

RAY COUNTY, MISSOURI

REQUEST FOR PROPOSALS

Detention Inmate Prescription Pharmacy Services

RFP No. 20260901-5

RFP Schedule

Procurement milestone	Date / time
RFP issued	September 15, 2026
Deadline for written questions	October 15, 2026 4:00 PM Central Time
County responses / addendum	November 1, 2026
Proposal due	December 1, 2026 4:00 PM Central Time
Anticipated award	December 15, 2026
Service commencement	January 1, 2027

ISSUED BY

RAY COUNTY COMMISSIONER'S OFFICE

Ray County, Missouri

100 W. Main Street, Richmond, MO 64085

RFP Questions: Captain Carter acarter@sheriff.raycountymo.gov 816-290-5323

1. Solicitation Overview

1.1 Purpose

Ray County, Missouri (County), through the Ray County Sheriff's Office and Ray County Detention (Detention), requests proposals from qualified pharmacies to provide safe, timely, compliant, and cost-effective prescription pharmacy services for persons in County custody. Selection will follow the award standard in Section 2.17 and the evaluation factors in Section 8.

For purposes of this RFP, "Offeror" means an entity submitting a proposal. "Successful Offeror" means the Offeror selected for award before contract execution; "apparent successful Offeror" means the Offeror identified for a proposed award pending required approvals and documentation. "Contractor" means the successful Offeror after the resulting contract has been executed. Proposal preparation, submission, and evaluation requirements apply to Offerors; performance obligations under the executed contract apply to the Contractor.

1.2 County profile and estimates

Ray County operates its detention facility at **200 W. 9th Street, Henrietta, Missouri 64036**. The facility has a licensed and operational capacity of approximately **200 inmates**, with an average daily population of approximately **50 inmates**. The average length of stay is approximately **two months**.

The supplied three-month pharmacy invoice sample contains 145 invoice lines: 120 from the routine pharmacy and 25 from the backup pharmacy. Appendix E reproduces the medication and product descriptions, pharmacy source, and quantities dispensed. The sample includes nonprescription products; invoice-line counts are not a verified count of prescription-only fills. Repeated medications remain listed as separate invoice lines. The County's estimated annual prescription drug expenditure is approximately \$25,000. Actual utilization and expenditures may fluctuate based upon inmate population, medical needs, medication costs, and other operational factors.

Prescription medications are currently provided in **individual bubble packaging**, generally in a **30 day supply**. Routine pharmacy delivery is currently provided **weekly**.

The County may maintain limited quantities of commonly used medications or stock medications onsite. Specific stock medication requirements and formulary needs will be coordinated with the Contractor during implementation and throughout the contract term.

The Ray County Detention Center utilizes the Cadmus Jail Management System, including electronic prescription capabilities. Contractor support for the existing system and workflow is required under Section 4.1.

Medication administration is performed by **both clinical and detention staff**, as authorized and appropriate under County procedures and applicable law.

The figures in this profile are planning estimates subject to the no-guaranteed-volume provisions in Section 2.16.

1.3 Term

The initial term is two years beginning January 1, 2027, with two optional one-year renewals exercisable by written agreement, subject to appropriation, satisfactory performance, and any required County approvals.

2. Procurement Instructions

2.1 Point of Contact

All communications concerning this RFP shall be directed to the procurement contact identified on the cover page of this RFP.

Prospective Offerors shall not contact other Ray County officials, employees, detention staff, medical personnel, consultants, or representatives concerning this procurement except as specifically authorized by the procurement contact.

Unauthorized communications concerning this procurement may be grounds for disqualification when the County determines that the communication compromised or could reasonably compromise the fairness or integrity of the procurement process.

2.2 Questions and Requests for Clarification

All questions concerning this RFP must be submitted **in writing** to the procurement contact identified on the cover page and must be received no later than the question deadline established in the RFP Schedule.

Ray County may issue written responses to questions through an addendum. Any clarification or change that materially affects the requirements of this RFP will be communicated through a written addendum.

Oral statements, explanations, instructions, or representations by County officials or employees shall not modify the terms or requirements of this RFP.

Offerors are responsible for reviewing and acknowledging all addenda issued by the County prior to submitting a proposal.

2.3 Preproposal Conference and Site Visits

No mandatory preproposal conference or site visit is required.

A prospective Offeror may request a site visit to the Ray County Detention Center when the Offeror reasonably believes a visit is necessary to prepare its proposal. Site visits must be scheduled in advance through the procurement contact and will be conducted at a time and in a manner that does not interfere with detention operations, facility security, or inmate activities.

Participation in a site visit is voluntary and will not provide an Offeror with preference in the evaluation process.

Questions arising from a site visit that may materially affect the solicitation shall be submitted through the formal written question process. If the County determines that information provided during a site visit is material to preparation of proposals, that information will be communicated to all known prospective Offerors through a written addendum.

2.4 Proposal Submission

Offerors shall submit **one signed original proposal and one copy** in a sealed envelope or package.

Proposals shall be delivered by hand, United States mail, or commercial delivery service to:

Ray County Clerk

100 W. Main Street

Richmond, Missouri 64085

Proposals must be physically received by the date and time stated in the RFP Schedule.

Electronic, emailed, or faxed proposals will not be accepted unless specifically authorized by a written addendum issued by Ray County.

The outside of the envelope or package shall be clearly marked:

SEALED PROPOSAL

RFP NO. 20260901-5

DETENTION INMATE PHARMACY SERVICES

RAY COUNTY, MISSOURI

PROPOSAL DEADLINE: December 1, 2026, 4:00 PM Central Time

DO NOT OPEN PRIOR TO OFFICIAL PROPOSAL OPENING

The Offeror is solely responsible for ensuring timely delivery of its proposal.

2.5 Late Proposals

Proposals received after the stated deadline will not be considered and will be returned unopened when practicable.

Delays caused by the United States Postal Service, commercial delivery services, weather, traffic, incorrect addressing, or other delivery circumstances shall not excuse late receipt.

The official time of receipt shall be the time recorded by the Ray County Clerk or other County official designated to receive proposals.

Failure to properly identify a proposal package does not obligate the County to consider a proposal that is opened prematurely or otherwise mishandled as a result.

2.6 Proposal Format and Required Contents

Submit the required proposal contents in the order listed in Section 7, using the submission method in Section 2.4. Section 7 provides the consolidated content checklist, including required forms, supporting evidence, pricing, and questionnaire responses.

Failure to provide a required document or material information may result in rejection of a proposal when the County determines that the omission is material.

2.7 Exceptions to RFP Requirements

Any exceptions, qualifications, limitations, or proposed modifications to the requirements of this RFP or proposed contract terms must be clearly identified in the proposal.

An Offeror should not modify the County's RFP language without identifying the proposed modification as an exception.

Failure to identify an exception may be interpreted as the Offeror's acceptance of the applicable requirement.

2.8 Proposal Validity

Proposals shall remain firm and valid for **120 calendar days** following the proposal due date unless a different period is agreed to in writing by Ray County and the Offeror.

2.9 Proposal and Contracting Costs

Ray County shall not be responsible for any costs incurred by an Offeror in preparing or submitting a proposal, attending meetings or site visits, providing presentations or demonstrations, responding to requests for clarification, negotiating a contract, or otherwise participating in this procurement.

2.10 Public Records and Confidential Information

Proposals and related procurement records may be subject to disclosure under applicable Missouri public records law.

An Offeror claiming that specific information contained in its proposal is confidential, proprietary, or otherwise protected from disclosure must clearly identify the specific information and state the legal basis supporting the claimed exemption from disclosure.

Blanket designations of an entire proposal as confidential or proprietary are unacceptable.

Ray County will make the final determination regarding disclosure in accordance with applicable law and cannot guarantee that information identified by an Offeror as confidential will be exempt from disclosure.

2.11 Clarifications and Verification

Ray County may request clarification or supplemental information when necessary to evaluate a proposal and may independently verify information submitted by an Offeror, including licenses, references, experience, pricing methodology, insurance, disciplinary history, exclusions, and other qualifications.

A request for clarification shall not permit an Offeror to materially alter its proposal or pricing after the submission deadline except when otherwise permitted by law as part of an authorized negotiation or best and final offer process.

2.12 No Contingent Fees

By submitting a proposal, the Offeror certifies that it has not employed or retained any undisclosed person, company, or agent to solicit or secure the resulting contract upon an agreement or understanding for a commission, percentage, brokerage fee, contingent fee, or other compensation contingent upon award of the contract.

This provision does not prohibit compensation of bona fide employees or established commercial or professional representatives engaged by the Offeror in the ordinary course of business.

2.13 Conflicts, Litigation, Discipline, Exclusions, and Debarment

The Offeror shall disclose any matter that could materially affect its ability or eligibility to perform the proposed contract, including:

- Actual or potential conflicts of interest involving Ray County, County officials, employees, or agents.
- Pending or recent litigation that could materially affect the Offeror's financial condition or ability to perform the contract.
- Pharmacy or professional license suspension, restriction, probation, revocation, or material disciplinary action during the preceding **five years**.
- Sanctions or exclusions from Medicare, Medicaid, or other federal or state healthcare programs during the preceding five years.
- Federal, state, or local debarment or suspension during the preceding five years.
- Any other governmental enforcement action that could reasonably affect the Offeror's ability to provide the services required by this RFP.

The County may request additional information concerning any disclosed matter as part of its responsibility determination.

2.14 Federal Work Authorization Requirements

The successful Offeror shall, prior to contract award, provide the affidavits and supporting documentation required by Section 285.530, RSMo, affirming enrollment and participation in a federal work authorization program for employees working in connection with the contracted services and affirming that it does not knowingly employ an unauthorized alien in connection with those services, subject to applicable statutory provisions.

Ray County may provide its standard affidavit or certification form to the apparent successful Offeror following selection.

Failure of the selected Offeror to provide required documentation within the time established by the County may result in withdrawal of the proposed award and consideration of another Offeror.

2.15 Documents Required From the Successful Offeror

Prior to execution of the contract, the apparent successful Offeror shall provide the following unless the applicable documentation has already been submitted and accepted by the County:

- Federal Work Authorization Program affidavits and required supporting documentation pursuant to Section 2.14, before contract award.
- A current Certificate of Insurance demonstrating compliance with the insurance requirements of the RFP and resulting contract.
- A completed IRS Form W-9.
- Current verification of all required Missouri pharmacy licenses and other applicable professional, facility, and controlled substance licenses or registrations.
- Any additional documentation reasonably required by Ray County to verify the Offeror's eligibility, licensing, insurance, or legal authority to perform the contract.

2.16 No Guaranteed Volume

The resulting contract shall be based upon the actual pharmacy needs of the Ray County Detention Center.

Historical prescription volumes, inmate populations, medication expenditures, and other utilization information contained in this RFP are estimates provided solely to assist Offerors in preparing proposals. Ray County makes no representation or guarantee regarding minimum prescription volume, medication purchases, expenditures, or revenue during the contract term.

The County may add or remove patients, medications, stock medications, service requirements, or delivery frequency as operational and medical needs change.

Ray County shall pay only for medications and services actually ordered, provided, and accepted in accordance with the resulting contract.

2.17 County Reservations and Award

Ray County reserves the right, to the extent permitted by applicable Missouri law, to:

- Reject any or all proposals.
- Waive minor informalities or irregularities when doing so does not prejudice another Offeror or compromise the integrity of the procurement.
- Request clarification or supplemental information.
- Verify any information submitted by an Offeror.
- Conduct discussions or negotiations when permitted by law.
- Request best and final offers when appropriate and permitted by law.
- Determine whether an Offeror is responsible and a proposal is responsive.
- Cancel, amend, or reissue the solicitation.
- Make no award when the County determines that doing so is in its best interest.

Award shall be made in accordance with applicable Missouri law to the **lowest and best responsible and responsive Offeror**, considering price together with qualifications, service capabilities, correctional or institutional pharmacy experience, delivery performance, medication cost

controls, technology capabilities, references, and the other evaluation factors established in this RFP.

The lowest proposed price alone shall not necessarily determine the successful Offeror.

Submission of a proposal does not create a contractual obligation on the part of Ray County. A binding obligation shall arise only after a written contract has been properly approved and executed by authorized representatives of Ray County and the successful Offeror.

3. Minimum Qualifications

- Current authority and all licenses required to dispense and deliver prescription drugs in Missouri, including Missouri Board of Pharmacy permits and DEA registration where applicable.
- At least three years of relevant institutional, correctional, long-term-care, or high-volume unit-dose pharmacy experience; correctional experience is strongly preferred.
- A pharmacist-in-charge and sufficient pharmacists, technicians, delivery personnel, and backup capacity to meet all service levels.
- Ability to dispense routine, urgent, emergency, controlled, refrigerated, specialty, and release/transfer medications lawfully and securely.
- Ability to provide auditable ingredient-cost, dispensing-fee, credit, delivery, and ancillary-charge reporting.
- No exclusion from Medicare, Medicaid, or other federal health programs and no suspension/debarment that would affect performance.
- Financial capacity and business-continuity arrangements sufficient for uninterrupted service.

4. Scope of Services and Performance Requirements

4.1 Ordering and prescription processing

- Accept legally valid electronic, faxed, telephone, or written prescriptions and refill requests through County-approved secure channels. Support receipt and processing of electronic prescriptions through, or in coordination with, the County's Cadmus Jail Management System and existing workflow. Controlled-substance electronic prescribing must comply with applicable law.
- Provide a secure method for authorized Detention staff to submit, track, cancel, hold, and clarify orders and to identify priority status.
- Conduct prospective drug-utilization review, allergy/interaction/duplication screening, dose and duration review, and prescriber clarification consistent with professional standards.
- Do not substitute, therapeutically interchange, split tablets, change dosage form, or alter an order except as allowed by law, the prescriber's direction, and the County-approved formulary/protocol.
- Notify designated staff promptly of shortages, backorders, recalls, rejected orders, prior authorization/payment issues (if applicable), clinical concerns, and anticipated delays; propose lawful alternatives for prescriber approval.
- Maintain a complete, auditable transaction history, including original order, changes, cancellations, dispensing, delivery, return, credit, reversal, and destruction/disposition as applicable.

4.2 Delivery and turnaround

The County currently receives weekly routine delivery as described in Section 1.2. The following are proposed contract service levels; Offerors must describe the delivery arrangements needed to meet them and identify any exceptions and associated charges.

Priority	Required service level
Routine	Dispense and deliver on the next scheduled delivery, no later than 48 hours after receipt of a complete valid order.
Urgent / same day	Deliver the same calendar day, and in all cases within 24 hours after designation by authorized clinical staff.
STAT / emergency	Provide within 4 hours, 24/7, through on-call delivery, approved backup pharmacy, emergency kit, or another County-approved lawful method.
New admission / continuity-critical	Expedite verified medications when delay or abrupt interruption may cause harm; coordinate with the prescriber/clinical staff.
Refrigerated / special handling	Maintain required temperature and chain-of-custody controls and provide evidence on request.
Recall / replacement	Notify the County immediately for Class I or similarly urgent recalls and replace affected product promptly at no added cost when attributable to Contractor.

- Deliver to the Detention's designated secure receiving point in tamper-evident containers, segregated by housing unit, medication pass, patient, or other County-approved workflow.
- Use trained, identifiable delivery personnel who comply with Detention security screening, contraband, confidentiality, and access rules. No person is guaranteed entry.
- Obtain documented receipt by authorized staff and preserve chain of custody for controlled substances and other high-risk items.
- Maintain an alternate-delivery and disaster plan for weather, utility, technology, staffing, supplier, transportation, public-health, and other disruptions.

4.3 Emergency medications and after-hours support

The Contractor must provide 24/7 access to a licensed pharmacist and a documented pathway for time-critical medication. The proposal must identify routine and after-hours contacts, response times, delivery radius, backup pharmacy, fees, and escalation procedures. If an emergency medication kit or floor stock is used, the Contractor must support lawful stocking, pharmacist review, inventory controls, expiration checks, replenishment, recalls, and records; County approval is required before deployment.

4.4 Controlled substances

- Comply with the federal Controlled Substances Act, DEA requirements, Missouri controlled-substance law, Board of Pharmacy rules, and all prescription, dispensing, transport, recordkeeping, inventory, loss/theft, return, reverse-distribution, and destruction requirements.
- Use tamper-evident packaging and documented chain of custody. Controlled substances must be separately identifiable without unnecessarily exposing patient information.
- Immediately report any suspected diversion, discrepancy, theft, significant loss, forged/alterred prescription, or security incident to the County and make legally required regulatory reports.
- Assist with periodic reconciliation and provide transaction records sufficient for County audits. Contractor shall not direct County staff to perform a disposition method that is unlawful for the County.

4.5 Packaging, labeling, and medication safety

- Provide patient-specific, tamper-evident, unit-dose or other correctional-appropriate packaging approved by the County. Packaging must support safe medication passes, inventory control, discontinuation, transfer, release, and return credit.
- The County currently uses individual bubble packaging, generally in a 30-day supply. Under the resulting contract, unless the County directs otherwise, dispense in short-cycle quantities appropriate to the Detention's turnover (e.g., initial/short fills followed by replenishment) to reduce waste while maintaining continuity. Identify proposed changes to current packaging and days supply for County approval.
- Labels must meet law and include patient identifiers approved by the County, drug/strength/dosage form, directions, prescriber, prescription number, dispense date, beyond-use/expiration information where required, quantity, pharmacy identity, and auxiliary warnings. Use privacy-conscious labeling.
- Provide manufacturer information, lot/expiration traceability, Medication Guides, patient information, and safety notices when required or requested.
- Clearly distinguish look-alike/sound-alike, high-alert, refrigerated, hazardous, controlled, and keep-on-person medications as approved by County policy.
- Do not send multidose containers or bulk stock without County authorization. Provide medication carts, bins, racks, packaging equipment, or other ancillary items only if expressly included in the accepted proposal.

4.6 Returns, credits, reversals, and waste reduction

All prescriptions must be delivered in packaging that permits unused eligible medication to be returned for lawful credit. The Contractor must provide a written return-credit policy that identifies eligible products, exclusions, time limits, pickup frequency, documentation, credit valuation, processing time, and treatment at contract end.

- Provide 100% credit for eligible, intact, correctly stored, unopened unit-dose medication returned within the Contractor's stated eligibility period, excluding only items prohibited from return by law or expressly disclosed in the proposal.
- Issue itemized credits to the original patient/prescription and invoice or provide an auditable credit memorandum within 30 days after pickup/receipt.
- Promptly reverse and credit prescriptions canceled before delivery and correct dispensing/billing errors at no cost to the County.
- At least monthly, retrieve discontinued, transferred, released-patient, recalled, expired, damaged, or otherwise returnable medication. Controlled substances and hazardous drugs require lawful separate handling.
- Provide the monthly returns/credits report required by Section 4.9. No undisclosed restocking, pickup, destruction, or credit-processing fee is allowed.
- Final pickup, reconciliation, and payment of outstanding credits at expiration or termination are required under Section 5.1.

4.7 Formulary, generic sourcing, manufacturer assistance, and utilization management

- Support a County-approved formulary developed under the authority of the responsible prescriber/medical authority. The Contractor may recommend but may not make clinical policy for the County.
- The Contractor must dispense an FDA-approved generic equivalent whenever legally permitted, clinically appropriate, available, and not prohibited by the authorized prescriber or County policy. When more than one equivalent generic product is available, the Contractor must use commercially reasonable efforts to source the lowest-cost therapeutically appropriate product

while maintaining quality, availability, continuity of care, and timely delivery. The Contractor must price and invoice the generic product actually dispensed. Any brand-name dispensing must be supported by a documented clinical, legal, availability, or prescriber-directed reason.

- When a generic equivalent is unavailable or inappropriate, notify the County and authorized prescriber when a lower-cost formulary alternative, dosage form, package size, or clinically appropriate therapy may be available. Provide dose-optimization, duplicate-therapy, and cost/quality recommendations for prescriber consideration. The Contractor may not change medication, strength, dosage form, or therapy without authorization required by law.
- Provide at least quarterly utilization review and a quarterly management report covering the items specified in Section 4.9. The County may audit supporting documentation, subject to applicable confidentiality restrictions.
- Disclose all rebates, administrative fees, spread, incentives, manufacturer/service arrangements, and other remuneration affecting County pricing, or affirm none. The County may negotiate pass-through or transparent pricing.
- The Contractor must use commercially reasonable efforts to identify and pursue lawful prescription cost-reduction opportunities available through pharmaceutical manufacturers and other legitimate sources whenever applicable. Opportunities may include manufacturer patient-assistance programs, free-drug programs, institutional assistance programs, manufacturer discounts, foundation assistance, and similar programs for which the County or an eligible inmate may qualify. Particular attention must be given to high-cost, specialty, brand-name, and limited-distribution medications.
- The Contractor must assist with reasonably required applications and documentation; apply all approved discounts, credits, rebates, free medication, or other savings for the direct benefit of the County; and clearly identify the value on invoices or reports. The Contractor must maintain records of opportunities reviewed, applications submitted, assistance received, denials, and reasons assistance was unavailable. Cost-reduction efforts must comply with law, privacy requirements, consent and program rules and must not delay medically necessary medication. Program approval is not guaranteed, but failure to make and document reasonable efforts when an apparently applicable opportunity exists may be considered a contract-performance deficiency.

4.8 Pharmacist support and quality assurance

- Name a primary account pharmacist and backup, with 24/7 clinical/on-call access for urgent matters.
- Provide medication information, interaction and adverse-effect consultation, formulary support, recall management, and prescriber/nursing consultation within stated response times.
- Support initial and annual medication-handling training for designated County staff, including medication receipt/storage, security, counts, temperature monitoring, returns, controlled substances, emergency medication access, and incident reporting. Training does not authorize unlicensed practice.
- Participate in quarterly service reviews and, when requested, medication-use or quality-improvement meetings. Investigate dispensing errors, near misses, complaints, losses, and service failures; provide root-cause analysis and corrective-action plans within 15 business days.
- Maintain a continuous quality-improvement program and cooperate with County audits, inspections, accreditation reviews, and corrective actions.

4.9 Records, reporting, and data ownership

Report	Minimum content / frequency
Daily / on demand	Order status, exceptions, backorders, urgent/STAT activity, delivery manifest, controlled-substance receipt.

Report	Minimum content / frequency
Monthly utilization	Patient, prescription, NDC, drug/strength/form, quantity, days supply, prescriber, dates, status, ingredient cost, dispensing fee, taxes, delivery/other charges, gross charge, credit, net charge.
Monthly performance	Fill/delivery turnaround by priority; late/missed deliveries; pharmacist response; errors/near misses; recalls; complaints; outages; corrective actions; service-level attainment.
Monthly returns/credits	Returns requested, picked up/received, accepted, rejected with reason, pending, credited quantity and dollar amount, destroyed/reverse distributed, and age of open items.
Quarterly management	Utilization trends; top drugs, classes, and costs; brand/generic mix; generic dispensing and substitution rates, documented brand exceptions, and generic-substitution savings; nonformulary and high-cost/specialty use; rejected or clarified orders; manufacturer-assistance opportunities, applications, outcomes, denials and reasons assistance was unavailable; free or discounted medication received; estimated County savings; waste, credits, and future savings recommendations.
Annual / on request	Licenses, insurance, business continuity test, subcontractors, security risk summary, training, policy review, and audit support.

Reports must be available in human-readable PDF and machine-readable CSV/XLSX or another County-approved format. County data, including patient and transaction data, remain County property to the extent permitted by law. Data exports and transition assistance at expiration or termination are governed by Section 5.1, with data protection and lawful retention governed by Section 4.11.

4.10 Invoicing and audit rights

- Submit one itemized invoice monthly in the County-approved electronic format, reconciled to dispensing and credit records. No payment is due for an invoice lacking required support.
- Identify each drug by NDC and show product type (brand/generic), quantity, days supply, benchmark source/date, benchmark unit price, contractual discount, net ingredient cost, dispensing fee, delivery/STAT/special handling charge, taxes if legally applicable, credits, and total.
- Do not bill for canceled-before-delivery orders, duplicate/error fills, replacement due to Contractor fault, undisclosed fees, or amounts exceeding the accepted pricing schedule.
- Apply credits before calculating the amount due when practicable. The County may offset confirmed credits and overpayments.
- Retain supporting records for at least seven years after final payment or longer if required by law, audit, claim, or litigation hold. The County and authorized auditors may audit pricing, service levels, credits, and contract compliance. Overcharges must be refunded with applicable interest/costs as negotiated.

4.11 Technology, privacy, and information security

- Comply with HIPAA and HITECH to the extent applicable, including execution of a Business Associate Agreement if legally required, and comply with other applicable privacy, breach-notification, pharmacy-record, and correctional-confidentiality laws.

- Use minimum-necessary access, role-based controls, multifactor authentication for remote/privileged access, encryption in transit and at rest, unique user accounts, audit logging, supported software, vulnerability/patch management, backups, secure disposal, and workforce confidentiality/security training.
- Do not use County data for advertising, data sale, unrelated analytics, or model training. Do not disclose or process data outside approved purposes or locations without written County approval.
- Notify the County immediately, and no later than 24 hours after discovery, of any suspected or confirmed security/privacy incident affecting County data or operations; preserve evidence, mitigate, investigate, cooperate, and provide required notices at Contractor expense when caused by Contractor.
- Disclose all systems, interfaces, hosting providers, subcontractors, and data locations. Provide a current independent security assessment (e.g., SOC 2 Type II or equivalent) if available and remediate material findings.
- At expiration or termination, follow the data-return and transition requirements in Section 5.1. Securely destroy remaining copies when legally permitted and certify destruction; retain only records legally required and continue protecting them.

4.12 Compliance

Contractor must comply with all applicable federal, Missouri, and local laws, regulations, orders, professional standards, and licenses, including pharmacy practice and drug-distribution requirements; controlled-substance requirements; applicable FDA labeling/recall requirements; nondiscrimination and employment law; tax and business-registration rules; and County security and facility policies. Services must support the County's compliance with applicable correctional health standards and current community practice. References to NCCHC or ACA are performance benchmarks and do not shift the County's nondelegable governmental or clinical responsibilities.

The Contractor must notify the County within one business day of any license restriction, regulatory investigation materially affecting performance, exclusion, sanction, significant recall, ownership/control change, or event that threatens continuity, except where this RFP or applicable law requires faster notice.

5. Implementation and Transition

1. Within 10 business days after notice of intent to award, submit a detailed implementation plan with tasks, owners, dependencies, testing, training, cutover, contingency, and acceptance criteria.
2. Assign an implementation manager and provide weekly status meetings through stabilization.
3. Configure secure ordering, patient identifiers, formulary, packaging, labels, delivery routes, contacts, reports, invoice files, interfaces, returns, emergency access, and controlled-substance processes.
4. Complete credentialing, security clearances, system/interface testing, sample-label and sample-packaging approval, mock delivery, report/invoice validation, staff training, and disaster/failover test before go-live.
5. Avoid gaps in medication access during transition. Coordinate transfer of active prescriptions, refills, stock, credits, data, and open issues with the County and incumbent as authorized.
6. Provide at least 30 days of heightened go-live support and a written stabilization report.

5.1 Exit assistance

For at least 90 days before scheduled expiration and for at least 90 days after expiration or termination, Contractor shall provide orderly transition assistance. If notice of termination is less than 90 days, pretermination assistance begins immediately upon notice and continues through the effective termination date. Contractor shall protect and transfer active prescriptions, refills, complete

County data extracts, open-order information, inventory and controlled-substance records as lawful, and system/interface documentation; cooperate reasonably with the County and successor; and return County property. Contractor shall complete final medication/return pickup, reconcile outstanding returns, credits, and invoices, issue all outstanding credits, and submit a final invoice. Outstanding credits remain payable and survive expiration or termination. Contractor shall preserve confidentiality and handle retained data under Section 4.11. Patient care and access may not be interrupted, and County data may not be withheld, because of a commercial dispute.

6. Pricing Proposal

Complete every field. "Included" means included in the offered price; "N/A" means not applicable. Undisclosed charges will not be payable. The County prefers a transparent, auditable model tied to an objective benchmark and the NDC actually dispensed. Offerors may offer an alternative model, but must also complete the requested comparison schedule or explain precisely why it cannot.

Pricing component	Offeror response
Brand ingredient cost	Benchmark/source: ____ Discount: benchmark minus ____% Update frequency: ____
Generic ingredient cost	Benchmark/source: ____ Discount: benchmark minus ____% Update frequency: ____
Specialty / limited distribution	Method and discount: ____
340B / government pricing	Applicability and method: ____
Generic sourcing and manufacturer assistance	Describe the lowest-cost generic sourcing method, brand-exception controls, assistance programs pursued, how all savings will benefit the County, and any associated fee: ____ / Included
Dispensing fee	Per fill: \$____; refill/short-cycle fee: \$____
Routine delivery	\$____ / Included
Urgent delivery	\$____
STAT/after-hours delivery	\$____
Unit-dose / blister / strip packaging	\$____ / Included
Returns pickup / processing	\$____ / Included
Emergency kit / floor stock	\$____ / Included
Pharmacist consulting / training	\$____ / Included hours: ____
Implementation / interface / setup	\$____
Reports / data exports	\$____ / Included
Other charge (each)	Describe and price: ____
Annual escalation	Index/cap and effective date: ____

6.1 Required pricing assumptions and sample basket

- Identify the benchmark publisher, data set, price type, NDC selection methodology, effective-date convention, update frequency, and treatment of discontinued/missing NDCs.
- State whether pricing is pass-through, acquisition-cost-plus, benchmark-minus, or another method; identify all spread and remuneration.
- State the return-credit valuation method and whether credits include ingredient cost, dispensing fee, and taxes/charges.
- Use the three-month utilization list in Appendix E and the County's common pricing assumptions to show the proposed extended cost for every listed line in the County pricing workbook. Inmate names and NDCs are excluded. Identify any assumptions needed for product selection, strength, package size, or quantity units. The pharmacy-source label identifies the historical supplier category and does not by itself establish an urgent or STAT service designation. Retain repeated lines in the evaluation; they represent separate invoice entries.
- State price hold period and renewal escalation cap. No price change is effective without the notice and documentation required by the final contract.

7. Proposal Content and Organization

- Signed transmittal letter and completed Appendix A, including the Proposal Signature and Certification, addenda acknowledgment, Conflict of Interest Disclosure, and Noncollusion Certification. Provide the Offeror's legal name, business address, identifiers, telephone number, email address, and primary contact.
- Executive summary describing the proposed services and value, together with an explicit statement of acceptance, assumptions, and all exceptions, qualifications, limitations, or requested contract modifications under Section 2.7.
- Evidence of all Section 3 minimum qualifications: applicable pharmacy licenses, registrations and credentials, DEA registration as applicable, ownership and organization, financial capacity, and experience with correctional facilities, governmental entities, institutional healthcare organizations, or comparable clients. Include all disclosures required by Section 2.13.
- Technical approach addressing every Section 4 requirement in order, including routine prescription processing, refills and order changes, packaging and days supply, controlled substances, emergency/STAT and after-hours services, pharmacist availability, returns and credits, and cost containment. Explain the ability to support individual bubble packaging and 30-day supplies, identify proposed changes, and describe electronic prescription processing through or in coordination with Cadmus. Include generic sourcing, formulary management, therapeutic alternatives, manufacturer assistance, and the completed Appendix B compliance matrix.
- Operational plans for delivery, emergency/after-hours access, shortages, recalls, controlled substances, returns/credits, disaster recovery, privacy/security, and quality. These may be incorporated in the technical approach; use specific page and section references instead of repeating the same narrative.
- Implementation plan addressing Section 5, including the project team, timeline, testing, training, go-live support, and exit assistance. Use Appendix D to check required deliverables.
- De-identified reporting samples: invoice, delivery manifest, utilization, credits, service-level dashboard, and incident/corrective-action report.
- Completed Section 6 pricing proposal and sample basket, in a clearly labeled section of the sealed proposal.
- At least three current or recent comparable client references, preferably correctional facilities, governmental entities, or institutional healthcare organizations of comparable scope. Complete Appendix C for each reference, including organization, contact, services, population/volume, contract dates, and current status.
- Proposed subcontractors and backup pharmacies, including services, locations, licensing, data access, and management controls.

- Statement of ability to meet the insurance requirements. Successful-Offendor documentation is governed by Sections 2.14 and 2.15; the final Certificate of Insurance is not required with every proposal.
- Completed Section 7.1 questionnaire and any other required County forms. Supporting material need only be supplied once when clearly identified by page and section; each questionnaire item must still contain the direct answer required below.

7.1 Required Offeror Questionnaire

Every Offeror must answer each numbered question below. Do not respond only with marketing material or “see proposal.” Give a concise direct answer, identify any exception or added charge, and cite the page and section containing supporting detail. If additional space is needed, attach a continuation using the same question number. An unanswered question may be treated as nonresponsive.

No. / topic	Required question	Direct response and proposal page
A1 Organization and experience	State the Offeror's legal name, ownership, headquarters, dispensing location(s), Missouri pharmacy permit number(s), DEA registration status as applicable, and years providing institutional or correctional pharmacy services.	Response: _____ Proposal page/section: _____
A2 Organization and experience	Identify the pharmacist-in-charge, account pharmacist, implementation manager, after-hours contact, and authorized contract representative. State each person's role, location, qualifications, and availability.	Response: _____ Proposal page/section: _____
A3 Organization and experience	List current correctional or county-jail customers comparable to Ray County, including facility type, approximate population or monthly prescription volume, services, contract dates, and current status.	Response: _____ Proposal page/section: _____
A4 Organization and experience	Disclose license discipline, exclusions, debarment, material litigation, sanctions, ownership changes, or regulatory investigations during the past five years that could affect performance.	Response: _____ Proposal page/section: _____
B1 Ordering and delivery	Describe how authorized Detention staff will submit, verify, track, refill, change, hold, and cancel prescriptions. Identify supported electronic, fax, telephone, and written workflows and all associated charges.	Response: _____ Proposal page/section: _____
B2 Ordering and delivery	State guaranteed turnaround times for routine, same-day urgent, STAT/emergency, new-admission continuity-critical, refrigerated, specialty, and recall-replacement medications.	Response: _____ Proposal page/section: _____

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No. / topic	Required question	Direct response and proposal page
B3 Ordering and delivery	Describe the normal delivery schedule, cutoff times, delivery location, delivery radius, weekends/holidays, severe-weather plan, driver screening, tamper evidence, manifests, and proof of receipt.	Response: _____ Proposal page/section: _____
B4 Ordering and delivery	Describe the 24/7 after-hours process, pharmacist response time, backup pharmacy, emergency delivery method, escalation contacts, and every urgent/STAT/after-hours fee.	Response: _____ Proposal page/section: _____
B5 Ordering and delivery	Explain how shortages, backorders, recalls, rejected orders, clinical clarifications, and delayed deliveries are communicated and resolved. State notification and replacement timeframes.	Response: _____ Proposal page/section: _____
C1 Packaging and medication safety	Describe the proposed patient-specific packaging. State whether blister cards, strip packaging, unit dose, vials, bulk bottles, or other forms will be used and provide samples or photographs.	Response: _____ Proposal page/section: _____
C2 Packaging and medication safety	Confirm that packaging permits lawful credit for unused eligible medication. Identify products or packaging that cannot receive credit and explain why.	Response: _____ Proposal page/section: _____
C3 Packaging and medication safety	Recommend routine days supply and a short-cycle strategy using the three-month utilization list in Appendix E and the County profile in Section 1.2. The County currently generally uses a 30-day supply. Explain how the approach reduces waste without interrupting therapy.	Response: _____ Proposal page/section: _____
C4 Packaging and medication safety	Describe labeling, patient identifiers, auxiliary warnings, Medication Guides, lot/expiration traceability, temperature controls, and handling of look-alike/sound-alike, high-alert, hazardous, and refrigerated drugs.	Response: _____ Proposal page/section: _____
D1 Returns and credits	Provide the complete return-credit policy: eligibility, exclusions, minimum value, pickup frequency, documentation, valuation, restocking/processing/destruction fees, and time from pickup to posted credit.	Response: _____ Proposal page/section: _____

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No. / topic	Required question	Direct response and proposal page
D2 Returns and credits	Explain how discontinued, canceled, transferred, released-patient, recalled, expired, damaged, controlled, and hazardous medications are retrieved, credited, reverse-distributed, destroyed, or otherwise lawfully handled.	Response: _____ Proposal page/section: _____
D3 Returns and credits	Provide a sample return/credit report and explain how each credit is tied to the patient, prescription, original invoice, NDC, quantity, pickup date, disposition, and credit date.	Response: _____ Proposal page/section: _____
E1 Formulary and clinical support	Describe formulary support; mandatory sourcing and dispensing of the lowest-cost clinically appropriate FDA-approved generic when permitted; documentation of brand exceptions; nonformulary review; therapeutic alternatives; drug-utilization review; and interaction, allergy, duplication, and prescriber-clarification processes. Explain how generic savings will be measured and reported.	Response: _____ Proposal page/section: _____
E2 Formulary and clinical support	State pharmacist availability during business and after hours, response times, consultation services, training included, quarterly review support, and any hourly or per-service fees.	Response: _____ Proposal page/section: _____
E3 Formulary and clinical support	Describe the process for medication errors, near misses, complaints, diversion concerns, significant losses, recalls, root-cause analysis, corrective action, and County notification.	Response: _____ Proposal page/section: _____
E4 / Manufacturer assistance and cost reduction	Describe how the Offeror will identify and pursue manufacturer patient-assistance, free-drug, institutional-assistance, manufacturer-discount, foundation, and similar programs. State eligibility-screening methods, application support, responsible staff, handling of approvals and denials, treatment of savings on County invoices, reporting, audit documentation, privacy/consent controls, and how medication access will be protected while an application is pending.	Response: _____ Proposal page/section: _____
F1 Controlled substances and stock	Describe controlled-substance ordering, dispensing, packaging, delivery, chain of custody, reconciliation, discrepancy/loss reporting, returns, reverse distribution, and destruction support.	Response: _____ Proposal page/section: _____

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No. / topic	Required question	Direct response and proposal page
F2 Controlled substances and stock	Describe any emergency, interim, first-dose, floor-stock, or bulk-stock program proposed, including included medications, replenishment, counts, expiration checks, recalls, pharmacist review, equipment, and charges.	Response: _____ Proposal page/section: _____
G1 Technology and reporting	Identify all proposed ordering, eMAR/EHR, electronic check-in, barcode reconciliation, return-management, reporting-dashboard, and interface capabilities. Distinguish required, optional, included, and separately priced components.	Response: _____ Proposal page/section: _____
G2 Technology and reporting	Explain how the proposed solution will receive and process electronic prescriptions through, or in coordination with, Ray County's Cadmus Jail Management System and existing workflow. Identify interface requirements and any additional eMAR or electronic reconciliation capabilities proposed. State hardware, connectivity, licensing, training, support, implementation, and recurring costs.	Response: _____ Proposal page/section: _____
G3 Technology and reporting	Provide sample de-identified utilization, delivery, service-level, incident, return/credit, controlled-substance, and invoice reports. State whether PDF and machine-readable CSV/XLSX exports and 24/7 online access are available.	Response: _____ Proposal page/section: _____
G4 Technology and reporting	Describe system availability, support hours, backup and disaster recovery, outage procedures, data export, record retention, integration methods, and the County's access to its data during and after the contract.	Response: _____ Proposal page/section: _____
H1 Privacy and security	Describe HIPAA/HITECH compliance as applicable, willingness to sign a Business Associate Agreement if required, encryption, multifactor authentication, role-based access, audit logs, training, incident notice, subcontractors, hosting, and independent security assessments.	Response: _____ Proposal page/section: _____
I1 Implementation and continuity	Provide a detailed implementation timeline covering configuration, data, formulary, packaging approval, testing, delivery setup, reports/invoices, security review, training, cutover, contingency, stabilization, and acceptance.	Response: _____ Proposal page/section: _____
I2 Implementation and continuity	Describe business-continuity plans for weather, transportation, staffing, technology, supplier, utility, public-health, cyber, and facility-access disruptions.	Response: _____ Proposal page/section: _____

No. / topic	Required question	Direct response and proposal page
I3 Implementation and continuity	Describe transition assistance at contract start and exit, including active prescriptions, refills, inventory, controlled-substance records, data, open orders, returns, credits, final invoices, successor cooperation, and prevention of medication interruption.	Response: _____ Proposal page/section: _____
J1 Pricing and transparency	Describe the proposed pricing methodology, benchmark source, NDC selection, update frequency, brand/generic/specialty discounts, dispensing fee, delivery and packaging charges, rebates/spread/remuneration, escalation, and price-hold period.	Response: _____ Proposal page/section: _____
J2 Pricing and transparency	List every charge not included in ingredient cost and dispensing fee, including routine, urgent, STAT, weekend/holiday, refrigerated, specialty, packaging, return, destruction, emergency-kit, consulting, training, technology, interface, report, implementation, and termination charges.	Response: _____ Proposal page/section: _____
J3 Pricing and transparency	Explain invoice validation, NDC-level detail, credit application, error correction, dispute handling, audit support, and how Ray County can reproduce the billed price from the disclosed benchmark and contract formula.	Response: _____ Proposal page/section: _____
K1 Contract and exceptions	List every exception to the RFP or proposed contract term, with the RFP section, requested language, reason, operational effect, and cost effect. If none, state "No exceptions."	Response: _____ Proposal page/section: _____
K2 Contract and exceptions	Confirm acceptance of the two-year initial term beginning January 1, 2027; the two optional one-year renewals; and either party's 60-day termination-for-convenience right, subject to the transition, final-credit, patient-safety, and data-transfer obligations in Section 9.1.	Response: _____ Proposal page/section: _____
K3 Contract and exceptions	Identify all proposed subcontractors and backup pharmacies, their locations, licenses, services, data access, and oversight. State whether any service or data processing will occur outside the United States.	Response: _____ Proposal page/section: _____

8. Evaluation and Award

The County may first determine responsiveness and responsibility. A committee may evaluate written proposals, references, clarifications, presentations/interviews, demonstrations, site visits, sample packaging, and best-and-final offers. Proposed scoring follows; the County must confirm weights before issuance.

Criterion	Points
Technical approach, medication safety, packaging, returns, reporting, and compliance	25
Delivery, emergency service, pharmacist support, continuity, and service levels	20
Price and total evaluated cost, including generic sourcing, manufacturer assistance, pricing transparency, and return credits	25
Correctional/institutional experience, qualifications, and references	15
Implementation, technology, security, business continuity, and transition	10
Proposal quality, exceptions, and overall contractual risk	5
Total	100

Price scoring shall use the same de-identified utilization basket and disclosed assumptions for all Offerors. The County may perform scenario and sensitivity analysis, including expected credits, routine/urgent delivery mix, escalation, and ancillary fees. Award shall be determined under Section 2.17; the lowest nominal price does not guarantee award.

8.1 Optional service-level remedies

The final contract may include documented corrective action and service credits for repeated or material failures, such as missed urgent/STAT delivery, inaccurate dispensing attributable to Contractor, missing controlled-substance chain-of-custody documentation, late critical recall notice, chronic report/invoice lateness, or failure to meet security-notification obligations. Remedies should be proportionate, include a reasonable dispute process, and not limit the County's other rights.

9. Contract Terms

Contract documents and order of precedence. The executed agreement, County addenda, RFP, accepted proposal, pricing schedule, BAA if applicable, and other incorporated exhibits constitute the agreement. The final contract must state controlling precedence.

Independent contractor. Contractor is an independent contractor and has no authority to bind the County. Contractor is responsible for its personnel, taxes, compensation, supervision, credentialing, and acts/omissions.

Subcontracting and assignment. No material subcontract, backup pharmacy, assignment, ownership change, or transfer affecting performance is permitted without prior written County approval. Contractor remains fully responsible.

Compliance and licenses. Contractor must maintain all required licenses, permits, registrations, policies, and qualified personnel throughout the term.

Insurance. Before work and throughout the term, Contractor must maintain insurance from authorized, financially acceptable insurers. Coverage should include commercial general liability, professional/pharmacy liability, workers' compensation/employers' liability, automobile liability if vehicles are used, cyber/privacy liability, and crime/fidelity or employee dishonesty as appropriate. The County must set limits, additional-insured, primary/noncontributory, waiver, notice, and certificate/endorsement requirements before release.

Indemnification. To the extent permitted by Missouri law and as approved by County counsel, Contractor shall defend, indemnify, and hold harmless the County and its officials/employees from third-party claims, damages, losses, penalties, and reasonable costs arising from Contractor's negligence, willful misconduct, legal violation, breach, data/security incident, or acts/omissions, subject to negotiated limitations and governmental immunities.

No waiver of immunity. Nothing in the solicitation or contract waives sovereign, official, governmental, or other immunity, defense, limitation, or protection available to the County or its personnel.

Payment and taxes. Payment is subject to receipt and acceptance of accurate invoices, lawful appropriation, and County procedures. The County is tax-exempt to the extent provided by law. Payment does not waive audit, warranty, credit, or dispute rights.

Records and audit. Contractor shall maintain complete contract, pricing, dispensing, credit, security, subcontractor, and performance records and provide access as stated in Section 4.10.

Nondiscrimination. Contractor shall comply with applicable equal employment opportunity, civil rights, accessibility, and nondiscrimination requirements.

Governing law and venue. Missouri law governs without giving effect to conflict-of-law rules. Venue shall be in the court of competent jurisdiction designated by County counsel.

Notices. Contract notices must be in writing to the designated contract representatives; emergency operational and privacy/security notices follow the faster methods in the contract.

Entire agreement; amendments. The agreement may be amended only in a writing executed by authorized representatives. Waiver of one breach is not waiver of another.

Severability and survival. Invalid terms are severed to the extent necessary. Confidentiality, security, records/audit, payment/credits, indemnity, transition, data return/destruction, and other terms intended by nature to survive will survive.

9.1 Termination

- Termination for convenience: Either party may terminate the contract without cause upon 60 days' written notice. Contractor is paid only for accepted services and authorized noncancelable commitments through the effective date, less credits, offsets, and damages; no lost profits or anticipatory damages.
- Termination for cause: The County may terminate for material breach after written notice and a reasonable cure period, except no cure period is required when immediate action is reasonably necessary to protect patient safety, security, legal compliance, controlled substances, County data, or continuity of service.
- Immediate suspension/termination triggers may include license loss/restriction, exclusion/debarment, fraud, diversion, material confidentiality/security breach, insolvency, repeated service-level failure, abandonment, or failure to maintain insurance.
- Nonappropriation: If lawful funds are not appropriated or otherwise available, the County may terminate without penalty as approved by County counsel.
- Contractor termination: The Contractor's 60-day convenience right does not excuse transition duties. For a material County breach, Contractor must give written notice and a reasonable opportunity to cure and must continue services necessary to avoid imminent patient harm while the parties transition, subject to payment of undisputed amounts.
- Effect of termination: Contractor must stop work as directed and fulfill the exit obligations in Section 5.1. Termination does not affect accrued rights or remedies.

10. County Acceptance and Contract Administration

The County will designate a contract administrator. Acceptance may include validation of licenses and insurance under Sections 3 and 9 and the implementation deliverables in Section 5 and Appendix D. Operational acceptance does not waive latent defects or later audit findings. The parties will hold the performance reviews required by Section 4.8 and document corrective actions.

Appendix A — Proposal Signature and Certifications

A.1 Proposal Signature and Certification

Offeror legal name: _____

Business address: _____

Contact name, telephone, and email: _____

The undersigned is authorized to submit this proposal on behalf of the Offeror. The Offeror certifies that the information submitted is accurate to the best of its knowledge, acknowledges the RFP requirements subject to expressly identified exceptions, and agrees that its proposal will remain valid as required by Section 2.8.

Authorized signature: _____ Date: _____

Printed name and title: _____

A.2 Addenda Acknowledgment

List every addendum number and date received, or state "None":

A.3 Conflict of Interest Disclosure

Disclose actual or potential conflicts under Section 2.13, or state "None." Attach continuation pages as needed. Other required disclosures under Section 2.13 must be included in the proposal.

A.4 Noncollusion Certification

The Offeror certifies that its proposal was prepared independently and without collusion with another Offeror to restrict competition. The Offeror also certifies compliance with the no-contingent-fee provision in Section 2.12, including its stated exception.

Authorized signature for Sections A.2–A.4: _____

Printed name and title: _____ Date: _____

Appendix B — Offeror Compliance Matrix

For every requirement, enter Comply, Partial, Exception, or Not Applicable and cite the proposal page. Explain every Partial, Exception, and N/A response. Silence is not acceptance.

RFP §	Requirement	Status	Proposal page	Explanation / exception
3	Minimum qualifications and licensing	_____	_____	_____
4.1	Ordering, validation and DUR	_____	_____	_____
4.2	Routine/urgent/STAT delivery	_____	_____	_____
4.3	24/7 emergency medication access	_____	_____	_____
4.4	Controlled substances and chain of custody	_____	_____	_____
4.5	Packaging and labeling	_____	_____	_____
4.6	Returns, credits and reconciliation	_____	_____	_____
4.7	Formulary, lowest-cost generic sourcing, manufacturer assistance, and utilization management	_____	_____	_____
4.8	Pharmacist support and quality	_____	_____	_____
4.9	Reports and data ownership	_____	_____	_____
4.10	Invoices, records and audit	_____	_____	_____
4.11	HIPAA/privacy/security	_____	_____	_____
4.12	Legal and regulatory compliance	_____	_____	_____
5	Implementation and transition	_____	_____	_____
6	Pricing schedule and transparency	_____	_____	_____
9	Contract terms	_____	_____	_____
9.1	Termination and exit obligations	_____	_____	_____

Appendix C — Reference Form

Offeror legal name: _____

Reference organization and facility:

Contact name/title: _____

Email and telephone:

Contract dates / current status:

Population or prescription volume:

Services provided: _____

Implementation outcome:

Service, accuracy, delivery, credit and reporting performance:

Would the reference select the Offeror again? Explain:

Appendix D — Implementation Deliverables Checklist

- ☐ Project plan and responsibility matrix
- ☐ Licenses, insurance, staffing and contacts
- ☐ Approved formulary and substitution rules
- ☐ Order/refill/cancellation workflow
- ☐ Packaging and label samples approved
- ☐ Delivery routes, manifests and chain of custody tested
- ☐ Urgent/STAT and disaster backup tested
- ☐ Controlled-substance procedures approved
- ☐ Returns/credits workflow and final reconciliation defined
- ☐ Invoice and report files validated
- ☐ Privacy/security review and BAA completed if required
- ☐ Training completed and materials delivered
- ☐ Cutover, rollback, stabilization and exit plans approved

Appendix E — Three-Month Pharmacy Utilization List

The following 145 invoice lines are reproduced from the County-supplied three-month list. Medication and product descriptions, pharmacy-source categories, quantities, and repeated entries are retained as supplied. Repeated entries represent separate invoice lines and have not been removed as duplicates. Inmate names and NDCs are excluded.

Quantities are source values and are not uniformly tablet or capsule counts. Confirm product strengths, package sizes, and quantity units using the County's common pricing assumptions under Section 6.1. This list includes nonprescription products and is not a verified prescription-only count. It contains no prices or service-priority designations.

Line	Medication / product	Pharmacy source	Quantity dispensed
1	ALLOPURINOL, 300MG, TAB	Routine pharmacy	30
2	ALLOPURINOL, 300MG, TAB	Routine pharmacy	30
3	GABAPENTIN, 300MG, CAP	Routine pharmacy	30
4	ATOMOXETINE HCL, 60 MG, CAP	Routine pharmacy	30
5	CETIRIZINE HCL, 10MG, TAB	Routine pharmacy	30
6	DOCUSATE, 100MG, CAP	Routine pharmacy	60
7	FIXODENT 40GM, CRM	Routine pharmacy	40
8	GABAPENTIN, 400MG, CAP	Routine pharmacy	150
9	IBUPROFEN, 600MG, TAB	Routine pharmacy	90
10	LACOSAMIDE, 100MG, TAB	Routine pharmacy	60
11	LEVETIRACETAM, 1000MG, TAB	Routine pharmacy	120
12	PANTOPRAZOLE SODIUM, 40 MG, TAB	Routine pharmacy	30
13	POLYETHYLENE GLYCOL 3350, POW	Routine pharmacy	238
14	ZONISAMIDE, 100MG, CAP	Routine pharmacy	210
15	FLUTICASON PROPRIONATE, 50MCG, SPR	Routine pharmacy	16
16	QUETIAPINE FUMARATE, 25 MG, TAB	Routine pharmacy	30
17	SERTRALINE, 25 MG, TAB	Routine pharmacy	30
18	DULOXETINE HCL, 30 MG, CAP	Routine pharmacy	30
19	HYDROXYZINE, 25MG, TAB	Routine pharmacy	30
20	COMBIVENT RESPIMAT, AER	Routine pharmacy	4
21	QUETIAPINE FUMARATE, 100MG, TAB	Routine pharmacy	60
22	OMEPRazole, 40MG, CAP	Routine pharmacy	30
23	FLUOXETINE HCL, 40MG, CAP	Routine pharmacy	30
24	GABAPENTIN, 300MG, CAP	Routine pharmacy	60
25	PRAZOSIN, 1MG, CAP	Routine pharmacy	90
26	VALACYCLOVIR, 1GM, TAB	Backup pharmacy	20
27	METOPROLOL TARTRATE, 25MG, TAB	Backup pharmacy	60
28	CLONAZEPAM, 1MG, TAB	Backup pharmacy	20

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Line	Medication / product	Pharmacy source	Quantity dispensed
29	CEPHALEXIN, 500MG, CAP	Backup pharmacy	21
30	HYDROCODONE/APAP, 5-325MG, TAB	Backup pharmacy	12
31	NAPROXEN, 500MG, TAB	Backup pharmacy	20
32	LISINOPRIL, 20MG, TAB	Backup pharmacy	30
33	COLESTIPOL, 1GM, TAB	Backup pharmacy	120
34	CIPROFLOXACIN, 500MG, TAB	Backup pharmacy	10
35	LOSARTAN POTASSIUM, 50MG, TAB	Backup pharmacy	30
36	CARVEDILOL, 3.125MG, TAB	Backup pharmacy	60
37	BUSPIRONE, 10MG, TAB	Backup pharmacy	60
38	AMPHETAMINE/DEXTROAMPHETAMINE	Backup pharmacy	60
39	SERTRALINE, 50MG, TAB	Backup pharmacy	30
40	CLONIDINE ER, 0.1MG, TAB	Backup pharmacy	30
41	TRAZODONE, 50MG, TAB	Backup pharmacy	30
42	BUPROPION XL, 150MG, TAB	Backup pharmacy	30
43	PREGABALIN, 75MG, CAP	Backup pharmacy	90
44	ALLOPURINOL, 300MG, TAB	Routine pharmacy	20
45	GABAPENTIN, 300MG, CAP	Routine pharmacy	30
46	ATOMOXETINE HCL, 60 MG, CAP	Routine pharmacy	30
47	LACOSAMIDE, 100MG, TAB	Routine pharmacy	60
48	PANTOPRAZOLE SODIUM, 40 MG, TAB	Routine pharmacy	30
49	ZONISAMIDE, 100MG, CAP	Routine pharmacy	180
50	MUCINEX DM MAX STRENGTH, 60-1200, TAB	Routine pharmacy	10
51	ARIPIPRAZOLE, 30 MG, TAB	Routine pharmacy	30
52	CLONIDINE, 0.1MG, TAB	Routine pharmacy	60
53	CLONIDINE, 0.2MG, TAB	Routine pharmacy	60
54	HYDROXYZINE, 25MG, TAB	Routine pharmacy	30
55	OLANZAPINE, 5MG, TAB	Routine pharmacy	30
56	OLANZAPINE, 7.5MG, TAB	Routine pharmacy	30
57	VENLAFAXINE HCL, 75MG, TAB	Routine pharmacy	30
58	BANOPHEN, 25MG, TAB	Routine pharmacy	30
59	BANOPHEN, 25MG, TAB	Routine pharmacy	30
60	GNP MELATONIN, 5MG, TAB	Routine pharmacy	30
61	QUETIAPINE FUMARATE, 25 MG, TAB	Routine pharmacy	30
62	TRAZODONE HCL, 50MG, TAB	Routine pharmacy	30
63	QUETIAPINE FUMARATE, 25 MG, TAB	Routine pharmacy	30
64	SERTRALINE, 25 MG, TAB	Routine pharmacy	30

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Line	Medication / product	Pharmacy source	Quantity dispensed
65	GABAPENTIN, 600MG, TAB	Routine pharmacy	60
66	DIPHENHYDRAMINE, 25 MG, CAP	Routine pharmacy	30
67	TRAZODONE HCL, 50MG, TAB	Routine pharmacy	30
68	FLUTICASONE-SALMETEROL, 500-50MCG/ACT, INH	Routine pharmacy	60
69	AMOXICILLIN, 500MG, CAP	Routine pharmacy	21
70	FLUOXETINE HCL, 20 MG, CAP	Routine pharmacy	30
71	FLUOXETINE HCL, 20 MG, CAP	Routine pharmacy	30
72	LAMOTRIGINE ER, 100 MG, TAB	Routine pharmacy	30
73	LAMOTRIGINE ER, 100 MG, TAB	Routine pharmacy	30
74	MIRTAZAPINE, 30MG, TAB	Routine pharmacy	30
75	MIRTAZAPINE, 30MG, TAB	Routine pharmacy	30
76	OMEPRazole, 40MG, CAP	Routine pharmacy	30
77	HYDROXYZINE, 25MG, TAB	Routine pharmacy	30
78	MELATONIN, 10MG, TAB	Routine pharmacy	30
79	IBUPROFEN, 400MG, TAB	Routine pharmacy	28
80	MIRTAZAPINE, 30MG, TAB	Routine pharmacy	30
81	MIRTAZAPINE, 30MG, TAB	Routine pharmacy	30
82	PREDNISONE, 20 MG, TAB	Routine pharmacy	10
83	QUETIAPINE, 50MG, TAB	Routine pharmacy	30
84	HYDROXYZINE, 25MG, TAB	Routine pharmacy	30
85	BUPRENORPHINE-NALOXONE, 8/2MG, FILM	Routine pharmacy	60
86	BUPRENORPHINE-NALOXONE, 8/2MG, FILM	Routine pharmacy	90
87	AMOXICILLIN-CLAVULANATE, 875-125MG, TAB	Routine pharmacy	14
88	VRAYLAR, 1.5MG, CAP	Routine pharmacy	30
89	DOXYCYCLINE HYCLATE, 100MG, CAP	Routine pharmacy	20
90	LOSARTAN, 25 MG, TAB	Routine pharmacy	30
91	AMLODIPINE, 10MG, TAB	Routine pharmacy	30
92	ATORVASTATIN, 80MG, TAB	Routine pharmacy	30
93	FAMOTIDINE, 20MG, TAB	Routine pharmacy	30
94	LURASIDONE HCL, 40 MG, TAB	Routine pharmacy	30
95	OLANZAPINE, 2.5MG, TAB	Routine pharmacy	30
96	METRONIDAZOLE, 500MG, TAB	Backup pharmacy	14
97	LISINOPRIL, 20MG, TAB	Backup pharmacy	30
98	AZITHROMYCIN, 500MG, TAB	Backup pharmacy	3
99	METHYLPREDNISOLONE, 4MG, TAB	Backup pharmacy	21

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Line	Medication / product	Pharmacy source	Quantity dispensed
100	CEPHALEXIN, 500MG, CAP	Backup pharmacy	40
101	ACETAMINOPHEN, 500MG, TAB	Routine pharmacy	112
102	CLINDAMYCIN, 150MG, CAP	Routine pharmacy	14
103	BUPROPION XL, 300 MG, TAB	Routine pharmacy	30
104	DESVENLAFAXINE ER, 100MG, TAB	Routine pharmacy	30
105	MAGNESIUM OXIDE, 400MG, TAB	Routine pharmacy	30
106	VALACYCLOVIR HCL, 500MG, TAB	Routine pharmacy	30
107	VRAYLAR, 3MG, CAP	Routine pharmacy	30
108	ALLOPURINOL, 300MG, TAB	Routine pharmacy	30
109	CLONIDINE, 0.1MG, TAB	Routine pharmacy	30
110	PROPRANOLOL, 10 MG, TAB	Routine pharmacy	30
111	QUETIAPINE FUMARATE, 100MG, TAB	Routine pharmacy	90
112	QUETIAPINE FUMARATE, 25 MG, TAB	Routine pharmacy	60
113	QUETIAPINE FUMARATE, 400MG, TAB	Routine pharmacy	30
114	ARIPIPRAZOLE, 30 MG, TAB	Routine pharmacy	30
115	HYDROXYZINE, 25MG, TAB	Routine pharmacy	30
116	OLANZAPINE, 5MG, TAB	Routine pharmacy	30
117	OLANZAPINE, 7.5MG, TAB	Routine pharmacy	30
118	VENLAFAXINE HCL, 75MG, TAB	Routine pharmacy	30
119	AMOXICILLIN, 500MG, CAP	Routine pharmacy	21
120	BUSPIRONE HCL, 5MG, TAB	Routine pharmacy	60
121	DIPHENHYDRAMINE, 25 MG, CAP	Routine pharmacy	30
122	DIVALPROEX ER, 500MG, TAB	Routine pharmacy	60
123	GNP MELATONIN, 5MG, TAB	Routine pharmacy	30
124	QUETIAPINE FUMARATE, 25 MG, TAB	Routine pharmacy	30
125	DIPHENHYDRAMINE, 25 MG, CAP	Routine pharmacy	30
126	TRAZODONE HCL, 50MG, TAB	Routine pharmacy	30
127	BUSPIRONE, 15MG, TAB	Routine pharmacy	60
128	PREDNISONE, 20 MG, TAB	Routine pharmacy	10
129	FLUOXETINE HCL, 20 MG, CAP	Routine pharmacy	30
130	LAMOTRIGINE ER, 100 MG, TAB	Routine pharmacy	30
131	MIRTAZAPINE, 30MG, TAB	Routine pharmacy	30
132	OMEPRAZOLE, 40MG, CAP	Routine pharmacy	30
133	HYDROXYZINE, 25MG, TAB	Routine pharmacy	60
134	MELATONIN, 10MG, TAB	Routine pharmacy	30
135	HYDROXYZINE, 25MG, TAB	Routine pharmacy	30

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Line	Medication / product	Pharmacy source	Quantity dispensed
136	BUPRENORPHINE-NALOXONE, 8/2MG, FILM	Routine pharmacy	60
137	AMOXICILLIN, 500MG, CAP	Routine pharmacy	21
138	DOXYCYCLINE HYCLATE, 100MG, CAP	Routine pharmacy	14
139	MUPIROCIN, 2%, OINT	Routine pharmacy	22
140	AMLODIPINE, 5MG, TAB	Routine pharmacy	30
141	AMLODIPINE, 10MG, TAB	Routine pharmacy	30
142	FAMOTIDINE, 20MG, TAB	Routine pharmacy	30
143	OLANZAPINE, 2.5MG, TAB	Routine pharmacy	180
144	ACETAMINOPHEN, 500MG, TAB	Backup pharmacy	112
145	AMOXICILLIN, 500MG, TAB	Backup pharmacy	21