Pharmaceutical Services – Western Maryland Hospital Center (WMHC) DHMH/OPASS 15-13448 eMM Bid # MDM0031014201

Questions Received Subsequent to Pre-Bid Conference Meeting

1. **Question**: Clarification needed on two of the drugs listed on the excel spreadsheet. Hydrocodone 5/500 mg tablet is no longer made, so will the correct strength be 5/325 mg tablets? Cranberry Capsules: What is the strength?

Answer: Hydrocodone is now supplied in 5/325 mg. Cranberry capsules are 475 mg.

- 2. **Question**: Liquid Unit-dosed items. Is this in reference to liquid medications that can be purchased by the pharmacy already in unit dose form like Milk of Magnesia, or is this a service that the pharmacy has to be prepared to provide liquids in unit dose form as well? Normal pharmacy practice is to provide the smallest manufacturer's package size. **Answer**: Smallest size available is appropriate.
- 3. **Question**: Is the medication system for tablets and capsules single-dose or multi-dose (does each bag contain one pill or all of the pills for a set admin time)? According to the bid Section 3.2.4 item c, it is a requirement to have the patient name and medication pass time on **each dose** which indicates a patient specific bag system. However, under Section 3.2.5.b the Contractor shall deliver medication with exchange cassettes containing an 8-14 day unit does supply for each person.

Answer: Unit dose for the medication system for tablets and capsules. *Please refer to Addendum #1 regarding Section 3.2.5.b.*

4. **Statement/Question**: We are looking for some guidance on the dispensing system and what the facility is expecting. Will the winning bidder be expected to match the current "bag" system, or will the facility allow a cassette/box system that has the required prescription information on the cassette/box with the actual medication individually unit-dosed inside the cassette/box?

Answer: Cassette box system will be allowed.

5. **Combined Statements/Questions**: Vendor statement was incorrectly stated. The vendor stated "Medicare Part A "must be billed" to the facility. In the pre-bid they have "doesn't bill". This is incorrect. I do not know who the facility bills, but what needs to be clarified is that the pharmacy bills the facility for hospital and Medicare Part A residents.

Response: Subsection 3.2.4 item h has been corrected to read: <u>For patients/residents</u> with Medicaid and Medicare Part D, the Contractor shall bill these agencies and accept the amount paid by these agencies as payment in full. The Pharmacy will be the facility for Medicare Part A days and will bill the insurance when the Medicare Part A days are exhausted. Please refer to Addendum #3

6. **Statement/Question**: The "pyxis" like machine that is being placed into another state facility has a unit dose module. This module allows for unit dose dispensing of controls. For tablets/capsules the nurse does not have access to the medications in the unit dose module therefore no shift count is required for medications in that unit dose module. Please clarify if this is wanted/needed for the pyxis" on the hospital units (s). Also, please clarify how many hospital units.

Answer: Yes, a unit dose module is needed for WMHC. The Center has 2 hospital units.

7. **Statement**: WMHC will use Pyxis/or a like system for all controlled drugs in the hospital and for first dose in the nursing home. In the Scope of Work, Page 22, Section 3.2.4 item f states "five (5) interim drug cabinets"? When WMHC answered question 15: for all controlled drugs in the hospital" that is not an interim drug cabinet. Per Comar 10.34.28.02 this changes the interim drug cabinets to a "remote automated medication system".

Question: Please clarify if WMHC is changing the interim drug cabinets for the hospital to "remote automated medications systems"?

Answer: WMHC will only use Pyxis/or like system for interim, first dose meds including controlled drugs. We need a prescription for controlled drugs for each controlled drug in the Hospital as well as the nursing home. We are not changing to remote automated medication systems. These machines will be utilized for first dose prior to medications being delivered by the Pharmacy.