REQUEST FOR PROPOSALS

FOR

FURNISHING AND DELIVERY

OF

CENTRALIZED DRUG PROGRAM (CDP)

FOR

THE CURATORS OF THE UNIVERSITY OF MISSOURI

ON BEHALF OF

UNIVERSITY OF MISSOURI- COLUMBIA

MISSOURI KIDNEY PROGRAM

RFP # 23085

DUE DATE: March 1, 2023

TIME: 2:00 P.M. CDT

THE CURATORS OF THE UNIVERSITY OF MISSOURI
Prepared by:
Carla Gilzow
Strategic Sourcing Specialist
University of Missouri Procurement
2910 LeMone Industrial Blvd
Columbia, MO 65201

Date Issued: January 20, 2023

RFP # 23085

CENTRALIZED DRUG PROGRAM (CDP)

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NOTICE TO RESPONDENTS

The University of Missouri requests proposals for the Furnishing and Delivery of Centralized Drug Program **RFP #23085** which will be received by the undersigned at University of Missouri Procurement, until **March 1st, 2023 at 2:00 p.m. The University assumes no responsibility for any supplier's on-time receipt at the designated location for proposal opening.**

In the event a Respondent chooses to use the Word version of the RFP to aid in preparation of its response, the Respondent should only complete the response information. Any modification by the Respondent of the specifications provided will be ignored, and the original wording of the RFP shall be the prevailing document.

If you have any questions regarding the RFP, please send them to:

Carla Gilzow
University of Missouri Procurement
2910 LeMone Industrial Blvd
Columbia, Missouri 65201
crgnn7@umsystem.edu

All questions regarding the RFP must be received no later than 12:00 P.M. on February 8, 2023.

The University reserves the right to waive any informality in Request for Proposals and to reject any or all Request for Proposals.

THE CURATORS OF THE UNIVERSITY OF MISSOURI
Prepared by:
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Strategic Sourcing Specialist
University of Missouri Procurement
2910 LeMone Industrial Blvd
Columbia, MO 65201

UNIVERSITY OF MISSOURI
REQUEST FOR PROPOSAL (RFP)
GENERAL TERMS AND CONDITIONS
&
INSTRUCTIONS TO RESPONDENTS

A. General Terms and Conditions

1. **Purpose:** The purpose of these specifications is to require the furnishing of the highest quality equipment, supplies, material and/or service in accordance with the specifications. These documents, and any subsequent addenda, constitute the complete set of specification requirements and proposal response forms.

2. **Governing Laws and Regulations:** Any contract issued as a result of this RFP shall be construed according to the laws of the State of Missouri. Additionally, the supplier shall comply with all local, state, and federal laws and regulations related to the performance of the contract to the extent that the same may be applicable.

3. **Taxes:** The supplier shall assume and pay all taxes and contributions including, but not limited to, State, Federal and Municipal which are payable by virtue of the furnishing and delivery of item(s) specified herein. Materials and services furnished the University are not subject to either Federal Excise Taxes or Missouri Sales Tax.

4. **Sovereign Immunity:** The Curators of the University of Missouri, due to its status as a state entity and its entitlement to sovereign immunity, is unable to accept contract provisions, which require The Curators to indemnify another party (537.600, RSMo). Any indemnity language in proposed terms and conditions will be modified to conform to language that The Curators are able to accept.

5. **Preference for Missouri Firms:** In accordance with University policy, preference shall be given to Missouri products, materials, services, and firms when the goods or services to be provided are equally or better suited for the intended purpose. In assessing overall value, consideration will be given to the extent to which proximity or Missouri preference of the supplier provides potential advantages or reduction of risks. Firms are considered "Missouri firms" if they maintain a regular place of business in the State of Missouri.

6. **Appropriation:** The Curators of the University of Missouri is a public corporation and, as such, cannot create indebtedness in any one year (the fiscal year beginning July 1 to June 30) above what they can pay out of the annual income of said year as set forth in 172.250, RSMo. Therefore, if the University determines it has not received adequate appropriations, budget allocations or income to enable it to meet the terms of this contract, the University reserves the right to cancel this contract with 30 days' notice.

7. **Equal Opportunity and Non-Discrimination:** In connection with the furnishing of equipment, supplies, and/or services under the contract, the contractor and all subcontractors shall agree not to discriminate against any recipients of services, or employees or applicants for employment on the basis of race, color, religion, national origin, sex, age, disability, or veteran status. The contractor shall comply with federal laws, rules, and regulations applicable to subcontractors of government contracts including those relating to equal employment of minorities, women, persons with disabilities, and certain veterans. Contract clauses required by the United Sates Government in such circumstances are incorporated herein by reference.

8. **Supplier Diversity Participation:** The University of Missouri System is committed to and supports supplier diversity as an essential part of the University's mission and core values. To qualify as a Diverse Supplier, the company must be at least 51% owned and controlled by someone in one of the recognized groups (see below). These firms can be a sole proprietorship, partnership, joint venture or corporation. Diverse suppliers should be certified from a recognized certifying agency.

   The University of Missouri recognizes the following groups:
   - MBE (Minority Owned Business Enterprise)
     - African American
     - Asian American (including Pacific Asian and Subcontinent Asian)
     - Hispanic American
     - Native American
   - WBE (Women Owned Business Enterprise)
   - DVBE (Service-Disabled Veteran Owned Business Enterprise)
   - VBE (Veteran Owned Business Enterprise)
   - LGBT (Lesbian, Gay, Bisexual, Transgender)
   - DBE (Disadvantaged Business Enterprise)

   Tier 2 Diverse Supplier Spending and Reporting: The University strongly encourages Supplier Diversity participation in all contracts for goods and services. Tier 2 spend is spend reported by primary (non-diverse) suppliers of the University of Missouri who subcontract work to or make purchases from a diverse supplier. Depending upon the contract, primary (non-diverse) suppliers may be asked to submit Tier 2 information with Women and Diverse Owned Companies. Suppliers have two options in reporting Tier 2 dollars depending on the terms on the contract: Direct and Indirect. Definitions and further explanation of these options is included in the Supplier Diversity Participation Form attached hereto.

   Supplier Diversity Participation Form: If a respondent will be utilizing a diverse supplier as part of this contract, they must indicate their Supplier Diversity participation levels on the Supplier Diversity Participation Form included in this RFP (see Attachment A). The Respondent must describe what suppliers and/or how the Respondent will achieve the Supplier Diversity goals. Evaluation of proposals shall include the proposed level of Supplier Diversity participation. Proposals that do not meet the participation requirements for Supplier Diversity will not receive any of the points during proposal review.

Suppliers will be responsible for reporting Tier 2 diverse supplier participation on an agreed upon timing (e.g. quarterly, annually) when business is awarded.

The University may monitor the supplier's compliance in meeting the Supplier Diversity participation levels committed to in the awarded proposal. If the supplier's payments to participating diverse suppliers are less than the amount committed to in the contract, the University reserves the right to cancel the contract, suspend and/or debar the supplier from participating in future contracts.

9. **Applicable Laws and Regulations:** The University serves from time to time as a contractor for the United States government. Accordingly, the provider of goods and/or services shall comply with federal laws, rules and regulations applicable to subcontractors of government contracts including those relating to equal employment opportunity and affirmative action in the employment of minorities (Executive Order 11246), women (Executive Order 11375), persons with disabilities (29 USC 706 and Executive Order 11758), and certain veterans (38 USC 4212 formerly [2012]) contracting with business concerns with small disadvantaged business concerns (Publication L. 95-507). Contract clauses required by the Government in such circumstances are incorporated herein by reference.

10. **Anti-Discrimination Against Israel Act**: If this Contract involves the acquisition or disposal of services, supplies, information technology, or construction and has a total potential value of $100,000 or more, and if Supplier is a company with ten (10) or more employees, then Supplier certifies that it, and any company affiliated with it, does not boycott Israel and will not boycott Israel during the term of this Contract. In this paragraph, the terms "company" and "boycott Israel" shall have the meanings described in Section 34.600 of the Missouri Revised Statutes.

11. **Applicable Digital Accessibility Laws and Regulations:** The University affords equal opportunity to individuals with disabilities in its employment, services, programs and activities in accordance with federal and state laws, including Section 508 of the Rehabilitation Act, 36 C.F.R., Pt. 1194. This includes effective communication and access to electronic and information communication technology resources, and the University expects that all products will, to the greatest extent possible, provide equivalent ease of use for individuals with disabilities as for non-disabled individuals. The University of Missouri has adopted the Web Content Accessibility Guidelines (WCAG), as specified by the University of Missouri Digital Accessibility Policy.

    Supplier shall: (1) deliver all applicable services and products in reasonable compliance with University standards (Web Content Accessibility Guidelines 2.0, Level AA or above); (2) provide the University with an Accessibility Conformance Report detailing the product's current accessibility according to WCAG standards using the latest version of the Voluntary Product Accessibility Template (VPAT); (3) if accessibility issues exist, provide a "roadmap" plan for remedying those deficiencies on a reasonable timeline to be approved by the University; (4) promptly respond to assist the University with resolving any accessibility complaints and requests for accommodation from users with disabilities resulting from supplier's failure to meet

WCAG guidelines at no cost to the University; and (5) indemnify and hold the University harmless in the event of any claims arising from inaccessibility.

When installation, configuration, integration, updates, or maintenance are provided, the supplier must ensure these processes are completed in a way that does not reduce the original level of WCAG conformance. If at any point after procurement it is determined that accessibility improvements need to be made in order to comply with the WCAG standards, the supplier agrees to work with the University to remedy the non-compliance by submitting a roadmap detailing a plan for improvement on a reasonable timeline. Resolution of reported accessibility issue(s) that may arise should be addressed as high priority, and failure to make satisfactory progress towards compliance with WCAG, as agreed to in the roadmap, shall constitute a breach of contract and be grounds for termination or non-renewal of the agreement.

12. **Applicable Health Related Laws and Regulations:** If these specifications or any resulting contract involves health care services or products, the Supplier agrees to maintain, and will further assure such compliance by its employees or subcontractors, the confidential nature of all information which may come to Supplier with regard to patients of the University. All services provided pursuant to this contract shall be provided in accordance with all applicable federal and state laws including The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, sections 261-264 (the Administrative Simplification sections) and the regulations promulgated pursuant thereto and regulations of the Joint Commission on Accreditation of Healthcare Organization and The Centers for Medicare & Medicaid Services (CMS).

    Respondents understand and agree that the Curators of the University of Missouri, in the operation of MU Health Care, is regulated under federal or state laws with regard to contracting with suppliers. The Respondent represents that it is not currently excluded or threatened with exclusion from participating in any federal or state funded health care program, including Medicare and Medicaid. Respondent agrees to notify the University of any imposed exclusions or sanctions covered by this representation.

    The University will regularly check the "List of Excluded Individuals/Entities" (LEIE), maintained by the Office of Inspector General, United States Department of Health and Human Services ("OIG") to determine if any Respondents have been excluded from participation in federal health care programs, as that term is defined in 42 U.S.C. §1320a-7b(f). The University reserves the sole right to reject any respondents who are excluded by the OIG, who have been debarred by the federal government, or who have otherwise committed any act that could furnish a basis for such exclusion or debarment.

13. **Compliance with CDC Guidelines: (If Applicable)**
    Due to the changing nature of the COVID-19 pandemic, successful Supplier will monitor and comply with CDC and other federal, state, and local guidance; modifications to University operating procedures; and directives of University relating to protection of the health and safety of the University community.

NOTIFICATION TO UNIVERSITY IN EVENT OF POSITIVE COVID-19 CASE:
In the event any of the successful Contractor's personnel who have or are presently performing services for the University of Missouri (a) tests positive for COVID-19, or (b) has been in close contact with someone that tests positive for COVID-19, the successful Contractor shall immediately notify the University designated contact, and take immediate action to quarantine such person and any other Contractor Personnel who may have come in contact with the person testing positive for COVID-19, and assist University in identifying any other persons on the University campus who may have come in contact with such person. Contractor must clean and disinfect all areas any infected person may have contacted on University's campus, and any cleaning or sanitation costs resulting from a positive COVID-19 test of Contractor personnel are the sole cost and responsibility of Contractor.

14. **Inventions, Patents, and Copyrights:** The Contractor shall pay for all royalties, license fees, patent or invention rights, or copyrights and defend all suits or claims for infringements of any patent or invention right or copyrights involved in the items furnished hereunder. The Contractor shall defend, protect, and hold harmless the University its officers, agents, servants and employees against all suits of law or in equity resulting from patent and or copyright infringement concerning the contractor's performance or products produced under the terms of the contract.

    Copyrights for any item developed for the University shall be the property of the University and inure to its benefit and the Contractor shall execute such documents as the University may require for the perfection thereof.

15. **Contractor Gifts:** The contractor shall refrain in offering any offers of gifts to the University, and all University of Missouri employee's, in accordance with University of Missouri Policy #26301, Suppliers.

B. <u>Instructions to Respondents</u>

1. **Request for Proposal (RFP) Document:** Respondents are expected to examine the complete RFP document and all attachments including drawings, specifications, and instructions. Failure to do so is at Respondents' risk. It is the Respondents' responsibility to ask questions, request changes or clarifications, or otherwise advise the University if any language, specifications or requirements of the RFP appear to be ambiguous, contradictory, and/or arbitrary, or appear to inadvertently restrict or limit the requirements stated in the RFP to a single source.

    Any and all communications from Respondents regarding specifications, requirements, competitive Request for Proposal process, etc., should be directed to the University buyer of record referenced in this RFP. It is the responsibility of the person or organization communicating the request to ensure that it is received.

    The RFP document and any attachments constitute the complete set of specifications and Request for Proposal response forms. No verbal or written information that is obtained other

than through this RFP or its addenda shall be binding on the University. No employee of the University is authorized to interpret any portion of this RFP or give information as to the requirements of the RFP in addition to that contained in or amended to this written RFP document. In case of any doubt or difference of opinion as to the true intent of the RFP, the decision of the University's Chief Procurement Officer shall be final and binding on all parties.

2. **Preparation of Request for Proposals:** All Request for Proposals must be submitted in the format and number of copies as specified in the detailed specifications and must be enclosed in a sealed envelope plainly marked: **Request for Proposal #23085 for Centralized Drug Program mailed and/or delivered to University of Missouri Procurement, 2910 LeMone Industrial Blvd, Columbia, MO 65201, ATTN: Carla Gilzow.**

   To receive consideration, Request for Proposals must be received, prior to the Proposal due date and time stated in this RFP. It is the respondent's full responsibility for the actual delivery of Proposals

   Unless otherwise specifically stated in the RFP, all specifications and requirements constitute minimum requirements. All Requests for Proposals must meet or exceed the stated specifications or requirements. All equipment and supplies offered must be new, of current production, and available for marketing by the manufacturer unless the RFP clearly specifies that used, reconditioned, or remanufactured equipment and supplies may be offered. Unless specifically stated and allowed in the Detailed Specifications and Special Conditions, all pricing submitted in response to this RFP is firm and fixed.

   Whenever the name of a manufacturer, trade name, brand name, or model and catalog numbers followed by the words "or equal" or "approved equal" are used in the specifications, it is for the purpose of item identification and to establish standards of quality, style, and features. Proposals on equivalent items of the same quality are invited. However, to receive consideration, such equivalent proposals must be accompanied by sufficient descriptive literature and/or specifications to clearly identify the item and provide for competitive evaluation. The University will be the sole judge of equality and suitability. Whenever the name of a manufacturer is mentioned in the specifications and the words "or equal" do not follow, it shall be deemed that the words "or equal" follow unless the context specifies "no substitution." Unless noted on the Request for Proposal form, it will be deemed that the article furnished is that designated by the specifications. The University reserves the right to return, at contractor's expense, all items that are furnished which are not acceptable as equals to items specified and contractor agrees to replace such items with satisfactory items at the original proposal price.

   Time will be of the essence for any orders placed as a result of this RFP. The University reserves the right to cancel any orders, or part thereof, without obligation if delivery is not made in accordance with the schedule specified by the respondents Proposal and accepted by the University. Unless otherwise specified in the Detailed Specifications and Special Conditions, all proposals shall include all packing, handling, and shipping charges FOB destination, freight prepaid and allowed.

3. **Submission of Proposals:** Respondent shall furnish information required by the solicitation in the form requested. The University reserves the right to reject proposals with incomplete information or which are presented on a different form. All proposals shall be signed, in the appropriate location, by a duly authorized representative of the Respondent's organization. Signature on the proposal certifies that the Respondent has read and fully understands all RFP specifications, plans, and terms and conditions.

   By submitting a proposal, the Respondent agrees to provide the specified equipment, supplies and/or services in the RFP, at the prices quoted, pursuant to all requirements and specifications contained therein. Furthermore, the Respondent certifies that: (1) the proposal is genuine and is not made in the interest of or on behalf of any undisclosed person, firm, or corporation, and is not submitted in conformity with any agreement or rules of any group, association, or corporation; (2) the Respondent has not directly or indirectly induced or solicited any other Respondent to submit a false or sham proposal; (3) the Respondent has not solicited or induced any person, firm, or corporation to refrain from responding; (4) the Respondent has not sought by collusion or otherwise to obtain any advantage over any other Respondent or over the University.

   Modifications or erasures made before proposal submission must be initialed in ink by the person signing the proposal. Proposals, once submitted, may be modified in writing prior to the exact date and time set for the RFP closing. Any such modifications shall be prepared on company letterhead, signed by a duly authorized representative, and state the new document supersedes or modifies the prior proposal. The modification must be submitted marked "Proposal Modification" and clearly identifying the RFP title, RFP number and closing date and time. Proposals may not be modified after the RFP closing date and time. Telephone and facsimile modifications are not permitted.

   Proposals may be withdrawn in writing, on company letterhead, signed by a duly authorized representative and received at the designated location prior to the date and time set for RFP closing. Proposals may be withdrawn in person before the RFP closing upon presentation of proper identification. Proposals may not be withdrawn for a period of sixty (60) days after the scheduled closing time for the receipt of proposals.

   All proposals, information, and materials received by the University in connection with an RFP response shall be deemed open records pursuant to 610.021 RSMo. If a Respondent believes any of the information contained in the Respondent's response is exempt from 610.021 RSMo, the Respondent's response must specifically identify the material which is deemed to be exempt and cite the legal authority for the exemption; otherwise, the University will treat all materials received as open records. The University shall make the final determination as to what materials are or are not exempt

4. **Evaluation and Award:** Any clerical errors, apparent on its face, may be corrected by the Buyer before contract award. Upon discovering an apparent clerical error, the Buyer shall contact the

Respondent and request clarification of the intended proposal. The correction shall be incorporated in the notice of award. The University reserves the right to request clarification of any portion of the Respondent's response in order to verify the intent. The Respondent is cautioned, however, that its response may be subject to acceptance or rejection without further clarification.

The University reserves the right to make an award to the responsive and responsible Respondent whose product or service meets the terms, conditions, and specifications of the RFP and whose proposal is considered to best serve the University's interest. In determining responsiveness and the responsibility of the Respondent, the following shall be considered when applicable: the ability, capacity, and skill of the respondent to perform as required; whether the respondent can perform promptly, or within the time specified without delay or interference; the character, integrity, reputation, judgment, experience and efficiency of the respondent; the quality of past performance by the Respondent; the previous and existing compliance by the Respondent with related laws and regulations; the sufficiency of the Respondent's financial resources; the availability, quality and adaptability of the Respondents equipment, supplies and/or services to the required use; the ability of the respondent to provide future maintenance, service and parts.

The University has established formal protest procedures. For more information about these procedures, contact the Buyer of Record.

In case of any doubt or difference of opinion as to the items and/or services to be furnished hereunder, the decision of the Assistant Vice President Management Services, UM System shall be final and binding upon all parties.

The University reserves the right to accept or reject any or all proposals and to waive any technicality or informality.

5. **Contract Award and Assignment:** The successful Respondent(s) shall enter into a contract prepared by the University. The Contract Documents shall include the Advertisement for Request for Proposals, Specifications and Addenda, Exhibits, Request for Proposal Form, Form of Contract, Statement of Work, Letter of Award, University Purchase Order, and Form of Performance Bond, if required.

   The contract to be awarded and any amount to be paid thereunder shall not be transferred, sublet, or assigned without the prior approval of the University.

6. **Contract Termination for Cause:** In the event the Contractor violates any provisions of the contract, the University may serve written notice upon Contractor and Surety setting forth the violations and demanding compliance with the contract. Unless within ten (10) days after serving such notice, such violations shall cease and satisfactory arrangements for correction be made, the University may terminate the contract by serving written notice upon the Contractor; but

the liability of Contractor and Surety for such violation; and for any and all damages resulting there from, as well as from such termination, shall not be affected by any such termination.

7. **Contract Termination for Convenience:** The University reserves the right, in its best interest as determined by the University, to cancel the contract by given written notice to the Contractor thirty (30) days prior to the effective date of such cancellation.

8. **Warranty and Acceptance:** The Contractor expressly warrants that all equipment, supplies, and/or services provided shall: (1) conform to each and every specification, drawing, sample or other description which was furnished or adopted by the University, (2) be fit and sufficient for the purpose expressed in the RFP, (3) be merchantable, (4) be of good materials and workmanship, (5) be free from defect. Such warranty shall survive delivery and shall not be deemed waived either by reason of the University's acceptance of or payment for such equipment, supplies, and/or services.

   No equipment, supplies, and/or services received by the University pursuant to a contract shall be deemed accepted until the University has had a reasonable opportunity to inspect said equipment, supplies and/or services. All equipment, supplies, and/or services which do not comply with specifications and/or requirements or which are otherwise unacceptable or defective may be rejected. In addition, all equipment, supplies, and/or services which are discovered to be defective or which do not conform to any warranty of the Contractor upon inspection (or at any later time if the defects contained were not reasonably ascertainable upon the initial inspection) may be rejected.

9. **Payment:** Preferred settlement method is through the use of Electronic Accounts Payable solutions. Payment terms associated with these forms of payment will be issued as net 30 after the date of invoice. Payment terms associated with settlement by check will be net 30 days. Cash discounts for prompt payment may be offered but they will not be considered in determination of award unless specifically stated in the Detailed Specifications and Special Conditions. The University may withhold payment or make such deductions as may be necessary to protect the University from loss or damage on account of defective work, claims, damages, or to pay for repair or correction of equipment or supplies furnished hereunder. Payment may not be made until satisfactory delivery and acceptance by the University and receipt of correct invoice have occurred.

   For consulting services and/or contract labor services performed for MU Health Care, the hourly rate and the number of hours worked must be included in the agreement and/or on the invoice submitted. Payment may not occur unless this information has been provided.

   The University encourages suppliers to opt into its Single-Use Account (SUA) credit card program for payment of invoices. The SUA is an electronic, credit card-based payment solution that acts like a check. It provides a single 16-digit virtual account number for each payment. Similar to a check, the credit limit on each SUA is set to the specific payment amount. Payment terms for

Suppliers who participate in the SUA program are Net 0 as opposed to the standard Net 30 terms.

10. **Accounting Practices:** The Contractor shall maintain, during the term of the contract, all books of account, reports, and records in accordance with generally accepted accounting practices and standard for records directly related to this contract. The Contractor agrees to make available to the University, during normal business hours, all book of account, reports and records relating to this contract for the duration of the contract and retain them for a minimum period of one (1) year beyond the last day of the contract term.

11. **Debarment and Suspension Certification:** The Contractor certifies to the best of its knowledge and belief that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency in accordance with Executive Order 12549 (2/18/86).

12. **Cooperative Purchasing:** The intended coverage of this RFP, and any Agreement resulting from this solicitation, shall be for the use by all faculty, staff, students, departments, locations, and affiliates of the University of Missouri, including MU Health Care.

    The University of Missouri System seeks to make the terms and prices of this contract available to other higher education institutions and public entities in the State of Missouri. Extension of the terms and prices to any or all other Missouri higher education institutions and public entities is at the discretion of respondents and shall not be considered in the award of this contract. The contractor shall further understand and agree that participation by other higher education institutions and public entities is discretionary on the part of these institutions, and the University of Missouri System bears no financial responsibility for any payments due the contractor by such entities, nor will the University be responsible for contract administration for other institutions.

UNIVERSITY OF MISSOURI

DETAILED SPECIFICATIONS AND SPECIAL CONDITIONS

1. OBJECTIVE

The Curators of the University of Missouri (hereinafter referred to as "University"), a public organization, propose to contract on behalf of University of Missouri-Columbia, Missouri Kidney Program (hereinafter referred to as "MoKP") with an organization (hereinafter referred to as "Supplier"), to provide the **Centralized Drug Program (CDP)** as described herein.

2. BACKGROUND UNIVERSITY INFORMATION

The University of Missouri has provided teaching, research and service to Missouri since 1839. It was the first publicly supported institution of higher education established in the Louisiana Purchase territory. Today, the University of Missouri is one of the nation's largest higher education institutions with more than 73,000 students, 24,000 faculty and staff on four campuses, an extension program with activities in every county of the state, comprehensive distance learning services and an extensive health care network.

The Missouri Kidney Program (MoKP) is a state funded organization, operating under and administered by the University of Missouri's School of Medicine which provides financial assistance, including medication coverage for eligible Missourians who have End Stage Renal Disease or have received a kidney transplant. The program supports education and research, partners with dialysis centers and transplant centers statewide and has expertise in health insurance for kidney disease, including Medicare and Medicaid. For more about MoKP, see www.mokp.org.

At the current time, The MoKP serves approximately 1,000+ dialysis and transplant participants and contracts with approximately 186 dialysis and transplant facilities throughout the State of Missouri. The Centralized Drug Program (CDP) is administered by a pharmacy chosen after a competitive bidding process. Competitive bidding and regular evaluation of administrative procedures has resulted in highly cost-effective services.

For purposes of the RFP, anyone served by MoKP will be referred to as "participant", unless the reference is to names of the file formats between vendor and MoKP or other entities offering clinical care.

3. SCOPE

Missouri Kidney Program (MoKP) is seeking proposals from qualified licensed professional pharmacies interested in providing the following: to procure pharmaceuticals and services for the University of Missouri – Columbia, Missouri Kidney Program's Centralized Drug Program (hereinafter called "the MoKP"). The MoKP requires pharmaceuticals to be dispensed to eligible End Stage Renal Disease (ESRD) and Kidney Transplant participants throughout the State of Missouri. Prescriptions must be shipped within 24 hours of the phone call from participant or facility of a

verified prescription to the designated facility or the participant's home. Awarded vendor must assist the current vendor to transition all MoKP participants no later than October 1, 2023. The MoKP is payer of last resort. MoKP requires claims to be submitted within 6 months of the date-of-service or the last provider Explanation of Benefits (EOB).

Awarded vendor must

- have headquarters located in Missouri, with a pharmacy site in Columbia, MO.
- provide a dedicated pharmacy area for MoKP to provide CDP services including medication fills and separate from the vendor's retail business. Area must comply with all pharmacy related regulations and best practices.
- have the ability to serve any MoKP participants located throughout the state of Missouri.
- be open at a minimum, Monday-Friday 8:00am to 7:00pm and Saturday 8:00am to 1:00pm.
- provide dedicated toll-free phone numbers for participants, facilities and the MoKP staff with afterhours automated voicemail.
- provide an adequate number of phone and fax lines to avoid many busy calls and/or participant callbacks.
- provide dedicated personnel to answer calls from MoKP participants and MoKP staff.
- have the ability to accept e-script services and the MoKP Prescription Order Form.
- contact participants within (one) 1 week of being approved to tell them the benefits of the CDP and how the awarded vendor can be reached.
- have available all medications and pharmaceuticals covered by the Missouri Kidney Program's Formulary. The MoKP formulary is subject to change, in consultation with vendor. Current formulary list is set forth in Attachment E.
- fill and mail all medications from a Columbia location within twenty-four (24) hours of a call from participant requesting medication refill.
- utilize an automated system for verifying insurance.
- contact all insurances and ensure coordination of benefits is correct including timeframes and notification methods.
- authorized to coordinate and bill the state's Medicaid insurance also known as MO HealthNet, MissouriRX, all Medicare, Parts B, C, D, Supplements, and Medicare Advantage plans.
- invoice weekly for routine and immunosuppressants billed to Part D, Part C, Private, Medicaid and for immunosuppressants billed to Part B on a bi-weekly basis.
- contact the MoKP by phone or by secure email within the same business day it is found that participant's insurance has changed or been terminated as will the MoKP in return.
- knowledge and ability to bill TriCare or ChampVA. MoKP rarely serves retired or active military personnel because they receive their healthcare through TRICARE for Life and ChampVA; however, the awarded vendor may need to provide services to this population if requested by MoKP.
- dispense prescriptions while Medicaid spenddown eligibility is pending.
- submit spenddown charges to Mo HealthNet.
- hold charges and rebills until Medicaid eligibility has been approved. Should the date of service (DOS) not be covered, the MoKP will pay the claim once eligibility is determined.

- be in compliance with requirements for a Medicaid or Medicare audit. If an audit is performed and found that required documentation for an individual was not on file, the awarded vendor will be fully responsible for the amount.
- actively engage in MoKP projects and the Advisory Council. MoKP has an Advisory Council which is made up of voting members, and non-voting partners. The awarded vendor is expected to attend all council meetings, and present updates and education. The meetings are twice a year, February and June. MoKP participates in and proposes projects which enhance the program's reach and impact. For example, MoKP helps facilitate and participate in the Kidney Disease ECHO, MoKP participates in the National Kidney Foundation Central Missouri Kidney Walk. Awarded vendor would be asked to join in, contribute to, or advise these projects and programs.

Patient Profile

The MoKP will submit a Patient Profile (Attachment H) which provides, among other data, the possible payers. Payer order is determined by the drug being dispensed and Medicare Part B, Coordination of Benefits. This form is used to provide the awarded vendor with participant demographics and current insurance.

Prescription Order Form.

The Prescription Order Form (POF) (Attachment I) will be sent to the awarded vendor by the dialysis or transplant facility. If a POF is received in the mail by MoKP then it will be hand delivered to the awarded vendor. When the awarded vendor receives a completed POF, the awarded vendor will fax the POF to MoKP to approve the applicant for assistance with the Centralized Drug Program.

After approval, prescriptions should not be dispensed until an order is called in by the participant. MoKP only authorizes a thirty (30) day dispense of medications unless it is an over-the-counter (OTC) that is required by Medicaid to be dispensed in a ninety (90) day fill. Prescriptions can't be dispensed while the participant is in a hospital, nursing home or incarcerated. Awarded vendor is required to notify the MoKP office by secure email on the same business day of being notified that the MoKP participant is in the hospital, nursing home or has been incarcerated. Prescriptions can't be dispensed out of state without MoKP Director or designee approval. Additions or deletions of medications to the POF are not coordinated through the MoKP office.

MoKP encourages participants to receive all of their prescription medications from one pharmacy for safety issues and assisting with Medicare Part D enrollment. Awarded vendor will work with MoKP to encourage participants.

Stand-alone Prescription Drug Plans. Medicare Advantage or other Health Plans with Prescription Drug Coverage (MA-PD)

Medicare Advantage Plans are normally not in the best interest of a dialysis or transplant participant. When notified by the awarded vendor that a client has switched from Part D to a Part C Medicare Advantage Plan, MoKP staff will request a current list of medications to ensure medications are covered and notify the participant. Generally, the participant will ask to be switched back to a Medicare Part D prescription drug plan.

Commercial Insurance vendors will accept billing by the awarded vendor but remit payment to the participant. MoKP will not be involved in the process of collecting such payments from the participants and will be the sole responsibility of the awarded vendor. It is, however, MoKP's desire to receive the processed claim timely.

Program Administration, Electronic Billing/Reporting, And Prescription Dispensing

The MoKP will be responsible for any co-pays and/or deductibles on MoKP formulary medications once all other payers have been billed and payments received. The MoKP is payer of last resort, and all other payers must be billed and paid prior to the transactions being submitted to MoKP.

Chart shows the volume of transactions, payer mix and participant mix:

First Payer Statistics (six-month period, January 1, 2022 through June 30, 2022)			
Payer Type	**# of Participants**	**# of Prescriptions Dispensed**	**% of Total Payments**
Medicare Part B	314	4,108	41%
Medicare Part D	812	17,420	45%
Commercial Insurance (includes Medicare Part C)	80	736	3%
Medicaid/MissouriRx	831	8,881	10%
MoKP Only	*580	**3,908	1%

The above 35,053 prescriptions dispensed, during the six-month period, total approximately $2,120,000 in gross billed charges.

*First payer is defined by the drug dispensed, MoKP is the payer of last resort therefore MoKP is rarely the first payer for immunosuppressive drugs. On rare occasions, MoKP may temporarily be sole payer until insurance can be put into place.

** This number represents OTC's, drugs excluded by Medicare Part D, quantity limits, etc.

Active Participants as of November 30, 2022				
Participant Type	**# of Participants**	**# of Pts with CDP Benefit**	**# of Pts with Continuous Medicaid**	**# of Pts with Spenddown/TWHA Medicaid**
Dialysis	652	548	263	363
Transplant	366	365	121	224
Total	1018	913	384	587

Prescriptions Dispensed January 01, 2022, through June 30, 2022 (Attachment G) provides the actual pharmaceuticals dispensed during the 6-month period of January 1, 2022, through June 30, 2022.

Electronic Claim Filing.
Vendors must provide transactions for audit before they are invoiced. This will result in the invoice being paid without disputes.

The following data fields must be provided for each transaction**:**

a) Participant Identifiers:
   (1) Participant name in "Last, First, Middle" format.
   (2) The participant's Social Security Number (format xxx-xx-xxxx) and the MoKP participant identification number are required. MoKP will provide the awarded vendor the ID number for each participant eligible for drug benefits currently and for each participant becoming eligible in the future. (Note: MoKP participant ID numbers consist of 3-5 digits without leading zeroes.)

b) Prescription Information:
   (1) Drug Identifier: NDC code, (format xxxxx-xxxx-xx).
   (2) Rx number (vendor-defined).
   (3) Dispense date: (format mm/dd/yyyy).
   (4) Quantity.
   (5) Price – total retail price for drug dispensed (not per-unit price). If there is a first payer other than MoKP, this field should be the amount billed to that payer, e.g. The Medicare allowed amount if Medicare is the first payer.

c) First Payer information: (one section for each payer if more than one prior to MoKP)
   (1) Payer (designate Medicare, Part D, Private or Medicaid)
   (2) Amount collected from payer.

d) Balance Due

Data.

A data field for each transaction containing the drug's Generic Product Identification (GPI) code (14-digit integer) is required. This information is used by MoKP's data processing system to automatically identify a drug not previously encountered and to ensure the National Drug Code (NDC) is a valid MoKP formulary item. Inclusion of this field will enable the vendor to change suppliers for a MoKP formulary drug or accommodate other changes to drug NDC without the inefficiency of advance approval of NDC changes by MoKP, which would otherwise be necessary.

The following additional data fields are required in order to facilitate communication between the vendor and the MoKP staff in resolving questions about a particular transaction:

a) Transaction ID – an integer number that can be used to uniquely identify the transaction between MoKP and the vendor. It would be desirable for this number to start at a value of 500000000.
b) Drug name as used by the vendor's data processing system.

It is mandatory that all transactions involving MoKP participants are present in the billing file even if one or more other payers have paid 100% of the amount billed and the balance due from MoKP is zero. It is also mandatory that all resubmitted claims be sent to MoKP once the claim has been submitted to the correct payer(s).

Transactions shall be transmitted to MoKP as follows:

a) Encrypted files of batched transaction data consisting of American Standard Code for Information Interchange (ASCII) text should be uploaded by the awarded vendor to a MoKP server using an MoKP-provided Secure File Transfer Protocol (SFTP) file transfer method.

b) Transaction files shall be formatted as XML (extensible Markup Language) validated against the document type declaration (DTD) file. A sample pharmacy bill containing validated XML-formatted transaction and a printed version of the DTD file are attached for reference – XML Electronic Transmission (Attachments K) and Pharmacy Bill Document Type Definition (DTD) File (Attachment L).

c) Transaction files transmitted by electronic transfer shall be encrypted using the SFTP encryption method.

Audit and Payment Terms.

Part D/Part C/Private/Medicaid Only (Routine/Immuno medication) pharmacy transactions must be submitted by electronic file weekly. Part B (Immunosuppressive medications) pharmacy transactions must be submitted by electronic file bi-weekly. Once MoKP has audited the claims and notified the awarded vendor of transactions being denied, vendor can invoice the MoKP.

Payment will be made Net thirty (30) after the date of invoice or date of submission.

The MoKP may contest charges due to incorrect vendor records. If the claim was denied by the payer the Explanation of Benefits (EOB) or denial reason must be communicated, in an agreeable manner, to the MoKP prior to submitting the claim for payment. This will ensure the MoKP database can be updated and the claim, once submitted, will not be rejected during the MoKP audit process. If during an audit by Medicare, Medicaid, or another regulatory entity, it is found that the vendor did not submit all required information or have on file all required documentation and the prescription denied, the vendor will be responsible for the total cost of the prescription.

The MoKP, after processing payment, may find out a participant has other coverage. It might be Commercial Insurance, Medicare, Medicaid, etc. All resubmitted claims must be sent to MoKP once the claim has been resubmitted to the correct payer(s). This allows MoKP to have an accurate prescription history and payer order.

Approvals, Terminations, Reinstatements, Death, and Relocation.

Participant Approvals.
A patient profile will be submitted electronically to the awarded vendor. Awarded vendor is then to acknowledge receipt by initialing the patient profile and secure emailing back to the MoKP. MoKP staff will make every effort to contact the participant to inform them about the Program and the CDP, how to contact the awarded vendor, and the benefits of using the CDP. The MoKP also requires the awarded vendor to contact the participant within one (1) week of being approved to tell them the benefits of the CDP and how the awarded vendor can be reached.

Terminations.
When a participant is terminated from MoKP and/or their Centralized Drug benefit is terminated, a secure email is automatically generated to notify the awarded vendor. Awarded vendor is then to acknowledge receipt by replying to this secure email including the initials of the person processing this termination.

Reinstatements.
A patient profile will be submitted by secure email to the awarded vendor. Awarded vendor is then to acknowledge receipt by initialing the patient profile and secure emailing back to MoKP.

Death.
When the MoKP Administrative office is notified that a participant has died, a secure email is automatically generated to notify the awarded vendor. If awarded vendor is notified that a participant has died, awarded vendor will send a secure email to the MoKP staff.

Relocation (address changes/facility change).
When an awarded vendor is notified of an updated address change or change in facility (dialysis/ transplant center), the awarded vendor will secure email the MoKP staff. If MoKP receives notification of the above, MoKP will email the awarded vendor with those updates. Prescriptions cannot be sent outside the State of Missouri without prior approval by the MoKP.

Formulary.
The MoKP expects the use of generic equivalent products, when possible, even though the formulary lists specific product names. MoKP may choose to exclude certain manufacturers of particular drugs.

Additions and deletions to the formulary will be necessary from time to time. MoKP is responsible for determining what to add or delete, in consultation with CDP pharmacist and CDP manager.

4. SITE TOUR

MoKP may request a tour to view the respondent's Columbia MO pharmacy site during the evaluation. Please acknowledge your willingness to host a tour and list the appropriate parties to notify of tour request including email address and phone numbers.

The purpose of the tour is to allow MoKP the opportunity to inspect the area of the work site, both billing/administrative area and the proposed dedicated pharmacy area for the MoKP CDP program.

5. CONTRACT PERIOD

The contract period shall be from July 1, 2023 through June 30, 2028 with the option to renew for an additional five years. Services will be phased into with a complete transition of existing MoKP participants no later than October 1, 2023. New participants will be directed to the successful vendor immediately. The vendor will agree to a three-month transition phase when exiting the contract.

Each respondent is required to state their maximum percent increase for items awarded for the successive annual renewal period, if applicable. The percent increase shall be a percentage change in the unit prices and shall not exceed that percent.

The Curators of the University of Missouri is a public corporation and, as such, cannot create an indebtedness in any one year (the fiscal year beginning July 1 to June 30) above what they can pay out of the annual income of said year as set forth in Section 172.250 RS MO. Therefore, if the University determines it has not received adequate appropriations, budget allocations or income to enable it to meet the terms of this contract, the University reserves the right to cancel this contract with thirty (30) days' notice.

4. INSTRUCTIONS FOR PROPOSAL RESPONSE

Responses should be enumerated in the same order and fashion of the Mandatory and Desirable Specifications outlined within. Respondents are required to **fully** respond with compliance statements to each of the mandatory specifications. Respondents are required to fully respond with description of ability and how to meet the evaluation questions.

Respondents must be clear and concise in responses in order to be fully credited in the evaluation. Attach and reference any relevant documentation that would ensure the evaluating committee both Mandatory and Desirable specifications are met. If "no response" or insufficient response to substantiate compliance is provided, the University reserves the sole right to reject supplier's proposal from further consideration. Do not include responses that are superfluous or irrelevant to the specific question asked and do not include large graphics. These are not valuable in the volume of information the various evaluating teams must review.

Proposals must be submitted in the number and manner as specified below:

Volume I – Functional section **MUST** be submitted in a sealed envelope with two (2) paper copies and one (1) electronic copy via a non-password protected flash drive in PDF format and must contain **in this order:**

- Response to Information for Respondents and General Conditions,
- Mandatory Specifications and supplier responses,
- Desirable Specifications and supplier responses,
- If there is a supplier related contract that must be signed as part of doing business, it should also be included in this section.

Volume II – Financial Section **MUST** be submitted in a separately sealed envelope with one (1) paper copy and one (1) electronic copy via a non-password protected flash drive in PDF format and contain **in this order:**

- Request for Proposal Form with any supplemental pricing schedules, if applicable.
- Authorized Respondent Representation.
- Financial Summary including additional costs, if any, for Desirable Specification Compliance, functional or technical.
- Attachment A - Supplier Diversity Participation Form.

- Attachment B – Supplier Registration Information.
- Financial statements, required.
- Attachment F – Pricing Summary Sheet
- Attachment J – Pricing for Top 20 drugs list submitted by MoKP as attachment?

Respondent must complete and return the University Proposal Form with proposal response. Supplier quote sheets are not acceptable forms of bidding and could cause rejection of response. **All proposals must be plainly marked: Request for Proposal #23085 for Centralized Drug Program, mailed and/or hand delivered to University of Missouri Procurement, 2910 LeMone Industrial Blvd., Columbia, MO 65201, Attn: Carla Gilzow. Please allow transmittal time to ensure your response is received no later than the time stated on the RFP cover page.**

Note: Any Respondent's Request for Proposal that makes material modifications to the University's Terms and Conditions may be found non-responsive, as solely determined by the University.

Confidentiality of Information:
All records received from a Supplier will be deemed public records and presumed to be open. If the supplier submits with the Request for Proposal any information claimed to be exempt under the Revised Statues of Missouri, Chapter 610, this information must be placed in a separate envelope and marked with:

"This data shall not be disclosed outside the University or be duplicated, used, or disclosed in whole or in part for any purpose other than to evaluate the Request for Proposal; however, if a contract is awarded to this Supplier as a result of or in connection with the submission of such information, the University shall have the right to duplicate, use, or disclose this information to the extent provided in the contract. This restriction does not limit the University's right to use information contained herein if it is obtained from another source."

5. EVALUATION AND CRITERIA FOR AWARD OF PROPOSAL

Respondents must meet the mandatory/limiting criteria to be "qualified" for scoring. If requirements are not met, the respondents are disqualified from further evaluation/award. Qualified remaining respondents will be scored on their ability to meet scored desirable criteria, which includes qualitatively, how specifications are met. A team of University individuals will evaluate and assign points to suppliers' responses to the evaluation questions. At the sole option of the University, the functional/technical review team may decide to go on a site visit, at their expense, or request suppliers to perform a presentation/demonstration to confirm specifications are met as provided in responses. The University could elect to not award to a potential respondent if site visits/presentations revealed compliance inconsistency.

The University may request suppliers selected as finalists to come onsite to the University, at the supplier's expense, for presentations as part of the RFP selection.

Proposals will be awarded based upon the functional and financial evaluation.

8. INSURANCE REQUIREMENTS

Contractor agrees to maintain, on a primary basis and at its sole expense, at all times during the life of any resulting contract the following insurance coverages, limits, including endorsements described herein. The requirements contained herein, as well as the University's review or acceptance of insurance maintained by Contractor is not intended to and shall not in any manner limit or qualify the liabilities or obligations assumed by Contractor under any resulting contract. Coverage to be provided as follows by a carrier with A.M. Best minimum rating of A- IX.

Commercial General Liability Contractor agrees to maintain Commercial General Liability at a limit of not less than $5,000,000 Each Occurrence, $10,000,000 Annual Aggregate. Coverage shall not contain any endorsement(s) excluding nor limiting Product/Completed Operations, Contractual Liability or Cross Liability.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the Umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse The officers, employees, and agents of The Curators of the University of Missouri on the Umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

Business Auto Liability Contractor agrees to maintain Business Automobile Liability at a limit not less than $2,000,000 Each Occurrence. Coverage shall include liability for Owned, Non-Owned & Hired automobiles. In the event Contractor does not own automobiles, Contractor agrees to maintain coverage for Hired & NonOwned Auto Liability, which may be satisfied by way of endorsement to the Commercial General Liability policy or separate Business Auto Liability policy.

Workers' Compensation & Employers Liability Contractor agrees to maintain Workers' Compensation in accordance with Missouri State Statutes or provide evidence of monopolistic state coverage. Employers Liability with the following limits: $500,000 each accident, disease each employee and disease policy limit.

Data Breach Refer to Risk & Insurance Management for review, but at a minimum for low risk contracts only: If capturing, transmitting or access to PII, PHI or PCI then coverage must also include Data Breach coverage of $1,000,000 per occurrence.

Contract Language
The officers, employees, and agents of The Curators of the University of Missouri are to be Additional Insured with respect to the project to which these insurance requirements pertain. A certificate of insurance evidencing all coverage required is to be provided at least 10 days prior to

the inception date of the contract between the contractor and the University. Contractor/Party is required to maintain coverages as stated and required to notify the University of a Carrier Change or cancellation within 2 business days. The University reserves the right to request a copy of the policy. The University reserves the right to require higher limits on any contract provided notice of such requirement is stated in the request for proposals for such contract.

Indemnification
The Contractor agrees to defend, indemnify, and save harmless The Curators of the University of Missouri, their Officers, Agents, Employees and Volunteers, from and against all loss or expense from any cause of action arising from the Contractor's operations. The contractor agrees to investigate, handle, respond to and provide defense for and defend against any such liability, claims, and demands at the sole expense of the Contractor or at the option of the University, agrees to pay to or reimburse the University for the Defense Costs incurred by the University in connection with any such liability claims, or demands.

The parties hereto understand and agree that the University is relying on, and does not waive or intend to waive by any provision of this Contract, any monetary limitations or any other rights, immunities, and protections provided by the State of Missouri, as from time to time amended, or otherwise available to the University, or its officers, employees, agents or volunteers.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the University shall have the right to cancel and terminate the contract without notice.
The insurance required by the provisions of this article is required in the public interest and the University does not assume any liability for acts of the Agency/Service and/or their employees and/or their subcontractors in the performance of this contract.

9. BUSINESS ASSOCIATE REQUIREMENTS

If the services requested by the University via this RFP require the respondents to use and/or disclose protected health information (PHI), a "Business Associate" relationship exists. The following 19 identifiers, together or individually, may constitute PHI:

1. Names;
2. All geographic subdivisions smaller than a state (e.g. street address, city, county, precinct, zip code);
3. All dates related to the individual (e.g. date of birth, admission date, discharge date, date of death);
4. Telephone number;
5. Fax number;
6. Electronic mail addresses;
7. Social Security Number (SSN);
8. Medical record number;
9. Health plan numbers;

10. Account numbers;
11. Certificate or license numbers;
12. Vehicle identification/serial numbers, including license plate numbers;
13. Device identification/serial numbers;
14. Universal resource locators (URL's);
15. Internet protocol (IP) addresses;
16. Biometric identifiers;
17. Full face photographs and comparable images;
18. Genetic information; or
19. Any other unique identifying number, characteristic or code

If a Business Associate relationship is determined to exist, the awarded supplier will be required to sign the University's Business Associate Agreement at the time of contract execution.

10. SECURITY REQUIREMENTS FOR INFORMATION TECHNOLOGY PURCHASES

As part of the selection process, Respondents must demonstrate compliance with the security criteria listed in the categories stated on the attached "SecureAuth IdP Integration Questionnaire" (Attachment C) and "University of Missouri Information Security Requirements Questionnaire" (ITSRQ) spreadsheet (Attachment D) by responding in writing to every statement and question. It is the respondent's responsibility to supply sufficient and complete information for a full evaluation of all items in this section, including detailed explanations. Validation of the answers provided by the respondent may be conducted during the review/assessment process. Any erroneous information could limit the respondent's ability to finalize implementation of the proposed solution. Please include any security white papers, technical documents, or policies that are applicable. Failure to provide the necessary information to meet the requirements in this section could lead to disqualification.

The University assigns data classification levels (DCL) for all University owned or hosted IT-based systems. **This system will have a DCL level of 4**. Security requirements for all DCS levels can be found at: https://www.umsystem.edu/ums/is/infosec/classification-device-guidelines. The University of Missouri reserves the right to periodically audit any or all hardware and/or software infrastructure provided by the supplier to ensure compliance with industry standards and best practices, as well as the requirements of the University's DCS. When applicable, the University of Missouri requires compliance with the Health Insurance Portability and Accountability Act (HIPAA), FERPA, GLBA, PCI specifications, and all other applicable state, local and federal laws and regulations.

11. **MANDATORY CRITERIA**

Respondents must meet all mandatory requirements in this section in order to continue with a response to this RFP. Any Respondent that does not meet all the following requirements will be removed from further consideration. Respondents must provide a written, affirmative response to each of the criteria stated below and provide substantiating information to support your answer.

1. It is mandatory that the respondent execute deliverables as listed in the scope of work above unless an edited list of deliverables is mutually agreed upon. **CONFIRM Y _____ or N _____ Provide information to support your answer.**

2. It is mandatory that the respondent have a minimum of ten (10) years' experience in pharmacy retail. **CONFIRM Y _____ or N _____ Provide information to support your answer.**

3. It is mandatory that the respondent have a minimum of at least five (5) years' experience in mail order pharmaceuticals. **CONFIRM Y _____ or N _____ Provide information to support your answer.**

4. It is mandatory that the respondent be licensed for business in the state of Missouri and headquartered in Missouri. **CONFIRM Y _____ or N _____ Provide information to support your answer.**

5. It is mandatory that the respondent agrees to a three-month transition phase when exiting the contract. **CONFIRM Y _____ or N _____ Provide information to support your answer.**

6. It is mandatory that the respondent agrees to utilize the Patient Profile (Attachment H) form with participant demographics and current insurance. **CONFIRM Y _____ or N _____ Provide information to support your answer.**

7. It is mandatory that the respondent agree to utilize the Prescription Order Form (Attachment I). **CONFIRM Y _____ or N _____ Provide information to support your answer.**

8. It is mandatory that the respondent agrees to submit claims within six (6) months of the date-of-service or the last provider EOB. **CONFIRM Y _____ or N _____ Provide information to support your answer.**

12. DESIRABLE CRITERIA

It is the Respondent's responsibility to supply sufficient and complete information for a full evaluation of all items in this section, including detailed explanations.

1. The MoKP serves eligible End Stage Renal Disease (ESRD) and Kidney Transplant participants throughout the State of Missouri. Provide a descriptive list of your company's similar pharmacy and mail order services. Please include how your company will meet the scope as outline above.

2. Vendor must be open Monday-Friday 8:00am to 7:00pm and Saturday 8:00am to 1:00pm. Provide which holidays are observed that result in closure, or reduction in services.

3. Provide in detail your company's ability to manage call volume including number of lines and monitoring of busy calls.

4. Describe your company's e-script services.

5. Provide your company's stand-alone Prescription Drug Plans for 2023.

6. Provide detailed information on your company's Medicare Advantage or other Health Plans with Prescription Drug Coverage (MA-PD) for 2023.

7. Describe your company's TriCare or ChampVA for retired or active military personnel.

8. Provide the name and contact information for the assigned account personnel for the following roles.

- Account representative
- Computer representative
- Pharmacist representative
- Manager

9. List at least three contracted entities that have purchased similar services from your company. List references by contact name, company, address, and telephone number.

Medicaid – Spenddown.

10. Describe in detail the process that will be used to avoid dispensing prescriptions to MoKP participants during a spenddown gap.

11. Describe in detail the process that will be used if a prescription has to be dispensed while Medicaid spenddown eligibility is pending. Specifically address if charges are held until eligibility has been determined. It has been the experience of the MoKP that eligibility is post-dated and the date-of-service (DOS) ends up covered.

12. Describe in detail what role you will have in assisting participants with managing/meeting their spenddown and providing charges to Division of MO HealthNet.

Medicaid – Continuous.

13. Describe in detail the process that will be used to dispense prescriptions to continuous Medicaid participants. Specifically address how the non-MoKP formulary medication co-pays are handled, including whether the participant is billed, or co-pay is expected at time of service.

Medicare – Part B.

14. Describe the process that will be used to bill and dispense immunosuppressant drugs for participants with Medicare coverage and what information is kept on file to meet CMS requirements. If a Medicare audit is performed and finds that required documentation for an individual was not on file, the pharmacy will be fully responsible for those charges.

15. Provide your company's procedure to bill secondary (Medicaid, Commercial Insurance or Medicare Supplements) payers.

16. Provide your company's procedure if a participant's insurance will not accept assignment of benefits and the participant receives payment from the insurance company.

Medicare – Part D and Part C.

17. Describe in detail how your company will track previous, current, and future PDP plans for a MoKP participant and how your company will notify MoKP of these changes.

18. Provide your company's procedure for prior authorization required by the Medicare Part D or C Prescription Drug Plan.

19. Describe in detail how you will handle quantity limits imposed by the Medicare Part D or C Prescription Drug Plan.

20. Describe in detail how you will handle step therapy requirements by the Medicare Part D or C Prescription Drug Plan.

22. Describe in detail how you will handle dispensing when dual eligible participants that should have been enrolled into a PDP but are not enrolled at the time of dispensing.

23. Describe in detail how it will be communicated to MoKP when an individual's PDP is not covering all of their medications or when an individual has switched to a Medicare Advantage Plan.

Commercial Insurance.

24. Describe the process that will be used to dispense prescriptions to participants when:

- Commercial insurance is primary.
- Commercial insurance is secondary.
- Describe in detail how commercial insurance maximums and deductibles are tracked and handled.

25. It is our experience that some commercial insurance vendors will accept billing by the awarded vendor but remit payment to the participant. Describe in detail how this will be handled to avoid billing MoKP.

26. Describe in detail your willingness to become a participating pharmacy if the MoKP has a participant with insurance that you currently are not participating with. This includes Medicare Advantage plans and other Health Plans with Prescription Drug Coverage.

Change of Insurance.

27. Provide your company's communication procedure when an individual's insurance has changed, terminated or your company identifies additional insurance.

Prescription Shipment and Access.

28. Prescriptions must be shipped within 24 hours of phone call from participant or facility of a verified prescription to the designated facility or the participant's home. Describe in detail the length of time you expect verification to take. State the estimated (normal) length of time from order to shipment.

29. Describe your experience with mail order medications, particularly to high-risk participants (like diabetics and transplant recipients), with weather, USPS and other carrier delays, and any other challenges to timely delivery. Describe in detail what carriers will be used to ship prescriptions and how prescriptions are tracked. Include what precautions will be used to protect pharmaceuticals that require special handling, like refrigeration.

30. Describe in detail the procedure used when a participant or facility does not receive their shipment. Please include billing, re-mailing, and how endured cost is processed.

31. Describe in detail the access MoKP will have access to, upon request, participant charges, medication lists and ad hoc reports during the year during various times of the year i.e., Part D Open Enrollment.

Transition.

32. Describe in detail a procedure for transitioning existing participants, including what supporting documentation will be required and propose time frames.

Rebillings.

33. The MoKP, after processing payment, may find out a participant has other coverage. It might be Commercial Insurance, Medicare, Medicaid, etc. Describe in detail what procedure will be used to credit MoKP and bill the correct payer. All resubmitted claims must be sent to MoKP once the claim has been resubmitted to the correct payer(s). This allows MoKP to have an accurate prescription history and payer order.

Non-formulary MoKP medications.

34. Describe in detail if MoKP participants can order non-MoKP formulary items. Indicate how these items will be kept separate from those authorized on the MoKP formulary. Indicate how you will handle the accounts receivable and what if any assistance you expect from MoKP. It is the desire of the MoKP that for safety issues and assisting with Medicare Part D enrollment the participants receive all of their prescription needs from one pharmacy.

Customer Relations.

35. The awarded vendor will attend all council meetings and provide updates and education. Please confirm that appropriate staff may be available on request.

36. CLAIM is Missouri's official State Health Insurance Assistance Program (SHIP). It is desired that the awarded vendor will have CLAIM certified staff. For more information on becoming a CLAIM Volunteer please visit https://www.missouriclaim.org/volunteer/become-a-volunteer/
Please confirm whether you have staff who are CLAIM certified, and if not, whether you would assign a staff person to become certified.

37. Describe in detail what method is used to ensure the presence or absence of ongoing customer satisfaction and notifications. Provide customer satisfaction surveys if used. Describe your company's communication method with the following.

- non-English speaking customers.
- pharmacy closings.
- change in manufacturer.
- change in dose.
- a denial from a doctor on a refill
- if a medication is no longer on the market or there is a shortage.

Medication Therapy Management Programs.

38. Provide the programs that your company offer to participants to help with medication management, including the best practice of syncing medications.

Promotional Program(s) and Marketing.

39. Describe in detail how your company would market the CDP, including any brochures, branded items, etc. All materials must be co-branded with Missouri Kidney Program logo. Describe in detail any promotional and/or discount programs in which MoKP participants can participate. For example, the provision of a free "goodie bag" to new transplant participants. List the items provided.

REQUEST FOR PROPOSAL FORM

REQUEST FOR PROPOSALS
FOR
FURNISHING AND DELIVERY
OF
CENTRALIZED DRUG PROGRAM (CDP)

FOR
THE CURATORS OF THE UNIVERSITY OF MISSOURI
ON BEHALF OF
UNIVERSITY OF MISSOURI- COLUMBIA

MISSOURI KIDNEY PROGRAM

RFP # 23085
DUE DATE:March 1, 2023
TIME: 2:00 P.M. CDT

The undersigned proposes to furnish the following items and/or services in accordance with all requirements and specifications contained within this Request for Proposal issued by the University of Missouri.

PRICING

Please confirm that your company commits to increases but no decreases in the AWP percent discount, and decreases but no increases in other fees (dispensing, administrative, mailing, reporting, etc) on the Pricing Summary Sheet Attachment F?

Provide on Top Twenty Drugs Dispensed (Attachment J) – Top Twenty – individual pricing, both generic and brand, using the pricing you are submitting on Pricing Summary (Attachment F).

Pricing Summary Sheet – Attachment F, indicate the following:

- AWP discount percentage
- Dispensing fee, if applicable
- Mailing fee, if applicable
- Administrative fee, if applicable

Additional fees. On the pricing sheet indicate any fees, or cost, that will be incurred for the service(s) being offered and described in the above sections. Price must be indexed to the description of the service. Only the fees listed on Pricing Summary (Attachment F) – Pricing Summary Sheet – will be honored.

State any applicable maximum price increases for renewal years:

AUTHORIZED RESPONDENT REPRESENTATION

Authorized Signature	Date
Printed Name	Title
Company Name	
Mailing Address	
City, State, Zip	
Phone No.	Federal Employer ID No.
Fax No.	E-Mail Address
Number of calendar days delivery after receipt of order: _____	Payment Terms: _____ Note: Net 30 is default. Early pay discounts encouraged.
Select Payment Method: SUA ACH Check	
Circle one: Individual Partnership Corporation	
If a corporation, incorporated under the laws of the State of_____	
Licensed to do business in the State of Missouri? ____yes _____no	
Maintain a regular place of business in the State of Missouri? _____yes _____no	

This signature sheet must be returned with your proposal.

ATTACHMENT A
SUPPLIER DIVERSITY PARTICIPATION FORM

The University of Missouri System is committed to and supports supplier diversity as an essential part of the University's mission and core values. The University's Supplier Diversity efforts reflect this mission.

Tier 2 Supplier Diversity Information - The University strongly encourages Supplier Diversity participation in all of its contracts for goods and services. Tier 2 Spend is spend reported by primary (non-diverse) suppliers of the University of Missouri who subcontract work to, or make purchases from a diverse supplier. Depending upon the contract, primary (non-diverse) suppliers will be asked to submit Tier 2 information with Women and Diverse Owned companies. Suppliers have two options in reporting Tier 2 dollars depending on the terms of the contract: Direct and Indirect. Awarded suppliers may be asked to utilize CVM Solutions for reporting Tier 2 spend.

- Direct dollars - those dollars directly spent with Women and Diverse Owned suppliers in the fulfillment of the contract.

- Indirect dollars - based on a percentage of revenue the University represents to the supplier. An example is as follows:
    - Supplier's Total Revenues: $10,000,000
    - Revenues from University $: $ 4,000,000
    - University % of Total Revenues: 40% (#2 divided by #1)
    - Total MBE Dollars $: $ 150,000
    - Total WBE Dollars $: $ 150,000
    - Total University Attributable MBE $: $ 60,000 (#3 multiplied by #4)
    - Total University Attributable WBE $: $ 60,000 (#3 multiplied by #5)
    - Total University Attributable MWBE $: $ 120,000 (Sum of #6 and #7)
    - University % Attributable Revenue: 3% (#8 divided by #2)

1. Does your company have a Supplier Diversity Program? If so, describe efforts your company has made to increase business with Women and Diverse Owned businesses (i.e. does your company have a policy statement, participate in outreach activities, promote diverse firm subcontracting, publicize contract opportunities, provide certification assistance, etc.?) Please provide examples (use additional pages if needed): _____

   _____

   _____

2. If you are a non-diverse owned company, what percentage of your company's total contracting and procurement spend for the prior year was with Women and Diverse Owned businesses? Are you able to provide this information specific to University of Missouri business?

   _____

   _____

3. If you are a non-diverse owned company, complete the following table indicating the percentage your company will subcontract with certified Women and Diverse Owned businesses should your company be the successful bidder. Note: If your company does not plan to use Women and Diverse Owned businesses to fulfill your contract obligations, please explain why not.

Supplier Name	% of Contract	Specify Direct or Indirect

If there are questions regarding supplier diversity at the University, contact Teresa Vest, vestt@umsystem.edu.

----------THIS FORM MUST BE SUBMITTED WITH THE RESPONSE----------

ATTACHMENT B
SUPPLIER REGISTRATION INFORMATION

Completion of this section is strongly encouraged. Please review and check ALL applicable boxes.

SMALL BUSINESS CONCERN: _____Yes _____No

The term "small business concern" shall mean a business as defined pursuant to Section 3 of the Small Business Act and relevant regulations issued pursuant thereto. Generally, this means a small business concern organized for profit, which is independently owned and operated, is not dominant in the field of operations in which it is bidding. We would consider any firm with 500 employees or less a "small business concern".

WOMAN OWNED BUSINESS (WBE): _____Yes _____No

A woman owned business is defined as an organization that is 51% owned, controlled and/or managed, by a woman. The determination of WBE status depends solely on ownership and operation and is not related to employment. The firm should be certified by a recognized agency (e.g., state, local, federal, etc.). Please see Public Law 106-554 for more detail.

MINORITY BUSINESS ENTERPRISE (MBE): _____Yes _____No

A minority business is defined as an organization that is 51% owned, controlled and/or managed by minority group members. The determination of minority status depends solely on ownership and operation and is not related to employment. The firm should be certified by a recognized agency (e.g., state, local, federal, etc.). Please see Public Law 95-507 for more detail. Place an X by the appropriate space below.

1. Asian-Indian - A U.S. citizen whose origins are from India, Pakistan and Bangladesh _____ (A)

2. Asian-Pacific - A U.S. citizen whose origins are from Japan, China, Indonesia, Malaysia, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Thailand, Samoa, Guam, the U.S. Trust Territories of the Pacific or the Northern Marianas. _____ (P)

3. Black - A U.S. citizen having origins in any of the Black racial groups of Africa. _____ (B)

4. Hispanic - A U.S. citizen of true-born Hispanic heritage, from any of the Spanish-speaking areas Mexico, Central America, South America and the Caribbean Basin only. _____ (H)

5. Native American - A person who is an American Indian, Eskimo, Aleut or Native Hawaiian, and regarded as such by the community of which the person claims to be a part. _____ (N)

A Veteran or Service Disabled Veteran business is defined as an organization that is 51% owned, controlled and/or managed by Veterans. The firm should be certified by a recognized agency (e.g., state, local, federal, etc.). Please see Public Law 109-461 for more detail.

VETERAN BUSINESS ENTERPRISE _____Yes _____No

SERVICE DISABLED VETERAN BUSINESS ENTERPRISE _____Yes _____No

MISSOURI FIRM: _____Yes _____No

A Missouri Firm is defined as an organization which has and maintains within the State of Missouri a regular place of business for the transaction of their business.

BUSINESS TYPE:

Manufacturer	_____ (M)
Distributor/Wholesaler	_____ (D)
Manufacturer's Representative	_____ (F)
Service	_____ (S)
Retail	_____ (R)
Contractor	_____ (C)
Other	_____ (O)

SOLE PROPRIETORSHIP: _____Yes _____No

SUPPLIER'S CERTIFICATION:

The undersigned hereby certifies that the foregoing information is a true and correct statement of the facts and agrees to abide by the laws of the State of Missouri and the rules and regulations of the University of Missouri System now in effect including any subsequent revisions thereof. Supplier acknowledges that it is his/her responsibility to keep the information current by notifying the University of Missouri of any changes.

Signature of Person Authorized to Sign this Supplier Registration Information Form

Title: _____ Date: _____

ATTACHMENT C
SECUREAUTH IdP INTEGRATION QUESTIONNAIRE

Requestor Contact Information (the University/department contact)
Requestor Name:
Requestor Email Address:
Requestor Phone Number:
Requesting Department Name:
Requesting Business Unit:

External/Third Party Contact Information
Sales Contact Name:
Technical Contact Name:
Company:
Email address:

Service Provider (SP) Information

1. Name of application/service:
2. Application URL:
3. Description of application/service:
4. Service Provider Solution (i.e. Shibboleth, OpenSAML 2 or other product):
5. Is your entire site protected using SSL? If no, will you use SSL to protect the authentication session? If no, explain why:
6. Will you be expecting attributes to be passed for authorization purposes? If so, list and describe attributes:
7. How will attributes be used in the application/service?
8. Will attributes be used for any other purpose? (i.e. given to third parties, used for reports, etc.)
9. Will attributes be stored? If yes, how will attributes be stored and for how long?
10. Do you support SP initiated SSO?
11. Can you consume a metadata file?
12. Does your SP support XML signature/encryption?
13. Does your SP support signed/encrypted assertions?
14. Will your SP metadata be emailed directly to us?
15. Does your SP metadata file contain, at a minimum, the following components?
    a. <md:EntityDescriptor>
    b. <md:SPSSODescriptor> (must include the proper protocolSupportEnumeration)
    c. <md:KeyDescriptor>
    d. <md:SingleLogoutService> (if any)
    e. <md:NameIDFormat> (if any)

Attachment D – University of Missouri Information Security Requirements Questionnaire (ITSRQ): See the attached excel spreadsheet.

Missouri Kidney Program

University of Missouri Health System

MoKP Drug Formulary
as of November 22, 2022

(MoKP-covered drugs in the following list are defined by the combination of product and generic names as contained in e.g. the Micromedex Redbook(tm). Also note the comments at the end of this list.)

Product Name	Generic Name
ACETAMINOPHEN	ACETAMINOPEHN
ACETAMINOPHEN	ACETAMINOPHEN
ACETAMINOPHEN EXTRA STRENGTH	ACETAMINOPHEN
ACETAMINOPHEN W/CODEINE	ACETAMINOPHEN W/CODEINE
ACETAMNOPHEN EXTRA STRENGTH	ACETAMINOPHEN
ACYCLOVIR	ACYCLOVIR
ADVOCATE PEN NEEDLE	NEEDLE
AFEDITAB	NIFEDIPINE
AFEDITAB CR	NIFEDIPINE
ALAMAG	AL HYDROX/MG HYDROX
ALLOPURINOL	ALLOPURINOL
ALTERNAGEL	ALUMINUM HYDROXIDE
ALUMINUM HYDROXIDE	ALUMINUM HYDROXIDE
AMILORIDE HCL	AMILORIDE HYDROCHLORIDE
AMILORIDE HYDROCHLORIDE	AMILORIDE HYDROCHLORIDE
AMILORIDE/HCTZ	AMILORIDE/HCTZ
AMIODARONE HCL	AMIODARONE HYDROCHLORIDE
AMITRIPTYLENE HCL	AMITRIPTYLENE HYDROCHLORIDE
AMITRIPTYLINE	AMITRIPTYLINE
AMITRIPTYLINE HCL	AMITRIPTYLINE HYDROCHLORIDE
AMITRIPTYLINE HCL	AMITRIPTYLINE HYROCHLORIDE
AMITRIPTYLINE HYDROCHLORIDE	AMITRIPTYLINE HCL
AMLODIPINE	AMLODIPINE
AMLODIPINE BESYLATE	AMLODIPINE BESYLATE
AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM	AMLODIPINE
AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM	AMLODIPINE/ATORVASTATIN
AMOX/K CLAV	AMOX/K CLAV
AMOXICILIN	AMOXICILLIN
AMOXICILLIN	AMOXICILLIN
AMOXICILLIN AND CLAVULANATE POTASSIUM	AMOXICILLIN/CLAVULANATE POTASSIUM
AMOXICILLIN/CLAVULANATE POTASSIUM	AMOXICILLIN/CLAVULANATE

AMOXICILLIN/CLAVULANATE POTASSIUM	AMOXICILLIN/CLAVULANATE POTASSIUM
AMOXIL	AMOXICILLIN CAP 500MG
ANEMAGEN	FE FUM/STOM/VIT B12/VIT C
ANEMAGEN FA	FE FUM/FOLIC ACID/VIT B12/VIT C
ANTACID	CALCIUM CORBONATE
ANTACID DOUBLE STRENGTH	ALUMINUM HYDROXIDE/MAGNESIUM HYDROXIDE/SIMETHICONE
ANTACID EXTRA STRENGTH	CALCIUM CARBONATE
ANTACID ULTRA STRENGTH	CALCIUM CARBONATE
ARAVA	LEFLUNOMIDE
ASPIRIN	ASPIRIN
ASPIRIN CHILDRENS	ASPIRIN
ASPIRIN LITE COATED	ASPIRIN
ASTAGRAF XL	TACROLIMUS
ATARAX	HYDROXYZ HCL
ATENOLOL	ATENOLOL
ATORVASTATIN	ATORVASTATIN
AUGMENTIN	AMOXICILLIN/CLAVULANATE
AURYXIA	FERRIC CITRATE
AUTOSHIELD PEN NEEDLE	INSULIN NEEDLE
AZATHIOPRINE	AZATHIOPRINE
BANOPHEN	DIPHENHYDRAMINE
BASACODYL	BISACODYL
BASAGLAR KWIKPEN	INSULIN GLARGINE, RECOMBINANT
BD 3/10CC 6MM 31G SYRINGE	INSULN NEEDLE
BD INSULIN SYRINGES	INSULIN SYRINGE/NEEDLE
B-D INSULIN W/DETACHABLE NEEDLE	INSULIN SYRINGE/NEEDLE
B-D MICRO-FINE IV	INSULIN SYRINGES/NEEDLES
B-D SYRINGE/NEEDLE COMBO LUER-LOK	INSULIN SYRINGE/NEEDLE
BD UF MICRO PEN NEEDLE	INSULIN SYRINGE/NEEDLE
B-D ULTRA-FINE	INSULIN SYRINGE/NEEDLE
B-D ULTRA-FINE	INSULIN SYRINGES/NEEDLES
B-D ULTRA-FINE II SHORT	INSULIN SYRINGE/NEEDLE
B-D ULTRA-FINE II SHORT	INSULIN SYRINGES/NEEDLES
BD ULTRA-FINE II SHORT	INSULIN SYRINGE/NEEDLE
BD ULTRA-FINE NANO PEN NEEDLE	INSULIN NEEDLE
BD ULTRA-FINE PEN	INSULIN SYRINGE/NEEDLE
BD ULTRA-FINE PEN	INSULIN SYRRINGE/NEEDLE
BD ULTRA-FINE PEN	INSULINE SYREING/NEEDLE
BENADRYL	DIPHENHYDRAMINE HYDROCHLORIDE
BISAC-EVAC	BISACODYL
BISACODYL	BISACODYL
BISCOLAX	BISACODYL
BUMETANIDE	BUMETANIDE
BUPOROPION HCL	BUPROPION HYDROCHLORIDE
BUPROPIION HCL	BUPROPION HYDROCHLORIDE
BUPROPION	BUPROPION
BUPROPION HCL	BUPROPION HCL

BUPROPION HCL	BUPROPION HYDROCHLORIDE
BUPROPION HCL	BUUPROPION HYDROCHCLORIDE
BUPROPION HYDROCHLORIDE SR	BUPROPION HYDROCHLORIDE
BUPROPN	BUPROPN
BUPROPN HCL	BUPROPN HCL
CADUET	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM
CADUET TAB	CADUET TAB
CALCARB 600	CALCIUM CARBONATE
CALCARB 600 W/VITAMIN D	CAL CARB/VIT D
CALCARB 600 W/VITAMIN D3	CAL CARB/VIT D3
CALCI-MIX	CALCIUM CARBONATE
CALCITIROL	CALCITIROL
CALCITRIOL	CALCITRIOL
CALCIUM 250-D	CALCIUM
CALCIUM 600	CALCIUM
CALCIUM 600	CALCIUM CARBONATE
CALCIUM ACETATE	CALCIUM ACETATE
CALCIUM ANTACID	CALCIUM CARBONATE
CALCIUM CARBONATE	CALCIUM CARBONATE
CALCIUM CARBONATE	TUMS E-X
CALCIUM CARBONATE /VITAMIN D	CALCIUM/VITAMIN D
CALCIUM CARBONATE/VITAMIN D	CALCIUM/VITAMIN D
CAL-GEST 500 MG TABLET CHEW	CALCIUM CARBONATE
CALIUM ACETATE	CALCIUM ACETATE
CAPTOPRIL	CAPTOPRIL
CARAFATE	SUCRALFATE
CARDIZEM	DILTIAZEM HYDROCHLORIDE
CARDIZEM CD	DILTIAZEM HYDROCHLORIDE
CARDIZEM LA	DILTIAZEM HYDROCHLORIDE
CARTIA XT	DILTIAZEM HYDROCHLORIDE
CARVEDILOL	CARVEDILOL
CATAPRES-TTS-1	CLONIDINE
CATAPRES-TTS-2	CLONIDINE
CATAPRES-TTS-3	CLONIDINE
CEFACLOR	CEFACLOR
CELLCEPT	MYCOPHENOLATE MOFETIL
CEPHALEXIN	CEPHALEXIN
CHLORATHALIDONE	CHLORATHALIDONE
CHLORPHENIRAMINE MALEATE	CHLORPHENIRAMINE MALEATE
CHLORTHALIDONE	CHLORTHALIDONE
CHOLECALCIFEROL DE CAP 10000	VITAMIN D3
CHOLESTYRAMINE	CHOLESTYRAMINE
CHOLESTYRAMINE LIGHT	CHOLESTYRAMINE
CICYCLOMINE HCL	DICYCLOMINE HYDROCHLORIDE
CIMETIDINE	CIMETIDINE
CIPRO	CIPROFLOXACIN HYDROCHLORIDE
CIPROFLOXACIN	CIPROFLOXACIN
CIPROFLOXACIN	CIPROFLOXACIN HYDROCHLORIDE

CIPROFLOXACIN HCL	CIPROFLOXACIN HYDROCHLORIDE
CIPROFLOXACIN HYDROCHLORIDE	CIPROFLOXACIN HYDROCHLORIDE
CITRACAL + D ECONOMY	CAL/VIT D
CITRACAL CALCIUM CITRATE PETITES WITH VITAMIN D	CALCIUM/VITAMIN D
CITRIC ACID/SODIUM CITRATE	CITRIC ACID/SODIUM CITRATE
CLONIDINE	CLONIDINE
CLONIDINE HCL	CLONIDINE HYDROCHLORIDE
CLONIDINE PATCHES	CLONIDINE PATCHES
CLOTRIMAZOLE	CLOTRIMAZOLE
CLOTRIMAZOLE TROCHE	CLOTRIMAZOLE
COLACE	DOCQLACE
COLCHICINE	COLCHICINE
COLCRYS	COLCHICINE
COMFORT EX PEN 29G 12MM 1/2	INSULIN NEEDLE
COMFORT EZ PEN 31G 5MM 3/16	INSULIN NEEDLE
COMFORT EZ PEN 31G 8MM 5/16	INSULIN NEEDLE
COMFORT EZ PEN 32G 4MM 5/32	INSULIN NEEDLE
COMPLETE ALLERGY MEDICINE	DIPHENHYDRAMINE HYDROCHLORIDE
COMPRO	PROCHLORPERAZINE
CORDARONE	AMIODARONE
COUMADIN	COUMADIN
COUMADIN	WARFARIN SODIUM
COVERA-HS	VERAPAMIL HYDROCHLORIDE
COXYCYCLINE HYCLATE	DOXYCYCLINE HYCLATE
COZAAR	LOSARTAN POTASSIUM
CYCLOBENZAPRIN HCL	CYCLOBENZAPRINE HYDROCHLORIDE
CYCLOBENZAPRINE	CYCLOBENZAPRINE
CYCLOBENZAPRINE HCL	CYCLOBENZAPRINE HYDROCHLORIDE
CYCLOPHOSPHAMIDE	CYCLOPHOSPHAMIDE
CYCLOSPORINE	CYCLOSPORINE
CYCLOSPORINE	CYCLOSPORINE, MODIFIED
CYCLOSPORINE	CYCLOSPORINE,MODIFIED
CYPROHEPTADINE HCL	CYPROHEPTADINE HYDROCHLORIDE
CYRPOHEPTADINE HCL	CYPROHEPTADINE HYDROCHLORIDE
CYTOVENE	GANCICLOVIR
CYTRA-2	CIT ACID/SOD CITR
D O S	DOCUSATE SODIUM
DAPSONE	DAPSONE
DELTASONE	PREDNISONE
DEMADEX	TORSEMIDE
DESYREL	TRAZODONE
DEXAMETHASONE	DEXAMETHASONE
DIABETA	GLYBURIDE
DIALYVITE	FOLIC ACID/VIT B COMP/VIT C
DIALYVITE 3000	VITAMIN B COMPLEX, MINERAL, AND VITAMIN C
DIALYVITE SUPREME D TABS	DIALYVITE SUPREME D TABS
DIALYVITE WITH ZINC	VITAMIN B COMPLEX, MINERAL, AND VITAMIN C

DIATX ZN	DIATX ZN
DICYCLOMINE HCL	DICYCLOMINE HYDROCHLORIDE
DIGITEK	DIGOXIN
DIGOXIN	DIGOXIN
DILTIAZEM	DILITAZEM
DILTIAZEM	DILTIAZEM
DILTIAZEM	DILTIAZEM HYDROCHLORIDE
DILTIAZEM CD	DILTIAZEM HYDROCHLORIDE
DILTIAZEM HCL	DILTIAZEM HYDROCHLORIDE
DILTIAZEM HCL	DILTIAZEM HYRDROCHLORIDE
DILTIAZEM HYDROCHLORIDE	DILTIAZEM HYDROCHLORIDE
DILT-XR	DILTIAZEM HYDROCHLORIDE
DILTZAC	DILTIAZEM HYDROCHLORIDE
DIOVAN	VALSARTAN
DIPHENHYDRAMINE HCL	ATR SULF/DIPHENOX
DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HYDROCHLORIDE
DIPHENHYDRAMINE HYDROCHLORIDE	DIPHENHYDRAMINE HYDROCHLORIDE
DIPHENOXYLATE HYDROCHLORIDE AND ATROPINE SULFATE	ATROPINE SULFATE/DIPHENOXYLATE HYDROCHLORIDE
DIPYRIDAMOLE	DIPYRIDAMOLE
DIPYRIDOMOLE	DIPYRIDOMOLE
DOC-Q-LAX	DOCUSATE SODIUM W SENNA
DOCULASE	DOCUSATE SODIUM
DOCUSATE CALCIUM	DOCUSATE CALCIUM
DOCUSATE SODIU/SENNA	DOCUSATE SODIUM/SENNOSIDES A AND B
DOCUSATE SODIUM	DOCUSATE SODIUM
DOCUSATE SODIUM & SENNA	DOCUSATE SODIUM SENNOSIDES A AND B
DOCUSATE SODIUM & SENNA	DOCUSATE SODIUM/SENNOSIDE A AND B
DOCUSATE SODIUM & SENNA	DOCUSATE SODIUM/SENNOSIDE A&B
DOCUSATE SODIUM & SENNA	DOCUSATE SODIUM/SENNOSIDES A AND B
DOCUSATE SODIUM/SENNA	DOCUSATE SODIUM/SENNOSIDES
DOCUSATE SODIUM/SENNA	DOCUSATE SODIUM/SENNOSIDES A AND B
DOCUSATE SODIUM/SENNOSIDES	SENEXON-S
DOCUSIL	DOCUSATE SODIUM
DOK	DOCUSATE SODIUM
DOK COLACE	DOCUSATE SODIUM
DOXAZOSIN	DOXAZOSIN
DOXAZOSIN MESYLATE	DOXAZOSIN MESYLATE
DOXAZOSIN MEYLATE	DOXAZOSIN MEYLATE
DOXEPIN HCL	DOXEPIN HYDROCHLORIDE
DOXEPIN HYDROCHLORIDE	DOXEPIN HYDROCHLORIDE
DOXYCYCLINE HYCLATE	DOXYCYCLINE HYCLATE
DOXYCYCLINEHYCLATE	DOXYCYCLINE HYCLATE
E.E.S. 400 FILMTAB	ERYTHROMYCIN ETHYLSUCCINATE
ECOTRIN	ASPIRIN
ECPIRIN	ASPIRIN
ELIPHOS	CALCIUM ACETATE
ENVARSUS XR	TACROLIMUS

ENVARUS XR	TACROLIMUS
ERTYHROMYCIN	ERYTHROMYCIN
ERYPED 200	ERYTHROMYCIN ETHYLSUCCINATE
ERY-TAB	ERYTHROMYCIN
ERYTHROMYCIN	ERYTHROMYCIN
ERYTHROMYCIN DELAYED-RELEASE	ERYTHROMYCIN
ERYTHROMYCIN ETHYLSUCCINATE	ERYTHROMYCIN ETHYLSUCCINATE
ERYTHROMYZINE	ERYTHROM ETHYL
ESOMEPRAZOLE MAGNESIUM	ESOMEPRAZOLE
ESOMEPRAZOLE MAGNESIUM	ESOMEPRAZOLE MAGNESIUM
ESOMPRAZOLE MAGNESIUM	ESOMEPRAZOLE MAGNESIUM
FAMOTIDINE	FAMOTIDINE
FARXIGA	DAPAGLIFLOZIN
FEOGEN	FERROUS FUM/STOMACH, DESICCATED/VIT B12/VIT C
FEOGEN FA	FERROUS FUM/FOLIC ACID/VIT B12/VIT C
FERGON	FERROUS GLUCONATE
FERREX 150	IRON POLYSACCHARIDE
FERROGELS FORTE	FERROUS FUM/FOLIC ACID/VIT B12/VIT C
FERROUS GLOCONATE	FERROUS GLOCONATE
FERROUS GLUCONATE	FERROUS GLUCONATE
FERROUS SULFATE	FERROUS SULFATE
FE-TINIC 150	POLYSACCHARIDE-IRON COMPLEX
FIASP FLEXTOUCH	INSULIN ASPART, RECOMBINANT
FLUDROCORTISONE ACETATE	FLUDROCORTISONE ACETATE
FOLIC ACID	FOLIC ACID
FOSINOPRIL SODIUM	FOSINOPRIL SODIUM
FOSINOPRIL SODIUM	FOSINOPRIL SOIDUM
FUROSEMIDE	FUROSEMIDE
GANCICLOVIR	GANCICLOVIR
GAS RELIEF 80	SIMETHICONE
GEMFIBROZIL	GEMFIBROZIL
GENAPAP EXTRA STRENGTH	ACETAMINOPHEN
GENEBS	ACETAMINOPHEN
GENGRAF	CYCLOSPORINE
GENTLE LAXATIVE	BISACODYL
GERI-KOT	GERI-KOT/SENNOSIDES A AND B
GLIPIZIDE	GLIPIZIDE
GLIPIZIDE	GLIPZIIDE
GLIPIZIDE XL	GLIPIZIDE
GLUCOTROL XL	GLIPIZIDE
GLYBURIDE	GLYBURIDE
GLYBURIDE	GLYBURIDE, MICRONIZED
GLYBURIDE MICRONIZED	GLYBURIDE, MICRONIZED
GNP LAXATIVE	BISACODYL
GNP PAIN RELIEF	ACETAMINOPHEN
GOOD NEIGHBOR PHARMACY PAIN RELIEF	ACETAMINOPHEN
GOOD SENSE ALLERGY RELIEF	DIPHENHYDRAMINE HYDROCHLORIDE
GOOD SENSE CALCIUM ANTACID	CALCIUM CARBONATE

GOOD SENSE CALCIUM ANTACID	CALIUM CARBONATE
GOOD SENSE PAIN RELEIF	ACETAMINOPHEN
GOOD SENSE PAIN RELIEF	ACETAMINOPHEN
GS TUSSIN DM COUGH-CHEST SOLN	DM/GS
GUAIFENESIN	GUAIFENESIN
GUAITUSS	GUAIFENESIN
GUANFACINE HCL	GUANFACINE HYDROCHLORIDE
GUIATUSS DM	DM/GG
HALDOL	HALOPERIDOL
HALOPERIDOL	HALOPERIDOL
HCTZ	HYDROCHLOROTHIAZIDE
HUMALOG	INSULIN LISPRO, HUMAN
HUMALOG KWIKPEN	INSULIN LISPRO,RECOMBINANT
HUMALOG MIX 75/25	INSULIN LIS PROTAMINE, HUMAN/INSULIN LIS, HUMAN
HUMALONG MIX 75/25	INSULIN LISPRO/INSULIN LISPRO PROTAMINE
HUMULIN 50/50	INSULIN HUMAN ISOPHANE (NPH)/INSULIN HUMAN REGULAR
HUMULIN 50/50	INSULIN, HUMAN (ISOPHANE/REGULAR)
HUMULIN 70/30	INSULIN, HUMAN (ISOPHANE/REGULAR)
HUMULIN 70/30 KWIKPEN	INSULIN HUMAN ISOPHANE (NPH)/INSULIN HUMAN REGUL
HUMULIN L	INSULIN, HUMAN (LENTE)
HUMULIN N KWIKPEN	INSULIN HUMAN ISOPHANE (NPH)
HUMULIN R CONCENTRATED U-500	INSULIN HUMAN REGULAR
HUMULIN R CONCENTRATED U-500 KWIKPEN	INSULIN HUMAN REGULAR
HYDRALAZINE HCL	HYDRALAZINE HYDROCHLORIDE
HYDRALIZINE HCL	HYDRALAZINE HYDROCHLORIDE
HYDRAMINE	DIPHENHYDRAMINE HYDROCHLORIDE
HYDROCHLOROTHIAZIDE	HYDROCHLOROTHIAZIDE
HYDROCORTISONE	HYDROCORTISONE
HYDROXYZINE	HYDROXYZINE
HYDROXYZINE HCI	HYDROXYZINE HYDROCHLORIDE
HYDROXYZINE HCL	HYDROXYZINE HYDROCHLORIDE
HYDROXYZINE HCL	HYROXYZINE HYDROCHLORIDE
HYDROXYZINE HYDROCHLORIDE	HYDROXYZINE HYDROCHLORIDE
HYROCHLOROTHIAZIDE	HYROCHLOROTHIAZIDE
HYROXYZINE HCL	HYDROXYZINE HYDROCHLORIDE
IBU	IBUPROFEN
IBUPROFEN	IBUPROFEN
IMDUR	ISOSORBIDE MONONITRATE
INDAPAMIDE	INDAPAMIDE
INDERAL	PROPRANOLOL
INDERAL LA	PROPRANOLOL HYDROCHLORIDE
INDOMETHACIN	INDOMETHACIN
INDPAMIDE	INDPAMIDE
INSULIN ASPART FLEXPEN 100 UNIT/ML	INSULIN ASPART, RECOMBINANT
INSULIN LISPRO, RECOMBINANT KWIKPEN	INSULIN LISPRO, RECOMBINANT KWIKPEN
INSULIN SYRINGES	INSULIN SYRINGE/NEEDLE

ISOPTIN	**VERAPAMIL HYDROCHLORIDE**
ISORDIL	**ISOSORBIDE DINOTRATE**
ISOSORBIDE	**ISOSORBIDE**
ISOSORBIDE DINITRATE	**ISOSORBIDE DINITRATE**
ISOSORBIDE MONITRATE	**ISOSORBIDE MONITRATE**
ISOSORBIDE MONONITRATE	**ISOSORBIDE MONONITRATE**
KALEXATE POWDER	**KALEXATE POWDER**
KAON-CL 10	**POTASSIUM CHLORIDE**
KEFLEX	**CEPHALEXIN CAP 500MG**
KIONEX	**SODIUM POLYSTYRENE SULFONATE**
KLOR-CON 10	**POTASSIUM CHLORIDE**
KLOR-CON 8	**POTASSIUM CHLORIDE**
KLOR-CON M20	**POTASSIUM CHLORIDE**
K-PHOS	**PHOSPHA 250**
K-PHOS NEUTRAL	**POT PHOS/DI SOD PHOS/MONO SOD PHOS**
LABETALOL HCL	**LABETALOL HYDROCHLORIDE**
LABETALOL HYDROCHLORIDE	**LABETALOL HYDROCHLORIDE**
LANOXIN	**DIGOXIN**
LANSOPRAZOLE	**LANSOPRAZOLE**
LANTUS	**INSULIN HUMAN GLARGINE**
LANTUS SOLOSTAR	**INSULIN GLARGINE, RECOMBINANT**
LASIX	**FUROSEMIDE**
LEFLUNOMIDE	**LEFLUNOMIDE**
LEFUNOMIDE	**LEFLUNOMIDE**
LESCOL	**FLUVASTATIN SODIUM**
LEVEMIR	**INSULIN DETEMIR**
LEVEMIR FLEXTOUCH	**INSULIN DETEMIR**
LEVOTHROID	**LEVOTHYROXINE SODIUM**
LEVOTHYROXIN SODIUM	**LEVOTHYROXIN SODIUM**
LEVOTHYROXINE	**LEVOTHYROXINE**
LEVOTHYROXINE SODIUM	**LEVOTHYROXINE SODIUM**
LEVOXYL	**LEVOTHYROXINE SODIUM**
LIPITOR	**ATORVASTATIN CALCIUM**
LIPRAM 4500	**AMYLASE/LIPASE/PROTEASE**
LIPRAM-CR10	**AMYLASE/LIPASE/PROTEASE**
LIPRAM-PN10	**AMYLASE/LIPASE/PROTEASE**
LISINOPRIL	**LISINOPRIL**
LITE TOUCH INSULIN PEN	**NEEDLE**
LOKELMA	**SODIUM ZIRCONIUM CYCLOSILICATE**
LOPERAMIDE HCL	**LOPERAMIDE HYDROCHLORIDE**
LOPRESSOR	**METOPROLOL TARTRATE**
LORAZEPAM	**LORAZEPAM**
LOSARTAN POSTASSIUM	**LOSARTAN POSTASSIUM**
LOSARTAN POSTASSIUM	**LOSARTAN POTASSIUM**
LOSARTAN POTASSIUM	**LOSARTAN POTASSIUM**
LOVASTATIN	**LOVASTATIN**
MACRODANTIN	**NITROFUR MAC**
MAGNESIUM OXIDE	**MAGNESIUM OXIDE**

MAPAP	ACETAMINOPHEN
MECLIZINE	MECLIZINE
MECLIZINE HCL	MECLIZINE HYDROCHLORIDE
MEDROXYPROGESTERONE ACETATE	MEDROXYPROGESTERONE ACETATE
MEGESTROL ACETATE	MEGESTROL ACETATE
MEOPROLOL SUCCINATE	METOPROLOL SUCCINATE
MEOPTROLOL SUCCINATE	METOPROLOL SUCCINATE
MEOTPROLOL SUCCINATE	METOPROLOL SUCCINATE
METAFIBER	PSYLLIUM
METAMUCIL	PSYLLIM
METAMUCIL	PSYLLIUM
METOCLOPRAM	METOCLOPRAM
METOCLOPRAMIDE	METOCLOPRAMIDE HYDROCHLORIDE
METOCLOPRAMIDE HCL	METOCLOPRAMIDE HYDROCHLORIDE
METOCLOPRAMIDE HYDROCHLORIDE	METOCLOPRAMIDE HCL
METOLAZONE	METOLAZONE
METOPROLOL SUCCINATE	METOPROLOL SUCCINATE
METOPROLOL TARTRATE	METOPROLOL TARTRATE
METRONIDAZOLE	METRONIDAZOLE
MI-ACID	ALUMINUM HYDROXIDE/MAGNESIUM HYDROXIDE/SIMETHICONE
MICARDIS	TELMISAARTAN
MICARDIS	TELMISARTAN
MICARDIS	TEMISARTAN
MINIPRIN	ASPIRIN
MINOXIDIL	MINOXIDIL
MITIGARE	COLCHICINE
MONOJECT	INSULIN SYRINGE/NEEDLE
MONOPRIL	FOSINOPRIL SODIUM
MULTIGEN PLUS	VITAMIN B COMPLEX, IRON, AND VITAMIN C
MYCELEX TROCHE	CLOTRIMAZOLE
MYCOPHENOLATE ACID	MYCOPHENOLATE SODIUM
MYCOPHENOLATE MOFETIL	MYCOPHENOLATE MOFETIL
MYCOPHENOLIC ACID	MYCHOPHENOLATE SODIUM
MYCOPHENOLIC ACID	MYCOPHENOLATE SOCIUM
MYCOPHENOLIC ACID	MYCOPHENOLATE SODIUM
MYFORTIC	MYCOPHENOLATE SODIUM
MYFORTIC	MYCOPHENOLIC ACID DR
NATALCARE PLUS	VITAMINS, PRENATAL
NATATAB FA	VITAMINS, PRENATAL
NATATAB RX	PRENATAL VITAMINS
NEEDLE	LITE TOUCH PEN NEEDLE
NEOMYCIN SULFATE	NEOMYCIN SULFATE
NEPHROCAPS	FOLIC ACID/VIT B COMP/VIT C
NEPHROCAPS	RENAL CAPS
NEPHROCAPS	VITAMIN B COMPLEX AND VITAMIN C
NEPHRO-FER	FERROUS FUMARATE
NEPHRONEX	VITAMIN B COMPLEX AND VITAMIN C

NEPHRO-VITE RX	FOLIC ACID/VIT B COMP/VIT C
NEXIUM	ESOMEPRAZOLE MAGNESIUM
NEXIUM 24HR	ESOMEPRAZOLE MAGNESIUM
NIACIN	NIACIN
NIACINAMIDE	NIACINAMIDE
NIASPAN	NIACIN
NIFEDICAL XL	NIFEDICAL
NIFEDICAL XL	NIFEDIPINE
NIFEDIPENE ER	NIFEDIPINE
NIFEDIPINE	NIFEDIPINE
NIFEDIPINE ER	NIFEDIPINE
NITROCLYCERIN	NITROGLYCERIN
NITRO-DUR	NITROGLYCERIN
NITROFURANTOIN MACRO CRYSTALS	NITROFURANTOIN MACRO CRYSTALS
NITROFURANTOIN MACROCRYSTALS	NITROFURANTOIN MACROCRYSTALS
NITROFURANTOIN MONOHYDRATE/MACRO CRYSTALS	NITROFURANTOIN MONOHYDRATE/NITROFURANTOIN MACRO
NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	NITROFURANTOIN MONOHYDRATE/NITROFURANTOIN, MACRO
NITROFURANTOIN MYCROCRYSTALS	NITROFURANTOIN MYCROCRYSTALS
NITROFURANTOIN/MONOHYDRATE/MACROCRYSTALS	NITROFURANTOIN MONOHYDRATE/NITROFURANTOIN MICRO
NITROFURONTOIN MONOHYDRATE/MACROCYRSTALS	NITROFURONTOIN MONOHYDRATE/MACROCYRSTALS
NITROGLYCERIN	NITROGLYCERIN
NITROGLYCERIN SLOCAPS	NITROGLYCERIN
NITROGLYCERIN TRANSDERMAL SYSTEM	NITROGLYCERIN
NITROLINGUAL	NITROGLYCERIN
NITROLINGUAL	NITROLINGUAL
NITROQUICK	NITROGLYCERIN
NITROSTAT	NITROGLYCERIN
NITROTAB	NITROGLYCERIN
NON-ASPIRIN PAIN RELIEVER	ACETAMINOPHEN
NORMODYNE	LABETALOL
NORPACE CR	DISOPYRAMIDE PHOSPHATE
NORVASC	AMLODIPINE BESYLATE
NOVOLIN 70/30	INSULIN HUMAN (ISOPHANE/REGULAR)
NOVOLIN 70/30	INSULIN, HUMAN (ISOPHANE/REGULAR)
NOVOLIN N	INSULIN, HUMAN
NOVOLIN N	INSULIN, HUMAN (ISOPHANE)
NOVOLIN N INNOLET	INSULIN, HUMAN (ISOPHANE)
NOVOLIN R	INSULIN HUMAN REGULAR
NOVOLOG	INSULIN ASPART, RECOMBINANT
NOVOLOG FLEXPEN	INSULIN ASPART,RECOMBINANT
NOVOLOG MIX 70/30 FLEXPEN	INSULIN ASPART PROTAMINE/INSULIN ASPART
NOVOLOG MIX 70/30 INJECTION	INSULIN ASPART PROTAMINE/INSULIN ASPART
NOVOLOG PENFILL	INSULIN ASPART, RECOMBINANT
NYAMYC	NYSTATIN
NYSTATIN	NYSTATIN
NYSTOP	NYSTATIN

OMEPRAZOLE	OMEPRAZOLE
OMPERAZOLE	OMPERAZOLE
OYSCO 500+D TAB	OYSCO 500+D TAB
OYST-CAL-500	CALCIUM CARBONATE
OYST-CAL-D	CAL CARB/VIT D
OYST-CAL-D 500	CALCIUM CARBONATE/VITAMIN D
OYSTER SHELL CALCIUM	CALCIUM
OYSTER SHELL CALCIUM	CALCIUM CARBONATE
OYSTER SHELL CALCIUM	OYSTER CALCIUM 500 MG TAB
OYSTER SHELL CALCIUM	OYSTER CALCIUM 500MG TAB
OYSTER SHELL CALCIUM/VITAMIN D	CALCIUM CARBONATE/VITAMIN D
OZEMPIC	SEMAGLUTIDE
PACERONE HCL	AMIODARONE HYDROCHLORIDE
PANCREASE	AMYLASE/LIPASE/PROTEASE
PANCREASE MT 10	AMYLASE/LIPASE/PROTEASE
PANCREASE MT 16	AMYLASE/LIPASE/PROTEASE
PANCREAZE	AMYLASE/LIPASE/PROTEASE
PANCREAZE	PANCREAZE
PANCRELIPASE	AMYLASE/LIPASE/PROTEASE
PANGESTYME EC	AMYLASE/LIPASE/PROTEASE
PANTOPRAZOLE	PANTOPRAZOLE
PANTOPRAZOLE SOD DR	PANTOPRAZOLE
PANTOPRAZOLE SODIUM	PANTOPRAZOLE
PANTORPAZOLE	PANTOPRAZOLE
PANTROPRAZOLE	PANTOPRAZOLE
PAROXETINE HCL	PAROXETINE HYDROCHLORIDE
PAXIL	PAROXETINE HYDROCHLORIDE
PENCILLIN VK	PENICILLIN V POTASSIUM
PENICILLIN VK	PENICILLIN POTASSIUM
PENICILLIN VK	PENICILLIN V POTASSIUM
PENICILLING VK	PENICILLIN POTASSIUM
PENTOXIFYLLINE	PENTOXIFYLLINE
PERNATAL PLUS	PRENATAL VITAMINS
PHENAZOPYRIDINE HCL	PHENAZOPYRIDINE HYDROCHLORIDE
PHOSLO	CALCIUM ACETATE
PHOS-NAK	phosphorous/potassium/sodium
PHOSPHA 250 NEUTRAL	POT PHOS/DI SOD PHOS/MONO SOD PHOS
PLARETASE 8000	AMYLASE/LIPASE/PROTEASE
POLYSACCHARIDE IRON COMPLEX	POLYSACCHARIDE-IRON COMPLEX
POSTASSIUM CHLORIDE	POTASSIUM CHLORIDE
POTASSIUM CHLORIDE	POTASSIUM CHLORIDE
PRAVACHOL	PRAVASTATIN SODIUM
PRAVASTATIN SODIUM	PRAVASTATIN SODIUM
PRAVASTATIN SODIUM	PRAVASTATIN SOIDUM
PRECISION SURE-DOSE	INSULIN SYRINGE/NEEDLE
PREDINISONE	PREDNISONE
PREDNISONE	PREDNISONE
PREMARIN	CONJUGATED ESTROGENS

PRENATAL PLUS	PRENATAL VITAMINS
PRENATAL PLUS W/IRON	PRENATAL VITAMINS
PRENATAL RX 1	PRENATAL VITAMINS
PRENATAL VITAMINS W/CALCIUM	MOTHER NATURE PRENATAL PLUS VITAMINS
PREPLUS	CA/CHOLECALCIFEROL/CU/FE/FOLICACID/NIACINAMIDE
PREVACID	LANSOPRAZOLE
PREVALITE	CHOLESTYRAMINE
PRILOSEC OTC	OMEPRAZOLE
PRINIVIL	LISINOPRIL
PROCARDIA	NIFEDIPINE TAB 60MG ER
PROCHLORPERAZINE	PROCHLORPERAZINE
PROCHLORPERAZINE MALEATE	PROCHLORPERAZINE MALEATE
PROGRAF	TACROLIMUS
PROPRANOLOL HCL	PROPRANOLOL
PROPRANOLOL HCL	PROPRANOLOL HYDROCHLORIDE
PSEUDOEPHEDRINE HCL	PSEUDOEPHEDRINE HYDROCHLORIDE
QUALITY CHOICE FIBER	PSYLLIUM HUSK
QUININE SULFATE	QUININE SULFATE
RANITIDINE	RANITIDINE HYDROCHLORIDE
RANITIDINE HCL	RANITIDINE HYDROCHLORIDE
RAPAMUNE	SIROLIMUS
REGLAN	METOCLOPRAMIDE HYDROCHLORIDE
REGULOID	PSYLLIUM
RENAL CAPS	VITAMIN B COMPLEX AND VITAMIN C
ROBITUSSIN	GUAIFENESIN SOL 100/5ML
ROCALTROL	CALCITRIOL
SANDIMMUNE	CYCLOSPORINE
SENEXON-S	DOCUSATE SODIUM/SENEXON
SENNA	DOCUSATE SODIUM/SENNA
SENNA	SENNA
SENNA LAXATIVE	SENNOSIDES A AND B
SENNA PLUS	DOCUSATE SODIUM
SENNA PLUS	DOCUSATE SODIUM/SENNA
SENNA PLUS	SENNOSIDES A AND B
SENNA-GEN	SENNOSIDE A & B
SENNA-S	DOCUSATE SODIUM
SENNA-S	DOCUSATE SODIUM/SENNA
SENNA-S	DOCUSATE SODIUM/SENNOSIDES A AND B
SERTALINE HCL	SERTRALINE HYDROCHLORIDE
SERTRALINE HCI	SERTRALINE HYDROCHLORIDE
SERTRALINE HCL	SERTRALINE HYDROCHLORIDE
SERTRALINE HCL	SERTRALINEHYDROCHLORIDE
SERTRALINE HYDROCHLORIDE	SERTRALINE HYDROCHLORIDE
SEVELAMER CARBONATE	SEVELAMER CARBONATE
SILTUSSIN DM	DEXTROMETHORPHAN HYDROBROMIDE/GUAIFENESIN
SIMETHICONE	SIMETHICONE
SIMVASTATIN	SIMVASTATIN
SIORLUMUS	SIROLIMUS

SIROLIMUS	SIROLIMUS
SMZ/TMP	SULFAMETHOXAZOLE/TRIMETHOPRIM
SODIUM BICARBONATE	SODIUM BICARBONATE
SODIUM BICARBONATE	SOIDUM BICARBONATE
SODIUM POLYSTYRENE SULFONATE	SODIUM POLYSTYRENE SULFONATE
SORBITOL	SORBITOL
SPIRONOLACTONE	SPIRONOLACTONE
SPIRONOLOCATONE	SPIRONOLOCATONE
SPRIONOLACTONE	SPIRONOLACTONE
SPS	SODIUM POLYSTYRENE SULFONATE
SUCRALFATE	SUCRALFATE
SUDAFED	SUDAFED
SUDOGEST	PSEUDOEPHEDRINE HYDROCHLORIDE
SULFAMETHOXAZOLE/TRIMETHOPRIM	SULFAMETHOXAZOLE/TRIMETHOPRIM
SULFAMETHOXAZOLE/TRIMETOPRIM	SULFAMETHOXAZOLE/TRIMETOPRIM
SUMATRIPTAN SUCCINATE	SUMATRIPTAN SUCCINATE
SYNTHROID	LEVOTHYROXINE SODIUM
TACROLIMUS	ASTAGRAF
TACROLIMUS	TACROLIMUS
TACROLIMUS XL	ASTAGRAF
TACTINAL	ACETAMINOPHEN
TACTINAL EXTRA STRENGTH	ACETAMINOPHEN
TAMOXIFEN CITRATE	TAMOXIFEN CITRATE
TECHLITE PEN NEEDLE	INSULIN NEEDLE
TECHLITE SYRINGES	INSULIN SYRING/NEEDLE
TENORMIN	ATENOLOL
TETRACYCLINE HCL	TETRACYCLINE HYDROCHLORIDE
THEROBEC PLUS	MULTIVITAMIN AND MINERALS
THYROID	THYROID, DESICCATED
TOPROL XL	METOPROLOL SUCCINATE
TORSEMIDE	TORSEMIDE
TRAIMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE
TRAZODONE HCL	TRAZODONE HYDROCHLORIDE
TRAZODONE HYDROCHLORIDE	TRAZODONE HYDROCHLORIDE
TRESIBA	INSULIN DEGLUDEC
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE
TRIAMCINOLONE ACETONIDE IN ABSORBASE	TRIAMCINOLONE ACETONIDE
TRIMCINOLONE ACETONIDE	TRIMCINOLONE ACETONIDE
TRIMETHOBENZAMIDE HCL	TRIMETHOBENZAMIDE HYDROCHLORIDE
TRIPHROCAPS CAP	TRIPHROCAPS CAP
TRUEPLUS PEN NEEDLE	INSULIN NEEDLE
TRUEPLUS PEN NEEDLE	INSULN NEEDLE
TRUEPLUS PEN NEEDLES	INSULIN SYRINGE/NEEDLE
TUMS	CALCIUM CARBONATE
TUMS	CALIUM CARBONATE
TUMS EX	CALCIUM CARBONATE
TUMS E-X	CALCIUM CARBONATE
TUMS ULTRA	CALCIUM CARBONATE

TUMS ULTRA STRENGTH 1000	**CALCIUM CARBONATE**
TUSSIN	**GUAIFENESIN**
TUSSIN DM	**DEXTROMETHRORPHAN HYDROBROMIDE/GUAIFENESIN**
TUSSIN DM	**DM/GG**
UNFINE PENTIPS PLUS	**NEEDLES**
UNIFINE INSYLIN SYRINGES	**INSULIN SYRINGE/NEEDLE**
VALCYTE	**VALGANCICLOVIR HYDROCHLORIDE**
VALGANCICLOVIR HYDROCHLORIDE	**VALGANCICLOVIR HYDROCHLORIDE**
VALSARTAN	**VALSARTAN**
VEGETABLE LAXATIVE	**PSYLLIUM**
VELPHORO	**SUCROFERRIC OXYHDROXIDE**
VERAPAMIL HCL	**VERAPAMIL HYDROCHLORIDE**
VIOKASE	**AMYLASE/LIPASE/PROTEASE**
VIRT CAPS	**VITAMIN B COMPLEX AND VITAMIN C**
VIT D3	**CHLOECALCIFEROL**
VITAIMIN D3	**CHLOECALCITRIOL**
VITAL-D	**MULTIVITAMIN AND MINERALS**
VITAMIN B6	**PYRIDOXINE**
VITAMIN D	**ERGOCALCIFEROL**
VITAMIN D	**VITAMIN D**
VITAMIN D3	**CHLOECALCIFEROL**
VITAMIN D3	**VITAMIN D**
VITAMIN E	**NATURES BLEND VITAMIN E**
VITAMIN E	**VITAMIN E**
VITAMN B6	**PYRIDOXINE**
VITAPLEX	**FOLIC ACID/VIT B COMP/VIT C**
WARFARIN SODIUM	**WARFARIN SODIUM**
WELLBUTRIN	**BUPROPION HYDROCHLORIDE**
ZAROXOLYN	**METOLAZONE**
ZESTRIL	**LISINOPRIL**
ZINC	**ZINC GLUCONATE**
ZINC GLUCONATE	**ZINC GLUCONATE**
ZINC SULFATE	**ZINC SULFATE**
ZINCATE	**ZINC SULFATE**
ZINE	**ZINC GLUCONATE**
ZOCOR	**SIMVASTATIN**
ZOLOFT	**SERTRALINE HYDROCHLORIDE**
ZOVIRAX	**ACYCLOVIR**

Comments:

- **Injectables -- except for Insulin -- are not covered by MoKP.**

Attachment F

Pricing Summary Sheet

Discounts, Dispensing Fees, Administrative Fees, Mailing Fees

Product	AWP - Percent Discount	Dispensing Fee	Administrative Fee	Mailing Fee
Brand	%	$	$	$
Generic	%	$	$	$

If submitting pricing other than in this format, it is imperative the pricing is clear and documentation provided in detail. The MoKP reserves the right to reject pricing that is unclear.

Other Fees

Service (must describe in detail)	**Fee**

Missouri Kidney Program
Centralized Drug Program
Patient Payer Profile - 35554
As of 3/3/2022

Name: John Doe **DOB:** 10/16/1960 **Sex:** M **SSN:** xxx-xx-xxxx

Address: 123 N. Point Parkway Apartment 3 B **City/State/Zip:** Hartsburg, MO 65608

Phone: 816-555-5555 **MoKP Patient ID #:** 1

Cell: 816-555-5544 **Email:**

Facility Name: ABC Transplant **Facility Number:** 500

Social Worker: Suzy Q **Phone: 816-555-4444**

MoKP Contact: Peggy Sue

Routine medications approved as of: 05/02/2020 **Immunosuppressants approved as of:** 03/03/2022

HIC Medicare #: 123456789A **Part B Effective Date:** 05/01/2020 **Part A Effective Date:** 05/01/2020

MBI Medicare #: A1B2DC45677

DCN #: 00000001 **Status:** EP **Transplant Date:** 02/25/2022

Medicare Part D Plan: Humana Basic Rx Plan **ID No: S5884-140** **Effective Date: 01/01/2021**

Other Payers:

Insurer: ABC Health Care **Rx Admin: XYZ** **Rx BIN:xxxx** **Rx Grp:xxxx** **Rx ID:xxxxxx**

Remarks:

Confirmation (initial & date): _____

This is a correspondence address for the patient. Medications should be shipped to the location noted on the prescription order form.
If applicable, a copy of the front and back of the insurance card is included.

ATTACHMENT I

Missouri Kidney Program
University of Missouri Health

Prescription Order Form

Date: _____

To: ABC Medical Pharmacy **Fax #:** 573-443-4444
Phone Numbers: Toll Free (866) 333-4444 Local 573-443-5555

From MoKP Facility Name: _____ **Phone #:**_____

Patient Name (PRINT):_____**DOB:** ___/___/____

Allergies: _____

Required for Transplant Patients:

Facility Patient Received Transplant: _____

Hospital Discharge Date after Transplant: _____

Diagnosis Codes for Immunos ICD-10:_____

	Medication	Strength	Directions	Qty	Refills
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Please provide a complete list of medications not included on this form to ensure we have an accurate medication list.

X_____ **Substitution Permitted**

X_____ **Dispense as Written**

X_____ **Date**

X_____ **Date**

PRINT Prescriber's name: _____
Medications are to be sent to: (check one): Facility _____ **Patient's home**_____
(Facility must submit a ABC's Prescription Distribution Consent Form if requesting medications be sent to facility.)

Address: _____ **(street – no PO boxes)**
_____ **(city, zip)**

Attachment K

XML Electronic Transaction – Example

Given below is a sample of an electronic Pharmacy file in XML format, containing a single patient transaction. The indentation in the example is for readability only and is not required for formatting an actual electronic transaction.

```
<?xml version="1.0" encoding="ISO-8859-1"?>
<!DOCTYPE pharmacy_bill SYSTEM "http://mokp.missouri.edu/xml/pharmacy.dtd">
<pharmacy_bill>
  <transaction>
    <trans_ID>500000001</trans_ID>
    <patient>
      <patient_ID idtype="mokpid">37458</patient_ID>
      <patient_ID idtype="ssn">123-45-6789</patient_ID>
      <patient_name>Duck, Donald</patient_name>
      </patient>
      <prescription>
            <drug>
                  <ndc_code>00071-0155-23</ndc_code>
                  <gpi_code>39400010100310</gpi_code>
                  <drug_name>LIPITOR 10MG TABLET     *</drug_name>
            </drug>
            <rx_number>7175745</rx_number>
            <dispense_date>01/22/2007</dispense_date>
            <quantity>30.00</quantity>
            <price>79.62</price>
      </prescription>
      <reimbursement payer="medicaid">1.80</reimbursement>
      <reimbursement payer="partd">76.27</reimbursement>
      <balance>1.55</balance>
  </transaction>
</pharmacy_bill>
```

Attachment L

Pharmacy Bill Document Type Definition (DTD) File

```
<?xml version="1.0" encoding="ISO-8859-1"?>
<!ELEMENT pharmacy_bill (transaction+)>
<!ELEMENT transaction (trans_ID, patient, prescription, reimbursement*, balance)>
<!ELEMENT trans_ID (#PCDATA)>
<!ELEMENT patient (patient_ID+, patient_name)>
<!ELEMENT patient_ID (#PCDATA)>
<!ATTLIST patient_ID idtype (ssn | mokpid) #REQUIRED>
<!ELEMENT patient_name (#PCDATA)>
<!ELEMENT prescription (drug, rx_number, dispense_date, quantity, price)>
<!ELEMENT drug (ndc_code, gpi_code, drug_name)>
<!ELEMENT ndc_code (#PCDATA)>
<!ELEMENT gpi_code (#PCDATA)>
<!ELEMENT drug_name (#PCDATA)>
<!ELEMENT rx_number (#PCDATA)>
<!ELEMENT dispense_date (#PCDATA)>
<!ELEMENT quantity (#PCDATA)>
<!ELEMENT price (#PCDATA)>
<!ELEMENT reimbursement (#PCDATA)>
<!ATTLIST reimbursement payer (medicare | partd | private | medicaid) #REQUIRED>
<!ELEMENT balance (#PCDATA)>
```

Data Breach Insurance Addendum

THIS AGREEMENT is made and entered into this ___ day of _____ , _____ , by and between THE CURATORS OF THE UNIVERSITY OF MISSOURI, a public corporation of the State of Missouri, (hereinafter "University") and _____ (hereinafter "Vendor").

The University desires to obtain from Vendor, and Vendor desires to provide to University, the following product(s)/service(s):

_____

_____

_____

_____

Both parties agree that the products(s)/service(s) to be provided, either in whole or in part, affect University data held electronically and/or University IT infrastructure or services. In order to protect these assets of the University, Vendor agrees to the following:

General Requirements

All information technology (IT) applications and systems used by the University must be developed, implemented and maintained in a secure manner in accordance with either established University policy or, in the absence of a specific University policy, in accordance with industry-standard best practices.

In addition, the University requires compliance with the Family Educational Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act (HIPAA), Gramm-Leach-Bliley Act (GLBA), Payment Card Industry (PCI) specifications, and all other applicable state, local and federal laws and regulations.

Vendor certifies that it has read and will comply with the University's guidelines for application development (https://www.umsystem.edu/ums/is/infosec/sections-sysapp) and all applicable elements of the University of Missouri Information Security Program (https://www.umsystem.edu/ums/is/infosec).

Vendor agrees to protect the privacy and security of University data at all times and further agrees not to use or disclose such data other than to accomplish the objectives of this agreement.

Vendor agrees to complete a University of Missouri Information Technology Standards and Requirements Questionnaire, if requested. The completed questionnaire will be evaluated and if approved, will be included as part this agreement.

Vendor represents and warrants that their responses to the University of Missouri Information Technology Standards and Requirements Questionnaire are accurate and that the system and/or application configuration(s) will continue to conform to these answers unless mutually agreed upon by the University and Vendor. Vendor further agrees to work with the University in good faith to maintain compliance with any new

and applicable statutory and/or regulatory requirements imposed upon the University and/or to improve the security of the application(s)/system(s) in accordance with industry best practices.

In accordance with the University's Data Classification System, the University may assess any web page/ application solely for the purpose of determining if any security vulnerabilities exist which could adversely affect the operation, integrity, privacy or security of the University's IT assets. Vendor agrees to remediate any vulnerability identified at its own costs.

Detailed Requirements – Insurance and Indemnification

Vendor agrees to maintain Data Breach coverage to cover claims arising out of the negligent acts, errors or omissions of Vendor, Sub consultant or anyone directly or indirectly employed by them. The coverage provided shall not be less than $2,000,000 per occurrence, $5,000,000 aggregate. The Curators of the University of Missouri, its officers, employees and agents are to be Additional Insured with respect to the project to which these insurance requirements pertain.

The Vendor agrees to defend, indemnify, and save harmless The Curators of the University of Missouri, their Officers, Agents, Employees and Volunteers, from and against all loss or expense from any cause of action arising from the Vendor's operations. The Vendor agrees to investigate, handle, respond to and provide defense for and defend against any such liability, claims, and demands at the sole expense of the Vendor or at the option of the University, agrees to pay or reimburse the University for the Defense Costs incurred by the University in connection with any such liability claims, or demands.

The parties hereto understand and agree that the University is relying on, and does not waive or intend to waive by any provision of this Contract, any monetary limitations or any other rights, immunities, and protections provided by the State of Missouri, as from time to time amended, or otherwise available to the University, or its officers, employees, agents or volunteers.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Vendor fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the University shall have the right to cancel and terminate the contract without notice.

Vendor

_____

Vendor Name

_____

Vendor Representative Signature

_____

Date