TO: All Bidders
RFP: UH-P26-006
Retail & Specialty Pharmacy Operations Management Services

DATE: August 12, 2026

FROM: Jennifer Eliopoulos
Purchasing Manager

Subject: Addendum # 1

ADDENDUM # 1

The following constitutes Addendum #1 to the above referenced solicitation. This addendum includes the following parts:

Part 1: Addendum #1 Introduction.
Part 2: Answers to questions asked by prospective bidders. Duplicate questions are responded to only one time in the addendum.
Part 3: Additions, deletions, clarifications, and modifications to the RFP, if applicable.

NOTE: Major revisions are included, please review carefully.

It is the bidder's responsibility to ensure that all changes are incorporated into the original RFP.

All other instructions, terms and conditions of the RFP shall remain the same

ADDENDUM # 1 INTRODUCTION

This addendum is intended to answer questions that were asked during the question period.

PART 2

Answers to Questions

Note: Some questions have been paraphrased in the interest of readability and clarity. Each question is referenced by the appropriate RFP page number(s) and section, where applicable. Answers provided are to the best of our knowledge.

Number	Page #	RFP Section Reference	Question	Answer
1	3	B) Forms	Page 3 indicates MacBride Principles certification is made by signing the RFP Signatory Page. Please confirm no separate MacBride certification form is required with the proposal.	Confirmed. There is no separate form. By signing the RFP, the bidder also certifies to the MacBride Principles.
2	4	1.2	Please provide the list of provider-based practices and clinics included on University Hospital's Medicare cost report.	A list of UH provider-based clinics is posted in the data room.
3	4	1.1.1	For the UH employee prescription benefit: (a) Does the current plan give employees incentives or requirements to fill at UHCP (for example, lower copays or required specialty/maintenance fills)? (b) Roughly what share of current prescription volume and net revenue comes from employee fills? (c) Does UH expect the employee plan design, PBM arrangement, and reimbursement rates to stay consistent through the contract term?	UH employees are on the State of NJ Health Benefits Plan, which is managed by OptumRx. There are no incentives or requirements to fill at UHCP. OptumRx requires that specialty prescriptions to be filled at Optum Specialty Pharmacy, and all other prescriptions to be filled by Optum Home Delivery after two retail fills. This is not expected to change. UHCP has no employee fills.
4	4	1.1.1	Please clarify whether a patient call center is required under this RFP. If so, please provide the operational requirements, including hours	A 24/7 Call center is required for ACHC and URAC compliance. Section 3.3.1.6.1 requires Contractor to maintain ACHC and URAC

			of operation, staffing, service levels, and after-hours coverage.	compliance. Bidder shall describe its proposed call center staffing and operations in response to Section 5.6.2.8.
5	4	1.1.1	Does UH have a preferred model for which party (UH or Contractor) employs the pharmacist-in-charge for the UHCP?	As stated in Section 3, the Contractor shall be responsible for staffing the pharmacy. This includes the pharmacist-in-charge.
6	4	1.1.1	Please provide additional clarity around which costs are expected to be included in the management fee versus reimbursed separately, particularly for centralized operational support, compliance oversight, accreditation support, analytics, and other corporate resources?	See Section 3.3.4.
7	5	1.2	Can UH provide the reason this RFP is being issued at this time, including whether it is the result of a routine contract expiration, strategic initiative, performance considerations, or another factor?	The current contract will expire March 19, 2027.
8	5	1.2	Please provide the anticipated procurement and implementation timeline, including the expected award date, contract execution, transition period, and go-live date.	UH will move expeditiously to award this contract at the earliest possible date and currently expects to award by September 30, 2026. Transition must be completed by March 19, 2027, at the latest. An earlier transition and go live are preferred.
9	5	1.2	Can UH provide the incumbent contractor's current compensation structure, including its management fee and any other material compensation arrangements.	The UHRC P&L analysis posted in the data room details all UHRC revenue and expenses, including management fees. The management fee structure under the current contract differs from and is not relevant to the fee structure under this RFP.
10	5	1.2	Does University Hospital intend for the successor contractor to replace current services on a like-for-like basis, including	The Pharmacy patient navigators are and will remain UH staff. The Contractor will not place

			embedded staff within specialty clinics?	staff in the clinics, but additional support for Pharmacy Patient Navigators is expected, as needed.
11	5	1.2	Please provide the current specialty pharmacy staffing structure, including patient liaisons and other dedicated personnel.	Current UHCP staffing incudes: Pharmacist in Charge, 4 pharmacists, and 4 pharmacy technicians. Current UH staff includes: 7 pharmacy patient navigators embedded in the UH clinics.
12	5	1.2	Please identify which positions are on-site versus remote.	All current pharmacy positions are on-site. See Section 3.3.4 regarding off-site support functions. Contractor must provide 24/7 patient access to clinical pharmacists, as required by URAC and ACHC.
13	5	1.2	For current UHCP staff moving to the new contractor: (a) Will current pay and benefits information be available in the Secure Data Room? (b) Does UH expect the new contractor to match current pay and benefits? (c) Notwithstanding the incumbent's stated amenability to staff transition (Section 1.2), are there any contractual non-solicitation provisions or retention incentives that could limit staff from moving to the new contractor?	Current pay information will be posted in the data room. The contractor will determine how to compensate its employees. There are no contractual non-solicitation provisions or retention incentives that could limit staff from moving to the new contractor. Both UH and the incumbent contractor are supportive of the awarded Contractor hiring the current UHCP staff.
14	5	1.3.1	Please identify the number of firms that submitted a Notice of Intent to Bid and, if permissible, provide the names of those firms. Additionally, please confirm whether the incumbent contractor, Shields Pharmacy of University LLC, is eligible to submit a proposal in response to this RFP and whether it submitted a Notice of Intent to Bid.	Five firms have submitted a Notice of Intent to Bid. Shields Pharmacy of University LLC is eligible to bid but has not submitted a Notice of Intent.

15	5	1.3.1	Will University Hospital provide prescription, claims, and volume data required to complete the specialty pharmacy opportunity assessment and pricing proposal?	The detailed data on UHCP sales and gross profit by drug category, disease state and payor is posted in the data room and is sufficient to complete the RFP response.
16	5	1.3.1	Will University Hospital accept bidder-specific data specifications and secure file transfer instructions?	UH maintains secure file transfer protocols for all data exchange. Note that UH cannot accept electronic bid submissions. See RFP Section 5 for bid submission requirements.
17	6	1.3	No pre-bid conference is required. Will UH permit an optional site visit or walkthrough of the UHCP at 140 Bergen Street prior to proposal submission?	Site visits will not be accommodated. Detailed architectural plans are posted in the data room.
18	6	1.4.1	The links in this section do not work — the pages say "Page Does Not Exist." Can you provide updated links?	The new address for the UH Bidding Opportunities webpage is: https://www.uhnj.org/contact-us/doing-business-with-uh/bidding-opportunities/
19	**7**	1.4.6	Given that our partnership pricing is based on a proprietary detailed cost buildup, margin assumptions and labor-productivity methodology and we use proprietary pricing formulas, will prices / fees be considered exempt from public disclosure?	Pricing cannot be exempted from OPRA disclosure. Information provided by a Bidder (including information provided to support its pricing) which Bidder believes to be proprietary and confidential should be identified as such, as directed in Section 1.4.6.
20	11	2.2	Net Revenue is defined as "Sales less Cost of Goods Sold (COGS)." Can UH confirm/clarify if "Sales" is inclusive of total reimbursement for a prescription (e.g., PBM reimbursement, patient copay, financial assistance/copay cards, et cetera)?	Yes, "Sales" includes all reimbursements, copays and financial assistance.
21	12	3 – Scope of Work	Where should the completed Section 3 Scope of Work (with the Yes/No checkboxes) be	Part 1 - Forms

			placed within the final proposal submission?	
22	13	3.3	Please clarify how UH envisions the division of responsibilities between UH and the Contractor with respect to clinical, pharmacy, and operational decision-making, and confirm that the Contractor is not expected to exercise authority that must legally remain with UH, its employed providers, pharmacists, or other licensed professionals under applicable New Jersey law?	On-site pharmacy staff will follow all UH Policies and Procedures and all regulations regarding pharmacy practice, inventory management, patient counseling, and dispensing. The Vendor is expected to monitor and advise for ACHC, URAC, and regulatory compliance, financial opportunities and risks, and provision of 24/7 clinical specialties support and education for staff and patients. All clinical, operations, and business decisions will be approved and vetted by the UH Director of Pharmaceutical Services.
23	13	3.3.1.1	Does UH currently have standard operating procedures for their existing program or is the expectation that the vendor will be creating these net new?	Yes, current policies are in place. An annual review is required by Pharmacist-In-Charge, Contractor, and the UH Director of Pharmaceutical Services.
24	13	3.3.1.1	(If UH has existing standard operating procedures) Can UH estimate the magnitude of any procedural updates or new operating procedures (beyond vendor-specific oversight) that would be required at the initiation of this contract?	Existing Policy and Procedures will be used and annual review is required by Pharmacist-In-Charge, Contractor, and UH Director of Pharmaceutical Services.
25	13	3.3.1.1.1	Can UH make available the current policies and procedures, standard operating procedures (SOPs), departmental manuals, workflow documentation, quality management documentation, accreditation policies, and other operational manuals or documentation currently used to operate the outpatient pharmacy? If such materials are made available,	Existing Policy and Procedures will be provided to the awarded Contractor.

			please clarify whether the successful Contractor will be expected to use and maintain these existing materials or develop new policies and procedures.	
26	13	3.3.1.1.3	Can UH provide historical pharmaceutical purchase history from Cardinal Health (and any other current distributor), including purchase volumes and spend, for the past 12 months?	This information will be provided to the awarded Contractor.
27	13	3.3.1.1.7	Can UH provide the current operational calendars, recurring task schedules, departmental documentation, and knowledge repositories currently used to support pharmacy operations?	This information will be provided to the awarded Contractor.
28	14	3.3.1.1.8	Does UH have expectations for what is included for business hours expansion? If yes, please describe.	UH would like to expand evening hours and weekend hours to a seven-days per week operation, solely dependent upon revenue and business feasibility. Vendor will be expected to collaborate and suggest business and revenue generation opportunities.
29	14	3.3.1.1.8	Does UH have expectations or a vision for new patient care programs? If yes, please describe.	Yes: expand Meds To Beds Program, vaccinations, and other patient care opportunities.
30	14	3.3.1.2	Does UHCP utilize Epic Willow Inventory in addition to Willow Ambulatory Module?	Yes
31	14	3.3.1.2	Does UHCP utilize Epic's Compass Rose module for patient management?	Yes
32	14	3.3.1.2	Please identify any other key pharmacy technology platforms supporting dispensing, clinical operations, revenue cycle activities, or 340B administration.	See RFP Attachment A for a list of current pharmacy systems.

33	14	3.3.1.2.1	Should the new contractor keep the current systems (RxConnect, Emporos, Omnisys, etc.), or can we propose replacements? If systems are replaced, are the implementation and licensing costs reimbursable as "IT systems licensing and maintenance"? Are any current system licenses held in the incumbent's name that would end at transition?	Yes. Emporos will be changed to Epic Point of Sale in the near future. UH currently holds all contract agreements with current systems being used. UH has no intent to change systems as part of this vendor transition, but will consider changing systems in the future if the business case justifies it.
34	14	3.3.1.2.1	What pharmacy management/dispensing system is currently utilized?	Epic
35	14	3.3.1.3	What system(s) does UHCP currently utilize for prescription revenue cycle management (e.g., claims adjudication)?	UH currently uses INMAR for Revenue Cycle Management. Claims adjudication is managed using Epic and Change Healthcare (Optum).
36	14	3.3.1.3	Does UH currently have a separate lock box specific to pharmacy/PBM remittances and payments? If no, please describe organization process for separating pharmacy from medical remittances and payments.	UH uses separate accounts for pharmacy remittances.
37	14	3.3.1.3	Are point-of-sale card payments processed through University Hospital's merchant account?	Yes
38	14	3.3.1.3	If the contractor is expected to establish or maintain merchant or depository accounts, please describe those requirements.	UH has a depository Bank account for UHCP. A UH-supplied deposit slip must be used for deposits. UH-supplied credit card machines must be used. Deposit backup info must be sent to the UH Cashier Office for input. Sales reports and deposit backup must be sent to the UH Finance office.

39	14	3.3.1.3	Please clarify the disposition of accounts receivable existing at contract start. Will open receivables remain with the incumbent contractor or transfer to the successor contractor? If A/R transfers, will historical claims, remittance, denial, and reconciliation data be provided?	Open claims and A/R will transfer at go-live. Contractor will have access to all data through the current systems. This will include access as needed during the transition period. See Part 3 of this addendum below.
40	14	3.3.1.3.3	Will banking, lockbox, and depository arrangements remain in University Hospital's name under this contract?	Yes
41	14	3.3.1.3.5	Can UH provide the historical monthly financial reports for the pharmacy, including revenue, expenses, gross margin, net operating results, and any other financial reporting currently provided to UH, for the past 12 months	A UHCP P&L analysis is posted in the data room.
42	14	3.3.1.3.6	Can UH provide the historical monthly operational reports identifying prescriptions filled, billed, collected, denied, reversed, and outstanding for the past 12 months	A UHCP P&L analysis is posted in the data room.
43	14	3.3.1.3.9	Who currently performs pharmacy revenue cycle operations?	The current Vendor performs this function. Awarded contractor will perform this function going forward.
44	14	3.3.1.3.9	What systems, software platforms, and/or third-party vendors currently support pharmacy revenue cycle functions?	See RFP Attachment A for a list of current pharmacy systems and vendors.
45	14	3.3.1.4.1	Does the request for 340B Program Management registration and regulatory requirements extend to OPAIS? Will the current Authorized Official (AO) and Primary Contact (PC) change? Will the Contractor be working with an AO and PC of UH's staff to assist in support of the 340B Program?	OPAIS registration is the responsibility of UH. The Authorized Official (AO) and Primary Contact (PC) will not change. The awarded Contractor must support this program.

46	15	3.3.1.4.2	For external 340B contract pharmacies, does UH utilize any TPA's in addition to Trisus Craneware Sentry?	No
47	15	3.3.1.4.2	Does UH currently utilize any referral capture vendors for 340B program management?	No
48	15	3.3.1.5	Does UH currently submit any Medicare Part B claims within their UHCP operation (e.g., immunosuppressants, oral oncolytics)?	Yes
49	15	3.3.1.5.3	Please clarify the respective responsibilities of the Contractor and UH pharmacy liaisons with respect to prior authorizations and financial assistance. Specifically, please identify the number and locations of UH pharmacy liaisons currently in place, the clinics they support, whether those liaisons are responsible for all prior authorizations and financial assistance activities within their assigned clinics, and the Contractor's responsibilities for clinics without dedicated liaisons. Additionally, please clarify whether these services are expected for all pharmacy claims (including specialty and retail) or only for specific patient populations or clinic locations, and whether Contractor pharmacy personnel will have access to the UH electronic medical record (EMR). If so, please describe the scope of such access.	UH currently has seven clinic-based pharmacy patient navigators placed in the following clinics: Oncology, Infectious Disease, Hematology, Rheumatology, Hepatology, Liver Transplant, Internal Medicine, Endocrine, Pain Management & Rehabilitation, Pediatrics Sub-Specialties, and Gastroenterology. The navigators have primary responsibility for prior authorizations and financial assistance within those clinics. Contractor will have primary responsibility for prior authorizations in the remaining clinics, and will be expected to provide support in the identified clinics on an as needed basis. These services are expected for all pharmacy claims. Contractor will have full access to the UH EMR.
50	15	3.3.1.5.4	Are PBM contracts, payer enrollments, NCPDP profiles, and limited distribution drug (LDD) access held in UH/UHCP's name or in the incumbent's name? Please	All contracts are held in UH's name.

			identify any payer or manufacturer access that would end or need to be re-established at transition.	
51	15	3.3.1.5.4	Please identify the pharmacy services administrative organization (PSAO), if any, currently supporting University Hospital pharmacies.	UHCP participates in Leadernet, which is owned and managed by Cardinal Health.
52	15	3.3.1.5.5	How are manufacturer and LDD relationships managed today?	Manufacturer and LDD relationships are managed by the current Vendor. Going forward, they will be managed by the awarded Contractor.
53	15	3.3.1.6.1	Can UH provide the current ACHC, URAC, and other accreditation policies, quality management documentation, continuous quality improvement (CQI) program materials, survey readiness documentation, and the most recent accreditation survey reports and findings?	These will be provided to the awarded Contractor.
54	15	3.3.1.6.2	Please confirm whether the ACHC and URAC accreditations associated with University Hospital Community Pharmacy are the only pharmacy accreditations currently in place or whether additional accredited locations exist.	Confirmed
55	16	3.3.1.1.8	What is the most significant obstacle or challenge University Hospital currently faces in strengthening its specialty pharmacy program?	Expanding Limited Distribution Drug (LDD) opportunities and access.
56	16	3.3.1.1.8	Which clinical specialties currently generate the highest specialty pharmacy volume and/or revenue?	Oncology, but Infectious Disease is a prospective opportunity.
57	16	3.3.2	Does UHCP currently stock/offer/dispense any DME supplies? If yes, can details be provided about product types and volumes?	Yes, DME is provided by current Vendor. UHCP is currently accredited for the following codes: o Blood Glucose Monitors and Supplies (mail order) (DM06)*

				o Blood Glucose Monitors and Supplies (non-mail order) (DM05)* o External Ambulatory Insulin Pumps (DM13)* o External Ambulatory Insulin Supplies (DM25)* o Nebulizer Equipment and Supplies (R07)**
58	16	3.3.4	UH reimburses staffing costs for approved on-site pharmacy staff (Sections 1.1.1 and 3.3.4), and Section 3.3.1.1.8 asks the contractor to grow revenue and launch new patient care programs. Two related questions: (a) If the contractor places liaison or patient navigation staff in UH clinics (for example, the Ambulatory Care Center) to help capture prescriptions and support specialty patients, are those positions reimbursable as on-site staff with UH approval? (b) If not reimbursed and those programs create 340B savings or prescription volume that lands at UH's contract pharmacies instead of UHCP, how would UH recognize and pay for that value, since the Section 8.1 fee is based only on UHCP net revenue? Could that work be paid under Section 4.17 (Additional Work and/or Special Projects), or would UH consider another fee approach for value created outside UHCP?	UH staffs the clinic-resident pharmacy patient navigators, and will continue to do so. Section 4.17 is used only for additional work, outside of the RFP scope of work. Growth of pharmacy services is within the scope of work.
59	16	3.3.4	Can UH provide a summary (de-identified if needed) of each of the current seven on-site pharmacy employees, including position, full-time/part-time status, work schedule, hours worked, overtime, years of service, primary responsibilities, and a	A high-level summary of pharmacy staff payroll is posted in the data room. Additional detail is not available.

			complete breakdown of all compensation, payroll, benefit, insurance, tax, retirement, and other employment-related costs by line item. Can UH provide the corresponding historical reports for the past 12 months?	
60	16	3.3.4	Please clarify whether pharmacy-related services performed by remote personnel dedicated to UHCP (e.g., prior authorization, patient access, reimbursement support, or clinical services personnel) are expected to be included in the management fee or reimbursed separately.	See Section 3.3.4 regarding off-site support functions. UH will reimburse salaries only for on-site pharmacy staff. The cost of remote support staff should be included in the management fee.
61	16	3.3.5	Recognizing the complexities with inventory valuation (e.g., FIFO vs. LIFO), drug cost transfers, and other complexities, is UH willing to mutually negotiate and agree to calculations for inventory shortages or audit discrepancies?	The Contractor is responsible to manage the UHCP inventory and is therefore responsible for shortages and audit discrepancies.
62	16	3.3.5	Please clarify how the Contractor's responsibility for inventory shortages and audit discrepancies is limited to issues caused by the contractor rather than legacy issues, system errors, manufacturer discrepancies, or matters outside the contractor's control?	Contractor shall, at its expense, in concert with current vendor, conduct a physical inventory count as part of the transition process, and provide documentation to UH. See Part 3 of this addendum below.
63	17	3.3.6	Please explain whether the Contractor's responsibility for regulatory fines, penalties, and corrective actions is limited to contractor-caused issues and does not extend to matters attributable to UH personnel, UH policies, or pre-existing compliance issues?	Regulatory issues under the Contractor's span of control are the responsibility of the Contractor. Regulatory issues caused by UH which are outside of the Contractor's span of control are not.

64	17	3.3.7	Does University Hospital intend for current pharmacy personnel to remain University Hospital employees, or are contractor-employed staffing models acceptable?	Current UHCP employees are not UH personnel. The Contractor will be responsible for staffing the UHCP.
65	17	3.4	If HRSA's 340B Rebate Model Pilot Program moves forward (potentially as early as January 2027) covered entities would buy selected drugs at WAC and submit claim-level data to receive rebates. (a) Would UH expect the contractor to handle 340B and MFP rebate claim submission, reconciliation, and follow-up on denied or short-paid rebates; or is this supported by current 340B TPA platform or AR/reconciliation partner (e.g., Inmar) ? (b) How would rebate amounts be treated in the Net Revenue calculation for the management fee? Would cost of goods reflect WAC at the time of dispense or the net cost after rebate, and how would rebate timing, denials, or short payments affect the fee base? Would the added administrative work of managing rebate claims be reimbursable as on-site staffing under Section 3.3.4?	Contractor must comply with all current and future 340B rules and regulations. If additional on-site staffing is necessary to manage the 340B process, it would be reimbursable, but no additional fees will be included for managing 340B compliance. Net revenue is calculated based on sales less cost of goods with the rebate included.
66	19	3.4.16	RFP references that UH uses Sentry Data Systems for all 340B related vendor support and that Sentry is managing this support for UH. Will Contractor not be providing support for any functions/tasks currently managed by Sentry? If so, what tasks are there? Is there any overlap of Sentry's support to other vendor systems, and who will be managing this relationship?	Vendor is expected to work with the 340B Vendor.
67			This line not used.	This line not used.

68	20	3.5	Please identify any material pending or threatened regulatory, compliance, or legal matters relating to UHCP, including any investigations, audits, enforcement actions, litigation, arbitrations, claims, or other proceedings involving any governmental or regulatory authority, PBM, or private third party.	Other than the SUMUKHA LLC, SIDDHIVINAYAK, INC. v. UNIVERSITY HOSPITAL, SHIELDS PHARMACY OF UNIVERSITY, LLC litigation, from which University Hospital has been dismissed, University hospital is unaware of any material pending or threatened regulatory, compliance or litigation matters specifically relating to the University Hospital Community Pharmacy that are responsive to this request.
69	20	3.6	Please describe the approximate quantity and types of data/documents that are anticipated to be transferred from incumbent contractor to the go-forward Contractor? If there are software systems that data will be transferred from, can UH describe what software vendor and types of data are expected to be migrated?	All data is owned by UH and resides on UH and UHCP systems. No data migration is needed as the Contractor will have access to all required data through the current UH and UHCP systems.
70	20	3.6	Please describe the accountabilities of the incumbent contractor as it relates to data transfer and migration activities, recognizing that go-forward Contractor accountabilities may be impacted by the incumbent contractor's capabilities?	See response to Question 69, above.
71	20	3.6	Section 3.6 asks the new contractor to work cooperatively with the incumbent. What is the incumbent required to provide in terms of knowledge transfer, data migration support, and documentation? Does the incumbent's current agreement with UH include a transition-assistance obligation comparable to Section 4.2,	The Incumbent contractor is required to and has confirmed its intent to actively assist in the transition process.

			and who pays for the incumbent's transition support?	
72	20	3.6	Section 4.10 establishes UH ownership of all data. Please confirm the incumbent's data will be provided to the new contractor in complete, usable form — including claims history, accreditation evidence files, and 340B records — and on what timeline, so accreditation, payer, and LDD reporting requirements stay consistent through the transition.	See response to Questions 69 and 71, above.
73	21	4.1.1	Would UH consider proposals that include a longer initial term and no termination for convenience, in recognition of the upfront investment, implementation effort, and time required to deliver sustainable results?	See Part 3 of this addendum below revising the cancellation for convenience section of the Standard T&Cs.
74	23	4.8	Please describe which employees would be considered "key personnel" beyond management and supervisory support?	All on-site UHCP staff.
75	24	4.10	Please confirm whether Contractor will retain ownership of its existing methodologies, templates, tools, software, analytics, and operational know-how, with UH owning only UH-specific deliverables and data?	Confirmed.
76	25	4.17	Has the current Contractor performed any additional services or special projects beyond the scope of the base contract? If so, please describe each such service or project, including its scope,	No

			timeframe, associated compensation or cost.	
77	26	4.18	Please explain how compensation will be handled if UH reduces the scope of services, suspends operations, or otherwise materially changes the scope afterimplementation given the fixed staffing and operational commitments required under the agreement?	Section 4.18 specifies that Contractor shall be compensated for all completed work. See also Part 3 of this addendum revising the Cancellation for Convenience.
78	27	4.26.2	Please describe how pharmacy security and badge systems will work for Contractor employees? If UHCP is included in UH's security infrastructure, will Contractor employees also be provided UH badges for access?	Contractor employees are UH vendor employees in the context of security and access. They will receive UH security badges and are also subject to UH health and medical requirements.
79	29	5.4	Please clarify the application of the 50-page limit. Specifically, please define what materials are included within the 50-page limit and what materials may be submitted as appendices that do not count toward the page limit. For example, please clarify whether the signed cover sheet, cover letter, table of contents, Section 3 Yes/No responses, required forms and certifications, resumes, organizational charts, references, Section 8 pricing sheet, and supporting technical exhibits (e.g., sample dashboards, sample 340B and financial reports, implementation Gantt charts, policies and procedures, SOPs, SOP indices, pro formas, and other supporting documentation) are considered part of the 50-page limit or may be submitted as appendices. Additionally,	UH will increase the page limit to 100 pages. See Part 3 of this Addendum below. The 100 page limit includes the four proposal sections specified in RFP Section 5: Forms, Technical Proposal, Organizational Support and Experience, and Cost Proposal. The signed cover sheet and Section 3 responses should be included in Forms. Resumes, references, and organizational charts should be included in Organizational Support and Experience. The Section 8 Pricing sheet should be included in Cost Proposal. Supporting documentation, such as sample reports, financial statements, and SOPs

			please confirm that any materials submitted as appendices will be considered during the proposal evaluation.	may be included as appendices. All submitted materials will be considered in the evaluation.
80	32	5.6.2.4	For 5.6.2.4.4, 5.6.2.4.5, 5.6.2.4.6 and 5.6.2.4.7, can UH provide additional details on the scope of current services offerings and average volumes associated with these services? If not in place today, is it UH's desire to establish these programs?	5.6.2.4.1 Patient counseling services. All patients are counseled on new and refilled prescriptions. Volume is in the data room. 5.6.2.4.2 Medication therapy management. Part of accreditation standard of practice with dispensing specialty medications. Volume is in data room. 5.6.2.4.3 Disease state management programs. Part of accreditation standard of practice with dispensing specialty medications. Volume is in data room. 5.6.2.4.4 Meds-to-Beds program. Currently there is a pilot program on 2 nursing units, 10-15 patients per month. Goal is to expand to all of UH. 5.6.2.4.5 Meds-to-ER program. Sporadic, not fully implemented. 5.6.2.4.6 Employee Wellness-to-Workstation program. Not implemented. 5.6.2.4.7 Pharmacist vaccination services. Not implemented. 5.6.2.4.8 Specialty pharmacy clinical support,

				REMS programs, patient adherence, and patient navigation support. Part of accreditation standard of practice with dispensing specialty medications. Volume is in data room.
81	33	5.6.2.7.1	Please describe the pharmacy's current PBM contracting structure, including whether contracts are held as a retail pharmacy, specialty pharmacy, or under another designation. Additionally, please identify whether the pharmacy participates in a PSAO or other network contracting arrangement and, if so, please describe the current structure	UHCP is accredited as a specialty pharmacy. UHCP participates in Leadernet, which is owned and managed by Cardinal Health.
82	35	5.6.4.16	Does University Hospital currently manage access to Limited Distribution Drugs (LDDs)?	The current vendor manages access to LDDs. The awarded contractor must manage access going forward.
83	35	5.6.4.16	If so, which LDD products are currently managed?	Current LDDs are: Afinitor Bosentan Brixadi Cabometyx Cometriq Fotivda Gilotrif Icotyde Imbruvica Jakafi Komzifti Lasix ONYU Lonsurf Mekinist Nucala Ofev Retacrit Scemblix Selarsdi Venclexta Welireg Yartemlea

				UH expects the awarded contractor to expand this list.
84	35	5.6.4.16	How was access to these products obtained?	Access was obtained by the incumbent vendor.
85	44	8.1	The RFP defines "Net Revenue" as "Revenue, less Cost of Goods Sold (COGS)." Based on that definition, please confirm whether the "Net Revenue" used to calculate the Contractor's percentage compensation corresponds to the "Gross Profit" figures provided in the financial data set. If not, please provide the Cost of Goods Sold (COGS), or the Net Revenue (Revenue less COGS), for the same historical periods reflected in the data set so that bidders may accurately calculate and evaluate the proposed compensation structure.	Gross Profit is equivalent to Net Revenue.
86	44	8.1	Can UH make available the historical monthly profit and loss statements (or equivalent financial reports) including total operating expenses and operating income for the outpatient pharmacy corresponding to the historical period reflected in the data set?	12 months of P&L data is available in the data room.
87	44	8.1	Can UH make available the historical monthly operating expense reports or expense submissions of the current Contractor for the historical period reflected in the data set, including all detailed supporting schedules and line-item breakdowns identifying each operating expense category, subcategory, description, and corresponding amount?	12 months of P&L data is available in the data room. Additional detail is not available.
88	44	8.1	Please confirm University Hospital's intended definition of Net Revenue for purposes of	Net Revenue is defined as Sales, less Cost of Goods Sold.

			the revenue-share model, specifically whether Net Revenue is defined as Revenue less Cost of Goods Sold (COGS).	
89	44	8.1	Please confirm whether Revenue less COGS is the preferred basis for the investment/compensation model.	Per Section 8, Price Sheet and Supporting Detail, it is the only acceptable pricing model.
90	44	8.1	Please provide current annual specialty pharmacy revenue or trailing twelve-month revenue if a full fiscal year is not available.	12 months of revenue data is available in the data room.
91	44	8.1	Section 2.2 defines Net Revenue as Sales less Cost of Goods Sold. Within that definition: (a) Is revenue based on cash collected or on adjudicated/billed amounts? (b) Is cost of goods based on actual acquisition cost, including 340B pricing where it applies? (c) How are bad debt, returns, and claim reversals handled?	Revenue is recorded on a cash basis. COGS is net of all rebates, chargebacks, credits, administrative fees, 340B savings, and any other adjustments that affect net drug acquisition cost.
92	44	8.1 (Notes bullet 1)	Please describe the current methodology used to calculate Cost of Goods Sold (COGS) for the outpatient pharmacy, including the treatment of manufacturer rebates, chargebacks, credits, administrative fees, 340B savings, and any other adjustments that affect net drug acquisition cost. In addition, please describe how COGS will be calculated if manufacturer pricing or reimbursement models change, including situations where 340B pricing or other manufacturer discounts are realized through post-purchase rebates or other retrospective financial adjustments rather than upfront discounted	UHCP COGS is and shall be calculated net of all rebates, chargebacks, credits, administrative fees, 340B savings, and any other adjustments that affect net drug acquisition cost. UH cannot predict and will not speculate on what changes to the 340B program may be adopted by HRSA. Should the regulations change, UH and the Contractor will work together to determine how best to accurately reflect the net economic cost of pharmaceuticals dispensed.

			acquisition costs. Please clarify whether such amounts will be reflected as reductions to COGS, how and when they will be recognized.	
93	47	Attachment A	Can UH make available the de-identified prescription dispensing data for the historical period reflected in the data set, exported at the individual prescription transaction level and including all standard dispensing data fields maintained by the pharmacy management system or current Contractor?	This data is not available at this time.
94	47	Attachment A	Can UH make available a summary of all drugs dispensed during the historical period reflected in the data set, identifying each drug (by NDC and/or drug name), the total number of prescriptions dispensed, the total quantity dispensed, the total reimbursement amount, and whether the prescriptions were dispensed as 340B or non-340B?	This data is not available at this time.
95	47	Attachment A	Can UH make available the annual budgets, forecasts, and financial projections prepared by or for the current Contractor, together with the corresponding actual financial results and an explanation of any material variances between projected and actual performance, including any significant operational, financial, reimbursement, staffing, technology, or other challenges that contributed to such variances?	No. A high level P&L analysis is posted in the data room.
96	47	Attachment A	Does UH currently treat Medicaid as carved in or	Carved in.

			carved out for purposes of its 340B program?	
97	47	Attachment A: Data Files	Can UH provide vendors with a 12-month e-prescribing file and a 340B department eligibility crosswalk from all outpatient clinics? If not, does UH have a budgeted revenue growth rate for vendors to model service costs and plans off of? Without understanding the volume of prescriptions generated by UH providers and the locations that these prescriptions are generated from, the ability to target revenue growth rate and subsequent costs and staffing models will be limited.	Detailed sales data and a high-level P&L are posted in the data room. E-prescribing data is not available at this time.
98	47	Attachment A: Data Files: 2026-07-26 University Revenue Gross Profit Volume - LTM May 2026_vDist.pdf	Can UH provide the historical monthly prescription volumes for the outpatient pharmacy, categorized by prescription type (e.g., new prescriptions, refill prescriptions, transfers from other pharmacies, and any other categories routinely tracked)?	This data is not available.
99	47	Attachment A: Data Files: 2026-07-26 University Revenue Gross Profit Volume - LTM May 2026_vDist.pdf	Can UH provide historical referral and capture rate data for the outpatient pharmacy, including the number of patients or prescriptions eligible to be filled by the outpatient pharmacy, the number ultimately filled by the outpatient pharmacy, and the resulting capture rate?	UH does not track or manage prescription capture rate. Patients are free to choose where they fill their prescriptions.
100	47	Attachment A: Data Files: 2026-07-26 University Revenue Gross Profit Volume - LTM May 2026_vDist.pdf	If tracked, can UH provide the primary reasons why eligible patients or prescriptions were not ultimately filled by the outpatient pharmacy (e.g., patient choice, insurance network restrictions, limited distribution drugs, external specialty pharmacy requirements, prescriber	This is not measured and not known.

			preference, inventory availability, or other reasons)?	
101	49	Attachment A – Current Technology Operations	Is RxConnect being used only as a switch platform? If so, what pharmacy management system is currently in use?	Yes, RxConnect is used as the switch platform. Epic Willow is used for pharmacy management.
102	49	Current Delivery & Logistics	Does the incumbent vendor own any of these contracts? Can UH share if it wants to continue to use the vendors listed here, or if it is expecting Contractor to replace or renegotiate?	All contracts are held in UH's name. UH does not contemplate replacement or renegotiation of its vendor contracts, but will consider this in the future should it make good business sense.
103	49	Current Technology Operations	Does the incumbent vendor own any of these contracts? Can UH share if it wants to continue to use the vendors listed here, or if it is expecting Contractor to replace or renegotiate?	All contracts are held in UH's name. UH does not contemplate replacement or renegotiation of its vendor contracts, but will consider this in the future should it make good business sense.
104	67	5.1.1	Would UH consider proposals that include a longer initial term and no termination for convenience, in recognition of the upfront investment, implementation effort, and time required to deliver sustainable results?	See response to Question 73. See also Part 3 of this addendum.
105	4-5	1.1.1 / 1.2	Please confirm the complete list of pharmacy locations included within the scope of this contract.	Refer To RFP Section 1.2, Background.
106	4-5	1.1.1 / 1.2	For each pharmacy location included in scope, please provide the name and address, operating hours, average prescriptions dispensed per day, traditional versus specialty prescription mix, staffing by role, and courier, home delivery, and mail-order services offered.	Refer To RFP Section 1.2, Background.

107	47&48	Attachment A	Can UH provide a de-identified summary of the patients served by the outpatient pharmacy during the historical period reflected in the data set, including the total number of unique patients, patients by disease state or clinical category, 340B versus non-340B status, and whether each patient was new to the pharmacy or an existing patient.	This data is not available.
108	N/A	General	Are electronic signatures acceptable?	No. Bidder must submit a signed hard copy of the bid. Refer to Sections 5.2 and 5.3 for detailed bid submission requirements.
109	N/A	General	Can you share a legal entity organizational chart (LLCs, 501(c)(3)s, etc. — no names or titles needed) so we can understand pharmacy ownership and the 340B covered entity structure?	UHCP is part of UH, which is an independent instrumentality of the State of New Jersey, created by the New Jersey Medical and Health Sciences Education Restructuring Act, PL 2012, c. 45 (N.J.S.A. 18A:64G-6.1 et seq.).
110	N/A	General	Will you be willing to provide the claims data in Excel or CSV format?	No. Claims data will be shared with the awarded Contractor.
111	N/A	N/A	Will bidders have an opportunity to receive claims level detail in support of more thorough underwriting projections. Orders out of the EHR with drug, quantity, payer, 340B eligibility, provider and sent to pharmacy will enable more robust projections for the opportunity?	Claims data will be shared with the awarded Contractor.

PART 3

Additions, Deletions, Clarifications and Modifications to the RFP

Number	Page #	RFP Section	Additions, Deletions, Clarifications and Modifications
1	5	1.3	Add to Section: In lieu of a secure data drop, University Hospital ("UH") shall establish one (1) UH-managed guest account per participating organization. Access will be granted exclusively to a single designated representative identified by the potential Bidder. As a condition of receiving access, the Bidder must provide the individual's full legal name, date of birth, business email address, and cell telephone number. UH reserves the right to verify the individual's identity before granting access and may deny or revoke access at its sole discretion. The UH-issued guest account shall remain the property of UH and shall be configured, administered, monitored, and audited exclusively by UH. Access is limited to the authorized individual and shall not be shared, delegated, transferred, or otherwise made available to any other person, including employees, contractors, subcontractors, affiliates, or agents of the organization. Access shall be permitted only from locations within the United States and shall be subject to UH's information security, monitoring, and access control policies. Any unauthorized sharing of credentials, access by an individual other than the designated representative, access from outside the United States, or violation of these requirements shall constitute a material breach of the solicitation requirements and may result in the immediate suspension or termination of access, disqualification from the procurement process, rejection of the Bidder's proposal, and any other remedies available to UH under the solicitation documents or applicable law. At the conclusion of this procurement, each bidder shall destroy all copies of any data downloaded from the data room and provide certification of same to UH. By requesting and accepting a UH-issued guest account, the organization acknowledges and agrees to these requirements. Failure to provide the required information or comply with these access requirements shall result in the organization's ineligibility to receive access to UH procurement materials, and UH shall have no obligation to provide an alternative method of document distribution.

2	20	3.6	Add to Section: Contractor shall, at its expense, in concert with current vendor, conduct a physical inventory count as part of the transition process, and provide documentation to UH. Contractor will have access to all required UH and UHCP data through the current UH and UHCP systems. This will include access as needed during the transition period.
3	29	5.4	Section is revised to read as follows: The proposal should follow the format indicated in the following Sections of this RFP. The bidder should limit their response to no more than 100 pages, and to one volume, if at all possible, with that volume divided into four (4) sections as indicated below. Additional pages as appendices will not count against the limit.
4	32	5.6.2.3.3	Add to Section: Bidder should submit a completed Cyber Security Risk Assessment Form, Included here as Attachment B.
5	46	9.1	Add to Section: • Completed Cyber Security Risk Assessment Form
6	Exhibit A 67	T&C Section 5.1.1	Replace first paragraph of Section with: University Hospital may terminate the contract at any time, in whole or in part, for the convenience of University Hospital, upon no less than thirty (30) days written notice to the contractor, except that UH may not cancel the contract for convenience during the first two years of the initial term of the contract.

ALL OTHER TERMS AND CONDITIONS OF THE ORIGINAL SPECIFICATIONS REMAIN UNCHANGED.

END OF ADDENDUM # 1