Request for Information

On the Statewide Purchasing of Prescription and Physician-Administered Drugs by State of Connecticut agencies, state hospitals, state-operated local mental health authorities, and other public entities.

Released by:

Office of the State Comptroller

December 4, 2023

Table of Contents.

Section 1. Introduction and Purpose of the Request for Information (RFI).

Public Act 23-171, Section 1 (b), requires the Office of the State Comptroller (Comptroller) to study the feasibility of centralizing statewide contracts to consolidate the purchasing of prescription and physician-administered drugs by state agencies, state hospitals, state-operated local mental health authorities and other public entities. The Comptroller must analyze and evaluate the potential cost savings, administrative feasibility and other benefits and risks of centralizing and consolidating contracts and must determine whether any additional staff and resources would be required by the Comptroller to centrally procure and administer such contracts.

Public Act 23-171 further provides that each state agency, state hospital, state-operated local mental health authority and other public entity, as necessary, that procures prescription or physician-administered drugs shall provide information regarding the types, amount, and cost of such drugs to the Comptroller, in a form and manner prescribed by the Comptroller. And not later than February 1, 2024, the Comptroller must submit a report regarding the findings of such study to the Governor and to the General Assembly in accordance with the provisions of the Connecticut General Statutes (C.G.S.) §11-4a.

The purposes of issuing this RFI are to:

A. Identify potential cost savings to the State of Connecticut (State) by consolidating drug purchasing, if any;
B. Determine the administrative feasibility to the State of consolidating drug purchasing;
C. Understand the overlap, if any, between prescription and physician-administered drugs purchased by state agencies, state hospitals, state-operated local mental health authorities and any other public entities and identify areas for improvement with pricing;
D. Determine, benefits and risks of centralizing and consolidating such contracts; and
E. Determine whether any additional staff and resources would be required by the Comptroller to centrally procure and administer such contracts.

Respondents are asked to review the information below regarding the prescription and physician-administered drug needs of each public entity. A link to the full electronic version of this RFI, any amendments and/or additional related information is available on the Comptroller's website at: https://osc.ct.gov/vendor/rfp.html

Section 2: Confidentiality.

The Respondent understands that due regard will be given to the protection of proprietary or confidential information contained in all responses received. However, Respondents should be aware that all materials associated with this Request for Information (RFI) are subject to the terms of the Connecticut Freedom of Information Act (FOIA) and all corresponding rules, regulations, and interpretations. It will not be sufficient for Respondents to merely state generally that the response is proprietary or confidential in nature and, therefore, not subject to release to third parties. Those particular sentences, paragraphs, pages, or sections that a Respondent believes to be exempt from disclosure under FOIA must be specifically identified as such. Convincing explanation and rationale sufficient to justify each exemption, consistent with C.G.S. §1-210(b), as amended from time to time, must accompany the submission. The rationale and explanation must be stated in terms of the

prospective harm to the competitive position of the Respondent that would result if the identified material were to be released and the reasons why the materials are legally exempt from release. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information that is sought pursuant to a FOIA request. Respondents have the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue before the appropriate tribunal. The State shall have no liability for the disclosure of any documents or information in its possession which the State believes are required to be disclosed pursuant to the FOIA or other requirements of law.

Section 3: Scope.

This Request for Information (RFI) is not a Request for Proposals (RFP) and should not be construed as such. The State is not soliciting offers to enter into a contractual agreement. The objective of this RFI is to obtain specific information regarding the feasibility of centralizing statewide contracts to consolidate the purchasing of prescription and physician-administered drugs by state agencies, state hospitals, state-operated local mental health authorities and other public entities as detailed in Section 6: Background and Summary of Requested Information.

Section 4: Definitions.

"Drug" means (A) an article recognized in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States or official National Formulary, or any supplement to any of them, (B) an article intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans or other animals, (C) an article, other than food, intended to affect the structure or any function of the body of humans or any other animal, and (D) an article intended for use as a component of any article specified in this subdivision, but does not include a device.

"Institutional pharmacy" means that area within a care-giving institution or within a correctional or juvenile training institution, commonly known as the pharmacy, that is under the direct charge of a pharmacist and in which drugs are stored and dispensed.

"Legend drug" means a drug that is required by any applicable federal or state law to be dispensed pursuant only to a prescription or is restricted to use by prescribing practitioners only, or means a drug that, under federal law, is required to bear either of the following legends: (A) "RX ONLY" IN ACCORDANCE WITH GUIDELINES ESTABLISHED IN THE FEDERAL FOOD, DRUG AND COSMETIC ACT; or (B) "CAUTION: FEDERAL LAW RESTRICTS THIS DRUG FOR USE BY OR ON THE ORDER OF A LICENSED VETERINARIAN."

"Mail Order pharmacy" or "nonresident pharmacy" means any pharmacy located outside the state of Connecticut that ships, mails or delivers, in any manner, legend devices or legend drugs into this state pursuant to a prescription order.

"Pharmacy" means a place of business where drugs and devices may be sold at retail and for which a pharmacy license has been issued to an applicant under the provisions of C.G.S. §20-594.

“Pharmacy benefits manager” (PBM) means any person that administers the prescription drug, prescription device, pharmacist services or prescription drug and device and pharmacist services portion of a health benefit plan on behalf of plan sponsors such as self-insured employers, insurance companies, labor unions and health care centers.

“Pharmacy services” includes (A) drug therapy and other patient care services provided by a licensed pharmacist intended to achieve outcomes related to the cure or prevention of a disease, elimination or reduction of a patient's symptoms, and (B) education or intervention by a licensed pharmacist intended to arrest or slow a disease process.

“Prescription” means a lawful order of a prescribing practitioner transmitted either orally, in writing or by electronic means for a drug or device for a specific patient.

“Specialty pharmacy” means a pharmacy that provides medications for complex and chronic conditions that require specialized care and management.

“State-Operated Local Mental Health Authorities” (LMHAs) are facilities funded and/or operated by DMHAS that offer therapeutic programs and crisis intervention services to adult citizens with mental disorders who lack financial means to secure such services in the private sector. LMHAs are operated throughout DMAHS’s five administrative regions of the State.

Section 5: RFI Submission Instructions and Response Format.

The timeframe for the RFI is as follows:

RFI Issue Date	**December 4, 2023**
Deadline for Questions	**December 13, 2023, by 2:00 PM ET**
Answers to Questions Released	**December 15, 2023, by 2:00 PM ET**
RFI Response Due Date **Earlier submissions welcome!**	**December 29, 2023, by 2:00 PM ET** **Earlier submissions welcome!**

How to Submit Responses to this RFI:

To answer this RFI follow the format instructions in Section 8: Response Format. Respondents are asked to respond to sections in which the organization has relevant experience. Respondents are not required to submit responses to all categories. The answers to this RFI will be reviewed by the Comptroller’s Office and different departments in State government that utilize prescription and physician-administered drugs including: Department of Children and Families (DCF), Department of Correction (DOC), Department of Developmental Services (DDS), Department of Mental Health and Addiction Services (DMHAS) including Connecticut Valley Hospital (CVH), Department of Public Health (DPH), the CT Judicial Branch (Judicial), and the University of Connecticut (UConn) including John Dempsey Hospital

(JDH). Current detailed prescription drug utilization data broken down by state agency is available to interested Respondents provided that they complete and submit the Non-Disclosure Agreement (NDA) which is available in Section 9 of this RFI.

Written responses to this RFI must be received by the Official State Contact Person no later than **2:00 p.m. ET on December 29, 2023.**

Respondents are asked to respond to the RFI by email to the Official State Contact Person with both a Word document and a document in PDF format. Additionally, responses should be:

- Formatted as directed in Section 8 of this RFI. (If a particular service area is not applicable to your organization, please enter "N/A".)
- Double-spaced in at least 11-point font.
- Include a Table of Contents and number the pages.
- Include a cover sheet specifying: Respondent's full business name, address of its primary place of business, its corporate status (e.g., 501(c)(3), partnership, LLC), telephone number, contact person, and e-mail address.

Official State Contact Person.

The Official State Contact Person is available to answer questions and provide information regarding the RFI process, including the need for Respondents to complete and submit a non-disclosure agreement (NDA) if they wish to review current detailed prescription drug utilization data broken down by state agency. Written questions from Respondents must be submitted in writing **no later than 2:00 p.m. ET on December 13, 2023** by email, with the subject line "Prescription Drug Consolidation RFI Questions" and addressed to: OSC.DrugConsolidationRFI@ct.gov.

Section 6: Background and Summary of Requested Information.

About the Office of the State Comptroller (Comptroller).

It is in the capacity of interagency leadership that OSC is issuing this RFI regarding the purchasing of prescription and physician-administered drugs by several State agencies, State hospitals, State-operated local mental health authorities and other entities including DCF, DOC, DDS, DMHAS including CVH, DPH, DRS, DSS, Judicial, and UConn including JDH.

The Office of the State Comptroller administers benefits programs for all state employees, retirees, and their families. The largest programs are the medical, pharmacy, and dental benefit programs covering over 250,000 lives. The Healthcare Policy & Benefits Division of the Office of the State Comptroller is responsible for the contract procurement, administration, and evaluation of these programs.

About the State Entities Providing Prescription and Physician-Administered Drugs.

Department of Children and Families

The Department of Children and Families (DCF) utilizes pharmaceutical services at state-operated psychiatric residential treatment facilities and the psychiatric hospital for youth. The location of these facilities are listed below. An overview of pharmaceutical services needed at these facilities are as follows: Pharmaceutical Consultant Services, over the counter (OTC) products, sundry items, and training to Client Agencies. The specific needs of each location vary, some in need of full-service pharmaceutical products and services and others with limited needs.

The approximate total spending for one fiscal year is approximately $502,172.

DCF locations services include:

Albert J. Solnitt Children's Center Hospital and PRTF South (7 individual units)
915 River Road
Middletown, CT 06457
(3 Psychiatric Residential Treatment Facility Units)
PRTF - Lakota, Quinnipiac, Kiwani
(4 Hospital)
Passaic, Sachem, Manhasset & Acadia

Albert J. Solnit Children's Center – PRTF North (3 individual units)
36 Gardner Street
East Windsor, CT 06088
(3 Psychiatric Residential Treatment Facility Units)
PRTF – Spruce, Oak, Maple

Department of Correction

The Department of Correction (DOC) utilizes pharmaceutical services including the fulfillment of prescription orders throughout thirteen (13) facilities in the State of Connecticut. Given its unique clinical setting, DOC relies on a vendor that has experience in providing pharmaceuticals and pharmacy services in both jail and prison-based correctional facilities. DOC contracts pharmacy services to include Clinical Pharmacy support, pharmacist consulting on individual patient cases, formulary development and management, regular participation in the Pharmaceutical and Therapeutic (P&T) Committee meetings that review and revise agency formulary, pharmacy monitoring and compliance, internal and external reporting, medication room inspection, clinical update presentations; quality improvement reports at the patient, provider, facility, and agency levels; and presentations on clinical guidelines and best practice updates; and benchmarking with other correctional agencies and pharmacy order processing and fulfillment complete with direct shipment to each DOC facility. The DOC gets a small amount of stock medications and a large amount of patient specific medications from a correction-specialized pharmacy delivered to each facility through an electronic prescribing system via specialized interface within the agency's EHR that automatically synchronizes with the patient's drug list and the electronic Medication

Administration Record. This arrangement includes, and is tied to, clinical pharmacy services. Types of medications utilized by DOC include; oral solid medications, True Unit-Dose Blister Cards, Discharge Medications, OTC Medications, Liquid Medications, Eardrops and liquids, Creams and Ointments, Compounded IV Mixtures, Total Parenteral Nutrition (TPN) Products, Non-Sterile Compounded Medications, Specialty Pharmaceutical Items, Durable Medical Equipment (DME) and Medical Supplies, and Controlled Substance Medications.

While other clinical settings may offset their pharmaceutical costs by billing reimbursement and/or patient copays, especially for higher cost medicines, this is not the case for DOC. Moreover, DOC has a constitutional mandate to provide medically necessary care to its patient population, including primary and specialty care.

The average total spending for one fiscal year is approximately $29,204,217.

Department of Correction Facilities:

CTYK - York Correctional Institution
CTWL - Willard Correctional Institution
CTWA - Walker Correctional Institution
CTOS - Osborn Correctional Institution
CTNH – New Haven Correctional Center
CTMN – Manson Youth Institution
CTMD – MacDougall Correctional Institution
CTHT – Hartford Correctional Center
CTGA – Garner Correctional Institution
CTCY – Cybulski Correctional Institution
CTCR – Carl Robinson Correctional Institution
CTCO – Corrigan Correctional Center
CTCH – Cheshire Correctional Institution
CTBP – Bridgeport Correctional Center
CTBK – Brooklyn Correctional Institution

Department of Developmental Services

The Department of Development Services utilizes pharmaceutical services within group homes or campuses by region across the state; North, South, and West. These include Fairfield, Litchfield, Middlesex, New Haven, New London, Hartford, Windham, and Tolland Counties as well as Southbury Training School (STS). The pharmaceutical provider is responsible for providing pharmacy services to all DDS locations statewide to include brand name and generic medications, Pharmaceutical Consultant Services and Over the Counter (OTC) products for all DDS locations. Individuals who pay for their own OTCs are still ordered through the same pharmacy to prevent polypharmacy. DDS requires IV certification for DDS nurses and IV Therapy for DDS Individuals. Both IV certification and IV Therapy must be provided by contracted vendor and cannot be subcontracted out as stated within General Statutes Title 19a-Public Health and Well-Being, Chapter 368v-Health Care Institutions Section 19a-522f.

To perform any type of Intravenous Services, nurses must be certified through one Intravenous Organization (pharmacy) that can also provide I.V. Policy and Procedures Manual due to the nature of potential dangers/harm that can occur during administration of IV Fluids and IV Medications as well as insertion of intravenous lines. This IV Policy and Procedure manual must be adopted under the specific DDS/ICF site to be incorporated in Nursing DDS Policy and Procedures to provide this service legally as well as keep within the DPH/ICF regulations. It is crucial that the pharmacy have all the individual's medication profiles for safety reasons. The company or Pharmacy must provide on-going training and continually monitor drug Interactions/drug allergies which are the most crucial. Contracted Pharmacy will have all individual's medication profiles therefore will catch a drug interaction before the IV Medication is delivered. The contracted pharmacy must also have a qualified educator through the organization educated in teaching Intravenous Certification to nurses who will be providing these services. All nurses must have certification from that specific organization/Pharmacy. The pharmacy must also have an on call Intravenous Registered Nurse, MSN with specialized IV schooling that can come to facility and start bedside mid-lines and/or peripheral IV lines on elderly individuals who are extremely difficult to start lines on due to age and lifelong medications that have ruined their veins. This service and the above stated services are crucial to the health of our individuals needing/requiring any type of Intravenous therapy. Intravenous certification to attending nurses at site specific facility cannot carry this certification from facility to facility unless certified by exact company/pharmacy. The pharmacy must provide yearly refresher at the minimum. The contracted pharmacy must include Intravenous medication administration records, IV electronic pumps, IV medications and fluids, and all associated Intravenous Supplies needed to start and maintain Intravenous line and therapy.

The average total spending for one fiscal year is approximately $170,282.

Department of Mental Health and Addiction Services

The Department of Mental Health and Addiction Services provides pharmaceutical services to a variety of mental health and addiction service facilities around the state, these facilities are listed below. The pharmaceutical needs of each facility vary from minimal purchasing to daily purchasing for both inpatients and outpatients. An overview of pharmaceutical services needed at these facilities are as follows: Medications without NADAC pricing, Over the Counter (OTC) Medications, Sundry Items, Contractor Consultant Pharmacist, Individual patient drug regimen reviews.

The average total spending for one fiscal year is approximately $1,461,214.

Department of Mental Health and Addiction Services Facilities:

Connecticut Mental Health Center
34 Park Street, New Haven, CT

Western Connecticut Mental Health Network
95 Thomaston Avenue, Waterbury, CT

Capitol Region Mental Health Center
500 Vine Street, Hartford, CT

Southwest Community Mental Health System
97 Middle Street, Bridgeport, CT

Whiting Forensic Hospital
70 Obrien Drive, Middletown, CT

River Valley Services
351 Silver Street, Middletown, CT

Southeastern Mental Health Authority
401 W Thames Street, Norwich, CT

Connecticut Valley Hospital
1000 Silver Street, Middletown, CT

Department of Public Health

The Department of Public Health (DPH) supplies pharmaceutical services to support tuberculosis (TB) and sexually transmitted disease (STD) health programs as well as the purchasing of Narcan. These programs require services to accommodate purchasing, inventory management, and expiration management of required medications. DPH works to identify the least expensive medications which are assigned a "purchase order" number that then gets sent to a pharmaceutical distributor. Types of medications include antifungal, antibiotics, immune response modifiers, local anesthetics, anti-tuberculosis specific antibiotics, and Narcan. DPH is also working toward a Memorandum of Agreement (MOA) for TB and STD medication purchasing and dispensing with UConn Health that is not yet in place but tentatively planned to start early next year (2024).

The approximate total spending for one fiscal year is $363,097, or about $99,936 for STD Programs, $134,062 for TB Programs, and $129,099 for purchasing Narcan.

Judicial Branch

The Judicial Branch and its programs run twenty-four-hour operations and require services of a pharmacy with availability 24 hours per day, 7 days per week, including holidays. This pharmacy must include STAT deliveries. The pharmacy must also deliver medications prior to the next scheduled dose and obtain medications that are not commonly stocked in a timely manner.

The contractor must also provide a licensed pharmacist for inspections, audits, and consultations which shall occur at each facility adhering to the following schedule:

1. At the commencement of the contract.

2. Quarterly at a scheduled mutually agreed upon by CSSD and the contractor.
3. At the request of the CSSD Responsible Health Authority (RHA).

Each inspection must generate a report on findings to be sent to the CSSD RHA. The contractor must also provide a licensed pharmacist to participate in statewide quarterly Continuous Quality Improvement (CQI) meetings, a pharmacy representative to attend and participate in the monthly facility based CQI meetings, and a licensed pharmacist, or other pharmacy representatives for, at a minimum, annual in-service or staff training in the use of pharmaceuticals, or upon the request of the RHA. The contractor shall assist in the development and subsequent updating of a statewide formulary and abide by and participate in the development and ongoing review of Judicial Branch CSSD policy, procedures and clinical protocols on the delivery, storage, and administration, monitoring, use, reimbursement, disposal and return of pharmaceuticals. The contractor will also assist CSSD in the continuation of the Department of Consumer Protection authorized drug return policy and provide statistical data including utilization by medication name, category and prescriber, financial data, reimbursement, and audit reports at the request of the RHA. The contractor shall have the capacity to accept both secure fax mediation orders as well as electronic medication administration orders if CSSD decides that electronic submission at both Bridgeport and Hartford Juvenile Detention Centers is the preferable mode.

The approximate total spending for one fiscal year is $117,478.

Judicial Service Locations

Juvenile Residential Center at Bridgeport
60 Housatonic Avenue, Bridgeport 06604

Juvenile Residential Center at Hartford
920 Broad Street, Hartford 06106

University of Connecticut Health Center

The University of Connecticut (UConn) Health Center utilizes a full-service pharmacy and pharmaceutical services. UConn Health participates in Group Purchasing Cooperative and procures both high-cost and limited distribution drugs (LDD), both through consignment (hospital side) and with direct manufacturer agreements (hospital and specialty pharmacy side). UConn Health is also a 340B space, as a Disproportionate Share Hospital (DSH) and with their own contracted pharmacy (UConn Health Pharmacy Services, Inc. – UHPSI). Within this realm, there is also contract agreements for Ryan White (RWI) entities (2) and as a Hemophilia Treatment Center (HTC) (1) and buy drugs through/for both via a ship-to-bill-to method and using a virtual accumulator.

The average total spending for one fiscal year is approximately $285,307,987.

The above State entities currently contract with several types of organizations including wholesalers, distributors, pharmacy service providers, and pharmacy benefit managers. Some state entities competitively bid separately for prescription and physician-administered drugs while others enter into a joint contract through the Department of Administrative Services (DAS). State entities may hold one or more contracts with the various vendors selected via the competitive bidding process.

Current vendors provide a range of services in the following categories:

- Managing individual budgets;
- Claims processing;
- Mail Order Pharmacy services;
- Specialty Pharmacy services;
- Pharmacy duties

Current Prescription and Physician-Administered Drug Spending in the State of Connecticut.

Current spending by the State entities described above is summarized as follows:

Agency	Total Spend Per FY
Judicial Branch	$116,990.00
Department of Developmental Services	$170,282.45
Department of Children and Families	$502,171.51
Department of Public Health	$363,097.00
Department of Mental Health and Addiction Services	$1,461,214.98
Department of Correction	$29,204,217.21
University of Connecticut Health Center	$285,307,987.10
TOTAL	**$317,125,960.25**

Current detailed prescription drug utilization data broken down by state agency is available to interested Respondents provided that they complete and submit the Non-Disclosure Agreement (NDA) which is available in Section 9 of this RFI.

Statement of Need.

The State is seeking information on the manner and extent of purchasing of prescription and physician-administered drugs by State agencies, State hospitals, State-operated local mental health authorities and other public entities. The State is currently exploring the possibility of streamlining the purchasing of prescription and physician-administered drugs by issuing one, statewide RFP rather than the existing practice of various State entities issuing separate RFPs, operating on different bidding schedules, and requesting redundant information from Respondents. Development of one, consolidated RFP is being considered as a means to increase the efficiency of the bidding process and decrease costs for the State.

The information provided in this RFI may help to inform an upcoming RFP for statewide purchasing of prescription and physician-administered drugs.

Requirements.

Respondents are asked to provide details related to their existing contracts with any and all of the State entities named for the provision of prescription and physician-administered drugs, if applicable. Additionally, Respondents are asked to provide information concerning their experience providing services in the following categories as detailed in Section 6 of this RFI.

- Managing individual budgets;
- Claims processing;
- Mail Order Pharmacy services;

- Specialty Pharmacy services;
- Other prescription and physician-administered drug activities

Qualifications for Respondents.

Any person, group, business, organization, or combination thereof with relevant knowledge and/or expertise is welcome to respond. Respondents do not need to be located in the State of Connecticut. Respondents do not need to currently have an existing contract with any of the above-named State entities.

Section 7: Information Requested.

The State is particularly interested in creative and innovative approaches to providing prescription and physician-administered drugs to multiple State entities. The State is also seeking models that capitalize on modern, flexible, technological solutions that efficiently handle the provision of prescription and physician-administered drugs for continually evolving State entities.

Respondents are encouraged to provide the State with proposed methods, strategies, and practices to provide prescription and physician-administered drugs in all of the areas below, or in specific areas where the Respondent has particular experience or knowledge. The State is open to the provision of these services by two or more organizations that meet the needs of multiple State entities, as long as the services are well coordinated and cost efficient.

Respondents may choose to respond to all topics or only those that relate to the Respondent's particular experience and knowledge. Respondents should respond in a topic-by-topic manner (e.g., in an issue/response format) following the numbering of the RFI inquiries. Please indicate "N/A" under any topic area that is not applicable.

Please provide answers to the following questions:

1. Is there a way(s) for the State to provide administrative efficiencies or lower administrative costs while still meeting existing prescription and physician-administered drug needs? Please consider technological or innovative opportunities.
2. Would a statewide, regional or local approach or some combination be the best option to provide administrative efficiencies and/or lower administrative costs? What is the feasibility of the chosen approach?
3. Please identify any potential cost savings to the State by consolidating purchasing of prescription drugs and/or physician-administrated drugs.
4. How could the State qualify for additional discounts and/or lower administrative costs if the contracts for services were combined across multiple agencies, across a region, across the State? Please describe how and why costs would be lower.
5. Please describe any possible benefits and/or risks of centralizing and consolidating contracts for the purchase of prescription and physician-administered drugs.
6. Please estimate how many additional staff and other resources would be required by the Comptroller to centrally procure and administer such contracts.

7. Recognizing the diverse mix of clients that state agencies service, how do patient outcomes and success get measured under a consolidated pharmaceutical purchasing program?
8. How does regulatory compliance and oversight get handled under a consolidated pharmaceutical program?
9. How does existing agency IT infrastructure, including electronic health record systems, get utilized to support a consolidated pharmaceutical purchasing program or does it require new IT systems, data management, and centralization?
10. Some clients of state agencies are Medicaid/Medicare reimbursable, and some are not – how does this impact procurement?
11. Please provide any examples where your organization has provided services for entities with complex needs across multiple entities, for example a state or municipality. How would the centralization of services help to reduce costs or improve administrative efficiency from your perspective as a vendor?
12. Please provide any additional recommendations the state should consider to reduce costs or improve administrative efficiency.

Section 8: Response Format.

Instructions:

Respondents should submit their answers using this format. Please insert the question next to the appropriate number and provide your response directly after. Be sure to follow all response and formatting instructions specified in Section 5 of this RFI. Please clearly indicate if a Respondent's submission includes current detailed prescription drug utilization data which was received pursuant to a Non-Disclosure Agreement (NDA). Pertinent sections of submissions referencing such proprietary data will need to be marked as confidential and be exempted from release under the FOIA in accordance with C.G.S. §1-210-(b) and Section 2 of this RFI.

Question 1. Is there a way(s) for the State to provide administrative efficiencies or lower administrative costs while still meeting existing prescription and physician-administered drug needs? Please consider technological or innovative opportunities.

Response 1. Enter response here or N/A.

Question 2. Would a statewide, regional or local approach or some combination be the best option to provide administrative efficiencies and/or lower administrative costs? What is the feasibility of the chosen approach?

Response 2. Enter response here.

Question 3. Please identify any potential cost savings to the State by consolidating purchasing of prescription drugs and/or physician-administrated drugs.

Response 3. Enter response here.

Section 9: Non-Disclosure Agreement

Current detailed prescription drug utilization data broken down by state agency is available to interested Respondents provided that they complete and submit the following Non-Disclosure Agreement (NDA) by email to the Official State Contact Person at OSC.DrugConsolidationRFI@ct.gov.

NON-DISCLOSURE AGREEMENT

This Non-disclosure Agreement (the "Agreement") is entered into by and between the State of Connecticut, Office of the State Comptroller ("Comptroller" or "Disclosing Party") with its principal offices at 165 Capitol Avenue, Hartford, Connecticut, and _____, located at _____ ("RFI Respondent" or "Receiving Party") for the purpose of preventing the unauthorized disclosure of Confidential Information as defined below. The Receiving Party is a Respondent to a Request for Information for Drug Purchasing Consolidation issued by the Comptroller on or about November 29, 2023 ("RFI"). The parties agree to enter into a confidential relationship with respect to the disclosure of certain proprietary and confidential information ("Confidential Information"). Accordingly, RFI Respondent and Comptroller agree as follows:

1. **Definition of Confidential Information.** For purposes of this Agreement, "Confidential Information" includes all information or material that has or could have commercial value or other utility in the work in which Disclosing Party or Receiving Party is engaged. If Confidential Information is in written form, the Disclosing Party will label or stamp the materials with the word "Confidential".

2. **Exclusions from Confidential Information**. Receiving Party's obligations under this Agreement do not extend to information that is: (a) publicly known at the time of disclosure or subsequently becomes publicly known through no fault of the Receiving Party; (b) discovered or created by the Receiving Party before disclosure by Disclosing Party; (c) learned by the Receiving

Party through legitimate means other than from the Disclosing Party or Disclosing Party's representatives; or (d) is disclosed by Receiving Party with Disclosing Party's prior written approval.

3. **Obligations of Receiving Party.** Receiving Party shall hold and maintain the Confidential Information in strictest confidence for the sole and exclusive benefit of the Disclosing Party. Receiving Party shall carefully restrict access to Confidential Information to themselves, employees, contractors and third parties as is reasonably required and shall require those persons to sign nondisclosure restrictions at least as protective as those in this Agreement. Receiving Party shall not, without the prior written approval of Disclosing Party, use for Receiving Party's own benefit, publish, copy, or otherwise disclose to others, or permit the use by others for their benefit or to the detriment of Disclosing Party, any Confidential Information. Receiving Party shall return to Disclosing Party any and all records, notes, and other written, printed, or tangible materials or certify the destruction and discarding of any and all electronic materials in its possession pertaining to Confidential Information immediately if Disclosing Party so requests in writing.

4. **Time Periods.** The non-disclosure provisions of this Agreement shall survive the termination of this Agreement and Receiving Party's duty to hold Confidential Information in confidence shall remain in effect until the Confidential Information no longer qualifies as a trade secret or until Disclosing Party sends Receiving Party written notice releasing Receiving Party from this Agreement, whichever occurs first.

5. **Severability**. If a court finds any provision of this Agreement invalid or unenforceable, the remainder of this Agreement shall be interpreted so as to best to effect the intent of the parties.

6. **Integration**. This Agreement expresses the complete understanding of the parties with respect to the subject matter and supersedes all prior proposals, agreements, representations, and understandings. This Agreement may not be amended except in a writing signed by both parties.

7. **Waiver.** The failure to exercise any right provided in this Agreement shall not be a waiver of prior or subsequent rights.

This Agreement and each party's obligations shall be binding on the representatives, assigns and successors of such party. Each party has signed this Agreement through its authorized representative.

Office of the State Comptroller (DISCLOSING PARTY)

Signature By: _____

Printed Name _____

Organization/Title: _____

Date: _____

RFI Respondent (RECEIVING PARTY)

Signature By: _____

Printed Name _____

Organization/Title: _____

Date: _____