

CONTRACT AWARD

AB2022-31 PHARMACY SERVICES FOR THE MERCER COUNTY CORRECTION CENTER

RESOLUTION#2022-651 CONTRACT TERM: AUGUST 1,2022- JULY 31, 2024

NAME OF BIDDER	DIAMOND DRUGS, INC. DBA DIAMOND PHARMACY SERVICES
ADDRESS	645 KOLTER DRIVE
CITY, STATE, ZIP	INDIANA, PA 15701
CONTACT	JENNIFER A. PITTORE
TELEPHONE	724-349-1111
FAX	724-599-3509
E-MAIL	JAPITTORE@DIAMONDPHARMACY.COM

AB2022-31

PHARMACY SERVICES FOR THE MERCER COUNTY CORRECTIONAL FACILITY FOR A PERIOD OF TWO (2) YEARS WITH THE OPTION TO EXTEND ONE (1) YEAR

INTRODUCTION

The County of Mercer requests bids for Pharmacy Services for the Mercer County Correction Center. The contract shall be awarded for a period of two (2) years with the option to extend one (1) year. There is an average daily census of approximately 350-400 inmates at our facility. The award shall be based upon the established criteria referenced in the specifications. Respondents must have a minimum of three (3) years' experience. Contractor must be licensed/registered with Federal, State authorities applicable to the pharmacy services described herein at the time of the bid and during the contract period. Contract shall commence August 2022. **All questions can be submitted via email imaldonado@mercercounty.org or via the BidNet portal by June 22,2022.**

The awarded vendor shall comply with all specifications. The awarded vendor will be assessed on their performance of the program requirements listed below throughout the term of the contract.

The County has provided actual quantities for a one-year period based upon one-year history and the award shall be based upon the actual quantities at priced at Actual Acquisition Cost plus an upcharge to Brand, Generic and Specialty. **The awarded contractor shall bill the County at Actual Acquisition Cost at the time of purchase plus the upcharge stated in your bid response for brand, generic and specialty drugs.**

WILL PROVIDE ACTUAL ACQUISITION COST OR WHOLESALE ACQUISITION COST

YES

NO

The County will not accept bid proposals based upon an Average Benchmark Pricing Structure. The awarded contractor will provide usage reports on a monthly basis with proof of purchase from your wholesaler.

The County currently contracts with CFG Health Systems, LLC for Inmate Medical and Mental Healthcare.

CONTRACT CONTACT:

PATRICIA HUNDLEY 609-583-3545 2286

NICOLA SAMMS 609-583-3545 X2265

Physical & Mailing Address:

1750 River Road Lambertville, NJ 08530

SCOPE OF SERVICES

The vendor shall provide packaging at a minimum, for thirty (30) dose blister pack unit of use dose drug distribution system wherein all oral medication both in liquid and solid form (except/nitroglycerin products, reconstituted liquid antibiotics, and powders) is dispensed in unit dose packages. The vendor must have the ability to provide liquid psychotropic medications. In addition parental medications, when available from the manufacturer in unit dose form, must be supplied when requested.

The vendor will provide for a return for credit on all blister packs, arrange for the pick-up and removal of outdated, discontinued, excess or unusable medications and Credit shall be issued to the County with the exception of controlled substances as restricted by law. We currently receive credits for all returned medications and we are charged no processing fee.

Routine maintenance medication shall be re-ordered by the physician in writing as needed. Stop-order policies, unless otherwise ordered should be:

- a. Routine and maintenance medication – 90 days
- b. Antibiotics – 10 days (or as specified by the physician)
- c. Narcotics – 72 hours (or as specified by the physician)
- d. P.R.N. orders – 21 doses or (7 days) or (as specified by the physician)
- e. Anti-emetics – 5 days (or as specified by the physician)
- f. Cough and cold preparations – 5 days (or as specified by the physician)

The awarded contractor shall properly package and label drugs. **Samples can be submitted.**

A. Solid Medications

All solid medications will be dispensed unit-dose cards. Controlled substances will be sent with a control sheet. The Correction Center will log all medications into a control book. **Prescriptions will be labeled in accordance with State and Federal regulations and shall include:**

- a. Patient's full name – must be patient specific
- b. Physician's name
- c. Name and strength of drug (Trade and Generic where applicable)
- d. Form of drug, (liquid, capsule, tablet, etc.)
- e. Dose or Directions for administration
- f. Administration procedure, if other than oral
- g. Patient education material as necessary

B. Liquid Medications

Psychotropic medication shall be provided in solid and liquid form. Liquid medications not available from manufacturers in unit dose form shall be individually packaged, hermetically sealed in compliance with FDA packaging regulations by the vendor and identified with:

1. Name of drug, both trade and generic name where applicable

2. Strength of drug
3. Name and manufacturer and/or distributor
4. Lot number
5. Expiration date
6. Total amount of drug (liquid) that will be delivered in container

Liquid medications are usually patient specific as prescribed by the Physician. Historically, we have had such liquid medications as:

- **Amoxicillin**
- **Apap/Codeine**
- **Atovaquone**
- **Carafate**
- **Chlorhexidine Gluconate 0.12%**
- **Hydromorphone**
- **Ibuprofen**
- **Lactulose**
- **Mapap**
- **Phenytoin**
- **Sodium Polystyrene Sulfonate**

C. Generic Medications

Generic medications SHALL be substituted for brand name unless otherwise indicated by physician. A limited number of requested medications as determined by the pharmacy and Medical Director will be provided in blister packs designated as stock medications.

D. Over the Counter Medications – the County has awarded contracts separately for over the counter medications.

E. Medication Carts and Totes

Vendor will provide a medication cart suitable for storing and administering medications from blister cards. Blister cards shall be stored in cassettes that fit into lockable medication carts.

Cassettes must be so constructed to keep dirt and dust out of the patient trays. Cassettes must be constructed with a door locking mechanism to prevent unauthorized access to medication while being stored during non-medication Pass Periods and during transit.

In addition, vendor shall supply sufficient carrying cases (totes) to allow nursing staff to carry medication to second tier facilities where medication carts may be incapable of being transported. All equipment will be provided by vendor. Cart maintenance will be the responsibility of the vendor. Wheel and bearing replacement to be completed on a regular basis as needed.

F. FAX Machines and Computers

The County will provide all computer terminals, telephones and telephone lines. The vendor will be responsible for providing Telefacsimile Machines.

Vendor will provide Toll free lines for faxing, verifying transmissions and receiving prescription and non-prescription requests.

G. Delivery Schedule

Vendor must be capable of making delivery six (6) days per week, Monday thru Saturday, fifty two (52) weeks per year. Regular medications ordered by 3 pm should be available and delivered by the next day. Vendor will provide emergency or STAT medications through a backup pharmacy of their choice. Deliveries may be made via Federal Express, UPS or other professional carrier. The medications will be shipped overnight delivery FOB destination. Vendor will provide a daily packing sheet of the medication

H. Inventory

Stock medications (back-up supplies) shall be established at the direction of Regina Grimes, R.N. The stock levels will be identified at the time of the contract implementation; currently 90% of medications are dispensed as stock. These levels may be adjusted from time to time on a mutually agreed basis subject to need. Reorders may be sent the following day unless specifically noted to send stat.

I. Emergency Pharmacy

Vendor shall be responsible for providing emergency medications through a local pharmacy. **This pharmacy will be required to deliver within 2-4 hours of an order, seven (7) days a week. The Correction Center shall not be responsible to pick up emergency medications.** Vendor will arrange to compensate the emergency pharmacy.

**BIDDERS SHALL PROVIDE A RESPONSE TO THE FOLLOWING PROGRAM
REQUIREMENTS
NARRATIVE RESPONSES ARE NOT REQUIRED**

Consultant Pharmacist, Pharmacy and Therapeutics Committee

The vendor must assure that every medication dispensed is in compliance with the prescribed orders and has been carefully reviewed for labeling information by a registered pharmacist. Vendor must provide for emergency telephone consultation with a registered pharmacist 24 hours/day, 7 days/week.

Vendor will provide a registered pharmacist to perform quarterly medication room and drug room inspections. Inspections will be performed to ensure that the Correction Center meets the following requirements as outlined and consulting pharmacist will make recommendation for improvement or change as necessary.

The awarded contractor's pharmacist shall attend quarterly Pharmacy and Therapeutics meetings and practitioner meetings. The Vendor will organize and conduct the Pharmacy and Therapeutics meetings.

The vendor will provide a clinical consulting department, headed by a clinical pharmacist. The department will supply information to Mercer County Correction Facility to assist with cost control. This shall be achieved by the clinical pharmacists' recommendations, supported by documented research of alternate therapies, drug product selection, and other cost providing medications to inmate/patients. The clinical department will provide relevant information regarding drug use, prescribing, etc. for a Quality Assurance program. The vendor will provide and keep current an electronically accessible PDR and Nursing Drug Handbook.

COMPLY: YES NO

Continuous Quality Improvements (CQI)

The successful vendor will be required to have a consultant pharmacist perform quarterly onsite continuous quality improvements audits. Sample audit criteria should be included with your response. Consultant pharmacist shall be identified at the contract start. Vendor will supply required credentials and consultant will be required to pass County background checks and investigations prior to entering each Facility.

COMPLY: YES NO

Policy Development

The vendor shall prepare and assist in the development of the pharmacy policy and procedure manual for the Facility in conjunction with and approved by the Medical Director and Medical Administrator of each Facility. Manual shall be reviewed at least semi-annually and revised as required and approved by the Medical Director of each facility.

COMPLY: YES NO

Required Forms

The vendor shall prepare and provide all forms necessary for the implementation and ongoing operation of the program. Our facility currently does not have any type of electronic order entry software. Forms shall include but not be limited to:

- a. Medication and treatment administration record;
- b. Non-formulary request form;
- c. Physician order form or profile form
- d. Medication profile (patient profile record);
- e. Declining inventory form (for control of medications);
- f. Back up supply utilization form (perpetual inventory control);
- g. Stock medication form

COMPLY: YES NO

Medication Administration Record

The successful vendor will supply on a monthly basis a new Medical Administration Record (MAR) to each Facility for all inmates and residents currently receiving medication not expiring by the first day of the month. Each prescription received will be accompanied by a corresponding label to be placed on the MAR. Separate stickers are not provided. All stickers are labeled by the pharmacy then delivered. This label will contain all prescription information required by law.

All prescriptions that will require a refill will contain a peel off label affixed to the blister card to expedite re-orders via-fax. Information pertaining to an inmate and the medications ordered will be sent to the vendor. Vendor shall send a completed MAR for said medications and will list warnings and interactions when applicable. Medications not expiring by the first day of the month will have their next month's MAR's sent over on the twentieth of the preceding month to be carried over. Large or bold type lettering is requested on the MAR, emphasizing the inmate's name and medication.

COMPLY: YES NO

Reports and Information

Drug and drug interaction reports identifying the Correction Facility inmate prescriber, the interacting medication and citing the clinical significance and pharmacological action, the interaction and a list of referenced sources for additional information on interaction may be requested.

A monthly summary and/or detailed reports as required by the Medical Nurse Administrator for utilization review. Such reports include but are not limited to the following:

1. Number of prescriptions by physicians (new and refills)
 2. Number of legend drug orders dispensed
 3. Number of non-legend drug orders dispensed
 4. Number of emergency medications ordered
 5. Number/percentage and detailed listing of patients on: psychotropic medication, scheduled or controlled medication, antibiotic medication, antiviral medication, Anti-TB medication (multiple drug resistant TB cases)
 6. Number and type of non-formulary prescriptions written by each physician. The report generated for each Prescriber as follows:
7. By class of drug, By specific drug or drugs, By psychotropic drugs, By all drugs

COMPLY: YES NO

In Service

At the contract commencement and throughout the term of the contract, the awarded vendor shall provide an In-Service Program at the Correction Center to assure that the Correction Center staff administering and/or ordering medication is fully aware of the detailed operation of the medication distribution system.

The vendor will perform onsite in-service training for all personnel involved with the medication administration system. This in-service will be provided on a regular basis or as needed as determined by the Medical Administrator.

At the Medical Administrator's request, in-services must be provided for the indoctrination of new staff. The vendor must provide a flexible schedule for said In-Service programs.

COMPLY: YES NO

Disaster Plan

The vendor must provide a detailed disaster recovery plan for use in emergencies such as fire, flood or riot, which could possibly prevent the vendor from providing services. The vendor's disaster recovery plan should include plans for making deliveries in the event of the vendor's work stoppages and or labor strikes. This shall be submitted with bid response.

COMPLY: YES NO

Non-Formulary Request System

The vendor's dispensing system must assure that inmate's medication is in accordance with the Facility's drug formulary. The Medical Director and/or Medical Administrator may authorize non-formulary or alternate medication. The vendor will be responsible for initiating a feedback mechanism to the Medical Director in the event a non-formulary medication is ordered without the appropriate use of a non-formulary request form. This feedback system must be such that the continuity of patient care is not compromised or duly disturbed with respect to expediting the medication order.

COMPLY: YES NO

Specific Formulary

The awarded contractor will provide a specific Formulary or devise an acceptable Formulary for the Correction Center.

COMPLY: YES NO

LICENSED PHARMACY PROVIDER,

Contractor must be licensed/registered with Federal, State authorities applicable to the pharmacy services described herein at the time of the bid and during the contract period.

1. Provide a list of current licenses, registrations indicating authority name, registration number and expiration date. **(Please attach copies)**

2. List the name, address and telephone number of any correctional facilities or other facilities that contractor is serving. **(Additional sheets may be attached)**

3. Provide the name(s) of registered pharmacist(s) that would be assigned by your company (if successful contractor), and document their years of experience in providing correctional pharmaceutical distribution service.

REQUIREMENTS

1. The type of drugs and the quantities of each in the starter dose supply inventory will be determined in conjunction with the Facility Administrator and the Facility's guidelines.
2. Stock drugs will be supplies in unit-dose blister packs or manufacturer's original packaging (i.e. inhalers, ointments, etc.). A control count sheet that will facilitate the accountability of the medication supplies will accompany each stock blister pack. Request for stock medications will be ordered by the Medical Director/Physician.

3. Controlled substances will be packaged in unit-dose blister cards and will be sent to each Facility with a control sheet.
4. An emergency drug box will be provided and maintained according to the requirements of each Facility. The Medical Director in conjunction with the vendor will determine contents of the emergency box.
5. The following drug utilization and information reports will be provided every three (3) months (quarterly) or upon request:
 - a. Top 50-drug use by drug cost.
 - b. Monthly drug cost report outlining key areas of cost, such as HIV/HCV, psychiatric, and cardiovascular drugs as well as number of inmates on medications, number of prescriptions used, cost per inmate, psychiatric medication cost per inmate, HIV medication cost per inmate and other pertinent information that show prescribing trends and any information that can be provided to explore management options.
 - c. Monthly drug usage.
 - d. Monthly psychotropic usage report.
6. Vendor will provide the following reports routinely (as stated below):
 - a. Weekly report of prescriptions due to expire:
Report will be sorted by patient name and include all medications, acute and chronic, that have a discontinuance date that fall within the next ten (10) days.

Daily Packing Sheet of the medication delivery:

This sheet will provide for signature(s) to acknowledge the receipt of the medication.

7. Vendor will provide the following reports routinely (as stated below) (cont.):
Monthly Medication Administration Record (MAR):
Vendor will provide a Medication Administration Record for each patient on a monthly basis. The vendor will develop and print these forms on approved format by the Medical Administrator.

Quarterly Statistic Reports:
All reports will be sent on a quarterly schedule. They will include the following:
 1. Total number of prescriptions (new and refills)
 2. Total number of doses
 3. Total number of controlled drug doses
 4. Number and percentage of inmates receiving a specific type of drug, i.e., psychotropic, controlled, cardiovascular, etc.
 5. Number of prescriptions per inmate/patient

Prescriber Order Review (every three (3) months or upon request):
The report lists all prescriptions written by each Prescriber. The report may be generated for each Prescriber as follows:

1. By class of drug; i.e., Anti-hypertensives, antibiotics
2. By specific drug or drugs
3. By controlled drugs
4. By psychotropic drugs
5. By all drugs

Non-formulary Usage Report (every three (3) months or upon request):
Detail of non-formulary drug use that can be printed by drug or by Prescriber.

Patient Profiles (every three (3) months or upon request):
The report will list all prescriptions, either current or past, by inmate/resident/patient. This includes the start and stop date and the number of times the medication was issued.

Vendor will utilize FDA approved manufacturers for all medications. Generic medications rated "AB" or greater will be used whenever generic drugs are dispensed.

8. Vendor will make arrangements with a local pharmacy to provide emergency prescriptions. Billing will be sent directly to the vendor. Cost of these prescriptions to the Mercer County Facilities will be at the agreed contracted rate from the vendor.
9. Consulting Services:
 - a. Vendor will provide and keep current drug reference material of the Nursing Drug Handbook.
 - b. The Vendor will provide support and training consisting for the following:
 1. Vendor will assist in the development and maintenance of a medication administration system.
10. Licensing and Professional Liability:
 - a. The Vendor will be a licensed pharmacy and will maintain all registrations required by State and Federal law.
11. Quality Assurance:
 - a. The vendor will provide evidence of a method that ensures every prescription is checked by a registered pharmacist at least three (3) times before shipment to each Facility. The system must provide documentation of checks by Mercer County Facility Medical Department employees upon arrival of medications.
 - b. A name, address and phone number will be provided for reporting any problems involving errors/discrepancies

12. Cost:
 - a. The Vendor will provide all reports that document compliance with all regulatory and pharmacy standards as required by State and Federal regulation.
 - b. The vendor will provide a method for requesting non-formulary drugs. Vendor cost calculations will be described for non-formulary medication.
 - c. Payment will be made on a monthly basis to vendor.
 - d. The County will not accept bid proposals based upon an Average Benchmark Pricing Structure and costs shall be based upon actual acquisition cost with an upcharge for Brand, Generic and Specialty medications. The awarded contractor will provide usage reports on a monthly basis with proof of purchase from their wholesaler.

CONTRACT ADMINISTRATION

The County and awarded contractor shall agree to schedule a contract kick-off meeting to familiarize personnel with the terms and conditions of the contract.

CONTRACTOR DEFAULT

In case of default by the awarded contractor, the County may procure goods and services from other sources and hold the contractor responsible for an excess cost.

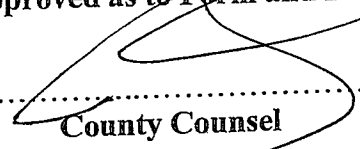
NOTE:

No additional fees, multipliers, or percentages may be added. All costs shall be factored into the cost of medication.

THE COUNTY RESERVES THE RIGHT TO PROCURE MEDICATIONS FROM THE AWARDED CONTRACTOR FOR SITUATIONS THAT MAY ARISE.

Approved as to Form and Legality

Date


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County Counsel

September 15, 2022.....

AWARD OF BID RECEIVED JULY 26 2022, TO DIAMOND DRUGS, INC., DBA DIAMOND PHARMACY SERVICES FOR PHARMACY SERVICES FOR THE MERCER COUNTY CORRECTION FACILITY FOR A PERIOD OF TWO (2) YEARS WITH THE OPTION TO EXTEND FOR ONE (1) YEAR. PERIOD: AUGUST 1, 2022 THROUGH JULY 31, 2024. TOTAL AMOUNT NOT TO EXCEED: \$211,701.01 ANNUALLY (AB2022-31)

WHEREAS, the Mercer County Purchasing Agent has advertised for bids for pharmacy services for the Mercer County Correction Center, through bid terms and specifications, as provided by law; and,

WHEREAS, four (4) separate sealed bids were received on July 26, 2022 in connection with the aforementioned services; and,

WHEREAS, the bidder hereinafter designated is the lowest qualified bidder; and,

WHEREAS, the bid of Diamond Drugs, Inc., DBA Diamond Pharmacy Services., 645 Kolter Drive, Indiana, PA 15701, be awarded for a period of two years with the option to extend for one (1) year in the amount of \$211,701.01 annually; and,

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Clerk to the Board

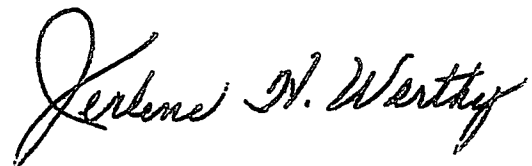
RECORD OF VOTE													
COMMISSIONERS	Aye	Nay	N.V.	Abs.	Res.	Sec.	COMMISSIONERS	Aye	Nay	N.V.	Abs.	Res.	Sec.
Cimino	X				✓		Stokes	X					
Frisby	X					✓	Walter	X					
Koontz	X						Melker	X					
McLaughlin	X												

X—Indicates Vote Abs.—Absent N.V.—Not Voting
Res.—Resolution Moved Sec.—Resolution Seconded

WHEREAS, the Chief Financial Officer of Mercer County has certified in writing the availability of funds for the purposes set forth in this Resolution, such attached certification on file with the Clerk to the Board and made a part hereof, and such funds are provided for in the duly adopted budget of the County of Mercer; and,

BE IT RESOLVED, that the County Executive and Clerk to the Board are hereby authorized to execute said contract when presented in a form approved by County Counsel; and,

BE IT FURTHER RESOLVED, that the Clerk to the Board shall forward a copy of this Resolution to Warden Charles and the Purchasing Agent for further distribution.



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Clerk to the Board