

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Infinity Compounding Solutions, LLC dba Infinity Care Solutions			
Address:	1204 SE 28th Street, Suite 2	AR Vendor # (if known)		
City:	Bentonville	State:	AR	Zip Code: 72712
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit			
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned			
	AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i>	
PROSPECTIVE CONTRACTOR CONTACT INFORMATION				
<i>Provide contact information to be used for bid solicitation related matters.</i>				
Contact Person:	David Fisher	Title:	General Counsel	
Phone:	479-685-2176	Alternate Phone:	479-250-1443	
Email:	davidf@icsrx.com			
CONFIRMATION OF REDACTED COPY				
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>				
ILLEGAL IMMIGRANT CONFIRMATION				
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.				
ISRAEL BOYCOTT RESTRICTION CONFIRMATION				
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.				
<input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.				
ETHICAL STANDARDS CONFIRMATION				
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor guarantees that he has not retained a person to solicit or secure this contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except for retention of bona fide employees or bona fide established commercial selling agencies maintained by the Contractor for the purpose of securing business.				

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 bid to be rejected.

Authorized Signature:  Title: CEO, Infinity Care Solutions

Printed/Typed Name: Jim Burrow Date: 05/12/2020

Official Bid Price Sheet
SP-20-0091 | Pharmacy Services

Item	Description	Estimated # of Prescriptions	Per Prescription Cost	Estimated Annual Cost
1	Dispensing Fee (per 340B prescription)	18,000	\$ 3.00	\$ 54,000.00
Item	Description	Estimated # of Clients	Per Client Per Month Cost	Estimated Annual Cost
2	Enhanced Patient Service Fee (per client per month)	1,700	\$ 10.00	\$ 204,000.00
Estimated Total Annual Cost				\$ 258,000.00



Arkansas State Board of Pharmacy

322 South Main Street, Suite 600 Little Rock, AR 72201

P: 501.682.0190 F: 501.682.0195

asbp@arkansas.gov • www.pharmacyboard.arkansas.gov

John Clay Kirtley, Pharm.D., Executive Director



Queried On **May 12, 2020 1:24 pm**

License Verification

General Information

Name: **Meredith Collin Ward Holderfield**

Address Information

Mailing Address

Address: **1204 Southeast 28th St**

Street 2: **Suite 2**

City/State/Zip: **Bentonville, AR 72712**

License Information

License Type: **Pharmacist License**

License Number: **PD11687**

Issue Date: **06/30/2011**

Expiration Date: **12/31/2021**

Current Status: **Active**

Licensure Method: **Exam**

Disciplinary Action: **No**

Preceptor: **No**

Nursing Home Consultant: **No**

Immunization Certification: **Yes**

The Arkansas State Board of Pharmacy is responsible for maintaining all of the information on our website, including licensure information, disciplinary actions, and restrictions. The information provided in this license verification should be considered a primary source verification and contains the same information that would be provided through other means: i.e. telephone, email, or mail and is true, accurate, and complete to the best of our knowledge. Information on this license verification is up-to-date as of the query date printed above.

License Information

License Type: Intern License
License Number: PI20467
Issue Date:
Expiration Date: 06/30/2011
Current Status: Not Active

Disciplinary Action: No

License Information

License Type: Pharmacy Technician License
License Number: PT90540
Issue Date: 09/06/2005
Expiration Date: 12/31/2008
Current Status: Not Active

Disciplinary Action: No



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John Clay Kirtley, Pharm.D., Executive Director



Queried On **May 12, 2020 1:25 pm**

License Verification

General Information

Name: **Cassie Nicola McCullough**

Address Information

Mailing Address

Address: **1204 SE 28th St Ste 2**

Street 2:

City/State/Zip: **Bentonville, AR 72758**

License Information

License Type: **Pharmacist License**

License Number: **PD11625**

Issue Date: **06/15/2011**

Expiration Date: **12/31/2021**

Current Status: **Active**

Licensure Method: **Exam**

Disciplinary Action: **No**

Preceptor: **No**

Nursing Home Consultant: **No**

Immunization Certification: **Yes**

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License Information

License Type: Intern License

License Number: PI20576

Issue Date:

Expiration Date: 06/15/2011

Current Status: Not Active

Disciplinary Action: No



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John Clay Kirtley, Pharm.D., Executive Director



Queried On **May 12, 2020 1:22 pm**

License Verification

General Information

Name: Infinity Compounding Solutions, LLC

DBA: Infinity Care Solutions

Address Information

Mailing Address

Address: P.O. Box 699

Street 2:

City/State/Zip: Bentonville, AR 72712

Physical Address

Address: 1204 SE 28th St.

Street 2: Suite 2

City/State/Zip: Bentonville, AR 72712

Phone: (479)250-1443

Fax: (479)464-8838

License Information

License Type: Retail Pharmacy License

License Number: AR20677

Issue Date: 07/13/2012

Expiration Date: 12/31/2021

Current Status: Active

Disciplinary Action: No

The Arkansas State Board of Pharmacy is responsible for maintaining all of the information on our website, including licensure information, disciplinary actions, and restrictions. The information provided in this license verification should be considered a primary source verification and contains the same information that would be provided through other means: i.e. telephone, email, or mail and is true, accurate, and complete to the best of our knowledge. Information on this license verification is up-to-date as of the query date printed above.

Official Bid Price Sheet
SP-20-0091 | Pharmacy Services

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Item	Description	Estimated # of Clients	Per Client Per Month Cost	Estimated Annual Cost
2	Enhanced Patient Service Fee (per client per month)	1,700	\$ 10.00	\$ 204,000.00
Estimated Total Annual Cost				\$ 258,000.00

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: Yes No
 SUBCONTRACTOR NAME: Infinity Compounding Solutions, LLC dba Infinity Care Solutions

TAXPAYER ID NAME: IS THIS FOR:
 Goods? Services? Both?

YOUR LAST NAME: FIRST NAME: M.I.:

ADDRESS: 1204 SE 28th St., Suite 2

CITY: Bentonville STATE: AR ZIP CODE: 72712 COUNTRY: USA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:


1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature  Title CEO, Infinity Care Solutions Date 05/12/2020
Vendor Contact Person David Fisher Title General Counsel Phone No. 479-685-2176

Agency use only

Agency Number _____ Agency Name _____ Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____



**INFINITY CARE SOLUTIONS' STATEMENT OF POLICY
REGARDING EQUAL OPPORTUNITY
TOWARD EMPLOYEES AND CUSTOMERS**

Infinity Care Solutions provides equal employment opportunities to all employees and applicants for employment and equal access and service to our patients and customers by prohibiting discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training. This also applies to all aspects of the customer/patient experience to ensure Infinity is a pharmacy that welcomes all people.

Infinity Care Solutions

A handwritten signature in blue ink, appearing to read "Jim Burrow", is written over a horizontal line.

Jim Burrow, CEO



Title of SOP: Compliance with Federal, State & Local Laws

URAC Standard: PC 2, 4, 15, 16

ACHC Standard: DRX1-7A, DRX1-10A

Original: Yes No

Revision: Yes No

Revision No.: 4

Responsibility:

All Pharmacy Staff

Purpose:

To ensure Infinity Compounding Solutions complies with all applicable federal, state and local laws and regulations regarding all aspects of organizational business practices.

Policy:

Infinity Compounding Solutions complies with all applicable federal, state and local laws and regulations regarding all aspects of organizational business practices. Employees are able to access the applicable regulatory information specific to their job functions via the internet, on-line resources or updated current literature provided by Infinity Compounding Solutions. The laws/rules will be reviewed annually, at a minimum and updated following any revisions.

These laws and regulations include, but are not limited to, the following:

1. Americans with Disabilities Act
2. Equal Employment Opportunities Act
3. Fair Labor Standards Act
4. Title VI of the Civil Rights Act of 1963
5. Occupational Safety and Health Standards (OSHA)
6. Centers for Medicare and Medicaid Services Regulations
7. Public Health Regulations relating to infectious diseases
8. HIPAA Regulations
9. Food and Drug Administration Regulations (FDA)
10. Drug Enforcement Administration (DEA)
11. Department of Transportation (DOT) Regulations
12. Occupational Licensure Laws and accepted standards of practice
13. City, county and state required business licenses

Procedure:

1. Accepted standards of practice and occupational licensure acts are utilized by Infinity Compounding Solutions to guide the provision of care and services, and are available for reference by Infinity Compounding Solutions personnel.

Approved by Jonathan Gintonio
Implemented by Jonathan Gintonio

Date 5/23/2018
Date 5/23/2018

2. Will take appropriate action as necessary on reports and recommendations of authorized planning, regulatory and inspection agencies.
3. Will comply with fire protection regulations and will secure a fire inspection certificate when required.
4. All federal and state posters are displayed in prominent locations within each location for easy viewing by staff
5. All required licenses, permits, and accreditation documents will be posted for ease of viewing by the general public. The exception will be the pharmacy license that is required by law to be posted in the pharmacy.
6. Documentation of registration, licensure, and inspection activities will be maintained for at least three (3) years.
7. For each equipment manufacturer from whom Infinity Compounding Solutions purchases products to be delivered to customers, Infinity Compounding Solutions will obtain written documentation of the features, warranties and instructions for each item.
8. Infinity Compounding Solutions will provide DMEPOS items that meet or exceed FDA regulations and medical device effectiveness and safety standards.
9. Infinity Compounding Solutions will report to all appropriate local, state, and federal regulatory agencies, boards of pharmacy, clients, payers, and accrediting agencies within at least thirty (30) days, or sooner if requested, of:
 - a. Any change or transfer of ownership;
 - b. Any change in controlling interest;
 - c. Any change in address, physical location, and/or contact information;
 - d. Any disciplinary actions against the pharmacy, owners, or other employees as required per the reporting body;
 - e. Any license sanctions, revocations, restrictions, or suspensions of the pharmacy, owners, or other employees as required per the reporting body;
10. Infinity Compounding Solutions will document and report any negative outcomes from reviews/audits affecting accreditation, regulatory compliance, or licensure to the Governing Body. Outcomes that must be reported to URAC/ACHC in writing on company stationery within at least thirty (30) days, or sooner if requested, include, but are not limited to:
 - a. License suspension(s);
 - b. License probation; conditions/restrictions to license(s);

Approved by Jonathan Gintonio
 Implemented by Jonathan Gintonio

Date 5/23/2018
 Date 5/23/2018

- c. Civil penalties of ten thousand dollars (\$10,000.00) or more;
 - d. Third party payer recovery of insurance payments of ten thousand dollars (\$10,000.00) or more;
 - e. Non-compliance with Medicare/Medicaid regulations identified during survey by another regulatory body;
 - f. Revocation of Medicare/Medicaid/third-party provider number.
11. If a request for information is received from an accrediting or regulatory body, Infinity Compounding Solutions will provide the information and/or a plan of correction within 30 days of receipt of the request or within the time frame as directed by the accrediting or regulatory body.
12. In the event of a significant change in ownership or control, Infinity Compounding Solutions shall notify the Centers for Medicare and Medicaid Services (CMS), accrediting agencies, boards of pharmacy, and any other regulatory bodies in writing on company stationery within at least thirty (30) days, or sooner if requested, of:
- a. The names and addresses of all persons with an ownership or controlling interest in Infinity Compounding Solutions;
 - b. The name and address of each person who is an officer, director, an agent, or a managing employee of Infinity Compounding Solutions;
 - c. The name and address of the corporation association, or other pharmacy that is responsible for the management of the organization and the name and address of the CEO and the chairman of the Governing Body of that corporation, association, or other pharmacy responsible for the management of the organization.
13. In the instance of Infinity Compounding Solutions making a determination that a drug is suspect or illegitimate, Infinity Compounding Solutions shall notify the supplier, from which it came, the Manufacturer, and the FDA pursuant to the processes set forth in 10.006 in compliance with the DSCSA (Drug Supply Chain Security Act).
14. Infinity Compounding Solutions will report the required dispensing data to the Prescription Monitoring Program of each state where medication is dispensed. Infinity Compounding Solutions will also report patient data to manufacturers as required.
15. In instances of conflicting state and federal law, Pharmacist in Charge will reference the NABP Survey of Pharmacy Law along with the various state Board of Pharmacy websites, which detail their individual state laws. Pharmacist in charge will also reference DEA

Approved by Jonathan Gintonio Date 5/23/2018
 Implemented by Jonathan Gintonio Date 5/23/2018

regulations found online as well as FDA and applicable CMS guidelines found on government websites. Pharmacist in charge will follow the guidelines set forth in the more restrictive and stringent body of law or regulation. Additionally, Pharmacist in Charge has access to the Company's General Counsel, who has access to all State Codes and Regulations.

Approved by Jonathan Gintonio
Implemented by Jonathan Gintonio

Date 5/23/2018
Date 5/23/2018



SOP No. 1.008

Title of SOP: Hiring New Employees

URAC Standard: PC 41

Original: Yes ___ No X

Revision: Yes X No ___

Revision No.: 1

Responsibility:

All Pharmacy Staff

Purpose:

It is the policy of Infinity Compounding Solutions to be an equal opportunity employer and to hire individuals on the basis of their qualifications and ability to do the job to be filled. Unless otherwise provided in writing, employment with Infinity Compounding Solutions is considered to be at will, so that either party may terminate the relationship at any time and for any lawful reason.

Procedure:

1. Requests to fill a job opening or to add a new job position should be submitted to the Chief Executive Officer for approval. Upon approval, the open position will be posted by the Human Resource Department.
2. Infinity Compounding Solutions normally will try to fill job openings above entry level by promoting from within, if qualified internal applicants are available.
3. If candidates from within Infinity Compounding Solutions are to be considered for job openings, the Human Resource Department will notify current employees of the job opening.
4. If candidates from outside Infinity Compounding Solutions are to be considered for job openings, the Human Resource Department in conjunction with the Department Manager will be responsible for recruiting the candidates and should use the recruitment methods and sources it considers appropriate to fill the openings.
5. During the recruitment, hiring, and orientation process, no statement should be made promising permanent or guaranteed employment; and no document should be called a contract unless, in fact, a written employment agreement is to be used. All employees of Infinity Compounding Solutions should be aware that employment with Infinity Compounding Solutions is at will and should not make any representations otherwise.
6. When candidates from outside Infinity Compounding Solutions are to be considered for job openings, the following procedures should be implemented:

Approved by Jonathan Gintonio
 Implemented by Jonathan Gintonio

Date 5/7/2015
 Date 5/7/2015

- a. Any candidate for employment must fill out and sign an employment application form in order to be considered for hiring. Upon completion of the application, the candidate becomes an applicant for purposes of Company recordkeeping.
 - b. The Human Resource Department will consider requests for accommodation of disabilities and religious beliefs and will determine what, if any, accommodation will be made.
 - c. Applicants determined to be qualified for consideration for available job openings will be interviewed by the appropriate manager and given any tests required for the job.
 - d. The Human Resource Department and the Department Manager has the responsibility to determine whether an applicant has the technical qualifications for the open position and meets the other job-related criteria necessary to perform the job. This includes staff with access to patient data that do not provide clinical services. The decision whether to hire the applicant is to be made by the Department Manager.
 - e. Following a decision to hire the applicant, the Department Manager will make an offer of employment which should include any necessary contingencies or disclaimers. The Human Resource Department then will determine whether the applicant has the legal right to work in the United States and, will conduct personal reference, driving record, criminal conviction checks along with Mandatory drug testing (defined by Human Resources and implemented in a manner compliant with all standards). A prior conviction, taken by itself, will not necessarily disqualify an applicant.
 - f. If the background, drug testing/screening, or any other subsequent investigation discloses any misrepresentation on the application form or information indicating that the individual is not suited for employment with Infinity Compounding Solutions, the applicant will be refused employment or, if already employed, may be terminated.
 - g. The Human Resource Department is responsible for orientation of new employees and the processing of their employment forms. The Department Manager is responsible for any necessary job training.
7. A member of an employee's immediate family will be considered for employment by Infinity Compounding Solutions if the applicant possesses all the qualifications for employment. An immediate family member may not be hired, however, if the employment would:
- a. Create either a direct or indirect supervisor/subordinate relationship with a family member
 - b. Create either an actual conflict of interest or the appearance of a conflict of interest

Approved by Jonathan Gintonio
 Implemented by Jonathan Gintonio

Date 5/7/2015
 Date 5/7/2015

These criteria also will be considered when assigning, transferring, or promoting an employee. For purposes of this policy, "immediate family" includes: the employee's spouse, brother, sister, parents, children, stepchildren, father-in-law, mother-in-law, sister-in-law, brother-in-law, daughter-in-law, son-in-law, and any other member of the employee's household.

8. Employees who marry or become members of the same household may continue employment as long as there is not:
 - a. A direct or indirect supervisor/subordinate relationship between the employees
 - b. An actual conflict of interest or the appearance of a conflict of interest.Should one of the above situations occur, Infinity Compounding Solutions will attempt to find a suitable position within Infinity Compounding Solutions to which one of the affected employees may transfer. If accommodations of this nature are not feasible, the employees will be permitted to determine which of them will resign.
9. Former employees who left Infinity Compounding Solutions in good standing may be considered for reemployment. Former employees who resigned without written notice or who were dismissed for disciplinary reasons may not be considered for reemployment. A former employee who is reemployed will be considered a new employee from the date of reemployment unless the break in service is less than thirty days, in which case the employee will retain accumulated seniority. Length of service for the purposes of benefits is governed by the terms of each benefit plan.

Approved by Jonathan Gintonio
Implemented by Jonathan Gintonio

Date 5/7/2015
Date 5/7/2015

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

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS



STATE OF ARKANSAS
OFFICE OF STATE PROCUREMENT
1509 West 7th Street, Room 300
Little Rock, Arkansas 72201-4222

ADDENDUM 1

TO: Vendors Addressed
FROM: Brandi Schroeder, Buyer
DATE: April 30, 2020
SUBJECT: SP-20-0091 Pharmacy Services

The following change(s) to the above-referenced IFB have been made as designated below:

- Additional specification(s)
- Change of specification(s)
- Delete specification(s)

CHANGE OF SPECIFICATIONS

- Delete the last paragraph of Item 2.2 and replace with the following:
Some Clients have Medicare Part D and/or primary insurance coverage for prescription drugs, and, as such, ADAP is a secondary payer. Between July 1, 2018, and June 30, 2019, ADAP was a secondary payer for 17,291, Medicare Part D prescriptions and 15,007 other primary insurance coverage. ADAP estimates that approximately 18,000 340B prescriptions were dispensed during that time frame.

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact Brandi Schroeder at Brandi.Schroeder@dfa.arkansas.gov or (501) 682-4169.



Signature

Jim Burrow, CEO

Printed Name

5/12/2020

Date

Infinity Case Solutions

Prospective Contractor's Name



STATE OF ARKANSAS
OFFICE OF STATE PROCUREMENT
1509 West 7th Street, Room 300
Little Rock, Arkansas 72201-4222

ADDENDUM 2

TO: Vendors Addressed
FROM: Brandi Schroeder, Buyer
DATE: May 7, 2020
SUBJECT: SP-20-0091 Pharmacy Services

The following change(s) to the above-referenced IFB have been made as designated below:

- Additional attachment(s)
- Change of specification(s)
- Delete specification(s)

ADDITIONAL ATTACHMENT


- Add the following attachment in reference to IFB Section 2.9:
Attachment D: Enhanced Patient Services Program

CHANGE OF SPECIFICATION

- Delete IFB Item 3.1.A and replace with the following:
Arkansas Department of Health
HIV/STD-Slot H-33
4815 W Markham
Little Rock, AR 72205

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact Brandi Schroeder at Brandi.Schroeder@dfa.arkansas.gov or (501) 682-4169.



Signature

Jim Burrow, CEO

Printed Name

5/12/2020

Date

Infinity Care Solutions

Prospective Contractor's Name

Enhanced Patient Services Program

Medication Adherence

- Identify adherence issue - Identify the need for medication adherence through inconsistent refill history, unsuppressed viral load, > 30 days since last fill, or other means of capturing the need for adherence support
- Counsel on importance of adherence to HIV medication
- Communicate adherence issue with patient's provider (poor adherence can lead to unsuppressed viral load and resistance to HIV medications)
- Coordinate a plan with the patient to address adherence issue
- Monitor the patient's progress via phone conversation at progressively increasing time intervals over a 90-day period. (ex: start with weekly calls, then bi-weekly, monthly, etc.)
- Document outcome at end of monitoring period

Hepatitis C

- Identify patients diagnosed with Hepatitis C
- Counsel patient on general Hep C treatment (ex: importance of adherence, pill burden, frequency, possible side effects, length of treatment, etc.)
- Coordinate with physician for appropriate Hep C prescription
- Counsel patient on specific medication prescribed
 - o Such as: Indication, black box warning, dosage and administration, adverse events, missed dose/overdosage, pregnancy/breast feeding, drug interactions, monitoring, compliance/adherence, contraindication/precautions, storage
- Monitor for adherence and side effects via phone call at 2, 4, and 8 weeks of treatment course
- Notify prescriber of completed treatment course or failure to complete
- Document outcome at end of monitoring period

Depression

- Identify need – patient reports active issue with depression, low quality of life score, new medications to treat depression, etc.
- Coordinate care with patient's provider (may look like a letter notifying provider of identified issues with depression)
- Develop strategy with patient to seek care for depression (licensed therapy, adjusting medication regimen/dosage, etc.)
- Document chosen strategy
- Counsel on specific medication if new one prescribed or change in regimen/dosage (ensure patient is aware most antidepressant can take 2 or more weeks to show any improvement)
- Monitor effectiveness of strategy chosen (focus on medications) via phone call every 2 weeks for at least an 8-week period
- Document outcome of monitoring period

Smoking Cessation

- Identify need – assess if patient smokes and desire to quit smoking on scale of 1 to 10

Attachment D: Enhanced Patient Services Program

- Establish a goal focused care plan
 - o Improve health, save money, improve quality of life, etc.
- Coordinate with patient's provider – express the patient's desire to quit smoking and the Ryan White program available assistance (Chantix, Zyban, Nicotine Patches, with 3-month counseling/monitoring period)
- Counsel on use of prescribed therapy (Timeline, side effects, precautions/warnings, drug-drug interactions, etc.)
- Establish start date of medication therapy and appropriate quit date based on chosen therapy
- Monitor progress at 2, 4, 8, and 12 week of care plan
 - o Offer guidance on proven quit strategies and counseling on chosen therapy
- Document outcome of care plan
 - o Successfully quit at 12 weeks or unsuccessful quit attempt

Side Effects

- Identify side effect of HIV medication that may lead to poor adherence outcomes
- Document type and severity of side effect along with likely associated medication
- Counsel on mitigation of side effect (ex: take with or without food, take at night, add OTC medication, etc.)
- Coordinate with patient's provider when severe side effects require medication or dose adjustments
- Document strategy chosen to resolve side effect along with start date
- Speak with patient at the minimum 2 and 4 weeks after strategy start date and longer if needed
- Document outcome of side effect case plan



Infinity Care Solutions has applied for its Arkansas Vendor Number as of 5/12/2020.