

# AWARD RECOMMENDATION

**Notice of Intent to Award Number:** 230000001161

The Department of Technology, Management, & Budget’s Procurement office has completed the evaluation of RFP #230000002284 - HIV/STI Pharmacy and Insurance Assistance Benefits Management Services and has recommended an award to ScriptGuideRX in the amount of \$200,804,689, pending State Administrative Board approval, if applicable. More information on the State Administrative Board can be found at: [State Administrative Board](#).

Bidders who were not recommended for the award are encouraged to schedule a debriefing session with the Solicitation Manager. The debriefing session will provide the bidder with the State’s rationale on why the bidder was not recommended for the award. The Solicitation Manager may be contacted as follows:

Marissa Gove, Solicitation Manager.

Govem1@michigan.gov

517-449-8952

**Background Information:**

This Request for Proposal (RFP) was to solicit responses for selection of a Contractor to provide HIV/STI Pharmacy and Insurance Assistance Benefits Management Services. The term of this contract is four base years, with up to five renewal options.

**Bidders:**

The RFP was posted on SIGMA VSS on May 22, 2023 for 29 days. The following bidders submitted proposals by the published due date of June 20, 2023.

Bidder	Address, City, State, Zip Code	SDVOB*	GDBE**
ScriptGuideRX	15400 E. Jefferson, Gross Pointe Park, MI 48230	No	No

\*SDVOB: Service-Disabled Veteran Owned Business

\*\*GDBE: Geographically Disadvantaged Business Enterprise

# EVALUATION SYNOPSIS

## I. Evaluation Process

A Responsible Vendor is a vendor that demonstrates it has the ability to successfully perform the duties identified by the solicitation. A Responsive proposal is one that is submitted in accordance with the solicitation instructions and meets all mandatory requirements identified in the solicitation.

### Proposal Instructions: Evaluation Process

The State will evaluate each proposal based on the following factors:

	Technical Evaluation Criteria	Weight
1.	Schedule A, Statement of Work, Section 1	65
2.	Schedule A, Statement of Work, Sections 2-9	33
3.	Vendor Questions Worksheet - Experience	30
4.	Vendor Questions Worksheet – Excluding Experience	7
	<b>Total</b>	<b>135</b>

Proposals receiving 108 or more technical evaluation points will have pricing evaluated and considered for award.

The full evaluation process is stated in the RFP Proposal Instructions.

## II. Evaluation Method

Responses to this solicitation were reviewed by a Joint Evaluation Committee, which consisted of the following individuals:

Voting	Advisory
Tom Dunn, Operations Section Manager DHHS	Andrew Hoffman, 340 Departmental Analyst DHHS
Dawn Lukomski, Section Manager DHHS	Michelle Howe, Departmental Analyst DHHS
Marissa Gove, Category Analyst DTMB	
Shelli Doll, Public Health Consultant 13 DHHS	
Shawna Brown, Financial Reporting & Analysis Unit Manager DHHS	

## III. Evaluation Results

### A. ScriptGuideRX

The Evaluation Team determined that ScriptGuideRX based on a score of 135, did meet the requirements of this RFP. This determination was accomplished by evaluating their responses to the Technical Evaluation Criteria.

1. **Schedule A, Statement of Work, Section 1** **65/65**  
 The Evaluation Team determined that the responses were satisfactory for this section.
2. **Schedule A, Statement of Work, Sections 2-8** **33/33**  
 The Evaluation Team determined that the responses were satisfactory for this section.
3. **Vendor Questions Worksheet – Experience** **30/30**  
 The Evaluation Team determined that the responses were satisfactory for this section.
4. **Vendor Questions Worksheet – Excluding Experience** **7/7**  
 The Evaluation Team determined that the responses were satisfactory for this section.

**Total Score: 135/135**

#### IV. Technical Evaluation Summary

Selection Criteria		ScriptGuideRX
<b>1</b>	Schedule A, Statement of Work, Section 1	<b>65</b>
<b>2</b>	Schedule A, Statement of Work, Sections 2-8	<b>33</b>
<b>3</b>	Vendor Questions Worksheet - Experience	<b>30</b>
<b>4</b>	Vendor Questions Worksheet – Excluding Experience	<b>7</b>
<b>Total</b>		<b>135</b>

#### V. Pricing Summary

Pricing was evaluated for the bidders who passed technical. The following is a summary of their price proposals:

AWP Discount Rates for MIDAP	Retail Pharmacy Claims	Mail Order Claims	Specialty Drug Claims
1. Discounts from AWP for generic drugs	75%	75%	70%
2. Discounts from AWP for brand drugs	17.50%	20%	17.50%

MIDAP Claim Services Cost Table	Unit Rate	Estimated Number of Annual Transactions	Yearly Total
---------------------------------	-----------	---	--------------

**Retail Pharmacy Claims**

1. Dispensing fee per claim	\$2.00	75,000	\$150,000
2. Transaction Fee per claim	\$3.50	75,000	\$262,500
<b>Mail Order Claims</b>			
1. Shipping fee per claim	\$0.00	75,000	\$0.00
2. Transaction Fee per claim	\$3.50	75,000	\$262,500
<b>Specialty Drug Claims</b>			
1. Dispensing fee per claim	\$2.00	50	\$100
2. Transaction Fee per claim	\$3.50	50	\$175
<b>Manual/direct member reimbursement third party claims</b>			
1. Transaction Fee per claim	\$3.50	50	\$175

<b>Annual Cost -- MIDAP and Insurance Assistance Services</b>	
<b>First Round Annual Total:</b>	<b>\$173,590</b>
<b>Second Round Annual Total:</b>	<b>\$149,650</b>

STI 340B Medications for Centralized Distribution Discounts from 340B Ceiling Price	2022 Utilization	Discount from 340B Ceiling Price
<b>1. Generic drugs</b>		<b>0%</b>
Azithromycin (Zithromax) / Dose: 1gm (pkg)	2,520	0
*Bicillin LA / Dose: 2.4 mu (1 Syringe)	30	0
Bicillin LA / Dose: 2.4 mu (2 Syringes)	2,725	0
Cefixime / Dose 800mg pkg (EPT Use Only)	911	0
Ceftriaxone (Rocephin) / Dose: 500mg vial for injection	3,228	0
Doxycycline / Dose: 100mg #14 btl	6,566	0
**Doxycycline PEP / 60 Count	98	0
***Lidocaine (Xylocaine) / 10X 2ml	45	0
***Lidocaine (Xylocaine) / 25X 2ml	450	0
***Lidocaine (Xylocaine) / 25X 5ml	500	0
Metronidazole / Dose: 500mg #14 btl	2,708	0
Metronidazole / Dose: 500mg #4 btl	1,851	0
<b>2. Brand drugs</b>		<b>0%</b>
None on the formulary at this time. Reference list above for brand name types.		

<b>Annual Cost -- STI 340B Centralized Distribution Model</b>
---

**Estimated Annual Cost STI 340B Centralized Distribution Model Services Total: \$150,000**

PrEP/HCV Medications Discount from 340B Ceiling Price	Retail Pharmacy Claims		Mail Order Claims	Cent. Dist. Claims
<b>1. Discounts from 340B Ceiling Price for generic drugs</b>	0%		0%	0%
Emtricitabine-Tenofovir 200-300 MG	0%	0%		0%
Sofosbuvir-Velpatasvir 400-100	0%	0%		0%
<b>2. Discounts from 340B Ceiling Price for brand drugs</b>	0%		0%	0%
Apretude ER	0%	0%		0%
Descovy	0%	0%		0%
Epclusa 150-37.5 MG Pallet Pict	0%	0%		0%
Epclusa 200 MG-50 MG Tablet	0%	0%		0%
Epclusa 200 MG-50 MG Pellet Pack	0%	0%		0%
Epclusa 400 MG-100 MG Tablet	0%	0%		0%
Harvoni 33.75-150 MG Pellet Pk	0%	0%		0%
Harvoni 45-200 MG Pellet Packet	0%	0%		0%
Harvoni 45-200 MG Tablet	0%	0%		0%
Harvoni 90-400 MG Tablet	0%	0%		0%
Isentress	0%	0%		0%
Mavyret 100-40 MG Tablet	0%	0%		0%
Tivicay	0%	0%		0%
Truvada	0%	0%		0%
Zepatier 50-100 MG Tablet	0%	0%		0%

PrEP/HCV Medications Discount from 340B Ceiling Price	Retail Pharmacy Claims		Mail Order Claims	Cent. Dist. Claims
<b>1. Discounts from 340B Ceiling Price for generic drugs</b>	0%		0%	0%
Emtricitabine-Tenofovir 200-300 MG	0%	0%		0%
Sofosbuvir-Velpatasvir 400-100	0%	0%		0%
<b>2. Discounts from 340B Ceiling Price for brand drugs</b>	0%		0%	0%
Apretude ER	0%	0%		0%
Descovy	0%	0%		0%
Epclusa 150-37.5 MG Pallet Pict	0%	0%		0%
Epclusa 200 MG-50 MG Tablet	0%	0%		0%
Epclusa 200 MG-50 MG Pellet Pack	0%	0%		0%
Epclusa 400 MG-100 MG Tablet	0%	0%		0%

Harvoni 33.75-150 MG Pellet Pk	0%	0%	0%
Harvoni 45-200 MG Pellet Packet	0%	0%	0%
Harvoni 45-200 MG Tablet	0%	0%	0%
Harvoni 90-400 MG Tablet	0%	0%	0%
Isentress	0%	0%	0%
Mavyret 100-40 MG Tablet	0%	0%	0%
Tivicay	0%	0%	0%
Truvada	0%	0%	0%
Zepatier 50-100 MG Tablet	0%	0%	0%

PrEP/HCV 340B Program Claim Services Cost Table	Unit Rate	Estimated Number of Annual Transactions	Yearly Total
<b>Retail Pharmacy Claims</b>			
1. Administrative Fee per claim	\$36.00	2,000	\$72,000
2. Transaction Fee per claim	\$0.00	0	\$0.00
<b>Mail Order Claims</b>			
1. Shipping fee per claim	\$0.00	0	\$0.00
2. Transaction Fee per claim	\$0.00	0	\$0.00
<b>Centralized Distribution Claims (Generic PrEP)</b>			
1. Dispensing fee per claim	\$36.00	2,000	\$72,000
2. Transaction Fee per claim	\$0.00	0	\$0.00

Year 1 -- PrEP/HCV 340B Program	
<b>First Round Estimated Year 1 PrEP/HCV 340B Program Services Total:</b>	<b>\$150,000</b>
<b>Second Round Estimated Year 1 PrEP/HCV 340B Program Services Total:</b>	<b>\$72,000</b>

Year 2 -- PrEP/HCV 340B Program	
<b>First Round Estimated Year 2 PrEP/HCV 340B Program Services Total:</b>	<b>\$150,000</b>
<b>Second Round Estimated Year 2 PrEP/HCV 340B Program Services Total:</b>	<b>\$90,000</b>

Year 3 -- PrEP/HCV 340B Program	
<b>First Round Estimated Year 3 PrEP/HCV 340B Program Services Total:</b>	<b>\$150,000</b>

<b>Second Round Estimated Year 3 PrEP/HCV 340B Program Services Total:</b>	<b>\$102,000</b>
--	------------------

<b>Estimated Pass-Through Costs (3-Year Cost)</b>	
<b>Total</b>	<b>\$199,641,739</b>

**VI. Negotiations**

ScriptGuideRX offered second round pricing as depicted in the summary above which amounts to a total cost avoidance of \$257,820.00 over the length of the Contract.

**VII. Award Recommendation**

Award recommendation is made to the responsive and responsible Bidder who offers the best value to the State of Michigan. Best value is based on the proposal meeting the minimum point threshold and offering the best combination of the factors stated in the *Proposal Instructions Evaluation Process* section, and price.

ScriptGuideRX provided the best value to the State. Best value factors for Award Recommendation include: Documented knowledge, understanding, and experience.

As part of the best value determination, overall economic impact to the State of Michigan was considered and is not a determinative factor in making this award.

Award Recommendation is made to ScriptGuideRX in the amount of \$200,804,689.