of Correct Rx, we have never closed or suspended operations, nor have we shortened our cut-off time or dispensed patient specific, stock or bulk orders on modified schedules. We remain open. We do not make operational changes that impact our clients.

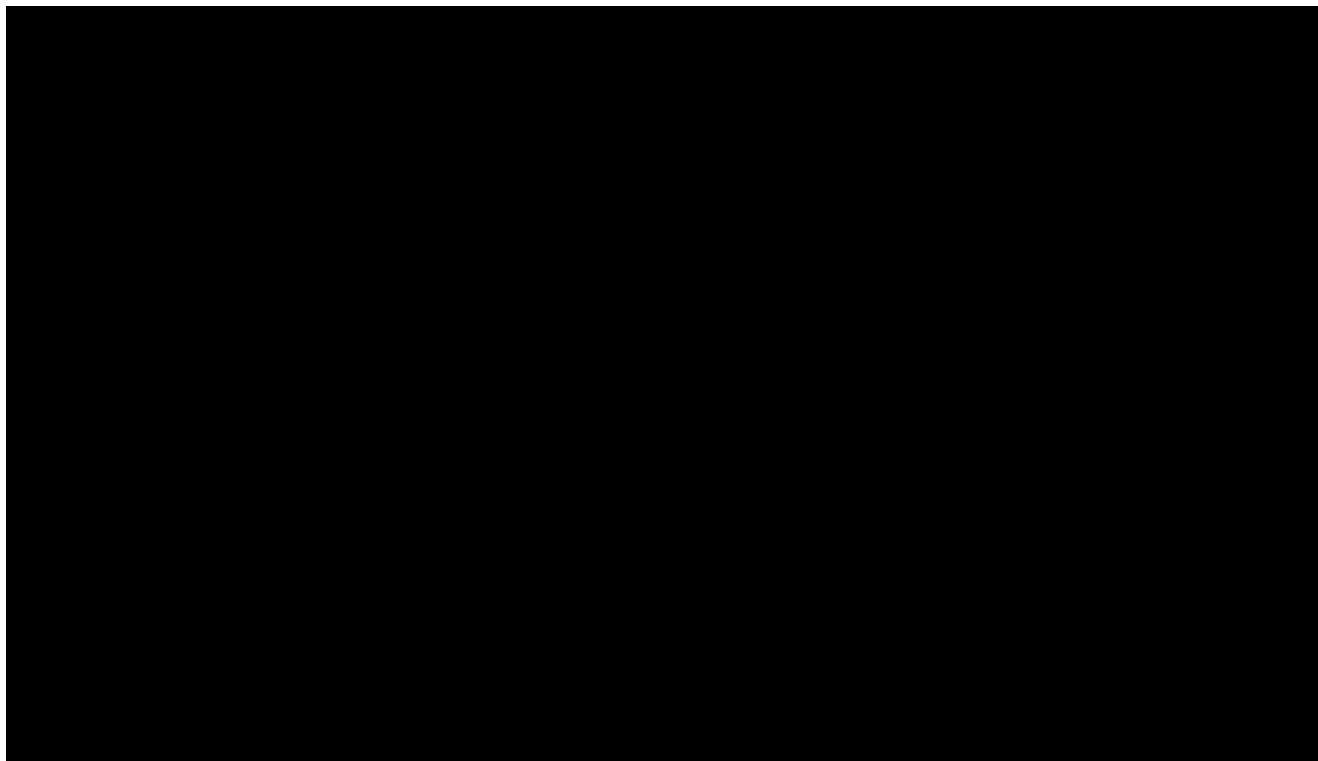
We have provided continuous service through catastrophes affecting the Baltimore-Washington corridor or our client facility locations across the country or national/international drug markets.

4. Cost controls and transparency

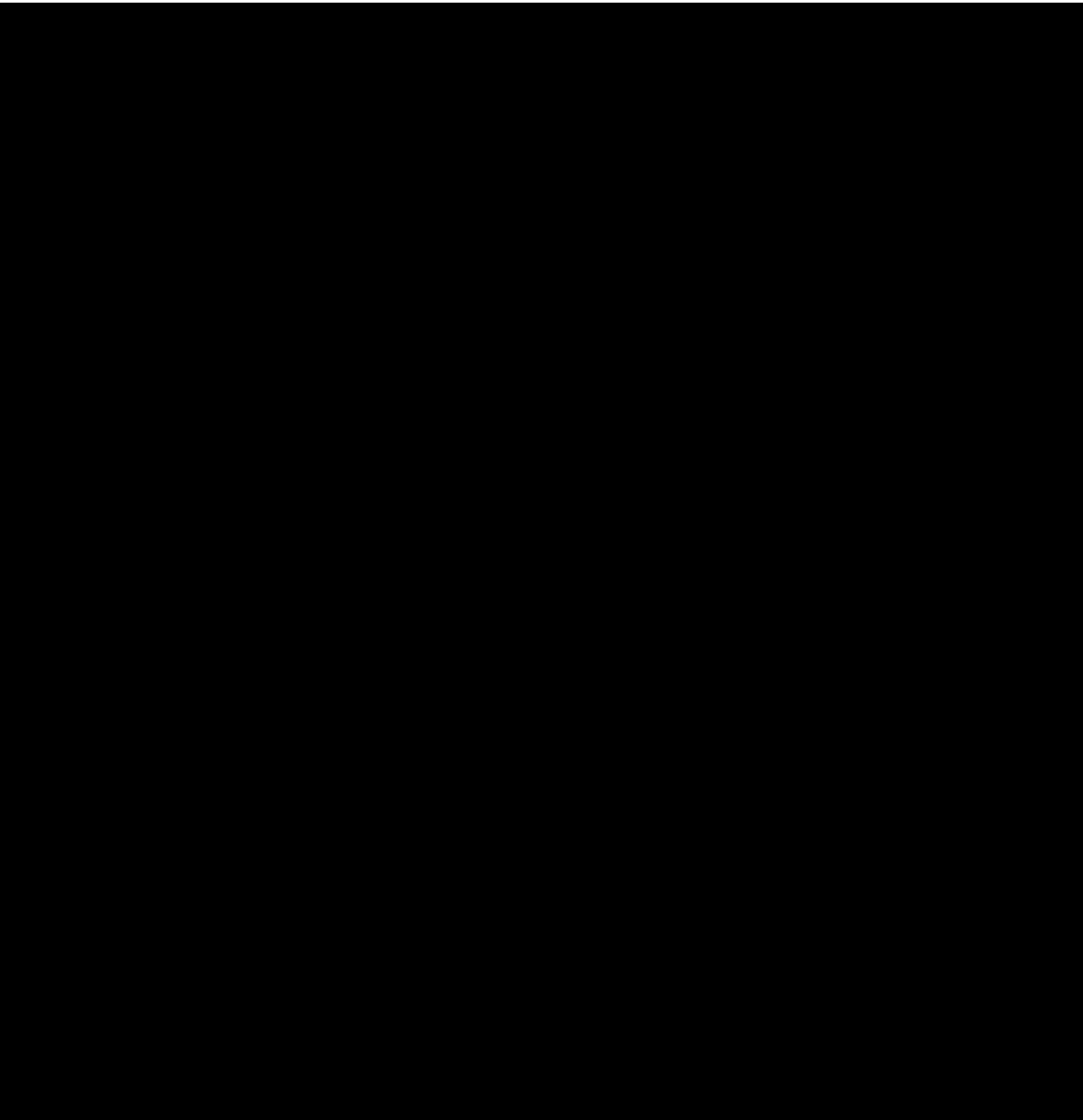
Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to cost control measures used to manage medication spend, including in a setting(s) similar to corrections (if applicable).
- Supplier shall provide a concise overview of its proposed approach to cost control measures used to manage medication spend (e.g., pharmacy rebates, 340B, substitutions, and specialty medications), including:
 - Transparency into medication spend and effectiveness of cost control measures (e.g., line-item-level breakdown of pharmacy rebates, 340B savings, substitutions)

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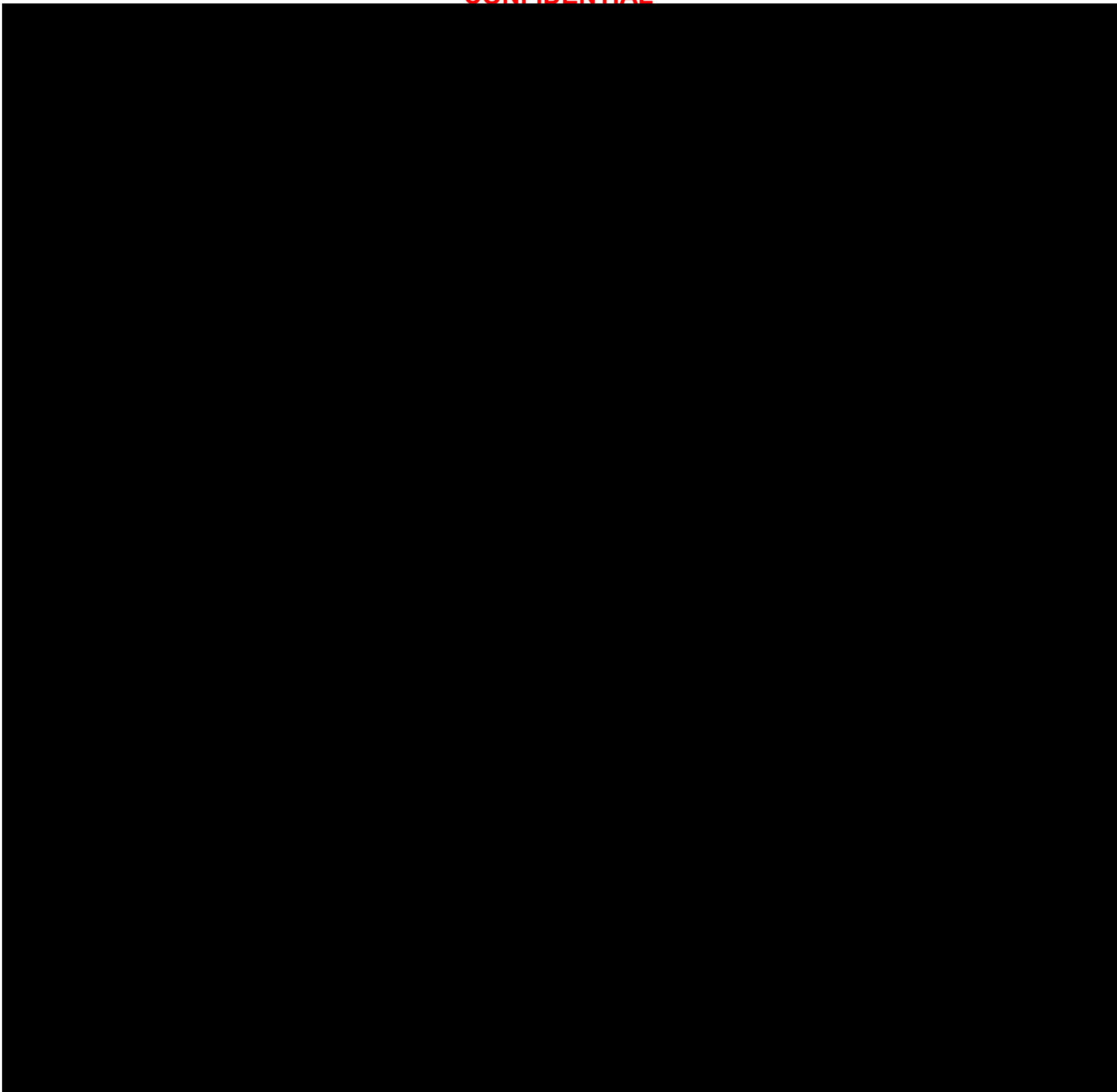


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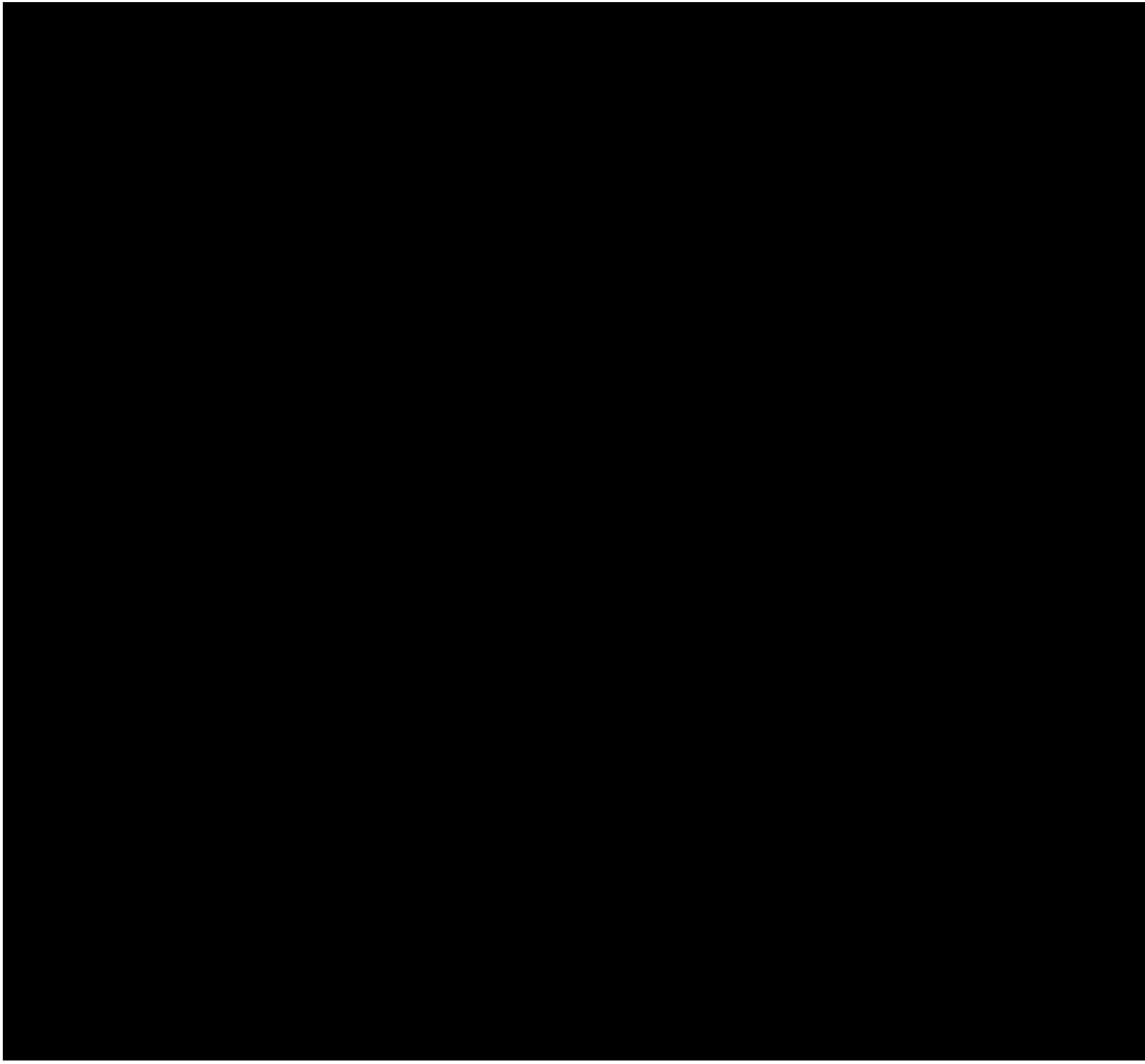


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5. Delivery of Medications

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to delivery of medications, including in a setting(s) similar to corrections (if applicable).
- Supplier shall provide a concise overview of its proposed approach to delivery of medications for GDC, in accordance with meeting the minimum basic requirements (B1 through B4 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following:
 - Delivery of emergent/non-emergent prescriptions (both new and existing) and stock medications (for use in in-prison medical clinics, infirmaries, and a prison hospital) and frequency and timing of deliveries, including:
 - Relationships with back-up pharmacies (national and/or local) for medication delivery.
 - Processes to support uninterrupted medication delivery in the event of natural disaster (e.g., adverse weather event).

Qualifications, Previous Experience, and Performance

Correct Rx has been providing end-to-end pharmacy services for correctional facilities since April of 2003 to include accurate and timely medication delivery. On average, Correct Rx provides over 130,000 deliveries to more than 500 “ship to” locations in a year with an accuracy rate of 98.8% when measured against the guaranteed delivery time. We are instantly notified if there is a potential delivery problem. Given the volume of business we have with the major overnight shipping and delivery companies, not only do we have excellent shipping rates, but Correct Rx also has access to high level account managers who readily accessible to address any shipping concerns that may arise. We work closely with your facilities to ensure the delivery process meets with your approval. Even further Correct Rx leverages our relationship to accommodate specific service requests for our clients.

We anticipate that the GDC contract will add at least an additional 12,480 deliveries to more than 60 facilities which will account for around 8% of our total shipping. Correct Rx is positioned for growth and we have a proven and tested system of adding new facilities. Our shipping department is already anticipating the addition of the GDC facilities and has been working through the logistics that will ensure accuracy and efficiency consistent with Lean Six Sigma principles. We are excited at the potential of adding the GDC to our client list of satisfied customers who are the beneficiaries of our cost effective reliable and dependable delivery service.

Readily Available Medication

Correct Rx has the ability and the resources to supply all medications formulary and non-formulary drugs, injectables, intravenous products, vaccines, syringes, sundries and other over-the-counter products for all GDC facilities. Correct Rx has access to all specialty medications through our wholesaler Amerisource Bergen, our GPO Innovatix and our alliances with Specialty Pharmacies for restricted medications.

Hours of Operation

Correct Rx receives and fills orders 24 hours a day, 7 days a week, constantly. Correct Rx is officially open from 6:00 a.m. to 8:00 p.m., Monday through Friday; 8:00 a.m. to 6:00 p.m. on Saturday, and 9:00 a.m. to 6:00 p.m. on Sunday. The Augusta State Prison Pharmacy will maintain its current hours of operations: Monday through Friday, 8:00 a.m. to 4:30 p.m. While those are our listed hours of operation, we are often open and have employees in the pharmacy and office before and after the posted hours. Correct Rx provides an on-call consultant pharmacist 24 hours a day, 7 days per week for immediate access for our facilities. All of our pharmacists are Correct Rx employees. The bottom line is that a Correct Rx pharmacist can be reached at all times.

Consistent and Dependable Next Day Delivery

Correct Rx is purposefully located within one mile of the Baltimore/Washington International Thurgood Marshall Airport. This location combined with the volume of business we provide UPS, affords Correct Rx the privilege of the last stop at 9:00 p.m. before they go to the airport and prepare for shipping. Correct Rx is thus allowed the requisite time to process all orders received up to the cutoff time (and sometimes after cutoff time), which ensures all medications are included with your delivery.

Extended Cut-off Times

Timely and accurate medication delivery is another core component of the Correct Rx pharmacy service plan. Correct Rx will work with the GDC to establish an agreed upon cut-off time for orders that will be dispensed with a guaranteed next day delivery Monday through Saturday. Even further Correct Rx can provide extended cutoff times for specific types of facilities to accommodate in-take facilities or infirmaries. We will work closely with your teams to create the cutoff time schedule that allays any anxiety you may have regarding switching to a new model and one that will best serve your patients ensuring continuity of care.

All Orders Same Cut-off Time

It is important to note that Correct Rx does not have different cut-off times or different delivery schedules for certain types of orders! Some institutional pharmacies have a different cutoff time for refill, stock and OTC orders, which causes confusion and delays in treatment. Correct Rx's services are customer friendly, easy to understand and designed to ensure there are no lapses in care.

All new, refill, patient specific, non-patient specific and OTC orders transmitted to Correct Rx by the designated cut off time Monday through Saturday are processed and ready for the next delivery. Correct Rx's ability to quickly and reliably deliver medications eliminates the potential for excess medications. An overstocked medication room leads to poor documentation, possible diversion, potential nurse dispensing and higher cost due to unused inventory and possible waste.

Value Added Service – Sending orders after the cutoff time

If after the cut-off time an urgent or high acuity medication is needed, Correct Rx is often able to include it with your delivery as the UPS delivery trucks do not leave Correct Rx until 9:00 p.m. Monday through Friday. The facility staff simply needs to call Correct Rx and alert us that they have orders they would like to include past the cut-off time. As long as we can get the items processed and in the box by 9:00 p.m., we include them. This ensures continuity of care and reduces lapses in medication therapy.

Emergency Pharmacy - Network of Back-Up Pharmacies

Correct Rx has contracted, through two Pharmacy Benefits Managers, with a nationwide network of pharmacies to supply same-day, emergency and back-ordered medications. This network provides all GDC facilities with access to all major chain pharmacies and virtually all local independents for the use of back-up pharmacy.

Same-day shipping / Next-day delivery

All non-emergent new prescriptions, prescription refills, over-the-counter medications, miscellaneous medical supplies and stat box refills transmitted to Correct Rx by the designated cut off time Monday through Saturday are delivered the next business day within 24 hours (excluding holidays).

Our official holidays are New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving and Christmas Day. Even though these are official Correct Rx holidays, we are often open on those days with a modified schedule.

Correct Rx provides written notice to our facilities in advance of any changes in the schedule for ordering or delivery due to holidays. UPS does not deliver on the Correct Rx official holidays. However, Correct Rx is always available for emergent orders or to arrange STAT deliveries.

Sunday Orders

Any order that is needed ahead of the UPS delivery schedule that is also not available in your onsite stock supply will be accessed through the emergency back-up pharmacy network. This will ensure the facility has access to urgent or emergent medications needed or required on Sundays, Holidays and any other day when a medication is needed ahead of the regularly scheduled delivery.

Decreased Reliance on Backup Pharmacy

Our clients' contract pharmacy services to provide the best and most cost effective services. These savings can quickly erode if the facility is forced to utilize the backup emergency pharmacy services due to poor service and delayed delivery of pharmaceuticals.

Correct Rx's assistance with medication ordering is designed with patient safety and access to care in the forefront. Our team of clinical pharmacists work with the facility to create a list of essential medications that are commonly used and needed for immediate access. We work closely with each facility to ensure that your interim emergency medication list and ordering processes are tailored to meet your needs. When Correct Rx takes over a contract we measure emergency pharmacy charges against the prior vendor. Correct Rx's service reduces the need for back up pharmacy utilization by over 40%.

Facilities with Limited Choices

Correct Rx understands that there are some facilities located in areas with limited backup pharmacy choices. The local pharmacy may be many miles away or the hours of operation may not provide full coverage. In those instances, Correct Rx works closely with the facility to create a customized plan. Planning ahead of time is essential so that when there is an urgent or emergent need the facility staff know what to do. Here are the common element that we address when planning for these situations:

1. Correct Rx's clinical team works with the facility to create a stock list and par levels based upon the specific utilization data for the facility. In this way the facility will have an appropriate supply of the most commonly needed starter medications based upon their specific patient population.
2. Correct Rx works with the facility on an ongoing basis to modify the list based upon emerging facility trends, population changes or anticipated changes in the industry or market based upon our forecasting service.
3. We assist the facility to identify all viable pharmacy options. Your facility is not limited to just one back up pharmacy. Correct Rx works with you to select the pharmacies that are closest and those that have the best hours.
4. Once the pharmacies are identified, we create pre-printed forms that include the back-up pharmacy's hours of operation and address. The form also includes a step by step process for using the back-up pharmacy.
5. Correct Rx confirms the inclusion of each pharmacy with our PBM.
6. Correct Rx contacts each pharmacy directly to introduce ourselves and make sure they understand the process.

Back Orders

In the event that Correct Rx has insufficient inventory to fulfill an order we will have the medication dropped shipped to us through our wholesaler Amerisource Bergen, our GPO Innovatix and/or our alliances with Specialty Pharmacies. Correct Rx's back order rate is less than one third of one percent of all orders processed and of those items back-ordered well over 99.99% are sent with the next delivery.

Back Order Notification

When there is a short-term back-order of medications, Correct Rx notifies the healthcare staff at each facility within 24 hours. The notification is sent with each medication delivery and includes the drug name, date and quantity owed. The back-order is automatically reconciled the following day. During the entire process, the healthcare team at the facility will remain informed.

If a long-term shortage is expected because of distribution or manufacturing issues, the Clinical Pharmacist will notify the healthcare authority and medical staff at each facility, as well as the Medical Director within 24 hours. The notification will be accompanied by a strategic plan with therapeutic alternatives until the shortage is resolved.

Special Emergencies

During emergencies, Correct Rx is able to send drugs to facilities early and on an expedited basis. Our clients have firsthand experience with Correct Rx's ability to ensure continuity of care no matter what emergency each facility may face. We work through weather, serious facility events, national drug shortages and even the current pandemic all while continuing to provide fast and reliable access to medications and the support of our clinical and administrative teams.

Example #1:

In 2005 Hurricane Katrina devastated the Gulf Area and directly impacted several of our facilities. In several cases, the offenders were transferred out of the facility. Correct Rx worked with our client to ship drugs to various alternative facility address; patients continued to receive their medication.

Example #2:

In 2018 Hurricane Michael made landfall over the Florida Panhandle. In preparation for this weather event, Correct Rx worked with several facilities in the area to bolster their supply of medications. In the aftermath of this devastating storm, Correct Rx worked with the client as offenders were transitioned back to their respective facilities.

These are just two examples of many in which Correct Rx works with our facilities during special emergencies to provide medication coverage. Correct Rx understands the critical importance of the services we provide our clients and we are dedicated to ensuring your patients will be well served during emergencies.

Operational Excellence

Correct Rx understands that the GDC is open to engaging in a central fill pharmacy model that is quite different from the current model of operating several in-state dispensing pharmacies. While it may seem to be a daunting decision, Correct Rx is quite confident that our service will exceed your expectations and actually provide better access to care along with the cost efficiencies. In order to make this change you will need a proven and trusted pharmacy partner. Correct Rx is identified with operational excellence including a reputation for accurate and timely dispensing of medication orders. Correct Rx's status as the leading institutional pharmacy in the industry was earned by consistently meeting the needs of our client's facilities. Correct Rx's customization and flexibility when it comes to operations sets us apart from the competition. The owners of Correct Rx have directly provided comprehensive pharmacy services to eight statewide systems. Among these, both Connecticut and Missouri included the successful conversion from on-site to central fill models similar to our proposal to GDC. Locally, Correct Rx provided this service to the Atlanta City Detention Center over a decade ago. At that time, it was a far more robust facility.

6. Inventory Management

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to inventory management, including in a setting(s) similar to corrections (if applicable).
- Supplier shall provide a concise overview of its proposed approach to inventory management in accordance with meeting the minimum basic requirements (B1 through B4 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following:
 - Inventory management practices to ensure adequate medication stocks while avoiding medication waste (e.g., electronic or automated systems, just-in-time approach, credits or reallocation for unused, expired, or returned medications, etc.), including:
 - Processes to avoid medication waste for offender prescriptions, particularly when (1) keeping up with the frequent movement of offenders between facilities and (2) planning for offender release.

Qualifications, Previous Experience, and Performance

Correct Rx has been providing end-to-end pharmacy services for correctional facilities since April of 2003 to include a multifaceted inventory management solution that includes barcode scanning, customized quantity dispensing, stock management, and “early refill” CQI program and a process for returns.

Barcode System

In 2008, Correct Rx developed and implemented a barcode scanning verification system. We saw the need for an electronic shipment tracking and inventory management system and we were one of the first pharmacy vendors to develop this service that we now have in place in facilities across the country. Each medication room is equipped with access to our web based system and utilizes it every day to monitor deliveries, check in their medication, request refills, process returns and ensure billing accuracy. In addition, clients use our system to verify the healthcare teams are checking in their orders timely.

The result is increased efficiency, absolute accountability, electronic documentation of orders received including a log that lists all orders not received and why and an easy method to place refill orders. The only equipment needed is USB Barcode Scanners which we provide at no charge to GDC. Cost savings and improved patient safety is what GDC can count on from Correct Rx.

Facility Web-Based Advanced Barcode Technology

Correct Rx's Shipment Tracking Software in conjunction with our Web Based Barcode Technology, Order Reconciliation Program and our Medication Return System provides GDC with a system of checks and balances to ensure that medications are being dispensed and delivered as ordered and that Correct Rx is only billing for items that are actually dispensed and received by the facility. Our program provides a timely patient specific feedback mechanism to the ordering facility specifying the reason when requested medications cannot be dispensed such as request is too early, no refills remain, etc.

Automated Shipment Verification

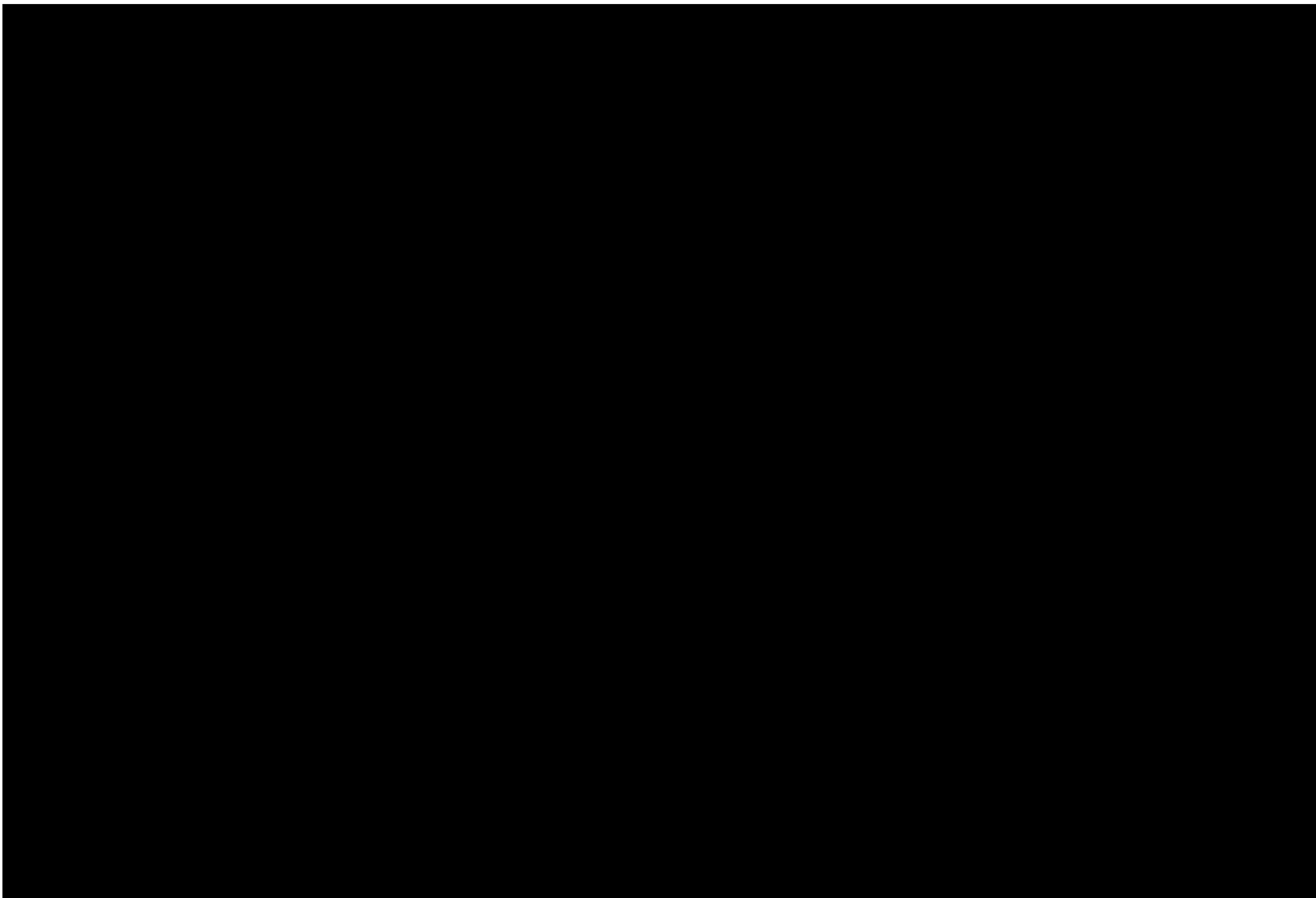
Correct Rx's automated shipment verification system provides the highest level of accuracy and documentation for our customers. This application uses barcode scanning equipment to track and verify the delivery of every medication from the time it is placed into the shipping container until it is received at the facility. Each medication is scanned into the delivery container. The software system compares each order scanned versus the record of outstanding orders for each facility. If there is any discrepancy, it is resolved before the shipment is released to the carrier for delivery.

Electronic Access to Delivery Manifests

Once we have processed the orders for each facility daily, the delivery manifest and discrepancy log are posted to our website and ready for review by the authorized users. Correct Rx will work with GDC to establish accounts for all administrators and healthcare providers that you would like to have access to our system so that this inventory management tool may be used to its fullest potential.

Our web-based program allows the **medical staff to view what is being delivered in their package before it arrives**. There is no mystery if a particular medication is going to come. The nursing staff has access to their delivery manifests via our website that informs them of the anticipated delivery items. We believe that this advancement in the use of technology provides significant time savings to our clients, and results in higher accuracy for our shipments. Correct Rx is dedicated to providing the right medication to the right patient in a timely fashion.

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Notification of Problem Orders

As a means to ensure patient safety and continuity of care, Correct Rx has a system to identify problem orders. In addition to the delivery manifest that identifies all medications that were successfully ordered and dispensed, our web based program also provides a daily discrepancy log (a hard copy of this report is also placed daily in the delivery box for each site). The discrepancy log lists all medications that were not successfully ordered and thus not dispensed and delivered.

The purposes of the Discrepancy Log is to list every order the facility requested, but that Correct Rx did not dispense on that day and more importantly why the order was not filled. For example, an order may have been filled the day before and a medication nurse accidentally requests that the order be filled again. The order will not be filled and the discrepancy log notes that the order is being requested **too soon**.

It also informs the facility of the date the order can be refilled. If a nonformulary is requested without proper authorization, this is listed on the discrepancy log. If a refill is requested, but the order is expired, this is listed on the discrepancy log. While these are only a few examples, the importance of this report is that on a daily basis the facility is informed of medications that require follow-up in order to be dispensed. This provides a resource to the nurses and providers responsible for ensuring that patients receive their medications as prescribed in a timely and safe manner. This resource enhances continuity of care and provides a level of security that patients will not go without their medications.

Medication Check-in at the Facility – Time Savings & Accountability

Once the medication is received and signed for at the facility the order is ready to be checked-in using our user friendly web based electronic barcode system. The healthcare professional onsite simply logs in to our website (www.correctrxpharmacy.com), selects shipment date and checks the order in using a standard barcode scanner. The check-in is fast and creates a layer of security documenting receipt of medications. In addition to providing documentation and verification of receipt, shipment check-in time is reduced dramatically versus the manual process of checking orders against the paper packing list.

In addition to providing heightened accountability and verification of receipt, shipment check-in time is reduced dramatically versus the manual process of checking orders against the paper packing list. After scanning each medication in the delivery for that date, a report is run to ensure that all orders were received. Orders that were checked in properly are highlighted with a green box, while any order that was not properly scanned in are highlighted in a red box. If an item that was not properly scanned in is found it may be verified by simply clicking on the red highlighted box and then scanning the item. If there are any items that are missing, which is rare, the facility simply calls Correct Rx to ensure the medication is included with the next delivery.

Archive Records

All shipment records are kept active on the website for one year and available to managers. Designated personnel have access to the barcode system to review which sites are using the system and which orders were delivered. Providers and nurses concerned about whether an order was delivered log into the system at any time to confirm facility receipt. Correct Rx conducts a monthly CQI survey to measure compliance with using the web based electronic check-in system. The results are shared with those individuals from the medical and mental health teams directly responsible for scanning orders in at the facility.

Automated Refills – Using Barcode Scanner

Our web based program may also be used to initiate medication refills simply by scanning the refill barcodes and then hitting submit. Once again, the order goes to Correct Rx electronically via the web and the prescriptions are received by Correct Rx instantaneously, dispensed and ready to be delivered with the next delivery. This website feature is executed in real time. Medications can always be refilled by faxing or calling the pharmacy, which serves as a back-up should the facility be unable to access the web or if there are other unforeseen technical difficulties. Correct Rx's Barcode Scanning technology has provided significant time savings to the nurses ordering medication and resulted in higher accuracy for our shipments. This is a measurable advantage.

Electronic Returns Process

Our barcode website may be used to process unused medication simply by scanning the refill barcodes on the labels and then hitting process. The return is securely saved in the Correct Rx website. The facility prints a return slip to place in the box with the medications. Correct Rx's Barcode Scanning technology has provided significant time savings to the onsite healthcare teams managing medication. This is a measurable advantage.

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Customized Quantities

Prescription medications and OTC products are typically packaged in 30 dose blister cards or the manufacturer's original container per request and as approved by GDC. Another way that we are able to reduce waste while ensuring access to care is through customized quantity dispensing. Correct Rx is able to customize the quantity of medication dispensed to meet the specific needs of a facility or the patient. Not all facilities or units within facilities are the same. Our ability to accommodate your needs is quite different than most correctional pharmacies. Correct Rx works with our partners to identify the scenarios in which to dispense in quantities less than 30 days of medication. This strategy greatly reduces waste, decreases returns, improves patient safety and is cost effective. The decision may be based upon the following:

- Specific Medication (e.g., controlled substances, psychotropic);
- Administration Type (e.g., KOP vs. Watch-Take);
- Facility Type (e.g., Intake, Pretrial, DOC);
- Unit Type (e.g., infirmary);

Correct Rx's operational staff have years of experience providing medications to correctional facilities. Our vast experience also allows us to make recommendations based on our willingness to provide solutions. We are flexible and will work with GDC and the healthcare provider to facilitate the best solution when it comes to the quantity dispensed.

Correct Rx fills prescriptions for any amount less than 30 days as requested. So if the on-site medical provider requests a seven or ten day supply the medication is filled for the exact quantity and the appropriate number of pills are placed in the blister card. At Correct Rx we feel we have a fiduciary responsibility to assist our clients in controlling excess medications and we work with you to analyze the problem and arrive at agreeable solutions.

Interim Emergency Medications (Non-Patient Specific Stock)

Correct Rx understands that for certain medical conditions medication must be started as quickly as possible. Such medications shall be taken from a limited stock supply of medication maintained at the correctional facilities. Correct Rx shall provide medications to establish and maintain such limited stock to be stored in designated areas of facilities such as Medication Rooms, Dispensaries, and Infirmaries consistent with GDC policy.

Correct Rx works directly with the facility healthcare staff and GDC to determine the quantity and type of starter medications. The medications kept on hand are those need to be started prior to the patient specific order being received and address what is necessary to alleviate pain, infection, modify dangerous behavior, or preserve life. Correct Rx is sensitive to concerns regarding starter medications. The quantity and type is customized by facility type and size. Normally the category of drugs that are included in starter emergency medication supplies: antibiotics, asthma medications, seizure meds, diabetes, and some cardiac and detox medications. All policies comply with ACA and NCCHC guidelines and Board of Pharmacy regulations related to the management of starter doses and Emergency Medication Kits. Emergency medications and starter doses are necessary to initiate medication therapy in acute conditions and life threatening emergencies.

Correct Rx understands that timely medication administration improves treatment outcomes. These medications are to be used on an emergency interim basis, while awaiting a patient specific medication to arrive onsite and ensure that there are no lapses in treatment. Overstock of medication, however, can unnecessarily increase the

financial burden; medications potentially may go unused and expire, thereby creating waste. Many times, the fear of not receiving patient specific medications in an appropriate time frame leads to an excess of non-patient specific medications. Due to Correct Rx's efficient and reliable medication delivery, your facilities are able to minimize reliance on interim emergency medication, which in turn increases patient safety and decreases issues related to cost, diversion, waste, regulatory noncompliance. Correct Rx works closely with your team to ensure the inventory is appropriate and well managed. The list of medications and quantities is always tailored to the needs of the facility based on an assessment of the prescribing habits as well as established and acceptable treatment guidelines.

Inventory Management at the Augusta State Prison Pharmacy (ASPP)

Correct Rx will maintain a separate inventory management system for the ASPP to ensure continuity of operations to support inpatient and outpatient care for ASMP. The inventory management system is similar to those seen in hospital pharmacies and supported by Correct Rx's wholesaler, Amerisource Bergen. ASPP will have a direct account to Amerisource to manage the inventory of medications using barcode scanning technology.

Movement within the Correctional System

Correct Rx understands that offender movement between facilities is commonplace. We also understand that medications do not always follow the patient and/or the medication is sometimes ordered and delivered to the wrong facility for various reasons. Correct Rx works collaboratively with custody, administration, transportation, and the other healthcare contractors to ensure we are dispensing medications as prescribed to the appropriate location and that when offenders move, their medication transfers with them. In fact we have a proven CQI initiative that has achieved great success in other statewide systems year over year.

Return Medication

Correct Rx, in accordance with State and Federal Law, provides a method for the return of pharmacy medications. Correct Rx recognizes the challenges of managing the economic and operational burden associated with storage of unused or overstocked medications and we will assist GDC in realizing the economic benefit of returning medications. Our shared goal will be to reduce waste and limit the need to return medication at all. Reliable, dependable, accurate and timely delivery with a focus on inventory and quantities dispensed significantly reduces unused, unwanted and wasted medications. This saves money both in inventory costs, but also the time of the healthcare staff spent unnecessarily on inventory management due to having too much medication onsite.

Credit is issued in compliance with state and federal regulation when following this criteria:

- The prescription medication did not leave the control of the licensed healthcare member responsible for the security and handling of that prescription and the drug did not come into the physical possession of the individual for whom it was prescribed;
- The labeling and packaging of the prescription drug are accurate, have not been altered, defaced, or tampered with, and include the identity, strength, expiration date, and lot number of the prescription drug;
- The prescription medication was dispensed in unit dose packaging or original manufacturer's packaging;
- The prescription medication is not a controlled substance, expired, damaged, deteriorated or contaminated;
- DEA controlled substances by law may not be returned to Correct Rx. Controlled substances are destroyed onsite per state regulations or removed via an authorized reverse distributor.
- Specialty drugs, biologicals, refrigerated items and medications for which efficacy requires un-breached original manufacturers packaging are not eligible for credit.

When it comes to Inventory Management, Correct Rx provides GDC with a multifaceted solution that improves accountability and efficiency, while reducing waste thus providing GDC with a cost effective and proven system.

7. Medication Packaging

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to the packaging and dispensing of medications, including in a setting(s) similar to corrections (if applicable).
- Supplier shall provide a concise overview of its proposed approach to packaging and dispensing of medications for GDC, in accordance with meeting the minimum basic requirements (C1, C2 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following:
 - Processes for packaging and dispensing, including description of the specific packaging and rationale for the point in the value chain at which the supplier recommends packaging of medications (e.g., before or after delivery).

Qualifications, Previous Experience, and Performance

Correct Rx has been providing pharmacy services to correctional facilities since 2003. We dispense over three million prescriptions a year all packaged, labeled and dispensed for patients within correctional facilities.

Packaging

Correct Rx will provide a specialized dispensing system to ensure safe and efficient medication distribution. Our dispensing system packages prescription medications and OTC products in 30 dose blister cards. However, there are some medications which are required by the Federal Drug Administration (FDA) to be dispensed in the original manufacturer container. Correct Rx knows from decades of experience working with correctional institutions that not all packaging materials are deemed safe by custody staff. Medications that come in metal tubes or glass containers can pose risks and create peril unique in the correctional setting. Because of this knowledge Correct Rx has devolved special packaging methods .

Correct Rx dispenses all medications in packaging approved by the United States Pharmacopeia-National Formulary (USP-NF) for that drug. Correct Rx ensures that the medication is packaged in a manner that:

- Maintains the integrity of the medication dispensed;
- Maximizes the expiration dating of the medication;
- Minimizes medication waste and cost to GDC;
- Minimizes the risk;

- Promotes safety of patients, health care staff, and other facility personnel;
- Decreases the potential for facility contraband;
- Includes bulk packaging, unit dose packaging, and child proof containers for discharge medications as required.

The medications will all be delivered in this safe and efficient packaging. Medications shipped to ASMP will be directly sourced from AmerisourceBergen, arrive in stock bottles and be repackaged on site by the staff located at ASMP.

Professional Pharmacy Services – Value Added Cost Savings

Correct Rx will provide professional and accurate pharmaceutical services for all prescription, non-prescription, and intravenous solutions as ordered by all prescribers. Correct Rx's staff has years of experience providing medications to correctional facilities. Our experience allows us to provide recommendations and solutions for medication dispensing systems tailored to the unique requirements for each facility.

We are flexible and will work with GDC to provide the best solution to the quantity of dispensed medications, how they are packaged and ready to be administered at GDC facilities. Not all facilities or units within facilities are created equal and you will find our ability to accommodate your needs is quite different than most pharmacies. For example, Customized packaging is offered to reduce waste. We can dispense one card at a time or 30 days' supply, instead of 90 days of medication at a time for restricted medications (i.e., psychotropics). This greatly reduces returns of medications whose orders frequently change.

Generic Substitutions

Correct Rx will automatically substitute branded medications, in accordance with GDC and with A or AB rated generic if it is at a lower price. Correct Rx will provide all other substitutions after consulting with GDC medical staff.

Damage and Tamper Resistant Packing

Prescriptions and OTC products are packaged in 30 dose tamper resistant blister cards or the manufacturer's original container per request and as approved by GDC. Each prescription is properly dispensed and labeled inmate specific or non-patient specific in complete compliance with all current and future state and federal laws, rules, regulations and provisions in accordance to all labeling regulations. Any medications received that are damaged are replaced by Correct Rx at **no additional cost**.

We maintain the storage requirements during shipping so they are protected from damage. Refrigerated items are packed in insulated containers clearly marked on the outside of the box. Any medications received that are damaged are replaced by Correct Rx at no additional cost.

OTC Medication

Correct Rx sends OTC medications in bulk packaging, unless the prescriber has ordered the medication for a patient, in which case the medication shall be dispensed in blister packs or prescription bottles, as requested.

Ear drops, Liquids, Creams, or Ointments

Correct Rx provides ear drops, liquids, creams, or ointments in the original manufacturer container with no packaging fee, or shall repackage in alternate containers if requested.

Controlled Substances

Extra care and accountability is taken when controlled substances are dispensed by Correct Rx. Controlled substances are packaged in 30 dose blister cards or the quantity ordered and sent to the facility with a control sheet. This control sheet is filled out by a nurse with the appropriate information when the controlled medication is administered. These sheets allow for the quick, easy reconciliation of the number of doses of each controlled medication. This facilitates the required controlled medication count. Correct Rx will assist the facility in setting up and maintaining this process. All controlled medications are sent in a red and white tamper proof sealed package with a separate packing list. All medical staff is in-serviced concerning the proper procedure for checking in and verifying the receipt of controlled medications.

Correct Rx's clinical pharmacist verifies the accuracy of all controlled substance count records during their quarterly on site reviews. Correct Rx will immediately notify GDC of any discrepancies. All policies regarding the accountability of controlled substances are provided in accordance with GDC's Policy and Procedure for administering schedule medications. No controlled substances may be returned to the pharmacy provider. Controlled substances shall be destroyed per state regulations and facility policies. In most instances, medications can be destroyed on site with two licensed personnel including the Correct Rx pharmacist.

Infusion Therapy

Correct Rx delivers all IV mixtures compounded, labeled and ready to administer. If a patient is placed on intravenous therapy, Correct Rx will follow the patient's orders and will call on a daily basis to verify if the patient is still on IV therapy and if any changes to the order are anticipated. Once the medication and dose is confirmed then Correct Rx will carefully prepare all IVs and send no more than a three day supply to avoid any unnecessary waste, cost and/or confusion.

Correct Rx's IV room and policies are in compliance with USP 797. From our own IV room we will provide IV medications to those detainees needing IV services. Correct Rx will provide Mini-Bag Plus packaging for on-site mixing for emergency situations and whenever possible pre-mixed dilutions for administration. Correct Rx will not dispense intravenous medications in an amount greater than thirty-six (36) hours. These types of operational efficiencies will save a significant amount of money.

Accountability and Documentation Sheets

Correct Rx has the knowledge and experience to ensure proper medication control and accountability. The Correct Rx pharmacists and registered pharmacy technicians understand the importance of complying with standards, as well as maintaining order and accountability – particularly in regards to the psychotropic medications and controlled substances as to minimize diversion. Correct Rx will work together with GDC to integrate our established and proven policies procedures on the maintenance of accountability to ensure compliance within the facility.

The policies address the possession, responsibilities and handling of keys to areas where medications are stored, the policies will include recommendations on the proper storage and inventory of all scheduled medications. The use of medication logs to document additions, use, and spillage/waste of scheduled medications are an integral part of the controlled medication policy as it is an efficient way to clearly document and track utilization. To minimizing the diversion of psychotropic medications and controlled substances among offenders in the correctional setting, Correct Rx supports the use of the "watch take" policy of many correctional systems.

Correct Rx utilizes a sophisticated barcode scanning system which tracks medication orders from packaging to shipment and delivery to when the shipment is received by a particular facility. The barcode scanning system has many functions; however in relation to control and accountability, the system allows the facility to view shipments and check in orders. This is advantageous to the GDC because it will keep a record of all medications entering the facilities electronically for sixty days. Online access can be granted for any administrator who wants to see deliveries to the GDC facilities. This is in addition to the paper delivery sheets that the facility receives daily. Our fully credentialed clinical pharmacists will conduct quarterly inspections of all medication storage areas. As part of these quarterly inspections, the pharmacist will ensure that these areas are maintaining order and following correct policies and procedures as they pertain to the storage, handling and documentation of all medications including controlled medicines.

These inspections will include but not be limited to checking that the following activities are taking place as they pertain to medication control and accountability: 1) the storage of controlled medications under double lock and key, 2) that controlled medications are being counted according to standards, 3) that there are no discrepancies with the controlled medication count, 4) that only authorized personnel have key possession to

the medication storage area, 5) that there are no expired, discontinued or deteriorated medications on hand, and 6) that the correct refrigerator temperature is properly maintained for medication storage. A summary of these inspections are provided to the appropriate GDC personnel.

Self-Administration Program

Self-Administered Medications are not psychotropic, controlled or medications that have the potential for abuse. GDC will determine which offenders qualify for the Self-Administration Program. Correct Rx will assist the medical and mental health providers in determining those medications that are best suited for a Self-Administration program. Correct Rx will label self-administration orders in the direction line to help the medical staff handing out the medications. Correct Rx has developed a Medication Self-Administration Bulletin with detailed instruction on using self-administration medications. This self-administration bulletin has a signature line for the offender to sign prior to beginning a self-administration program. This form can be edited to suit your needs. Correct Rx provides a daily manifest/packing list included with each delivery. This manifest is sorted alphabetically by patient and includes the offender number, name of drug, quantity shipped; it provides a space for the offender to sign for receipt of self-administration medications. Correct Rx will supply an easy to use self-administration stamp with a signature line that can be utilized on the MAR or a separate self-administration sheet for documentation.

8. Medication Labeling

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to the labeling of medications, including in a setting(s) similar to corrections (if applicable).
- Supplier shall provide a concise overview of its proposed approach to packaging and dispensing of medications for GDC, in accordance with meeting the minimum basic requirements (C1, C2 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following:
 - Description of labeling to be used, including processes to proactively identify and avoid or resolve errors in labeling .

Qualifications, Previous Experience, and Performance

Correct Rx has been providing end-to-end pharmacy services for correctional facilities since April of 2003 which includes our stellar record of accurate medication dispensing, including labeling.

Labeling of Medications

Each medication card is labeled in accordance with state and Federal regulations, as well as those of GDC and include:

- Facility name;
- patient's name and ID number;
- directions for use (including route and times of administration);
- warning labels as needed;
- brand name and generic name;
- strength of the medication;
- quantity dispensed;
- medication lot number and manufacturer;
- original, dispense and stop date;
- expiration date;
- prescriber's name;
- prescription number;
- refill information;
- two-part peel off barcode reorder label;
- dispensing pharmacist initials;
- red letter "C" to indicate controlled substance prescriptions.

Auxiliary Labels

Correct Rx applies all necessary warning and auxiliary labels on each prescription for safe and effective medication use describing reactions, cautions, warnings, interactions, and dietary instructions such as: take with food; may cause drowsiness; shake well, etc. Correct Rx marks controlled medications and packages them for easy identification.

Correct Rx fully complies with all label requirements for blister packs, bulk and manufacturer packing under Federal and Georgia requirements. Correct Rx does not mix medication lots. Refrigerated items are packed separately in insulated pouches with cooling packs and clearly marked on the outside of the package, "Refrigerated Items." Any pharmaceutical that requires special handling is identified and labeled. This is especially important for specialty injectable and intravenous admixtures. Correct Rx utilizes auxiliary labels when there is a generic medication manufacturer change that results in change in appearance to avoid confusion.

Label Accuracy

We understand that it is our job to make sure your staff are able to accurately and easily read our labels, accurately identify the medications and understand the instructions for administration. This starts with having labels that are accurate and easy to quickly identify all pertinent and necessary information related to the order.

Correct Rx has a multiple step internal process that accurately and efficiently prints our prescription drug labels. To ensure that all the information that is printed on the label is accurate and appropriate each order is reviewed by a licensed pharmacist. All prescriptions dispensed by Correct Rx are checked a total of three times by a licensed pharmacist. This triple checking system, along with our advanced automated barcode technology and aggressive CQI and QA programs, are in place to protect patient safety.

To minimize labels being placed on the wrong product we print labels hourly sorted by filters that correspond to the medication, strength and quantity filled. Our procedures ensure our registered pharmacy technicians only work with one medication, strength and quantity at a time; reducing the risk of mislabeling prescriptions. The pharmacy technician initials each prescription by hand to create an audit trail. Each completed order, before it is placed in a box to be shipped out to a facility is checked by a licensed pharmacist to ensure the correct strength, quantity and drug are in the package. This process is in place to reduce the risk of a patient receiving the wrong medication or dose. The pharmacist initials each prescription which creates an auditable record.

Accuracy and patient is paramount to our business. Correct Rx aggressively self-audits and reports our accuracy. Correct Rx is proud of our 99.98% accuracy rate. Most pharmacy discrepancies are identified prior to shipment. This allows Correct Rx to make the correction and accurately dispense the medication without any facility intervention. However, if there is ever a case when a medication reaches a facility with any error including a label error, Correct Rx has an established reporting and tracking mechanism in place. We provide a thorough explanation of this process during the start-up and throughout the life of the contract. We know how serious medication mistakes can be for the patient and so we take every effort to minimize the risk. To ensure the highest level of accuracy, it is essential for each and every discrepancy to get reported so that we can provide the proper review, analysis and corrective action. Correct Rx requests that all discrepancies are reported by the on-site healthcare teams as soon as they are identified so the proper steps are taken to resolve the issue. A discrepancy report should be completed and returned to Correct Rx to allow for implementation of CQI and counseling. A photocopy of the front and back of the medication blister card should also be sent to Correct Rx with the discrepancy report. For every reported discrepancy, Correct Rx is able to identify the pharmacy technician(s) and pharmacist(s) involved with each medication dispensed. Every discrepancy is addressed through 1:1 counseling provided to those involved with each incident. On a monthly basis, Correct Rx analyzes all discrepancies from a systems perspective to determine operational controls that may be implemented to ensure the highest level of safety for our clients. Correct Rx calculates an accuracy rate based upon the number of prescriptions per month and the number of reported discrepancies per facility.

Please See D.12 Medication Errors for additional information related to patient safety, accuracy and our active Quality Assurance and Continuous Quality Initiative programs for additional information.

9. Medication Disposal Process

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to the disposal of medications, including in a setting(s) similar to corrections (if applicable).
- Supplier shall provide a concise overview of its proposed approach to medication disposal to include a description of the Supplier's medication disposal processes.

Correct Rx has developed and implemented protocols for the destruction and removal of unwanted medications including Schedule II, III, IV, and V controlled substances for facilities ranging from rural county jails to large metropolitan detention complexes for statewide clients and national private healthcare companies and operators. Correct Rx works with each client, each facility, local DEA Enforcement Agency and the Health Services Provider to develop, implement and monitor these policies and procedures. Our protocols incorporate the Office of National Drug Control Policy's methodology for destruction. They ensure compliance with controlling state and Federal regulations.

Correct Rx, in accordance with State and Federal Law, will provide GDC a legal and compliant procedure for the destruction of medications, specialized by type.

Disposal of Unused or Outdated Medications

Correct Rx provides each of our clients with options regarding the disposal of unused and outdated products that were dispensed by Correct Rx or brought in by an offender. Each method is designed to comply with Georgia and Federal regulations on proper medication disposal. We will not charge GDC fees for returning medications for disposal.

Your medication rooms should never look like a well-stocked community pharmacy with unnecessary medication. Ensuring that unnecessary medications are not ordered and unneeded medications are promptly removed, either returned for credit or destroyed. Having an effective system for handling the return, disposal and credit of medications is only part of what is required. It is equally important to ensure that the policies, procedures and protocols are efficient and understood by the onsite healthcare teams. Correct Rx understands that the onsite healthcare teams are burdened with many responsibilities. Therefore it is vital that we employ systems that facilitate regulatory compliance are easily implemented and are mindful of the demands and responsibilities of our counterparts.

Return to Correct Rx: Most unused Product dispensed by Correct Rx or brought in by an offender may be returned to Correct Rx. In those cases Correct Rx provides all the materials including approved containers and shipping labels at no cost. These medications may be returned in the same box with medications returned for credit.

Disposal on-Site: Some medications may be disposed of on-site or through medical waste. Correct Rx works closely with each facility to develop a procedure mindful of (1) regulations; (2) state pharmacy board recommendations (3) facility policy and procedures and (4) environmental considerations. Our intent is to use “Rx Destroyer” bottles for most of the destruction of patient specific and non-controlled non-patient specific medications.

Rx Destroyer is a DEA and EPA compliant solution. Easily accessible and proper medication disposal is necessary to prevent drug abuse, drug diversion, stockpiling and contamination. This method prevent leaching of pharmaceuticals into drinking water, soil and waterways and may be discarded with common trash. It provides a safe and easy drug disposal solutions for correctional nursing. Administering medication is one of the more challenging tasks facing nurses and this is heightened in a correctional setting. Nurses must administer and keep track of all medications administered to offender patients throughout a correctional facility; they are dealing with a large population of people located in various areas such as the general population, specialty housing areas and segregated units. This requires a strict medication policy that manages proper medication administration, but also disposal of unused medication with documented chain of custody procedures. Compliance with Board of Pharmacy, DEA an EPA regulations is important to protect facilities from liability, to protect the water supply from improper disposal of controlled and non-controlled substances and to prevent drug diversion.

In 2014, the DEA issued a ruling with the Disposal Act, a supplement to the Controlled Substance Act, which details the rules for destroying unused pharmaceutical waste. Too often, we find that prison personnel continue to dispose of pharmaceutical waste by flushing down the drain, which is illegal and poses serious safety and contamination concerns. Stockpiling is also a significant concern and creates the potential for drug diversion where these medications may end up abused or misused. Correct Rx’s solutions directly address these concerns.

Rx Destroyer is simple to use:

1. Load medications into the bottle
2. Tightly replace cap
3. Gently shake to mix solution over medications
4. Store in a safe and secure location...use until full
5. Discard bottle and its contents into common trash or according to business process and regulations.

This method of chemical drug destruction meets DEA “non-retrievable” standards and meets or exceeds disposal regulations for solid waste in Georgia.

Reverse Distributor: In accordance with Federal Law Correct Rx will utilize a reverse distributor for the destruction of controlled substance stock medications. Correct Rx will provide all of the training, materials and documentation necessary for to teach the facilities' medical teams this process and we will oversee and audit this process quarterly to ensure compliance. Correct Rx will not charge additional fees for this service

Correct Rx utilizes Pharmaceutical Returns Service as our Reverse Distributor. Pharmaceutical Returns Services has operated as a reverse distributor for over thirty-five years. They are on the DEA's Preferred List for the handling of Scheduled drugs II-V returns and destruction. Their process assures complete state and Federal regulatory compliance. Further, they are licensed with both the DEA and EPA for the destruction of Schedule II-V pharmaceuticals as well as Hazardous and Regulated Waste. They maintain complete compliance with each agency's specific regulations and will provide detailed documentation. You can trust Correct Rx will dispose all your medication waste in the most environmentally responsible way available.

10. Pharmacists Availability

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to pharmacy advisory services, including in a setting(s) similar to corrections (if applicable).
- Supplier shall provide a concise overview of its proposed approach to pharmacy advisory services for GDC, in accordance with meeting the minimum basic requirements (D1 through D6 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following:
 - Provision and availability of pharmacist support and expertise, including pharmacist qualifications, hours of availability for emergency and non-emergency requests, response times, and issue resolution times.

Unmatched Clinical Pharmacy Experience

Correct Rx's clinical pharmacy services distinguish us from our competition. Correct Rx has 17 years of experience providing customized clinical pharmacy programs. Currently we are providing direct pharmacist driven on-site clinical programs in two state correctional systems: Maryland Department of Public Safety and Correctional Services (DPSCS) and the Delaware Department of Correction (DDOC). Additionally, Correct Rx provides clinical services nationally for over 300 jails and prisons.

In state systems, Correct Rx has implemented a unique model where highly credentialed clinical pharmacists work onsite within correctional facilities. Clinical pharmacists provide innovative services ranging from Formulary/Non-Formulary Management to direct patient care services in a collaborative practice model to drive improvements in chronic disease outcomes. Correct Rx clinical pharmacists provide statewide disease management programs for diabetes, anticoagulation, respiratory diseases, Hepatitis C, HIV and mental health programs. All of our clinical pharmacy programs have produced measurable outcomes. We encourage you to ask our current clients.

➤ **Maryland Clinical Pharmacy Experience**

In 2005, DPSCS awarded Correct Rx the pharmacy contract and began with 2.3 FTEs for on-site clinical pharmacists. Today, the clinical team consists of six and they work collaboratively to provide advanced pharmaceutical care for 20,000 offenders. This program showcases what can be accomplished when clinical pharmacists are provided an opportunity to collaborate as a member of an interdisciplinary healthcare team and leverage their specific and unique knowledge on pharmaceuticals and outcomes. This model was the first of its kind and is the gold standard in advanced healthcare settings. Clinical pharmacists provide evidenced-based disease management programs, provide chronic care clinics and patient consulting. The well documented outcome improvements through Correct Rx's clinical pharmacy programs is one of many reasons Correct Rx was re-awarded the contract in 2019.

➤ **Delaware Clinical Pharmacy Experience**

The DDOC selected Correct Rx in 2010 with plans for one on-site clinical pharmacist. Correct Rx's team has grown to five on-site clinical pharmacists at the request of the DDOC. Correct Rx provides chronic care clinical services that includes direct patient care in the areas of diabetes, hypertension, hyperlipidemia, asthma and anticoagulation for the 5,000 offenders within their care. Patients are enrolled in chronic care clinic from health care provider referral for analysis and improvement of patient medication adherence. Medication adherence is assessed primary by evaluating patient specific laboratory data (e.g. HbA1c, lipid panel, etc.) and "keep on person" medication pick up logs. Patients enrolled in chronic care clinic receive a medication therapy management sessions. The outcomes are benchmarked against HEDIS measures for pharmacy programs.

Proposing a New GDC Model of Advanced Pharmaceutical Care

The Pharmacy Advisory Services as described in D1 through D6 of Attachment B – Scope of Services is only a portion of the services successfully provided by Correct Rx to other correctional healthcare systems. Our experience and expertise will ensure GDC receives the safest and most cost-effective pharmacy program. This is the model used in advanced healthcare systems and managed care organizations.

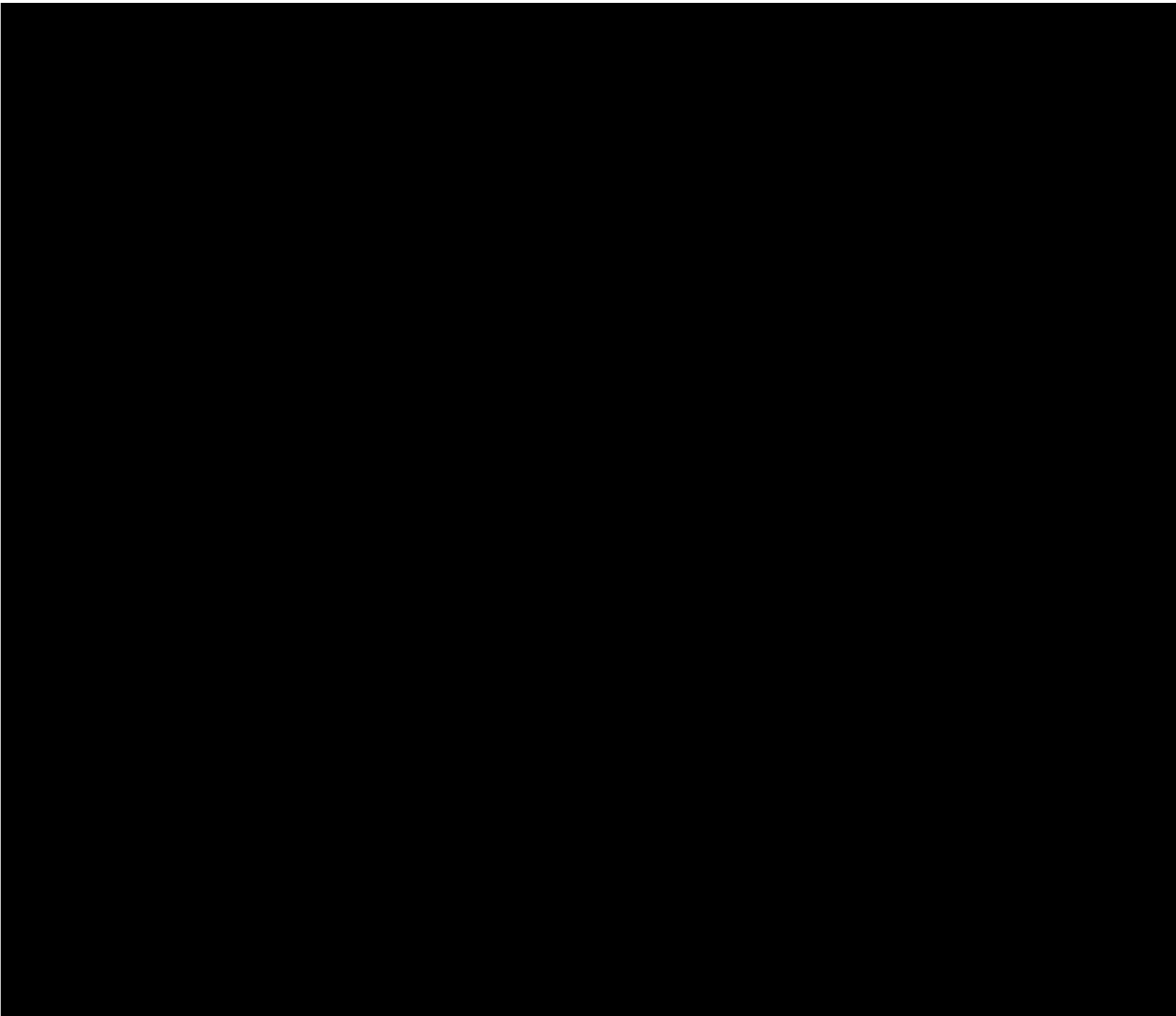
And our services fully implemented will provide GDC with unparalleled improvements in pharmaceutical outcomes.

We are confident we will exceed GDC's expectations on accurate, reliable, timely and efficient dispensing. Correct Rx will continue to operate the ASPP with its current staffing levels. Additionally, Correct Rx proposes to implement our unique clinical programs that improve medication therapy and outcomes while reducing costs. The outcomes produced will be measured against national health metrics, the star rating system provided by the Centers for Medicaid & Medicare Services, CMS.

Correct Rx will provide to GDC a Clinical Pharmacy Director and two Regional Clinical Pharmacists to work with the Administrative Program Manager. All positions will be located in Georgia. We have already identified the Clinical Pharmacy Director and Clinical Pharmacist to oversee the delivery of the services described in this section. Dr. Kareem Karara will relocate to Augusta, Georgia, to direct the delivery of clinical pharmacy programs, oversee the ASPP and be 100% dedicated to this contract. Dr. Tekia Hamilton already works in a correctional facility in Georgia in the Southeastern Region. Correct Rx will hire a second Regional Clinical Pharmacist to cover the Southwestern Region. Dr. Karara along with the two clinical pharmacists will be available to GDC 24 hours a day, 7 days a week, constantly. Dr. Karara is a proven correctional healthcare leader with eight years of experience specializing in HIV, HCV, formulary management and customizing targeted clinical programs. We have provided bios and resumes for the Georgia assigned team in Section 1. General Qualifications and Experience paragraph M of this document.

Corporate Clinical Support to Assist GDC- Additional Resources

Correct Rx has years of experience implementing customized clinical pharmacy programs to meet the individual needs of our clients. Clinical pharmacy programs should complement the high quality of care currently provided by GDC. Our shared goal is to improve patient outcomes and decrease overall healthcare and medication expenditures. All clinical services and Dr. Karara will be supported and managed through Correct Rx's Corporate Clinical Department in collaboration with GDC. The Correct Rx Corporate Clinical team will be available to GDC, 24/7/365 by way of a toll-free phone number. Correct Rx's clinical team in our corporate office and leadership are also available to the GDC. The Correct Rx Clinical Team are identified below.



Clinical Pharmacy is a Better Way to Manage Healthcare Costs

Correct Rx is the industry leader in clinical pharmacy. We are the only correctional pharmacy that legitimately practices clinical pharmacy, providing a collaborative, big-picture service to our clients. Our clinical pharmacists work in concert with healthcare professionals that results in multi-dimensional outcomes including, positive health outcomes for patients, the optimal use of medications while at the same time lowering overall pharmaceutical and healthcare costs. Our clinical pharmacy team is a valuable asset to all members of the healthcare team and has the experience and credentialing to meet all of the requirements of this eRFP.

Brightest Minds and Highest Credentials

We believe that providing innovative clinical services requires highly credentialed professionals. The Correct Rx clinical pharmacist possess the following credentials:

- Doctor of Pharmacy
- Post-Graduate Clinical Residency Training and/or Fellowship
- Direct Patient Care Experience
- Board certification through the Board of Pharmacy Specialties; *this is the industry gold-standard for clinical services*

Correct Rx clinical pharmacists recognize when a less expensive medication will work as well as or better than an expensive one or when an alternative treatment is more effective.

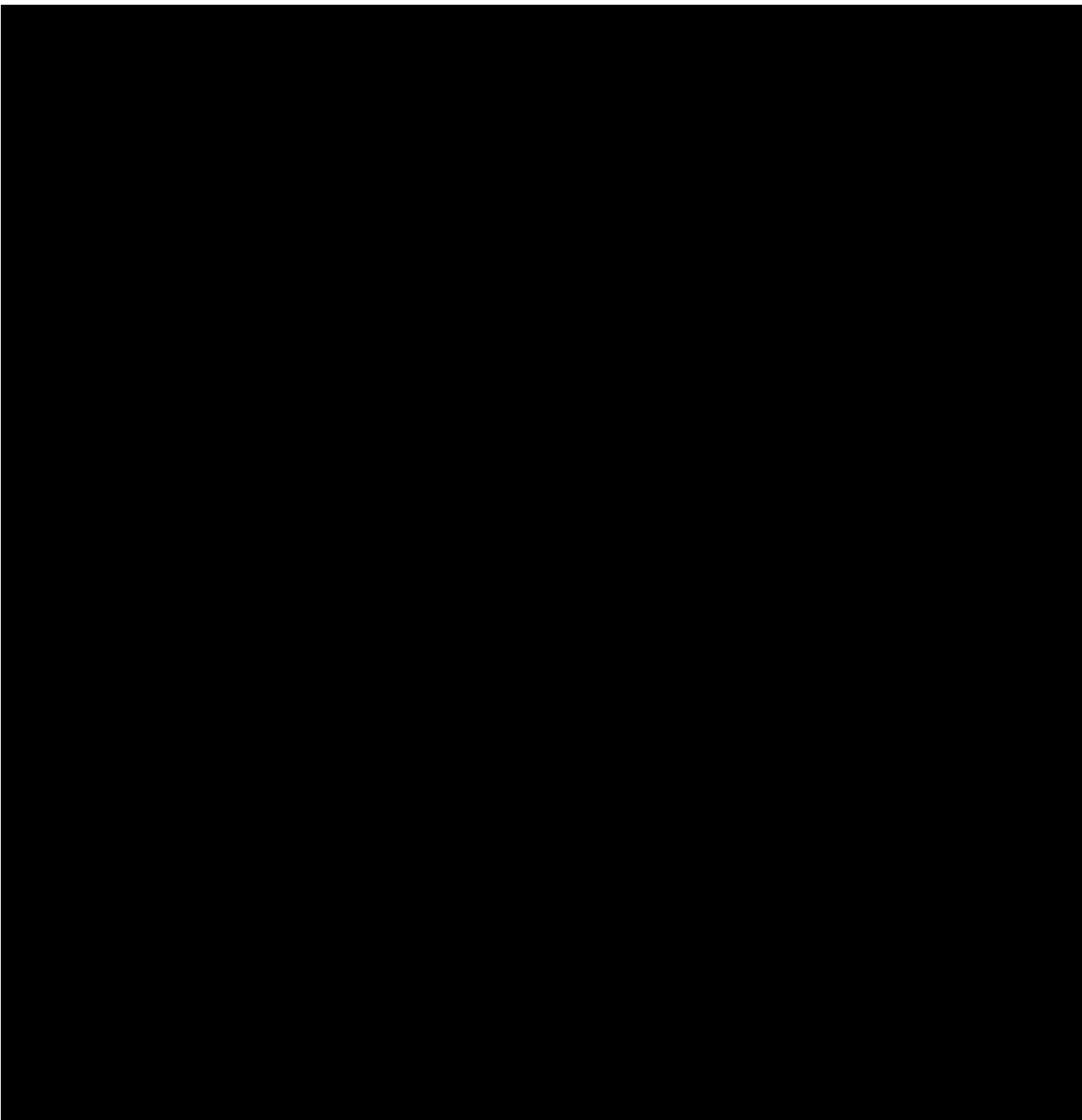
Proven Clinical Programs

Correct Rx provides clinical programs, services and innovative solutions impacting the total mix and quantity of medications used by our clients and significantly reducing costs. The value of pharmacy services factors in two variables impacting GDC's spend:

- Selection and Quantity of Medications Dispensed each month
- The impact of Clinical Pharmacy Initiatives on the overall cost of patient care

We have definitive data that our clinical services have a significant impact on health outcomes and reduce healthcare costs. As an example:

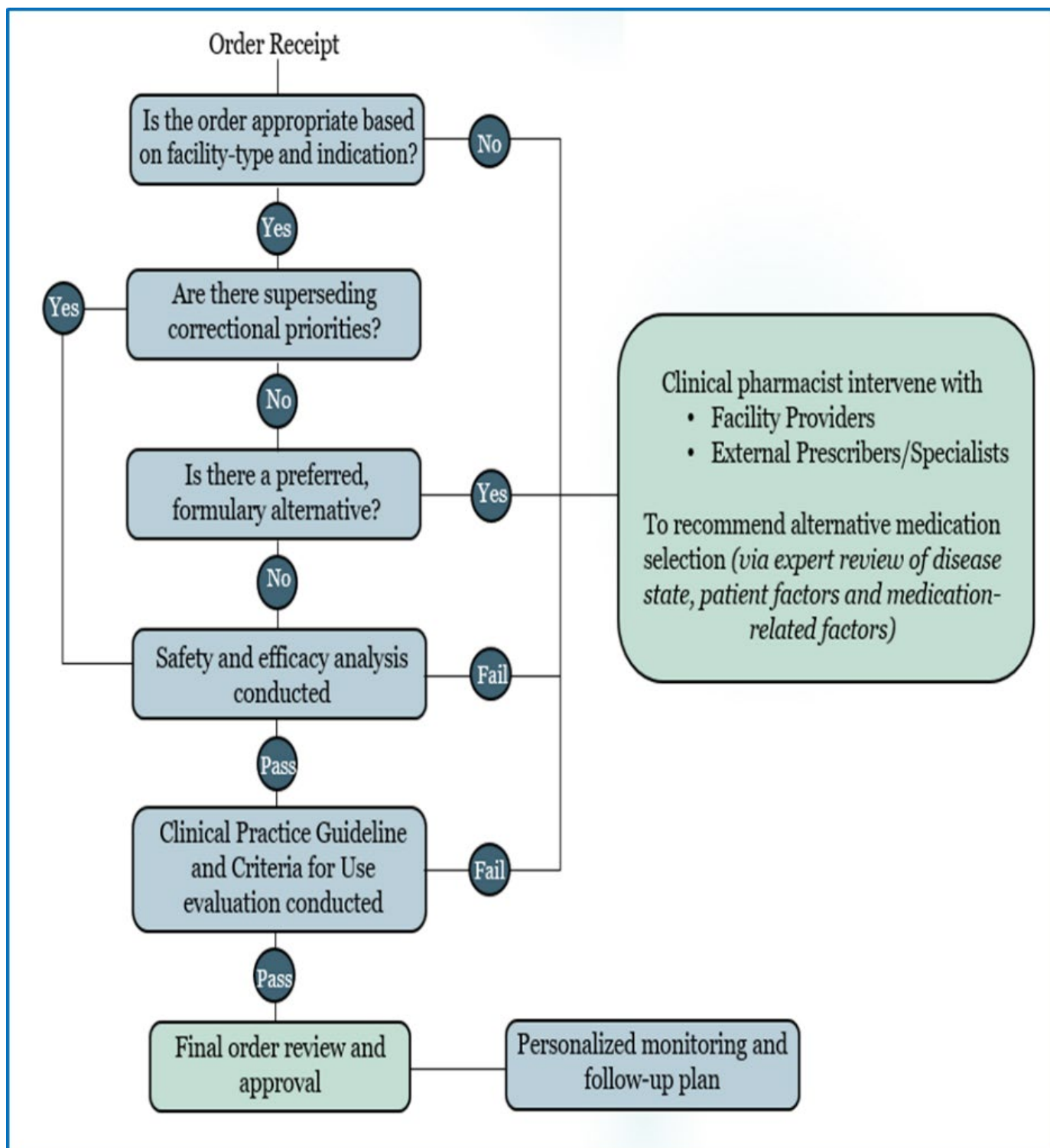
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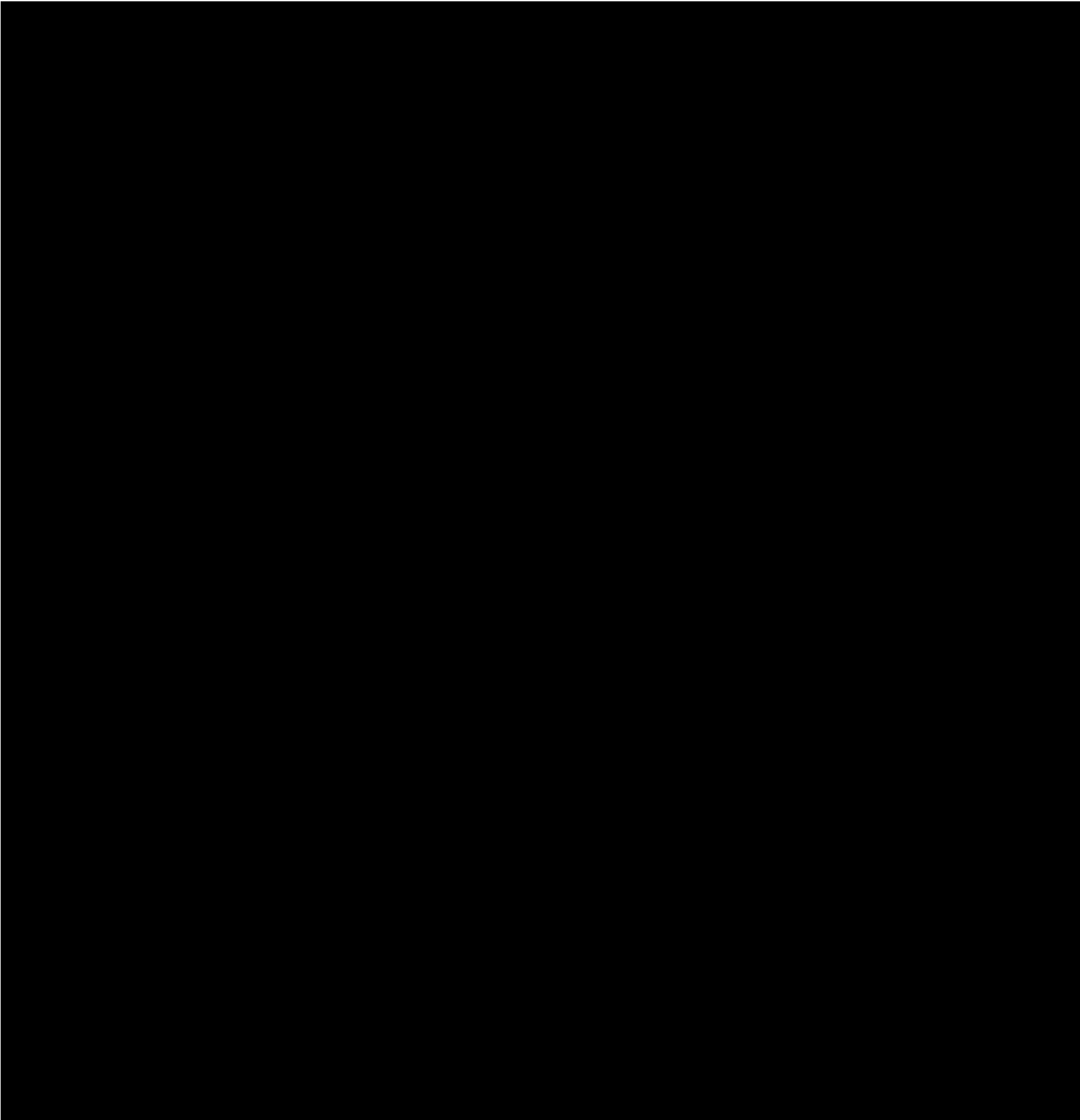


360° Optimal Care

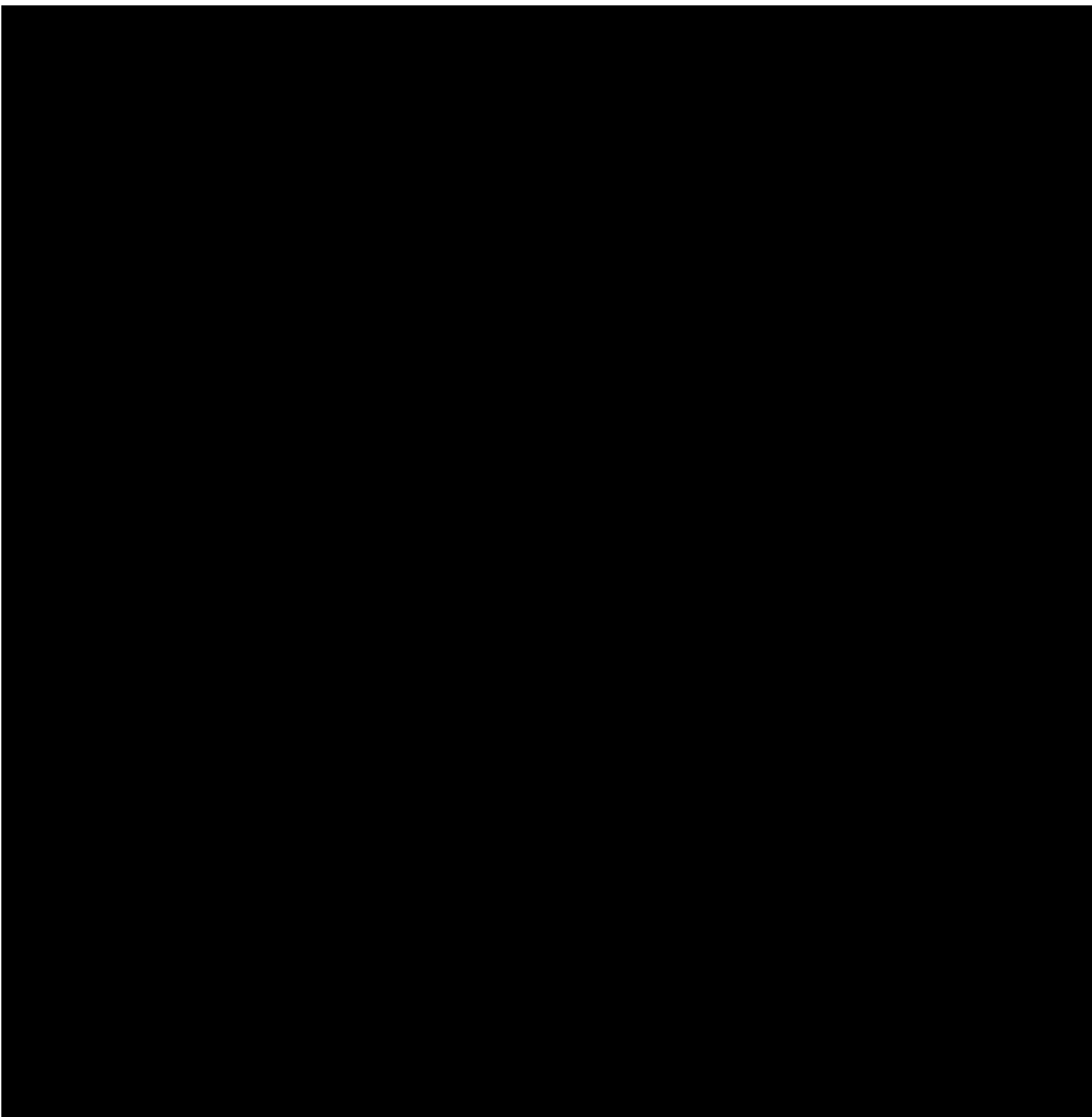
An Innovative Clinical Pathway
Powered by Correct Rx

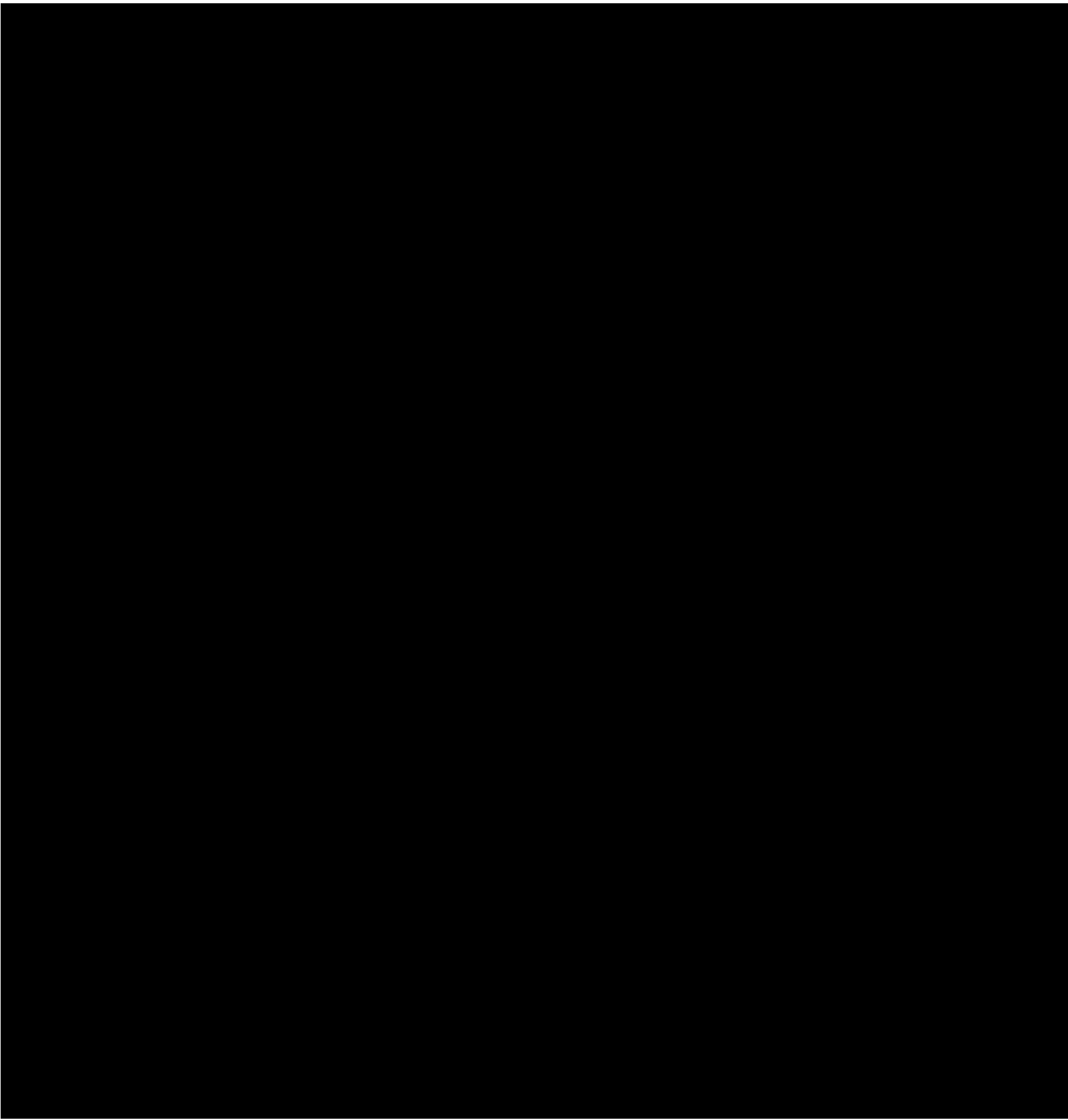


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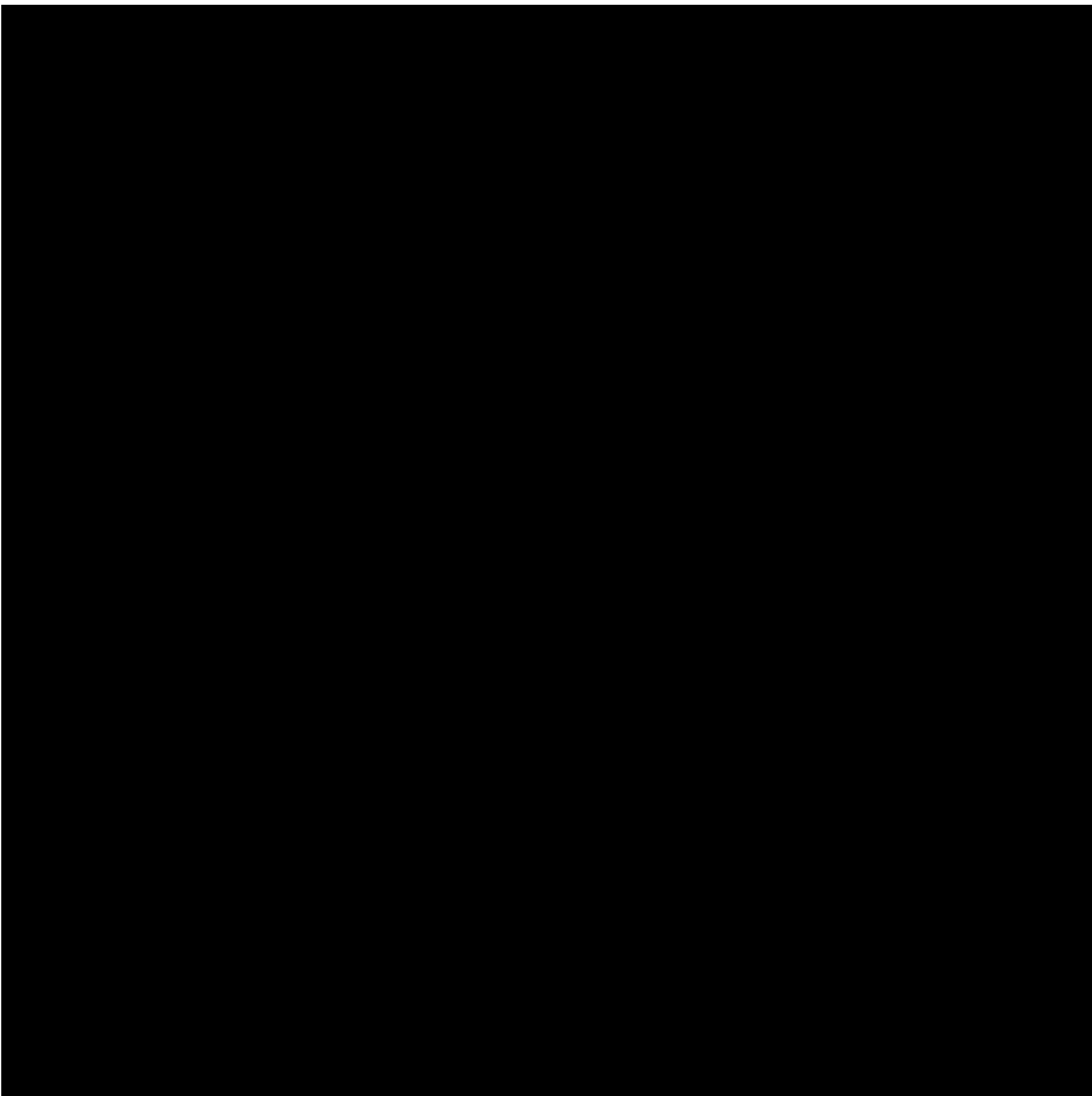


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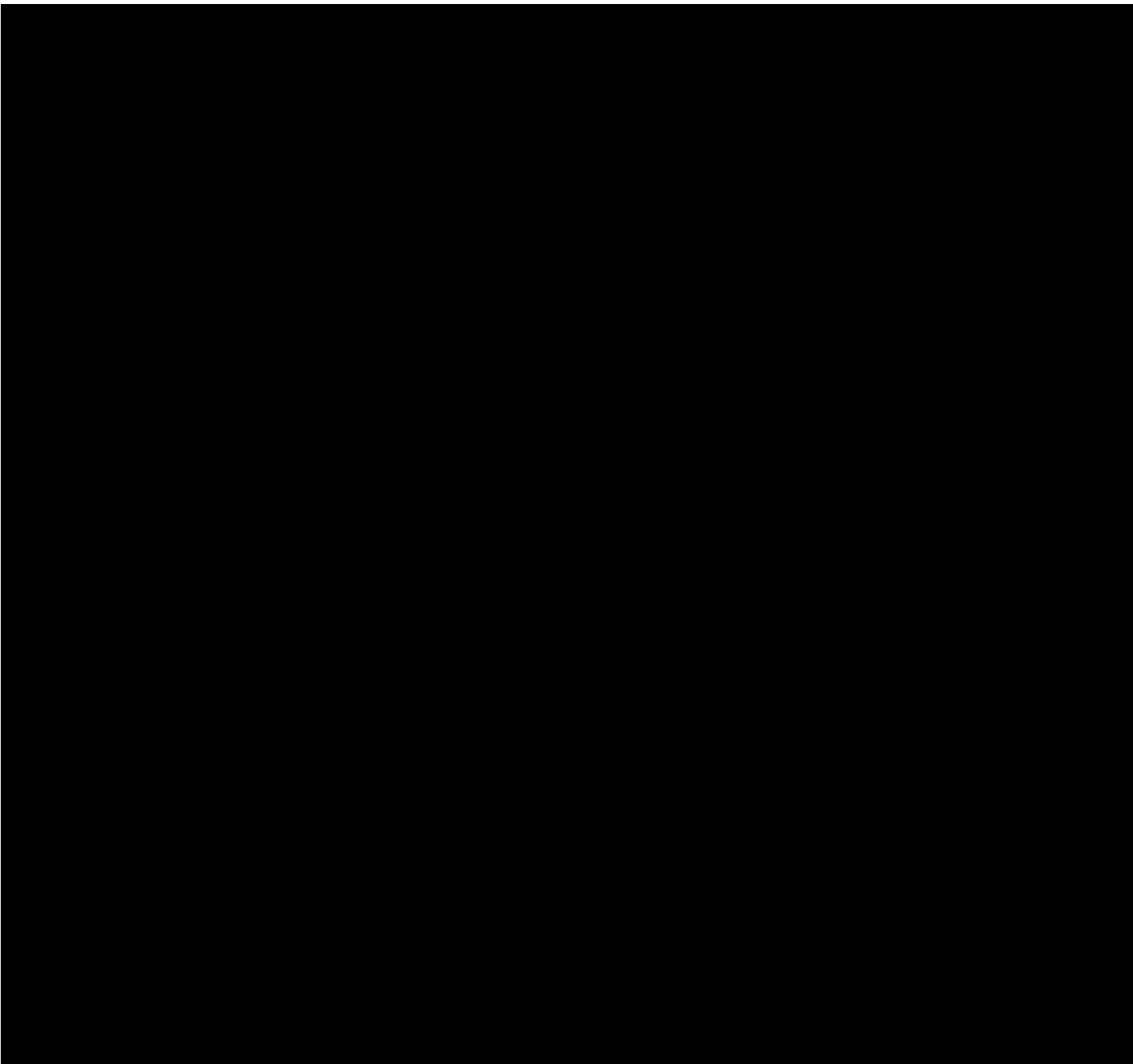




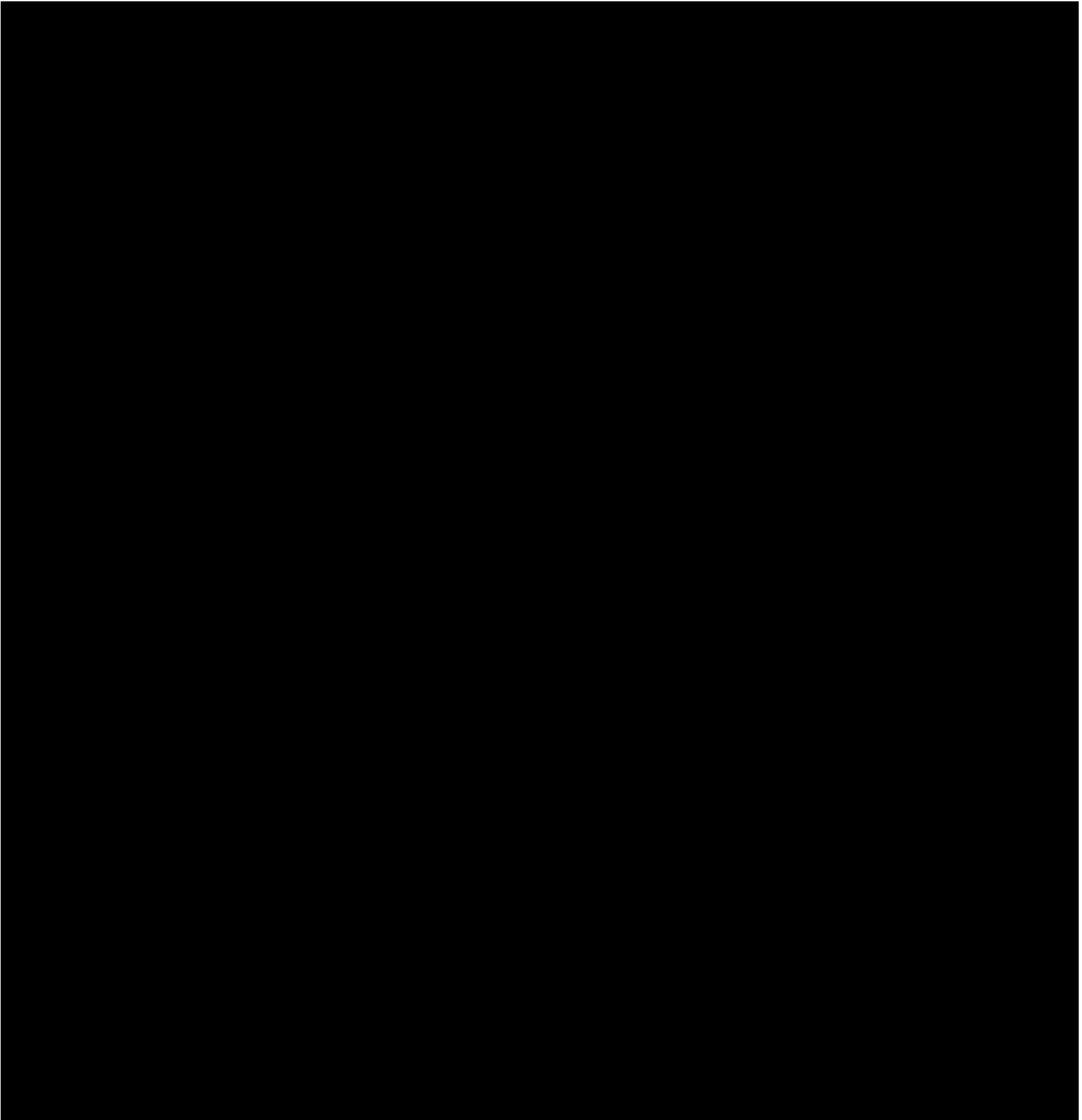
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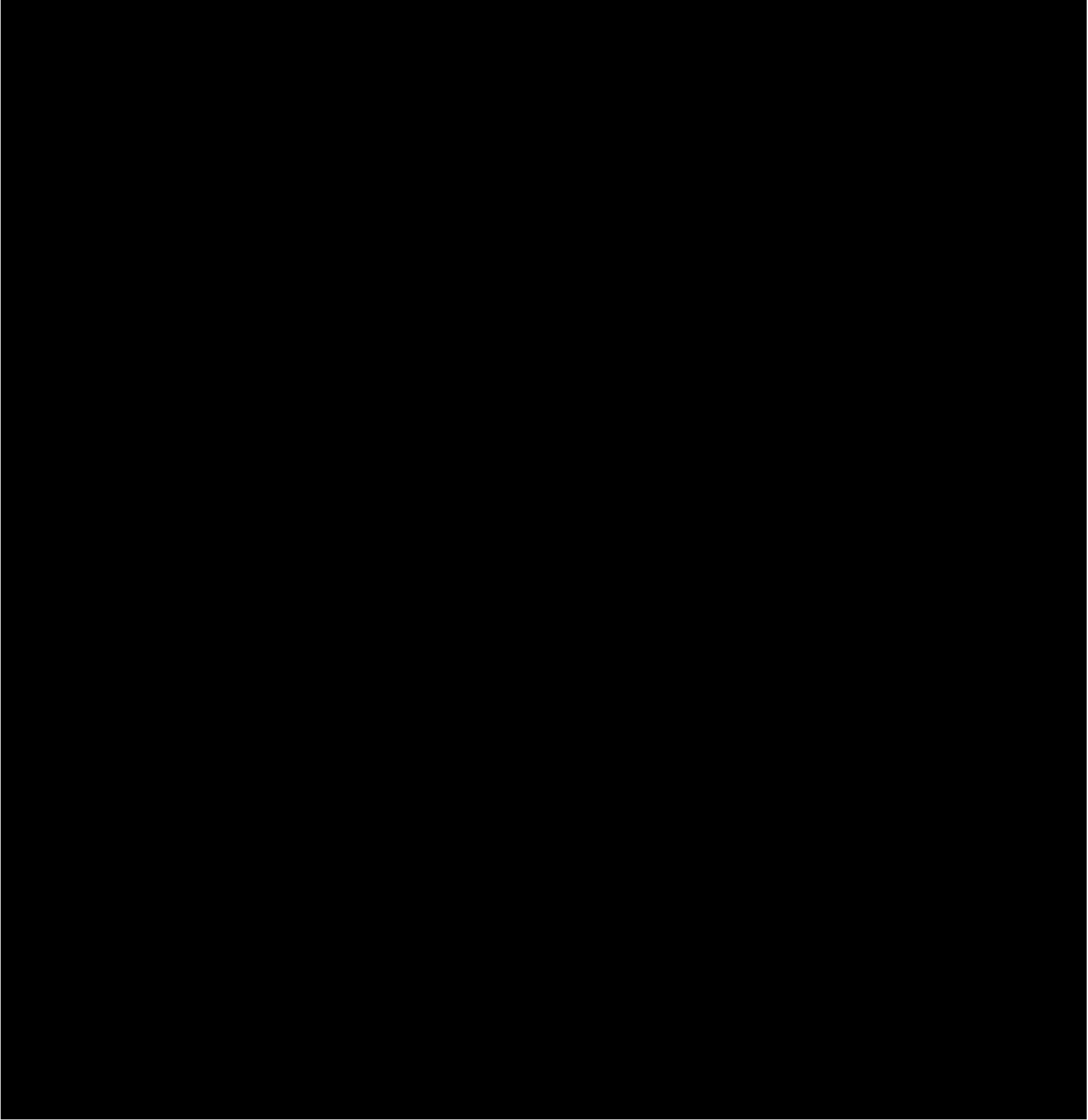
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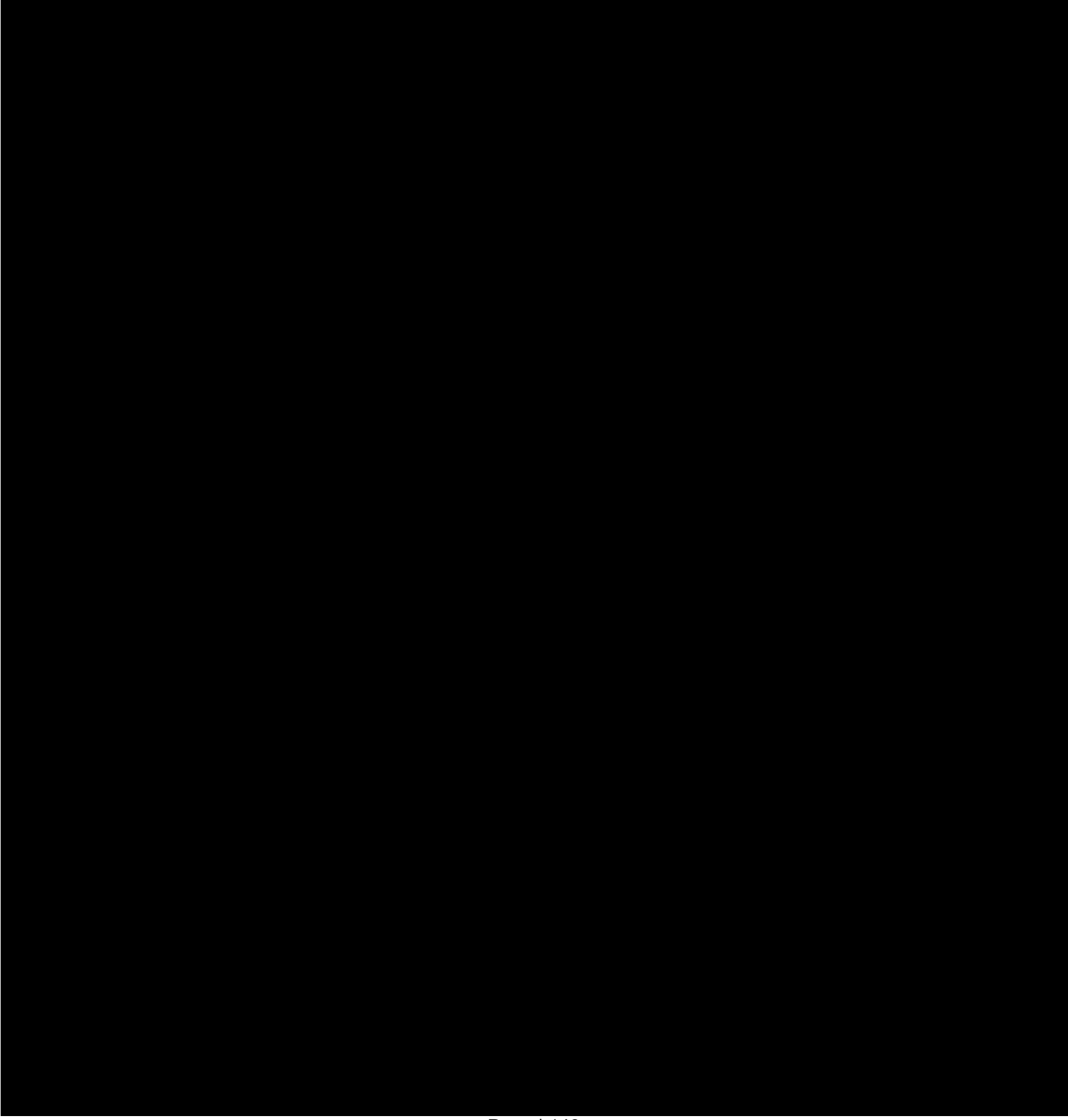
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Examples of Quality Improvement and Cost Containment Initiatives

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Medication Audits and Integrity Reviews

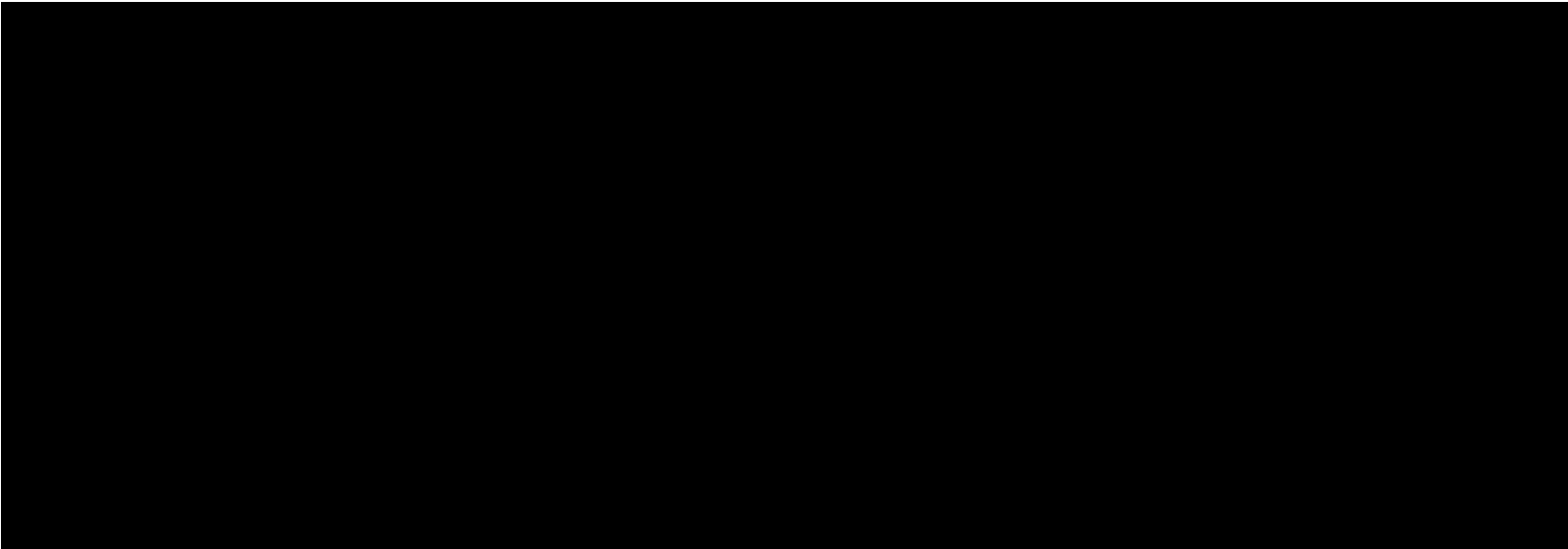
Correct Rx will conduct quarterly audits of each medication storage area in GDC facilities. The pharmacist will submit written quality assurance reports to the GDC and the Pharmacy and Therapeutics Committee. Correct Rx will ensure that the pharmaceuticals stored within the facilities are within the expiration date and have not been compromised through improper storage. Any medications found to be out of date or compromised will be removed and destroyed during our audit visit.

Comprehensive Audit Tool

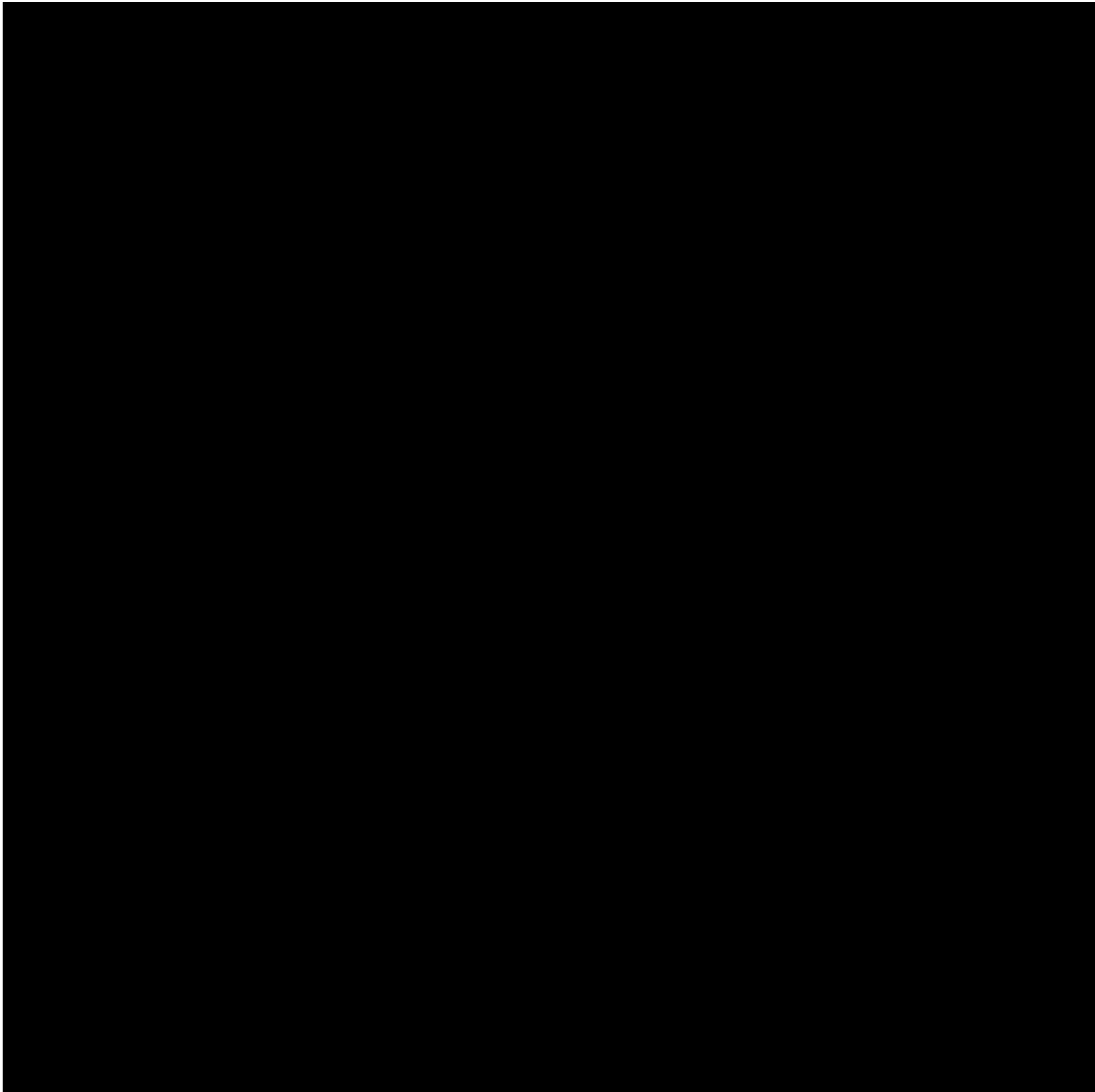
Correct Rx developed an inspection sheet that adheres to NCCHC, ACA, JC, DOJ and local requirements from the Georgia Board of Pharmacy. The use of the inspection sheet standardizes the condition of the medication rooms for the facilities. The inspection sheet addresses Medication Storage, Controlled Substances, Emergency Medication Box, Medications and Labels and Medication Administration and Orders. By working collaboratively and cooperatively with administration, the healthcare teams and key nursing staff, Correct Rx provides clear and consistent feedback regarding regulatory compliance and meeting performance standards.

Our reporting format provides immediate feedback at the specific site level, a summative narrative component that facilitates administrative monitoring and a CQI component that tracks the progress of corrective action as needed. This multi-level approach provides a valuable tool for GDC and the healthcare team to ensure patient safety, employee accountability, institutional security and regulatory compliance. The following items are inspected by the licensed pharmacist when conducting a review of the medication rooms:

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Review of Findings, Summary Report and Follow-up

The inspection reports are discussed with the Director of Nursing or designee for the facility at the conclusion of every audit. Additionally, a narrative summary is shared with GDC to ensure issues are resolved. This level of transparency provides the key healthcare managers with accountability designed to ensure regulatory compliance. Additionally, Correct Rx is aware that quality improvement plans must be continuously assessed to ensure that audit findings are addressed and corrected in a timely manner. Our audit tool requires documentation that previous findings and recommendations have been attended to which will be shared with GDC in the summary report.

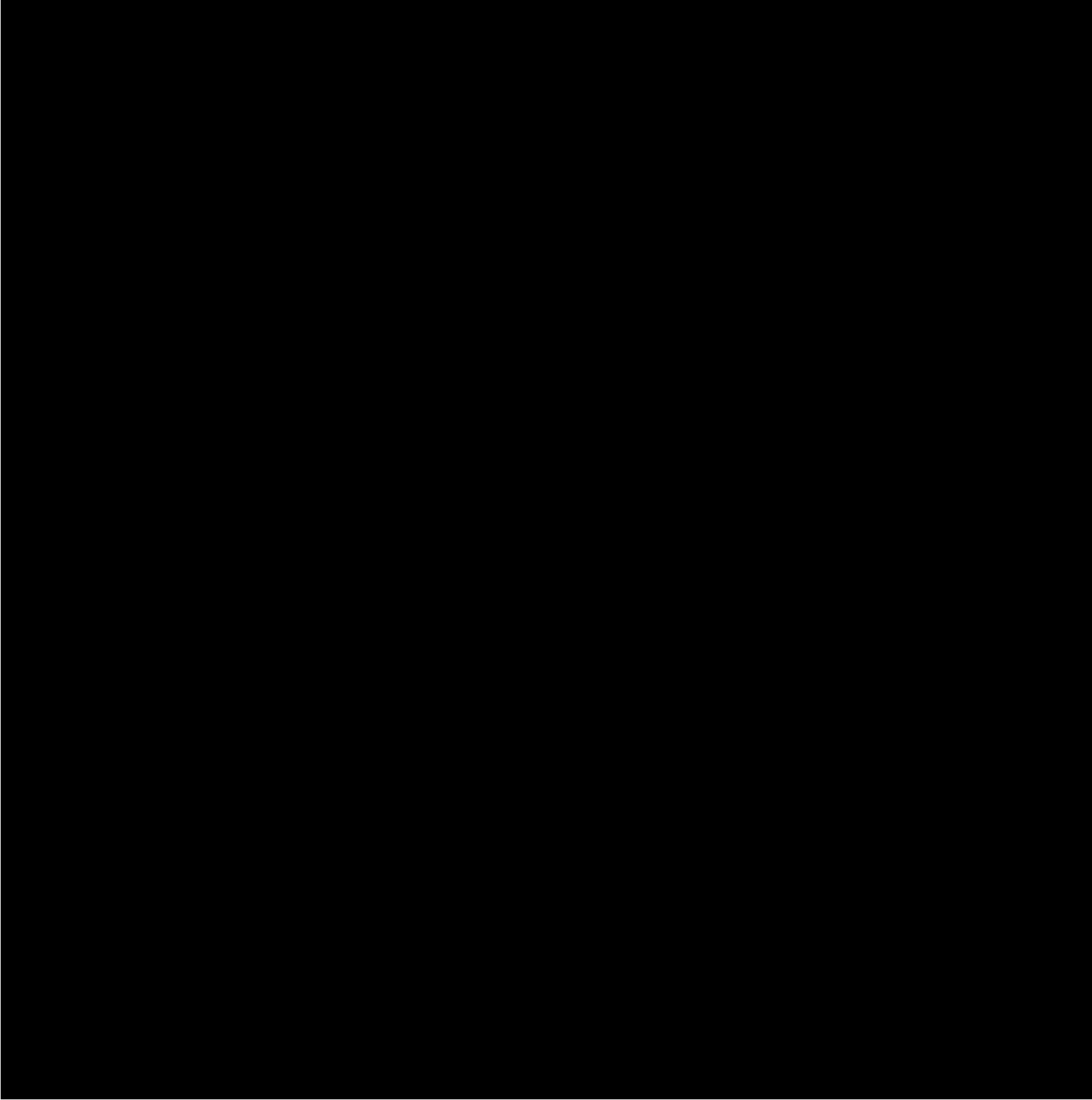
Education and Training

Correct Rx will provide any necessary training for GDC. Training is an essential component of all levels of pharmacy service. Training and continuing education is the way we ensure our partners understand the best way to utilize our services, be educated on the proper policies and procedures and current with changing best practices.

Correct Rx provides hundreds of educational sessions each year. The training sessions may be part of a start-up transition schedule or instructions on new policies and procedures or how to use a new technology or an in-service on the proper treatment of a particular disease state. The goal is always to provide necessary information to produce a successful outcome.

In addition to global training initiatives, Correct Rx is also an active partner in meeting individual site needs through dedicated or regionally focused education initiatives to meet a specific need. Whether a statewide regulation change or disease state specific education to ensure care providers are well equipped to meet the needs of their patients (e.g. flu outbreaks, hepatitis C management, non-statin lipid management). Trainings and Continuing education are provided either in-person or by webinar. Correct Rx is flexed to meet the need at hand. Having experience working collaboratively with other healthcare providers has enabled Correct Rx to lead the way in providing relevant education in a growing and changing pharmaceutical era. The following are examples of staff training that Correct Rx Clinical Pharmacists have provided:

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The clinical pharmacy services described in this section will be provided by the dedicated Correct Rx team that will be strategically located throughout Georgia. Dr. Kareem Karara, the two Regional Clinical Pharmacists and the Augusta State Prison Pharmacists will establish collaborative practice agreements with the Healthcare Authority to provide cost-effective and streamlined care. The expanded clinical services discussion is continued under Section 11. Formulary Management.

11. Formulary Management

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to formulary management, including in a setting(s) similar to corrections (if applicable).
- Supplier shall provide a concise overview of its proposed approach to formulary management, in accordance with meeting the minimum basic requirements (D1 through D6 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following:
 - Transitions to formulary medications, including when non-formulary medications are prescribed to existing offenders and when new offenders arrive with non-formulary prescriptions.
 - Pharmacist interaction and collaboration with prescribers (i.e., physicians/providers who work for other suppliers or for organizations outside of GDC facilities such as community hospitals), including to manage the formulary and pharmacy spend.

Experience with Advanced Formulary Management

Correct Rx currently manages 49 unique medication formularies in correctional healthcare. Each is designed for the unique correctional healthcare system we serve. Correct Rx has provided these services over the last 17 years in correctional facilities, nationally for over 300 facilities, including statewide systems. Correct Rx and our clinical pharmacists are inseparable from the formulary medication list and operational procedures necessary to ensure effective formulary management. We pride ourselves in being medication use experts and gladly shoulder the responsibility of providing an enhanced formulary to guide prescribing towards the most advantageous medication use for GDC.

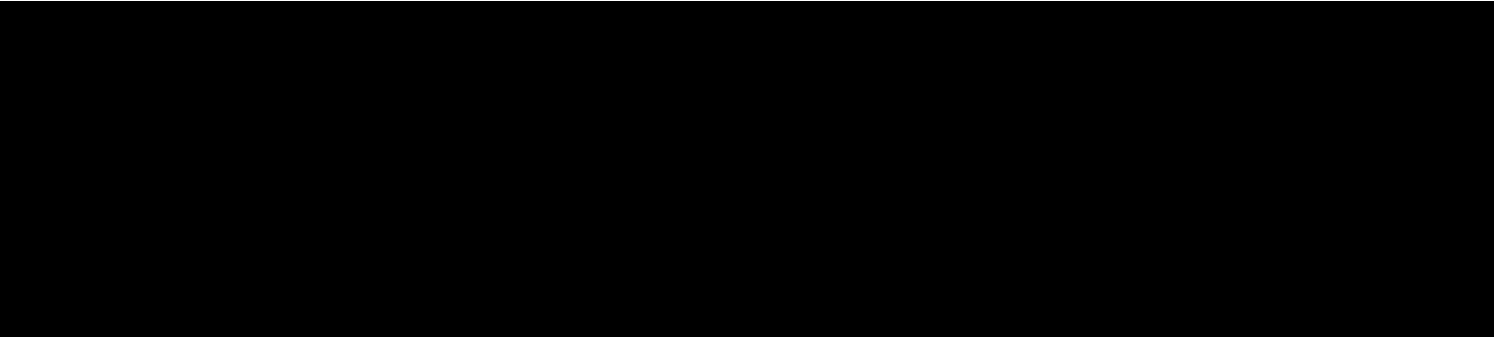
Correct Rx does not engage in formularies to maximize rebates for our profit. A rebate formulary maximizes the use of brand drugs and conflicts with cost savings goals. Our strategy to maximize the use of generic and biosimilar medication has provided effective results for our clients. Correct Rx's clients achieve better than 90% on use of generic and biosimilar medications through our formulary management.

Correct Rx will provide formulary management services to the GDC consistent with optimal medication therapy management for offender healthcare. Correct Rx adapts best practices from guiding statements and standards supported by the American Society of Health-System Pharmacists on formulary development and maintenance to achieve optimized patient care, safety and cost savings. This approach exceeds both ACA and NCCHC standards.

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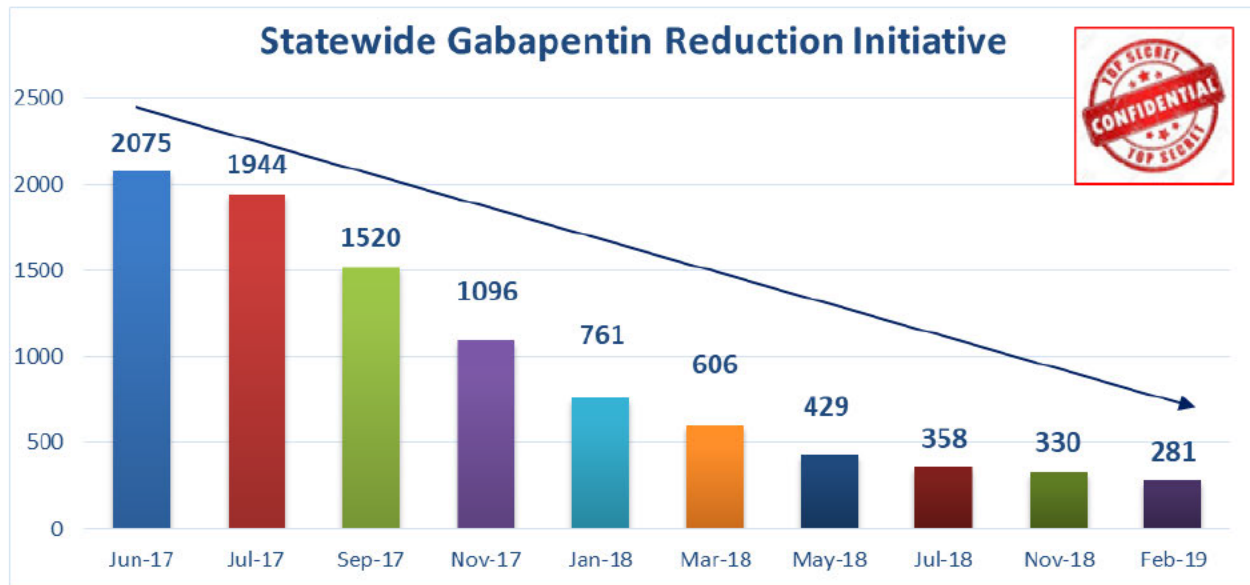
➤ Sample Achievements of Correct Rx's Formulary Management Service

Correct Rx's clinical pharmacy department understands fiscal challenges in providing correctional healthcare. Our pharmacists review medication cost and utilization trends during the P&T meetings and we develop plans to contain costs. Correct Rx's clinical department incorporates the latest managed care tools to facilitate responsible prescribing and cost containment including: preferred drug list enforcement, non-formulary approval program, quantity limits and retrospective drug reviews.



Streamlining Medication Use Specific to the Correctional Environment

Perhaps equally important to the cost savings gained from effective formulary management is the streamlining of medication use to optimize security and patient outcomes in a correctional environment. Correct Rx experience informs them that medications with packaging that includes metal components, a propensity for diversion or abuse, and safety concerns can threaten the security of a correctional environment and the health of a population.



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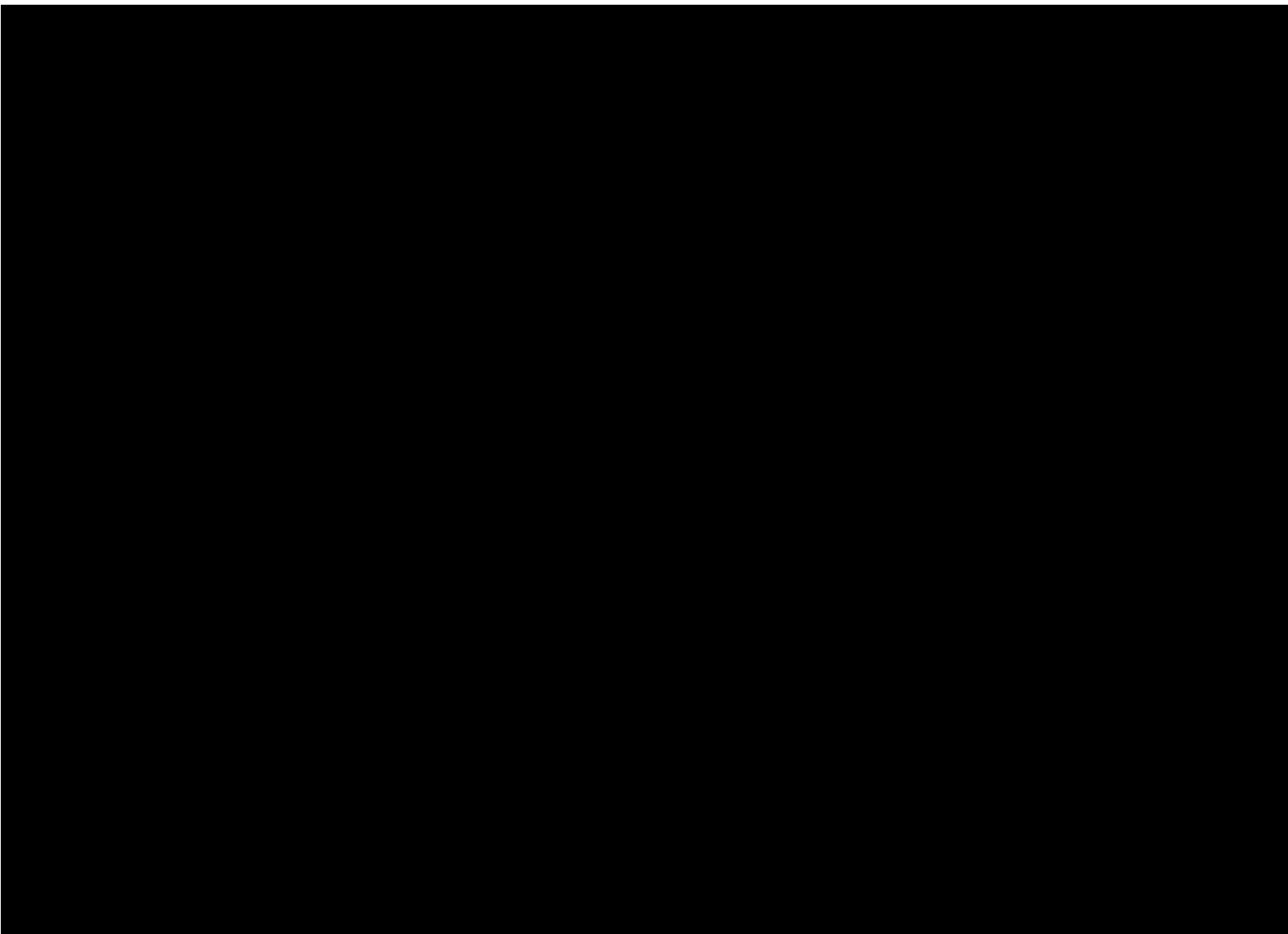
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Formulary management means so much more than developing a pre-approved list of medications that a prescriber can use. Correct Rx's formulary management strategies are effective solutions to emerging drug cost drivers while providing optimized medication therapy management. The GDC formulary provided by Correct Rx will exceed clinical needs and generally accepted medical standards for the treatment of

common medical and mental health disorders. Many of the cost savings incentives proposed by Correct Rx requires adoption of our formulary and our expert recommendations.

Our formulary is a living document and is updated continuously through the P&T Committee. The formulary is supported by documented research of comparative therapies, drug product selection algorithms, clinical pathway development and other methods that result in compliance with accepted medical standards. This method is proven and has provided the highest quality of care while being mindful of costs. The formulary will represent the most reasonable list of therapeutic options for each category of medications for cost-effective care of patients.

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CONFIDENTIAL – TRADE SECRET**Modification to the Formulary**

Correct Rx's method for updating the formulary medication list includes a multi-step process. The steps for formulary modification are outlined below.

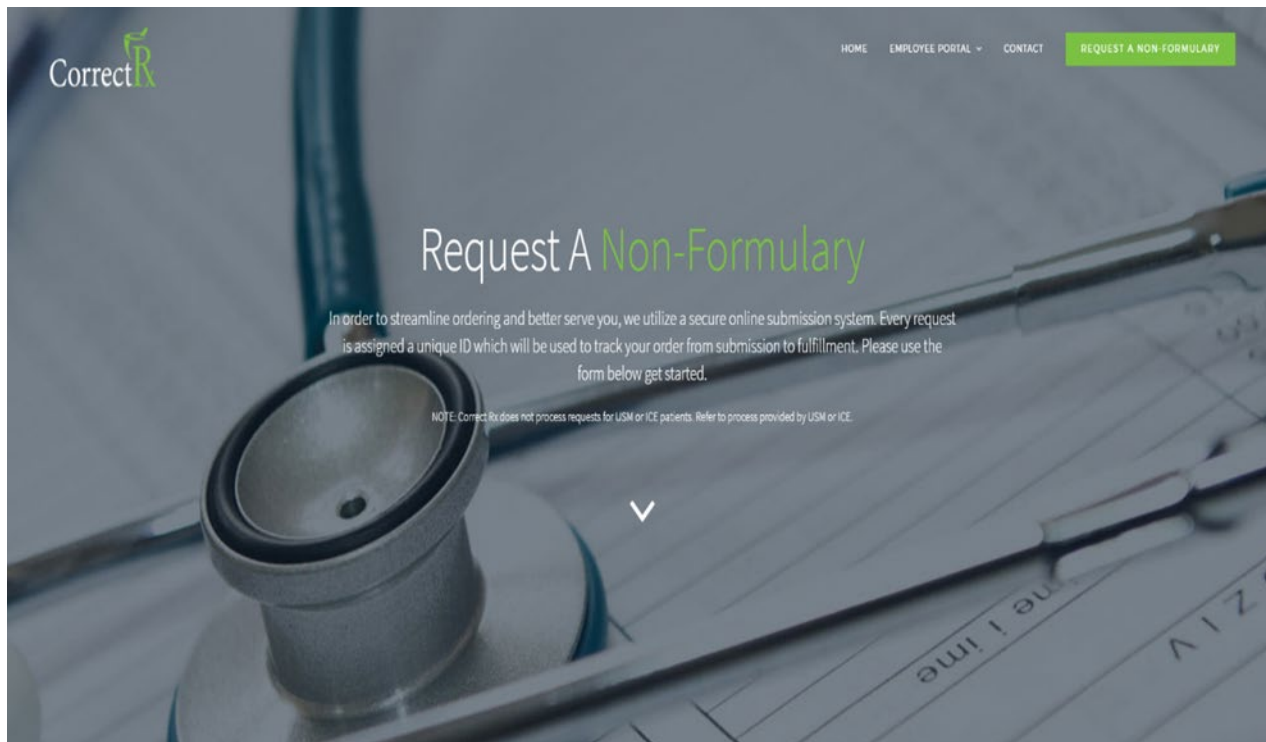
1. Recommendations to add or delete medications from the formulary are presented to the P&T Committee on a monthly basis.
2. Correct Rx Clinical Director presents objective evidence, including a comprehensive monograph, to support the recommendation for addition or deletion.
3. Collaborative discussion on the merits of the recommendation are discussed by the attendees of the P&T Committee which include representatives from the medical, mental health, dental and nursing along with the GDC healthcare leadership.
4. A decision is made to either accept or reject the recommendation for formulary change.
5. The signed, authorized copy of the formulary changes remains on file with Correct Rx and is provided to each GDC facility along with an updated version of the formulary.

Correct Rx provides exceptional collaboration towards formulary development that provides offenders access to medications to meet their healthcare needs.

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CONFIDENTIAL – TRADE SECRET**Correct Rx Will Do the “Heavy Lift”**

Correct Rx will adhere to the established GDC policies and procedures for pre-authorization for non-formulary and enforce the procedure accordingly. Our unique approach of involving highly credentialed clinical pharmacists in formulary and non-formulary management results in improved medication outcomes and more informed prescribers. We do more than provide the recommendations. Correct Rx will do the heavy lift to implement the actions. Our clinical pharmacists will educate prescribers one-on-one. This improves services and promotes better prescribing patterns. This is the Correct Rx difference.



Formulary Enforcement

Formulary enforcement is a highly successful method of implementing and realizing cost saving strategies, it should also serve as a clinical reference for drug selection. Ultimately, prescribers should know that by preferentially selecting medications on the GDC formulary, they are using the safest, most effective and clinically supported medication based on evidence-based literature and pharmacoeconomic principles.

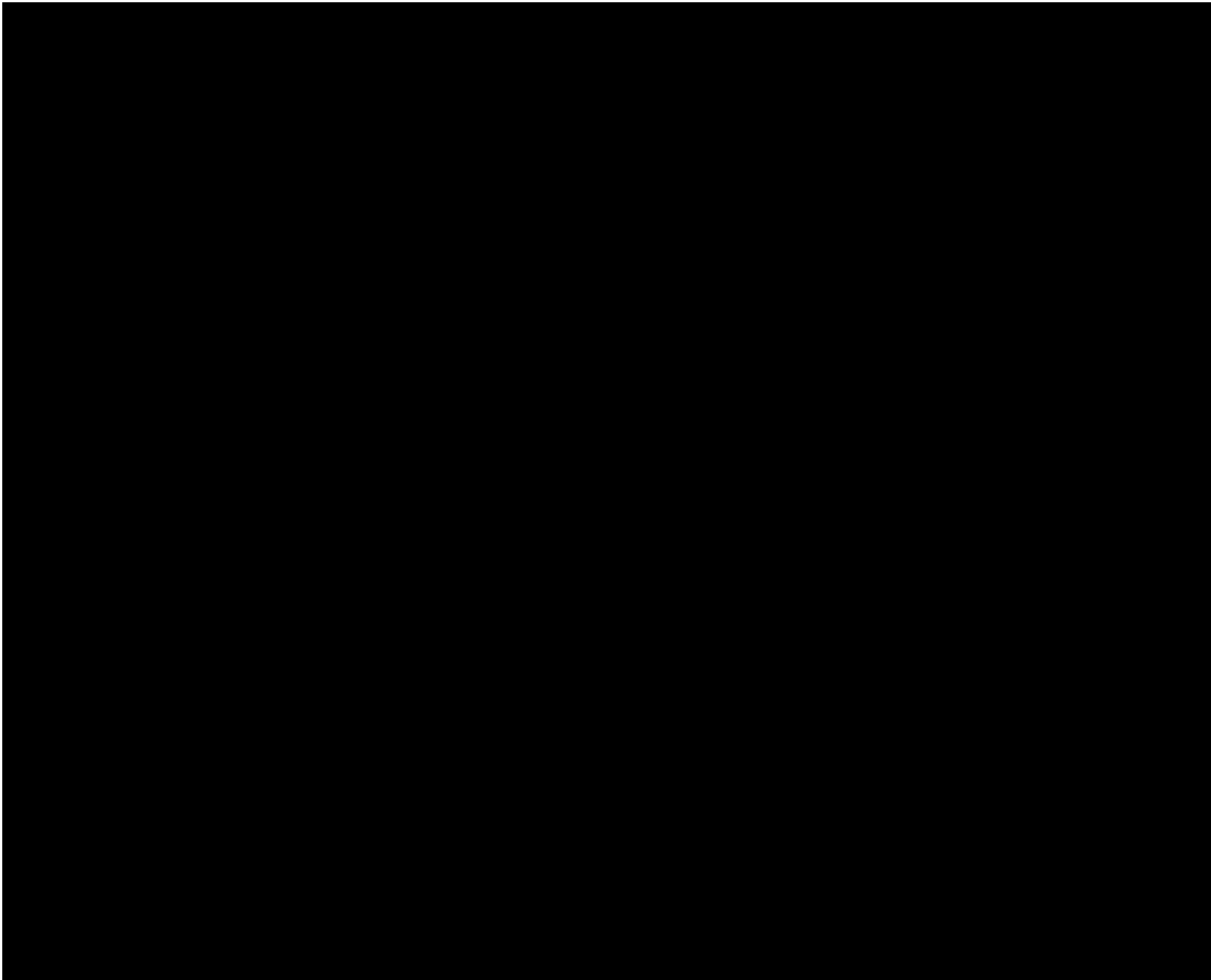
The drug file in the Correct Rx order entry system contains all the selected formulary drugs along with non-formulary drugs. Correct Rx pharmacists will serve as the gate keeper for formulary enforcement. Our pharmacists will easily identify whether or not the medication ordered is on the approved formulary or if it requires pre-authorization. If the medication is authorized it will be dispensed. If it is not authorized it will not be dispensed and the facility care provider notified.

Any time Correct Rx is not going to fill an order based on not having the proper authorization, the facility is informed of this decision. In fact all orders that are requested and not dispensed are documented on the discrepancy log of the delivery manifest accompanying each order. The facility is also able to access this information through a web based barcode scanning system that posts all delivery manifests as soon as the orders are processed for delivery. The system stores information for the past 60 days. Additionally, a report or email notification system may be established to alert the healthcare team on a daily basis.

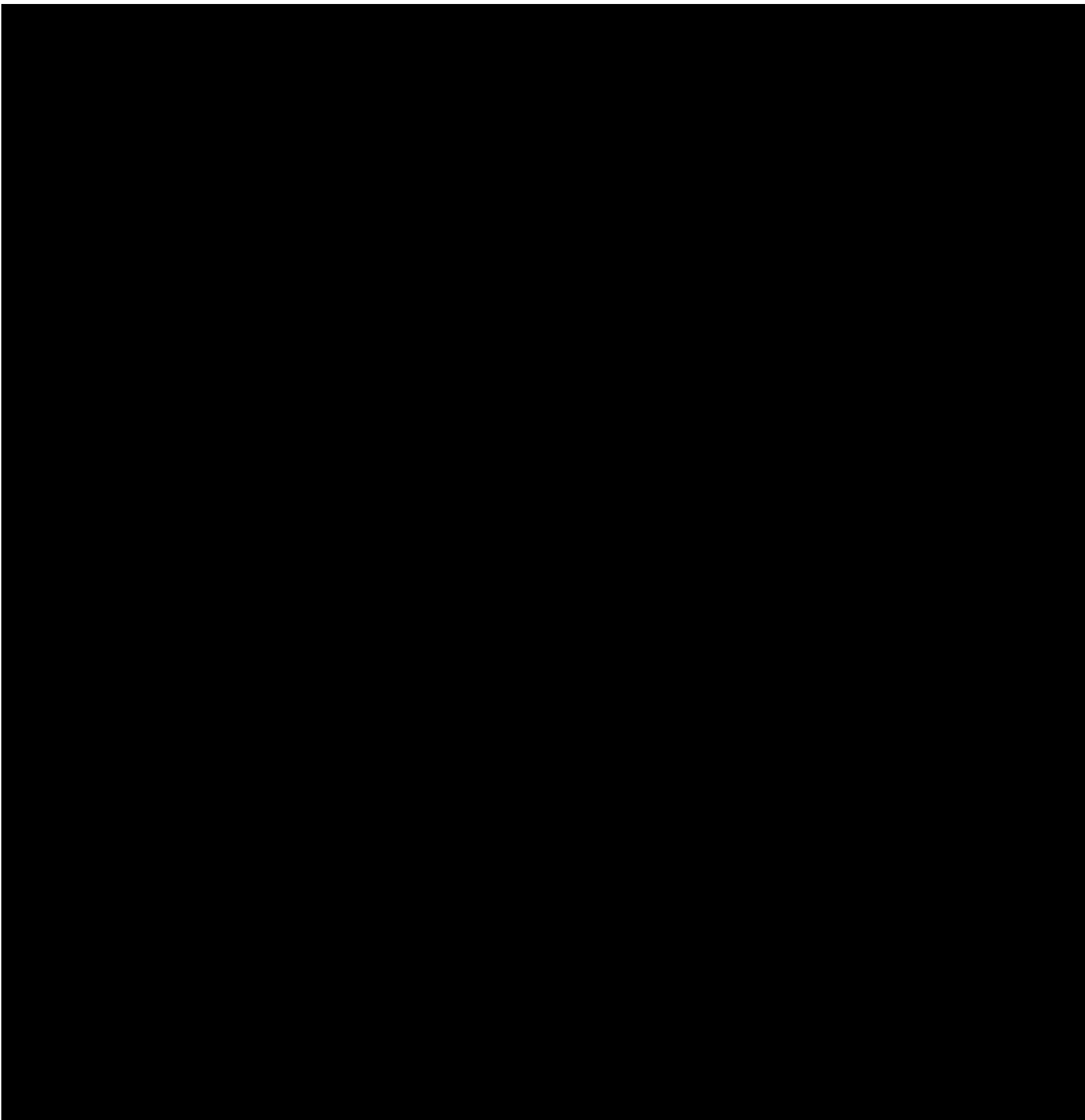
Priority is Patient Care

Emergency non-formulary medications are always available if requested. The priority is always patient care. All recommendations will be based on best practices and correctional standards. Correct Rx monitors short-term bridge authorizations in the patient's pharmacy profile. Thus the second bridge order for a patient will prompt notification to the facility.

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A well-crafted formulary and an effective enforcement program mitigate risks for uncontrolled drug budgets and Correct Rx has the correctional and clinical experience to continue our excellent record of formulary management.

12. Medication Errors

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to identifying and avoiding or resolving medication errors and adverse medication events (e.g., interactions, allergies), including in a setting(s) similar to corrections (if applicable).
- Supplier shall provide a concise overview of its proposed approach to identifying and avoiding or resolving medication errors and adverse medication events, in accordance with meeting the minimum basic requirements (D1 through D6 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following:
 - Processes for medication reconciliation, including timing and documentation for new and existing offenders.

Qualifications, Previous Experience, and Performance

Correct Rx has been providing end-to-end pharmacy services for correctional facilities since April of 2003 which includes our stellar record of identifying and avoiding or resolving medication errors and adverse medication events (e.g., interactions, allergies).

Triple Checking System

All prescriptions dispensed by Correct Rx are checked a total of three times by a licensed pharmacist. This triple checking system, along with our advanced automated barcode technology and aggressive CQI and QA programs, results in a low error rate.

Continuous Quality Improvement

All members of the Correct Rx team recognize there is zero tolerance for medication dispensing errors. Therefore, Correct Rx has implemented an enthusiastic Quality Assurance (QA) and Continuous Quality Improvement (CQI) program. These programs are designed to eliminate as many discrepancies as possible, ideally before they occur. A combination of written and verbal reports, internal check procedures, weekly team meetings, education and managerial strategic review are utilized to remove obstacles to achieving error free dispensing. Additional goals include timely order processing and delivery, user friendly packaging, prompt and accurate dissemination of information regarding medication, documentation, regulation, and pharmacy services among others.

Drug Interaction and Monitoring System

Correct Rx utilizes correctional specific software. This software maintains a patient database which includes the patient name or alias, patient ID number and allergies. It requires a pharmacist review of all patient orders prior to filling and dispensing medication. Specifically, our software necessitates review of potential drug interactions and contraindications. Each order review captures the electronic signature of the pharmacist who examined the order and our system does not allow for dispensing of medications without a review of the order by our pharmacists. Correct Rx's licensed pharmacists are experienced in correctional medicine and mental health services to screen all prescription orders for accuracy, completeness and formulary compliance prior to dispensing. Correct Rx Pharmacists understand the dynamics and the acuity level of the correctional population are more complex, as compared to the community.

Clarification of Orders – Identification and Notification

It is the policy of Correct Rx to notify the prescriber of problems associated with the medication order, including significant potential drug-to-drug interaction, inappropriate strength, route of administration, scheduling or noted medication allergy. Our systems flag medication as interacting inappropriately with the new or existing orders. The pharmacist reviews the interaction, determines its authenticity and determines whether or not it is a medically justifiable interaction, which warrants a hold. If a hold is warranted, the pharmacist calls and speaks with the nurse on the unit to notify personnel that a hold is placed on the new order. The pharmacist informs the nurse of the reason and contacts the prescribing physician. When an order is held, no medication is sent until the pharmacist and the physician resolve the problem. Once the physician orders the appropriate medication the medication is sent. These procedures are also followed for drug allergies.

Auxiliary Labels

Correct Rx applies all necessary warning and auxiliary labels on each prescription for safe and effective medication use describing reactions, cautions, warnings, interactions, and dietary instructions such as: take with food; may cause drowsiness; shake well, etc. Refrigerated items are packed separately in insulated pouches with cooling packs and clearly marked on the outside of the package, "Refrigerated Items." Correct Rx will mark controlled medications and package the medications in a mutually agreed upon format for easy identification.

Quality Assurance

Correct Rx maintains a robust quality assurance program to include audits of our processing and fulfillment functions. Statistics of errors are maintained so that corrective actions may be initiated to minimize errors.

Discrepancy Reporting Process

Accuracy holds the highest priority in our company. We constantly reinforce the importance of exactness to our staff, utilize the latest technology and have stringent review processes in place to monitor and improve our accuracy. Correct Rx works diligently to ensure all discrepancies are identified and reported. We use a broader definition as we strive for perfection, not inflated statistics. To ensure Continuous Quality Improvement, we must ensure that all pharmacy discrepancies are reported following the proper procedure allowing us to implement our internal CQI program. The purpose of the Correct Rx Internal CQI is to analyze all discrepancies from a systems approach. The attitude is not punitive, but educational, to implement a corrective action that improves the process to eliminate future occurrences. The ultimate goal is ensuring patient safety and we have demonstrated this with our commitment to excellence and an accuracy rate well above industry standards.

Most pharmacy discrepancies are identified prior to shipment. This allows Correct Rx to make the correction and accurately dispense the medication without any facility intervention. However, in those cases when the medication does make it to the facility, Correct Rx has an established reporting and tracking mechanism in place. We provide a thorough explanation of this process during the start-up and throughout the life of the contract. We know how serious medication mistakes can be for the patient and so we take every effort to minimize the risk. To ensure the highest level of accuracy, it is essential for each and every discrepancy to get reported so that we can provide the proper review, analysis and corrective action.

Correct Rx requests that all discrepancies are reported by the on-site healthcare teams as soon as they are identified so the proper steps are taken to resolve the issue. If a patient has received and taken the wrong medication, the patient should be evaluated by the appropriate healthcare provider. A Correct Rx Pharmacist will provide information about the potential deleterious impact of taking the wrong medication and of missing the prescribed medication. A discrepancy report should be completed and returned to Correct Rx to allow for implementation of CQI and counseling. A photocopy of the front and back of the medication blister card should also be sent to Correct Rx with the discrepancy report. For every reported discrepancy, Correct Rx is able to identify the pharmacy technician(s) and pharmacist(s) involved with each medication dispensed. Every discrepancy is addressed through 1:1 counseling provided to those involved with each incident. On a monthly basis, Correct Rx analyzes all discrepancies from a systems perspective to determine operational controls that may be implemented to ensure the highest level of safety for our clients. Correct Rx calculates an accuracy rate based upon the number of prescriptions per month and the number of reported discrepancies per facility.

Dispensing Error Rate

Correct Rx is proud of our 99.98% accuracy rate. That percentage is actually higher, but we chose to use a broader definition of error. **We are not interested in inflating our numbers; we are concerned about patient safety.** Correct Rx includes all potential discrepancies in our CQI process as we are focused on *process improvement*. The fact is that only a fraction of our dispensing discrepancies ever reach the facility. We have never had a life threatening event from a pharmacy dispensing error. We have never had a patient under our care require any offsite care resulting from a pharmacy discrepancy. Correct Rx is proud of our low dispensing error rate, yet we will never rest on our laurels as we understand the importance of accurate dispensing. The following chart provides details of our current error rate:

Category	Error Rate
Duplicate Order Dispensed	0.00025%
Incorrect Directions - Data Entry	0.00037%
Incorrect Drug - Data Entry	0.00046%
Incorrect Drug in Card - Filling	0.00094%
Incorrect Facility - Data Entry	0.00028%
Incorrect Form - Data Entry	0.00044%
Incorrect Form - Filling	0.00014%
Incorrect Name or ID (Clerical)	0.00009%
Incorrect Packaging	0.00076%
Incorrect Patient	0.00012%
Incorrect Quantity - Data Entry	0.00115%
Incorrect Quantity - Filling	0.00078%
Incorrect Stop Date - Data Entry	0.00005%
Incorrect Strength - Data Entry	0.00051%
Incorrect Strength in Card - Filling	0.00046%
Missed Drug Allergy – Data Entry	0.00005%
Missed Order - Data Entry	0.00035%
Order Not Dispensed (Profiled) - Data Entry	0.00018%
Shipping Error - Box to Wrong Facility	0.00032%
Shipping Error - Item Damaged	0.00058%
Shipping Error - Item Not in Box	0.00399%
Shipping Error - Item to Wrong Facility	0.00194%
Overall Pharmacy Error Rate	0.01419%

Quality assurance monitoring and continuous quality improvement are not static. We are always evaluating our processes and looking for ways to improve.

13. IT Systems

Instructions: The Supplier must provide a response to the requests below. Additional supporting documents are acceptable and shall be provided as a document attached to the supplier's bid response titled "Mandatory Scored Question 13 Attachment."

- Supplier shall describe its qualifications, previous experience, and performance related to IT systems, including in a setting(s) similar to corrections (if applicable).
- Supplier shall provide a comprehensive overview of its proposed approach to IT systems for GDC (e.g., core systems, processes and network environment), in accordance with meeting the minimum basic requirements (E1 through E17 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following:
 - A. Recommended end-user solution (e.g., personal computers, thin clients, laptops, tablets, mobile devices, scanners, printers) and rationale for selection of these devices, including mobile enablement (if applicable)
 - B. Description of end-user workflows and optional workflows enabled by the solution (if applicable), including system loading and processing times
 - C. Operations in online/offline environments, including support of CPOE and eMAR and approach to minimize downtime per year
 - D. Operations in a paper-based medical record system, including support of CPOE and eMAR
 - E. Establishing interface capabilities with any future Electronic Health Record (EHR), including names of EHRs that are compatible with the supplier's proposed pharmacy management systems (e.g., eMAR, CPOE)
 - F. Procedures and protocols for recovery and compulsory downtime for software upgrades and or disruptions in service or connectivity
 - G. Customer service and support to resolve IT issues with the systems and expected service levels
 - H. Project management plan and schedule for implementation and testing
 - I. RACI chart showing Supplier's assumptions

- *Supplier shall describe its qualifications, previous experience, and performance related to IT systems, including in a setting(s) similar to corrections (if applicable).*

Correct Rx Advantage

Because we do not own or have financial interests in a preferred electronic health record or software company, Correct Rx's role is to provide unbiased advice, create bi-directional interfaces and provide support and resources for success. Our recommendations are not rooted in an effort to maximize our profit. We are interfaced with every vendor in corrections. We advocate client specific solutions. Each of our clients' unique requirements guided their selection and implementation of technology. We are proud of our ability to help navigate through these complex issues and successfully fulfill our responsibilities in integration.

Information Technology

Correct Rx's I.T. Department is organized and directed by Mr. Peter Crosby. A knowledgeable I.T. manager, Mr. Crosby spearheads the implementation of corporate technology and the development, implementation and integration of our business systems with those of our clients.

We use correctional specific software. It is easily integrated with offender management and Electronic Medical Record systems. Correct Rx provides resources for implementation, training and pharmacy facing maintenance of these products. We work with medical and IT to efficiently transition services. We deliver active support and ongoing trainings.

Correct Rx is committed to working with GDC in partnership with all methods you employ to address technology and to assist in providing an integrated solution. Our history proves this. We provide frank discussions surrounding IT choices and believe our experience provides distinct financial and competitive advantages to GDC. Additionally, all of our electronic health services and products are provided and supported by Fusion, the largest and leading correctional healthcare software provider. As discussed in our implementation plan below, both Correct Rx and Fusion have dedicated resources identified for this project and will have boots on the ground and in your facilities throughout our implementation, training and go-live. It is essential to the success of the transition of services and IT to ensure your partners have dedicated enough resources for success. Failing to adequately plan, train and execute an implementation will result in poor performance and unwillingness of staff to adopt to change.

Correct Rx Operational Software Product – CIPS™ by FUSION

Correct Rx uses the best pharmacy operational software product from the leading company in the industry, Fusion. Their suite of health information technology solutions are utilized by over 30 State Department of Corrections Agencies, making Fusion the largest healthcare technology provider for state correctional agencies in the United States.

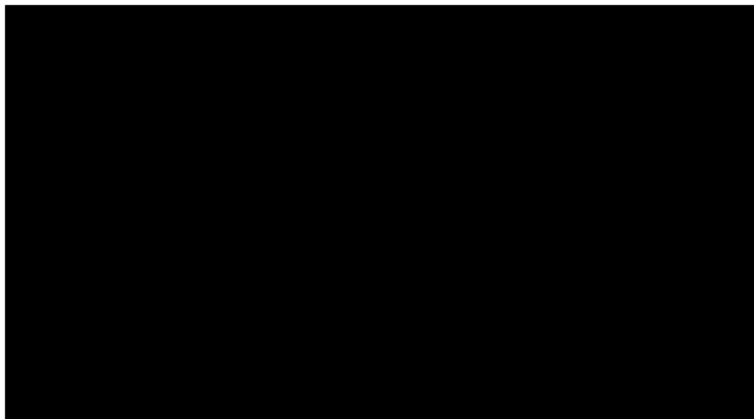
It is designed to interface offender with management systems containing offender demographic information automatically updating the offender pharmacy records regarding offender movement, intake, and release as well as fully integrating with all electronic health records. They offer the preeminent correctional pharmacy software system with over 35 years of experience. Fusion directly contracts with State systems and DHS/ICE. Features include:

- Designed specifically for the corrections setting;
- Integrates with computerized medical record systems or EMR and electronic medication administration records or eMAR as well as remote prescription electronic order;
- Print delivery sheets by selected facilities, re-package labels, MAR;
- Complete perpetual inventory, including usage history and re-order points;
- Alternate language for label sigs and education monographs;
- Drug Formulary; and
- Special refill replace medication function and tracking.

eMAR UPGRADABLE to TOTAL ELECTRONIC HEALTH RECORD:

Fusion's eMAR is the most robust correctional specific eMAR available and it is upgradable to a full EHR. It fully meets the requirements of this RFP and would allow GDC to seamlessly migrate from their eMAR to their EHR inclusive of their eMAR. This provides GDC additional options and costs savings when considering future EHR implementation.

CONFIDENTIAL



Their commercial solutions provide correctional health agencies with a complete array of effective, innovative tools that enhance health services delivery. Fusion's Pharmacy Software Suite of products includes their pharmacy management solution CIPS™, their eMAR, and their CPOE application. The Suite will assist GDC by providing effective and efficient pharmacy management tools which will

improve the level of health care provided to patients by reducing or eliminating communication gaps, improving the quality and efficiency of medication management and enhancing delivery of care while improving workflow efficiencies.

Fusion has nationwide correctional coverage. The following map displays the state agencies wherein their technology solutions operate and manage services, their full reach that includes local agencies is even greater.

Supplier shall provide a comprehensive overview of its proposed approach to IT systems for GDC (e.g., core systems, processes and network environment), in accordance with meeting the minimum basic requirements (E1 through E17 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following:

- A. Recommended end-user solution (e.g., personal computers, thin clients, laptops, tablets, mobile devices, scanners, printers) and rationale for selection of these devices, including mobile enablement (if applicable)*

Fusion's Pharmacy Software Suite is built on the ease of use, efficiency, and familiarity of Microsoft. It is browser neutral and meets the requirements set forth by GDC. The following information provides an overview of system requirements needed for the solution(s) to operate at peak performance.

Resource	Minimum	Recommended
Form Factor Preference	In Order: Desktop, Laptop	In Order: Desktop, Laptop
OS	Windows 10 64 Bit Operating System	Windows 10 64 Bit Operating System
Monitor	17" Color SVGA with 1920 x 1080 or better resolution	19" Color SVGA with 1600 x 900 or better resolution
Scanners	TWAIN Compliant	TWAIN Compliant
Printers	TWAIN Compliant	TWAIN Compliant

Fusion recommends the above suggested end-user solution in order to provide the peak performance of the Fusion Pharmacy Software Suite. The suggestions provide the best performance of our systems in their standalone performance and with their interfacing of other applications such as GDC's offender management system. Fusion's Pharmacy Software Suite can interface with any scanner or printer.

Our Pharmacy Software Suite is robust, yet simple and efficient with a fluid user interface for faster user adoption and ease of use. Built on the ease-of-use and familiarity of Microsoft Windows, our solutions feature intuitive graphical user interfaces to streamline documentation and enhance operational efficiency. The systems are designed to be easy to learn and use, and combined with Fusion's dynamic, interactive, and engaging training GDC will find quick adoption and competence in the system from their staff.

Through minimal clicks and automated workflows that guide the user through options our products promote efficiency and quick completion. Primary navigation buttons are always in view throughout the system and self-help guides detailing the particular page in use are always one click away.

B. Description of end-user workflows and optional workflows enabled by the solution (if applicable), including system loading and processing time.

Fusion leverages industry-standard license(s) of Microsoft SQL Server Enterprise that delivers a load balanced architecture to ensure high availability, business continuity and disaster recovery.

Pharmacy Management System

Fusion's pharmacy management solution, CIPS™, is a complete pharmacy software system designed specifically to optimize an institutional pharmacy. It is not a modified retail or hospital system, CIPS is a proven product currently used nationwide in hundreds of correctional institutions. CIPS provides fast, efficient prescription filling and is able to provide a response within 1 millisecond of the request being received. Its quick and simple operation makes CIPS easy to learn and operate resulting in rapid training for new employees or relief pharmacists. Complete security system with 99 levels of system access and secure log on makes CIPS ideally structured for the correctional environment.

CIPS is a powerful with capabilities to increase and ease workflows, some key features include:

- **Prescription Filling:** CIPS users can manually enter an order or view fax images from the Script Queue for filling (if the pharmacy uses a fax server). Prescription orders can also be filled through an interface with an EHR (Electronic Health Record) system should the GDC pursue the software in the future. CIPS provides a view of the order that was sent by the provider and populates order information on the filling screen. The technician or pharmacist can edit the information if necessary to fill the order. Any changes between the original order and the billed prescription are logged.
- **Patient Movement Tracking:** A Patient Location Viewer allows pharmacy users to see the historical movement of the patient based on demographic updates from a separate Jail Management System or manual updates to the patient's location in CIPS.
- **Correctional Dispense Types:** Dispense Types used in the correctional setting, such as Keep-on-Person (KOP), Pill Line, Med Cart, Court, etc., can be tied to individual prescriptions. Dispense Type flags can also be turned on for patients and tied to specific medications.
- **Alias Tracking:** CIPS can document and track alias information for a patient throughout the history of that patient's profile.

- **Flexible Workflow Options:** The pharmacy can design the workflow to meet their needs from simple pharmacist filling to more complex workflows that include multiple reviews, verification steps, and scanning steps. Workflow stages include:
 - Order Processing
 - Pharmacist Review
 - Verify Scanning
 - Drug Image Verify
- **EPCS Certification:** Although this is not a requirement today, CIPS is certified to receive electronically signed controlled substance orders from Fusion's CPOE and Surescripts. Fusion's CPOE application employs the use of IdenTrust tokens for two-factor authentication.
- **Opioid Treatment Flagging:** CIPS can prevent the filling of opioid drugs for providers without an XDEA Number in their profile.
- **Formulary Center & Non-Formulary Approval:** The Formulary Center is a powerful tool that allows CIPS users to make mass updates to drug settings without touching individual drug records. Formularies for one site can be copied to another site and quickly edited for easy updates. Drugs marked as non-formulary can trigger approval requirements by date, individual prescription, or GPI (Generic Product Identifier) before the order can move forward in the pharmacy's workflow.
- **Integration with Medi-Span Databases:** CIPS partners with Medi-Span to provide drug interaction/contraindication screening, patient education, and allergy screening to the pharmacy user during the filling process.
- **Inventory Management:** CIPS can utilize several methods of managing inventory, including Current Acquisition Cost and FIFO (First-In, First-Out) at the per-pill level during dispensing. Drug transactions can also be entered manually and returns made to inventory with reason tracking. CIPS can import drug catalogs from leading wholesale companies.
- **Automatic Refills & Cycle Filling:** These features often relate to other pharmacy processes for per dose dispenses (often through automation) or med cart stocking.

Computerized Provider Order Entry (CPOE)

Fusion's CPOE solution offers GDC a powerful medication ordering component that gives the provider every tool to order medication safely and efficiently. Although GDC is not mandated for EPCS, the CPOE solution is readily available to deploy dual authentication (tokens) and is certified for controlled substance orders.

Fusion's CPOE allows providers to prescribe medications:

Safely: Drug – Drug, Drug – Food, Drug – Allergy, Drug – Diagnosis, and more.

Efficiently: Formulary Checking with suggested alternatives, Diagnosis Association, flexible selection of Custom Med Order list, easy real-time updating of Custom Med List and more.

Electronic Medication Administration Record (eMAR) – Upgradable to EHR

It is more robust, upgradable to a full EHR and fully meets the requirements of the RFP.

Fusion's eMAR, is a paperless electronic medication administration record that enables nursing staff to efficiently administer and track all medication administration functions. This comprehensive software enables efficient searching, viewing, scheduling and recording of medications, administrations, and treatment procedures, while offering a variety of management tools and reports. Fusion's eMAR includes many features that allow for rapid and efficient medication administration with minimum clicks, text entry field and or screens including but not limited to:

- For remote med pass or in areas without Wi-Fi, working off-line with a laptop and synchronizing later when Internet access is restored.
- The ability to scan the barcode on the medication and offender's wristband/badge to provide an electronic recording of the actual medication administration date, time, and nurse's initials.
- For specialty units such as a psychiatric unit housing offender without wristbands/badges, the system allows for manual entry of an offender's number.
- Injection location can be charted.
- Capability of printing a paper med pass for each patient or as a "Call Out" list in an easy-to-use grid format, sorted by unit, and corresponds with the "Order Due Report" that provides all medications due with administration times.
- A list of offenders missed during regularly scheduled med pass is compiled in a "Noncompliance Report", making it easy to identify which offenders need to be called down to receive their medications
- The ability for staff to indicate reasons a medication was not administered (e.g., offender refused or dropped, offender no shows, out to court).
- The ability to archive 24 hours of previous med pass information, in cases of power outage and Internet down times, with the ability to load the full database from the last sync.

- Easily distinguishes the different types of medication administrations. The eMAR breaks down the Medication Administration into four categories:
 - DOT – Directly Observed Therapy (Pill Line)
 - KOP - Keep on Person
 - PRN – As Needed
 - STAT – Dose Now

Within Fusion's eMAR, users are also able to record pertinent treatment records that must be assessed prior to administering certain medication. Some of documents that can be recorded within the eMAR are:

- Blood Pressure
- Blood Glucose
- Vital Signs
- TB/PPD
- General Note

Fusion's eMAR application with its database and API services were designed for different IT structures in mind. Clients have the choice between a Client-Server or WebApp/RDApp. The two options present different infrastructure requirements.

Correct Rx is proposing to install Fusion's Pharmacy Software Suite in a GDC-hosted environment which allows GDC to get powerful and proven functionality that helps your organization connect productivity with care. Correct Rx will work with GDC's technical team throughout the implementation to install and configure the proposed solutions to meet the requirements of this RFP.

In addition, GDC does have the option of electing to go with a vendor-hosted solution should they prefer. Our scalable Tier III, SSAE-18 certified hosting infrastructure meets GDC's requirements. For over a decade, Correct Rx has been offering its healthcare technology solutions as a vendor hosted solution to our clients.

Comparison: Vendor Hosting Services and the Traditional IT Model

Task	Who Manages It	
	Cloud Hosting Services	Traditional IT Model
Ownership of licenses	Client	Client
Ownership of data	Client	Client
Ownership and management of workstations and peripherals	Client	Client
Customizations	Client	Client
Client VPN for connectivity to software products	Client	Client (optional)
Provisioning of server infrastructure, backups and recovery	Vendor	Client

Task	Who Manages It	
	Cloud Hosting Services	Traditional IT Model
Staffing to manage server infrastructure, backups and recovery	Vendor	Client
Secured data center	Vendor	Client
Implementation of upgrades/patches	Vendor	Client

CIPS/Fusion's CPOE Requirements

Fusion recommends production and test applications be hosted on separate servers. This helps with troubleshooting the CIPS software (rebooting server without affecting production environment, installing additional software, testing firewall and anti-virus without putting production data at risk). There is no impact to the CIPS software if production and test application are hosted on the same server and it is up to GDC to decide hosting setup based on cost and internal policies. The CIPS applications can be used with Remote Desktop Services, Citrix (at an additional cost), or VDI (VM).

Application and Database Server

Resource	CIPS
OS	Windows 2012 or higher

Database Server VM

Resource	CIPS
CPU Cores	6
RAM	16GB or higher
Storage	100GB or higher

Application Server VM

Resource	CIPS
CPU Cores	8
RAM	16GB or higher
Storage	200 GB or higher

Software

Resource	CIPS
SQL Licenses	<ul style="list-style-type: none"> - SQL 2014 Standard or newer for production data - SQL Express version for test data - SQL Server Management Studio

Client-Server: This does not require an application server or associated requirements. The application client connects to the Services API server through an SSL encrypted connection and the API services connect to the database in a network over secure connections.

Workstation Requirements

Resource	CIPS
OS	Windows 2010 or higher
CPU	2 GHZ or faster processor
RAM	8GB or higher
Storage	20GB

Application Server

Resource	CIPS
OS	Windows Server 2019
CPU	Quad or higher
RAM	8GB or higher
Storage	100GB or higher

Database Server

Resource	CIPS
OS	Windows Server 2016 or higher
CPU	Quad or higher
RAM	8GB or higher
Storage	500GB or higher

Service Server (API)

Resource	CIPS
OS	Windows 2012 or higher
CPU	Dual or higher
RAM	8GB or higher
Storage	100GB or higher
Port	443

C. Operations in online/offline environments, including support of CPOE and eMAR and approach to minimize downtime per year

The Fusion Pharmacy Software Suite has full functionality including support of Fusion's eMAR and Fusion's CPOE in online operation. Additionally, Fusion's eMAR features offline functionality for remote med pass or in areas without Wi-Fi, the system works off-line with a laptop and synchronizes later and seamlessly without action required by the user when Internet access is restored.

Fusion creates client specific Business Continuity and Disaster Recovery Plans that meet the needs of the entire organization. The plans will contain procedures for data backup, restoration and emergency mode operations all with the goal to minimize and avoid downtime.

In the event of unscheduled downtime, Fusion's eMAR has the capability of printing a paper med pass for each patient or as a "Call Out" list in an easy-to-use grid format, sorted by unit, and corresponds with the "Order Due Report" that provides all medications due with administration times. In addition, Fusion's eMAR has the ability to archive 24 hours of previous med pass information, in cases of power outage and internet down times and then load a full database back up when connectivity is restored. Business continuity and disaster recovery plans are client specific wherein we develop a plan to meet the needs of GDC.

Fusion's pharmacy software solutions are certified with MS Server, SQL and VMWare to allow industry standard High Availability and has dual/redundant infrastructure for network, switches, routers, servers, etc. in order to maximize uptime capabilities. Since Correct Rx is recommending GDC host the proposed software solutions, uptime performance, software/hardware maintenance, and disaster recovery are the responsibility of the State. Should GDC prefer Correct Rx to provide hosting services, we will strive for 24/7/365 availability with an average uptime of 99.8%, which we have achieved in the preceding 12 months. Any planned downtime due to system upgrades or routine maintenance will be coordinated with GDC and approved at least five (5) business days in advance.

D. Operations in a paper-based medical record system, including support of CPOE and eMAR

Fusion supports CPOE and eMAR while operating in a paper-based medical record. Fusion's Pharmacy Software Suite of products includes our CPOE application, our pharmacy management solution CIPS™, and our eMAR. The Pharmacy Software Suite seamlessly allows providers to order medications through Fusion's CPOE solution, CIPS Remote™ which directly sends the medication order to Fusion's pharmacy management system, CIPS™. Once the pharmacy has filled the order, CIPS™ will automatically populate Fusion's eMAR, Fusion's Pharmacy Software Suite will assist in eliminating any gaps in care from the provider ordering the medication to the offender receiving their medication.

E. Establishing interface capabilities with any future Electronic Health Record (EHR), including names of EHRs that are compatible with the supplier's proposed pharmacy management systems (e.g., eMAR, CPOE

Integration

Fusion pharmacy products provide our clients with maximum functionality because of the care we take to ensure they integrate and coexist with other computer systems. The Fusion Pharmacy Software Suite provides industry best-practice for HIPAA compliant data exchange. We are committed to the delivery of the products and services following those, and all other applicable state and federal guidelines. Our fully functional and integrated pharmacy interfaces are deployed through a combination of:

- Excellence in product functionality and continued development
- Adherence to interface standards
- Provision of the services and tools required to implement interfaces
- Partnerships with other information system vendors

Fusion's Pharmacy Software Suite offers powerful interoperability and imports and exports data through its robust interface engine.

The Suite can blend seamlessly with any EHR software the GDC may pursue in the future. We understand GDC's interest in a new pharmacy management solution may be the first phase in a long term plan to implement EHR in their facilities. Pursuing EHR is a worthwhile endeavor that requires expertise and support to properly implement. Fusion's flagship offering CEHR is an easy to learn and navigate, robust and secure Commercial-Off-The-Shelf (COTS) EHR that is a complimentary solution to our Pharmacy Suite. Utilized by eight State Departments of Corrections including some of the largest in the nation such as the Florida DOC, CEHR manages over 300,000 patients continuously and over 250 correctional and juvenile justice institutions. Together CEHR and the Pharmacy Software Suite make up a premier correctional healthcare technology solution provided only by Fusion.

F. Procedures and protocols for recovery and compulsory downtime for software upgrades and or disruptions in service or connectivity

Business Continuity and Disaster Recovery Plans are client specific wherein we develop a plan to meet the needs of the organization. The Business Continuity and Disaster Recovery Plan will contain procedures for data backup, restoration, and emergency mode operations in the event of:

- Hardware or Software Failures;
- Human Error;
- Natural Disaster; and/or
- Other unforeseeable emergencies.

Our support team will inform GDC when these updates are available and will coordinate a time with GDC to apply them. Any planned downtime due to system upgrades or routine maintenance will be coordinated with GDC and approved at least five business days in advance.

All new releases go through extensive testing in-house before they are released for beta testing to a select few clients. At that time, the new beta version of the software will be installed by a Fusion representative and carefully monitored for a predetermined amount of time. Once Fusion is confident that the new version has been adequately tested, it is then available as a general release. Our QA lab executes the test plan on every software release to ensure that a highly reliable application is delivered for support and maintenance in all supported platform environments.

G. Customer service and support to resolve IT issues with the systems and expected service level

Fusion offers all clients with 24x7x365 U.S. based support. Our client support utilizes an incident tracking software to collect initial incident information and track progress and status of reported incidents. Incident reporting should be assigned to a consistently available staff member who is familiar with the incident reporting process and is familiar with the operation of the proposed applications in general; typically the initial Project Manager. Authorized users can open a support ticket at any time via the dedicated helpdesk portal or the dedicated toll-free number. In addition to accessing our Technical Services Teams, users will also have online access to the user knowledgebase which provides answers to common questions and technical issues. Our online resources also include videos & documentation which give brief, specified training of clinical workflow.

Response Times

To help us manage GDC's support issues, Fusion's Support Services uses a three-tiered priority system to log application support service requests. To help manage technical support issues, clients are asked to identify the priority of the issue according to the following guidelines. Fusion encourages clients report Emergency and High issues by telephone because of the escalated response time. Fusion's average percentage of first call resolutions is at 95%.

Incident Level 3 – Immediate Initial Response

Contact Methods: Fusion Support Line & Fusion Help Desk Portal (24x7)

1. Application(s) will not launch for all users.
2. Application(s) will not load for all users and the user has the appropriate security permissions to access the applications.
3. An incident where patient care may be affected that was triaged by facility super users and/or IT.

Incident Level 2 – Immediate to 12-hour initial response

Contact Method: Fusion Help Desk Portal (24x7)

1. Interface related issues such as demographics not importing or pharmacy message errors.
2. Component of the system not functioning as designed.

Incident Level 1– Immediate to 24 business hour response

Contact Method: Fusion Help Desk Portal (24x7)

1. Functionality questions.
2. Content or report enhancements.

H. Project management plan and schedule for implementation and testing

As a standard for all of our projects, Fusion's project managers use PMI's PMBOK as a basis for all project management efforts. PMBOK is widely recognized as the standard for project management in many industries as well as by many state and local government departments of Information Technology (IT). The following provides a high-level overview of the components of project management.

Project management occurs throughout the entire implementation cycle. The implementation project manager has a hands-on role to manage and drive the implementation to a successful conclusion. The emphasis is on joint ownership of the project between Fusion and GDC. The project manager provides leadership for both our internal team and the GDC team.

We will provide a dedicated project manager that acts as GDC's focal point of contact throughout the entire implementation and will guide and direct GDC staff through the steps of the implementation process. As part of the project plan, our project manager and business analyst(s) will perform facility assessments in which information will be shared and gathered by our project manager with GDC's project team. We will then provide GDC with a project plan with milestones and guidelines that we will collectively and interactively discuss and complete on a weekly basis.

The Project Manager will then develop specific sections in the Project Management Plan (PMP) for the implementation phase specifying the scope, schedule, resources and acceptance criteria for each of the required deliverables. We will conduct a review of the project management plans, methodologies and approach to monitoring the critical elements of the technology implementation work plan and schedule. In addition, we will develop agreed-upon quality control criteria and review their deliverables against those criteria. During the implementation, Fusion's project team will discuss and mentor GDC's project team on qualities of sound project management practices, project monitoring and quality assurance techniques that can be leveraged to minimize project related risks.

The PM team will track progress against the work plans for each task and will meet with the organization on a regular basis to discuss progress, review any risk that have been identified or issues that have occurred and what we anticipate accomplishing in the upcoming weeks. Our approach to providing project management services has been proven on multiple projects to provide the guidance and oversight necessary to identify and mitigate risk, improve project results, and contribute to the overall success of the project.

This section contains a comprehensive project GANTT chart showing the steps and projected length of time to successfully complete GDC's technology implementation. GDC will see throughout this response that Fusion has provided services that meet and exceed the RFP requirements while applying industry best practices for the project.

Please see Correct Rx's proposed Project Timeline for the successful delivery of its Pharmacy Software Suite below:

GDC - Deliverables	Start Week 1	Finish Week 12
Client Introduction & Discovery	Week 1	Week 1
Identify Project Team		
Prepare Project Documentation		
Schedule Fusion Internal and GDC Facing Project Meetings		
Client Access to Fusion Project Tools		
Project Kickoff Meeting		
Key Decisions Training		
Client Introduction and Discovery - Deliverable Acceptance		
Server Staging	Week 2	Week 3
Obtain final count of maximum concurrent users for server sizing and total number of users by role		
Complete sizing calculator		
Fill out build sheet		
Fusion DEV License		
Build Client Sub-Domain		
Build database server (DEV, UAT, PROD)		
Install Fusion DEV database and DEV website		
Install "Out of Box" Reports - DEV		
Deploy Centralized Reports Share		
Configure Fusion Pharmacy Software Suite Defaults		
IT DIV QA DEV		
Execution Team QA Checklist/Test Scripts		
Server Staging - Deliverable Acceptance		
Server Staging - Retrospective		
Configure Fusion Pharmacy Software Suite Global Environment	Week 4	Week 6
Execution Team Requirements Gathering and Configuration of Pharmacy Applications		
DEV Base Data Import		
Import "xxTest" Patients		
DEV - Stage Clinical Content and Configure Fusion Global Environment		
Dev Server - Configure Windows Updates		
System Configuration		
Execution Team - QA DEV Server and Conduct Client Hand-Off		
Global Environment - Deliverable Acceptance		
Global Environment - Retrospective		
Fusion Applications	Week 4	Week 7
Pharmacy Management System		
Pharmacy Management System - Install DEV		
Pharmacy Management System - Execution Team Configuration		
Pharmacy Management System - Execution Team QA		
Pharmacy Management System - Client Training and Hand Off		
CPOE		
CPOE - Install DEV		
CPOE - Execution Team Configuration		
CPOE - Execution Team QA		
CPOE - Client Training and Hand Off		

GDC - Deliverables	Start Week 1	Finish Week 12
eMAR		
eMAR - Discussion on MAR to eMAR Transition		
eMAR - Completion of eMAR Configuration Worksheet		
eMAR - Configure eMAR to Medpass Times/Locations		
eMAR - Implement Downtime eMAR functionality		
OMS (SCRIBE) Demographic Interface	Week 5	Week 8
Demographic Interface - GDC Introduction e-mail (with Spec Sheet) and schedule kickoff call		
Demographic Interface - Kickoff Meeting and Schedule Weekly Status Calls		
Demographic Interface - Data Exchange Method Configured & Established		
Demographic Interface - Establish Connectivity		
Demographic Interface - Testing & Development		
Demographic Interface - Execution Team Quality Assurance Testing		
Demographic Interface - Client Hand-Off and User Acceptance		
Demographic Interface - Retrospective		
Demographic Interface - Deliverable Acceptance		
Data Migration	Week 5	Week 8
Receive Data Extract / Access to System		
Migration Mapping Analysis		
Pharmacy Data from RxPRO		
Migration QA		
Upload Build to a GDC facing environment for QA		
Data Migration - Deliverable Acceptance		
Data Migration - Retrospective		
Promote DEV to UAT and PROD	Week 9	Week 10
Document Management		
Document Management QA and Client Hand Off		
Clone database (dbatools.io) - UAT and PROD		
UAT - Configure Interface Defaults		
Deploy UAT and PROD		
IT Division - QA UAT and PROD		
Execution Team - QA and PROD QA testing		
Install UAT DTS		
Pharmacy Management System Installation and Configuration on UAT and PROD		
CPOE Installation and Configuration on UAT and PROD		
eMAR Installation and Configuration on UAT and PROD		
Client QA and User Acceptance Testing of UAT and PROD		
Deliverable Acceptance of UAT and PROD environments		
Training & Go-Live	Week 10	Week 12
Create and Send Training and Go-Live Plan		
Learning Management System (LMS)		
System Administrator(s) Training		
Conduct Training Hand-Off Meeting		
Super User Training		
Training - Deliverable Acceptance		
Training - Retrospective		
Book Go-Live		
Prepare Fusion HQ Command Center for GDC Go-Live		
Go-Live Region #1		
Go-Live Region #2		

GDC - Deliverables	Start Week 1	Finish Week 12
Go-Live Region #3		
Go-Live Region #4		
Go-Live Region #5		
Go-Live Region #6		
Go-Live Region #7		
Go-Live Region #8		
Go-Live Region #9		
Go-Live - Retrospective		

I. RACI chart showing Supplier's assumptions

The proposed RACI chart shows all project resources and their roles for each activity/task in relation to the technology implementation.

Activity/Task	Vendor					GDC Stakeholders		
	Project Manager	Business Analyst	Technical/IT	Trainers	Support	Steering Team	Project Manager	Core Project Team
Client Introduction & Discovery								
Identify Project Team	R	I	I	I	I	R	I	I
Prepare Project Documentation	R	I	I	I	I	I	I	I
Schedule Fusion Internal and GDC Facing Project Meetings	R	I	I	I	I	I	I	I
Client Access to Fusion Project Tools	R	I	I	I	I	I	I	I
Project Kickoff Meeting	R	I	I	I	I	I	A	I
Key Decisions Training	R	I	I	I	I	I	A	A
Client Introduction and Discovery - Deliverable Acceptance	A	I	I	I	I	C	R	C
Server Staging								
Obtain final count of maximum concurrent users for server sizing and total number of users by role	A	I	I	I	I	C	R	C
Complete sizing calculator	A	C	C	I	I	C	C	R
Fill out build sheet	A	C	C	I	I	C	C	R
Fusion DEV License	A	R	C	I	I	C	C	C
Build Client Sub-	A	C	C	I	I	C	C	R

Activity/Task	Vendor					GDC Stakeholders		
	Project Manager	Business Analyst	Technical/IT	Trainers	Support	Steering Team	Project Manager	Core Project Team
Domain								
Build database server (DEV, UAT, PROD)	A	C	C	I	I	C	C	R
Install Fusion DEV database and DEV website	A	C	C	I	I	C	C	R
Install "Out of Box" Reports - DEV	A	C	R	I	I	C	C	C
Deploy Centralized Reports Share	A	C	R	I	I	C	C	C
Configure Fusion Pharmacy Software Suite Defaults	A	R	C	I	I	C	C	C
IT DIV QA DEV	A	C	R	I	I	C	C	C
Execution Team QA Checklist/Test Scripts	A	R	C	I	I	C	C	C
Server Staging - Deliverable Acceptance	A	C	C	I	I	C	R	C
Server Staging - Retrospective	R	C	C	C	C	C	C	C
Configure Fusion Pharmacy Software Suite Global Environment								
Execution Team Requirements Gathering and Configuration of Pharmacy Applications	A	R	C	I	I	I	C	I
DEV Base Data Import	A	C	R	I	I	I	C	I
Import "xxTest" Patients	A	R	C	I	I	I	C	I
DEV - Stage Clinical Content and Configure Fusion Global Environment	A	C	R	I	I	I	C	I
Dev Server - Configure Windows Updates	A	C	R	I	I	I	C	C
System Configuration	A	R	C	I	I	I	C	C
Execution Team - QA DEV Server and	A	R	R	I	I	I	C	C

Activity/Task	Vendor					GDC Stakeholders		
	Project Manager	Business Analyst	Technical/IT	Trainers	Support	Steering Team	Project Manager	Core Project Team
Conduct Client Hand-Off								
Global Environment - Deliverable Acceptance	A	C	C	I	I	C	R	C
Global Environment - Retrospective	R	C	C	C	C	C	C	C
Fusion Applications								
Pharmacy Management System								
Pharmacy Management System - Install DEV	A	C	R	I	I	C	C	C
Pharmacy Management System - Execution Team Configuration	A	R	C	I	I	C	C	C
Pharmacy Management System - Execution Team QA	A	R	C	I	I	C	C	C
Pharmacy Management System - Client Training and Hand Off	A	C	C	R	I	I	C	C
CPOE								
CPOE - Install DEV	A	C	R	I	I	C	C	C
CPOE - Execution Team Configuration	A	R	C	I	I	C	C	C
CPOE - Execution Team QA	A	R	C	I	I	C	C	C
CPOE - Client Training and Hand Off	A	C	C	R	I	I	C	C
eMAR								
eMAR - Discussion on MAR to eMAR Transition	A	R	C	I	I	C	C	C
eMAR - Completion of eMAR Configuration Worksheet	A	R	C	I	I	C	C	C
eMAR - Configure eMAR to Medpass	A	C	C	I	I	C	R	C

Activity/Task	Vendor					GDC Stakeholders		
	Project Manager	Business Analyst	Technical/IT	Trainers	Support	Steering Team	Project Manager	Core Project Team
Times/Locations								
eMAR - Implement Downtime eMAR functionality	A	C	R	I	I	I	I	I
OMS (SCRIBE) Demographic Interface								
Demographic Interface - GDC Introduction e-mail (with Spec Sheet) and schedule kickoff call	A	C	C	I	I	C	R	C
Demographic Interface - Kickoff Meeting and Schedule Weekly Status Calls	A	C	C	I	I	C	R	C
Demographic Interface - Data Exchange Method Configured & Established	A	C	C	I	I	C	R	C
Demographic Interface - Establish Connectivity	A	C	R	I	I	C	C	C
Demographic Interface - Testing & Development	A	C	R	I	I	C	C	C
Demographic Interface - Execution Team Quality Assurance Testing	A	R	C	I	I	C	C	C
Demographic Interface - Client Hand-Off and User Acceptance	A	C	C	I	I	C	R	C
Demographic Interface - Retrospective	R	C	C	C	C	C	C	C
Demographic Interface - Deliverable Acceptance	A	C	C	I	I	C	R	C
Data Migration								
Receive Data Extract / Access to System	A	C	C	I	I	C	R	C

Activity/Task	Vendor					GDC Stakeholders		
	Project Manager	Business Analyst	Technical/IT	Trainers	Support	Steering Team	Project Manager	Core Project Team
Migration Mapping Analysis	A	C	R	I	I	C	C	C
Pharmacy Data from RxPRO	A	C	R	I	I	C	C	C
Migration QA	A	R	C	I	I	C	C	C
Upload Build to a GDC facing environment for QA	A	C	C	I	I	C	C	R
Data Migration - Deliverable Acceptance	A	C	C	I	I	C	R	C
Data Migration - Retrospective	R	C	C	C	C	C	C	C
Promote DEV to UAT and PROD								
Document Management	A	C	R	I	I	I	C	C
Document Management QA and Client Hand Off	A	C	R	I	I	I	C	C
Clone database (dbatools.io) - UAT and PROD	A	C	C	I	I	I	C	R
UAT - Configure Interface Defaults	A	C	C	I	I	I	C	R
Deploy UAT and PROD	A	C	C	I	I	I	C	R
IT Division - QA UAT and PROD	A	C	R	I	I	I	C	R
Execution Team - QA and PROD QA testing	A	C	R	I	I	I	C	R
Install UAT DTS	A	C	R	I	I	I	C	C
Pharmacy Management System Installation and Configuration on UAT and PROD	A	C	R	I	I	C	C	R
CPOE Installation and Configuration on UAT and PROD	A	C	R	I	I	C	C	R
eMAR Installation and Configuration on UAT and PROD	A	C	R	I	I	C	C	R
Client QA and User Acceptance Testing of UAT and PROD	A	C	C	I	I	C	C	R

Activity/Task	Vendor					GDC Stakeholders		
	Project Manager	Business Analyst	Technical/IT	Trainers	Support	Steering Team	Project Manager	Core Project Team
Deliverable Acceptance of UAT and PROD environments	A	C	C	I	I	C	R	C
Training & Go-Live								
Create and Send Training and Go-Live Plan	R	C	I	C	I	I	C	C
Learning Management System (LMS)	A	C	I	R	I	I	C	C
System Administrator(s) Training	A	C	I	R	I	I	C	C
Conduct Training Hand-Off Meeting	A	C	I	R	I	I	C	C
Super User Training	A	C	I	R	I	I	C	C
Training - Deliverable Acceptance	A	C	C	C	I	C	R	C
Training - Retrospective	R	C	C	C	C	C	C	C
Book Go-Live	A	C	I	C	C	C	R	C
Prepare Fusion HQ Command Center for GDC Go-Live	R	C	C	C	C	I	I	I
Go-Live Region #1	A	C	C	C	R	C	C	C
Go-Live Region #2	A	C	C	C	R	C	C	C
Go-Live Region #3	A	C	C	C	R	C	C	C
Go-Live Region #4	A	C	C	C	R	C	C	C
Go-Live Region #5	A	C	C	C	R	C	C	C
Go-Live Region #6	A	C	C	C	R	C	C	C
Go-Live Region #7	A	C	C	C	R	C	C	C
Go-Live Region #8	A	C	C	C	R	C	C	C
Go-Live Region #9	A	C	C	C	R	C	C	C
Go-Live - Retrospective	R	C	C	C	C	C	C	C

R = Responsible, A = Accountable, C = Consulted, I = Informed

14. IT Security

Instructions: The Supplier must provide a response to the requests below. Additional supporting documents are acceptable and shall be provided as a document attached to the supplier's bid response titled "Mandatory Scored Question 14 Attachment."

- Supplier shall describe its qualifications, previous experience, and performance related to IT security, including in a setting(s) similar to corrections (if applicable).
- Supplier shall provide a comprehensive overview of its proposed approach to IT security for GDC, in accordance with meeting the minimum basic requirements (E1 through E17 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following:
 - A. Support for continuous security and protection of data and IT systems in accordance with industry-level standards, and any applicable state or federal regulations (e.g., HIPPA, FedRamp, NIST 800)
 - B. Audit to ensure data security and privacy standards compliance
 - C. RACI chart showing Supplier's assumptions

A. Support for continuous security and protection of data and IT systems in accordance with industry-level standards, and any applicable state or federal regulations (e.g., HIPPA, FedRamp, NIST 800)

Fusion's Pharmacy Software Suite provides industry best-practice for HIPAA compliant high-availability clinical data at rest and network security solutions. Information logged includes user and workstation IDs, user actions, date and time, and other information, such as clinical report or document names, names of clinical values changed, and the value changes. Fusion will develop, execute, maintain and deliver for GDC's approval, a System Security Plan that will document the current level of security controls within the module scope of work that protects the confidentiality, integrity and availability (CIA) of the solution and its information. Fusion considers the system security plan client specific and will outline and submit for review the plan during further discussions and the implementation phase.

Fusion's Pharmacy Software Suite ensure compliance with applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA) and other federal regulatory requirements via robust database-level security, application-level security, and user-specific security protocols. Fusion will establish security and privacy standards and standard operating procedures that are GDC specific. All-in-all, Fusion is a partner GDC can rely on to work on meeting the changing regulatory requirements such as HIPAA, NIST, and more.

All data within the Suite are encrypted with Advanced Encryption Standard (AES) encryption with a SHA2/AES-256 hash Algorithm. SQL Server has built-in encryption capabilities for PHI data and can encrypt both at rest and data in motion via AES and SSL. Role-based securities apply down to the field level and enforces the most restrictive set of rights/privileges. Our Pharmacy Software Suite offers powerful interoperability and imports and exports data through its robust interface engine.

As previously discussed, Correct Rx is recommending GDC hosts the proposed software solutions. Regardless of the hosting model GDC's chooses, role-based securities apply down to the field level. Fusion's Pharmacy Software Suite enforces the most restrictive set of rights/privileges or accesses needed by users/groups, such as System Administration, Clerical, Nurse, Doctor, and so on, and supports automatic system user logoff after idle timeout. All directory access is limited to customer subdomain and isolated on customer specific subnet and VLAN for security. DOC access can be secured utilizing site to site VPN only access with AES256 encryption and SHA1 authentication.

Fusion will ensure all information is treated as Protected Health Information (PHI) or Personally Identifiable Information (PII) as defined under HIPAA and/or HITECH is treated as privileged communications, held confidential, and meets the terms and conditions specified in this RFP and any subsequent contract.

Further, with each project we develop and implement a System Security Plan that documents all levels of security controls and is updated annually or when new vulnerabilities are identified. Fusion will work with GDC to develop this plan and share all information regarding confidentiality of records.

Fusion's Pharmacy Software Suite of products complies with Section 508 requirements and provides meaningful use of colors, shading, images, texts, and voice dictation capabilities for easier UI navigation.

B. Audit to ensure data security and privacy standards compliance

Fusion Pharmacy Software Suite maintains an audit trail of all changes to data, including changes that were made in error and subsequently backed out of or suspended. Fusion maintains a record/audit trail of errors during update processes, accounting for originating source and user. We provide audit trails to allow information on all transactions to be traced from receipt of the transaction through the completion of the transaction, capture at a minimum date/timestamp, data source, worker id, action taken and log any errors encountered for reporting.

To facilitate compliance with your organization's security and privacy policies, Fusion's pharmacy software solutions monitor and log many user activities, including user and workstation IDs, user actions, date and time, and other information such as report or document names, etc. The system captures the following information in every audit record (when it is available):

- Date and time of the event
- Component where event occurred (software or hardware component)
- Type of event (including data description, offender identifier, type of action)
- Identity of user
- Outcome (success or failure) of the event
 - Success
 - Minor failure; action restarted, such as invalid password with first retry
 - Serious failure; action terminated, such as invalid password with excess retries
 - Major failure; action made unavailable, such as user account disabled due to excessive invalid log-on attempts

C. RACI chart showing Supplier's assumptions

Please see RACI table above.

15. Data Backup and Storage

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to data backup and storage, including in a setting(s) similar to corrections (if applicable).
- Supplier shall provide a comprehensive overview of its proposed approach to data backup and storage for GDC, in accordance with meeting the minimum basic requirements (E1 through E17 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following:
 - Frequency and timing of data backup and storage, including any periodic and real-time backup capabilities.
 - Data retention processes and policies.
 - Provision for data retrieval using industry standard interfaces for reporting and integration with other suppliers/solutions.

- *Frequency and timing of data backup and storage, including any periodic and real-time backup capabilities*

Fusion leverages industry-standard license(s) of Microsoft SQL Server Enterprise for the flexibility of the vast array of SQL Server disaster recovery performance tuning tools available in the IT industry. As a result, the industry best practice data loss prevention and recovery solutions will apply to Fusion's product line. Daily full, incremental, differential and transaction log backups are available along with clustered databases and hot and warm failover server solutions for full high-availability capabilities. Hot backups are conducted daily with snapshots of the database taken as well. The database backup is then archived for up to 28 days to allow for full restoration.

- *Data retention processes and policies.*

Fusion complies with the operational data management policies determined by GDC including HIPAA, HITECH, and any State of Georgia requirements. Data retention is cumulative, and no archival removal of data is required, therefore all data is historically accessible. Fusion offers an impressive data retention ability, data can be retained and retrieved for an exponential amount of time. For example, Fusion currently has clients that have been retaining patient data for nearly 15 years.

- *Provision for data retrieval using industry standard interfaces for reporting and integration with other suppliers/solutions*

Integration and coexistence with third party software applications is an integral part of every pharmacy management installation. As such, we are committed to the delivery of the products and services required for the effective deployment of fully functional interfaces.

This is accomplished through a combination of:

- Excellence in product functionality and continued development
- Adherence to interface standards
- Provision of the services and tools required to implement interfaces
- Partnerships with other information system vendors

Fusion's Pharmacy Software Suite offers powerful interoperability and imports and exports data using interfaces. Fusion will utilize web services protocol to interface with GDC's Offender Management Solution (SCRIBE). During the requirements gathering phase, our team will identify the necessary data fields GDC would like to send from SCRIBE, including but not limited to Name, DOB, GDC number, facility assignment and location as well as security classification and bed type. Fusion will configure, code, and test all application, application extensions, data conversion, and data acquisition/interfaces once agreed upon between both Fusion and the agency. Our solutions are robust and scalable, designed to meet current and future needs and utilized in numerous correctional settings to exchange data in real time through direct database connection through secure VPN tunnels, Web Services, HL7 compliant inbound and outbound data exchange through FTP/SFTP, as well as numerous other delivery methods.

Integration of Fusion's Pharmacy Software Suite with GDC's Offender Management Solution (SCRIBE) will be assured through our team's diligent work and attention to detail and through the solution's communicational capabilities. Fusion will utilize web services protocol to interface with SCRIBE, all data fields that GDC requires to be mapped and integrated will appear in the Pharmacy Software Suite interfaces through initial integration and data migration prior to product Go-Live. Fusion will configure, code, and test all application, application extensions, data conversion, and data acquisition/interfaces once agreed upon between both Fusion and GDC.

The Fusion Pharmacy Suite is capable and currently utilized in numerous correctional settings to exchange data in real time through direct database connection through secure Web Services Protocols, VPN tunnels, FTP/SFTP as well as numerous other delivery methods. This scalable system will be able to meet all current and future State needs

After Go-Live, integration between the Pharmacy Software Suite and SCRIBE will automate the importation of defined data such as demographics, facility assignment, etc. This will provide GDC staff with increased efficiency, security, and ease of use.

16. IT Implementation and Migration

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to IT implementation and migration, including in a setting(s) similar to corrections (if applicable).
- Supplier shall provide a comprehensive overview of its proposed approach to IT implementation and migration for GDC, in accordance with meeting the minimum basic requirements (E1 through E17 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following:
 - Implementation of the supplier's proposed pharmacy management system and migration of any existing data into the new system, including timeline and user training.
 - Approach to customizations for integration for both initial implementation and future transition to an EHR, including potential limitations and timelines for execution.
 - Approach to changing legacy business processes to meet workflow needs for the supplier's solution.

- *Implementation of the supplier's proposed pharmacy management system and migration of any existing data into the new system, including timeline and user training*

Implementation, Training, and Go-Live

Correct Rx and Fusion are dedicated to seeing the successful implementation of our Pharmacy Software Suite for GDC and we are approaching this project with a partnership mentality, working in conjunction with GDC to ensure that our healthcare software solutions are implemented on time and meet GDC's business objectives. Unlike any other vendor, Fusion intimately understands what it takes to get a fully integrated pharmacy software system live at State Department of Corrections Agencies. Fusion leverages its extensive knowledge of the correctional pharmacy and healthcare space and will collaborate with GDC to ensure that the system truly meets their workflow both now and in the future. Our subject matter experts (SMEs) come with years of experience and are much more than 'yes-folks' when it comes to the overall development, implementation, and go-live of our solution. Fusion's knowledge and experience with industry standards and best practices will provide GDC with proven options to improve performance, proficiency, and effectiveness throughout the implementation.

An integrated pharmacy management solution installed in one correctional agency can be a resounding success. Another organization may use the same system inefficiently and get marginal results. The difference is often in the way it is installed, whether it is thoughtfully tailored, whether the users are well-trained and engaged, and whether top-level management supports it. Fusion's implementation approach streamlines the process of system design and allows GDC to take rapid

advantage of the benefits of our Pharmacy Software Suite, shortening the duration of the implementation and improving the end-user experience.

We back our model with the processes, technology, and people that facilitate communication and decision-making and effectively identify and overcome roadblocks to success. The Fusion mission is simple: All clients should be best performers.

Fusion has developed a tried and proven implementation plan that ensures an effective delivery of the implementation of our Pharmacy Software Suite to GDC. Fusion's methodology focuses on the way the system is installed, how the system is carefully tailored to GDC's workflows, the provision of extensive training to confirm that all users are engaged in their jobs, and garnering full support from all stakeholders.

Fusion's implementation approach consists of four distinct phases: Initiating, Planning, Executing and Closing. Each phase is briefly described below. These four phases include techniques and disciplines to stabilize and align the project for success.

Fusion's project managers use PMI's PMBOK as a basis for all team efforts. Project management occurs throughout the entire implementation lifecycle. The project manager has a hands-on role to manage and drive the implementation to a successful conclusion as well as provide leadership for both our internal team and the client team. The emphasis is on joint ownership of the project between Fusion and GDC.

Initiating

Fusion will organize and deliver detailed requirements specific to the project. We will hold a Kick-Off Meeting to provide a high-level Project Schedule/Work Plan with key tasks, dates, milestones, deliverable descriptions and GDC staffing requirements that are necessary to ensure a successful go-live.

Our approach for a project inclusive of pharmacy management, CPOE, and eMAR solutions starts with consultation with the representatives of GDC who will be involved in the project as well as those whose operations are in line with the system. This will allow us to establish a baseline of understanding and to further confirm particulars of the overall project plan.

Our project team will initially meet with GDC's Pharmacy and IT Leadership Team to plan the activities to complete the scope of work for this phase of the project, including confirming the objectives, defining our approach and timeframes, identifying key user groups and gaining agreement on the Phase One deliverables.

Fusion's methodology provides the framework and approach needed to identify, collect, analyze, and validate the operational, functional, and technical performance requirements for the new pharmacy and medication management solutions. Our methodical approach allows us to dig deep in identifying the true workflow and includes the following metrics:

- Review & Analysis of the current business process and practices
- Analyzing existing technologies and associated system documentation
- Interviewing representatives of impacted functional areas and work groups

- Other pharmacy/healthcare affiliates and partners for gathering data regarding their business and technical needs

We will document the resulting information in our project management system which will serve as the key data repository for the entire process. Risks and issues identified during the process will be captured in the Risk and Issues logs and included in the final Project Management Plan (PMP).

The project team will meet with GDC's project team to review our initial draft for the Communications Plan. We will work with the team to identify members of the work groups representing the affected functional areas, stakeholders, and other key personnel within the organization. We will prepare the initial draft of the Communications Plan for review and comment and finalize the plan for acceptance by the leadership team and project sponsors.

Next, we will refine the high-level work plan and specify at a detailed level all tasks, sub tasks and milestones necessary to complete this phase of the project. The revised Project Charter, Detailed Project Plan and Schedule, Communication Plan PMP and Risk and Issue logs will be included in the final PMP for our collective solutions' Requirements Definition phase of the project.

Planning

Fusion's Pharmacy Software Suite is delivered to meet and exceed the primary requirement and functionality as identified in the proposal. This is achieved through out-of-the-box solutions as well as customization that will allow GDC to maximize the Suite's potential.

Conceptual Design Task

Developing a conceptual design will allow for the identification of existing key components of the solution and supplemental information systems while allowing the development of enhanced workflows. The Pharmacy Software Suite will enhance the operations of GDC, including:

- Availability and maintenance of pharmacy and medication data;
- Management information based on real time data that is reliable, accurate and provides transparency and accountability, enhanced reporting capabilities, ease of use, and portability;
- Scalable as demands increase and support integration with other agency systems;
- Quickly adapt to approved and/or pending local, state, and federal legislation and regulations; and
- Leverage industry best practices and adaptable to emerging technologies and future trends in health information technology.

We will then create the future "conceptual" pharmacy and medication management model including a high-level technology environment, security constructs, high level data schema, and business process descriptions that are enabled by Fusion's Pharmacy Software Suite. We believe that the benefits of this approach is that it presents the stakeholders with a vision to focus the discussion on tangible solutions and avoids "blue sky" scenarios which result in process decisions that fall short on account of technological or operations limitations. We will create a secured documentation library to deposit pertinent project documents, interview notes, weekly and monthly reports, and other project documents that is accessible by the project team members for each phase of the project. This will be accessible by key stakeholders in the implementation.

Requirements Analysis

The project team will leverage a Requirements Traceability Matrix (RTM) to finalize the Pharmacy Software Suite's operational requirements. We will update the RTM that documents the business, functional, technical and performance requirements for the pharmacy and medication management systems. The RTM will list requirements within functional areas and provide for the classification of requirements by requirement ID, name, and source. The RTM provides our project team and GDC with the opportunity to ensure completeness and that requirements are not omitted as work proceeds.

Software Fit/Gap Analysis

Our approach provides GDC with a Fit/Gap Assessment Report of the solution's capabilities as compared with the organization's RTM. We will document how the solution proposes to meet each of the organization's business, functional, technical and performance requirements and provide solutions to meet any identified gaps. We will document our findings and observations in the Software Fit/Gap Analysis Report.

Executing

Our approach to installing, configuring, training, and going live with our solutions allows GDC to take advantage of the benefits of Fusion's Pharmacy Software Suite by shortening the duration of the overall implementation while improving business outcomes. We back our model with the processes and people that facilitate communication and decision-making and effectively identify and overcome roadblocks to success. There are numerous benefits of our approach, including but not limited to:

- Implementation of the system focuses on GDC's business objectives.
- GDC realizes the business benefits of their system sooner.
- The scope of the project is detailed up front and is defined largely by the Statement of Work. The benefits include:
 - Common project expectations
 - Documented goals and objectives
 - A clear, mutually agreed upon project plan
- The design and build of the system are driven by the results of the initiating phase, which is tied to the GDC's business context. Business context consists of project objectives, business drivers, and critical success factors.
- We take on the role of "consultant," providing GDC with direction on setting up the system.
- We facilitate a timely implementation.
- Knowledge is transferred continuously from project start using various training methods.

Software Installation and Setup

Fusion's software installation and setup approach has seen much success in our correctional partners' facilities throughout the country. Our approach is proven and will strategically align our deliverable schedule to meet GDC's overall objectives. We use a multi-step approach, as seen below, to ensure that the setup and configuration meets all the specifications identified and outlined in the project charter.

Hardware and Software

- Determine if this is a client or vendor hosted solution
- Assess existing network, hardware and software and identify needs
- Upgrade or install workstations as needed.
- Purchase and install all hardware, including upgrading workstations as needed
- Install software on server and workstations
- Test remote access for technical support
- Plan and test back-up procedures, including sign-offs

Workflow Re-Engineering and Configuration

- Utilize RTM to configure software solutions to GDC's business requirements.
- Adjust hardware based on workflow requirements, if necessary.
- Establish data entry standards based on workflows and reporting requirements.
- Enter users, including Privileges and Preferences.
- Provide set up training to selected staff.

Interface Development

Integration and coexistence with third party software applications is an integral part of every pharmacy management installation. As such, we are committed to the delivery of the products and services required for the effective deployment of fully functional interfaces. This is accomplished through a combination of:

- Excellence in product functionality and continued development
- Adherence to interface standards
- Provision of the services and tools required to implement interfaces
- Partnerships with other information system vendors

Fusion's Pharmacy Software Suite offers powerful interoperability and imports and exports data using interfaces. Fusion will utilize web services protocol to interface with GDC's Offender Management Solution (SCRIBE). During the requirements gathering phase, our team will identify the necessary data fields GDC would like to send from SCRIBE, including but not limited to Name, DOB, GDC number, facility assignment and location as well as security classification and bed type. Fusion will configure, code, and test all application, application extensions, data conversion, and data acquisition/interfaces once agreed upon between both Fusion and the agency. Our solutions are robust and scalable, designed to meet current and future needs and utilized in numerous correctional settings to exchange data in real time through direct database connection through secure VPN tunnels, HL7 compliant inbound and outbound data exchange through FTP/SFTP, as well as numerous other delivery methods.

Data elements, events, interface design, web services and parameters will be established with our project management team post contract. Fusion's approach to completing a successful interface project is as follows:

Step 1: Review contract and breakdown roles and responsibilities of both parties involved.

- Step 2: Contact vendor contact and schedule meeting to review all deliverables associated with the project.
- Step 3: Conduct conference call and finalize assignments of all deliverables to project personnel.
- Step 4: Draft technical control document
- Step 5: Review and finalize control document
- Step 6: Install Data Transfer Station (DTS)
- Step 7: Implement interface
 - Development
 - Sample Testing
 - Automation Implementation
 - Finalize and sign off on project

Each interface will be managed via Interface Control Documents (ICD) which will provide appropriate application and system operations documentation. In addition to the ICD, Fusion will provide the following tasks associated with interface development:

- Interface requirements gathering/define standard and custom interfaces required and complete the Interface Requirements Document (IRD).
- Work with vendors to develop interfaces.
- Create cross-reference file(s) as needed.
- Define parameters for fault tolerance interfaces.
- Test the interfaces and data for format and content.
- Perform data integrity checks for all interfaces.
- Train system managers to process files and manage interfaces (if applicable).

Systems Migration and Conversion – CIPS & Fusion's eMAR

The RxPRO migration has been carefully incorporated into the project scope and timeline. Our team has extensive experience in roll-over implementations, keeping legacy systems alive and running, while scripts port over information from the legacy system(s) into the solution.

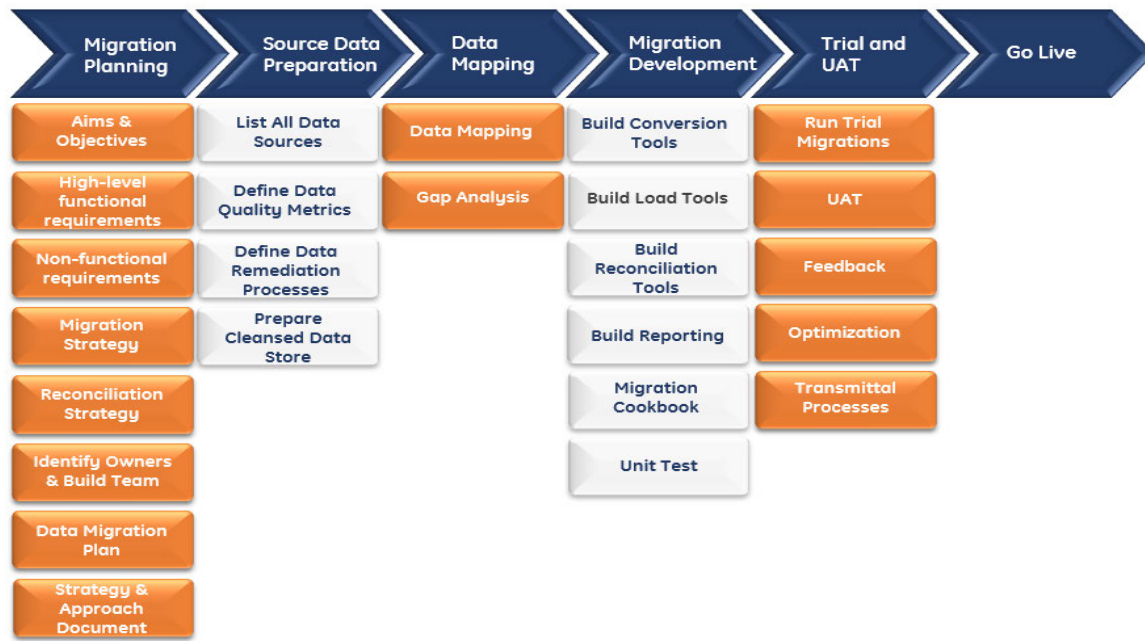
We envision a two-part data migration that can occur simultaneously. One part will migrate data from RxPRO to CIPS. Another part will migrate data fields from RxPRO directly to Fusion's eMAR. We will analyze data integrity between the CIPS and Fusion's eMAR through reporting and auditing. This process will speed the project timeline and ensure the complete functionality of our systems. Both parts of the data migration will follow a detailed process as outlined below.

The database includes embedded relationship requirements. When conducting any migration/ETL process, data must be loaded in a sequential manner in order for the data to build the appropriate relationships. Fusion's data conversion audit work plan:

- Ensures that the source data is being properly extracted prior to conversion as well as preserved and protected post conversion.
- Ensures that controls are in place to verify that data transferred accurately and completely between systems.
- Ensures that appropriate testing, including regression analysis, is being done with converted data on impacted applications and management reporting.

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For the RxPRO migration to be successful, Fusion will follow a five-step process to ensure data is captured and transferred fully, without errors or loss of information. These steps are detailed below:



As part of our project plan, we will discuss other data elements GDC would like to capture, various methods of data conversion, and then come up with the proper plan for the project. Following final acceptance of CIPS by GDC and appropriate user training, we can simply 'switch' the facilities from their legacy solutions to the Pharmacy Software Suite.

Testing

Fusion's quality assurance team has developed an exhaustive test plan that includes sophisticated automated regression and coverage testing processes. This testing plan will be customized to the implementation at GDC and the project timeline. Testing begins with initial resource planning during the initiate phase, is designed in the Plan phase, and then is conducted during the Execute and Control phases. Initially, we advise regarding the testing effort, with leadership and ownership gradually transferring to GDC.

Unit/component testing

Unit Stress testing is conducted using software best practices for HIPAA-compliant application design. The software test strategy focuses primarily on functionality which includes access control, data sanitization, audit trails, accurate timestamping of data, and data security.

Integration testing

Fusion coordinates integration testing on all Pharmacy Software Suite modules and components for integration and performance modeling.

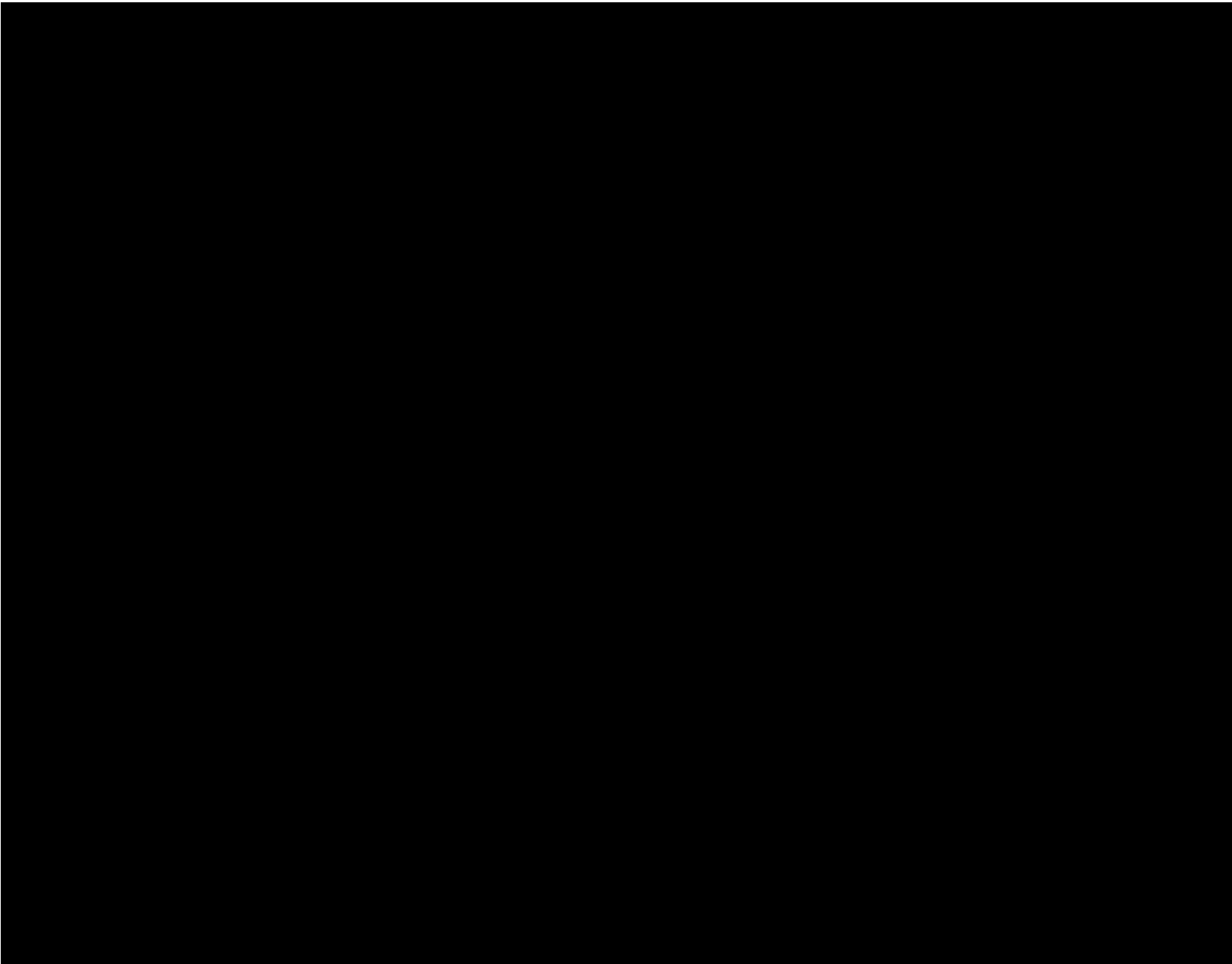
Regression testing

Fusion's Pharmacy Software Suite employs bug mapping and regression testing of its user interface.

Client acceptance testing

Designated client project testers will be provided during Dev and UAT, who will be testing credentials for proofing and user acceptance testing of all user interface modifications, security group mappings and data integration. All feedback will be integrated into final revisions for production rollout. Below is a typical system acceptance test plan we use:

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Closing

This is the final phase of the implementation; project closure consists of system rollout and go-live events which include the following at a minimum:

- Alpha preview of pharmacy solutions
- Any necessary additional system modifications
- Beta preview of pharmacy solutions
- All necessary training for all users; train the trainer and individual users through module training
- Site roll-out and go-live
- Live support by consultants at each site for go-live

Fusion will support end-to-end system testing and final training for “go live”. This will entail the final cutover to the Pharmacy Software Suite, inclusive of the migration from GDC’s legacy pharmacy system, RxPRO, conversion from paper MAR to Fusion’s eMAR, and Fusion’s CPOE well as all specified workflows and interfaces.

Our technical team and analysts will review data being entered into the system to ensure accuracy and consistency. Should variations or errors be identified, trainers will discuss and spot-train staff accordingly. Our technical team will also make sure that the system is running smoothly and that all interfaces are running properly in real-time.

The project manager will coordinate with GDC IT to ensure that all peripherals and technologies are configured and ready. The project manager will also provide a post go-live report to document the overall outcome of go-live. Also, in an unlikely event an aspect of go-live is unsuccessful, the PM will have a contingency plan in place to resolve the current issue. Any issues are presented to the project manager for resolution.

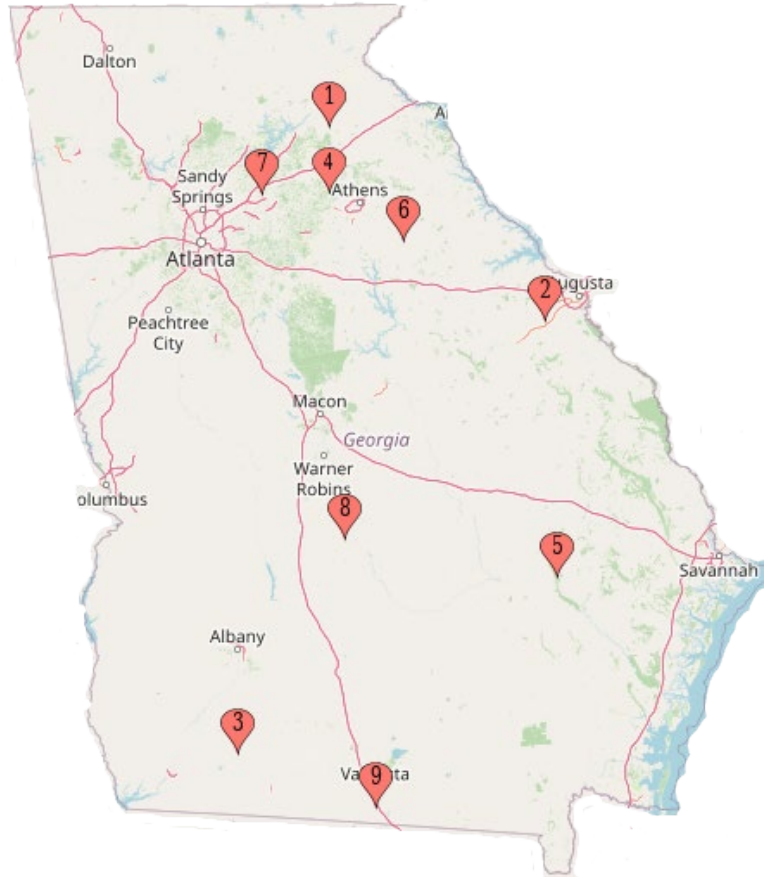
Training

Fusion has a blended training approach of training all users and “super-users”, on-site training combined with robust online training and resources. Our training approach addresses the specific learning needs of our clients including classroom-based instructions, online instructor-led instruction, and self-paced web-based training.

Each Training Plan is customized and through conversations with GDC, Fusion will create and present a Training Plan that suits the needs of the organization and ensures end-user acceptance and competence. We promote a “train-the-trainer” approach wherein the GDC and Fusion will identify “super-users” and administrators who will be extensively trained on the Pharmacy Software Suite. Super-Users serve as the GDC in-house software experts, will be designated by GDC and should have an advanced understanding of computers, as well as be able to provide effective training if required. Some Super-Users should have clinical experience; all should be trained fully on the Pharmacy Software Suite’s functions to understand the impact on the entire data flow.

We believe this promotes ownership of the system, a more thorough understanding of its functionality and purpose, and an increased ability to pass competence on to every end-user. Through a consultative, dynamic, and engaging approach Fusion will train super-users who in turn will provide training, with Fusion assistance if so desired, to all GDC end-users. Training begins from project kick-off with super-users being involved in implementation planning and configuration. They can shepherd the analysis of existing workflows and the configuration of the Pharmacy Software Suite to achieve the best fit with the client's needs and client base.

Based upon our initial assessment of information provided in the RFP and dependent upon further discovery, Fusion will plan on-site training at each of the nine regional pharmacy centers. We anticipate that each regional center will serve as the training location for between six or seven facilities of the approximately 60 cited. Fusion recommend two to three super users be trained from each facility within the region, dependent on discussions with the GDC and expressed need. Each super-user will take part in two full-day eight-hour in-person training sessions that will ensure their full competence and comfort with the Pharmacy Suite.



Fusion will provide virtual training in addition to our on-site training. Our instructor-led virtual training is dynamic, interactive, and engaging. Participants are encouraged to participate through conversations, polls, screen sharing, and active demonstration of skills. At Fusion we approach online learning with a four-pronged mindset of what we can provide to give each participant the best experience possible:

- Content – Courses are laid out in a clear and concise manner with a distinct functionality flow
- Process – Fusion's instructors are trained and experienced in providing on-line training
- Product – We employ several tactics such as polls and screen sharing for participants to display their newly acquired skills on the fly
- Atmosphere – Fusion instructors provide an upbeat and positive environment so participants are fully engaged

Additionally, all end-users will have access to Fusion's Learning Management System (LMS) that provides extensive digital training guides, online help and tutorials, and web-based training materials.

Fusion's training approach has many benefits and a train-the-trainer strategy allows you to fully understand the setup of the Pharmacy Suite and the independence to adjust, change, or recreate workflows in the future.

Go-Live

For every project, Fusion develops a customized Go-Live plan that takes into consideration all factors of implementation. For this project Fusion, in coordination with Correct Rx, advocate for a “Big Bang” approach to Go-Live.

Big Bang describes an implementation where all facilities begins using all the functions of the solution at the same time. Implementing the Pharmacy Software Suite via a big bang approach is faster, which often means cost savings associated with labor, training, and technical resources. Project management needs, continual software upgrades, and the chance that an organization becomes bogged down in an implementation cycle are all reduced with a big bang model. Rapid deployment also reduces reliance on legacy systems and functions, keeping the organization on the same page and mitigating compliance risks from disparate systems.

The beginning and middle stages of the Pharmacy Software Suite implementation are critical to success, particularly in a big bang approach, when things move quickly in later stages. With a big bang approach, the earlier phases are where planning and triage are completed – if changes need to be made to the project scope, expectations, or needs, its easiest to do in these stages. During the beginning stage, we will work with GDC and assess internal needs and resources. The middle phase of the Suite’s implementation involves creating new policies and governance, communicating the upcoming change to staff, and beginning to make changes to hardware and software.

Strong planning at the beginning and middle stages is a prerequisite to success. In identifying successes during past implementations, we created a build-it-once mentality – planning had to keep the entire patient existence in mind, reduce impact to the business, and integrate the importance of both current and future workflow needs.

Advantages

- All the functionality is available at go live.
- Onsite training can be completed in a single block of time, reducing the costs of training.
- The drop in productivity experienced after all Pharmacy Suite implementations can be shorter, even though it may be more substantial. This is because staff are not continually trying to learn new technologies.
- Disruptions caused by the unnatural segmentation of tasks, e.g. the documentation of a patient encounter on paper and then electronically prescribing a medication, are avoided.

Our Go-Live plan will include three days of on-site go-live training and support. Additional training will be provided via web-conferences and follow-up training and support will be provided both on-site and remotely throughout the contract period to ensure full utilization of all pharmacy systems. Investing in planning and training both before and during the contract is needed to ensure success, acceptance and utilization of the tools provided to the healthcare teams in their delivery of care to GDC offenders.

Fusion is committed to our clients and we strive to learn from them and our shared experience. We continuously improve our processes and deliverables through project de-briefs that are conducted to gather feedback and identify lessons learned. The closing of our project and go-live of the Pharmacy Software Suite are merely the beginning of our partnership as we anticipate a long-term relationship with the GDC.

- *Approach to customizations for integration for both initial implementation and future transition to an EHR, including potential limitations and timelines for execution.*

Correct Rx approaches all implementations with a partnership mentality so that our clients receive the maximum benefit from our software solutions. Customization is a key aspect to both integration and implementation with a client's workflows, needs and legacy systems considered. Fusion is able to assist our clients, including GDC, with their future technology plans by creating strategies and processes for integrations.

Fusion's Pharmacy Software Suite can be integrated with any commercially available EHR with the limitations and timelines for execution determined by the capabilities of that EHR. Our Pharmacy Software Suite can be seamlessly integrated with no limitations and in an expedited timeline with our flagship Electronic Health Record. Our approach to this project allows GDC freedom as they determine the best overall EHR for GDC.

- *Approach to changing legacy business processes to meet workflow needs for the supplier's solution.*

Fusion has several processes in place to meet the workflow needs of clients when changing their business processes. The steps below help ensure that when switching to the Fusion Pharmacy Software Suite GDC end-users will find their needed workflows with increased functionality.

Requirements Analysis

The project team will leverage a Requirements Traceability Matrix (RTM) to finalize the Pharmacy Software Suite's operational requirements. We will update the RTM that documents the business, functional, technical and performance requirements for the pharmacy and medication management systems. The RTM will list requirements within functional areas and provide for the classification of requirements by requirement ID, name, and source. The RTM provides our project team and GDC with the opportunity to ensure completeness and that requirements are not omitted as work proceeds.

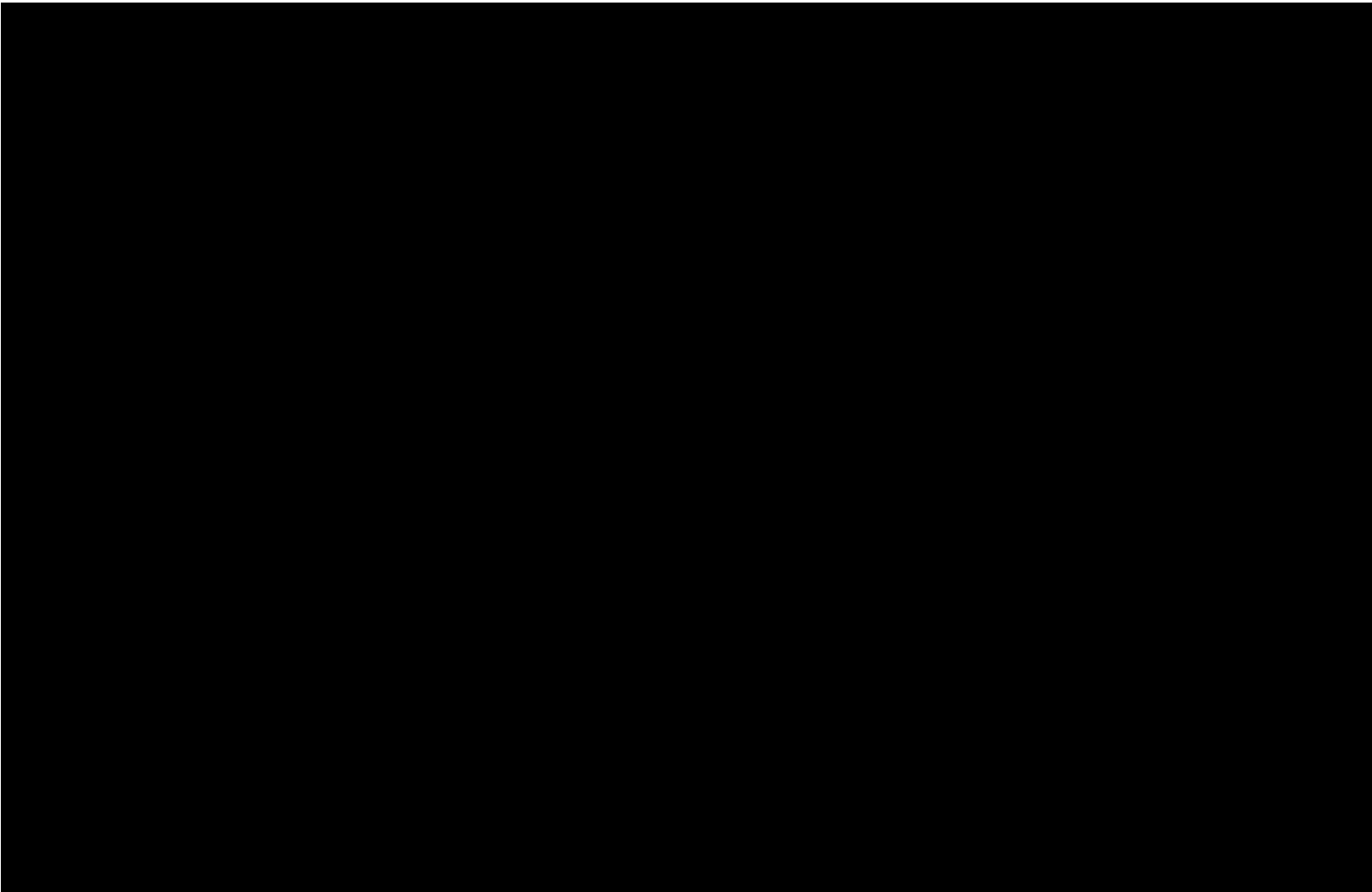
Software Fit/Gap Analysis

Our approach provides GDC with a Fit/Gap Assessment Report of the solution's capabilities as compared with the organization's RTM. We will document how the solution proposes to meet each of the organization's business, functional, technical and performance requirements and provide solutions to meet any identified gaps. We will document our findings and observations in the Software Fit/Gap Analysis Report.

Change Management

Fusion's Change Management process for business rules is unique to each implementation and ensures successful adaptation to any updates and changes to GDC's business rules. We start by analyzing upstream and downstream dependencies, followed by identifying potential risks. We then build customized plans for mitigation and rollback as appropriate. This helps manage risk and minimize disruption. Through the Change Management process, schedules are taken into consideration, minimizing the potential impacts on the organization during critical operating hours.

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17. Administration and Reporting

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to administration, including in a setting(s) similar to corrections (if applicable).
- Supplier shall provide a concise overview of its proposed approach to administration for GDC, in accordance with meeting the minimum basic requirements (F1 through F5 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following:
 - Reporting, including content, frequency, format(s), and access to underlying data on operational and cost performance metrics, including but not limited to:
 - on-time delivery performance, fulfillment accuracy, and turn-around-time.
 - Ad hoc requests for additional reports, including if there would be additional costs for these.

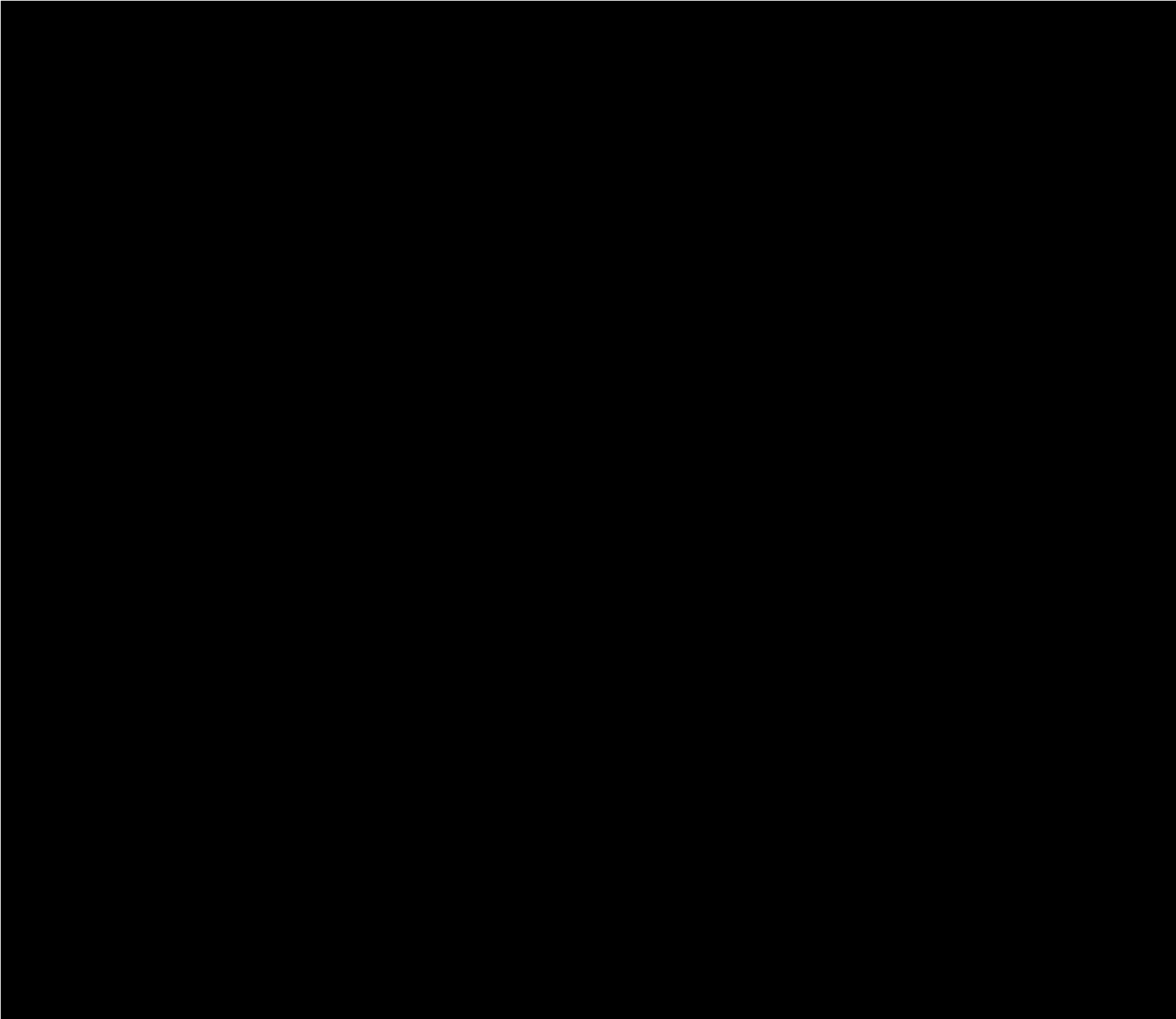
Correct Rx is able to meet all of the Administration and Report requirements required by GDC. Correct Rx has provided a wide range of customized data and reporting to correctional clients, including complex state correctional systems, for the past 17 years. Correct Rx understands the vital need of relevant reports to help guide budget decisions as well as aid in the provision of a high quality health care program. Correct Rx's clinical team and our dedicated Program Manager will provide comprehensive reporting on data analytics and quality assurance. Correct Rx has extensive experience in managing data for public and private facilities across the country to include statewide systems and all sizes of prisons, jails and juvenile facilities.

We provide accessible reports in the format you request and overlay our industry-leading Dashboard so that you can make decisions and identify successes as well as problems in facility utilization patterns.

Dashboard: Instantaneous Access to Utilization & Key Performance Data

Modern business analytics is a vital necessity when managing a healthcare system. However, information is only beneficial if it is current, accurate, and readily available. Managers need real time information. Correct Rx will provide GDC with access to our Dashboard Reporting System. This web based program acts as a nerve center where quantitative and qualitative information is readily available and accessible 24 hours a day 7 days a week.

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Accurate and Accessible Reporting System

The Correct Rx administrative and clinical management teams assigned to GDC are responsible for providing and maintaining a system for monitoring and reporting on our performance. Data and information is provided with a high-level of accuracy, validity and integrity. Our team has the experience and knowledge to provide expertise in correctional healthcare data management.

Correct Rx gathers data and design reports to meet the specific needs of our clients and the healthcare teams at each facility. Our reporting system includes traditional reports in excel format generated by Correct Rx and our advanced Dashboard Management Tool for GDC to access data. Correct Rx will collaborate with GDC in the collecting and reporting of data; and in the development of indicators to be measured and which standard reports to provide for management purposes, including, operational and cost performance metrics, on-time delivery, filling accuracy, and turn-around-time.

List of Reports Available to GDC in addition to the Dashboard

All Reports are provided on schedule or ad-hoc at no charge in any format requested by.

- Utilization and User Profile Reports
- Monthly Formulary by Drug Class – Quantity, No of Rx, and Cost
- Monthly Non-Formulary by Drug Class – Quantity, No. of Rx and Cost
- Floor Stock Drug Report by Facility and with Detailed Summary
- Monthly Utilization Report by Prison Facility; Reclamation Summary by Facility to Include Cost and Quantity
- Detailed Reclamation Report by Facility to Include Drug Quantity and Cost
- Medication Profiles (Active and Inactive) – Upon Request;
- Stock Utilization Reports - Monthly;
- Total Prescriptions and Patients on Meds (Mental Health and Non-Mental Health) per Facility – Weekly or Monthly;
- Medication Usage and Cost by American Hospital Formulary Services (AHFS) Classification – Weekly or Monthly;
- Medication Usage and Cost by Disease State (Psychiatric, HIV, Hepatitis C, Diabetes, Cancer, Primary Hypertension) tracked and trended over a 12 month period - Monthly;
- Detailed Psychotropic Drug Usage and Cost by AHFS Classification tracked and trended over a 12 month period - Monthly;
- Top Med Report of All Medications by Usage and Costs - Monthly;
- Top Med Report of Psychotropic Medications by Usage and Costs - Monthly;
- Non-Formulary Drug Usage and Cost – Weekly or Monthly;
- Controlled Drug Usage and Cost - Monthly;
- Medications Due to Expire within 10 Days - Weekly;
- Medication Errors – tracked by National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) Classification and Error Source - Monthly;
- Medication Costs per Provider – Weekly or Monthly;
- Management Reports – to include: population on meds, total number of medications (prescriptions and doses), number of meds/patient, total number and cost of new meds, total number and cost of med refills, total number and cost of keep on person medications, total number and cost of non-formulary meds, total number and cost of formulary meds, total number and cost of OTC meds, and total cost of all medications (including fees), credits (including fees) - Monthly;
- Provider Prescription Profiles (types and frequency of psychotropic medications prescribed by provider) – Weekly or Monthly;
- Ad Hoc Reports – Upon Request;
- Quality Assurance Report - Monthly;
- Performance Improvement Reports - Monthly; and
- Facility Stock Utilization Report – Monthly

Description of Data Driven Reports

Correct Rx maintains comprehensive utilization data for all offenders. The following provides a brief description of a sampling of the reports we are able to provide:

- **Budget Projection Report:** Correct Rx provides a clinical analysis of medication utilization review patterns, standards of care, Cost Per-Client-Per Month, year over year cost analysis, and generates a projection of facility budget in the upcoming year. This can serve as a vital tool for the GDC management team in setting accurate facility budgets and tracking goals throughout the year.
- **Clinical Recommendation Report:** Correct Rx continually provides PBM-scale clinical recommendations for formulary guidance and drug utilization patterns. Along with each recommendation is an associated cost savings from using alternative treatment approaches. The clinical recommendation report tracks Heritage adoption of recommendations and cost-savings captured over time. This tracks the success of clinical pharmacy programming as well as opportunities for additional savings capture.
- **Monthly Statistical Report:** This report shows twelve (12) months of data by stating costs of Formulary versus Non-Formulary usage, HIV costs, Hepatitis C Medication costs, OTC costs, non-patient specific, Medication costs, Emergency Back-up costs, Credits, Total number of prescriptions, Number of clients on meds, Number of prescriptions per client per month, Percentage of clients on medical meds, Percentage of clients on psychotropic meds, Cost Per-Client-Per Month. It also includes cost per disease state per month. The reports show trends in cost spending by facility and prescriber.
- **Utilization Review Reports:** Correct Rx provides utilization review reports including comprehensive patient drug use evaluations that permit the review of the patient medication profiles. These utilization reports are routine contents of the Pharmacy and Therapeutics Committee agenda. This includes service date, inmate, patient full name, patient date of birth, prescriber full name, identifier, Rx number, Rx start date, Rx stop date, generic name, strength, form, frequency, count, bill order quantity, price per unit, charges, directions, GPI#, and NDC#.
- **Monthly Chronic Disease Report:** The report lists utilization/statistical data for chronic diseases: Asthma, Hypertension, Hyperlipidemia, Seizures, Diabetes, HIV, HCV, Psych and Dialysis. This report shows total cost per client per month and by disease category. This report includes the previous month for a comparison without having to search previous data allowing for an assessment of trends or spikes in usage by disease.
- **Patient Profile:** This report allows medical staff to effectively respond to inmate/family complaints by providing data that displays policy compliance by onsite staff. This is one of the ways Correct Rx works collaboratively to ensure success and enhance patient care. The report provides the patient's name, ID#, drug name, prescription number, start and stop dates, prescriber's name, directions and where and when the medication was dispensed.

- **Customized and Ad Hoc Reports:** Correct Rx provides professionally written reports that are informative, responsive and timely. All of the pharmacy reports discussed in our response and others as requested are provided by Correct Rx on a regular basis by the due date. Correct Rx provides reports based upon the needs of our clients and accommodates requests when a different format is preferred or additional information is needed. Ad Hoc Reports requests are completed within 24 hours. We provide utilization management reports monthly and ad hoc. Correct Rx offers variety based on metrics you need to monitor and manage utilization. Our goal is to provide the most relevant data in the most user friendly format. All you have to do is just ask.

Our corporate clinical team, staffed with the highest credentialed licensed pharmacists in the industry, uses the latest research to confirm our analysis and interpretation of each facility's utilization data. The provision of data analysis and interpretation of data provides facility administrators, managers, medical staff and corporate leadership with tools to care for patients in a high quality and cost efficient manner.

Continuous Quality Improvement Reports

Correct Rx understands that active and effective Program Management not only ensures compliance with policy and procedure, but it actually delivers **Quality Assurance** and **Continuous Quality Improvement**. Our management approach realizes efficiencies that have a positive impact on patient outcomes and reduces healthcare costs. Not to mention the secondary cost avoidance for custody, public safety and the potential damage to one's well-earned reputation if a company fails to deliver on promises made. Correct Rx is well known for our high level of integrity and delivering what we promise.

Monthly Meeting Attendance

Correct Rx will be an active participant during the Pharmacy and Therapeutics (P&T) Committee meetings, pharmacy operations review with GDC health service staff and the interdisciplinary team meeting with all GDC Office of Health Services leadership. Correct Rx looks forward to participating in these meetings on-site each month. Correct Rx focuses on effective and professional two-way communication to ensure we are actively keeping GDC informed of our successes and areas in need of support. We are also fully committed to listening. We have seen too many times where enthusiastic well intentioned folks forget the value of listening. Our success is directly tied to understanding your needs and providing collaborative and timely responses. Correct Rx takes the time to listen. We will actively engage your program managers and administrative staff to ensure we are on the right path. Correct Rx also understands the importance of custodial staff and the chain of command. In those select circumstances when we are requested by GDC to work with custodial staff, Correct Rx will be responsive, professional and mindful of their awesome responsibilities. We seek to find long term solutions for the unique issues that present themselves. GDC will find that Correct Rx is a partner you can rely upon.

GDC Quality Assurance Program Components

Correct Rx will provide comprehensive Quality Assurance (QA) reporting as requested by GDC. The QA report will include current performance metrics:

- Fill Rate Calculations;
- Supply Performance;
- Order Turnaround Time;
- 100% Pricing Accuracy;
- Functionality of electronic interface for online ordering;
- Dispensing Errors;
- Shipping Errors

■ Fill Rate Calculation

Correct Rx utilizes client provided feedback and metrics from a pharmacy delivery report to track fill rate calculation to include unusable damaged goods, labeling does not meet standards, supplier back orders, and items not shipped. This fill rate calculation can be provided quarterly P&T to GDC or more frequently upon request. In addition, the following components that address supply performance are in place.

■ Supply Performance

In the event of a short-term back-order of medications, Correct Rx notifies the healthcare staff at each facility within 24 hours. Correct Rx's back order rate is less than one third of one percent of all orders processed and of those items back-ordered well over 99.99% are sent with the next delivery.

■ Order Turnaround Time

Correct Rx has provided an order turnaround time metric for various clients as part of quality assurances processes. Using our pharmacy fill system, Correct Rx is able to track order turnaround time. This calculation can be provided as part of a QA Report to the GDC, but can be provided more frequently upon request. Correct Rx receives and fills orders 24 hours a day, 7 days a week, constantly. All non-emergent new prescriptions, prescription refills, over-the-counter medications, miscellaneous medical supplies and stat box refills transmitted to Correct Rx by the designated cut off time Monday through Saturday are delivered the next business day within 24 hours. Timely and accurate medication delivery is another core component of the Correct Rx pharmacy service plan.

■ Dispensing & Shipping Errors

Correct Rx utilizes client provided feedback and internal metrics to track errors. The error rate calculation can be provided as part of the monthly P&T to the GDC, but can be provided more frequently upon request.

Correct Rx is proud of our 99.974% accuracy rate. That percentage is actually higher, but we chose to use a broader definition of error. We are not interested in inflating our numbers; we are concerned about patient safety.

Secure SFTP Transfer of Data

Correct Rx currently provides the option of providing large data feeds through an established SFTP feed. We can provide this data daily, weekly, or monthly. We use an automated reporting system to set the schedule based on GDC's request. The report includes all relevant fields and is customizable to include: Facility Name, Patient Name, Patient ID Number, Prescriber, Medication Name, Medication Dosage Form, Medication Strength, Order Start Date, Order Stop Date, Fill Date, Quantity, Price, Refill Number, Formulary Status, Therapeutic Category, NDC Number, Directions, State and more.

18. Collaboration in a multi-supplier environment

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to collaboration in a multi-supplier environment, including in a setting(s) similar to corrections (if applicable).
- Supplier shall provide a concise overview of its proposed approach to collaboration in a multi-supplier environment for GDC, in accordance with meeting the minimum basic requirements (F1 through F5 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following:
 - transparency, engagement, and communication with other suppliers and staff (e.g., in-prison-care practitioners, security and correctional officers, administrators), including:
 - Participation in continuous quality improvement activities.
 - Education of prescribers and administrators on medication trends, new therapies, high-cost therapies, and highest-value therapies.

Qualifications, Previous Experience, and Performance

Correct Rx has been providing end-to-end pharmacy services since 2003 which includes collaboration in a multi-supplier environment. In fact we have been the pharmacy vendor for the Maryland Department of Public Safety and Correctional Services contract since 2005, where we work alongside other healthcare contractors who provide, medical, mental health, dental and utilization management services. Additionally we have been providing services for the Delaware Department of Correction in a multi-supplier environment since 2010.

Correct Rx understands that the multi-supplier model system requires collaboration between various vendors, sub-contractors, custody and the administrators overseeing the contract. We are dedicated to doing our part to ensure that the total health care needs of the offenders are addressed in a timely, safe and holistic manner.

In this contract Correct Rx will work diligently to establish effective relationships with all the stakeholders to ensure the delivery of the best overall healthcare service. We are proud of our reputation for hard work, collaborative practice and a commitment to the success of all vendors. We understand the roles of our partners and more importantly we forge relationships with the specific people who fulfill these key roles. We firmly believe in working with our co-vendors and the GDC in a transparent manner.

Transparency

In a multi-supplier environment, there is a heightened level of transparency and accountability. Each vendor is focused on retaining their respective contracts and therefore, each works diligently to provide the best possible service to keep the GDC satisfied. There is no incentive to cut-corners.

In the multi-supplier environment, the GDC receives detailed reporting from each vendor regarding costs and services provided under the terms of each contract. The pharmacy vendor will have no incentive to hide poor prescribing patterns from the GDC which may be the case if the pharmacy vendor and medical vendor were owned by the same company or had a contract of exclusivity. Correct Rx will provide the GDC with fully transparent detailed utilization data and analysis. Our clinical team will work with the other healthcare contractors and the GDC to ensure proper prescribing to produce the best patient outcomes.

Correct Rx knows that the only way to succeed in this model is to work together for the success of the whole group. If one vendor is not performing or working cooperatively, it is easily identifiable, which facilitates corrective action. While each vendor has a specific service to deliver, all of the services are interdependent. Correct Rx's pharmacy services are integral to multiple departments within the GDC and each of our co-vendors. The comprehensive pharmacy solution we are offering is much more than dispensing medications, it includes program management, CQI, regulatory compliance, infectious disease control, emergency preparedness, information technology, utilization management and clinical programs.

Collaboration with the Medical Services Provider

Correct Rx does not hold out as an independent entity, but as a member of one unified team working to provide healthcare for our clients. Correct Rx believes in providing support for each discipline so we may all achieve success. Correct Rx provides solution focused teamwork designed to improve the delivery of healthcare services for all patients.

Three Cs Approach to Program Management

Establishing and maintaining productive relationships with our clients and with our health care providers is another facet of the services provided by Correct Rx. By focusing on the three Cs: Communication, Cooperation and Collaboration, we forge successful relationships with the GDC and healthcare practitioners. Correct Rx contributes to improving the healthcare of patients in the GDC

facilities by providing a pharmacy services program that meets and exceeds the expectations outlined in this eRFP. Correct Rx looks forward to actively participating in meetings (e.g. Pharmacy and Therapeutics Committee), providing professional documentation and collaborating in systems and patient care improvements with the GDC and the other healthcare suppliers.

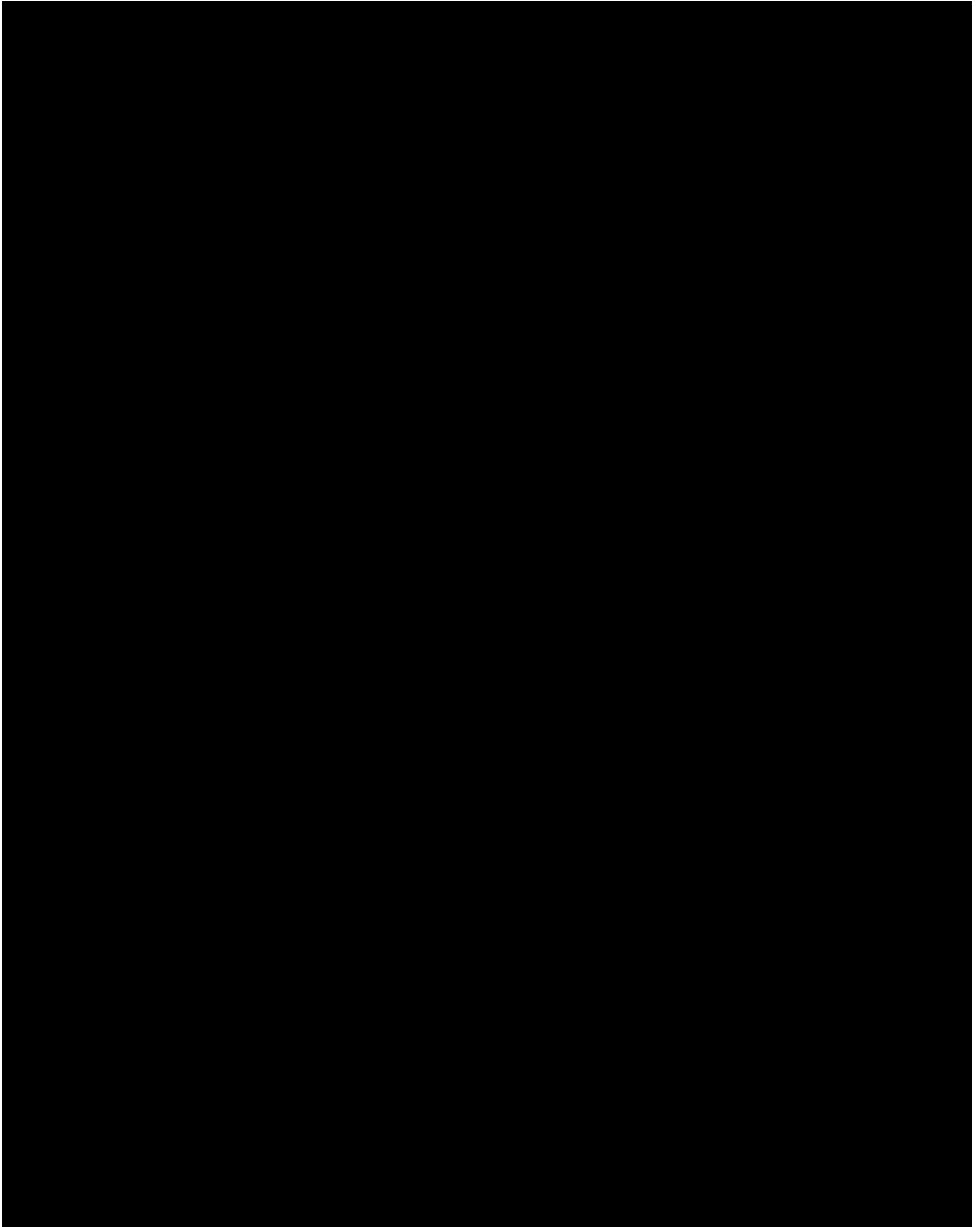
- **Communication:** The GDC can expect the highest level of communication from Correct Rx. Using approved formats; Correct Rx will produce professional reports at a moment's notice. The Correct Rx Project Team will stay in constant contact via meetings, the telephone, and e-mail. This communication will be transparent, focused, timely, thorough, effective and professional. Correct Rx never has difficulty meeting deadlines and has created a name in the industry for creative problem solving.
- **Cooperation:** Correct Rx already understands the concept of teamwork and cooperation. Our commitment to provide you with pharmacy services that exceed your expectations extends to the other healthcare service practitioners, as well. At Correct Rx we are committed to the success of all health care providers because that means that the offenders served by the GDC are receiving the best healthcare possible.
- **Collaboration:** Correct Rx's clinical pharmacists apply evidence based practice in working collaboratively with prescribers. Evidence based practice is the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care. As your partner we are dedicated to providing optimal healthcare services and saving you money.

Continuous Quality Improvement

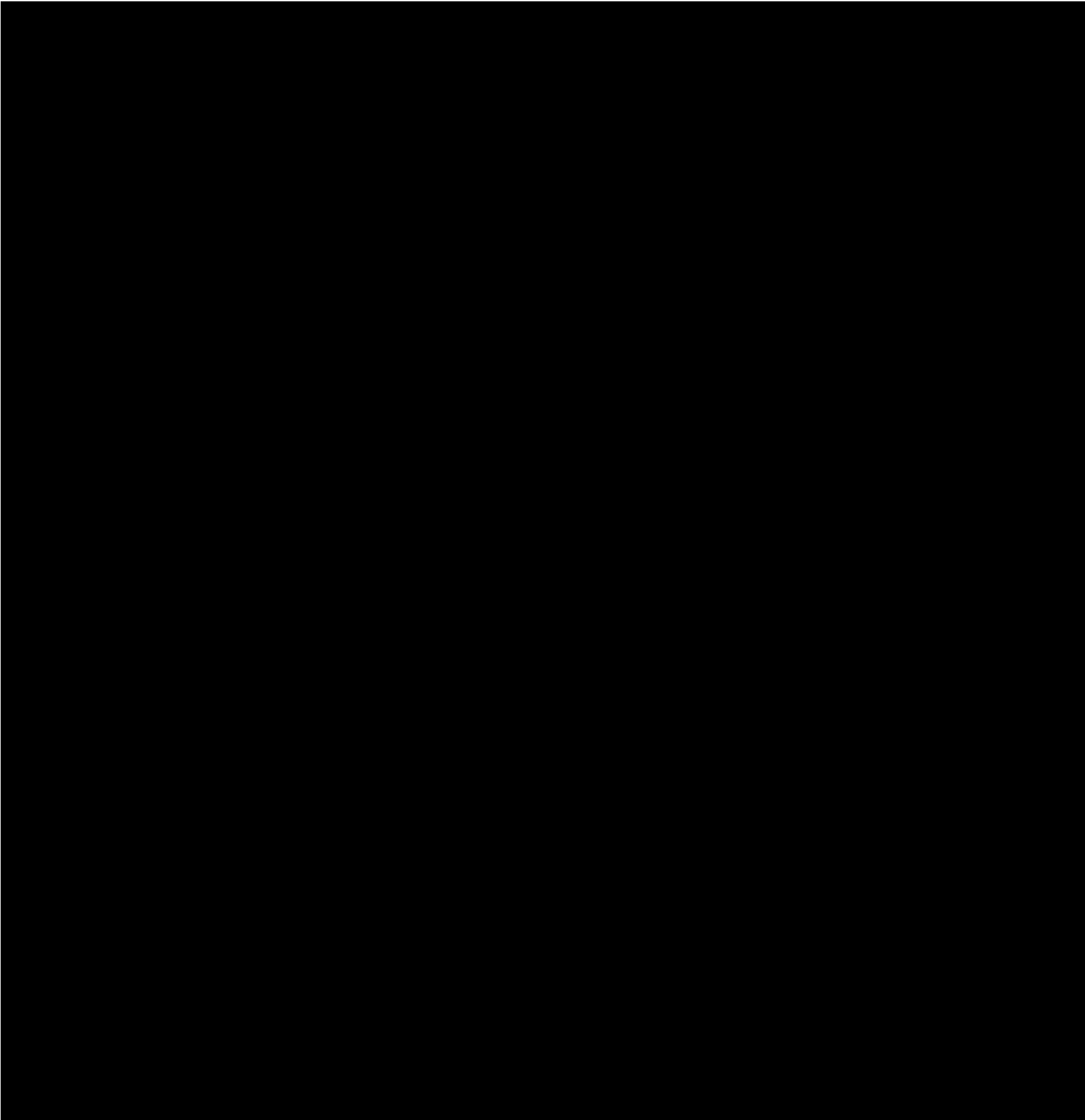
We are constantly working to improve the efficiency and effectiveness of our services. Correct Rx employs an **evidence-based** approach that is **outcome driven** and designed to **reduce costs**. Institutional Pharmacy is much more than simply filling prescriptions. Correct Rx takes in the big picture of medical outcomes and total healthcare costs, and looks for the best, most cost effective treatment.

Opportunities for Excellence

Correct Rx has identified the following eight "Opportunities for Excellence" in the delivery of a comprehensive pharmacy services program. While these eight opportunities of excellence are interdependent, Correct Rx monitors each of these metrics independently for quality assurance and optimum performance. We believe in an unrelenting attention to detail, a system of ongoing assessment and feedback, industry experience, discipline expertise and a persistent commitment to provide the best patient care possible.



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Training throughout the Contract

Training is an essential element of providing a comprehensive pharmacy service to ensure our partners understand the best way to utilize our services and that all are educated on proper policies and procedures. It ensures efficiency, patient safety, regulatory compliance, while reducing waste and cost. Our training begins with the start-up transition and is ongoing throughout the contract inclusive of instructions on new policies and procedures, technology, or proper disease state treatment. Correct Rx offers trainings through onsite in-person training, teleconference, web conferencing, reference guide handbooks, formal policy and procedure manuals and an online comprehensive video training that can be viewed in its entirety or by the specific chapter of need. Correct Rx is always available to provide re-training or training for new hires and can tailor the training to meet the individual team or facility needs.

Medical Services Provider Training – Ongoing throughout Contract

Correct Rx provides onsite in-service and training during system implementation for the medical services provider and facility staff. We do not view this as a one-time training as additional, supplemental and refresher trainings are provided as necessary. Correct Rx provides training materials and education to staff on prescribing, ordering, receiving, storing, and administration of medications. Training is an essential element of providing comprehensive pharmacy services to ensure our partners understand the best way to utilize our services and are educated on proper policies and procedures. Our training begins with the start-up transition and is ongoing throughout the

contract inclusive of instructions on policies and procedures, technology, and proper disease state treatment. Correct Rx offers trainings through onsite in-person training, teleconference, web conferencing, reference guide handbooks, formal policy and procedure manuals and an online comprehensive video training that can be viewed in its entirety or by the specific chapter. Correct Rx is always available to provide re-training or training for new hires and can tailor the training to meet the needs.

Staff Orientation/Training - Implementation Handbook

Correct Rx has developed an Implementation Handbook to be utilized for startup in-service training. Correct Rx personally in-services each member of the healthcare team regarding every aspect of the pharmacy system. The Implementation Handbook was designed as a training tool and is an easy to use reference manual that can be referenced as a step by step guide for the onsite healthcare providers regarding all aspects of pharmacy services. Our transition team and in-service manual provides the necessary training and resources to familiarize every member of the healthcare team with the Correct Rx system. The Implementation Handbook and training covers issues related to: ordering procedures; medication storage; medication accounting procedures; proper MAR documentation; inventory management; how and who to contact at Correct Rx in case of problems; other medication topics.

On Demand Video Training

Correct Rx produced and developed a comprehensive training video and assessment tool that includes case studies for each of the attendees. Our clients have access to these training videos through our web site. They are available for a comprehensive training or a quick review of a specific area of need. The videos can be viewed by the whole team or an individual who may need a refresher. With a simple click a Health Administrator can provide training for a newly hired nurse or medication technician on a variety of subjects (e.g., ordering, barcode check-in, medication administration documentation).

Web Based Drug Information Program - Ask a Correct Rx Pharmacist

Our website allows the healthcare team to request clinical information. Providers are able to request clinical medication information by utilizing our website. Questions can include drug monographs, therapeutic economic comparisons, or patient specific disease state management issues involving medication therapy. Users receive a response either through email, fax, tele-video conferencing, or direct telephone consultation. Responses are formulated by clinically trained pharmacists and are returned in a timely manner; within 24 to 48 hours. Just click the “Ask a Question” button, fill in the blanks and you have an answer to your question within 24 hours.

Clinical Training

The benefit of clinical pharmacy services extends beyond management and outcome measures to the interdisciplinary relationships formed with our healthcare partners. We believe education complements formulary management and medication therapy management in reducing medication costs and adverse drug events. Correct Rx has worked collaboratively with clients on specific medical staff education designed to improve patient care and reduce costs. Our educational services include providers, nurses and custody staff. Correct Rx understands the collaboratively effort that is needed to provide beneficial cost-effective care. We will work closely with the Sheriff's office, facility administration and the Medical Services team to provide comprehensive training for all parties to include approved continuing education (CE) programs for providers and nursing staff. Correct Rx will also provide quarterly newsletters distributed with our P&T packets which contains relevant medical, nursing, and medication practices. The following are examples of staff education that we have provided to our clients:

- MAT – Implementing Medication Assisted Treatment in Jail Settings
- HIV Updated Guidelines
- Hepatitis C Treatment Update
- Managing HCV-treatment associated anemia
- Mental Health Disorder Treatment Guidelines
- Comparison of Atypical Antipsychotics
- Diabetes and Stable Ischemic Heart Disease
- Management of Neuropathic Pain
- Controlled Substance Documentation Review
- Caring for Women with HIV Infection
- Insulin Dependent Diabetics
- HBV Screening and Linkage of Care
- Women and Stable Ischemic Heart Disease
- Pregnancy and Medications: What Should You Not Use
- Treatment of Hypertension – Integrating Community Standards

Correct Rx is committed to maximizing the benefit of our services and we understand that it is our responsibility to ensure that the people using our system know how to use it properly. A superior pharmacy service does no one any good if they do not know how to use it. Therefore, Correct Rx provides an ongoing comprehensive training program. We include training in accordance with GDC standards, particularly surrounding medicine administration, drug security, and medication use. We look forward to providing these services for the GDC.

19. Customer Service

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to customer service, including in a setting(s) similar to corrections (if applicable).
- Supplier shall provide a concise overview of its proposed approach to customer service for GDC, in accordance with meeting the minimum basic requirements (F1 through F5 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following:
 - Resolution of customer service issues.

Quali**fications, Previous Experience, and Performance**

Correct Rx has been providing end-to-end pharmacy services for correctional facilities since April of 2003 which includes our full commitment to customer service. "Customer Service" involves personalized programs designed to address your specific needs, getting answers to your questions and resolving problems or concerns in real time as they arise. When a problem is identified Correct Rx implements immediate corrective action designed to not only resolve the issue at hand, but to prevent future occurrences. Being responsive to our customers' concerns is part of doing things the "Correct Way."

The Resources of the Entire Company

Understanding the terms of the RFP and the expectations of the GDC is the most basic, yet critical component of our success. We dedicate a great deal of time and energy ensuring that all members of our team understand what is required under the terms of the contract and how we intend to exceed your expectations.

From Day One, Correct Rx is committed to delivering excellent service. Correct Rx's Management Team from Operations (Joseph A. DeMino), to the in-state Clinical Director (Kareem Karara with the deep bench support of our Corporate Clinical Department), to Administration (Rachael Campbell) to Project Management (Robert Matthews along with John Nattans) to Regulatory Affairs (Martin Yankellow) to IT (Peter Crosby) to the Owners (Ellen Yankellow and Jill Molofsky); we are all dedicated to ensuring that we provide the GDC a comprehensive pharmacy service that improves outcomes at a reduced cost.

It starts with establishing a goal of 100% contractual compliance and builds from there. Correct Rx participates in the required meetings, furnishes the required reports, serves on the ad hoc committees and provides immediate responses to GDC requests. Our strategic staffing pattern affords Correct Rx with the opportunity to consistently demonstrate our quality of service and dedication to the three C's "Communication, Coordination and Collaboration." Our definition of success does not include cutting corners or deception. We are confident of our ability to deliver services that not only meet the terms of the contract, but that can be adjusted and adapted to meet the ongoing needs of the GDC.

When a problem is identified, Correct Rx implements immediate corrective action designed to not only resolve the issue at hand but to prevent future occurrences. If any concern is unresolved or your facility staff is not satisfied with the resolution, the problem will be triaged to the owner of Correct Rx - Ellen Yankellow, PharmD - President and Chief Executive Officer.

Full Transparency – No Hiding just Fixing

Correct Rx provides and maintains a Problem Escalation Procedure (PEP) for both routine and emergency situations. The PEP states how Correct Rx addresses problem situations as they occur during the performance of the Contract, especially problems that are not resolved to the satisfaction of the State within appropriate timeframes. Correct Rx has found that most issues are easily resolved in an informal manner by addressing the appropriate personnel from each facility and by including the respective management teams (custody and other healthcare contractors) as well as those specifically assigned to deliver healthcare services at the site level.

When the problems are more difficult to resolve, we work diligently and collaborative with our partners to find real solutions and we stay with the process until the GDC is satisfied. It is our belief that we are all dedicated to providing services in the best interest of the patient. Most issues arise out of miscommunication, misunderstanding or a lapse in protocol, policy or procedure. By establishing effective professional relationships with the respective healthcare teams, administration and the GDC, Correct Rx works to effectively resolve these issues and ensure the GDC is well informed of our progress and efforts.

Escalating a Problem-We are on it!

Correct Rx is focused on the immediate and complete resolution of any and all issues. The timeframe goal for all issues that cannot be immediately resolved is to bring resolution within 24 hours of notification. Correct Rx uses a streamlined management approach to resolve problems as quickly as possible. Our Georgia team is trained to escalate any and all issues that they feel require additional attention and we offer this same pledge to our clients. If the person presenting the issue is not satisfied with the response being given at the time the issue is presented, he or she is encouraged to ask for a supervisor immediately. Issues may be presented to or escalated to the Program Manager or Clinical Director at any time. Mr. Matthews and Dr. Karara are held accountable to resolving all problems presented to the satisfaction of the GDC. If there is no resolution or acceptable plan of action it is elevated directly to the President and CEO of Correct Rx, Dr. Ellen Yankellow. Dr. Yankellow is also readily available should any issue not meet with the GDC's approval.

The graphic that follows demonstrates how information enters and progresses to Dr. Karara and Mr. Matthews and if needed up to the President and CEO, Dr. Ellen Yankellow.

CONFIDENTIAL – TRADE SECRET**Escalation Example in Operations**

As stated previously the vast majority of issues presented are resolved at the point of contact by the respective department within Correct Rx or by the pharmacy staff at the Augusta State Prison Pharmacy (ASPP). The following example demonstrates how it works. The facility calls Correct Rx and has an issue with a specific order or delivery. The issue is either resolved by the pharmacy technician answering the call or is immediately given to a pharmacist. If the pharmacist cannot resolve the issue it is elevated to the Lead Pharmacist or the General Manager of Operations. If the issue is still unresolved the Vice President of Operations, Mr. Joseph A DeMino gets involved. This entire escalation process occurs during the first call or within minutes if the issue has to be researched before a return call is provided. If the issue requires additional attention it is escalated to Mr. Matthews who will work with the GDC and the other healthcare contractors until the issue is resolved. After the issue is resolved, Correct Rx looks for educational opportunities, potential procedural change recommendations and for inclusion in the CQI or P&T processes. The goal is always to look for ways to provide continuous improvement.



Method of Feedback

Correct Rx provides feedback on the resolution progress to the GDC through informal and formal processes to include, face to face conversations, emails, telephone calls, meetings, and written reports based on the nature of the problem. The seriousness and immediacy of the issue must be assessed. Should patient safety and/or facility security be at risk then immediate resolution must be addressed. Correct Rx would initiate telephone contact or meet face-to-face with the GDC. If this is a clinical issue, Correct Rx will work through the chain-of-command to ensure that the Medical Director is informed and consulted. If the issue is more administrative in nature than Correct Rx will inform and consult with the appropriate GDC administrators. Correct Rx always works through the appropriate chain of command to ensure custody is aware of our activities. Correct Rx understands that ultimately the Warden is in charge of the facility. Once a serious issue or problem is resolved, it is memorialized through a written report and often included in the regularly scheduled meetings.

Other systemic issues that do not pose eminent threats to patient safety or the security of the institution (e.g., discrepancies, back orders, ARPs, early refills) are often best addressed through the CQI process or established reporting requirements. Correct Rx works with our GDC team, custody representatives and other healthcare partners to effectively identify the issue; create a performance standard goal; implement a corrective action, and measure the outcome. Correct Rx works with the GDC to ensure that each and every concern is addressed completely and to the satisfaction of the Department.

Resources for Customer Service Resolution

Providing stellar customer service is a pillar of our business model. We understand the importance of quickly resolving issues and our customer service responsiveness is tied directly to our client's long-term satisfaction with Correct Rx's performance. Our clients know we are always immediately available 24/7. Each client is assigned a project manager tasked with proactive compliance and issue resolution. Correct Rx uses satisfaction surveys to evaluate our responsiveness and identify ways to improve our procedures for addressing customer service issues.

- ✓ **Immediately Available:** When you contact Correct Rx we are immediately available. You will get a live person capable of triaging your call to the right individual to address that specific need or service inquiry. Everyone (from your facility specific pharmacy team, the Vice President of Program Management, the Vice President of Operations and to the owners) is ready to meet and address any issue.
- ✓ **Administrative Project Manager:** The Administrative Project Manager is responsible for ensuring that Correct Rx is providing 100% compliance on the terms in the RFP and resultant contract. Our facilities are well served in knowing they have an identified Correct Rx project manager who is responsible for the contract. We ensure that our communication is consistent and informative as Correct Rx strives to exceed your service expectations.
- ✓ **Problem Resolution - Mitigation Plan:** Understanding and meeting the needs of our clients is always in the forefront of our operations. Correct Rx takes the time to explain our services as it sets the foundation for an effective partnership. If there is ever a concern with service delivery we implement an immediate corrective action designed to resolve the issue and prevent future occurrences.

We take great pride in our work. If any concern is unresolved or your facility staff is not satisfied with the resolution, the problem is triaged to the owner of Correct Rx - Ellen Yankellow, PharmD - President and Chief Executive Officer.

Correct Rx has a whole host of people in the home office specifically assigned to each account, including clinical, finance and operational contacts, that work together to develop a plan and “make it easy” for the customer. These surveys are sent periodically to our customers and spot surveys are also sent out after issue resolution so the leadership team can review timely feedback from our customers.

20. Contract Implementation and Closeout

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to contract implementation and closeout, including in a setting(s) similar to corrections (if applicable).
- Supplier shall provide a concise overview of its proposed approach to contract implementation and closeout for GDC. This overview should include, but is not limited to, the following:
 - Supplier shall provide an implementation plan for transitioning pharmacy services from the incumbent supplier to the recipient of this contract award. Submission will include:
 - Description of supplier’s methodology for assuming contract services when an existing supplier is in place.
 - How the supplier will ensure continuity of care and pharmaceutical distribution during the transition.
 - Details on how much on-site lead time the supplier would like, how large a team, and what information and participation is needed from GDC and the incumbent supplier to transition.
 - What approach the supplier would like to take regarding transition of assets (e.g. records, inventory, IT, data, vendor-operated facilities, etc.
 - Proposed roll-out strategy, including any recommendations regarding implementing/deploying services in separate areas or in a phased roll-out (e.g., by county) .
 - ❖ If proposing a multi-phased strategy, supplier shall include a description of the proposed phases and the approach to providing continuity of pharmacy services.
 - Proposed timeline, including length of time for each of the implementation activities.

- Supplier shall describe the close-out plan details, including:
 - Methodology for supporting the transition to a new supplier at the end of this contract, should a transition occur
 - A sample transition plan outlining pivotal steps in the process to ensure that services are not disrupted.
 - Proposed timeline, including length of time for transition activities.

Transition Experts – A Proven System

Correct Rx will be dispensing and delivering almost all the orders from our pharmacy in Maryland supported by a large network of emergency back-up pharmacies as needed for urgent orders. The current eight regional pharmacies will not be utilized. Correct Rx will maintain pharmacy services at the Augusta State Prison Pharmacy to provide services for both inpatient and outpatient care at Augusta State Medical Prison. Correct Rx understands that moving to a central fill model is a significant operational shift. Changing from a system that has served you well over the years is not an easy decision to make, which is “why” you will need a partner you can trust.

Correct Rx is a company that aligns perfectly with making this change. In fact the owners of Correct Rx have direct experience with moving pharmacy services in large statewide systems off-site to a central fill pharmacy model as this was done in Connecticut, Illinois, Massachusetts, and Missouri. In Missouri the state system was transitioned to the private company and then transitioned out of state to the central fill model. Dr. Ellen Yankellow and Jill Molofsky have firsthand experience of successfully moving these large statewide systems to a central fill model and in the process saving these states millions of dollars. The GDC can have great confidence that we will do the same for you. Our proven system includes thoughtful planning, meticulous attention to detail and continuous support to ensure things are done right from Day 1.

Correct Rx takes pride in being “transition experts” and we have transitioned over 500 facilities over the past 17 years. This includes statewide systems for the Maryland Department of Public Safety and Correctional Services, the Maryland Department of Juvenile Services, the Delaware Department of Correction, Idaho Department of Juvenile Corrections as well as large municipalities including the Philadelphia Prison System and Atlanta Department of Corrections. Correct Rx also serves as a primary subcontractor for many correctional healthcare companies in the industry today and we are the primary pharmacy provider for one of the largest private prison companies in the United States. We believe it is our years of correctional experience coupled with our attention to detail that has allowed us to successfully transition complex systems like the GDC including facilities both large and small. Our clients have been the beneficiary of this organized, experienced approach with no disruption to service or patient care.

Correct Rx has the proven ability to execute a seamless implementation during new start-ups for large systems and small jails. We have executed transitions that afforded lengthy transition schedules and some with timelines as short as 14 days. Correct Rx was awarded the MD DPSCS contract in 2005. It consisted of 26 facilities and over 25,000 lives. This was our first large transition and it proved our strategy of planning, communication and coordination. The State of Delaware Department of Correction (DDOC) was awarded the first week of June 2010 and we had all 6,800 lives in 10 facilities transitioned including data transfer, pre-service training and delivery schedules all mapped out prior to the July 1, 2010 start date. In 2012, we were awarded the Correctional Healthcare Companies (CHC) contract which consisted of 45,000 lives in 166 facilities located in 19 states. This opportunity displayed our dedication to the proper resources up front. Another example was the transition of Community Education Centers, Inc. (CEC) in 2015. Correct Rx transitioned all 5,200 lives in 16 facilities located in New Jersey, Pennsylvania, Virginia and Indiana in under 30 days and in 2017 we transitioned those facilities from management under CEC protocols to those of The GEO Group, Inc., when they were acquired.

In 2018, Correct Rx transitioned a large 20,000+ lives contract from Correctional Medical Group Companies (CMGC/Wellpath), a medical company providing services to over 60 facilities nationwide. In their statement introducing Correct Rx to their facility staff, CMGC/Wellpath included the following statement when explaining why they changed pharmacy vendors to Correct Rx:

“Correct Rx has very high customer service ratings and a very proactive approach to supporting their clients. While we reviewed pricing thoroughly and are comfortable that we are receiving a good value, it was not the primary driver of this change. We believe that this switch will better support our employees in the field.”

Facility Contact:

Wellpath

Contact Name: Cindy Watson, Division President

Contact Phone: 678-481-1037

Contact Email: Ciwatson@wellpath.us

Transition Approach

Correct Rx is proposing a partnership with GDC. As your pharmacy vendor we will assume the pharmacy responsibilities of providing excellent medical care to the patients that you serve in correctional facilities all across the state, both large and small. Correct Rx moved to a brand new, state of the art, 49,000 square foot facility in 2015. This was a strategic move on our part to support our own rapid growth. The bottom line is that we have the infrastructure and are well positioned to bring on the size and complexity of the GDC.

Throughout our response we have sought to fully address each service delivery requirement and to present a clear picture of our capabilities in providing the GDC superior performance and savings. We are confident that our proposal provides measurable value and we are willing to make significant financial investments in this partnership and to provide the resources necessary to ensure that the GDC and the

offenders in your care receive optimal pharmacy services.

The implementation of our pharmacy services are focused on continuity of care for the patients we serve. We are dedicated to providing the necessary resources. Our proposal focuses on a systematic process, excellent communication, and coordination of care throughout the entire transition period to ensure continuity of care. When we make a commitment we do whatever it takes to meet those obligations. The following list identifies key components to our approach:

- Proactive, Responsive and Transparent Communication
- Systematic and Organized Approach
- Coordination of Care Throughout Implementation
- Devoting the necessary Resources
- Inventory and Accountability
- Comprehensive Personalized Training
- Respecting the Chain of Command and Partnering with Custody
- Technology: Data Exchanges, Interfaces, CPOE and eMar implementation, Barcode Scanning Inventory Management and Real Time Data Access Dashboards
- Follow-up Training and Ongoing Support

Transition Timeline

The timeline outlined allows for a 60 day transition and implementation schedule. Our transition planning began at the time of our response writing. Correct Rx has developed an individualized and detailed plan that covers everything from the operational support needed at our headquarters to thorough facility staff training. Correct Rx is committed to have members of our team on-site for initial implementation and training. Should the GDC require a shorter timeline to transition its facilities, Correct Rx can complete the transition, implementation and training on a shortened schedule, but it is not recommended.

Departmental and GDC Resources and Commitments

The most essential commitments we need is support, communication and access. Correct Rx views our relationship as a partnership and our success is reliant upon the Department. While change provides opportunities for improved patient outcomes, operational efficiencies and cost savings, it is also a difficult process for some people. We will need the support of the GDC and medical supplier to ensure the teams in the respective facilities embrace the change. Correct Rx will need your full support from the beginning. Most employees will have very little difficulty acclimating to a new pharmacy provider. However, in some cases, there may be those that find it a little more difficult. For those individuals, we will need your assistance to gain their trust. Correct Rx fully understands that trust must be earned and we are 100% committed to provide the support, education, training and resources necessary to make this partnership successful well into the future. We will do whatever it takes to make sure your teams are comfortable with and understand our processes. While our specific needs may change through this process, the following list provides an example of other support we will need:

- Regularly scheduled multidisciplinary transition meetings;
- IT Support as we implement the CPOE and eMAR solution and additional hardware needed.
- Utilization data transfer, reports, and electronic push of active orders;
- Coordination of transition activities with outgoing pharmacy vendor;
- Clearance for specific Correct Rx transition team members to access facilities for training purposes and to provide onsite support services during the transition;
- Access to required facility training and the necessary background checks needed for clearance to facilities;
- Time and Space onsite to provide training that complements are online and virtual trainings that will be offered during the transition and throughout the life of the contract.
- Coordination with facility representatives for deliveries.
- Permission (if necessary) for internet access to the Correct Rx website at facilities for access our web based programs, CPOE

Systematic and Organized Approach

Correct Rx engages the entire transition using a systematic and organized approach. We focus our attention on the following essential activities: assessment, planning, implementation, and evaluation. Correct Rx's policies, protocols, program description and evaluation provide consistency and ensure that our efforts are patient focused and ever mindful of providing continuity of care for patients. Correct Rx understands that communication must be open, honest and designed to facilitate the sharing of all necessary information to ensure a smooth transition. Communication between Correct Rx, GDC representatives and all stakeholders will occur through regular discussions, formal and informal meetings as well as written documentation. It is important that all communication is timely and complies with the transition timeline. Correct Rx intends to coordinate the transition process from the time of contract award to contract implementation. Successful transitions are un-interrupted successions of events. We have outlined in great detail all activities that will occur during the designated transition period. Continuity of Care requires a coordinated and interdisciplinary team approach. Correct Rx's transition team will gather all the available resources and services from each discipline to ensure a quality transition.

- **Transfer of Pharmacy Data:** Many aspects of continuity relate to the capacity to transfer accurate pharmaceutical information. Correct Rx's pharmacy software system will accept data in HL-7 format that is commonly used in healthcare systems. We have an existing bi-directional interface with most electronic

medical record systems used in our industry. This will ensure that all patient information is accurate and up to date for the start of the contract. Correct Rx is proposing to transfer the data electronically where possible and to input the current orders and offender information manually if needed. This ensures patient information is accurate and up to date for the start of the contract. Mr. Peter Crosby, Director of IT will work with GDC, the specific facilities and the current pharmacy vendor to coordinate the data transfer and ensure a seamless transition. Our CPOE and eMar solution involves a company that is intimately familiar with the current systems in place and is quite confident that there will not be any difficulty executing a successful data transfer. We will ensure that all patient information is accurate and up to date for the start of the contract.

- **Inventory Gear Up - Internal and at the Wholesale Level:** Current pharmacy utilization data will be used to determine the quantity of patient specific and interim emergency (stock) medication that may be needed for the transition. Drs. Hui Seo and Kareem Karara will work closely with the Medical Director(s) and onsite healthcare teams to precisely calculate the medications that will be needed and to establish new starter stock lists with approved par levels. Mr. Matthew Jones, Vice President of Purchasing will alert our wholesaler of the anticipated needs along with factoring in the assimilation of the existing inventory.
- **Correct Rx Staff Recruitment and Training:** Correct Rx currently has a full staff of associates, all of whom are qualified and have embraced the “Correct Way” of conducting pharmacy operations. Mr. Joseph DeMino, P.D., Vice President of Operations and Dr. Kathy Kniess, General Manager of Operations will coordinate the hiring, orientation and training activities for additional Correct Rx operational employees needed to fulfill the requirements of the GDC contract. Correct Rx is located in Anne Arundel County, Maryland, ten minutes from downtown Baltimore. Both Anne Arundel County and Baltimore are rich urban areas with an abundance of resources. Correct Rx’s continuous recruitment program includes the following activities:
 - ✓ Pharmacy technician training program approved by the Maryland Board of Pharmacy
 - ✓ Professional association with the Maryland Pharmacists Association and Maryland Chapter - Association of Senior Care Pharmacists
 - ✓ Professional Journals
 - ✓ Newspaper ads in the Baltimore Washington Metropolitan area
 - ✓ Local economic development programs in Anne Arundel County, Howard County, Baltimore City and County
 - ✓ Internet advertisements
 - ✓ Job fairs for health care workers
 - ✓ New Graduates-University of Maryland School of Pharmacy
- **Facility Information:** Correct Rx completes a thorough assessment of each facility we are providing services for under the terms of this RFP and resultant contract. We have a detailed “Facility Information Questionnaire” that we have developed over the past 17 years. This document is specifically designed to

gather all of the pharmacy, administrative, and operational information needed to transition services in a comprehensive, smooth and seamless manner. Correct Rx assigns specific representatives to gather this information under the direction of Mr. John Nattans, Vice President of Program Management and Quality Assurance and Mr. DeMino as coordinated with GDC and your facilities through onsite visits and interviews. While there are system consistencies and policies that must always be upheld, Correct Rx also understands the importance of gaining insight into the specific facility nuances and personnel who will be critical in facilitating a smooth transition.

- **Medication Ordering:** From Day 1, medication orders will be transmitted through our CPOE solution. Correct Rx ensures that all of the proper healthcare personnel are trained on how to use this system and are comfortable from day one. While the system is simple to use, we provide a thorough hands-on training during implementation. After training the site is also provided a step by step training manual, laminated quick reference guides and access to our customer support. Correct Rx also offers a fax and fill method as an emergency back-up system or even orders provided over the phone via our toll free number.
- **eMAR:** Correct Rx is providing the GDC with a proven and reputable CPOE system that has an accompanying eMAR that is widely used in correctional facilities across the country. The CPOE will be implemented and all will be fully trained from Day 1 of the start date. While we are also fully prepared to implement the eMAR on Day 1, we will work closely with the GDC and the healthcare vendor to determine if all the stakeholders are comfortable with this plan. Some clients prefer a staggered implementation of the eMar feeling it would be more prudent to continue with paper MARs initially and then to implement the eMar in an agreeable timeframe (e.g., within 90 days after the start date). Correct Rx looks forward to discussing this with the GDC and feel this exemplifies our understanding and flexibility to ensure our plans are informed and executed in agreement with the GDC.
- **Medication Delivery:** Timely and dependable medication delivery is a core component of the Correct Rx service plan. As part of the transition plan we will ensure all aspects of medication delivery have been planned and tested. Mr. DeMino and Ms. Rachael Campbell, Vice President of Administration arrange for test deliveries so there are no hidden surprises when it comes to medication delivery. Continuity of care and patient safety are always in the forefront, but we also know that institutional protocol and safety are equally important and must be planned for and tested. This part of the transition planning and implementation also includes the emergency back-up pharmacies. While our services are designed to provide reliable and dependable services that reduce the need for back-up pharmacy, we also understand that when back-up pharmacy services are needed, it is an emergent situation and there is no room for uncertainty or time for delay. We include comprehensive training so that all aspects of medication ordering and delivery are tested and understood by those who are providing and receiving these services.

- **Medication Barcode Check-In System:** Correct Rx has an easy to use web based inventory management barcode scanning system that improves both efficiency and accountability. Correct Rx ensures the system is deployed with the necessary barcode scanners and training so that it will be utilized from day one of the contract. Just like the electronic order entry system and eMar, the barcode system is simple to use. We provide hands-on training during implementation, provide leave behind step by step training guides, and access to live customer support thus allowing the user to feel confident using the system.
- **Invoicing:** Correct Rx's Controller, Mr. Don Bossle as supported by the CFO Gabrielle Melka and Senior Accountant Maria Swartz will work with the GDC to ensure the billing processes for this contract are delivered exactly the way you need it. Correct Rx understands the importance of billing accuracy and we have multiple levels of Quality Assurance built in to ensure that you are invoiced appropriately. Correct Rx has an established reputation for integrity and nothing could be more important to us than to build on this reputation. Accurate and timely billing is critical to maintaining this reputation, so we plan for it up front by making sure the billing process and format are included as an essential part of the transition.
- **Regulatory Compliance:** Mr. Martin Yankellow, Vice President ensures that all services implemented throughout the transition process and throughout the life of the contract are compliant with State and Federal regulations and professional standards. Our primary focus is providing continuity of care during the transition process. Regardless of the timetable, Correct Rx ensures 100% regulatory compliance.

Dedicated Program Management

Correct Rx's Program Management Department is responsible for ensuring that Correct Rx is providing the GDC with 100% compliance on the terms of the contract. This includes all transition, implementation and training activities. The GDC will have the attention of dedicated resources from contract signing and throughout the life of the contract. Correct Rx is committed to delivering service and this includes having a dedicated manager responsible for all aspects of our performance including transition, implementation and training.

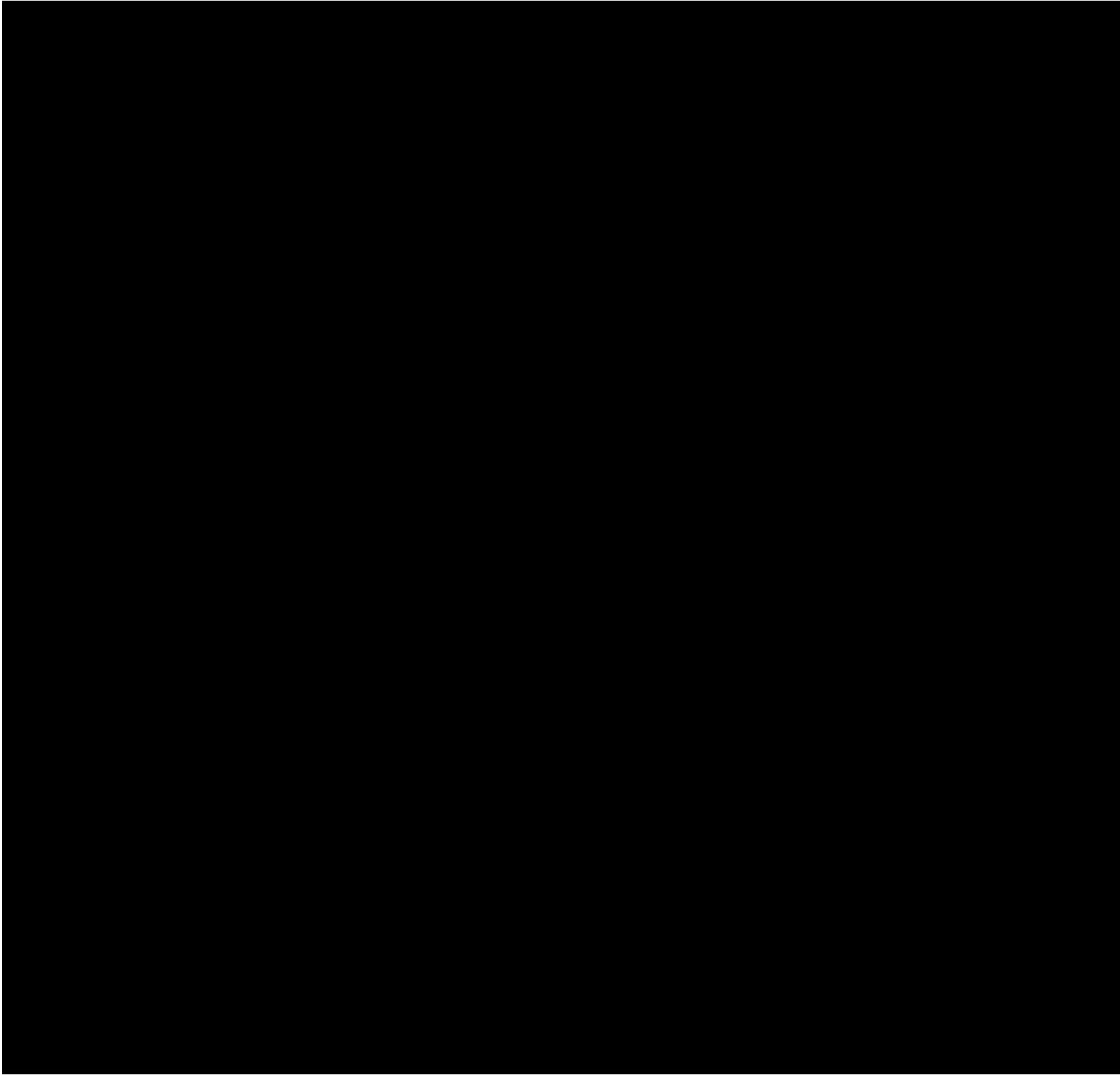
Staff – Transition Team

The Correct Rx management team has years of experience in converting adult and juvenile facilities of all sizes. Most Correct Rx associates have worked with Dr. Yankellow and Mrs. Molofsky, RPh for many years. Correct Rx is a company filled with an experienced and stable work force committed to doing things the "Correct Way." Correct Rx has happy clients and employees. Over 65% of our clients come from referrals and we are fortunate that many of our associates come to us by word of mouth.

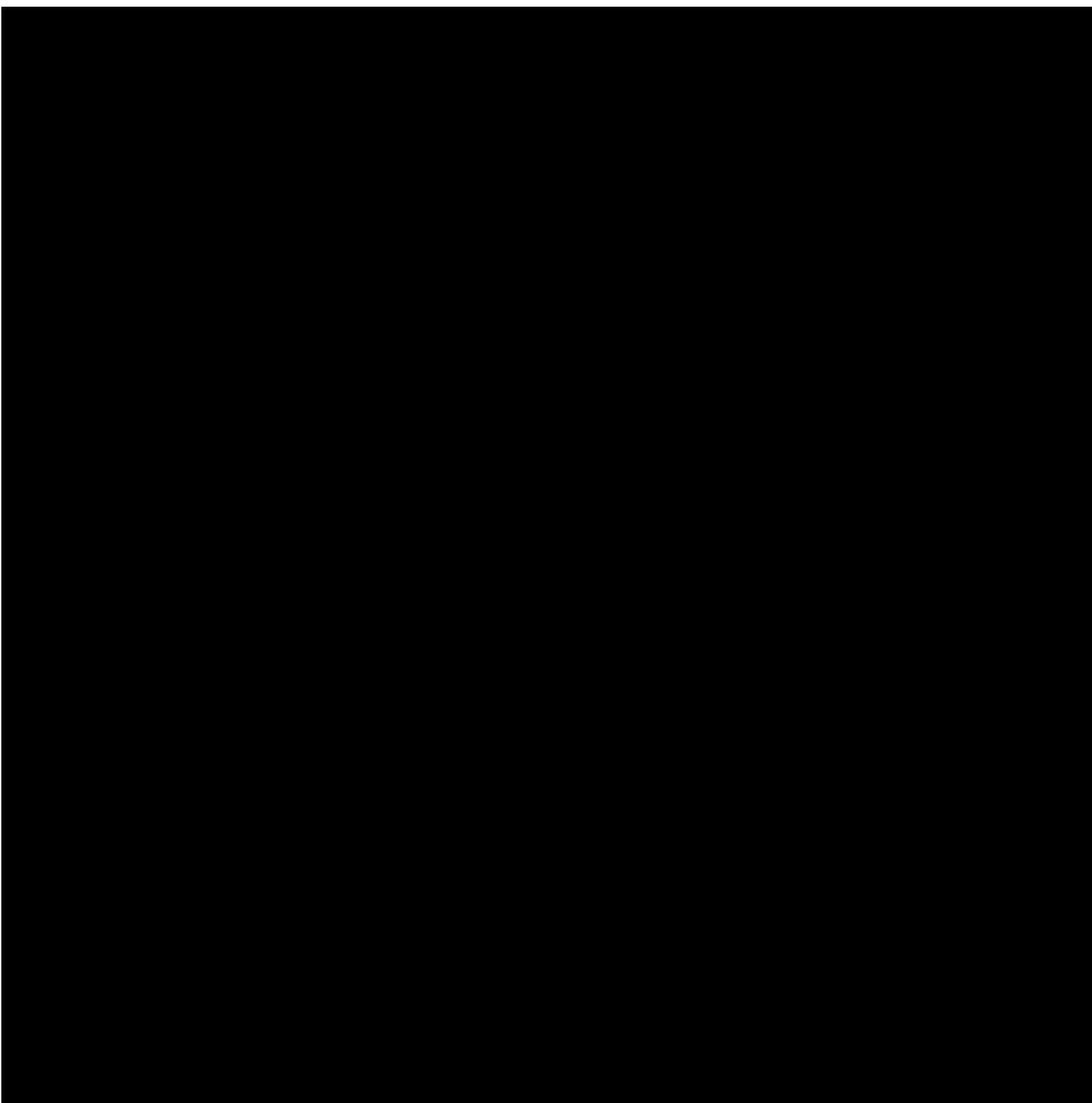
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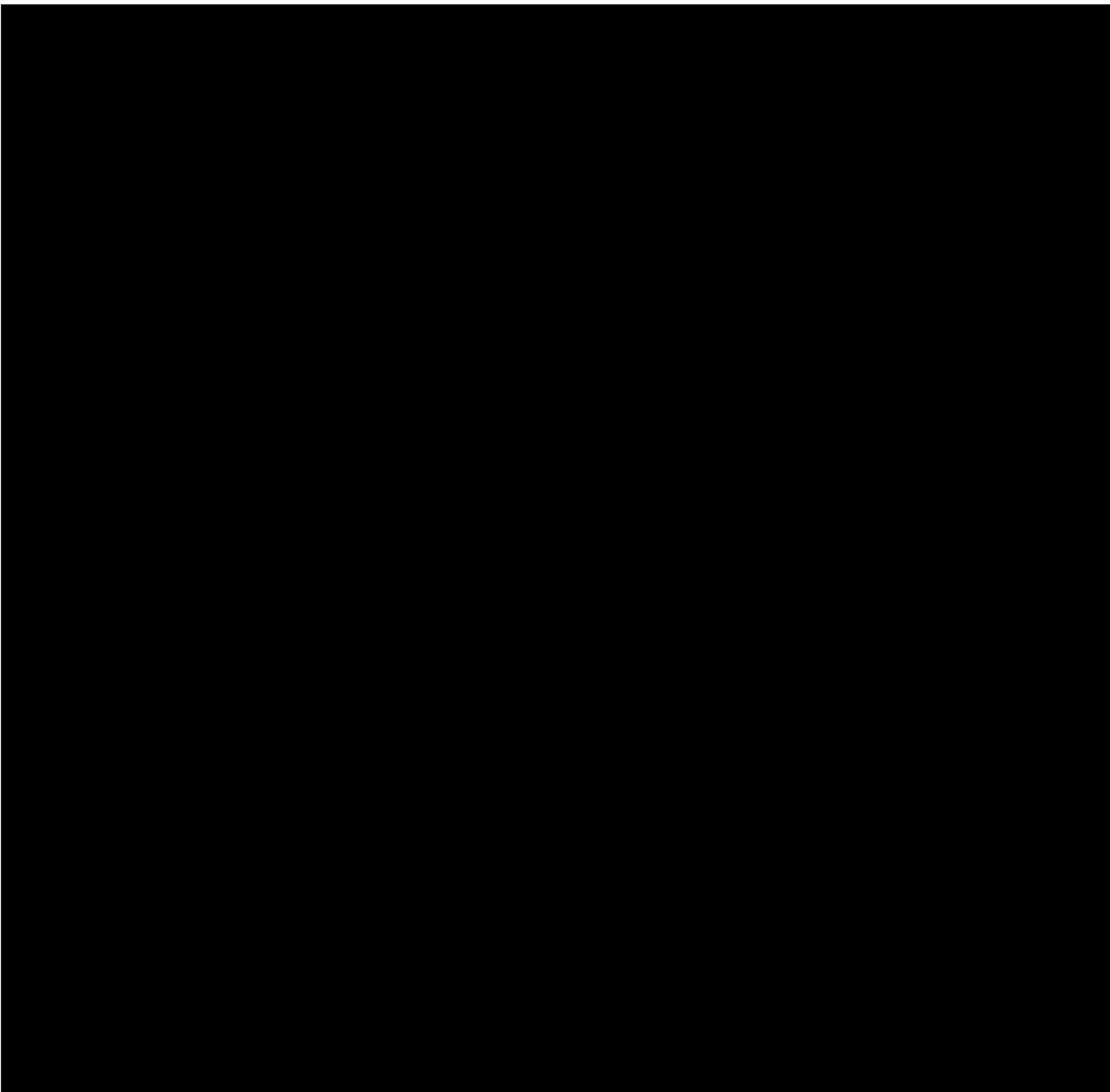


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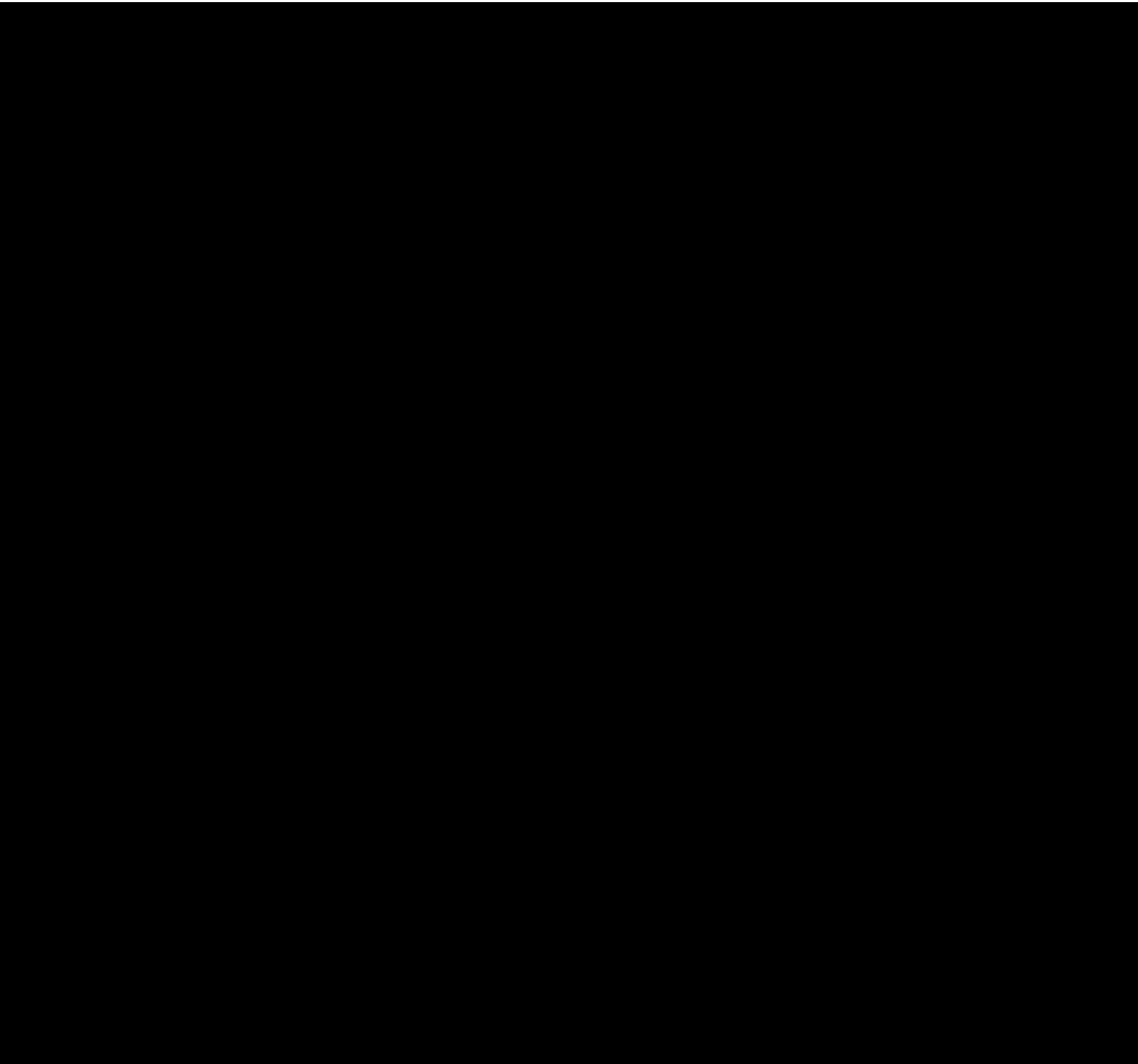


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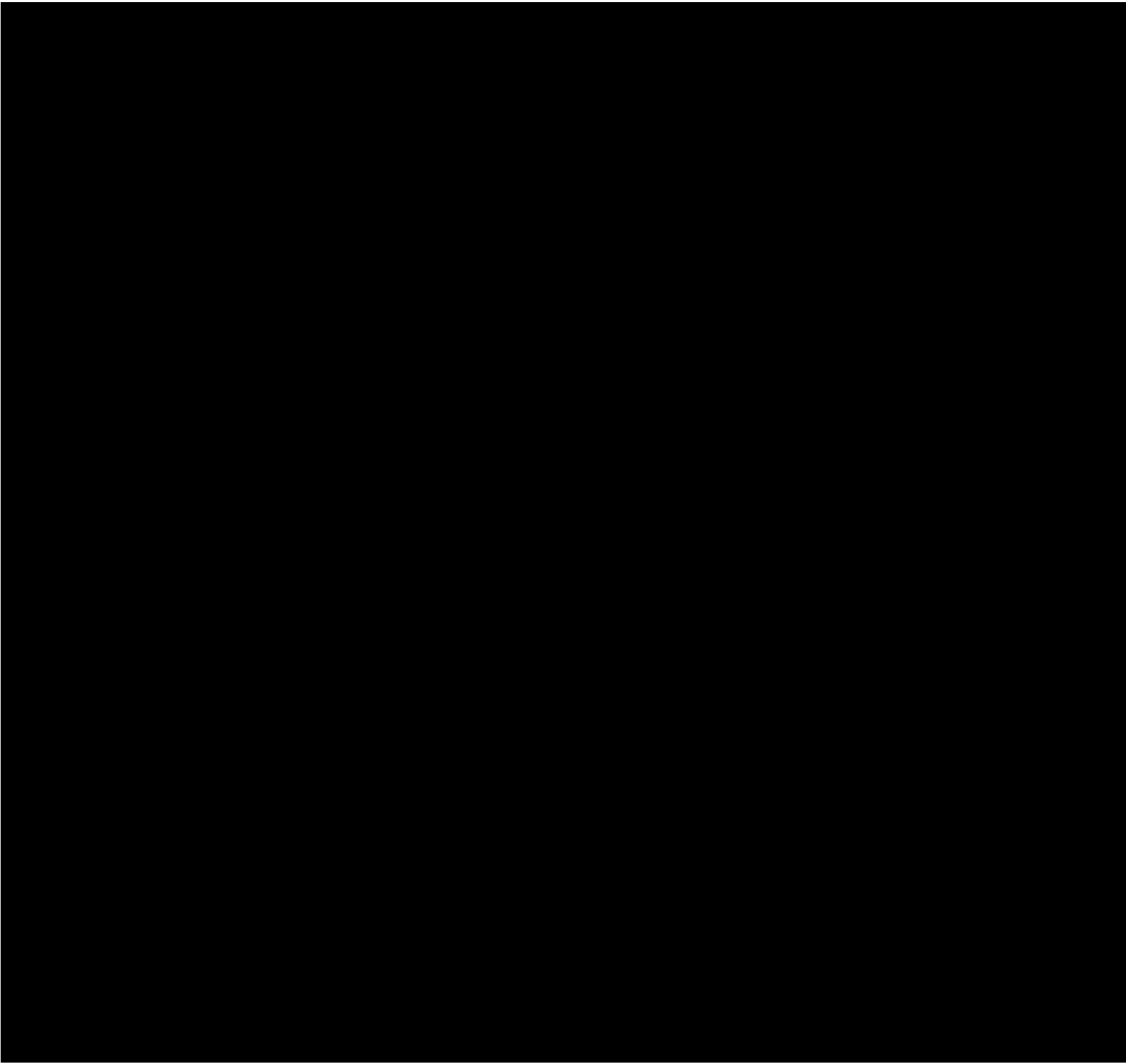




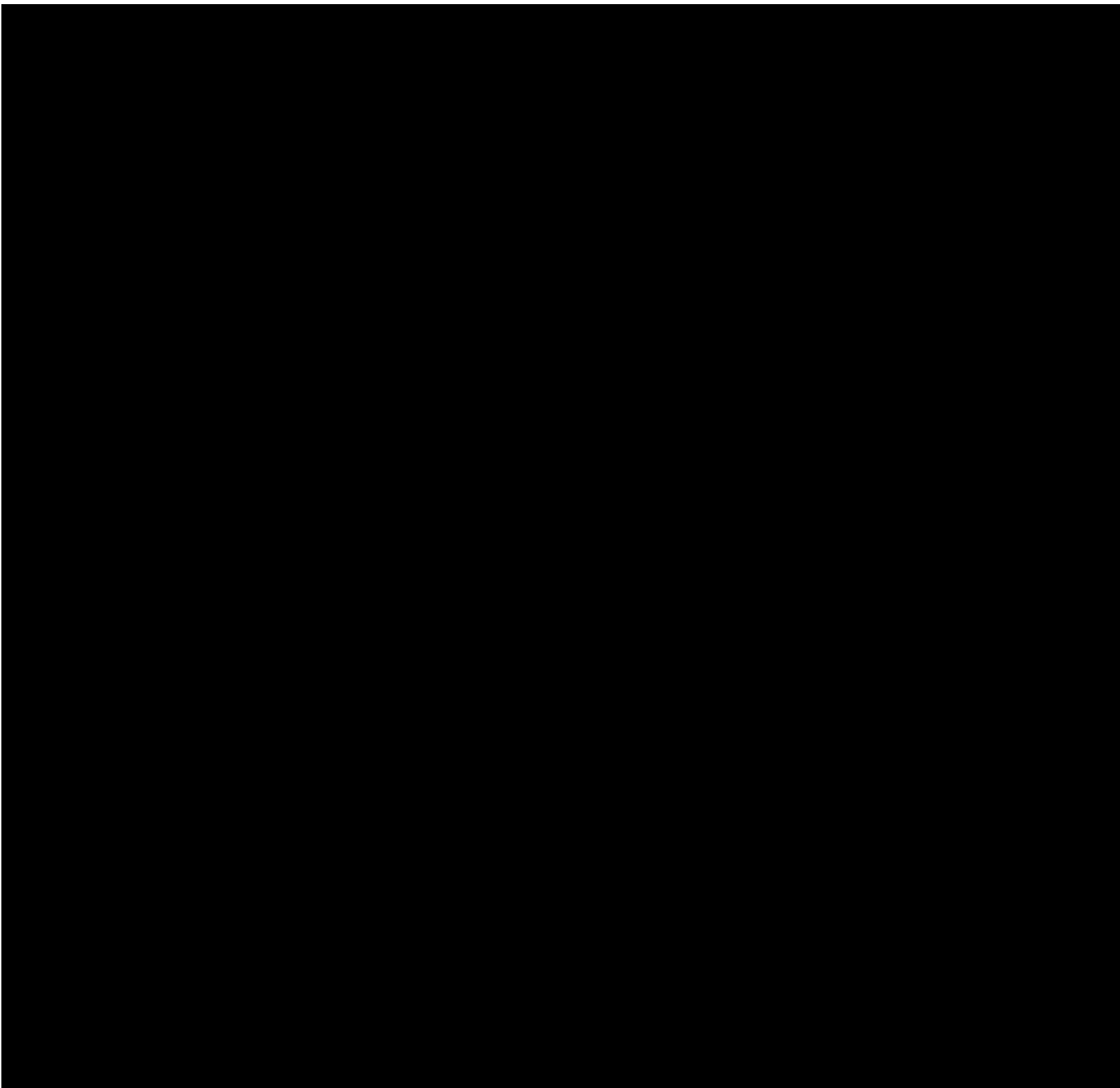
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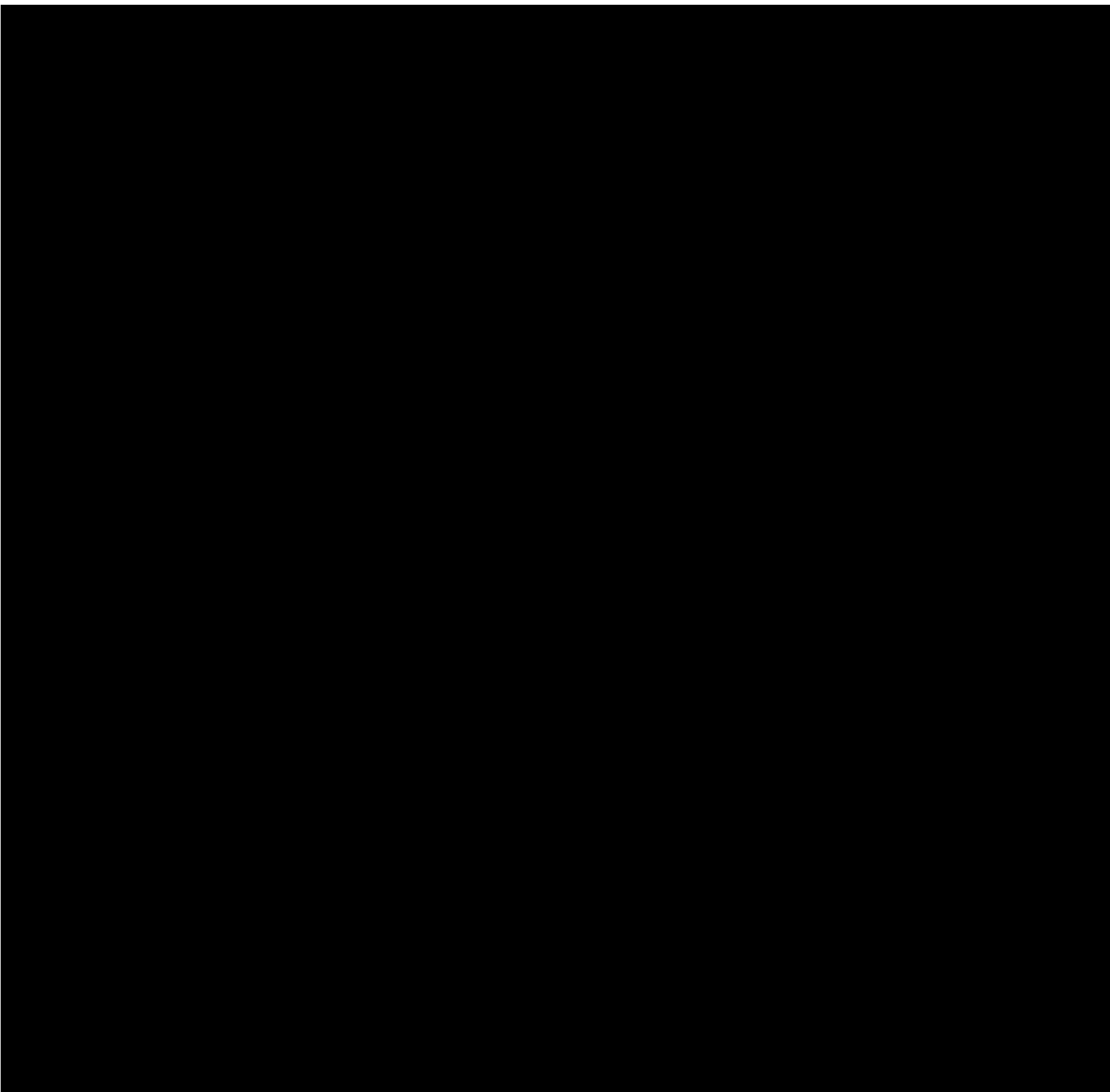


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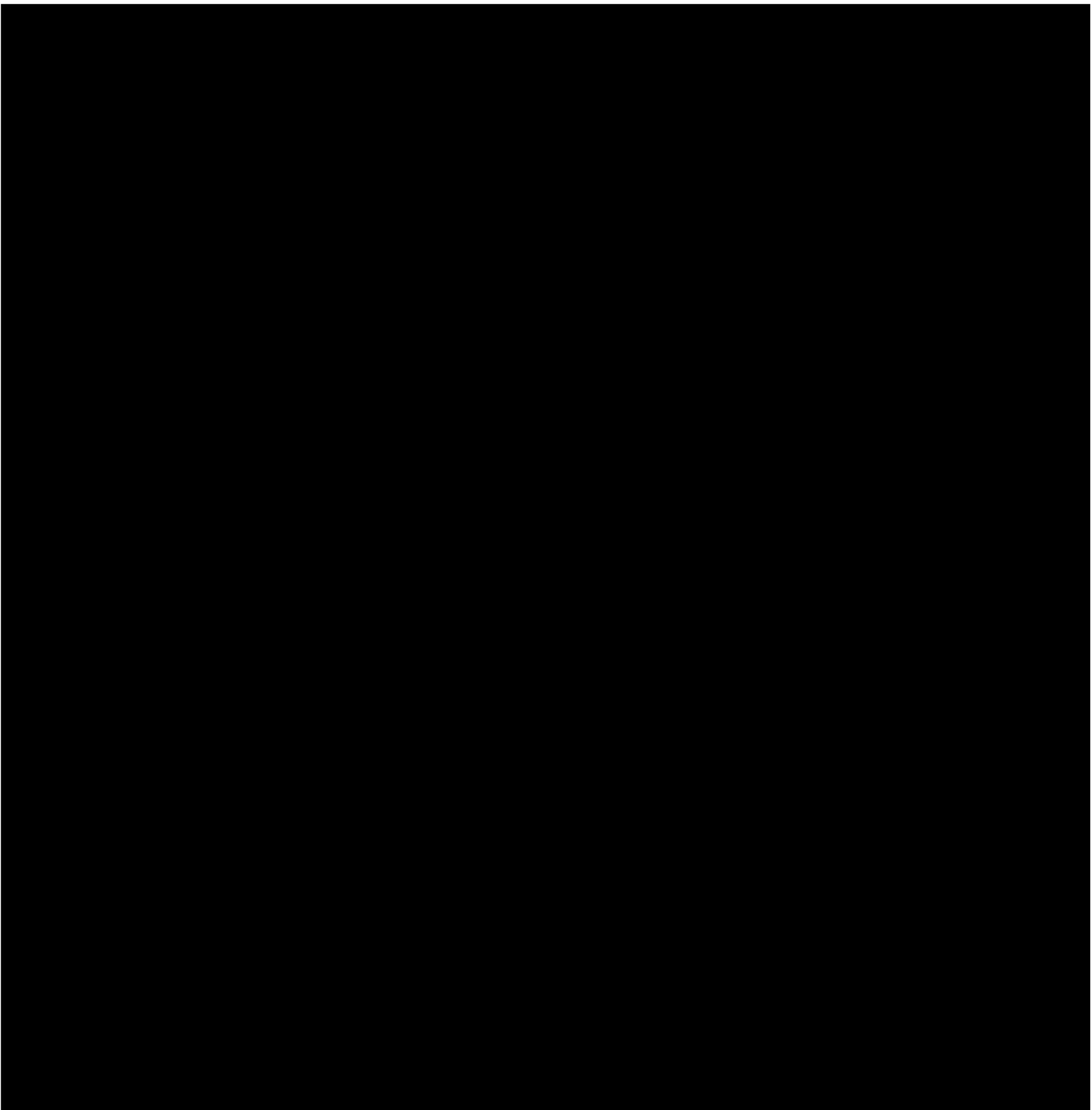


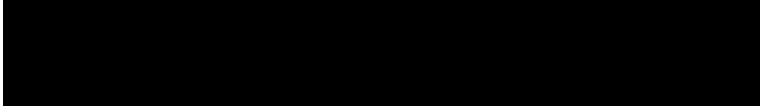
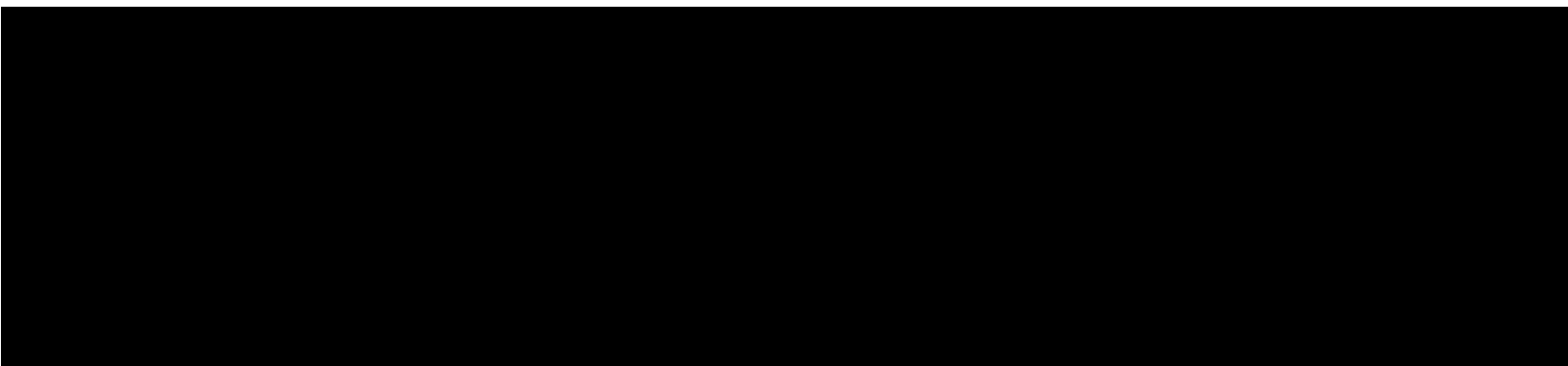
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The timeline we have presented is based upon a 60-day transition period. It is designed to approximate the transition schedule, as the actual dates and activities are coordinated to accommodate the needs of GDC and the specific facility administrators and the respective onsite healthcare teams. While Correct Rx has provided a 60-day transition schedule, we are capable of transitioning contracts on different timelines as necessary. No matter what the parameters are, Correct Rx has the experience and knowledge of what a successful transition requires and we will partner with you to design a transition plan specifically designed to meet your needs.

Devote the Necessary Time to the Planning Phase

Correct Rx's management team understands the importance of devoting the necessary time and energy into making GDC and your teams understand how to best utilize our services through training. Our management team pays attention to every detail and nuance surrounding each facility. This level of understanding comes from years of direct experience. All facilities are not created equal and neither are all correctional pharmacies. Correct Rx is willing to put forth the effort up front to ensure great results.

Correct Rx provides in-service and training during system implementation for all parties involved with administering or ordering medication. Additional training is provided as necessary. Assistance is provided to ensure familiarization and training in the pharmacy system. Correct Rx will provide training materials and education to staff on prescribing, ordering, receiving, storing, and administration of medications.

Problem Resolution: Mitigation Plan

Understanding and meeting the needs of our clients is essential and always in the forefront of our operations. Correct Rx takes the time to patiently and fully explain our services because it is our belief that this understanding sets the foundation for a healthy and effective relationship. When a problem is identified, Correct Rx implements immediate corrective action designed to not only resolve the issue at hand, but to prevent future occurrences. We take great pride in our work and value the fact that you

have chosen to partner with us. Our efforts are all geared toward strengthening our partnership and delivering on our promises.

Training Programs

Correct Rx will work collaboratively with GDC to identify a detailed training schedule that makes sense for your team and is least disruptive to operations and the mission of the GDC. Correct Rx will ensure that all staff are trained either in-person, by web-ex or via teleconference. In addition to the training, we will be with you every step of the way. Each facility will have the name, number, and email addresses of multiple contacts within Correct Rx. We are fully vested in making this transition as comfortable as possible and most importantly that all of the stakeholders know how to maximize the use of our services.

Staff Orientation/Training: Implementation Handbook

Correct Rx has developed an Implementation Handbook to be utilized for startup in-service training. Correct Rx will personally in-service each member of the healthcare team regarding every aspect of the pharmacy system. The Implementation Handbook was designed as a training tool and is an easy to use reference manual that can be utilized any time as a step by step guide for the onsite healthcare providers regarding pharmacy services. Our transition team and in-service manual will provide necessary training and resources to familiarize every member of the healthcare team with the Correct Rx system.

The Implementation Handbook and training covers the following topics:

- Ordering procedures;
- Medication storage;
- Medication accounting procedures;
- Proper MAR documentation;
- Inventory management;
- How and who to contact in Correct Rx in case of problems; and
- Other medication topics.

Training throughout Contract

Correct Rx is vested in working with our healthcare partners to ensure that our services are utilized to their full potential. We want to make sure the people using our system know how to use it. A superior pharmacy service does no one any good if it is not properly utilized. We are committed to making sure you and your onsite teams know how to use Correct Rx to the fullest of our potential, therefore we are easily accessible. We are not only available during the transition, but we are also readily available and easily accessible throughout the life of the contract.

Correct Rx is committed to a comprehensive and ongoing training program for our clients. The training begins with the start-up transition and is ongoing from that point forward. Correct Rx offers trainings through onsite in-person training, teleconference, web conferencing, reference guide handbooks, formal policy and procedure manuals and an online comprehensive video training that can be viewed in its entirety or by the

Customer Service and Support

Correct Rx is offering an accurate, timely and reliable pharmacy service solution specifically designed to deliver on our promise to improve care and reduce costs. We set a goal of 100% compliance with the terms of the RFP and resultant contract starting with the transition and lasting throughout the life of the contract.

Correct Rx is a company fully committed to providing excellent customer service. We fully understand that while there are similarities amongst clients we service there are also specific and nuanced differences. We do not use a cookie cutter approach. Correct Rx takes the time to "listen" and understand your needs so that our solutions are tailored to your needs. We are offering a GDC specific pharmacy solution. Once we win a contract, it is our intention to be your partner long into the future. This cannot be accomplished unless we repeatedly deliver on our promise of focused customer service.

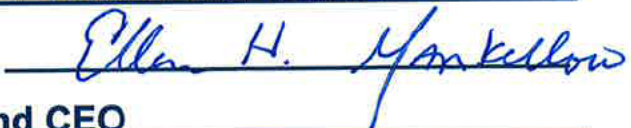
Our extensive experience and relentless attention to detail allow us to provide high quality pharmacy services aimed at improving patient outcomes and reducing overall healthcare costs. Our GDC specific plan offers a comprehensive pharmacy service designed to enhance savings through innovative operational efficiencies, comprehensive program management and elite clinical services.

Orderly Transition Out

Correct Rx hopes that we will never have to participate in end of contract transition out, but we are committed to always being professional and will work under the direction of the GDC to provide a seamless transition. Our reputation for always doing the right thing doesn't change if it is the start of a contract, during or at the end. The GDC will be able to count on Correct Rx to fully cooperate with any and all end of contract activities. Correct Rx will provide appropriate representation at work initiation meetings between GDC and the successor contractor to help ensure a smooth transition of services. Our dedicated team of contract specialists shall assist with any and all end of contract activities. The same team that provided service throughout the contract will be available at the end of contract to ensure a smooth transition to a new contractor.

Company Name: **Correct Rx Pharmacy Services, Inc.**

Printed Name: **Ellen H. Yankellow, PharmD**

Authorized Signature: 

Title: **President and CEO**

Date: **August 31, 2020**

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A. § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

- a) The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;
- b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;
- c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;
- d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract;
- e) The Contractor will contract for the performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the Contractor with the information required by O.C.G.A. § 13-10-91(a), (b), and (c);
- f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10-91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and
- g) Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

619003

Federal Work Authorization User Identification Number

11/21/2012

Date of Authorization

Correct Rx Pharmacy Services, Inc.

Name of Contractor

Georgia Department of Corrections

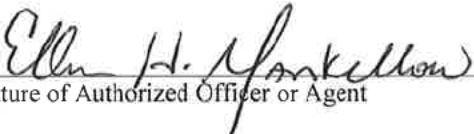
Name of Project

Department of Corrections

Name of Public Employer

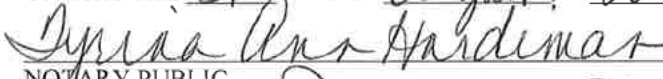
I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on August, 31, 20 20 in Hanover (city), Maryland (state).


Signature of Authorized Officer or Agent

Ellen H. Yankellow, PharmD, President and CEO
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE 31 DAY OF August, 20 20.


NOTARY PUBLIC
My Commission Expires: January 15, 2023





TAX COMPLIANCE

INSTRUCTIONS TO SUPPLIERS

Please complete the following information:

- Supplier's Name: **Correct Rx Pharmacy Services, Inc.**
- Physical Location Address: 1352 Charwood Road, Suite C, Hanover, Maryland 21076
- Federal Identification Number (FEI): 75-3111495
- Have you ever been registered in the State of Georgia? Yes
- If so, please provide the following information, if applicable:
 - State Taxpayer Identification Number (STI): Not applicable
 - Sales and Use Tax Number:
 - Withholding Tax Number: 3110668-DD
- What type of service will you perform? Offender Pharmacy Services
- Will you sell any tangible personal property or goods? No
- Supplier's Affiliate's Name: Not applicable
 - FEI:
 - STI:
 - Sales and Use Tax Number:
 - Withholding Tax Number:

If there is more than one affiliate, please attach a separate sheet listing the information above.

- Person responsible for handling supplier's tax issues (such as the CFO, the company tax officer, etc.):
 - Name: Gabrielle Melka, CFO
 - Telephone Number: (443) 557-0100 ext. 244
 - E-mail Address: gmelka@correctrxpharmacy.com

NOTICE TO SUPPLIER:

In the event the supplier is considered for contract award, the information provided in the form will be submitted by the State Entity to the Georgia Department of Revenue ("DOR") for a determination as to whether the supplier is a "prohibited source" (as defined by O.C.G.A. §50-5-82) or whether there are any other outstanding tax issues. MISSING, INCOMPLETE, OR ERRONEOUS DATA MAY DELAY OR PROHIBIT VERIFICATION OF YOUR ELIGIBILITY FOR CONTRACT AWARD. NO PROHIBITED SOURCE MAY RECEIVE CONTRACT AWARD; THEREFORE, YOU ARE STRONGLY ENCOURAGED TO CHECK YOUR TAX STATUS NOW AND RESOLVE ANY OUTSTANDING TAX LIABILITIES AND/OR MISSING TAX RETURNS.

STATE ENTITY: Please submit this form via email to DOR at tsd-state-contractors@dor.ga.gov for processing in accordance with the *Georgia Procurement Manual*.



WOMEN'S BUSINESS ENTERPRISE
NATIONAL COUNCIL

JOIN FORCES. SUCCEED TOGETHER.

hereby grants

National Women's Business Enterprise Certification

to

Correct Rx Pharmacy Services, Inc.

who has successfully met WBENC's standards as a Women's Business Enterprise (WBE).

This certification affirms the business is woman-owned, operated and controlled; and is valid through the date herein.

Certification Granted: December 17, 2014

Expiration Date: December 17, 2020

WBENC National Certification Number: 2005125955

WBENC National WBE Certification was processed and validated by
Women President's Educational Organization - DC, a WBENC Regional Partner
Organization.



WOMEN PRESIDENTS'
Educational Organization.

Authorized by Sandra Eberhard, Executive Director
Women President's Educational Organization - DC

NAICS: 424210

UNSPSC: 51000000, 92101701





Request for Clarification

Solicitation #: 46700-GDC0000930

Solicitation Title: Offender Pharmacy Services

Supplier Name: Correct Rx Pharmacy Services, Inc.

Request No.:1	Supplier's Authorized Contact: Ellen H. Yankellow Email: eyankellow@correctrxpharmacy.com
Date of Request: 9/30/2020	Offeror's Response Due By (Date): 10/6/2020 at 2:00pm Email Response to Issuing Officer (Name): Ross Barrineau at email address: ross.barrineau@gdc.ga.gov
<u>Submission Instructions:</u> 1. A written response, as specified below, must be submitted in response to this request for clarification. 2. Clarifications must be submitted by e-mail to the issuing officer at the email address provided above.	

The State Entity requests the supplier provide clarification regarding the following (reference applicable solicitation section/question #, etc.):

Q1. In the Cost Proposal Worksheet, Correct Rx submitted FY21 costs of \$47,377,594 and Total Costs (10 years) of \$467,641,940. In the Services Worksheet tab of the Cost Proposal Worksheet, Correct Rx submitted FY21 costs of \$3,729,600 and Total Costs (10 years) of \$36,162,000.

Please confirm which of the following are included in Correct Rx IT per offender per month service costs of \$0.90 (in FY21) in the Services Worksheet tab of Cost Proposal worksheet.

- | | | |
|---|---|--|
| • Applications and software licenses | Yes ☒ | No ☐ |
| • Hardware and end user devices | Yes ☒ | No ☐ |
| • Network and infrastructure | Yes ☐ | No ☒ |
| • Data computing, storage, and cloud-based services | Yes ☐ | No ☒ |
| • Security and monitoring | Yes ☐ | No ☒ |
| • Service management | Yes ☒ | No ☐ |

Correct Rx Pharmacy Services, Inc.'s (Correct RX) IT technical solution for the GDC contemplated and described that the GDC would host the application and data, but we would provide the Application and Software licenses (CIPS and eMar), hardware and end user devices (laptops), and service management. The GDC would host the network, infrastructure, data computing, storage and cloud based services. Correct Rx is able to provide these solutions as well but they are not included in our response and would require an additional fee.

Q2. In the Materials Worksheet tab of the Cost Proposal Worksheet, Correct Rx submitted FY21 costs of \$43,147,994 and Total Costs (10 years) of \$431,479,940.

- **Please confirm which of the following discounts were included in these figures.** Please answer Yes or No. If yes, please provide the file name(s)/ page number(s) where this is referenced in the Cost Incentives Response or Mandatory Scored Questions, and / or the tab(s) and cell(s) (e.g., E15) where this is referenced in the Cost Proposal Worksheet. If not, please provide a rationale on why not.

Discounts offered:

- 340B discounts Yes ☒ No ☐

If "Yes", please include the reference in the proposal here:

Pricing on Attachment E – Cost Proposal Worksheet includes certain drugs prices that are calculated based on the combination of the quantity of those fills purchased at 340(B) pricing and those fills purchased at non-340(B) pricing as reported by the GDC. If Correct Rx had used only 340(B) pricing, the prices would have been lower but would not have reflected the actual fills as reported by the GDC. Those medications are as follows:

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Provided by GDC			Requested from supplier		Estimated costs per year
Generic Name	NDC	Total Quantity Purchased (by package, June '19 to May '20)	Offer price to GDC	Source of discounted pricing, if applicable	FY21
ABACAV/DOLUTEGRAV/LAMIVUD	49702023113	509	1,821.10	Wghted Avg 340(B) & Non	\$ 926,940.93
abacavir sulfate/lamivudine	35573040230	19	92.38	Wghted Avg 340(B) & Non	\$ 1,755.22
abacavir sulfate/lamivudine	66993048230	17	92.38	Wghted Avg 340(B) & Non	\$ 1,570.46
abacavir sulfate/lamivudine	69097036202	7	92.38	Wghted Avg 340(B) & Non	\$ 646.66
ABACAVIR/LAMIVUDINE	68180028806	74	93.95	Wghted Avg 340(B) & Non	\$ 6,952.30
atazanavir sulfate	93552606	1	222.75	Wghted Avg 340(B) & Non	\$ 222.75
atazanavir sulfate	59762040806	2	222.75	Wghted Avg 340(B) & Non	\$ 445.50
atazanavir sulfate	65862071160	4	222.75	Wghted Avg 340(B) & Non	\$ 891.00
BICTEGRAV/EMTRICITAB/TENOF ALA	61958250101	2720	2,363.61	Wghted Avg 340(B) & Non	\$ 6,429,028.89
CEFTOLOZANE/TAZOBACTAM	67919003001	13	775.40	Wghted Avg 340(B) & Non	\$ 10,080.21
DARUN/COBIC/EMTRIC/TENOF ALA	59676080030	18	2,528.34	Wghted Avg 340(B) & Non	\$ 45,510.19
DARUNAVIR	59676056201	31	996.78	Wghted Avg 340(B) & Non	\$ 30,900.18
DARUNAVIR	59676056630	577	1,011.09	Wghted Avg 340(B) & Non	\$ 583,398.93
DARUNAVIR/COBICISTAT	59676057530	386	1,239.42	Wghted Avg 340(B) & Non	\$ 478,414.31
didanosine	65862031230	1	84.99	Wghted Avg 340(B) & Non	\$ 84.99
DOLUTEGRAVIR	49702022813	542	1,037.45	Wghted Avg 340(B) & Non	\$ 562,296.95
DOLUTEGRAVIR/RILPIVIRINE	49702024213	50	1,654.20	Wghted Avg 340(B) & Non	\$ 82,709.97
elbasvir/grazoprevir	6307402	187	4,298.84	Wghted Avg 340(B) & Non	\$ 803,883.08
ELVIT/COBIC/EMTRIC/TENOF ALAF	61958190101	2963	2,233.22	Wghted Avg 340(B) & Non	\$ 6,617,028.25
ELVIT/COBIC/EMTRIC/TENOF DF	61958120101	134	2,127.71	Wghted Avg 340(B) & Non	\$ 285,112.71
EMTRICITAB/RILPIV/TENOF ALA	61958210101	463	2,009.42	Wghted Avg 340(B) & Non	\$ 930,361.96
EMTRICITAB/RILPIV/TENOF DF	61958110101	74	1,617.76	Wghted Avg 340(B) & Non	\$ 119,713.97
EMTRICITAB/TENOFOVIR DF/EFAVIR	15584010101	347	1,690.38	Wghted Avg 340(B) & Non	\$ 586,563.07
EMTRICITABINE	61958060101	64	291.68	Wghted Avg 340(B) & Non	\$ 18,667.25
EMTRICITABINE/TENOF ALAF	61958200201	637	1,115.57	Wghted Avg 340(B) & Non	\$ 710,620.45
EMTRICITABINE/TENOFOVIR DP FUM	61958070101	253	642.01	Wghted Avg 340(B) & Non	\$ 162,429.15
etravirine	59676057001	7	761.10	Wghted Avg 340(B) & Non	\$ 5,327.71
ETRAVIRINE	59676057101	85	768.43	Wghted Avg 340(B) & Non	\$ 65,316.30
fosamprenavir calcium	378352091	2	499.95	Wghted Avg 340(B) & Non	\$ 999.89
fosamprenavir calcium	49702020718	3	654.24	Wghted Avg 340(B) & Non	\$ 1,962.73
GLECAPREVIR/PIBENTASVIR	74262528	51	8,447.08	Wghted Avg 340(B) & Non	\$ 430,800.88
lamivudine/zidovudine	31722050660	4	66.77	Wghted Avg 340(B) & Non	\$ 267.06
LOPINAVIR/RITONAVIR	74679922	107	576.20	Wghted Avg 340(B) & Non	\$ 61,653.23
maraviroc	49702022418	12	878.79	Wghted Avg 340(B) & Non	\$ 10,545.43
nevirapine	781589331	5	67.50	Wghted Avg 340(B) & Non	\$ 337.50
RALTEGRAVIR	6022761	237	798.75	Wghted Avg 340(B) & Non	\$ 189,303.83
ribavirin	68382004603	4	51.45	Wghted Avg 340(B) & Non	\$ 205.80
RILPIVIRINE	59676027801	47	674.38	Wghted Avg 340(B) & Non	\$ 31,695.89
ritonavir	74333330	544	64.78	Wghted Avg 340(B) & Non	\$ 35,240.32
SOFOSBUVIR/ VELPATASVIR/ VOXILAPR	61958240101	15	18,428.34	Wghted Avg 340(B) & Non	\$ 276,425.10
tenofovir disoproxil fumarate	31722053530	7	28.80	Wghted Avg 340(B) & Non	\$ 201.60
tenofovir disoproxil fumarate	60505466603	10	28.80	Wghted Avg 340(B) & Non	\$ 288.00
tenofovir disoproxil fumarate	64380071404	59	28.80	Wghted Avg 340(B) & Non	\$ 1,699.20
TENOFOVIR DISOPROXIL FUMARATE	65862042130	52	29.03	Wghted Avg 340(B) & Non	\$ 1,509.56
VELPATASVIR/SOFOSBUVIR	61958220101	179	5,598.95	Wghted Avg 340(B) & Non	\$ 1,002,211.20

If "No", include a comment:

- Manufacturer rebates Yes ☒ No ☐

If "Yes", please include the reference in the proposal here:

Cost Incentive Response – Sharing of Rebates and Volume Discounts pages 1-2.

If "No", include a comment:

- Distributor rebates Yes ☒ No ☐

If "Yes", please include the reference in the proposal here:

Cost Incentive Response – Sharing of Rebates and Volume Discounts pages 1-2.

If "No", include a comment:

- GPO rebates Yes ☒ No ☐

If "Yes", please include the reference in the proposal here:

Cost Incentive Response – Sharing of Rebates and Volume Discounts pages 1-2.

If "No", include a comment:

- Volume discounts **Yes** ☒ **No** ☐

If "Yes", please include the reference in the proposal here:

Cost Incentive Response – Sharing of Rebates and Volume Discounts pages 1-2.

If "No", include a comment:

- Forward purchases **Yes** ☐ **No** ☒

If "Yes", please include the reference in the proposal here:

If "No", include a comment:

Correct Rx has agreements with manufacturers to buy products at certain pricing which expire in the future. However, none have forward dated pricing which is lower than the current pricing as stated in Attachment E.

- Short-dated purchases **Yes** ☐ **No** ☒

If "Yes", please include the reference in the proposal here:

If "No", include a comment:

Correct Rx did not include short dated products as it is impossible to know if the pricing on short dated products will be available in the future. So, we believe, it would have been misleading to include such pricing on Attachment E.

- Patient assistance programs **Yes** ☐ **No** ☒

If "Yes", please include the reference in the proposal here:

If "No", include a comment:

Correct Rx has the capability to process any patient assistance programs that may be available to the GDC through our operating systems to ensure the GDC is billed at the appropriately reduced price. However, Correct Rx has found that such programs are generally not designed to be consistently available or sustainable for chronic medications in a correctional setting. There are some products that are available for one time use or discharge medications.

- Preferred product substitutions (e.g., biosimilars; branded and generic; manufacturer exchange) **Yes** ☒ **No** ☐

If "Yes", please include the reference in the proposal here:

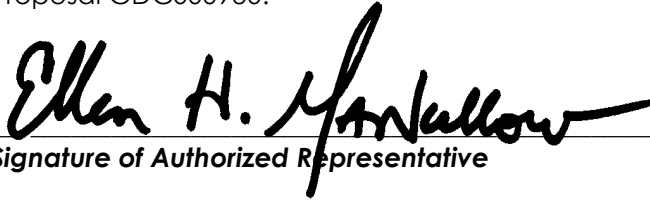
Attachment D.4 Cost Controls and Transparency – Timely Conversion to Generics/Substitution of Lower Cost Medications. Correct Rx took the approach of generic substitutions in Attachment E just as we would continue to do throughout the contract as described in this paragraph.

If "No", include a comment:

Note: The cost and technical proposals are locked and stand as submitted.

Supplier's Clarification Response:

These pages encompass Correct Rx's entire response to the Request for Clarification to the Request for Proposal GDC000930.



Ellen H. Yankellow

Signature of Authorized Representative

October 5, 2020

Date

Ellen H. Yankellow, PharmD, President and CEO
Name and Title



Request for Supplemental Response

Dated: November 16, 2020

Request for Proposal (RFP) Number: **GDC0000930**

Commodity or Service: Offender Pharmacy Services
Requesting Entity: Georgia Department of Corrections
Issuing Officer: Ross Barrineau
Email Address: ross.barrineau@gdc.ga.gov

Supplier: **Correct Rx Pharmacy Services, Inc.**

Dear Ms. Yankellow -

The Georgia Department of Corrections (GDC) has completed its initial evaluation process and is preparing to conduct negotiations. In preparation for negotiations, GDC requests additional detail of the requirements and capability of the Supplier(s) to meet GDC's needs.

GDC has highlighted opportunities for Supplier(s) to reduce ambiguity from their original response and extends an offer for Supplier(s) to provide revisions to their Technical and Cost Worksheets within the following guidelines:

GENERAL INSTRUCTIONS

By no later than 2:00 p.m. on November 20, 2020, provide the Supplemental Technical proposal and Cost proposal using the attached Supplemental Response form and Supplemental Cost Worksheet. Supplier(s) must address the topics listed with a written response to the Issuing Officer, Ross Barrineau, via e-mail (ross.barrineau@gdc.ga.gov).

SUPPLEMENTAL TECHNICAL PROPOSAL INSTRUCTIONS

Insert the original technical response to each question without changes then immediately follow the original response with a header identifying the start of supplemental information. The State will review supplemental information explicitly to clarify inferred commitments that may not have been detailed previously. The supplemental response should be concise and specific.

PLEASE DO NOT INCLUDE COSTS WITHIN THE TECHNICAL RESPONSE

SUPPLEMENTAL COST PROPOSAL INSTRUCTIONS:

1. Update the cost sheet with any changes. Submit the sheet as an Excel workbook, not saved as a PDF. Suppliers should insert a \$0.00 in cells where there is no cost. Suppliers should include a crosswalk noting any revisions. Submission of an updated cost sheet will extend the acceptance period of the offer for an additional 120 days.
2. Provide a written response that describes the approach, assumptions and/or methodology utilized for developing the Supplemental cost proposal. Incorporate any guarantees for accuracy in the cost model that assures the level of service and outcome commitments by noting references from the Supplemental Technical response and/or other requirements.

Be reminded that failure to return the materials in the specified timeframe may result in removal from further consideration.

Thank you again for your interest in providing solutions to the State of Georgia.

SUPPLEMENTAL COST PROPOSAL REQUEST

The State Entity requests the supplier provide clarification regarding the following (reference applicable solicitation section/question #, etc.):

Q1. Upon review of bid submissions, Correct Rx's RFP bid compares to others in the following ways:

RFP element	Comparison to other bids
Cost Proposal Worksheet – Materials Worksheet Tab	Bid within 25-50% of the lowest bid
Cost Proposal Worksheet – Services Worksheet Tab	Bid within 10-15% of the lowest bid
Cost Incentive Response – Materials cost incentives	Correct Rx did not provide, while other bids did
Cost Incentive Response – Services cost incentives	Correct Rx did not provide, while other bids did
Cost Incentive Response – Quality for service incentives (e.g., KPIs)	Correct Rx provided some KPIs, while other bids provided additional KPIs (e.g., on-time delivery, medication error rates, IT system uptime)

If the Supplier is able to provide a more competitive approach, please provide a Supplemental Cost Proposal Worksheet and Cost Incentive Response.

Supplier's Clarification Response:

Supplemental Cost Proposal Worksheet

Correct Rx has provided a Supplemental Cost Proposal Worksheet that leveraged our HIV disease management program as described in our Cost Incentive Response. Those items have been noted as "HIV Inter" in the "Source of Discounted Pricing, if Applicable" column. We assumed that the HIV drugs would still be procured under a 340B program. In addition, we are proposing the use of Semglee instead of Lantus or Levemir, and Retacrit 40000 for Aranesp 100mcg. Therefore, the total cost on the Supplemental Material Worksheet and Supplemental Total Cost have been revised. We also adjusted the Supplemental Services worksheet to reflect the cost of processing returns as the Q&A had originally suggested returns were generally not allowed in Georgia.

Correct Rx has provided a crosswalk of the Original Materials Worksheet tab to the Supplemental Materials Worksheet tab on the Supplement Total Cost Worksheet tab.

Cost Incentive Response

Correct Rx has revised our Cost Incentive Response to clarify the Materials cost incentives as we believe our methodology provides incentives for items we can help control versus receiving credit for lower costs merely if the ADP falls between years. For the Services Cost Incentives, we have proposed a different metric which is specifically tied to the Services Cost tab on the Cost Proposal Worksheet. In addition, we have added additional operational KPIs. Please review the Cost Incentive Response Revised for detailed information.

Q2. In its prior Request for Clarification, Correct Rx states that 340B drug prices in the Cost Proposal Worksheet "are calculated based on the combination of the quantity of those fills purchased at 340(B) pricing and those fills purchased at non-340(B) pricing as reported by the GDC. "

Please clarify how the pricing in the Materials Worksheet Tab in the Cost Proposal Worksheet would change if GDC leveraged Correct Rx's HIV disease management program instead of 340B – specifically please provide updated prices assuming no access to 340B pricing.

Supplier's Clarification Response:

Correct Rx has provided a new spreadsheet labeled Cost Proposal Worksheet HIV Interchange Only Final.xlsx which includes two tabs. The first tab shows the original pricing submitted for HIV drugs using a weighted average of 340B and non 340B pricing based on the split of fills that was provided by Georgia in Attachment Q. The second tab shows the impact of the HIV disease management program as well as utilizing non 340B pricing. The savings has also been calculated on the second page. The savings is a reduction of the original Cost Proposal Worksheet submitted and not the Supplemental Cost Proposal Worksheet submitted.

SUPPLEMENTAL TECHNICAL PROPOSAL REQUEST

The State Entity requests the supplier provide clarification regarding the following (reference applicable solicitation section/question #, etc.):

Q3. In the Mandatory Scored Questions, Section 4. Cost Controls and Transparency, GDC states the "Supplier shall provide a concise overview of its proposed approach to cost control measures used to manage medication spend (e.g., pharmacy rebates, 340B, substitutions, and specialty medications), including: Transparency into medication spend and effectiveness of cost control measures (e.g., line-item-level breakdown of pharmacy rebates, 340B savings, substitutions)"

Correct Rx states "Correct Rx has experience working with facilities to contract with a Covered Entity to establish and manage a 340B program."

What specific experience does Correct Rx have with identifying another covered entity for 340B, and how would Correct Rx plan to bring that experience to GDC, assuming that GDC's current 340B covered entity relationship would not continue under a new vendor contract? What experience does Correct Rx have in expanding 340B programs to other therapeutic drug classes?

Supplier's Clarification Response:

Shared Goal of 340B Program Discounts

Correct Rx understands the desire of GDC to maintain a robust 340B relationship with their current 340B covered entity or a newly identified entity. We support this goal by offering our 30 plus years of 340B experience to GDC. We acknowledge that 340B drug discounts solely belong to the covered entity but our experience in program management, clinical support and establishing relationships allow us to serve as a liaison between GDC, the medical vendor and federally qualified care centers.

Prior 340B Experience

Correct Rx's owners have years of direct operating, supervising, purchasing and dispensing experience providing pharmacy services to 340B Programs, including Total Health Care (TCH) located in Baltimore City. THC operated FQHC clinics serving large numbers of low income patients in Baltimore. Their experience extends through their past careers with Rombro Health Services, Capstone Pharmacy Services and PharMerica, Inc.

We have demonstrated a willingness to work side by side with state and local systems, establish new relationships with area health centers, develop policies and protocols and serve as the contracted pharmacy provider for covered entities.

Experts with All Aspects of 340B Relationships

In the event that the current 340B covered entity is no longer willing or able to continue providing services for GDC, Correct Rx Pharmacy will partner with GDC and other stakeholders to perform the following functions:

1. Identify alternative Federally Qualified Entities. HRSA's Office of Pharmacy Affairs maintains an active list of qualified covered entities in their website by State. Correct Rx will utilize this database to identify covered entities in Georgia that may be suitable and available to provide services for GDC.

2. Serve as a Liaison between GDC and new covered entity. Seamless and frequent communication is necessary in order to build new relationships and execute contracts. Correct Rx will work with stakeholders to identify scope of work and services contract required for 340B programs.
3. Establish mechanism for provider-patient relationship. With advancements of tele-health capabilities within correctional facilities, establishing patient-provider relationships can easily occur without having significant impact on inmate transportation or custody escorts out of GDC facilities. Correct Rx recommends that inmates enrolled in 340B programs are seen in-person by a covered entity provider on an annual basis in order to fully comply with HRSA guidance pertaining to establishment of patient-physician relationships.
4. Execute contracted pharmacy agreement between covered entity and HRSA. Correct Rx will serve as the contracted pharmacy provider for the covered entity. This will give GDC confidence in program integrity. 340B discounted pricing will only be available for those GDC inmates with predetermined diagnoses who will have their care provided by a federally qualified entity. It is important that your selected pharmacy partner be able to distinguish 340B qualified medication order requests from non-340B medication requests in order to meet the regulatory burden of HRSA.
5. Correct Rx will assist the GDC in evaluating the actual expected savings with a new covered entity. Correct Rx will assess the anticipated savings versus the administrative costs. This is especially prudent when generic substitutes or equivalents become available or when certain categories of medications may be less expensive through direct manufacturer contracts. These changes may significantly impact the projected savings. Correct Rx will be a true partner to GDC in making these important financial comparisons as GDC determines the best path for their 340B program.
6. Develop formulary for 340B program with opportunity for expansion. In order to maximize 340B drug discounts and savings, Correct Rx will develop a formulary of medications authorized by GDC to be dispensed by the program. This list of approved medication will be re-evaluated on a routine basis and new therapeutic classes of medication can be added upon agreement by all stakeholders.
7. Audits and Accountability. Correct Rx will provide GDC with frequent reports of 340B program status including administrative, clinical and financial successes and opportunities for growth.

Optimizing 340B Savings for GDC

Our desire to partner with GDC to optimize savings realized through 340B drug discounts will continue through the life of this contract. The pharmaceutical market undergoes constant changes that can significantly impact overall medication costs. We will routinely evaluate opportunities for GDC to expand 340B drug discounts to include new disease states where appropriate.

Correct Rx understands the value that participating in the 340B program provides, but also the challenges in meeting qualifying Federal requirements. Given our vast and recent experience, Correct Rx is confident in our ability to assist GDC with finding a new 340B Partner for infectious diseases. Correct Rx will explore other specialty disease like rheumatology or gastrointestinal to offset rising cost of specialty biologic medications.

Q4. In the Mandatory Scored Questions, Section 4. Cost Controls and Transparency, GDC states the "Supplier shall provide a concise overview of its proposed approach to cost control measures used to manage medication spend (e.g., pharmacy rebates, 340B, substitutions, and specialty medications), including: Transparency into medication spend and effectiveness of cost control measures (e.g., line-item-level breakdown of pharmacy rebates, 340B savings, and substitutions)"

Correct Rx states "Correct Rx has guaranteed that we will return at least 55% of the volume discounts and rebates to the GDC based on an accounting of all amounts received and how those amounts were used to directly service the GDC account"

What is the estimated value of 55% of the rebates and volume discounts that GDC would receive? Please provide specifics about how Correct Rx will provide transparent account of this to GDC.

Supplier's Clarification Response:

Sharing of Rebates and Volume Discounts

The corrections industry has a history of subsidizing management fees with rebates and volume discounts they receive from manufacturers, wholesalers and aggregators. Over time, this has led to the bidding of below market management fees. As with other pharmacies, Correct Rx receives volume discounts and rebates on a portion of our purchases from our wholesaler and an aggregator. The amounts are dependent on the volume and mix of medications ordered. They are calculated on the cumulative use of eligible medications purchased for all of our clients and are paid to Correct Rx monthly (volume discounts) or quarterly (aggregator rebates) based on the previous period's dispensing data. The rebates we receive are used to defray the costs of the services we provide and are used in the following manner:

- Materially reduce our management fees;
- Decrease the cost of certain medications;
- Invest in specific clinical initiatives to save the GDC money;
- Defray the costs of direct contract expenses; and
- Cover overhead and provide a reasonable profit allowing us to run the business

Correct Rx guarantees that we will return at least 55% of the volume discounts and rebates to the GDC based on comparing total revenues received under the services PIPM to the direct costs associated with the contract including order entry and review, dispensing, shipping, staffing the ASMP, packaging, and direct IT costs.

We will provide an annual accounting to the GDC that will show all of the direct costs associated with the contract versus the non-drug revenues received from the GDC. This will result in costs in excess of revenues. We will summarize all volume discounts and aggregator rebates attributable to the GDC. The costs in excess of revenues divided by the discounts and rebates will result in the percentage spend of discounts/rebates directly associated with the Georgia contract. If the number is less than 55%, we will return the difference to GDC. We estimate 55% of the discounts to be between \$1.4M - \$2.0M depending on the drugs purchased under the 340(b) program as there are not volume discounts or rebates Correct Rx receives associated with those medications.

Q5. In the Mandatory Scored Questions, Section 1. General Qualifications and Experience - part J, GDC states, "Provide a narrative description of the proposed project team, its members, and organizational structure along with an organizational chart identifying the key people who will be assigned to deliver the goods or services required by this RFP."

In the response, Correct Rx states "Correct Rx will also provide as part of our fixed monthly management fee, access to advanced predictive analytics tool to identify patients at high risk for adverse medication events."

How and where is Correct Rx's fixed monthly management fee incorporated into the current cost proposal?

Supplier's Clarification Response:

Included in the Per Offender Per Month Fee – No Additional Cost

The services described in Correct Rx's Response to "Section 1. General Qualifications and Experience - part J" and described in this section as "provide[d] as part of our fixed monthly management fee" are all included in the Per Offender Per Month Fee in the Cost Proposal.

There are no additional fees or costs associated with these services in our cost proposal. Correct Rx is not proposing a fixed monthly management fee as we understand that the monthly census is variable.

Q6. In the Mandatory Scored Questions, Section 5. Delivery of medications, GDC states the "Supplier shall provide a concise overview of its proposed approach to delivery of medications for GDC, in accordance with meeting the minimum basic requirements (B1 through B4 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following:

- Delivery of emergent/non-emergent prescriptions (both new and existing) and stock medications (for use in in-prison medical clinics, infirmaries, and a prison hospital) and frequency and timing of deliveries

Correct Rx states "Correct Rx will work with the GDC to establish an agreed upon cut-off time for orders that will be dispensed with a guaranteed next day delivery Monday through Saturday."

What cut-off times are required for orders to achieve next-day delivery, when required?

Supplier's Clarification Response:

Order Cut off Time

Correct Rx is offering a cut off time of 4:00 PM Monday through Friday and 12 noon on Saturdays. All new and refill orders transmitted to Correct Rx by the designated cut off times are dispensed and delivered to your facilities the next day.

Extended Cut off time for Emergency Needs

Correct Rx is able to extend the cut off time to accommodate late or urgent orders up to 6:00 PM due to our close proximity to Baltimore Washington International Airport. While we cannot extend the cutoff time for all orders, we can prioritize urgent orders after the normal 4:00 PM cut off time. The facility just needs to call us with the urgent order and we will fill it and include it in their shipment. This added benefit ensures continuity of care for critical medications and assists in making sure that there are no lapses in medication therapy.

Same Cut off Time for both New and Refill Orders

It is important to note, Correct Rx does not have a different cut-off or delivery schedule for refills! All orders transmitted to Correct Rx by the cut off time are delivered to the facility the next day. Some institutional pharmacies have a different cutoff schedule for refill orders, which can cause confusion and delays in treatment. Correct Rx's services are customer friendly, easy to understand and designed to meet the needs of your facilities.

Q7. In the Mandatory Scored Questions, Section 5. Delivery of medications, GDC states the "Supplier shall provide a concise overview of its proposed approach to delivery of medications for GDC, in accordance with meeting the minimum basic requirements (B1 through B4 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following:

- Delivery of emergent/non-emergent prescriptions (both new and existing) and stock medications (for use in in-prison medical clinics, infirmaries, and a prison hospital) and frequency and timing of deliveries

Correct Rx states "When there is a short-term back-order of medications, Correct Rx notifies the healthcare staff at each facility within 24 hours"

How are healthcare providers notified about back-orders or prescription delays?

Supplier's Clarification Response:

Notification for back-orders or prescription delays are classified in the following categories:

1. Short term partial back-order

In the case of a partial back-order Correct Rx will always send the quantity that is immediately available. A backorder form is completed for the remaining portion of the order and included with the shipment. In addition it is noted on the packing list included with the order. When the order is completed the next business day the second part of the back-order form is attached with the order. This closes the loop so there is documentation that the complete order was received by the facility.

2. Short term full back-order

In the rare event when a medication is not available to fill an order Correct Rx notifies the facility in three ways. The first method of notification is the use of a written three-part back-order form. The first part of the form is included in the medication box listing the name of the patient, drug name, quantity and date of back-order. In addition to the back-order slip the back-order is also listed on the packing list. The packing list includes all of the pertinent order information. All short term back-orders are filled within 24 hours. When the order is filled the

next day, the second part of the back-order form is included with the medication. This closes the loop and provides written documentation that the medication arrived at the facility. Lastly, if the medication is critical Correct Rx notifies the facility via telephone and provides assistance with securing the medication either from stock or by accessing the emergency back-up pharmacy.

3. Long term back-order: manufacturer problem

In the case of a long term manufacturer back-order, Correct Rx is proactive in notifying the prescribers to discuss therapeutic alternatives. Our clinical department also informs all clients and stakeholders when a national shortage of any medication occurs. Correct Rx pharmacists work with the individual providers to identify all patients affected if a drug is no longer available. A list is provided and an action plan is devised to ensure that there are no lapses in therapy. All manufacturer or industry shortages are discussed as regular part of each P&T meeting.

Q8. In the Mandatory Scored Questions, Section 5. Delivery of medications, GDC states the “Supplier shall provide a concise overview of its proposed approach to delivery of medications for GDC, in accordance with meeting the minimum basic requirements (B1 through B4 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following:

- Delivery of emergent/non-emergent prescriptions (both new and existing) and stock medications (for use in in-prison medical clinics, infirmaries, and a prison hospital) and frequency and timing of deliveries

Correct Rx states “Correct Rx has contracted, through two Pharmacy Benefit Managers, with a nationwide network of pharmacies to supply same-day, emergency and back-ordered medications”

For emergency deliveries:

- **What are the negotiated rates for emergency deliveries and what percent of these costs will GDC be responsible for covering?**
- **What is the process to place an emergency delivery order (e.g., by whom? with whom?)**
- **What is the maximum time that can elapse between placing an emergency order and it being onsite? Please provide the proposed back-up pharmacies by facility (using the facilities matrix).**
- **Who are the PBMs used by Correct Rx and which one is responsible for contracting with local pharmacies?**

Supplier’s Clarification Response:

For emergency deliveries:

- **What are the negotiated rates for emergency deliveries and what percent of these costs will GDC be responsible for covering?**

Correct Rx, as a dedicated GDC partner, will subsidize the actual InMedRx costs incurred for emergency deliveries by providing a flat-rate fee. The negotiated flat rate for standard emergency deliveries between 8:00 AM and 5:00 PM is \$50, and between 5:00 PM and 8:00 AM is \$75.

The GDC will be responsible for all of the costs associated with emergency deliveries except for deliveries that are directly related to a Correct Rx service failure.

Correct Rx's service plan includes fulfillment excellence and program management, a proven formula for success that minimizes the GDC's reliance on emergency back-up pharmacies. Correct Rx will work side-by-side with each facility to review their ordering

processes and interim emergency medication supply to ensure that using the back-up pharmacy is the exception and not the norm.

- **What is the process to place an emergency delivery order (e.g., by whom? with whom?)**

The entire process from start to finish only takes a few minutes. The procedures, along with all of the billing information, is posted in plain view in each of your medical units and placed in the Policy and Procedure manual. In addition, if at any time during this process any of the medical staff require assistance with placing an emergency delivery order, our on call pharmacists are readily available to assist. They will even call the back-up pharmacy for the medical team if they are uncertain about this process or they are new or just need a refresher. This is a simple and cashless transaction. Correct Rx will ensure that the medical staff is well educated about how to place an order when they need an emergency medication.

Established Procedures to Access Emergency Medications

The established procedure for accessing emergency medications from the back-up pharmacy are easy to follow and part of the implementation plan and training.

Step 1

Provider writes or calls in an order for a patient.

Step 2

The nurse or designee first checks the Stat or Emergency Boxes to see if this medication is available on site. If the medication is not readily available at the facility then the nurse should obtain authorization from the Medical/Nursing supervisor or other authorized personnel to order from the back-up pharmacy.

Step 3

Contact the pharmacy and place the medication order. After calling fax the transcribed order along with the completed **Backup Pharmacy Billing Information Form** to the pharmacy.

Step 4

Fax the prescription to Correct Rx to receive the remainder of the order.

Step 5

Once the facility has contacted their back up pharmacy, they will call the accompanying courier service once the order has been filled and is ready for pickup. The driver will then be sent to pick up the medication.

- **What is the maximum time that can elapse between placing an emergency order and it being onsite?
Please provide the proposed back-up pharmacies by facility (using the facilities matrix).**

InMedRx's national network of couriers are on call 24/7 to deliver emergency medications directly to correctional facilities within four hours or less of your order. They have examined the list of GDC facilities and confirmed that they have existing coverage to support each facility without having to recruit additional drivers.

Well-timed deliveries result in medications being administered quickly, helping to reduce liabilities and enabling staff to focus on other duties. Their vetted courier network is continuously measured against performance standards to provide confidence that medications will arrive on time. Couriers operate in adherence with HIPAA, and proof of delivery (POD) signatures are collected as part of our standard operating procedures.

They provide visibility into the status of pharmacy adjudication and delivery, thereby eliminating guesswork and additional phone calls to track orders. The couriers routinely exceed performance standards, frequently delivering medications within two hours on orders within 30 miles of the facility.

Proposed Back-Up Pharmacies

Correct Rx is providing three proposed back-up pharmacies for the GDC facilities: primary, alternate, and 24 hour pharmacy. The GDC facilities are not restricted to one pharmacy but can utilize any pharmacy to locate the needed medication. If any GDC facility would prefer to work with a pharmacy they are already utilizing that is not on Attachment R Facilities Matrix, Correct Rx will make those arrangements before implementation.

- **Who are the PBMs used by Correct Rx and which one is responsible for contracting with local pharmacies?**

Since the submission of our response to the GDC, Correct Rx has consolidated our emergency pharmacy services to only one partner, InMedRx, A Care Services Company. InMedRx was founded to support the emergency and after-hours pharmacy needs of institutional pharmacies, health care providers, correctional facilities, juvenile detention facilities and behavioral health services. After several years of serving this niche, additional service offerings to support re-entry and release programs were developed in response to challenges faced by facilities.

InMedRx, through their pharmacy network of more than 70,000 retail pharmacy contracts, has supported Correct Rx by providing first-class PBM services since 2012. Because pharmacy adjudication and delivery services are provided by a single company, they are able to provide combined reporting and invoicing to further streamline administration and aid in program analysis.

Q9. In the Mandatory Scored Questions, Section 6. Inventory management, GDC states the “Supplier shall provide a concise overview of its proposed approach to inventory management in accordance with meeting the minimum basic requirements (B1 through B4 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following:

- Inventory management practices to ensure adequate medication stocks while avoiding medication waste (e.g., electronic or automated systems, just-in-time approach, credits or reallocation for unused, expired, or returned medications, etc.)

Correct Rx states “Our web based program may also be used to initiate medication refills simply by scanning the refill barcodes and then hitting submit.”

Does Correct Rx have capabilities to push refill requests to facilities instead of facilities scanning a barcode? What other processes and safeguards are in place to avoid a missed dose for an offender?

Supplier’s Clarification Response:

Yes, Correct Rx has the capability to push refill requests to facilities instead of facilities scanning a barcode.

Yes, native to the eMar application is an Audit Report. This report specifically shows missed doses when they meet the following requirement: Non-administered doses within a chosen date range (excluding orders posted with reason codes).

Q10. In the Mandatory Scored Questions, Section 6. Inventory management, GDC states the “Supplier shall provide a concise overview of its proposed approach to inventory management in accordance with meeting the minimum basic requirements (B1 through B4 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following:

- Inventory management practices to ensure adequate medication stocks while avoiding medication waste (e.g., electronic or automated systems, just-in-time approach, credits or reallocation for unused, expired, or returned medications, etc.)

Correct Rx references several processes that leverage the barcode scanner in response to this section.

Can barcodes be used to track medication administration during pill calls (i.e., eMAR)?

Supplier’s Clarification Response:

Yes, barcode scanners can be used to track medication administrations during pill call.

Q11. In the Mandatory Scored Questions, Section 6. Inventory management, GDC states the “Supplier shall provide a concise overview of its proposed approach to inventory management in accordance with meeting the minimum basic requirements (B1 through B4 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following:

- Inventory management practices to ensure adequate medication stocks while avoiding medication waste (e.g., electronic or automated systems, just-in-time approach, credits or reallocation for unused, expired, or returned medications, etc.)

Correct Rx states “Correct Rx will maintain a separate inventory management system for the ASMP to ensure continuity of operations to support inpatient and outpatient care for ASMP. The inventory management system is similar to those seen in hospital pharmacies and supported by Correct Rx’s wholesaler, Amerisource Bergen. ASMP will have a direct account to Amerisource to manage the inventory of medications using barcode scanning technology.”

Correct Rx was the only vendor to propose ASMP to have an inventory management system with a wholesaler, which GDC believes could increase administrative complexity. GDC would prefer to consider an alternative model that could address ASMP's medication needs with direct management from CorrectRx. How would this impact Correct Rx's technical approach and associated pricing?

In addition, Correct Rx did not propose an inventory management system for the Georgia State Prison Mobile Unit while other vendors did. What type of model does Correct Rx propose for the Georgia State Prison Mobile Surgical Unit, and where is that coverage included in the cost proposal?

Supplier's Clarification Response:

Thank you for this clarification question.

After further discussions with our software vendor Correct Rx is able to supply a unified inventory management system for ASMP and the Georgia State Prison Mobile Unit utilizing Correct Rx's operating system CIPS.

CIPS contains an inventory management feature to track medication units to reduce unnecessary costs and optimize inventory cycles. Correct Rx's inventory model will address inventory par levels, cycle counts, First-In and First-Out, management of high-cost and high-risk medications on a unit basis, just-in time inventory levels and reduction of dead stock.

Correct Rx's on-site pharmacists along with corporate staff will perform a full physical inventory for ASMP and the Georgia State Prison Mobile Unit quarterly to verify the perpetual inventory maintained by CIPS.

There is no additional cost to GDC for Correct Rx's inventory management system. All costs associated with this process are accounted for in our pricing proposal under packaging and dispensing of medication.

Q12. In the Mandatory Scored Questions, Section 6. Inventory management, GDC states the "Supplier shall provide a concise overview of its proposed approach to inventory management in accordance with meeting the minimum basic requirements (B1 through B4 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following:

- Inventory management practices to ensure adequate medication stocks while avoiding medication waste (e.g., electronic or automated systems, just-in-time approach, credits or reallocation for unused, expired, or returned medications, etc.

Correct Rx states "Correct Rx, in accordance with State and Federal Law, provides a method for the return of pharmacy medications."

For drug returns:

- **Can Correct Rx provide an example of how labeling meets state/federal requirements for returns (i.e., unit dose packaging)?**
- **Please clarify if packaging (in addition to the medication) are returnable. If yes, how does returned packaging impact the PIPM service costs rates listed in the Services Cost tab of the Cost Proposal Worksheet?**
- **What is the proposed process for medication returns at ASMP?**
- **Will GDC receive full credit for the price of all medications returned?**

Supplier's Clarification Response:

For drug returns:

- **Can Correct Rx provide an example of how labeling meets state/federal requirements for returns (i.e., unit dose packaging)?**

The labeling and packaging of the prescription drugs are requirements for dispensing medications rather than requirements for accepting returns. The labeling on the blister card which is considered Unit Dose Packaging under Georgia Law must be accurate, have not been altered, defaced, or tampered with, and include the identity, strength, expiration date, and lot number of the prescription drug.

It is important to note that providing credit to the GDC is not tied to Correct Rx's ability to reuse returned medications. Correct Rx will accept returns and will provide credit to GDC in accordance with our credit policy even if they are not able to be reused. Medications that cannot be reused are disposed of through our medical waste vendor.

This cost of medication waste is calculated and reflected in our pricing.

- **Please clarify if packaging (in addition to the medication) are returnable. If yes, how does returned packaging impact the PIPM service costs rates listed in the Services Cost tab of the Cost Proposal Worksheet?**

Both the packaging and medication are returnable to Correct Rx. Correct Rx assumes the costs of the return (shipping, handling, etc.) and the cost of destruction. These costs are incorporated and reflected in our PIPM service costs proposal.

Returned packaging does not further impact our PIPM.

- **What is the proposed process for medication returns at ASMP?**

Medications returns at ASMP would be processed by utilizing a barcode scanner to scan the items into the pharmacy operating system (CIPS). When returns are being processed, there is an option to select either "Return to Stock" or "Destroy" for each return. Pharmacy staff processing returns would select the appropriate option for each return being processed. This will then update the perpetual inventory for that drug.

We can utilize the full inventory control functionality in the pharmacy operating system (CIPS) by recording each receipt of a drug, each dispensing, and any returns that are returned to stock. We will then validate the balance by taking periodic physical inventories four times per year.

- **Will GDC receive full credit for the price of all medications returned?**

Correct Rx will provide 100% credit at Correct Rx's invoice acquisition cost for the return of full and partial cards of unused solid medications with a value greater than \$2.00. Credit will be issued for medications meeting the following criteria:

- The prescription medication did not leave the control of the licensed healthcare member responsible for the security and handling of that prescription and the drug did not come into the physical possession of the individual for whom it was prescribed;
- The labeling and packaging of the prescription drug are accurate, have not been altered, defaced, or tampered with, and include the identity, strength, expiration date, and lot number of the prescription drug;
- The medication has more than 90 days remaining before its expiration date
- The prescription medication was dispensed in unit dose packaging or original manufacturer's packaging;
- The prescription medication is not a controlled substance, expired, damaged, deteriorated or contaminated;
- DEA controlled substances by law may not be returned to Correct Rx. Controlled substances are destroyed onsite per state regulations or removed via an authorized reverse distributor.
- Specialty drugs, biologicals, refrigerated items and medications for which efficacy requires un-breached original manufacturers packaging are not eligible for credit.

Q13. In the Mandatory Scored Questions, Section 10. Pharmacist Availability, GDC states the "Supplier shall provide a concise overview of its proposed approach to pharmacy advisory services for GDC, in accordance with meeting the minimum basic requirements (D1 through D6 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following

- Provision and availability of pharmacist support and expertise, including pharmacist qualifications, hours of availability for emergency and non-emergency requests, response times, and issue resolution times.

In the Mandatory Scored Questions, Correct Rx states "Our medication management system is called 360° Optimal Care, powered by Correct Rx. This unique Correct Rx clinical program incorporates a sophisticated clinical decision matrix delivered within complex correctional systems, like GDC." In addition, Correct Rx states "Correct Rx's Clinical Initiatives are centered on 360° Optimal Care and therapeutic goals"

What is 360° Optimal Care and how does it differ from the identified clinical pharmacy services identified in the Mandatory Scored Questions (pages 139-149) and the HIV therapeutic interchange (in the Cost Incentives Proposal)?

Supplier's Clarification Response:

360 Optimal Care powered by Correct Rx is our **proprietary brand** for our advanced clinical pharmacy programs. This all-inclusive system includes every part of Correct Rx's clinical pharmacy plans, algorithms and medication decision resources to achieve improved patient outcomes in correctional healthcare. 360 Optimal Care is the overarching umbrella that houses all of the clinical programs that we described in the Mandatory Sections and the HIV therapeutic interchange proposal. It is not different from what we described but actually more wide-ranging as it is designed to improve care while reducing overall healthcare costs with the backing of our entire clinical department.

360 Optimal Care includes but is not limited to these specific services:

- A. Targeted Disease State Management
- B. Pharmaceutical Care Maps for High Acuity Patients
- C. Comprehensive Medication Reviews for Transitions of Care: Medication Reconciliation
- D. Collaborative Practice Agreements for Drug Optimization
(Includes HIV Therapeutic Interchange)
- E. Comprehensive Therapeutic Practice Guideline Development for GDC

There are four process components to Correct Rx's 360 Optimal Care:

1. Clinical pharmacists specifically credentialed and trained to provide comprehensive clinical services in correctional healthcare: Post-graduate residency training, Experience in Direct Patient Care, National Clinical Board Certification BCPS, and Certification as a Correctional Health Professional.
2. Use of GDC's Pharmacy and Therapeutic Committee as the forum to develop, plan and implement actions to assure safe and cost-effective use of medications within the GDC healthcare system.
3. Foster effective clinical relationships with prescribers and provide continuous education in GDC.
4. Documentation and accountability for every intervention. Delivering ethical clinical pharmacy services while adhering to the regulatory requirements that are ever present in correctional healthcare.

Correct Rx has spent the last 18 years investing in and refining our clinical department. This investment has resulted in Correct Rx being recognized throughout the correctional industry as leaders in clinical pharmacy programs.

Q14. In the Mandatory Scored Questions, Section 10. Pharmacist Availability, GDC states the "Supplier shall provide a concise overview of its proposed approach to pharmacy advisory services for GDC, in accordance with meeting the minimum basic requirements (D1 through D6 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following

- Provision and availability of pharmacist support and expertise, including pharmacist qualifications, hours of availability for emergency and non-emergency requests, response times, and issue resolution times.

In the Mandatory Scored Questions, Correct Rx states:

"The following clinical pharmacy services will have substantial value to GDC and is recommend in this contract:

- Targeted Disease State Management
 - Chronic Diseases
 - Mental Illness
- Pharmaceutical Care Maps for High Acuity Patients
 - HIV
 - Hepatitis C
 - Aging Long-term Care Patents
 - Hospice Care in Prisons
- Comprehensive Medication Reviews for Transitions of Care: Medication Reconciliation

- Collaborative Practice Agreements for Drug Optimization
- Comprehensive Therapeutic Practice Guideline Development"

In the Cost Incentive Response, Correct Rx states, "Correct Rx is offering to implement two comprehensive clinical pharmacy initiatives to address increasing costs of care associated with the treatment of HIV and inflammatory conditions such as Crohn's Disease."

For the disease management programs:

- **Can Correct Rx share the comprehensive list of included diseases in its disease management programs for GDC?**
- **What are the benefits of each program?**
- **Are these programs included in the Cost Proposal?**
- **Will any of the programs listed above be billed at an extra cost to GDC?**

Supplier's Clarification Response:

- **Can Correct Rx share the comprehensive list of included diseases in its disease management programs for GDC?**

Comprehensive Disease State Management

Correct Rx proposed a suite of clinical pharmacy services to GDC based on our expertise providing similar programs in other large contracts. As part of this offering, we listed a number of chronic health conditions where we have proven that clinical pharmacist interventions improve overall care. The targeted disease states offered were generalized as chronic disease that include the following conditions:

- HIV
 - HCV
 - Diabetes
 - Anticoagulation
 - Coronary Artery Disease
 - Chronic Heart Failure/Arrhythmia
 - Asthma/COPD
 - Inflammatory Disorders
 - Mental Health Disorders
- **What are the benefits of each program?**

The outcome measures for these disease states are based on clinical improvement, improved health care quality and lower utilization of offsite care. These particular disease states were chosen as part of our comprehensive offering because they are associated with high utilization of healthcare resources and costs. Through proper medication management, GDC will benefit from a healthier patient population and lower overall healthcare costs.

Clinical Offerings with Specific Performance Metrics

In addition to general disease state management, Correct Rx proposed to implement specific clinical programs with performance metrics, similar to the system used by the Center for Medicare/Medicaid Services (CMS) for Pharmacy Quality Star Ratings.

The following examples are specific clinical pharmacy programs with corresponding metrics that Correct Rx is proposing:

- **Geriatric Metric:** Perform comprehensive medication reviews (CMR) for patients age greater than 65 years of age to identify drug related problems and use of medications outweigh the risk of harm. Goal is at a minimum 98% of this patient group will receive a CMR.
- **HbA1c Metric:** Robust GDOC diabetes program to manage uncontrolled disease as measured by HbA1c. Goal is a minimum of 60% of diabetics will have HbA1c less than 8.
- **Anticoagulation Metric:** Patients requiring anticoagulation treatment will be in the therapeutic range equal or better than 60% of patient days on warfarin.
- **Are these programs included in the Cost Proposal?**

Yes, Correct Rx's disease state management offerings are included in the Cost Proposal.

- **Will any of the programs listed above be billed at an extra cost to GDC?**

No Extra Cost to GDC

There is no additional costs for our disease state management offering. All of Correct Rx's clinical pharmacy services are provided by the dedicated three onsite clinical pharmacists for GDC who will be strategically located throughout the state.

The significance for GDC is to achieve higher healthcare scores in pharmacy quality benchmarks compared to managed care organizations, CMS and Accountable Care Organizations. The secondary result is measurable and reproducible reductions in healthcare and medication costs.

Q15. In the Mandatory Scored Questions, Section 10. Pharmacist Availability, GDC states the "Supplier shall provide a concise overview of its proposed approach to pharmacy advisory services for GDC, in accordance with meeting the minimum basic requirements (D1 through D6 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following

- Provision and availability of pharmacist support and expertise, including pharmacist qualifications, hours of availability for emergency and non-emergency requests, response times, and issue resolution times.

In the Mandatory Score Questions, Section 10. Pharmacists Availability, Correct Rx states "Correct Rx will provide any necessary training for GDC. Training is an essential component of all levels of pharmacy service. Training and continuing education is the way we ensure our partners understand the best way to utilize our services, be educated on the proper policies and procedures and current with changing best practices"

How will Correct Rx train and notify prescribers on formulary changes?

Supplier's Clarification Response:

All formulary and medication related decisions, policies and procedures are made by the GDC Statewide Pharmacy and Therapeutics Committee Meeting. Correct Rx implements formulary changes through an established system of communication and training down to the prescriber level, which is a multi-level process. The steps are outlined below:

- Correct Rx will distribute any changes by electronic and hard formulary updates to each location where patients are seen.
- Correct Rx maintains a list of prescriber emails in our Client Relations Management (CRM) system, Salesforce. The CRM sends automated email notifications regarding formulary changes, medication warnings, and medication recalls to all prescribers on our list. The notifications can be scheduled for daily, weekly, or monthly distribution. The message also contains clinical pearls and step-by-step direction regarding how to implement the formulary change.
- Correct Rx routinely runs drug utilization reports to identify prescribers that have not adopted the formulary changes.
- These prescribers will receive one-on-one training and education by one of three clinical pharmacists.
- Our software system provides alerts if a prescriber tries to order a medication that has been changed from formulary to non-formulary.
- Correct Rx's pharmacists make personal phone calls to the facility medical staff and prescribers when necessary to inform them of formulary changes.
- The packing slip included with all medication deliveries notes if a medication was not sent because it is now non-formulary. The staff will be trained to notify the prescriber if a non-formulary authorization is needed.

All of these efforts will be utilized to ensure that everyone is informed of any formulary changes.

Q16. In the Mandatory Scored Questions, Section 17. Administrations and Reporting, GDC states the "Supplier shall provide a concise overview of its proposed approach to administration for GDC, in accordance with meeting the minimum basic requirements (F1 through F5 of Attachment B – Scope of Services)."

In the Mandatory Score Questions, Section 10. Pharmacists Availability, Correct Rx states "Our reporting format provides immediate feedback at the specific site level, a summative narrative component that facilitates administrative monitoring and a CQI component that tracks the progress of corrective action as needed."

Can invoicing and reporting be provided at an aggregate GDC level in addition to the facility level?

Supplier's Clarification Response:

Yes, Correct Rx has the capability to delineate detail billing information as well as summary billing information at the facility level, the regional level and/or an aggregate GDC level. Our invoices show the complete detail prescription number, inmate, date, drug, prescriber and cost.

We generate all of our invoices and reports in Microsoft Excel format. This allows us the flexibility to format and break down all of our data at whatever level GDC prefers. Additionally, since we will send those invoices and reports to GDC in Excel format, GDC's analysts can then re-sort, pivot table, and filter all of that data to quickly determine whatever information your managers need. This formatting and data presentation provides total transparency to GDC on where and how your pharmacy dollars are being spent.

Q17. In the Mandatory Scored Questions, Section 17. Administrations and Reporting, GDC states the "Supplier shall provide a concise overview of its proposed approach to administration for GDC, in accordance with meeting the minimum basic requirements (F1 through F5 of Attachment B – Scope of Services)."

In the Mandatory Scored Questions, Section 10. Pharmacists Availability, in reference to the Comprehensive Audit Tool, Correct Rx states "This multi-level approach provides a valuable tool for GDC and the healthcare team to ensure patient safety, employee accountability, institutional security and regulatory compliance."

What reporting is available to maintain regulatory / compliance standards (in addition to the controlled substance reporting referenced on page 151)?

Supplier's Clarification Response:

Correct Rx provides routine medication room audits for all facilities. Correct Rx utilizes inspection sheet that adheres to NCCHC, ACA, JC, DOJ and requirements from State Boards of Pharmacy. The use of the inspection sheet standardizes the condition of the medication rooms for the facilities. The inspection sheet addresses Medication Storage, Controlled Substances, Emergency Medication Box, Medications and Labels, and Medication Administration and Orders. By working collaboratively and cooperatively with administration, the respective healthcare teams and key nursing staff, Correct Rx provides clear and consistent feedback regarding regulatory compliance and meeting performance standards.

Facility Level Audit Results

The scored results of the routine medication room audits are reviewed with the appropriate members of the facility healthcare staff. A copy of the written report is provided to all designated personnel. Recommendations and Corrective Action are documented and followed for compliance. Our reporting format provides immediate feedback at the specific site level, a summative narrative component that facilitates administrative monitoring and a CQI component that tracks the progress of corrective action as needed. This multi-level approach provides a valuable tool for the facility to ensure patient safety, employee accountability, institutional security and regulatory compliance.

Systems Level Audit Results

The scored results of the routine medication room audits are also available as reports for regional and total system levels. Managers responsible for regions or the entire system can gain insight into pharmacy audit scores at various levels of visibility (facility→region→system).

Q18. In the Mandatory Scored Questions, Section 17. Administrations and Reporting, GDC states the "Supplier shall provide a concise overview of its proposed approach to administration for GDC, in accordance with meeting the minimum basic requirements (F1 through F5 of Attachment B – Scope of Services)."

In the Mandatory Scored Questions, Section 17: Administration and Reporting, Correct Rx lists additional reports available to GDC (page 209-211).

What type(s) of variance reporting is available (i.e., fields, sub-segments, frequency, etc.)?

Supplier's Clarification Response:

Variance Reporting

As described in our response, Correct Rx provides comprehensive reporting based upon our 17 years of experience and in coordination and consultation with our clients. Utilizing key metrics to assist our healthcare partners and the GDC to manage patient outcomes and cost is a fundamental service that we provide. This includes providing variance reports that alert the GDC of significant changes month to month or even more gradual trends over time. We work with you to customize these reports based upon GDC's needs. We will develop or program new reporting within our operating system upon specific requests from GDC. Correct Rx routinely provides monthly variance reports by facility on a monthly basis as identified below:

Field	Sub-segment	Frequency
Medication Cost	Total Medication Cost	Monthly
	Non-Form Med Cost	Monthly
	HIV Cost	Monthly
	Hepatitis C Cost	Monthly
	Psychotropic Cost	Monthly
	Backup Pharmacy Cost	Monthly
	Credits Returned	Monthly
Number of Fills	Total Fills	Monthly
	Non-Form Med Fills	Monthly
	HIV Fills	Monthly
	Hepatitis C Med Fills	Monthly
	Psychotropic Fills	Monthly
Number of Patients	Total Patients on Meds	Monthly
	Patients on Non-Form Med	Monthly
	Patients on HIV	Monthly
	Patients on Hepatic C	Monthly
	Patients on Psychotropic	Monthly
\$PPPM	Total Cost per Prisoner per Month	Monthly
	Cost per Non-Form Med Patient	Monthly
	Cost per HIV Patient	Monthly
	Cost per Hepatitis C Patient	Monthly
	Cost per Psychotropic Patient	Monthly
Discrepancy/Med Error	Total Pharmacy Discrepancy	Monthly

Q19. In the Mandatory Scored Questions, Section 13. IT Systems, GDC states the “Supplier shall provide a comprehensive overview of its proposed approach to IT systems for GDC (e.g., core systems, processes and network environment), in accordance with meeting the minimum basic requirements (E1 through E17 of Attachment B – Scope of Services). This overview should include, but is not limited to the following:

- A. Recommended end-user solution (e.g., personal computers, thin clients, laptops, tablets, mobile devices, scanners, printers) and rationale for selection of these devices, including mobile enablement (if applicable)
- B. Description of end-user workflows and optional workflows enabled by the solution (if applicable), including system loading and processing times
- C. Operations in online/offline environments, including support of CPOE and eMAR and approach to minimize downtime per year
- D. Operations in a paper-based medical record system, including support of CPOE and eMAR
- E. Establishing interface capabilities with any future Electronic Health Record (EHR), including names of EHRs that are compatible with the supplier's proposed pharmacy management systems (e.g., eMAR, CPOE)
- F. Procedures and protocols for recovery and compulsory downtime for software upgrades and or disruptions in service or connectivity
- G. Customer service and support to resolve IT issues with the systems and expected service levels
- H. Project management plan and schedule for implementation and testing
- I. RACI chart showing Supplier's assumptions

In the Mandatory Scored Questions, Section 13: IT Systems, Correct Rx states “Since Correct Rx is recommending GDC host the proposed software solutions, uptime performance, software/hardware maintenance, and disaster recovery are the responsibility of the State. Should GDC prefer Correct Rx to provide hosting services, we will strive for 24/7/365 availability with an average uptime of 99.8%, which we have achieved in the preceding 12 months. Any planned downtime due to system upgrades or routine maintenance will be coordinated with GDC and approved at least five (5) business days in advance.”

GDC is interested in the possibility of Correct Rx hosting the proposed software solutions and providing applications maintenance. Please describe in detail the environment of a vendor hosted and maintained system to include but not limited to:

- Will you be able to support AD and Okta integration? Please describe expected size and growth.
- Describe in detail your firewall and security solution.
- Describe in detail your emergency operations and downtime operations. Please include your typical response plan.
- Describe in detail you SLA model for response.

If Correct Rx provides hosting services, what uptime will Correct Rx guarantee to GDC? Please show in the Service Costs tab of the Supplemental Cost Proposal Worksheet how Correct Rx providing the hosting services will impact IT costs.

In the event that it is determined that it is in GDC's best interest to host the proposed software solutions and provide applications maintenance, can all proposed solutions support n-1 windows operating system on servers? Please provide size of average network calls per type of transaction.

Supplier's Clarification Response:

There are three possible solutions for the hosting available to GDC.

1. Correct Rx proposed and continues to advocate that GDC provide the hosting. This is the most cost efficient and offers the greatest control to GDC.

2. Correct Rx provides hosting for all of our clients; the specifications required in the RFP are beyond those that our hosting environment supports. Should GDC considering relaxing the data center requirements, Correct Rx could provide the hosting at no cost.
3. To satisfy the request of the GDC for Correct Rx to host adhering to the specifications outlined in the RFP would require having Fusion provide the hosting solution in addition to pharmacy software, order entry and electronic medication administration records. The cost for hosting in an environment that meets the RFP requirements is quite high and would add significant annual recurring direct expenses to the cost of this contract. The cost for hosting in a data center is not included in our proposal and if it were it would require an increase in our proposed PIPM.

Listed below is a description of the requested Correct Rx hosting solution utilizing Fusion that meets all of the GDC RFP criteria.

- Yes, the proposed pharmacy suite of solutions offer Active Directory integration.
- Our data centers are SSAE-18 audited. We are also ISO 27001 certified using AES-256 standard data centers with 256-bit SSL document transmission. Fusion's data centers are audited annually and are consistently meeting and exceeding data center security standards for healthcare. In addition, Fusion utilizes Rapid7 and SolarWinds to monitor system activity and prevent and detect intrusion, hacking, unusual activity, or system compromise. Rapid 7 allows for enhanced security incident reporting and mitigation mechanisms.

When hosting with Fusion, customers have access to state-of-the-art data centers providing the following benefits and services:

Hosting Facilities

- Redundant power supply with UPS systems providing instantaneous failover
- Redundant on-site diesel generators
- Redundant HVAC systems for temperature-control
- Raised floor plenum to facilitate cable management and uniform cooling distribution
- Full monitoring and alerting on all electrical and mechanical system components

Network

- Redundant Gigabit geographically diverse internet connections ensure sustainable connectivity by utilizing multiple service providers
- WAN access also allows options for client systems to be hosted from multiple Fusion supported data centers

Privacy and Security

- Security officers on duty 24/7
- Monitored video surveillance throughout the facility
- Required photo ID security card
- Biometric scanners
- Dedicated firewall and VPN services to block unauthorized access

- Data protection with encrypted backup solutions
- Established policies and procedures that meet industry standards to support client's data protection requirements

Infrastructure and Support

- Scalable infrastructure and storage for hosting applications
 - Operating System management for industry standard vendors
 - Management of vendor relationships for critical issues and on-site support
 - On-site hardware support and remote problem diagnosis
 - Proactive system monitoring and ITIL processes for change control and incident management
 - 24/7 monitoring of infrastructure to ensure continuous service
- **Describe in detail your emergency operations and downtime operations. Please include your typical response plan.**

PLEASE SEE 1.8 Backup and Disaster Recovery and Schedule F Exhibit 1 for detailed emergency operations and downtime operations.

- To help us manage your support issues, Fusion's Support Services uses a three-tiered priority system to log application support service requests. To help manage technical support issues, clients are asked to identify the priority of the issue according to the following guidelines. Fusion encourages clients report Emergency and High issues by telephone because of the escalated response time.

Incident Level 3 – Immediate Initial Response

Contact Methods: Fusion Support Line & Fusion Help Desk Portal (24x7)

1. Software will not launch for all users or load for all users and the user has the appropriate security permissions to access the applications.
 2. An incident where patient care may be affected that was triaged by facility superusers and/or IT.
- * For fastest resolution, it is recommended that the client open a helpdesk ticket with the appropriate issue type as well as a call to our support line.*

Incident Level 2 – Immediate to 12-hour initial response

Contact Method: Fusion Help Desk Portal (24x7)

1. Interface related issues such as demographics not importing or pharmacy message errors.
2. Defects relating to content.
3. Component of the system not functioning as designed.

Incident Level 1– Immediate to 24 business hour response.

Contact Method: Fusion Help Desk Portal (24x7)

1. Functionality questions.
2. Clinical content or report enhancements.
3. Component of the system not functioning as expected.

Q20. In the Mandatory Scored Questions, Section 2. Order Processing, GDC states the “Supplier shall provide a comprehensive overview of its proposed approach to pharmacy order processing from all facilities, including process to receive prescription orders from offline facilities that do not have electronic access and from multiple prescribers within and outside of GDC's facilities. “

In the Mandatory Scored Questions, Section 2. Order Processing, Correct Rx states “Our ePrescribing system allows users to enter orders directly into the Correct Rx database via a secure Remote Desktop connection. Remote Desktop software is a standard on computers, thus eliminating the need to load additional software on computers.”

GDC does not currently use RDP in our GETS environment as we see it as a security concern. Can you use Citrix or another secure solution or web app for connectivity? Please show in the Service Costs tab of the Supplemental Cost Proposal Worksheet how Correct Rx providing an alternative solution will impact IT costs.

Supplier's Clarification Response:

Yes, our ePrescribing system can be accessed via a browser utilizing a SSL VPN connection thus creating a secure encrypted channel. This can be achieved at no additional cost. Additionally, GDC can utilize Citrix Virtual Apps Service. However, this would incur additional annual recurring direct costs of approximately \$180,000 per year. The cost for utilizing Citrix is not included in our proposal.

Q21. In the Mandatory Scored Questions, Section 2. Order Processing, GDC states the “Supplier shall provide a comprehensive overview of its proposed approach to pharmacy order processing from all facilities, including process to receive prescription orders from offline facilities that do not have electronic access and from multiple prescribers within and outside of GDC's facilities. “

In the Mandatory Scored Questions, Section 2. Order Processing, Correct Rx states

“While most facilities are using electronic health records, there are still some facilities that rely upon paper systems. Additionally, all facilities should be prepared with a backup system in the event that there is an electronic system failure forcing the need to use an alternative ordering method. Correct Rx offers a tried and true fax and fill system to receive orders. We will furnish each facility serviced with a complete set of customized forms specifically designed to meet all pharmacy service and ordering needs. Once the forms are completed they are simply faxed to Correct Rx via our toll-free fax line.

Toll Free Fax and Phone Lines

Correct Rx provides toll-free numbers for fax and phone communications that you will be able to use to transmit medication orders at no additional cost.

Fax Server – No Busy Signals

For all faxed communications sent from the facility, Correct Rx uses a high speed fax server which allows for the electronic imaging of all orders and no busy signals. Upon receipt at Correct Rx, our fax server automatically transmits a verification receipt that the fax has been received. This verification is sent to the transmitting fax machine. This removes the need for the sender to call the pharmacy to inquire if the order has been received.”

With damage at the last mile, phone or fax lines are often the first to go out. Can Correct Rx offer a detailed alternative solution to order entry in an environment where facility internet, phone and fax communications are not operational?

Supplier's Clarification Response:

"Damage in the last mile" whether from a facility or to our pharmacy presents unique challenges in a remote central fill model in an electronic environment. By way of context, Correct Rx has never had an interruption of service that has lasted more than a few hours nor have any of our client facilities. This is not to say that systems have not encountered IT challenges, but we have been fortunate to avoid protracted service interruptions. Our location in the Baltimore Washington International Corridor is quite helpful. Home to the region's largest data centers, defense contractors and an international airport has aided in the stability of our infrastructure, but incidents can occur and we have done our best to put into place effective back-up plans. It is our hope that the Disaster Recovery, Business Interruption, COOP and PEP plans have provided the selection committee with a degree of confidence that Correct Rx has accounted for the most significant potential interruptions in service. All of our systems have back-ups in place.

Emergency Interim Supplies

Each facility will be equipped with an Interim Supply of Emergency Medications that are kept on hand for the exact purpose of administration of medication to a patient prior to the facility ordering and receiving the patient specific order. With a disruption to IT services your facilities will still have sufficient medication for emergency medications and patients will still have their previously provided chronic medications. The challenge is the receipt of new orders for existing or new patients. Those that are urgent have the potential of needing administration prior to resumption of services. Each facilities supply of Emergency Medications will help bridge this gap, but this is not the only solution.

On-Site Pharmacy

ASMP will remain open, operational and staffed by pharmacists who can take orders verbally or in writing. Urgent medications that need to be dispensed during an IT disruption can be filled and delivered from this location for an interim period of time.

In-State Employees

Correct Rx has submitted with its response a robust staffing plan of contract and clinical managers in addition to dedicated clinical pharmacists deployed throughout the State. This staff can physically collect orders from facilities and they can independently transmit those orders to our pharmacy for receipt, dispensing and delivery back to the facilities.

Network of Local Back-Up Pharmacies

Correct Rx has identified numerous local community pharmacies in close proximity to each facility to act as their local back-up to receive emergency prescriptions when they are necessary prior to receipt of their order from Correct Rx. This same network can be utilized to fill orders in the event of an IT disruption as well. It is common in the retail environment to receive orders on paper or verbally.

Correct Rx Multiple Systems

Correct Rx has an array of electronic and traditional systems to receive orders from internet to land based hard telephone lines to a VOIP system to interfaces and cell phones that allow us to receive orders. In the rare event of a failure, a partial failure for significantly more likely than a complete failure across all systems. Often services from interrupted systems are able to be moved to those that remain online.

Correct Rx Cell Phone and Mobile Hotspot Networks

Even in the event of no telephone or internet we could continue to receive and process orders from cell phones and transmit written orders digitally using MIFI mobile network hotspots.

Correct Rx wants to assure the GDC that in the event of an IT disruption the full resources of Correct Rx and our IT partner Fusion to assist the facilities to transmit orders and the GDC to recover services during the length of the disruption. We will quickly activate our disaster plans and keep the GDC fully informed throughout the course of recovery.

Q22. In the Mandatory Scored Questions, Section 16. IT Implementation and Migration, GDC states the "Supplier shall provide a comprehensive overview of its proposed approach to IT implementation and migration for GDC, in accordance with meeting the minimum basic requirements (E1 through E17 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following:

- o Implementation of the supplier's proposed pharmacy management system and migration of any existing data into the new system, including timeline and user training."

In the Mandatory Scored Questions, Section 16. IT Implementation and Migration, Correct Rx states "The RxPRO migration has been carefully incorporated into the project scope and timeline. Our team has extensive experience in roll-over implementations, keeping legacy systems alive and running, while scripts port over information from the legacy system(s) into the solution.

Please define your expectations for data migration from Rx Pro.

Supplier's Clarification Response:

Correct Rx expects cooperation from EBS and RxPro for data migration. Transition plans, including data migration are standard throughout the industry and routinely occur between companies in correctional healthcare. Correct Rx will provide a list of required data elements and format for importing script profiles into CIPS. As long as the required data is provided by GDC and/or RxPro, our developers/analysts will complete a test conversion for review by the pharmacy to confirm the data integrity. Then a final conversion of data would occur the night or weekend before go-live when a new data export is provided from Rx Pro.

We follow a five-step process which ensures data is captured and transferred fully, without errors or loss of information. These steps are detailed below:





 Signature of Authorized Representative

November 20, 2020

 Date

Ellen H. Yankellow, PharmD, President and CEO

 Name and Title

November 20, 2020



Cost Incentive Response - Revised

November 20, 2020



November 20, 2020









Attachment 3: Contractor's Final Response

Pharmacy Services Evaluated Cost Summary											
The costs on this worksheet will be automatically calculated using the information entered on the other worksheets. It is the Supplier's responsibility to ensure that costs on this sheet reflects the full Proposal cost. Instructions: Do not edit any cells on this											
Fiscal Year	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30	Total Costs (10 Year)
Contract Line Item Number (CLIN)											
CLIN 1 - Materials	\$32,491,794	\$32,491,794	\$32,491,794	\$32,491,794	\$32,491,794	\$32,491,794	\$32,491,794	\$32,491,794	\$32,491,794	\$32,491,794	\$324,917,938
CLIN 1 - Services	\$3,855,600	\$3,729,600	\$3,729,600	\$3,729,600	\$3,729,600	\$3,729,600	\$3,729,600	\$3,729,600	\$3,729,600	\$3,729,600	\$37,422,000
One-time costs											
Implementation costs	\$500,000	-	-	-	-						-
Close-out costs	-	-	-	-	-						\$0
	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30	Evaluated Costs (10 Year)
	\$36,847,393.83	\$36,221,393.83	\$36,221,393.83	\$36,221,393.83	\$36,221,393.83	\$36,221,393.83	\$36,221,393.83	\$36,221,393.83	\$36,221,393.83	\$36,221,393.83	\$362,339,938.33

Crosswalk of Original to Revised Materials Costs

Total Original Materials Cost	43,147,994	
Impact of HIV Disease Management	(9,301,980)	Lines noted as HIV Inter, Wghted Ave 340(B) and Non
Substitute Semglee for Levemir and Lantus	(587,576)	Lines noted as Semglee in Source of Discounted Pricing
Substitute Retacrit 40000 UN/ML 4x1	(750,241)	Lines noted as Retacrit 40000 UN/ML
Minor Pricing Adj.	(16,403)	
Adjusted Pricing	32,491,794	

Attachment 3: Contractor's Final Response

Provided by GDC			Requested from supplier		Estimated costs per year
Generic Name	NDC	Total Quantity Purchased (by package, June '19 to May '20)	Offer price to GDC	Explanation for price adjustment from initial price	
ABACAV/DOLUTEGRAV/LAMIVUD	49702023113	509	1,821.10	Wghted Avg 340(B) & Non	\$ 926,940.93
ABACAVIR	65862007360	56	74.51		\$ 4,172.56
abacavir sulfate/lamivudine	35573040230	19	92.38	Wghted Avg 340(B) & Non	\$ 1,755.22
abacavir sulfate/lamivudine	66993048230	17	92.38	Wghted Avg 340(B) & Non	\$ 1,570.46
abacavir sulfate/lamivudine	69097036202	7	92.38	Wghted Avg 340(B) & Non	\$ 646.66
ABACAVIR/LAMIVUDINE	68180028806	74	93.95	Wghted Avg 340(B) & Non	\$ 6,952.30
ABATACEPT	00003218811	10	4,641.62		\$ 46,416.20
ABATACEPT/MALTOSE	00003218713	3	1,175.57		\$ 3,526.71
ABIRATERONE ACETATE	57894015512	10	247.54		\$ 2,475.40
ABIRATERONE ACETATE	64679002101	2	247.54		\$ 495.08
ACETAMIN/ASA/CAFF	00904513559	4075	2.18		\$ 8,883.50
ACETAMINOPHEN	00536117201	11	1.03		\$ 11.36
ACETAMINOPHEN	00904671980	3451	9.10		\$ 31,404.10
ACETAMINOPHEN	00904673080	24	10.33		\$ 247.92
ACETAMINOPHEN	00904677361	2	0.91		\$ 1.82
ACETAMINOPHEN	43825010201	4	1,136.87		\$ 4,547.48
ACETAMINOPHEN	45802073030	4	2.21		\$ 8.83
ACETAMINOPHEN	50580057902	3	2.57		\$ 7.72
ACETAMINOPHEN	50580060002	135	9.10		\$ 1,228.50
ACETAMINOPHEN	51645070310	12	9.10		\$ 109.20
ACETAMINOPHEN	54838014480	1	2.73		\$ 2.73
ACETAMINOPHEN	57896010201	760	0.91		\$ 691.60
ACETAMINOPHEN	57896010210	34	9.10		\$ 309.40
ACETAMINOPHEN	58657052016	1	2.73		\$ 2.73
ACETAMINOPHEN/CODEINE	00093015001	69	7.72		\$ 532.68
ACETAMINOPHEN/CODEINE	00406048462	749	7.72		\$ 5,782.28
ACETAMINOPHEN/CODEINE	65162003311	1	77.20		\$ 77.20
ACETAMINOPHEN/CODEINE	71930005512	25	7.72		\$ 193.00
ACETAZOLAMIDE	00527105001	14	105.22		\$ 1,473.08
ACETAZOLAMIDE	00904666361	2	105.22		\$ 210.44
ACETAZOLAMIDE	23155028701	11	103.95		\$ 1,143.45
ACETAZOLAMIDE	23155028801	149	105.22		\$ 15,677.78
ACETAZOLAMIDE	50742023301	8	49.99		\$ 399.92
ACETAZOLAMIDE	51672402301	1	105.22		\$ 105.22
ACETAZOLAMIDE	64380083406	3	103.95		\$ 311.85

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ACETIC ACID	00264230400	10	64.00		\$ 640.00
ACETIC ACID	50383088915	29	19.99		\$ 579.71
ACETIC ACID	60432074116	20	19.99		\$ 399.80
ACIDOPHILUS	74312002610	1	5.48		\$ 5.48
ACIDOPHILUS/BIFIDOBACTERIUM	54629735401	9	5.84		\$ 52.56
ACTIVATED CHARCOAL	00574012108	2	17.51		\$ 35.02
ACYCLOVIR	00904579061	1	5.00		\$ 5.00
ACYCLOVIR	23155022901	2	6.95		\$ 13.90
ACYCLOVIR	31722077701	453	5.00		\$ 2,265.00
ACYCLOVIR	31722077705	65	25.00		\$ 1,625.00
ACYCLOVIR	31722077801	63	8.80		\$ 554.40
ACYCLOVIR	51407014501	14	99.87		\$ 1,398.13
ACYCLOVIR	61442011405	1	34.75		\$ 34.75
ACYCLOVIR	65162083594	2	19.47		\$ 38.94
ACYCLOVIR	68382079101	18	5.00		\$ 90.00
ACYCLOVIR	68382079205	2	44.00		\$ 88.00
ACYCLOVIR	75834012401	29	6.95		\$ 201.55
ADALIMUMAB	00074012403	5	16,670.97		\$ 83,354.85
ADALIMUMAB	00074024302	22	5,390.26		\$ 118,585.74
ADALIMUMAB	00074055402	21	5,390.26		\$ 113,195.48
ADALIMUMAB	00074379902	145	5,390.26		\$ 781,587.83
ADALIMUMAB	00074433902	12	5,390.26		\$ 64,683.13
ADALIMUMAB	00074433906	5	16,670.97		\$ 83,354.85
ADALIMUMAB	00074433907	29	10,780.54		\$ 312,635.69
ADHESIVE BANDAGE	08137004430	1	1.84		\$ 1.84
ADHESIVE BANDAGE	08137004848	1	1.84		\$ 1.84
ADHESIVE BANDAGE	08137005635	1	1.01		\$ 1.01
ADHESIVE TAPE	21200003551	1	2.66		\$ 2.66
ADHESIVE TAPE	25715060100	8	2.66		\$ 21.28
ALBENDAZOLE	31722093502	10	99.00		\$ 990.00
ALBUMIN HUMAN	00053768033	11	75.00		\$ 825.00
ALBUMIN HUMAN	76125079225	47	35.00		\$ 1,645.00
ALBUTEROL SULFATE	00093317431	32	34.17		\$ 1,093.44
ALBUTEROL SULFATE	00173068220	1	45.40		\$ 45.40
ALBUTEROL SULFATE	00173068224	16	20.74		\$ 331.84
ALBUTEROL SULFATE	00487950101	5	3.20		\$ 15.98
ALBUTEROL SULFATE	00487950103	59	3.20		\$ 188.51
ALBUTEROL SULFATE	00487950125	213	2.66		\$ 567.11
ALBUTEROL SULFATE	00487950160	30	6.39		\$ 191.70
ALBUTEROL SULFATE	45802008801	2	34.17		\$ 68.34
ALBUTEROL SULFATE	66993001968	2	67.00		\$ 134.00
ALBUTEROL SULFATE	69543029110	2	90.20		\$ 180.40
ALBUTEROL/IPRATROPIUM	00378967193	8	4.19		\$ 33.48
ALBUTEROL/IPRATROPIUM	69097017353	671	4.19		\$ 2,811.49
ALBUTEROL/IPRATROPIUM	69097017364	96	8.38		\$ 804.48
ALENDRONATE SODIUM	00115168008	2	77.19		\$ 154.38

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ALENDRONATE SODIUM	69097022416	172	4.09		\$	704.05
ALENDRONATE SODIUM	69097022476	3	12.28		\$	36.84
ALENDRONATE SODIUM	69543013112	1	12.28		\$	12.28
ALFUZOSIN HCL	47335095688	1	7.78		\$	7.78
ALFUZOSIN HCL	69097084407	1	7.78		\$	7.78
ALLOPURINOL	00591554310	17	49.99		\$	849.83
ALLOPURINOL	00591554405	12	45.00		\$	540.00
ALLOPURINOL	16729013401	5	5.00		\$	25.00
ALLOPURINOL	53489015610	7	49.99		\$	349.93
ALLOPURINOL	53489015710	8	90.00		\$	720.00
ALLOPURINOL	55111072901	14	5.00		\$	69.99
ALLOPURINOL	55111072910	9	49.99		\$	449.91
ALLOPURINOL	70710120901	91	5.00		\$	454.91
ALLOPURINOL	70710121001	31	9.00		\$	279.00
ALLOPURINOL	70710121005	11	45.00		\$	495.00
ALTEPLASE	50242004164	9	153.06		\$	1,377.54
AMANTADINE HCL	00591493001	69	9.01		\$	621.69
AMANTADINE HCL	00591493005	5	45.05		\$	225.25
AMANTADINE HCL	00832101500	17	9.01		\$	153.17
AMANTADINE HCL	23155036201	2	9.01		\$	18.02
AMANTADINE HCL	42543049301	18	9.01		\$	162.18
AMINO ACID 2.4%D6.8W/FAT/ELEC	63323071419	9	159.96		\$	1,439.64
AMINO ACID 4.25%/D10W/LYTES/CA	00338111504	5	199.56		\$	997.80
AMINO ACID 4.25%/D5W/LYTES/CA	00338111304	9	316.55		\$	2,848.92
AMINO ACID 5%/D20W/LYTES/CA	00338112504	1	319.89		\$	319.89
AMINOCAPROIC ACID	69680011530	2	560.05		\$	1,120.10
AMIODARONE HCL	00245014760	4	16.60		\$	66.40
AMIODARONE HCL	00904655661	1	10.91		\$	10.91
AMIODARONE HCL	51672402504	72	6.54		\$	471.14
AMIODARONE HCL	51862024160	4	6.55		\$	26.18
AMIODARONE HCL	65862073205	25	54.53		\$	1,363.25
AMIODARONE HCL	68382022714	6	6.54		\$	39.26
AMITRIPTYLINE HCL	00603221221	2	7.78		\$	15.56
AMITRIPTYLINE HCL	00603221421	13	5.22		\$	67.86
AMITRIPTYLINE HCL	00781148601	3	7.78		\$	23.34
AMITRIPTYLINE HCL	00904020161	58	4.74		\$	274.92
AMITRIPTYLINE HCL	00904020261	30	5.22		\$	156.60
AMITRIPTYLINE HCL	16729017101	82	7.78		\$	637.88
AMITRIPTYLINE HCL	16729017117	1	77.79		\$	77.79
AMITRIPTYLINE HCL	16729017201	16	4.74		\$	75.84
AMITRIPTYLINE HCL	16729017217	15	47.38		\$	710.70
AMITRIPTYLINE HCL	16729017301	67	5.22		\$	349.74
AMITRIPTYLINE HCL	16729017317	5	52.16		\$	260.80
AMITRIPTYLINE HCL	16729017401	23	37.23		\$	856.29
AMITRIPTYLINE HCL	16729017501	22	50.33		\$	1,107.26
AMITRIPTYLINE HCL	51079010720	1	4.74		\$	4.74

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AMITRIPTYLINE HCL	51079013120	7	7.78		\$ 54.45
AMITRIPTYLINE HCL	70710122501	2	7.78		\$ 15.56
AMLODIPINE BESYLATE	00904637061	1	0.84		\$ 0.84
AMLODIPINE BESYLATE	67877019705	3	2.90		\$ 8.69
AMLODIPINE BESYLATE	67877019805	358	4.19		\$ 1,498.23
AMLODIPINE BESYLATE	67877019905	50	6.83		\$ 341.50
AMLODIPINE BESYLATE	69097012605	106	0.52		\$ 55.24
AMLODIPINE BESYLATE	69097012615	13	5.79		\$ 75.27
AMLODIPINE BESYLATE	69097012705	256	0.75		\$ 192.84
AMLODIPINE BESYLATE	69097012715	123	8.37		\$ 1,029.51
AMLODIPINE BESYLATE	69097012805	219	1.23		\$ 269.24
AMLODIPINE BESYLATE	69097012815	555	13.66		\$ 7,581.30
AMOXICILLIN TRIHYDRATE	00093416173	2	1.94		\$ 3.88
AMOXICILLIN TRIHYDRATE	00143988915	1	2.10		\$ 2.10
AMOXICILLIN TRIHYDRATE	00781202001	7	3.59		\$ 25.13
AMOXICILLIN TRIHYDRATE	00781261305	339	26.70		\$ 9,051.30
AMOXICILLIN TRIHYDRATE	00781604155	31	2.10		\$ 65.10
AMOXICILLIN TRIHYDRATE	65862001501	3	9.50		\$ 28.50
AMOXICILLIN/POT CLAVULANATE	00093227434	68	5.52		\$ 375.36
AMOXICILLIN/POT CLAVULANATE	00093227534	361	5.15		\$ 1,859.15
AMOXICILLIN/POT CLAVULANATE	00143998201	6	5.74		\$ 34.44
AMOXICILLIN/POT CLAVULANATE	00781187431	1	48.92		\$ 48.92
AMOXICILLIN/POT CLAVULANATE	42571016201	10	25.75		\$ 257.50
AMOXICILLIN/POT CLAVULANATE	65862050220	46	5.52		\$ 253.92
AMOXICILLIN/POT CLAVULANATE	65862050301	344	25.75		\$ 8,858.00
AMOXICILLIN/POT CLAVULANATE	65862050320	273	5.15		\$ 1,405.95
AMOXICILLIN/POT CLAVULANATE	65862053401	7	5.74		\$ 40.18
AMOXICILLIN/POT CLAVULANATE	65862053513	1	6.14		\$ 6.14
AMOXICILLIN/POT CLAVULANATE	66685100100	280	5.15		\$ 1,442.00
AMOXICILLIN/POT CLAVULANATE	66685100101	8	25.75		\$ 206.00
AMOXICILLIN/POT CLAVULANATE	66685100200	20	5.52		\$ 110.40
AMPHOTERICIN B LIPOSOME	00469305130	14	259.00		\$ 3,626.00
AMPICILLIN TRIHYDRATE	00781214501	6	50.61		\$ 303.66
AMPICILLIN TRIHYDRATE	00781214505	1	253.05		\$ 253.05
AMPICILLIN/SULBACTAM	00409298703	1	88.38		\$ 88.38
AMPICILLIN/SULBACTAM	00641611610	3	14.38		\$ 43.14
AMPICILLIN/SULBACTAM	00641611710	6	39.71		\$ 238.26
AMPICILLIN/SULBACTAM	55150011620	4	14.38		\$ 57.52
AMPICILLIN/SULBACTAM	55150011720	19	39.71		\$ 754.49
AMPICILLIN/SULBACTAM	66794020741	2	39.71		\$ 79.42
AMPICILLIN/SULBACTAM	67457034910	22	39.71		\$ 873.62
AMPICILLIN/SULBACTAM	71288000630	8	1,191.30		\$ 9,530.40
AMYLASE/LIPASE/PROTEASE	00023611001	30	334.85		\$ 10,045.50
AMYLASE/LIPASE/PROTEASE	00023611101	11	483.63		\$ 5,319.93
AMYLASE/LIPASE/PROTEASE	00023611201	5	656.94		\$ 3,284.70
AMYLASE/LIPASE/PROTEASE	00023611401	3	1,361.33		\$ 4,083.99

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AMYLASE/LIPASE/PROTEASE	00023611501	41	177.86		\$ 7,292.26
AMYLASE/LIPASE/PROTEASE	00023611601	30	853.58		\$ 25,607.40
AMYLASE/LIPASE/PROTEASE	00032120601	49	167.10		\$ 8,187.90
AMYLASE/LIPASE/PROTEASE	00032121201	5	334.02		\$ 1,670.10
AMYLASE/LIPASE/PROTEASE	00032122407	28	1,628.56		\$ 45,599.68
AMYLASE/LIPASE/PROTEASE	00032301613	4	1,005.29		\$ 4,021.16
ANAGRELIDE HCL	13668045301	7	61.99		\$ 433.93
ANASTROZOLE	16729003510	15	3.75		\$ 56.25
ANASTROZOLE	16729003515	5	11.25		\$ 56.25
ANTIHEMOPH F VIII PLAS/ALB FR	00944304510	61	2,306.40		\$ 140,690.40
ANTIHEMOPHILIC FACTOR HUM REC	00026378335	177	605.62		\$ 107,194.74
ANTIHEMOPHILIC FACTOR HUM REC	00026378555	233	1,062.51		\$ 247,564.83
ANTIHEMOPHILIC FACTOR HUM REC	00026378665	81	1,979.66		\$ 160,352.46
ANTIHEMOPHILIC FACTOR HUM REC	00026378775	9	3,429.90		\$ 30,869.10
ANTIHEMOPHILIC FACTOR HUM REC	00944284210	21	573.60		\$ 12,045.60
ANTIHEMOPHILIC FACTOR HUM REC	00944284310	21	1,119.60		\$ 23,511.60
ANTIHEMOPHILIC FACTOR HUM REC	00944284410	6	2,004.00		\$ 12,024.00
APIXABAN	00003089321	114	470.82		\$ 53,673.48
APIXABAN	00003089331	5	784.76		\$ 3,923.80
APIXABAN	00003089421	888	461.40		\$ 409,726.40
APIXABAN	00003089431	187	769.06		\$ 143,815.12
APIXABAN	00003089470	266	569.08		\$ 151,374.27
APREMILAST	59572063106	25	3,591.69		\$ 89,792.25
APREMILAST	59572063255	1	3,591.69		\$ 3,591.69
APREPITANT	00781406336	79	512.87		\$ 40,516.73
ARIPIRAZOLE	00904651006	2	10.15		\$ 20.29
ARIPIRAZOLE	00904665640	68	101.45		\$ 6,898.60
ARIPIRAZOLE	16729027910	14	6.09		\$ 85.22
ARIPIRAZOLE	27241005103	17	8.36		\$ 142.14
ARIPIRAZOLE	27241005303	38	6.09		\$ 231.31
ARIPIRAZOLE	27241005308	1	101.45		\$ 101.45
ARIPIRAZOLE	59148004580	4	1,671.93		\$ 6,687.72
ARIPIRAZOLE	59148007280	5	2,229.24		\$ 11,146.20
ARIPIRAZOLE	65162089603	330	8.36		\$ 2,759.13
ARIPIRAZOLE	65162089609	97	25.08		\$ 2,433.05
ARIPIRAZOLE	65162089703	1171	6.09		\$ 7,127.88
ARIPIRAZOLE	65162089709	82	18.26		\$ 1,497.40
ARIPIRAZOLE	65162089803	427	6.09		\$ 2,599.15
ARIPIRAZOLE	65162089809	709	18.26		\$ 12,947.05
ARIPIRAZOLE	65162089903	242	8.55		\$ 2,069.10
ARIPIRAZOLE	65162089909	248	25.65		\$ 6,361.20
ARIPIRAZOLE	65162090103	113	3.50		\$ 395.50
ARIPIRAZOLE	65162090109	148	10.50		\$ 1,554.00
ARIPIRAZOLE	65162090203	103	14.70		\$ 1,514.10
ARIPIRAZOLE	65162090209	33	44.10		\$ 1,455.30
ARIPIRAZOLE	65862066530	9	3.50		\$ 31.50

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ARIPRAZOLE	67877043103	5	6.09		\$	30.44
ARIPRAZOLE	67877043203	1	6.09		\$	6.09
ARTIFICIAL TEARS	00023455430	5	9.67		\$	48.35
ARTIFICIAL TEARS	00023920515	7	7.88		\$	55.16
ARTIFICIAL TEARS	00078042947	24	6.50		\$	156.00
ARTIFICIAL TEARS	00658006401	2	4.19		\$	8.38
ARTIFICIAL TEARS	10119002003	75	4.19		\$	314.25
ARTIFICIAL TEARS	42002020705	132	1.67		\$	220.44
ARTIFICIAL TEARS	58790000115	5	7.55		\$	37.75
ARTIFICIAL TEARS	74300001067	382	1.67		\$	637.94
ARTIFICIAL TEARS	78112065321	10	1.67		\$	16.70
ASCORBIC ACID (VITA C)	00536329201	22	8.55		\$	188.10
ASCORBIC ACID (VITA C)	00536329210	2	17.05		\$	34.10
ASCORBIC ACID (VITA C)	00904052260	7	1.31		\$	9.17
ASCORBIC ACID (VITA C)	00904052360	3	1.71		\$	5.12
ASCORBIC ACID (VITA C)	00904052372	132	5.12		\$	675.18
ASCORBIC ACID (VITA C)	00904052380	63	17.05		\$	1,074.15
ASCORBIC ACID (VITA C)	11845051701	12	-		\$	-
ASCORBIC ACID (VITA C)	20555000100	2	1.31		\$	2.62
ASCORBIC ACID (VITA C)	51645092010	6	17.05		\$	102.30
ASCORBIC ACID (VITA C)	54629007601	3	1.71		\$	5.12
ASCORBIC ACID (VITA C)	96295012840	6	1.71		\$	10.26
ASCORBIC ACID (VITA C)	96295012842	70	1.71		\$	119.70
ASCORBIC ACID (VITA C)	96295012843	2	1.71		\$	3.42
ASPIRIN	00536105429	4	0.60		\$	2.40
ASPIRIN	00536123201	119	0.95		\$	113.41
ASPIRIN	00904675180	9	5.99		\$	53.91
ASPIRIN	00904678480	3	9.50		\$	28.50
ASPIRIN	00904679480	59	17.78		\$	1,048.89
ASPIRIN	57896090101	20	0.60		\$	12.00
ASPIRIN	57896090110	4	6.00		\$	24.00
ASPIRIN	57896091136	28	0.64		\$	17.92
ASPIRIN	57896092101	145	0.95		\$	138.19
ASPIRIN	57896098110	346	5.99		\$	2,072.54
ASPIRIN	57896098112	18	0.72		\$	12.96
ASPIRIN	63739052210	1	0.60		\$	0.60
ASPIRIN	66715097262	8	0.60		\$	4.80
ASPIRIN	69618004610	384	5.99		\$	2,300.16
atazanavir sulfate	00093552606	1	222.75	Wghted Avg 340(B) & Non	\$	222.75
atazanavir sulfate	00093552706	12	445.49		\$	5,345.88
ATAZANAVIR SULFATE	00093552856	1	242.00		\$	242.00
atazanavir sulfate	16714086201	4	242.00		\$	968.00
atazanavir sulfate	59762040806	2	222.75	Wghted Avg 340(B) & Non	\$	445.50
atazanavir sulfate	59762040906	12	445.49		\$	5,345.88
atazanavir sulfate	59762041003	125	242.00		\$	30,250.00
atazanavir sulfate	65862071160	4	222.75	Wghted Avg 340(B) & Non	\$	891.00

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atazanavir sulfate	65862071260	10	445.49		\$	4,454.90
atazanavir sulfate	65862071330	24	242.00		\$	5,808.00
ATAZANAVIR SULFATE	69097044602	1	242.00		\$	242.00
ATENOLOL	00093075201	77	2.68		\$	206.36
ATENOLOL	00093075210	49	26.80		\$	1,313.20
ATENOLOL	00093075301	18	3.10		\$	55.80
ATENOLOL	00093075305	7	15.50		\$	108.50
ATENOLOL	00093078701	20	2.32		\$	46.34
ATENOLOL	00093078710	74	23.17		\$	1,714.58
ATENOLOL	00378021810	2	23.17		\$	46.34
ATENOLOL	51079068520	8	3.10		\$	24.80
ATORVASTATIN CALCIUM	00378395077	74	2.61		\$	193.21
ATORVASTATIN CALCIUM	00904629061	1	2.90		\$	2.90
ATORVASTATIN CALCIUM	00904629161	1	3.69		\$	3.69
ATORVASTATIN CALCIUM	50268009515	1	2.42		\$	2.42
ATORVASTATIN CALCIUM	60505257808	153	29.01		\$	4,438.53
ATORVASTATIN CALCIUM	60505257908	536	36.91		\$	19,783.76
ATORVASTATIN CALCIUM	60505258008	259	48.40		\$	12,535.60
ATORVASTATIN CALCIUM	60505267108	84	88.67		\$	7,448.00
ATORVASTATIN CALCIUM	69097094405	112	2.61		\$	292.42
ATORVASTATIN CALCIUM	69097094505	197	3.32		\$	654.41
ATORVASTATIN CALCIUM	69097094605	270	4.36		\$	1,176.12
ATOVAQUONE	31722062921	2	385.81		\$	771.62
ATOVAQUONE	65162069388	1	385.81		\$	385.81
ATOVAQUONE	68180028201	5	385.81		\$	1,929.05
ATROPINE SULFATE	00065030355	115	48.10		\$	5,531.50
ATROPINE SULFATE	00409163010	5	55.18		\$	275.90
ATROPINE SULFATE	00517040125	2	126.20		\$	252.40
ATROPINE SULFATE	00641600610	2	410.68		\$	821.36
ATROPINE SULFATE	17478021502	1	37.17		\$	37.17
ATROPINE SULFATE	17478021505	1	51.32		\$	51.32
ATROPINE SULFATE	24208082555	6	15.58		\$	93.48
ATROPINE SULFATE	76329333901	14	55.18		\$	772.52
AVOB/HSAL/OCSL/OCRY	41100008183	38	3.97		\$	150.86
AVOB/HSAL/OCSL/OCRY	70000053601	96	3.97		\$	381.12
AVOB/HSAL/OCSL/OCRY/OBZ	07965604971	4	3.97		\$	15.88
AVOB/HSAL/OCSL/OCRY/OBZ	37205072564	6	8.10		\$	48.60
AVOB/HSAL/OCSL/OCRY/OBZ	37205072834	251	3.97		\$	996.47
AVOB/HSAL/OCSL/OCRY/OBZ	37205072934	122	8.10		\$	988.20
AVOB/HSAL/OCSL/OCRY/OBZ	70000001601	4	8.10		\$	32.40
AZATHIOPRINE	60219107601	71	28.26		\$	2,006.46
AZITHROMYCIN	00069306030	3	63.75		\$	191.25
AZITHROMYCIN	00781577626	448	4.11		\$	1,840.38
AZITHROMYCIN	00781577631	35	95.50		\$	3,342.50
AZITHROMYCIN	00781808926	809	4.11		\$	3,323.37
AZITHROMYCIN	00781808931	74	20.54		\$	1,519.96

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AZITHROMYCIN	17478030703	6	206.21		\$	1,237.26
AZITHROMYCIN	50111078751	275	4.11		\$	1,129.70
AZITHROMYCIN	50111078766	6	12.32		\$	73.94
AZITHROMYCIN	50111078810	1	30.38		\$	30.38
AZITHROMYCIN	50111078855	1	3.04		\$	3.04
AZITHROMYCIN	50111078910	32	71.53		\$	2,288.96
AZITHROMYCIN	51224012230	5	30.38		\$	151.90
AZITHROMYCIN	64679096105	19	57.30		\$	1,088.70
AZITHROMYCIN	65862064130	9	20.54		\$	184.86
AZITHROMYCIN	65862064163	7	12.32		\$	86.27
AZITHROMYCIN	68180016006	20	20.54		\$	410.80
AZITHROMYCIN	68180016013	68	12.32		\$	838.03
AZITHROMYCIN	70860010010	1	28.27		\$	28.27
AZITHROMYCIN	70860012566	2	11.84		\$	23.68
AZTREONAM	63323040126	1	270.40		\$	270.40
AZTREONAM	63323040230	5	540.80		\$	2,704.00
BACITRACIN	00574402235	5	103.93		\$	519.65
BACITRACIN	45802006003	11	1.50		\$	16.50
BACITRACIN	70594002602	1	48.50		\$	48.50
BACITRACIN ZINC	00472110556	1	2.40		\$	2.40
BACITRACIN ZINC	14428000944	38	2.40		\$	91.20
BACITRACIN ZINC	67777022007	3	15.67		\$	47.01
BACITRACIN/POLYMYXIN B	17478023835	16	4.89		\$	78.24
BACLOFEN	00172409660	150	8.84		\$	1,326.30
BACLOFEN	00172409760	14	8.16		\$	114.24
BACLOFEN	00904647561	2	8.84		\$	17.68
BACLOFEN	52817031910	25	81.53		\$	2,038.25
BACLOFEN	52817032000	130	88.42		\$	11,494.60
BACLOFEN	52817032010	7	8.84		\$	61.89
BACLOFEN	52817032100	33	181.29		\$	5,982.57
BACLOFEN	52817032110	21	8.16		\$	171.36
BALSALAZIDE DISODIUM	00054007928	1	71.44		\$	71.44
BALSALAZIDE DISODIUM	60505257507	16	71.44		\$	1,143.04
BALSAM PERU/CASTOR OIL	58980078021	3	21.72		\$	65.16
BATTERY	96295011121	2	0.64		\$	1.28
BECLOMETHASONE DIPROPIONATE	59310030240	87	122.05		\$	10,618.35
BECLOMETHASONE DIPROPIONATE	59310030480	1792	122.05		\$	218,713.60
BENAZEPRIL HCL	43547033510	7	4.95		\$	34.65
BENAZEPRIL HCL	43547033610	9	4.86		\$	43.78
BENAZEPRIL HCL	43547033650	6	24.32		\$	145.92
BENAZEPRIL HCL	43547033710	59	5.25		\$	309.87
BENAZEPRIL HCL	43547033750	15	26.26		\$	393.90
BENAZEPRIL HCL	43547033810	12	8.90		\$	106.80
BENZALKONIUM CHLORIDE	73852005871	31	3.65		\$	113.15
BENZALKONIUM CHLORIDE	73852005872	2	3.65		\$	7.30
BENZOCAINE	10310039201	6	2.62		\$	15.72

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BENZOCAINE	41167005302	1	2.62		\$ 2.62
BENZOCAINE/TETRACAINE/BUTAMBEN	10223020103	9	55.02		\$ 495.18
BENZONATATE	51224001050	1	5.37		\$ 5.37
BENZONATATE	62332042631	4	5.37		\$ 21.48
BENZONATATE	67877057301	5	5.37		\$ 26.87
BENZOYL PEROXIDE	00536105556	1531	6.63		\$ 10,157.76
BENZOYL PEROXIDE	24470091060	1	9.81		\$ 9.81
BENZOYL PEROXIDE	67405083008	3	11.02		\$ 33.06
BENZTROPINE MESYLATE	00904679061	1	9.94		\$ 9.94
BENZTROPINE MESYLATE	69315013601	7	9.07		\$ 63.49
BENZTROPINE MESYLATE	69315013610	1	90.70		\$ 90.70
BENZTROPINE MESYLATE	69315013701	1	9.94		\$ 9.94
BENZTROPINE MESYLATE	69315013710	22	99.40		\$ 2,186.80
BENZTROPINE MESYLATE	76385010301	132	9.07		\$ 1,197.24
BENZTROPINE MESYLATE	76385010310	31	90.70		\$ 2,811.70
BENZTROPINE MESYLATE	76385010401	27	9.94		\$ 268.38
BENZTROPINE MESYLATE	76385010410	123	99.40		\$ 12,226.20
BENZTROPINE MESYLATE	76385010501	15	11.30		\$ 169.43
BENZTROPINE MESYLATE	76385010510	68	112.95		\$ 7,680.60
BESIFLOXACIN	24208044605	1	179.52		\$ 179.52
BETA CAROTENE/VITA C/E/MIN	00536417841	9	7.73		\$ 69.57
BETAMETH ACET/BETAMET SOD PHOS	00517072001	4	36.76		\$ 147.04
BETAMETH DIPROP/PROPYL GLY	00472038245	11	58.39		\$ 642.31
BETAMETH DIPROP/PROPYL GLY	45802037632	463	4.76		\$ 2,203.88
BETAMETH DIPROP/PROPYL GLY	45802037635	7	1.43		\$ 10.00
BETAMETH DIPROP/PROPYL GLY	52565001915	3	19.46		\$ 58.39
BETAMETH DIPROP/PROPYL GLY	52565001951	310	64.88		\$ 20,112.80
BETAMETH DIPROP/PROPYL GLY	66993089715	1	19.46		\$ 19.46
BETAMETHASONE DIPROPIONATE	00168005515	6	14.35		\$ 86.08
BETAMETHASONE DIPROPIONATE	00168005615	24	29.51		\$ 708.24
BETAMETHASONE DIPROPIONATE	00168005646	17	63.56		\$ 1,080.52
BETAMETHASONE DIPROPIONATE	00168005760	2	26.91		\$ 53.82
BETAMETHASONE DIPROPIONATE	70710123301	3	14.35		\$ 43.04
BETAMETHASONE DIPROPIONATE	70710123304	22	43.04		\$ 946.88
BETAMETHASONE VALERATE	00168003315	15	6.63		\$ 99.40
BETAMETHASONE VALERATE	00168003346	22	19.88		\$ 437.36
BETAMETHASONE VALERATE	00168004046	24	25.62		\$ 614.88
BETAMETHASONE VALERATE	00168004160	2	32.63		\$ 65.26
BETAMETHASONE VALERATE	00713032637	3	25.62		\$ 76.86
BETHANECHOL CHLORIDE	00832051100	4	13.61		\$ 54.44
BETHANECHOL CHLORIDE	00832051200	19	16.58		\$ 315.02
BETHANECHOL CHLORIDE	65162057310	21	16.58		\$ 348.18
BEVACIZUMAB	50242006001	1	796.94		\$ 796.94
BEVACIZUMAB	50242006101	1	3,187.76		\$ 3,187.76
BEVACIZUMAB-BVZR	00069031501	6	554.51		\$ 3,327.06
BEVACIZUMAB-BVZR	00069034201	5	2,218.05		\$ 11,090.25

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BICALUTAMIDE	00904601946	55	7.40		\$	407.00
BICALUTAMIDE	16729002310	3	7.40		\$	22.20
BICALUTAMIDE	47335048588	3	24.67		\$	74.01
BICTEGRAV/EMTRICITAB/TENOF ALA	61958250101	2720	1,149.51	HIV Inter, Wghted Avg 340(B	\$	3,126,667.20
BIMATOPROST	00023320503	61	206.72		\$	12,609.92
BIMATOPROST	00023320505	11	413.26		\$	4,545.86
BINIMETINIB	70255001002	8	12,494.65		\$	99,957.20
BISACODYL	00574705012	44	1.30		\$	57.02
BISACODYL	00574705050	3	5.40		\$	16.20
BISACODYL	00904674880	98	5.36		\$	525.28
BISACODYL	57896044101	84	0.54		\$	45.02
BISACODYL	70000053801	6	0.54		\$	3.24
BISACODYL	81421002103	24	1.91		\$	45.84
BISMUTH SUBSALICYLATE	00904131309	29	2.18		\$	63.22
BISMUTH SUBSALICYLATE	00904131409	68	1.88		\$	127.84
BISMUTH SUBSALICYLATE	00904131546	2329	1.66		\$	3,866.14
BISMUTH SUBSALICYLATE	37000003201	12	1.09		\$	13.08
BISMUTH SUBSALICYLATE	70000043902	24	2.18		\$	52.32
BISOPROLOL FUMARATE	29300012613	2	16.98		\$	33.95
BISOPROLOL FUMARATE	52817027030	7	16.98		\$	118.84
BISOPROLOL/HCTZ	29300018813	1	6.48		\$	6.48
BLEOMYCIN SULFATE	63323013610	14	26.90		\$	376.60
BORIC ACID	49597000044	1	4.41		\$	4.41
BRIMONIDINE TART/BRINZOLAMIDE	00065414727	25	170.82		\$	4,270.50
BRIMONIDINE TART/TIMOLOL MAL	00023921105	2	185.06		\$	370.12
BRIMONIDINE TARTRATE	00023917705	16	179.07		\$	2,865.12
BRIMONIDINE TARTRATE	00023932105	50	167.88		\$	8,394.00
BRIMONIDINE TARTRATE	17478071511	1	5.02		\$	5.02
BRIMONIDINE TARTRATE	61314014305	1110	2.51		\$	2,786.10
BRIMONIDINE TARTRATE	61314014310	96	5.02		\$	481.92
BRIMONIDINE TARTRATE	61314014315	388	7.53		\$	2,921.64
BRIMONIDINE TARTRATE	61314014405	30	132.41		\$	3,972.15
BRINZOLAMIDE	00065027510	10	323.71		\$	3,237.10
BROMFENAC SODIUM	49708075441	11	259.20		\$	2,851.20
BROMOCRIPTINE MESYLATE	00574010601	10	140.20		\$	1,402.00
BROMOCRIPTINE MESYLATE	00574010603	21	42.06		\$	883.26
BROMOCRIPTINE MESYLATE	00781532501	2	140.20		\$	280.40
BROMOCRIPTINE MESYLATE	68382011006	8	128.24		\$	1,025.88
BUDESONIDE	00093681555	40	44.06		\$	1,762.40
BUDESONIDE	00093681573	9	44.06		\$	396.54
BUDESONIDE	00093681655	14	33.94		\$	475.16
BUDESONIDE	00093681673	21	175.50		\$	3,685.50
BUDESONIDE	65162077810	12	82.47		\$	989.64
BUDESONIDE/FORMOTEROL FUM DIHY	00186037020	85	353.45		\$	30,043.25
BUDESONIDE/FORMOTEROL FUM DIHY	00186037028	21	240.17		\$	5,043.57
BUDESONIDE/FORMOTEROL FUM DIHY	00186037220	43	309.22		\$	13,296.46

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BUDESONIDE/FORMOTEROL FUM DIHY	00186037228	20	208.78		\$	4,175.60
BUDESONIDE/FORMOTEROL FUM DIHY	00310737020	65	248.81		\$	16,172.65
BUDESONIDE/FORMOTEROL FUM DIHY	00310737220	44	209.90		\$	9,235.60
BUMETANIDE	69238149001	15	30.28		\$	454.14
BUMETANIDE	69238149101	13	60.45		\$	785.82
BUPIVACAINE HCL	00409115901	1	13.23		\$	13.23
BUPIVACAINE HCL	00409116001	1	69.79		\$	69.79
BUPIVACAINE HCL	00409116202	1	43.90		\$	43.90
BUPIVACAINE/EPINEPH	00409175550	1	9.91		\$	9.91
BUPIVACAINE/EPINEPH	63323046237	2	155.50		\$	311.00
BUPRENORPHINE HCL/NALOXONE HCL	00054018913	7	66.62		\$	466.34
BUPROPION HCL	00185041501	6	7.98		\$	47.88
BUPROPION HCL	16729044315	4	9.86		\$	39.44
BUPROPION HCL	24979010206	3	4.50		\$	13.50
BUPROPION HCL	43547028810	3	16.67		\$	50.01
BUPROPION HCL	43547028850	1	83.35		\$	83.35
BUPROPION HCL	60505015701	288	40.90		\$	11,779.20
BUPROPION HCL	60505015801	492	10.82		\$	5,323.44
BUPROPION HCL	68180032006	6	4.50		\$	27.00
BUSPIRONE HCL	00093005401	6	3.67		\$	22.02
BUSPIRONE HCL	00093005405	27	18.35		\$	495.45
BUSPIRONE HCL	00093100301	523	7.13		\$	3,728.99
BUSPIRONE HCL	00093100305	66	35.65		\$	2,352.90
BUSPIRONE HCL	00093520006	60	5.00		\$	300.00
BUSPIRONE HCL	16729020101	10	40.91		\$	409.10
BUSPIRONE HCL	16729020201	514	3.67		\$	1,886.38
BUSPIRONE HCL	16729020216	298	18.35		\$	5,468.30
BUSPIRONE HCL	16729020312	192	4.28		\$	821.38
BUSPIRONE HCL	23155002401	56	3.67		\$	205.52
BUSPIRONE HCL	23155002405	40	18.35		\$	734.00
BUSPIRONE HCL	23155002506	111	4.28		\$	475.08
BUSPIRONE HCL	24689090705	8	18.35		\$	146.80
BUSPIRONE HCL	24689092101	12	7.13		\$	85.56
BUSPIRONE HCL	24689092105	68	35.65		\$	2,424.20
BUSPIRONE HCL	24689093306	48	5.00		\$	240.00
BUSPIRONE HCL	42806008505	77	35.65		\$	2,745.05
BUSPIRONE HCL	42806008660	6	5.00		\$	30.00
BUSPIRONE HCL	49884072505	3	204.55		\$	613.65
BUSPIRONE HCL	64380074108	2	34.06		\$	68.12
BUSPIRONE HCL	64380074208	38	36.70		\$	1,394.60
BUSPIRONE HCL	64380078706	18	40.91		\$	736.38
BUSPIRONE HCL	68382018005	4	17.03		\$	68.12
BUSPIRONE HCL	68382018101	9	3.67		\$	33.03
BUSPIRONE HCL	68382018205	10	35.65		\$	356.50
BUSPIRONE HCL	68382018314	1376	5.00		\$	6,880.00
CABERGOLINE	50742011808	20	24.99		\$	499.80

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CALAMINE	00395041396	8	0.04		\$	0.36
CALAMINE/ZINC OXIDE	00904253321	481	1.31		\$	630.11
CALCIOTRIENE	00781711735	7	71.88		\$	503.16
CALCIOTRIENE	66993087761	26	71.88		\$	1,868.88
CALCIOTRIENE	68462031065	27	178.89		\$	4,829.90
CALCIOTRIENE	68462031066	7	357.77		\$	2,504.39
CALCITRIOL	00093735301	24	25.66		\$	615.84
CALCITRIOL	23155066201	47	13.11		\$	616.17
CALCIUM ACET/ALUMINUM SULF	16864024001	12	7.49		\$	89.88
CALCIUM ACET/ALUMINUM SULF	51224016212	392	7.49		\$	2,936.08
CALCIUM ACETATE	23155053102	2	65.40		\$	130.80
CALCIUM ACETATE	23155062102	1	98.44		\$	98.44
CALCIUM ACETATE	29033002602	52	80.58		\$	4,189.90
CALCIUM ACETATE	42291018920	12	80.58		\$	966.90
CALCIUM ACETATE	50268014815	49	16.35		\$	801.15
CALCIUM ACETATE	62135019122	3	65.40		\$	196.20
CALCIUM ACETATE	65162059020	2	80.58		\$	161.15
CALCIUM ACETATE	68084047901	14	4.03		\$	56.40
CALCIUM ACETATE	68180013415	20	80.58		\$	1,611.50
CALCIUM ACETATE	71321080320	81	25.95		\$	2,101.95
CALCIUM CARB/CHOLECALCIFEROL	40985027531	14	6.37		\$	89.23
CALCIUM CARB/VITA D	00904323352	21	1.00		\$	20.92
CALCIUM CARB/VITA D	00904323392	383	2.49		\$	953.67
CALCIUM CARB/VITA D	00904323393	8	2.99		\$	23.90
CALCIUM CARB/VITA D	00904546072	1	3.34		\$	3.34
CALCIUM CARB/VITA D	00904582460	68	1.43		\$	97.47
CALCIUM CARB/VITA D	00904585652	59	0.96		\$	56.40
CALCIUM CARB/VITA D	00904585692	2	2.39		\$	4.78
CALCIUM CARB/VITA D	11845008892	8	2.39		\$	19.12
CALCIUM CARBONATE	00536100715	3571	1.68		\$	5,999.28
CALCIUM CARBONATE	00536104815	24	1.68		\$	40.32
CALCIUM CARBONATE	00536120610	1	6.38		\$	6.38
CALCIUM CARBONATE	00904188380	2	13.17		\$	26.33
CALCIUM CARBONATE	00904323292	9	2.57		\$	23.13
CALCIUM CARBONATE	00904641292	58	1.68		\$	97.44
CALCIUM CARBONATE	37205020047	239	1.68		\$	401.52
CALCIUM CARBONATE	37205020580	48	1.08		\$	51.84
CALCIUM CARBONATE	37205021047	24	1.68		\$	40.32
CALCIUM CARBONATE	37205070680	49	1.68		\$	82.32
CALCIUM CARBONATE	51645073515	24	1.68		\$	40.32
CALCIUM CARBONATE	57896076315	3143	1.68		\$	5,280.24
CALCIUM CARBONATE	70000043002	52	1.08		\$	56.16
CALCIUM CARBONATE	70000046001	27	1.08		\$	29.16
CALCIUM CHLORIDE	00409492834	2	67.84		\$	135.68
CALCIUM CHLORIDE	76329330401	1	67.84		\$	67.84
CAPECITABINE	16729007329	18	259.99		\$	4,679.82

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CAPECITABINE	72485020512	25	259.99		\$	6,499.75
CAPSAICIN	00536111825	220	3.58		\$	787.60
CAPSAICIN	00536252525	162	3.33		\$	539.46
CAPSAICIN	41167075142	98	8.25		\$	808.50
CAPSAICIN/METHYL SAL/CAMPH/MEN	05733002314	1	3.99		\$	3.99
CARBACHOL	00065002315	1	164.88		\$	164.88
CARBAMAZEPINE	13668026801	85	19.43		\$	1,651.59
CARBAMAZEPINE	13668026810	10	194.30		\$	1,943.00
CARBAMAZEPINE	51672404101	62	25.34		\$	1,571.08
CARBAMAZEPINE	51672404102	7	126.70		\$	886.90
CARBAMIDE PEROXIDE	00904662735	1520	1.04		\$	1,580.80
CARBAMIDE PEROXIDE	02355807650	283	1.04		\$	294.32
CARBAMIDE PEROXIDE	57896033905	40	1.04		\$	41.60
CARBAMIDE PEROXIDE	78112073623	142	1.04		\$	147.68
CARBIDOPA/LEVODOPA	00228253910	14	8.19		\$	114.66
CARBIDOPA/LEVODOPA	00228253950	1	40.95		\$	40.95
CARBIDOPA/LEVODOPA	00228253996	3	81.90		\$	245.70
CARBIDOPA/LEVODOPA	00228254010	86	15.60		\$	1,341.77
CARBIDOPA/LEVODOPA	00228254050	18	78.01		\$	1,404.18
CARBIDOPA/LEVODOPA	62756045788	10	31.35		\$	313.50
CARBIDOPA/LEVODOPA	62756051788	22	10.12		\$	222.64
CARBOPLATIN	00703424601	55	11.07		\$	609.03
CARBOXYMETHYLCELLULOSE SOD	00023040370	1	14.58		\$	14.58
CARVEDIOL	00904630161	2	1.78		\$	3.56
CARVEDIOL	68382009201	22	1.59		\$	34.98
CARVEDIOL	68382009205	205	7.95		\$	1,629.75
CARVEDIOL	68382009301	20	1.78		\$	35.60
CARVEDIOL	68382009305	194	8.90		\$	1,726.60
CARVEDIOL	68382009405	187	10.15		\$	1,898.05
CARVEDIOL	68382009501	91	2.29		\$	208.75
CARVEDIOL	68382009505	166	11.47		\$	1,904.02
CARVEDIOL	68462016505	1	11.47		\$	11.47
CEFAZOLIN SOD/DEXTROSE ISO-OSM	00264310311	9	134.40		\$	1,209.60
CEFAZOLIN SOD/DEXTROSE ISO-OSM	00264310511	22	134.40		\$	2,956.80
CEFAZOLIN SODIUM	00143926225	30	31.75		\$	952.50
CEFAZOLIN SODIUM	00143992490	7	29.25		\$	204.75
CEFAZOLIN SODIUM	60505614205	9	29.25		\$	263.25
CEFAZOLIN SODIUM	63323023710	2	29.25		\$	58.50
CEFDINIR	00781217660	2	27.98		\$	55.96
CEFDINIR	65862017760	8	27.98		\$	223.84
CEFEPIME HCL	60505614404	4	40.46		\$	161.84
CEFEPIME HCL	60505614504	2	72.57		\$	145.14
CEFEPIME HCL	60505614604	2	40.46		\$	80.92
CEFEPIME HCL/DEXTROSE ISO-OSM	00264319311	7	490.34		\$	3,432.38
CEFEPIME HCL/DEXTROSE ISO-OSM	00264319511	3	699.55		\$	2,098.65
CEFOXITIN SOD/DEXTROSE ISO-OSM	00264312511	2	935.73		\$	1,871.46

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CEFPODOXIME PROXETIL	00781543920	1	78.27		\$	78.27
CEFTAROLINE FOSAMIL	00456060010	4	1,987.01		\$	7,948.04
CEFTAZIDIME PENTAHYDRATE	25021012720	1	94.50		\$	94.50
CEFTAZIDIME PENTAHYDRATE	44567023525	1	94.50		\$	94.50
CEFTAZIDIME SOD/DW	00264314311	1	468.18		\$	468.18
CEFTOLOZANE/TAZOBACTAM	67919003001	13	775.40	Wghted Avg 340(B) & Non	\$	10,080.21
CEFTRIAXONE SOD/DEXT ISO-OSM	00264315311	3	524.99		\$	1,574.97
CEFTRIAXONE SOD/DEXT ISO-OSM	00264315511	4	791.66		\$	3,166.64
CEFTRIAXONE SODIUM	00143985725	3	35.53		\$	106.59
CEFTRIAXONE SODIUM	00409733201	85	14.21		\$	1,208.02
CEFTRIAXONE SODIUM	00409733220	232	14.21		\$	3,296.72
CEFTRIAXONE SODIUM	00409733520	12	27.17		\$	326.04
CEFTRIAXONE SODIUM	00409733604	1	62.32		\$	62.32
CEFTRIAXONE SODIUM	00409733720	2	74.00		\$	148.00
CEFTRIAXONE SODIUM	00409733820	2	107.56		\$	215.12
CEFTRIAXONE SODIUM	44567070125	3	35.53		\$	106.59
CEFTRIAXONE SODIUM	60505614804	2	284.24		\$	568.48
CEFUROXIME AXETIL	65862069920	1	8.66		\$	8.66
CEFUROXIME AXETIL	65862070020	1	13.41		\$	13.41
CEFUROXIME AXETIL	68180030220	3	8.66		\$	25.98
CEFUROXIME AXETIL	68180030320	1	13.41		\$	13.41
CEFUROXIME AXETIL	68180030360	1	40.23		\$	40.23
CELECOXIB	00093716501	1	10.67		\$	10.67
CELECOXIB	33342015611	2	10.67		\$	21.34
CELECOXIB	59762151701	2	16.00		\$	32.00
CELECOXIB	69097042107	5	16.00		\$	80.00
CELECOXIB	69097042207	1	10.67		\$	10.67
CELECOXIB	69097042212	2	80.00		\$	160.00
CEPHALEXIN MONOHYDRATE	00093314701	62	8.60		\$	533.32
CEPHALEXIN MONOHYDRATE	00093417774	1	18.83		\$	18.83
CEPHALEXIN MONOHYDRATE	60687016301	2	8.60		\$	17.20
CEPHALEXIN MONOHYDRATE	67877021905	95	43.01		\$	4,085.95
CEPHALEXIN MONOHYDRATE	67877022001	4	4.71		\$	18.84
CEPHALEXIN MONOHYDRATE	67877022005	1	23.55		\$	23.55
CERTOLIZUMAB PEGOL	50474071079	7	4,560.89		\$	31,926.23
CETIRIZINE HCL	00904671740	283	24.50		\$	6,933.50
CETIRIZINE HCL	00904671761	2	4.90		\$	9.80
CETIRIZINE HCL	00904671772	183	14.70		\$	2,690.10
CETIRIZINE HCL	43598081115	163	24.50		\$	3,993.50
CETIRIZINE HCL	45802091987	153	14.70		\$	2,249.10
CETUXIMAB	66733095823	63	1,332.96		\$	83,976.48
CEVIMELINE HCL	63304047901	5	114.96		\$	574.80
CHLORAMBUCIL	76388063525	3	602.11		\$	1,806.33
CHLORHEXIDINE GLUCONATE	00116200116	419	32.88		\$	13,776.72
CHLOROPHYLLIN COPPER COMPLEX	58008003550	10	13.50		\$	135.00
CHLORPHENIRAMINE MALEATE	00904001224	9747	0.20		\$	1,918.21

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CHLORPHENIRAMINE MALEATE	00904001280	229	8.20		\$	1,877.80
CHLORPHENIRAMINE MALEATE	70000016001	36	0.29		\$	10.44
CHLORPROMAZINE HCL	00832030100	18	230.71		\$	4,152.78
CHLORPROMAZINE HCL	00832030200	24	393.33		\$	9,439.92
CHLORPROMAZINE HCL	00832030300	1	489.09		\$	489.09
CHLORPROMAZINE HCL	00832030400	12	739.00		\$	8,868.00
CHLORTHALIDONE	00378021301	3	35.78		\$	107.34
CHLORTHALIDONE	43598071901	38	19.95		\$	758.10
CHLORTHALIDONE	43598072001	1	35.78		\$	35.78
CHLORTHALIDONE	57664064888	12	19.95		\$	239.40
CHLORTHALIDONE	57664064988	4	35.78		\$	143.12
CHLORTHALIDONE	64980030301	2	19.95		\$	39.90
CHLORTHALIDONE	64980030401	13	35.78		\$	465.14
CHOLECALCIFEROL (VITAMIN D3)	00536379001	215	4.61		\$	991.15
CHOLECALCIFEROL (VITAMIN D3)	00904582360	899	1.24		\$	1,114.76
CHOLECALCIFEROL (VITAMIN D3)	00904582493	11	2.58		\$	28.38
CHOLECALCIFEROL (VITAMIN D3)	00904598660	306	2.03		\$	621.18
CHOLECALCIFEROL (VITAMIN D3)	07610016840	135	4.04		\$	545.40
CHOLECALCIFEROL (VITAMIN D3)	07610017840	241	4.06		\$	978.46
CHOLECALCIFEROL (VITAMIN D3)	10006070127	221	2.03		\$	448.63
CHOLECALCIFEROL (VITAMIN D3)	11845011831	12	2.82		\$	33.84
CHOLECALCIFEROL (VITAMIN D3)	30768019995	26	8.32		\$	216.32
CHOLECALCIFEROL (VITAMIN D3)	37205074797	185	4.61		\$	852.85
CHOLECALCIFEROL (VITAMIN D3)	40985022661	12	4.61		\$	55.32
CHOLECALCIFEROL (VITAMIN D3)	40985027139	826	7.17		\$	5,919.67
CHOLECALCIFEROL (VITAMIN D3)	40985027292	47	4.30		\$	202.10
CHOLECALCIFEROL (VITAMIN D3)	53191024401	7	4.61		\$	32.27
CHOLECALCIFEROL (VITAMIN D3)	54629794101	17	4.61		\$	78.37
CHOLECALCIFEROL (VITAMIN D3)	69618000901	8	4.61		\$	36.88
CHOLECALCIFEROL (VITAMIN D3)	75834002001	29	14.50		\$	420.50
CHOLECALCIFEROL (VITAMIN D3)	80681000900	1	4.61		\$	4.61
CHOLECALCIFEROL (VITAMIN D3)	96295012845	6	4.61		\$	27.66
CHOLECALCIFEROL (VITAMIN D3)	96295012846	56	4.61		\$	258.16
CHOLESTYRAMINE/ASPARTAME	68382052960	10	101.56		\$	1,015.60
CHOLESTYRAMINE/SUCROSE	49884046565	17	96.69		\$	1,643.73
CICLESONIDE	70515071101	7	219.37		\$	1,535.59
CICLOPIROX	51672530200	8	14.26		\$	114.08
CICLOPIROX OLAMINE	51672131802	17	2.92		\$	49.64
CILOSTAZOL	60505252101	4	5.40		\$	21.60
CILOSTAZOL	60505252201	60	5.93		\$	355.80
CILOSTAZOL	70436005006	13	5.40		\$	70.20
CILOSTAZOL	70436005106	48	5.93		\$	284.64
CINACALCET HCL	00591241630	20	69.24		\$	1,384.80
CINACALCET HCL	00591241730	28	334.99		\$	9,379.72
CINACALCET HCL	00591241830	7	207.00		\$	1,449.00
CINACALCET HCL	65862083130	10	169.99		\$	1,699.90

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CINACALCET HCL	65862083230	14	218.00		\$	3,052.00
CINACALCET HCL	67877050330	3	169.99		\$	509.97
CINACALCET HCL	70436000704	47	169.99		\$	7,989.53
CINACALCET HCL	70436000804	23	218.00		\$	5,014.00
CINACALCET HCL	70436000904	4	389.99		\$	1,559.96
CIPROFLOXACIN HCL	00065065435	1	213.29		\$	213.29
CIPROFLOXACIN HCL	00143992701	10	5.56		\$	55.60
CIPROFLOXACIN HCL	00143992801	36	8.90		\$	320.40
CIPROFLOXACIN HCL	00143992950	19	9.83		\$	186.77
CIPROFLOXACIN HCL	16571041250	62	44.50		\$	2,759.00
CIPROFLOXACIN HCL	42195055014	2	101.79		\$	203.58
CIPROFLOXACIN HCL	55111012705	5	44.50		\$	222.50
CIPROFLOXACIN HCL	61314065605	7	9.50		\$	66.50
CIPROFLOXACIN HCL	61314065610	4	19.00		\$	76.00
CIPROFLOXACIN HCL	63739055910	1	8.90		\$	8.90
CIPROFLOXACIN HCL	69315030802	10	4.75		\$	47.50
CIPROFLOXACIN HCL	69315030805	97	9.50		\$	921.50
CIPROFLOXACIN HCL	69315030810	18	19.00		\$	342.00
CIPROFLOXACIN HCL/HC	00065853110	1	314.29		\$	314.29
CIPROFLOXACIN/D5W	00409477723	1	55.40		\$	55.40
CIPROFLOXACIN/D5W	00409477750	3	55.40		\$	166.20
CIPROFLOXACIN/D5W	36000000924	4	68.42		\$	273.68
CIPROFLOXACIN/DEXAMETHASONE	00065853302	10	247.84		\$	2,478.40
CISATRACURIUM BESYLATE	00074437805	1	18.80		\$	18.80
CISPLATIN	63323010364	4	32.82		\$	131.28
CITALOPRAM HYDROBROMIDE	00378623101	158	1.84		\$	291.04
CITALOPRAM HYDROBROMIDE	00378623105	93	9.21		\$	856.53
CITALOPRAM HYDROBROMIDE	00378623205	199	13.30		\$	2,646.70
CITALOPRAM HYDROBROMIDE	00378623301	11	3.19		\$	35.09
CITALOPRAM HYDROBROMIDE	00378623305	137	15.95		\$	2,185.15
CLARITHROMYCIN	00527193206	2	26.95		\$	53.90
CLARITHROMYCIN	00781196260	40	26.95		\$	1,078.00
CLARITHROMYCIN	65862022660	10	26.95		\$	269.50
CLINDAMYCIN HCL	00591570801	45	10.85		\$	488.25
CLINDAMYCIN HCL	00904595961	2	10.85		\$	21.70
CLINDAMYCIN HCL	42571025101	9	10.85		\$	97.65
CLINDAMYCIN HCL	42571025201	1	24.38		\$	24.38
CLINDAMYCIN HCL	63304069201	971	10.85		\$	10,535.35
CLINDAMYCIN HCL	63304069205	6	54.25		\$	325.50
CLINDAMYCIN HCL	65862018601	370	24.38		\$	9,020.60
CLINDAMYCIN HCL	68084024301	1	10.85		\$	10.85
CLINDAMYCIN PALMITATE HCL	59762001601	4	16.25		\$	65.00
CLINDAMYCIN PHOS/D5W	00338381424	2	207.35		\$	414.70
CLINDAMYCIN PHOS/D5W	00781328809	1	94.56		\$	94.56
CLINDAMYCIN PHOSPHATE	00009077526	7	52.20		\$	365.40
CLINDAMYCIN PHOSPHATE	00009090218	4	69.23		\$	276.92

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CLINDAMYCIN PHOSPHATE	00168020230	24	31.78		\$	762.72
CLINDAMYCIN PHOSPHATE	00168020260	1	63.56		\$	63.56
CLINDAMYCIN PHOSPHATE	00168020360	6	68.20		\$	409.20
CLINDAMYCIN PHOSPHATE	00168027740	7	71.67		\$	501.69
CLINDAMYCIN PHOSPHATE	45802026337	2	22.34		\$	44.68
CLINDAMYCIN PHOSPHATE	45802056201	66	6.19		\$	408.21
CLINDAMYCIN PHOSPHATE	52565001829	1	6.19		\$	6.19
CLINDAMYCIN/0.9%NACL	00338954924	4	106.80		\$	427.20
CLINDAMYCIN/0.9%NACL	00338955324	1	132.00		\$	132.00
CLOBETASOL PROPIONATE	50383026625	5	17.13		\$	85.63
CLOBETASOL PROPIONATE	51672125802	199	5.00		\$	995.00
CLOBETASOL PROPIONATE	51672125901	11	4.81		\$	52.88
CLOBETASOL PROPIONATE	51672125902	312	9.62		\$	2,999.88
CLOBETASOL PROPIONATE	51672125903	47	19.23		\$	903.81
CLOBETASOL PROPIONATE	51672129302	11	17.13		\$	188.38
CLOBETASOL PROPIONATE	52565005130	166	5.00		\$	830.00
CLOBETASOL PROPIONATE	52565005145	31	7.50		\$	232.50
CLOBETASOL PROPIONATE	52565005160	8	10.00		\$	80.00
CLOBETASOL PROPIONATE	63646050025	25	17.13		\$	428.13
CLOBETASOL PROPIONATE	68462053228	115	17.13		\$	1,969.38
CLOBETASOL PROPIONATE	68462053253	5	34.25		\$	171.25
CLOBETASOL PROPIONATE/EMOLL	52565009415	11	20.78		\$	228.58
CLOBETASOL PROPIONATE/EMOLL	52565009430	18	41.56		\$	748.08
CLONAZEPAM	00555009696	3	42.77		\$	128.31
CLONAZEPAM	43547040610	12	1.71		\$	20.52
CLONAZEPAM	43547040710	33	2.36		\$	77.88
CLONAZEPAM	43547040810	9	3.01		\$	27.09
CLONAZEPAM	49884030802	6	42.77		\$	256.62
CLONAZEPAM	49884030902	39	35.72		\$	1,393.08
CLONAZEPAM	63739026310	20	1.71		\$	34.20
CLONIDINE	00378087199	18	39.99		\$	719.82
CLONIDINE	00378087299	8	65.45		\$	523.60
CLONIDINE	00378087399	46	77.94		\$	3,585.24
CLONIDINE HCL	00228212710	68	1.93		\$	131.38
CLONIDINE HCL	00228212750	202	9.66		\$	1,951.32
CLONIDINE HCL	00228212810	166	2.48		\$	411.68
CLONIDINE HCL	00228212850	195	12.40		\$	2,418.00
CLONIDINE HCL	00228212910	268	2.75		\$	737.00
CLONIDINE HCL	00904565661	1	2.00		\$	2.00
CLONIDINE HCL	29300013505	9	9.66		\$	86.94
CLONIDINE HCL	29300013605	2	12.40		\$	24.80
CLONIDINE HCL	29300013701	12	2.75		\$	33.00
CLONIDINE HCL	51079029920	1	1.93		\$	1.93
CLONIDINE HCL	52817018000	11	19.32		\$	212.52
CLONIDINE HCL	52817018210	2	2.75		\$	5.50
CLONIDINE HCL	62332005631	2	2.75		\$	5.50

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CLONIDINE HCL	63739006010	1	2.00		\$ 2.00
CLOPIDOGREL BISULFATE	00904629461	1	6.22		\$ 6.22
CLOPIDOGREL BISULFATE	16729021810	52	1.89		\$ 98.28
CLOPIDOGREL BISULFATE	16729021815	143	5.60		\$ 800.80
CLOPIDOGREL BISULFATE	16729021816	192	31.11		\$ 5,973.12
CLOPIDOGREL BISULFATE	55111019605	1	31.11		\$ 31.11
CLOPIDOGREL BISULFATE	65862035730	5	1.87		\$ 9.33
CLOTTRIMAZOLE	00054414622	5	19.54		\$ 97.70
CLOTTRIMAZOLE	00054414623	3	39.08		\$ 117.24
CLOTTRIMAZOLE	00054814622	1	19.54		\$ 19.54
CLOTTRIMAZOLE	00472022063	162	3.99		\$ 646.38
CLOTTRIMAZOLE	00904782231	162	2.28		\$ 369.71
CLOTTRIMAZOLE	51672127502	3	2.28		\$ 6.85
CLOTTRIMAZOLE	51672200306	266	3.99		\$ 1,061.34
CLOTTRIMAZOLE/BETAMETH DIP	00168025846	16	13.15		\$ 210.40
CLOZAPINE	00093435901	14	20.74		\$ 290.36
CLOZAPINE	00093440401	18	52.39		\$ 943.02
CLOZAPINE	00093440593	1	103.71		\$ 103.71
CLOZAPINE	00093777201	41	26.73		\$ 1,095.93
CLOZAPINE	00093777205	2	133.65		\$ 267.30
CLOZAPINE	16729014216	5	133.65		\$ 668.25
CLOZAPINE	51862027301	2	26.73		\$ 53.46
CLOZAPINE	51862027401	3	103.71		\$ 311.13
CLOZAPINE	65862084401	3	20.74		\$ 62.22
CLOZAPINE	65862084501	5	52.39		\$ 261.95
CLOZAPINE	65862084601	11	26.73		\$ 294.03
COAL TAR	00096073708	2	1.95		\$ 3.90
COAL TAR	00904525944	30	2.07		\$ 62.10
COAL TAR	70501009200	3	1.07		\$ 3.21
COAL TAR	70501009466	62	1.07		\$ 66.34
COLCHICINE	00143301801	41	384.66		\$ 15,770.86
COLCHICINE	00143301830	28	115.40		\$ 3,231.10
COLCHICINE	00254200801	4	75.00		\$ 300.00
COLCHICINE	00254200811	20	22.50		\$ 450.00
COLCHICINE	67877058901	2	75.00		\$ 150.00
COLCHICINE/PROBENECID	64980014901	6	91.21		\$ 547.26
COLESEVELAM HCL	67877050651	2	159.00		\$ 318.00
COLESEVELAM HCL	68382061928	1	159.00		\$ 159.00
COLESTIPOL HCL	00115521116	17	99.99		\$ 1,699.83
COLESTIPOL HCL	59762026001	2	76.53		\$ 153.06
COLLAGENASE	50484001030	54	243.92		\$ 13,171.68
CONTACT LENS CASE	10119041400	33	1.21		\$ 39.93
CONTACT LENS CASE	24021000280	1	1.21		\$ 1.21
CONTACT LENS CASE	76855071021	4	1.21		\$ 4.84
COSYNTROPIN	00781344095	2	576.29		\$ 1,152.58
CROMOLYN SODIUM	61314023710	14	5.11		\$ 71.54

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CYANOCOBALAMIN (VITA B12)	00904320713	1	1.80		\$ 1.80
CYANOCOBALAMIN (VITA B12)	00904421713	1	2.85		\$ 2.85
CYANOCOBALAMIN (VITA B12)	00904421813	119	1.67		\$ 198.73
CYANOCOBALAMIN (VITA B12)	10006070022	239	2.85		\$ 680.43
CYANOCOBALAMIN (VITA B12)	10006073035	26	1.01		\$ 26.20
CYANOCOBALAMIN (VITA B12)	10006073036	67	1.38		\$ 92.77
CYANOCOBALAMIN (VITA B12)	10006073043	30	2.19		\$ 65.70
CYANOCOBALAMIN (VITA B12)	11845006935	18	1.31		\$ 23.65
CYANOCOBALAMIN (VITA B12)	11845009661	38	4.65		\$ 176.70
CYANOCOBALAMIN (VITA B12)	30768060693	39	1.31		\$ 51.25
CYANOCOBALAMIN (VITA B12)	35046001130	38	1.31		\$ 49.78
CYANOCOBALAMIN (VITA B12)	40093010602	29	4.82		\$ 139.72
CYANOCOBALAMIN (VITA B12)	43292056398	3	4.82		\$ 14.46
CYANOCOBALAMIN (VITA B12)	63323004401	53	10.30		\$ 545.72
CYANOCOBALAMIN (VITA B12)	69680011225	27	10.30		\$ 278.01
CYANOCOBALAMIN (VITA B12)	70069000510	2	10.30		\$ 20.59
CYCLOBENZAPRINE HCL	69097084607	5	1.58		\$ 7.92
CYCLOPENTOLATE HCL	00065039605	4	49.30		\$ 197.20
CYCLOPENTOLATE HCL	17478009702	2	5.15		\$ 10.30
CYCLOPENTOLATE HCL	17478010002	19	1.75		\$ 33.34
CYCLOPENTOLATE HCL	17478010012	70	13.16		\$ 921.20
CYCLOPHOSPHAMIDE	10019093801	33	175.55		\$ 5,793.15
CYCLOPHOSPHAMIDE	10019093901	1	351.09		\$ 351.09
CYCLOPHOSPHAMIDE	10019095501	11	175.55		\$ 1,931.05
CYCLOSPORINE	00023530105	3	585.32		\$ 1,755.96
CYCLOSPORINE	00023916330	21	292.64		\$ 6,145.44
CYCLOSPORINE	00023916360	3	585.32		\$ 1,755.96
CYCLOSPORINE	60505013400	17	253.63		\$ 4,311.71
CYCLOSPORINE MODIFIED	00093574165	14	31.85		\$ 445.90
CYCLOSPORINE MODIFIED	00093574265	30	48.60		\$ 1,458.00
CYCLOSPORINE MODIFIED	51862045847	58	12.78		\$ 741.24
CYPROHEPTADINE HCL	52817021010	14	8.99		\$ 125.86
DABIGATRAN ETEXILATE	00597036055	3	421.89		\$ 1,265.67
DABIGATRAN ETEXILATE	00597036082	3	421.89		\$ 1,265.67
DACARBAZINE	63323012820	3	159.01		\$ 477.03
DANAZOL	00527136801	8	308.71		\$ 2,469.68
DANTROLENE SODIUM	00115441101	35	33.00		\$ 1,155.00
DANTROLENE SODIUM	00115442201	12	104.58		\$ 1,254.96
DANTROLENE SODIUM	00115443301	6	131.14		\$ 786.84
DAPSONE	69543015030	4	42.66		\$ 170.64
DAPSONE	69543015130	20	26.82		\$ 536.40
DAPSONE	70954013520	4	142.20		\$ 568.80
DAPSONE	70954013610	8	26.82		\$ 214.56
DAPSONE	70954013620	8	89.40		\$ 715.20
DAPTOMYCIN	16729043405	73	39.63		\$ 2,892.99
DAPTOMYCIN	16729043445	1	402.34		\$ 402.34

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DAPTOMYCIN	16729043505	112	50.25		\$	5,628.00
DAPTOMYCIN	25021017915	9	603.51		\$	5,431.59
DAPTOMYCIN	25021017916	4	6,035.10		\$	24,140.40
DAPTOMYCIN	63323037119	54	50.25		\$	2,713.50
DAPTOMYCIN	63323058515	8	39.63		\$	317.04
DARBEPOETIN ALFA/POLYSORBATE	55513000204	66	735.30		\$	48,529.80
DARBEPOETIN ALFA/POLYSORBATE	55513000304	10	1,176.48		\$	11,764.80
DARBEPOETIN ALFA/POLYSORBATE	55513000504	556	1,503.61	Retacrit 40000 UN/ML 4x1	\$	836,007.16
DARBEPOETIN ALFA/POLYSORBATE	55513005704	4	735.30		\$	2,941.20
DARUN/COBIC/EMTRIC/TENOF ALA	59676080030	18	2,528.34	Wghted Avg 340(B) & Non	\$	45,510.19
DARUNAVIR	59676056201	31	996.78	Wghted Avg 340(B) & Non	\$	30,900.18
DARUNAVIR	59676056630	577	1,011.09	Wghted Avg 340(B) & Non	\$	583,398.93
DARUNAVIR/COBICISTAT	59676057530	386	1,239.42	Wghted Avg 340(B) & Non	\$	478,414.31
DASATINIB	00003085222	8	14,508.00		\$	116,064.00
DASATINIB	00003085722	12	14,508.00		\$	174,096.00
DEFERASIROX	45963045530	2	349.64		\$	699.28
DEFERASIROX	45963045630	11	820.88		\$	9,029.68
DENOSUMAB	55513073001	17	2,352.25		\$	39,988.25
DESFLURANE	10019064134	3	961.26		\$	2,883.78
DESFLURANE	10019064434	6	961.26		\$	5,767.56
DESIPRAMINE HCL	23155057901	1	14.99		\$	14.99
DESMOPRESSIN ACETATE	10702016901	1	50.14		\$	50.14
DESMOPRESSIN ACETATE	10702017001	12	63.71		\$	764.52
DESMOPRESSIN ACETATE	47335078891	8	70.84		\$	566.72
DESMOPRESSIN ACETATE	60505025801	4	63.71		\$	254.84
DESMOPRESSIN ACETATE	68462027601	1	63.71		\$	63.71
DESMOPRESSIN ACETATE	69918020101	23	63.71		\$	1,465.33
DESONIDE	51672128001	1	12.22		\$	12.22
DEXAMETHASONE	00054317763	4	13.21		\$	52.84
DEXAMETHASONE	00054418125	4	20.23		\$	80.92
DEXAMETHASONE	00054418325	2	39.87		\$	79.74
DEXAMETHASONE	00054418425	17	87.22		\$	1,482.74
DEXAMETHASONE	64980050924	1	32.44		\$	32.44
DEXAMETHASONE SOD PHOS	00641036725	1	10.99		\$	10.99
DEXAMETHASONE SOD PHOS	00641614525	2	3.33		\$	6.67
DEXAMETHASONE SOD PHOS	00641614625	2	16.67		\$	33.34
DEXAMETHASONE SOD PHOS	24208072002	31	51.20		\$	1,587.20
DEXAMETHASONE SOD PHOS	67457042010	2	43.96		\$	87.92
DEXAMETHASONE SOD PHOS	67457042254	8	16.67		\$	133.36
DEXAMETHASONE SOD PHOS	67457042312	2	3.33		\$	6.67
DEXTRAN 70/HP-M-CELL	00065041881	9	1.67		\$	15.03
DEXTRAN 70/HP-M-CELL	00904649335	1	1.67		\$	1.67
DEXTRAN 70/HP-M-CELL/GLYCERIN	00065042636	10	5.94		\$	59.40
DEXTROAMPHETAMINE/AMPHETAMINE	00115149101	2	70.20		\$	140.40
DEXTROAMPHETAMINE/AMPHETAMINE	43975033610	1	70.20		\$	70.20
DEXTROAMPHETAMINE/AMPHETAMINE	66993059902	2	70.20		\$	140.40

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DEXTROSE	00574006930	1	8.56		\$	8.56
DEXTROSE	56151161051	46	3.11		\$	143.06
DEXTROSE	56151161151	144	3.11		\$	447.84
DEXTROSE 10%/WATER	00338002302	1	34.21		\$	34.21
DEXTROSE 10%/WATER	00409793009	1	45.61		\$	45.61
DEXTROSE 40%/WATER	00409793719	1	142.91		\$	142.91
DEXTROSE 5%/0.45% NACL	00338008504	3	78.88		\$	236.64
DEXTROSE 5%/0.9% NACL	00338008904	3	35.20		\$	105.60
DEXTROSE 5%/LACT RINGERS	00264775100	1	32.40		\$	32.40
DEXTROSE 5%/WATER	00264751000	5	63.60		\$	318.00
DEXTROSE 5%/WATER	00338001704	1	74.48		\$	74.48
DEXTROSE 5%/WATER	00409792323	1	25.54		\$	25.54
DEXTROSE 5%/WATER	63323062474	1	39.90		\$	39.90
DEXTROSE 50%/WATER	00409664802	1	71.52		\$	71.52
DEXTROSE 50%/WATER	00409751716	14	86.40		\$	1,209.60
DEXTROSE 50%/WATER	76329330101	4	86.40		\$	345.60
DIAZEPAM	00409127332	8	344.35		\$	2,754.80
DIAZOXIDE	00575620030	28	327.18		\$	9,161.04
DIBUCAINE	00536121195	257	3.52		\$	904.64
DIBUCAINE	45802005003	675	3.52		\$	2,376.00
DIBUCAINE	55741040202	4	7.04		\$	28.16
DICLOFENAC SODIUM	16571020310	1	105.00		\$	105.00
DICLOFENAC SODIUM	24208045705	8	5.95		\$	47.60
DICLOFENAC SODIUM	42291025611	9	10.22		\$	91.98
DICLOFENAC SODIUM	45802016000	1	10.22		\$	10.22
DICLOFENAC SODIUM	61442010201	32	10.80		\$	345.60
DICLOFENAC SODIUM	61442010210	1	108.00		\$	108.00
DICLOFENAC SODIUM	61442010260	3	6.48		\$	19.44
DICLOFENAC SODIUM	61442010301	4	9.35		\$	37.40
DICLOFENAC SODIUM	61442010310	1	93.49		\$	93.49
DICLOFENAC SODIUM	61442010360	2	5.61		\$	11.22
DICLOFENAC SODIUM	65162083366	438	10.22		\$	4,476.36
DICLOFENAC SODIUM	69097052444	1	10.22		\$	10.22
DICLOXACILLIN SODIUM	00093312301	1	41.76		\$	41.76
DICLOXACILLIN SODIUM	00093312501	2	76.37		\$	152.74
DICYCLOMINE HCL	00378161001	24	7.90		\$	189.55
DICYCLOMINE HCL	00378161005	5	39.49		\$	197.45
DICYCLOMINE HCL	00378162001	136	10.62		\$	1,444.32
DICYCLOMINE HCL	00527058601	2	7.90		\$	15.80
DICYCLOMINE HCL	00527058610	2	78.98		\$	157.96
DICYCLOMINE HCL	00591079401	23	7.90		\$	181.65
DICYCLOMINE HCL	00591079410	5	78.98		\$	394.90
DICYCLOMINE HCL	00591079501	27	10.62		\$	286.74
DICYCLOMINE HCL	00591079510	76	106.20		\$	8,071.20
DIDANOSINE	00087667417	2	429.87		\$	859.74
didanosine	65862031230	1	84.99	Wghted Avg 340(B) & Non	\$	84.99

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DIFLUNISAL	00093075506	3	57.65		\$	172.96
DIFLUPREDNATE	00065924007	30	195.82		\$	5,874.60
DIGOXIN	00143124001	1	19.25		\$	19.25
DIGOXIN	00143124101	3	40.74		\$	122.22
DIGOXIN	00378615501	43	19.25		\$	827.75
DIGOXIN	00378615601	27	40.74		\$	1,099.98
DIGOXIN	42292000320	3	19.25		\$	57.75
DILTIAZEM HCL	00093031801	15	8.94		\$	134.10
DILTIAZEM HCL	00093031901	38	16.64		\$	632.47
DILTIAZEM HCL	00093032001	11	17.55		\$	193.05
DILTIAZEM HCL	00378609001	6	259.54		\$	1,557.24
DILTIAZEM HCL	10370082911	14	5.15		\$	72.10
DILTIAZEM HCL	10370083005	1	122.39		\$	122.39
DILTIAZEM HCL	10370083009	2	22.03		\$	44.06
DILTIAZEM HCL	10370083105	2	118.06		\$	236.11
DILTIAZEM HCL	10370083111	1	7.08		\$	7.08
DILTIAZEM HCL	24979002602	2	85.83		\$	171.66
DILTIAZEM HCL	24979002607	13	15.45		\$	200.84
DILTIAZEM HCL	24979002707	6	22.03		\$	132.18
DILTIAZEM HCL	24979002802	1	118.06		\$	118.06
DILTIAZEM HCL	24979002807	3	21.25		\$	63.75
DILTIAZEM HCL	42291018690	18	21.25		\$	382.50
DILTIAZEM HCL	60505001406	4	46.49		\$	185.95
DILTIAZEM HCL	60505001408	2	232.44		\$	464.88
DILTIAZEM HCL	60505001506	24	65.31		\$	1,567.44
DILTIAZEM HCL	60505001508	5	326.55		\$	1,632.75
DILTIAZEM HCL	60505001606	7	68.30		\$	478.07
DILTIAZEM HCL	60505001608	14	341.48		\$	4,780.72
DILTIAZEM HCL	60687019501	19	17.17		\$	326.15
DILTIAZEM HCL	63739001410	12	17.17		\$	205.99
DILTIAZEM HCL	63739001510	58	24.48		\$	1,419.72
DILTIAZEM HCL	63739008010	1	16.64		\$	16.64
DILTIAZEM HCL	68382059505	6	97.05		\$	582.30
DILTIAZEM HCL	68382059516	6	15.45		\$	92.70
DILTIAZEM HCL	68382059605	2	127.00		\$	254.00
DILTIAZEM HCL	68382059616	34	22.03		\$	749.03
DILTIAZEM HCL	68382059705	12	118.05		\$	1,416.60
DILTIAZEM HCL	68382059716	1	21.25		\$	21.25
DILTIAZEM HCL	68682037190	20	44.01		\$	880.20
DILTIAZEM HCL	68682070730	3	74.04		\$	222.12
DILTIAZEM HCL	68682099398	6	15.45		\$	92.70
DILTIAZEM HCL	68682099498	2	22.03		\$	44.06
DILTIAZEM HCL	68682099798	3	21.25		\$	63.75
DIMENHYDRINATE	00904205112	12	0.18		\$	2.16
DIMENHYDRINATE	00904205159	81	1.51		\$	122.31
DIMENHYDRINATE	70000040401	24	0.18		\$	4.32

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DIPHENHYD/LIDO/ALH/MGH/SIMETH	65628005001	2	39.90		\$	79.80
DIPHENHYDRAMINE HCL	00641037625	277	23.00		\$	6,371.00
DIPHENHYDRAMINE HCL	00904205661	13	1.34		\$	17.46
DIPHENHYDRAMINE HCL	00904530661	10	1.24		\$	12.43
DIPHENHYDRAMINE HCL	00904530680	260	12.43		\$	3,231.80
DIPHENHYDRAMINE HCL	00904530780	489	13.43		\$	6,567.27
DIPHENHYDRAMINE HCL	00904555124	55	0.40		\$	21.78
DIPHENHYDRAMINE HCL	00904555159	87	1.65		\$	143.55
DIPHENHYDRAMINE HCL	00904698516	28	5.85		\$	163.87
DIPHENHYDRAMINE HCL	50580023201	1	2.35		\$	2.35
DIPHENHYDRAMINE HCL	50580053408	2	0.10		\$	0.20
DIPHENHYDRAMINE HCL	54838013540	29	1.46		\$	42.34
DIPHENHYDRAMINE HCL	54838013580	2	5.85		\$	11.70
DIPHENHYDRAMINE HCL	63323066401	17	23.00		\$	391.00
DIPHENHYDRAMINE HCL	70000017401	24	5.91		\$	141.84
DIPHENHYDRAMINE HCL	70000024501	4	1.46		\$	5.84
DIPHENHYDRAMINE HCL	70000024502	14	2.92		\$	40.88
DIPHENHYDRAMINE HCL	70000047401	2	1.46		\$	2.92
DIPHENHYDRAMINE HCL	70000049201	4	1.46		\$	5.84
DIPHENOXYLATE/ATROPINE	59762106101	6	29.48		\$	176.85
DIPYRIDAMOLE/ASPIRIN	62559085060	2	169.46		\$	338.92
DIPYRIDAMOLE/ASPIRIN	70436009205	1	169.46		\$	169.46
DIVALPROEX SODIUM	00904686061	12	5.66		\$	67.87
DIVALPROEX SODIUM	57237004701	1	5.66		\$	5.66
DIVALPROEX SODIUM	57237004705	6	28.28		\$	169.68
DIVALPROEX SODIUM	62756079688	2	6.05		\$	12.10
DIVALPROEX SODIUM	62756079713	222	28.28		\$	6,278.16
DIVALPROEX SODIUM	62756079788	129	5.66		\$	729.62
DIVALPROEX SODIUM	62756079813	650	62.35		\$	40,527.50
DIVALPROEX SODIUM	65862059501	4	42.40		\$	169.60
DIVALPROEX SODIUM	68084077601	1	5.66		\$	5.66
DOCETAXEL	43598061040	5	86.99		\$	434.95
DOCETAXEL	43598061111	1	31.02		\$	31.02
DOCUSATE SODIUM	00536106210	609	12.19		\$	7,423.71
DOCUSATE SODIUM	00904645760	72	1.22		\$	87.77
DOCUSATE SODIUM	50383077116	1	0.40		\$	0.40
DOCUSATE SODIUM	54838011680	6	11.72		\$	70.32
DOCUSATE SODIUM	57896040110	2	1.54		\$	3.08
DOCUSATE SODIUM	57896040316	2	3.09		\$	6.18
DOCUSATE SODIUM	69618004410	6	12.19		\$	73.14
DOCUSATE SODIUM	70000036503	3	9.15		\$	27.45
DOLUTEGRAVIR	49702022713	2	913.24		\$	1,826.48
DOLUTEGRAVIR	49702022813	542	1,037.45	Wghted Avg 340(B) & Non	\$	562,296.95
DOLUTEGRAVIR/RILPIVIRINE	49702024213	50	1,654.20	Wghted Avg 340(B) & Non	\$	82,709.97
DONEPEZIL HCL	43547027503	46	1.36		\$	62.35
DONEPEZIL HCL	43547027509	16	4.07		\$	65.06

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DONEPEZIL HCL	43547027511	1	45.18		\$ 45.18
DONEPEZIL HCL	43547027603	20	1.05		\$ 21.00
DONEPEZIL HCL	43547027609	17	3.15		\$ 53.55
DONEPEZIL HCL	43547027611	1	35.00		\$ 35.00
DONEPEZIL HCL	59746033090	4	3.15		\$ 12.60
DORAVIRINE	00006306901	1	1,449.00		\$ 1,449.00
DORNASE ALFA	50242010040	13	3,447.58		\$ 44,818.54
DORZOLAMIDE HCL	00006351936	1	75.80		\$ 75.80
DORZOLAMIDE HCL	61314001910	1303	10.93		\$ 14,241.79
DORZOLAMIDE HCL/TIMOLOL MAL	17478060430	12	165.58		\$ 1,986.96
DORZOLAMIDE HCL/TIMOLOL MAL	17478060510	1	209.61		\$ 209.61
DORZOLAMIDE HCL/TIMOLOL MAL	24208048610	270	12.34		\$ 3,331.80
DORZOLAMIDE HCL/TIMOLOL MAL	61314003002	2	12.34		\$ 24.68
DORZOLAMIDE HCL/TIMOLOL MAL	65862094760	12	33.12		\$ 397.39
DORZOLAMIDE HCL/TIMOLOL MAL	70069005101	12	12.34		\$ 148.08
DOXAZOSIN MESYLATE	16729021301	20	6.87		\$ 137.40
DOXAZOSIN MESYLATE	16729041401	3	42.50		\$ 127.50
DOXAZOSIN MESYLATE	16729041501	6	4.67		\$ 28.02
DOXEPIN HCL	00378312501	4	23.31		\$ 93.24
DOXEPIN HCL	00378425001	4	33.36		\$ 133.44
DOXEPIN HCL	59651017401	6	23.31		\$ 139.86
DOXEPIN HCL	59651017501	3	33.36		\$ 100.08
DOXERCALCIFEROL	58468012601	1	160.00		\$ 160.00
DOXORUBICIN HCL	00069303220	6	12.78		\$ 76.68
DOXORUBICIN HCL	00069403201	6	11.00		\$ 66.00
DOXORUBICIN HCL	00143954701	3	11.00		\$ 33.00
DOXORUBICIN HCL LIPOSOMAL	00338006701	7	1,448.75		\$ 10,141.25
DOXORUBICIN HCL LIPOSOMAL	43598054125	1	1,376.30		\$ 1,376.30
DOXORUBICIN HCL LIPOSOMAL	43598068325	1	-		\$ -
DOXYCYCLINE HYCLATE	00143211205	72	90.95		\$ 6,548.40
DOXYCYCLINE HYCLATE	00143211250	1	9.10		\$ 9.10
DOXYCYCLINE HYCLATE	00143980305	38	89.40		\$ 3,397.20
DOXYCYCLINE HYCLATE	00904042804	1	5.36		\$ 5.36
DOXYCYCLINE HYCLATE	00904042806	1	8.94		\$ 8.94
DOXYCYCLINE HYCLATE	00904043004	2	5.46		\$ 10.91
DOXYCYCLINE HYCLATE	24658031205	4	90.95		\$ 363.80
DOXYCYCLINE MONOHYDRATE	68180065001	11	14.80		\$ 162.80
DOXYCYCLINE MONOHYDRATE	68180065208	480	15.46		\$ 7,420.80
DP(A)T-POLIO/HIB CONJ-TET/PF	49281051005	1	322.93		\$ 322.93
DULAGLUTIDE	00002143380	3	773.38		\$ 2,320.14
DULOXETINE HCL	43547037906	77	5.56		\$ 428.12
DULOXETINE HCL	51991074605	1	46.33		\$ 46.33
DULOXETINE HCL	57237001760	600	5.56		\$ 3,336.00
DULOXETINE HCL	57237001890	1	13.32		\$ 13.32
DULOXETINE HCL	57237001899	168	147.95		\$ 24,855.60
DULOXETINE HCL	57237001999	139	160.33		\$ 22,286.33

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DUTASTERIDE	31722013130	1	4.43		\$	4.43
DUTASTERIDE	31722013190	7	13.30		\$	93.10
ECONAZOLE NITRATE	45802046611	4	5.87		\$	23.49
EFAVIRENZ	00056051030	13	123.60		\$	1,606.80
EFAVIRENZ	00378223393	16	123.60		\$	1,977.60
EFAVIRENZ	64380088904	1	123.60		\$	123.60
EFAVIRENZ	69097030102	1	123.60		\$	123.60
elbasvir/grazoprevir	00006307402	187	4,298.84	Wghted Avg 340(B) & Non	\$	803,883.08
ELECTROLYTE SOLUTION/PEGS	43386006019	23	11.16		\$	256.68
ELECTROLYTE SOLUTION/PEGS	43386009019	17	11.17		\$	189.89
ELECTROLYTE SOLUTION/PEGS	52268010001	440	7.46		\$	3,282.40
ELECTROLYTE SOLUTION/PEGS	62175044601	22	7.77		\$	170.94
ELTROMBOPAG	00078068615	11	9,539.41		\$	104,933.51
ELTROMBOPAG	00078068715	5	14,309.12		\$	71,545.60
ELVIT/COBIC/EMTRIC/TENOF ALAF	61958190101	2963	924.06	HIV Inter, Wghted Avg 340(B)	\$	2,737,989.78
ELVIT/COBIC/EMTRIC/TENOF DF	61958120101	134	998.58	HIV Inter, Wghted Avg 340(B)	\$	133,809.72
EMOLLIENT/SKIN CLEANSER	00536110945	1	4.55		\$	4.55
EMOLLIENT/SKIN CLEANSER	09629513636	6	1.23		\$	7.38
EMOLLIENT/SKIN CLEANSER	71661000974	11	2.05		\$	22.55
EMOLLIENT/SKIN CLEANSER	74182026012	33	1.23		\$	40.59
EMOLLIENT/SKIN CLEANSER	74182026286	33	1.23		\$	40.59
EMOLLIENT/SKIN CLEANSER	74182026800	6	1.23		\$	7.38
EMOLLIENT/SKIN CLEANSER	74182026888	12	1.23		\$	14.76
EMOLLIENT/SKIN CLEANSER	74182029094	6	1.23		\$	7.38
EMPAGLIFLOZIN	00597015230	2	501.52		\$	1,003.04
EMPAGLIFLOZIN	00597015330	5	501.52		\$	2,507.60
EMPAGLIFLOZIN	00597015337	13	501.52		\$	6,519.76
EMTRICITAB/RILPIV/TENOF ALA	61958210101	463	763.68	HIV Inter, Wghted Avg 340(B)	\$	353,583.84
EMTRICITAB/RILPIV/TENOF DF	61958110101	74	758.80	HIV Inter, Wghted Avg 340(B)	\$	56,151.20
EMTRICITAB/TENOFOVIR DF/EFAVIR	15584010101	347	198.32	HIV Inter, Wghted Avg 340(B)	\$	68,817.04
EMTRICITAB/TENOFOVIR DF/EFAVIR	15584010101	1	258.73	HIV Inter, Wghted Avg 340(B)	\$	258.73
EMTRICITABINE	61958060101	64	291.68	Wghted Avg 340(B) & Non	\$	18,667.25
EMTRICITABINE/TENOF ALAF	61958200201	637	72.63	HIV Inter, Wghted Avg 340(B)	\$	46,265.31
EMTRICITABINE/TENOFOVIR DP FUM	61958070101	253	72.45	HIV Inter, Wghted Avg 340(B)	\$	18,329.85
ENALAPRIL MALEATE	51672403901	1	18.72		\$	18.72
ENALAPRIL MALEATE	64679092502	4	18.72		\$	74.89
ENALAPRIL MALEATE	64679092602	6	24.70		\$	148.20
ENCORAFENIB	70255002501	8	12,734.75		\$	101,878.00
ENOXAPARIN SODIUM	00075062300	2	85.64		\$	171.28
ENOXAPARIN SODIUM	00548560800	184	24.21		\$	4,454.64
ENOXAPARIN SODIUM	63323053190	12	48.70		\$	584.45
ENOXAPARIN SODIUM	63323053784	2	117.08		\$	234.16
ENOXAPARIN SODIUM	63323053903	12	24.21		\$	290.52
ENOXAPARIN SODIUM	63323056586	27	24.21		\$	653.67
ENOXAPARIN SODIUM	63323056593	246	31.77		\$	7,815.42
ENOXAPARIN SODIUM	63323056883	8	0.14		\$	1.15

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ENOXAPARIN SODIUM	63323056884	3	86.31		\$	258.93
ENOXAPARIN SODIUM	63323056887	12	33.41		\$	400.92
ENOXAPARIN SODIUM	63323056894	5	24.64		\$	123.20
ENOXAPARIN SODIUM	63323056895	45	8.63		\$	388.35
ENOXAPARIN SODIUM	63323056896	24	3.34		\$	80.16
ENOXAPARIN SODIUM	63323056898	1	5.02		\$	5.02
ENOXAPARIN SODIUM	63323056899	44	6.09		\$	267.87
ENOXAPARIN SODIUM	63323056984	6	83.28		\$	499.68
ENOXAPARIN SODIUM	63323060584	22	36.00		\$	792.00
ENOXAPARIN SODIUM	63323060990	3	78.89		\$	236.66
ENTACAPONE	64679078102	12	65.14		\$	781.68
ENTACAPONE	65862065401	27	65.14		\$	1,758.78
ENTECAVIR	51991089533	30	90.50		\$	2,715.00
ENTECAVIR	51991089633	87	99.99		\$	8,699.13
ENTECAVIR	69097042502	6	99.99		\$	599.94
ENZALUTAMIDE	00469012599	6	12,485.06		\$	74,910.36
EPINEPHRINE	00409492134	15	49.88		\$	748.20
EPINEPHRINE	42023015925	6	350.00		\$	2,100.00
EPINEPHRINE	49502010202	3	281.74		\$	845.22
EPINEPHRINE	54288010310	24	89.49		\$	2,147.76
EPINEPHRINE	76329331601	23	49.88		\$	1,147.24
EPLERENONE	00378103093	20	27.02		\$	540.40
EPLERENONE	00378103193	4	27.56		\$	110.24
EPLERENONE	51991087733	1	27.02		\$	27.02
EPOETIN ALFA	55513014410	4	1,658.00		\$	6,632.00
EPOETIN ALFA	55513028310	2	3,316.00		\$	6,632.00
EPOETIN ALFA	55513047810	2	3,316.00		\$	6,632.00
EPOETIN ALFA	59676032004	1	2,095.24		\$	2,095.24
EPOETIN ALFA-EPBX	00069130610	12	281.93		\$	3,383.16
EPOETIN ALFA-EPBX	00069130710	33	375.90		\$	12,404.70
EPOETIN ALFA-EPBX	00069130810	19	939.76		\$	17,855.44
EPOETIN ALFA-EPBX	00069130904	10	1,503.61		\$	15,036.10
ERGOCALCIFEROL (VITAMIN D2)	64380073706	80	15.15		\$	1,212.00
ERGOCALCIFEROL (VITAMIN D2)	69452015120	1	15.15		\$	15.15
ERTAPENEM SODIUM	55150028209	17	839.59		\$	14,273.03
ERTAPENEM SODIUM	55150028220	9	839.59		\$	7,556.31
ERYTHROMYCIN BASE	17478007035	7	11.97		\$	83.79
ERYTHROMYCIN BASE	24208091055	114	11.97		\$	1,364.58
ERYTHROMYCIN BASE	24338010203	1	243.69		\$	243.69
ERYTHROMYCIN BASE	24338010213	1	821.78		\$	821.78
ERYTHROMYCIN BASE	52536018603	5	342.22		\$	1,711.10
ERYTHROMYCIN BASE	68308025010	1	482.65		\$	482.65
ERYTHROMYCIN BASE	69238148401	1	821.78		\$	821.78
ERYTHROMYCIN BASE/ETHANOL	45802096694	7	31.00		\$	217.00
ERYTHROMYCIN BASE/ETHANOL	52565002759	1	19.75		\$	19.75
ERYTHROMYCIN ETHYLSUCCINATE	24338011013	2	1,424.30		\$	2,848.60

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ESCITALOPRAM OXALATE	00093585205	2	41.80		\$ 83.60
ESCITALOPRAM OXALATE	00904642761	26	8.36		\$ 217.36
ESCITALOPRAM OXALATE	13668013501	38	6.41		\$ 243.58
ESCITALOPRAM OXALATE	13668013705	14	41.80		\$ 585.20
ESCITALOPRAM OXALATE	43547028010	70	6.41		\$ 448.70
ESCITALOPRAM OXALATE	43547028011	1	64.10		\$ 64.10
ESCITALOPRAM OXALATE	43547028110	161	4.92		\$ 791.48
ESCITALOPRAM OXALATE	43547028111	29	49.16		\$ 1,425.64
ESCITALOPRAM OXALATE	43547028210	39	8.36		\$ 326.04
ESCITALOPRAM OXALATE	43547028211	28	83.60		\$ 2,340.80
ESCITALOPRAM OXALATE	65862037401	128	4.92		\$ 629.25
ESCITALOPRAM OXALATE	65862037405	8	93.60		\$ 748.80
ESCITALOPRAM OXALATE	65862037501	116	8.36		\$ 969.76
ESCITALOPRAM OXALATE	65862037505	6	41.80		\$ 250.80
ESMOLOL HCL	55150019410	1	60.07		\$ 60.07
ESMOLOL HCL	67457018210	1	24.03		\$ 24.03
ESOMEPRAZOLE MAGNESIUM	00093645098	1	10.41		\$ 10.41
ESOMEPRAZOLE MAGNESIUM	00093645156	7	3.94		\$ 27.58
ESOMEPRAZOLE MAGNESIUM	00093645198	2	11.82		\$ 23.64
ESTRADIOL	00555088602	15	10.77		\$ 161.55
ESTRADIOL	00555088604	3	53.85		\$ 161.55
ESTRADIOL	00555088702	36	14.91		\$ 536.76
ESTRADIOL	00555088704	1	74.55		\$ 74.55
ESTRADIOL	00555089902	2	11.12		\$ 22.24
ESTRADIOL	00781716783	1	61.75		\$ 61.75
ESTRADIOL	42806008901	2	14.91		\$ 29.82
ESTRADIOL	47781010444	5	70.00		\$ 350.00
ESTRADIOL CYPIONATE	00009027101	130	113.12		\$ 14,705.60
ESTRADIOL VALERATE	00574087005	39	86.46		\$ 3,371.94
ESTRADIOL VALERATE	42023011001	82	132.73		\$ 10,883.86
ESTRADIOL VALERATE	42023011101	5	187.07		\$ 935.35
ESTROGEN CONJUGATED	00046087221	1	392.24		\$ 392.24
ESTROGEN CONJUGATED	00046110081	2	590.40		\$ 1,180.80
ESTROGEN CONJUGATED	00046110481	5	590.40		\$ 2,952.00
ESTROGEN ESTER/METHYLTESTOST	62559015001	4	158.60		\$ 634.40
ETANERCEPT	58406002104	5	5,390.23		\$ 26,951.16
ETANERCEPT	58406003204	49	5,390.23		\$ 264,121.36
ETANERCEPT	58406043504	15	5,018.84		\$ 75,282.57
ETELCALCETIDE HYDROCHLORIDE	55513074110	1	1,635.00		\$ 1,635.00
ETHAMBUTOL HCL	54879000201	7	40.00		\$ 280.00
ETHAMBUTOL HCL	68850001201	2	45.00		\$ 90.00
ETHYL ALCOHOL	37205073434	3	0.95		\$ 2.85
ETHYL ALCOHOL	37205097643	2	2.17		\$ 4.34
ETHYL ALCOHOL	70000002001	4	2.17		\$ 8.68
ETHYL ALCOHOL	70000046201	4	2.17		\$ 8.68
ETHYL ALCOHOL	73852000938	3	1.07		\$ 3.21

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ETHYL ALCOHOL	73852000939	1	1.07		\$	1.07
ETHYL ALCOHOL	73852006820	4	1.07		\$	4.28
ETHYL ALCOHOL	73852009650	1	1.07		\$	1.07
ETHYL ALCOHOL	73852009652	2	1.07		\$	2.14
ETOMIDATE	00143931110	2	114.78		\$	229.56
etravirine	59676057001	7	761.10	Wghted Avg 340(B) & Non	\$	5,327.71
ETRAVIRINE	59676057101	85	768.43	Wghted Avg 340(B) & Non	\$	65,316.30
EVOLOCUMAB	72511075001	22	225.00		\$	4,950.00
EXENATIDE	00310652401	4	728.97		\$	2,915.88
EXENATIDE	00310653004	4	713.12		\$	2,852.48
EYE PRODUCTS	10119000252	10	0.07		\$	0.75
EYE PRODUCTS	31011903954	42	3.29		\$	138.18
EYE PRODUCTS	31011904301	25	3.66		\$	91.50
EYE PRODUCTS	31011904303	61	8.24		\$	502.64
EZETIMIBE	00591371330	1	3.94		\$	3.94
EZETIMIBE	59651005290	1	11.00		\$	11.00
EZETIMIBE	67877049005	5	65.72		\$	328.60
EZETIMIBE	67877049030	43	3.94		\$	169.56
EZETIMIBE	67877049090	15	11.83		\$	177.44
FAMOTIDINE	00093274892	5	3.68		\$	18.42
FAMOTIDINE	00172572860	704	5.00		\$	3,520.00
FAMOTIDINE	00172572870	36	25.00		\$	900.00
FAMOTIDINE	00172572880	440	50.00		\$	22,000.00
FAMOTIDINE	00172572960	99	9.41		\$	931.59
FAMOTIDINE	00172572970	16	47.05		\$	752.80
FAMOTIDINE	00641602225	20	17.50		\$	350.00
FAMOTIDINE	00904552952	125	4.42		\$	552.50
FAMOTIDINE	00904552987	37	2.21		\$	81.77
FAMOTIDINE	00904578017	37	1.25		\$	46.25
FAMOTIDINE	00904578051	199	5.65		\$	1,124.35
FAMOTIDINE	16837085525	20	1.25		\$	25.00
FAMOTIDINE	16837085550	48	2.50		\$	120.00
FAMOTIDINE	16837087290	23	6.54		\$	150.42
FAMOTIDINE	37205061465	115	2.56		\$	294.40
FAMOTIDINE	61442012101	2	5.00		\$	10.00
FAMOTIDINE	61442012110	2	50.00		\$	100.00
FAMOTIDINE	62332000131	25	5.00		\$	125.00
FAMOTIDINE	62332000191	19	50.00		\$	950.00
FAMOTIDINE	63323073912	1	17.50		\$	17.50
FAMOTIDINE	63739064510	169	5.00		\$	845.00
FAMOTIDINE/0.9% NA CL	00338519741	7	115.16		\$	806.12
FAMOTIDINE/CA CARB/MAG HYDROX	16837088825	5	8.82		\$	44.10
FAMOTIDINE/CA CARB/MAG HYDROX	16837088850	40	16.02		\$	640.80
FE DEXTRAN COMPLEX	00023608210	136	291.97		\$	39,707.92
FE GLUCONATE	00574050801	5	4.30		\$	21.49
FE GLUCONATE	54629064501	15	4.74		\$	71.10

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FE GLUCONATE	57896072401	2	1.36		\$ 2.72
FE GLUCONATE	96295012829	3	1.48		\$ 4.44
FE SUCROSE COMPLEX	00517232510	28	238.00		\$ 6,664.00
FE SUCROSE COMPLEX	00517234010	4	320.00		\$ 1,280.00
FE SULFATE	00904759180	2	6.81		\$ 13.62
FE SULFATE	00904759182	90	0.68		\$ 61.29
FE SULFATE	50383077816	24	6.29		\$ 150.96
FE SULFATE	54838000180	4	22.01		\$ 88.04
FE SULFATE	57896070310	242	6.81		\$ 1,648.02
FEBUXOSTAT	00378392593	36	12.92		\$ 465.12
FEBUXOSTAT	64764091830	2	330.03		\$ 660.06
FELBAMATE	62559073001	4	134.68		\$ 538.72
FELBAMATE	65162073409	1	121.21		\$ 121.21
FELBAMATE	65162073509	3	273.50		\$ 820.50
FELODIPINE	13668013401	3	14.39		\$ 43.17
FENOFIBRATE	00378306677	1	11.45		\$ 11.45
FENOFIBRATE	42858045445	2	25.66		\$ 51.32
FENOFIBRATE	42858066045	3	54.52		\$ 163.56
FENOFIBRATE	68180036209	2	25.66		\$ 51.32
FENOFIBRATE	68180036309	2	54.52		\$ 109.04
FENOFIBRATE	69097045805	14	11.45		\$ 160.30
FENOFIBRATE	69097045905	6	11.62		\$ 69.72
FENTANYL	00378911998	6	17.64		\$ 105.84
FENTANYL	00378912398	6	20.42		\$ 122.52
FENTANYL	47781042347	5	17.64		\$ 88.20
FENTANYL	47781042447	4	8.51		\$ 34.04
FENTANYL	51862031778	10	24.41		\$ 244.10
FENTANYL	60505700602	11	8.51		\$ 93.61
FENTANYL	60505700802	12	20.42		\$ 245.04
FENTANYL	60505700902	9	24.41		\$ 219.69
FENTANYL	60505708102	76	8.51		\$ 646.76
FENTANYL	60505708202	120	19.19		\$ 2,302.80
FENTANYL	60505708302	30	20.42		\$ 612.60
FENTANYL	60505708402	30	24.41		\$ 732.30
FENTANYL CITRATE	00409909425	4	59.22		\$ 236.88
FERRIC SUBSULFATE	59365606500	1	173.76		\$ 173.76
FEXOFENADINE HCL	45802042578	6	12.21		\$ 73.26
FEXOFENADINE HCL	70000036104	4	14.14		\$ 56.56
FIDAXOMICIN	52015008001	10	4,059.15		\$ 40,591.50
FILGRASTIM	55513053010	1	3,148.33		\$ 3,148.33
FILGRASTIM	55513054610	6	5,013.29		\$ 30,079.74
FILGRASTIM-AAFI	00069029110	1	1,576.80		\$ 1,576.80
FILGRASTIM-AAFI	00069029410	3	2,522.88		\$ 7,568.64
FINASTERIDE	00904683006	1	22.50		\$ 22.50
FINASTERIDE	16729009001	193	4.97		\$ 959.21
FINASTERIDE	16729009015	79	4.47		\$ 353.37

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FINASTERIDE	16729009016	117	24.85		\$ 2,907.45
FINGOLIMOD	00078060715	12	8,662.23		\$ 103,946.76
FISH OIL	00536718706	57	4.66		\$ 265.62
FISH OIL	00904404360	38	3.71		\$ 140.98
FISH OIL	37205055876	8	5.23		\$ 41.84
FISH OIL	40985022921	5	11.42		\$ 57.10
FISH OIL	47469004040	3	7.28		\$ 21.84
FLECAINIDE ACETATE	00054001121	16	13.93		\$ 222.91
FLECAINIDE ACETATE	53746064101	43	24.47		\$ 1,052.21
FLECAINIDE ACETATE	53746064201	22	23.22		\$ 510.84
FLECAINIDE ACETATE	53746064301	1	35.31		\$ 35.31
FLU VACCINE 2019-2020	33332041910	850	145.42		\$ 123,607.00
FLUCONAZOLE	50268033715	1	36.82		\$ 36.82
FLUCONAZOLE	57237000511	198	14.58		\$ 2,886.84
FLUCONAZOLE	67405060203	8	22.09		\$ 176.72
FLUCONAZOLE	67405060301	2	14.58		\$ 29.16
FLUCONAZOLE	67405060403	2	9.72		\$ 19.44
FLUCONAZOLE	68462010230	170	22.09		\$ 3,755.30
FLUCONAZOLE	68462010430	153	9.72		\$ 1,487.16
FLUCONAZOLE	70710114003	6	29.96		\$ 179.76
FLUCONAZOLE/SOD CL	25021018482	2	38.23		\$ 76.47
FLUDROCORTISONE ACETATE	00115703301	3	37.82		\$ 113.45
FLUDROCORTISONE ACETATE	50268033015	5	18.91		\$ 94.55
FLUMAZENIL	00143968410	1	2.98		\$ 2.98
FLUOCINOLONE ACETONIDE	21922000301	2	69.91		\$ 139.82
FLUOCINOLONE ACETONIDE	52565001259	11	69.91		\$ 769.01
FLUOCINOLONE ACETONIDE	68791010320	1	28.08		\$ 28.08
FLUOCINONIDE	45802015153	1	128.00		\$ 128.00
FLUOCINONIDE	45802015196	2	64.00		\$ 128.00
FLUOCINONIDE	47781053372	1	22.49		\$ 22.49
FLUOCINONIDE	47781056972	1	9.38		\$ 9.38
FLUOCINONIDE	47781056973	2	18.76		\$ 37.52
FLUOCINONIDE	51672127302	2	13.33		\$ 26.65
FLUOCINONIDE	51672127304	19	39.98		\$ 759.62
FLUOCINONIDE	51672138601	9	12.47		\$ 112.23
FLUOCINONIDE	51672138602	5	24.94		\$ 124.70
FLUOCINONIDE	52565002520	1	13.33		\$ 13.33
FLUOCINONIDE	70710128403	5	39.98		\$ 199.90
FLUOCINONIDE/EMOLLIENT	00093026315	2	14.90		\$ 29.80
FLUORESCEIN SODIUM	17238090011	1	9.95		\$ 9.95
FLUORESCEIN SODIUM	17478025310	3	320.20		\$ 960.60
FLUORESCEIN/BENOXINATE	59390021805	10	36.85		\$ 368.50
FLUOROMETHOLONE	60758088005	13	70.79		\$ 920.21
FLUOROMETHOLONE ACETATE	00065009605	13	89.96		\$ 1,169.48
FLUOROURACIL	00187320447	28	60.00		\$ 1,680.00
FLUOROURACIL	51672411806	2	64.57		\$ 129.14

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FLUOROURACIL	63323011710	2	29.52		\$	59.04
FLUOROURACIL	63323011719	16	2.31		\$	36.96
FLUOXETINE HCL	00121072104	6	46.98		\$	281.88
FLUOXETINE HCL	00378073401	25	13.03		\$	325.75
FLUOXETINE HCL	00904578561	1	2.81		\$	2.81
FLUOXETINE HCL	54838052340	4	46.98		\$	187.92
FLUOXETINE HCL	65862019201	20	2.61		\$	52.24
FLUOXETINE HCL	65862019299	50	26.12		\$	1,306.00
FLUOXETINE HCL	65862019301	12	2.81		\$	33.70
FLUOXETINE HCL	65862019399	483	28.08		\$	13,562.64
FLUOXETINE HCL	65862019401	90	9.07		\$	816.66
FLUPHENAZINE DECANOATE	00143952901	29	67.36		\$	1,953.44
FLUPHENAZINE DECANOATE	42023012901	342	67.36		\$	23,037.12
FLUPHENAZINE DECANOATE	55150026705	462	67.36		\$	31,120.32
FLUPHENAZINE DECANOATE	67457035959	5	67.36		\$	336.80
FLUPHENAZINE HCL	00527178801	23	329.39		\$	7,575.97
FLUPHENAZINE HCL	00527178901	85	509.94		\$	43,344.90
FLUPHENAZINE HCL	00527179001	240	494.73		\$	118,736.16
FLUPHENAZINE HCL	00527179101	47	623.85		\$	29,321.04
FLUPHENAZINE HCL	00527179105	15	3,119.26		\$	46,788.90
FLUPHENAZINE HCL	63323028110	122	90.85		\$	11,083.70
FLURBIPROFEN SODIUM	69292072225	53	35.99		\$	1,907.47
FLUTICASONE PROP/SALMETEROL	00093360782	407	95.39		\$	38,823.73
FLUTICASONE PROP/SALMETEROL	00093360882	866	95.39		\$	82,607.74
FLUTICASONE PROP/SALMETEROL	00093360982	665	83.94		\$	55,820.10
FLUTICASONE PROP/SALMETEROL	00378932032	8	125.00		\$	1,000.00
FLUTICASONE PROP/SALMETEROL	00378932132	26	153.87		\$	4,000.62
FLUTICASONE PROP/SALMETEROL	00378932232	4	197.33		\$	789.32
FLUTICASONE PROP/SALMETEROL	59310080506	3	320.23		\$	960.69
FLUTICASONE PROP/SALMETEROL	59310081206	111	320.23		\$	35,545.53
FLUTICASONE PROP/SALMETEROL	59310082206	37	320.23		\$	11,848.51
FLUTICASONE PROP/SALMETEROL	66993058597	1	153.87		\$	153.87
FLUTICASONE PROPIONATE	00054327099	3	4.57		\$	13.71
FLUTICASONE PROPIONATE	45802022211	1	4.52		\$	4.52
FLUTICASONE PROPIONATE	60505082901	26	4.57		\$	118.82
FLUTICASONE PROPIONATE	70000011001	2	7.72		\$	15.44
FLUTICASONE/UMECLIDIN/VILANTER	00173088710	2	487.22		\$	974.44
FLUVOXAMINE MALEATE	62559015801	2	25.44		\$	50.88
FOLIC ACID	10006073034	1	0.72		\$	0.72
FOLIC ACID	11788000110	20	13.43		\$	268.60
FOLIC ACID	37205018885	3	1.80		\$	5.40
FOLIC ACID	54629012800	77	13.41		\$	1,032.57
FONDAPARINUX SODIUM	43598060610	8	64.12		\$	512.96
FONDAPARINUX SODIUM	55111068110	17	445.40		\$	7,571.80
FOOTCARE PRODUCTS	80376001549	36	-		\$	-
fosamprenavir calcium	00378352091	2	499.95	Wghted Avg 340(B) & Non	\$	999.89

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fosamprenavir calcium	49702020718	3	654.24	Wghted Avg 340(B) & Non	\$ 1,962.73
FOSFOMYCIN TROMETHAMINE	00456430001	1	91.27		\$ 91.27
FUROSEMIDE	00054429731	15	33.80		\$ 507.00
FUROSEMIDE	00054429931	7	25.84		\$ 180.88
FUROSEMIDE	00054430125	12	5.95		\$ 71.40
FUROSEMIDE	00378020810	4	33.80		\$ 135.20
FUROSEMIDE	00378021601	2	2.58		\$ 5.17
FUROSEMIDE	00409610202	1	7.81		\$ 7.81
FUROSEMIDE	00409610204	5	15.63		\$ 78.14
FUROSEMIDE	00409610225	12	1.71		\$ 20.47
FUROSEMIDE	00409610226	21	0.30		\$ 6.25
FUROSEMIDE	36000028225	6	7.81		\$ 46.88
FUROSEMIDE	36000028325	9	15.63		\$ 140.65
FUROSEMIDE	43547040350	18	29.75		\$ 535.50
FUROSEMIDE	51079007320	145	2.58		\$ 374.68
FUROSEMIDE	51079052720	30	5.95		\$ 178.50
FUROSEMIDE	63323028004	1	15.63		\$ 15.63
FUROSEMIDE	64679075902	3	15.63		\$ 46.88
FUROSEMIDE	68094075662	1	59.12		\$ 59.12
FUROSEMIDE	69315011610	91	33.80		\$ 3,075.80
FUROSEMIDE	69315011710	114	25.84		\$ 2,945.76
GABAPENTIN	00904666561	1	2.86		\$ 2.86
GABAPENTIN	00904666661	1	3.86		\$ 3.86
GABAPENTIN	49483060550	43	14.30		\$ 614.90
GABAPENTIN	49483060750	328	38.70		\$ 12,693.60
GABAPENTIN	58657062350	1	58.74		\$ 58.74
GABAPENTIN	65862052305	251	58.74		\$ 14,743.74
GABAPENTIN	65862052401	2	13.00		\$ 26.00
GABAPENTIN	65862052405	80	65.00		\$ 5,200.00
GABAPENTIN	67877022201	3	2.86		\$ 8.58
GABAPENTIN	67877022205	9	14.30		\$ 128.70
GABAPENTIN	67877022210	25	28.60		\$ 715.00
GABAPENTIN	67877022301	1	3.86		\$ 3.86
GABAPENTIN	67877022305	153	19.30		\$ 2,952.90
GABAPENTIN	67877022310	361	38.60		\$ 13,934.60
GABAPENTIN	67877022401	4	7.74		\$ 30.96
GABAPENTIN	67877022410	18	77.40		\$ 1,393.20
GABAPENTIN	68462012705	3	65.00		\$ 195.00
GABAPENTIN	71093011105	145	58.74		\$ 8,517.30
GABAPENTIN	71093011205	28	65.00		\$ 1,820.00
GADOBENATE DIMEGLUMINE	00270516414	31	427.57		\$ 13,254.67
GADOXETATE DISODIUM	50419032005	1	709.75		\$ 709.75
GADOXETATE DISODIUM	50419032015	1	709.80		\$ 709.80
GALCANEZUMAB-GNLM	00002237711	2	603.60		\$ 1,207.20
GAS PERMEABLE LENS CLEANER	10119005421	2	2.34		\$ 4.68
GAS PERMEABLE LENS SOAK SOLN	10119005609	3	8.19		\$ 24.57

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GAS PERMEABLE LENS SOAK SOLN	10119005611	178	8.19		\$	1,457.82
GAS PERMEABLE LENS SOAK SOLN	47144005509	1	4.51		\$	4.51
GAUZE BANDAGE	16784032432	2	5.94		\$	11.88
GEMCITABINE HCL	00409018101	3	16.50		\$	49.50
GEMCITABINE HCL	25021023550	2	19.38		\$	38.76
GEMFIBROZIL	69097082103	66	5.56		\$	366.93
GEMFIBROZIL	69097082112	3	46.33		\$	138.99
GENTAMICIN SULF/0.9% NACL	00338050348	1	76.57		\$	76.57
GENTAMICIN SULF/0.9% NACL	00338050741	1	74.03		\$	74.03
GENTAMICIN SULF/0.9% NACL	00338050941	2	83.68		\$	167.36
GENTAMICIN SULFATE	00409120703	1	26.88		\$	26.88
GENTAMICIN SULFATE	00409120725	5	26.88		\$	134.40
GENTAMICIN SULFATE	00713068315	5	23.82		\$	119.08
GENTAMICIN SULFATE	17478028435	151	33.16		\$	5,007.16
GENTAMICIN SULFATE	60758018805	190	3.86		\$	733.40
GENTAMICIN SULFATE	61314063305	2	3.86		\$	7.72
GENTAMICIN SULFATE	63323001002	2	26.88		\$	53.76
GLATIRAMER ACETATE	00781323434	8	1,307.37		\$	10,458.96
GLATIRAMER ACETATE	00781325089	21	1,437.95		\$	30,196.95
GLATIRAMER ACETATE	68546032512	3	5,832.00		\$	17,496.00
GLECAPREVIR/PIBRENTASVIR	00074262528	51	8,447.08	Wghted Avg 340(B) & Non	\$	430,800.88
GLIMEPIRIDE	16729000101	3	6.73		\$	20.20
GLIMEPIRIDE	16729000201	5	6.47		\$	32.36
GLIMEPIRIDE	16729000301	15	10.20		\$	152.94
GLIMEPIRIDE	16729000316	1	50.98		\$	50.98
GLIPIZIDE	51079081120	1	3.55		\$	3.55
GLIPIZIDE	59651026830	10	3.84		\$	38.40
GLIPIZIDE	60505014100	62	2.06		\$	127.41
GLIPIZIDE	60505014101	152	20.55		\$	3,123.60
GLIPIZIDE	60505014200	29	3.55		\$	103.01
GLIPIZIDE	60505014201	76	35.52		\$	2,699.52
GLOVES	00000901030	2	3.15		\$	6.30
GLOVES	00000901035	2	3.15		\$	6.30
GLOVES	09629513337	1	3.15		\$	3.15
GLOVES	09629513338	1	3.15		\$	3.15
GLOVES	15912010613	7	3.15		\$	22.05
GLOVES	41932030353	3	3.15		\$	9.45
GLOVES	41932030354	2	3.15		\$	6.30
GLOVES	64193210113	4	3.15		\$	12.60
GLOVES	64193220211	1	3.15		\$	3.15
GLOVES	64193220213	2	3.15		\$	6.30
GLOVES	64193220214	1	3.15		\$	3.15
GLOVES	71591205612	20	3.15		\$	63.00
GLOVES	71591210433	3	3.15		\$	9.45
GLOVES	71591210612	1	3.15		\$	3.15
GLOVES	80196032424	1	3.15		\$	3.15

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GLUCAGON	63323059303	10	114.23		\$	1,142.30
GLUCAGON	63323059403	66	114.23		\$	7,539.18
GLUCAGON	63323059613	6	1,142.30		\$	6,853.80
GLUCAGON HUMAN	00169706515	8	275.47		\$	2,203.76
GLUCAGON HUMAN	00597026010	23	170.30		\$	3,916.90
GLYBURIDE	00093834305	2	51.24		\$	102.48
GLYBURIDE	00093943301	3	10.25		\$	30.74
GLYBURIDE	23155005601	12	8.62		\$	103.44
GLYBURIDE	23155005701	74	10.25		\$	758.35
GLYBURIDE	23155005801	41	4.34		\$	178.02
GLYBURIDE	23155005810	57	43.42		\$	2,474.94
GLYBURIDE	52817012110	1	32.30		\$	32.30
GLYCERIN	78112010907	13	6.38		\$	82.94
GLYCERIN/CARBOXYMETHCL/PSORB	00023430720	3	9.74		\$	29.22
GLYCERIN/CARBOXYMETHCL/PSORB	00023449130	10	10.89		\$	108.90
GLYCERIN/CARBOXYMETHCL/PSORB	00023577330	2	9.74		\$	19.48
GLYCERIN/CARBOXYMETHYLCELLULOS	00023460710	2	10.49		\$	20.98
GLYCERIN/CARBOXYMETHYLCELLULOS	00023663010	2	10.49		\$	20.98
GLYCERIN/CARBOXYMETHYLCELLULOS	00023663410	13	11.59		\$	150.67
GLYCERIN/HYPROMELLOSE/PEG 400	57896018105	2180	1.67		\$	3,640.60
GLYCERIN/HYPROMELLOSE/PEG 400	70000050201	74	1.67		\$	123.58
GLYCERIN/HYPROMELLOSE/PEG 400	70000050202	46	1.67		\$	76.82
GLYCOPYRROLATE	00143958725	10	5.93		\$	59.30
GLYCOPYRROLATE	00143968225	1	138.15		\$	138.15
GLYCOPYRROLATE	23155060601	1	5.93		\$	5.93
GLYCOPYRROLATE	23155060701	6	19.95		\$	119.70
GLYCOPYRROLATE	63323057801	5	138.15		\$	690.75
GRISEOFULVIN MICROSIZE	00781551501	6	833.30		\$	4,999.80
GUAIFEN/DM	00318075912	12	16.76		\$	201.12
GUAIFEN/DM	00536118485	13	16.76		\$	217.82
GUAIFEN/DM	00536118497	4651	0.14		\$	659.02
GUAIFEN/DM	00904646420	298	0.14		\$	42.23
GUAIFEN/DM	00904675816	8	4.41		\$	35.27
GUAIFEN/DM	00904675859	60	0.07		\$	4.47
GUAIFEN/DM	00904675920	1858	1.10		\$	2,043.80
GUAIFEN/DM	00904681652	6	2.85		\$	17.10
GUAIFEN/DM	54838013340	58	1.10		\$	63.80
GUAIFEN/DM	54838020940	146	4.18		\$	610.28
GUAIFEN/DM	54838020970	12	8.40		\$	100.75
GUAIFEN/DM	55505011133	99	0.04		\$	3.69
GUAIFEN/DM	57896066016	8	3.06		\$	24.48
GUAIFEN/DM	61787006204	39	0.04		\$	1.45
GUAIFEN/DM	61787006404	53	3.30		\$	174.90
GUAIFEN/DM	61787006408	24	6.60		\$	158.40
GUAIFEN/DM	70000030101	48	1.13		\$	54.24
GUAIFEN/DM	70000031901	703	1.13		\$	794.39

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GUAIFEN/DM	70000031902	7	4.42		\$	30.94
GUAIFEN/DM	70000038701	3	2.93		\$	8.79
GUAIFENESIN	00536118285	28	2.57		\$	71.96
GUAIFENESIN	00536118297	32	0.64		\$	20.52
GUAIFENESIN	00904515460	12	3.35		\$	40.20
GUAIFENESIN	00904676320	2457	0.64		\$	1,575.29
GUAIFENESIN	15187000604	29	2.57		\$	74.53
GUAIFENESIN	54838011740	24	0.64		\$	15.39
GUAIFENESIN	57896069316	44	2.52		\$	110.88
GUAIFENESIN	57896079401	27	4.60		\$	124.20
GUAIFENESIN	58657050916	15	2.57		\$	38.55
GUAIFENESIN	60569006304	27	4.25		\$	114.75
GUAIFENESIN	63824000815	31	19.10		\$	592.10
GUAIFENESIN	63824000850	2	95.50		\$	191.00
GUAIFENESIN	70000025101	6	1.37		\$	8.22
GUAIFENESIN	70000029901	4	1.13		\$	4.52
GUANFACINE HCL	65162071310	1	89.88		\$	89.88
HALOBETASOL PROPIONATE	45802012932	3	46.39		\$	139.17
HALOBETASOL PROPIONATE	52565007351	5	69.22		\$	346.10
HALOPERIDOL	00378021401	49	38.37		\$	1,880.13
HALOPERIDOL	00378021410	2	383.70		\$	767.40
HALOPERIDOL	00378025701	41	29.50		\$	1,209.50
HALOPERIDOL	00378025710	14	295.00		\$	4,130.00
HALOPERIDOL	00378033501	3	82.36		\$	247.08
HALOPERIDOL	00378035101	19	20.97		\$	398.43
HALOPERIDOL	00378035110	6	209.70		\$	1,258.20
HALOPERIDOL	00832155011	46	39.72		\$	1,827.12
HALOPERIDOL	00832156011	4	82.36		\$	329.44
HALOPERIDOL	51079073320	8	20.97		\$	167.76
HALOPERIDOL	51079073420	12	29.50		\$	354.00
HALOPERIDOL	51079073520	3	38.37		\$	115.11
HALOPERIDOL	51079073620	10	36.14		\$	361.40
HALOPERIDOL	58657070101	6	29.50		\$	177.00
HALOPERIDOL	58657070201	29	38.37		\$	1,112.73
HALOPERIDOL	68084025021	2	24.71		\$	49.42
HALOPERIDOL	68382007901	79	36.14		\$	2,855.06
HALOPERIDOL	68382007910	113	361.40		\$	40,838.20
HALOPERIDOL	68382008001	222	39.72		\$	8,817.84
HALOPERIDOL	68382008101	10	82.36		\$	823.60
HALOPERIDOL DECANOATE	00143929501	4	22.25		\$	89.02
HALOPERIDOL DECANOATE	00703701103	2	106.23		\$	212.46
HALOPERIDOL DECANOATE	00703701301	1	53.12		\$	53.12
HALOPERIDOL DECANOATE	00703702301	16	111.27		\$	1,780.32
HALOPERIDOL DECANOATE	00703713103	4	222.54		\$	890.16
HALOPERIDOL DECANOATE	00703713301	179	111.27		\$	19,917.33
HALOPERIDOL DECANOATE	63323046901	22	10.62		\$	233.71

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HALOPERIDOL DECANOATE	63323047101	2336	22.25		\$ 51,985.34
HALOPERIDOL DECANOATE	63323047105	584	111.27		\$ 64,981.68
HALOPERIDOL DECANOATE	70069038101	6	10.62		\$ 63.74
HALOPERIDOL LACTATE	00121058104	9	4.89		\$ 44.04
HALOPERIDOL LACTATE	00143950201	4	7.18		\$ 28.72
HALOPERIDOL LACTATE	63323047401	70	17.95		\$ 1,256.50
HALOPERIDOL LACTATE	63323047410	8	7.18		\$ 57.44
HEPARIN SOD PORCINE	08290306414	1	12.60		\$ 12.60
HEPARIN SOD PORCINE	08290306424	2	13.50		\$ 27.00
HEPARIN SOD PORCINE	63323026255	3	28.62		\$ 85.86
HEPARIN SOD PORCINE	63323054031	62	89.52		\$ 5,550.24
HEPARIN SOD PORCINE	63323054505	7	42.00		\$ 294.00
HEPARIN SOD PORCINE	63807050050	11	441.00		\$ 4,851.00
HEPARIN SOD PORCINE	63807060005	2	551.25		\$ 1,102.50
HEPARIN SOD PORCINE	64253033335	4	27.00		\$ 108.00
HEPARIN SOD PORCINE	67457038599	3	29.84		\$ 89.52
HEPATITIS A VACCINE	00006483141	22	301.64		\$ 6,636.08
HEPATITIS A VACCINE	00006484141	78	613.20		\$ 47,829.60
HEPATITIS A VACCINE	58160082652	12	634.77		\$ 7,617.24
HEPATITIS B IMMUNE GLOBULIN	13533063605	1	666.85		\$ 666.85
HEPATITIS B VACCINE	58160082052	9	248.69		\$ 2,238.21
HEPATITIS B VACCINE	58160082111	210	494.35		\$ 103,813.50
HEPATITIS B VACCINE	58160082152	7	494.35		\$ 3,460.45
HOUSEHOLD SUPPLIES	01920077182	15	5.13		\$ 76.95
HOUSEHOLD SUPPLIES	01920081145	32	3.11		\$ 99.52
HOUSEHOLD SUPPLIES	06726740001	1	3.00		\$ 3.00
HOUSEHOLD SUPPLIES	10037000962	5	2.87		\$ 14.35
HOUSEHOLD SUPPLIES	19200074186	2	4.51		\$ 9.02
HOUSEHOLD SUPPLIES	87052012923	2	3.50		\$ 7.00
HUMAN PAPILLOMAV VACC 9-VAL	00006411903	1	2,279.26		\$ 2,279.26
HYDRALAZINE HCL	23155000101	116	2.82		\$ 327.12
HYDRALAZINE HCL	23155000110	3	28.20		\$ 84.60
HYDRALAZINE HCL	23155000201	40	3.73		\$ 149.20
HYDRALAZINE HCL	23155000210	120	37.30		\$ 4,476.00
HYDRALAZINE HCL	23155000301	7	4.70		\$ 32.93
HYDRALAZINE HCL	23155000310	55	47.04		\$ 2,587.20
HYDRALAZINE HCL	23155000401	238	9.06		\$ 2,156.28
HYDRALAZINE HCL	63323061455	1	6.72		\$ 6.72
HYDROCHLOROTHIAZIDE	16729018301	114	1.44		\$ 164.16
HYDROCHLOROTHIAZIDE	16729018317	662	14.40		\$ 9,532.80
HYDROCHLOROTHIAZIDE	16729018401	5	2.08		\$ 10.40
HYDROCHLOROTHIAZIDE	16729018417	1	20.79		\$ 20.79
HYDROCHLOROTHIAZIDE	29300012810	5	14.40		\$ 72.00
HYDROCHLOROTHIAZIDE	29300013001	10	2.86		\$ 28.58
HYDROCHLOROTHIAZIDE	29300013005	55	14.29		\$ 785.95
HYDROCHLOROTHIAZIDE	29300013010	222	28.58		\$ 6,344.76

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HYDROCHLOROTHIAZIDE	50228014605	9	14.29		\$ 128.61
HYDROCHLOROTHIAZIDE	50228014610	13	24.95		\$ 324.35
HYDROCHLOROTHIAZIDE	57237000205	2	14.29		\$ 28.58
HYDROCHLOROTHIAZIDE	63739012810	1	1.44		\$ 1.44
HYDROCHLOROTHIAZIDE	69367021910	1	28.58		\$ 28.58
HYDROCOD/ACETAMIN	00121077216	1	1.18		\$ 1.18
HYDROCORTISONE	00009001201	9	49.51		\$ 445.59
HYDROCORTISONE	00115169701	2	24.97		\$ 49.94
HYDROCORTISONE	00168008031	91	0.08		\$ 7.61
HYDROCORTISONE	00168014630	9	1.79		\$ 16.07
HYDROCORTISONE	00472033956	12	1.43		\$ 17.16
HYDROCORTISONE	00472034556	27	0.07		\$ 1.90
HYDROCORTISONE	00904762331	5779	1.43		\$ 8,263.97
HYDROCORTISONE	42543014050	10	8.60		\$ 86.00
HYDROCORTISONE	45802027603	503	1.97		\$ 990.91
HYDROCORTISONE	51672201002	6	1.94		\$ 11.64
HYDROCORTISONE	59762007301	35	8.60		\$ 301.00
HYDROCORTISONE	59762007401	1	24.97		\$ 24.97
HYDROCORTISONE	59762007501	3	50.00		\$ 150.00
HYDROCORTISONE	62559013807	11	130.34		\$ 1,433.74
HYDROCORTISONE ACETATE	00713050312	531	50.00		\$ 26,550.00
HYDROCORTISONE ACETATE	16477020112	19	50.00		\$ 950.00
HYDROCORTISONE ACETATE	65649041112	17	75.00		\$ 1,275.00
HYDROCORTISONE SOD SUCC	00009082501	1	10.60		\$ 10.60
HYDROGEN PEROXIDE	49580026806	2	1.09		\$ 2.17
HYDROMORPHONE HCL	00409131230	3	27.40		\$ 82.20
HYDROMORPHONE HCL	42858030101	13	7.00		\$ 91.00
HYDROMORPHONE HCL	42858030201	9	8.21		\$ 73.89
HYDROMORPHONE HCL	42858030301	12	47.59		\$ 571.08
HYDROXYCHLOROQUINE SULFATE	00378037301	49	32.00		\$ 1,568.00
HYDROXYCHLOROQUINE SULFATE	00591304105	8	160.00		\$ 1,280.00
HYDROXYCHLOROQUINE SULFATE	00781599401	25	32.00		\$ 800.00
HYDROXYCHLOROQUINE SULFATE	00781599405	4	160.00		\$ 640.00
HYDROXYCHLOROQUINE SULFATE	43598072101	65	32.00		\$ 2,080.00
HYDROXYCHLOROQUINE SULFATE	43598072105	1	160.00		\$ 160.00
HYDROXYCHLOROQUINE SULFATE	57664076188	4	32.00		\$ 128.00
HYDROXYCHLOROQUINE SULFATE	66993005702	1	32.00		\$ 32.00
HYDROXYCHLOROQUINE SULFATE	68382009601	2	32.00		\$ 64.00
HYDROXYCHLOROQUINE SULFATE	69238154401	38	32.00		\$ 1,216.00
HYDROXYPROPYL METHYLCELLULOSE	17478006412	7	19.81		\$ 138.67
HYDROXYUREA	00003633517	10	45.41		\$ 454.10
HYDROXYUREA	00003633617	1	45.41		\$ 45.41
HYDROXYUREA	00904693961	2	27.53		\$ 55.06
HYDROXYUREA	49884072401	162	27.53		\$ 4,459.86
HYDROXYZINE HCL	00093506205	19	65.93		\$ 1,252.67
HYDROXYZINE HCL	00904661761	2	9.26		\$ 18.52

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HYDROXYZINE HCL	00904661861	69	13.65		\$	941.85
HYDROXYZINE HCL	10702001001	1	5.53		\$	5.53
HYDROXYZINE HCL	23155050101	105	6.47		\$	679.35
HYDROXYZINE HCL	23155050110	18	92.60		\$	1,666.80
HYDROXYZINE HCL	23155050201	65	13.19		\$	857.09
HYDROXYZINE HCL	42806016101	19	13.19		\$	250.53
HYDROXYZINE PAMOATE	00115180302	14	26.50		\$	371.00
HYDROXYZINE PAMOATE	00185061501	1	6.44		\$	6.44
HYDROXYZINE PAMOATE	00185061505	217	32.22		\$	6,991.74
HYDROXYZINE PAMOATE	00185067401	43	5.64		\$	242.69
HYDROXYZINE PAMOATE	00185067405	172	28.22		\$	4,853.84
HYDROXYZINE PAMOATE	14539067401	336	6.07		\$	2,039.52
HYDROXYZINE PAMOATE	14539067501	159	6.87		\$	1,092.33
HYDROXYZINE PAMOATE	14539067505	488	32.22		\$	15,723.36
HYOSCYAMINE SULFATE	43199001101	1	8.80		\$	8.80
HYOSCYAMINE SULFATE	43199001301	4	7.97		\$	31.88
HYOSCYAMINE SULFATE	54838051180	1	16.76		\$	16.76
HYOSCYAMINE SULFATE	71186000825	1	7.97		\$	7.97
IBANDRONATE SODIUM	55111057503	6	10.56		\$	63.36
IBANDRONATE SODIUM	60505279500	3	10.56		\$	31.68
IBRUTINIB	57962042028	8	13,579.11		\$	108,632.88
IBUPROFEN	00472176098	1	5.85		\$	5.85
IBUPROFEN	00904530909	142	0.27		\$	38.43
IBUPROFEN	00904585561	2	3.75		\$	7.50
IBUPROFEN	00904674724	1	0.32		\$	0.32
IBUPROFEN	00904674740	19	6.73		\$	127.87
IBUPROFEN	00904674780	640	13.46		\$	8,614.40
IBUPROFEN	00904791259	6	1.35		\$	8.08
IBUPROFEN	00904791461	25	1.35		\$	33.65
IBUPROFEN	00904791540	6	5.67		\$	34.02
IBUPROFEN	11788000805	9	10.97		\$	98.73
IBUPROFEN	45802089734	4	5.85		\$	23.40
IBUPROFEN	45802095243	4	16.00		\$	64.00
IBUPROFEN	49483060250	4	10.97		\$	43.88
IBUPROFEN	49483060350	16	14.95		\$	239.20
IBUPROFEN	49483060450	17	18.74		\$	318.58
IBUPROFEN	57896094101	3	1.35		\$	4.04
IBUPROFEN	57896094110	159	10.93		\$	1,737.87
IBUPROFEN	59651003247	3	16.00		\$	48.00
IBUPROFEN	64380080707	4	18.74		\$	74.96
IBUPROFEN	67877031905	271	10.97		\$	2,972.87
IBUPROFEN	67877032005	1678	14.95		\$	25,086.10
IBUPROFEN	67877032101	72	3.75		\$	270.00
IBUPROFEN	67877032105	2468	18.74		\$	46,250.32
IBUPROFEN	70000017501	1	1.47		\$	1.47
IBUPROFEN	70000017505	20	5.67		\$	113.40

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IBUPROFEN	70000017605	12	5.67		\$	68.04
IBUPROFEN	70000025901	12	4.62		\$	55.44
IMATINIB MESYLATE	00093762998	13	209.33		\$	2,721.29
IMATINIB MESYLATE	00093763056	28	272.14		\$	7,619.92
IMATINIB MESYLATE	47335047583	1	272.14		\$	272.14
IMATINIB MESYLATE	51991037690	4	209.33		\$	837.32
IMATINIB MESYLATE	51991037733	28	272.14		\$	7,619.92
IMATINIB MESYLATE	72485020330	18	272.14		\$	4,898.52
IMIPENEM/CILASTATIN	63323032225	2	13.35		\$	26.70
IMIPRAMINE HCL	49884005601	11	8.79		\$	96.73
IMIPRAMINE HCL	49884005610	1	87.94		\$	87.94
IMIQUIMOD	45802036862	10	71.50		\$	714.95
IMMUNE GLOBULIN	00944270003	2	222.85		\$	445.70
IMMUNE GLOBULIN	00944270004	6	445.70		\$	2,674.20
IMMUNE GLOBULIN	00944270005	11	891.40		\$	9,805.40
IMMUNE GLOBULIN	00944270006	1	1,782.80		\$	1,782.80
IMMUNE GLOBULIN	00944270007	2	2,674.20		\$	5,348.40
IMMUNE GLOBULIN	13533080012	2	93.79		\$	187.58
IMMUNE GLOBULIN	13533080020	16	468.96		\$	7,503.36
IMMUNE GLOBULIN	13533080024	5	1,875.87		\$	9,379.35
IMMUNE GLOBULIN	13533080040	3	3,751.73		\$	11,255.19
IMMUNE GLOBULIN	13533080071	20	937.93		\$	18,758.60
IMMUNE GLOBULIN	44206043940	3	3,396.00		\$	10,188.00
IMMUNE GLOBULIN	44206045404	51	418.00		\$	21,318.00
IMMUNE GLOBULIN	61953000402	1	428.82		\$	428.82
IMMUNE GLOBULIN	61953000501	4	428.82		\$	1,715.28
IMMUNE GLOBULIN	61953000502	4	857.63		\$	3,430.52
IMMUNE GLOBULIN	61953000503	39	1,715.25		\$	66,894.75
INDOMETHACIN	31722054201	48	4.71		\$	226.08
INDOMETHACIN	50268043015	25	2.36		\$	58.88
INDOMETHACIN	68462030201	289	5.18		\$	1,498.18
INDOMETHACIN	68462030205	374	25.92		\$	9,694.08
INDOMETHACIN	68462040601	60	4.71		\$	282.60
INDOMETHACIN	68462040610	60	47.10		\$	2,826.00
INFLIXIMAB-DYYB	00069080901	848	514.10		\$	435,956.80
INHALER ACCESSORY	08373747800	163	7.50		\$	1,222.50
INHALER ACCESSORY	47360017202	1	8.78		\$	8.78
INSULIN ASPART	00169750111	806	120.30		\$	96,961.80
INSULIN DETEMIR	00169368712	6650	98.64	Semglee	\$	655,956.00
INSULIN GLARGINE	00088222033	24	98.64	Semglee	\$	2,367.36
INSULIN GLARGINE	00088502101	55	98.64	Semglee	\$	5,425.20
INSULIN NPH HUMAN RECOMB	00169183411	761	46.95		\$	35,728.95
INSULIN NPH HUMAN/REG HUMAN	00002871501	17	46.95		\$	798.15
INSULIN NPH HUMAN/REG HUMAN	00002871517	4	42.38		\$	169.52
INSULIN NPH HUMAN/REG HUMAN	00169183711	7265	46.95		\$	341,091.75
INSULIN REG HUMAN RECOMB	00002821501	23	46.95		\$	1,079.85

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INSULIN REG HUMAN RECOMB	00002821517	1	42.38		\$ 42.38
INSULIN REG HUMAN RECOMB	00169183311	2632	46.95		\$ 123,572.40
INTERFERON BETA 1A	59627022205	70	6,711.05		\$ 469,773.29
INTERFERON BETA 1A	59627033304	11	6,711.05		\$ 73,821.52
INTERFERON BETA 1A/ALBUMIN	44087004403	33	8,120.31		\$ 267,970.11
INTERFERON BETA 1B	00078056912	36	6,481.90		\$ 233,348.36
INTERFERON BETA 1B	50419052435	1	7,946.31		\$ 7,946.31
IODIXANOL	00407222364	4	53.51		\$ 214.04
IOHEXOL	00407141484	53	4.06		\$ 215.19
IOTHALAMATE MEGLUMINE	00019086250	2	360.00		\$ 720.00
IPRATROPIUM BROMIDE	00591379830	4	3.22		\$ 12.88
IPRATROPIUM BROMIDE	00597008717	7	411.39		\$ 2,879.73
IRINOTECAN HCL	00143970101	12	15.53		\$ 186.36
IRINOTECAN HCL	25021023002	7	6.84		\$ 47.88
ISONIAZID	00555007102	203	14.51		\$ 2,945.53
ISONIAZID	00555007105	3	145.10		\$ 435.30
ISOPROPYL ALCOHOL	00574006616	12	0.16		\$ 1.92
ISOPROPYL ALCOHOL	42423027101	2	0.80		\$ 1.59
ISOPROPYL ALCOHOL	49580027503	1	21.38		\$ 21.38
ISOPROPYL ALCOHOL	49580027506	3	22.25		\$ 66.75
ISOPROPYL ALCOHOL	67721670304	1	21.38		\$ 21.38
ISOPROPYL ALCOHOL	67777012013	4	1.35		\$ 5.40
ISOPROPYL ALCOHOL	70000011201	3	1.35		\$ 4.05
ISOPROPYL ALCOHOL	70000049701	12	1.15		\$ 13.80
ISOSORBIDE DINITRATE	00143176901	20	44.53		\$ 890.60
ISOSORBIDE DINITRATE	00143177101	33	52.16		\$ 1,721.28
ISOSORBIDE DINITRATE	00143177201	54	33.23		\$ 1,794.42
ISOSORBIDE DINITRATE	00904661961	6	52.16		\$ 312.96
ISOSORBIDE DINITRATE	00904662061	27	33.23		\$ 897.21
ISOSORBIDE DINITRATE	49884000901	4	48.49		\$ 193.95
ISOSORBIDE DINITRATE	49884002110	1	402.30		\$ 402.30
ISOSORBIDE DINITRATE	49884002201	2	33.23		\$ 66.46
ISOSORBIDE DINITRATE	49884002210	2	332.30		\$ 664.60
ISOSORBIDE DINITRATE	68084008301	1	33.23		\$ 33.23
ISOSORBIDE MONONITRATE	13668010410	24	139.98		\$ 3,359.52
ISOSORBIDE MONONITRATE	62175010601	12	8.76		\$ 105.12
ISOSORBIDE MONONITRATE	62175010701	23	8.67		\$ 199.41
ISOSORBIDE MONONITRATE	62175012837	11	14.00		\$ 153.98
ISOSORBIDE MONONITRATE	62175012937	1	30.42		\$ 30.42
ISOSORBIDE MONONITRATE	68382065001	85	14.00		\$ 1,189.83
ISOSORBIDE MONONITRATE	68382065005	25	69.99		\$ 1,749.75
ISOSORBIDE MONONITRATE	68382065101	85	14.55		\$ 1,236.75
ISOSORBIDE MONONITRATE	68382065105	6	68.81		\$ 412.86
ISOSORBIDE MONONITRATE	68382065201	6	30.42		\$ 182.52
ITRACONAZOLE	13668046330	2	39.50		\$ 79.00
ITRACONAZOLE	67877045430	16	39.50		\$ 632.00

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IV EQUIPMENT	08021000610	6	260.00		\$	1,560.00
IV EQUIPMENT	85412027383	12	449.65		\$	5,395.80
IVABRADINE	55513080060	2	464.10		\$	928.20
IVERMECTIN	00006003220	61	93.05		\$	5,676.05
IVERMECTIN	42799080601	602	70.78		\$	42,609.56
KETOCONAZOLE	45802046564	160	11.48		\$	1,836.80
KETOCONAZOLE	51672129801	36	8.06		\$	290.07
KETOCONAZOLE	51672129802	108	16.12		\$	1,740.42
KETOCONAZOLE	51672129803	13	32.23		\$	418.99
KETOCONAZOLE	51672402606	3	31.81		\$	95.42
KETOROLAC TROMETHAMINE	00023218105	1	262.31		\$	262.31
KETOROLAC TROMETHAMINE	00338007225	2	28.71		\$	57.42
KETOROLAC TROMETHAMINE	60505100301	78	5.93		\$	462.54
KETOROLAC TROMETHAMINE	60505100302	48	11.86		\$	569.28
KETOROLAC TROMETHAMINE	60758077305	10	50.95		\$	509.50
KETOROLAC TROMETHAMINE	61314012605	8	5.93		\$	47.44
KETOROLAC TROMETHAMINE	61314012610	5	11.86		\$	59.30
KETOROLAC TROMETHAMINE	63323016201	8	28.71		\$	229.68
KETOROLAC TROMETHAMINE	63323016202	10	30.00		\$	300.00
KETOROLAC TROMETHAMINE	63323016212	67	20.50		\$	1,373.50
KETOROLAC TROMETHAMINE	63323016214	55	30.00		\$	1,650.00
KETOROLAC TROMETHAMINE	72266011825	1	28.71		\$	28.71
KETOTIFEN FUMARATE	00065401105	6	0.21		\$	1.23
KETOTIFEN FUMARATE	00536109640	2	6.05		\$	12.10
KETOTIFEN FUMARATE	17478071710	45	6.05		\$	272.25
KETOTIFEN FUMARATE	24208060110	2	0.41		\$	0.82
KETOTIFEN FUMARATE	70000012401	70	6.05		\$	423.50
LABETALOL HCL	00409226720	6	8.80		\$	52.80
LABETALOL HCL	47781058656	12	17.60		\$	211.20
LABETALOL HCL	49884012201	1	16.79		\$	16.79
LABETALOL HCL	68382079801	26	16.79		\$	436.54
LABETALOL HCL	68382079805	6	83.95		\$	503.70
LABETALOL HCL	68382079901	17	26.04		\$	442.61
LABETALOL HCL	68382079905	9	130.18		\$	1,171.62
LABETALOL HCL	68382080001	17	30.87		\$	524.72
LABETALOL HCL	68382080005	1	154.33		\$	154.33
LACOSAMIDE	00131247735	12	569.42		\$	6,833.04
LACOSAMIDE	00131247760	1	626.42		\$	626.42
LACOSAMIDE	00131247835	26	890.24		\$	23,146.24
LACOSAMIDE	00131247860	8	979.34		\$	7,834.72
LACOSAMIDE	00131247935	25	942.84		\$	23,571.00
LACOSAMIDE	00131248035	14	943.10		\$	13,203.40
LACTATED RINGERS	00264775000	21	37.98		\$	797.58
LACTATED RINGERS	00409795309	4	37.98		\$	151.92
LACTATED RINGERS	63323016476	1	37.98		\$	37.98
LACTOBACILLUS RHAMNOSUS (GG)	49100040021	45	22.05		\$	992.25

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LACTOBACILLUS RHAMNOSUS (GG)	96295013088	12	22.05		\$	264.60
LACTULOSE	45963043864	525	0.23		\$	119.87
LACTULOSE	50383077916	1358	4.95		\$	6,715.31
LACTULOSE	50383079516	559	6.75		\$	3,773.25
LACTULOSE	60432003864	9	27.00		\$	243.00
lamivudine	31722075430	1	42.03		\$	42.03
lamivudine	60505325203	5	42.03		\$	210.15
LAMIVUDINE	60687036221	1	15.66		\$	15.66
lamivudine	64380071104	1	42.03		\$	42.03
lamivudine	65862055330	2	42.03		\$	84.06
LAMIVUDINE	66993047860	1	174.17		\$	174.17
LAMIVUDINE	68180060207	16	31.31		\$	500.96
LAMIVUDINE	68180060306	57	42.03		\$	2,395.71
lamivudine/zidovudine	31722050660	4	66.77	Wghted Avg 340(B) & Non	\$	267.06
LAMOTRIGINE	13668004501	27	2.70		\$	72.95
LAMOTRIGINE	13668004701	6	4.09		\$	24.54
LAMOTRIGINE	13668004860	14	3.63		\$	50.79
LAMOTRIGINE	13668004960	20	4.28		\$	85.60
LAMOTRIGINE	29300011110	2	27.02		\$	54.04
LAMOTRIGINE	29300011201	3	4.09		\$	12.27
LAMOTRIGINE	29300011416	10	4.12		\$	41.17
LAMOTRIGINE	42291036860	4	3.63		\$	14.52
LAMOTRIGINE	51672413001	107	2.70		\$	289.11
LAMOTRIGINE	51672413101	41	4.09		\$	167.69
LAMOTRIGINE	51672413204	45	3.63		\$	163.24
LAMOTRIGINE	51672413304	37	4.12		\$	152.34
LAMOTRIGINE	59746024501	25	2.70		\$	67.55
LAMOTRIGINE	59746024601	10	4.09		\$	40.90
LAMOTRIGINE	59746024760	6	3.63		\$	21.77
LAMOTRIGINE	59746024805	4	35.65		\$	142.60
LAMOTRIGINE	59746024860	3	4.28		\$	12.84
LAMOTRIGINE	65862023060	1	4.12		\$	4.12
LAMOTRIGINE	68382000810	4	40.90		\$	163.60
LAMOTRIGINE	68382000905	2	30.23		\$	60.46
LAMOTRIGINE	68382001014	48	4.12		\$	197.63
LAMOTRIGINE	69102015006	4	6.05		\$	24.18
LAMOTRIGINE	69102030101	68	2.70		\$	183.74
LAMOTRIGINE	69102031901	95	4.09		\$	388.55
LAMOTRIGINE	69102032001	6	6.86		\$	41.17
LANOLIN/MINERAL OIL/PET WH	17478006235	61	2.96		\$	180.56
LANSOPRAZOLE	00378803077	6	16.60		\$	99.58
LANSOPRAZOLE	00378803093	22	5.53		\$	121.70
LANSOPRAZOLE	55111039890	1	30.54		\$	30.54
LANSOPRAZOLE	55111039905	2	92.20		\$	184.40
LANSOPRAZOLE	67877027430	2	10.18		\$	20.36
LANSOPRAZOLE	67877027590	1	16.60		\$	16.60

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LANSOPRAZOLE	68382054306	6	86.47		\$	518.81
LANSOPRAZOLE	70756080630	8	10.18		\$	81.44
LATANOPROST	00013830304	1	213.77		\$	213.77
LATANOPROST	24208046325	97	4.79		\$	464.63
LATANOPROST	61314054701	5172	4.79		\$	24,773.88
LATANOPROSTENE BUNOD	24208050402	11	202.25		\$	2,224.75
LEDIPASVIR/SOFOSBUVIR	61958180101	3	11,025.00		\$	33,075.00
LEFLUNOMIDE	23155004303	11	22.62		\$	248.82
LEFLUNOMIDE	23155004403	36	22.96		\$	826.56
LETROZOLE	51991075933	39	2.93		\$	114.14
LEUCOVORIN CALCIUM	00054449705	4	54.41		\$	217.64
LEUCOVORIN CALCIUM	00054449710	1	108.82		\$	108.82
LEUCOVORIN CALCIUM	00703514591	102	15.51		\$	1,582.02
LEUCOVORIN CALCIUM	67457053035	6	15.51		\$	93.06
LEUPROLIDE ACETATE	00074334603	1	4,992.79		\$	4,992.79
LEUPROLIDE ACETATE	00074364103	2	1,396.60		\$	2,793.20
LEUPROLIDE ACETATE	62935022305	190	1,355.07		\$	257,463.30
LEUPROLIDE ACETATE	62935030330	4	1,806.76		\$	7,227.04
LEUPROLIDE ACETATE	62935075375	76	451.69		\$	34,328.44
LEVALBUTEROL HCL	00093414656	9	27.36		\$	246.24
LEVALBUTEROL TARTRATE	00591292754	668	34.17		\$	22,825.56
LEVALBUTEROL TARTRATE	63402051001	20434	34.17		\$	698,229.78
LEVETIRACETAM	00121079916	3	0.44		\$	1.32
LEVETIRACETAM	00904605161	1	6.43		\$	6.43
LEVETIRACETAM	00904605261	105	7.69		\$	807.66
LEVETIRACETAM	00904605361	28	13.98		\$	391.55
LEVETIRACETAM	13668001512	30	9.23		\$	276.91
LEVETIRACETAM	31722053605	4	32.13		\$	128.52
LEVETIRACETAM	31722053612	80	7.72		\$	617.60
LEVETIRACETAM	31722053705	250	38.46		\$	9,615.00
LEVETIRACETAM	31722053712	1058	9.23		\$	9,765.76
LEVETIRACETAM	31722053805	88	69.92		\$	6,152.96
LEVETIRACETAM	31722053812	148	16.78		\$	2,483.56
LEVETIRACETAM	31722053960	244	16.20		\$	3,952.80
LEVETIRACETAM	51991065116	23	13.01		\$	299.23
LEVETIRACETAM	63739041110	5	7.69		\$	38.46
LEVETIRACETAM	65862031560	32	16.20		\$	518.40
LEVETIRACETAM	68084087001	12	7.69		\$	92.30
LEVETIRACETAM	68084089301	8	27.00		\$	216.00
LEVETIRACETAM	68180011302	3	38.46		\$	115.38
LEVETIRACETAM	68180011316	12	9.23		\$	110.76
LEVOFLOXACIN	00904635161	1	14.00		\$	14.00
LEVOFLOXACIN	00904635261	2	11.50		\$	23.00
LEVOFLOXACIN	55111027950	7	7.00		\$	49.00
LEVOFLOXACIN	55111028050	51	5.75		\$	293.25
LEVOFLOXACIN	55111028130	41	7.98		\$	327.18

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LEVOFLOXACIN/D5W	00143972224	1	50.02		\$	50.02
LEVOTHYROXINE SODIUM	00074455290	3	116.87		\$	350.61
LEVOTHYROXINE SODIUM	00378180010	13	222.29		\$	2,889.77
LEVOTHYROXINE SODIUM	00378180077	399	20.01		\$	7,982.43
LEVOTHYROXINE SODIUM	00378180310	21	123.72		\$	2,598.12
LEVOTHYROXINE SODIUM	00378180377	527	11.13		\$	5,865.51
LEVOTHYROXINE SODIUM	00378180510	41	138.22		\$	5,667.02
LEVOTHYROXINE SODIUM	00378180577	150	12.44		\$	1,866.00
LEVOTHYROXINE SODIUM	00378180777	220	25.51		\$	5,613.10
LEVOTHYROXINE SODIUM	00378180910	29	134.40		\$	3,897.60
LEVOTHYROXINE SODIUM	00378180977	257	12.10		\$	3,109.70
LEVOTHYROXINE SODIUM	00378181110	1	331.49		\$	331.49
LEVOTHYROXINE SODIUM	00378181177	132	29.83		\$	3,938.10
LEVOTHYROXINE SODIUM	00378181310	16	163.80		\$	2,620.80
LEVOTHYROXINE SODIUM	00378181377	152	14.74		\$	2,240.48
LEVOTHYROXINE SODIUM	00378181510	17	345.49		\$	5,873.33
LEVOTHYROXINE SODIUM	00378181577	116	31.09		\$	3,606.92
LEVOTHYROXINE SODIUM	00378181710	8	410.49		\$	3,283.92
LEVOTHYROXINE SODIUM	00378181777	28	36.94		\$	1,034.43
LEVOTHYROXINE SODIUM	00378181910	5	411.49		\$	2,057.45
LEVOTHYROXINE SODIUM	00378181977	55	37.03		\$	2,036.88
LEVOTHYROXINE SODIUM	00378182177	3	49.93		\$	149.80
LEVOTHYROXINE SODIUM	00378182377	70	28.09		\$	1,966.04
LEVOTHYROXINE SODIUM	00781518092	3	20.01		\$	60.02
LEVOTHYROXINE SODIUM	42292004120	1	31.21		\$	31.21
LIDOCAINE	00536120215	746	5.90		\$	4,401.40
LIDOCAINE	00591267930	107	73.99		\$	7,916.93
LIDOCAINE	00591352530	73	73.99		\$	5,401.27
LIDOCAINE	24357070106	1	18.67		\$	18.67
LIDOCAINE	24357070215	5	6.69		\$	33.43
LIDOCAINE	39328002515	14	6.69		\$	93.59
LIDOCAINE	41167005840	30	5.90		\$	177.00
LIDOCAINE	42291039930	1	18.00		\$	18.00
LIDOCAINE	52565000814	26	9.18		\$	238.65
LIDOCAINE	67877047380	5	12.95		\$	64.75
LIDOCAINE	70000036601	9	5.90		\$	53.10
LIDOCAINE	75834014130	1	13.37		\$	13.37
LIDOCAINE HCL	00409132305	8	31.27		\$	250.16
LIDOCAINE HCL	00409427601	20	20.47		\$	409.40
LIDOCAINE HCL	00409427602	2	51.18		\$	102.35
LIDOCAINE HCL	00409427701	4	23.16		\$	92.64
LIDOCAINE HCL	00409427702	1	57.90		\$	57.90
LIDOCAINE HCL	00409428301	1	104.56		\$	104.56
LIDOCAINE HCL	00409490334	1	31.27		\$	31.27
LIDOCAINE HCL	17478071110	3	66.50		\$	199.50
LIDOCAINE HCL	17478071130	15	39.90		\$	598.50

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LIDOCAINE HCL	17478071131	11	66.50		\$	731.50
LIDOCAINE HCL	17478079201	1	19.48		\$	19.48
LIDOCAINE HCL	17478079225	3	504.45		\$	1,513.35
LIDOCAINE HCL	25021067377	9	46.29		\$	416.57
LIDOCAINE HCL	50383077504	364	9.60		\$	3,494.40
LIDOCAINE HCL	55150016330	86	2.93		\$	251.84
LIDOCAINE HCL	63323020110	2	10.24		\$	20.47
LIDOCAINE HCL	63323048627	1	23.16		\$	23.16
LIDOCAINE HCL	66977010703	7	14.33		\$	100.31
LIDOCAINE HCL	76329301305	1	105.20		\$	105.20
LIDOCAINE HCL	76329339001	3	31.27		\$	93.81
LIDOCAINE/EPINEPHRINE	00409317801	2	58.65		\$	117.30
LIDOCAINE/EPINEPHRINE	00409317803	1	146.63		\$	146.63
LIDOCAINE/EPINEPHRINE	00409318201	6	44.49		\$	266.93
LIDOCAINE/EPINEPHRINE	00409318203	2	111.22		\$	222.44
LIDOCAINE/EPINEPHRINE	00409318301	2	21.85		\$	43.70
LIDOCAINE/EPINEPHRINE	63323048227	3	58.65		\$	175.95
LIDOCAINE/EPINEPHRINE	63323048327	1	44.49		\$	44.49
LINACLOTIDE	00456120130	111	438.34		\$	48,655.74
LINACLOTIDE	00456120230	13	438.34		\$	5,698.42
LINACLOTIDE	00456120330	1	438.34		\$	438.34
LINAGLIPTIN	00597014030	1	379.12		\$	379.12
LINEZOLID	00009499202	3	184.21		\$	552.63
LINEZOLID	00904655304	15	69.08		\$	1,036.13
LINEZOLID	31722074920	2	46.05		\$	92.10
LINEZOLID	67877041920	9	46.05		\$	414.45
LIOTHYRONINE SODIUM	51862032101	15	59.93		\$	899.00
LISINOPRIL	00591040610	1	14.45		\$	14.45
LISINOPRIL	00591040701	14	1.87		\$	26.17
LISINOPRIL	00591040810	6	27.82		\$	166.92
LISINOPRIL	00591040905	3	27.80		\$	83.40
LISINOPRIL	00904679761	2	1.45		\$	2.89
LISINOPRIL	00904679861	1	1.87		\$	1.87
LISINOPRIL	43547035311	16	18.69		\$	299.04
LISINOPRIL	68180051201	53	1.16		\$	61.27
LISINOPRIL	68180051202	72	5.78		\$	416.16
LISINOPRIL	68180051301	20	1.45		\$	28.90
LISINOPRIL	68180051303	149	14.45		\$	2,153.05
LISINOPRIL	68180051701	41	5.56		\$	227.96
LISINOPRIL	68180051703	76	55.60		\$	4,225.60
LISINOPRIL	68180098001	121	1.87		\$	226.15
LISINOPRIL	68180098003	393	18.69		\$	7,345.17
LISINOPRIL	68180098101	120	2.78		\$	333.84
LISINOPRIL	68180098103	638	27.82		\$	17,749.16
LISINOPRIL	68180098201	58	5.60		\$	324.80
LISINOPRIL	68180098202	10	28.00		\$	280.00

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LITHIUM CARBONATE	00054252625	71	5.62		\$	399.02
LITHIUM CARBONATE	00054252725	200	4.39		\$	878.00
LITHIUM CARBONATE	00054253125	15	13.09		\$	196.35
LITHIUM CARBONATE	00054452725	13	14.66		\$	190.58
LITHIUM CARBONATE	00054852725	1	4.39		\$	4.39
LITHIUM CARBONATE	00378145001	1	19.57		\$	19.57
LITHIUM CARBONATE	31722054501	123	4.39		\$	539.97
LITHIUM CARBONATE	31722054510	52	43.90		\$	2,282.80
LOPERAMIDE HCL	00093031101	44	27.44		\$	1,207.27
LOPERAMIDE HCL	00378210001	16	27.44		\$	439.01
LOPERAMIDE HCL	00378210005	55	137.19		\$	7,545.45
LOPERAMIDE HCL	00904772512	6	1.11		\$	6.66
LOPERAMIDE HCL	00904772524	3	2.22		\$	6.66
LOPERAMIDE HCL	37205037053	4	0.12		\$	0.48
LOPERAMIDE HCL	37205037067	84	0.48		\$	40.42
LOPERAMIDE HCL	57896038124	629	2.22		\$	1,396.38
LOPINAVIR/RITONAVIR	00074679922	107	576.20	Wghted Avg 340(B) & Non	\$	61,653.23
LORATADINE	00904572872	130	9.89		\$	1,285.70
LORATADINE	00904685207	12	0.99		\$	11.87
LORATADINE	00904685272	313	9.89		\$	3,095.57
LORATADINE	45802065087	56	9.89		\$	553.84
LORATADINE	51660052601	367	3.30		\$	1,211.10
LORATADINE	51660052605	200	16.48		\$	3,296.67
LORATADINE	70000021306	42	9.89		\$	415.38
LORAZEPAM	00409198530	5	28.75		\$	143.75
LORAZEPAM	00409677802	70	8.23		\$	576.24
LORAZEPAM	00904600761	3	2.40		\$	7.19
LORAZEPAM	00904600861	3	2.85		\$	8.56
LORAZEPAM	17478004001	20	8.23		\$	164.64
LORAZEPAM	69315090401	9	2.40		\$	21.58
LORAZEPAM	69315090501	3	2.85		\$	8.56
LOSARTAN POTASSIUM	00006095154	2	249.30		\$	498.60
LOSARTAN POTASSIUM	00054012322	25	3.03		\$	75.75
LOSARTAN POTASSIUM	00904639061	52	5.28		\$	274.56
LOSARTAN POTASSIUM	00904639161	1	3.37		\$	3.37
LOSARTAN POTASSIUM	13668040910	3	52.76		\$	158.28
LOSARTAN POTASSIUM	31722070290	6	6.04		\$	36.24
LOSARTAN POTASSIUM	62332002830	9	1.58		\$	14.22
LOSARTAN POTASSIUM	62332002890	44	4.75		\$	209.00
LOSARTAN POTASSIUM	65862020190	520	3.03		\$	1,576.22
LOSARTAN POTASSIUM	65862020199	44	33.68		\$	1,481.92
LOSARTAN POTASSIUM	65862020230	178	1.58		\$	281.74
LOSARTAN POTASSIUM	65862020290	246	4.75		\$	1,168.11
LOSARTAN POTASSIUM	65862020299	63	52.76		\$	3,323.88
LOSARTAN POTASSIUM	65862020330	91	2.01		\$	183.18
LOSARTAN POTASSIUM	65862020390	8	6.04		\$	48.31

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LOSARTAN POTASSIUM	65862020399	49	67.10		\$	3,287.90
LOSARTAN POTASSIUM	68084034701	3	5.28		\$	15.83
LOSARTAN POTASSIUM	68180037709	126	4.75		\$	598.50
LOSARTAN POTASSIUM	68382013510	41	33.68		\$	1,380.88
LOSARTAN POTASSIUM	68382013516	34	3.03		\$	103.06
LOSARTAN POTASSIUM	68382013606	20	1.58		\$	31.66
LOSARTAN POTASSIUM	68382013610	7	52.76		\$	369.32
LOSARTAN POTASSIUM	68382013616	43	4.75		\$	204.18
LOSARTAN POTASSIUM	68382013710	2	67.10		\$	134.20
LOSARTAN POTASSIUM	68382013716	10	6.04		\$	60.39
LOTEPREDNOL ETABONATE	24208029910	1	503.90		\$	503.90
LOTEPREDNOL ETABONATE	24208035305	1	239.14		\$	239.14
LOTEPREDNOL ETABONATE	24208044335	1	284.47		\$	284.47
LOTEPREDNOL ETABONATE	24208050307	22	202.16		\$	4,447.52
LOTEPREDNOL ETABONATE	24208050707	1	202.16		\$	202.16
LOTEPREDNOL ETABONATE	50383026505	3	188.01		\$	564.03
LOVASTATIN	68180046801	1	3.75		\$	3.75
LOVASTATIN	68180046807	1	2.25		\$	2.25
LOXAPINE SUCCINATE	00527139501	48	30.25		\$	1,452.00
LOXAPINE SUCCINATE	00527139601	1	56.34		\$	56.34
LOXAPINE SUCCINATE	00527139701	1	76.96		\$	76.96
LOXAPINE SUCCINATE	00591036901	17	27.27		\$	463.59
LOXAPINE SUCCINATE	00591037101	16	56.34		\$	901.44
LOXAPINE SUCCINATE	00591037201	10	76.96		\$	769.60
MAGNESIUM CARB/AL HYDROX	00135043003	39	7.64		\$	297.96
MAGNESIUM CARB/AL HYDROX	00904536560	1251	2.84		\$	3,552.84
MAGNESIUM CHLORIDE	57896063506	17	4.04		\$	68.68
MAGNESIUM CITRATE	00904678744	70	1.51		\$	105.70
MAGNESIUM CITRATE	49580032901	8	1.51		\$	12.08
MAGNESIUM CITRATE	70000042401	208	1.51		\$	314.08
MAGNESIUM HYDROX/AL HYDROX/SIM	00536001583	1110	0.07		\$	81.05
MAGNESIUM HYDROX/AL HYDROX/SIM	00536194583	364	1.84		\$	669.76
MAGNESIUM HYDROX/AL HYDROX/SIM	00904670060	712	2.32		\$	1,651.84
MAGNESIUM HYDROX/AL HYDROX/SIM	37205053040	24	1.84		\$	44.16
MAGNESIUM HYDROX/AL HYDROX/SIM	57896062912	2461	1.84		\$	4,528.24
MAGNESIUM HYDROX/AL HYDROX/SIM	65197030011	25	2.32		\$	58.00
MAGNESIUM HYDROXIDE	00121043130	3	11.16		\$	33.49
MAGNESIUM HYDROXIDE	00536247085	40	0.06		\$	2.38
MAGNESIUM HYDROXIDE	00904078816	103	1.76		\$	181.28
MAGNESIUM HYDROXIDE	00904078914	29	1.73		\$	50.17
MAGNESIUM HYDROXIDE	00904684673	2	156.08		\$	312.16
MAGNESIUM HYDROXIDE	57896064916	1524	0.06		\$	90.73
MAGNESIUM HYDROXIDE	66689005399	7	11.16		\$	78.14
MAGNESIUM OXIDE	10006073038	236	2.58		\$	608.88
MAGNESIUM OXIDE	57896063412	2	2.58		\$	5.16
MAGNESIUM OXIDE	68585000612	7	51.79		\$	362.54

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MAGNESIUM SULFATE	63323006423	1	28.75		\$ 28.75
MAGNESIUM TRISIL/AL HYDROX	00135009626	8	3.93		\$ 31.44
maraviroc	49702022418	12	878.79	Wghted Avg 340(B) & Non	\$ 10,545.43
MASKS	07387014085	1	-		\$ -
MASKS	09629513738	3	-		\$ -
MECLIZINE HCL	00536101801	57	2.74		\$ 155.90
MECLIZINE HCL	00536101810	31	27.35		\$ 847.85
MECLIZINE HCL	00536117801	6	2.02		\$ 12.10
MECLIZINE HCL	69618002701	58	2.02		\$ 116.99
MEDROXYPROGESTERONE ACETATE	00548540000	179	19.96		\$ 3,572.84
MEDROXYPROGESTERONE ACETATE	00548541000	5	19.96		\$ 99.80
MEDROXYPROGESTERONE ACETATE	00555077902	5	10.27		\$ 51.35
MEDROXYPROGESTERONE ACETATE	00555077904	3	51.35		\$ 154.04
MEDROXYPROGESTERONE ACETATE	00555087202	3	9.27		\$ 27.82
MEDROXYPROGESTERONE ACETATE	00555087302	2	11.15		\$ 22.31
MEDROXYPROGESTERONE ACETATE	59762453701	102	19.96		\$ 2,035.92
MEGESTROL ACETATE	00054354258	1	15.76		\$ 15.76
MEGESTROL ACETATE	00121477600	3	263.11		\$ 789.33
MEGESTROL ACETATE	00555060602	2	12.00		\$ 24.00
MEGESTROL ACETATE	00555060702	3	15.55		\$ 46.66
MEGESTROL ACETATE	00904357161	1	15.55		\$ 15.55
MEGESTROL ACETATE	49884029004	1	38.89		\$ 38.89
MEGESTROL ACETATE	49884090738	36	0.55		\$ 19.93
MEGESTROL ACETATE	49884090761	1	33.22		\$ 33.22
MEGESTROL ACETATE	60432012608	33	16.61		\$ 548.13
MEGESTROL ACETATE	60432012616	1	1.11		\$ 1.11
MELATONIN	10006073039	1	1.73		\$ 1.73
MELATONIN	10006073040	2	2.60		\$ 5.19
MELATONIN	10006073044	2	3.03		\$ 6.06
MELOXICAM	50268052515	1	0.82		\$ 0.82
MELOXICAM	63739070110	1	1.64		\$ 1.64
MELOXICAM	68382005105	2	7.28		\$ 14.56
MELOXICAM	69097015807	141	1.64		\$ 230.96
MELOXICAM	69097015815	85	16.38		\$ 1,392.30
MELOXICAM	69097015907	72	1.46		\$ 104.83
MELOXICAM	69097015912	11	7.28		\$ 80.08
MELOXICAM	69097015915	61	14.56		\$ 888.16
MEMANTINE HCL	00832111260	2	5.03		\$ 10.06
MEMANTINE HCL	29300017116	10	5.03		\$ 50.30
MEMANTINE HCL	29300017216	10	4.77		\$ 47.70
MENINGOC VACC ACY W-135 DIP	58160095509	1	673.25		\$ 673.25
MEPERIDINE HCL	00641605225	9	74.19		\$ 667.71
MEPERIDINE HCL	00641605325	9	77.27		\$ 695.43
MERCAPTOPURINE	00054458111	19	28.56		\$ 542.58
MEROPENEM	00264318311	1	427.03		\$ 427.03
MEROPENEM	00264318511	19	597.84		\$ 11,358.96

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MEROPENEM	63323050720	4	65.92		\$	263.68
MEROPENEM	63323050831	13	72.08		\$	937.04
MESALAMINE	00378137578	7	413.99		\$	2,897.93
MESALAMINE	00378740178	11	489.49		\$	5,384.39
MESALAMINE	45802009851	25	58.80		\$	1,470.00
MESALAMINE	45802092341	6	109.59		\$	657.54
MESALAMINE	54092019112	35	728.69		\$	25,504.15
MESALAMINE	54092047612	2	1,123.27		\$	2,246.54
MESALAMINE	59762011701	274	460.09		\$	126,064.66
MESALAMINE	59762011803	1	285.00		\$	285.00
MESALAMINE	64980028203	8	285.00		\$	2,280.00
MESALAMINE	65649010302	1	510.30		\$	510.30
MESALAMINE	68382043528	37	1,129.22		\$	41,781.14
MESALAMINE	68382071119	19	489.49		\$	9,300.31
MESNA	67108356509	1	785.90		\$	785.90
METFORMIN HCL	23155010201	60	1.58		\$	94.80
METFORMIN HCL	23155010205	49	7.90		\$	387.10
METFORMIN HCL	23155010210	91	15.80		\$	1,437.80
METFORMIN HCL	23155010301	20	2.40		\$	48.08
METFORMIN HCL	23155010305	3	12.02		\$	36.06
METFORMIN HCL	23155010310	21	24.04		\$	504.84
METFORMIN HCL	23155010401	6	2.39		\$	14.34
METFORMIN HCL	23155010405	14	11.95		\$	167.30
METFORMIN HCL	23155010410	427	23.90		\$	10,205.30
METFORMIN HCL	51991080605	1	12.02		\$	12.02
METFORMIN HCL	65862000899	3	15.80		\$	47.40
METFORMIN HCL	67877056110	2	15.80		\$	31.60
METFORMIN HCL	71093013206	471	15.80		\$	7,441.80
METHADONE HCL	00054457125	3	9.90		\$	29.70
METHADONE HCL	00406054034	4	-		\$	-
METHADONE HCL	00406575562	1	9.38		\$	9.38
METHADONE HCL	00406577162	2	9.90		\$	19.80
METHADONE HCL	00904653061	11	9.90		\$	108.90
METHADONE HCL	60687021401	1	9.38		\$	9.38
METHAZOLAMIDE	00574079101	7	436.72		\$	3,057.04
METHIMAZOLE	23155007001	186	4.92		\$	915.12
METHIMAZOLE	23155007101	322	8.85		\$	2,849.70
METHIMAZOLE	64980026001	2	4.92		\$	9.84
METHOCARBAMOL	43547022650	28	28.85		\$	807.80
METHOCARBAMOL	43547040510	2	4.92		\$	9.84
METHOCARBAMOL	70010075405	4	24.60		\$	98.40
METHOCARBAMOL	70010077001	16	5.77		\$	92.32
METHOCARBAMOL	70010077005	13	28.85		\$	375.05
METHOCARBAMOL	76385012401	158	5.77		\$	911.66
METHOCARBAMOL	76385012450	84	28.85		\$	2,423.40
METHOTREXATE SODIUM	00143951910	23	10.56		\$	242.77

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METHOTREXATE SODIUM	61703035038	3	33.90		\$	101.70
METHOTREXATE SODIUM	63323012310	6	33.90		\$	203.40
METHOTREXATE SODIUM	68382077501	121	64.64		\$	7,821.44
METHYL SALIC/MENTHOL	41167008709	47	4.09		\$	192.23
METHYLENE BLUE	00517037405	1	1,033.00		\$	1,033.00
METHYLERGONOVINE MALEATE	00093365522	1	239.99		\$	239.99
METHYLERGONOVINE MALEATE	51991014417	1	167.96		\$	167.96
METHYLERGONOVINE MALEATE	69238160502	1	239.99		\$	239.99
METHYLPREDNISOLONE	00009005604	16	6.30		\$	100.80
METHYLPREDNISOLONE	00591079021	4	6.73		\$	26.92
METHYLPREDNISOLONE	00904691461	1	32.07		\$	32.07
METHYLPREDNISOLONE	59746000103	876	7.15		\$	6,263.40
METHYLPREDNISOLONE	59746000106	2	32.07		\$	64.14
METHYLPREDNISOLONE	68382091634	48	7.15		\$	343.20
METHYLPREDNISOLONE ACETATE	00009030602	8	59.80		\$	478.40
METHYLPREDNISOLONE ACETATE	00009307322	1	7.02		\$	7.02
METHYLPREDNISOLONE ACETATE	00009347522	6	11.96		\$	71.76
METHYLPREDNISOLONE ACETATE	00009347523	6	299.16		\$	1,794.96
METHYLPREDNISOLONE ACETATE	00703005101	73	11.96		\$	873.08
METHYLPREDNISOLONE SOD SUCC	00009003932	1	64.00		\$	64.00
METHYLPREDNISOLONE SOD SUCC	00009004722	1	193.75		\$	193.75
METHYLPREDNISOLONE SOD SUCC	00009004726	64	74.00		\$	4,736.00
METHYLPREDNISOLONE SOD SUCC	63323026530	6	36.55		\$	219.30
METOCLOPRAMIDE HCL	00093220301	16	3.00		\$	47.92
METOCLOPRAMIDE HCL	00093220310	4	29.95		\$	119.80
METOCLOPRAMIDE HCL	00093220401	15	3.17		\$	47.61
METOCLOPRAMIDE HCL	00409341401	1	26.83		\$	26.83
METOLAZONE	00185005501	7	67.25		\$	470.75
METOLAZONE	00185505001	13	59.18		\$	769.34
METOLAZONE	00185560001	5	155.32		\$	776.60
METOPROLOL SUCCINATE	00527260037	7	18.78		\$	131.43
METOPROLOL SUCCINATE	00527260137	1	18.78		\$	18.78
METOPROLOL SUCCINATE	24979003801	2	18.78		\$	37.57
METOPROLOL SUCCINATE	24979003803	1	187.84		\$	187.84
METOPROLOL SUCCINATE	45963067611	7	18.78		\$	131.49
METOPROLOL SUCCINATE	45963070911	44	18.78		\$	826.14
METOPROLOL SUCCINATE	45963070996	1	187.76		\$	187.76
METOPROLOL SUCCINATE	50742061701	3	35.99		\$	107.96
METOPROLOL SUCCINATE	50742061710	1	359.86		\$	359.86
METOPROLOL SUCCINATE	62037083001	23	18.78		\$	431.94
METOPROLOL SUCCINATE	62037083010	1	187.80		\$	187.80
METOPROLOL SUCCINATE	62037083101	13	18.78		\$	244.19
METOPROLOL SUCCINATE	62037083110	1	187.84		\$	187.84
METOPROLOL TARTRATE	00378001801	90	1.28		\$	115.47
METOPROLOL TARTRATE	00378001805	117	6.42		\$	750.56
METOPROLOL TARTRATE	00378003210	77	12.90		\$	993.30

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METOPROLOL TARTRATE	00378004701	10	1.96		\$ 19.60
METOPROLOL TARTRATE	00378004710	1	19.60		\$ 19.60
METOPROLOL TARTRATE	00378459301	1	7.16		\$ 7.16
METOPROLOL TARTRATE	00409177805	2	6.44		\$ 12.88
METOPROLOL TARTRATE	00904634061	1	1.28		\$ 1.28
METOPROLOL TARTRATE	52817036000	138	12.83		\$ 1,770.54
METOPROLOL TARTRATE	52817036100	77	12.90		\$ 993.30
METOPROLOL TARTRATE	52817036200	23	19.60		\$ 450.80
METOPROLOL TARTRATE	57664050658	23	12.83		\$ 295.09
METOPROLOL TARTRATE	62332011291	20	12.83		\$ 256.60
METRONIDAZOLE	00115147446	5	47.84		\$ 239.20
METRONIDAZOLE	00168032346	6	71.87		\$ 431.22
METRONIDAZOLE	00245086070	5	69.00		\$ 345.00
METRONIDAZOLE	00904145361	1	21.92		\$ 21.92
METRONIDAZOLE	23155065205	2	122.30		\$ 244.60
METRONIDAZOLE	29300022601	1	21.92		\$ 21.92
METRONIDAZOLE	29300022605	1	109.60		\$ 109.60
METRONIDAZOLE	29300022701	56	24.46		\$ 1,369.76
METRONIDAZOLE	29300022705	50	122.30		\$ 6,115.00
METRONIDAZOLE	50111033402	3	122.30		\$ 366.90
METRONIDAZOLE	72578000801	1	24.46		\$ 24.46
METRONIDAZOLE	72578000805	7	122.30		\$ 856.10
METRONIDAZOLE/SOD CL	00409781124	8	32.65		\$ 261.20
MEXILETINE HCL	00093873901	14	53.07		\$ 742.98
MICAFUNGIN SODIUM	00469321199	3	-		\$ -
MICONAZOLE NITRATE	00472073514	61	1.42		\$ 86.62
MICONAZOLE NITRATE	00472073542	970	0.14		\$ 137.74
MICONAZOLE NITRATE	00472073556	423	0.09		\$ 40.04
MICONAZOLE NITRATE	00904773445	14	0.23		\$ 3.25
MICONAZOLE NITRATE	51672200101	12	0.05		\$ 0.57
MICONAZOLE NITRATE	51672200102	18	0.09		\$ 1.70
MICONAZOLE NITRATE	51672203506	27	6.57		\$ 177.39
MICONAZOLE NITRATE	70000032301	1	3.15		\$ 3.15
MICONAZOLE NITRATE	70000034001	30	-		\$ -
MIDAZOLAM HCL	00409230517	42	28.64		\$ 1,202.88
MIDODRINE HCL	00245021111	5	13.68		\$ 68.40
MIDODRINE HCL	00245021211	57	34.41		\$ 1,961.37
MIDODRINE HCL	00245021311	30	74.71		\$ 2,241.30
MIDODRINE HCL	60505132101	2	34.41		\$ 68.82
MILRINONE LACT/D5W	00143971810	17	305.30		\$ 5,190.10
MILRINONE LACT/D5W	00143971910	2	152.60		\$ 305.20
MINERAL OIL/PET WH	00023024004	27	8.57		\$ 231.39
MINERAL OIL/PET WH	00023031204	7	9.76		\$ 68.32
MINERAL OIL/PET WH	00065050935	1	6.50		\$ 6.50
MINERAL OIL/PET WH	00065051801	10	6.50		\$ 65.00
MINERAL OIL/PET WH	00078047397	10	6.50		\$ 65.00

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MINERAL OIL/PET WH	00904648838	37	2.96		\$	109.52
MINERAL OIL/PET WH	63736014308	16	5.23		\$	83.68
MINOCYCLINE HCL	65862021105	55	199.17		\$	10,954.35
MINOCYCLINE HCL	68382031601	13	22.07		\$	286.91
MINOCYCLINE HCL	68382031818	27	19.92		\$	537.84
MINOXIDIL	00591564201	63	15.51		\$	977.13
MINOXIDIL	00591564205	2	62.55		\$	125.10
MINOXIDIL	49884025701	7	21.90		\$	153.30
MINOXIDIL	49884025705	7	109.50		\$	766.50
MINOXIDIL	53489038701	2	21.90		\$	43.80
MINOXIDIL	68084020401	3	12.51		\$	37.53
MINOXIDIL	68084020501	1	21.90		\$	21.90
MIRTAZAPINE	00093720756	196	2.43		\$	476.28
MIRTAZAPINE	00378354501	12	10.13		\$	121.56
MIRTAZAPINE	00378354593	13	3.04		\$	39.52
MIRTAZAPINE	00904651961	1	6.90		\$	6.90
MIRTAZAPINE	13107000105	9	635.14		\$	5,716.26
MIRTAZAPINE	13107000305	297	40.50		\$	12,028.50
MIRTAZAPINE	13107000334	2288	2.43		\$	5,559.84
MIRTAZAPINE	13107003105	162	34.50		\$	5,589.00
MIRTAZAPINE	13107003134	1300	2.07		\$	2,691.00
MIRTAZAPINE	13107003205	137	50.67		\$	6,941.33
MIRTAZAPINE	13107003234	4779	3.04		\$	14,528.16
MIRTAZAPINE	51079008720	1	8.10		\$	8.10
MIRTAZAPINE	51079008820	1	10.13		\$	10.13
MIRTAZAPINE	57237000705	2	635.14		\$	1,270.28
MIRTAZAPINE	57664050183	15	3.04		\$	45.60
MIRTAZAPINE	57664051083	365	38.11		\$	13,909.57
MIRTAZAPINE	60505024901	59	3.04		\$	179.36
MISC MEDICAL SUPPLY	43825070017	3	5.00		\$	15.00
MISOPROSTOL	43386016101	1	74.63		\$	74.63
MODAFINIL	62332038530	2	17.16		\$	34.32
MOMETASONE FUROATE	00085134102	2	224.73		\$	449.46
MOMETASONE FUROATE	00713063437	1	7.42		\$	7.42
MOMETASONE FUROATE	45802011846	2	18.56		\$	37.12
MOMETASONE FUROATE	45802025742	1	7.42		\$	7.42
MOMETASONE FUROATE	68462019217	2	2.47		\$	4.95
MOMETASONE FUROATE	68462019255	8	7.42		\$	59.36
MOMETASONE FUROATE	68462022517	4	2.21		\$	8.84
MOMETASONE FUROATE	68462022555	16	6.63		\$	106.08
MONTELUKAST SODIUM	00093742698	7	6.96		\$	48.72
MONTELUKAST SODIUM	00904680861	19	7.73		\$	146.93
MONTELUKAST SODIUM	13668008105	10	38.65		\$	386.50
MONTELUKAST SODIUM	13668008130	78	2.32		\$	180.96
MONTELUKAST SODIUM	13668008190	51	6.96		\$	354.96
MONTELUKAST SODIUM	16729011910	9	2.32		\$	20.88

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MONTELUKAST SODIUM	29300022010	15	77.33		\$	1,160.00
MONTELUKAST SODIUM	29300022019	283	6.96		\$	1,969.68
MONTELUKAST SODIUM	31722072610	8	77.33		\$	618.67
MONTELUKAST SODIUM	33342010207	139	2.32		\$	322.48
MONTELUKAST SODIUM	33342010215	114	38.67		\$	4,408.00
MONTELUKAST SODIUM	57237025530	95	2.32		\$	220.40
MORPHINE SULFATE	00054023524	2	43.16		\$	86.32
MORPHINE SULFATE	00054023525	52	43.16		\$	2,244.32
MORPHINE SULFATE	00054051744	2	5.53		\$	11.06
MORPHINE SULFATE	00406831562	3	18.47		\$	55.41
MORPHINE SULFATE	00409189001	9	20.27		\$	182.43
MORPHINE SULFATE	00641612725	2	52.72		\$	105.44
MORPHINE SULFATE	00904655761	94	18.47		\$	1,736.18
MORPHINE SULFATE	00904655861	68	29.63		\$	2,014.84
MORPHINE SULFATE	42858080101	56	18.47		\$	1,034.32
MORPHINE SULFATE	42858080201	23	29.63		\$	681.49
MORPHINE SULFATE	68094000162	65	6.90		\$	448.31
MORPHINE SULFATE	68094075458	1	86.93		\$	86.93
MOUTHWASH	48582000330	24	3.93		\$	94.41
MOUTHWASH	48582000440	6	8.31		\$	49.86
MOUTHWASH	48582080220	29	1.97		\$	57.04
MOXIFLOXACIN HCL	60505058204	1	19.52		\$	19.52
MOXIFLOXACIN HCL	65862060330	1	61.34		\$	61.34
MOXIFLOXACIN HCL	65862084003	123	19.52		\$	2,400.96
MULTIVIT/FA/MIN	96295012833	1	3.29		\$	3.29
MULTIVIT/FE/MIN	00536466110	81	25.29		\$	2,048.49
MULTIVIT/FE/MIN	00536466138	191	3.29		\$	627.95
MULTIVIT/MIN/LUTEIN	00065804806	2	14.65		\$	29.30
MULTIVIT/MIN/LUTEIN	24208069760	6	11.65		\$	69.90
MULTIVIT/MIN/LUTEIN	24208069762	59	23.30		\$	1,374.70
MULTIVIT/MIN/LUTEIN	96295012870	1	7.89		\$	7.89
MULTIVIT/MINERALS	00065804812	37	7.89		\$	291.93
MULTIVIT/MINERALS	54629080098	1	7.89		\$	7.89
MULTIVIT/MINERALS	57896053110	1	7.89		\$	7.89
MULTIVITAMIN	00536354710	2	16.90		\$	33.80
MULTIVITAMIN	00536404610	75	11.48		\$	861.00
MULTIVITAMIN	00904053080	1	16.90		\$	16.90
MULTIVITAMIN	37140191616	7	7.94		\$	55.58
MULTIVITAMIN	54629090980	50	2.03		\$	101.50
MULTIVITAMIN	54643900701	14	7.94		\$	111.16
MULTIVITAMIN	57896050110	13	7.94		\$	103.22
MULTIVITAMIN	57896050401	9	7.94		\$	71.46
MULTIVITAMIN	57896050410	259	7.94		\$	2,056.46
MULTIVITAMIN	57896062110	3	7.94		\$	23.82
MULTIVITAMIN	80681002000	27	16.90		\$	456.30
MUPIROCIN	45802011222	29	4.59		\$	133.11

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MUPIROCIN	50268057260	1	169.29		\$ 169.29
MUPIROCIN	51672131200	603	4.59		\$ 2,767.77
MUPIROCIN	51672131201	8	3.13		\$ 25.04
MYCOPHENOLATE MOFETIL	16729009401	6	19.83		\$ 118.98
MYCOPHENOLATE MOFETIL	16729009416	2	99.15		\$ 198.30
MYCOPHENOLATE MOFETIL	64380072506	29	35.88		\$ 1,040.46
MYCOPHENOLATE MOFETIL	64380072507	8	179.39		\$ 1,435.12
MYCOPHENOLATE MOFETIL	67877026601	1	19.83		\$ 19.83
NADOLOL	50742017801	3	57.70		\$ 173.10
NADOLOL	50742017901	3	67.97		\$ 203.91
NADOLOL	76385013301	2	57.70		\$ 115.40
NAFCILLIN SODIUM	55150012316	18	72.62		\$ 1,307.16
NALBUPHINE HCL	00409146349	1	35.02		\$ 35.02
NALBUPHINE HCL	00409146401	1	849.06		\$ 849.06
NALOXONE HCL	00409121525	2	69.80		\$ 139.60
NALOXONE HCL	00641613225	2	174.51		\$ 349.02
NALOXONE HCL	67457029202	19	69.80		\$ 1,326.28
NALOXONE HCL	70069007110	11	69.80		\$ 767.84
NALTREXONE HCL	00406117003	6	17.01		\$ 102.06
NALTREXONE HCL	47335032683	6	17.01		\$ 102.06
NALTREXONE HCL	51224020630	7	17.01		\$ 119.07
NAPHAZOLINE HCL	10119002068	9	2.65		\$ 23.85
NAPHAZOLINE/PHENIR MAL	00065008515	71	7.52		\$ 533.92
NAPHAZOLINE/PHENIR MAL	00065008542	85	5.01		\$ 426.13
NAPHAZOLINE/PHENIR MAL	10119002090	225	4.83		\$ 1,086.75
NAPHAZOLINE/PHENIR MAL	12547049378	147	-		\$ -
NAPHAZOLINE/PHENIR MAL	69968000631	17	7.52		\$ 127.84
NAPROXEN	49483061801	13	7.51		\$ 97.60
NAPROXEN	49483061850	245	37.54		\$ 9,197.30
NAPROXEN	50268059515	2	3.42		\$ 6.84
NAPROXEN	65162018911	1	68.38		\$ 68.38
NAPROXEN	68462018905	568	34.19		\$ 19,419.92
NAPROXEN	68462019001	1	7.51		\$ 7.51
NAPROXEN	68462019005	86	37.54		\$ 3,228.44
NATALIZUMAB	64406000801	2	7,091.68		\$ 14,183.36
NEOMYCIN SULFATE	00093117701	2	60.10		\$ 120.20
NEOMYCIN/BACITR/POLYMYXIN/HC	24208078555	32	7.35		\$ 235.20
NEOMYCIN/BACITRACIN/POLYMYXIN	00472017934	306	1.48		\$ 451.35
NEOMYCIN/BACITRACIN/POLYMYXIN	00713026831	650	2.95		\$ 1,917.50
NEOMYCIN/BACITRACIN/POLYMYXIN	00904073431	2574	2.95		\$ 7,593.30
NEOMYCIN/BACITRACIN/POLYMYXIN	24208078055	55	14.00		\$ 770.00
NEOMYCIN/BACITRACIN/POLYMYXIN	45802014303	11	2.95		\$ 32.45
NEOMYCIN/BACITRACIN/POLYMYXIN	70000038901	96	2.87		\$ 275.52
NEOMYCIN/POLYMYXIN	39822120102	1	76.95		\$ 76.95
NEOMYCIN/POLYMYXIN/DEXAMETH	00065063136	6	193.92		\$ 1,163.52
NEOMYCIN/POLYMYXIN/DEXAMETH	00574416035	2	15.50		\$ 31.00

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NEOMYCIN/POLYMYXIN/DEXAMETH	00998063006	41	112.46		\$	4,610.86
NEOMYCIN/POLYMYXIN/DEXAMETH	24208079535	45	15.50		\$	697.50
NEOMYCIN/POLYMYXIN/DEXAMETH	24208083060	226	15.07		\$	3,405.82
NEOMYCIN/POLYMYXIN/DEXAMETH	61314063006	112	15.07		\$	1,687.84
NEOMYCIN/POLYMYXIN/DEXAMETH	61314063136	20	15.50		\$	310.00
NEOMYCIN/POLYMYXIN/GRAMIC	24208079062	71	48.14		\$	3,417.94
NEOMYCIN/POLYMYXIN/HC	24208063110	173	47.27		\$	8,177.71
NEOMYCIN/POLYMYXIN/HC	24208063562	503	55.30		\$	27,815.90
NEOMYCIN/POLYMYXIN/HC	61314064175	2	111.34		\$	222.68
NEOSTIGMINE METHYLSULFATE	63323041510	1	103.75		\$	103.75
NEOSTIGMINE METHYLSULFATE	76014090310	2	65.00		\$	130.00
NEPAFENAC	00065000203	23	270.27		\$	6,216.21
NEPAFENAC	00065175007	2	288.76		\$	577.52
NEPAFENAC	00065175014	10	288.76		\$	2,887.60
NETARSUDIL	70727049725	67	272.07		\$	18,228.69
NETARSUDIL MESYLAT/LATANOPROST	70727052925	6	285.15		\$	1,710.90
nevirapine	00781589331	5	67.50	Wghted Avg 340(B) & Non	\$	337.50
NIACINAMIDE (NICOTINAMIDE)	00536406901	1	2.04		\$	2.04
NIFEDIPINE	43386044024	10	40.33		\$	403.30
NIFEDIPINE	50742026001	43	23.86		\$	1,025.98
NIFEDIPINE	50742026003	15	71.58		\$	1,073.70
NIFEDIPINE	50742026101	23	34.80		\$	800.40
NIFEDIPINE	50742026103	21	104.40		\$	2,192.40
NIFEDIPINE	50742026201	16	64.99		\$	1,039.84
NIFEDIPINE	50742062001	36	10.58		\$	380.88
NIFEDIPINE	50742062101	3	44.05		\$	132.15
NIFEDIPINE	50742062201	57	70.27		\$	4,005.39
NIFEDIPINE	68084059701	1	23.86		\$	23.86
NIFEDIPINE	68682010810	90	23.86		\$	2,147.40
NIFEDIPINE	68682010830	6	31.74		\$	190.44
NIFEDIPINE	68682010910	45	34.80		\$	1,566.00
NIFEDIPINE	68682010930	27	104.40		\$	2,818.80
NILOTINIB	00078052687	11	14,716.02		\$	161,876.22
NILUTAMIDE	62559017331	12	4,625.90		\$	55,510.80
NIMODIPINE	62559021031	1	0.44		\$	0.44
NITROFURAN/NITROFURAN MACRO	47781030301	52	68.77		\$	3,576.04
NITROFURANTOIN MACROCRYSTALS	47781030701	15	58.05		\$	870.75
NITROFURANTOIN MACROCRYSTALS	47781030801	32	102.07		\$	3,266.24
NITROGLYCERIN	00281032608	1	105.78		\$	105.78
NITROGLYCERIN	00281032630	14	34.06		\$	476.84
NITROGLYCERIN	00378910293	15	15.60		\$	234.00
NITROGLYCERIN	00378910493	10	14.82		\$	148.20
NITROGLYCERIN	00378911293	4	21.45		\$	85.80
NITROGLYCERIN	00904549546	3	14.82		\$	44.46
NITROGLYCERIN	43598043601	6	26.96		\$	161.76
NITROGLYCERIN	43598043611	48	26.96		\$	1,294.08

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NITROGLYCERIN	47781029603	6	15.60		\$ 93.60
NITROGLYCERIN	59762330401	924	26.96		\$ 24,911.04
NITROGLYCERIN	59762330403	736	26.96		\$ 19,842.56
NITROGLYCERIN	68382030930	19	14.82		\$ 281.58
NITROGLYCERIN	68382031030	16	21.45		\$ 343.20
NITROGLYCERIN/D5W	00338104702	1	153.34		\$ 153.34
NORETHINDRONE	00378729253	5	13.33		\$ 66.65
NORETHINDRONE ACETATE	68462030450	6	60.25		\$ 361.50
NORETHINDRONE/ETH ESTRADIOL	00378728053	4	20.49		\$ 81.96
NORETHINDRONE/ETH ESTRADIOL	00555901058	9	83.00		\$ 747.00
NORETHINDRONE/ETH ESTRADIOL	00555901258	17	38.18		\$ 649.06
NORETHINDRONE/ETH ESTRADIOL	00555902542	7	20.49		\$ 143.43
NORETHINDRONE/ETH ESTRADIOL	00555902742	1	46.54		\$ 46.54
NORETHINDRONE/ETH ESTRADIOL	68462013281	2	20.49		\$ 40.98
NORETHINDRONE/ETH ESTRADIOL/FE	00378728353	2	26.92		\$ 53.84
NORETHINDRONE/ETH ESTRADIOL/FE	00555902858	31	53.84		\$ 1,669.04
NORETHINDRONE/ETH ESTRADIOL/FE	50102022823	63	19.50		\$ 1,228.50
NORETHINDRONE/ETH ESTRADIOL/FE	51862001206	10	53.84		\$ 538.40
NORETHINDRONE/ETH ESTRADIOL/FE	51862029206	1	53.84		\$ 53.84
NORETHINDRONE/ETH ESTRADIOL/FE	68180086673	3	26.92		\$ 80.76
NORGESTIMATE/ETH ESTRADIOL	00555901658	2	55.87		\$ 111.74
NORGESTIMATE/ETH ESTRADIOL	00555901858	2	25.58		\$ 51.16
NORGESTIMATE/ETH ESTRADIOL	69238155106	4	9.31		\$ 37.25
NORTRIPTYLINE HCL	51672400101	8	4.70		\$ 37.62
NORTRIPTYLINE HCL	51672400102	1	23.51		\$ 23.51
NORTRIPTYLINE HCL	51672400105	3	4.23		\$ 12.70
NORTRIPTYLINE HCL	51672400201	31	6.69		\$ 207.39
NORTRIPTYLINE HCL	51672400205	17	6.02		\$ 102.36
NORTRIPTYLINE HCL	51672400301	6	11.67		\$ 70.02
NORTRIPTYLINE HCL	51672400302	1	58.35		\$ 58.35
NORTRIPTYLINE HCL	51672400305	11	10.50		\$ 115.53
NORTRIPTYLINE HCL	51672400405	4	17.61		\$ 70.44
NUTRITIONAL SUPPLEMENT	38485086335	1	5.19		\$ 5.19
NUTRITIONAL SUPPLEMENT	40985021151	11	2.37		\$ 26.06
NUTRITIONAL SUPPLEMENT	40985027505	16	11.33		\$ 181.28
NUTRITIONAL SUPPLEMENT	43292055857	20	3.29		\$ 65.80
NUTRITIONAL SUPPLEMENT	96295012704	1	3.29		\$ 3.29
NYSTATIN	00121081002	3	3.77		\$ 11.30
NYSTATIN	00713068631	14	6.70		\$ 93.80
NYSTATIN	00832046515	5	3.53		\$ 17.63
NYSTATIN	00832046530	2	7.05		\$ 14.10
NYSTATIN	00832046560	1	14.10		\$ 14.10
NYSTATIN	45802005911	67	7.78		\$ 521.26
NYSTATIN	45802005935	5	3.89		\$ 19.45
NYSTATIN	60432053760	6	0.13		\$ 0.75
NYSTATIN	66689000802	18	3.77		\$ 67.79

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NYSTATIN	66689000816	74	30.13		\$	2,229.62
NYSTATIN/TRIAMCINOLONE	68462031417	4	12.84		\$	51.37
NYSTATIN/TRIAMCINOLONE	68462031435	8	25.69		\$	205.48
OCTREOTIDE ACETATE	00078082581	11	6,386.14		\$	70,247.54
OFATUMUMAB	00078069061	1	6,033.70		\$	6,033.70
OFLOXACIN	60505036301	1	10.54		\$	10.54
OFLOXACIN	64980051501	21	15.70		\$	329.70
OFLOXACIN	64980051505	138	7.85		\$	1,083.30
OLANZAPINE	00904637761	1	7.84		\$	7.84
OLANZAPINE	33342006707	13	2.08		\$	27.03
OLANZAPINE	33342007107	24	4.98		\$	119.52
OLANZAPINE	33342007207	16	5.10		\$	81.56
OLANZAPINE	43598016405	52	39.21		\$	2,038.92
OLANZAPINE	43598016430	211	2.35		\$	496.40
OLANZAPINE	43598016505	8	53.86		\$	430.88
OLANZAPINE	43598016530	670	3.23		\$	2,165.17
OLANZAPINE	43598016605	167	49.00		\$	8,183.00
OLANZAPINE	43598016630	1039	2.94		\$	3,054.66
OLANZAPINE	55111016305	39	34.66		\$	1,351.74
OLANZAPINE	55111016330	39	2.08		\$	81.10
OLANZAPINE	55111016705	12	83.00		\$	996.00
OLANZAPINE	55111016730	81	4.98		\$	403.38
OLANZAPINE	55111016805	17	84.96		\$	1,444.32
OLANZAPINE	55111016830	445	5.10		\$	2,268.43
OLANZAPINE	60505311008	8	69.32		\$	554.56
OLANZAPINE	60505311108	101	78.42		\$	7,920.42
OLANZAPINE	60505311208	6	107.72		\$	646.32
OLANZAPINE	60505311308	76	98.00		\$	7,448.00
OLANZAPINE	60505311408	51	166.00		\$	8,466.00
OLANZAPINE	60505314008	78	169.92		\$	13,253.76
OLANZAPINE	66993068230	62	3.23		\$	200.26
OLANZAPINE	69543038130	24	2.35		\$	56.46
OLANZAPINE	69543038230	81	3.23		\$	261.76
OLMESARTAN MEDOXOMIL	68462043730	3	2.64		\$	7.92
OLOPATADINE HCL	00065815001	3	12.20		\$	36.60
OLOPATADINE HCL	60505058604	22	12.20		\$	268.40
OLOPATADINE HCL	61314027105	14	9.49		\$	132.86
OMEPRAZOLE	00781279010	2	35.95		\$	71.90
OMEPRAZOLE	50268061915	1	1.80		\$	1.80
OMEPRAZOLE	51407012901	403	3.60		\$	1,450.80
OMEPRAZOLE	51407012910	153	35.95		\$	5,500.35
OMEPRAZOLE	51991064310	42	35.95		\$	1,509.90
OMEPRAZOLE	55111015701	6	7.40		\$	44.40
OMEPRAZOLE	55111015810	20	35.95		\$	719.00
OMEPRAZOLE	57237016199	7	35.95		\$	251.65
OMEPRAZOLE	59651000101	4	7.40		\$	29.60

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OMEPRAZOLE	59651000305	33	24.25		\$ 800.25
OMEPRAZOLE	68382041205	1281	17.98		\$ 23,025.98
ONABOTULINUMTOXINA	00023114501	1	601.00		\$ 601.00
ONABOTULINUMTOXINA	00023392102	5	601.00		\$ 3,005.00
ONDANSETRON	68462015713	9	7.54		\$ 67.86
ONDANSETRON HCL	00641607825	5	9.14		\$ 45.70
ONDANSETRON HCL	00641608025	26	9.14		\$ 237.64
ONDANSETRON HCL	00904655161	2	6.63		\$ 13.27
ONDANSETRON HCL	00904655261	1	11.23		\$ 11.23
ONDANSETRON HCL	36000001225	10	9.14		\$ 91.40
ONDANSETRON HCL	60505613005	7	9.14		\$ 63.98
ONDANSETRON HCL	63304045930	4	3.37		\$ 13.48
ONDANSETRON HCL	65862018730	1594	1.99		\$ 3,172.06
ONDANSETRON HCL	65862018830	233	3.37		\$ 785.21
ONDANSETRON HCL	67877016930	53	40.40		\$ 2,141.41
ONDANSETRON HCL	68462010530	11	1.99		\$ 21.89
ONDANSETRON HCL	71930001752	5	33.15		\$ 165.75
OSELTAMIVIR PHOSPHATE	68180067511	11	18.99		\$ 208.89
OSELTAMIVIR PHOSPHATE	68180067711	203	22.99		\$ 4,666.97
OXALIPLATIN	00781931570	28	17.39		\$ 486.92
OXALIPLATIN	16729033203	102	17.39		\$ 1,773.78
OXALIPLATIN	71288010110	6	17.39		\$ 104.34
OXCARBAZEPINE	51991029201	1143	14.59		\$ 16,676.37
OXCARBAZEPINE	51991029205	14	72.95		\$ 1,021.30
OXCARBAZEPINE	51991029301	897	16.21		\$ 14,540.37
OXCARBAZEPINE	51991029305	574	81.05		\$ 46,522.70
OXCARBAZEPINE	51991029401	1214	30.00		\$ 36,420.00
OXCARBAZEPINE	51991029405	7	150.00		\$ 1,050.00
OXCARBAZEPINE	68084085301	1	16.21		\$ 16.21
OXYBUTYNIN CHLORIDE	00832003800	98	7.46		\$ 731.37
OXYBUTYNIN CHLORIDE	00832003850	1	37.32		\$ 37.32
OXYBUTYNIN CHLORIDE	10702020101	27	7.46		\$ 201.50
OXYBUTYNIN CHLORIDE	10702020110	7	74.63		\$ 522.41
OXYBUTYNIN CHLORIDE	10702020150	12	37.32		\$ 447.78
OXYBUTYNIN CHLORIDE	52817026010	71	7.46		\$ 529.87
OXYBUTYNIN CHLORIDE	52817026050	31	37.32		\$ 1,156.77
OXYBUTYNIN CHLORIDE	70954000520	3	37.32		\$ 111.95
OXYBUTYNIN CHLORIDE	70954000530	11	74.63		\$ 820.93
OXYCHLOROSENE	00327000110	3	25.93		\$ 77.79
OXYCODONE HCL	10702005701	2	26.00		\$ 52.00
OXYCODONE/ACETAMIN	00904643761	815	6.98		\$ 5,688.70
OXYCODONE/ACETAMIN	10702018501	1	6.98		\$ 6.98
OXYCODONE/ACETAMIN	42858010201	1	6.98		\$ 6.98
OXYCODONE/ACETAMIN	47781019601	39	6.98		\$ 272.22
OXYCODONE/ACETAMIN	50268064415	15	3.49		\$ 52.35
OXYMETAZOLINE HCL	00904676130	37	1.09		\$ 40.33

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OXYMETAZOLINE HCL	41100081123	1	1.09		\$ 1.09
OXYMETAZOLINE HCL	45802041059	125	1.09		\$ 136.25
OXYMETAZOLINE HCL	61715015201	6	1.09		\$ 6.54
PACLITAXEL	45963061359	2	47.12		\$ 94.24
PACLITAXEL	67457043451	18	47.12		\$ 848.16
PACLITAXEL	70860020050	20	47.12		\$ 942.40
PALIPERIDONE	10147095203	20	124.00		\$ 2,480.00
PALIPERIDONE	10147095303	27	124.00		\$ 3,348.00
PALIPERIDONE	10147095403	1	155.00		\$ 155.00
PALIPERIDONE	65162028103	19	124.00		\$ 2,356.00
PALIPERIDONE	65162028203	18	124.00		\$ 2,232.00
PALIPERIDONE	65162028303	6	124.00		\$ 744.00
PANTOPRAZOLE SODIUM	00378668877	18	4.40		\$ 79.20
PANTOPRAZOLE SODIUM	00378668910	1	50.56		\$ 50.56
PANTOPRAZOLE SODIUM	50268063915	1	2.53		\$ 2.53
PANTOPRAZOLE SODIUM	62175018046	1	4.40		\$ 4.40
PANTOPRAZOLE SODIUM	65862055990	482	4.40		\$ 2,120.80
PANTOPRAZOLE SODIUM	65862056090	311	4.55		\$ 1,415.05
PANTOPRAZOLE SODIUM	65862056099	120	50.56		\$ 6,066.67
PANTOPRAZOLE SODIUM	68084064301	1	4.89		\$ 4.89
PAPAVERINE HCL	00517400225	2	939.80		\$ 1,879.60
PAPER BAGS	09629512887	1	-		\$ -
PAPER BAGS	61679729320	1	-		\$ -
PARICALCITOL	00074165801	4	247.50		\$ 990.00
PARICALCITOL	00074165805	29	495.00		\$ 14,355.00
PARICALCITOL	55150021301	8	44.90		\$ 359.20
PARICALCITOL	55150021502	89	89.79		\$ 7,991.31
PARICALCITOL	67457038025	1	44.90		\$ 44.90
PARICALCITOL	67457038925	8	89.79		\$ 718.32
PAROXETINE HCL	00378700193	10	1.62		\$ 16.20
PAROXETINE HCL	00378700310	3	84.00		\$ 252.00
PAROXETINE HCL	13107015405	6	27.00		\$ 162.00
PAROXETINE HCL	13107015430	61	1.62		\$ 98.82
PAROXETINE HCL	13107015530	116	2.03		\$ 235.94
PAROXETINE HCL	13107015599	44	67.80		\$ 2,983.20
PAROXETINE HCL	13107015630	201	2.52		\$ 506.52
PAROXETINE HCL	13107015699	39	84.00		\$ 3,276.00
PAROXETINE HCL	13107015730	139	2.35		\$ 326.68
PAROXETINE HCL	13107015799	25	78.34		\$ 1,958.50
PAROXETINE HCL	50268064015	2	2.70		\$ 5.40
PAROXETINE HCL	60505008301	64	2.03		\$ 130.18
PAROXETINE HCL	60505008302	20	6.78		\$ 135.60
PAROXETINE HCL	68382009710	2	54.00		\$ 108.00
PAROXETINE HCL	68382009716	21	4.86		\$ 102.06
PAROXETINE HCL	68382009810	1	67.80		\$ 67.80
PAROXETINE HCL	68382009910	1	84.00		\$ 84.00

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PAROXETINE MESYLATE	00574027930	10	118.10		\$ 1,181.00
PATROMER SORBITEX CALCIUM	53436008430	9	898.00		\$ 8,082.00
PEGFILGRASTIM	55513019001	36	6,044.13		\$ 217,588.62
PEGFILGRASTIM-CBQV	70114010101	14	3,507.00		\$ 49,098.00
PEGFILGRASTIM-JMDB	67457083306	2	3,500.00		\$ 7,000.00
PENICILLIN G BENZATHINE	60793070110	3	1,721.33		\$ 5,163.99
PENICILLIN G BENZATHINE	60793070210	57	3,421.72		\$ 195,038.24
PENICILLIN V POTASSIUM	00093117401	2	9.44		\$ 18.88
PENICILLIN V POTASSIUM	00781120501	3	6.62		\$ 19.86
PENICILLIN V POTASSIUM	00781165501	13	9.44		\$ 122.72
PENICILLIN V POTASSIUM	00781165510	1	94.40		\$ 94.40
PENICILLIN V POTASSIUM	65862017601	2	9.44		\$ 18.88
PENTOSAN POLYSULFATE SOD	50458009801	231	930.20		\$ 214,877.12
PENTOXIFYLLINE	00904544861	16	12.00		\$ 192.00
PENTOXIFYLLINE	60505003306	1	12.00		\$ 12.00
PENTOXIFYLLINE	60505003307	33	60.00		\$ 1,980.00
PERAMPANEL	62856027830	1	1,008.00		\$ 1,008.00
PERMETHRIN	00472024260	339	19.12		\$ 6,481.68
PERMETHRIN	49781002802	50	6.68		\$ 334.00
PERMETHRIN	63736012002	32	6.68		\$ 213.76
PERMETHRIN	63736012003	24	13.52		\$ 324.48
PERPHENAZINE	00591410201	2	46.59		\$ 93.18
PERPHENAZINE	00603506021	3	34.03		\$ 102.09
PERPHENAZINE	00781104701	1	46.59		\$ 46.59
PERPHENAZINE	52536016201	14	34.03		\$ 476.42
PERPHENAZINE	52536016401	60	46.59		\$ 2,795.40
PERPHENAZINE	52536016801	30	69.79		\$ 2,093.70
PERPHENAZINE	52536017001	18	76.03		\$ 1,368.54
PHARMACY SUPPLIES	00002011130	1	-		\$ -
PHARMACY SUPPLIES	00002022868	1	-		\$ -
PHARMACY SUPPLIES	07061016004	4	-		\$ -
PHARMACY SUPPLIES	07061016006	5	-		\$ -
PHARMACY SUPPLIES	07061016008	4	-		\$ -
PHARMACY SUPPLIES	19980020022	27	-		\$ -
PHARMACY SUPPLIES	19980020027	174	-		\$ -
PHARMACY SUPPLIES	19980020060	229	-		\$ -
PHARMACY SUPPLIES	19980030039	1	-		\$ -
PHARMACY SUPPLIES	19980030067	54	-		\$ -
PHARMACY SUPPLIES	19980200281	303	-		\$ -
PHARMACY SUPPLIES	19980200307	225	-		\$ -
PHARMACY SUPPLIES	19980300071	1406	-		\$ -
PHARMACY SUPPLIES	19980300091	468	-		\$ -
PHARMACY SUPPLIES	25715023084	1	-		\$ -
PHARMACY SUPPLIES	25715023323	1	-		\$ -
PHARMACY SUPPLIES	96705001177	1	-		\$ -
PHARMACY SUPPLIES	96705001178	1	-		\$ -

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PHARMACY SUPPLIES	96705001179	1	-		\$	-
PHARMACY SUPPLIES	96705001180	1	-		\$	-
PHARMACY SUPPLIES	96705065400	1	-		\$	-
PHARMACY SUPPLIES - CAPS	07061031013	8	-		\$	-
PHARMACY SUPPLIES - CAPS	07061033030	1	-		\$	-
PHARMACY SUPPLIES - CAPS	07061034008	8	-		\$	-
PHARMACY SUPPLIES - CAPS	07061034012	27	-		\$	-
PHARMACY SUPPLIES - CAPS	07061034030	79	-		\$	-
PHARMACY SUPPLIES - CAPS	07061072127	2	-		\$	-
PHARMACY SUPPLIES - CAPS	96705055976	3	-		\$	-
PHARMACY SUPPLIES - CAPS	96705059978	1	-		\$	-
PHARMACY SUPPLIES - LABELS	00000017520	1	-		\$	-
PHARMACY SUPPLIES - LABELS	25715040002	1	-		\$	-
PHARMACY SUPPLIES - LABELS	25715040005	1	-		\$	-
PHARMACY SUPPLIES - LABELS	25715040110	1	-		\$	-
PHARMACY SUPPLIES - LABELS	25715040115	3	-		\$	-
PHARMACY SUPPLIES - LABELS	25715040161	4	-		\$	-
PHARMACY SUPPLIES - LABELS	25715040391	2	-		\$	-
PHARMACY SUPPLIES - LABELS	25715040609	1	-		\$	-
PHARMACY SUPPLIES - LABELS	99040002373	1	-		\$	-
PHARMACY SUPPLIES - VIALS	07061014008	5	-		\$	-
PHARMACY SUPPLIES - VIALS	07061014012	10	-		\$	-
PHARMACY SUPPLIES - VIALS	07061014016	1	-		\$	-
PHARMACY SUPPLIES - VIALS	07061014020	7	-		\$	-
PHARMACY SUPPLIES - VIALS	07061014030	57	-		\$	-
PHARMACY SUPPLIES - VIALS	07061014040	4	-		\$	-
PHARMACY SUPPLIES - VIALS	07061050016	1	-		\$	-
PHARMACY SUPPLIES - VIALS	07061070016	8	-		\$	-
PHARMACY SUPPLIES - VIALS	07061070030	1	-		\$	-
PHARMACY SUPPLIES - VIALS	96705000343	6	-		\$	-
PHARMACY SUPPLIES - VIALS	96705000344	4	-		\$	-
PHARMACY SUPPLIES - VIALS	96705000933	1	-		\$	-
PHARMACY SUPPLIES - VIALS	96705017970	1	-		\$	-
PHARMACY SUPPLIES - VIALS	96705155000	2	-		\$	-
PHENAZOPYRIDINE HCL	49973076032	5	3.18		\$	15.90
PHENAZOPYRIDINE HCL	70000024301	271	3.18		\$	861.78
PHENOBARBITAL	00143145001	7	17.60		\$	123.17
PHENOBARBITAL	00143145501	19	23.68		\$	449.92
PHENOBARBITAL	00143145505	2	118.40		\$	236.80
PHENOBARBITAL	00603516721	6	54.30		\$	325.78
PHENOBARBITAL	00904657561	85	46.76		\$	3,974.52
PHENOBARBITAL	50268065515	2	14.21		\$	28.42
PHENOBARBITAL	51293062701	8	54.30		\$	434.38
PHENOL	00884629730	12	153.51		\$	1,842.12
PHENOL	78112069480	4	7.50		\$	30.00
PHENYLEPH HCL/MO/PET	00904672602	228	2.44		\$	556.32

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PHENYLEPH HCL/MO/PET	45802018816	33	0.09		\$ 2.83
PHENYLEPH HCL/PRAM/GLYN/PET WH	05732086893	57	1.80		\$ 102.60
PHENYLEPH/CCBT	00536118612	1801	1.80		\$ 3,241.80
PHENYLEPH/CCBT	05732088311	204	1.80		\$ 367.20
PHENYLEPH/CCBT	70000022301	36	1.80		\$ 64.80
PHENYLEPH/GLYN/HYPROMEL	78112010908	6	7.76		\$ 46.56
PHENYLEPHRINE HCL	00904573349	405	0.50		\$ 202.50
PHENYLEPHRINE HCL	00904573373	63	0.99		\$ 62.37
PHENYLEPHRINE HCL	00904675349	970	0.50		\$ 480.15
PHENYLEPHRINE HCL	00904675373	418	0.99		\$ 413.82
PHENYLEPHRINE HCL	17478020102	2	30.85		\$ 61.70
PHENYLEPHRINE HCL	17478020115	20	80.41		\$ 1,608.20
PHENYLEPHRINE HCL	63323075101	1	70.10		\$ 70.10
PHENYLEPHRINE HCL	70000012601	24	0.50		\$ 12.00
PHENYLEPHRINE HCL	70000012602	3	0.66		\$ 1.98
PHENYTOIN	00378385001	2	16.74		\$ 33.48
PHENYTOIN	51672406901	335	12.90		\$ 4,321.50
PHENYTOIN	51672414601	13	16.74		\$ 217.62
PHENYTOIN	59762521001	5	16.74		\$ 83.70
PHENYTOIN	66689077508	5	12.90		\$ 64.50
PHENYTOIN SOD EXTENDED	00378156001	60	18.20		\$ 1,092.06
PHENYTOIN SOD EXTENDED	00378156010	324	182.01		\$ 58,971.24
PHENYTOIN SOD EXTENDED	51079090520	1	18.20		\$ 18.20
PHENYTOIN SOD EXTENDED	51672411103	18	182.01		\$ 3,276.18
PHOSPHORUS	64980010401	16	21.51		\$ 344.16
PILOCARPINE HCL	00115592201	6	80.92		\$ 485.52
PILOCARPINE HCL	00228280111	1	80.92		\$ 80.92
PILOCARPINE HCL	17478022312	7	72.77		\$ 509.39
PILOCARPINE HCL	61314020315	12	72.77		\$ 873.24
PILOCARPINE HCL	61314020415	6	75.87		\$ 455.22
PILOCARPINE HCL	61314020615	12	79.54		\$ 954.48
PILOCARPINE HCL	70069018101	8	72.77		\$ 582.16
PILOCARPINE HCL	70069020101	3	79.54		\$ 238.62
PIMECROLIMUS	00187510203	1	996.83		\$ 996.83
PIMECROLIMUS	00591294430	12	225.60		\$ 2,707.20
PIMECROLIMUS	00591294460	3	472.20		\$ 1,416.60
PIMECROLIMUS	68682011102	1	451.40		\$ 451.40
PIMOZIDE	49884034701	9	132.83		\$ 1,195.47
PIMOZIDE	49884034801	6	170.52		\$ 1,023.12
PIOGLITAZONE HCL	00781542092	1	9.23		\$ 9.23
PIOGLITAZONE HCL	16729002010	6	3.08		\$ 18.46
PIOGLITAZONE HCL	16729002015	1	9.23		\$ 9.23
PIOGLITAZONE HCL	16729002110	3	3.99		\$ 11.96
PIOGLITAZONE HCL	16729002115	13	11.96		\$ 155.48
PIOGLITAZONE HCL	16729002210	2	4.42		\$ 8.84
PIOGLITAZONE HCL	33342005407	4	3.08		\$ 12.30

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PIOGLITAZONE HCL	33342005410	1	9.23		\$ 9.23
PIOGLITAZONE HCL	57237021930	18	3.08		\$ 55.37
PIOGLITAZONE HCL	57237021990	19	5.87		\$ 111.53
PIOGLITAZONE HCL	57237022030	5	3.99		\$ 19.93
PIOGLITAZONE HCL	57237022090	4	8.78		\$ 35.12
PIOGLITAZONE HCL	57237022130	3	4.42		\$ 13.27
PIOGLITAZONE HCL	57237022190	1	9.74		\$ 9.74
PIPERACILLIN/TAZOBACTAM	00781921395	37	25.50		\$ 943.50
PIPERACILLIN/TAZOBACTAM	00781921495	14	46.00		\$ 644.00
PIPERACILLIN/TAZOBACTAM	63323098121	2	24.49		\$ 48.98
PIPERACILLIN/TAZOBACTAM	63323098321	55	33.89		\$ 1,863.95
PIPERACILLIN/TAZOBACTAM	64679005601	10	33.89		\$ 338.90
PIPERONYL BUTOXIDE/PYRETHRINS	00904252820	14	3.94		\$ 55.16
PIPERONYL BUTOXIDE/PYRETHRINS	70000035301	24	3.94		\$ 94.56
PIPERONYL BUTOXIDE/PYRETHRINS	74300000414	10	0.13		\$ 1.34
PLASTIC BAGS	54866001235	1	-		\$ -
PLASTIC BAGS	60338200130	3	-		\$ -
PLASTIC BAGS	60338200190	2	-		\$ -
PLASTIC BAGS	60338210190	12	-		\$ -
PLASTIC BAGS	60338210210	1	-		\$ -
PLASTIC BAGS	60338210220	5	-		\$ -
PLASTIC BAGS	60338210270	3	-		\$ -
PLASTIC BAGS	60338210290	2	-		\$ -
PLASTIC BAGS	60338210300	1	-		\$ -
PLASTIC BAGS	60338210310	1	-		\$ -
PLASTIC BAGS	60338220150	3	-		\$ -
PLASTIC BAGS	60338230210	3	-		\$ -
PLASTIC BAGS	60338230240	1	-		\$ -
PLASTIC BAGS	60338230260	1	-		\$ -
PLASTIC BAGS	85251850055	9	-		\$ -
PLASTIC BAGS	85251850062	1	-		\$ -
PLASTIC BAGS	85251850086	1	-		\$ -
PLASTIC BAGS	85251850109	3	-		\$ -
PLASTIC BAGS	85251850116	1	-		\$ -
PLASTIC BAGS	85251850123	1	-		\$ -
PLASTIC BAGS	85251921700	1	-		\$ -
PNEUMOCOCCAL 23 VAL PSAC VACC	00006494300	39	1,030.90		\$ 40,205.10
PNEUMOCOCCAL13VAL CONJ-DIP CRM	00005197102	5	2,020.03		\$ 10,100.15
PNEUMOCOCCAL13VAL CONJ-DIP CRM	00005197105	46	208.32		\$ 9,582.72
PODOFILOX	00574061105	18	42.69		\$ 768.42
PODOPHYLLUM RESIN	00574060115	25	86.23		\$ 2,155.75
POLYETHYLENE GLYCOL	00065042921	2	8.90		\$ 17.80
POLYETHYLENE GLYCOL	00536105224	348	0.15		\$ 52.10
POLYETHYLENE GLYCOL	00536105227	134	9.20		\$ 1,232.80
POLYETHYLENE GLYCOL	00904642281	42	155.75		\$ 6,541.50
POLYETHYLENE GLYCOL	00904642285	8	12.60		\$ 100.80

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POLYETHYLENE GLYCOL	00904693176	47	27.00		\$	1,269.00
POLYETHYLENE GLYCOL	29943000410	1	3.57		\$	3.57
POLYETHYLENE GLYCOL	40171000525	4	7.54		\$	30.16
POLYETHYLENE GLYCOL	45802086802	52	4.29		\$	223.25
POLYETHYLENE GLYCOL	45802086803	137	9.20		\$	1,260.40
POLYETHYLENE GLYCOL	51079030630	12	27.00		\$	324.00
POLYETHYLENE GLYCOL	51991096158	20	5.45		\$	109.00
POLYETHYLENE GLYCOL	51991096257	7	11.32		\$	79.24
POLYETHYLENE GLYCOL	57896048930	2	0.32		\$	0.65
POLYETHYLENE GLYCOL	70000041502	12	5.45		\$	65.40
POLYETHYLENE GLYCOL	70000041503	788	11.32		\$	8,920.16
POLYMYXIN B SULF/TMP	60758090810	29	4.56		\$	132.24
POLYVINYL ALCOHOL	00536108494	1	1.32		\$	1.32
POLYVINYL ALCOHOL	17478006012	49	5.93		\$	290.57
POSACONAZOLE	00085432402	3	4,111.75		\$	12,335.25
POSACONAZOLE	00254204502	16	3,289.43		\$	52,630.88
POTASSIUM CHLORIDE	00074305841	25	38.24		\$	956.00
POTASSIUM CHLORIDE	00074780419	34	557.53		\$	18,956.02
POTASSIUM CHLORIDE	00245531511	2	12.18		\$	24.36
POTASSIUM CHLORIDE	00245531611	2	16.88		\$	33.75
POTASSIUM CHLORIDE	00245531615	6	84.38		\$	506.28
POTASSIUM CHLORIDE	00245531910	1	199.04		\$	199.04
POTASSIUM CHLORIDE	00603154258	6	87.90		\$	527.40
POTASSIUM CHLORIDE	00781152610	10	223.90		\$	2,239.00
POTASSIUM CHLORIDE	00781572010	2	861.30		\$	1,722.60
POTASSIUM CHLORIDE	00832532310	122	168.76		\$	20,588.72
POTASSIUM CHLORIDE	00832532311	525	16.88		\$	8,859.90
POTASSIUM CHLORIDE	00832532510	4	199.04		\$	796.16
POTASSIUM CHLORIDE	00832532511	22	19.90		\$	437.89
POTASSIUM CHLORIDE	00832532515	3	99.52		\$	298.56
POTASSIUM CHLORIDE	60687046601	1	16.88		\$	16.88
POTASSIUM CITRATE	00591272901	5	49.09		\$	245.45
POTASSIUM CITRATE	42543040601	4	36.18		\$	144.72
POTASSIUM CITRATE	42543040701	2	49.09		\$	98.18
POTASSIUM CL/0.45% NACL	00409925739	1	103.20		\$	103.20
POTASSIUM CL/0.9% NACL	00409711509	3	99.60		\$	298.80
POTASSIUM CL/D5/0.45% NACL	00338067104	1	86.69		\$	86.69
POTASSIUM CL/D5/0.45% NACL	00409799309	1	106.80		\$	106.80
POTASSIUM CL/D5/0.9% NACL	00264765200	1	51.60		\$	51.60
POTASSIUM CL/D5/0.9% NACL	00409710709	4	106.80		\$	427.20
POVIDONE/POLYVINYL ALCOHOL	70000001101	229	1.32		\$	302.28
POVIDONE/POLYVINYL ALCOHOL	78112073645	258	2.28		\$	588.24
PRAMIPEXOLE DI-HCL	13668009190	6	2.71		\$	16.26
PRAMIPEXOLE DI-HCL	13668009290	1	2.70		\$	2.70
PRAMIPEXOLE DI-HCL	13668009490	2	4.45		\$	8.90
PRAMIPEXOLE DI-HCL	57237018090	6	2.71		\$	16.26

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PRAMIPEXOLE DI-HCL	57237018190	2	2.70		\$ 5.40
PRAMIPEXOLE DI-HCL	57237018290	3	3.25		\$ 9.75
PRAMIPEXOLE DI-HCL	57237018490	8	4.45		\$ 35.60
PRAMIPEXOLE DI-HCL	68462033090	1	2.71		\$ 2.71
PRAMIPEXOLE DI-HCL	68462033190	6	2.70		\$ 16.20
PRAMIPEXOLE DI-HCL	68462033390	4	4.45		\$ 17.80
PRAMIPEXOLE DI-HCL	68462033490	16	5.10		\$ 81.60
PRAMOXINE HCL	51862018015	3	40.99		\$ 122.97
PRAMOXINE/PHENYLEPHRINE/GLYN	70000042501	126	5.67		\$ 714.42
PRASUGREL	60505464303	27	14.80		\$ 399.60
PRASUGREL	67877060530	14	14.70		\$ 205.80
PRAVASTATIN SODIUM	00093077198	2	4.01		\$ 8.02
PRAVASTATIN SODIUM	00093720110	2	47.67		\$ 95.33
PRAVASTATIN SODIUM	00093720198	2	4.29		\$ 8.58
PRAVASTATIN SODIUM	00093720210	1	66.88		\$ 66.88
PRAVASTATIN SODIUM	00093720298	25	6.02		\$ 150.48
PRAVASTATIN SODIUM	00093727010	3	106.44		\$ 319.33
PRAVASTATIN SODIUM	00904589261	1	4.77		\$ 4.77
PRAVASTATIN SODIUM	42291066510	23	44.60		\$ 1,025.80
PRAVASTATIN SODIUM	42291066590	82	4.01		\$ 328.82
PRAVASTATIN SODIUM	42291066710	103	47.70		\$ 4,913.10
PRAVASTATIN SODIUM	42291066790	51	4.29		\$ 218.79
PRAVASTATIN SODIUM	42291066810	84	60.70		\$ 5,098.80
PRAVASTATIN SODIUM	42291066890	79	6.02		\$ 475.58
PRAVASTATIN SODIUM	42291066990	37	9.57		\$ 354.09
PRAVASTATIN SODIUM	60505017007	1	66.88		\$ 66.88
PRAVASTATIN SODIUM	60505132305	1	53.22		\$ 53.22
PRAVASTATIN SODIUM	68382007216	20	6.02		\$ 120.38
PRAVASTATIN SODIUM	68462019590	26	4.01		\$ 104.26
PRAZOSIN HCL	00378110110	75	277.29		\$ 20,796.75
PRAZOSIN HCL	00378230210	84	385.29		\$ 32,364.36
PRAZOSIN HCL	00378320501	17	45.30		\$ 770.10
PRAZOSIN HCL	59762531001	283	24.96		\$ 7,062.58
PRAZOSIN HCL	59762532001	280	34.68		\$ 9,709.31
PRAZOSIN HCL	59762535001	46	40.77		\$ 1,875.42
PRAZOSIN HCL	68084099601	1	27.73		\$ 27.73
PRAZOSIN HCL	70954001910	15	27.73		\$ 415.94
PRAZOSIN HCL	70954002110	14	45.30		\$ 634.20
PREDNISOLONE	50383004224	4	7.60		\$ 30.38
PREDNISOLONE ACETATE	60758011910	10	53.99		\$ 539.93
PREDNISOLONE ACETATE	61314063705	679	27.00		\$ 18,330.74
PREDNISOLONE ACETATE	61314063710	120	53.99		\$ 6,479.20
PREDNISOLONE ACETATE	61314063715	1	80.99		\$ 80.99
PREDNISON	00054001720	10	5.98		\$ 59.80
PREDNISON	00054001725	20	5.98		\$ 119.60
PREDNISON	00054001729	26	29.90		\$ 777.40

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PREDNISON	00054001820	6	11.17		\$	67.01
PREDNISON	00054001825	25	11.17		\$	279.20
PREDNISON	00054001829	7	55.84		\$	390.88
PREDNISON	00054001925	7	21.81		\$	152.67
PREDNISON	00054472825	6	7.79		\$	46.72
PREDNISON	00054472831	31	77.87		\$	2,413.97
PREDNISON	00054474225	1	9.73		\$	9.73
PREDNISON	00054872425	10	7.79		\$	77.87
PREDNISON	00054873925	2	10.99		\$	21.98
PREDNISON	00378064110	31	59.80		\$	1,853.80
PREDNISON	00527293441	4	109.65		\$	438.60
PREDNISON	00591544301	1	11.17		\$	11.17
PREDNISON	00591544305	4	55.84		\$	223.36
PREDNISON	00591544310	5	111.68		\$	558.40
PREDNISON	00603533521	13	10.99		\$	142.90
PREDNISON	00603533532	3	109.92		\$	329.76
PREDNISON	00603533621	14	9.73		\$	136.22
PREDNISON	00603533715	3	9.76		\$	29.28
PREDNISON	00603533721	12	7.79		\$	93.44
PREDNISON	00603533815	38	14.48		\$	550.29
PREDNISON	00603533821	8	5.98		\$	47.84
PREDNISON	59746017106	4	10.99		\$	43.97
PREDNISON	59746017110	1	109.92		\$	109.92
PREDNISON	59746017306	8	5.98		\$	47.84
PREDNISON	59746017506	2	11.17		\$	22.34
PREDNISON	59746017509	3	55.84		\$	167.52
PREDNISON	60687012201	12	7.79		\$	93.44
PREDNISON	60687014501	30	11.17		\$	335.04
PREDNISON	63739051910	7	5.98		\$	41.86
PREDNISON	70954006010	4	20.70		\$	82.80
PREDNISON	70954006020	2	101.45		\$	202.90
PREGABALIN	00071101268	1	736.69		\$	736.69
PREGABALIN	00071101341	6	900.31		\$	5,401.86
PREGABALIN	00071101368	1	736.69		\$	736.69
PREGABALIN	00071101468	3	736.69		\$	2,210.07
PREGABALIN	00071101541	6	900.31		\$	5,401.86
PREGABALIN	00071101568	7	736.69		\$	5,156.83
PREGABALIN	00071101641	10	900.31		\$	9,003.10
PREGABALIN	00071101768	1	736.69		\$	736.69
PREGABALIN	00071101868	3	736.69		\$	2,210.07
PREGABALIN	00071101968	1	736.69		\$	736.69
PREGABALIN	00071102701	39	421.97		\$	16,456.83
PREGABALIN	00071102901	51	421.97		\$	21,520.47
PREGABALIN	00904699261	9	10.87		\$	97.80
PREGABALIN	00904700061	18	10.87		\$	195.60
PREGABALIN	00904700161	13	11.38		\$	147.91

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PREGABALIN	00904700261	36	15.90		\$	572.40
PREGABALIN	00904700404	6	5.00		\$	29.98
PREGABALIN	00904700504	6	5.00		\$	29.98
PREGABALIN	59762135401	1	14.29		\$	14.29
PREGABALIN	59762136401	2	14.99		\$	29.98
PREGABALIN	60687050601	2	11.38		\$	22.76
PREGABALIN	60687051701	7	15.90		\$	111.30
PREGABALIN	69097095805	2	14.31		\$	28.62
PREGABALIN	69238131009	9	5.94		\$	53.46
PREGABALIN	69238131109	32	5.94		\$	190.08
PREGABALIN	69238131209	27	5.94		\$	160.38
PREGABALIN	69238131309	38	5.94		\$	225.72
PREGABALIN	69238131409	32	6.45		\$	206.40
PREGABALIN	69238131509	21	6.94		\$	145.74
PREGABALIN	69238131609	7	7.45		\$	52.15
PREGABALIN	69238131709	24	7.45		\$	178.80
PRENAT/FE FUM/FA	00536408501	41	2.98		\$	122.18
PRENAT/FE FUM/FA	00904531360	153	2.57		\$	393.21
PRIMIDONE	00904555960	42	7.17		\$	301.06
PRIMIDONE	53746054401	7	7.17		\$	50.18
PRIMIDONE	53746054405	14	35.84		\$	501.76
PRIMIDONE	53746054501	51	16.60		\$	846.60
PROBENECID	00591534701	2	50.41		\$	100.82
PROCHLORPERAZINE MALEATE	59746011306	2	28.01		\$	56.02
PROCHLORPERAZINE MALEATE	59746011506	38	42.23		\$	1,604.74
PROGESTERONE	17478076710	1	88.73		\$	88.73
PROGESTERONE	69543037510	1	88.73		\$	88.73
PROMETHAZINE HCL	00641095525	2	22.53		\$	45.06
PROMETHAZINE HCL	00904646161	1	4.74		\$	4.74
PROMETHAZINE HCL	10702000201	3	6.83		\$	20.49
PROMETHAZINE HCL	65162052110	8	4.74		\$	37.89
PROMETHAZINE HCL	65162052111	5	47.36		\$	236.80
PROPAFENONE HCL	00591058201	5	14.04		\$	70.20
PROPAFENONE HCL	00591058301	5	27.25		\$	136.25
PROPAFENONE HCL	00603544821	1	14.04		\$	14.04
PROPAFENONE HCL	00603544921	3	27.25		\$	81.75
PROPARACAINE HCL	61314001601	6	24.42		\$	146.52
PROPOFOL	00409469930	36	21.40		\$	770.40
PROPOFOL	43598026558	12	56.00		\$	672.00
PROPRANOLOL HCL	00115165901	103	9.80		\$	1,008.89
PROPRANOLOL HCL	00115165903	35	97.95		\$	3,428.25
PROPRANOLOL HCL	00115166001	185	13.37		\$	2,474.01
PROPRANOLOL HCL	00115166003	59	133.73		\$	7,890.07
PROPRANOLOL HCL	00115166101	43	16.49		\$	709.16
PROPRANOLOL HCL	00115166103	31	164.92		\$	5,112.52
PROPRANOLOL HCL	00115166202	6	138.00		\$	828.00

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PROPRANOLOL HCL	00143987210	1	50.31		\$	50.31
PROPRANOLOL HCL	00591555401	2	9.80		\$	19.59
PROPRANOLOL HCL	00603548221	6	9.80		\$	58.77
PROPRANOLOL HCL	00603548232	1	97.95		\$	97.95
PROPRANOLOL HCL	00904655061	6	9.80		\$	58.77
PROPRANOLOL HCL	51991081701	4	44.99		\$	179.96
PROPRANOLOL HCL	51991081801	6	49.99		\$	299.94
PROPRANOLOL HCL	62559053001	3	44.99		\$	134.97
PROPRANOLOL HCL	62559053101	29	49.99		\$	1,449.71
PROPRANOLOL HCL	62559053201	8	59.99		\$	479.92
PROPRANOLOL HCL	63323060401	1	50.31		\$	50.31
PROPYLTHIOURACIL	00228234810	9	54.90		\$	494.10
PSEUDOEPHEDRINE HCL	00904633724	1	0.95		\$	0.95
PSYLLIUM	00224180184	10	7.46		\$	74.55
PSYLLIUM	00536444454	6	4.73		\$	28.38
PSYLLIUM	00904519966	112	6.26		\$	701.12
PSYLLIUM	10006070171	519	0.14		\$	71.13
PSYLLIUM	10006073115	1352	3.78		\$	5,110.56
PSYLLIUM	10006073116	34	0.20		\$	6.79
PSYLLIUM	38485080857	618	12.38		\$	7,650.84
PSYLLIUM	96295013640	1	-		\$	-
PSYLLIUM/ASPARTAME	37205066710	48	3.91		\$	187.68
PSYLLIUM/DEXTROSE	00904519965	315	4.49		\$	1,414.35
PSYLLIUM/SUCROSE	00536444554	1	3.91		\$	3.91
PSYLLIUM/SUCROSE	00904520065	71	3.89		\$	276.19
PSYLLIUM/SUCROSE	10006070169	1844	4.99		\$	9,201.56
PSYLLIUM/SUCROSE	37205066513	217	3.91		\$	848.47
PYRANTEL PAMOATE	10956061801	5	-		\$	-
PYRAZINAMIDE	00904669661	1	490.98		\$	490.98
PYRAZINAMIDE	61748001201	9	490.98		\$	4,418.80
PYRIDOSTIGMINE BROMIDE	47781033530	4	226.10		\$	904.40
PYRIDOSTIGMINE BROMIDE	68084049401	2	29.97		\$	59.93
PYRIDOSTIGMINE BROMIDE	68682030210	110	29.97		\$	3,296.33
PYRIDOSTIGMINE BROMIDE	71930002890	1	26.97		\$	26.97
PYRIDOXINE HCL (VITA B6)	00536440601	17	1.64		\$	27.88
PYRIDOXINE HCL (VITA B6)	10006070012	135	1.48		\$	199.80
PYRIDOXINE HCL (VITA B6)	10006073016	13	14.80		\$	192.40
PRIMETHAMINE	69413033010	1	27,871.63		\$	27,871.63
PRIMETHAMINE	69413033030	1	8,361.30		\$	8,361.30
PYRITHIONE ZINC	41167060203	5	2.88		\$	14.40
QUETIAPINE FUMARATE	29300014901	2	10.58		\$	21.15
QUETIAPINE FUMARATE	29300015001	1	17.76		\$	17.76
QUETIAPINE FUMARATE	33342010409	2	56.74		\$	113.48
QUETIAPINE FUMARATE	47335090288	43	5.86		\$	251.98
QUETIAPINE FUMARATE	47335090488	3	10.58		\$	31.73
QUETIAPINE FUMARATE	67877024201	21	5.86		\$	123.06

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QUETIAPINE FUMARATE	67877024601	76	17.76		\$	1,349.76
QUETIAPINE FUMARATE	67877024610	1	252.00		\$	252.00
QUETIAPINE FUMARATE	67877024710	11	214.70		\$	2,361.70
QUETIAPINE FUMARATE	67877024760	128	12.88		\$	1,648.90
QUETIAPINE FUMARATE	67877024801	147	25.09		\$	3,688.23
QUETIAPINE FUMARATE	67877024810	11	330.00		\$	3,630.00
QUETIAPINE FUMARATE	67877024901	52	8.98		\$	466.96
QUETIAPINE FUMARATE	67877024910	2	89.80		\$	179.60
QUETIAPINE FUMARATE	67877025001	108	10.58		\$	1,142.32
QUETIAPINE FUMARATE	67877025010	2	105.77		\$	211.54
QUETIAPINE FUMARATE	68180044501	1	5.86		\$	5.86
QUETIAPINE FUMARATE	68180044802	2	88.80		\$	177.60
QUETIAPINE FUMARATE	68180044901	18	21.47		\$	386.46
RABIES VACC PF CHICK-EMB CELL	58160096412	4	299.73		\$	1,198.92
RALOXIFENE HCL	43598050501	2	50.37		\$	100.73
RALOXIFENE HCL	66993066130	3	108.00		\$	324.00
RALTEGRAVIR	00006022761	237	798.75	Wghted Avg 340(B) & Non	\$	189,303.83
RAMIPRIL	65862047501	7	5.71		\$	39.97
RANITIDINE HCL	65162025310	7	9.41		\$	65.87
RANOLAZINE	27241012502	3	14.90		\$	44.70
RANOLAZINE	45963041806	125	14.90		\$	1,862.50
RANOLAZINE	45963041906	103	24.82		\$	2,556.46
RANOLAZINE	61958100301	3	392.32		\$	1,176.96
RANOLAZINE	68180035407	5	27.75		\$	138.75
RANOLAZINE	68180035507	5	505.80		\$	2,529.00
RASAGILINE MESYLATE	67877026030	11	221.05		\$	2,431.55
REGORAFENIB	50419017103	15	18,846.60		\$	282,699.00
RHO(D) IMMUNE GLOBULIN	00562780501	1	118.00		\$	118.00
RHO(D) IMMUNE GLOBULIN	00562780505	1	590.00		\$	590.00
ribavirin	68382004603	4	51.45	Wghted Avg 340(B) & Non	\$	205.80
RIFAMPIN	00068059701	26	87.67		\$	2,279.42
RIFAMPIN	00904528261	1	52.41		\$	52.41
RIFAMPIN	61748001801	12	52.41		\$	628.92
RIFAMPIN	61748001860	13	31.45		\$	408.80
RIFAMPIN	68180065906	9	137.70		\$	1,239.30
RIFAMPIN	68180065907	19	275.40		\$	5,232.60
RIFAXIMIN	65649030302	57	2,555.58		\$	145,668.06
RIFAXIMIN	65649030303	21	2,555.58		\$	53,667.18
RILPIVIRINE	59676027801	47	674.38	Wghted Avg 340(B) & Non	\$	31,695.89
RISPERIDONE	00904635961	1	5.02		\$	5.02
RISPERIDONE	00904636061	1	6.36		\$	6.36
RISPERIDONE	13668003905	3	30.33		\$	90.99
RISPERIDONE	13668004060	18	4.61		\$	82.99
RISPERIDONE	50458030611	251	508.25		\$	127,570.75
RISPERIDONE	50458030711	60	762.41		\$	45,744.60
RISPERIDONE	50458030811	308	1,016.56		\$	313,100.48

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RISPERIDONE	50458030911	110	254.14		\$	27,955.40
RISPERIDONE	68382011205	2	17.08		\$	34.16
RISPERIDONE	68382011214	14	2.05		\$	28.69
RISPERIDONE	68382011305	19	19.32		\$	367.08
RISPERIDONE	68382011314	109	2.32		\$	252.71
RISPERIDONE	68382011405	106	25.09		\$	2,659.54
RISPERIDONE	68382011414	185	3.01		\$	557.00
RISPERIDONE	68382011505	156	31.80		\$	4,960.80
RISPERIDONE	68382011514	91	3.82		\$	347.26
RISPERIDONE	68382011605	115	30.33		\$	3,487.95
RISPERIDONE	68382011614	58	3.64		\$	211.10
RISPERIDONE	68382011714	474	4.61		\$	2,185.33
RITONAVIR	00054040713	29	64.79		\$	1,878.91
ritonavir	00074333330	544	64.78	Wghted Avg 340(B) & Non	\$	35,240.32
RITONAVIR	31722059730	2	64.79		\$	129.58
RITONAVIR	60687042025	2	64.79		\$	129.58
RITUXIMAB-ABBS	63459010310	27	676.44		\$	18,263.88
RITUXIMAB-ABBS	63459010450	9	3,382.20		\$	30,439.80
RITUXIMAB-PVVR	00069023801	45	622.18		\$	27,998.10
RITUXIMAB-PVVR	00069024901	15	3,110.91		\$	46,663.65
RIVAROXABAN	50458057810	7	1,511.63		\$	10,581.41
RIVAROXABAN	50458057830	23	453.49		\$	10,430.27
RIVAROXABAN	50458057890	1	1,360.47		\$	1,360.47
RIVAROXABAN	50458057910	11	1,511.63		\$	16,627.93
RIVAROXABAN	50458057930	93	453.49		\$	42,174.57
RIVAROXABAN	50458057990	24	1,360.47		\$	32,651.28
RIVAROXABAN	50458058010	9	1,511.63		\$	13,604.67
RIVAROXABAN	50458058030	19	453.49		\$	8,616.31
RIZATRIPTAN BENZOATE	00093747243	2	27.77		\$	55.53
RIZATRIPTAN BENZOATE	68462046699	2	27.77		\$	55.53
ROCURONIUM BROMIDE	00409955805	5	118.09		\$	590.45
ROFLUMILAST	00310008828	5	353.76		\$	1,768.80
ROFLUMILAST	00310009530	5	379.02		\$	1,895.10
ROMIPLOSTIM	55513022101	3	1,949.65		\$	5,848.95
ROPINIROLE HCL	00228365903	10	33.82		\$	338.17
ROPINIROLE HCL	43547026810	9	5.00		\$	45.00
ROPINIROLE HCL	43547026910	17	4.91		\$	83.47
ROPINIROLE HCL	43547027010	5	5.00		\$	25.00
ROPINIROLE HCL	43547027110	10	5.00		\$	50.00
ROPINIROLE HCL	43547027150	2	25.00		\$	50.00
ROPINIROLE HCL	43547027210	4	4.90		\$	19.60
ROPINIROLE HCL	43547027310	14	6.71		\$	93.94
ROPINIROLE HCL	43547027410	17	6.76		\$	114.92
ROPINIROLE HCL	68462025301	1	5.00		\$	5.00
ROSUVASTATIN CALCIUM	00781540092	6	5.44		\$	32.62
ROSUVASTATIN CALCIUM	27808015501	71	5.44		\$	385.96

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ROSUVASTATIN CALCIUM	27808015601	407	7.22		\$	2,939.56
ROSUVASTATIN CALCIUM	27808015701	108	8.20		\$	885.59
ROSUVASTATIN CALCIUM	27808015801	147	4.18		\$	614.46
ROSUVASTATIN CALCIUM	50268070915	2	4.01		\$	8.03
ROSUVASTATIN CALCIUM	57237016999	8	80.25		\$	642.00
ROSUVASTATIN CALCIUM	57237017099	26	91.11		\$	2,368.86
ROSUVASTATIN CALCIUM	57237017105	36	69.67		\$	2,508.00
ROSUVASTATIN CALCIUM	57237017190	55	12.54		\$	689.70
ROSUVASTATIN CALCIUM	65862029390	12	5.44		\$	65.23
ROSUVASTATIN CALCIUM	65862029490	25	7.22		\$	180.56
ROSUVASTATIN CALCIUM	65862029590	27	8.20		\$	221.40
ROSUVASTATIN CALCIUM	65862029630	21	4.18		\$	87.78
ROSUVASTATIN CALCIUM	68462026190	24	5.44		\$	130.46
ROSUVASTATIN CALCIUM	68462026290	22	7.22		\$	158.90
ROSUVASTATIN CALCIUM	68462026390	58	8.20		\$	475.59
ROSUVASTATIN CALCIUM	68462026430	12	4.18		\$	50.16
ROSUVASTATIN CALCIUM	70377000812	4	8.20		\$	32.80
ROSUVASTATIN CALCIUM	72205000390	3	7.22		\$	21.67
ROSUVASTATIN CALCIUM	72205000590	17	12.54		\$	213.18
SACUBITRIL/VALSARTAN	00078065920	64	539.31		\$	34,515.84
SACUBITRIL/VALSARTAN	00078065967	2	1,617.94		\$	3,235.88
SACUBITRIL/VALSARTAN	00078069620	41	539.31		\$	22,111.71
SACUBITRIL/VALSARTAN	00078077720	39	539.31		\$	21,033.09
SACUBITRIL/VALSARTAN	00078077767	1	1,617.94		\$	1,617.94
SALICYLIC ACID	11017011001	17	4.65		\$	79.05
SALICYLIC ACID	53329041059	2	23.05		\$	46.10
SALICYLIC ACID	63736073020	1	4.65		\$	4.65
SCOPOLAMINE	00378647097	5	97.65		\$	488.25
SCOPOLAMINE	00378647099	1	39.06		\$	39.06
SCOPOLAMINE	45802058084	6	39.06		\$	234.36
SECUKINUMAB	00078063941	4	5,541.43		\$	22,165.72
SECUKINUMAB	00078063998	29	5,541.43		\$	160,701.47
SELENIUM SULFIDE	00536199553	6	2.88		\$	17.28
SELENIUM SULFIDE	45802004064	74	6.97		\$	515.78
SENNOSIDES	00904672559	34	1.00		\$	34.14
SENNOSIDES	00904672580	15	10.04		\$	150.60
SENNOSIDES	51645085101	5	1.00		\$	5.02
SENNOSIDES	51645085110	2	10.04		\$	20.08
SENNOSIDES	70000044702	11	0.54		\$	5.94
SENNOSIDES/DOCUSATE SOD	57896045801	1	1.86		\$	1.86
SERTRALINE HCL	60687024201	17	3.43		\$	58.28
SERTRALINE HCL	60687025301	5	4.97		\$	24.85
SERTRALINE HCL	65862001201	13	3.43		\$	44.56
SERTRALINE HCL	65862001205	4	17.14		\$	68.56
SERTRALINE HCL	68180035103	2	336.83		\$	673.67
SERTRALINE HCL	68180035106	81	0.69		\$	55.94

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SERTRALINE HCL	68180035109	280	2.07		\$	580.10
SERTRALINE HCL	68180035202	301	17.14		\$	5,159.14
SERTRALINE HCL	68180035205	13	171.40		\$	2,228.20
SERTRALINE HCL	68180035206	176	1.03		\$	181.00
SERTRALINE HCL	68180035302	247	24.85		\$	6,137.95
SERTRALINE HCL	68180035305	22	248.50		\$	5,467.00
SERTRALINE HCL	68180035309	14	4.47		\$	62.62
SERTRALINE HCL	69097083305	1	2.07		\$	2.07
SERTRALINE HCL	69097083312	1	11.51		\$	11.51
SERTRALINE HCL	69097083512	6	24.85		\$	149.10
SEVELAMER CARBONATE	00904670706	1	18.78		\$	18.78
SEVELAMER CARBONATE	00904670782	1	37.56		\$	37.56
SEVELAMER CARBONATE	00955105027	94	101.42		\$	9,533.48
SEVELAMER CARBONATE	24979018646	9	101.42		\$	912.78
SEVELAMER CARBONATE	65862092127	26	101.42		\$	2,636.92
SEVELAMER CARBONATE	76282040727	25	101.41		\$	2,535.25
SEVELAMER HCL	00955104818	6	793.48		\$	4,760.88
SEVOFLURANE	00074445651	3	89.00		\$	267.00
SHAMPOO	09629513328	1	2.07		\$	2.07
SHARPS CONTAINER/ACCESSORY	63418812000	1	13.69		\$	13.69
SILDENAFIL CITRATE	52817029590	7	19.13		\$	133.91
SILVER NITRATE	12165010001	1	48.90		\$	48.90
SILVER NITRATE	12870000101	1	51.20		\$	51.20
SILVER SULFADIAZINE	61570013150	2	13.78		\$	27.56
SILVER SULFADIAZINE	61570013155	4	4.41		\$	17.66
SILVER SULFADIAZINE	67877012405	172	4.41		\$	759.17
SILVER SULFADIAZINE	67877012425	67	2.21		\$	147.86
SILVER SULFADIAZINE	67877012440	17	35.31		\$	600.27
SILVER SULFADIAZINE	67877012450	16	4.41		\$	70.62
SIMETHICONE	00904506860	110	1.84		\$	202.40
SIMETHICONE	00904557252	1	3.68		\$	3.68
SIMETHICONE	00904589430	12	1.72		\$	20.64
SIMETHICONE	00904671446	2	1.59		\$	3.18
SIMETHICONE	00904699446	4	1.59		\$	6.36
SIMETHICONE	57896079101	8	2.27		\$	18.16
SIMETHICONE	63739022510	51	1.84		\$	93.84
SIMETHICONE	69618003206	25	2.46		\$	61.50
SIMETHICONE	70000038201	60	1.59		\$	95.40
SIMVASTATIN	16729000417	2	16.86		\$	33.72
SIROLIMUS	59762100101	3	575.26		\$	1,725.78
SIROLIMUS	59762100201	15	638.25		\$	9,573.75
SIROLIMUS	68084091525	1	191.48		\$	191.48
SITAGLIPTIN PHOSPHATE	00006011231	3	449.73		\$	1,349.19
SITAGLIPTIN PHOSPHATE	00006027731	45	449.73		\$	20,237.85
SITAGLIPTIN/METFORMIN HCL	00006008061	1	449.73		\$	449.73
SITAGLIPTIN/METFORMIN HCL	00006057761	3	449.73		\$	1,349.19

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SOD FERRIC GLUC CMPLX/SUCROSE	00143929810	114	90.00		\$	10,260.00
SOD FERRIC GLUC CMPLX/SUCROSE	00143957010	25	90.00		\$	2,250.00
SODIUM BICARBONATE	00223172101	4	1.44		\$	5.77
SODIUM BICARBONATE	00409662525	1	-		\$	-
SODIUM BICARBONATE	00536104610	1	13.48		\$	13.48
SODIUM BICARBONATE	00536104710	29	14.43		\$	418.47
SODIUM CHLORIDE	00223176001	11	7.99		\$	87.89
SODIUM CHLORIDE	69367022001	35	7.99		\$	279.65
SODIUM CHLORIDE 0.45%	00264780200	4	41.25		\$	165.00
SODIUM CHLORIDE 0.65%	00536250676	12	0.69		\$	8.28
SODIUM CHLORIDE 0.65%	00904386575	2289	0.69		\$	1,579.41
SODIUM CHLORIDE 0.9%	00264180032	17	174.35		\$	2,963.95
SODIUM CHLORIDE 0.9%	00264780000	38	35.28		\$	1,340.64
SODIUM CHLORIDE 0.9%	00264780020	2	69.05		\$	138.10
SODIUM CHLORIDE 0.9%	00338004902	14	41.78		\$	584.91
SODIUM CHLORIDE 0.9%	00338004903	3	55.71		\$	167.12
SODIUM CHLORIDE 0.9%	00338004904	1	64.99		\$	64.99
SODIUM CHLORIDE 0.9%	00338004938	2	44.56		\$	89.13
SODIUM CHLORIDE 0.9%	00338055311	1	217.80		\$	217.80
SODIUM CHLORIDE 0.9%	00338055318	9	435.59		\$	3,920.31
SODIUM CHLORIDE 0.9%	00409196605	3	17.92		\$	53.76
SODIUM CHLORIDE 0.9%	00409196607	95	26.88		\$	2,553.60
SODIUM CHLORIDE 0.9%	00409488810	2	12.33		\$	24.66
SODIUM CHLORIDE 0.9%	00409488812	1	12.33		\$	12.33
SODIUM CHLORIDE 0.9%	00409488820	10	24.66		\$	246.60
SODIUM CHLORIDE 0.9%	00409710102	1	50.90		\$	50.90
SODIUM CHLORIDE 0.9%	00409798302	1	157.20		\$	157.20
SODIUM CHLORIDE 0.9%	00409798309	2	70.82		\$	141.64
SODIUM CHLORIDE 0.9%	08290306546	8	11.40		\$	91.20
SODIUM CHLORIDE 0.9%	63323018620	6	24.66		\$	147.96
SODIUM CHLORIDE 0.9%	63323062376	3	46.42		\$	139.26
SODIUM CHLORIDE 0.9%	63323092410	1	8.96		\$	8.96
SODIUM CHLORIDE 0.9%	64253011130	1	22.80		\$	22.80
SODIUM CHLORIDE 0.9%	92670001210	5	0.26		\$	1.29
SODIUM CHLORIDE 0.9% INHALAT	00487930133	7	2.78		\$	19.45
SODIUM CHLORIDE 0.9% IRRIG	00264220100	32	65.37		\$	2,091.84
SODIUM CHLORIDE 0.9% IRRIG	00264220110	8	55.86		\$	446.88
SODIUM CHLORIDE 0.9% IRRIG	00409797205	2	37.86		\$	75.72
SODIUM CHLORIDE 0.9% IRRIG	00990613803	2	37.86		\$	75.72
SODIUM CHLORIDE 0.9% IRRIG	00990713809	20	37.86		\$	757.20
SODIUM CHLORIDE 2%	24208027615	9	16.39		\$	147.51
SODIUM CHLORIDE 5%	17478062235	14	10.46		\$	146.44
SODIUM CHLORIDE 5%	17478062312	26	9.42		\$	244.92
SODIUM CHLORIDE 5%	24208027715	3	9.42		\$	28.26
SODIUM CHLORIDE 5%	24208038555	8	10.46		\$	83.68
SODIUM CIT/CITRIC ACID	58657031016	2	8.66		\$	17.32

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SODIUM HYPOCHLORITE	00436093616	4	8.85		\$ 35.40
SODIUM HYPOCHLORITE	39328006250	19	8.85		\$ 168.15
SODIUM HYPOCHLORITE	39328006412	1	8.85		\$ 8.85
SODIUM PHOS MB/SODIUM PHOS DB	00536741551	637	0.71		\$ 452.27
SODIUM PHOS MB/SODIUM PHOS DB	70000010801	29	213.47		\$ 6,190.49
SODIUM POLYSTYRENE SULFONATE	46287000601	48	119.33		\$ 5,727.84
SODIUM POLYSTYRENE SULFONATE	46287000660	7	4,474.88		\$ 31,324.13
SODIUM POLYSTYRENE SULFONATE	51293083197	7	31.91		\$ 223.37
SODIUM ZIRCONIUM CYCLOSILICATE	00310110530	2	640.92		\$ 1,281.84
SODIUM ZIRCONIUM CYCLOSILICATE	00310111030	2	640.92		\$ 1,281.84
SODIUM ZIRCONIUM CYCLOSILICATE	00310111039	2	234.99		\$ 469.98
SOFOBUVIR/ VELPATASVIR/ VOXILAPREVIR	61958240101	15	18,428.34	Wghted Avg 340(B) & Non	\$ 276,425.10
SOFT LENS RINSE-STORE SOLUTION	00065014457	2	3.85		\$ 7.70
SOFT LENS RINSE-STORE SOLUTION	00065035604	7	0.96		\$ 6.74
SOFT LENS RINSE-STORE SOLUTION	00065036105	3	15.93		\$ 47.79
SOFT LENS RINSE-STORE SOLUTION	10119000238	1	2.89		\$ 2.89
SOFT LENS RINSE-STORE SOLUTION	10119003582	41	0.96		\$ 39.50
SOFT LENS RINSE-STORE SOLUTION	27444000061	18	2.89		\$ 52.02
SOFT LENS RINSE-STORE SOLUTION	31011903580	4	2.32		\$ 9.28
SOLIFENACIN SUCCINATE	00093526456	3	4.95		\$ 14.85
SOLIFENACIN SUCCINATE	51248015101	12	385.51		\$ 4,626.12
SOLIFENACIN SUCCINATE	51991089433	15	18.12		\$ 271.80
SOLIFENACIN SUCCINATE	68462038630	4	4.95		\$ 19.80
SOLIFENACIN SUCCINATE	68462038730	3	4.95		\$ 14.85
SOLIFENACIN SUCCINATE	68462038790	4	14.85		\$ 59.40
SORBITOL SOLUTION	46287050001	4	0.29		\$ 1.14
SOTALOL HCL	60505008000	11	6.81		\$ 74.91
SOTALOL HCL	60505008100	6	23.27		\$ 139.62
SOTALOL HCL	60505015900	15	9.22		\$ 138.30
SPIRONOLACTONE	53746051105	18	21.70		\$ 390.60
SPIRONOLACTONE	53746051405	1	59.85		\$ 59.85
SPIRONOLACTONE	63739054410	1	4.34		\$ 4.34
SPIRONOLACTONE	68382066005	94	21.70		\$ 2,039.80
SPIRONOLACTONE	68382066010	66	43.40		\$ 2,864.40
SPIRONOLACTONE	68382066105	10	59.85		\$ 598.50
SPIRONOLACTONE	68382066201	56	24.61		\$ 1,378.16
SPIRONOLACTONE	68382066205	13	123.05		\$ 1,599.65
SUCCINYLCHOLINE CHLORIDE	00409662902	7	537.95		\$ 3,765.65
SUCRALFATE	00093221001	31	21.50		\$ 666.50
SUCRALFATE	00093221005	25	107.50		\$ 2,687.50
SUCRALFATE	58914017014	2	219.63		\$ 439.26
SUCRALFATE	63739094310	2	29.25		\$ 58.50
SULFACETAMIDE SODIUM	24208067004	14	25.03		\$ 350.42
SULFACETAMIDE/PREDNISOL SOD PH	24208031705	10	11.23		\$ 112.30
SULFADIAZINE	00185075701	6	284.40		\$ 1,706.40
SULFAMETHOXAZOLE/TMP	42292002808	1	4.48		\$ 4.48

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SULFAMETHOXAZOLE/TMP	53746027101	4	4.55		\$ 18.20
SULFAMETHOXAZOLE/TMP	53746027205	111	35.55		\$ 3,946.05
SULFAMETHOXAZOLE/TMP	61971012005	23	65.10		\$ 1,497.30
SULFAMETHOXAZOLE/TMP	65162027110	1	4.55		\$ 4.55
SULFAMETHOXAZOLE/TMP	65162027210	55	5.60		\$ 307.89
SULFAMETHOXAZOLE/TMP	65162027250	100	27.99		\$ 2,799.00
SULFAMETHOXAZOLE/TMP	65862042005	5	27.99		\$ 139.95
SULFASALAZINE	00013010110	4	150.94		\$ 603.76
SULFASALAZINE	00013010201	2	197.18		\$ 394.36
SULFASALAZINE	00591079610	7	162.10		\$ 1,134.70
SULFASALAZINE	59762010401	2	20.92		\$ 41.84
SULFASALAZINE	59762010402	3	62.76		\$ 188.28
SULFASALAZINE	59762010405	3	22.01		\$ 66.03
SULFASALAZINE	59762500001	17	16.21		\$ 275.57
SULFASALAZINE	59762500002	15	48.63		\$ 729.45
SUMATRIPTAN SUCCINATE	00378563059	5	4.80		\$ 24.01
SUMATRIPTAN SUCCINATE	00378563159	2	4.36		\$ 8.72
SUMATRIPTAN SUCCINATE	62756052169	3	4.36		\$ 13.08
SUMATRIPTAN SUCCINATE	65862014636	3	4.80		\$ 14.41
SUMATRIPTAN SUCCINATE	65862014736	61	4.36		\$ 265.96
SUMATRIPTAN SUCCINATE	65862014836	13	3.41		\$ 44.33
SUNSCREEN	97640000214	2	3.48		\$ 6.96
SYRINGE ACCESSORY	00409204902	3	0.01		\$ 0.03
TACROLIMUS	00378204601	3	102.89		\$ 308.67
TACROLIMUS	00469061773	4	603.24		\$ 2,412.96
TACROLIMUS	00781210301	2	102.89		\$ 205.78
TACROLIMUS	00904662361	1	57.75		\$ 57.75
TACROLIMUS	16729004101	14	30.61		\$ 428.54
TACROLIMUS	16729004201	99	102.89		\$ 10,186.11
TACROLIMUS	16729004301	7	316.54		\$ 2,215.78
TACROLIMUS	45802070000	3	109.55		\$ 328.65
TACROLIMUS	45802070002	5	365.17		\$ 1,825.83
TACROLIMUS	55111052601	1	102.89		\$ 102.89
TACROLIMUS	55111052701	3	577.57		\$ 1,732.71
TACROLIMUS	64380072106	4	72.27		\$ 289.08
TACROLIMUS	68084045001	12	102.89		\$ 1,234.68
TADALAFIL	65862088060	12	78.50		\$ 942.00
TADALAFIL	68382089706	2	30.00		\$ 60.00
TAMOXIFEN CITRATE	00378014491	1	9.15		\$ 9.15
TAMOXIFEN CITRATE	00378027493	9	10.05		\$ 90.45
TAMOXIFEN CITRATE	00591247260	6	9.15		\$ 54.90
TAMSULOSIN HCL	00904640161	2	4.73		\$ 9.46
TAMSULOSIN HCL	00904640180	380	47.30		\$ 17,974.00
TAMSULOSIN HCL	00904640189	173	4.26		\$ 736.46
TAMSULOSIN HCL	57237001405	32	23.65		\$ 756.80
TAMSULOSIN HCL	62756016088	31	4.73		\$ 146.63

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TAMSULOSIN HCL	65862059805	96	23.65		\$	2,270.40
TELMISARTAN/HCTZ	00054054718	1	57.65		\$	57.65
TEMOZOLOMIDE	16729005053	2	164.93		\$	329.86
TEMOZOLOMIDE	47335089274	25	164.93		\$	4,123.21
TEMOZOLOMIDE	67877053914	3	194.84		\$	584.52
tenofovir disoproxil fumarate	31722053530	7	28.80	Wghted Avg 340(B) & Non	\$	201.60
TENOFOVIR DISOPROXIL FUMARATE	33342009607	40	28.80		\$	1,152.00
tenofovir disoproxil fumarate	60505466603	10	28.80	Wghted Avg 340(B) & Non	\$	288.00
TENOFOVIR DISOPROXIL FUMARATE	61958040501	1	40.84		\$	40.84
tenofovir disoproxil fumarate	64380071404	59	28.80	Wghted Avg 340(B) & Non	\$	1,699.20
TENOFOVIR DISOPROXIL FUMARATE	65862042130	52	29.03	Wghted Avg 340(B) & Non	\$	1,509.56
TERAZOSIN HCL	00781205101	29	25.00		\$	725.00
TERAZOSIN HCL	00781205201	41	84.40		\$	3,460.40
TERAZOSIN HCL	00781205301	56	26.70		\$	1,495.20
TERAZOSIN HCL	00781205401	4	25.00		\$	100.00
TERAZOSIN HCL	51079093620	1	160.56		\$	160.56
TERAZOSIN HCL	51079093720	1	11.40		\$	11.40
TERAZOSIN HCL	59746038306	50	11.16		\$	557.95
TERAZOSIN HCL	59746038310	4	111.59		\$	446.36
TERAZOSIN HCL	59746038406	19	11.40		\$	216.58
TERAZOSIN HCL	59746038410	39	113.99		\$	4,445.61
TERAZOSIN HCL	59746038506	10	11.83		\$	118.29
TERAZOSIN HCL	59746038510	25	118.29		\$	2,957.25
TERAZOSIN HCL	59746038606	99	12.27		\$	1,214.73
TERAZOSIN HCL	59746038610	3	122.70		\$	368.10
TERBINAFINE HCL	00067810030	77	285.90		\$	22,014.30
TERBINAFINE HCL	00536111728	36	4.38		\$	157.68
TERBINAFINE HCL	37205094199	146	2.19		\$	319.74
TERBINAFINE HCL	51672208001	60	4.77		\$	285.90
TERBINAFINE HCL	51672208002	3343	9.53		\$	31,858.79
TERBINAFINE HCL	51991052601	2	11.60		\$	23.20
TERBINAFINE HCL	51991052633	72	3.48		\$	250.56
TERBINAFINE HCL	69097085902	95	3.48		\$	330.60
TERBINAFINE HCL	69097085907	212	11.60		\$	2,459.20
TERBINAFINE HCL	70000033801	124	6.29		\$	779.96
TERBUTALINE SULFATE	62559072101	10	366.99		\$	3,669.90
TERBUTALINE SULFATE	62559072201	9	205.00		\$	1,845.00
TESTOSTERONE	00023599060	2	615.59		\$	1,231.18
TESTOSTERONE	00023599230	15	615.59		\$	9,233.85
TESTOSTERONE	00591321630	7	206.02		\$	1,442.14
TESTOSTERONE CYPIONATE	00009008601	278	9.30		\$	2,585.40
TESTOSTERONE CYPIONATE	00009008610	3	18.86		\$	56.58
TESTOSTERONE CYPIONATE	00009034702	32	33.73		\$	1,079.36
TESTOSTERONE CYPIONATE	00009041701	43	2.24		\$	96.41
TESTOSTERONE CYPIONATE	00409655701	9	33.73		\$	303.57
TESTOSTERONE CYPIONATE	00409656201	2	2.24		\$	4.48

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TETANUS DIPHTHER TOXOID ADULT	13533013101	195	218.56		\$ 42,619.20
TETRABENAZINE	43598039467	5	179.98		\$ 899.90
TETRABENAZINE	43598039567	3	1,375.00		\$ 4,125.00
TETRABENAZINE	47335027723	1	179.98		\$ 179.98
TETRABENAZINE	68682042112	1	179.98		\$ 179.98
TETRACAINE HCL	00065074114	11	126.48		\$ 1,391.28
TETRACAINE HCL	68682092064	26	71.19		\$ 1,850.94
TETRACAINE HCL	69292031715	19	35.99		\$ 683.81
TETRACYCLINE HCL	51991090701	1	361.34		\$ 361.34
TETRACYCLINE HCL	69238152201	1	199.80		\$ 199.80
TETRACYCLINE HCL	69238152301	2	394.20		\$ 788.40
TETRAHYDROZOLINE HCL	00536121794	12	1.26		\$ 15.12
TETRAHYDROZOLINE HCL	37205013905	32	1.26		\$ 40.32
TETRAHYDROZOLINE HCL	70000045401	99	1.26		\$ 124.74
TETRAHYDROZOLINE HCL/ZINC SULF	74300008148	62	3.22		\$ 199.64
THEOPHYLLINE ANHYDROUS	42858070101	5	81.87		\$ 409.35
THEOPHYLLINE ANHYDROUS	52244010010	3	241.34		\$ 724.02
THEOPHYLLINE ANHYDROUS	52244020010	2	358.68		\$ 717.36
THEOPHYLLINE ANHYDROUS	62332002531	41	343.65		\$ 14,089.65
THEOPHYLLINE ANHYDROUS	62332002631	6	483.57		\$ 2,901.42
THIAMINE HCL (VITA B1)	10006073019	6	1.36		\$ 8.16
THIAMINE MONONITRATE (VITA B1)	51645090501	8	2.15		\$ 17.23
THIOTHIXENE	00378300501	3	190.51		\$ 571.53
THIOTHIXENE	00378501001	1	268.58		\$ 268.58
THIOTHIXENE	70954001510	1	113.07		\$ 113.07
THROMBIN	43825060641	6	86.00		\$ 516.00
THROMBIN	43825070741	4	344.00		\$ 1,376.00
THYROID PORK	42192032701	6	45.88		\$ 275.28
THYROID PORK	42192032801	3	120.95		\$ 362.85
THYROID PORK	42192032901	2	55.57		\$ 111.14
THYROID PORK	42192033001	3	59.32		\$ 177.96
THYROID PORK	42192033101	4	96.64		\$ 386.56
TICAGRELOR	00186077660	11	381.24		\$ 4,193.64
TICAGRELOR	00186077739	17	635.39		\$ 10,801.63
TICAGRELOR	00186077760	58	381.24		\$ 22,111.92
TIMOLOL MALEATE	17478028810	300	5.37		\$ 1,612.00
TIMOLOL MALEATE	17478028811	198	10.75		\$ 2,127.84
TIMOLOL MALEATE	17478028812	138	16.12		\$ 2,224.56
TIMOLOL MALEATE	60758080105	73	5.37		\$ 392.25
TIMOLOL MALEATE	60758080110	51	10.75		\$ 548.08
TIMOLOL MALEATE	60758080205	42	2.37		\$ 99.54
TIMOLOL MALEATE	60758080210	71	4.74		\$ 336.54
TIMOLOL MALEATE	61314022605	10	2.37		\$ 23.70
TIMOLOL MALEATE	61314022610	8	4.74		\$ 37.92
TIMOLOL MALEATE	61314022615	1	7.11		\$ 7.11
TIMOLOL MALEATE	61314022705	24	5.37		\$ 128.96

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TIMOLOL MALEATE	61314022710	107	10.75		\$	1,149.89
TIMOLOL MALEATE	61314022715	2	16.12		\$	32.24
TIMOLOL MALEATE	64980051305	28	2.37		\$	66.36
TIMOLOL MALEATE	64980051315	8	7.11		\$	56.88
TIMOLOL MALEATE	64980051401	19	10.75		\$	204.19
TIMOLOL MALEATE	64980051405	58	5.37		\$	311.65
TINIDAZOLE	00054034807	1	73.02		\$	73.02
TINIDAZOLE	00054034821	3	219.06		\$	657.18
TIOTROPIUM BROMIDE	00597007541	35	437.03		\$	15,296.05
TIOTROPIUM BROMIDE	00597007575	28	57.24		\$	1,602.72
TIZANIDINE HCL	42291080915	3	8.09		\$	24.27
TIZANIDINE HCL	57664050218	1	57.07		\$	57.07
TIZANIDINE HCL	57664050289	5	8.56		\$	42.80
TIZANIDINE HCL	57664050389	6	8.09		\$	48.54
TOBRAMYCIN	00065064435	1	213.29		\$	213.29
TOBRAMYCIN	17478029010	7	10.46		\$	73.22
TOBRAMYCIN	62332051805	18	8.20		\$	147.60
TOBRAMYCIN SULFATE	63323030602	1	24.40		\$	24.40
TOBRAMYCIN/0.2% NACL	65162091446	5	955.00		\$	4,775.00
TOBRAMYCIN/DEXAMETHASONE	00065064835	106	227.07		\$	24,069.42
TOBRAMYCIN/DEXAMETHASONE	24208029505	30	86.94		\$	2,608.05
TOBRAMYCIN/DEXAMETHASONE	24208029525	63	43.47		\$	2,738.45
TOBRAMYCIN/DEXAMETHASONE	61314064725	4	43.47		\$	173.87
TOBRAMYCIN/LOTEPREDNOL ETABON	24208035805	1	262.23		\$	262.23
TOCILIZUMAB	50242013801	58	1,044.69		\$	60,592.02
TOFACITINIB	00069100101	11	4,700.18		\$	51,701.98
TOLNAFTATE	00904072236	2161	1.35		\$	2,917.35
TOLNAFTATE	11523119002	25	2.70		\$	67.50
TOLNAFTATE	51672202001	112	1.86		\$	208.32
TOLNAFTATE	51672202002	3448	3.31		\$	11,412.88
TOLNAFTATE	57896019945	7	1.77		\$	12.39
TOLNAFTATE	60193003007	1	1.86		\$	1.86
TOLNAFTATE	63736005145	80	1.86		\$	148.80
TOLNAFTATE	70000049401	999	2.70		\$	2,697.30
TOLNAFTATE	80376001579	1	1.86		\$	1.86
TOLTERODINE TARTRATE	00093001006	11	43.74		\$	481.14
TOLTERODINE TARTRATE	00093001806	19	43.74		\$	831.06
TOLTERODINE TARTRATE	00093716456	3	60.68		\$	182.03
TOLTERODINE TARTRATE	00093716498	1	182.03		\$	182.03
TOLTERODINE TARTRATE	59762017006	8	43.74		\$	349.92
TOLTERODINE TARTRATE	59762080002	26	43.74		\$	1,137.24
TOPIRAMATE	68382013805	120	11.30		\$	1,356.00
TOPIRAMATE	68382013814	86	1.36		\$	116.62
TOPIRAMATE	68382013905	65	15.65		\$	1,017.25
TOPIRAMATE	68382013914	55	1.88		\$	103.29
TOPIRAMATE	68382014005	23	21.00		\$	483.00

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TOPIRAMATE	68382014014	196	2.52		\$	493.92
TOPIRAMATE	68382014105	1	29.23		\$	29.23
TOPIRAMATE	68382014114	55	3.51		\$	192.92
TOPIRAMATE	68462010960	8	2.52		\$	20.16
TOPIRAMATE	69097012315	1	31.30		\$	31.30
TOPIRAMATE	69097012403	4	2.52		\$	10.08
TORSEMIDE	00054007725	5	8.02		\$	40.10
TORSEMIDE	31722052901	2	5.99		\$	11.98
TORSEMIDE	31722053101	47	8.02		\$	376.94
TORSEMIDE	31722053201	8	16.86		\$	134.88
TORSEMIDE	50111091703	1	80.02		\$	80.02
TRACE METALS	00517720125	1	306.24		\$	306.24
TRACE METALS	00517820125	2	331.65		\$	663.30
TRAMADOL HCL	00093005801	13	1.09		\$	14.21
TRAMADOL HCL	00904636561	92	1.09		\$	100.56
TRAMADOL HCL	10370022111	32	45.00		\$	1,440.00
TRAMADOL HCL	10370022211	54	67.73		\$	3,657.42
TRAMADOL HCL	47335053183	7	45.00		\$	315.00
TRAMADOL HCL	47335053383	4	67.73		\$	270.92
TRAMADOL HCL	47335085983	1	50.51		\$	50.51
TRAMADOL HCL	51079099120	17	1.09		\$	18.58
TRAMADOL HCL	57664037708	53	1.09		\$	57.93
TRAMADOL HCL	57664037718	13	10.93		\$	142.09
TRAMADOL HCL	68084080801	3	1.09		\$	3.28
TRAMADOL HCL	68180069706	66	50.51		\$	3,333.66
TRAMADOL HCL	68180069806	1	72.32		\$	72.32
TRAMADOL HCL	68180069906	33	85.14		\$	2,809.62
TRANEXAMIC ACID	69918030130	15	67.99		\$	1,019.85
TRAVOPROST	00065026005	2	387.94		\$	775.88
TRAVOPROST	00065026025	36	193.98		\$	6,983.28
TRAVOPROST	00781618556	22	140.69		\$	3,095.18
TRAVOPROST	00781618575	2	281.38		\$	562.76
TRAZODONE HCL	00904686861	1	4.03		\$	4.03
TRAZODONE HCL	42291083550	1	88.85		\$	88.85
TRAZODONE HCL	50111043302	34	20.15		\$	685.10
TRAZODONE HCL	50111043303	104	40.30		\$	4,191.20
TRAZODONE HCL	50111043401	215	6.80		\$	1,462.22
TRAZODONE HCL	50111043402	137	34.01		\$	4,658.69
TRAZODONE HCL	50111043403	30	68.01		\$	2,040.30
TRAZODONE HCL	50111044101	431	11.23		\$	4,841.57
TRAZODONE HCL	50111044102	4	88.85		\$	355.40
TRAZODONE HCL	50111045001	12	17.77		\$	213.24
TRETINOIN	00574222520	1	38.84		\$	38.84
TRETINOIN	00574232515	5	39.25		\$	196.23
TRETINOIN	10370026801	4	1,619.15		\$	6,476.60
TRETINOIN	51672139400	7	44.97		\$	314.78

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TRIAMCINOLONE ACETONIDE	00003029320	1	47.51		\$	47.51
TRIAMCINOLONE ACETONIDE	00003049420	11	12.09		\$	132.99
TRIAMCINOLONE ACETONIDE	00065054301	5	149.66		\$	748.30
TRIAMCINOLONE ACETONIDE	00168000380	6	3.00		\$	18.03
TRIAMCINOLONE ACETONIDE	00168000616	48	13.67		\$	656.16
TRIAMCINOLONE ACETONIDE	00168000680	885	2.41		\$	2,131.80
TRIAMCINOLONE ACETONIDE	00703024101	24	4.41		\$	105.86
TRIAMCINOLONE ACETONIDE	00703024301	17	22.06		\$	374.94
TRIAMCINOLONE ACETONIDE	00703024501	7	44.11		\$	308.77
TRIAMCINOLONE ACETONIDE	00713022880	38	2.41		\$	91.53
TRIAMCINOLONE ACETONIDE	00713065540	2	31.98		\$	63.96
TRIAMCINOLONE ACETONIDE	00713067653	8	26.99		\$	215.92
TRIAMCINOLONE ACETONIDE	33342033354	41	13.67		\$	560.47
TRIAMCINOLONE ACETONIDE	33342033380	765	4.97		\$	3,802.05
TRIAMCINOLONE ACETONIDE	41167580003	24	0.31		\$	7.35
TRIAMCINOLONE ACETONIDE	41167580005	53	0.47		\$	25.01
TRIAMCINOLONE ACETONIDE	45802004935	37	4.00		\$	148.00
TRIAMCINOLONE ACETONIDE	45802005436	3	3.43		\$	10.30
TRIAMCINOLONE ACETONIDE	45802005505	717	13.67		\$	9,801.39
TRIAMCINOLONE ACETONIDE	45802005535	44	0.45		\$	19.87
TRIAMCINOLONE ACETONIDE	45802005536	2937	2.41		\$	7,074.68
TRIAMCINOLONE ACETONIDE	45802006405	140	12.49		\$	1,747.90
TRIAMCINOLONE ACETONIDE	45802006436	246	2.20		\$	541.20
TRIAMCINOLONE ACETONIDE	45802010901	310	13.99		\$	4,336.90
TRIAMCINOLONE ACETONIDE	51672128202	6	0.83		\$	4.95
TRIAMCINOLONE ACETONIDE	52565001426	158	13.67		\$	2,159.86
TRIAMCINOLONE ACETONIDE	52565001480	24	2.41		\$	57.81
TRIAMCINOLONE ACETONIDE	52565005630	18	0.83		\$	14.85
TRIAMCINOLONE ACETONIDE	52565005680	24	2.20		\$	52.80
TRIAMCINOLONE ACETONIDE	60432056161	6	26.99		\$	161.94
TRIAMCINOLONE ACETONIDE	67877025115	40	0.41		\$	16.50
TRIAMCINOLONE ACETONIDE	67877025145	897	12.49		\$	11,199.05
TRIAMCINOLONE ACETONIDE	67877025180	5991	2.20		\$	13,180.20
TRIAMCINOLONE ACETONIDE	67877031815	310	4.64		\$	1,438.40
TRIAMCINOLONE ACETONIDE	70000020401	5499	13.99		\$	76,931.01
TRIAMCINOLONE ACETONIDE	70121116801	4	22.06		\$	88.22
TRIAMCINOLONE ACETONIDE	70121116901	19	44.11		\$	838.09
TRIAMCINOLONE ACETONIDE	70121165101	22	5.86		\$	128.92
TRIAMCINOLONE ACETONIDE	70121165201	9	29.52		\$	265.68
TRIAMTERENE	66993083102	4	894.99		\$	3,579.96
TRIAMTERENE/HCTZ	00527163201	1	12.42		\$	12.42
TRIAMTERENE/HCTZ	00591034810	3	116.44		\$	349.32
TRIAMTERENE/HCTZ	00781207410	15	124.20		\$	1,863.00
TRIAMTERENE/HCTZ	60505265601	174	11.56		\$	2,011.09
TRIAMTERENE/HCTZ	60505265605	61	57.79		\$	3,525.19
TRIAMTERENE/HCTZ	60505265701	27	11.64		\$	314.39

Attachment 3: Contractor's Final Response

TRIAMTERENE/HCTZ	60505265705	11	58.22		\$ 640.42
TRIAMTERENE/HCTZ	68084075025	1	3.47		\$ 3.47
TRICHLOROACETIC ACID	10481300801	1	62.00		\$ 62.00
TRIFLUOPERAZINE HCL	00378241001	2	152.50		\$ 305.00
TRIFLURIDINE	61314004475	4	178.34		\$ 713.36
TRIHEXYPHENIDYL HCL	00591533501	17	3.98		\$ 67.71
TRIHEXYPHENIDYL HCL	00591533510	10	39.83		\$ 398.30
TRIHEXYPHENIDYL HCL	00591533701	344	10.88		\$ 3,742.38
TRIHEXYPHENIDYL HCL	00591533710	32	108.79		\$ 3,481.28
TRIMETHOBENZAMIDE HCL	42023011925	1	974.30		\$ 974.30
TRIMETHOPRIM	43386033001	1	30.37		\$ 30.37
TRIMETHOPRIM	51862048601	1	30.37		\$ 30.37
TROPICAMIDE	17478010212	10	4.94		\$ 49.40
TROSPIMUM CHLORIDE	00574014560	3	19.05		\$ 57.15
TUBERCULIN PURIF PROT DERIV	42023010401	368	82.27		\$ 30,275.36
TUBERCULIN PURIF PROT DERIV	42023010405	862	226.64		\$ 195,363.68
TUBERCULIN PURIF PROT DERIV	49281075221	163	57.92		\$ 9,440.96
TUBERCULIN PURIF PROT DERIV	49281075222	279	226.64		\$ 63,232.56
UMECLIDINIUM	00173087306	532	61.93		\$ 32,946.76
UMECLIDINIUM	00173087310	1416	283.45		\$ 401,370.01
UMECLIDINIUM/VILANTEROL	00173086910	1	379.69		\$ 379.69
UREA	16477034001	7	44.80		\$ 313.60
UREA	16477034003	9	837.72		\$ 7,539.48
UREA	42291084919	5	162.52		\$ 812.60
UREA	44523061703	2	35.31		\$ 70.63
UREA	54295031218	4	102.16		\$ 408.64
UREA	58980061030	1	9.99		\$ 9.99
URSODIOL	10702023701	2	78.50		\$ 157.00
URSODIOL	42806050301	6	78.50		\$ 471.00
URSODIOL	49884041301	10	115.09		\$ 1,150.90
URSODIOL	69238154001	14	78.50		\$ 1,099.00
USTEKINUMAB	57894005427	3	1,678.40		\$ 5,035.20
USTEKINUMAB	57894006003	12	11,541.42		\$ 138,497.04
USTEKINUMAB	57894006103	4	23,082.84		\$ 92,331.36
VALACYCLOVIR HCL	00378427577	2	18.30		\$ 36.60
VALACYCLOVIR HCL	57237004230	6	6.10		\$ 36.60
VALACYCLOVIR HCL	57237004330	3	12.10		\$ 36.30
VALACYCLOVIR HCL	57237004390	2	36.30		\$ 72.60
VALACYCLOVIR HCL	59746032430	74	6.10		\$ 451.40
VALACYCLOVIR HCL	59746032530	24	12.10		\$ 290.40
VALACYCLOVIR HCL	65862044890	2	18.30		\$ 36.60
VALGANCICLOVIR HCL	31722083260	8	349.59		\$ 2,796.72
VALPROIC ACID	00121067516	90	0.20		\$ 17.78
VALPROIC ACID	60432062116	10	0.20		\$ 1.98
VALPROIC ACID	69452015020	22	15.15		\$ 333.30
VALSARTAN	00078035834	1	706.86		\$ 706.86

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VALSARTAN	00378580793	18	5.50		\$	99.00
VALSARTAN	00378581377	5	18.94		\$	94.70
VALSARTAN	00378581477	2	22.98		\$	45.96
VALSARTAN	33342006207	11	5.50		\$	60.50
VALSARTAN	59746036030	10	5.50		\$	55.00
VALSARTAN	59746036190	3	18.94		\$	56.82
VALSARTAN	62332004490	1	16.50		\$	16.50
VANCOMYCIN HCL	00409433201	4	72.74		\$	290.96
VANCOMYCIN HCL	00409653102	14	93.71		\$	1,311.94
VANCOMYCIN HCL	00409653301	99	145.16		\$	14,370.84
VANCOMYCIN HCL	00409653331	9	145.16		\$	1,306.44
VANCOMYCIN HCL	47781059791	1	145.16		\$	145.16
VANCOMYCIN HCL	47781059891	1	72.74		\$	72.74
VANCOMYCIN HCL	47781072950	4	212.47		\$	849.88
VANCOMYCIN HCL	47781073050	2	350.25		\$	700.50
VANCOMYCIN HCL	63323022138	10	181.85		\$	1,818.50
VANCOMYCIN HCL	63323028420	7	145.16		\$	1,016.12
VANCOMYCIN HCL	65628001610	10	58.62		\$	586.20
VANCOMYCIN HCL	65628020810	38	206.13		\$	7,832.94
VANCOMYCIN HCL	67457082399	1	200.97		\$	200.97
VANCOMYCIN HCL	67457082499	2	241.17		\$	482.34
VANCOMYCIN HCL	68180016613	12	84.99		\$	1,019.86
VANCOMYCIN HCL	68180016713	4	140.10		\$	560.40
VANCOMYCIN HCL	70594004103	3	72.39		\$	217.17
VANCOMYCIN HCL	70594004203	19	134.88		\$	2,562.72
VANCOMYCIN HCL	70594004302	12	104.53		\$	1,254.36
VARICELLA-ZOSTER GE/AS01B/PF	58160081912	2	151.26		\$	302.52
VEDOLIZUMAB	64764030020	14	6,727.65		\$	94,187.10
VELPATASVIR/SOFOSBUVIR	61958220101	179	5,598.95	Wghted Avg 340(B) & Non	\$	1,002,211.20
VENLAFAXINE HCL	00093738498	25	9.89		\$	247.30
VENLAFAXINE HCL	00093738598	2	9.05		\$	18.10
VENLAFAXINE HCL	00904646961	1	10.05		\$	10.05
VENLAFAXINE HCL	42291089690	95	18.90		\$	1,795.50
VENLAFAXINE HCL	50268079915	1	7.52		\$	7.52
VENLAFAXINE HCL	57237017201	13	10.98		\$	142.74
VENLAFAXINE HCL	57237017301	37	15.03		\$	556.11
VENLAFAXINE HCL	57237017401	44	17.87		\$	786.28
VENLAFAXINE HCL	57237017501	1552	11.72		\$	18,189.44
VENLAFAXINE HCL	57237017601	84	21.00		\$	1,764.00
VENLAFAXINE HCL	57664039288	18	10.98		\$	197.64
VENLAFAXINE HCL	57664039388	96	15.03		\$	1,442.88
VENLAFAXINE HCL	57664039488	36	17.87		\$	643.32
VENLAFAXINE HCL	57664039588	1178	11.72		\$	13,806.16
VENLAFAXINE HCL	57664039688	233	21.00		\$	4,893.00
VENLAFAXINE HCL	65162030009	2	9.88		\$	19.76
VENLAFAXINE HCL	65162030209	11	13.53		\$	148.80

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VENLAFAXINE HCL	65162030509	8	18.90		\$	151.20
VENLAFAXINE HCL	65162030609	2	16.08		\$	32.17
VENLAFAXINE HCL	65162030709	5	10.55		\$	52.74
VENLAFAXINE HCL	65862052730	29	3.30		\$	95.62
VENLAFAXINE HCL	65862052790	392	9.89		\$	3,877.62
VENLAFAXINE HCL	65862052830	6	3.02		\$	18.10
VENLAFAXINE HCL	65862052890	154	9.05		\$	1,393.48
VENLAFAXINE HCL	65862052899	365	100.54		\$	36,697.10
VENLAFAXINE HCL	65862069705	254	66.82		\$	16,971.01
VENLAFAXINE HCL	65862069730	119	4.01		\$	477.06
VENLAFAXINE HCL	65862069790	132	12.03		\$	1,587.52
VERAPAMIL HCL	00409401101	6	79.65		\$	477.90
VERAPAMIL HCL	00591288001	1	114.90		\$	114.90
VERAPAMIL HCL	00591288201	46	108.30		\$	4,981.80
VERAPAMIL HCL	23155002601	24	4.22		\$	101.35
VERAPAMIL HCL	23155005901	20	14.47		\$	289.40
VERAPAMIL HCL	23155048601	25	6.04		\$	151.00
VERAPAMIL HCL	68462026001	47	27.16		\$	1,276.33
VERAPAMIL HCL	68462026005	84	135.78		\$	11,405.52
VERAPAMIL HCL	68462029201	74	25.52		\$	1,888.48
VERAPAMIL HCL	68462029301	104	28.10		\$	2,922.40
VERAPAMIL HCL	68462029305	24	140.50		\$	3,372.00
VERAPAMIL HCL	75834015801	6	28.10		\$	168.60
VINBLASTINE SULFATE	63323027810	8	35.49		\$	283.92
VINCRISTINE SULFATE	61703030916	1	10.33		\$	10.33
VINCRISTINE SULFATE	61703030925	7	5.56		\$	38.92
VITA A/C/E/MIN	40985027452	21	2.64		\$	55.44
VITA B COMPLEX	43292055540	17	1.36		\$	23.12
VITA B COMPLEX/C/FA	00536730001	34	6.74		\$	229.16
VITA B COMPLEX/C/FA	60258016001	1	6.74		\$	6.74
VITA B COMPLEX/C/FA	69543035610	1	12.28		\$	12.28
VITA B COMPLEX/C/FA	74312000530	6	6.70		\$	40.20
VITA B COMPLEX/C/FA/FE/DOSS	59528445601	2	56.50		\$	113.00
VITAMIN A	00904208560	2	1.99		\$	3.98
VITAMIN E	00536479901	22	4.02		\$	88.44
VITAMIN E	00904027060	1	1.63		\$	1.63
VITAMIN E	00904027472	18	12.05		\$	216.90
VITAMIN E	00904027746	5	3.36		\$	16.80
VITAMIN E	00904027760	4	11.20		\$	44.80
VITAMIN E	10006070034	123	4.02		\$	494.05
VITAMIN E	10006070043	6	4.09		\$	24.54
VITAMIN E	40985021245	139	4.20		\$	583.80
VITAMIN E	54629040001	12	4.02		\$	48.24
VITAMIN E	54629041002	31	4.02		\$	124.62
VITAMIN E	57896075201	3	4.02		\$	12.06
VITAMIN E	96295012784	130	4.02		\$	522.60

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VITAMIN K (PHYTONADIONE)	00409915801	2	920.97		\$	1,841.94
VITAMIN K (PHYTONADIONE)	00904688210	1	774.17		\$	774.17
VITAMIN K (PHYTONADIONE)	70710101401	4	3,870.87		\$	15,483.47
WARFARIN SODIUM	00093171201	1	10.24		\$	10.24
WARFARIN SODIUM	00093171610	1	93.10		\$	93.10
WARFARIN SODIUM	00832121100	22	10.24		\$	225.28
WARFARIN SODIUM	00832121101	1	10.24		\$	10.24
WARFARIN SODIUM	00832121110	1	102.40		\$	102.40
WARFARIN SODIUM	00832121200	57	9.31		\$	530.67
WARFARIN SODIUM	00832121201	6	9.31		\$	55.86
WARFARIN SODIUM	00832121210	1	93.10		\$	93.10
WARFARIN SODIUM	00832121300	43	9.33		\$	401.19
WARFARIN SODIUM	00832121301	5	9.33		\$	46.65
WARFARIN SODIUM	00832121310	1	93.30		\$	93.30
WARFARIN SODIUM	00832121400	84	10.31		\$	866.04
WARFARIN SODIUM	00832121500	72	9.31		\$	670.32
WARFARIN SODIUM	00832121510	6	93.10		\$	558.60
WARFARIN SODIUM	00832121600	73	10.24		\$	747.59
WARFARIN SODIUM	00832121601	1	10.24		\$	10.24
WARFARIN SODIUM	00832121610	3	102.41		\$	307.23
WARFARIN SODIUM	00832121700	48	14.79		\$	709.92
WARFARIN SODIUM	00832121800	45	9.99		\$	449.55
WARFARIN SODIUM	00832121900	45	14.82		\$	666.90
WATER	99083000040	1	2.21		\$	2.21
WATER PURIFIED	00536122497	4	2.21		\$	8.84
WATER STERILE - INJECTION	00409488710	12	9.86		\$	118.37
WATER STERILE - INJECTION	00409488720	30	19.73		\$	591.84
WATER STERILE - INJECTION	00641614725	3	9.86		\$	29.59
WATER STERILE - IRRIGATION	00264210100	6	49.60		\$	297.60
WOUND CARE EMOLLIENT/CLEANSERS	66977010106	8	19.29		\$	154.32
ZAFIRLUKAST	49884054902	8	72.44		\$	579.52
ZAFIRLUKAST	49884055402	14	83.25		\$	1,165.50
ZAFIRLUKAST	55111062660	11	83.25		\$	915.75
ZIDOVUDINE	31722050960	3	17.79		\$	53.37
zidovudine	65862002460	54	17.79		\$	960.66
ZINC	40985021393	1	1.80		\$	1.80
ZINC GLUCONATE	00904319160	3	1.61		\$	4.83
ZINC GLUCONATE	35046000416	1	-		\$	-
ZINC GLUCONATE	54629017601	1	1.61		\$	1.61
ZINC OXIDE	00536570025	1	118.80		\$	118.80
ZINC OXIDE	00536570028	6	59.40		\$	356.40
ZINC SULFATE	10006073027	4	1.98		\$	7.92
ZINC SULFATE	57896086501	15	1.98		\$	29.70
ZINC SULFATE	68585000801	1	3.08		\$	3.08
ZIPRASIDONE HCL	00781216660	13	13.18		\$	171.34
ZIPRASIDONE HCL	00781216760	8	26.87		\$	214.96

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ZIPRASIDONE HCL	00904627045	1	17.57		\$	17.57
ZIPRASIDONE HCL	55111025660	285	11.98		\$	3,414.30
ZIPRASIDONE HCL	55111025760	712	13.18		\$	9,384.16
ZIPRASIDONE HCL	55111025860	876	26.87		\$	23,538.12
ZIPRASIDONE HCL	55111025960	837	37.19		\$	31,128.03
ZIPRASIDONE HCL	65862070260	11	11.98		\$	131.78
ZIPRASIDONE HCL	65862070360	26	13.18		\$	342.68
ZIPRASIDONE HCL	65862070460	12	26.87		\$	322.44
ZIPRASIDONE HCL	68084010309	2	15.97		\$	31.94
ZIPRASIDONE HCL	68084010409	1	17.57		\$	17.57
ZOLEDRONIC AC/MANNITOL/0.9NACL	25021082667	13	55.58		\$	722.54
ZOLEDRONIC AC/MANNITOL/0.9NACL	25021082682	7	55.58		\$	389.06
ZOLEDRONIC ACID	00409421501	2	16.42		\$	32.84
ZOLEDRONIC ACID	55111068507	7	16.42		\$	114.94
ZOLEDRONIC ACID	67457039054	36	16.42		\$	591.12
ZOLEDRONIC ACID/MANNITOL/WATER	43598033111	1	58.26		\$	58.26
ZONISAMIDE	68462012901	3	14.31		\$	42.93
ZONISAMIDE	69097086107	24	11.22		\$	269.28

Fiscal Year	FY21		
Cost Item Description <i>(Excludes materials - only for services)</i>	Proposed Cost <i>Units : \$ per offender per month</i>	Evaluation Factor <i>(Average Daily Population¹ x 12)</i>	Evaluation Cost <i>(Proposed cost x evaluation factor)</i>
A. Sourcing/purchasing of medications - as specified in scope of services and approach	\$ -	504,000	\$ -
B. Delivery of medications - as specified in scope of services and approach	\$ 0.27	504,000	\$ 136,080.00
C. Packaging and dispensing of medications - as specified in scope of services and approach	\$ 4.98	504,000	\$ 2,509,920.00
D. Pharmacy advisory services - as specified in scope of services and approach	\$ 1.50	504,000	\$ 756,000.00
E. IT systems - as specified in scope of services and approach	\$ 0.90	504,000	\$ 453,600.00
F. Administrations - as specified in scope of services and approach	\$ -	504,000	\$ -
Implementation costs	\$ 500,000.00		\$ 500,000.00
Close-out costs			\$ -
Total Costs			\$ 4,355,600.00

1 An average daily population of 42,000 is assumed for this worksheet. The supplier shall assume an offender population size between 40,000 and 45,000 for the prices proposed in the worksheets. Given that the contract for services will be a target cost plus incentive fee price arrangement, the supplier and GDC will determine specific implications to prices if the offender population size falls outside of this range during contract negotiations.

Attachment 3: Contractor's Final Response

FY22			FY23	
Proposed Cost <i>Units : \$ per offender per month</i>	Evaluation Factor <i>(Average Daily Population x 12)</i>	Evaluation Cost <i>(Proposed cost x evaluation factor)</i>	Proposed Cost <i>Units : \$ per offender per month</i>	Evaluation Factor <i>(Average Daily Population x 12)</i>
\$ -	504,000	\$ -	\$ -	504,000
\$ 0.27	504,000	\$ 136,080.00	\$ 0.27	504,000
\$ 4.73	504,000	\$ 2,383,920.00	\$ 4.73	504,000
\$ 1.50	504,000	\$ 756,000.00	\$ 1.50	504,000
\$ 0.90	504,000	\$ 453,600.00	\$ 0.90	504,000
\$ -	504,000	\$ -	\$ -	504,000
		\$ 3,729,600.00		

	FY24			
Evaluation Cost (Proposed cost x evaluation factor)	Proposed Cost Units : \$ per offender per month	Evaluation Factor (Average Daily Population x 12)	Evaluation Cost (Proposed cost x evaluation factor)	Proposed Cost Units : \$ per offender per month
\$ -	\$ -	504,000	\$ -	\$ -
\$ 136,080.00	\$ 0.27	504,000	\$ 136,080.00	\$ 0.27
\$ 2,383,920.00	\$ 4.73	504,000	\$ 2,383,920.00	\$ 4.73
\$ 756,000.00	\$ 1.50	504,000	\$ 756,000.00	\$ 1.50
\$ 453,600.00	\$ 0.90	504,000	\$ 453,600.00	\$ 0.90
\$ -	\$ -	504,000	\$ -	\$ -
\$ 3,729,600.00			\$ 3,729,600.00	

Attachment 3: Contractor's Final Response

FY25		FY26		
Evaluation Factor (Average Daily Population x 12)	Evaluation Cost (Proposed cost x evaluation factor)	Proposed Cost Units : \$ per offender per month	Evaluation Factor (Average Daily Population x 12)	Evaluation Cost (Proposed cost x evaluation factor)
504,000	\$ -	\$ -	504,000	\$ -
504,000	\$ 136,080.00	\$ 0.27	504,000	\$ 136,080.00
504,000	\$ 2,383,920.00	\$ 4.73	504,000	\$ 2,383,920.00
504,000	\$ 756,000.00	\$ 1.50	504,000	\$ 756,000.00
504,000	\$ 453,600.00	\$ 0.90	504,000	\$ 453,600.00
504,000	\$ -	\$ -	504,000	\$ -
	\$ 3,729,600.00			\$ 3,729,600.00

Attachment 3: Contractor's Final Response

FY27			FY28	
Proposed Cost <i>Units : \$ per offender per month</i>	Evaluation Factor <i>(Average Daily Population x 12)</i>	Evaluation Cost <i>(Proposed cost x evaluation factor)</i>	Proposed Cost <i>Units : \$ per offender per month</i>	Evaluation Factor <i>(Average Daily Population x 12)</i>
\$ -	504,000	\$ -	\$ -	504,000
\$ 0.27	504,000	\$ 136,080.00	\$ 0.27	504,000
\$ 4.73	504,000	\$ 2,383,920.00	\$ 4.73	504,000
\$ 1.50	504,000	\$ 756,000.00	\$ 1.50	504,000
\$ 0.90	504,000	\$ 453,600.00	\$ 0.90	504,000
\$ -	504,000	\$ -	\$ -	504,000
		\$ 3,729,600.00		

	FY29			
Evaluation Cost (Proposed cost x evaluation factor)	Proposed Cost Units : \$ per offender per month	Evaluation Factor (Average Daily Population x 12)	Evaluation Cost (Proposed cost x evaluation factor)	Proposed Cost Units : \$ per offender per month
\$ -	\$ -	504,000	\$ -	\$ -
\$ 136,080.00	\$ 0.27	504,000	\$ 136,080.00	\$ 0.27
\$ 2,383,920.00	\$ 4.73	504,000	\$ 2,383,920.00	\$ 4.73
\$ 756,000.00	\$ 1.50	504,000	\$ 756,000.00	\$ 1.50
\$ 453,600.00	\$ 0.90	504,000	\$ 453,600.00	\$ 0.90
\$ -	\$ -	504,000	\$ -	\$ -
\$ 3,729,600.00			\$ 3,729,600.00	

Attachment 3: Contractor's Final Response

FY30		Explanation for price adjustment from initial price
Evaluation Factor (Average Daily Population x 12)	Evaluation Cost (Proposed cost x evaluation factor)	
504,000	\$ -	
504,000	\$ 136,080.00	
504,000	\$ 2,383,920.00	Cost or processing returns not factured in due to interpretaion of Oriignal Georgia Rules on returns.
504,000	\$ 756,000.00	
504,000	\$ 453,600.00	
504,000	\$ -	
	\$ 3,729,600.00	



State Entity: Georgia Department of Corrections
 Electronic Request for Proposals ("eRFP")
 Event Name: Offender Pharmacy Services
 eRFP (Event) Number: GDC0000930

IMPACT OF HIV INTERCHANGE AND NO 340(B) PRICING

Provided by GDC			Requested from supplier		Estimated costs per year
Generic Name	NDC	Total Quantity Purchased (by package, June '19 to May '20)	Offer price to GDC	Source of discounted pricing, if applicable	FY21
ABACAV/DOLUTEGRAV/LAMIVUD	49702023113	509	2,941.13	Hiv to Regular Pricing	\$ 1,497,033.80
abacavir sulfate/lamivudine	35573040230	19	106.98	Hiv to Regular Pricing	\$ 2,032.62
abacavir sulfate/lamivudine	66993048230	17	106.98	Hiv to Regular Pricing	\$ 1,818.66
abacavir sulfate/lamivudine	69097036202	7	106.98	Hiv to Regular Pricing	\$ 748.86
ABACAVIR/LAMIVUDINE	68180028806	74	106.98	Hiv to Regular Pricing	\$ 7,916.52
atazanavir sulfate	93552606	1	682.20	Hiv to Regular Pricing	\$ 682.20
atazanavir sulfate	59762040806	2	682.20	Hiv to Regular Pricing	\$ 1,364.40
atazanavir sulfate	65862071160	4	682.20	Hiv to Regular Pricing	\$ 2,728.80
BICTEGRAV/EMTRICITAB/TENOF ALA	61958250101	2720	1,909.34	HIV Interchange	\$ 5,193,404.80
CEFTOLOZANE/TAZOACTAM	67919003001	13	1,214.59	Hiv to Regular Pricing	\$ 15,789.61
DARUN/COBIC/EMTRIC/TENOF ALA	59676080030	18	3,773.07	Hiv to Regular Pricing	\$ 67,915.21
DARUNAVIR	59676056201	31	1,712.76	Hiv to Regular Pricing	\$ 53,095.50
DARUNAVIR	59676056630	577	1,712.76	Hiv to Regular Pricing	\$ 988,261.42
DARUNAVIR/COBICISTAT	59676057530	386	1,957.65	Hiv to Regular Pricing	\$ 755,654.44
didanosine	65862031230	1	275.23	Hiv to Regular Pricing	\$ 275.23
DOLUTEGRAVIR	49702022813	542	1,771.68	Hiv to Regular Pricing	\$ 960,248.34
DOLUTEGRAVIR/RILPIVIRINE	49702024213	50	2,756.48	Hiv to Regular Pricing	\$ 137,823.91
ELVIT/COBIC/EMTRIC/TENOF ALAF	61958190101	2963	1,448.13	HIV Interchange	\$ 4,290,809.19
ELVIT/COBIC/EMTRIC/TENOF DF	61958120101	134	1,448.13	HIV Interchange	\$ 194,049.42
EMTRICITAB/RILPIV/TENOF ALA	61958210101	463	1,248.16	HIV Interchange	\$ 577,898.08
EMTRICITAB/RILPIV/TENOF DF	61958110101	74	1,248.16	HIV Interchange	\$ 92,363.84
EMTRICITAB/TENOFOVIR DF/EFAVIR	15584010101	347	258.73	HIV Interchange	\$ 89,779.31
EMTRICITABINE	61958060101	64	520.42	Hiv to Regular Pricing	\$ 33,307.16
EMTRICITABINE/TENOF ALAF	61958200201	637	82.87	HIV Interchange	\$ 52,788.19
EMTRICITABINE/TENOFOVIR DP FUM	61958070101	253	82.87	HIV Interchange	\$ 20,966.11
etravirine	59676057001	7	1,342.31	Hiv to Regular Pricing	\$ 9,396.14
ETRAVIRINE	59676057101	85	1,342.31	Hiv to Regular Pricing	\$ 114,095.96
fosamprenavir calcium	378352091	2	899.90	Hiv to Regular Pricing	\$ 1,799.80
fosamprenavir calcium	49702020718	3	899.90	Hiv to Regular Pricing	\$ 2,699.70
lamivudine/zidovudine	31722050660	4	82.95	Hiv to Regular Pricing	\$ 331.80
LOPINAVIR/RITONAVIR	74679922	107	993.42	Hiv to Regular Pricing	\$ 106,295.49
maraviroc	49702022418	12	1,509.51	Hiv to Regular Pricing	\$ 18,114.17
nevirapine	781589331	5	134.99	Hiv to Regular Pricing	\$ 674.95
RALTEGRAVIR	6022761	237	1,603.53	Hiv to Regular Pricing	\$ 380,035.76
ribavirin	68382004603	4	88.52	Hiv to Regular Pricing	\$ 354.08

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RILPIVIRINE	59676027801	47	1,130.33	Hiv to Regular Pricing	\$	53,125.57
ritonavir	74333330	544	64.79	Hiv to Regular Pricing	\$	35,245.76
tenofovir disoproxil fumarate	31722053530	7	40.84	Hiv to Regular Pricing	\$	285.88
tenofovir disoproxil fumarate	60505466603	10	40.84	Hiv to Regular Pricing	\$	408.40
tenofovir disoproxil fumarate	64380071404	59	40.84	Hiv to Regular Pricing	\$	2,409.56
TENOFOVIR DISOPROXIL FUMARATE	65862042130	52	40.84	Hiv to Regular Pricing	\$	2,123.68
					Total Revised Cost	\$ 15,766,152.31
					Original Cost Submitted	\$ 18,998,900.29
					Savings	\$ 3,232,747.97

Attachment 3: Contractor's Final Response

Facility Matrix

Facility	Male/ Female	Regional Pharmacy (Yes/No)	Total number of infirmiry beds ¹	Total number of acute care beds	Address	Back up 1 ²	Back up 2	Back up 3 (24 Hour Pharmacies)
State Prisons								
Arrendale State Prison	Female	Yes	12	0	2023 Gainesville Hwy S, Alto, GA 30510- 0709	Walgreens #19973 - 189 Quality Foods Shopping Center Cornelia, GA 30531 P: 706-778-9523 F: 706-778- 7138	CVS Pharmacy #03798 - 549 N Main St Cornelia, GA 30531 P: 706- 778-5097 F: (706) 778-2613	CVS Pharmacy #04507 - 103 Jesse Pkwy SE Gainesville, GA 30501 P: 770-536-3441 F: 770-533-9125
Augusta State Medical Prison	Male	Yes	40	60	3001 Gordon Hwy, Grovetown, GA 30813	Walgreens - 898 Horizon South Pkwy Grovetown, GA 30813 P: 706-619-2248 F: 706- 619-2259	CVS Pharmacy #04589 - 869 Horizon South Pkwy Grovetown, GA 30813 P: 706-651-0306 F:(706) 210-0292	Walmart Pharmacy 10-4144 - 3338 Wrightsboro Road Augusta, GA 30909 P: 706-941-5328 F: 706-941-5329
Autry State Prison	Male	Yes	0	0	3178 Mount Zion Church Road, Pelham, GA 31779	Walgreens #19780 - 120 Currey Street NE Pelham, GA 31779 P: 229-294-5141 F: 229- 294-3361	Walgreens #12553 - 266 E Broad St Camilla, GA 31730 P: 229-336- 2976 F: 229-336-8509	Walgreens #11794 - 11343 US Highway 319 N Thomasville, GA 31757 P: 229-226-5424 F: 229-226-5048
Baldwin State Prison	Male	No	16	9	140 Laying Farm Road, Hardwick, GA 31034	CVS Pharmacy #04251 - 423 S Wayne St Milledgeville, GA 31061 P: 478-452-3566 F: 478- 452-3302	CVS Pharmacy #04565 - 960 N Columbia St Milledgeville, GA 31061 P: 478-452-5902 F: 478-452- 9550	CVS Pharmacy #07212 - 1271 Gray Hwy Macon, GA 31211 P: 478-743-6979 F: 478- 742-9572
Burruss Correctional Training Center	Male	No	0	0	1000 Indian Springs Drive, Forsyth, GA 31029	Walmart Pharmacy 10-0907 - 180 N Lee St Forsyth, GA 31029 P: 478-994-6005 F: 478- 994-8784	CVS Pharmacy #07706 - 430 Tift College Dr Forstyh, GA 31029 P: 478-994-0193 F: 478-994-6914	CVS Pharmacy #04160 - 6381 Zebulon Road Macon, GA 31220 P: 478-476-1911 F: 478- 476-4424
Calhoun State Prison	Male	No	0	0	27823 Main Street, Morgan, GA 39866	Walmart Pharmacy 10-1072 - 1830 US Highway 82 W Tifton, GA 31793 P: 229-386- 0374 F: 229-386-4873	CVS Pharmacy #04577 - 800 Blakely St Cuthbert, GA 39840 P: 229-732-2192 F: (229) 732-5856	Walmart Pharmacy 10-1072 - 1830 US Highway 82 W Tifton, GA 31793 P: 229- 386-0374
Central State Prison	Male	No	0	0	4600 Fulton Mill Road, Macon, GA 31208	CVS Pharmacy #07504 - 4584 Hartlet Bridge Road Macon, GA 31216 P: 478-781-9818 F: 478-781-9818	Walmart Pharmacy 10-1153 - 6020 Harrison Road Macon, GA 31206 P: 478-788-8008 F: 478-788-7867	CVS Pharmacy #07504 - 4585 Hartley Bridge Road Macon, GA 31216 P: 478-781- 9818 F: 478-781-9819
Coastal State Prison	Male	No	14	0	200 Gulfstream Road, Garden City, GA 31418	Walgreens #11538 - 4210 Augusta Road Garden City, GA 31408 P: 912-964-4311 F: 912-964-4358	CVS Pharmacy #04258 - 100 Minis Ave Garden City, GA 31408 P" 912- 964-6712 F: 912-964-2137	Walgreens #11538 - 4210 Augusta Road Garden City, GA 31408 P: 912-964-4311 F: 912-964-4358
Dodge State Prison	Male	No	0	0	2971 Old Bethel Church Road, Chester, GA 31012	Walmart Pharmacy 10-7246 - 366 Hwy 26 E Cochran, GA 31014 P: 478-934-4735 F: 478- 934-4199	CVS Pharmacy #07200 - 202 E Dykes St Cochran, GA 31014 P: 478-934-9431 F: 478-934-0504	CVS Pharmacy #05353 - 1025 Hillcrest Parkway Dublin, GA 31021 P: 478-275-9591 F: 478-275-9897
Dooly State Prison	Male	No	0	0	1412 Plunkett Road, Unadilla, GA 31091	Walgreens #12319 - 126 Broad St Hawkinsville, GA 31036 P: 478-783-4700 F: 478- 783-4706	Walgreens - 1100 Ball St Perry, GA 31069 P: 478-987-1222 F: 478-987- 1512	Walmart Pharmacy 10-2733 - 1009 St Patrick's Drive Perry, GA 31069 P: 478-987- 2323 F: 478-987-7926

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Emanuel Women's Facility	Female	No	0	0	714 Gumlog Road, Swainsboro, GA 30401	Walgreens - 390 S Main St Swainboro, GA 30401 P: 478-237-0788 F: 478-237-0786	Walmart Pharmacy 10-1024 - 414 SO Main St Swainsboro, GA 30401 P: 478-237-3524 F: 478-237-3427	Walgreens - 390 S Main St Swainboro, GA 30401 P: 478-237-0788 F: 478-237-0786
Georgia Diagnostic and Classification Prison	Male/ Female	Yes	22	0	2978 Hwy 36 West, Jackson, GA 30233	CVS Pharmacy #04531 - 506 East 3rd St Jackson, GA 30233 P: 770-775-7137 F: (770) 504-9087	Walmart Pharmacy 10-5709 - 4949 Bill Gardner Pkwy Locust, GA 30248 P: 678-743-3492 F: (678) 734-3396	CVS Pharmacy #00079 - 2098 Highway 20 West McDonough, GA 30253 P: 770-898-7356 F: 770-914-5854
Georgia State Prison	Male	Yes	12	0	300 1st Avenue South, Reidsville, GA 30453	Walgreens #18185 - 402 S Veterans Blvd Glennville, GA 30427 P: 912-654-9647 F: 912-654-1841	Walgreens #17046 - 2 West Main St Claxton, GA 30417 P: 912-739-2824 F: 912-739-2824	Walgreens #17046 - 2 West Main St Claxton, GA 30417 P: 912-739-0406 F: 912-739-2824
Hancock State Prison	Male	No	0	0	701 Prison Boulevard, Sparta, GA 31087	CVS Pharmacy #08424 - 6201 Lake Oconee Pkwy Greensboro, GA 30642 P: 706-453-9094 F: 706-453-9156	Walgreens - 2350 N Columbia St Milledgeville, GA 31061 P: 478-414-1168 F: 478-414-1275	CVS Pharmacy #07212 - 1271 Gray Hwy Macon, GA 31211 P: 478-743-6979 F: 478-742-9572
Hays State Prison	Male	No	9	0	777 Underwood Road, Trion, GA 30753	Walmart Pharmacy 10-0756 - 13427 Hwy 27 Trion, GA 30753 P: 706-734-2840 F: 706-734-3149	CVS Pharmacy #04582 - 9849 Rome Blvd Summerville, GA 30747 P: 706-857-1341 F:	CVS Pharmacy #07223 - 807 N Main St Lafayette, GA 30728 P: 706-638-6822 F: 706-639-9547
Helms Facility	Female	No	20	0	1275 Constitution Road SE, Atlanta, GA 30316	CVS Pharmacy #00081 - 1455 Moreland Ave Atlanta, GA 30316 P: 404-622-1819 F: 404-622-4148	Walmart Pharmacy 10-3709 - 2427 Gresham Road SE Atlanta, GA 30316 P: 404-244-3132 F: 404-244-3457	Walgreens #5580 - 2035 Candler Road Decatur, GA 30032 P: 404-284-9912 F: 404-284-6710
Johnson State Prison	Male	No	0	0	290 Donovan-Harrison Road, Wrightsville, GA 31096	Walgreens #19293 - 620 Central Drive East Dublin, GA 31027 P: 478-272-8024 F: 478-274-9312	CVS Pharmacy #05353 - 1025 Hillcrest Parkway Dublin, GA 31021 P: 478-275-9591 F: 478-275-9897	CVS Pharmacy #05353 - 1025 Hillcrest Parkway Dublin, GA 31021 P: 478-275-9591 F: 478-275-9897
Lee State Prison	Male	No	0	0	153 Pinewood Drive, Leesburg, GA 31763	CVS Pharmacy #02593 - 193 US Highway 19 S Leesburg, GA 31763 P: 229-436-1330 F: (229) 436-1323	Walmart Pharmacy 10-4517 - 2586 N Slappey Blvd Albany, GA 31701 P: 229-405-7029 F: 229-405-7028	CVS Pharmacy #02593 - 1193 US Highway 19 S Leesburg, GA 31763 P: 229-436-1330 F:
Long Unit	Male	No	0	0	1434 US Hwy 84 East, Ludowici, GA 31316	Walmart Pharmacy 10-4525 - 1422 W Oglethorpe Hwy Suite A Hinesville, GA 31313 P: 912-877-9818 F: 912-877-9821	Walmart Pharmacy 10-0862 - 751 W Oglethorpe Hwy hinesville, GA 31313 P: 912-369-3353 F: 912-369-3385	Walgreens #11792 - 102 S 1st St Jesup, GA 31545 P: 912-588-1035 F: 912-588-7016
Macon State Prison	Male	Yes	8	0	2728 Hwy 49 South, Oglethorpe, GA 31068	CVS Pharmacy #05673 - 501 Spaulding Road Montezuma, GA 31063 P: 478-472-7533 F: 478-472-0176	CVS Pharmacy #04585 - 104 Vineville St Fort Valley, GA 31030 P: 478-825-0079 F: 478-825-5077	CVS Pharmacy #04585 - 104 Vineville St Fort Valley, GA 31030 P: 478-825-0079 F: 478-825-5077
Metro Re-entry Facility	Male	No	10	0	1275 Constitution Road SE, Atlanta, GA 30316	CVS Pharmacy #00081 - 1455 Moreland Ave Atlanta, GA 30316 P: 404-622-1819 F: 404-622-4148	Walmart Pharmacy 10-3709 - 2427 Gresham Road SE Atlanta, GA 30316 P: 404-244-3132 F: 404-244-3457	Walgreens #5580 - 2035 Candler Road Decatur, GA 30032 P: 404-284-9912 F: 404-284-6710
Montgomery State Prison	Male	No	0	0	650 Mt. Vernon / Alston Rd, Mt. Vernon, GA 30445	CVS Pharmacy #07717 - 1201 East First St Vidalia, GA 30474 P: 912-537-8766 F: 912-538-0567	Walgreens #18184 - 1108 E First St Vidalia, GA 30474 P: 912-538-0311 F: 912-538-8061	Walgreens #18184 - 1108 E First St Vidalia, GA 30474 P: 912-538-0311 F: 912-538-8061

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Phillips State Prison	Male	Yes	7	0	2989 West Rock Quarry Rd, Buford, GA 30519	Walmart Pharmacy 10-3786 - 3250 Sardis Church Road Buford, GA 30519 P: 678-546-6406 F: 678-546-6454	CVS Pharmacy #00279 - 2605 Hamilton Mill Road Buford, GA 30519 P: 678-546-5352 F: 678-546-9877	Walgreens #7958 - 2630 Braselton Hwy Buford, GA 30519 P: 678-546-7328 F: 678-546-8013
Pulaski State Prison	Female	Yes	6	0	373 Upper River Road, Hawkinsville, GA 31036	Walgreens #12319 - 126 Broad St Hawkinsville, GA 31036 P: 478-783-4700 F: 478-783-4706	CVS Pharmacy #07200 - 202 E Dykes St Cochran, GA 31014 P: 478-934-9431 F: 478-934-0504	Walmart Pharmacy 10-2733 - 1009 St Patricks Drive Perry, GA 31069 P: 478-987-2323 F: 478-987-7926
Rogers State Prison	Male/ Female	No	0	0	1978 GA Hwy 147, Reidsville, GA 30453	Walgreens #18185 - 402 S Veterans Blvd Glennville, GA 30427 P: 912-654-9647 F: 912-654-1841	Walgreens #17046 - 2 West Main St Claxton, GA 30417 P: 912-739-2824 F: 912-739-2824	Walgreens #17046 - 2 West Main St Claxton, GA 30417 P: 912-739-0406 F: 912-739-2824
Rutledge State Prison	Male	No	0	0	7175 Manor Road, Columbus, GA 31907	Walmart Pharmacy 10-5907 - 4909 Buena Vista Road Columbus, GA 31907 P: 706-223-6573 F: 706-223-6572	Walgreens - 4808 Buena Vista Columbus, Ga 31907 P: 706-569-9439 F: 706-569-9788	Walgreens - 4808 Buena Vista Columbus, GA 31907 P: 706-569-9439 F: 706-569-9788
Smith State Prison	Male	No	0	0	9676 Hwy 301 North, Glennville, GA 30427	Walgreens #18185 - 402 S Veterans Blvd Glennville, GA 30427 P: 912-654-9647 F: 912-654-1841	Walgreens #17046 - 2 West Main St Claxton, GA 30417 P: 912-739-2824 F: 912-739-2824	Walgreens #17046 - 2 West Main St Claxton, GA 30417 P: 912-739-0406 F: 912-739-2824
Telfair State Prison	Male	No	0	0	170 Longbridge Road, Helena, GA 31037	Walmart Pharmacy 10-1018 - 1099 Indian Drive Eastman, GA 31023 P: 478-374-3403 F: 478-374-3433	CVS Pharmacy #04564 - 535 Oak St Eastman, GA 31023 P: 478-374-4593 F: (478) 374-3832	CVS Pharmacy #05353 - 1025 Hillcrest Parkway Dublin, GA 31021 P: 478-275-9591 F: 478-275-9897
Valdosta State Prison	Male	Yes	7	0	3259 Val Tech Road, Valdosta, GA 31603	Walmart Pharmacy 10-0899 - 340 Norman Drive Valdosta, Ga 31601 P: 229-244-6188 F: 229-244-6538	Walgreens #9305 - 1800 Baytree Road Valdosta, Ga 31602 P: 229-242-4939 F: 229-242-7842	Walmart Pharmacy 10-0899 - 340 Norman Drive Valdosta, GA 31601 P: 229-244-6188 F: 229-244-6538
Walker State Prison	Male	No	0	0	97 Kevin Lane, Rock Springs, GA 30739	Walmart Pharmacy 10-2988 - 2625 NO Hwy 27 La Fayette, GA 30728 P: 706-639-4905 F: 706-639-4917	Walmart Pharmacy 10-1458 - 3040 Battlefield Pkwy Fort Oglethorpe, GA 30742 P: 706-861-6252 F: (706) 861-5917	CVS Pharmacy #07223 - 807 N Main St Lafayette, GA 30728 P: 706-638-6822 F: 706-639-9547
Ware State Prison	Male	No	12	0	3620 North Harris Road, Waycross, GA 31503	Rite Aid #1974 - 701 Riverside Ave Waycross, GA 31501 P: 912-283-7101 F: 912-287-0946	Walmart Pharmacy 10-4527 - 1630 Plant Ave Waycross, GA 31501 P: 912-584-6084 F: 912-584-6083	CVS Pharmacy #03348 - 1800 Brunswick Hwy Waycross, GA 31501 P: 912-285-2171 F: 912-285-2172
Washington State Prison	Male	No	0	0	13262 Hwy 24, East Davisboro, GA 31018	CVS Pharmacy #04593 - 206 S Harris St Sandersville, GA 31082 P: 478-552-0559 F: (478) 553-1873	Walmart Pharmacy 10-1143 - 1308 S Harris St Sandersville, GA 31082 P: 478-552-7063 F: 478-553-0939	Walgreens - 390 S Main St Swainboro, GA 30401 P: 478-237-0788 F: 478-237-0786
Whitworth Women's Facility	Female	No	0	0	414 Valley Hart Road, Hartwell, GA 30643	CVS Pharmacy #05613 - 21 North Carolina St Hartwell GA 30643 P: 706-376-3147 F: 706-377-2457	Walmart Pharmacy 10-1111 - 1572 Anderson Hwy Hartwell, GA 30643 P: 706-376-5197 F: 706-376-3771	CVS Pharmacy #03846 - 922 Hwy 28 Bypass Anderson, SC 29625 P: 864-224-7469 F:
Wilcox State Prison	Male	No	0	0	470 South Broad Street, Abbeville, GA 31001	Walmart Pharmacy 10-1018 - 1099 Indian Drive Eastman, GA 31023 P: 478-374-3403 F: 478-374-3433	CVS Pharmacy #04564 - 535 Oak St Eastman, GA 31023 P: 478-374-4593 F: (478) 374-3832	CVS Pharmacy #04603 - 816 Sgrant St Fitzgerald, GA 31750 P: 229-423-6523 F: 229-423-4042

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Transitional Centers								
Arrendale TC	Female	Yes	0	0	2023 Gainesville Hwy S, Alto, GA 30510-0709	Walgreens #19973 - 189 Quality Foods Shopping Center Cornelia, GA 30531 P: 706-778-9523 F: 706-778-7138	CVS Pharmacy #03798 - 549 N Main St Cornelia, GA 30531 P: 706-778-5097 F: (706) 778-2613	CVS Pharmacy #04507 - 103 Jesse Jewell Pkwy SE Gainesville, GA 30501 P: 770-536-3441 F: 770-533-9125
Atlanta TC	Male	No	0	0	332 Ponce de Leon Ave NE, Atlanta, GA 30308	CVS Pharmacy #03878 - 680 Ponce De Leon Ave NE Atlanta, GA 30308 P: 404-892-1164 F: (404) 892-6790	Walgreens #6032 - 595 Piedmont Ave Suite 100 Atlanta, GA 30308 P: 404-685-9665 F: 404-347-9564	CVS Pharmacy #02082 - 1943 Peachtree Road Atlanta, GA 30309 P: 404-351-4932 F: 404-351-1379
Augusta TC	Male	No	0	0	601 taylor Street, Augusta, GA 30901	CVS Pharmacy #03378 - 1520 Walton Way Augusta, GA 30904 P: 706-724-0598 F: 706-724-6827	Walgreens #19024 - 1505 Walton Way Augusta, GA 30901 P: 706-828-3113 F: 706-828-3123	CVS Pharmacy #03378 - 1520 Walton Way Augusta, GA 30904 P: 706-724-0598 F: 706-724-6827
Clayton TC	Male	No	0	0	242 Falcon Drive, Forest Park, GA 30297	CVS Pharmacy #02184 - 1029 Forest Pkwy Forest Park, GA 30297 P: 404-608-0751 F: (404) 366-7154	CVS Pharmacy #07622 - 22 Upper Riverdale Road Riverdale, GA 30274 P: 770-472-4566 F: 770-472-3946	CVS Pharmacy #07622 - 22 Upper Riverdale Road Riverdale, GA 30274 P: 770-472-4566 F: 770-472-3946
Coastal TC	Male	No	0	0	309 Stiles Avenue, Forest Park, GA 30297	CVS Pharmacy #02184 - 1029 Forest Pkwy Forest Park, GA 30297 P: 404-608-0751 F: (404) 366-7154	CVS Pharmacy #07622 - 22 Upper Riverdale Road Riverdale, GA 30274 P: 770-472-4566 F: 770-472-3946	CVS Pharmacy #07622 - 22 Upper Riverdale Road Riverdale, GA 30274 P: 770-472-4566 F: 770-472-3946
Columbus TC	Male	No	0	0	3900 Schatulga Road, Columbus, GA 31909	CVS Pharmacy #04674 - 7042 Moon Road Columbus, GA 31909 P: 706-653-2923 F: (706) 653-2930	Walmart Pharmacy 10-1311 - 5448 B Whittlesey Blvd Columbus, GA 31909 P: 706-322-8950 F: 706-322-6526	Walmart Pharmacy 10-1311 - 5448 B Whittlesey Blvd Columbus, GA 31909 P: 706-322-8950 F: 706-322-6526
Hudson TC	Male	No	0	0	100 Jim Hester Road, LaGrange, GA 30241	CVS Pharmacy #03082 - 1597 Hogansville Road Lagrange, GA 30241 P: 706-242-4902 F: (706) 242-9211	Rite Aid #11769 - 900 Hogansville Road Lagrange, GA 30241 P: 706-882-0161 F: 706-884-7474	CVS Pharmacy #07615 - 300 Morgan St La Grange, GA 30241 P: 706-882-2971 F:
Macon TC	Male	No	0	0	200 Henry Street, Macon, GA 31206	CVS Pharmacy #04765 - 4080 Bloomfield Road Macon, GA 31206 P: 478-781-6821 F:	Walgreens #6780 - 2495 Pio Nono Ave Macon, Ga 31206 P: 478-784-9747 F: 478-784-7395	CVS Pharmacy #04765 - 4080 Bloomfield Road Macon, GA 31206 P: 478-781-6821 F:
Metro TC	Female	No	0	0	1303 Constitution Road, Atlanta, GA 30316	CVS Pharmacy #00081 - 1455 Moreland Ave Atlanta, GA 30316 P: 404-622-1819 F: 404-622-4148	Walmart Pharmacy 10-3709 - 2427 Gresham Road SE Atlanta, GA 30316 P: 404-244-3132 F: 404-244-3457	Walgreens #5580 - 2035 Candler Road Decatur, GA 30032 P: 404-284-9912 F: 404-284-6710
Phillips TC	Male	No	0	0	2989 West Rock Quarry Rd, Buford, GA 30519	Walmart Pharmacy 10-3786 - 3250 Sardis Church Road Buford, GA 30519 P: 678-546-6406 F: 678-546-6454	CVS Pharmacy #00279 - 2605 Hamilton Mill Road Buford, GA 30519 P: 678-546-5352 F: 678-546-9877	Walgreens #7958 - 2630 Braselton Hwy Buford, GA 30519 P: 678-546-7328 F: 678-546-8013
Smith TC	Male	No	0	0	8631 US Hwy 301, Claxton, GA 30417	Walgreens #17046 - 2 West Main St Claxton, GA 30417 P: 912-739-0406 F: 912-739-2824	CVS Pharmacy #04217 - 401 N Duval St Claxton, GA 30417 P: 912-739-1327 F: (912) 739-1468	Walgreens #17046 - 2 West Main St Claxton, GA 30417 P: 912-739-0406 F: 912-739-2824

Valdosta TC	Male	No	0	0	363 Gil Harbin Industrial Blvd, Valdosta, GA 31601	Walmart Pharmacy 10-0899 - 340 Norman Drive Valdosta, Ga 31601 P: 229-244-6188 F: 229-244-6538	Walgreens #9305 - 1800 Baytree Road Valdosta, Ga 31602 P: 229-242-4939 F: 229-242-7842	Walmart Pharmacy 10-0899 - 340 Norman Dr Valdosta, GA 31601 P: 229-244-6188 F: 229-244-6538
Probation Detention Centers								
Bacon PDC	Male	No	0	0	165 Eastside Industrial Blvd, Alma, GA 31510	Walgreens #18095 - 701 South Pierce St Alma, GA 31510 P: 912-632-6715 F: 912-632-1133	CVS Pharmacy #07294 - 19 E Parker St Baxley, GA 31513 P: 912-367-7024 F: 912-367-2203	CVS Pharmacy #07294 - 19 E Parker St Baxley, GA 31513 P: 912-367-7024 F: 912-367-2203
Bleckley PDC	Female	No	0	0	179 Jac Arts Road, Claxton, GA 30417	Walgreens #17046 - 2 West Main St Claxton, GA 30417 P: 912-739-0406 F: 912-739-2824	CVS Pharmacy #04217 - 401 N Duval St Claxton, GA 30417 P: 912-739-1327 F: (912) 739-1468	Walgreens #17046 - 2 West Main St Claxton, GA 30417 P: 912-739-0406 F: 912-739-2824
Colwell PDC	Male	No	0	0	189 Beasley Street, Blairsville, GA 30512	Walmart Pharmacy 10-3485 - 2257 Hwy 515 Blairsville, GA 30512 P: 706-835-2833 F: 706-835-2840	Walgreens #17943 - 363 Blue Ridge St Blairsville, Ga 30514 P: 706-745-6954 F: 706-781-3350	Walgreens #16253 - 1630 Andrews Road Murphy, NC 28906 P: 828-837-5512 F: 828-837-0741
Emanuel PDC	Male	No	0	0	121 Casa Drive, Twin City, GA 30471	Walmart Pharmacy 10-1024 - 414 SO Main St Swainsboro, GA 30401 P: 478-237-3524 F: 478-237-3427	Walgreens - 390 S Main St Swainsboro, GA 30401 P: 478-237-0788 F: 478-237-0786	Walgreens - 390 S Main St Swainboro, GA 30401 P: 478-237-0788 F: 478-237-0786
McEver PDC	Male/Fe male	No	0	0	2100 Kings Chapel Rd, Perry, GA 31069	Walgreens - 1100 Ball St Perry, GA 31069 P: 478-987-1222 F: 478-987-1512	CVS Pharmacy #04243 - 1100 Washington St Perry, GA 31069 P: 478-987-0707 F:(478) 987-4809	Walmart Pharmacy 10-2733 - 1009 St Patricks Drive Perry, GA 31069 P: 478-987-2323 F: 478-987-7926
Patten PDC	Male	No	0	0	27 South 10th Street, Lakeland, GA 31635	Walgreens #18291 - 402 South Davis St Nashville, GA 31639 P: 229-686-5113 F: 229-686-6598	Walmart Pharmacy 10-6732 - 4196 Bemiss Road Valdosta, GA 31601 P: 229-588-7577 F: 229-588-7576	Walgreens #18329 - 191 North Church St Homerville, GA 31634 P: 912-487-5181 F: 912-487-0087
Treutlen PDC	Male	No	0	0	401 Cascade Circle, Soperton, GA 30457	Walmart Pharmacy 10-1024 - 414 SO Main St Swainsboro, GA 30401 P: 478-237-3524 F: 478-237-3427	Walgreens - 390 S Main St Swainsboro, GA 30401 P: 478-237-0788 F: 478-237-0786	Walgreens - 390 S Main St Swainboro, GA 30401 P: 478-237-0788 F: 478-237-0786
Womens PDC	Female	No	0	0	8662 U.S. Hwy 301 North, Claxton, GA 30417	Walgreens #17046 - 2 West Main St Claxton, GA 30417 P: 912-739-0406 F: 912-739-2824	CVS Pharmacy #04217 - 401 N Duval St Claxton, GA 30417 P: 912-739-1327 F: (912) 739-1468	Walgreens #17046 - 2 West Main St Claxton, GA 30417 P: 912-739-0406 F: 912-739-2824
Integrated Treatment Facilities								
Appling ITF	Male	No	0	0	252 West Park Drive, Baxley, GA 31513	Walmart Pharmacy 10-5392 - 980 West Parker St Baxley, GA 31513 P: 912-367-3234 F: 912-367-3041	CVS Pharmacy #07294 - 19 E Parker St Baxley, GA 31513 P: 912-367-7024 F: 912-367-2203	Walmart Pharmacy 10-5392 - 980 West Parker St Baxley, GA 31513 P: 912-367-3234 F: 912-367-3041
West Central ITF	Female	No	0	0	1070 County Farm Road, Zebulon, GA 30295	Walgreens #18188 - 1655 Zebulon Road Griffin, Ga 30223 P: 770-228-5009 F: 770-228-9013	Walgreens #11222 - 597 Veterans Pkwy Barnesville, GA 30204 P: 770-872-3924 F: 770-872-2749	CVS Pharmacy #00079 - 2098 Highway 20 West McDonough, GA 30253 P: 770-898-7356 F: 770-914-5854
Probation / Residential Substance Abuse Treatment Centers								

Attachment 3: Contractor's Final Response

Arrendale RSAT	Female	Yes	0	0	2023 Gainesville Hwy S, Alto, GA 30510-0709	Walgreens #19973 - 189 Quality Foods Shopping Center Cornelia, GA 30531 P: 706-778-9523 F: 706-778-7138	CVS Pharmacy #03798 - 549 N Main St Cornelia, GA 30531 P: 706-778-5097 F: (706) 778-2613	CVS Pharmacy #04507 - 103 Jesse Jewell Pkwy SE Gainesville, GA 30501 P: 770-536-3441 F: 770-533-9125
Bainbridge RSAT	Male	No	0	0	235 State Hospital Road, Bainbridge, GA 39817	CVS Pharmacy #04535 - 817 East Shotwell St Bainbridge, Ga 39819 P: 229-243-0373 F: 229-243-1732	Walgreens #10831 - 1410 E Shotwell St Bainbridge, GA 39819 P: 229-246-1441 F: 229-246-1477	Walgreens #17548 - 100 West 3rd St Donalsonville, GA 39845 P: 229-524-1126 F: 229-524-8998
Paulding RSAT	Male	No	0	0	1295 Industrial Blvd N, Dallas, GA 30132	Walgreens #10528 - 4519 Dallas Acworth Hwy Dallas, Ga 30132 P: 770-443-4988 F: 770-443-4487	Walgreens 11686 - 303 Charlie Watts Dr Dallas, GA 30157 P: 770-443-4886 F: 770-443-5906	Walgreens #10528 - 4519 Dallas Acworth Hwy Dallas, GA 30132 P: 770-443-4988 F: 770-443-4487
Turner RSAT	Male	No	0	0	514 South Railroad Ave, Sycamore, GA 31790	Walgreens #19839 - 650 East Washington Ave Ashburn, GA 31714 P: 229-567-3007 F: 229-567-0473	CVS Pharmacy #04678 - 320 20th St E Tifton, GA 31794 P: 229-386-8288 F:	CVS Pharmacy #04678 - 320 20th St E Tifton, GA 31794 P: 229-386-8288 F:

1 Regional infirmaries provide 24 hour, 7 days a week sub-acute healthcare services at 14 state correctional facilities with a total of 195 beds, similar to observation level hospital care

2 If any GDC facility would prefer to work with a pharmacy they are already utilizing that is not on Attachment R Facilities Matrix, Correct Rx will make those arrangements before implementation.



Request for Clarification

Solicitation #: 46700-GDC0000930

Solicitation Title: Offender Pharmacy Services

Supplier Name: Correct Rx Pharmacy Services, Inc.

Request No.: 3	Supplier's Authorized Contact: Ellen H. Yankellow Email: eyankellow@correctrxpharmacy.com
Date of Request: 12/18/2020	Offeror's Response Due By (Date): 12/21/2020 at 5:00pm Email Response to Issuing Officer (Name): Ross Barrineau at email address: ross.barrineau@gdc.ga.gov
Submission Instructions: 1. A written response, as specified below, must be submitted in response to this request for clarification. 2. Clarifications must be submitted by e-mail to the issuing officer at the email address provided above.	

The State Entity requests the supplier provide clarification regarding the following (reference applicable solicitation section/question #, etc.):

Q1. Correct Rx has included a structured plan to begin transition to a new 340B covered entity and has demonstrated its experience in this arena. What, if any, risk does Correct Rx perceive in the approach? Would Correct Rx flag any causes for concern on being able to complete the transition to a new CE in a reasonable timeframe (e.g., 12-18 months)?

Contracting with a New 340B Covered Entity

Correct Rx has expressed our commitment to partner with GDC to identify and transition to a new 340B covered entity (CE). We have also expressed our willingness to contract and partner with GDC's current 340B covered entity. We believe that contracting with the current covered entity provides GDC with the lowest risk for program interruptions and increased medications costs. We appreciate that GDC is continuing their relationship with their existing CE for the next 12 to 18 months.

Creating a new covered entity relationship is a lengthy process but it is reasonable that it could be completed in the 12 to 18 month time frame. This new CE agreement is subject to Federal review and approval. We have outlined a detailed process to assist GDC with forming a new relationship with a covered entity.

This process requires a high degree of access to GDC stakeholders, collaboration and transparency. Any impediment to open communication or delay in identifying a suitable covered entity and executing contracts could result in delayed program initiation and loss of 340B drug discounts. Further, 340B program costs are variable based on the covered entity. Negotiations with a new vendor may result in higher administrative or drug costs which is described in more detail below.

Risk: Inability to Identify a Suitable 340B Covered Entity

The ability to identify a suitable covered entity is essential to establishing a new 340B relationship. Although, Correct Rx has already identified several covered entities in Georgia that may provide a suitable solution for GDC, there are limited choices. A new covered entity must be agreeable to providing infectious disease care to GDC and its population. This requires an organization to have the capacity to add GDC's patient volume to their existing workflow and to establish new patient-provider relationships that continue patient care without interruption. In the event that there is difficulty in contracting with a new covered entity that possesses the interest and scope of service to provide seamless care for GDC, there is a risk that 340B drug discounts could be interrupted resulting in higher medication costs.

Risk: New 340B Contract May Impact Program Savings

GDC must negotiate program administration costs with a new 340B covered entity. There is a risk that the fees charged by a new covered entity may exceed those fees currently associated with GDC's 340B program. An increase in program fees would reduce the overall savings associated with the discounted drugs. Additionally, 340B drug discounts are negotiated between the covered entity and their wholesaler. A new covered entity may not be able to offer GDC the same 340B drug discounts as their current covered entity. In the event that a new covered entity charges higher fees or has less aggressive 340B pricing than GDC's current 340B provider then there is a risk that GDC would not enjoy the same level of savings associated with the program.

Risk: Potential Delay in Program Start-Delay could Affect New CE and Existing CE

GDC must facilitate a contract pharmacy agreement between Correct Rx and the current 340B covered entity as soon as practical. This entails entering into a contract that includes reimbursement, inventory management, and auditing terms that are mutually agreeable. The expeditious submission of this agreement for Federal approval is the first step in ensuring the GDC continues to enjoy 340B drug discounts. There is a risk that 340B drug discounts may be interrupted if there is a delay in the timely submission of documents.

Contract pharmacy agreements can only be submitted to HRSA within a 15 day period, four times per year. Pharmacy agreements that receive Federal approval may then commence 340B program participation on a predetermined start date. At a minimum, this process takes 90 days. For example, the next window for submission of a contract pharmacy agreement would be January 1-15, 2021. Correct Rx and the current covered entity would need to enter into a contract pharmacy agreement and register with HRSA no later than January 15, 2021.

Once Federal approval is received, the earliest that Correct Rx could dispense drugs ordered by the covered entity would be April 1, 2020. There is a risk that GDC would not have access to 340B drug discounts until April 1 or longer depending on whether Correct Rx is submitted as a contracted pharmacy provider in January 2021 for the existing CE.

Once a new CE is identified and in place with the GDC then this covered entity must also agree to designate Correct Rx as their contracted pharmacy. This new contract pharmacy agreement must under the same Federal review and approval as described above. At a minimum, this process would also take 90 days before dispensing medications at 340B discounted pricing could occur. The Federal registration windows and program start dates are outlined below.

Registration Window	Start Date
January 1-15	April 1
April 1-15	July 1
July 1-15	October 1
October 1-15	January 1

GDC has identified March 1 as the start date for the new Offender Pharmacy Service contract. In a best case scenario, Correct Rx would be able to dispense 340B drugs to GDC on April 1. This leaves a 30 day period where GDC could be at risk of paying non-340B pricing for infectious disease medications. GDC must develop a proactive and collaborative plan with their current covered entity and Correct Rx to potentially mitigate this risk.

Risk: Potential for Federal Changes regarding the 340B Program

The 340B drug program is federally regulated and subject to change as determined by the government. There is a risk that drug discounts and eligibility criteria could undergo significant revision such that correctional populations are no longer considered eligible patients for drug discounts or the discounts themselves are greatly reduced.

Changes to contract pharmacy approval criteria may also impact the 340B program. For example, if HRSA rejects the contract pharmacy agreement of the current or newly identified covered entity then there is a risk that Correct Rx would not be able to dispense medications to GDC at 340B discounted pricing.

Transition Goal of 12 to 18 Months

Correct Rx is confident that GDC can accomplish its goal of establishing a new 340B covered entity relationship and transitioning services within 12 to 18 months. We have identified a number of risks that could threaten this timeline. However, risks can be mitigated if all stakeholders demonstrate a willingness to partner, open communication and transparency.

Correct Rx must have access to current program administration fees and 340B drug pricing in order to best support GDC. Equally important is the timely submission of contract pharmacy agreements with the current and subsequent covered entities. All of these elements are critical to the GDC in order to meet the anticipated 12 to 18 month timeframe.

Q2. How would Correct Rx assess any risk of capturing savings from its planned clinical programs (e.g., HIV, chronic disease)? Does Correct Rx expect major interdependencies with the physical healthcare supplier that could lower its confidence in being able to capture these savings?

Implementation of Clinical Pharmacy Services

Correct Rx has more than 17 years of experience delivering clinical pharmacy services to statewide correctional systems. We are confident in the clinical and financial benefit that our offered programs will deliver to the GDC. In all contracts, there are risks that may impede program success. We can identify several risks in regards to staffing, co-vendor acceptance of our programs, changing clinical practices and lack of an electronic health record system that may impact savings to the GDC.

Correct Rx's work plan for GDC includes one clinical director and two regional clinical pharmacists to provide our planned clinical programs (e.g., HIV, chronic disease). The clinical director and one regional clinical pharmacist are already identified. However, a delay in recruitment for the third regional pharmacist is a risk to capturing the savings from Correct Rx's clinical programs. The newly hired clinical pharmacist will require training on Correct Rx's clinical services. Additionally, there may be delays in relocating the clinical director and regional clinical pharmacist to Georgia in time for a 60 day transition. Correct Rx plans to work expeditiously to minimize interruptions to the delivery of clinical services.

Healthcare Supplier Risk

Correct Rx understands that the GDC model requires collaboration with the healthcare supplier to achieve the improved outcomes and savings discussed in our proposal. There is real risk if the current healthcare supplier has a decreased interest in establishing a collaborative relationship or adopting Correct Rx' clinical programs if their agreement is potentially ending in over the next year.

To mitigate these risks, Correct Rx requests GDC's full support of our clinical pharmacy programs. It has been our experience that in a multi-vendor model, the contracted service providers will accept and adopt the healthcare agenda and programs desired by the client. Correct Rx's clinical programs are based on evidence-based medicine and clinical guidelines which not only reduce costs but also reduces risks for other healthcare suppliers.

Changes in Clinical Practice

Healthcare practices change over time as new medications are approved for use and new evidence is presented that impact how diseases are treated. There are numerous examples of these instances, e.g. treatment of hepatitis C with new direct acting antivirals, growing use of biologics for the treatment of psoriasis and inflammatory bowel diseases, newer treatment of diabetes that may replace older treatment or potentially new cures for HIV. Introduction of new drugs will require adoption and modification of current healthcare policy and treatment guidelines. When a superior new drug or new treatment guideline is brought to light, as a healthcare company, Correct Rx promotes and places priority on efficacy and safety above drug cost alone when developing recommendations for treatment pathways. Subsequently, our current methodology for savings through clinical pharmacy programs are subject to changes to comply with evolving healthcare standards.

Inefficiencies without Electronic Health Records

Electronic health records would greatly improve efficiencies of Correct Rx's clinical team. The current hard copy medical record system requires a review of each chart at the facility demanding more time to review each patient's chart. Correct Rx understands that GDC may issue an RFP for electronic health record system in the future. Inefficient access to health information is a risk to the effectiveness of our clinical programs.

Q3. GDC values pricing stability and appreciates Correct Rx's willingness to commit to stable pricing with re-reviews of price lists 3x per year based on market movement. What assumptions, if any, is Correct Rx making regarding price movement between these re-reviews? Based on Correct Rx's past experience, what is the range of the price swings GDC could expect to see?

Pricing Stability

Correct Rx understands the GDC's desire for price stability. We also understand the fluctuations in the pharmaceutical market affect the supply and price of medications. Our years of experience and procurement planning allow us to commit to stable pricing with re-reviews of individual price changes each year on January 15th, May 15th and September 15th. Unit drug prices are validated on those dates and provide the cost for each medication for the following four months until the next drug price review date.

Correct Rx's Assumptions

Correct Rx's assumptions regarding price movement between the dates of the price reviews are that we can provide GDC with the desired price stability because of our expertise and our procurement planning. The combination of our expertise and our financial strength provides us with the wherewithal to make strategic purchasing decisions which help to mitigate these risks for both Correct Rx and GDC.

Our internal processes and the coordination between our purchasing department and our pharmacoeconomics experts ensure not only price stability but also help to minimize the impact of supply chain interruptions for ourselves and the clients that we serve. We are adept at identifying issues that may cause supply chain problems and taking early action to ensure an uninterrupted supply of medications. As an example, in early 2020 when the news of Coronavirus first emerged we analyzed the possibility of drug supply problems. We identified drugs that were made in other countries or where the raw materials for those medications were sourced from other countries. We then purchased a six month supply of those medications. This action ensured the uninterrupted supply of important and necessary medications and consistent pricing for those medications.

Another way Correct Rx works to mitigate price increases is to proactively negotiate lower invoice prices. Our clinical and purchasing experts work together to review disease states, assess alternative therapies and then negotiate advantageous pricing. In some cases, this means actively engaging manufacturers directly and in other cases we work with our group purchasing organization to leverage a larger purchasing volume as an incentive to reduce prices. We have seen significant success with these tactics recently in the HCV medications. The benefit of these efforts is enjoyed by GDC through lower invoice pricing.

Correct Rx uses our innovative clinical programs and our purchasing expertise to minimize the effect of manufacturer pharmaceutical price increases. The range of price swings are dependent on a number of internal and external forces in our country's economy and the political approach to prescription drug pricing with a new administration. Based on Correct Rx's years of experience the GDC can expect the typical pharmaceutical price increase to be between 6-8% per year.

Q4. GDC values accountability in achieving improved health outcomes for offenders. Correct Rx has included meaningful incentives for improved performance in certain clinical areas (e.g., hB1ac, therapeutic anticoagulation). Correct Rx has not included a minimum threshold of care or performance penalties. What assumptions has Correct Rx made to mitigate underperformance and how would Correct Rx assess that risk?

The following assumptions were used to justify the incentives proposed for clinical services and to mitigate underperformance. Correct Rx embraced GDC's interest expressed during the vendor pre-bid meeting for innovative incentive-based service level agreements. The incentives proposed are based on Center for Medicaid and Medicare Services (CMS) where pharmacies are offered higher reimbursement rates based on Star Quality Ratings. Pharmacies in the community are left with lower reimbursement rates for lower Star Quality Ratings.

Correct Rx proposed specific minimum threshold of care or performance penalties for Quality of Service Metrics, e.g. On Time Reports, Monthly Meetings Attended and Fulfillment performance. These metrics directly impact quality of service.

Correct Rx indirectly proposed minimum threshold of care or performance penalties for clinical services. The percentages proposed for controlling Total Medication Cost and \$PPPM with Correct Rx are significant sums and would adversely affect Correct Rx if the performance goals are not met. Correct Rx would be penalized financially if incentives are withheld due to lack of performance. This ensures GDC will receive Correct Rx's utmost attention to control medication cost and deliver proposed health outcomes goals.

Q5. If Correct Rx is selected to be GDC's Pharmacy supplier, what risks would Correct Rx call out in planning for an early 2021 transition, for example, by March 1 if the contract were signed by January 15?

Transition Timeline

Generally, with a transition of this size and complexity, risk is reduced by ensuring that there is enough time to complete the task successfully. Even further in this specific case, given the pandemic and other dynamics, there are still a number of unknown factors that will most certainly impact the transition timeline and respective risk. "Traditional" RFP norms, such as a facility tours and meetings were eliminated. The result was that all responding parties had limited set of information to craft their proposals.

While a 60-day transition was presented in our response as possible, a longer transition timeline would be merited. It is the prudent decision and one that would be least disruptive to the system, ensure better continuity of care and the likelihood of success.

Sometimes there are circumstances that demand an accelerated timeline. In those cases, it is essential that all parties understand the nature of these circumstances and there must be a mutual understanding of the risks associated with moving at this pace. If an accelerated timeline is necessary, Correct Rx would need specific assurances and safeguards from the GDC to provide reputational damage to our company.

Correct Rx strongly recommends at a minimum that April 1st to be the earliest transition date that GDC should mandate with a longer timeframe to be considered as the "unknown" factors are clarified.

Transition Risk Call Outs – Known and Unknown Factors

1. **Current GDC Pharmacies:** Correct Rx understands that GDC's current pharmacy provider is operating 8 pharmacies that provide medications to the various GDC institutions. The plan to close these pharmacies is critical to Correct Rx's implementation plan. Correct Rx will need to know if the plan is to stagger their closings or to close them all at once. This is a current unknown and yet requires further discussion as the details of GDC's plan has a direct and meaningful impact to our transition activities. The political atmosphere and the potential perception that Correct Rx is the cause for disruption or unemployment is a critical risk to both GDC and Correct Rx.
2. **340 B Contracted Pharmacy:** As discussed, in order to maintain the current 340B drug cost savings, Correct Rx would need to be approved as the contracted pharmacy with the current covered entity. There are specific timeframes when these submissions are accepted by HRSA with the next being January 1 thru the 15th followed by an April 1st thru 15th opportunity. The GDC and Correct Rx would need agreement around the impact to our contract terms and expectations associated with each timeline.
3. **IT Transition:** The RFP called for a number of IT offerings. A pharmacy software operating system was needed to replace the existing system at the ASPP pharmacy. A computerized physician order entry system was also requested. The RFP also requested the deployment of an electronic medication administration record until such time that GDC selected an Electronic Health Record System.

All of the IT requests require an immense amount of decisions from selection, planning, staging, training, integrating, deploying, supporting, maintaining to updating. Each step contingent on the prior and the next. It will be essential that GDC, Correct Rx and our software providers all spend extensive time discussing the possible models and associated risks, problems and solutions together.

Correct Rx has proposed that the best solution with smallest amount of risk is for the GDC to shoulder the IT responsibilities on this project. GDC knows their systems and environments. This will allow for the greatest degree of control and security and given the limited information would seem the most viable. This model is the model that we proposed and offered to the GDC.

a. IT Hosting Proposal

Correct Rx's proposed hosting solutions assumed that GDC hosts the data and applications and allows a connection between GDC and Correct Rx utilizing remote desktop connection. The responsibility of the network and systems would remain the responsibility of GDC. Correct Rx would provide assistance with this solution.

- b. **Software Implementation and Timeline (Pharmacy Operating System, CPOE, eMAR):** Correct Rx has not been able to complete a thorough assessment of the infrastructure, connectivity, software and hardware at each facility to determine the timeline for a successful roll-out of the pharmacy operating system, CPOE and eMAR. We will need to gather the appropriate detailed facility information and engage in multiple ongoing conversations with the GDC IT Team to create specific plans. This is all part of our standard implementation process, but as the "unknown" information becomes realized, we will then have a better understanding of risk. As with other areas of concern related to IT that are briefly

outlined above, the same is true with discussions regarding timelines and deployment of all three systems. There are numerous considerations to be made, each dependent upon the other and unique to each setting. The IT timelines discussed are based on our best estimates based on the limited information that we possess. The risks and associated mitigation will be better understood when all the IT stakeholders on this project may meet.

- c. RACI Chart:** RACI charts are a widely used **project management technique** that helps assign individual roles and responsibilities as it pertains to specific tasks. Oftentimes projects are hampered by a misunderstanding of who is doing what, where responsibilities lie, and timeline and a RACI chart helps to solve for these issues. Our RFP response included a RACI chart; it was based on the proposal that we outlined above whereby GDC would host the IT solutions (software and hardware), take responsibility of the infrastructure and security and connect to Correct Rx utilizing Remote Desktop Connection. Further, it is based on our assumptions and the limited information gleaned through the RFP process. Any deviation or unaccounted for task or shift of responsibilities would create a series of interdependent changes to the RACI chart. Again, as with the whole of the IT offerings, a mutual understanding of the scope, solutions and responsibilities of the IT transition, implementation and management would need to occur for there to be confidence in the accuracy of the current RACI chart.
- d. Equipment:** Our facility evaluations and ongoing discussions with your IT Team will assist us in clarifying all equipment needed to fully implement our service to include the potential need for scanners, laptops, laptop arms for med carts, equipment for in-state pharmacy etc. Correct does not yet know the magnitude of equipment that is needed and the potential delays associated with acquiring the requisite equipment. We will also need the support of GDC to ensure the equipment is properly authorized, tagged and approved for deployment.
- e. Start-Up Training IT services:** Correct Rx has a comprehensive training program to include our pharmacy implementation and IT systems. Our strategy is to use online training modules, in-person regional trainings, onsite facility hands-on training and support via telephone and web. Again we will need the support of the GDC to ensure access and attendance at our scheduled trainings. We expect this training to be intensive as GDC's current pharmacy system is very different from that of Correct Rx. Cooperation is essential to the success of our day to day processes. The current medical staff will have to be trained on a new pharmacy operating system, a new computerized physician order entry system and new electronic medication administration system. This is in addition to learning how to use and access all other pharmacy services. GDC is not simply changing vendors or adding a new piece of software to an existing system. GDC is attempting to completely change the way healthcare, pharmacy and IT are utilized. All new systems and processes are being put in place. Sufficient training will need to occur for success.

- 4. Augusta State Prison Pharmacy (ASPP):** There are a number of factors that have a risk impact with transitioning the ASPP to Correct Rx.
- a.** License application: Correct Rx will need to ensure the ASPP is properly licensed by the GA Board of Pharmacy and DEA in order to purchase inventory and set up the appropriate account with our wholesale supplier. The current Covid-19 pandemic may have an impact on the timeframe within which this process can be achieved. It also takes approximately 4 weeks to load in the accurate GPO and direct discounts so that GDC is invoiced properly.
 - b.** Staffing: Correct Rx will need ample time to hire staffing for ASPP. It is our hope and intent that many of the current staff may be maintained, but nonetheless there is a potential risk in getting adequate staff hired, credentialed and trained.
 - c.** Pharmacy Operating System: Correct Rx plans to utilize CIPS pharmacy operating system. This system will need to interface with the offender management system. All equipment, software, labels, blister cards etc. will need to be in place and fully functional prior to the start date. This system is not the same as what is currently being used. Therefore training of staff is essential in order to provide a smooth transition.
- 5. Staffing, Credentialing, and Access:** Correct Rx anticipates vetting, hiring and credentialing the following full-time in State positions: (1) 1.0 FTE Program Manager, (2) 1.0 FTE Clinical Manager, (3) 2.0 Regional Clinical Pharmacists. We will require the assistance of the GDC in approving and credentialing our full-time personnel dedicated to this contract as well as our support personnel who will be assisting with the transition. While this risk is anticipated to be low, there is the potential for hold ups within various Departments that may cause unforeseen delays.
- 6. Facility Evaluations:** Correct Rx has a proven method of gathering the requisite information from each facility to implement our service. Through the completion of the facility information questionnaire and site visits, we will be able to evaluate the needs at each facility and plan for successful transition. The current pandemic and potential movement restrictions may pose a risk to our ability to gain access. We will also need the assistance of the GDC to support our requests for information and contact of the appropriate personnel in order to get accurate and complete information.
- 7. Start-Up Training All Services:** Correct Rx has a comprehensive training program to include our pharmacy implementation and IT systems. Our strategy is to use online training modules, in-person regional trainings, onsite facility hands-on training and support via telephone and web. Again we will need the support of the GDC to ensure access and attendance at our scheduled trainings. We expect this training to be intensive as GDC's current pharmacy system is very different from that of Correct Rx. Cooperation is essential to the success of our day to day processes. As stated in IT above, the entire manner and method by which pharmacy services are provided and prescription fulfillment is completed is radically changing. This is in addition to the described IT changes above. Again, sufficient training will be necessary for the successful implementation of new systems.

8. Deliveries: Correct Rx will be providing most deliveries by an overnight carrier from our Maryland location. Although, we do this all over the country it will be a significant change for the GDC facilities. Correct Rx as part of our transition plan will identify where each box will be delivered and the process for the medical staff to receive their daily deliveries. We will send test packages to each site to determine the normal time of delivery so they can anticipate when their medications will arrive each day. Once again this will require the support of the current medical provider and the GDC.

GDC Support

Correct Rx is honored to be considered as your pharmacy solution. We are committed to a successful transition and a great partnership. As we have stated in our proposal, we will dedicate the necessary resources "up front" to ensure continuity of care and to set the foundation for a great partnership moving forward. We also understand that we will need the full support of GDC leadership to ensure we receive cooperation from the healthcare teams and facility staff.

Change is often a difficult process for some people. It is no small task to change your pharmacy vendor especially when this involves privatization and the closing of multiple state run pharmacies. Correct Rx is quite confident in our ability to implement a comprehensive pharmacy solution for the GDC. With your support, we are certain that we can earn the trust of all of our partners at each facility as we work through all of the potential risks associated with this transition and implement a plan for excellent patient care.

Note: The cost and technical proposals are locked and stand as submitted.

Supplier's Clarification Response:



Signature of Authorized Representative

December 21, 2020
Date

Ellen H. Yankellow, PharmD, President and CEO
Name and Title