



**RSW Regional Jail**  
**Rappahannock, Shenandoah and Warren County**  
**6601 Winchester Road**  
**Front Royal, Virginia 22630**  
**Phone: (540) 622-6097**  
**Fax: (540) 622-2846**

*Russell W. Gilkison*  
*Superintendent*

July 1, 2019

**ADDENDUM 1**

**PHARMACEUTICAL SERVICES**

**RSW-2019-003**

The following are all submitted questions and their corresponding answers:

Q1: What vendor is the current provider of services to RSW? Is there satisfaction with this current vendor?

A1: The current pharmaceutical provider for RSW Regional Jail is Westwood Pharmacy. This RFP has been put out due to the end of the term of the agreement with the current provider, and in no way reflects the satisfaction of the current provider one way or the other.

Q2: What is the current contracted price of these services (is this an AWP discount model, cost plus, etc.)?

A2: Current contracted pricing is as follows:

Brand Medications – Average Wholesale minus 22%

Generic Medications – Average Wholesale minus 93.5%

HIV Medications – Provided at Cost

Q3: Will there be an opportunity for a second round of questions if any answers in the first round of questions needs clarification?

A3: No questions will be accepted after the deadline for questions written in the RFP.

Q4: Will RSW Regional Jail consider extending the due date for Submission of Response to accommodate thoughtful consideration of answers to all questions submitted and a potential second round of questions in order to provide the most cost-effective proposal possible?

A4: No, the submission date as stated in the RFP is firm.

Q5: When will the intent to award a contract be published?

A5: This date is still to be determined.



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Q6: Who is the current vendor providing Healthcare Services to RSW Regional Jail?

**A6: Rappahannock Creative Health Care.**

Q7: Can you please provide the past 3 months pharmacy invoices for review?

**A7: These documents are available upon request.**

Q8: What is the average pharmacy dollar amount spent monthly over the past 12 months?

**A8: \$25,963.78.**

Q9: Do you receive stock medications in 30 count blister cards or is all stock in manufacturer's bulk bottles?

**A9: Stock medications are received in bulk bottles.**

Q10: Are medical supplies (needles, syringes, diabetic test strips, etc.) for your location ordered from the current contracted pharmacy? If not, would RSW Regional Jail be interested in this value-added service?

**A10: No, and we are not interested in this service.**

Q11: What is the name and email address of the main contact person for your facilities at COREMR?

**A11: John Probst, Manager**

**Address: 430 West 200 North, PO Box 702, Midway, UT 84049**

**Email Address: N/A**

Q12: Who is the current after-hours back-up pharmacy (if utilized)?

**A12: Lester's Pharmacy**

Q13: Do you currently receive credit for returned medications?

**A13: Yes.**

Q14: Are there any restocking fees or minimum costs to qualify as a return?

**A14: No.**

Q15: Are release medications supplied to inmates upon parole or discharge? If so, how many days' supply is provided?



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**A15: Yes, Two weeks.**

Q16: 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?

**A16: They will not be shipped to private residences, only the correctional facility.**

Q17: Is your correctional facility accredited by the National Commission on Correctional Health Care (NCCCHC) or American Correctional Association (ACA)?

**A17: No.**

Q17a: If not, do you expect to seek accreditation during the term of the contract?

**A17a: Yes.**

Q18: Do the correctional facilities currently maintain a Keep-On-Person (KOP) Program?

**A18: Yes**

Q18a: If so, please provide a list of KOP medications approved by your facility.

**A18a: Rescue Inhalers, Topicals, etc. All KOP medications are reviewed on an individual basis.**

Q19: 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)?

**A19: We do not currently have any Federal inmates.**

Q20: How are non-formulary requests approved?

**A20: Non-formulary requests are reviewed and approval by our contracted medical provider.**

Q21: Please describe the current destruction policy for all outdated/expired drugs.

**A21: All drugs are sent back to the pharmacy before expiration.**

Q22: Does your facility have a DEA License? If so, whose name(s) is(are) under licensure?

**A22: No.**

Q23: Does your facility have a current state pharmacy license?

**A23: No.**

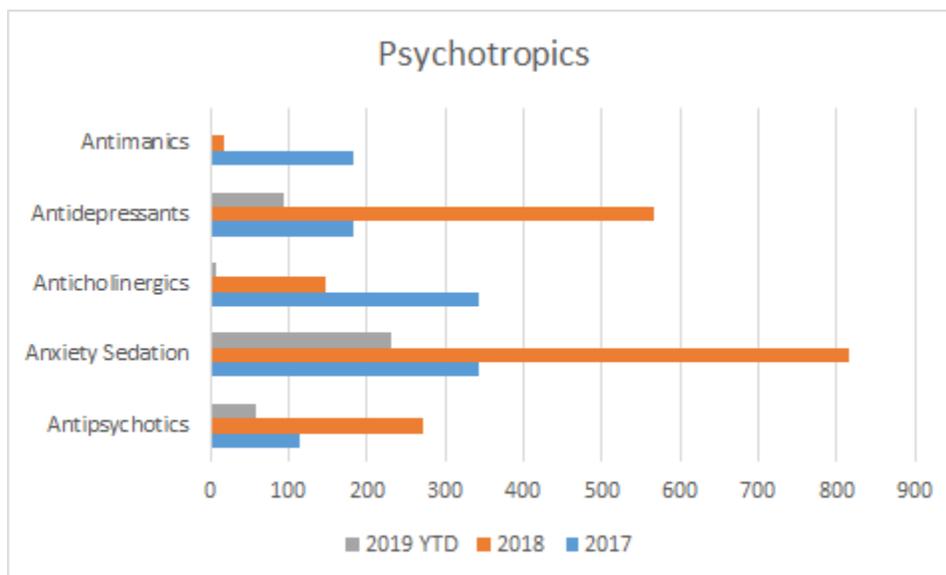


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Q24: Please provide the following pharmacy information by year for the last three years: number of patients on HIV medication, number of patients on psychotropic medications, number of patients on Hepatitis C medications, number of patients receiving medications associated with hemophilia, HIV medication dollars, psychotropic medication dollars, hepatitis C medication dollars, and hemophilia related medications dollars.

A24: The following information is the three year statistics that were able to be obtained in relation to this question:



Drug Class	2017	2018	2019 YTD	TOTAL
Antipsychotics	115	272	57	444
Anxiety Sedation	344	816	230	1390
Anticholinergics	344	148	7	499
Antidepressants	183	566	95	844
Antimanics	183	17	2	202
<b>TOTAL</b>	<b>1169</b>	<b>1819</b>	<b>391</b>	<b>3379</b>



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	2017	2018	2019YTD
Antivirals (HIV)	8	11	4

Q25: Of inmates receiving Hepatitis C treatment, what is the nature of the treatment? Please list medications used to treat over the past three years.

A25: Treatment plans are developed on an individual basis by our contracted medical provider.

Q26: Are there any state or federal drug programs being accessed for inmate medications?

A26: No.

Q27: Does your facility currently use a barcode electronic order reconciliation and medication return management system?

A27: Not currently.

Q28: Please outline the medical personnel shifts that will require start up in-service training?

A28: All nursing shifts will need training. We have nursing staff 24/7.

Q29: Will you mandate that the pharmacy vendor use a FDA-registered repackager for Correctional Health stock medications to ensure compliance with Federal regulations?

A29: Yes.

Q30: 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?

A30: Yes.

Q31: Will failure to provide proof of compliance with Federal regulations deem a bidder non-responsive and therefore ineligible for an award?

A31: Yes.

Q32: 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.

A32: Yes. Please find this list below:



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## RSW EMERGENCY BOX

Albuterol Sol 0.083%  
Diphenhydramine 50mg/ml  
Epinephrine 1:1000 (1mg/ml)  
EpiPen Auto Injector 0.3mg  
Glucagon Emergency Kit  
Haldol 5mg/ml or (Generic)  
Lidocaine 1% vial  
Lorazepam 2mg/ml vial \*Fridge\*  
Naloxone 1mg/ml + Atomizer  
Nitroquick 0.4mg  
Promethazine 25mg/ml  
Solumedrol 500mg Adv  
Sterile water for injection  
Ventolin HFA 18gm

## ATIVAN BOX

Ativan 1mg (20 tablets)

## DETOX PROTOCOL BOX

Clonidine 0.1mg  
Lorazepam (Ativan) 1mg  
Lorazepam (Ativan) 2mg  
Folic Acid 1mg  
Multivitamin

Promethazine (Phenergan) 25mg  
Thiamine 100mg

## RSW STAT BOX

### Antibiotics

Amoxicillin 500mg  
Augmentin 875mg  
Azithromycin 250mg  
Ceftriaxone 500mg/ml

Cephalexin 500mg

Ciprofloxin 500mg

Clindamycin 150mg

Doxycycline 100mg

Erythromycin 500mg

Fluconazole 150mg (Diflucan)

Levofloxacin (Gen for Levaquin) 500mg

Metronizadole 500mg

Pen-VK 500mg

Rifampin 300mg

Sulfamethoxazole/TMP DS 800-160mg

### Antiemetics

Promethazine 25mg

Diphenhydramine 25mg

### Antivirals

Lamivudine/zidovudine (Gen for combivir)

Truvada

### Cardiac/Respiratory

Digoxin 0.25mg

Lisinopril 10mg

Clonidine 0.1mg

HCTZ 25mg

Nitroquick 0.4mg

Furosemide 20mg

Atenolol 25mg

Amlodipine 10mg

Potassium Chloride 10MEQ

### Blood Thinner

Warfarin 2mg

Warfarin 5mg

### Diabetic

Metformin 500mg

### Mental Health

Divalproex (Gen for

Depakote) 500mg

Lithium 300mg cap

Fluoxetine 20mg cap

Risperidone M-tab 1mg

Risperidone M-tab 0.5mg

Hydroxyzine Pam 25mg

### Neurologic

Phenytoin (Dilantin) 100mg

Levetiracetam (Keppra) 500mg

### Otic/Opth

Ciprofloxacin oph gtts

Erythromycin oph oint

Gentamycin oph gtts

New/poly HC otic GTTS

### Pain/Muscle

Cyclobenzaprine 10mg

Indomethacin 50mg

Phenazopyridine 100mg tab

### Vitamins

Thiamine (B1) 100mg

Multivitamin

### Steroids

Prednisone 10mg

Prednisone 20mg

Miscellaneous

Lidocaine 1% vial

Sterile water for injection

Q33: Who administers medications to inmates? For example: nursing staff or correctional officers?

A33: Nursing Staff.

Q34: Where does medication administration take place, that is, do medication carts go to the housing units or do inmates come to the medical units for medication administration?



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**A34: Medication administration takes place in the housing units.**

**Q35: How many med carts are currently in use by your correctional facility?**

**A35: Two.**

**Q35a: Are these med carts the property of the current contractor or will they remain with the County?**

**A35a: They are property of the current contractor.**

**Q35b: Please outline the quantity of medications carts needed for each facility (if required)?**

**A35b: Two.**

**Q36: Please provide the current pharmacy related Policies & Procedures for all facilities.**

**A36: The following is RSW Regional Jail's policy related to pharmaceutical services:**

**"Management of Pharmaceuticals and Medication Pass:**

**1. Management of Pharmaceuticals**

- a. All pharmaceuticals stored within the RSW Regional Jail will be stored in the secured pharmacy which allows no inmate access. Medical Staff will maintain all receipts for medications. Once the on-duty nurse receives medication, the affidavit enclosed with the medication will be logged and maintained on file.**
- b. Access to the pharmacy will be strictly controlled and monitored. Only authorized personnel will have access to the pharmacy.**
- c. All medications will be logged for maintenance purposes on the appropriate inmate's Medication Administration Record. This is to be completed by Medical Staff only. All expired or discontinued medications will be logged as such and returned to the supplier from where they were received.**
- d. In most circumstances, acceptance of medications from a family member or others should be avoided. Medical Staff should always attempt to obtain medications from a pharmacy licensed to distribute medication. If family members or friends need to bring prescription medications for an inmate's use,**



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they must have prior approval from Medical Staff. The medications will be received in the following manner:

- 1) The inmate's family or friends will be required to come to the Receptionist with the prescription medications. This will only be done during normal business hours.
  - 2) The Receptionist will inform Medical Staff that medication is to be picked up.
  - 3) Medical Staff will come to the main public lobby to take delivery of any prescribed medications. At no time will security staff receive medications from an outside source except for scheduled deliveries from the contracted pharmacy.
  - 4) It will be the sole responsibility of Medical Staff to confirm, observe and make every professional effort to verify that medications accepted from family or others are truly prescribed for the inmate.
2. Medication passes will be conducted periodically throughout the day. The guidelines for conducting a medication pass are as follows:
- a. Medical Staff will inform Central Control that medication pass is necessary. A security staff member will escort Medical Staff during the medication pass. Medical Staff will prepare a Medication Distribution List using the most current Housing Assignment Sheet.
  - b. The escorting security staff member will advise Central Control when medication pass has begun. This will be noted on the Daily Activity Log.
  - c. The Medical Staff or security staff member escorting the Medical Staff will notify each Post Officer via radio or telephone when they are on their way to the Post to dispense medication.
  - d. Medication Pass will only occur at the housing unit's sally port, or pass through where applicable.
  - e. At no time will Medical Staff enter a Housing Unit without security staff present.



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- f. The post officer will announce medication pass and have inmates that require medication lineup in alphabetical order.
- g. The inmates are required to bring a cup of water with them to receive medication.
- h. Televisions shall remain off until medication pass has completed.
- i. Once the inmates identify themselves, the security staff member and Medical Staff will verify each inmate by checking their wristband. Once verification is made, Medical Staff will dispense the appropriate medications.
- j. The escorting security staff member and Medical Staff are responsible for verifying that the inmate has properly taken all medications and that their mouth is free of hidden medications. If hidden medication is found, the medication becomes contraband.
- k. All medications will be floated or crushed.
- l. Once all medication is delivered, the security staff member will notify Central Control that the medication pass is complete. The time will be noted on the Daily Activity Log.
- m. If at any time during the medication pass an inmate refuses to take their medication, Medical Staff will document the refusal in the inmate's electronic medical record (CorEMR) and on the Refusal of Medical Treatment Form. The form must be signed by the inmate and two witnesses at the time of refusal. Should the inmate refuse to sign, the form must notate the refusal to sign and shall include two witness signatures.
- n. Only inmates on medication are allowed to approach the Medical Staff during pill pass.

### 3. Over-the-Counter Medications

- a. Aspirin, Antacids, cough drops, etc. will be available through the inmate canteen.



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- b. Indigent inmates will have access to these items through the Medical Unit.
- c. No over-the-counter medications, healthcare or hygiene items (e.g. ointment, denture adhesive, shampoo, contact solution, elastic bandage wraps, etc.) will be allowed into the RSW Regional Jail from an outside source without prior approval of the Deputy Superintendent.

#### 4. Narcotics/Controlled Substances

- a. Narcotics/Controlled Medications shall be locked in a separate drawer within the medication cart. All controlled medications are required to be secured by double lock.
- b. Narcotics counts shall be conducted by the on-duty medical staff and on-duty Sergeant or Lieutenant at the beginning and end of the medical staff shift and logged on the Daily Narcotics Count sheet (Attachment 3).
- c. Medical staff shall maintain a separate "Controlled Medication Flowsheet" for every inmate on narcotics/controlled medications (Attachment 4). The amounts on the sheets should agree.
- d. Any time a discrepancy is noticed, it will be brought to the immediate attention of a Shift Supervisor and the Healthcare Administrator. The off-going medical staff shall prepare an incident report prior to departure from the facility.
- e. If the discrepancy cannot be rectified, the discrepancy shall be noted on the narcotics/controlled substance count sheet indicating a discrepancy exists and the Superintendent shall be immediately notified by memorandum through the chain of command. "

Q37: What are the small diverse business and small business contract requirements/goals for this contract?

A37: The RSW Regional Jail welcomes and encourages the participation of small businesses and businesses owned by women and minorities in procurement transactions made by the RSW Regional Jail. The RSW Regional Jail actively solicits both small business, women-owned and minority (SWAM) businesses to respond to all Invitations for Bids and Requests for Proposals.



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Q38: What is the average length of stay for inmates at your facility?

**A38: During the last six months, the average length of stay for inmates was 59 days.**

Q39: Are the meetings described in Section 2 of the Specifications/Scope of Work (Consultant Personnel and Services as Necessary and as Prescribed by Law), #j, required to be attended in person or will video/teleconferencing be permitted?

**A39: These meetings must be attended in person.**

Q40: With Reference to Section 4 Medication Ordering of the Specifications/Scope of Work, #n, o & p...should these actually be numbered as i, ii, & iii under #m of this section as they pertain directly to #m?

**A40: Yes.**

Q41: Under the Basis of Selection/Evaluation of Proposals, #d states Responses received from Offeror's contract references will be a criteria which is evaluated. It is not described in the RFP Section 14 Proposal Format where offerors shall include their contract references nor specified how many references should be included. Where in the Proposer's response should contract references be included?

**A41: Please include references after the "Plan for fulfilling the scope of work".**

Q41a: How many contract references are required by RSW Regional Jail?

**Q41a: Three references should be included.**

Q41b: Would RSW Regional Jail consider updating Section 14 of the RFP to include a References Section in the Proposal Format?

**Q41b: We will not be updating the RFP at this time. Please include your references after the "Plan for fulfilling the scope of work".**

Q42: During the last RFP for pharmacy services in 2016, RSW was utilizing eLinkRx for electronic order entry. In this RFP it is indicated that CorEMR has been implemented at RSW. Can this please be confirmed?

**A42: Yes, RSW Regional Jail utilizes CorEMR.**



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Q43: will you require bidders to submit a copy of their wholesaler license from Virginia, or the license and name of the wholesaler in Virginia that they will subcontract with for stock distribution in order to be in compliance with all applicable state and federal laws, rules, and regulations so that RSW Regional Jail is not violating any laws or regulations?

**A43: Yes.**

Q44: Will a bidder's failure to provide proof of compliance with federal regulations at the time of proposal submittal, specifically this requirement, deem that bidder as non-responsive and therefore ineligible for an award?

**A44: Yes.**

Q45: will you mandate that bidders comply with federal regulations and use an FDA-registered repackager if stock is sold to your facility in packaging (such as blister cards) that is different than the original manufacturer's packaging?

**A45: Yes.**

Q46: Will you require bidders at the time of proposal submittal to provide evidence such as the FDA Drug Establishment Registration Facility Establishment Identifier of the registered repackager they are utilizing for these services as proof of FDA registration so that RSW Regional Jail is not violating any laws or regulations?

**A46: Yes.**

Q47: Will a bidder's failure to provide, at the time of proposal submittal, written documentation to prove that they comply with FDA repackaging regulations regarding the selling of stock medications deem that bidder non-compliant and therefore ineligible to receive an award?

**A47: Yes.**

Q48: Does your facility currently have access to an online reporting dashboard for you to access meaningful and accurate reporting 24/7/365 that is provided by your pharmacy vendor at no additional cost?

**A48: Yes.**

Q49: Is there intent to have all patient demographic and movement data run through the same process as the prescription fulfillment data or is it the intent to have a separate process addressing these data elements?

**A49: These will be separate processes.**

Q50: Can you please provide via addendum the current pharmacy contract being accessed by the jail for medication dispensing and pharmacy program management services?

**A50: This document is available upon request.**



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Q51: Regarding the current non-formulary medication review process, is that process done completely within the CorEMR platform electronically along with electronic notifications of non-formulary medication alerts to the pharmacy and prescriber? Or, is there a paper process for non-formulary reviews and alternative treatment recommendations?

**A51: This is a paper process.**

Q52: What are the main challenges or service issues for RSW regarding your current pharmacy program management services?

**A52: There are currently no challenges or service issues.**