

BOARD OF COUNTY COMMISSIONERS, BUTLER COUNTY, OHIO

315 High St., 6th Floor, Hamilton, OH 45011

REQUEST FOR PROPOSALS

R.C. §§ 307.86(M) & 307.862

Pursuant to R.C. § 307.86(M), The Board of Commissioners, Butler County, Ohio (the “County”), as the County contracting authority for the User designated herein has determined that the use of competitive sealed proposals would be advantageous to the County for the acquisition of the goods or services described in this Request for Proposals (the “RFP”). Therefore, pursuant to R.C. § 307.862, the County hereby solicits sealed competitive proposals as described in this RFP.

A. Submission of Proposal:

1. *Deadline for Submission of Proposals:* Wednesday, May 10, 2023 at 4:00 p.m. Proposals received prior to the deadline will be held and not be opened until the deadline.
2. *Proposals to be Delivered to:* Butler County Sheriff’s Office, Attn: Debra Maloney, 705 Hanover Street, Hamilton, OH 45011

B. Description of Project:

1. *Project Name:* **Inmate Pharmacy Services**
2. *Contract No.:* 2023-004
3. *USER:* The contract to which this RFP relates is intended to be awarded by the County for the use of the Butler County Sheriff’s Office (the “Sheriff’s Office”)
4. *County Contact Person:* Debra Maloney, Assistant Finance Director, Butler County Sheriff’s Office, 705 Hanover Street, Hamilton, OH 45011, dmaloney@butlersheriff.org or Health Services Administrator Brian Ruhl, bruhl@butlersheriff.org.
5. *Brief Description of Project:* USER is requesting formal bids for inmate pharmacy services.
6. ***Please see Exhibit A for additional information.***
7. *Potential Partial or Multiple Party Awards:* County reserves the right to award upon recommendation of the Sheriff’s Office any, none, or part of the project to one or more Vendors for designated portions of the project.
 - a. In the event that County elects to award multiple contracts concerning the project, the Sheriff’s Office or its designee shall assume responsibility for coordination of the multiple contracts unless County expressly designates that the recipient of one of the awarded contracts shall be responsible to coordinate the multiple contracts.
8. *Intended Contract Duration:* The initial term of the contract shall be for three (3) years. After the initial contract term, Butler County may renew the contract for two (2) additional one-year periods mutually agreed upon by both parties. The Contractor is permitted to submit a price change for consideration and/or approval by BCSO on an annual basis. The proposed contract start date is June 1, 2023.
9. ***Implementation Deadline: Project completion to be determined at time of contract award.***

C. **The Request for Proposals:**

1. A list of specifications for this project is contained in the Exhibit A attached hereto.
2. A full copy of this RFP, together with all documents incorporated by reference into the RFP, is available to the public and may be obtained by either:
 - a. Download from the County's website at www.butlercountycommissioners.org or www.butlersheriff.org – Bid Opportunities.
 - b. A written request directed to the County's Contact Person as designated in this RFP.
3. County reserves the right to issue one or more addendums modifying the requirements or terms of this RFP.
 - a. A copy of each addendum will be:
 - i posted on the County and Sheriff's website;
 - ii provided via e-mail to each person/entity who has submitted a proposal at the time of the addendum; and
 - iii provided via e-mail to each person/entity who has provided the County's Contact Person listed in this RFP in writing:
 - (a) notice that the person/entity is considering submitting a proposal; and
 - (b) the person/entity's company name, contact person's name, company address, telephone number, e-mail address, and fax number.

D. **Prohibited Contacts:** To protect the integrity and fairness of the proposal process, unauthorized communications and other behavior by any prospective Vendor that violates or attempts to manipulate the RFP process in any way may result in the rejection of the offender's proposal.

1. Except as expressly authorized herein, neither a person/entity interested in submitting a proposal, a Vendor, nor their authorized representatives are permitted to communicate with Individuals Associated with this Project during the proposal process.
2. Authorized communications are as follows:
 - a. Prior to the date set herein for the receipt of proposals, persons or entities interested in submitting a proposal may submit written questions requesting clarification of information provided in this RFP. All such questions shall be submitted by email to the County Contact Person designated in this RFP. All answers will be shared with all other proposers and known perspective proposers.
 - b. Communications in connection with negotiations between the County and the Vendor who submits the proposal that County determines is the most advantageous to the County based on the rankings performed by County.
3. As used in this RFP, the term "Individuals Associated with this Project" is defined as:
 - a. County's elected officials;
 - b. The County Contact Person designated in this RFP; and
 - c. County employees (including but not limited to the designated Sheriff's staff) involved with development, management, and administration of this RFP and/or the process of evaluating proposals submitted in response to this RFP.

E. **Form of Proposals:** Each proposal submitted in response to this RFP shall:

1. Be submitted in writing and be responsive to the requests for information requested in this RFP.
 - a. The submittal shall contain an original and one (1) copy of the proposal.
 - b. The proposal shall contain the signature of a person who is duly authorized to submit the proposal on behalf of the Vendor.
 - c. The proposal shall contain the content and be organized in the format specified below:
 - i. Each page of the proposal must be numbered sequentially at the bottom of the page.
 - ii. All narrative information must contain a heading which clearly indicates the subject matter of the narrative.
 - d. The proposal must be consistent with applicable federal regulations, State of Ohio policies, and County policies and procedures.
2. Contain the full legal name and mailing address of the principal place of business of the person/entity submitting a proposal (the "Vendor").
 - a. If the Vendor is a sole proprietor, the Vendor shall identify any trade name or fictitious name under which the Vendor conducts his/her business.
 - b. If the Vendor is a corporation, limited liability company, limited partnership, limited liability partnership, or other form of business entity, the Vendor shall identify its form of business entity, any trade name or fictitious name under which the Vendor conducts its business, and whether the Vendor is licensed to do business in the State of Ohio.
3. Identify the name, postal mailing address, telephone number, and email address of the person(s) who is/are:
 - a. Responsible for preparation and submission of the proposal;
 - b. Authorized to respond to County's questions or requests for additional information related to evaluation of the proposal;
 - c. Conduct negotiations on behalf of the Vendor; and
 - d. Authorized to sign contract documents on behalf of the Vendor.
4. Fully respond to questions and requests for information set forth in this RFP. The required information may include, but not necessarily be limited to:
 - a. A description of the Vendor's business information including duration of business activity;
 - b. Vendor's experience with like or similar projects;
 - c. References from Vendor's representative clients/customers;
 - d. Vendor's key personnel who will be involved in the project; and
 - e. Disclosure of litigation or known claims pending or asserted against Vendor.
5. Disclose the name, address, phone number, other contact information, and scope of provided services/goods for each manufacturer, seller, subcontractor, and consultant who will assist the Vendor with the performance of the functions and duties in connection with the project.
6. Fully complete the Attachments attached to this RFP.
7. If County has described supplies, services, or both that may be subject to a partial award or multiple awards, each proposal must specify:

- a. Which portion(s) of those supplies, services, or both the Vendor is proposing to provide; and
 - b. If the Vendor is proposing any differential pricing model based upon the scope of the contract which might be awarded to the Vendor, including but not necessarily limited to:
 - i. A premium in the event that less than the entire, or a specified portion, of the project scope would be awarded to the Vendor; or
 - ii. A discount in the event that the entire, or a specified portion, of the project scope would be awarded to the Vendor.
8. If a proposal contains any information which the Vendor believes is a trade secret or is otherwise entitled to protection as proprietary information, the Vendor has the sole responsibility to clearly identify and delineate the protected information and to otherwise take reasonable measures necessary to protect against the unauthorized disclosure of the protected information.

F. Units of Measurement:

1. All price or cost information contained in each proposal shall be stated in US dollars.
2. Unless otherwise expressly specified in the RFP, all quantities described in the RFP and each proposal shall be stated in English units of measurement (*i.e.*; metric units of measure shall not be used).
3. Unless otherwise expressly stated in this RFP, all time periods described in this RFP are expressed in terms of calendar days.

G. Proposal Evaluation Process:

1. Each proposal received by the proposal submission deadline as stated in this RFP shall be promptly opened by County and reviewed to determine whether the proposal complies with the requirements prescribed by the RFP and by Ohio law.
 - a. County shall open all timely submitted proposals in a manner that prevents the disclosure of contents of competing proposals to competing Vendors.
 - b. Proposals and any documents or other records related to a subsequent negotiation for a final contract that would otherwise be available for public inspection and copying under Section 149.43 of the Ohio Revised Code shall not be available until after the award of the contract.
 - c. Any proposal which County determines fails in any material respect to comply with requirements prescribed by the RFP and by Ohio law shall be rejected and returned to the Vendor without further proceedings.
2. Each proposal which the County determines substantially complies with requirements prescribed by the RFP and by Ohio law will be evaluated and ranked by County staff using the factors and criteria developed by the Sheriff's Office which are listed in the Exhibit A attached to this RFP.
 - a. County may initiate and conduct discussions with Vendors for the purpose of ensuring full understanding of, and responsiveness to, the requirements specified in this RFP, and accord fair and equal treatment with respect to any opportunity for discussion with Vendors to provide any clarification, correction, or revision of proposals.
 - b. If County determines that discussions with one or more Vendors are necessary, those discussions will be conducted in such a manner as County determines necessary to avoid

disclosing any information derived from proposals submitted by competing Vendors during those discussions.

H. **Rejection of Proposals:** County reserves the right to reject, in whole or in part, any proposal which County determines:

1. Contains material exception(s) by the Vendor to the terms and conditions of this RFP;
2. Fails to meet the terms and conditions of the request for proposals, including but not limited to, the standards, specifications, and requirements specified in this RFP;
3. Submits prices that County considers to be excessive, compared to existing market conditions, or determines exceed County's available funds; or
4. Would not be in the best interest of the County based upon the factors and criteria described in Exhibit A.

I. **Negotiations:**

1. After completion of the evaluation and ranking process described in this RFP, County will negotiate with the one Vendor who submitted the proposal that County determines to be the most advantageous to the County based on the rankings, including any adjustment to those rankings based on discussions described above.
2. County reserves the right to require that the Vendor provide demonstrations or samples as a part of the negotiations.
3. All of the Vendor's activities in connection with the making of a proposal and conducting negotiations with County shall be at the Vendor's sole cost and expense.
4. *Termination of Negotiations:*
 - a. A Vendor engaged in negotiations with County may terminate the negotiations by providing the County with written notice of the Vendor's withdrawal of the Vendor's proposal at any time prior to the County's award of a contract.
 - b. County may terminate negotiations with an Vendor at any time during the negotiation process by providing the Vendor with written notice of the Vendor's failure to provide the necessary information for negotiations in a timely manner or the Vendor's failure to negotiate in good faith, including but not limited to the Vendor's refusal to accept the contents of this RFP and the commitments contained in the Vendor's proposal.
 - i. County's written notice shall provide the Vendor with commercially reasonable notice as to the reasons why the Sheriff's Office has decided to terminate the negotiation process.
 - ii. Unless within five (5) business days of the written notice the Vendor cures the deficiencies described by County in its written notice, the negotiation process between County and the Vendor shall be terminated.
5. If either the Vendor or County terminates the negotiation process, County may commence negotiations with the Vendor whose proposal is ranked the next most advantageous to the County according to the evaluation factors and criteria described in this RFP.

J. **Contract Award:**

1. Following the evaluation and ranking of the proposals submitted in response to this RFP and the negotiations described herein, County may award a contract to the Vendor whose proposal is determined to be the most advantageous to County.

- a. To the extent described in this RFP, County may award a contract in whole or in part to one or more Vendors. The RFP shall be held firm for a minimum of ninety (90) days.
 - b. The Sheriff's Office shall send a written notice to the Vendor to whom the County wishes to award the contract and shall make that notice available to the public.
 - c. The Contract Documents upon which the contract award and any executed agreement are based shall include the final executed agreement between the County and the Vendor, this RFP (including any addenda issued by the County), and the Vendor's proposal. In the case of any conflict between the terms of any of the Contract Documents, the following order of precedence shall prevail:
 - i The executed agreement, including any exhibits or attachments thereto; and
 - ii This RFP.
 - d. The contract award will not be final until the County and the successful Vendor have executed a mutually satisfactory contractual agreement.
 - e. No contract performance may begin prior to the execution of a contractual agreement between the successful Vendor and County.
 - f. Butler County reserves the right to cancel an award immediately if new state or federal regulations or policy makes it necessary to change the service purpose or content substantially or to prohibit such service.
2. Within a reasonable time period after the award is made, County shall notify all other Vendors that the contract has been awarded to another Vendor.

Cancellation of the RFP: County may cancel or reissue this RFP if any of the following apply:

3. The supplies or services offered through all of the proposals submitted in response to this RFP are not in compliance with the requirements, specifications, and terms and conditions set forth in this RFP;
4. The prices submitted by the Vendors are excessive compared to existing market conditions or exceed the County's available funds; or
5. County determines that award of a contract would not be in the best interest of the County.

K. Other Information:

1. *Warranties.* Vendor must warrant that all services and goods provided by Vendor in connection with the project comply with the terms of the Contract Documents and will be free from defects for one year after County's acceptance thereof. Vendor shall also assign to the County all manufacturer's warranties applicable to goods provided by Vendor in connection with the project.
2. *Non-solicitation.* During the term of the agreement arising from this RFP and for one-year thereafter, Vendor shall not employ nor solicit for employment any current employee of the County unless such employee was terminated by County without just cause.
3. *Proprietary or Non-public Information.* Vendor shall maintain the confidentiality of any proprietary or otherwise non-public records and information contained in such records which is disclosed to Vendor in connection with the negotiations described herein or the Vendor's performance of an agreement resulting from those negotiations.
4. *Compliance with Laws.* The performance by Vendor and its employees pursuant to the Contract Documents shall comply with all federal, state, and local laws, regulations, and policies/procedures.

Exhibit "A"

Specifications for Project

The Butler County Sheriff is accepting bids for inmate pharmacy services. The Butler County Correctional Facility has three locations. Resolutions and Court Street operate based on inmate population and either location can be opened or closed based on current needs. The inmate population fluctuates on a regular basis.

- Main Jail on Hanover Street
 - Eleven (11) housing units including Intake
 - Average housing unit holds 96 inmates
 - Total facility population = 848 inmates
- Resolutions on Second Street
 - Four (4) housing units
 - Average housing unit holds 40 inmates
 - Total facility population = 162 inmates
- Court Street Facility
 - Two (2) housing units
 - Average floor holds 95 inmates
 - Total facility population = 180 inmates

The average length of stay is 31 days. Inmates include local, US Marshall and other county agency inmates. BCSO obtains state pharmacy licenses (Class-Terminal-Clinic Category 3) for all three facilities. BCSO maintains a Keep-On-Person (KOP) program that includes inhalers, eye drops and optic solutions. The facility has a DEA license in the name of the Health Services Administrator. BCSO has current medical staff, paramedics and/or nurses on site that administer medical services and/or medications. A medical doctor and physician assistant visit the facility on an as needed basis and issue prescriptions. Medications are delivered to the inmate in the housing unit on medical carts (7 BCSO owned medical carts) by the medical staff. Approximately 1600 prescriptions are filled per month.

Release medications are supplied to inmates upon discharge in up to 30- day quantity. The vendor will not be required to ship medications to any other facility, only to 705 Hanover Street, Hamilton, Ohio.

Request for Proposals must include the following specifications:

- Please complete the attached medication specification sheets for pharmacy services with your cost for each item.
- Please complete the attached "Additional Bid Specifications" document.
- All items must be bid per single unit to be considered. Vendors are not required to bid on all items. The desired pricing methodology for the basis of pricing is Actual Acquisition Cost (AAC). The pricing methodology is expected to remain fixed throughout the length of the contract.
- The "Projected Quantity to be Ordered" on the attached spreadsheet indicates the approximate amount of medication to be ordered during a one-year time frame.
- Vendors will be required to interface with the Sheriff's Office current medical administration records system, CorrecTek. The Vendor will be responsible for any additional cost necessary to establish the interface.

- The vendor would be required to provide compliance packaging of medications that would allow for unused medications to be returned for credit at no additional cost to the Butler County Sheriff's Office.
- The vendor would be required to provide a minimum of daily delivery including weekends at no additional cost to Butler County Sheriff's Office. BCSO would prefer twice a day delivery or multiple deliveries per day would be acceptable. Delivery same day as order placed preferred. If not same day, all orders placed before 4:00 pm, will be delivered next day before 12:00 noon (Sunday excluded).
- BCSO maintains three facilities, however, all medications will be shipped to 705 Hanover Street, Hamilton, Ohio 45011.
- The vendor should be able to provide STAT delivery and/or an alternative procedure to provide pharmaceuticals in an emergency situation. A STAT delivery is needed when an inmate is booked into a facility who requires medication to be administered that day. The STAT delivery would need to be made before the next medication is due. This situation occurs approximate 5 – 10 times a month.
- The vendor should be able to provide a STAT Box which contains mutually determined supply of emergency stock of medications and controlled substances.
- Current medication packing is Blister Cards. Stock medications are currently received in 30 count blister cards.
- The vendor will be responsible for destroying all non-narcotic medicals and out of date medications. BCSO will return outdated/expired medications to the vendor.
- The vendor must disclose the cost for **any and all** dispensing fees.
- BCSO would expect the same pricing formula and methodology for medications not included on the attached medication specification sheets.
- Vendor system should be able to provide a various number of reports i.e., “most expensive patients, top 50 medications, cost by prescriber, 12-month history”. Another important report would be a list of medications dispensed by type. Please provide list of most popular reports used by other agencies.
- Vendor must provide in-house training for implementation of vendor system for approximately 30 staff members at no cost to BCSO.

General specifications:

- Vendor will be responsible for implementing and managing their own network that connects to the CorrecTek.
- Additional options will be considered, however, are not a required part of the bid.
- Butler County reserves the right to reject any and all bids.

Exhibit “B”
Proposal Format and Attachments

The proposal and proposal addenda shall be submitted in the following sections in the following order:

SECTION 1. Vendor Information. Provide for each Vendor, Joint Vendor, and Subcontractor:

- A. Full legal name(s) (including any trade name), address, telephone number, and contact person
- B. If other than a sole proprietor, form of business entity, state, and date of incorporation
- C. Name, address, and phone number of each principal
- D. Year established and any former business names
- E. Financial Statements and annual report for past three years
- F. Number of years of experience within company’s area of business.
- G. Average length of service for implementation team members
- H. Estimated number of resources to be dedicated to this project from each of the following:
 - Customer support
 - Project implementation and rollout
- I. Number of current installation sites for like or similar projects
- J. Pending litigation and Asserted Claims
 - 1. Currently pending litigation
 - 2. Asserted claims (including claims for liquidated damages)
 - 3. Any litigation filed or resolved within the past five years
 - 4. Any claims (including claims for liquidated damages) asserted, resolved, or settled within the past five years

SECTION 2. Product and Service Description: This section should contain an item-by-item response to the items listed in Exhibit “A” *Description of Services and Goods to be provided for Project*. Screen captures or other brief materials that may serve to assist in describing the functionality may be attached to your response as an Appendix. Any material attached as an Appendix should be specifically referenced from the body of the response.

SECTION 3. Cost Proposal:

- A. Please identify the Proposal Quotation Sheet with a “TAB” for location at proposal opening.
- B. Please ensure your cost proposal includes any and all costs required for:
 - 1. One-time setup fees;
 - 2. Maintenance;
 - 3. Training;
 - 4. Per item fees;
 - 5. Convenience fees;
 - 6. Any additional fees or charges not addressed in this RFP; and
 - 7. Percentage increase in cost for optional renewal years.

SECTION 4. Certificates and Additional Required Forms: This section should include the original forms, completed as required. Only the original copy of the proposal is required to have content in this section. Failure to include these forms/items with proposal may be reason for proposal disqualification.

SECTION 5. Appendices as Necessary: The Vendor should attach any additional related material that is referenced in the earlier sections of their response.

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
ABACAVIR (ZIAGEN) 300MG TAB	Tab	60	
ABILIFY MAINTENA KIT 400MG	Kit	1	
ACAMPROSATE CALCIUM (CAMPRAL) 333MG TAB	Tab	360	
ACETAMINOPHEN (TYLENOL) 325MG TAB	Tab	490	
ACETAMINOPHEN (TYLENOL) 500MG TAB	Tab	5342	
ACYCLOVIR (ZOVIRAX) 400MG TAB	Tab	422	
ACYCLOVIR (ZOVIRAX) 800MG TAB	Tab	243	
ADENOSINE 2ML SYRINGE	per syringe	22	
ADENOSINE VIAL 6MG/2 ML VIAL	per Vial	6	
ADVAIR DISKUS 250/50MCG 60 PUFFS INHALER	per Inhaler	7	
ADVAIR DISKUS 500/50MCG 60 PUFFS INHALER	per Inhaler	1	
ADVAIR HFA 12GM 45/21MCG INHALER	per Inhaler	2	
ALAVERT-D 12HR TAB	Tab	60	
ALBUTEROL (VENTOLIN) 2MG/5ML SYRINGE	per syringe	480	
ALBUTEROL 0.5% NEB 2.5MG/0.5ML SOLUTION (1 BX=15ML)	per box	15	
ALBUTEROL 3ML U/D 0.083% (75ML SOLUTION per box)	per box	375	
ALLEGRA 60MG TAB	Tab	60	
ALLEGRA D24HR 180/240MG TAB	Tab	90	
ALLOPURINOL (ZYLOPRIM) 100MG TAB	Tab	510	
ALLOPURINOL (ZYLOPRIM) 300MG TAB	Tab	330	
ALOGLIPTIN 25MG TAB	Tab	120	
ALVESCO 60 INHALATIONS 80MCG 6.1 GM INHALER	per Inhaler	6	
AMIODARONE (CORDARONE) 200MG TAB	Tab	252	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
AMIODARONE 50MG/ML (3ML VIAL)	per Vial	6	
AMITRIPTYLINE (ELAVIL) 50MG TAB	Tab	90	
AMLODIPINE (NORVASC) 2.5MG TAB	Tab	150	
AMLODIPINE (NORVASC) 10MG TAB	Tab	2655	
AMLODIPINE (NORVASC) 5MG TAB	Tab	3120	
AMLODIPINE/BENAZ 10/40MG CAP	Cap	60	
AMLODIPINE/BENAZEPRIL (LOTREL) 2.5/10 CAP	Cap	90	
AMLODIPINE/BENAZEPRIL (LOTREL) 5/10 CAP	Cap	30	
AMLODIPINE/BENAZEPRIL (LOTREL) 5/20 CAP	Cap	30	
AMLODIPINE/OLMESART (AZOR) 10/40MG TAB	Tab	30	
AMMONIA INHALANTS (AROMATIC) 12/BOX	Box	12	
AMOX/CLAV POT (AUGMENTIN) 500-125MG TAB	Tab	142	
AMOX/CLAV POT (AUGMENTIN) 875-125MG TAB	Tab	476	
AMOXICILLIN (TRIMOX) 500MG CAP	Cap	2054	
AMOXICILLIN (TRIMOX) 875MG TAB	Tab	10	
ANASTROZOLE (ARMIDEX) 1MG TAB	Tab	15	
ANORO ELLIPTA 60 DOSES 62.5-25MCG INHALER	per puff	60	
ANTI-DANDRUFF 1% SUSPENSION (GENERIC)	per Bottle	200	
APRISO ER 0.375GM CAP	Cap	90	
ARIPIRAZOLE (ABILIFY) 10MG TAB	Tab	900	
ARIPIRAZOLE (ABILIFY) 15MG TAB	Tab	1335	
ARIPIRAZOLE (ABILIFY) 20MG TAB	Tab	30	
ARIPIRAZOLE (ABILIFY) 2MG TAB	Tab	300	
ARIPIRAZOLE (ABILIFY) 30MG TAB	Tab	60	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
ARIPIPIRAZOLE (ABILIFY) 5MG TAB	Tab	480	
ARMOUR THYROID [FORREST] 90MG TAB	Tab	30	
ASCORBIC ACID 500MG TAB	Tab	60	
ASPIRIN 325MG TAB	Tab	270	
ASPIRIN BUFFERED 325MG TAB	Tab	30	
ASPIRIN CHEW 81MG TAB	Tab	3233	
ASPIRIN EC (ECOTRIN) 81MG TAB	Tab	2880	
ASPIRIN ENTERIC (ECOTRIN) 325MG TAB	Tab	120	
ATENOLOL (TENORMIN) 100MG TAB	Tab	600	
ATENOLOL (TENORMIN) 25MG TAB	Tab	780	
ATENOLOL (TENORMIN) 50MG TAB	Tab	660	
ATENOLOL/CHLORTHAL 100/25 TAB	Tab	90	
ATENOLOL/CHLORTHAL 50/25 MG TAB	Tab	75	
ATOMOXETINE (STRATTERA) 40MG CAP	Cap	60	
ATORVASTATIN (LIPITOR) 10MG TAB	Tab	1140	
ATORVASTATIN (LIPITOR) 20MG TAB	Tab	1980	
ATORVASTATIN (LIPITOR) 40MG TAB	Tab	2481	
ATORVASTATIN (LIPITOR) 80MG TAB	Tab	813	
ATRIPLA 600/200/300 TAB	Tab	60	
ATROPINE SYRINGE .1MG/ML 10ML SYRINGE	per syringe	12	
AZITHROMYCIN (ZITHROMAX) 250MG TAB	Tab	415	
AZITHROMYCIN (ZITHROMAX) 500MG TAB	Tab	340	
AZOPT OPHTHAL SUSP 1% 10ML SUSPENSION	BOTTLE	10	
BACITRACIN OPTH OINTMENT	3.5 gm Tube	4	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
BENZAEPRI (LOTENSIN) 20MG TAB	Tab	30	
BENZOYL PEROXIDE WASH 10% 150 ML WASH	BOTTLE	50	
BENZOYL PEROXIDE WASH 5% 237ML	BOTTLE	6	
BENZTROPINE (COGENTIN) 0.5MG TAB	Tab	1320	
BENZTROPINE (COGENTIN) 1MG TAB	Tab	3300	
BENZTROPINE (COGENTIN) 2MG TAB	Tab	870	
BETHANECHOL (URECHOLINE) 10MG TAB	Tab	180	
BISACODYL EC (DULCOLAX) 5MG TAB	Tab	1010	
BISOPROLOL/HCTZ (ZIAC) 10/6.25 TAB	Tab	30	
BISOPROLOL/HCTZ (ZIAC) 5/6.25 TAB	Tab	60	
BOOST INST VAN LIQUID	Case	729	
BOOSTRIX (TDAP) SDV 0.5ML VIAL	Vial	0.5	
BREO ELLIPTA 30 DOSES 100/25MCG INHALER	Inhaler	10	
BREO ELLIPTA 30 DOSES 200-25 INHALER	Inhaler	10	
BRILINTA 90MG TAB	Tab	240	
BRIMONIDINE 0.2% 5 ML DROP	BOTTLE	7	
BUDESONIDE (ENTOCORT) 3MG CAP	Cap	120	
BUMETANIDE (BUMEX) 2MG TAB	Tab	30	
BUPROPION (WELLBUTRIN) 100MG TAB	Tab	60	
BUPROPION (WELLBUTRIN) 75MG TAB	Tab	60	
BUPROPION SR (WELLBUTRIN SR) 150MG TAB	Tab	510	
BUPROPION SR (WELLBUTRIN SR) 200MG TAB	Tab	420	
BUPROPION XL (WELLBUTRIN XL) 150MG TAB	Tab	1590	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
BUPROPION XL (WELLBUTRIN XL) 300MG TAB	Tab	810	
BUPROPION**SR**(WELLBUTRIN SR) 100MG TAB	Tab	630	
BUSPIRONE (BUSPAR) 10MG TAB	Tab	8310	
BUSPIRONE (BUSPAR) 15MG TAB	Tab	5430	
BUSPIRONE (BUSPAR) 30MG TAB	Tab	120	
BUSPIRONE (BUSPAR) 5MG TAB	Tab	1560	
CALCIUM ACET. (PHOSLO) 667MG CAP	Cap	90	
CALCIUM CARB [ANTACID CHEW] 500MG TAB	Tab	3300	
CALCIUM CITRATE 250MG TAB	Tab	60	
CARBAMAZEPINE CHEW (TEGRETOL) 100MG TAB	Tab	330	
CARBAMAZEPINE ER (CARBATROL) 200MG CAP	Cap	120	
CARBAMAZEPINE ER (TEGRETOL XL) 200MG TAB	Tab	180	
CARBAMAZEPINE*200MG*(TEGRETOL) 200MG TAB	Tab	1020	
CARBID/LEVODOPA (SINEMET) 25-100MG TAB	Tab	30	
CARBIDOPA/LEV SR 25/100 TAB	Tab	30	
CARVEDILOL (COREG) 12.5MG TAB	Tab	840	
CARVEDILOL (COREG) 25MG TAB	Tab	846	
CARVEDILOL (COREG) 3.125MG TAB	Tab	270	
CARVEDILOL (COREG) 6.25MG TAB	Tab	1170	
CEFTRIAZONE(ROCEPHIN) 250MG VIAL	Vial	180	
CEFUROXIME (CEFTIN) 250MG TAB	Tab	72	
CEFUROXIME (CEFTIN) 500MG TAB	Tab	14	
CELECOXIB (CELEBREX) 200MG CAP	Cap	30	
CEPHALEXIN (KEFLEX) 500MG CAP	Cap	14532	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
CETIRIZINE (ZYRTEC) 10MG TAB	Tab	1440	
CHLORDIAZEPOXIDE (LIBRIUM) 25MG CAP	Cap	90	
CHLORHEXIDINE 473ML 0.12% LIQUID	BOTTLE	4	
CHLORPROMAZINE (THORAZINE) 100MG TAB	Tab	30	
CHLORPROMAZINE (THORAZINE) 200MG TAB	Tab	120	
CHLORPROMAZINE 10MG TAB	Tab	450	
CHLORTHALIDONE (HYGROTON) 25MG TAB	Tab	60	
CIPROFLOXACIN (CIPRO) 250MG TAB	Tab	6	
CIPROFLOXACIN (CIPRO) 500MG TAB	Tab	268	
CITALOPRAM (CELEXA) 10MG TAB	Tab	434	
CITALOPRAM (CELEXA) 20MG TAB	Tab	1815	
CITALOPRAM (CELEXA) 40MG TAB	Tab	1380	
CLARITIN D 24HR TAB	Tab	30	
CLINDAMYCIN (CLEOCIN) 150MG CAP	Cap	8738	
CLINDAMYCIN (CLEOCIN) 300MG CAP	Cap	306	
CLOBETASOL (TEMOVATE) 0.05% 30 GM GEL	per tube	3	
CLOBETASOL (TEMOVATE) 0.05% 60GM CREAM	per tube	4	
CLOMIPRAMINE (ANAFRANIL) 75MG CAP	Cap	150	
CLONIDINE (CATAPRES) 0.1MG TAB	Tab	4029	
CLONIDINE (CATAPRES) 0.2MG TAB	Tab	1800	
CLONIDINE (CATAPRES) 0.3MG TAB	Tab	180	
CLOPIDOGREL (PLAVIX) 75MG TAB	Tab	1140	
CLOTRIMAZOLE 1% 28 GM CREAM	per tube	56	
COLACE CLEAR 50 MG CAP	Cap	159	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
COLCHICINE 0.6MG TAB	Tab	19	
COMBIVENT RESPIMAT 4 GM 20-100MCG INHALER	Inhaler	12	
CONTACT LENS CASE	Each	33	
CREON 36000 CAP	Cap	300	
CYANOCOBLMN (B-12) 1ML 1000MCG/ML VIAL	Vial	3	
DAPSONE (AVLOSULFON) 100MG TAB	Tab	120	
DESCOVY 200/25MG TAB	Tab	240	
DESMOPRESSIN (DDAVP) 0.2MG TAB	Tab	180	
DESVENLAFAXINE ER (PRISTIQ) 100MG TAB	Tab	90	
DESVENLAFAXINE ER (PRISTIQ) 50MG TAB	Tab	360	
DEXTROSE 50% 50ML SYRINGE	Pre Fill syringe	4	
DICLOFENAC DR (VOLTAREN) 50MG TAB	Tab	120	
DICLOFENAC EC (VOLTAREN) 75MG TAB	Tab	840	
DICYCLOMINE (BENTYL) 10MG CAP	Cap	390	
DICYCLOMINE (BENTYL) 20MG TAB	Tab	684	
DIGOXIN (LANOXIN) 0.125MG TAB	Tab	300	
DILANTIN 100MG CAP	Cap	270	
DILTIAZEM (CARDIZEM) 60MG TAB	Tab	60	
DILTIAZEM CD (CARDIZEM CD) 120MG CAP	Cap	60	
DILTIAZEM CD (CARDIZEM CD) 180MG CAP	Cap	90	
DILTIAZEM CD (CARDIZEM CD) 240MG CAP	Cap	360	
DILTIAZEM CD (CARDIZEM CD) 300MG CAP	Cap	60	
DILTIAZEM TZ 360MG 360MG CAP	Cap	30	
DIPHENHYDRAMINE 1ML 50MG/ML VIAL	Vial	26	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
DIPHENHYDRAMINE (BENADRYL) 25MG CAP	Cap	2014	
DIVALPROEX DR (DEPAKOTE) 125MG TAB	Tab	90	
DIVALPROEX DR (DEPAKOTE) 250MG TAB	Tab	1950	
DIVALPROEX DR (DEPAKOTE) 500MG TAB	Tab	4200	
DIVALPROEX ER (DEPAKOTE ER) 250MG TAB	Tab	150	
DIVALPROEX ER (DEPAKOTE ER) 500MG TAB	Tab	1020	
DIVALPROEX SPRINKLES 125MG CAP	Cap	180	
DONEPEZIL 10MG TAB	Tab	30	
DOXAZOSIN (CARDURA) 4MG TAB	Tab	30	
DOXEPIN (SINEQUAN) 10MG CAP	Cap	30	
DOXYCYCLINE MONOHYDRATE 100MG CAP	Cap	508	
DOXYCYCLINE MONOHYDRATE 50MG CAP	Cap	60	
DSS (COLACE) 100MG CAP	Cap	3554	
DULERA 13GM 100/5MCG INHALER	Inhaler	169	
DULERA 13GM 200/5MCG INHALER	inh	130	
DULOXETINE (CYMBALTA) 20MG CAP	Cap	150	
DULOXETINE (CYMBALTA) 30MG CAP	Cap	1485	
DULOXETINE (CYMBALTA) 60MG CAP	Cap	1320	
DYMISTA (120 DOSES) 137-50MCG SPRAY	per BOTTLE	23	
EAR WAX (DEBROX) 15 ML CARBAM.6.5% DROPS	per BOTTLE	72	
EASY TOUCH SAFE-LANCET BUTTON 26G (100 per box)	Box	50	
ELIQUIS 5MG TAB	Tab	1080	
EMTRIVA 200MG CAP	Cap	120	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
ENALAPRIL (VASOTEC) 10MG TAB	Tab	120	
ENALAPRIL (VASOTEC) 5MG TAB	Tab	180	
ENOXAPARIN (LOVENOX) 0.6ML 60MG/0.6ML SYRINGE	Pre Fill	2	
ENOXAPARIN (LOVENOX) 120MG/0.8ML SYRINGE	Pre Fill	1	
ENOXAPARIN (LOVENOX) 1ML 100MG/1ML SYRINGE	Pre Fill	5	
ENSURE VANILLA 24/CASE LIQUID	Case	10	
ENTRESTO 49-51MG TAB	Tab	60	
EPINEPHRINE 1:1000 1MG/ML	1ML AMPULE	10	
EPINEPHRINE 1:10000 10ML 0.1MG/ML SYRINGE	Pre Fill syringe	7	
ERYTHROMYCIN (ERY-TAB) 500MG TAB	Tab	60	
ERYTHROMYCIN GENERIC 500MG TAB	Tab	30	
ERYTHROMYCIN OPHTH 0.5% 3.5 GM OINTMENT	Tube	8	
ESCITALOPRAM (LEXAPRO) 10MG TAB	Tab	2047	
ESCITALOPRAM (LEXAPRO) 20MG TAB	Tab	1140	
ESCITALOPRAM (LEXAPRO) 5MG TAB	Tab	180	
ESOMEPRAZOLE (NEXIUM) 40MG CAP	Cap	60	
ESTRADIOL (ESTRACE) 1MG TAB	Tab	120	
ESTRADIOL (ESTRACE) 2MG TAB	Tab	60	
ESTRADIOL 0.5MG TAB	Tab	30	
ETODOLAC (LODINE) 500MG TAB	Tab	60	
EZETIMIBE (ZETIA) 10MG TAB	Tab	30	
FAMOTIDINE (PEPCID) 20MG TAB	Tab	960	
FAMOTIDINE (PEPCID) 40MG TAB	Tab	120	
FARXIGA 5MG TAB	Tab	30	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
FENOFIBRATE TAB 54MG TAB	Tab	60	
FENOFIBRATE (TRICOR) 145MG TAB	Tab	60	
FENOFIBRATE 160MG TAB	Tab	180	
FENOFIBRIC ACID (TRILIPIX) 135MG CAP	Cap	30	
FERROUS SULFATE 325MG TAB	Tab	1320	
FETZIMA 120MG CAP	Cap	30	
FEXOFENADINE (ALLEGRA) 180MG TAB	Tab	180	
FEXOFENADINE (ALLEGRA) 60MG TAB	Tab	14	
FIBER-LAX 625MG TAB	Tab	240	
FINASTERIDE (PROSCAR) 5MG TAB	Tab	120	
FISH OIL 500MG CAP	Cap	60	
FISH OIL OMEGA 3 1000MG CAP	Cap	570	
FIXODENT ADHES. DENTAL ORIG. 68 GM CREAM	Per Tube	80	
FLOLASE SENSIMIST OTC 27.5MCG SPRAY	Inhaler	30	
FLOVENT HFA 10.6 GM 44MCG INHALER	Inhaler	5	
FLOVENT HFA 12GM 110MCG INHALER	Inhaler	5	
FLOVENT HFA 12GM 220MCG INHALER	Inhaler	5	
FLUCONAZOLE (DIFLUCAN) 100MG TAB	Tab	46	
FLUCONAZOLE (DIFLUCAN) 150MG TAB	Tab	11	
FLUCONAZOLE (DIFLUCAN) 200MG TAB	Tab	10	
FLUOXETINE (PROZAC) 10MG CAP	Cap	255	
FLUOXETINE (PROZAC) 20MG CAP	Cap	7950	
FLUOXETINE (PROZAC) 40MG CAP	Cap	1170	
FLUPHENAZINE DECANOATE INJECTION 25MG	5 ML Vial	20	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
FLUTICASONE NASAL (FLONASE) 50MCG	16 GM SPRAY BOTTLE	26	
FLUVOXAMINE 100MG TAB	Tab	60	
FLUVOXAMINE 50MG TAB	Tab	90	
FOLIC ACID 1MG TAB	Tab	840	
FOSRENOL CHEW (ORIG BOTTLE) 500MG TAB	Tab	180	
FUROSEMIDE (LASIX) 20MG TAB	Tab	1777	
FUROSEMIDE (LASIX) 40MG TAB	Tab	1375	
FUROSEMIDE (LASIX) 80MG TAB	Tab	30	
FUROSEMIDE 4ML 40MG/4ML VIAL	Vial	8	
GAVILAX (MIRALAX) 510 GM POWDER	10 count box	10	
GEMFIBROZIL (LOPID) 600MG TAB	Tab	660	
GENVOYA 150/150/200/ TAB	Tab	690	
GLIMEPIRIDE (AMARYL) 1MG TAB	Tab	90	
GLIMEPIRIDE (AMARYL) 2MG TAB	Tab	270	
GLIMEPIRIDE (AMARYL) 4MG TAB	Tab	180	
GLIPIZIDE (GLUCOTROL) 10MG TAB	Tab	270	
GLIPIZIDE (GLUCOTROL) 5MG TAB	Tab	480	
GLIPIZIDE XL (GLUCOTROL) 5MG TAB	Tab	150	
GLUCAGEN HYPO KIT 1MG SYRINGE	Syringe	3	
GLUCOSAMINE 500MG CAP	Cap	30	
GLUCOSE (10 TABS) 4G TAB	Tab	740	
GLUCOSE GEL 40% 112.5GM GEL (pack of 3)	pack of 3	4	
GLYBURIDE (MICRONASE) 5MG TAB	Tab	30	
GLYBURIDE/METFORMIN 5/500 TAB	Tab	60	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
GUANFACINE HCL (TENEX) 1MG TAB	Tab	60	
HALOPERIDOL (HALDOL) 0.5MG TAB	Tab	30	
HALOPERIDOL (HALDOL) 10MG TAB	Tab	225	
HALOPERIDOL DECANOATE 100MG/1ML VIAL	2 ML Vial	10	
HALOPERIDOL DECANOATE 100MG/5ML 100MG/ML VIAL	5 ML Vial	10	
HALOPERIDOL INJECTION 1ML 5MG/ML VIAL	2 ML Vial	10	
HALOPERIDOL(HALDOL) 1MG TAB	Tab	240	
HALOPERIDOL(HALDOL) 5MG TAB	Tab	1050	
HCTZ 12.5MG TAB	Tab	1200	
HCTZ 25MG TAB	Tab	3150	
HCTZ 50MG TAB	Tab	90	
HEALTHLAX PEG 3350 NF PACKETS 14X17GM=238G	Pkg	8	
HEMORRHOIDAL (PREP-H) OINTMENT	1 OZ. Tube	46	
HEPARIN 10ML 1000U/1ML VIAL	Vial	0	
HEPARIN PF 5ML 100U/ML SYRINGE	Pre Fill	35	
HUMALOG 100 U/ML	Vial	175	
HUMULIN 70/30	PER PEN	30	
HUMULIN R 100 U/ML VIAL	10 ML Vial	60	
HYDRALAZINE 100MG TAB	Tab	90	
HYDRALAZINE 10MG TAB	Tab	120	
HYDRALAZINE 50MG TAB	Tab	630	
HYDRALAZINE HCL 25MG TAB	Tab	750	
HYDROCORTISONE 0.5%	30 GM TUBE	30	
HYDROCORTISONE 1%	28 GM tube	300	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
HYDROXYCHLOROQUINE 200MG TAB	Tab	120	
HYDROXYUREA (HYDREA) 500MG CAP	Cap	270	
HYOSCYAMINE ER 0.375MG TAB	Tab	60	
HYOSCYAMINE SUBLINGUAL 0.125MG TAB	Tab	15	
IBUPROFEN (MOTRIN) 3RD PARTY 600MG TAB	Tab	18	
IBUPROFEN (MOTRIN) 200MG TAB	Tab	9670	
IBUPROFEN (MOTRIN) 3RD PARTY 400MG TAB	Tab	132	
IBUPROFEN (MOTRIN) 400MG TAB	Tab	1798	
IBUPROFEN (MOTRIN) 600MG TAB	Tab	22178	
IBUPROFEN (MOTRIN) 800MG TAB	Tab	6435	
IBUPROFEN 3RD PARTY 800MG TAB	Tab	141	
INCRUSE ELLIPTA 30 DOSE 62.5MCG INHALER	Inhaler	60	
INDOMETHACIN (INDOCIN) 25MG CAP	Cap	150	
INDOMETHACIN (INDOCIN) 50MG CAP	Cap	60	
INH (ISONIAZIDE) 300MG TAB	Tab	30	
INTELENCE 200MG TAB	Tab	60	
INVEGA SUSTEN 1.5ML 234MG/1.5ML SYRINGE	Pre Fill	5	
INVEGA SUSTEN 1ML 156MG/ML SYRINGE	Pre Fill	5	
INVOKANA 300MG TAB	Tab	60	
IPRAT/ALBUTEROL 30X3ML U/D 0.5/3MG/3ML SOLUTION	BOTTLE	22	
IPRATROPIUM NEBS (25X2.5ML) 0.02% SOLUTION	BOTTLE	4	
ISENTRESS 400MG TAB	Tab	60	
ISENTRESS HD 600MG TAB	Tab	180	
ISOSORBIDE MN ER 120MG TAB	Tab	60	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
ISOSORBIDE MONO 30MG ER TAB	Tab	270	
JANUMET 50/1000MG TAB	Tab	60	
JANUVIA 100MG TAB	Tab	570	
KETOCONAZOLE (NIZORAL) 2% CREAM	30 GM TUBE	3	
KETOCONAZOLE SHAMP00 2%	120 ML BOTTLE	6	
KETOROLAC TROM 0.5% DROPPER	5 ML BOTTLE	2	
LABETALOL (NORMODYNE) 300MG TAB	Tab	120	
LABETALOL (TRANDATE) 100MG TAB	Tab	120	
LABETALOL 200MG TAB	Tab	60	
LACTULOSE 10G/15ML SOLUTION	16 oz BOTTLE	5	
LAMIVUDINE (EPIVIR) 300MG TAB	Tab	30	
LAMOTRIGINE (LAMICTAL) 150MG TAB	Tab	420	
LAMOTRIGINE (LAMICTAL) 200MG TAB	Tab	1327	
LAMOTRIGINE ER (LAMICTAL XR) 300MG ER TAB	Tab	30	
LAMOTRIGINE(LAMICTAL) 100MG TAB	Tab	997	
LAMOTRIGINE(LAMICTAL) 25MG CHEW TAB	Tab	148	
LAMOTRIGINE(LAMICTAL) 25MG TAB	Tab	3181	
LANSOPRAZOLE 15MG DR CAP	Cap	60	
LANSOPRAZOLE DR (PREVACID) 30MG CAP	Cap	180	
LANTUS 100U/ML INJECTION	per Vial	130	
LATANOPROST OPHTHAL 0.005% 2.5ML DROPPER	BOTTLE	5	
LATUDA 120MG TAB	Tab	90	
LATUDA 20MG TAB	Tab	30	
LATUDA 40MG TAB	Tab	150	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
LATUDA 60MG TAB	Tab	30	
LATUDA 80MG TAB	Tab	180	
LEVEMIR 100U/ML 10ML INJECTION	Vial	60	
LEVETIRACETAM (KEPPRA) 500MG TAB	Tab	4080	
LEVETIRACETAM (KEPPRA) 750MG TAB	Tab	900	
LEVETIRACETAM(KEPPRA) 250MG TAB	Tab	120	
LEVOCETIRIZINE (XYZAL) 5MG TAB	Tab	30	
LEVOFLOXACIN (LEVAQUIN) 500MG TAB	Tab	78	
LEVOFLOXACIN (LEVAQUIN) 750MG TAB	Tab	25	
LEVOTHYROXINE SOD 0.075MG TAB	Tab	30	
LEVOTHYROXINE (SYNTHROID) 100MCG TAB	Tab	60	
LEVOTHYROXINE (SYNTHROID) 125MCG TAB	Tab	90	
LEVOTHYROXINE (SYNTHROID) 150MCG TAB	Tab	180	
LEVOTHYROXINE (SYNTHROID) 175MCG TAB	Tab	120	
LEVOTHYROXINE (SYNTHROID) 200MCG TAB	Tab	450	
LEVOTHYROXINE (SYNTHROID) 25MCG TAB	Tab	210	
LEVOTHYROXINE (SYNTHROID) 50MCG TAB	Tab	390	
LEVOTHYROXINE (SYNTHROID) 75MCG TAB	Tab	330	
LEVOTHYROXINE (SYNTHROID) 88MCG TAB	Tab	30	
LIDOCAINE 1% 10MG/ML VIAL	20 ML VIAL	15	
LIDOCAINE 1% 10MG/ML VIAL	50 ML VIAL	3	
LINEZOLID (ZYVOX) 600MG TAB	Tab	62	
LISINOPRIL (PRINIVIL-ZESTRIL) 10MG TAB	Tab	4920	
LISINOPRIL (PRINIVIL-ZESTRIL) 2.5MG TAB	Tab	670	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
LISINOPRIL (PRINIVIL-ZESTRIL) 20MG TAB	Tab	4653	
LISINOPRIL (PRINIVIL-ZESTRIL) 30MG TAB	Tab	90	
LISINOPRIL (PRINIVIL-ZESTRIL) 40MG TAB	Tab	1620	
LISINOPRIL (PRINIVIL-ZESTRIL) 5MG TAB	Tab	900	
LISINOPRIL/HCTZ (PRINZIDE) 20/25MG TAB	Tab	720	
LISINOPRIL/HCTZ(PRINZIDE) 10/12.5MG TAB	Tab	60	
LISINOPRIL/HCTZ(PRINZIDE) 20/12.5 TAB	Tab	690	
LITHIUM **SR**TAB** (LITHOBID) 300MG TAB	Tab	570	
LITHIUM **TABS*** 300MG TAB	Tab	570	
LITHIUM CARB (LITHONATE) 300MG CAP	Cap	6570	
LITHIUM CARB 150MG CAP	Cap	4500	
LITHIUM CARB SR (ESKALITH SR) 450MG TAB	Tab	660	
L-METHYLFOLATE (DEPLIN) 7.5MG TAB	Tab	180	
L-METHYLFOLATE *FORTE (DEPLIN) 15MG CAP	Cap	30	
L-METHYLFOLATE 15MG TAB	Tab	30	
LOPERAMIDE (IMODIUM A-D) 2MG TAB	Tab	369	
LORATADINE (CLARITIN) (SB) 10MG TAB	Tab	100	
LORATADINE (CLARITIN) 10MG TAB	Tab	3536	
LORATADINE-D 24HR 10-240MG TAB	Tab	545	
LORAZEPAM (ATIVAN) 1ML 2MG/ML INJECTION	1 ML vial	30	
LOSARTAN (COZAAR) 100MG TAB	Tab	600	
LOSARTAN (COZAAR) 25MG TAB	Tab	300	
LOSARTAN (COZAAR) 50MG TAB	Tab	540	
LOSARTAN/HCTZ 100/25MG TAB	Tab	210	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
LOSARTAN/HCTZ 50-12.5MG TAB	BOTTLE	7	
LOVASTATIN (MEVACOR) 20MG TAB	Tab	120	
LOVASTATIN (MEVACOR) 40MG TAB	Tab	60	
MAG HYDROX/AL HYDROX/SIMET 200/200/20 SUSP	BOTTLE	10	
MAGNESIUM OXIDE 400MG TAB	Tab	1092	
MAGNESIUM OXIDE 500MG TAB	Tab	30	
MAPROTILINE 25MG	Tab	240	
MECLIZINE CHEW 25MG TAB	Tab	30	
MECLIZINE ORAL TAB (ANTIVERT) 25MG TAB	Tab	45	
MEDROXYPROGEST (PROVERA) 10MG TAB	Tab	15	
MEDROXYPROGESTERONE (PROVERA) 5MG TAB	Tab	60	
MELOXICAM (MOBIC) 15MG TAB	Tab	690	
MELOXICAM (MOBIC) 7.5 MG TAB	Tab	660	
MESALAMINE (ASACOL HD) 800MG DR TAB	Tab	90	
MESALAMINE (LIALDA) 1.2GM TAB	Tab	120	
METFORMIN ER 500MG TAB	Tab	720	
METFORMIN (GLUCOPHAGE) 1000MG TAB	Tab	4290	
METFORMIN (GLUCOPHAGE) 500MG TAB	Tab	4506	
METFORMIN (GLUCOPHAGE) 850MG TAB	Tab	270	
METHOTREXATE (RHEUMATREX) 2.5MG TAB	Tab	224	
METHYLPREDNISOLONE DOSEPK 4MG TAB	Tab	21	
METOCLOPRAMIDE (REGLAN) 10MG TAB	Tab	74	
METOLAZONE(ZAROXOLYN) 2.5MG TAB	Tab	30	
METOPROLOL ER SUCC (TOPROL XL) 100MG TAB	Tab	270	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
METOPROLOL ER SUCC (TOPROL XL) 25MG TAB	Tab	525	
METOPROLOL ER SUCC (TOPROL XL) 50MG TAB	Tab	1530	
METOPROLOL TART (LOPRESSOR) 100MG TAB	Tab	30	
METOPROLOL TART (LOPRESSOR) 25MG TAB	Tab	3420	
METOPROLOL TART (LOPRESSOR) 50MG TAB	Tab	2130	
METOPROLOL TARTRATE 100MG TAB	Tab	360	
METOPROLOL/HCTZ (LOPRESSOR HCT 50/25 TAB	Tab	180	
METRONIDAZOLE (FLAGYL) 500MG TAB	Tab	540.5	
MEXILETINE (MEXITIL) 150MG 150MG CAP	Cap	90	
MG217 MEDICATED 3% CREAM	3.5 OZ TUBE	50	
MG217 MEDICATED TAR SHAMPOO	8 OZ BOTTLE	120	
MG217 PSORIASIS MULTI-SYMPTOM 2% 107 GM OINTMENT	PACKAGE	50	
MICONAZOLE 7 VAG CREAM	45 GM Tube	130	
MIDAZOLAM 50MG/10ML INJECTION	10 ML Vial	10	
MIDODRINE(PROAMATINE) 5MG TAB	Tab	135	
MILK OF MAGNESIA 355ML SUSPENSION	12 OZ BOTTLE	60	
MINERIN CREAM (EUCERIN) CREAM	bottle	1362	
MINOCYCLINE(MINOCIN) 100MG CAP	Cap	72	
MINOXIDIL (LONITEN) 10MG TAB	Tab	60	
MIRTAZAPINE (REMERON) 15MG TAB	Tab	1320	
MIRTAZAPINE (REMERON) 30MG TAB	Tab	1545	
MIRTAZAPINE (REMERON) 45MG TAB	Tab	390	
MIRTAZAPINE SOLUTAB (REMERON) 15MG TAB	Tab	30	
MONTELUKAST (SINGULAIR) 10MG TAB	Tab	1450	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
MULTI PURPOSE CONTACT SOLUTION (Pack of 2 = 355 ML)	pack of 2	60	
MULTIVITAMINS TAB	Tab	25	
MYCOPHENOLATE (CELLCEPT) 250MG CAP	Cap	120	
NABUMETONE (RELAFEN) 750MG TAB	Tab	30	
NADOLOL (CORGARD) 20MG TAB	Tab	30	
NADOLOL (CORGARD) 40MG TAB	Tab	30	
NADOLOL (CORGARD) 80MG TAB	Tab	30	
NALOXONE 2ML 2MG/2ML SYRINGE	Pre-fill Syringe	100	
NAPROXEN (NAPROSYN) 500MG TAB	Tab	2622	
NAPROXEN DR (NAPROSYN EC) 500MG TAB	Tab	60	
NAPROXEN SOD (ANAPROX) 275MG TAB	Tab	60	
NEO/POLY/HC 10 ML OTIC SOLUTION	BOTTLE	15	
NEO/POLY/HC SUSP (PLASTIC) OTIC 10 ML SUSPENSION	BOTTLE	100	
NEXIUM 24HR 20MG CAP	Cap	120	
NIFEDIPINE ER 30MG TAB	Tab	90	
NIFEDIPINE ER 90MG TAB	Tab	30	
NITROFURANT(MACROBID) 100MG CAP	Cap	416	
NITROFURANT(MACRODANTIN) 100MG CAP	Cap	20	
NITROGLYCERIN SL (1/150) 4 X25 0.4MG SUB	BOTTLE	5	
NOVOLIN N 100UNITS/ML	10 ML Vial	30	
NOVOLIN R 100UNITS/ML INJECTION	10 ML Vial	50	
NOVOLOG 100U/ML INJECTION	10 ML Vial	50	
NYSTATIN [NYAMYC] 15 GM POWDER	BOTTLE	2	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
NYSTATIN 30 GM 100000 UN/GM CREAM	BOTTLE	2	
NYSTATIN ORAL 60ML 100MUN/ML SUSPENSION	BOTTLE	1	
ODEFSEY 200/25/25MG TAB	Tab	60	
OLANZAPINE (ZYPREXA) 10MG TAB	Tab	1685	
OLANZAPINE (ZYPREXA) 15MG TAB	Tab	960	
OLANZAPINE (ZYPREXA) 7.5MG TAB	Tab	300	
OLANZAPINE [ZYPREXA] 2.5 MG TAB	Tab	840	
OLANZAPINE [ZYPREXA] 20MG TAB	Tab	1175	
OLANZAPINE [ZYPREXA] 5MG TAB	Tab	1290	
OLMESARTAN HCT (BENICAR HCT) 40/25MG TAB	Tab	60	
OMEGA 3 ACID (LOVAZA) 1GM CAP	Cap	60	
OMEPRAZOLE (PRILOSEC) 10MG CAP	Cap	60	
OMEPRAZOLE (PRILOSEC) 20MG CAP	Cap	12535	
OMEPRAZOLE (PRILOSEC) 40MG CAP	Cap	780	
ONDANSETRON (ZOFTRAN) 4MG TAB	Tab	140	
ONDANSETRON (ZOFTRAN) 8MG TAB	Tab	150	
ONDANSETRON 4MG/2ML VIAL	2ML VIAL	26	
ONDANSETRON ODT (ZOFTRAN ODT) 4MG TAB	Tab	42	
OSELTAMIVIR (TAMIFLU) 75MG CAP	Cap	10	
OXCARBAZEPINE (TRILEPTAL) 150MG TAB	Tab	570	
OXCARBAZEPINE (TRILEPTAL) 300MG TAB	Tab	1050	
OXCARBAZEPINE (TRILEPTAL) 600MG TAB	Tab	570	
OXYBUTYNIN (DITROPAN) 5MG TAB	Tab	270	
OXYBUTYNIN ER (DITROPAN XL) 10MG TAB	Tab	150	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
OYST CAL D 500/200MG TAB	Tab	30	
PALIPERIDONE ER (INVEGA) 3MG TAB	Tab	30	
PALIPERIDONE ER (INVEGA) 6MG TAB	Tab	630	
PALIPERIDONE ER (INVEGA) 9MG TAB	Tab	30	
PANTOPRAZOLE (PROTONIX) 40MG TAB	Tab	2510	
PANTOPRAZOLE SODIUM 20MG TAB	Tab	150	
PAROXETINE (PAXIL) 10MG TAB	Tab	240	
PAROXETINE (PAXIL) 20MG TAB	Tab	1080	
PAROXETINE (PAXIL) 30MG TAB	Tab	270	
PAROXETINE (PAXIL) 40MG TAB	Tab	270	
PENICILLIN VK (VEETIDS) 500MG TAB	Tab	8989	
PENICILLIN VK 250MG TAB	Tab	60	
PERMETHRIN (ELIMITE) 5% 60 GM CREAM	TUBE	12	
PERPHENAZINE (TRILAFON) 2MG TAB	Tab	30	
PERPHENAZINE (TRILAFON) 4MG TAB	Tab	210	
PERPHENAZINE (TRILAFON) 8MG TAB	Tab	120	
PHENYLEPHRINE (SUDOGEST PE) 10MG TAB	Tab	24	
PHENYTOIN (DILANTIN) SOD *EXT* 100MG CAP	Cap	3814	
PHENYTOIN ER (PHENYTEK) 200MG CAP	Cap	360	
PILOCARPINE (SALAGEN) 5MG TAB 5MG TAB	Tab	540	
PIOGLITAZONE (ACTOS) 15MG TAB	Tab	30	
PIOGLITAZONE (ACTOS) 30MG TAB	Tab	300	
PIOGLITAZONE (ACTOS) 45MG TAB	Tab	30	
PIPERACILLIN/TAZOBAC (ZOSYN) 3.375GM VIAL	Vial	4	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
POLIDENT DENTU-CREME 110GM	Tube	12	
POLYETHYLENE GLYCOL (MIRALAX) 3350 NF POWDER	Pkg	100	
POTASSIUM (K-DUR) 20MEQ TAB	Tab	785	
POTASSIUM CHLORIDE *CAPS* ER 10MEQ CAP	Cap	180	
POTASSIUM CHLORIDE 10MEQ TAB	Tab	1105	
POTASSIUM CITRATE (UROCIT-K) 10 MEQ ER TAB	Tab	90	
PRAVASTATIN (PRAVACHOL) 40MG TAB	Tab	120	
PRAVASTATIN (PRAVACHOL) 80MG TAB	Tab	90	
PRAZOSIN (MINIPRESS) - WHITE 1MG CAP	Cap	210	
PRAZOSIN (MINIPRESS) 1MG CAP	Cap	1800	
PRAZOSIN (MINIPRESS) 2MG CAP	Cap	1530	
PRAZOSIN (MINIPRESS) 5MG CAP	Cap	180	
PREDNISOLONE ACET(PRED FORTE) 1% 5ML DROP	BOTTLE	5	
PREDNISONONE (DELTASONE) 10MG TAB	Tab	296	
PREDNISONONE (DELTASONE) 20MG TAB	Tab	658	
PREDNISONONE (DELTASONE) 5MG TAB	Tab	9	
PREMARIN 0.9MG TAB	Tab	30	
PREMPRO 0.3/1.5 TAB	Tab	28	
PRENATAL PLUS 27-1MG TAB	Tab	1320	
PRENATAL VITAMIN 27-0.8MG TAB	Tab	2340	
PREPARATION H M/S 51 GM 0.25%-1% CREAM	Tube	10	
PREPLUS 27-1MG TAB	Tab	365	
PREZCOBIX 800-150 TAB	Tab	45	
PREZISTA 800MG TAB	Tab	30	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
PRISTIQ 25MG TAB	Tab	30	
PROAIR HFA 8.5GM INHALER	Inhaler	500	
PROBIOTIC COLON SUPPT 1.5 BILLION CAP	Tab	30	
PROCHLORPERAZINE(COMPAZINE) 10MG TAB	Tab	210	
PROMACTA DS (ORIG BOTTLE) 50MG TAB	Tab	30	
PROMETHAZINE (PHENERGAN) 25MG TAB	Tab	60	
PROMETHAZINE 1ML 50MG/1ML VIAL	Vial	5	
PROPAFENONE (RYTHMOL) 225MG TAB	Tab	90	
PROPRANOLOL (INDERAL) 10MG TAB	Tab	1470	
PROPRANOLOL (INDERAL) 20MG TAB	Tab	1140	
PROPRANOLOL (INDERAL) 40MG TAB	Tab	120	
PROPRANOLOL (INDERAL) 60MG TAB	Tab	60	
PROPRANOLOL (INDERAL) 80MG TAB	Tab	180	
PROPRANOLOL ER 60MG CAP	Cap	210	
PROPRANOLOL ER 80MG CAP	Cap	30	
PROPRANOLOL LA 120MG CAP	Cap	30	
PSEUDOEPHEDRINE (SUDAFED) 30MG TAB	Tab	2774	
QUETIAPINE IR (SEROQUEL) 100MG TAB	Tab	30	
QUETIAPINE IR (SEROQUEL) 200MG TAB	Tab	30	
QUINAPRIL 20MG TAB	Tab	30	
QVAR 40MCG INHALER	10.6 GM Inhaler	2	
RAMIPRIL (ALTACE) 2.5MG CAP	Cap	60	
RANEXA 1000MG TAB	Tab	180	
RANEXA 500MG TAB	Tab	420	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
RANITIDINE (ZANTAC) 75MG TAB	Tab	60	
RANITIDINE (ZANTAC) 150MG TAB	Tab	10758	
RANITIDINE (ZANTAC) USM 300MG TAB	Tab	345	
READYLANCE SAFETY LANCETS 23G/1.8MM	Box	150	
RENAL CAPS (NEPHROCAPS) 1MG CAP	Cap	30	
RENU MULTIPURP CONTACT 354ML SOLUTION	BOTTLE	10	
REXULTI 1MG TAB	Tab	30	
REXULTI 2MG TAB	Tab	60	
RIBOFLAVIN (VIT B 2) 100MG TAB	Tab	360	
RIFAMPIN (RIFADIN) 300MG CAP	Cap	60	
RISPERIDONE (RISPERDAL) 0.25MG TAB	Tab	120	
RISPERIDONE (RISPERDAL) 0.5MG TAB	Tab	960	
RISPERIDONE (RISPERDAL) 1MG TAB	Tab	2160	
RISPERIDONE (RISPERDAL) 2MG TAB	Tab	1530	
RISPERIDONE (RISPERDAL) 3MG TAB	Tab	1470	
RISPERIDONE (RISPERDAL) 4MG TAB	Tab	480	
RISPERIDONE ODT(M) (RISPERDAL) 0.5MG TAB	Tab	90	
RISPERIDONE ODT(M) (RISPERDAL) 1MG TAB	Tab	180	
RISPERIDONE ODT(M) (RISPERDAL) 2MG TAB	Tab	150	
ROPINIROLE (REQUIP) 0.5MG TAB	Tab	60	
ROSUVASTATIN (CRESTOR) 10MG TAB	Tab	180	
ROSUVASTATIN (CRESTOR) 20MG TAB	Tab	60	
ROSUVASTATIN (CRESTOR) 40MG TAB	Tab	30	
RP AMLODIPINE 10MG TAB	Tab	30	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
RP CHLORDIAZEPOXIDE 25MG CAP	Cap	630	
RP CLINDAMYCIN 150MG CAP	Cap	300	
RP CLONIDINE 0.1MG TAB	Tab	60	
RP DIVALPROEX SOD DR 500MG TAB	Tab	90	
RP HALOPERIDOL 5MG TAB	Tab	30	
RP HCTZ 25MG TAB	Tab	180	
RP LEVETIRACETAM 500MG TAB	Tab	30	
RP LISINOPRIL 20MG TAB	Tab	30	
RP METFORMIN 500MG TAB	Tab	210	
RP METOPROLOL 25MG TAB	Tab	30	
RP ONDANSETRON 4MG TAB	Tab	90	
RP SMZ-TMP DS 800/160MG TAB	Tab	480	
SALINE NASAL SPRAY 0.65% 45ML SPR	BOTTLE	5	
SENNA LAXATIVE 8.6MG TAB	Tab	120	
SENNA-S (DOC- Q- LAX) TAB	Tab	690	
SENSIPAR 30MG TAB	Tab	60	
SERTRALINE (ZOLOFT) 100MG TAB	Tab	4035	
SERTRALINE (ZOLOFT) 25MG TAB	Tab	270	
SERTRALINE (ZOLOFT) 50MG TAB	Tab	9127	
SEVELAMER CARB (REVELA) 800MG TAB	Tab	270	
SIMVASTATIN (ZOCOR) 10MG TAB	Tab	60	
SIMVASTATIN (ZOCOR) 20MG TAB	Tab	330	
SIMVASTATIN (ZOCOR) 40MG TAB	Tab	540	
SMZ/TMP *SINGLE STRENGTH* 400-80MG TAB	Tab	30	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
SMZ/TMP DS 800-160MG TAB	Tab	19354	
SOD CHLORIDE BAG 0.9% 1000ML	bag	40	
SOD CHLORIDE BAG 0.9% 250ML	bag	40	
SOD CHLORIDE OPTH 5% 3.5ML OINTMENT	Tube	4	
SOTALOL (BETAPACE) 80MG TAB	Tab	180	
SPIRIVA 30 CAP HANDIHALER 18MCG CAP	Cap	210	
SPIRIVA RESPIMAT 4GM 2.5MCG	Inhaler	10	
SPIRONOLACTONE (ALDACTONE) 25MG TAB	Tab	255	
SPIRONOLACTONE (ALDACTONE) 50MG TAB	Tab	240	
SPIRONOLACTONE/HCTZ 25MG/25MG TAB	Tab	60	
SPRINTEC 0.25/0.035MG TAB	Tab	28	
SSD 1% 50GM CREAM	BOTTLE	3	
STERILE WATER FOR INJECTION	50 ML Vial	10	
SUCRALFATE (CARAFATE) 1GM TAB	Tab	270	
SYMBICORT 120 10.2GM 160-4.5MCG INHALER	Inhaler	30	
SYMBICORT 60 6.9 GM 80-4.5MCG INHALER	Inhaler	2	
TACROLIMUS (PROGRAF) 0.5MG CAP	Cap	60	
TAMSULOSIN (FLOMAX) 0.4MG CAP	Cap	1221	
TEKTRNA TABLETS 150MG TAB	Tab	30	
TENOFOVIR (VIREAD) 300MG TAB	Tab	150	
TERAZOSIN (HYTRIN) 1MG CAP	Cap	60	
TERAZOSIN (HYTRIN) 5MG CAP	Cap	120	
TERCONAZOLE VAG (TERAZOL) 0.4% 45GM CREAM	Tube	90	
TERCONAZOLE VAG CR (TERAZOL) 0.8% CREAM	Tube	20	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
TETRACAINE 15ML 0.5% DROP	Bottle	20	
THEO-24 ER 200MG CAP	Cap	180	
THEOPHYLLINE ER (THEO-DUR) 300MG TAB	Tab	60	
THERA-M TAB	Tab	90	
THEREMS-M TAB	Tab	60	
THIAMINE (VIT B-1) 100MG TAB	Tab	540	
TIVICAY 50MG TAB	Tab	210	
TOBRAMYCI/DEX 0.3-0.1% SUSPENSION	5 ML BOTTLE	5	
TOBRAMYCIN OPTH (TOBREX) 0.3% 5 ML DROP	5 ML BOTTLE	50	
TOLNAFTATE 15GM (TINACTIN) 1% CREAM	Bottle	150	
TOLNAFTATE 45GM (TINACTIN) 1% POWDER	Bottle	5	
TOPIRAMATE (TOPAMAX) 100MG TAB	Tab	840	
TOPIRAMATE (TOPAMAX) 200MG TAB	Tab	240	
TOPIRAMATE (TOPAMAX) 25MG TAB	Tab	1050	
TOPIRAMATE (TOPAMAX) 50MG TAB	Tab	1575	
TORSEMIDE 100MG TAB	Tab	60	
TRADJENTA 5MG TAB	Tab	30	
TRAZODONE (DESYREL) 100MG TAB	Tab	90	
TRIAM/HCTZ (DYAZIDE) 37.5/25MG CAP	Cap	120	
TRIAM/HCTZ(MAXZIDE) 37.5/25MG TAB	Tab	270	
TRIAMCINOLONE (KENALOG) 0.1% 454GM CREAM	Tube	4	
TRIAMCINOLONE (KENALOG) 0.1% 454GM OINTMENT	JAR	2	
TRIAMCINOLONE (PLASTIC TUBE) 0.1% 80GM CREAM	80 GM Tube	4	
TRIAMCINOLONE 0.1% OINTMENT	80 GM Tube	8	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
TRIAMCINOLONE 0.1% OINTMENT	15 GM Tube	4	
TRIMETHOPRIM (PRIMSOL) 100MG TAB	Tab	15	
TRINTELLIX 10MG TAB	Tab	120	
TRINTELLIX 20MG TAB	Tab	180	
TRINTELLIX 5MG TAB	Tab	30	
TRIUMEQ 600/50/300MG TAB	Tab	180	
TRUVADA 200/300MG TAB	Tab	30	
TUBERSOL 5 TU 50 TEST 5ML INJECTION	Vial	10	
TUDORZA (30 DOSES) 400MCG INHALER	Inhaler	5	
VALACYCLOVIR (VALTREX) 1000MG TAB	Tab	79	
VALACYCLOVIR (VALTREX) 500MG TAB	Tab	40	
VALPROIC ACID (DEPAKENE) 250MG CAP	Cap	1320	
VALSARTAN (DIOVAN) 160MG TAB	Tab	60	
VALSARTAN (DIOVAN) 40MG TAB	Tab	30	
VALSARTAN (DIOVAN) 80MG TAB	Tab	90	
VALSARTAN 320MG TAB	Tab	60	
VALSARTAN/HCTZ 320/25MG TAB	Tab	30	
VANCOMYCIN 125MG CAP	Cap	56	
VASCEPA 1GM CAP	Cap	120	
VENLAFAXINE CAPS ER (EFFEXOR) 150MG CAP	Cap	1980	
VENLAFAXINE CAPS ER (EFFEXOR) 75MG CAP	Cap	3570	
VENLAFAXINE ER 37.5MG ER CAP	Cap	30	
VENLAFAXINE HCL ER 225MG ER TAB	Tab	120	
VENLAFAXINE TABLET (EFFEXOR) 100MG TAB	Tab	510	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
VENLAFAXINE TABLET (EFFEXOR) 37.5MG TAB	Tab	7	
VENLAFAXINE TABLET (EFFEXOR) 50MG TAB	Tab	210	
VENLAFAXINE TABLET (EFFEXOR) 75MG TAB	Tab	2952	
VENTOLIN HFA **8GM** 90MCG INHALER	Inhaler	15	
VENTOLIN HFA 18GM (USM) 90MCG INHALER	Inhaler	10	
VERAPAMIL ER (CALAN) 120MG TAB	Tab	30	
VERAPAMIL ER (CALAN) 180MG TAB	Tab	30	
VESICARE 10MG TAB	Tab	30	
VIIBRYD 40MG TAB	Tab	210	
VISINE A 15 ML DROP	Bottle	5	
VISINE AC 15 ML DROP	Bottle	5	
VISINE TEARS DRY EYE 15 ML DROP	Bottle	5	
VIT B COMPLEX CAP	Cap	60	
VIT B-100 COMPLEX/FA 0.4MG 100MG TAB	Tab	30	
VIT B-12 1000MCG TAB	Tab	30	
VIT B-12 100MCG TAB	Tab	30	
VIT B-12 250MCG TAB	Tab	60	
VIT B-12 500MCG TAB	Tab	60	
VIT B-6 (PYRIDOXINE) 100MG TAB	Tab	30	
VIT B-6 (PYRIDOXINE) 25MG TAB	Tab	150	
VIT B-6 (PYRIDOXINE) 50MG TAB	Tab	30	
VIT D (ERGOCALCI) 50K IU CAP	Cap	96	
VIT D 400IU TAB	Tab	60	
VIT D-3 1000 IU TAB	Tab	780	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
VIT D3 2000 IU TAB	Tab	90	
VIT D3 5000 IU TAB	Tab	480	
VIT D3 5000IU CAP	Cap	180	
VITAMIN B-12 TIME RELEASE 1000MCG TAB	Tab	60	
VITAMIN D3 10000IU CAP	Cap	30	
VITAMIN D3 2000 IU CAP	Cap	210	
VRAYLAR 1.5MG CAP	Cap	30	
VRAYLAR 3MG CAP	Cap	30	
WARFARIN (COUMADIN) 3MG TAB	Tab	210	
WARFARIN (COUMADIN) 7.5MG TAB	Tab	102	
WARFARIN 4MG TAB	Tab	240	
WARFARIN SOD (COUMADIN) 2MG TAB	Tab	144	
WARFARIN SOD (COUMADIN) 5MG TAB	Tab	286	
WARFARIN SOD 1MG TAB	Tab	45	
WARFARIN SODIUM 10MG TAB	Tab	90	
WATER BACTERIOSTATIC	30 ML Vial	60	
XARELTO 15MG TAB	Tab	124	
XARELTO 20MG TAB	Tab	750	
XIFAXAN 550MG TAB	Tab	120	
XYLOCAINE 1% INJECTION	20 ML Vial	4	
ZENPEP 40 40,000UNITS CAP	Cap	360	
ZIPRASIDONE (GEODON) 20MG CAP	Cap	300	
ZIPRASIDONE (GEODON) 40MG CAP	Cap	180	
ZIPRASIDONE (GEODON) 60MG CAP	Cap	180	

MEDICATION	UNIT OF BID	PROJECTED QUANTITY TO BE ORDERED	Unit Cost
ZIPRASIDONE (GEODON) 80MG CAP	Cap	420	
ZONISAMIDE (ZONEGRAN) 100MG CAP	Cap	840	

ADDITIONAL BID SPECIFICATIONS

HOW MANY YEARS HAVE YOU BEEN IN BUSINESS?

DESCRIBE HOURS OF OPERATION:

DESCRIBE DELIVERY SCHEDULE FOR BOTH WEEKDAYS AND WEEKENDS:

ARE MULTIPLE DAILY DELIVERIES AVAILABLE?

DESCRIBE PROCEDURE FOR EMERGENCY BOX? ARE THERE ANY ADDITIONAL CHARGES?

WHAT EDUCATIONAL PROGRAMS/IN SERVICES COULD YOU PROVIDE?

CAN YOU PROVIDE AND SUPPORT ELECTRONIC MEDICAL ADMINISTRATION RECORDS? ARE THERE ANY ADDITIONAL COST FOR EMARS? We currently use Correc Tek for our EMR. Can your software interface with CorrecTek?

WOULD YOU PROVIDE COMPLIANCE PACKAGING OF MEDICATIONS THAT WOULD ALLOW FOR UNUSED MEDICATIONS RETURNED FOR CREDIT? (With no additional cost to BCSO)

DESCRIBE CHECKS AND BALANCES SYSTEM IN PLACE TO ASSURE QUALITY CONTROL SYSTEM:

DESCRIBE WHAT SUPPORT STAFF WOULD BE AVAILABLE TO THE BUTLER COUNTY SHERIFF'S OFFICE:

ACCREDITATIONS:

ARE THERE ANY ADDITIONAL COSTS THAT WOULD BE CHARGED TO THE JAIL FOR ANY ADDITIONAL SERVICES?

WOULD YOUR ORGANIZATION PROVIDE DETAILED INVOICES FROM YOUR WHOLESALER TO SUPPORT INVOICE COSTS TO BCSO – UPON REQUEST?

Butler County Ohio
Substitute Form W9 / Ohio Reporting Form
Request for Taxpayer Identification Number and Certification

In order to maintain Butler County's supplier records in compliance with the Internal Revenue Service regulation 1.0641-1 and Ohio Revised Code section 3121.89-3121.8911, please **complete** and return by **email to AP@butlercountyohio.org** or by **mail to:**

Auditor of Butler County
130 High Street, Fiscal Services Dept.
Hamilton, OH 45011

To **properly complete** the form, the following information must be provided:

1. Part I, line 1, enter the business owner's name (if applicable), part 1, line 2, business name (if applicable), federal tax classification, and address.
2. Part II, you must provide either a Taxpayer Identification Number (TIN) or Social Security Number (SSN)
3. Part III, **you must check "Yes" or "No"** to the question about providing goods or services as the sole owner of your business. If you check the **"Yes"** box to indicate that you are the sole owner, you must provide your name, the first date of providing goods or services for Butler County, **birth date**, and **description** of the type of good or service you will provide the county.
4. Part IV, you must answer this question if Part III is answered "Yes". Answer "Yes" only if you are receiving retirement or disability payments from Ohio Public Employees Retirement System (OPERS) or any other Ohio pension system (SERS, STRS etc)
5. Part V, **sign** the form and **enter today's date**.

For definitions of Part I and II of this form, please refer to IRS Form W-9.

Part I Business Ownership and Address Information	
Name (as shown on your income tax return). DO NOT LEAVE BLANK. If you are an individual or file under your name put your name here.	
Business name/disregarded entity name, if different from above.	
Check appropriate box for federal tax classification: (check only one box) If Individual PART III below is ALWAYS "YES"	
<input type="checkbox"/> Individual/Sole Proprietor (or single-member LLC) <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate	
<input type="checkbox"/> Limited Liability Company – Tax classification (C = C Corp, S = S Corp, P = Partnership) _____	
<input type="checkbox"/> Other _____ <input type="checkbox"/> Exempt from backup withholding	
Address Line 1 (number, street, and apt. or suite no.)	
Address Line 2	
City, state, and ZIP code	
Requestor's name and address: Auditor of Butler County 130 High Street, 4th Floor Hamilton, OH 45011	

NOTE: Check the appropriate box for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Part II Taxpayer Identification Number (TIN) and Social Security Number (SSN)	
For suppliers that have a TIN, this must be entered. For individuals, sole proprietors, and corporations owned by an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name. You may enter your business or DBA name on the Business name line.	
Taxpayer Identification Number (TIN): [] [] - [] [] [] [] [] [] [] []	
and / or	
Social Security Number (SSN): [] [] [] - [] [] [] [] [] [] [] []	

Part III Additional Information Required by the State of Ohio for Independent Contractors			
Will you receive payments from Butler County as either an individual, sole owner of a business, or single-member LLC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" is checked, you MUST complete the information below for name, date good or service provided, birth date, and description of the nature of your financial transactions with the county.	
Printed first name, middle initial, and last name	Date good or service provided (MM / DD / YY) / /	Birth date (MM / DD / YY) / /	
Describe the Nature of the transactions you will be engaged in with Butler County			

Part IV Additional Information Required by the State of Ohio for Public Employees			
Are you currently receiving a pension benefit from Ohio Public Employees Retirement System (OPERS) or any other Ohio retirement system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you are an individual, the sole owner of your business, a single-member LLC, or a disregarded entity and have answered Part III "Yes", you must answer this question "Yes" or "No". If you answer "Yes" please fill out the SR-6 Form (Notice of Re-Employment of an OPERS Benefit Recipient)	

Part V Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).	
2. I am not subject to backup withholding because, (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.	
3. I am a US person (including a US resident alien).	
<u>Certification Instructions:</u> You must cross out exempt from backup withholding above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.	
The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.	
Signature of U.S. person _____	Date _____



The Butler County Auditor's Office offers the ability for vendors to receive payments from the County electronically, rather than by check. Payments can be deposited into a checking or savings account of your choice. In addition, you will be notified of the deposit by e-mail. The e-mail will provide all the information that would normally print on the check stub. To receive payments electronically, you must complete this form and return to the address above with a voided check or bank letter containing routing/account information. The first payment processed after we receive all documentation will continue to be a paper check. Once we are able to verify the banking information provided, via the prenote process, all future payments will be sent electronically.

Action:	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE/UPDATE	<input type="checkbox"/> INACTIVATE
Payee Name:			Phone No:
Taxpayer ID:	<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Butler County Employee:	YES <input type="checkbox"/> NO <input type="checkbox"/>
SSN:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Address:			
E-mail (Required):			
Bank Name:			
Bank Routing Number:	<input type="checkbox"/> Savings Acct No:		
	<input type="checkbox"/> Checking Account No:		

ATTACH VOIDED CHECK OR A BANK LETTER CONTAINING ACCOUNT AND ROUTING INFORMATION

Authorization: This authorizes the Butler County Auditor's Office to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account indicated above and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. I understand and accept the conditions of participation in the direct deposit program.

This authorization will be in effect until the Butler County Auditor's Office receives a written termination notice from myself and has a reasonable opportunity to act on it.

Print Name	Title:
Signature:	Date:



NON-MEMBER ACKNOWLEDGMENT

Ohio Public Employees Retirement System
277 East Town Street, Columbus, Ohio 43215-4642

Employer Services: 1-888-400-0965
www.opers.org

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee (e.g., you are an independent contractor) and will not have contributions made to OPERS.

Employer: Please complete Step 2. The form must be completed and returned to the retirement system no later than 30 days after the individual begins providing personal services to the public employer. You may fax the completed form to 614-857-1152 or email to employeroutreach@opers.org.

If the individual providing this service is receiving a benefit from OPERS, you must submit the Notice of Re-employment or Contract Services of an OPERS Benefit Recipient, form SR-6, in addition to the Non-Member Acknowledgement, form PEDACKN, for the service listed below. Failure to submit the SR-6 form timely may result in an overpayment of pension billed to the employer.

STEP 1: Personal Information

First Name

MI

Last Name

[Redacted]

Date of Birth: Month Day Year

[Redacted] / [Redacted] / [Redacted]

STEP 2: Public Employer Information (To be completed by the Public Employer)

Name of Public Employer for which individual is providing personal services

B U T L E R C O U N T Y

Employer Contact

First Name

MI

Last Name

J I L L

M

C O L E

Employer Code

2 0 2 5

Employer Contact Phone Number

5 1 3 — 8 8 7 — 3 1 5 5

Service Provided to Public Employer

Start Date of Service

Month Day Year

[Redacted] / [Redacted] / [Redacted]

End Date of Service

Month Day Year

[Redacted] / [Redacted] / [Redacted]

STEP 3: Acknowledgment

The public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee. Ohio law requires that you acknowledge in writing that you have been informed that the public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee for the services described in Step 2 and that you have been advised that contributions to OPERS will not be made on your behalf for these services.

If you disagree with the public employer's classification, you may contact OPERS to request a determination as to whether you are a public employee eligible for OPERS contributions for this service. Ohio law provides that a request for a determination must be made within five years after you begin providing personal services to the public employer, unless you are able to demonstrate through medical records to the Board's satisfaction that at the time the five-year period ended, you were physically or mentally incapacitated and unable to request a determination.

By signing this form, you are acknowledging that the public employer for whom you are providing personal services has informed you that you have been classified as an independent contractor or another classification other than a public employee and that no contributions will be remitted to OPERS for the personal services you provide to the public employer. This acknowledgment will remain valid as long as you continue to provide the same services to the same employer with no break in service regardless of whether the initial contract period is extended by any additional agreement of the parties. You also acknowledge that you understand you have the right to request a determination of your eligibility for OPERS membership if you disagree with the public employer's classification. A copy of this form must be sent to OPERS.

Signature _____ Today's Date _____
Do not print or type name

CIVIL RIGHTS COMPLIANCE

Vendor agrees that in the performance of this agreement there shall be no discrimination against an employee because of race, color, sex, religion, national origin, or any other factor as specified in the Civil Rights Act of 1964 and subsequent amendments.

Signature of Representative of Vendor

Name of Company

Date

Attachment A

DELINQUENT PERSONAL PROPERTY TAX AFFIDAVIT
(This Affidavit Must Be Executed For The Bid To Be Considered)

STATE OF OHIO)
)ss.
COUNTY OF _____)

I, _____,
 (name of party signing affidavit) (title)
having affirmed under oath that at the time of bid for _____ to be opened
 (Project or Item Bid)
 _____, was submitted on _____, delinquent personal property
 (Date) (Date)
taxes in the amount of \$ _____ (_____ Dollars)
were due and unpaid to the County of Butler including the interest in the amount of \$ _____
 (_____ Dollars) and penalties in the amount of
 \$ _____ (_____ Dollars). This document
when given to the County Auditor shall satisfy the requirements of ORC 5719.042.

(Name of Individual Company)

(Taxes Filed Under the Name of)

(Signature)

(Complete Address)

(Telephone)

Sworn to and subscribed before me this _____ day of _____, _____.

SEAL

NOTARY PUBLIC
My commission expires _____

