

PH RFP 10-007 Tamiflu & Relenza Prescription Fulfillment
Questions & Answers
As of 09/22/09

(1) What happens if they have COB benefits? Does it still come from the county stock?

Yes. All medications for treatment of H1N1, those at high risk of complications and the contacts of those who are at high risk of complications should receive county Strategic National Stockpile stock. The billing for coordination of benefits would follow the same pathway as the pharmacy usually does - if they would normally bill the insurance first then the State, they would do the same for these medications. They would only be billing for the pharmacy professional fee, as the Tamiflu Relenza will be provided at no cost through the SNS program.

(2) Does the insured pay anything at all?

No, even if they have a co pay no money can be collected. If/when funding becomes available, part of the reimbursement will be for the co pay.

(3) What happens if we use our stock? If the county happens to be out...

You would not want to use your stock, as the medications that come from the Strategic National Stockpile carry a level of federal liability protection that would be lost if you use your own stock. We (MCDPH) will be keeping track of the lot numbers sent to you. Part of the public message will be status reports about the stock levels available and that the use is for treatment of influenza only.

(4) How do you track the stock being dispensed?

The table below (Approved Swine Flu Log) is from the Arizona State Board of Pharmacy and would be used to track the prescriptions dispensed from the stock we provide. Your computer system may be able to be programmed to identify the Strategic National Stockpile Tamiflu and Relenza so a prescription report (like the required Daily Log) can be printed out for only the SNS medications. For example, at the Public Health pharmacy, we use the PDX system and create a separate record for non-retail medications and basically keep it as separate inventory, dispensing from it when that is the case. It is not necessary to keep a separate Tamiflu log and Relenza log - they can both be on the same log.

(5) In reference to Section 3.15.2 in both RFPs, including additional projects in the RFP response, is this where it is appropriate to include a proposal for distribution of H1N1 vaccine to community providers who may not

need 100 or more doses so cannot have distribution directly from McKesson? Should we also include a reimbursement proposal?

Yes. To provide more background on the distribution of H1N1 vaccine or LAIV (live attenuated intranasal vaccine) to community providers who need less than 100 doses, MCDPH will review proposals under this RFP for Contractors to distribute the vaccines through their retail pharmacy(s). Distribution of H1N1 vaccine received by the Contractor will be for quantities smaller than the standard 100-dose pack (but no smaller than a standard manufacturer's unit) and distribution by Contractor will require repackaging of vaccines while maintaining Arizona State Board of Pharmacy standards and appropriate cold chain requirements and documentation. The Contractor will be responsible for procuring supplies necessary for cold chain distribution, including (but not limited to) coolers, insulated packages, ice packs, and thermometers. The Contractor may provide delivery service or require community providers (or their designated agent) to pick up the vaccine at the designated pharmacy. The Contractor will be required to act as point of contact for community providers requesting H1N1 vaccine in quantities less than the standard package of 100 doses; provide H1N1 vaccine to community providers requesting H1N1 vaccine on a first-come first served basis; maintain an electronic spreadsheet log of vaccines distributed including date, provider, amount provided, lot number(s), and location of distribution, and collect and compile Arizona State Board of Pharmacy-approved documentation of the number of prescriptions filled under this program and reconcile it with the inventory provided and returned to MCDPH at the end of the program. The Contractor will be reimbursed on a per-completed order basis and subject to available funding. In addition, the Contractor will be required to collect from each AZ licensed provider to whom H1N1 vaccine is distributed a signed copy of the ADHS Provider Agreement and a copy of the prescriber's current Arizona license.

- (6) Since all of our facilities do not have a pharmacy location, are we allowed to continue the practice of provider dispensing when a anti-viral screening form is completed for those locations? Does the RFP limit this practice in any way? In essence, may we have two processes running concurrently to provide medications to the public?

Yes, it can be continued - since the Arizona State Board of Pharmacy approved that method of dispensing, you may continue it in addition to accepting written prescriptions at your locations with pharmacies.

- (7) After the RFP is signed, does the initial inventory received transfer or will I have to account for any new inventory received as part of the RFP separately?

You can keep the initial inventory and we can begin to account for all of it under the RFP once we reconcile what has already been dispensed.

