

***TECHNICAL PROPOSAL PACKET***  
***SP-18-0039***

Type or Print the following information.

***An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.***

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* **will cause the Prospective Contractor's proposal to be disqualified.**

**Authorized Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
*Use Ink Only.*

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PROPOSED SUBCONTRACTORS FORM**

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

**PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.***Type or Print the following information*

| Subcontractor's Company Name | Street Address | City, State, ZIP |
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☐ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

## **INFORMATION FOR EVALUATION**

- Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.
- **Do not** include additional information if not pertinent to the itemized request.

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| <b>E.1 PROSPECTIVE CONTRACTOR QUALIFICATIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |
| A. Detail the self-funded pharmacy plans your company is currently administering. Include the membership totals of the pharmacy plan(s) being administered by your company and the length of time your company has provided these services.                                                                                                                                                                                                                                                                                                            | 5 points                          |
| <b>E.2 ORGANIZATIONAL DETAILS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |
| <p>A. Detail your organization's ownership history and structure including all separate legal entities and affiliates.</p> <p>Detail any acquisitions or liquidations that has impacted the PBM operations within the last five (5) years.</p> <p>List the changes in ownership within the last three (3) years or since corporate inception if less than three (3) years and the anticipated changes in ownership within the next three (3) years.</p> <p>Disclose any mail and/or retail pharmacies owned by your company and/or parent company.</p> | 5 points                          |
| <p>B. Describe all major shareholders and/or owners (5% or greater ownership) and include the following:</p> <ol style="list-style-type: none"> <li>1. The percentage of total ownership of each shareholder.</li> <li>2. Pending and publicly disclosed transactions your company has in any business providing a service or product relating to health care, including any contractual relationship or ownership by a drug manufacturer, distributor, wholesaler, or pharmacy.</li> </ol>                                                            | 5 points                          |
| C. Provide detailed information on insurance, bonding, and guarantees offered in the event of issues caused by loss of operations due to an emergency or disaster. Identify what general liability and errors and omissions coverage you carry to protect your clients.                                                                                                                                                                                                                                                                                | 5 points                          |
| D. Detail all past and pending legal actions involving your company, your parent company and any affiliated company (if the affiliated company provides same or similar services as those required by this RFP), or subcontractors your company intends to utilize for this contract over the past five (5) years.                                                                                                                                                                                                                                     | 5 points                          |
| E. Detail all regulatory or other governmental investigations, probes, formal inquiries, etc. involving your company, your parent company, any affiliated company (if the affiliated company provides same or similar services as those required by this RFP), or subcontractors your company intends to utilize for this contract during the past five (5) years. Include any resolutions or outcomes.                                                                                                                                                | 5 points                          |

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| F. Detail any governmental health plan contract terminations pertaining to your company, your parent company, any affiliated company (if the affiliated company provides same or similar services as those required in this RFP), or subcontractors your company intends to utilize for this contract and occurring within the past five (5) years. Include the reason for termination, charges of unethical actions, legal actions, determinations of conflicts of interest, or other elements in a way that fully communicates your company's and your subcontractor's experience with governmental entities. | 5 points |
| G. Detail the credentials, experience, duties, etc. of the Account Manager and the account management team to be assigned to ASP. Provide an organizational chart.                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5 points |
| <b>E.3 IMPLEMENTATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |
| A. Provide a detailed description of your company's implementation plan based on your experiences of similarly sized self-funded plan implementations of the past. Describe staff members, job descriptions, experience, and other information regarding your anticipated implementation team. Detail the specific information generally requested of clients during implementations of similar size, scope, and complexity.                                                                                                                                                                                    | 5 points |
| B. Provide your company's proposed implementation plan and timeline based upon the anticipated contract award date of August 1, 2018 and Administrative Services Start Date of November 1, 2018. Include detailed processes and recommendations for loading eligibility, historical claims, and historical prior authorizations.                                                                                                                                                                                                                                                                                | 5 points |
| C. Describe the risks your company anticipates ASP, the Plan, or the members face during the Implementation Period and your company's plan to mitigate those risks.                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5 points |
| D. Detail your company's experiences with implementing projects of similar size, scope, and complexity. Include timelines, goals, results, and other elements necessary to fully communicate your company's implementation experience.                                                                                                                                                                                                                                                                                                                                                                          | 5 points |
| E. Explain your company's process to ensure accurate and timely transfer of member data from ASP's current Pharmacy Benefit Manager and Third Party Administrator.                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5 points |
| <b>E.4 PROCESS MANAGEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |
| A. Describe your company's standard payment process to pharmacies. Detail if the payment is electronic or by check, the frequency of payment, if the remittance statements are in electronic or paper format, the outside third-party vendors if any, and any other element necessary in order to fully communicate your company's standard process and payment capabilities.                                                                                                                                                                                                                                   | 5 points |
| B. Describe your company's philosophy and process of providing clients with pharmacy payment data in a verifiable and auditable format.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5 points |
| C. Provide a high-level, graphical process flow chart of your company's proposed PBM solution. Describe your company's proposed integration between your company and ASP, medical / health plan claims administrators, and network pharmacies in regards to claim submission, adjudication, and subsequent payment. Include all elements necessary to communicate the full scope of your PBM solution.                                                                                                                                                                                                          | 5 points |
| D. Describe your company's process of coordinating deductible/Out-of-Pocket (OOP) in "real time" with ASP's Health Plans.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5 points |
| E. Describe your company's internal audit process that ensures compliance with established policies and procedures in all aspects of your company's operation.                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5 points |

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| F. Describe your company's experience with traditional e-prescribing functionality.                                                                                                                                                                                                                                                                                                                                     | 5 points |
| G. Detail your company's experience with facilitating services regarding Medicare Retiree Drug Subsidy program. Detail the services your company can provide to ASP to help facilitate RDS administration.                                                                                                                                                                                                              | 5 points |
| H. Describe your company's internal Prior Authorization process. Detail how your company's review, approval, and appeals process works.                                                                                                                                                                                                                                                                                 | 5 points |
| I. Detail your company's reference pricing program. Include whether these services will be performed in-house or by a subcontractor. If subcontracted, who is the subcontractor?                                                                                                                                                                                                                                        | 5 points |
| J. Describe your company's method and process of recouping claims paid in error and the collection of overpayments to members and providers.                                                                                                                                                                                                                                                                            | 5 points |
| <b>E.5 PHARMACY AND MEMBER CUSTOMER SERVICE AND CALL CENTER</b>                                                                                                                                                                                                                                                                                                                                                         |          |
| A. Detail your company's customer service call system (pharmacy and member) that will meet the needs of ASP as stated in this RFP. Detail your company's proposed staffing and your company's call statistics on projects with similar scope. Include details of any other elements necessary to communicate your company's customer service (pharmacy and member) capabilities and experience within the last 3 years. | 5 points |
| B. Detail your company's customer service representative's real-time access to the claims processing system including access to approve claims, pre-authorizations, and all override capabilities.                                                                                                                                                                                                                      | 5 points |
| C. Describe how your company interfaces with Pharmacy and Member Customer Service Departments to answer questions, resolve issues, and assist in claims transactions. Include details about the staff assigned to the ASP account, if any.                                                                                                                                                                              | 5 points |
| D. Define your company's ability to administer special handling requests including any staff to be specifically assigned to respond to the ASP Plan.                                                                                                                                                                                                                                                                    | 5 points |
| E. Provide an overview of your company's provider/member call center and provider/member relations services including the hours of operation.                                                                                                                                                                                                                                                                           | 5 points |
| F. Describe in detail your company's customer service call issue escalation procedure.                                                                                                                                                                                                                                                                                                                                  | 5 points |
| G. Detail the average tenure of your company's member and provider customer service staff.                                                                                                                                                                                                                                                                                                                              | 5 points |
| H. Provide a detailed description of pre-employment screenings your company's member and provider customer service staff is required to have. Include information regarding criminal background checks.                                                                                                                                                                                                                 | 5 points |
| I. Detail the training procedure(s) required for your company's member and provider customer service staff.                                                                                                                                                                                                                                                                                                             | 5 points |
| J. Detail your company's process for providing customer service to Spanish speaking callers.                                                                                                                                                                                                                                                                                                                            | 5 points |

| <b>E.6 PHARMACY AUDITS</b>                                                                                                                                                                                                                                                                                                                                     |          |
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| A. Detail your company's process for auditing network pharmacies. Include specific details regarding compliance with applicable State pharmacy audit laws. Describe your company's process for how a pharmacy would file an appeal for any audit finding.                                                                                                      | 5 points |
| B. Describe the results of your company's most recent customer and member satisfaction surveys as it relates to the quality of care provided by your network of providers and by your company.                                                                                                                                                                 | 5 points |
| C. Provide details of all audits performed on network pharmacies within the last month, the last quarter, and the last year. At a minimum, include any audit triggers, findings, and financial recoupment.                                                                                                                                                     | 5 points |
| D. Describe how your company performs audits including whether audits are performed by in-house staff or if an outside third party is utilized. Provide details of any third-party if applicable, including financial terms and conditions, years of relationship, ownership, and other elements in order to fully communicate the nature of the relationship. | 5 points |
| E. Provide a copy of your company's most recent IT audit with an auditor opinion, auditor testing, and the results. Include any information regarding Cyber Liability Insurance.                                                                                                                                                                               | 5 points |
| <b>E.7 SYSTEM INFORMATION</b>                                                                                                                                                                                                                                                                                                                                  |          |
| A. Detail your company's claims processing system capabilities including its limitations, age, update history, and technical security and/or monitoring controls. Include any other elements in your response that are needed to fully describe your company's technical / system environment.                                                                 | 5 points |
| B. Describe your company's ability to access and edit source code for the claims system. Include the timeframe it takes your company to revise your software program to accommodate significant plan changes. Describe how your company edits source codes including the timeframes until completion.                                                          | 5 points |
| C. Describe your system's ability to assign a specific member to an individual physician and/or pharmacist for management of their drug claims. If your system does not provide this feature, detail what capabilities your system has to implement this feature and the timeframes involved in implementation.                                                | 5 points |
| D. Describe your company's training process for personnel handling Prior Authorization requests.                                                                                                                                                                                                                                                               | 5 points |
| <b>E.8 REPORTING CAPABILITY</b>                                                                                                                                                                                                                                                                                                                                |          |
| A. Detail your company's reporting capabilities for handling multiple group numbers. Include any limitations and sub-group capabilities.                                                                                                                                                                                                                       | 5 points |
| B. Describe your system's ability to generate mailings based on a custom query of system information. If your system does not have this ability, detail how your company would be able to add this function to your system and the timeframes involved in implementation.                                                                                      | 5 points |

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| C. Provide, in electronic version only (CD or flash drive), de-identified examples of reporting previously provided to a plan's actuary for rating purposes.                                                                                                                                                                                                                         | 5 points |
| D. Describe your company's capability to benchmark the Plan with other clients of similar characteristics (size, geography, industry, etc.). Detail the specific entities that comprise your company's "Government" industry benchmark.                                                                                                                                              | 5 points |
| E. Detail and provide examples of all standard reports available at no additional cost. Provide the examples in electronic format only (CD or flash drive).                                                                                                                                                                                                                          |          |
| F. Describe your company's process for requesting ad hoc reporting and the turn-around time involved.                                                                                                                                                                                                                                                                                |          |
| G. Detail any tools your company provides that permits direct access to utilization data such as via a web based dashboard or query platform.                                                                                                                                                                                                                                        |          |
| <b>E.9 PRIVACY AND SECURITY</b>                                                                                                                                                                                                                                                                                                                                                      |          |
| A. Describe your company's capabilities to remove or mask all but the last four (4) digits of a member's Social Security Number from all forms of communication such as reports and letters. Include your company's capability to use an alternate member identification number other than the member's Social Security Number.                                                      | 5 points |
| B. Detail your company's policy of providing HIPPA or other privacy and security training and/or certifications to your staff as well as for any subcontractors utilized.                                                                                                                                                                                                            | 5 points |
| C. Describe any breaches, complaints, or grievances with regards to protected health information (e.g., security or privacy) for your company's complete book of business and for any affiliated company, including sub-contracts, parent company, or subsidiaries that provide the same or similar services to those required by this RFP. List the event and resolution in detail. | 5 points |
| D. Describe the level of compliance related education, HIPAA and otherwise, that your company coordinates, facilitates, or manages for providers in your network.                                                                                                                                                                                                                    | 5 points |
| <b>E.10 ONLINE CAPABILITY</b>                                                                                                                                                                                                                                                                                                                                                        |          |
| A. Describe your company's current website accessibility to members as well as non-members including the equipped security features.                                                                                                                                                                                                                                                 | 5 points |
| B. Detail the technical structure and security for online information including how a member's information is stored and protected.                                                                                                                                                                                                                                                  | 5 points |
| C. Describe your company's website and the formulary search function. Include any member-specific information provided regarding formulary and co-pay / pricing information, pharmacy information, deductible accumulation information, copay amounts, and coinsurance limits.                                                                                                       | 5 points |
| D. Describe your company's website search functions as it pertains to prior authorizations, step therapy, quantity limits and other features that may benefit ASP.                                                                                                                                                                                                                   | 5 points |
| <b>E.11 DISASTER RECOVERY</b>                                                                                                                                                                                                                                                                                                                                                        |          |
| A. Describe your company's emergency preparedness and provide your company's current                                                                                                                                                                                                                                                                                                 | 5 points |



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| emergency operations plan. Describe how your company proposes to address major disruptions in air / ground transportation due to acts of terrorism / war /civil unrest / natural disasters or other events that may have an impact on pharmacy operations.                                          |          |
| B. Describe your company's disaster recovery service including whether or not your company uses a "hot site".                                                                                                                                                                                       | 5 points |
| C. Detail your company's recovery process for instances when your company has had unscheduled system down time for more than one (1) hour per occurrence in the last two (2) years. Describe the cause of the downtime, how the situation was handled, and the time frame needed for full recovery. | 5 points |
| D. Describe your company's database backup system, including on-site and off-site facilities and procedures used to maximize data security. Include information on how often the backup system is tested.                                                                                           | 5 points |
| <b>E.12 ELIGIBILITY PROCESSING</b>                                                                                                                                                                                                                                                                  |          |
| A. Describe your company's experience and capability in processing eligibility files received from a plan administrator such as from ASP's Third Party Administrator.                                                                                                                               | 5 points |
| B. Describe your company's standard process when receiving a claim request on an ineligible person.                                                                                                                                                                                                 | 5 points |
| C. Describe how your company's coordination of benefits is handled.                                                                                                                                                                                                                                 | 5 points |
| D. Describe how your company coordinates / facilitates claims payment and / or secondary filings for Medicare Part B qualified medications.                                                                                                                                                         | 5 points |
| E. Detail your company's procedures to ensure prescriptions are not filled for a member after termination or prior to effective date.                                                                                                                                                               | 5 points |
| <b>E.13 NETWORK MANAGEMENT</b>                                                                                                                                                                                                                                                                      |          |
| A. Describe how your company contracts with the pharmacy network including any use of subcontractors. Include the names of any subcontractors utilized.                                                                                                                                             | 5 points |
| B. Provide a listing of the Arkansas pharmacies in the network proposed. List by city in alpha order and provide in electronic format only (CD or flash drive).                                                                                                                                     | 5 points |
| C. Provide a list of Arkansas pharmacies that do not participate in the proposed network. List by city in alpha order and provide in electronic format only (CD or flash drive).                                                                                                                    | 5 points |
| D. Provide a complete listing of the entire national network being proposed. List by State, by city in alpha order and provide in electronic format only (CD or flash drive).                                                                                                                       | 5 points |
| E. Describe how your company monitors, reports, and eliminates fraud, waste, and abuse of the medications dispensed.                                                                                                                                                                                | 5 points |
| F. Detail the processes your company has in place to make the Plan whole for your company's                                                                                                                                                                                                         | 5 points |

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| mistakes in processing claims for members after termination or prior to effective date.                                                                                                                                                                                                                                                                                                                                                                                             |          |
| <b>E.14 SPECIALTY PHARMACY SERVICES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |
| A. In electronic format (CD or flash drive) and in alpha order provide a list of all medications considered by your company to be a “specialty” medication including GPI numbers. Provide your company’s definition of “specialty drug”.                                                                                                                                                                                                                                            | 5 points |
| B. Describe in detail your company’s relationship, financial terms, and services provided via use of a subcontractor, specifically regarding specialty drugs.                                                                                                                                                                                                                                                                                                                       | 5 points |
| C. Describe how your operations will facilitate the distribution of specialty medications.                                                                                                                                                                                                                                                                                                                                                                                          | 5 points |
| D. Describe the process of how your company allows a third party to approve or deny specialty medications.                                                                                                                                                                                                                                                                                                                                                                          | 5 points |
| <b>E.15 MAIL ORDER SERVICES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |
| A. Describe in detail your company’s experience and capabilities in facilitating mail order services.                                                                                                                                                                                                                                                                                                                                                                               | 5 points |
| B. Describe how your company provides mail order services. Include details regarding the use of any subcontractors and the relationship, financial terms, and conditions of the subcontractor relationship.                                                                                                                                                                                                                                                                         | 5 points |
| C. Describe your company’s audit process as it relates specifically to the mail order pharmacy services.                                                                                                                                                                                                                                                                                                                                                                            | 5 points |
| <b>E.16 PASS THROUGH PRICING AND TRANSPARENCY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |
| A. Detail your company’s contracted rate (i.e. the reimbursement rate that a specific pharmacy or pharmacy chain contractually agrees to accept for processing prescription drug claims on behalf of your company) for Brand and Generic Drug reimbursement for the three (3) largest pharmacy chains in the network being proposed for ASP.                                                                                                                                        | 5 points |
| B. Detail your company’s blended effective rate (i.e. the actual blended performance rate of discount for the AWP, accounting for differences in the reimbursement rates among individual pharmacies and the net effect of drugs that process at a customary level) for Brand and Generic Drugs within Arkansas’s geographic region.<br><br>Provide your company’s blended effective rate projections for the same region for Brand and Generic Drugs over the next five (5) years. | 5 points |
| C. Describe in detail your company’s MAC pricing program. Include the following information:<br><br>1. Method used to develop and update the number of drugs included and the number of NDC numbers it represents.<br><br>2. Discount level for generic drugs not included on the MAC list applied to ASP                                                                                                                                                                           | 5 points |

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| 3. Number of generic drugs on the MAC list applied to ASP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |
| D. Describe your company's level and frequency of access to wholesaler cost information used in the MAC management process.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5 points |
| E. Detail your company's source for determining AWP. Include the frequency of source updates and your company's process for ensuring claims adjudication and billing systems use the same updated AWP. If multiple sources are used, detail the specific reason(s) and situation(s) where one source would be used as opposed to the other.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5 points |
| F. Detail the number of different MAC lists your company uses nationally. If more than one, describe the rationale for using more than one list.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5 points |
| G. Detail your company's most recent performance figures for generic reimbursement in Arkansas's geographic region. Include the following information: <ol style="list-style-type: none"> <li>1. Current MAC effective rate (the average percent discount off the AWP for drugs processed by the MAC list to be applied to ASP).</li> <li>2. Percent of total frequently dispensed generic drugs represented on the MAC list to be applied to ASP.</li> <li>3. Number of individual line items on the MAC list to be applied to ASP</li> <li>4. Overall generic effective rate (the average percent discount off the AWP for all generic drugs) whether reimbursed at MAC, U&amp;C, or AWP discount.</li> <li>5. Overall generic utilization rate (percent of total prescriptions filled for generics by plan sponsors).</li> </ol> | 5 points |
| H. Describe your company's policy regarding the access your company provides to plan sponsors regarding plan specific net drug cost information (after rebate and network pharmacy discounts) including the individual NDC code.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5 points |
| I. Describe your company's philosophy of providing clients with actual acquisition cost data and network pharmacy reimbursement rates and data.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5 points |
| <b>E.17 FORMULARY MANAGEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |
| A. Describe in detail the process flow involved in the development and management of your company's formulary. In electronic format (CD or flash drive) provide the formulary your company recommends for ASP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5 points |
| B. Provide plan specific speculative growth in generic utilization rates using benchmark results of such programming across your company's client base.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5 points |
| C. Detail your company's clinical and administrative programs influencing physician prescribing of generic agents whenever clinically appropriate and that drives greater patient education and awareness of the value of generic drug options.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5 points |
| D. Illustrate the types of clinical programs and resources that distinguishes your company in its ability to assist clients in lowering drug costs and enhancing the level of clinical outcomes for its members.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5 points |

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| <b>E.18 MAC LIST</b>                                                                                                                                                                                                                                                   |          |
| A. Provide your company's most current, full detailed MAC list to be used on the ASP account including but not limited to pricing, AWP, and standard dispensing fee. Provide this in electronic format only (CD or flash drive) in alphabetical order by generic name. | 5 points |
| B. Describe the methodology and frequency by which your company updates its MAC list(s). Include information regarding the time frame for adding new generics to the MAC list.                                                                                         | 5 points |
| C. Describe your company's policy for establishing MAC pricing on new generics available from multiple manufacturers.                                                                                                                                                  | 5 points |