



State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER

BHS14012

PAGE

1

ADDRESS CORRESPONDENCE TO ATTENTION OF:

ROBERTA WAGNER
304-558-0067

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UniqCare Pharmacy
3538 Teays Valley Rd.
Hurricane, WV 25526

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HEALTH AND HUMAN RESOURCES
VARIOUS LOCALES AS
INDICATED BY ORDER

DATE PRINTED

07/10/2013

BID OPENING DATE:

08/15/2013

BID OPENING TIME

1:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	YR		270-00		
BLANKET CONTRACT FOR PHARMACY SERVICES & SUPPLIES						
VENDOR TO PROVIDE BASIC PHARMACY SERVICES AND SUPPLIES FOR RESIDENTS OF THE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES (WVDHHR), STATE OWNED LONG TERM FACILITIES WHICH INCLUDES: JACKIE WITHROW HOSPITAL, LAKIN HOSPITAL, HOPEMONT HOSPITAL, WELCH COMMUNITY HOSPITAL (LTC UNITS ONLY), AND JOHN MANCHIN SR. HEALTH CARE CENTER.						
***** THIS IS THE END OF RFQ BHS14012 ***** TOTAL:						
08/15/13 09:43:04 AM West Virginia Purchasing Division						
SIGNATURE						
TELEPHONE						
DATE						
TITLE						
FEIN						
ADDRESS CHANGES TO BE NOTED ABOVE						

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

INSTRUCTIONS TO VENDORS SUBMITTING BIDS

1. **REVIEW DOCUMENTS THOROUGHLY:** The attached documents contain a solicitation for bids. Please read these instructions and all documents attached in their entirety. These instructions provide critical information about requirements that if overlooked could lead to disqualification of a Vendor's bid. All bids must be submitted in accordance with the provisions contained in these instructions and the Solicitation. Failure to do so may result in disqualification of Vendor's bid.
2. **MANDATORY TERMS:** The Solicitation may contain mandatory provisions identified by the use of the words "must," "will," and "shall." Failure to comply with a mandatory term in the Solicitation will result in bid disqualification.
3. **PREBID MEETING:** The item identified below shall apply to this Solicitation.

☐ A pre-bid meeting will not be held prior to bid opening.

☐ A **NON-MANDATORY PRE-BID** meeting will be held at the following place and time:

☒ A **MANDATORY PRE-BID** meeting will be held at the following place and time:

July 23, 2013 @ 10:00 A.M.

Room # 342A
Bureau for Behavioral Health and Health Facilities
350 Capitol Street
Charleston, WV

All Vendors submitting a bid must attend the mandatory pre-bid meeting. Failure to attend the mandatory pre-bid meeting shall result in disqualification of the Vendor's bid. No one person attending the pre-bid meeting may represent more than one Vendor.

An attendance sheet provided at the pre-bid meeting shall serve as the official document verifying attendance. The State will not accept any other form of proof or documentation to verify attendance. Any person attending the pre-bid meeting on behalf of a Vendor must list on the attendance sheet his or her name and the name of the Vendor he or she is representing. Additionally, the person attending the pre-bid meeting should include the Vendor's E-Mail address, phone number, and Fax number on the attendance sheet. It is the Vendor's responsibility to locate the attendance sheet and provide the required

information. Failure to complete the attendance sheet as required may result in disqualification of Vendor's bid.

All Vendors should arrive prior to the starting time for the pre-bid. Vendors who arrive after the starting time but prior to the end of the pre-bid will be permitted to sign in, but are charged with knowing all matters discussed at the pre-bid.

Questions submitted at least five business days prior to a scheduled pre-bid will be discussed at the pre-bid meeting if possible. Any discussions or answers to questions at the pre-bid meeting are preliminary in nature and are non-binding. Official and binding answers to questions will be published in a written addendum to the Solicitation prior to bid opening.

4. **VENDOR QUESTION DEADLINE:** Vendors may submit questions relating to this Solicitation to the Purchasing Division. Questions must be submitted in writing. All questions must be submitted on or before the date listed below and to the address listed below in order to be considered. A written response will be published in a Solicitation addendum if a response is possible and appropriate. Non-written discussions, conversations, or questions and answers regarding this Solicitation are preliminary in nature and are non-binding.

Question Submission Deadline: 07/31/2013 - end of business day

Submit Questions to:

Roberta A. Wagner

2019 Washington Street, East

P.O. Box 50130

Charleston, WV 25305

Fax: 304-558-4115

Email: roberta.a.wagner@wv.gov

5. **VERBAL COMMUNICATION:** Any verbal communication between the Vendor and any State personnel is not binding, including that made at the mandatory pre-bid conference. Only information issued in writing and added to the Solicitation by an official written addendum by the Purchasing Division is binding.
6. **BID SUBMISSION:** All bids must be signed and delivered by the Vendor to the Purchasing Division at the address listed below on or before the date and time of the bid opening. Any bid received by the Purchasing Division staff is considered to be in the possession of the Purchasing Division and will not be returned for any reason. The bid delivery address is:

Department of Administration, Purchasing Division
2019 Washington Street East
P.O. Box 50130,
Charleston, WV 25305-0130

The bid should contain the information listed below on the face of the envelope or the bid may not be considered:

SEALED BID

BUYER: _____
 SOLICITATION NO.: _____
 BID OPENING DATE: _____
 BID OPENING TIME: _____
 FAX NUMBER: _____

In the event that Vendor is responding to a request for proposal, the Vendor shall submit one original technical and one original cost proposal plus convenience copies of each to the Purchasing Division at the address shown above. Additionally, the Vendor should identify the bid type as either a technical or cost proposal on the face of each bid envelope submitted in response to a request for proposal as follows:

BID TYPE: ☐ Technical
 ☐ Cost

7. **BID OPENING:** Bids submitted in response to this Solicitation will be opened at the location identified below on the date and time listed below. Delivery of a bid after the bid opening date and time will result in bid disqualification. For purposes of this Solicitation, a bid is considered delivered when time stamped by the official Purchasing Division time clock.

Bid Opening Date and Time:

August 15, 2013 @ 1:30 P.M.

Bid Opening Location:

Department of Administration, Purchasing Division
 2019 Washington Street East
 P.O. Box 50130,
 Charleston, WV 25305-0130

8. **ADDENDUM ACKNOWLEDGEMENT:** Changes or revisions to this Solicitation will be made by an official written addendum issued by the Purchasing Division. Vendor should acknowledge receipt of all addenda issued with this Solicitation by completing an Addendum Acknowledgment Form, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.
9. **BID FORMATTING:** Vendor should type or electronically enter the information onto its bid to prevent errors in the evaluation. Failure to type or electronically enter the information may result in bid disqualification.

GENERAL TERMS AND CONDITIONS:

1. **CONTRACTUAL AGREEMENT:** Issuance of a Purchase Order signed by the Purchasing Division Director, or his designee, and approved as to form by the Attorney General's office constitutes acceptance of this Contract made by and between the State of West Virginia and the Vendor. Vendor's signature on its bid signifies Vendor's agreement to be bound by and accept the terms and conditions contained in this Contract.
2. **DEFINITIONS:** As used in this Solicitation / Contract, the following terms shall have the meanings attributed to them below. Additional definitions may be found in the specifications included with this Solicitation / Contract.
 - 2.1 **"Agency" or "Agencies"** means the agency, board, commission, or other entity of the State of West Virginia that is identified on the first page of the Solicitation or any other public entity seeking to procure goods or services under this Contract.
 - 2.2 **"Contract"** means the binding agreement that is entered into between the State and the Vendor to provide the goods and services requested in the Solicitation.
 - 2.3 **"Director"** means the Director of the West Virginia Department of Administration, Purchasing Division.
 - 2.4 **"Purchasing Division"** means the West Virginia Department of Administration, Purchasing Division.
 - 2.5 **"Purchase Order"** means the document signed by the Agency and the Purchasing Division, and approved as to form by the Attorney General, that identifies the Vendor as the successful bidder and Contract holder.
 - 2.6 **"Solicitation"** means the official solicitation published by the Purchasing Division and identified by number on the first page thereof.
 - 2.7 **"State"** means the State of West Virginia and/or any of its agencies, commissions, boards, etc. as context requires.
 - 2.8 **"Vendor" or "Vendors"** means any entity submitting a bid in response to the Solicitation, the entity that has been selected as the lowest responsible bidder, or the entity that has been awarded the Contract as context requires.

3. **CONTRACT TERM; RENEWAL; EXTENSION:** The term of this Contract shall be determined in accordance with the category that has been identified as applicable to this Contract below:

☒ **Term Contract**

Initial Contract Term: This Contract becomes effective on

upon award

 and extends for a period of

one (1)

 year(s).

Renewal Term: This Contract may be renewed upon the mutual written consent of the Agency, and the Vendor, with approval of the Purchasing Division and the Attorney General's office (Attorney General approval is as to form only). Any request for renewal must be submitted to the Purchasing Division Director thirty (30) days prior to the expiration date of the initial contract term or appropriate renewal term. A Contract renewal shall be in accordance with the terms and conditions of the original contract. Renewal of this Contract is limited to

two (2)

 successive one (1) year periods. Automatic renewal of this Contract is prohibited. Notwithstanding the foregoing, Purchasing Division approval is not required on agency delegated or exempt purchases. Attorney General approval may be required for vendor terms and conditions.

Reasonable Time Extension: At the sole discretion of the Purchasing Division Director, and with approval from the Attorney General's office (Attorney General approval is as to form only), this Contract may be extended for a reasonable time after the initial Contract term or after any renewal term as may be necessary to obtain a new contract or renew this Contract. Any reasonable time extension shall not exceed twelve (12) months. Vendor may avoid a reasonable time extension by providing the Purchasing Division Director with written notice of Vendor's desire to terminate this Contract 30 days prior to the expiration of the then current term. During any reasonable time extension period, the Vendor may terminate this Contract for any reason upon giving the Purchasing Division Director 30 days written notice. Automatic extension of this Contract is prohibited. Notwithstanding the foregoing, Purchasing Division approval is not required on agency delegated or exempt purchases, but Attorney General approval may be required.

- ☐ **Fixed Period Contract:** This Contract becomes effective upon Vendor's receipt of the notice to proceed and must be completed within

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 days.
- ☐ **One Time Purchase:** The term of this Contract shall run from the issuance of the Purchase Order until all of the goods contracted for have been delivered, but in no event shall this Contract extend for more than one fiscal year.
- ☐ **Other:** See attached.

4. **NOTICE TO PROCEED:** Vendor shall begin performance of this Contract immediately upon receiving notice to proceed unless otherwise instructed by the Agency. Unless otherwise specified, the fully executed Purchase Order will be considered notice to proceed
5. **QUANTITIES:** The quantities required under this Contract shall be determined in accordance with the category that has been identified as applicable to this Contract below.
- ☒ **Open End Contract:** Quantities listed in this Solicitation are approximations only, based on estimates supplied by the Agency. It is understood and agreed that the Contract shall cover the quantities actually ordered for delivery during the term of the Contract, whether more or less than the quantities shown.
- ☐ **Service:** The scope of the service to be provided will be more clearly defined in the specifications included herewith.
- ☐ **Combined Service and Goods:** The scope of the service and deliverable goods to be provided will be more clearly defined in the specifications included herewith.
- ☐ **One Time Purchase:** This Contract is for the purchase of a set quantity of goods that are identified in the specifications included herewith. Once those items have been delivered, no additional goods may be procured under this Contract without an appropriate change order approved by the Vendor, Agency, Purchasing Division, and Attorney General's office.
6. **PRICING:** The pricing set forth herein is firm for the life of the Contract, unless specified elsewhere within this Solicitation/Contract by the State. A Vendor's inclusion of price adjustment provisions in its bid, without an express authorization from the State in the Solicitation to do so, may result in bid disqualification.
7. **EMERGENCY PURCHASES:** The Purchasing Division Director may authorize the Agency to purchase goods or services in the open market that Vendor would otherwise provide under this Contract if those goods or services are for immediate or expedited delivery in an emergency. Emergencies shall include, but are not limited to, delays in transportation or an unanticipated increase in the volume of work. An emergency purchase in the open market, approved by the Purchasing Division Director, shall not constitute of breach of this Contract and shall not entitle the Vendor to any form of compensation or damages. This provision does not excuse the State from fulfilling its obligations under a One Time Purchase contract.
8. **REQUIRED DOCUMENTS:** All of the items checked below must be provided to the Purchasing Division by the Vendor as specified below.
- ☐ **BID BOND:** All Vendors shall furnish a bid bond in the amount of five percent (5%) of the total amount of the bid protecting the State of West Virginia. The bid bond must be submitted with the bid.

☐ **PERFORMANCE BOND:** The apparent successful Vendor shall provide a performance bond in the amount of . The performance bond must be issued and received by the Purchasing Division prior to Contract award. On construction contracts, the performance bond must be 100% of the Contract value.

☐ **LABOR/MATERIAL PAYMENT BOND:** The apparent successful Vendor shall provide a labor/material payment bond in the amount of 100% of the Contract value. The labor/material payment bond must be issued and delivered to the Purchasing Division prior to Contract award.

In lieu of the Bid Bond, Performance Bond, and Labor/Material Payment Bond, the Vendor may provide certified checks, cashier's checks, or irrevocable letters of credit. Any certified check, cashier's check, or irrevocable letter of credit provided in lieu of a bond must be of the same amount and delivered on the same schedule as the bond it replaces. A letter of credit submitted in lieu of a performance and labor/material payment bond will only be allowed for projects under \$100,000. Personal or business checks are not acceptable.

☐ **MAINTENANCE BOND:** The apparent successful Vendor shall provide a two (2) year maintenance bond covering the roofing system. The maintenance bond must be issued and delivered to the Purchasing Division prior to Contract award.

☒ **WORKERS' COMPENSATION INSURANCE:** The apparent successful Vendor shall have appropriate workers' compensation insurance and shall provide proof thereof upon request.

☒ **INSURANCE:** The apparent successful Vendor shall furnish proof of the following insurance prior to Contract award:

☒ **Commercial General Liability Insurance:**
 \$ 1,000,000.00 or more.

☐ **Builders Risk Insurance:** builders risk – all risk insurance in an amount equal to 100% of the amount of the Contract.

☒ Professional Liability Insurance - \$ 1,000,000.00 or more

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The apparent successful Vendor shall also furnish proof of any additional insurance requirements contained in the specifications prior to Contract award regardless of whether or not that insurance requirement is listed above.

- [✓] LICENSE(S) / CERTIFICATIONS / PERMITS:** In addition to anything required under the Section entitled Licensing, of the General Terms and Conditions, the apparent successful Vendor shall furnish proof of the following licenses, certifications, and/or permits prior to Contract award, in a form acceptable to the Purchasing Division.

<input checked="" type="checkbox"/>	State of WV Board of Pharmacy Registered Pharmacist License
<input checked="" type="checkbox"/>	State of WV Board of Pharmacy Registered Pharmacy Technician Certificate
<input type="checkbox"/>	
<input type="checkbox"/>	

The apparent successful Vendor shall also furnish proof of any additional licenses or certifications contained in the specifications prior to Contract award regardless of whether or not that requirement is listed above.

- 9. LITIGATION BOND:** The Director reserves the right to require any Vendor that files a protest of an award to submit a litigation bond in the amount equal to one percent of the lowest bid submitted or \$5,000, whichever is greater. The entire amount of the bond shall be forfeited if the hearing officer determines that the protest was filed for frivolous or improper purpose, including but not limited to, the purpose of harassing, causing unnecessary delay, or needless expense for the Agency. All litigation bonds shall be made payable to the Purchasing Division. In lieu of a bond, the protester may submit a cashier's check or certified check payable to the Purchasing Division. Cashier's or certified checks will be deposited with and held by the State Treasurer's office. If it is determined that the protest has not been filed for frivolous or improper purpose, the bond or deposit shall be returned in its entirety.
- 10. ALTERNATES:** Any model, brand, or specification listed herein establishes the acceptable level of quality only and is not intended to reflect a preference for, or in any way favor, a particular brand or vendor. Vendors may bid alternates to a listed model or brand provided that the alternate is at least equal to the model or brand and complies with the required specifications. The equality of any alternate being bid shall be determined by the State at its sole discretion. Any Vendor bidding an alternate model or brand should clearly identify the alternate items in its bid and should include manufacturer's specifications, industry literature, and/or any other relevant documentation demonstrating the equality of the alternate items. Failure to provide information for alternate items may be grounds for rejection of a Vendor's bid.
- 11. EXCEPTIONS AND CLARIFICATIONS:** The Solicitation contains the specifications that shall form the basis of a contractual agreement. Vendor shall clearly mark any exceptions, clarifications, or

other proposed modifications in its bid. Exceptions to, clarifications of, or modifications of a requirement or term and condition of the Solicitation may result in bid disqualification.

12. LIQUIDATED DAMAGES: Vendor shall pay liquidated damages in the amount

	for	

This clause shall in no way be considered exclusive and shall not limit the State or Agency's right to pursue any other available remedy.

- 13. ACCEPTANCE/REJECTION:** The State may accept or reject any bid in whole, or in part. Vendor's signature on its bid signifies acceptance of the terms and conditions contained in the Solicitation and Vendor agrees to be bound by the terms of the Contract, as reflected in the Purchase Order, upon receipt.
- 14. REGISTRATION:** Prior to Contract award, the apparent successful Vendor must be properly registered with the West Virginia Purchasing Division and must have paid the \$125 fee if applicable.
- 15. COMMUNICATION LIMITATIONS:** In accordance with West Virginia Code of State Rules §148-1-6.6, communication with the State of West Virginia or any of its employees regarding this Solicitation during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited without prior Purchasing Division approval. Purchasing Division approval for such communication is implied for all agency delegated and exempt purchases.
- 16. FUNDING:** This Contract shall continue for the term stated herein, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise made available, this Contract becomes void and of no effect beginning on July 1 of the fiscal year for which funding has not been appropriated or otherwise made available.
- 17. PAYMENT:** Payment in advance is prohibited under this Contract. Payment may only be made after the delivery and acceptance of goods or services. The Vendor shall submit invoices, in arrears, to the Agency at the address on the face of the purchase order labeled "Invoice To."
- 18. UNIT PRICE:** Unit prices shall prevail in cases of a discrepancy in the Vendor's bid.
- 19. DELIVERY:** All quotations are considered freight on board destination ("F.O.B. destination") unless alternate shipping terms are clearly identified in the bid. Vendor's listing of shipping terms that contradict the shipping terms expressly required by this Solicitation may result in bid disqualification.
- 20. INTEREST:** Interest attributable to late payment will only be permitted if authorized by the West Virginia Code. Presently, there is no provision in the law for interest on late payments.
- 21. PREFERENCE:** Vendor Preference may only be granted upon written request and only in accordance with the West Virginia Code § 5A-3-37 and the West Virginia Code of State Rules. A Resident Vendor Certification form has been attached hereto to allow Vendor to apply for the preference. Vendor's

failure to submit the Resident Vendor Certification form with its bid will result in denial of Vendor Preference. Vendor Preference does not apply to construction projects.

- 22. SMALL, WOMEN-OWNED, OR MINORITY-OWNED BUSINESSES:** For any solicitations publicly advertised for bid on or after July 1, 2012, in accordance with West Virginia Code §5A-3-37(a)(7) and W. Va. CSR § 148-22-9, any non-resident vendor certified as a small, women-owned, or minority-owned business under W. Va. CSR § 148-22-9 shall be provided the same preference made available to any resident vendor. Any non-resident small, women-owned, or minority-owned business must identify itself as such in writing, must submit that writing to the Purchasing Division with its bid, and must be properly certified under W. Va. CSR § 148-22-9 prior to submission of its bid to receive the preferences made available to resident vendors. Preference for a non-resident small, women-owned, or minority owned business shall be applied in accordance with W. Va. CSR § 148-22-9.
- 23. TAXES:** The Vendor shall pay any applicable sales, use, personal property or any other taxes arising out of this Contract and the transactions contemplated thereby. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
- 24. CANCELLATION:** The Purchasing Division Director reserves the right to cancel this Contract immediately upon written notice to the vendor if the materials or workmanship supplied do not conform to the specifications contained in the Contract. The Purchasing Division Director may cancel any purchase or Contract upon 30 days written notice to the Vendor in accordance with West Virginia Code of State Rules § 148-1-7.16.2.
- 25. WAIVER OF MINOR IRREGULARITIES:** The Director reserves the right to waive minor irregularities in bids or specifications in accordance with West Virginia Code of State Rules § 148-1-4.6.
- 26. TIME:** Time is of the essence with regard to all matters of time and performance in this Contract.
- 27. APPLICABLE LAW:** This Contract is governed by and interpreted under West Virginia law without giving effect to its choice of law principles. Any information provided in specification manuals, or any other source, verbal or written, which contradicts or violates the West Virginia Constitution, West Virginia Code or West Virginia Code of State Rules is void and of no effect.
- 28. COMPLIANCE:** Vendor shall comply with all applicable federal, state, and local laws, regulations and ordinances. By submitting a bid, Vendors acknowledge that they have reviewed, understand, and will comply with all applicable law.
- 29. PREVAILING WAGE:** On any contract for the construction of a public improvement, Vendor and any subcontractors utilized by Vendor shall pay a rate or rates of wages which shall not be less than the fair minimum rate or rates of wages (prevailing wage), as established by the West Virginia Division of Labor under West Virginia Code §§ 21-5A-1 et seq. and available at <http://www.sos.wv.gov/administrative-law/wagerates/Pages/default.aspx>. Vendor shall be responsible for ensuring compliance with prevailing wage requirements and determining when prevailing wage

requirements are applicable. The required contract provisions contained in West Virginia Code of State Rules § 42-7-3 are specifically incorporated herein by reference.

- 30. ARBITRATION:** Any references made to arbitration contained in this Contract, Vendor's bid, or in any American Institute of Architects documents pertaining to this Contract are hereby deleted, void, and of no effect.
- 31. MODIFICATIONS:** This writing is the parties' final expression of intent. Notwithstanding anything contained in this Contract to the contrary, no modification of this Contract shall be binding without mutual written consent of the Agency, and the Vendor, with approval of the Purchasing Division and the Attorney General's office (Attorney General approval is as to form only). **No Change shall be implemented by the Vendor until such time as the Vendor receives an approved written change order from the Purchasing Division.**
- 32. WAIVER:** The failure of either party to insist upon a strict performance of any of the terms or provision of this Contract, or to exercise any option, right, or remedy herein contained, shall not be construed as a waiver or a relinquishment for the future of such term, provision, option, right, or remedy, but the same shall continue in full force and effect. Any waiver must be expressly stated in writing and signed by the waiving party.
- 33. SUBSEQUENT FORMS:** The terms and conditions contained in this Contract shall supersede any and all subsequent terms and conditions which may appear on any form documents submitted by Vendor to the Agency or Purchasing Division such as price lists, order forms, invoices, sales agreements, or maintenance agreements, and includes internet websites or other electronic documents. Acceptance or use of Vendor's forms does not constitute acceptance of the terms and conditions contained thereon.
- 34. ASSIGNMENT:** Neither this Contract nor any monies due, or to become due hereunder, may be assigned by the Vendor without the express written consent of the Agency, the Purchasing Division, the Attorney General's office (as to form only), and any other government agency or office that may be required to approve such assignments. Notwithstanding the foregoing, Purchasing Division approval may or may not be required on certain agency delegated or exempt purchases.
- 35. WARRANTY:** The Vendor expressly warrants that the goods and/or services covered by this Contract will: (a) conform to the specifications, drawings, samples, or other description furnished or specified by the Agency; (b) be merchantable and fit for the purpose intended; and (c) be free from defect in material and workmanship.
- 36. STATE EMPLOYEES:** State employees are not permitted to utilize this Contract for personal use and the Vendor is prohibited from permitting or facilitating the same.
- 37. BANKRUPTCY:** In the event the Vendor files for bankruptcy protection, the State of West Virginia may deem this Contract null and void, and terminate this Contract without notice.

38. [RESERVED]

39. CONFIDENTIALITY: The Vendor agrees that it will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the Agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the Agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/default.html>.

40. DISCLOSURE: Vendor's response to the Solicitation and the resulting Contract are considered public documents and will be disclosed to the public in accordance with the laws, rules, and policies governing the West Virginia Purchasing Division. Those laws include, but are not limited to, the Freedom of Information Act found in West Virginia Code § 29B-1-1 et seq.

If a Vendor considers any part of its bid to be exempt from public disclosure, Vendor must so indicate by specifically identifying the exempt information, identifying the exemption that applies, providing a detailed justification for the exemption, segregating the exempt information from the general bid information, and submitting the exempt information as part of its bid but in a segregated and clearly identifiable format. Failure to comply with the foregoing requirements will result in public disclosure of the Vendor's bid without further notice. A Vendor's act of marking all or nearly all of its bid as exempt is not sufficient to avoid disclosure and WILL NOT BE HONORED. Vendor's act of marking a bid or any part thereof as "confidential" or "proprietary" is not sufficient to avoid disclosure and WILL NOT BE HONORED. In addition, a legend or other statement indicating that all or substantially all of the bid is exempt from disclosure is not sufficient to avoid disclosure and WILL NOT BE HONORED. Vendor will be required to defend any claimed exemption for nondisclosure in the event of an administrative or judicial challenge to the State's nondisclosure. Vendor must indemnify the State for any costs incurred related to any exemptions claimed by Vendor. Any questions regarding the applicability of the various public records laws should be addressed to your own legal counsel prior to bid submission.

41. LICENSING: In accordance with West Virginia Code of State Rules §148-1-6.1.7, Vendor must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or any other state agency or political subdivision. Upon request, the Vendor must provide all necessary releases to obtain information to enable the Purchasing Division Director or the Agency to verify that the Vendor is licensed and in good standing with the above entities.

42. ANTITRUST: In submitting a bid to, signing a contract with, or accepting a Purchase Order from any agency of the State of West Virginia, the Vendor agrees to convey, sell, assign, or transfer to the State of West Virginia all rights, title, and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the

purchasing agency tenders the initial payment to Vendor.

- 43. VENDOR CERTIFICATIONS:** By signing its bid or entering into this Contract, Vendor certifies (1) that its bid was made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, person or entity submitting a bid for the same material, supplies, equipment or services; (2) that its bid is in all respects fair and without collusion or fraud; (3) that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; and (4) that it has reviewed this RFQ in its entirety; understands the requirements, terms and conditions, and other information contained herein. Vendor's signature on its bid also affirms that neither it nor its representatives have any interest, nor shall acquire any interest, direct or indirect, which would compromise the performance of its services hereunder. Any such interests shall be promptly presented in detail to the Agency.

The individual signing this bid on behalf of Vendor certifies that he or she is authorized by the Vendor to execute this bid or any documents related thereto on Vendor's behalf; that he or she is authorized to bind the Vendor in a contractual relationship; and that, to the best of his or her knowledge, the Vendor has properly registered with any State agency that may require registration.

- 44. PURCHASING CARD ACCEPTANCE:** The State of West Virginia currently utilizes a Purchasing Card program, administered under contract by a banking institution, to process payment for goods and services. The Vendor must accept the State of West Virginia's Purchasing Card for payment of all orders under this Contract unless the box below is checked.

☐ Vendor is not required to accept the State of West Virginia's Purchasing Card as payment for all goods and services.

- 45. VENDOR RELATIONSHIP:** The relationship of the Vendor to the State shall be that of an independent contractor and no principal-agent relationship or employer-employee relationship is contemplated or created by this Contract. The Vendor as an independent contractor is solely liable for the acts and omissions of its employees and agents. Vendor shall be responsible for selecting,

supervising, and compensating any and all individuals employed pursuant to the terms of this Solicitation and resulting contract. Neither the Vendor, nor any employees or subcontractors of the Vendor, shall be deemed to be employees of the State for any purpose whatsoever. Vendor shall be exclusively responsible for payment of employees and contractors for all wages and salaries, taxes, withholding payments, penalties, fees, fringe benefits, professional liability insurance premiums, contributions to insurance and pension, or other deferred compensation plans, including but not limited to, Workers' Compensation and Social Security obligations, licensing fees, *etc.* and the filing of all necessary documents, forms and returns pertinent to all of the foregoing. Vendor shall hold harmless the State, and shall provide the State and Agency with a defense against any and all claims including, but not limited to, the foregoing payments, withholdings, contributions, taxes, Social Security taxes, and employer income tax returns.

- 46. INDEMNIFICATION:** The Vendor agrees to indemnify, defend, and hold harmless the State and the Agency, their officers, and employees from and against: (1) Any claims or losses for services rendered

by any subcontractor, person, or firm performing or supplying services, materials, or supplies in connection with the performance of the Contract; (2) Any claims or losses resulting to any person or entity injured or damaged by the Vendor, its officers, employees, or subcontractors by the publication, translation, reproduction, delivery, performance, use, or disposition of any data used under the Contract in a manner not authorized by the Contract, or by Federal or State statutes or regulations; and (3) Any failure of the Vendor, its officers, employees, or subcontractors to observe State and Federal laws including, but not limited to, labor and wage and hour laws.

- 47. PURCHASING AFFIDAVIT:** In accordance with West Virginia Code § 5A-3-10a, all Vendors are required to sign, notarize, and submit the Purchasing Affidavit stating that neither the Vendor nor a related party owe a debt to the State in excess of \$1,000. The affidavit must be submitted prior to award, but should be submitted with the Vendor's bid. A copy of the Purchasing Affidavit is included herewith.
- 48. ADDITIONAL AGENCY AND LOCAL GOVERNMENT USE:** This Contract may be utilized by and extends to other agencies, spending units, and political subdivisions of the State of West Virginia; county, municipal, and other local government bodies; and school districts ("Other Government Entities"). This Contract shall be extended to the aforementioned Other Government Entities on the same prices, terms, and conditions as those offered and agreed to in this Contract. If the Vendor does not wish to extend the prices, terms, and conditions of its bid and subsequent contract to the Other Government Entities, the Vendor must clearly indicate such refusal in its bid. A refusal to extend this Contract to the Other Government Entities shall not impact or influence the award of this Contract in any manner.
- 49. CONFLICT OF INTEREST:** Vendor, its officers or members or employees, shall not presently have or acquire any interest, direct or indirect, which would conflict with or compromise the performance of its obligations hereunder. Vendor shall periodically inquire of its officers, members and employees to ensure that a conflict of interest does not arise. Any conflict of interest discovered shall be promptly presented in detail to the Agency.
- 50. REPORTS:** Vendor shall provide the Agency and/or the Purchasing Division with the following reports identified by a checked box below:
- ☒ Such reports as the Agency and/or the Purchasing Division may request. Requested reports may include, but are not limited to, quantities purchased, agencies utilizing the contract, total contract expenditures by agency, etc.
 - ☐ Quarterly reports detailing the total quantity of purchases in units and dollars, along with a listing of purchases by agency. Quarterly reports should be delivered to the Purchasing Division via email at purchasing.requisitions@wv.gov.
- 51. BACKGROUND CHECK:** In accordance with W. Va. Code § 15-2D-3, the Director of the Division of Protective Services shall require any service provider whose employees are regularly employed on the grounds or in the buildings of the Capitol complex or who have access to sensitive or critical information to submit to a fingerprint-based state and federal background inquiry through the state

repository. The service provider is responsible for any costs associated with the fingerprint-based state and federal background inquiry.

After the contract for such services has been approved, but before any such employees are permitted to be on the grounds or in the buildings of the Capitol complex or have access to sensitive or critical information, the service provider shall submit a list of all persons who will be physically present and working at the Capitol complex to the Director of the Division of Protective Services for purposes of verifying compliance with this provision.

The State reserves the right to prohibit a service provider's employees from accessing sensitive or critical information or to be present at the Capitol complex based upon results addressed from a criminal background check.

Service providers should contact the West Virginia Division of Protective Services by phone at (304) 558-9911 for more information.

52. PREFERENCE FOR USE OF DOMESTIC STEEL PRODUCTS: Except when authorized by the Director of the Purchasing Division pursuant to W. Va. Code § 5A-3-56, no contractor may use or supply steel products for a State Contract Project other than those steel products made in the United States. A contractor who uses steel products in violation of this section may be subject to civil penalties pursuant to W. Va. Code § 5A-3-56. As used in this section:

- a. "State Contract Project" means any erection or construction of, or any addition to, alteration of or other improvement to any building or structure, including, but not limited to, roads or highways, or the installation of any heating or cooling or ventilating plants or other equipment, or the supply of and materials for such projects, pursuant to a contract with the State of West Virginia for which bids were solicited on or after June 6, 2001.
- b. "Steel Products" means products rolled, formed, shaped, drawn, extruded, forged, cast, fabricated or otherwise similarly processed, or processed by a combination of two or more or such operations, from steel made by the open heath, basic oxygen, electric furnace, Bessemer or other steel making process.

The Purchasing Division Director may, in writing, authorize the use of foreign steel products if:

- a. The cost for each contract item used does not exceed one tenth of one percent (.1%) of the total contract cost or two thousand five hundred dollars (\$2,500.00), whichever is greater. For the purposes of this section, the cost is the value of the steel product as delivered to the project; or
- b. The Director of the Purchasing Division determines that specified steel materials are not produced in the United States in sufficient quantity or otherwise are not reasonably available to meet contract requirements.

53. PREFERENCE FOR USE OF DOMESTIC ALUMINUM, GLASS, AND STEEL: In Accordance

with W. Va. Code § 5-19-1 et seq., and W. Va. CSR § 148-10-1 et seq., for every contract or subcontract, subject to the limitations contained herein, for the construction, reconstruction, alteration, repair, improvement or maintenance of public works or for the purchase of any item of machinery or equipment to be used at sites of public works, only domestic aluminum, glass or steel products shall be supplied unless the spending officer determines, in writing, after the receipt of offers or bids, (1) that the cost of domestic aluminum, glass or steel products is unreasonable or inconsistent with the public interest of the State of West Virginia, (2) that domestic aluminum, glass or steel products are not produced in sufficient quantities to meet the contract requirements, or (3) the available domestic aluminum, glass, or steel do not meet the contract specifications. This provision only applies to public works contracts awarded in an amount more than fifty thousand dollars (\$50,000) or public works contracts that require more than ten thousand pounds of steel products.

The cost of domestic aluminum, glass, or steel products may be unreasonable if the cost is more than twenty percent (20%) of the bid or offered price for foreign made aluminum, glass, or steel products. If the domestic aluminum, glass or steel products to be supplied or produced in a “substantial labor surplus area”, as defined by the United States Department of Labor, the cost of domestic aluminum, glass, or steel products may be unreasonable if the cost is more than thirty percent (30%) of the bid or offered price for foreign made aluminum, glass, or steel products.

This preference shall be applied to an item of machinery or equipment, as indicated above, when the item is a single unit of equipment or machinery manufactured primarily of aluminum, glass or steel, is part of a public works contract and has the sole purpose or of being a permanent part of a single public works project. This provision does not apply to equipment or machinery purchased by a spending unit for use by that spending unit and not as part of a single public works project.

All bids and offers including domestic aluminum, glass or steel products that exceed bid or offer prices including foreign aluminum, glass or steel products after application of the preferences provided in this provision may be reduced to a price equal to or lower than the lowest bid or offer price for foreign aluminum, glass or steel products plus the applicable preference. If the reduced bid or offer prices are made in writing and supersede the prior bid or offer prices, all bids or offers, including the reduced bid or offer prices, will be reevaluated in accordance with this rule.

1. **PURPOSE AND SCOPE:** The West Virginia Purchasing Division is soliciting bids on behalf of WVDHHR/Bureau for Behavioral Health & Health Facilities (BHBF) and the State owned Long Term Care (LTC) facilities which includes: Jackie Withrow Hospital, Lakin Hospital, Hopemont Hospital, Welch Community Hospital (LTC unit only) and John Manchin Sr. Health Care Center, hereafter referred to as “facilities”, to establish a contract for a vendor to provide Pharmacy Supplies and Services.
2. **DEFINITIONS:** The terms listed below shall have the meanings assigned to them below. Additional definitions can be found in section 2 of the General Terms and Conditions.
 - 2.1 **“Contract Services”** means Pharmacy Supplies and Services to be provided to five (5) State owned facilities.
 - 2.2 **“Pricing Page”** means the pages upon which Vendor should list its proposed price for the Contract Services. The Pricing Page is either included on the last page of this RFQ or attached hereto as Exhibit A.
 - 2.3 **“RFQ”** means the official request for quotation published by the Purchasing Division and identified as BHS14012.
3. **QUALIFICATIONS:** Vendor shall have the following minimum qualifications:
 - 3.1. Vendor must employ licensed pharmacist, licensed and available to practice within the State of West Virginia.
 - 3.2. Vendor must have a minimum of five (5) years’ experience in providing pharmaceutical services to Long Term Care facilities and/or Hospital settings.
 - 3.3. Vendor must have no successful claims (excluding settlements) against their professional liability insurance within the last two (2) years.
4. **MANDATORY REQUIREMENTS:**
 - 4.1 **Mandatory Contract Services Requirements and Deliverables:** Contract Services must meet or exceed the mandatory requirements listed below.
 - 4.1.1 The vendor must agree to charge only the pre-established acquisition cost margins for pharmaceuticals as contained in the bid sheet.

- 4.1.2 The vendor must provide all prescription pharmaceutical services as required per order, including picking up, filling, and delivering orders to the facilities' nursing units.
- 4.1.3 The vendor must package medication in individual dose containers at the pharmacy.
- 4.1.4 The vendor must have an on-call pharmacist available twenty-four (24) hours a day, seven (7) days per week for consultation.
- 4.1.5 The vendor must provide for delivery of medications 365 days per year, including all holidays, which follow: New Year Day, New Year's Eve Memorial Day, Thanksgiving Day, Christmas Day, Christmas Eve, Independence Day and Labor Day.
- 4.1.6 The vendor must ensure "stat" delivery services are available to and provided for all facilities. "Stat" delivery time frames shall be agreed upon by the Director of Nursing (DON) of each facility.
- 4.1.7 The vendor must provide new medication within 24 hours including weekends and holidays. Facilities must be contacted if medications will take longer than one day due to special orders.
- 4.1.8 The vendor must conduct monthly meetings with the Medication Services Committee at each facility to provide information about survey readiness and/or provide in-servicing, training, observation of med passes and report all findings.
- 4.1.9 The vendor must destroy all outdated or discontinued medications as outlined in each facility's Managing and Disposing of Pharmaceutical Waste Policy and Procedures. Hardcopy will be provided by each facility.
- 4.1.10 The vendor must bill all prescription orders to third parties, when/where applicable. The vendor must bill all other medications not applicable to item 4.1.10 to individual facilities, separating each bill – first by resident's name, then by either prescription or non-prescription. Each medication listed must include whether the medication is allowable or non-allowable by third party insurance. If non-prescription, then medication should be listed as "Over the Counter." (OTC)
- 4.1.11 The vendor must bill back to third party insurance if resident becomes certified by/through their insurance company.
- 4.1.12 The vendor must issue credits to facilities for items returned that were paid for by the facilities.
- 4.1.13 The vendor must provide monthly drug regimen review of all residents and report findings to each facility Director of Nursing (DON).

- 4.1.14 The vendor must provide and maintain fully functioning medication carts at each facility. The vendor will be responsible to stock and supply the carts according to physician orders. The vendor takes care of this on the cart exchange every two weeks. Medication carts shall be capable of being outfitted to accommodate the varying needs of each facility and must provide for secure access to all medications and include utilization of cassettes that are to be exchanged by the pharmacy staff as scheduled.
- 4.1.15 The vendor must provide monthly inspection of drug carts and medication rooms and report findings to DON of each facility.
- 4.1.16 The vendor must participate in scheduled Quality Assurance meetings as required by each facility.
- 4.1.17 The vendor must conduct annual in-service training sessions annually at each facility, within sixty (60) days of the implementation of the contract.
- 4.1.18 The vendor must provide a resident pharmacy review with recommendations monthly.
- 4.1.19 The vendor must provide psychotropic drug review and psychotropic monitoring devices monthly and upon prescription changes.
- 4.1.20 The vendor must provide all medication ordered by physicians.
- 4.1.21 The vendor must provide a monthly report on pharmacy activities to the DON of each facility.
- 4.1.22 The vendor must provide each facility an updated Nursing Care Center Pharmacy Policy and Procedure Manual upon award of contract and annually thereafter during the term of the contract.
- 4.1.23 The vendor must conduct medication administration observations on nursing staff two (2) times per year.
- 4.1.24 The vendor must package medications for residents to take for leave of absence.
- 4.1.25 The vendor must receive and verify orders from each LTC facility via a Virtual Private Network (VPN) in the VistA computer system maintained by the facility.
- 4.1.26 The vendor must advise facilities of medications not covered by third party insurances and give recommendations of alternative allowable prescriptions (i.e. generics) whenever available.
- 4.1.27 The vendor must comply with all Federal and State standards and requirements applicable to the provision of pharmaceutical care and services.

4.2 VENDOR REQUIRED EQUIPMENT / ELECTRONIC REQUIREMENTS:

All facilities have implemented the new VistA (Veteran's Administration Software) computer system that includes Bar Code Medication Administration (BCMA). Physicians will be entering electronic orders in the VistA System.

- 4.2.1 **Mandatory:** *Computer system* with internet capability and ability to access a Virtual Private Network (VPN) created by the WVDHHR system.
- 4.2.2 **Mandatory:** *Bar Code Scanner* to scan bar codes into the VistA system.
- 4.2.3 **Mandatory:** *Bar Code Scanner* to print bar codes labels that will be affixed to any dispensed medication that does not have a manufacture bar code (i.e., medication not dispensed in unit dose) and some medications that may need to be placed in clear plastic bags (i.e., ointments, creams, lotions, inhalers, suppositories, injectables).
- 4.2.4 **Mandatory:** Vendor will be required to verify each physician's electronic/written order within VistA through the VPN in addition to processing the order into the current pharmacy dispensing computer system.
- 4.2.5 **Mandatory:** Pharmaceutical packaging equipment must be utilized to properly package all pharmaceuticals so they can be scanned into the facilities BCMA computer package.
- 4.2.6 **Mandatory:** Vendor will be required to dispense medications with a bar code, using the manufacture National Drug Code (NDC) bar code number on a unit dose medication.
- 4.2.7 **Mandatory:** Vendor will be required to scan each of the dispensed drug's bar code into the VistA drug file the first time the NDC bar code is utilized. The pharmacies will only need to scan in bar codes subsequently if there is a manufacturer change or a manufacturer has changed its NDC number.

AGENCY REQUIREMENTS

- Provide VistA software training to Vendor
- Contact vendor via computer and/or telephone when emergency medication is needed.
- Contact vendor to set up required meetings/in-services.
- Supply nurse to assist with destroying all narcotics.

5. CONTRACT AWARD:

5.1 Contract Award: The Contract is intended to provide Agency with a purchase price for the Contract Services. The Contract shall be awarded to the Vendor that provides the Contract Services meeting the required specifications for the lowest overall total cost as shown on the Pricing Pages.

5.2 Pricing Page: Vendor should complete the Pricing Page by completing the included Pricing Page within this solicitation. Vendor should complete the Pricing Page in full as failure to complete the Pricing Page in its entirety may result in Vendor's bid being disqualified.

Notwithstanding the foregoing, the Purchasing Division may correct errors as it deems appropriate. Vendor should type or electronically enter the information into the Pricing Page to prevent errors in the evaluation.

6. PERFORMANCE: Vendor and Agency shall agree upon a schedule for performance of Contract Services and Contract Services Deliverables, unless such a schedule is already included herein by Agency. In the event that this Contract is designated as an open-end contract, Vendor shall perform in accordance with the release orders that may be issued against this Contract.

7. PAYMENT: Agency shall *pay monthly fee as shown on the Pricing Pages, for all Contract Services performed and accepted* under this Contract. Vendor shall accept payment in accordance with the payment procedures of the State of West Virginia.

8. TRAVEL: Vendor shall be responsible for all mileage and travel costs, including travel time, associated with performance of this Contract. Any anticipated mileage or travel costs may be included in the flat fee or hourly rate listed on Vendor's bid, but such costs will not be paid by the Agency separately.

9. FACILITIES ACCESS: Performance of Contract Services may require access cards and/or keys to gain entrance to Agency's facilities. In the event that access cards and/or keys are required:

9.1. Vendor must identify principal service personnel which will be issued access cards and/or keys to perform service.

- 9.2. Vendor will be responsible for controlling cards and keys and will pay replacement fee, if the cards or keys become lost or stolen.
- 9.3. Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.
- 9.4. Anyone performing under this Contract will be subject to Agency's security protocol and procedures.
- 9.5. Vendor shall inform all staff of Agency's security protocol and procedures.

10. VENDOR DEFAULT:

10.1. The following shall be considered a vendor default under this Contract.

- 10.1.1. Failure to perform Contract Services in accordance with the requirements contained herein.
- 10.1.2. Failure to comply with other specifications and requirements contained herein.
- 10.1.3. Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.
- 10.1.4. Failure to remedy deficient performance upon request.

10.2. The following remedies shall be available to Agency upon default.

- 10.2.1. Cancellation of the Contract.
- 10.2.2. Cancellation of one or more release orders issued under this Contract.
- 10.2.3. Any other remedies available in law or equity.

REQUEST FOR QUOTATION
BHS14012 Pharmacy Supplies & Services

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11. MISCELLANEOUS:

11.1. Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: DAVID KASEY KELLER
Telephone Number: 888-696-4908
Fax Number: 888-808-0795
Email Address: UCPFAX@OUTLOOK.COM

**EXHIBIT A
PRICING PAGE**

For the purposes of this document, Wholesale Acquisition Cost (W.A.C) is defined as the published catalog or list price for a drug product as charged to wholesalers or direct purchasers in the United States, not including prompt pay or other discounts, rebates or reductions in price, as reported in wholesale price guides or other publications

Any anticipated travel, dispensing or other costs related to the performance of services under this RFQ must be accounted for and incorporated into the vendor's monthly service fee to be reported below. No expenses other than the pre-established costs of drugs and monthly service fees will be reimbursed by the State.

Bids will be reviewed and an award made to the vendor providing the overall lowest costs to the facilities. Submission of a quotation implies acceptance of the following pre-established acquisition cost margins to be paid by the State for pharmaceuticals:

SERVICES	ALLOWABLE CHARGES
<i>Prescription Drugs not covered by Insurance:</i>	Wholesale Acquisition Cost
<i>Non-prescription Drugs not covered by Insurance:</i>	Wholesale Acquisition Cost

NOTE: For the purposes of evaluation and award, bidders must incorporate all direct and peripheral costs into a set monthly fee to be charged on a per licensed bed basis for each facility. The bidder must provide both the unique per bed fee and the monthly rate for each facility based on the fee times the number of beds for that facility. The combination of the monthly rates for the five facilities will be the total overall cost.

Monthly Service Fee

FACILITY AND LICENSED BEDS (LTC)	COST PER LICENSED BED PER MONTH	EXTENDED MONTHLY RATE
Jackie Withrow Hospital 199 licensed beds	\$6.60	\$1,313.40
Hopemont Hospital 98 licensed beds	\$9.25	\$906.50
Lakin Hospital 114 licensed beds	\$8.53	\$972.42
John Manchin Sr. Health Care 41 licensed beds	\$9.12	\$373.92
Welch Community Hospital 59 licensed beds	\$7.89	\$465.51
	TOTAL OVERALL COST	\$4,031.75

Vendor Name: UNIQCARE PHARMACY

Vendor Address: 3538 TEAYS VALLEY ROAD
HURRICANE, WV 25526

Remit to Address: 3538 TEAYS VALLEY ROAD
HURRICANE, WV 25526

Phone #: 888-698-4908

Fax #: 888-808-0795

E-mail: UCPFAX@OUTLOOK.COM

Signature: 

Date: 8/8/2013

**WEST VIRGINIA
STATE TAX DEPARTMENT
BUSINESS REGISTRATION
CERTIFICATE**

ISSUED TO:
**UNIQCARE PHARMACY LLC
3538 TEAYS VALLEY RD
HURRICANE, WV 25526-9054**

BUSINESS REGISTRATION ACCOUNT NUMBER: 2276-8412

This certificate is issued on: 01/18/2013

*This certificate is issued by
the West Virginia State Tax Commissioner
in accordance with Chapter 11, Article 12, of the West Virginia Code*

*The person or organization identified on this certificate is registered
to conduct business in the State of West Virginia at the location above.*

This certificate is not transferrable and must be displayed at the location for which issued.

This certificate shall be permanent until cessation of the business for which the certificate of registration was granted or until it is suspended, revoked or cancelled by the Tax Commissioner.

Change in name or change of location shall be considered a cessation of the business and a new certificate shall be required.

TRAVELING/STREET VENDORS: Must carry a copy of this certificate in every vehicle operated by them.
CONTRACTORS, DRILLING OPERATORS, TIMBER/LOGGING OPERATIONS: Must have a copy of this certificate displayed at every job site within West Virginia.

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

8/07/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER BB&T-Carson Insurance Services 601 Tennessee Avenue Charleston, WV 25302 304 346-0806	CONTACT NAME: Terri Dodrill PHONE (A/C, No, Ext): 304 346-0806 FAX (A/C, No): 888 751-3002 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE INSURER A: Hiscox Insurance Company Ltd INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED Uniqcare Pharmacy LLC 3538 Teays Valley Road Hurricane, WV 25526	NAIC # FOREIGN	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			MEO133421913	05/13/2013	04/23/2014	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$50,000
							MED EXP (Any one person)
							\$5,000
							PERSONAL & ADV INJURY
							\$1,000,000
							GENERAL AGGREGATE
							\$1,000,000
			PRODUCTS - COMP/OP AGG	\$3,000,000			
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					\$
							BODILY INJURY (Per accident)
							\$
							PROPERTY DAMAGE (Per accident)
							\$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					\$
		<input type="checkbox"/> CLAIMS-MADE					AGGREGATE
							\$
							\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N	N / A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT
							\$
							E.L. DISEASE - EA EMPLOYEE
							\$
							E.L. DISEASE - POLICY LIMIT
							\$
A	Professional Liab			MEO133421913	05/13/2013	04/23/2014	\$1,000,000 per loss \$3,000,000 aggregate \$2,500 retention

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of Insurance

CERTIFICATE HOLDER For Informational Purposes Only	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Terri Dodrill</i>

INFORMATION PAGE

WEC WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: HARTFORD FIRE INSURANCE COMPANY

ONE HARTFORD PLAZA, HARTFORD, CONNECTICUT 06155

NCCI Company Number:

13269

Company Code: 1



POLICY NUMBER:

14 WEC CM6889

Previous Policy Number:

NEW

HOUSING CODE: DV

1. Named Insured and Mailing Address: UNIQCARE PHARMACY, LLC
(No., Street, Town, State, Zip Code)

FEIN Number: 800892210

3538 TEAYS VALLEY RD
HURRICANE, WV 25526

State Identification Number(s):

UIN:

The Named Insured is: LIMITED LIABILITY COMPANY

Business of Named Insured: DRUG STORE WITHOUT FOOD

Other workplaces not shown above: 3538 TEAYS VALLEY RD

HURRICANE

WV 25526

2. Policy Period: From 05/10/13 To 04/23/14 SHORT TERM
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: BB&T-CARSON INS SERVICES/PHS

PO BOX 29611

CHARLOTTE, NC 28229

Producer's Code: 730893

Issuing Office: THE HARTFORD

8711 UNIVERSITY EAST DRIVE

CHARLOTTE

NC 28213

(866) 467-8730

Total Estimated Annual Premium: \$2,182

Deposit Premium:

Policy Minimum Premium: \$516 WV (INCLUDES INCREASED LIMIT MIN. PREM.)

Audit Period: ANNUAL

Installment Term:

The policy is not binding unless countersigned by our authorized representative.

Countersigned by

Authorized Representative

5/17/13
Date

SCHEDULE OF OPERATIONS



This Schedule of Operations forms a part of the policy effective on the inception date of the policy unless another date is indicated below:

INSURER: HARTFORD FIRE INSURANCE COMPANY

Company Code: 1

Policy Number: 14 WEC CM6889 **Schedule Number:** 01-47-01

Effective Date: 05/10/13 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Location Address of operations covered by this schedule:

UNIQCARE PHARMACY, LLC

3538 TEAYS VALLEY RD

HURRICANE

WV 25526

NAICS: 446110

SIC: 5912

NO. OF EMPL: 000010

FEIN: 800892210

UIN:

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications Code Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
8045 STORE: DRUG - RETAIL	216,489	.70	1,515
TOTAL CLASS PREMIUM (STATE)			1,515
INCREASED LIMITS PART TWO (9812) 1.40 PERCENT (STATE)			21
TO EQUAL INCREASED LIMITS MINIMUM PREMIUM (9848)			122
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM (FEDERAL)			143
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM (STATE)			1,515
EXPENSE CONSTANT (0900)			229
FOREIGN TERRORISM (9740)	216,489	.010	22
DTEC (9741)	216,489	.010	22
REGULATORY SURCHARGE (5.00)			89
DEBT REDUCTION SURCHARGE (9.00)			161
FIRE AND CASUALTY SURCHARGE (.55)			1
TOTAL ESTIMATED ANNUAL PREMIUM			2,182

Countersigned by _____

Authorized Representative

Form WC 99 00 05 (1) Printed in U.S.A.

Process Date: 05/10/13

Policy Expiration Date: 04/23/14

UNIQCARE PHARMACY
3538 TEAYS VALLEY RD
HURRICANE, WV 25526-0000-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FU3814919	05-31-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	RETAIL PHARMACY	04-25-2013
UNIQCARE PHARMACY 3538 TEAYS VALLEY RD HURRICANE, WV 25526-0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FU3814919	05-31-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	RETAIL PHARMACY	04-25-2013
UNIQCARE PHARMACY 3538 TEAYS VALLEY RD HURRICANE, WV 25526-0000		

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON STREET, EAST
POST OFFICE BOX 50130
CHARLESTON, WEST VIRGINIA 25305-0130
08/05/2013

DAVID K KELLER
UNIQCARE PHARMACY LLC
3538 TEAYS VALLEY RD

HURRICANE WV 25526

THIS IS TO CONFIRM RECEIPT OF YOUR VENDOR REGISTRATION FEE. PAYMENT OF THE FEE ENABLES YOU TO PARTICIPATE IN THE PURCHASING DIVISION'S COMPETITIVE BID PROCESS AND ENTITLES YOU TO A ONE-YEAR SUBSCRIPTION TO THE WEST VIRGINIA PURCHASING BULLETIN. A NEW ISSUE OF THE WEST VIRGINIA PURCHASING BULLETIN IS POSTED ON OUR WEB SITE EACH WEEK. BID OPPORTUNITIES ESTIMATED AT \$25,000 OR MORE ARE ADVERTISED IN THIS PUBLICATION. WE ENCOURAGE YOU TO LOG ON AND VIEW THE BULLETIN EVERY FRIDAY SO AS NOT TO MISS IMPORTANT BIDDING OPPORTUNITIES. OUR WEB ADDRESS IS:

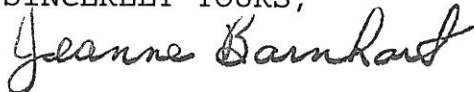
[HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE](http://WWW.STATE.WV.US/ADMIN/PURCHASE)

IN ORDER TO ACCESS THE WEST VIRGINIA PURCHASING BULLETIN, YOU WILL NEED YOUR VENDOR NUMBER, GROUP NUMBER (IF ANY), AND YOUR PASSWORD WHICH ARE PRINTED BELOW. YOUR ACCESS WILL BECOME EFFECTIVE ON THE FIRST MONDAY AFTER 08/05/2013, STATE HOLIDAYS EXCLUDED.

HELPFUL TIPS: YOUR COMPUTER-GENERATED VENDOR NUMBER BEGINS WITH AN ASTERISK, BUT DO NOT USE THE ASTERISK WHEN LOGGING IN. ALSO, OUR LOGIN SCRIPT IS CASE SENSITIVE. THEREFORE, IF YOUR VENDOR NUMBER CONTAINS A CHARACTER LIKE A, B, OR C, PLEASE TYPE IT IN UPPER CASE.

IF YOU HAVE QUESTIONS, FEEL FREE TO CONTACT US AT 304-558-2311 OR JEANNE.B.BARNHART@WV.GOV. THANK YOU.

SINCERELY YOURS,



VENDOR REGISTRATION

VENDOR NUMBER : *805151116
GROUP NUMBER :
PASSWORD : 1102

STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON STREET, EAST
POST OFFICE BOX 50130
CHARLESTON, WEST VIRGINIA 25305-0130
08/05/2013

DAVID K KELLER
UNIQCARE PHARMACY LLC
3538 TEAYS VALLEY RD

HURRICANE WV 25526

THIS IS TO NOTIFY YOU THAT YOUR REQUEST FOR CERTIFICATION AS A SMALL BUSINESS, A WOMEN-OWNED BUSINESS, OR A MINORITY-OWNED BUSINESS HAS BEEN APPROVED ON THE BASIS OF YOUR REPRESENTATIONS THAT THE VENDOR NAMED ABOVE MEETS THE DEFINITION OF A SMALL BUSINESS, A WOMEN-OWNED BUSINESS, OR A MINORITY-OWNED BUSINESS AS SET FORTH IN THE WEST VIRGINIA CODE OF STATE RULES 148-22-1, ET SEQ. THIS CERTIFICATION BECOMES EFFECTIVE:

08/05/2013

AND SHALL AUTOMATICALLY EXPIRE WITHOUT NOTICE TWO YEARS AFTER THE EFFECTIVE DATE UNLESS REVOKED BY THE PURCHASING DIRECTOR OR UPON EXPIRATION PURSUANT TO CSR 148-22-8. TYPE OF CERTIFICATION:

SMALL

TO MAINTAIN CERTIFICATION WITHOUT LAPSE, A CERTIFIED BUSINESS SHALL APPLY TO RENEW ITS CERTIFICATION AT LEAST 60 DAYS PRIOR TO THE END OF THE TWO-YEAR CERTIFICATION PERIOD. COMPLETE RENEWAL INSTRUCTIONS, RECERTIFICATION FORMS, AND A LIST OF ALL CERTIFIED BUSINESSES ARE AVAILABLE ONLINE AT:

[HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE/VENDORREG.HTML](http://WWW.STATE.WV.US/ADMIN/PURCHASE/VENDORREG.HTML)

IF YOU HAVE QUESTIONS, CONTACT THE PURCHASING DIVISION AT 304-558-2306.

SINCERELY YOURS,



VENDOR REGISTRATION



Board of Pharmacy

REGISTERED PHARMACY PERMIT

CONTROLLED SUBSTANCE PERMIT

STERILE / PHARMACEUTICAL COMPOUNDING PERMIT

July 1, 2013 - June 30, 2014 - Date Issued: May 14, 2013

UniqCare Pharmacy
Registered Pharmacy

3538 Teays Valley Rd.
Hurricane, WV 25526

LICENSE # SP0552451

Schedule II Narcotic
Schedule II Non-Narcotic
Schedule III Narcotic
Schedule III Non-Narcotic
Schedule IV All
Schedule V All

Michael J.Ebbert - [REDACTED]

Registered Pharmacist in Charge



Board of Pharmacy

July 1, 2012-June 30, 2014

David K. Keller

Registered Pharmacist

License: [REDACTED]

OHIO STATE BOARD OF PHARMACY

77 S. High St., Room 1702, Columbus, OH 43215-6126
Phone: 614/466-4143 Fax: 614/752-4836
website: www.pharmacy.ohio.gov

015565

Identification Number

Pharmacist

RPH/ [REDACTED]

Be it known that the individual named below is entitled to practice
in the State of Ohio until the expiration date of SEPTEMBER 15, 2013.

MICHAEL JAMES EBBERT RPH
[REDACTED]

13

PHA-0402 (6/10) Completion of this form is required by OAC Rule 4729-5-02



Board of Pharmacy

July 1, 2012-June 30, 2014

Michael J. Ebbert

Registered Pharmacist

License # [REDACTED]



Board of Pharmacy

July 1, 2013-June 30, 2015

Sheldon S. Maddox

Registered Pharmacist

License # [REDACTED]



Board of Pharmacy

REGISTERED PHARMACY TECHNICIAN CERTIFICATE

July 1, 2012-June 30, 2014

Patricia J. Terry

Registered Pharmacy Technician

License [REDACTED]



Board of Pharmacy

REGISTERED PHARMACY TECHNICIAN CERTIFICATE

July 1, 2012-June 30, 2014

Polly Forbes

Registered Pharmacy Technician

License # [REDACTED]



Board of Pharmacy

REGISTERED PHARMACY TECHNICIAN CERTIFICATE

July 1, 2013-June 30, 2015

Daphne N. Childers

Registered Pharmacy Technician

License # [REDACTED]



Board of Pharmacy

REGISTERED PHARMACY TECHNICIAN CERTIFICATE

July 1, 2013-June 30, 2015

Janel B. Williamson

Registered Pharmacy Technician

License # [REDACTED]



Board of Pharmacy

REGISTERED PHARMACY TECHNICIAN CERTIFICATE

July 1, 2012-June 30, 2014

Spring Priddy

Registered Pharmacy Technician

License # [REDACTED]

West Virginia State Board of Examiners for Licensed Practical Nurses

License Lookup Results

Wilson-Maddox, Jodi A

Address	Glen Dale, WV
License Number	██████████
License Status	Active
License First Issued	May 18, 1981
License Expiration Date	June 30, 2014
Disciplinary Information	No disciplinary information on file.

Database Last Updated: 6/21/2013 at 3:00:00 PM
Page Generated: 6/21/2013 at 3:43:59 PM

[Search Again](#)

Joshua H. Curry



Board of Pharmacy

July 1, 2012-June 30, 2014

Joshua H. Curry

Registered Pharmacy Technician

License # [REDACTED]

Nichole L. Curry



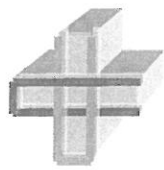
Board of Pharmacy

July 1, 2013-June 30, 6/30/2015

Nichole L. Curry

Registered Pharmacy Technician

License # [REDACTED]



UniqCare Pharmacy[®]

3538 Teays Valley Rd.

Phone: (304) 212-7207

Hurricane, West Virginia 25526

Fax: (888) 808-0795

Vision Statement

Our intention is to be recognized as a unique long term care pharmacy providing an innovative delivery of healthcare products and services and be a valued resource to our community, customers, partners, and employees.

Mission Statement

UniqCare is built on the foundation that our products and service should be unique in going above and beyond to service the needs of the actual human we serve. We want to offer a unique service that is unavailable by the large corporate competitors that are out there today. It is our belief that the best results depend on listening to our customers and patients and developing solutions that will satisfy their unique needs.

At UniqCare, we will encourage our employees and management to know that it is a privilege of serving real human beings – not prescriptions, beds, or anonymous care sites. Everyone we service is someone's son or daughter, mother or father, grandmother or grandfather; everyone is someone's loved one. We believe that every point of interaction with the humans we serve is a critical moment in their lives. It is our goal to give them the unique experience of serving all with clinical excellence and a commitment to care.

Kasey Keller, PharmD
Clinical Manager/ Owner

Josh Curry, CPhT
Operations Manager/Owner

Mike Ebbert, RPh
Pharmacy Manager/Owner

"Giving the unique care needed to serving your loved ones"

Company Overview

Management Team

President & CEO

Michael J. Ebbert, R.Ph.

Mr. Ebbert in the past 26 years of pharmacy experience has maintained strong leadership qualities in diverse pharmaceutical atmospheres including Retail Pharmacy Management (both Chain and Independent), Long Term Care Pharmacy and Clinical Management.

Coming most recently from ContinuumCare / Pharmerica from 1999 to 2012, Mr. Ebbert has supervised a technical staff responsible for dispensing over 30,000 prescriptions per month serving over 2000 beds. He has worked with a variety of technical automated delivery / packaging systems such as Parata, Fast-Pak, Pyxis, and MTS machines. He has a diverse knowledge in several different long term care delivery systems. He has also managed two independent retail pharmacies along with the two long term care facilities.

Mr. Ebbert worked with NeighborCare / Scotchwood Pharmacy serving long Term care facilities from 1996 to 1999 responsible for two facilities serving over 6000 beds and servicing areas in West Virginia, Ohio, Maryland, Virginia, and Pennsylvania. As Regional Director, Mr. Ebbert has turned the existing negative profit locations to the positive side within two months of supervision.

Being with Rite Aid Corporation from 1986 to 1996, Mr. Ebbert has been promoted three times where his expertise included, but was not limited to, responsibility for positive profitability and increase sales for 55+ stores, expense control, pricing, inventory management, overseeing installation of new computer network, advertising, government trade relations, negotiating third party contracts, personnel recruitment, integrity interviewing, loss prevention, scheduling, payroll, purchasing / acquiring independently owned pharmacies. He was instrumental in the implementation of long term care services provided in the state of West Virginia by Rite Aid, writing its policy and procedures to later be rolled out nationally. Voted as Supervisor of the year for his division in 1989, Mr. Ebbert is one of the few individuals who maintained an increase of 800 prescriptions per week for his supervisory district in 1990-91. He was nominated in 1995-1996 as Pharmacy Development Manager of the Year.

Mr. Ebbert has participated in presentations with High Schools, Pharmacy Colleges, Senior Communities, and Professional Seminars. He is licensed as a Registered Pharmacist in West Virginia and Ohio, and holds inactive licenses in Virginia and South Carolina. He was voted into the Outstanding Young Men of America in 1989. He is currently a Level 3 USA Hockey Coach with 7 years of experience, a Notary Public servant, and has been a Assistant Scout Master, Junior Church Puppet Minister, and Soccer and Soft Ball Coaches. Mr. Ebbert increases his knowledge through one of his favorite hobbies – reading. His leadership abilities, skills, and experience are a welcome asset to the company.

“Giving the unique care needed to serving your loved one”

Company Overview

Management Team

Vice President of Clinical Services

David K Keller, Pharm.D., R.Ph.

Dr. Keller has served as Director of Pharmacy Operations and Director of Consultant Services during his nine year tenure at ContinuumCare Pharmacy of West Virginia.

As Director of Pharmacy, Dr. Keller became PIC (pharmacist in charge) of ContinuumCare Pharmacy with the West Virginia Board of Pharmacy while also becoming licensed in three states including Ohio, West Virginia, and Kentucky, which he is still licensed in. As director he was responsible for servicing over 100 facilities and ~5000 nursing home residents in the tri-state area. The main responsibilities of director included management of over 40 staff, customer service, new facility start up, designing work flow and delivery for the filling of over 1200 prescriptions daily, and clinical/IV therapy services. Dr Keller stepped down from this position in 2011, and took over the position of Director of Consultant Services.

As Director of Consultant Services, Dr. Keller joined the American Society of Consultant Pharmacist and has pursued his CGP credential (Certified Geriatric Pharmacist). He has led a team of six pharmacists in the clinical chart review of over 4000 nursing home residents. As Director he has led and managed his team of consultant pharmacists to be sure that a comprehensive clinical consultant review is completed according to all regulations put forth by CMS (Centers for Medicare/Medicaid Services).

Dr. Keller graduated from the University of Toledo magna cum laude with a Bachelor of Pharmaceutical Sciences degree, and later graduated from the University of Toledo with a Doctorate of Pharmacy.

"Giving the unique care needed to serving your loved one"

Company Overview

Management Team

CFO & Vice President of Operations

Josh Curry, C.PhT.

With over ten years in the prescription health care industry, Mr. Curry brings a wealth of knowledge and experience to the UniqCare Pharmacy Corporation. Mr. Curry possesses a wide range of long term care (LTC) knowledge that includes management of both the operations and billing.

Mr. Curry is a hands-on professional with great leadership skills: able to communicate and interact effectively with individuals of all levels. He is an experienced team player, bringing enthusiasm and energy into group efforts. He is self motivated, goal oriented, organized and efficient; able to develop new ideas and processes; and able to translate ideals into written or visual form to share with others. Mr. Curry has demonstrated effective leadership skills with major strengths in planning, problem solving and communication.

Prior to joining UniqCare Pharmacy, Mr. Curry held different positions with ContinuumCare Pharmacy. His skills and areas of experience gained while employed with that company include, but are not limited to, the following: Creation and implementation of policy and procedures for operations and business development; development and completion of management objectives; creating and implementing custom software reports.

"Giving the unique care needed to serving your loved one"



State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER

BHS14012

PAGE

1

ADDRESS CORRESPONDENCE TO ATTENTION OF:

ROBERTA WAGNER
304-558-0067

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Josh Curry
Unicare Pharmacy
3538 Teays Valley Road
Hurricane, WV 25523

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HEALTH AND HUMAN RESOURCES
VARIOUS LOCALES AS
INDICATED BY ORDER

DATE PRINTED

08/02/2013

BID OPENING DATE: 08/15/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
THIS ADDENDUM IS ISSUED:						
1. TO PROVIDE RESPONSES TO VENDORS' QUESTIONS REGARDING THE ABOVE SOLICITATION.						
2. TO PROVIDE VENDORS A COPY OF THE MANDATORY PRE-BID SIGN-IN SHEETS.						
3. TO PROVIDE VENDORS A COPY OF THE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES LTC DRUG UTILIZATION REPORT FROM 05/01/2013 THROUGH 08/01/2013.						
4. TO PROVIDE ADDENDUM ACKNOWLEDGEMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN THE DISQUALIFICATION OF YOUR BID.						
***** END OF ADDENDUM NO. 1 *****						
SIGNATURE						
TELEPHONE						
DATE						
TITLE						
FEIN						
ADDRESS CHANGES TO BE NOTED ABOVE						

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER

BHS14012

PAGE

2

ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER
304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

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HEALTH AND HUMAN RESOURCES
VARIOUS LOCALES AS
INDICATED BY ORDER

DATE PRINTED

08/02/2013

BID OPENING DATE: 08/15/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	YR		270-00		
BLANKET CONTRACT FOR PHARMACY SERVICES & SUPPLIES						
VENDOR TO PROVIDE BASIC PHARMACY SERVICES AND SUPPLIES FOR RESIDENTS OF THE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES (WVDHHR), STATE OWNED LONG TERM FACILITIES WHICH INCLUDES: JACKIE WITHROW HOSPITAL, LAKIN HOSPITAL, HOPEMONT HOSPITAL, WELCH COMMUNITY HOSPITAL (LTC UNITS ONLY), AND JOHN MANCHIN SR. HEALTH CARE CENTER.						
***** THIS IS THE END OF RFQ BHS14012 ***** TOTAL:						

SIGNATURE

TELEPHONE

DATE

TITLE

FEIN

ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

SOLICITATION NUMBER: BHS14012

Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- ☐ | Modify bid opening date and time
- ☐ | Modify specifications of product or service being sought
- ☒ | Attachment of vendor questions and responses
- ☒ | Attachment of pre-bid sign-in sheet
- ☐ | Correction of error
- ☒ | Other

Description of Modification to Solicitation:

1. To provide responses to Vendors' questions.
2. To provide Vendors a copy of the mandatory pre-bid sign-in sheet.
3. To provide a copy of the WVDHHR LTC Drug Utilization reports.
4. To provide Addendum Acknowledgement.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ATTACHMENT A

SIGN IN SHEET

Page i of 2Request for Proposal No. BHS14012

PLEASE PRINT

Date: 7-23-13

* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD

FIRM & REPRESENTATIVE NAME	MAILING ADDRESS	TELEPHONE & FAX NUMBERS
Company: <u>Omnicare</u> Rep: <u>Paula Belcher</u> Email Address: <u>paula.belcher@omnicare.com</u>	<u>4200 First Avenue, Ste. 200</u> <u>Nitro, WV 25143</u>	PHONE <u>304-755-8460</u> TOLL FREE <u>800-847-2649</u> FAX <u>800-982-3670</u>
Company: <u>Omnicare</u> Rep: <u>Amy Roberts</u> Email Address: <u>amy.roberts@omnicare.com</u>	<u>900 Omnicare Center</u> <u>201 East Fourth St</u> <u>Cin. OH 45202</u>	PHONE <u>513-205-8808</u> TOLL FREE <u>1-800-990-6664</u> FAX <u>513-719-2620</u>
Company: <u>Unicare Pharmacy</u> Rep: <u>David Kasey Keller</u> Email Address: <u>UCPFAX2@outlook.com</u>	<u>3538 Teays Valley Rd</u> <u>Hurricane, WV 25526</u>	PHONE <u>740-706-9677</u> TOLL FREE <u>888-698-4908</u> FAX <u>888-808-0795</u>
Company: <u>Unicare Pharmacy</u> Rep: <u>Josh Curry</u> Email Address: <u>ucpfax@outlook.com</u>	<u>3538 Teays Valley Rd</u> <u>Hurricane WV 25526</u>	PHONE <u>304-206-7717</u> TOLL FREE <u>888-698-4908</u> FAX <u>888-808-0795</u>
Company: _____ Rep: _____ Email Address: _____	_____ _____ _____	PHONE _____ TOLL _____ FREE _____ FAX _____

SIGN IN SHEET

Page 2 of 2Request for Proposal No. BHS14012

PLEASE PRINT

Date: 7-23-13

* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD

FIRM & REPRESENTATIVE NAME	MAILING ADDRESS	TELEPHONE & FAX NUMBERS
Company: <u>Guardian Pharmacy of Va LLC</u>	<u>185 Stafford Amberger Drive</u>	PHONE <u>800 220-9292</u>
Rep: <u>Brian Walker</u>	<u>Wytheville Va 24382</u>	TOLL FREE
Email Address: <u>Brian.walker@horizonhc.com</u>		FAX <u>866 928-3983</u>
Company: <u>Southern Pharmacy Services</u>	<u>185 Stafford Amberger Dr</u>	PHONE <u>800-220-9292</u>
Rep: <u>Dina Turner</u>	<u>Wytheville, VA 24382</u>	TOLL FREE
Email Address: <u>Dmat3@gmail.com / Dina.turner@horizonhc.com</u>		FAX <u>866-928-3983</u>
Company: <u>Continuum Care Pharmacy LLC</u>	<u>78 Perry Winkle Ln</u>	PHONE <u>724-989-8637</u>
Rep: <u>Susanne Sepko</u>	<u>Huntington WV 25702</u>	TOLL FREE
Email Address: <u>Sms7000@pharmerica.com</u>		FAX <u>877-761-8155</u>
Company: <u>Pharmacia</u>	<u>78 Perry Winkle Ln</u>	PHONE <u>304-419-1541</u>
Rep: <u>Paul Krimm</u>	<u>HUNTINGTON WV</u>	TOLL FREE
Email Address: <u>Paul.Krimm@pharmerica.com</u>		FAX <u>877-761-8155</u>
Company: _____	_____	PHONE _____
Rep: _____	_____	TOLL FREE
Email Address: _____	_____	FAX _____

ADDENDUM #1

BHS14012

1. Question: Section 2.8 of the bid's General Terms and Conditions defines "Vendor" or "Vendors" as "any entity submitting a bid in response to the Solicitation, the entity that has been selected as the lowest responsible bidder, or the entity that has been awarded the Contract as context requires." Section 3.2 on page 18 of the Request for Quotation states, "Vendor must have a minimum of five (5) years' experience in providing pharmaceutical services to Long Term Care facilities and/or Hospital settings." Based upon the definition of "Vendor", Section 3.2 appears to state that the business entity submitting the bid must have a minimum of 5 years of experience. Regardless of individual employee experience, can you please confirm that any Vendor, as that term is defined in Section 2.8 of the General Terms and Conditions, does not qualify for bid award if it has not been in existence for at least 5 years with a minimum of 5 years of relevant pharmacy service experience in Long Term Care facilities and/or Hospital settings?

Answer: Section 3.2 of the RFQ requires the "entity" submitting the bid to have, at a minimum, five (5) years' experience in providing pharmaceutical services to Long Term Care facilities and/or Hospital settings. Any organization submitting a bid that does not meet the five (5) year requirement will not qualify for award.
2. Question: Please confirm that submitted bids and the ultimate contract are required to conform with all state and federal rules and regulations, including the Federal Anti-Kickback Statute, 42 U.S.C. § 1320a-7b, and that the price of all pharmacy services, including consultant pharmacist services, cannot be provided below the vendor's cost of such goods and services.

Answer: All bids submitted must conform with the Federal Anti-Kickback statute, 42 U.S.C. §1320a-7b(b), which prohibits any person or entity from making or accepting payment to induce or reward any person for referring, recommending or arranging for the purchase of any item for which payment may be made under a federally-funded health care program.

3. Question: Please provide the current census information for each facility, in addition to the average census for each facility over the last 12 months.

Answer:	Hopemont Hospital	current – 91	average – 90.25
	Lakin Hospital	current – 89	average – 91.42
	John Manchin Sr. HCC	current – 39.61	average – 37.84
	Jackie Withrow Hospital	current – 80	average – 82
	Welch Community	current – 39	average – 43.75

4. Question: Please provide medication utilization information for the most recent three months, including medication name, strength, and dosage.

Answer: Please refer to the excel document attached, we have calculated the utilization of medications over a thirteen month period for all WVDHHR LTC's.

5. Question: A patient census as of June 30, 2013 or the most recent month available detailing the following by location:
- a. Number of Skilled Nursing Patients
 - b. Number of Assisted Living Patients
 - c. Number of Patients not covered by Private Insurance, Medicare Part D or Medicaid?

If the detail above is not available please supply a patient census in the format used by the facilities current pharmacy or format used for internal purposes.

Answer: None of our facilities are designated under the category of Skilled Nursing or Assisted Living Facilities.

See question number 3 for census.

6. Question: Please supply a report detailing the number of Part A days utilized per month over the last 6 months for any Medicare Part A licensed skilled nursing beds.

Answer: NA

DISPENSE DRUG: ACETAMINOPHEN 160MG/5ML SF/AF
Sub-Count 90
DISPENSE DRUG: ACETAMINOPHEN 325MG TAB
Sub-Count 9003
DISPENSE DRUG: ACETAMINOPHEN 500MG TAB UD
Sub-Count 975
DISPENSE DRUG: ACETAMINOPHEN 650MG RTL SUPP
Sub-Count 6
DISPENSE DRUG: ACETAMINOPHEN 650MG SA TAB
Sub-Count 755
DISPENSE DRUG: ACIDOPHILUS CAP
Sub-Count 435
DISPENSE DRUG: ACITRETIN 25MG CAP
Sub-Count 61
DISPENSE DRUG: ACYCLOVIR 5% OINT 30GM
Sub-Count 2
DISPENSE DRUG: ACYCLOVIR 5% TOP 5GM CREAM
Sub-Count 12
DISPENSE DRUG: ACYCLOVIR 800MG TAB
Sub-Count 64
DISPENSE DRUG: ALBUTEROL 100/IPRATROPIUM 20MC
Sub-Count 123
DISPENSE DRUG: ALBUTEROL 103/IPRAT 18MCG 200D
Sub-Count 953
DISPENSE DRUG: ALBUTEROL 90MCG (CFC-F) 200D O
Sub-Count 1000
DISPENSE DRUG: ALBUTEROL SO4 0.083% INHL 3ML
Sub-Count 3900
DISPENSE DRUG: ALBUTEROL SULFATE 4MG TAB
Sub-Count 271
DISPENSE DRUG: ALBUTEROL/IPRATROPIUM INHL 3ML
Sub-Count 3130
DISPENSE DRUG: ALENDRONATE 70MG TAB
Sub-Count 74
DISPENSE DRUG: ALEVE 220MG CAP
Sub-Count 41
DISPENSE DRUG: ALLBEE C-800
Sub-Count 2
DISPENSE DRUG: ALLOPURINOL 100MG TAB
Sub-Count 284

DISPENSE DRUG: ALOH 200/MGOH 200/ SIMTH 20 LI
Sub-Count 1
DISPENSE DRUG: ALOH 200/MGOH 200MG/SMITH 20 S
Sub-Count 6
DISPENSE DRUG: ALOH 225/MGOH 200MG/5ML SUSP 4
Sub-Count 80
DISPENSE DRUG: ALOH/MGOH/SIMTH REG STRENGTH L
Sub-Count 2222
DISPENSE DRUG: ALPRAZOLAM 0.25MG TAB
Sub-Count 2097
DISPENSE DRUG: ALPRAZOLAM 0.5MG TAB UD
Sub-Count 1333
DISPENSE DRUG: ALPRAZOLAM 1MG TAB
Sub-Count 1227
DISPENSE DRUG: ALUMINUM HYDROXIDE OINT, TOP
Sub-Count 505
DISPENSE DRUG: AMANTADINE HCL 100MG CAP/TAB
Sub-Count 538
DISPENSE DRUG: AMIODARONE HCL 200MG TAB UD
Sub-Count 335
DISPENSE DRUG: AMITRIPTYLINE HCL 100MG TAB
Sub-Count 182
DISPENSE DRUG: AMITRIPTYLINE HCL 10MG TAB
Sub-Count 182
DISPENSE DRUG: AMITRIPTYLINE HCL 25MG TAB
Sub-Count 180
DISPENSE DRUG: AMITRIPTYLINE HCL 50MG TAB
Sub-Count 37
DISPENSE DRUG: AMITRIPTYLINE HCL 75MG TAB UD
Sub-Count 179
DISPENSE DRUG: AMLODIPINE 5/BENAZEPRIL 10MG C
Sub-Count 175
DISPENSE DRUG: AMLODIPINE 5MG/OLMESARTAN 40MG
Sub-Count 30
DISPENSE DRUG: AMLODIPINE 5MG/VALSARTAN 320MG
Sub-Count 90
DISPENSE DRUG: AMLODIPINE BESYLATE 10MG TAB
Sub-Count 1324
DISPENSE DRUG: AMLODIPINE BESYLATE 2.5MG TAB
Sub-Count 91

DISPENSE DRUG: AMLODIPINE BESYLATE 5MG UD TAB
Sub-Count 1524
DISPENSE DRUG: AMOXICILLIN 250MG CAP
Sub-Count 1
DISPENSE DRUG: AMOXICILLIN 500/CLAV K 125MG T
Sub-Count 106
DISPENSE DRUG: AMOXICILLIN 500MG CAP
Sub-Count 98
DISPENSE DRUG: AMOXICILLIN 875/CLAV K 125MG T
Sub-Count 109
DISPENSE DRUG: AMPICILLIN 250MG CAP
Sub-Count 42
DISPENSE DRUG: AMPICILLIN 500MG CAP
Sub-Count 68
DISPENSE DRUG: ANASTROZOLE 1MG TAB
Sub-Count 152
DISPENSE DRUG: APAP 325/BUTALBITAL 50/CAFF 40
Sub-Count 150
DISPENSE DRUG: ARIPIRAZOLE 10MG TAB UD
Sub-Count 287
DISPENSE DRUG: ARIPIRAZOLE 15MG TAB
Sub-Count 361
DISPENSE DRUG: ARIPIRAZOLE 20MG TAB
Sub-Count 26
DISPENSE DRUG: ARIPIRAZOLE 30MG TAB UD
Sub-Count 453
DISPENSE DRUG: ARIPIRAZOLE 5MG TAB
Sub-Count 151
DISPENSE DRUG: ARTIFICIAL TEARS POLYVINYL ALC
Sub-Count 3385
DISPENSE DRUG: ASCORBIC ACID 250MG TAB
Sub-Count 1291
DISPENSE DRUG: ASCORBIC ACID 500MG TAB
Sub-Count 3429
DISPENSE DRUG: ASPIRIN 325MG BUFFERED TAB
Sub-Count 1698
DISPENSE DRUG: ASPIRIN 325MG EC TAB UD
Sub-Count 520
DISPENSE DRUG: ASPIRIN 325MG TAB
Sub-Count 1261

DISPENSE DRUG: ASPIRIN 81MG EC TAB
Sub-Count 2879
DISPENSE DRUG: ASPIRIN 81MG TAB CHEW TAB
Sub-Count 5302
DISPENSE DRUG: ATENOLOL 25MG TAB
Sub-Count 457
DISPENSE DRUG: ATENOLOL 50/CHLORTHALIDONE 25M
Sub-Count 89
DISPENSE DRUG: ATENOLOL 50MG TAB UD
Sub-Count 454
DISPENSE DRUG: ATORVASTATIN CALCIUM 10MG TAB
Sub-Count 696
DISPENSE DRUG: ATORVASTATIN CALCIUM 20MG TAB
Sub-Count 939
DISPENSE DRUG: ATORVASTATIN CALCIUM 40MG TAB
Sub-Count 490
DISPENSE DRUG: ATROPINE SULFATE 1% OPH SOLN 5
Sub-Count 184
DISPENSE DRUG: AZITHROMYCIN 250MG TAB
Sub-Count 95
DISPENSE DRUG: AZITHROMYCIN 250MG TAB PKT 6
Sub-Count 9
DISPENSE DRUG: AZITHROMYCIN 500MG TAB
Sub-Count 5
DISPENSE DRUG: BACITRAC 500/POLYMYX 10000 U/G
Sub-Count 150
DISPENSE DRUG: BACITRACIN 500 UNT/GM OPTH OI
Sub-Count 50
DISPENSE DRUG: BACITRACIN 500UNT/GM TOP OINT
Sub-Count 1
DISPENSE DRUG: BACITRACIN/HC 1%/NEO/POLY OPH
Sub-Count 107
DISPENSE DRUG: BACITRACIN/NEOMY/POLYMYX OPH O
Sub-Count 8
DISPENSE DRUG: BACITRACIN/NEOMYCIN/POLYMYXIN
Sub-Count 61
DISPENSE DRUG: BACLOFEN 10MG TAB
Sub-Count 918
DISPENSE DRUG: BACLOFEN 20MG TAB
Sub-Count 809

DISPENSE DRUG: BALSALAZIDE DISODIUM 750MG CAP
Sub-Count 273
DISPENSE DRUG: BECLOMETHASONE 80MCG(HFA) 120D
Sub-Count 331
DISPENSE DRUG: BENAZEPRIL HCL 10MG TAB UD
Sub-Count 87
DISPENSE DRUG: BENAZEPRIL HCL 20MG TAB UD
Sub-Count 185
DISPENSE DRUG: BENAZEPRIL HCL 5MG TAB
Sub-Count 91
DISPENSE DRUG: BENZOCAINE 10% GEL,DENTAL
Sub-Count 1
DISPENSE DRUG: BENZOCAINE 20% DENTAL GEL
Sub-Count 39
DISPENSE DRUG: BENZONATATE 100MG CAP
Sub-Count 18
DISPENSE DRUG: BENZTROPINE MESYLATE 0.5MG TAB
Sub-Count 1766
DISPENSE DRUG: BENZTROPINE MESYLATE 1MG TAB
Sub-Count 2852
DISPENSE DRUG: BENZTROPINE MESYLATE 1MG/ML IN
Sub-Count 164
DISPENSE DRUG: BENZTROPINE MESYLATE 2MG TAB
Sub-Count 559
DISPENSE DRUG: BESIFLOXACIN 0.6% SUSP,OPH
Sub-Count 1
DISPENSE DRUG: BETAMETHAS. DIP 0.05/CLOTRIM 1
Sub-Count 84
DISPENSE DRUG: BETAMETHASONE 0.05/CLOTRIM 1%
Sub-Count 9
DISPENSE DRUG: BETHANECHOL CHLORIDE 10MG TAB
Sub-Count 91
DISPENSE DRUG: BETHANECHOL CHLORIDE 25MG TAB
Sub-Count 210
DISPENSE DRUG: BICALUTAMIDE 50MG TAB
Sub-Count 56
DISPENSE DRUG: BIMATOPROST 0.03% SOLN,OPH 2.5
Sub-Count 53
DISPENSE DRUG: BISACODYL 10MG RTL SUPP
Sub-Count 347

DISPENSE DRUG: BISACODYL 5MG EC TAB UD

Sub-Count 1175

DISPENSE DRUG: BISMUTH SUBSALICYL 262MG/15ML

Sub-Count 1

DISPENSE DRUG: BISMUTH SUBSALICYLATE 262MG TA

Sub-Count 2

DISPENSE DRUG: BISOPROLOL 5MG TAB

Sub-Count 186

DISPENSE DRUG: BRIMONIDINE TARTRATE 0.1% SOLN

Sub-Count 454

DISPENSE DRUG: BRIMONIDINE TARTRATE 0.15% SOL

Sub-Count 272

DISPENSE DRUG: BRIMONIDINE TARTRATE 0.2% SOLN

Sub-Count 269

DISPENSE DRUG: BROMFENAC SODIUM 0.09% OPH SOL

Sub-Count 3

DISPENSE DRUG: BUDESON 160MCG/FORMOTEROL 4.5M

Sub-Count 1007

DISPENSE DRUG: BUDESONIDE 0.25MG/2ML INH SUSP

Sub-Count 185

DISPENSE DRUG: BUDESONIDE 0.5MG/2ML INH SUSP

Sub-Count 334

DISPENSE DRUG: BUMETANIDE 2MG TAB

Sub-Count 364

DISPENSE DRUG: BUPROPION (WELLBUTRIN SR) 100M

Sub-Count 240

DISPENSE DRUG: BUPROPION (WELLBUTRIN SR) 200M

Sub-Count 33

DISPENSE DRUG: BUPROPION (WELLBUTRIN XL) 150M

Sub-Count 452

DISPENSE DRUG: BUPROPION (WELLBUTRIN XL) 300M

Sub-Count 117

DISPENSE DRUG: BUPROPION HCL 100MG TAB

Sub-Count 289

DISPENSE DRUG: BUPROPION HCL 150MG 12HR SA TA

Sub-Count 579

DISPENSE DRUG: BUPROPION HCL 75MG TAB

Sub-Count 8

DISPENSE DRUG: BUSPIRONE HCL 10MG TAB,UD

Sub-Count 363

DISPENSE DRUG: BUSPIRONE HCL 15MG TAB
Sub-Count 1078
DISPENSE DRUG: BUSPIRONE HCL 5MG TAB
Sub-Count 652
DISPENSE DRUG: CALCITONIN SALMON 200 UNT/ML I
Sub-Count 69
DISPENSE DRUG: CALCITONIN, SALMON 200UNIT 30D
Sub-Count 105
DISPENSE DRUG: CALCITRIOL 0.25MCG CAP
Sub-Count 9
DISPENSE DRUG: CALCIUM 250MG/VITAMIN D 125 UN
Sub-Count 790
DISPENSE DRUG: CALCIUM 250MG/VITAMIN D 200IU
Sub-Count 364
DISPENSE DRUG: CALCIUM 500MG/VIT D 200 UNITS
Sub-Count 5534
DISPENSE DRUG: CALCIUM 600MG TAB
Sub-Count 91
DISPENSE DRUG: CALCIUM 600MG/VITAMIN D 200UNT
Sub-Count 30
DISPENSE DRUG: CALCIUM 600MG/VITAMIN D 400 UN
Sub-Count 6804
DISPENSE DRUG: CALCIUM ACETATE 667MG (CA 167M
Sub-Count 200
DISPENSE DRUG: CALCIUM CARBONATE 500MG CHEW T
Sub-Count 306
DISPENSE DRUG: CALCIUM CARBONATE 750MG TAB, CH
Sub-Count 5
DISPENSE DRUG: CALCIUM POLYCARBOPHIL 625MG TA
Sub-Count 6440
DISPENSE DRUG: CAPSAICIN 0.025% CREAM, TOP 60G
Sub-Count 3
DISPENSE DRUG: CARBAMAZEPINE 100MG CHEW TAB
Sub-Count 471
DISPENSE DRUG: CARBAMAZEPINE 200MG TAB
Sub-Count 1425
DISPENSE DRUG: CARBAMIDE PEROXIDE 6.5% OTIC S
Sub-Count 282
DISPENSE DRUG: CARBI 50/ENTACAPONE 200/LEVOD
Sub-Count 701

DISPENSE DRUG: CARBIDOPA 10/LEVODOPA 100MG TA
Sub-Count 745
DISPENSE DRUG: CARBIDOPA 25/LEVODOPA 100MG TA
Sub-Count 5171
DISPENSE DRUG: CARBIDOPA 25/LEVODOPA 250MG TA
Sub-Count 704
DISPENSE DRUG: CARBOXYMETHYLCELLULOSE 0.25% S
Sub-Count 193
DISPENSE DRUG: CARBOXYMETHYLCELLULOSE 1% OPH
Sub-Count 92
DISPENSE DRUG: CARBOXYMETHYLCELLULOSE NA 0.5%
Sub-Count 181
DISPENSE DRUG: CARBOXYMETHYLCELLULOSE NA 1% O
Sub-Count 448
DISPENSE DRUG: CARBOXYMETHYLCELLULOSE/GLYCERI
Sub-Count 168
DISPENSE DRUG: CARVEDILOL 12.5MG TAB
Sub-Count 831
DISPENSE DRUG: CARVEDILOL 25MG TAB
Sub-Count 574
DISPENSE DRUG: CARVEDILOL 3.125MG TAB
Sub-Count 1321
DISPENSE DRUG: CARVEDILOL 6.25MG TAB
Sub-Count 1136
DISPENSE DRUG: CEFDINIR 300MG CAP
Sub-Count 301
DISPENSE DRUG: CEFTRIAXONE 1GM INJ
Sub-Count 78
DISPENSE DRUG: CEFUROXIME AXETIL 250MG TAB
Sub-Count 178
DISPENSE DRUG: CEFUROXIME AXETIL 500MG TAB
Sub-Count 82
DISPENSE DRUG: CELECOXIB 100MG CAP UD
Sub-Count 48
DISPENSE DRUG: CELLULOSE POWDER
Sub-Count 309
DISPENSE DRUG: CEPHALEXIN 250MG CAP
Sub-Count 6
DISPENSE DRUG: CEPHALEXIN 500MG CAP
Sub-Count 510

DISPENSE DRUG: CETIRIZINE 10MG TABLETS
Sub-Count 159
DISPENSE DRUG: CHLORHEXIDINE GLUCONATE 0.12%
Sub-Count 35
DISPENSE DRUG: CHLOROPHYLL 3MG TAB
Sub-Count 180
DISPENSE DRUG: CHOLECALCIFEROL 1,000 UNIT CAP
Sub-Count 159
DISPENSE DRUG: CHOLECALCIFEROL 1000UNT TAB
Sub-Count 13
DISPENSE DRUG: CHOLESTYRAMINE 4GM/5GM (LIGHT)
Sub-Count 57
DISPENSE DRUG: CHONDROITIN/GLUCOSAMINE CAP/TA
Sub-Count 180
DISPENSE DRUG: CICLOPIROX 1% SHAMPOO
Sub-Count 12
DISPENSE DRUG: CILOSTAZOL 100MG TAB
Sub-Count 181
DISPENSE DRUG: CILOSTAZOL 50MG TAB
Sub-Count 543
DISPENSE DRUG: CIMETIDINE 400MG TAB
Sub-Count 181
DISPENSE DRUG: CINACALCET HCL 30MG TAB
Sub-Count 37
DISPENSE DRUG: CINACALCET HCL 90MG TAB
Sub-Count 11
DISPENSE DRUG: CIPROFLOXACIN 0.2/HC 1% OTIC S
Sub-Count 18
DISPENSE DRUG: CIPROFLOXACIN 0.3/DEXAM 0.1% O
Sub-Count 13
DISPENSE DRUG: CIPROFLOXACIN HCL 250MG TAB
Sub-Count 132
DISPENSE DRUG: CIPROFLOXACIN HCL 500MG TAB
Sub-Count 222
DISPENSE DRUG: CIPROFLOXACIN HCL 750MG TAB
Sub-Count 25
DISPENSE DRUG: CITALOPRAM HYDROBROMIDE 10MG T
Sub-Count 1014
DISPENSE DRUG: CITALOPRAM HYDROBROMIDE 20MG T
Sub-Count 1568

DISPENSE DRUG

DISPENSE DRUG: CITALOPRAM HYDROBROMIDE 40MG T
Sub-Count 438
DISPENSE DRUG: CLARITHROMYCIN 500MG TAB
Sub-Count 16
DISPENSE DRUG: CLINDAMYCIN HCL 300MG CAP
Sub-Count 10
DISPENSE DRUG: CLOBETASOL PROPIONATE 0.05% CR
Sub-Count 172
DISPENSE DRUG: CLOBETASOL PROPIONATE 0.05% OI
Sub-Count 3
DISPENSE DRUG: CLONAZEPAM 0.5MG ORALLY DISINT
Sub-Count 14
DISPENSE DRUG: CLONAZEPAM 0.5MG TAB
Sub-Count 3385
DISPENSE DRUG: CLONAZEPAM 1MG TAB
Sub-Count 2289
DISPENSE DRUG: CLONAZEPAM 2MG ORALLY DISINTEG
Sub-Count 2
DISPENSE DRUG: CLONAZEPAM 2MG TAB
Sub-Count 90
DISPENSE DRUG: CLONIDINE HCL 0.1MG TAB
Sub-Count 1790
DISPENSE DRUG: CLONIDINE HCL 0.2MG TAB,UD
Sub-Count 751
DISPENSE DRUG: CLONIDINE HCL 0.3MG TAB
Sub-Count 633
DISPENSE DRUG: CLOPIDOGREL BISULFATE 75MG TAB
Sub-Count 3048
DISPENSE DRUG: CLOTRIMAZOLE 1% CREAM, TOP 45GM
Sub-Count 19
DISPENSE DRUG: CLOTRIMAZOLE 1% TOP CREAM 30GM
Sub-Count 78
DISPENSE DRUG: CLOZAPINE 200MG TAB
Sub-Count 579
DISPENSE DRUG: CLOZAPINE 100MG TAB
Sub-Count 1661
DISPENSE DRUG: CLOZAPINE 25MG TAB
Sub-Count 807
DISPENSE DRUG: CLOZAPINE 50MG TAB
Sub-Count 887

DISPENSE DRUG

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DISPENSE DRUG: CODEINE 10/PROMETH 6.25MG/5ML
Sub-Count 18

DISPENSE DRUG: CODEINE 30/APAP 325/BUTALB 50M
Sub-Count 281

DISPENSE DRUG: CODEINE 30MG/ACETAMINOPHEN 300
Sub-Count 21

DISPENSE DRUG: COLCHICINE 0.6MG TAB
Sub-Count 13

DISPENSE DRUG: COLESEVELAM HCL 625MG TAB
Sub-Count 69

DISPENSE DRUG: COLLAGENASE 250 UNT/GM TOP OIN
Sub-Count 119

DISPENSE DRUG: COLON ELECTROLTE LAVAGE PWD FO
Sub-Count 1

DISPENSE DRUG: COMPD NYSTATIN/DIPHEN/MYLANTA
Sub-Count 42

DISPENSE DRUG: CORAL CALCIUM 1000MG CAP
Sub-Count 32

DISPENSE DRUG: CRANBERRY 250MG CAP,TAB
Sub-Count 379

DISPENSE DRUG: CRANBERRY TAB/CAP
Sub-Count 1436

DISPENSE DRUG: CYANOCOBALAMIN 100 MCG TAB
Sub-Count 269

DISPENSE DRUG: CYANOCOBALAMIN 1000 MCG TAB
Sub-Count 1000

DISPENSE DRUG: CYANOCOBALAMIN 1000MCG/ML INJ
Sub-Count 59

DISPENSE DRUG: CYANOCOBALAMIN 500MCG TAB
Sub-Count 2

DISPENSE DRUG: CYCLOBENZAPRINE HCL 10MG TAB
Sub-Count 413

DISPENSE DRUG: CYCLOBENZAPRINE HCL 5MG TAB
Sub-Count 414

DISPENSE DRUG: CYCLOSPORINE 0.05% (PF) OPH EM
Sub-Count 363

DISPENSE DRUG: CYPROHEPTADINE HCL 4MG TAB
Sub-Count 116

DISPENSE DRUG: ClonIDINE 0.2MG/24HR PATCH
Sub-Count 12

DISPENSE DRUG: DABIGATRAN ETEXILATE 150MG CAP
Sub-Count 369
DISPENSE DRUG: DARIFENACIN 7.5MG SA TAB
Sub-Count 48
DISPENSE DRUG: DESMOPRESSIN 0.1MG TAB
Sub-Count 130
DISPENSE DRUG: DESMOPRESSIN 0.1MG/ML NASAL SP
Sub-Count 90
DISPENSE DRUG: DESMOPRESSIN 0.2MG TAB
Sub-Count 25
DISPENSE DRUG: DESONIDE 0.05% CREAM
Sub-Count 16
DISPENSE DRUG: DESOXIMETASONE 0.25% CREAM 60G
Sub-Count 19
DISPENSE DRUG: DESVENLAFAXINE SUCCINATE 50MG
Sub-Count 28
DISPENSE DRUG: DEXAMETHASONE 0.1/TOBRAMYC 0.3
Sub-Count 114
DISPENSE DRUG: DEXAMETHASONE NA PHOS. 0.1% OP
Sub-Count 543
DISPENSE DRUG: DEXLANSOPRAZOLE 30MG SA CAP
Sub-Count 687
DISPENSE DRUG: DEXLANSOPRAZOLE 60MG SA CAP
Sub-Count 476
DISPENSE DRUG: DEXOXIMETASONE 0.05% CREAM TOP
Sub-Count 27
DISPENSE DRUG: DEXTRAN 70/HYPROMELLOSE 0.3%
Sub-Count 182
DISPENSE DRUG: DIAZEPAM 10MG TAB
Sub-Count 903
DISPENSE DRUG: DIAZEPAM 2MG TAB UD
Sub-Count 651
DISPENSE DRUG: DIAZEPAM 5MG TAB UD
Sub-Count 1179
DISPENSE DRUG: DICLOFENAC 50MG/MISOPROSTOL 20
Sub-Count 181
DISPENSE DRUG: DICLOFENAC 75MG/MISOPROSTOL 20
Sub-Count 126
DISPENSE DRUG: DICLOFENAC NA 1% TOP GEL
Sub-Count 89

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DISPENSE DRUG: DICLOFENAC NA 50MG TAB,EC,UD
Sub-Count 181
DISPENSE DRUG: DICYCLOMINE HCL 10MG CAP
Sub-Count 634
DISPENSE DRUG: DICYCLOMINE HCL 20MG TAB
Sub-Count 361
DISPENSE DRUG: DIGOXIN (LANOXIN) 0.25MG TAB U
Sub-Count 275
DISPENSE DRUG: DIGOXIN 0.125MG TAB
Sub-Count 572
DISPENSE DRUG: DILTIAZEM (CARDIZEM CD) 120MG
Sub-Count 431
DISPENSE DRUG: DILTIAZEM (CARDIZEM CD) 180MG
Sub-Count 199
DISPENSE DRUG: DILTIAZEM (CARDIZEM CD) 240MG
Sub-Count 354
DISPENSE DRUG: DILTIAZEM HCL 30MG TAB
Sub-Count 452
DISPENSE DRUG: DILTIAZEM HCL 90MG TAB
Sub-Count 225
DISPENSE DRUG: DIMENHYDRINATE 50MG TAB
Sub-Count 1
DISPENSE DRUG: DIPHENHYDRAMINE HCL 25MG CAP
Sub-Count 205
DISPENSE DRUG: DIPHENHYDRAMINE HCL 25MG TAB
Sub-Count 6
DISPENSE DRUG: DIPHENHYDRAMINE HCL 50MG CAP
Sub-Count 45
DISPENSE DRUG: DIVALPROEX 125MG EC (DELAYED RE
Sub-Count 265
DISPENSE DRUG: DIVALPROEX 250MG EC (DELAYED R
Sub-Count 1355
DISPENSE DRUG: DIVALPROEX 250MG SA (EXTENDED R
Sub-Count 714
DISPENSE DRUG: DIVALPROEX 500MG EC (DELAYED RE
Sub-Count 2630
DISPENSE DRUG: DIVALPROEX 500MG SA (EXTENDED R
Sub-Count 1537
DISPENSE DRUG: DIVALPROEX NA 125MG SPRINKLE C
Sub-Count 5504

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DISPENSE DRUG: DM 10/GUAIFENESIN 100MG/5ML LI
Sub-Count 3
DISPENSE DRUG: DM 10/GUAIFENESIN 100MG/5ML SF
Sub-Count 64
DISPENSE DRUG: DM 10MG/GUAIFENESIN 100MG/5ML
Sub-Count 127
DISPENSE DRUG: DOCUSATE NA 100MG CAP
Sub-Count 11102
DISPENSE DRUG: DOCUSATE NA 50MG/5ML LIQUID 48
Sub-Count 1351
DISPENSE DRUG: DOCUSATE NA 50MG/SENNOSIDES 8.
Sub-Count 10806
DISPENSE DRUG: DONEPEZIL HCL 10MG TAB UD
Sub-Count 4691
DISPENSE DRUG: DONEPEZIL HCL 5MG TAB
Sub-Count 439
DISPENSE DRUG: DORZOLAMIDE 2/TIMOLOL 0.5% OPH
Sub-Count 360
DISPENSE DRUG: DORZOLAMIDE HCL 2% OPH SOLN 10
Sub-Count 363
DISPENSE DRUG: DOXAZOSIN MESYLATE 1MG TAB
Sub-Count 180
DISPENSE DRUG: DOXAZOSIN MESYLATE 2MG TAB
Sub-Count 90
DISPENSE DRUG: DOXAZOSIN MESYLATE 4MG TAB
Sub-Count 90
DISPENSE DRUG: DOXAZOSIN MESYLATE 8MG TAB
Sub-Count 89
DISPENSE DRUG: DOXEPIN HCL 100MG CAP
Sub-Count 90
DISPENSE DRUG: DOXEPIN HCL 25MG CAP
Sub-Count 13
DISPENSE DRUG: DOXYCYCLINE HYCLATE 100MG CAP
Sub-Count 91
DISPENSE DRUG: DOXYCYCLINE HYCLATE 100MG TAB
Sub-Count 46
DISPENSE DRUG: DRONABINOL 2.5MG CAP
Sub-Count 115
DISPENSE DRUG: DULOXETINE HCL 20MG CAP,EC
Sub-Count 145

DISPENSE DRUG: DULOXETINE HCL 30MG CAP, EC
Sub-Count 546
DISPENSE DRUG: DULOXETINE HCL 60MG CAP, EC
Sub-Count 898
DISPENSE DRUG: DUTASTERIDE 0.5MG CAP
Sub-Count 415
DISPENSE DRUG: DUTASTERIDE/TAMSULOSIN CAP, ORA
Sub-Count 97
DISPENSE DRUG: EFAVIRENZ 600MG TAB
Sub-Count 88
DISPENSE DRUG: EMTRICITABINE 200MG/TENOFOVIR
Sub-Count 90
DISPENSE DRUG: ENALAPRIL MALEATE 10MG TAB UD
Sub-Count 9
DISPENSE DRUG: ENALAPRIL MALEATE 20MG TAB
Sub-Count 90
DISPENSE DRUG: ENOXAPARIN 100MG/ML INJ SYRING
Sub-Count 9
DISPENSE DRUG: ENOXAPARIN 120MG/0.8ML INJ SYR
Sub-Count 20
DISPENSE DRUG: ENOXAPARIN 30MG/0.3ML INJ SYRI
Sub-Count 1
DISPENSE DRUG: ENOXAPARIN 40MG/0.4ML INJ SYRI
Sub-Count 2
DISPENSE DRUG: ENOXAPARIN 60MG/0.6ML INJ SYRI
Sub-Count 4
DISPENSE DRUG: EPOETIN ALFA, RECOMB 20,000UNT/
Sub-Count 2
DISPENSE DRUG: EPOETIN ALFA, RECOMB 40,000 UNT
Sub-Count 11
DISPENSE DRUG: ERGOCALCIFEROL (VITAMIN D) 500
Sub-Count 132
DISPENSE DRUG: ERTAPENEM 1 GRAM VL INJ
Sub-Count 11
DISPENSE DRUG: ERYTHROMYCIN 0.5% OPH OINT 3.5
Sub-Count 53
DISPENSE DRUG: ERYTHROMYCIN BASE 500MG TAB
Sub-Count 4
DISPENSE DRUG: ESCITALOPRAM OXALATE 10MG TAB
Sub-Count 1026

DISPENSE DRUG

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DISPENSE DRUG: ESCITALOPRAM OXALATE 20MG TAB
Sub-Count 578

DISPENSE DRUG: ESCITALOPRAM OXALATE 5MG TAB
Sub-Count 223

DISPENSE DRUG: ESOMEPRAZOLE MAGNESIUM 20MG SA
Sub-Count 176

DISPENSE DRUG: ESOMEPRAZOLE MAGNESIUM 40MG SA
Sub-Count 1467

DISPENSE DRUG: ESTRADIOL 10MCG, VAG, APPLICATO
Sub-Count 4

DISPENSE DRUG: ESTROGENS CONJUGATED 0.3MG TAB
Sub-Count 29

DISPENSE DRUG: ESTROGENS CONJUGATED 0.625MG T
Sub-Count 181

DISPENSE DRUG: ETODOLAC 400MG TAB
Sub-Count 177

DISPENSE DRUG: EXEMESTANE 25MG TABLETS
Sub-Count 91

DISPENSE DRUG: EZETIMIBE 10MG TAB
Sub-Count 133

DISPENSE DRUG: EZETIMIBE 10MG/SIMVASTATIN 40M
Sub-Count 91

DISPENSE DRUG: FAMOTIDINE 20MG TAB
Sub-Count 1148

DISPENSE DRUG: FAMOTIDINE 40MG TAB
Sub-Count 449

DISPENSE DRUG: FELODIPINE 5MG SA TAB UD
Sub-Count 90

DISPENSE DRUG: FENOFIBRATE 134MG CAP
Sub-Count 37

DISPENSE DRUG: FENOFIBRATE 145MG TAB
Sub-Count 1259

DISPENSE DRUG: FENOFIBRATE 160MG TAB
Sub-Count 179

DISPENSE DRUG: FENOFIBRATE 200MG CAP
Sub-Count 182

DISPENSE DRUG: FENOFIBRATE 48MG TAB
Sub-Count 422

DISPENSE DRUG: FENOFIBRATE 67MG CAP
Sub-Count 325

DISPENSE DRUG

26

DISPENSE DRUG: FENOFIBRIC ACID 135MG CAP, EC
Sub-Count 90

DISPENSE DRUG: FENTANYL 100MCG/HR PATCH
Sub-Count 1

DISPENSE DRUG: FENTANYL 12MCG/HR PATCH
Sub-Count 121

DISPENSE DRUG: FENTANYL 25MCG/HR PATCH
Sub-Count 114

DISPENSE DRUG: FENTANYL 50MCG/HR PATCH
Sub-Count 9

DISPENSE DRUG: FENTANYL 75MCG/HR PATCH
Sub-Count 77

DISPENSE DRUG: FERROUS FUM/VIT C/B12-IF/FA
Sub-Count 546

DISPENSE DRUG: FERROUS GLUCONATE 325MG TAB
Sub-Count 91

DISPENSE DRUG: FERROUS SULFATE 325MG TAB
Sub-Count 4496

DISPENSE DRUG: FEXOFENADINE HCL 60MG TAB UD
Sub-Count 8

DISPENSE DRUG: FINASTERIDE 5MG TAB UD
Sub-Count 1158

DISPENSE DRUG: FISH OIL 1000MG ORAL CAP
Sub-Count 2022

DISPENSE DRUG: FLORASTOR 250MG CAP
Sub-Count 139

DISPENSE DRUG: FLUCONAZOLE 100MG TAB
Sub-Count 31

DISPENSE DRUG: FLUCONAZOLE 150MG TAB
Sub-Count 22

DISPENSE DRUG: FLUCONAZOLE 200MG TAB
Sub-Count 30

DISPENSE DRUG: FLUDROCORTISONE ACETATE 0.1MG
Sub-Count 196

DISPENSE DRUG: FLUOROMETHOLONE 0.1% OPH OINT
Sub-Count 23

DISPENSE DRUG: FLUOXETINE HCL 10MG CAP
Sub-Count 293

DISPENSE DRUG: FLUOXETINE HCL 20MG CAP
Sub-Count 734

DISPENSE DRUG: FLUOXETINE HCL 40MG CAP
Sub-Count 181
DISPENSE DRUG: FLUPHENAZINE DECANOATE 25MG/ML
Sub-Count 18
DISPENSE DRUG: FLUPHENAZINE HCL 10MG TAB
Sub-Count 74
DISPENSE DRUG: FLUPHENAZINE HCL 2.5MG TAB
Sub-Count 17
DISPENSE DRUG: FLUPHENAZINE HCL 5MG TAB UD
Sub-Count 243
DISPENSE DRUG: FLURBIPROFEN NA 0.03% OPH 2.5
Sub-Count 363
DISPENSE DRUG: FLUTICAS 100/SALMETEROL 50 INH
Sub-Count 316
DISPENSE DRUG: FLUTICAS 230/SALMETEROL 21 INH
Sub-Count 181
DISPENSE DRUG: FLUTICAS 250/SALMETEROL 50 INH
Sub-Count 861
DISPENSE DRUG: FLUTICAS 45/SALMETEROL 21 INHL
Sub-Count 16
DISPENSE DRUG: FLUTICAS 500/SALMETEROL 50 INH
Sub-Count 354
DISPENSE DRUG: FLUTICASONE PROP 110MCG 120D O
Sub-Count 191
DISPENSE DRUG: FLUTICASONE PROP 220MCG 120D O
Sub-Count 2
DISPENSE DRUG: FLUTICASONE PROP 44MCG 120D OR
Sub-Count 76
DISPENSE DRUG: FLUTICASONE PROP 50MCG 120D NA
Sub-Count 1779
DISPENSE DRUG: FLUVOXAMINE MALEATE 100MG TAB
Sub-Count 9
DISPENSE DRUG: FLUVOXAMINE MALEATE 50MG TAB,U
Sub-Count 82
DISPENSE DRUG: FOLIC ACID 1MG TAB UD
Sub-Count 1781
DISPENSE DRUG: FUROSEMIDE 20MG TAB
Sub-Count 3813
DISPENSE DRUG: FUROSEMIDE 40MG TAB
Sub-Count 4351

DISPENSE DRUG: FUROSEMIDE 80MG TAB
Sub-Count 633
DISPENSE DRUG: GABAPENTIN 100MG CAP UD
Sub-Count 1381
DISPENSE DRUG: GABAPENTIN 300MG CAP UD
Sub-Count 3958
DISPENSE DRUG: GABAPENTIN 400MG CAP
Sub-Count 564
DISPENSE DRUG: GABAPENTIN 600MG TAB
Sub-Count 1700
DISPENSE DRUG: GABAPENTIN 800MG TAB
Sub-Count 746
DISPENSE DRUG: GEMFIBROZIL 600MG TAB
Sub-Count 329
DISPENSE DRUG: GENTAMICIN SO4 0.1% OINT, TOP 3
Sub-Count 33
DISPENSE DRUG: GENTAMICIN SO4 0.3% SOLN, OPH 1
Sub-Count 23
DISPENSE DRUG: GENTAMICIN SO4 40MG/ML INJ
Sub-Count 1
DISPENSE DRUG: GENTAMICIN SO4 80MG/VIL INJ
Sub-Count 8
DISPENSE DRUG: GENTAMICIN SULFATE 0.3% OPH OI
Sub-Count 16
DISPENSE DRUG: GENTAMICIN SULFATE 0.3% OPH SO
Sub-Count 74
DISPENSE DRUG: GERITOL LIQUID
Sub-Count 90
DISPENSE DRUG: GLIMEPIRIDE 2MG TAB
Sub-Count 447
DISPENSE DRUG: GLIMEPIRIDE 4MG TAB
Sub-Count 194
DISPENSE DRUG: GLIPIZIDE 10MG TAB
Sub-Count 666
DISPENSE DRUG: GLIPIZIDE 2.5MG SA TAB
Sub-Count 182
DISPENSE DRUG: GLIPIZIDE 5MG TAB
Sub-Count 1860
DISPENSE DRUG: GLUCOSAMINE 500MG CAPS
Sub-Count 91

DISPENSE DRUG: GLYBURIDE 2.5MG TAB
Sub-Count 138
DISPENSE DRUG: GLYBURIDE 2.5MG/METFORMIN HCL
Sub-Count 231
DISPENSE DRUG: GLYBURIDE 5MG TAB
Sub-Count 127
DISPENSE DRUG: GNC CORAL CALCIUM CAP
Sub-Count 55
DISPENSE DRUG: GOLD BOND BODY POWDER
Sub-Count 67
DISPENSE DRUG: GUAIFENESIN 100MG/5ML (AF) LIQ
Sub-Count 30
DISPENSE DRUG: GUAIFENESIN 100MG/5ML (AF/SF)
Sub-Count 209
DISPENSE DRUG: GUAIFENESIN 100MG/5ML (SF/AF)
Sub-Count 23
DISPENSE DRUG: GUAIFENESIN 100MG/5ML SYRUP 12
Sub-Count 14
DISPENSE DRUG: GUAIFENESIN 200MG TAB
Sub-Count 5
DISPENSE DRUG: GUAIFENESIN 400MG TAB
Sub-Count 404
DISPENSE DRUG: GUAIFENESIN 600MG SA TAB
Sub-Count 1856
DISPENSE DRUG: GUAIFENESIN/PSEUDO. 600MG/60MG
Sub-Count 188
DISPENSE DRUG: HALOPERIDOL 0.5MG TAB
Sub-Count 536
DISPENSE DRUG: HALOPERIDOL 10MG TAB
Sub-Count 451
DISPENSE DRUG: HALOPERIDOL 1MG TAB
Sub-Count 748
DISPENSE DRUG: HALOPERIDOL 20MG TAB
Sub-Count 182
DISPENSE DRUG: HALOPERIDOL 2MG TAB
Sub-Count 375
DISPENSE DRUG: HALOPERIDOL 2MG/ML SOLN 120ML
Sub-Count 269
DISPENSE DRUG: HALOPERIDOL 5MG TAB
Sub-Count 1512

DISPENSE DRUG: HALOPERIDOL 5MG/ML INJ 1ML
Sub-Count 13
DISPENSE DRUG: HALOPERIDOL DECANO 100MG/ML IN
Sub-Count 34
DISPENSE DRUG: HALOPERIDOL DECANO 50MG/ML INJ
Sub-Count 3
DISPENSE DRUG: HC 1%/NEO 3.5MG/POLYMYXIN OTIC
Sub-Count 90
DISPENSE DRUG: HC 1%/NEOMY 3.5MG/POLYMYX OTIC
Sub-Count 145
DISPENSE DRUG: HCTZ 12.5/LISINOPRIL 20MG TAB
Sub-Count 33
DISPENSE DRUG: HCTZ 25/TRIAMTERENE 37.5MG CAP
Sub-Count 91
DISPENSE DRUG: HCTZ 25MG/VALSARTAN 160MG TAB
Sub-Count 91
DISPENSE DRUG: HEPARIN NA 5000UNT/ML INJ 1ML
Sub-Count 127
DISPENSE DRUG: HYDRALAZINE HCL 100MG TAB
Sub-Count 312
DISPENSE DRUG: HYDRALAZINE HCL 10MG TAB
Sub-Count 91
DISPENSE DRUG: HYDRALAZINE HCL 25MG TAB
Sub-Count 781
DISPENSE DRUG: HYDRALAZINE HCL 50MG TAB
Sub-Count 951
DISPENSE DRUG: HYDROCHLOROTHIAZIDE 12.5MG CAP
Sub-Count 421
DISPENSE DRUG: HYDROCHLOROTHIAZIDE 25MG TAB
Sub-Count 272
DISPENSE DRUG: HYDROCHLOROTHIAZIDE 50MG TAB
Sub-Count 90
DISPENSE DRUG: HYDROCODONE 10/ACETAMINOPHEN 3
Sub-Count 350
DISPENSE DRUG: HYDROCODONE 10/ACETAMINOPHEN 5
Sub-Count 786
DISPENSE DRUG: HYDROCODONE 10MG/APAP 650MG TA
Sub-Count 182
DISPENSE DRUG: HYDROCODONE 2.5/APAP 500MG TAB
Sub-Count 1133

DISPENSE DRUG

DISPENSE DRUG: HYDROCODONE 5/ACETAMINOPHEN 50
Sub-Count 6378

DISPENSE DRUG: HYDROCODONE 5MG/ACETAMINOPHEN
Sub-Count 1178

DISPENSE DRUG: HYDROCODONE 7.5/ACETAMINOPHEN
Sub-Count 1854

DISPENSE DRUG: HYDROCODONE 7.5/IBUPROFEN 200M
Sub-Count 546

DISPENSE DRUG: HYDROCODONE 7.5MG/APAP 325MG T
Sub-Count 508

DISPENSE DRUG: HYDROCORTISONE 0.1% CREAM
Sub-Count 27

DISPENSE DRUG: HYDROCORTISONE 0.5% CR 30GM
Sub-Count 125

DISPENSE DRUG: HYDROCORTISONE 1% CREAM 30GM
Sub-Count 56

DISPENSE DRUG: HYDROCORTISONE 10MG TAB
Sub-Count 91

DISPENSE DRUG: HYDROCORTISONE 2.5% CREAM 30GM
Sub-Count 5

DISPENSE DRUG: HYDROCORTISONE ACETATE 25MG RT
Sub-Count 43

DISPENSE DRUG: HYDROCORTISONE VALERATE 0.2% C
Sub-Count 12

DISPENSE DRUG: HYDROXYCHLOROQUINE SULFATE 200
Sub-Count 181

DISPENSE DRUG: HYDROXYZINE HCL 25MG TAB
Sub-Count 3

DISPENSE DRUG: HYDROXYZINE HCL 50MG TAB
Sub-Count 181

DISPENSE DRUG: HYDROXYZINE PAMOATE 100MG CAP
Sub-Count 55

DISPENSE DRUG: HYDROXYZINE PAMOATE 25MG CAP
Sub-Count 690

DISPENSE DRUG: HYDROXYZINE PAMOATE 50MG CAP
Sub-Count 735

DISPENSE DRUG: HYOSCYAMINE SULFATE 0.125MG SL
Sub-Count 1

DISPENSE DRUG: IBANDRONATE 150MG TAB
Sub-Count 3

DISPENSE DRUG: IBUPROFEN 100MG/5ML SUSP, ORAL
Sub-Count 15
DISPENSE DRUG: IBUPROFEN 200MG TAB
Sub-Count 922
DISPENSE DRUG: IBUPROFEN 400MG TAB
Sub-Count 1383
DISPENSE DRUG: IBUPROFEN 600MG TAB
Sub-Count 107
DISPENSE DRUG: IBUPROFEN 800MG TAB
Sub-Count 387
DISPENSE DRUG: ICAPS LUTEIN & ZEAXANTHIN SA T
Sub-Count 881
DISPENSE DRUG: ICAPS MULTIVITAMIN TAB
Sub-Count 92
DISPENSE DRUG: ICOSAPENT ETHYL 1GM CAP
Sub-Count 103
DISPENSE DRUG: ILOPERIDONE 12MG TAB
Sub-Count 85
DISPENSE DRUG: ILOPERIDONE 2MG TAB
Sub-Count 15
DISPENSE DRUG: ILOPERIDONE 4MG TAB
Sub-Count 93
DISPENSE DRUG: INDOMETHACIN 25MG CAP
Sub-Count 180
DISPENSE DRUG: INSULIN DETEMIR INJ
Sub-Count 1114
DISPENSE DRUG: INSULIN HUMULIN 70/30 (NPH/REG
Sub-Count 1
DISPENSE DRUG: INSULIN LISPRO 100 UNITS/ML IN
Sub-Count 1265
DISPENSE DRUG: INSULIN NOVOLIN 70/30 (NPH/REG
Sub-Count 147
DISPENSE DRUG: INSULIN NPH HUMAN 100 U/ML INJ
Sub-Count 996
DISPENSE DRUG: INSULIN NPH HUMAN 100U/ML INJ
Sub-Count 182
DISPENSE DRUG: INSULIN REG HUMAN 100 U/ML INJ
Sub-Count 5812
DISPENSE DRUG: INSULIN, ASPART, HUMAN 100 UNT/M
Sub-Count 6683

DISPENSE DRUG: INSULIN,ASPART,HUMAN 70/30 INJ
Sub-Count 322
DISPENSE DRUG: INSULIN,GLARGINE,HUMAN 100 UNT
Sub-Count 2376
DISPENSE DRUG: INSULIN,LISPRO,HUMAN 75/25 HUM
Sub-Count 200
DISPENSE DRUG: IPRATROPIUM BR 0.03% NASAL SPR
Sub-Count 90
DISPENSE DRUG: IPRATROPIUM BROMIDE 0.02% INH
Sub-Count 2923
DISPENSE DRUG: IPRATROPIUM BROMIDE 17MCG 200D
Sub-Count 23
DISPENSE DRUG: IRON POLYSACCHARIDE /VIT C 150
Sub-Count 172
DISPENSE DRUG: IRON POLYSACCHARIDE COMPLEX 15
Sub-Count 735
DISPENSE DRUG: ISONIAZID 300MG TAB
Sub-Count 70
DISPENSE DRUG: ISOSORBIDE DINITRATE 20MG ORAL
Sub-Count 282
DISPENSE DRUG: ISOSORBIDE MONONITRATE 10MG OR
Sub-Count 362
DISPENSE DRUG: ISOSORBIDE MONONITRATE 20MG OR
Sub-Count 461
DISPENSE DRUG: ISOSORBIDE MONONITRATE 30MG SA
Sub-Count 511
DISPENSE DRUG: ISOSORBIDE MONONITRATE 60MG SA
Sub-Count 354
DISPENSE DRUG: ITRACONAZOLE 100MG CAP
Sub-Count 34
DISPENSE DRUG: K-PHOS NEUTRAL TAB
Sub-Count 277
DISPENSE DRUG: KETOCONAZOLE 2% SHAMPOO
Sub-Count 91
DISPENSE DRUG: KETOROLAC TROMETHAMINE 0.4% OP
Sub-Count 73
DISPENSE DRUG: KETOROLAC TROMETHAMINE 0.5% OP
Sub-Count 56
DISPENSE DRUG: KETOROLAC TROMETHAMINE 30MG/ML
Sub-Count 1

DISPENSE DRUG: KETOROLAC TROMETHAMINE 60MG/2M
Sub-Count 2

DISPENSE DRUG: L-METHYLFOLATE 7.5MG TAB
Sub-Count 47

DISPENSE DRUG: LABETALOL HCL 200MG TAB
Sub-Count 180

DISPENSE DRUG: LACOSAMIDE 100MG TABS
Sub-Count 182

DISPENSE DRUG: LACTULOSE 10GM/15ML SOLN 480ML
Sub-Count 3727

DISPENSE DRUG: LAMOTRIGINE 100MG TAB
Sub-Count 705

DISPENSE DRUG: LAMOTRIGINE 150MG TAB
Sub-Count 173

DISPENSE DRUG: LAMOTRIGINE 200MG TAB
Sub-Count 883

DISPENSE DRUG: LAMOTRIGINE 25MG TAB
Sub-Count 1015

DISPENSE DRUG: LANSOPRAZOLE 15MG SA CAP UD
Sub-Count 179

DISPENSE DRUG: LANSOPRAZOLE 30MG SA CAP
Sub-Count 704

DISPENSE DRUG: LANSOPRAZOLE 30MG SA DISINTEGR
Sub-Count 238

DISPENSE DRUG: LATANOPROST 0.005% OPH SOLN 2.
Sub-Count 662

DISPENSE DRUG: LEVALBUTEROL HCL 0.63MG/3ML IN
Sub-Count 24

DISPENSE DRUG: LEVALBUTEROL HCL 1.25MG/3ML IN
Sub-Count 99

DISPENSE DRUG: LEVETIRACETAM 1000MG TAB
Sub-Count 1486

DISPENSE DRUG: LEVETIRACETAM 100MG/ML ORAL SO
Sub-Count 1229

DISPENSE DRUG: LEVETIRACETAM 250MG TAB
Sub-Count 620

DISPENSE DRUG: LEVETIRACETAM 500MG TAB
Sub-Count 3057

DISPENSE DRUG: LEVETIRACETAM 750MG TAB
Sub-Count 364

DISPENSE DRUG: LEVOFLOXACIN 250MG TAB
Sub-Count 15
DISPENSE DRUG: LEVOFLOXACIN 25MG/ML SOLN,ORAL
Sub-Count 1
DISPENSE DRUG: LEVOFLOXACIN 500MG TAB
Sub-Count 246
DISPENSE DRUG: LEVOTHYROXINE NA 0.137 MG TABL
Sub-Count 111
DISPENSE DRUG: LEVOTHYROXINE NA 100MCG TAB
Sub-Count 1785
DISPENSE DRUG: LEVOTHYROXINE NA 112MCG TAB
Sub-Count 314
DISPENSE DRUG: LEVOTHYROXINE NA 125MCG TAB
Sub-Count 503
DISPENSE DRUG: LEVOTHYROXINE NA 150MCG TAB
Sub-Count 609
DISPENSE DRUG: LEVOTHYROXINE NA 175MCG TAB
Sub-Count 145
DISPENSE DRUG: LEVOTHYROXINE NA 200MCG TAB
Sub-Count 416
DISPENSE DRUG: LEVOTHYROXINE NA 25MCG TAB
Sub-Count 2198
DISPENSE DRUG: LEVOTHYROXINE NA 50MCG TAB
Sub-Count 1730
DISPENSE DRUG: LEVOTHYROXINE NA 75MCG TAB
Sub-Count 1223
DISPENSE DRUG: LEVOTHYROXINE NA 88MCG TAB
Sub-Count 742
DISPENSE DRUG: LIDOCAINE 5% 5IN X 6IN PATCH
Sub-Count 709
DISPENSE DRUG: LINAGLIPTIN 5MG TAB
Sub-Count 186
DISPENSE DRUG: LINEZOLID 600MG TAB
Sub-Count 119
DISPENSE DRUG: LIOTHYRONINE NA 25MCG TAB
Sub-Count 91
DISPENSE DRUG: LISINOPRIL 10MG TAB
Sub-Count 2657
DISPENSE DRUG: LISINOPRIL 2.5MG TAB
Sub-Count 756

DISPENSE DRUG: LISINOPRIL 20MG TAB
Sub-Count 1913

DISPENSE DRUG: LISINOPRIL 40MG TAB
Sub-Count 376

DISPENSE DRUG: LISINOPRIL 5MG TAB
Sub-Count 701

DISPENSE DRUG: LITHIUM CARBONATE 150MG CAP
Sub-Count 181

DISPENSE DRUG: LITHIUM CARBONATE 300MG CAP
Sub-Count 193

DISPENSE DRUG: LITHIUM CARBONATE 450MG SA TAB
Sub-Count 162

DISPENSE DRUG: LITHIUM CARBONATE 600MG CAP
Sub-Count 129

DISPENSE DRUG: LITHOBID 300MG SA TAB
Sub-Count 19

DISPENSE DRUG: LOPERAMIDE HCL 2MG CAP
Sub-Count 2

DISPENSE DRUG: LOPERAMIDE HCL 2MG TAB
Sub-Count 62

DISPENSE DRUG: LORATADINE 10MG TAB
Sub-Count 998

DISPENSE DRUG: LORAZEPAM 0.5MG TAB
Sub-Count 4565

DISPENSE DRUG: LORAZEPAM 1MG TAB
Sub-Count 4955

DISPENSE DRUG: LORAZEPAM 2MG TAB
Sub-Count 1293

DISPENSE DRUG: LORAZEPAM 2MG/ML INJ 1ML
Sub-Count 204

DISPENSE DRUG: LOSARTAN POTASSIUM 100MG TAB
Sub-Count 194

DISPENSE DRUG: LOSARTAN POTASSIUM 25MG TAB
Sub-Count 150

DISPENSE DRUG: LOSARTAN POTASSIUM 50MG TAB
Sub-Count 413

DISPENSE DRUG: LOTEPREDNOL ETABONATE 0.5% OPH
Sub-Count 87

DISPENSE DRUG: LOXAPINE SUCCINATE 25MG CAP
Sub-Count 71

DISPENSE DRUG: LUBIPROSTONE 24MCG CAP
Sub-Count 230
DISPENSE DRUG: LURASIDONE HCL 40MG TAB
Sub-Count 263
DISPENSE DRUG: LURASIDONE HCL 80MG TAB
Sub-Count 6
DISPENSE DRUG: MAGNESIUM CITRATE LIQUID 296ML
Sub-Count 8
DISPENSE DRUG: MAGNESIUM OXIDE 400MG TAB
Sub-Count 2223
DISPENSE DRUG: MECLIZINE 12.5MG TAB
Sub-Count 524
DISPENSE DRUG: MEDROXYPROGESTERONE 150MG/ML I
Sub-Count 10
DISPENSE DRUG: MEDROXYPROGESTERONE 400MG/ML I
Sub-Count 5
DISPENSE DRUG: MEDROXYPROGESTERONE ACETATE 10
Sub-Count 76
DISPENSE DRUG: MEGESTROL ACETATE 200MG/5ML SU
Sub-Count 2155
DISPENSE DRUG: MEGESTROL ACETATE 20MG TAB
Sub-Count 86
DISPENSE DRUG: MEGESTROL ACETATE 40MG TAB UD
Sub-Count 177
DISPENSE DRUG: MELATONIN 1MG CAP/TAB
Sub-Count 3
DISPENSE DRUG: MELATONIN 3MG TAB
Sub-Count 276
DISPENSE DRUG: MELATONIN 5MG TAB
Sub-Count 644
DISPENSE DRUG: MELOXICAM 15MG TAB
Sub-Count 580
DISPENSE DRUG: MELOXICAM 7.5MG TAB
Sub-Count 386
DISPENSE DRUG: MEMANTINE HCL 10MG TAB UD
Sub-Count 8240
DISPENSE DRUG: MEMANTINE HCL 5MG TAB
Sub-Count 891
DISPENSE DRUG: MEPERIDINE HCL 25MG/ML INJ 1ML
Sub-Count 1

DISPENSE DRUG: MESALAMINE (DELAYED RELEASE) 4
Sub-Count 217
DISPENSE DRUG: MESALAMINE 400MG SA TAB
Sub-Count 27
DISPENSE DRUG: METFORMIN 500MG TAB UD
Sub-Count 1713
DISPENSE DRUG: METFORMIN HCL 1000MG TAB,UD
Sub-Count 2806
DISPENSE DRUG: METFORMIN HCL 850MG TAB UD
Sub-Count 387
DISPENSE DRUG: METHADONE HCL 5MG TAB
Sub-Count 23
DISPENSE DRUG: METHOTREXATE NA 2.5MG TAB
Sub-Count 12
DISPENSE DRUG: METHYLPHENIDATE HCL 10MG TAB
Sub-Count 155
DISPENSE DRUG: METHYLPHENIDATE HCL 5MG TAB
Sub-Count 385
DISPENSE DRUG: METHYLPREDNISOLONE 4MG TAB
Sub-Count 23
DISPENSE DRUG: METHYLPREDNISOLONE 4MG TAB DOS
Sub-Count 2
DISPENSE DRUG: METOCLOPRAMIDE HCL 5MG TAB
Sub-Count 640
DISPENSE DRUG: METOPROLOL SUCCINATE 25MG SA T
Sub-Count 1711
DISPENSE DRUG: METOPROLOL SUCCINATE 50MG SA T
Sub-Count 268
DISPENSE DRUG: METOPROLOL TARTRATE 100MG TAB
Sub-Count 715
DISPENSE DRUG: METOPROLOL TARTRATE 25MG TAB
Sub-Count 6063
DISPENSE DRUG: METOPROLOL TARTRATE 50MG TAB
Sub-Count 2209
DISPENSE DRUG: METRONIDAZOLE 0.75% TOP GEL 45
Sub-Count 31
DISPENSE DRUG: METRONIDAZOLE 250MG TAB UD
Sub-Count 25
DISPENSE DRUG: METRONIDAZOLE 500MG TAB
Sub-Count 54

DISPENSE DRUG: MICONAZOLE NITRATE 2% TOP CREA
Sub-Count 54
DISPENSE DRUG: MICONAZOLE NITRATE 2% VAG CREA
Sub-Count 3
DISPENSE DRUG: MIDODRINE HCL 5MG TAB
Sub-Count 160
DISPENSE DRUG: MILK OF MAGNESIA 355ML
Sub-Count 253
DISPENSE DRUG: MILK OF MAGNESIA 473ML BT
Sub-Count 403
DISPENSE DRUG: MILK OF MAGNESIA, 30ML
Sub-Count 175
DISPENSE DRUG: MINERAL OIL 473ML BT
Sub-Count 90
DISPENSE DRUG: MINOCYCLINE HCL 100MG CAP
Sub-Count 34
DISPENSE DRUG: MINOXIDIL 10MG TAB
Sub-Count 270
DISPENSE DRUG: MIRTAZAPINE 15MG DISINTEGRATIN
Sub-Count 182
DISPENSE DRUG: MIRTAZAPINE 15MG TAB
Sub-Count 1282
DISPENSE DRUG: MIRTAZAPINE 30MG TAB
Sub-Count 924
DISPENSE DRUG: MIRTAZAPINE 45MG TAB
Sub-Count 499
DISPENSE DRUG: MIRTAZAPINE 7.5MG TAB
Sub-Count 63
DISPENSE DRUG: MOMETASONE FUROATE 0.1% CREAM,
Sub-Count 232
DISPENSE DRUG: MOMETASONE FUROATE 220MCG/INHL
Sub-Count 148
DISPENSE DRUG: MOMETASONE FUROATE 50MCG 120D
Sub-Count 801
DISPENSE DRUG: MONTELUKAST NA 10MG TAB UD
Sub-Count 732
DISPENSE DRUG: MORPHINE SO4 15MG SA TAB
Sub-Count 185
DISPENSE DRUG: MORPHINE SO4 20MG/5ML SOLN, O
Sub-Count 2

WVDHHR LTC DRUG UTILIZATION REPORT 05-01-13 THROUGH 08-01-13
DISPENSE DRUG

AUG 1,2013@13:16 PAC

DISPENSE DRUG: MORPHINE SO4 20MG/ML ORAL CONC
Sub-Count 246

DISPENSE DRUG: MOXIFLOXACIN 400MG TAB
Sub-Count 2

DISPENSE DRUG: MOXIFLOXACIN HCL 0.5% OPH SON
Sub-Count 7

DISPENSE DRUG: MULTIVIT/MIN/LUTEIN TAB
Sub-Count 424

DISPENSE DRUG: MULTIVITAMIN TAB
Sub-Count 2858

DISPENSE DRUG: MULTIVITAMIN/MINERALS SENIOR F
Sub-Count 203

DISPENSE DRUG: MULTIVITAMIN/MINERALS TAB
Sub-Count 4733

DISPENSE DRUG: MUPIROCIN 2% OINT 22GM
Sub-Count 233

DISPENSE DRUG: MedroxyPROGESTERone SUSP INJ,
Sub-Count 7

DISPENSE DRUG: NA BIPHOSP 19GM/NA PHOSPHATE 7
Sub-Count 10

DISPENSE DRUG: NAPROXEN 250MG TAB
Sub-Count 113

DISPENSE DRUG: NAPROXEN 500MG TAB
Sub-Count 273

DISPENSE DRUG: NAPROXEN NA 220MG TAB
Sub-Count 96

DISPENSE DRUG: NEBIVOLOL 10MG TAB
Sub-Count 49

DISPENSE DRUG: NEBIVOLOL 5MG TAB
Sub-Count 139

DISPENSE DRUG: NEOMYCIN SULFATE 500MG TAB
Sub-Count 4

DISPENSE DRUG: NEOMYCIN/POLYMYXIN/BACITRACIN
Sub-Count 5

DISPENSE DRUG: NEPHROCAPS CAP
Sub-Count 6

DISPENSE DRUG: NIACIN (NIACOR) 500MG TAB
Sub-Count 602

DISPENSE DRUG: NIACIN (NIASPAN-KOS) 500MG SA
Sub-Count 111

DISPENSE DRUG: NIACIN 1000MG SA TAB
Sub-Count 135
DISPENSE DRUG: NIACIN 250MG SA CAP
Sub-Count 91
DISPENSE DRUG: NICOTINE 21MG/24HR PATCH
Sub-Count 195
DISPENSE DRUG: NIFEDIPINE (PROCARDIA XL) 30MG
Sub-Count 361
DISPENSE DRUG: NITROFURANTOIN 25MG/5ML SUSP
Sub-Count 3
DISPENSE DRUG: NITROFURANTOIN MACROCRYST 100M
Sub-Count 207
DISPENSE DRUG: NITROFURANTOIN MONO/MACRO 100M
Sub-Count 258
DISPENSE DRUG: NITROGLYCERIN 0.1MG/HR PATCH
Sub-Count 271
DISPENSE DRUG: NITROGLYCERIN 0.2MG/HR PATCH
Sub-Count 542
DISPENSE DRUG: NITROGLYCERIN 0.4MG SL TAB
Sub-Count 1
DISPENSE DRUG: NITROGLYCERIN 0.4MG/HR PATCH
Sub-Count 272
DISPENSE DRUG: NITROGLYCERIN 0.8MG/HR PATCH
Sub-Count 91
DISPENSE DRUG: NYSTATIN 100000 U/GM OINT, TOP
Sub-Count 22
DISPENSE DRUG: NYSTATIN 100000 UNT/GM CREAM 3
Sub-Count 70
DISPENSE DRUG: NYSTATIN 100000 UNT/GM TOP PWD
Sub-Count 1
DISPENSE DRUG: NYSTATIN 100000 UNT/ML SUSP 60
Sub-Count 7
DISPENSE DRUG: NYSTATIN/TRIAMCINOLONE CRM 15G
Sub-Count 31
DISPENSE DRUG: NYSTATIN/TRIAMCINOLONE CRM 30G
Sub-Count 108
DISPENSE DRUG: NYSTATIN/TRIAMCINOLONE CRM 60G
Sub-Count 225
DISPENSE DRUG: NYSTATIN/TRIAMCINOLONE OINT 60
Sub-Count 237

WVDHHR LTC DRUG UTILIZATION REPORT 05-01-13 THROUGH 08-01-13
DISPENSE DRUG

AUG 1, 2013@13:16 PAC

DISPENSE DRUG: OCUVITE LUTEIN CAP, ORAL
Sub-Count 269

DISPENSE DRUG: OFLOXACIN 0.3% OPH SOLN 5ML
Sub-Count 9

DISPENSE DRUG: OLANZAPINE 10MG TAB UD
Sub-Count 1028

DISPENSE DRUG: OLANZAPINE 10MG/VIL INJ
Sub-Count 88

DISPENSE DRUG: OLANZAPINE 15MG TAB
Sub-Count 618

DISPENSE DRUG: OLANZAPINE 2.5MG TAB, UD
Sub-Count 408

DISPENSE DRUG: OLANZAPINE 20MG TAB
Sub-Count 1067

DISPENSE DRUG: OLANZAPINE 5MG TAB UD
Sub-Count 308

DISPENSE DRUG: OLANZAPINE 7.5MG TAB
Sub-Count 181

DISPENSE DRUG: OLMESARTAN MEDOXOMIL 20MG TAB
Sub-Count 182

DISPENSE DRUG: OLMESARTAN MEDOXOMIL 40MG TAB
Sub-Count 90

DISPENSE DRUG: OLOPATADINE HCL 0.1% OPH SOLN
Sub-Count 654

DISPENSE DRUG: OLOPATADINE HCL 0.2% OPH SOLN
Sub-Count 1

DISPENSE DRUG: OMEGA-3-ACID ETHYL ESTERS 1GM
Sub-Count 574

DISPENSE DRUG: OMEPRAZOLE 10MG SA CAP
Sub-Count 5

DISPENSE DRUG: OMEPRAZOLE 20MG SA CAP UD
Sub-Count 4196

DISPENSE DRUG: OMEPRAZOLE 40MG SA CAP
Sub-Count 671

DISPENSE DRUG: ONDANSETRON HCL 4MG TAB
Sub-Count 149

DISPENSE DRUG: OXAZEPAM 10MG CAP
Sub-Count 204

DISPENSE DRUG: OXCARBAZEPINE 150MG TAB
Sub-Count 271

WVDHHR LTC DRUG UTILIZATION REPORT 05-01-13 THROUGH 08-01-13
DISPENSE DRUG

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DISPENSE DRUG: OXCARBAZEPINE 300MG TAB UD
Sub-Count 483

DISPENSE DRUG: OXCARBAZEPINE 300MG/5ML SUSP
Sub-Count 181

DISPENSE DRUG: OXCARBAZEPINE 600MG TAB
Sub-Count 772

DISPENSE DRUG: OXYBUTYNIN CHLORIDE 10MG SA TA
Sub-Count 230

DISPENSE DRUG: OXYBUTYNIN CHLORIDE 15MG SA TA
Sub-Count 76

DISPENSE DRUG: OXYBUTYNIN CHLORIDE 5MG SA TAB
Sub-Count 322

DISPENSE DRUG: OXYBUTYNIN CHLORIDE 5MG TAB
Sub-Count 1443

DISPENSE DRUG: OXYCODONE HCL 10MG TABLET
Sub-Count 320

DISPENSE DRUG: OXYCODONE HCL 15MG SA TAB
Sub-Count 18

DISPENSE DRUG: OXYCODONE HCL 20MG/ML SOLN, ORA
Sub-Count 181

DISPENSE DRUG: OXYCODONE HCL 5MG CAP
Sub-Count 159

DISPENSE DRUG: OXYCODONE HCL 5MG TAB
Sub-Count 364

DISPENSE DRUG: OXYCODONE/ACETAMINOPHEN 10/325
Sub-Count 285

DISPENSE DRUG: OXYCODONE/ACETAMINOPHEN 5/325
Sub-Count 1111

DISPENSE DRUG: OXYCODONE/ACETAMINOPHEN 7.5/32
Sub-Count 47

DISPENSE DRUG: OXYCODONE/ACETAMINOPHEN 7.5/50
Sub-Count 363

DISPENSE DRUG: OXYMETAZOLINE HCL 0.05% NASAL
Sub-Count 17

DISPENSE DRUG: PALIPERIDONE 6MG SA TAB
Sub-Count 180

DISPENSE DRUG: PALIPERIDONE 9MG SA TAB
Sub-Count 88

DISPENSE DRUG: PANCRELIPASE 27000/5000/17000
Sub-Count 268

DISPENSE DRUG: PANTOPRAZOLE NA 20MG EC TAB
Sub-Count 223
DISPENSE DRUG: PANTOPRAZOLE NA 40MG EC TAB
Sub-Count 3410
DISPENSE DRUG: PANTOPRAZOLE NA 40MG PCKT
Sub-Count 66
DISPENSE DRUG: PARICALCITOL 1MCG CAP
Sub-Count 39
DISPENSE DRUG: PAROXETINE HCL 10MG TAB
Sub-Count 269
DISPENSE DRUG: PAROXETINE HCL 20MG TAB UD
Sub-Count 361
DISPENSE DRUG: PAROXETINE HCL 30MG TAB
Sub-Count 93
DISPENSE DRUG: PAROXETINE HCL 40MG TAB
Sub-Count 522
DISPENSE DRUG: PEG 400 0.4%/PROP GLYCOL 0.3%
Sub-Count 1302
DISPENSE DRUG: PEN G PROCAINE 600000UNT/ML IN
Sub-Count 2
DISPENSE DRUG: PENICILLIN G BENZ 600000UNT/ML
Sub-Count 3
DISPENSE DRUG: PENICILLIN VK 250MG TAB
Sub-Count 4
DISPENSE DRUG: PENICILLIN VK 500MG TAB
Sub-Count 58
DISPENSE DRUG: PERPHENAZINE 2MG TAB
Sub-Count 181
DISPENSE DRUG: PERPHENAZINE 8MG TAB
Sub-Count 176
DISPENSE DRUG: PETROLATUM/MINERAL OIL OPTH O
Sub-Count 1129
DISPENSE DRUG: PHENAZOPYRIDINE HCL 100MG TAB
Sub-Count 1
DISPENSE DRUG: PHENAZOPYRIDINE HCL 200MG TAB
Sub-Count 45
DISPENSE DRUG: PHENOBARBITAL 30MG TAB
Sub-Count 610
DISPENSE DRUG: PHENOBARBITAL 32.4MG TAB
Sub-Count 1330

WVDHHR LTC DRUG UTILIZATION REPORT 05-01-13 THROUGH 08-01-13
DISPENSE DRUG

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DISPENSE DRUG: PHENOBARBITAL 60MG TAB
Sub-Count 1254

DISPENSE DRUG: PHENOBARBITAL 64.8MG TAB
Sub-Count 465

DISPENSE DRUG: PHENOBARBITAL 97.2MG TAB
Sub-Count 116

DISPENSE DRUG: PHENYTOIN (DILANTIN) 50MG CHEW
Sub-Count 1999

DISPENSE DRUG: PHENYTOIN NA (DILANTIN) 100MG
Sub-Count 4603

DISPENSE DRUG: PIMECROLIMUS 1% CREAM, TOP 30GM
Sub-Count 2

DISPENSE DRUG: PIMECROLIMUS 1% CREAM, TOP 60GM
Sub-Count 26

DISPENSE DRUG: PIOGLITAZONE HCL 15MG TAB
Sub-Count 181

DISPENSE DRUG: PIOGLITAZONE HCL 30MG TAB
Sub-Count 91

DISPENSE DRUG: PIOGLITAZONE HCL 45MG TAB
Sub-Count 91

DISPENSE DRUG: POLYETHYLENE GLYCOL 3350 PWDR
Sub-Count 8602

DISPENSE DRUG: POTASSIUM CHLORIDE 10MEQ SA CA
Sub-Count 2033

DISPENSE DRUG: POTASSIUM CHLORIDE 10MEQ SA TA
Sub-Count 1313

DISPENSE DRUG: POTASSIUM CHLORIDE 20MEQ SA TA
Sub-Count 1305

DISPENSE DRUG: POTASSIUM CHLORIDE 20MEQ/15ML
Sub-Count 339

DISPENSE DRUG: POTASSIUM CHLORIDE 20MEQ/PKT E
Sub-Count 22

DISPENSE DRUG: POTASSIUM CITRATE 1080MG (10ME
Sub-Count 182

DISPENSE DRUG: PRAMIPEXOLE DIHYDROCHLORID 0.2
Sub-Count 269

DISPENSE DRUG: PRAVASTATIN NA 20MG TAB
Sub-Count 159

DISPENSE DRUG: PRAVASTATIN NA 40MG TAB
Sub-Count 145

DISPENSE DRUG: PRAVASTATIN NA 80MG TAB

Sub-Count 42

DISPENSE DRUG: PRAZOSIN HCL 2MG CAP

Sub-Count 181

DISPENSE DRUG: PREDNISOLONE ACETATE 0.12% OPH

Sub-Count 90

DISPENSE DRUG: PREDNISOLONE ACETATE 1% OPH SU

Sub-Count 149

DISPENSE DRUG: PREDNISON 10MG TAB

Sub-Count 106

DISPENSE DRUG: PREDNISON 2.5MG TAB

Sub-Count 88

DISPENSE DRUG: PREDNISON 20MG TAB

Sub-Count 89

DISPENSE DRUG: PREDNISON 50MG TAB

Sub-Count 4

DISPENSE DRUG: PREDNISON 5MG TAB

Sub-Count 392

DISPENSE DRUG: PREGABALIN 100MG CAP

Sub-Count 271

DISPENSE DRUG: PREGABALIN 50MG CAP

Sub-Count 549

DISPENSE DRUG: PREMPRO 0.3MG/1.5MG TAB,28 PAC

Sub-Count 91

DISPENSE DRUG: PRESERVISION AREDS FORMULA GEL

Sub-Count 694

DISPENSE DRUG: PRESERVISION LUTEIN

Sub-Count 360

DISPENSE DRUG: PRIMIDONE 50MG TAB

Sub-Count 91

DISPENSE DRUG: PROCHLORPERAZINE 5MG TAB,UD

Sub-Count 7

DISPENSE DRUG: PROMETHAZINE HCL 12.5MG RTL SU

Sub-Count 1

DISPENSE DRUG: PROMETHAZINE HCL 12.5MG TAB

Sub-Count 205

DISPENSE DRUG: PROMETHAZINE HCL 25MG RTL SUPP

Sub-Count 10

DISPENSE DRUG: PROMETHAZINE HCL 25MG TAB UD

Sub-Count 9

DISPENSE DRUG: PROMETHAZINE HCL 25MG/ML INJ 1
Sub-Count 1
DISPENSE DRUG: PROMETHAZINE HCL 6.25MG/5ML SY
Sub-Count 39
DISPENSE DRUG: PROMETHAZINE VC SYRUP 120ML
Sub-Count 6
DISPENSE DRUG: PROPAFENONE HCL 150MG TAB UD
Sub-Count 187
DISPENSE DRUG: PROPAFENONE HCL 225MG TAB
Sub-Count 270
DISPENSE DRUG: PROPRANOLOL HCL 10MG TAB
Sub-Count 181
DISPENSE DRUG: PROPRANOLOL HCL 20MG TAB
Sub-Count 1138
DISPENSE DRUG: PROPRANOLOL HCL 40MG TAB UD
Sub-Count 182
DISPENSE DRUG: PROPYLTHIOURACIL 50MG TAB
Sub-Count 181
DISPENSE DRUG: PSYLLIUM 3.4GM/SUCROSE 3.5GM
Sub-Count 91
DISPENSE DRUG: PSYLLIUM PACKETS
Sub-Count 48
DISPENSE DRUG: PYRIDOXINE HCL 100MG TAB
Sub-Count 182
DISPENSE DRUG: QUETIAPINE FUMARATE 100MG TAB
Sub-Count 1821
DISPENSE DRUG: QUETIAPINE FUMARATE 150MG XR
Sub-Count 88
DISPENSE DRUG: QUETIAPINE FUMARATE 200MG TAB
Sub-Count 2057
DISPENSE DRUG: QUETIAPINE FUMARATE 200MG XR T
Sub-Count 90
DISPENSE DRUG: QUETIAPINE FUMARATE 25MG UD TA
Sub-Count 1656
DISPENSE DRUG: QUETIAPINE FUMARATE 300MG TAB
Sub-Count 586
DISPENSE DRUG: QUETIAPINE FUMARATE 400MG TAB
Sub-Count 794
DISPENSE DRUG: QUETIAPINE FUMARATE 400MG XR T
Sub-Count 48

DISPENSE DRUG: QUETIAPINE FUMARATE 50MG UD TA
Sub-Count 2389
DISPENSE DRUG: QUINAPRIL HCL 40MG TAB
Sub-Count 179
DISPENSE DRUG: RAMIPRIL 1.25MG CAP
Sub-Count 89
DISPENSE DRUG: RAMIPRIL 10MG CAP
Sub-Count 77
DISPENSE DRUG: RANITIDINE HCL 150MG TAB UD
Sub-Count 6581
DISPENSE DRUG: RANITIDINE HCL 150MG/10ML SYR
Sub-Count 89
DISPENSE DRUG: RANITIDINE HCL 300MG TAB
Sub-Count 363
DISPENSE DRUG: RANITIDINE HCL 75MG TAB
Sub-Count 1
DISPENSE DRUG: RANOLAZINE 500MG EXTENDED REL
Sub-Count 181
DISPENSE DRUG: REMOVE PATCH
Sub-Count 1564
DISPENSE DRUG: REPAGLINIDE 0.5MG TAB
Sub-Count 270
DISPENSE DRUG: RIFAXIMIN 550MG
Sub-Count 217
DISPENSE DRUG: RISEDRONATE NA 35MG TAB
Sub-Count 13
DISPENSE DRUG: RISPERIDONE 0.25MG TAB
Sub-Count 818
DISPENSE DRUG: RISPERIDONE 0.5MG TAB
Sub-Count 1205
DISPENSE DRUG: RISPERIDONE 1MG TAB UD
Sub-Count 1579
DISPENSE DRUG: RISPERIDONE 25MG/VIL INJ SA SU
Sub-Count 8
DISPENSE DRUG: RISPERIDONE 2MG TAB UD
Sub-Count 618
DISPENSE DRUG: RISPERIDONE 37.5MG/VIL INJ SA
Sub-Count 9
DISPENSE DRUG: RISPERIDONE 3MG TAB
Sub-Count 1126

DISPENSE DRUG: RISPERIDONE 4MG TAB

Sub-Count 478

DISPENSE DRUG: RIVASTIGMINE TARTRATE 3MG CAP

Sub-Count 182

DISPENSE DRUG: RIVASTIGMINE TARTRATE 4.5MG CA

Sub-Count 363

DISPENSE DRUG: RIVASTIGMINE TARTRATE 4.6MG/24

Sub-Count 482

DISPENSE DRUG: RIVASTIGMINE TARTRATE 9.5MG/24

Sub-Count 1540

DISPENSE DRUG: ROPINIROLE HCL 0.25MG TAB

Sub-Count 322

DISPENSE DRUG: ROPINIROLE HCL 0.5MG TAB

Sub-Count 558

DISPENSE DRUG: ROPINIROLE HCL 1MG TAB

Sub-Count 283

DISPENSE DRUG: ROPINIROLE HCL 2MG TAB

Sub-Count 539

DISPENSE DRUG: ROSUVASTATIN CA 10MG TAB

Sub-Count 654

DISPENSE DRUG: ROSUVASTATIN CA 20MG TAB

Sub-Count 297

DISPENSE DRUG: ROSUVASTATIN CA 5MG TAB

Sub-Count 639

DISPENSE DRUG: SAXAGLIPTIN 5/METFORMIN 1000MG

Sub-Count 42

DISPENSE DRUG: SAXAGLIPTIN 5MG TAB

Sub-Count 91

DISPENSE DRUG: SCOPOLAMINE 0.33MG/24HR (1.5MG

Sub-Count 43

DISPENSE DRUG: SELENIUM SULFIDE 2.5% LOTION/S

Sub-Count 91

DISPENSE DRUG: SENNOSIDES 8.6MG TAB

Sub-Count 1424

DISPENSE DRUG: SERTRALINE HCL 100MG TAB

Sub-Count 660

DISPENSE DRUG: SERTRALINE HCL 25MG TAB

Sub-Count 472

DISPENSE DRUG: SERTRALINE HCL 50MG TAB UD

Sub-Count 1450

DISPENSE DRUG: SEVELAMER CARBONATE 800MG TAB
Sub-Count 272

DISPENSE DRUG: SILVER SULFADIAZINE 1% CREAM 4
Sub-Count 14

DISPENSE DRUG: SILVER SULFADIAZINE 1% CREAM, T
Sub-Count 41

DISPENSE DRUG: SIMETHICONE 180MG SOFTGEL
Sub-Count 90

DISPENSE DRUG: SIMETHICONE 80MG CHEW TAB
Sub-Count 970

DISPENSE DRUG: SIMVASTATIN 10MG UD TAB
Sub-Count 794

DISPENSE DRUG: SIMVASTATIN 20MG TAB UD
Sub-Count 4182

DISPENSE DRUG: SIMVASTATIN 40MG TAB
Sub-Count 1738

DISPENSE DRUG: SIMVASTATIN 80MG TAB
Sub-Count 90

DISPENSE DRUG: SITAGLIPTIN 100MG TAB
Sub-Count 278

DISPENSE DRUG: SODIUM BICARBONATE 650MG TAB
Sub-Count 72

DISPENSE DRUG: SODIUM CHLORIDE 0.65% SOLN NAS
Sub-Count 761

DISPENSE DRUG: SODIUM CHLORIDE 5% OPH OINT
Sub-Count 90

DISPENSE DRUG: SODIUM CHLORIDE 5% OPH SOLN 15
Sub-Count 568

DISPENSE DRUG: SODIUM POLYSTYRENE SULF 15GM/6
Sub-Count 9

DISPENSE DRUG: SOLIFENACIN SUCCINATE 10MG TAB
Sub-Count 228

DISPENSE DRUG: SOLIFENACIN SUCCINATE 5MG TAB
Sub-Count 178

DISPENSE DRUG: SOLO SITE WOUND CARE GEL, TOP 2
Sub-Count 30

DISPENSE DRUG: SORBITOL 70% SOLN 473ML BT
Sub-Count 107

DISPENSE DRUG: SOTALOL HCL 120MG TAB
Sub-Count 181

51

DISPENSE DRUG: SOTALOL HCL 80MG TAB UD
Sub-Count 240
DISPENSE DRUG: SPIRONOLACTONE 25MG TAB
Sub-Count 1141
DISPENSE DRUG: SPIRONOLACTONE 50MG TAB
Sub-Count 54
DISPENSE DRUG: SUCRALFATE 1GM TAB
Sub-Count 3043
DISPENSE DRUG: SULFACETAMIDE NA 10% OPH SOLN
Sub-Count 65
DISPENSE DRUG: SULFAMET 200/TRIMETH 40MG/5ML
Sub-Count 16
DISPENSE DRUG: SULFAMETH 200/TRIMET 40MG/5ML
Sub-Count 10
DISPENSE DRUG: SULFAMETHOXAZOLE 400/TRIMETH 8
Sub-Count 1
DISPENSE DRUG: SULFAMETHOXAZOLE 800/TRIMETH 1
Sub-Count 541
DISPENSE DRUG: SULINDAC 200MG TAB
Sub-Count 181
DISPENSE DRUG: SUMATRIPTAN SUCCINATE 100MG TA
Sub-Count 1
DISPENSE DRUG: SUMATRIPTAN SUCCINATE 25MG TAB
Sub-Count 3
DISPENSE DRUG: TAMSULOSIN HCL 0.4MG CAP
Sub-Count 3407
DISPENSE DRUG: TELMISARTAN 20MG TAB
Sub-Count 90
DISPENSE DRUG: TEMAZEPAM 15MG CAP
Sub-Count 76
DISPENSE DRUG: TEMAZEPAM 7.5MG CAP
Sub-Count 2
DISPENSE DRUG: TERAZOSIN HCL 10MG CAP
Sub-Count 90
DISPENSE DRUG: TERAZOSIN HCL 1MG CAP
Sub-Count 90
DISPENSE DRUG: TERAZOSIN HCL 5MG CAP UD
Sub-Count 182
DISPENSE DRUG: TERBINAFFINE HCL 250MG TAB
Sub-Count 23

DISPENSE DRUG: TOLTERODINE TARTRATE 2MG TAB
Sub-Count 179
DISPENSE DRUG: TOLTERODINE TARTRATE 4MG SA CA
Sub-Count 238
DISPENSE DRUG: TOPIRAMATE 100MG TAB
Sub-Count 886
DISPENSE DRUG: TOPIRAMATE 200MG TAB
Sub-Count 472
DISPENSE DRUG: TOPIRAMATE 50MG TAB
Sub-Count 744
DISPENSE DRUG: TORSEMIDE 20MG TAB,UD
Sub-Count 271
DISPENSE DRUG: TRAMADOL HCL 50MG TAB
Sub-Count 6909
DISPENSE DRUG: TRAVOPROST 0.004% OPH SOLN 2.5
Sub-Count 300
DISPENSE DRUG: TRAVOPROST Z 0.004% SOLN,OPH
Sub-Count 445
DISPENSE DRUG: TRAZODONE HCL 100MG TAB
Sub-Count 537
DISPENSE DRUG: TRAZODONE HCL 150MG TAB
Sub-Count 513
DISPENSE DRUG: TRAZODONE HCL 50MG TAB
Sub-Count 3092
DISPENSE DRUG: TRIAMCINOLONE ACET 55MCG 120D
Sub-Count 91
DISPENSE DRUG: TRIAMCINOLONE ACETONIDE 0.025%
Sub-Count 29
DISPENSE DRUG: TRIAMCINOLONE ACETONIDE 0.1% C
Sub-Count 21
DISPENSE DRUG: TRIAMCINOLONE ACETONIDE 40MG/M
Sub-Count 1
DISPENSE DRUG: TRIMETHOPRIM 100MG TAB
Sub-Count 180
DISPENSE DRUG: TROSPIMUM CL 20MG TAB
Sub-Count 87
DISPENSE DRUG: TUBERCULIN,PUR PROT. DERIV. 5U
Sub-Count 9
DISPENSE DRUG: URSODIOL 300MG CAP
Sub-Count 273

WVDHHR LTC DRUG UTILIZATION REPORT 05-01-13 THROUGH 08-01-13
DISPENSE DRUG

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DISPENSE DRUG: VALACYCLOVIR HCL 1GM TAB
Sub-Count 40

DISPENSE DRUG: VALACYCLOVIR HCL 500MG TAB
Sub-Count 2

DISPENSE DRUG: VALPROIC ACID 250MG CAP
Sub-Count 178

DISPENSE DRUG: VALPROIC ACID 250MG/5ML SYRUP
Sub-Count 1455

DISPENSE DRUG: VALSARTAN 160MG TAB
Sub-Count 545

DISPENSE DRUG: VALSARTAN 320MG TAB
Sub-Count 271

DISPENSE DRUG: VALSARTAN 80MG TAB UD
Sub-Count 277

DISPENSE DRUG: VENLAFAXINE HCL 37.5MG SA CAP
Sub-Count 95

DISPENSE DRUG: VENLAFAXINE HCL 75MG SA CAP
Sub-Count 87

DISPENSE DRUG: VENLAFAXINE HCL 75MG TAB
Sub-Count 47

DISPENSE DRUG: VERAPAMIL HCL 180MG SA TAB
Sub-Count 90

DISPENSE DRUG: VITAMIN B COMPLEX CAP
Sub-Count 178

DISPENSE DRUG: VITAMIN B COMPLEX TAB
Sub-Count 91

DISPENSE DRUG: VITAMIN D 400 UNIT TAB
Sub-Count 1185

DISPENSE DRUG: VITAMIN D3 1000UNIT TAB
Sub-Count 7394

DISPENSE DRUG: VITAMIN E 400 UNIT CAP
Sub-Count 198

DISPENSE DRUG: WARFARIN (COUMADIN) NA 10MG TA
Sub-Count 64

DISPENSE DRUG: WARFARIN (COUMADIN) NA 1MG TAB
Sub-Count 120

DISPENSE DRUG: WARFARIN (COUMADIN) NA 2.5MG T
Sub-Count 512

DISPENSE DRUG: WARFARIN (COUMADIN) NA 2MG TAB
Sub-Count 519

DISPENSE DRUG: WARFARIN (COUMADIN) NA 3MG TAB
Sub-Count 400
DISPENSE DRUG: WARFARIN (COUMADIN) NA 4MG TAB
Sub-Count 481
DISPENSE DRUG: WARFARIN (COUMADIN) NA 5MG TAB
Sub-Count 323
DISPENSE DRUG: WARFARIN (COUMADIN) NA 6MG TAB
Sub-Count 58
DISPENSE DRUG: WARFARIN (COUMADIN) NA 7.5MG T
Sub-Count 120
DISPENSE DRUG: ZINC SULFATE 220MG CAP
Sub-Count 855
DISPENSE DRUG: ZIPRASIDONE HCL 20MG CAP
Sub-Count 1457
DISPENSE DRUG: ZIPRASIDONE HCL 40MG CAP
Sub-Count 931
DISPENSE DRUG: ZIPRASIDONE HCL 60MG CAP
Sub-Count 251
DISPENSE DRUG: ZIPRASIDONE HCL 80MG CAP
Sub-Count 1700
DISPENSE DRUG: ZIPRASIDONE MESYLATE 20MG/VIL
Sub-Count 40
DISPENSE DRUG: ZOLPIDEM TARTRATE 10MG TAB
Sub-Count 183
DISPENSE DRUG: ZOLPIDEM TARTRATE 5MG TAB UD
Sub-Count 578
DISPENSE DRUG: ZONISAMIDE 100MG CAP
Sub-Count 90
DISPENSE DRUG: ZZ*PHOSPHATES ENEMA*
Sub-Count 7
Count 549660

549645 MATCHES FOUND.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BHS14012

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

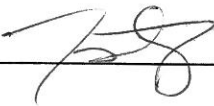
Addendum Numbers Received:

(Check the box next to each addendum received)

<input checked="" type="checkbox"/> Addendum No. 1	<input type="checkbox"/> Addendum No. 6
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<input type="checkbox"/> Addendum No. 3	<input type="checkbox"/> Addendum No. 8
<input type="checkbox"/> Addendum No. 4	<input type="checkbox"/> Addendum No. 9
<input type="checkbox"/> Addendum No. 5	<input type="checkbox"/> Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

UniqCare Pharmacy
 Company


 Authorized Signature

8.12.13
 Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.
 Revised 6/8/2012



State of West Virginia
Department of Administration
Purchasing Division
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Charleston, WV 25305-0130

Solicitation

NUMBER
BHS14012

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 304-558-0067

V
E
N
D
O
R

David Keller
Unicare Pharmacy
3538 Teays Valley Road
Hurricane, WV 25523

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T
O

HEALTH AND HUMAN RESOURCES
VARIOUS LOCALES AS
INDICATED BY ORDER

DATE PRINTED
08/02/2013

BID OPENING DATE: 08/15/2013 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
THIS ADDENDUM IS ISSUED:						
1. TO PROVIDE RESPONSES TO VENDORS' QUESTIONS REGARDING THE ABOVE SOLICITATION.						
2. TO PROVIDE VENDORS A COPY OF THE MANDATORY PRE-BID SIGN-IN SHEETS.						
3. TO PROVIDE VENDORS A COPY OF THE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES LTC DRUG UTILIZATION REPORT FROM 05/01/2013 THROUGH 08/01/2013.						
4. TO PROVIDE ADDENDUM ACKNOWLEDGEMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN THE DISQUALIFICATION OF YOUR BID.						
***** END OF ADDENDUM NO. 1 *****						

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER
BHS14012

PAGE
2

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

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HEALTH AND HUMAN RESOURCES
VARIOUS LOCALES AS
INDICATED BY ORDER

DATE PRINTED
08/02/2013

BID OPENING DATE: 08/15/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	YR		270-00		
BLANKET CONTRACT FOR PHARMACY SERVICES & SUPPLIES						
VENDOR TO PROVIDE BASIC PHARMACY SERVICES AND SUPPLIES FOR RESIDENTS OF THE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES (WVDHHR), STATE OWNED LONG TERM FACILITIES WHICH INCLUDES: JACKIE WITHROW HOSPITAL, LAKIN HOSPITAL, HOPEMONT HOSPITAL, WELCH COMMUNITY HOSPITAL (LTC UNITS ONLY), AND JOHN MANCHIN SR. HEALTH CARE CENTER.						
***** THIS IS THE END OF RFQ BHS14012 ***** TOTAL:						

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

SOLICITATION NUMBER: BHS14012

Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- ☐ | Modify bid opening date and time
- ☐ | Modify specifications of product or service being sought
- ☒ | Attachment of vendor questions and responses
- ☒ | Attachment of pre-bid sign-in sheet
- ☐ | Correction of error
- ☒ | Other

Description of Modification to Solicitation:

1. To provide responses to Vendors' questions.
2. To provide Vendors a copy of the mandatory pre-bid sign-in sheet.
3. To provide a copy of the WVDHHR LTC Drug Utilization reports.
4. To provide Addendum Acknowledgement.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ATTACHMENT A

SIGN IN SHEET

Page i of 2Request for Proposal No. BHS14012

PLEASE PRINT

Date: 7-23-13

* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD

FIRM & REPRESENTATIVE NAME	MAILING ADDRESS	TELEPHONE & FAX NUMBERS
Company: <u>Omnicare</u>	<u>4200 First Avenue, Ste. 200</u>	PHONE <u>304-755-8460</u>
Rep: <u>Paula Belcher</u>	<u>Nitro, WV 25143</u>	TOLL FREE <u>800-847-2649</u>
Email Address: <u>paula.belcher@omnicare.com</u>		FAX <u>800-982-3670</u>
Company: <u>Omnicare</u>	<u>900 Omnicare Center</u>	PHONE <u>513-205-8808</u>
Rep: <u>Amy Roberts</u>	<u>201 East Fourth St</u>	TOLL FREE <u>1-800-990-6664</u>
Email Address: <u>amy.roberts@omnicare.com</u>	<u>Cin. OH 45202</u>	FAX <u>513-719-2620</u>
Company: <u>Unicare Pharmacy</u>	<u>3538 Teays Valley Rd</u>	PHONE <u>740-706-9677</u>
Rep: <u>David Kasey Keller</u>	<u>Hurricane, WV 25526</u>	TOLL FREE <u>888-698-4908</u>
Email Address: <u>UCPFAX2@outlook.com</u>		FAX <u>888-808-0795</u>
Company: <u>Unicare Pharmacy</u>	<u>3538 Teays Valley Rd</u>	PHONE <u>304-206-7717</u>
Rep: <u>Josh Curry</u>	<u>Hurricane WV 25526</u>	TOLL FREE <u>888-698-4908</u>
Email Address: <u>ucpfax@outlook.com</u>		FAX <u>888-808-0795</u>
Company: _____	_____	PHONE _____
Rep: _____	_____	TOLL FREE _____
Email Address: _____	_____	FAX _____

SIGN IN SHEET

Page 2 of 2Request for Proposal No. BHS14012

PLEASE PRINT

Date: 7-23-13

* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD

FIRM & REPRESENTATIVE NAME	MAILING ADDRESS	TELEPHONE & FAX NUMBERS
Company: <u>Guardian Pharmacy of Va LLC</u>	<u>185 Stafford Umberger Drive</u>	PHONE <u>800 220-9292</u>
Rep: <u>Brian Walker</u>	<u>Wytheville Va 24382</u>	TOLL FREE
Email Address: <u>brian.walker@horizonhc.com</u>		FAX <u>866 828-3983</u>
Company: <u>Southern Pharmacy Services</u>	<u>185 Stafford Umberger Dr</u>	PHONE <u>800-220-9292</u>
Rep: <u>Dina Turner</u>	<u>Wytheville, VA 24382</u>	TOLL FREE
Email Address: <u>Dmat3@gmail.com / Dina.turner@horizonhc.com</u>		FAX <u>866-928-3983</u>
Company: <u>Continuum Care Pharmacy LLC</u>	<u>78 Perry Winkle Ln</u>	PHONE <u>724-989-8637</u>
Rep: <u>Susanne Sepko</u>	<u>Huntington WV 25702</u>	TOLL FREE
Email Address: <u>Sms7000@pharmerica.com</u>		FAX <u>877-761-8155</u>
Company: <u>Pharmerica</u>	<u>78 Perry Winkle Ln</u>	PHONE <u>304-419-1541</u>
Rep: <u>Paul Krimm</u>	<u>HUNTINGTON WV</u>	TOLL FREE
Email Address: <u>PAUL.KRIMM@PHARMERICA.COM</u>		FAX <u>877-761-8155</u>
Company: _____	_____	PHONE _____
Rep: _____	_____	TOLL FREE
Email Address: _____	_____	FAX _____

ADDENDUM #1

BHS14012

1. Question: Section 2.8 of the bid's General Terms and Conditions defines "Vendor" or "Vendors" as "any entity submitting a bid in response to the Solicitation, the entity that has been selected as the lowest responsible bidder, or the entity that has been awarded the Contract as context requires." Section 3.2 on page 18 of the Request for Quotation states, "Vendor must have a minimum of five (5) years' experience in providing pharmaceutical services to Long Term Care facilities and/or Hospital settings." Based upon the definition of "Vendor", Section 3.2 appears to state that the business entity submitting the bid must have a minimum of 5 years of experience. Regardless of individual employee experience, can you please confirm that any Vendor, as that term is defined in Section 2.8 of the General Terms and Conditions, does not qualify for bid award if it has not been in existence for at least 5 years with a minimum of 5 years of relevant pharmacy service experience in Long Term Care facilities and/or Hospital settings?

Answer: Section 3.2 of the RFQ requires the "entity" submitting the bid to have, at a minimum, five (5) years' experience in providing pharmaceutical services to Long Term Care facilities and/or Hospital settings. Any organization submitting a bid that does not meet the five (5) year requirement will not qualify for award.

2. Question: Please confirm that submitted bids and the ultimate contract are required to conform with all state and federal rules and regulations, including the Federal Anti-Kickback Statute, 42 U.S.C. § 1320a-7b, and that the price of all pharmacy services, including consultant pharmacist services, cannot be provided below the vendor's cost of such goods and services.

Answer: All bids submitted must conform with the Federal Anti-Kickback statute, 42 U.S.C. §1320a-7b(b), which prohibits any person or entity from making or accepting payment to induce or reward any person for referring, recommending or arranging for the purchase of any item for which payment may be made under a federally-funded health care program.

3. Question: Please provide the current census information for each facility, in addition to the average census for each facility over the last 12 months.

Answer:	Hopemont Hospital	current – 91	average – 90.25
	Lakin Hospital	current – 89	average – 91.42
	John Manchin Sr. HCC	current – 39.61	average – 37.84
	Jackie Withrow Hospital	current – 80	average – 82
	Welch Community	current – 39	average – 43.75

4. Question: Please provide medication utilization information for the most recent three months, including medication name, strength, and dosage.

Answer: Please refer to the excel document attached, we have calculated the utilization of medications over a thirteen month period for all WVDHHR LTC's.

5. Question: A patient census as of June 30, 2013 or the most recent month available detailing the following by location:
- a. Number of Skilled Nursing Patients
 - b. Number of Assisted Living Patients
 - c. Number of Patients not covered by Private Insurance, Medicare Part D or Medicaid?

If the detail above is not available please supply a patient census in the format used by the facilities current pharmacy or format used for internal purposes.

Answer: None of our facilities are designated under the category of Skilled Nursing or Assisted Living Facilities.

See question number 3 for census.

6. Question: Please supply a report detailing the number of Part A days utilized per month over the last 6 months for any Medicare Part A licensed skilled nursing beds.

Answer: NA

DISPENSE DRUG: ACETAMINOPHEN 160MG/5ML SF/AF
Sub-Count 90
DISPENSE DRUG: ACETAMINOPHEN 325MG TAB
Sub-Count 9003
DISPENSE DRUG: ACETAMINOPHEN 500MG TAB UD
Sub-Count 975
DISPENSE DRUG: ACETAMINOPHEN 650MG RTL SUPP
Sub-Count 6
DISPENSE DRUG: ACETAMINOPHEN 650MG SA TAB
Sub-Count 755
DISPENSE DRUG: ACIDOPHILUS CAP
Sub-Count 435
DISPENSE DRUG: ACITRETIN 25MG CAP
Sub-Count 61
DISPENSE DRUG: ACYCLOVIR 5% OINT 30GM
Sub-Count 2
DISPENSE DRUG: ACYCLOVIR 5% TOP 5GM CREAM
Sub-Count 12
DISPENSE DRUG: ACYCLOVIR 800MG TAB
Sub-Count 64
DISPENSE DRUG: ALBUTEROL 100/IPRATROPIUM 20MC
Sub-Count 123
DISPENSE DRUG: ALBUTEROL 103/IPRAT 18MCG 200D
Sub-Count 953
DISPENSE DRUG: ALBUTEROL 90MCG (CFC-F) 200D O
Sub-Count 1000
DISPENSE DRUG: ALBUTEROL SO4 0.083% INHL 3ML
Sub-Count 3900
DISPENSE DRUG: ALBUTEROL SULFATE 4MG TAB
Sub-Count 271
DISPENSE DRUG: ALBUTEROL/IPRATROPIUM INHL 3ML
Sub-Count 3130
DISPENSE DRUG: ALENDRONATE 70MG TAB
Sub-Count 74
DISPENSE DRUG: ALEVE 220MG CAP
Sub-Count 41
DISPENSE DRUG: ALLBEE C-800
Sub-Count 2
DISPENSE DRUG: ALLOPURINOL 100MG TAB
Sub-Count 284

DISPENSE DRUG: ALOH 200/MGOH 200/ SIMTH 20 LI
Sub-Count 1
DISPENSE DRUG: ALOH 200/MGOH 200MG/SMITH 20 S
Sub-Count 6
DISPENSE DRUG: ALOH 225/MGOH 200MG/5ML SUSP 4
Sub-Count 80
DISPENSE DRUG: ALOH/MGOH/SIMTH REG STRENGTH L
Sub-Count 2222
DISPENSE DRUG: ALPRAZOLAM 0.25MG TAB
Sub-Count 2097
DISPENSE DRUG: ALPRAZOLAM 0.5MG TAB UD
Sub-Count 1333
DISPENSE DRUG: ALPRAZOLAM 1MG TAB
Sub-Count 1227
DISPENSE DRUG: ALUMINUM HYDROXIDE OINT, TOP
Sub-Count 505
DISPENSE DRUG: AMANTADINE HCL 100MG CAP/TAB
Sub-Count 538
DISPENSE DRUG: AMIODARONE HCL 200MG TAB UD
Sub-Count 335
DISPENSE DRUG: AMITRIPTYLINE HCL 100MG TAB
Sub-Count 182
DISPENSE DRUG: AMITRIPTYLINE HCL 10MG TAB
Sub-Count 182
DISPENSE DRUG: AMITRIPTYLINE HCL 25MG TAB
Sub-Count 180
DISPENSE DRUG: AMITRIPTYLINE HCL 50MG TAB
Sub-Count 37
DISPENSE DRUG: AMITRIPTYLINE HCL 75MG TAB UD
Sub-Count 179
DISPENSE DRUG: AMLODIPINE 5/BENAZEPRIL 10MG C
Sub-Count 175
DISPENSE DRUG: AMLODIPINE 5MG/OLMESARTAN 40MG
Sub-Count 30
DISPENSE DRUG: AMLODIPINE 5MG/VALSARTAN 320MG
Sub-Count 90
DISPENSE DRUG: AMLODIPINE BESYLATE 10MG TAB
Sub-Count 1324
DISPENSE DRUG: AMLODIPINE BESYLATE 2.5MG TAB
Sub-Count 91

DISPENSE DRUG: AMLODIPINE BESYLATE 5MG UD TAB
Sub-Count 1524
DISPENSE DRUG: AMOXICILLIN 250MG CAP
Sub-Count 1
DISPENSE DRUG: AMOXICILLIN 500/CLAV K 125MG T
Sub-Count 106
DISPENSE DRUG: AMOXICILLIN 500MG CAP
Sub-Count 98
DISPENSE DRUG: AMOXICILLIN 875/CLAV K 125MG T
Sub-Count 109
DISPENSE DRUG: AMPICILLIN 250MG CAP
Sub-Count 42
DISPENSE DRUG: AMPICILLIN 500MG CAP
Sub-Count 68
DISPENSE DRUG: ANASTROZOLE 1MG TAB
Sub-Count 152
DISPENSE DRUG: APAP 325/BUTALBITAL 50/CAFF 40
Sub-Count 150
DISPENSE DRUG: ARIPIPRAZOLE 10MG TAB UD
Sub-Count 287
DISPENSE DRUG: ARIPIPRAZOLE 15MG TAB
Sub-Count 361
DISPENSE DRUG: ARIPIPRAZOLE 20MG TAB
Sub-Count 26
DISPENSE DRUG: ARIPIPRAZOLE 30MG TAB UD
Sub-Count 453
DISPENSE DRUG: ARIPIPRAZOLE 5MG TAB
Sub-Count 151
DISPENSE DRUG: ARTIFICIAL TEARS POLYVINYL ALC
Sub-Count 3385
DISPENSE DRUG: ASCORBIC ACID 250MG TAB
Sub-Count 1291
DISPENSE DRUG: ASCORBIC ACID 500MG TAB
Sub-Count 3429
DISPENSE DRUG: ASPIRIN 325MG BUFFERED TAB
Sub-Count 1698
DISPENSE DRUG: ASPIRIN 325MG EC TAB UD
Sub-Count 520
DISPENSE DRUG: ASPIRIN 325MG TAB
Sub-Count 1261

DISPENSE DRUG: ASPIRIN 81MG EC TAB
Sub-Count 2879
DISPENSE DRUG: ASPIRIN 81MG TAB CHEW TAB
Sub-Count 5302
DISPENSE DRUG: ATENOLOL 25MG TAB
Sub-Count 457
DISPENSE DRUG: ATENOLOL 50/CHLORTHALIDONE 25M
Sub-Count 89
DISPENSE DRUG: ATENOLOL 50MG TAB UD
Sub-Count 454
DISPENSE DRUG: ATORVASTATIN CALCIUM 10MG TAB
Sub-Count 696
DISPENSE DRUG: ATORVASTATIN CALCIUM 20MG TAB
Sub-Count 939
DISPENSE DRUG: ATORVASTATIN CALCIUM 40MG TAB
Sub-Count 490
DISPENSE DRUG: ATROPINE SULFATE 1% OPH SOLN 5
Sub-Count 184
DISPENSE DRUG: AZITHROMYCIN 250MG TAB
Sub-Count 95
DISPENSE DRUG: AZITHROMYCIN 250MG TAB PKT 6
Sub-Count 9
DISPENSE DRUG: AZITHROMYCIN 500MG TAB
Sub-Count 5
DISPENSE DRUG: BACITRAC 500/POLYMYX 10000 U/G
Sub-Count 150
DISPENSE DRUG: BACITRACIN 500 UNT/GM OPHTH OI
Sub-Count 50
DISPENSE DRUG: BACITRACIN 500UNT/GM TOP OINT
Sub-Count 1
DISPENSE DRUG: BACITRACIN/HC 1%/NEO/POLY OPH
Sub-Count 107
DISPENSE DRUG: BACITRACIN/NEOMY/POLYMYX OPH O
Sub-Count 8
DISPENSE DRUG: BACITRACIN/NEOMYCIN/POLYMYXIN
Sub-Count 61
DISPENSE DRUG: BACLOFEN 10MG TAB
Sub-Count 918
DISPENSE DRUG: BACLOFEN 20MG TAB
Sub-Count 809

DISPENSE DRUG: BALSALAZIDE DISODIUM 750MG CAP
Sub-Count 273
DISPENSE DRUG: BECLOMETHASONE 80MCG (HFA) 120D
Sub-Count 331
DISPENSE DRUG: BENAZEPRIL HCL 10MG TAB UD
Sub-Count 87
DISPENSE DRUG: BENAZEPRIL HCL 20MG TAB UD
Sub-Count 185
DISPENSE DRUG: BENAZEPRIL HCL 5MG TAB
Sub-Count 91
DISPENSE DRUG: BENZOCAINE 10% GEL, DENTAL
Sub-Count 1
DISPENSE DRUG: BENZOCAINE 20% DENTAL GEL
Sub-Count 39
DISPENSE DRUG: BENZONATATE 100MG CAP
Sub-Count 18
DISPENSE DRUG: BENZTROPINE MESYLATE 0.5MG TAB
Sub-Count 1766
DISPENSE DRUG: BENZTROPINE MESYLATE 1MG TAB
Sub-Count 2852
DISPENSE DRUG: BENZTROPINE MESYLATE 1MG/ML IN
Sub-Count 164
DISPENSE DRUG: BENZTROPINE MESYLATE 2MG TAB
Sub-Count 559
DISPENSE DRUG: BESIFLOXACIN 0.6% SUSP, OPH
Sub-Count 1
DISPENSE DRUG: BETAMETHAS. DIP 0.05/CLOTRIM 1
Sub-Count 84
DISPENSE DRUG: BETAMETHASONE 0.05/CLOTRIM 1%
Sub-Count 9
DISPENSE DRUG: BETHANECHOL CHLORIDE 10MG TAB
Sub-Count 91
DISPENSE DRUG: BETHANECHOL CHLORIDE 25MG TAB
Sub-Count 210
DISPENSE DRUG: BICALUTAMIDE 50MG TAB
Sub-Count 56
DISPENSE DRUG: BIMATOPROST 0.03% SOLN, OPH 2.5
Sub-Count 53
DISPENSE DRUG: BISACODYL 10MG RTL SUPP
Sub-Count 347

DISPENSE DRUG: BISACODYL 5MG EC TAB UD
Sub-Count 1175
DISPENSE DRUG: BISMUTH SUBSALICYL 262MG/15ML
Sub-Count 1
DISPENSE DRUG: BISMUTH SUBSALICYLATE 262MG TA
Sub-Count 2
DISPENSE DRUG: BISOPROLOL 5MG TAB
Sub-Count 186
DISPENSE DRUG: BRIMONIDINE TARTRATE 0.1% SOLN
Sub-Count 454
DISPENSE DRUG: BRIMONIDINE TARTRATE 0.15% SOL
Sub-Count 272
DISPENSE DRUG: BRIMONIDINE TARTRATE 0.2% SOLN
Sub-Count 269
DISPENSE DRUG: BROMFENAC SODIUM 0.09% OPH SOL
Sub-Count 3
DISPENSE DRUG: BUDESON 160MCG/FORMOTEROL 4.5M
Sub-Count 1007
DISPENSE DRUG: BUDESONIDE 0.25MG/2ML INH SUSP
Sub-Count 185
DISPENSE DRUG: BUDESONIDE 0.5MG/2ML INH SUSP
Sub-Count 334
DISPENSE DRUG: BUMETANIDE 2MG TAB
Sub-Count 364
DISPENSE DRUG: BUPROPION (WELLBUTRIN SR) 100M
Sub-Count 240
DISPENSE DRUG: BUPROPION (WELLBUTRIN SR) 200M
Sub-Count 33
DISPENSE DRUG: BUPROPION (WELLBUTRIN XL) 150M
Sub-Count 452
DISPENSE DRUG: BUPROPION (WELLBUTRIN XL) 300M
Sub-Count 117
DISPENSE DRUG: BUPROPION HCL 100MG TAB
Sub-Count 289
DISPENSE DRUG: BUPROPION HCL 150MG 12HR SA TA
Sub-Count 579
DISPENSE DRUG: BUPROPION HCL 75MG TAB
Sub-Count 8
DISPENSE DRUG: BUSPIRONE HCL 10MG TAB,UD
Sub-Count 363

DISPENSE DRUG

DISPENSE DRUG: BUSPIRONE HCL 15MG TAB
Sub-Count 1078
DISPENSE DRUG: BUSPIRONE HCL 5MG TAB
Sub-Count 652
DISPENSE DRUG: CALCITONIN SALMON 200 UNT/ML I
Sub-Count 69
DISPENSE DRUG: CALCITONIN, SALMON 200UNIT 30D
Sub-Count 105
DISPENSE DRUG: CALCITRIOL 0.25MCG CAP
Sub-Count 9
DISPENSE DRUG: CALCIUM 250MG/VITAMIN D 125 UN
Sub-Count 790
DISPENSE DRUG: CALCIUM 250MG/VITAMIN D 200IU
Sub-Count 364
DISPENSE DRUG: CALCIUM 500MG/VIT D 200 UNITS
Sub-Count 5534
DISPENSE DRUG: CALCIUM 600MG TAB
Sub-Count 91
DISPENSE DRUG: CALCIUM 600MG/VITAMIN D 200UNT
Sub-Count 30
DISPENSE DRUG: CALCIUM 600MG/VITAMIN D 400 UN
Sub-Count 6804
DISPENSE DRUG: CALCIUM ACETATE 667MG (CA 167M
Sub-Count 200
DISPENSE DRUG: CALCIUM CARBONATE 500MG CHEW T
Sub-Count 306
DISPENSE DRUG: CALCIUM CARBONATE 750MG TAB, CH
Sub-Count 5
DISPENSE DRUG: CALCIUM POLYCARBOPHIL 625MG TA
Sub-Count 6440
DISPENSE DRUG: CAPSAICIN 0.025% CREAM, TOP 60G
Sub-Count 3
DISPENSE DRUG: CARBAMAZEPINE 100MG CHEW TAB
Sub-Count 471
DISPENSE DRUG: CARBAMAZEPINE 200MG TAB
Sub-Count 1425
DISPENSE DRUG: CARBAMIDE PEROXIDE 6.5% OTIC S
Sub-Count 282
DISPENSE DRUG: CARBI 50/ENTACAPONE 200/LEVOD
Sub-Count 701

17

DISPENSE DRUG: CARBIDOPA 10/LEVODOPA 100MG TA
Sub-Count 745
DISPENSE DRUG: CARBIDOPA 25/LEVODOPA 100MG TA
Sub-Count 5171
DISPENSE DRUG: CARBIDOPA 25/LEVODOPA 250MG TA
Sub-Count 704
DISPENSE DRUG: CARBOXYMETHYLCELLULOSE 0.25% S
Sub-Count 193
DISPENSE DRUG: CARBOXYMETHYLCELLULOSE 1% OPH
Sub-Count 92
DISPENSE DRUG: CARBOXYMETHYLCELLULOSE NA 0.5%
Sub-Count 181
DISPENSE DRUG: CARBOXYMETHYLCELLULOSE NA 1% O
Sub-Count 448
DISPENSE DRUG: CARBOXYMETHYLCELLULOSE/GLYCERI
Sub-Count 168
DISPENSE DRUG: CARVEDILOL 12.5MG TAB
Sub-Count 831
DISPENSE DRUG: CARVEDILOL 25MG TAB
Sub-Count 574
DISPENSE DRUG: CARVEDILOL 3.125MG TAB
Sub-Count 1321
DISPENSE DRUG: CARVEDILOL 6.25MG TAB
Sub-Count 1136
DISPENSE DRUG: CEFDINIR 300MG CAP
Sub-Count 301
DISPENSE DRUG: CEFTRIAXONE 1GM INJ
Sub-Count 78
DISPENSE DRUG: CEFUROXIME AXETIL 250MG TAB
Sub-Count 178
DISPENSE DRUG: CEFUROXIME AXETIL 500MG TAB
Sub-Count 82
DISPENSE DRUG: CELECOXIB 100MG CAP UD
Sub-Count 48
DISPENSE DRUG: CELLULOSE POWDER
Sub-Count 309
DISPENSE DRUG: CEPHALEXIN 250MG CAP
Sub-Count 6
DISPENSE DRUG: CEPHALEXIN 500MG CAP
Sub-Count 510

DISPENSE DRUG: CETIRIZINE 10MG TABLETS
Sub-Count 159
DISPENSE DRUG: CHLORHEXIDINE GLUCONATE 0.12%
Sub-Count 35
DISPENSE DRUG: CHLOROPHYLL 3MG TAB
Sub-Count 180
DISPENSE DRUG: CHOLECALCIFEROL 1,000 UNIT CAP
Sub-Count 159
DISPENSE DRUG: CHOLECALCIFEROL 1000UNT TAB
Sub-Count 13
DISPENSE DRUG: CHOLESTYRAMINE 4GM/5GM (LIGHT)
Sub-Count 57
DISPENSE DRUG: CHONDROITIN/GLUCOSAMINE CAP/TA
Sub-Count 180
DISPENSE DRUG: CICLOPIROX 1% SHAMPOO
Sub-Count 12
DISPENSE DRUG: CILOSTAZOL 100MG TAB
Sub-Count 181
DISPENSE DRUG: CILOSTAZOL 50MG TAB
Sub-Count 543
DISPENSE DRUG: CIMETIDINE 400MG TAB
Sub-Count 181
DISPENSE DRUG: CINACALCET HCL 30MG TAB
Sub-Count 37
DISPENSE DRUG: CINACALCET HCL 90MG TAB
Sub-Count 11
DISPENSE DRUG: CIPROFLOXACIN 0.2/HC 1% OTIC S
Sub-Count 18
DISPENSE DRUG: CIPROFLOXACIN 0.3/DEXAM 0.1% O
Sub-Count 13
DISPENSE DRUG: CIPROFLOXACIN HCL 250MG TAB
Sub-Count 132
DISPENSE DRUG: CIPROFLOXACIN HCL 500MG TAB
Sub-Count 222
DISPENSE DRUG: CIPROFLOXACIN HCL 750MG TAB
Sub-Count 25
DISPENSE DRUG: CITALOPRAM HYDROBROMIDE 10MG T
Sub-Count 1014
DISPENSE DRUG: CITALOPRAM HYDROBROMIDE 20MG T
Sub-Count 1568

19

DISPENSE DRUG: CITALOPRAM HYDROBROMIDE 40MG T
Sub-Count 438
DISPENSE DRUG: CLARITHROMYCIN 500MG TAB
Sub-Count 16
DISPENSE DRUG: CLINDAMYCIN HCL 300MG CAP
Sub-Count 10
DISPENSE DRUG: CLOBETASOL PROPIONATE 0.05% CR
Sub-Count 172
DISPENSE DRUG: CLOBETASOL PROPIONATE 0.05% OI
Sub-Count 3
DISPENSE DRUG: CLONAZEPAM 0.5MG ORALLY DISINT
Sub-Count 14
DISPENSE DRUG: CLONAZEPAM 0.5MG TAB
Sub-Count 3385
DISPENSE DRUG: CLONAZEPAM 1MG TAB
Sub-Count 2289
DISPENSE DRUG: CLONAZEPAM 2MG ORALLY DISINTEG
Sub-Count 2
DISPENSE DRUG: CLONAZEPAM 2MG TAB
Sub-Count 90
DISPENSE DRUG: CLONIDINE HCL 0.1MG TAB
Sub-Count 1790
DISPENSE DRUG: CLONIDINE HCL 0.2MG TAB,UD
Sub-Count 751
DISPENSE DRUG: CLONIDINE HCL 0.3MG TAB
Sub-Count 633
DISPENSE DRUG: CLOPIDOGREL BISULFATE 75MG TAB
Sub-Count 3048
DISPENSE DRUG: CLOTRIMAZOLE 1% CREAM,TOP 45GM
Sub-Count 19
DISPENSE DRUG: CLOTRIMAZOLE 1% TOP CREAM 30GM
Sub-Count 78
DISPENSE DRUG: CLOZAPINE 200MG TAB
Sub-Count 579
DISPENSE DRUG: CLOZAPINE 100MG TAB
Sub-Count 1661
DISPENSE DRUG: CLOZAPINE 25MG TAB
Sub-Count 807
DISPENSE DRUG: CLOZAPINE 50MG TAB
Sub-Count 887

DISPENSE DRUG

20 -----

DISPENSE DRUG: CODEINE 10/PROMETH 6.25MG/5ML
Sub-Count 18

DISPENSE DRUG: CODEINE 30/APAP 325/BUTALB 50M
Sub-Count 281

DISPENSE DRUG: CODEINE 30MG/ACETAMINOPHEN 300
Sub-Count 21

DISPENSE DRUG: COLCHICINE 0.6MG TAB
Sub-Count 13

DISPENSE DRUG: COLESEVELAM HCL 625MG TAB
Sub-Count 69

DISPENSE DRUG: COLLAGENASE 250 UNT/GM TOP OIN
Sub-Count 119

DISPENSE DRUG: COLON ELECTROLTE LAVAGE PWD FO
Sub-Count 1

DISPENSE DRUG: COMPD NYSTATIN/DIPHEN/MYLANTA
Sub-Count 42

DISPENSE DRUG: CORAL CALCIUM 1000MG CAP
Sub-Count 32

DISPENSE DRUG: CRANBERRY 250MG CAP,TAB
Sub-Count 379

DISPENSE DRUG: CRANBERRY TAB/CAP
Sub-Count 1436

DISPENSE DRUG: CYANOCOBALAMIN 100 MCG TAB
Sub-Count 269

DISPENSE DRUG: CYANOCOBALAMIN 1000 MCG TAB
Sub-Count 1000

DISPENSE DRUG: CYANOCOBALAMIN 1000MCG/ML INJ
Sub-Count 59

DISPENSE DRUG: CYANOCOBALAMIN 500MCG TAB
Sub-Count 2

DISPENSE DRUG: CYCLOBENZAPRINE HCL 10MG TAB
Sub-Count 413

DISPENSE DRUG: CYCLOBENZAPRINE HCL 5MG TAB
Sub-Count 414

DISPENSE DRUG: CYCLOSPORINE 0.05% (PF) OPH EM
Sub-Count 363

DISPENSE DRUG: CYPROHEPTADINE HCL 4MG TAB
Sub-Count 116

DISPENSE DRUG: ClonIDINE 0.2MG/24HR PATCH
Sub-Count 12

DISPENSE DRUG: DABIGATRAN ETEXILATE 150MG CAP
Sub-Count 369
DISPENSE DRUG: DARIFENACIN 7.5MG SA TAB
Sub-Count 48
DISPENSE DRUG: DESMOPRESSIN 0.1MG TAB
Sub-Count 130
DISPENSE DRUG: DESMOPRESSIN 0.1MG/ML NASAL SP
Sub-Count 90
DISPENSE DRUG: DESMOPRESSIN 0.2MG TAB
Sub-Count 25
DISPENSE DRUG: DESONIDE 0.05% CREAM
Sub-Count 16
DISPENSE DRUG: DESOXIMETASONE 0.25% CREAM 60G
Sub-Count 19
DISPENSE DRUG: DESVENLAFAXINE SUCCINATE 50MG
Sub-Count 28
DISPENSE DRUG: DEXAMETHASONE 0.1/TOBRAMYC 0.3
Sub-Count 114
DISPENSE DRUG: DEXAMETHASONE NA PHOS. 0.1% OP
Sub-Count 543
DISPENSE DRUG: DEXLANSOPRAZOLE 30MG SA CAP
Sub-Count 687
DISPENSE DRUG: DEXLANSOPRAZOLE 60MG SA CAP
Sub-Count 476
DISPENSE DRUG: DEXOXIMETASONE 0.05% CREAM TOP
Sub-Count 27
DISPENSE DRUG: DEXTRAN 70/HYPROMELLOSE 0.3%
Sub-Count 182
DISPENSE DRUG: DIAZEPAM 10MG TAB
Sub-Count 903
DISPENSE DRUG: DIAZEPAM 2MG TAB UD
Sub-Count 651
DISPENSE DRUG: DIAZEPAM 5MG TAB UD
Sub-Count 1179
DISPENSE DRUG: DICLOFENAC 50MG/MISOPROSTOL 20
Sub-Count 181
DISPENSE DRUG: DICLOFENAC 75MG/MISOPROSTOL 20
Sub-Count 126
DISPENSE DRUG: DICLOFENAC NA 1% TOP GEL
Sub-Count 89

DISPENSE DRUG: DICLOFENAC NA 50MG TAB,EC,UD
Sub-Count 181
DISPENSE DRUG: DICYCLOMINE HCL 10MG CAP
Sub-Count 634
DISPENSE DRUG: DICYCLOMINE HCL 20MG TAB
Sub-Count 361
DISPENSE DRUG: DIGOXIN (LANOXIN) 0.25MG TAB U
Sub-Count 275
DISPENSE DRUG: DIGOXIN 0.125MG TAB
Sub-Count 572
DISPENSE DRUG: DILTIAZEM (CARDIZEM CD) 120MG
Sub-Count 431
DISPENSE DRUG: DILTIAZEM (CARDIZEM CD) 180MG
Sub-Count 199
DISPENSE DRUG: DILTIAZEM (CARDIZEM CD) 240MG
Sub-Count 354
DISPENSE DRUG: DILTIAZEM HCL 30MG TAB
Sub-Count 452
DISPENSE DRUG: DILTIAZEM HCL 90MG TAB
Sub-Count 225
DISPENSE DRUG: DIMENHYDRINATE 50MG TAB
Sub-Count 1
DISPENSE DRUG: DIPHENHYDRAMINE HCL 25MG CAP
Sub-Count 205
DISPENSE DRUG: DIPHENHYDRAMINE HCL 25MG TAB
Sub-Count 6
DISPENSE DRUG: DIPHENHYDRAMINE HCL 50MG CAP
Sub-Count 45
DISPENSE DRUG: DIVALPROEX 125MG EC (DELAYED RE
Sub-Count 265
DISPENSE DRUG: DIVALPROEX 250MG EC (DELAYED R
Sub-Count 1355
DISPENSE DRUG: DIVALPROEX 250MG SA (EXTENDED R
Sub-Count 714
DISPENSE DRUG: DIVALPROEX 500MG EC (DELAYED RE
Sub-Count 2630
DISPENSE DRUG: DIVALPROEX 500MG SA (EXTENDED R
Sub-Count 1537
DISPENSE DRUG: DIVALPROEX NA 125MG SPRINKLE C
Sub-Count 5504

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DISPENSE DRUG: DM 10/GUAIFENESIN 100MG/5ML LI
Sub-Count 3
DISPENSE DRUG: DM 10/GUAIFENESIN 100MG/5ML SF
Sub-Count 64
DISPENSE DRUG: DM 10MG/GUAIFENESIN 100MG/5ML
Sub-Count 127
DISPENSE DRUG: DOCUSATE NA 100MG CAP
Sub-Count 11102
DISPENSE DRUG: DOCUSATE NA 50MG/5ML LIQUID 48
Sub-Count 1351
DISPENSE DRUG: DOCUSATE NA 50MG/SENNOSIDES 8.
Sub-Count 10806
DISPENSE DRUG: DONEPEZIL HCL 10MG TAB UD
Sub-Count 4691
DISPENSE DRUG: DONEPEZIL HCL 5MG TAB
Sub-Count 439
DISPENSE DRUG: DORZOLAMIDE 2/TIMOLOL 0.5% OPH
Sub-Count 360
DISPENSE DRUG: DORZOLAMIDE HCL 2% OPH SOLN 10
Sub-Count 363
DISPENSE DRUG: DOXAZOSIN MESYLATE 1MG TAB
Sub-Count 180
DISPENSE DRUG: DOXAZOSIN MESYLATE 2MG TAB
Sub-Count 90
DISPENSE DRUG: DOXAZOSIN MESYLATE 4MG TAB
Sub-Count 90
DISPENSE DRUG: DOXAZOSIN MESYLATE 8MG TAB
Sub-Count 89
DISPENSE DRUG: DOXEPIN HCL 100MG CAP
Sub-Count 90
DISPENSE DRUG: DOXEPIN HCL 25MG CAP
Sub-Count 13
DISPENSE DRUG: DOXYCYCLINE HYCLATE 100MG CAP
Sub-Count 91
DISPENSE DRUG: DOXYCYCLINE HYCLATE 100MG TAB
Sub-Count 46
DISPENSE DRUG: DRONABINOL 2.5MG CAP
Sub-Count 115
DISPENSE DRUG: DULOXETINE HCL 20MG CAP,EC
Sub-Count 145

DISPENSE DRUG: DULOXETINE HCL 30MG CAP,EC
Sub-Count 546
DISPENSE DRUG: DULOXETINE HCL 60MG CAP,EC
Sub-Count 898
DISPENSE DRUG: DUTASTERIDE 0.5MG CAP
Sub-Count 415
DISPENSE DRUG: DUTASTERIDE/TAMSULOSIN CAP,ORA
Sub-Count 97
DISPENSE DRUG: EFAVIRENZ 600MG TAB
Sub-Count 88
DISPENSE DRUG: EMTRICITABINE 200MG/TENOFOVIR
Sub-Count 90
DISPENSE DRUG: ENALAPRIL MALEATE 10MG TAB UD
Sub-Count 9
DISPENSE DRUG: ENALAPRIL MALEATE 20MG TAB
Sub-Count 90
DISPENSE DRUG: ENOXAPARIN 100MG/ML INJ SYRING
Sub-Count 9
DISPENSE DRUG: ENOXAPARIN 120MG/0.8ML INJ SYR
Sub-Count 20
DISPENSE DRUG: ENOXAPARIN 30MG/0.3ML INJ SYRI
Sub-Count 1
DISPENSE DRUG: ENOXAPARIN 40MG/0.4ML INJ SYRI
Sub-Count 2
DISPENSE DRUG: ENOXAPARIN 60MG/0.6ML INJ SYRI
Sub-Count 4
DISPENSE DRUG: EPOETIN ALFA,RECOMB 20,000UNT/
Sub-Count 2
DISPENSE DRUG: EPOETIN ALFA,RECOMB 40,000 UNT
Sub-Count 11
DISPENSE DRUG: ERGOCALCIFEROL (VITAMIN D) 500
Sub-Count 132
DISPENSE DRUG: ERTAPENEM 1 GRAM VL INJ
Sub-Count 11
DISPENSE DRUG: ERYTHROMYCIN 0.5% OPH OINT 3.5
Sub-Count 53
DISPENSE DRUG: ERYTHROMYCIN BASE 500MG TAB
Sub-Count 4
DISPENSE DRUG: ESCITALOPRAM OXALATE 10MG TAB
Sub-Count 1026

DISPENSE DRUG: ESCITALOPRAM OXALATE 20MG TAB
Sub-Count 578
DISPENSE DRUG: ESCITALOPRAM OXALATE 5MG TAB
Sub-Count 223
DISPENSE DRUG: ESOMEPRAZOLE MAGNESIUM 20MG SA
Sub-Count 176
DISPENSE DRUG: ESOMEPRAZOLE MAGNESIUM 40MG SA
Sub-Count 1467
DISPENSE DRUG: ESTRADIOL 10MCG, VAG, APPLICATO
Sub-Count 4
DISPENSE DRUG: ESTROGENS CONJUGATED 0.3MG TAB
Sub-Count 29
DISPENSE DRUG: ESTROGENS CONJUGATED 0.625MG T
Sub-Count 181
DISPENSE DRUG: ETODOLAC 400MG TAB
Sub-Count 177
DISPENSE DRUG: EXEMESTANE 25MG TABLETS
Sub-Count 91
DISPENSE DRUG: EZETIMIBE 10MG TAB
Sub-Count 133
DISPENSE DRUG: EZETIMIBE 10MG/SIMVASTATIN 40M
Sub-Count 91
DISPENSE DRUG: FAMOTIDINE 20MG TAB
Sub-Count 1148
DISPENSE DRUG: FAMOTIDINE 40MG TAB
Sub-Count 449
DISPENSE DRUG: FELODIPINE 5MG SA TAB UD
Sub-Count 90
DISPENSE DRUG: FENOFIBRATE 134MG CAP
Sub-Count 37
DISPENSE DRUG: FENOFIBRATE 145MG TAB
Sub-Count 1259
DISPENSE DRUG: FENOFIBRATE 160MG TAB
Sub-Count 179
DISPENSE DRUG: FENOFIBRATE 200MG CAP
Sub-Count 182
DISPENSE DRUG: FENOFIBRATE 48MG TAB
Sub-Count 422
DISPENSE DRUG: FENOFIBRATE 67MG CAP
Sub-Count 325

DISPENSE DRUG: FENOFIBRIC ACID 135MG CAP,EC
Sub-Count 90
DISPENSE DRUG: FENTANYL 100MCG/HR PATCH
Sub-Count 1
DISPENSE DRUG: FENTANYL 12MCG/HR PATCH
Sub-Count 121
DISPENSE DRUG: FENTANYL 25MCG/HR PATCH
Sub-Count 114
DISPENSE DRUG: FENTANYL 50MCG/HR PATCH
Sub-Count 9
DISPENSE DRUG: FENTANYL 75MCG/HR PATCH
Sub-Count 77
DISPENSE DRUG: FERROUS FUM/VIT C/B12-IF/FA
Sub-Count 546
DISPENSE DRUG: FERROUS GLUCONATE 325MG TAB
Sub-Count 91
DISPENSE DRUG: FERROUS SULFATE 325MG TAB
Sub-Count 4496
DISPENSE DRUG: FEXOFENADINE HCL 60MG TAB UD
Sub-Count 8
DISPENSE DRUG: FINASTERIDE 5MG TAB UD
Sub-Count 1158
DISPENSE DRUG: FISH OIL 1000MG ORAL CAP
Sub-Count 2022
DISPENSE DRUG: FLORASTOR 250MG CAP
Sub-Count 139
DISPENSE DRUG: FLUCONAZOLE 100MG TAB
Sub-Count 31
DISPENSE DRUG: FLUCONAZOLE 150MG TAB
Sub-Count 22
DISPENSE DRUG: FLUCONAZOLE 200MG TAB
Sub-Count 30
DISPENSE DRUG: FLUDROCORTISONE ACETATE 0.1MG
Sub-Count 196
DISPENSE DRUG: FLUOROMETHOLONE 0.1% OPH OINT
Sub-Count 23
DISPENSE DRUG: FLUOXETINE HCL 10MG CAP
Sub-Count 293
DISPENSE DRUG: FLUOXETINE HCL 20MG CAP
Sub-Count 734

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DISPENSE DRUG: FLUOXETINE HCL 40MG CAP
Sub-Count 181
DISPENSE DRUG: FLUPHENAZINE DECANOATE 25MG/ML
Sub-Count 18
DISPENSE DRUG: FLUPHENAZINE HCL 10MG TAB
Sub-Count 74
DISPENSE DRUG: FLUPHENAZINE HCL 2.5MG TAB
Sub-Count 17
DISPENSE DRUG: FLUPHENAZINE HCL 5MG TAB UD
Sub-Count 243
DISPENSE DRUG: FLURBIPROFEN NA 0.03% OPH 2.5
Sub-Count 363
DISPENSE DRUG: FLUTICAS 100/SALMETEROL 50 INH
Sub-Count 316
DISPENSE DRUG: FLUTICAS 230/SALMETEROL 21 INH
Sub-Count 181
DISPENSE DRUG: FLUTICAS 250/SALMETEROL 50 INH
Sub-Count 861
DISPENSE DRUG: FLUTICAS 45/SALMETEROL 21 INHL
Sub-Count 16
DISPENSE DRUG: FLUTICAS 500/SALMETEROL 50 INH
Sub-Count 354
DISPENSE DRUG: FLUTICASONE PROP 110MCG 120D O
Sub-Count 191
DISPENSE DRUG: FLUTICASONE PROP 220MCG 120D O
Sub-Count 2
DISPENSE DRUG: FLUTICASONE PROP 44MCG 120D OR
Sub-Count 76
DISPENSE DRUG: FLUTICASONE PROP 50MCG 120D NA
Sub-Count 1779
DISPENSE DRUG: FLUVOXAMINE MALEATE 100MG TAB
Sub-Count 9
DISPENSE DRUG: FLUVOXAMINE MALEATE 50MG TAB,U
Sub-Count 82
DISPENSE DRUG: FOLIC ACID 1MG TAB UD
Sub-Count 1781
DISPENSE DRUG: FUROSEMIDE 20MG TAB
Sub-Count 3813
DISPENSE DRUG: FUROSEMIDE 40MG TAB
Sub-Count 4351

DISPENSE DRUG: FUROSEMIDE 80MG TAB
Sub-Count 633
DISPENSE DRUG: GABAPENTIN 100MG CAP UD
Sub-Count 1381
DISPENSE DRUG: GABAPENTIN 300MG CAP UD
Sub-Count 3958
DISPENSE DRUG: GABAPENTIN 400MG CAP
Sub-Count 564
DISPENSE DRUG: GABAPENTIN 600MG TAB
Sub-Count 1700
DISPENSE DRUG: GABAPENTIN 800MG TAB
Sub-Count 746
DISPENSE DRUG: GEMFIBROZIL 600MG TAB
Sub-Count 329
DISPENSE DRUG: GENTAMICIN SO4 0.1% OINT, TOP 3
Sub-Count 33
DISPENSE DRUG: GENTAMICIN SO4 0.3% SOLN, OPH 1
Sub-Count 23
DISPENSE DRUG: GENTAMICIN SO4 40MG/ML INJ
Sub-Count 1
DISPENSE DRUG: GENTAMICIN SO4 80MG/VIL INJ
Sub-Count 8
DISPENSE DRUG: GENTAMICIN SULFATE 0.3% OPH OI
Sub-Count 16
DISPENSE DRUG: GENTAMICIN SULFATE 0.3% OPH SO
Sub-Count 74
DISPENSE DRUG: GERITOL LIQUID
Sub-Count 90
DISPENSE DRUG: GLIMEPIRIDE 2MG TAB
Sub-Count 447
DISPENSE DRUG: GLIMEPIRIDE 4MG TAB
Sub-Count 194
DISPENSE DRUG: GLIPIZIDE 10MG TAB
Sub-Count 666
DISPENSE DRUG: GLIPIZIDE 2.5MG SA TAB
Sub-Count 182
DISPENSE DRUG: GLIPIZIDE 5MG TAB
Sub-Count 1860
DISPENSE DRUG: GLUCOSAMINE 500MG CAPS
Sub-Count 91

DISPENSE DRUG: GLYBURIDE 2.5MG TAB
Sub-Count 138
DISPENSE DRUG: GLYBURIDE 2.5MG/METFORMIN HCL
Sub-Count 231
DISPENSE DRUG: GLYBURIDE 5MG TAB
Sub-Count 127
DISPENSE DRUG: GNC CORAL CALCIUM CAP
Sub-Count 55
DISPENSE DRUG: GOLD BOND BODY POWDER
Sub-Count 67
DISPENSE DRUG: GUAIFENESIN 100MG/5ML (AF) LIQ
Sub-Count 30
DISPENSE DRUG: GUAIFENESIN 100MG/5ML (AF/SF)
Sub-Count 209
DISPENSE DRUG: GUAIFENESIN 100MG/5ML (SF/AF)
Sub-Count 23
DISPENSE DRUG: GUAIFENESIN 100MG/5ML SYRUP 12
Sub-Count 14
DISPENSE DRUG: GUAIFENESIN 200MG TAB
Sub-Count 5
DISPENSE DRUG: GUAIFENESIN 400MG TAB
Sub-Count 404
DISPENSE DRUG: GUAIFENESIN 600MG SA TAB
Sub-Count 1856
DISPENSE DRUG: GUAIFENESIN/PSEUDO. 600MG/60MG
Sub-Count 188
DISPENSE DRUG: HALOPERIDOL 0.5MG TAB
Sub-Count 536
DISPENSE DRUG: HALOPERIDOL 10MG TAB
Sub-Count 451
DISPENSE DRUG: HALOPERIDOL 1MG TAB
Sub-Count 748
DISPENSE DRUG: HALOPERIDOL 20MG TAB
Sub-Count 182
DISPENSE DRUG: HALOPERIDOL 2MG TAB
Sub-Count 375
DISPENSE DRUG: HALOPERIDOL 2MG/ML SOLN 120ML
Sub-Count 269
DISPENSE DRUG: HALOPERIDOL 5MG TAB
Sub-Count 1512

DISPENSE DRUG: HALOPERIDOL 5MG/ML INJ 1ML
Sub-Count 13
DISPENSE DRUG: HALOPERIDOL DECANO 100MG/ML IN
Sub-Count 34
DISPENSE DRUG: HALOPERIDOL DECANO 50MG/ML INJ
Sub-Count 3
DISPENSE DRUG: HC 1%/NEO 3.5MG/POLYMYXIN OTIC
Sub-Count 90
DISPENSE DRUG: HC 1%/NEOMY 3.5MG/POLYMYX OTIC
Sub-Count 145
DISPENSE DRUG: HCTZ 12.5/LISINOPRIL 20MG TAB
Sub-Count 33
DISPENSE DRUG: HCTZ 25/TRIAMTERENE 37.5MG CAP
Sub-Count 91
DISPENSE DRUG: HCTZ 25MG/VALSARTAN 160MG TAB
Sub-Count 91
DISPENSE DRUG: HEPARIN NA 5000UNT/ML INJ 1ML
Sub-Count 127
DISPENSE DRUG: HYDRALAZINE HCL 100MG TAB
Sub-Count 312
DISPENSE DRUG: HYDRALAZINE HCL 10MG TAB
Sub-Count 91
DISPENSE DRUG: HYDRALAZINE HCL 25MG TAB
Sub-Count 781
DISPENSE DRUG: HYDRALAZINE HCL 50MG TAB
Sub-Count 951
DISPENSE DRUG: HYDROCHLOROTHIAZIDE 12.5MG CAP
Sub-Count 421
DISPENSE DRUG: HYDROCHLOROTHIAZIDE 25MG TAB
Sub-Count 272
DISPENSE DRUG: HYDROCHLOROTHIAZIDE 50MG TAB
Sub-Count 90
DISPENSE DRUG: HYDROCODONE 10/ACETAMINOPHEN 3
Sub-Count 350
DISPENSE DRUG: HYDROCODONE 10/ACETAMINOPHEN 5
Sub-Count 786
DISPENSE DRUG: HYDROCODONE 10MG/APAP 650MG TA
Sub-Count 182
DISPENSE DRUG: HYDROCODONE 2.5/APAP 500MG TAB
Sub-Count 1133

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DISPENSE DRUG: HYDROCODONE 5/ACETAMINOPHEN 50
Sub-Count 6378

DISPENSE DRUG: HYDROCODONE 5MG/ACETAMINOPHEN
Sub-Count 1178

DISPENSE DRUG: HYDROCODONE 7.5/ACETAMINOPHEN
Sub-Count 1854

DISPENSE DRUG: HYDROCODONE 7.5/IBUPROFEN 200M
Sub-Count 546

DISPENSE DRUG: HYDROCODONE 7.5MG/APAP 325MG T
Sub-Count 508

DISPENSE DRUG: HYDROCORTISONE 0.1% CREAM
Sub-Count 27

DISPENSE DRUG: HYDROCORTISONE 0.5% CR 30GM
Sub-Count 125

DISPENSE DRUG: HYDROCORTISONE 1% CREAM 30GM
Sub-Count 56

DISPENSE DRUG: HYDROCORTISONE 10MG TAB
Sub-Count 91

DISPENSE DRUG: HYDROCORTISONE 2.5% CREAM 30GM
Sub-Count 5

DISPENSE DRUG: HYDROCORTISONE ACETATE 25MG RT
Sub-Count 43

DISPENSE DRUG: HYDROCORTISONE VALERATE 0.2% C
Sub-Count 12

DISPENSE DRUG: HYDROXYCHLOROQUINE SULFATE 200
Sub-Count 181

DISPENSE DRUG: HYDROXYZINE HCL 25MG TAB
Sub-Count 3

DISPENSE DRUG: HYDROXYZINE HCL 50MG TAB
Sub-Count 181

DISPENSE DRUG: HYDROXYZINE PAMOATE 100MG CAP
Sub-Count 55

DISPENSE DRUG: HYDROXYZINE PAMOATE 25MG CAP
Sub-Count 690

DISPENSE DRUG: HYDROXYZINE PAMOATE 50MG CAP
Sub-Count 735

DISPENSE DRUG: HYOSCYAMINE SULFATE 0.125MG SL
Sub-Count 1

DISPENSE DRUG: IBANDRONATE 150MG TAB
Sub-Count 3

DISPENSE DRUG: IBUPROFEN 100MG/5ML SUSP,ORAL
Sub-Count 15
DISPENSE DRUG: IBUPROFEN 200MG TAB
Sub-Count 922
DISPENSE DRUG: IBUPROFEN 400MG TAB
Sub-Count 1383
DISPENSE DRUG: IBUPROFEN 600MG TAB
Sub-Count 107
DISPENSE DRUG: IBUPROFEN 800MG TAB
Sub-Count 387
DISPENSE DRUG: ICAPS LUTEIN & ZEAXANTHIN SA T
Sub-Count 881
DISPENSE DRUG: ICAPS MULTIVITAMIN TAB
Sub-Count 92
DISPENSE DRUG: ICOSAPENT ETHYL 1GM CAP
Sub-Count 103
DISPENSE DRUG: ILOPERIDONE 12MG TAB
Sub-Count 85
DISPENSE DRUG: ILOPERIDONE 2MG TAB
Sub-Count 15
DISPENSE DRUG: ILOPERIDONE 4MG TAB
Sub-Count 93
DISPENSE DRUG: INDOMETHACIN 25MG CAP
Sub-Count 180
DISPENSE DRUG: INSULIN DETEMIR INJ
Sub-Count 1114
DISPENSE DRUG: INSULIN HUMULIN 70/30 (NPH/REG
Sub-Count 1
DISPENSE DRUG: INSULIN LISPRO 100 UNITS/ML IN
Sub-Count 1265
DISPENSE DRUG: INSULIN NOVOLIN 70/30 (NPH/REG
Sub-Count 147
DISPENSE DRUG: INSULIN NPH HUMAN 100 U/ML INJ
Sub-Count 996
DISPENSE DRUG: INSULIN NPH HUMAN 100U/ML INJ
Sub-Count 182
DISPENSE DRUG: INSULIN REG HUMAN 100 U/ML INJ
Sub-Count 5812
DISPENSE DRUG: INSULIN,ASPART,HUMAN 100 UNT/M
Sub-Count 6683

DISPENSE DRUG

DISPENSE DRUG: INSULIN,ASPART,HUMAN 70/30 INJ
Sub-Count 322

DISPENSE DRUG: INSULIN,GLARGINE,HUMAN 100 UNT
Sub-Count 2376

DISPENSE DRUG: INSULIN,LISPRO,HUMAN 75/25 HUM
Sub-Count 200

DISPENSE DRUG: IPRATROPIUM BR 0.03% NASAL SPR
Sub-Count 90

DISPENSE DRUG: IPRATROPIUM BROMIDE 0.02% INH
Sub-Count 2923

DISPENSE DRUG: IPRATROPIUM BROMIDE 17MCG 200D
Sub-Count 23

DISPENSE DRUG: IRON POLYSACCHARIDE /VIT C 150
Sub-Count 172

DISPENSE DRUG: IRON POLYSACCHARIDE COMPLEX 15
Sub-Count 735

DISPENSE DRUG: ISONIAZID 300MG TAB
Sub-Count 70

DISPENSE DRUG: ISOSORBIDE DINITRATE 20MG ORAL
Sub-Count 282

DISPENSE DRUG: ISOSORBIDE MONONITRATE 10MG OR
Sub-Count 362

DISPENSE DRUG: ISOSORBIDE MONONITRATE 20MG OR
Sub-Count 461

DISPENSE DRUG: ISOSORBIDE MONONITRATE 30MG SA
Sub-Count 511

DISPENSE DRUG: ISOSORBIDE MONONITRATE 60MG SA
Sub-Count 354

DISPENSE DRUG: ITRACONAZOLE 100MG CAP
Sub-Count 34

DISPENSE DRUG: K-PHOS NEUTRAL TAB
Sub-Count 277

DISPENSE DRUG: KETOCONAZOLE 2% SHAMPOO
Sub-Count 91

DISPENSE DRUG: KETOROLAC TROMETHAMINE 0.4% OP
Sub-Count 73

DISPENSE DRUG: KETOROLAC TROMETHAMINE 0.5% OP
Sub-Count 56

DISPENSE DRUG: KETOROLAC TROMETHAMINE 30MG/ML
Sub-Count 1

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DISPENSE DRUG: KETOROLAC TROMETHAMINE 60MG/2M
Sub-Count 2

DISPENSE DRUG: L-METHYLFOLATE 7.5MG TAB
Sub-Count 47

DISPENSE DRUG: LABETALOL HCL 200MG TAB
Sub-Count 180

DISPENSE DRUG: LACOSAMIDE 100MG TABS
Sub-Count 182

DISPENSE DRUG: LACTULOSE 10GM/15ML SOLN 480ML
Sub-Count 3727

DISPENSE DRUG: LAMOTRIGINE 100MG TAB
Sub-Count 705

DISPENSE DRUG: LAMOTRIGINE 150MG TAB
Sub-Count 173

DISPENSE DRUG: LAMOTRIGINE 200MG TAB
Sub-Count 883

DISPENSE DRUG: LAMOTRIGINE 25MG TAB
Sub-Count 1015

DISPENSE DRUG: LANSOPRAZOLE 15MG SA CAP UD
Sub-Count 179

DISPENSE DRUG: LANSOPRAZOLE 30MG SA CAP
Sub-Count 704

DISPENSE DRUG: LANSOPRAZOLE 30MG SA DISINTEGR
Sub-Count 238

DISPENSE DRUG: LATANOPROST 0.005% OPH SOLN 2.
Sub-Count 662

DISPENSE DRUG: LEVALBUTEROL HCL 0.63MG/3ML IN
Sub-Count 24

DISPENSE DRUG: LEVALBUTEROL HCL 1.25MG/3ML IN
Sub-Count 99

DISPENSE DRUG: LEVETIRACETAM 1000MG TAB
Sub-Count 1486

DISPENSE DRUG: LEVETIRACETAM 100MG/ML ORAL SO
Sub-Count 1229

DISPENSE DRUG: LEVETIRACETAM 250MG TAB
Sub-Count 620

DISPENSE DRUG: LEVETIRACETAM 500MG TAB
Sub-Count 3057

DISPENSE DRUG: LEVETIRACETAM 750MG TAB
Sub-Count 364

DISPENSE DRUG: LEVOFLOXACIN 250MG TAB
Sub-Count 15
DISPENSE DRUG: LEVOFLOXACIN 25MG/ML SOLN, ORAL
Sub-Count 1
DISPENSE DRUG: LEVOFLOXACIN 500MG TAB
Sub-Count 246
DISPENSE DRUG: LEVOTHYROXINE NA 0.137 MG TABL
Sub-Count 111
DISPENSE DRUG: LEVOTHYROXINE NA 100MCG TAB
Sub-Count 1785
DISPENSE DRUG: LEVOTHYROXINE NA 112MCG TAB
Sub-Count 314
DISPENSE DRUG: LEVOTHYROXINE NA 125MCG TAB
Sub-Count 503
DISPENSE DRUG: LEVOTHYROXINE NA 150MCG TAB
Sub-Count 609
DISPENSE DRUG: LEVOTHYROXINE NA 175MCG TAB
Sub-Count 145
DISPENSE DRUG: LEVOTHYROXINE NA 200MCG TAB
Sub-Count 416
DISPENSE DRUG: LEVOTHYROXINE NA 25MCG TAB
Sub-Count 2198
DISPENSE DRUG: LEVOTHYROXINE NA 50MCG TAB
Sub-Count 1730
DISPENSE DRUG: LEVOTHYROXINE NA 75MCG TAB
Sub-Count 1223
DISPENSE DRUG: LEVOTHYROXINE NA 88MCG TAB
Sub-Count 742
DISPENSE DRUG: LIDOCAINE 5% 5IN X 6IN PATCH
Sub-Count 709
DISPENSE DRUG: LINAGLIPTIN 5MG TAB
Sub-Count 186
DISPENSE DRUG: LINEZOLID 600MG TAB
Sub-Count 119
DISPENSE DRUG: LIOTHYRONINE NA 25MCG TAB
Sub-Count 91
DISPENSE DRUG: LISINOPRIL 10MG TAB
Sub-Count 2657
DISPENSE DRUG: LISINOPRIL 2.5MG TAB
Sub-Count 756

DISPENSE DRUG: LISINOPRIL 20MG TAB
Sub-Count 1913
DISPENSE DRUG: LISINOPRIL 40MG TAB
Sub-Count 376
DISPENSE DRUG: LISINOPRIL 5MG TAB
Sub-Count 701
DISPENSE DRUG: LITHIUM CARBONATE 150MG CAP
Sub-Count 181
DISPENSE DRUG: LITHIUM CARBONATE 300MG CAP
Sub-Count 193
DISPENSE DRUG: LITHIUM CARBONATE 450MG SA TAB
Sub-Count 162
DISPENSE DRUG: LITHIUM CARBONATE 600MG CAP
Sub-Count 129
DISPENSE DRUG: LITHOBID 300MG SA TAB
Sub-Count 19
DISPENSE DRUG: LOPERAMIDE HCL 2MG CAP
Sub-Count 2
DISPENSE DRUG: LOPERAMIDE HCL 2MG TAB
Sub-Count 62
DISPENSE DRUG: LORATADINE 10MG TAB
Sub-Count 998
DISPENSE DRUG: LORAZEPAM 0.5MG TAB
Sub-Count 4565
DISPENSE DRUG: LORAZEPAM 1MG TAB
Sub-Count 4955
DISPENSE DRUG: LORAZEPAM 2MG TAB
Sub-Count 1293
DISPENSE DRUG: LORAZEPAM 2MG/ML INJ 1ML
Sub-Count 204
DISPENSE DRUG: LOSARTAN POTASSIUM 100MG TAB
Sub-Count 194
DISPENSE DRUG: LOSARTAN POTASSIUM 25MG TAB
Sub-Count 150
DISPENSE DRUG: LOSARTAN POTASSIUM 50MG TAB
Sub-Count 413
DISPENSE DRUG: LOTEPREDNOL ETABONATE 0.5% OPH
Sub-Count 87
DISPENSE DRUG: LOXAPINE SUCCINATE 25MG CAP
Sub-Count 71

DISPENSE DRUG: LUBIPROSTONE 24MCG CAP
Sub-Count 230
DISPENSE DRUG: LURASIDONE HCL 40MG TAB
Sub-Count 263
DISPENSE DRUG: LURASIDONE HCL 80MG TAB
Sub-Count 6
DISPENSE DRUG: MAGNESIUM CITRATE LIQUID 296ML
Sub-Count 8
DISPENSE DRUG: MAGNESIUM OXIDE 400MG TAB
Sub-Count 2223
DISPENSE DRUG: MECLIZINE 12.5MG TAB
Sub-Count 524
DISPENSE DRUG: MEDROXYPROGESTERONE 150MG/ML I
Sub-Count 10
DISPENSE DRUG: MEDROXYPROGESTERONE 400MG/ML I
Sub-Count 5
DISPENSE DRUG: MEDROXYPROGESTERONE ACETATE 10
Sub-Count 76
DISPENSE DRUG: MEGESTROL ACETATE 200MG/5ML SU
Sub-Count 2155
DISPENSE DRUG: MEGESTROL ACETATE 20MG TAB
Sub-Count 86
DISPENSE DRUG: MEGESTROL ACETATE 40MG TAB UD
Sub-Count 177
DISPENSE DRUG: MELATONIN 1MG CAP/TAB
Sub-Count 3
DISPENSE DRUG: MELATONIN 3MG TAB
Sub-Count 276
DISPENSE DRUG: MELATONIN 5MG TAB
Sub-Count 644
DISPENSE DRUG: MELOXICAM 15MG TAB
Sub-Count 580
DISPENSE DRUG: MELOXICAM 7.5MG TAB
Sub-Count 386
DISPENSE DRUG: MEMANTINE HCL 10MG TAB UD
Sub-Count 8240
DISPENSE DRUG: MEMANTINE HCL 5MG TAB
Sub-Count 891
DISPENSE DRUG: MEPERIDINE HCL 25MG/ML INJ 1ML
Sub-Count 1

DISPENSE DRUG: MESALAMINE (DELAYED RELEASE) 4
Sub-Count 217

DISPENSE DRUG: MESALAMINE 400MG SA TAB
Sub-Count 27

DISPENSE DRUG: METFORMIN 500MG TAB UD
Sub-Count 1713

DISPENSE DRUG: METFORMIN HCL 1000MG TAB,UD
Sub-Count 2806

DISPENSE DRUG: METFORMIN HCL 850MG TAB UD
Sub-Count 387

DISPENSE DRUG: METHADONE HCL 5MG TAB
Sub-Count 23

DISPENSE DRUG: METHOTREXATE NA 2.5MG TAB
Sub-Count 12

DISPENSE DRUG: METHYLPHENIDATE HCL 10MG TAB
Sub-Count 155

DISPENSE DRUG: METHYLPHENIDATE HCL 5MG TAB
Sub-Count 385

DISPENSE DRUG: METHYLPREDNISOLONE 4MG TAB
Sub-Count 23

DISPENSE DRUG: METHYLPREDNISOLONE 4MG TAB DOS
Sub-Count 2

DISPENSE DRUG: METOCLOPRAMIDE HCL 5MG TAB
Sub-Count 640

DISPENSE DRUG: METOPROLOL SUCCINATE 25MG SA T
Sub-Count 1711

DISPENSE DRUG: METOPROLOL SUCCINATE 50MG SA T
Sub-Count 268

DISPENSE DRUG: METOPROLOL TARTRATE 100MG TAB
Sub-Count 715

DISPENSE DRUG: METOPROLOL TARTRATE 25MG TAB
Sub-Count 6063

DISPENSE DRUG: METOPROLOL TARTRATE 50MG TAB
Sub-Count 2209

DISPENSE DRUG: METRONIDAZOLE 0.75% TOP GEL 45
Sub-Count 31

DISPENSE DRUG: METRONIDAZOLE 250MG TAB UD
Sub-Count 25

DISPENSE DRUG: METRONIDAZOLE 500MG TAB
Sub-Count 54

DISPENSE DRUG: MICONAZOLE NITRATE 2% TOP CREA
Sub-Count 54
DISPENSE DRUG: MICONAZOLE NITRATE 2% VAG CREA
Sub-Count 3
DISPENSE DRUG: MIDODRINE HCL 5MG TAB
Sub-Count 160
DISPENSE DRUG: MILK OF MAGNESIA 355ML
Sub-Count 253
DISPENSE DRUG: MILK OF MAGNESIA 473ML BT
Sub-Count 403
DISPENSE DRUG: MILK OF MAGNESIA, 30ML
Sub-Count 175
DISPENSE DRUG: MINERAL OIL 473ML BT
Sub-Count 90
DISPENSE DRUG: MINOCYCLINE HCL 100MG CAP
Sub-Count 34
DISPENSE DRUG: MINOXIDIL 10MG TAB
Sub-Count 270
DISPENSE DRUG: MIRTAZAPINE 15MG DISINTEGRATING
Sub-Count 182
DISPENSE DRUG: MIRTAZAPINE 15MG TAB
Sub-Count 1282
DISPENSE DRUG: MIRTAZAPINE 30MG TAB
Sub-Count 924
DISPENSE DRUG: MIRTAZAPINE 45MG TAB
Sub-Count 499
DISPENSE DRUG: MIRTAZAPINE 7.5MG TAB
Sub-Count 63
DISPENSE DRUG: MOMETASONE FUROATE 0.1% CREAM,
Sub-Count 232
DISPENSE DRUG: MOMETASONE FUROATE 220MCG/INHL
Sub-Count 148
DISPENSE DRUG: MOMETASONE FUROATE 50MCG 120D
Sub-Count 801
DISPENSE DRUG: MONTELUKAST NA 10MG TAB UD
Sub-Count 732
DISPENSE DRUG: MORPHINE SO4 15MG SA TAB
Sub-Count 185
DISPENSE DRUG: MORPHINE SO4 20MG/5ML SOLN, O
Sub-Count 2

DISPENSE DRUG: MORPHINE SO4 20MG/ML ORAL CONC
Sub-Count 246

DISPENSE DRUG: MOXIFLOXACIN 400MG TAB
Sub-Count 2

DISPENSE DRUG: MOXIFLOXACIN HCL 0.5% OPH SON
Sub-Count 7

DISPENSE DRUG: MULTIVIT/MIN/LUTEIN TAB
Sub-Count 424

DISPENSE DRUG: MULTIVITAMIN TAB
Sub-Count 2858

DISPENSE DRUG: MULTIVITAMIN/MINERALS SENIOR F
Sub-Count 203

DISPENSE DRUG: MULTIVITAMIN/MINERALS TAB
Sub-Count 4733

DISPENSE DRUG: MUPIROCIN 2% OINT 22GM
Sub-Count 233

DISPENSE DRUG: MedroxyPROGESTERone SUSP INJ,
Sub-Count 7

DISPENSE DRUG: NA BIPHOSP 19GM/NA PHOSPHATE 7
Sub-Count 10

DISPENSE DRUG: NAPROXEN 250MG TAB
Sub-Count 113

DISPENSE DRUG: NAPROXEN 500MG TAB
Sub-Count 273

DISPENSE DRUG: NAPROXEN NA 220MG TAB
Sub-Count 96

DISPENSE DRUG: NEBIVOLOL 10MG TAB
Sub-Count 49

DISPENSE DRUG: NEBIVOLOL 5MG TAB
Sub-Count 139

DISPENSE DRUG: NEOMYCIN SULFATE 500MG TAB
Sub-Count 4

DISPENSE DRUG: NEOMYCIN/POLYMYXIN/BACITRACIN
Sub-Count 5

DISPENSE DRUG: NEPHROCAPS CAP
Sub-Count 6

DISPENSE DRUG: NIACIN (NIACOR) 500MG TAB
Sub-Count 602

DISPENSE DRUG: NIACIN (NIASPAN-KOS) 500MG SA
Sub-Count 111

DISPENSE DRUG: NIACIN 1000MG SA TAB
Sub-Count 135
DISPENSE DRUG: NIACIN 250MG SA CAP
Sub-Count 91
DISPENSE DRUG: NICOTINE 21MG/24HR PATCH
Sub-Count 195
DISPENSE DRUG: NIFEDIPINE (PROCARDIA XL) 30MG
Sub-Count 361
DISPENSE DRUG: NITROFURANTOIN 25MG/5ML SUSP
Sub-Count 3
DISPENSE DRUG: NITROFURANTOIN MACROCRYST 100M
Sub-Count 207
DISPENSE DRUG: NITROFURANTOIN MONO/MACRO 100M
Sub-Count 258
DISPENSE DRUG: NITROGLYCERIN 0.1MG/HR PATCH
Sub-Count 271
DISPENSE DRUG: NITROGLYCERIN 0.2MG/HR PATCH
Sub-Count 542
DISPENSE DRUG: NITROGLYCERIN 0.4MG SL TAB
Sub-Count 1
DISPENSE DRUG: NITROGLYCERIN 0.4MG/HR PATCH
Sub-Count 272
DISPENSE DRUG: NITROGLYCERIN 0.8MG/HR PATCH
Sub-Count 91
DISPENSE DRUG: NYSTATIN 100000 U/GM OINT, TOP
Sub-Count 22
DISPENSE DRUG: NYSTATIN 100000 UNT/GM CREAM 3
Sub-Count 70
DISPENSE DRUG: NYSTATIN 100000 UNT/GM TOP PWD
Sub-Count 1
DISPENSE DRUG: NYSTATIN 100000 UNT/ML SUSP 60
Sub-Count 7
DISPENSE DRUG: NYSTATIN/TRIAMCINOLONE CRM 15G
Sub-Count 31
DISPENSE DRUG: NYSTATIN/TRIAMCINOLONE CRM 30G
Sub-Count 108
DISPENSE DRUG: NYSTATIN/TRIAMCINOLONE CRM 60G
Sub-Count 225
DISPENSE DRUG: NYSTATIN/TRIAMCINOLONE OINT 60
Sub-Count 237

DISPENSE DRUG: OCUVITE LUTEIN CAP,ORAL

Sub-Count 269

DISPENSE DRUG: OFLOXACIN 0.3% OPH SOLN 5ML

Sub-Count 9

DISPENSE DRUG: OLANZAPINE 10MG TAB UD

Sub-Count 1028

DISPENSE DRUG: OLANZAPINE 10MG/VIL INJ

Sub-Count 88

DISPENSE DRUG: OLANZAPINE 15MG TAB

Sub-Count 618

DISPENSE DRUG: OLANZAPINE 2.5MG TAB,UD

Sub-Count 408

DISPENSE DRUG: OLANZAPINE 20MG TAB

Sub-Count 1067

DISPENSE DRUG: OLANZAPINE 5MG TAB UD

Sub-Count 308

DISPENSE DRUG: OLANZAPINE 7.5MG TAB

Sub-Count 181

DISPENSE DRUG: OLMESARTAN MEDOXOMIL 20MG TAB

Sub-Count 182

DISPENSE DRUG: OLMESARTAN MEDOXOMIL 40MG TAB

Sub-Count 90

DISPENSE DRUG: OLOPATADINE HCL 0.1% OPH SOLN

Sub-Count 654

DISPENSE DRUG: OLOPATADINE HCL 0.2% OPH SOLN

Sub-Count 1

DISPENSE DRUG: OMEGA-3-ACID ETHYL ESTERS 1GM

Sub-Count 574

DISPENSE DRUG: OMEPRAZOLE 10MG SA CAP

Sub-Count 5

DISPENSE DRUG: OMEPRAZOLE 20MG SA CAP UD

Sub-Count 4196

DISPENSE DRUG: OMEPRAZOLE 40MG SA CAP

Sub-Count 671

DISPENSE DRUG: ONDANSETRON HCL 4MG TAB

Sub-Count 149

DISPENSE DRUG: OXAZEPAM 10MG CAP

Sub-Count 204

DISPENSE DRUG: OXCARBAZEPINE 150MG TAB

Sub-Count 271

DISPENSE DRUG: OXCARBAZEPINE 300MG TAB UD
Sub-Count 483
DISPENSE DRUG: OXCARBAZEPINE 300MG/5ML SUSP
Sub-Count 181
DISPENSE DRUG: OXCARBAZEPINE 600MG TAB
Sub-Count 772
DISPENSE DRUG: OXYBUTYNIN CHLORIDE 10MG SA TA
Sub-Count 230
DISPENSE DRUG: OXYBUTYNIN CHLORIDE 15MG SA TA
Sub-Count 76
DISPENSE DRUG: OXYBUTYNIN CHLORIDE 5MG SA TAB
Sub-Count 322
DISPENSE DRUG: OXYBUTYNIN CHLORIDE 5MG TAB
Sub-Count 1443
DISPENSE DRUG: OXYCODONE HCL 10MG TABLET
Sub-Count 320
DISPENSE DRUG: OXYCODONE HCL 15MG SA TAB
Sub-Count 18
DISPENSE DRUG: OXYCODONE HCL 20MG/ML SOLN, ORA
Sub-Count 181
DISPENSE DRUG: OXYCODONE HCL 5MG CAP
Sub-Count 159
DISPENSE DRUG: OXYCODONE HCL 5MG TAB
Sub-Count 364
DISPENSE DRUG: OXYCODONE/ACETAMINOPHEN 10/325
Sub-Count 285
DISPENSE DRUG: OXYCODONE/ACETAMINOPHEN 5/325
Sub-Count 1111
DISPENSE DRUG: OXYCODONE/ACETAMINOPHEN 7.5/32
Sub-Count 47
DISPENSE DRUG: OXYCODONE/ACETAMINOPHEN 7.5/50
Sub-Count 363
DISPENSE DRUG: OXYMETAZOLINE HCL 0.05% NASAL
Sub-Count 17
DISPENSE DRUG: PALIPERIDONE 6MG SA TAB
Sub-Count 180
DISPENSE DRUG: PALIPERIDONE 9MG SA TAB
Sub-Count 88
DISPENSE DRUG: PANCRELIPASE 27000/5000/17000
Sub-Count 268

DISPENSE DRUG: PANTOPRAZOLE NA 20MG EC TAB
Sub-Count 223
DISPENSE DRUG: PANTOPRAZOLE NA 40MG EC TAB
Sub-Count 3410
DISPENSE DRUG: PANTOPRAZOLE NA 40MG PCKT
Sub-Count 66
DISPENSE DRUG: PARICALCITOL 1MCG CAP
Sub-Count 39
DISPENSE DRUG: PAROXETINE HCL 10MG TAB
Sub-Count 269
DISPENSE DRUG: PAROXETINE HCL 20MG TAB UD
Sub-Count 361
DISPENSE DRUG: PAROXETINE HCL 30MG TAB
Sub-Count 93
DISPENSE DRUG: PAROXETINE HCL 40MG TAB
Sub-Count 522
DISPENSE DRUG: PEG 400 0.4%/PROP GLYCOL 0.3%
Sub-Count 1302
DISPENSE DRUG: PEN G PROCAINE 600000UNT/ML IN
Sub-Count 2
DISPENSE DRUG: PENICILLIN G BENZ 600000UNT/ML
Sub-Count 3
DISPENSE DRUG: PENICILLIN VK 250MG TAB
Sub-Count 4
DISPENSE DRUG: PENICILLIN VK 500MG TAB
Sub-Count 58
DISPENSE DRUG: PERPHENAZINE 2MG TAB
Sub-Count 181
DISPENSE DRUG: PERPHENAZINE 8MG TAB
Sub-Count 176
DISPENSE DRUG: PETROLATUM/MINERAL OIL OPTH O
Sub-Count 1129
DISPENSE DRUG: PHENAZOPYRIDINE HCL 100MG TAB
Sub-Count 1
DISPENSE DRUG: PHENAZOPYRIDINE HCL 200MG TAB
Sub-Count 45
DISPENSE DRUG: PHENOBARBITAL 30MG TAB
Sub-Count 610
DISPENSE DRUG: PHENOBARBITAL 32.4MG TAB
Sub-Count 1330

DISPENSE DRUG: PHENOBARBITAL 60MG TAB
Sub-Count 1254
DISPENSE DRUG: PHENOBARBITAL 64.8MG TAB
Sub-Count 465
DISPENSE DRUG: PHENOBARBITAL 97.2MG TAB
Sub-Count 116
DISPENSE DRUG: PHENYTOIN (DILANTIN) 50MG CHEW
Sub-Count 1999
DISPENSE DRUG: PHENYTOIN NA (DILANTIN) 100MG
Sub-Count 4603
DISPENSE DRUG: PIMECROLIMUS 1% CREAM, TOP 30GM
Sub-Count 2
DISPENSE DRUG: PIMECROLIMUS 1% CREAM, TOP 60GM
Sub-Count 26
DISPENSE DRUG: PIOGLITAZONE HCL 15MG TAB
Sub-Count 181
DISPENSE DRUG: PIOGLITAZONE HCL 30MG TAB
Sub-Count 91
DISPENSE DRUG: PIOGLITAZONE HCL 45MG TAB
Sub-Count 91
DISPENSE DRUG: POLYETHYLENE GLYCOL 3350 PWDR
Sub-Count 8602
DISPENSE DRUG: POTASSIUM CHLORIDE 10MEQ SA CA
Sub-Count 2033
DISPENSE DRUG: POTASSIUM CHLORIDE 10MEQ SA TA
Sub-Count 1313
DISPENSE DRUG: POTASSIUM CHLORIDE 20MEQ SA TA
Sub-Count 1305
DISPENSE DRUG: POTASSIUM CHLORIDE 20MEQ/15ML
Sub-Count 339
DISPENSE DRUG: POTASSIUM CHLORIDE 20MEQ/PKT E
Sub-Count 22
DISPENSE DRUG: POTASSIUM CITRATE 1080MG (10ME
Sub-Count 182
DISPENSE DRUG: PRAMIPEXOLE DIHYDROCHLORID 0.2
Sub-Count 269
DISPENSE DRUG: PRAVASTATIN NA 20MG TAB
Sub-Count 159
DISPENSE DRUG: PRAVASTATIN NA 40MG TAB
Sub-Count 145

DISPENSE DRUG: PRAVASTATIN NA 80MG TAB
Sub-Count 42
DISPENSE DRUG: PRAZOSIN HCL 2MG CAP
Sub-Count 181
DISPENSE DRUG: PREDNISOLONE ACETATE 0.12% OPH
Sub-Count 90
DISPENSE DRUG: PREDNISOLONE ACETATE 1% OPH SU
Sub-Count 149
DISPENSE DRUG: PREDNISON 10MG TAB
Sub-Count 106
DISPENSE DRUG: PREDNISON 2.5MG TAB
Sub-Count 88
DISPENSE DRUG: PREDNISON 20MG TAB
Sub-Count 89
DISPENSE DRUG: PREDNISON 50MG TAB
Sub-Count 4
DISPENSE DRUG: PREDNISON 5MG TAB
Sub-Count 392
DISPENSE DRUG: PREGABALIN 100MG CAP
Sub-Count 271
DISPENSE DRUG: PREGABALIN 50MG CAP
Sub-Count 549
DISPENSE DRUG: PREMPRO 0.3MG/1.5MG TAB,28 PAC
Sub-Count 91
DISPENSE DRUG: PRESERVISION AREDS FORMULA GEL
Sub-Count 694
DISPENSE DRUG: PRESERVISION LUTEIN
Sub-Count 360
DISPENSE DRUG: PRIMIDONE 50MG TAB
Sub-Count 91
DISPENSE DRUG: PROCHLORPERAZINE 5MG TAB,UD
Sub-Count 7
DISPENSE DRUG: PROMETHAZINE HCL 12.5MG RTL SU
Sub-Count 1
DISPENSE DRUG: PROMETHAZINE HCL 12.5MG TAB
Sub-Count 205
DISPENSE DRUG: PROMETHAZINE HCL 25MG RTL SUPP
Sub-Count 10
DISPENSE DRUG: PROMETHAZINE HCL 25MG TAB UD
Sub-Count 9

DISPENSE DRUG: PROMETHAZINE HCL 25MG/ML INJ 1

Sub-Count 1

DISPENSE DRUG: PROMETHAZINE HCL 6.25MG/5ML SY

Sub-Count 39

DISPENSE DRUG: PROMETHAZINE VC SYRUP 120ML

Sub-Count 6

DISPENSE DRUG: PROPAFENONE HCL 150MG TAB UD

Sub-Count 187

DISPENSE DRUG: PROPAFENONE HCL 225MG TAB

Sub-Count 270

DISPENSE DRUG: PROPRANOLOL HCL 10MG TAB

Sub-Count 181

DISPENSE DRUG: PROPRANOLOL HCL 20MG TAB

Sub-Count 1138

DISPENSE DRUG: PROPRANOLOL HCL 40MG TAB UD

Sub-Count 182

DISPENSE DRUG: PROPYLTHIOURACIL 50MG TAB

Sub-Count 181

DISPENSE DRUG: PSYLLIUM 3.4GM/SUCROSE 3.5GM

Sub-Count 91

DISPENSE DRUG: PSYLLIUM PACKETS

Sub-Count 48

DISPENSE DRUG: PYRIDOXINE HCL 100MG TAB

Sub-Count 182

DISPENSE DRUG: QUETIAPINE FUMARATE 100MG TAB

Sub-Count 1821

DISPENSE DRUG: QUETIAPINE FUMARATE 150MG XR

Sub-Count 88

DISPENSE DRUG: QUETIAPINE FUMARATE 200MG TAB

Sub-Count 2057

DISPENSE DRUG: QUETIAPINE FUMARATE 200MG XR T

Sub-Count 90

DISPENSE DRUG: QUETIAPINE FUMARATE 25MG UD TA

Sub-Count 1656

DISPENSE DRUG: QUETIAPINE FUMARATE 300MG TAB

Sub-Count 586

DISPENSE DRUG: QUETIAPINE FUMARATE 400MG TAB

Sub-Count 794

DISPENSE DRUG: QUETIAPINE FUMARATE 400MG XR T

Sub-Count 48

DISPENSE DRUG: QUETIAPINE FUMARATE 50MG UD TA
Sub-Count 2389
DISPENSE DRUG: QUINAPRIL HCL 40MG TAB
Sub-Count 179
DISPENSE DRUG: RAMIPRIL 1.25MG CAP
Sub-Count 89
DISPENSE DRUG: RAMIPRIL 10MG CAP
Sub-Count 77
DISPENSE DRUG: RANITIDINE HCL 150MG TAB UD
Sub-Count 6581
DISPENSE DRUG: RANITIDINE HCL 150MG/10ML SYR
Sub-Count 89
DISPENSE DRUG: RANITIDINE HCL 300MG TAB
Sub-Count 363
DISPENSE DRUG: RANITIDINE HCL 75MG TAB
Sub-Count 1
DISPENSE DRUG: RANOLAZINE 500MG EXTENEDED REL
Sub-Count 181
DISPENSE DRUG: REMOVE PATCH
Sub-Count 1564
DISPENSE DRUG: REPAGLINIDE 0.5MG TAB
Sub-Count 270
DISPENSE DRUG: RIFAXIMIN 550MG
Sub-Count 217
DISPENSE DRUG: RISEDRONATE NA 35MG TAB
Sub-Count 13
DISPENSE DRUG: RISPERIDONE 0.25MG TAB
Sub-Count 818
DISPENSE DRUG: RISPERIDONE 0.5MG TAB
Sub-Count 1205
DISPENSE DRUG: RISPERIDONE 1MG TAB UD
Sub-Count 1579
DISPENSE DRUG: RISPERIDONE 25MG/VIL INJ SA SU
Sub-Count 8
DISPENSE DRUG: RISPERIDONE 2MG TAB UD
Sub-Count 618
DISPENSE DRUG: RISPERIDONE 37.5MG/VIL INJ SA
Sub-Count 9
DISPENSE DRUG: RISPERIDONE 3MG TAB
Sub-Count 1126

DISPENSE DRUG: RISPERIDONE 4MG TAB

Sub-Count 478

DISPENSE DRUG: RIVASTIGMINE TARTRATE 3MG CAP

Sub-Count 182

DISPENSE DRUG: RIVASTIGMINE TARTRATE 4.5MG CA

Sub-Count 363

DISPENSE DRUG: RIVASTIGMINE TARTRATE 4.6MG/24

Sub-Count 482

DISPENSE DRUG: RIVASTIGMINE TARTRATE 9.5MG/24

Sub-Count 1540

DISPENSE DRUG: ROPINIROLE HCL 0.25MG TAB

Sub-Count 322

DISPENSE DRUG: ROPINIROLE HCL 0.5MG TAB

Sub-Count 558

DISPENSE DRUG: ROPINIROLE HCL 1MG TAB

Sub-Count 283

DISPENSE DRUG: ROPINIROLE HCL 2MG TAB

Sub-Count 539

DISPENSE DRUG: ROSUVASTATIN CA 10MG TAB

Sub-Count 654

DISPENSE DRUG: ROSUVASTATIN CA 20MG TAB

Sub-Count 297

DISPENSE DRUG: ROSUVASTATIN CA 5MG TAB

Sub-Count 639

DISPENSE DRUG: SAXAGLIPTIN 5/METFORMIN 1000MG

Sub-Count 42

DISPENSE DRUG: SAXAGLIPTIN 5MG TAB

Sub-Count 91

DISPENSE DRUG: SCOPOLAMINE 0.33MG/24HR (1.5MG

Sub-Count 43

DISPENSE DRUG: SELENIUM SULFIDE 2.5% LOTION/S

Sub-Count 91

DISPENSE DRUG: SENNOSIDES 8.6MG TAB

Sub-Count 1424

DISPENSE DRUG: SERTRALINE HCL 100MG TAB

Sub-Count 660

DISPENSE DRUG: SERTRALINE HCL 25MG TAB

Sub-Count 472

DISPENSE DRUG: SERTRALINE HCL 50MG TAB UD

Sub-Count 1450

50 -----

DISPENSE DRUG: SEVELAMER CARBONATE 800MG TAB
Sub-Count 272

DISPENSE DRUG: SILVER SULFADIAZINE 1% CREAM 4
Sub-Count 14

DISPENSE DRUG: SILVER SULFADIAZINE 1% CREAM, T
Sub-Count 41

DISPENSE DRUG: SIMETHICONE 180MG SOFTGEL
Sub-Count 90

DISPENSE DRUG: SIMETHICONE 80MG CHEW TAB
Sub-Count 970

DISPENSE DRUG: SIMVASTATIN 10MG UD TAB
Sub-Count 794

DISPENSE DRUG: SIMVASTATIN 20MG TAB UD
Sub-Count 4182

DISPENSE DRUG: SIMVASTATIN 40MG TAB
Sub-Count 1738

DISPENSE DRUG: SIMVASTATIN 80MG TAB
Sub-Count 90

DISPENSE DRUG: SITAGLIPTIN 100MG TAB
Sub-Count 278

DISPENSE DRUG: SODIUM BICARBONATE 650MG TAB
Sub-Count 72

DISPENSE DRUG: SODIUM CHLORIDE 0.65% SOLN NAS
Sub-Count 761

DISPENSE DRUG: SODIUM CHLORIDE 5% OPH OINT
Sub-Count 90

DISPENSE DRUG: SODIUM CHLORIDE 5% OPH SOLN 15
Sub-Count 568

DISPENSE DRUG: SODIUM POLYSTYRENE SULF 15GM/6
Sub-Count 9

DISPENSE DRUG: SOLIFENACIN SUCCINATE 10MG TAB
Sub-Count 228

DISPENSE DRUG: SOLIFENACIN SUCCINATE 5MG TAB
Sub-Count 178

DISPENSE DRUG: SOLO SITE WOUND CARE GEL, TOP 2
Sub-Count 30

DISPENSE DRUG: SORBITOL 70% SOLN 473ML BT
Sub-Count 107

DISPENSE DRUG: SOTALOL HCL 120MG TAB
Sub-Count 181

51

DISPENSE DRUG: SOTALOL HCL 80MG TAB UD
Sub-Count 240

DISPENSE DRUG: SPIRONOLACTONE 25MG TAB
Sub-Count 1141

DISPENSE DRUG: SPIRONOLACTONE 50MG TAB
Sub-Count 54

DISPENSE DRUG: SUCRALFATE 1GM TAB
Sub-Count 3043

DISPENSE DRUG: SULFACETAMIDE NA 10% OPH SOLN
Sub-Count 65

DISPENSE DRUG: SULFAMET 200/TRIMETH 40MG/5ML
Sub-Count 16

DISPENSE DRUG: SULFAMETH 200/TRIMET 40MG/5ML
Sub-Count 10

DISPENSE DRUG: SULFAMETHOXAZOLE 400/TRIMETH 8
Sub-Count 1

DISPENSE DRUG: SULFAMETHOXAZOLE 800/TRIMETH 1
Sub-Count 541

DISPENSE DRUG: SULINDAC 200MG TAB
Sub-Count 181

DISPENSE DRUG: SUMATRIPTAN SUCCINATE 100MG TA
Sub-Count 1

DISPENSE DRUG: SUMATRIPTAN SUCCINATE 25MG TAB
Sub-Count 3

DISPENSE DRUG: TAMSULOSIN HCL 0.4MG CAP
Sub-Count 3407

DISPENSE DRUG: TELMISARTAN 20MG TAB
Sub-Count 90

DISPENSE DRUG: TEMAZEPAM 15MG CAP
Sub-Count 76

DISPENSE DRUG: TEMAZEPAM 7.5MG CAP
Sub-Count 2

DISPENSE DRUG: TERAZOSIN HCL 10MG CAP
Sub-Count 90

DISPENSE DRUG: TERAZOSIN HCL 1MG CAP
Sub-Count 90

DISPENSE DRUG: TERAZOSIN HCL 5MG CAP UD
Sub-Count 182

DISPENSE DRUG: TERBINAFINE HCL 250MG TAB
Sub-Count 23

52

DISPENSE DRUG: TERBUTALINE SULFATE 2.5MG TAB
Sub-Count 273

DISPENSE DRUG: TETRABENAZINE 12.5MG TAB
Sub-Count 182

DISPENSE DRUG: TETRAHYDROZOLINE 0.05%/ZINC 0.
Sub-Count 56

DISPENSE DRUG: THEOPHYLLINE 100MG SA TAB
Sub-Count 588

DISPENSE DRUG: THEOPHYLLINE 200MG SA TAB
Sub-Count 526

DISPENSE DRUG: THEOPHYLLINE 300MG SA TAB UD
Sub-Count 450

DISPENSE DRUG: THIAMINE HCL 100MG TAB
Sub-Count 493

DISPENSE DRUG: THIORIDAZINE HCL 100MG TAB
Sub-Count 273

DISPENSE DRUG: THIORIDAZINE HCL 50MG TAB UD
Sub-Count 182

DISPENSE DRUG: THIOTHIXENE HCL 10MG CAP
Sub-Count 1

DISPENSE DRUG: THIOTHIXENE HCL 2MG CAP
Sub-Count 182

DISPENSE DRUG: THIOTHIXENE HCL 5MG CAP
Sub-Count 242

DISPENSE DRUG: TIAGABINE HCL 2MG TAB
Sub-Count 181

DISPENSE DRUG: TIMOLOL MALEATE 0.25% OPH SOLN
Sub-Count 87

DISPENSE DRUG: TIMOLOL MALEATE 0.5% OPH SOLN
Sub-Count 273

DISPENSE DRUG: TIOTROPIUM 18MCG INHL CAP 30
Sub-Count 453

DISPENSE DRUG: TIZANIDINE HCL 2MG TAB
Sub-Count 91

DISPENSE DRUG: TIZANIDINE HCL 4MG TAB
Sub-Count 349

DISPENSE DRUG: TOBRAMYCIN 300MG/5ML SOLN, INHL
Sub-Count 7

DISPENSE DRUG: TOLNAFTATE 1% TOP PWD
Sub-Count 1

DISPENSE DRUG: TOLTERODINE TARTRATE 2MG TAB

Sub-Count 179

DISPENSE DRUG: TOLTERODINE TARTRATE 4MG SA CA

Sub-Count 238

DISPENSE DRUG: TOPIRAMATE 100MG TAB

Sub-Count 886

DISPENSE DRUG: TOPIRAMATE 200MG TAB

Sub-Count 472

DISPENSE DRUG: TOPIRAMATE 50MG TAB

Sub-Count 744

DISPENSE DRUG: TORSEMIDE 20MG TAB,UD

Sub-Count 271

DISPENSE DRUG: TRAMADOL HCL 50MG TAB

Sub-Count 6909

DISPENSE DRUG: TRAVOPROST 0.004% OPH SOLN 2.5

Sub-Count 300

DISPENSE DRUG: TRAVOPROST Z 0.004% SOLN,OPH

Sub-Count 445

DISPENSE DRUG: TRAZODONE HCL 100MG TAB

Sub-Count 537

DISPENSE DRUG: TRAZODONE HCL 150MG TAB

Sub-Count 513

DISPENSE DRUG: TRAZODONE HCL 50MG TAB

Sub-Count 3092

DISPENSE DRUG: TRIAMCINOLONE ACET 55MCG 120D

Sub-Count 91

DISPENSE DRUG: TRIAMCINOLONE ACETONIDE 0.025%

Sub-Count 29

DISPENSE DRUG: TRIAMCINOLONE ACETONIDE 0.1% C

Sub-Count 21

DISPENSE DRUG: TRIAMCINOLONE ACETONIDE 40MG/M

Sub-Count 1

DISPENSE DRUG: TRIMETHOPRIM 100MG TAB

Sub-Count 180

DISPENSE DRUG: TROSPIMUM CL 20MG TAB

Sub-Count 87

DISPENSE DRUG: TUBERCULIN,PUR PROT. DERIV. 5U

Sub-Count 9

DISPENSE DRUG: URSODIOL 300MG CAP

Sub-Count 273

DISPENSE DRUG: VALACYCLOVIR HCL 1GM TAB
Sub-Count 40

DISPENSE DRUG: VALACYCLOVIR HCL 500MG TAB
Sub-Count 2

DISPENSE DRUG: VALPROIC ACID 250MG CAP
Sub-Count 178

DISPENSE DRUG: VALPROIC ACID 250MG/5ML SYRUP
Sub-Count 1455

DISPENSE DRUG: VALSARTAN 160MG TAB
Sub-Count 545

DISPENSE DRUG: VALSARTAN 320MG TAB
Sub-Count 271

DISPENSE DRUG: VALSARTAN 80MG TAB UD
Sub-Count 277

DISPENSE DRUG: VENLAFAXINE HCL 37.5MG SA CAP
Sub-Count 95

DISPENSE DRUG: VENLAFAXINE HCL 75MG SA CAP
Sub-Count 87

DISPENSE DRUG: VENLAFAXINE HCL 75MG TAB
Sub-Count 47

DISPENSE DRUG: VERAPAMIL HCL 180MG SA TAB
Sub-Count 90

DISPENSE DRUG: VITAMIN B COMPLEX CAP
Sub-Count 178

DISPENSE DRUG: VITAMIN B COMPLEX TAB
Sub-Count 91

DISPENSE DRUG: VITAMIN D 400 UNIT TAB
Sub-Count 1185

DISPENSE DRUG: VITAMIN D3 1000UNIT TAB
Sub-Count 7394

DISPENSE DRUG: VITAMIN E 400 UNIT CAP
Sub-Count 198

DISPENSE DRUG: WARFARIN (COUMADIN) NA 10MG TA
Sub-Count 64

DISPENSE DRUG: WARFARIN (COUMADIN) NA 1MG TAB
Sub-Count 120

DISPENSE DRUG: WARFARIN (COUMADIN) NA 2.5MG T
Sub-Count 512

DISPENSE DRUG: WARFARIN (COUMADIN) NA 2MG TAB
Sub-Count 519

DISPENSE DRUG: WARFARIN (COUMADIN) NA 3MG TAB
Sub-Count 400
DISPENSE DRUG: WARFARIN (COUMADIN) NA 4MG TAB
Sub-Count 481
DISPENSE DRUG: WARFARIN (COUMADIN) NA 5MG TAB
Sub-Count 323
DISPENSE DRUG: WARFARIN (COUMADIN) NA 6MG TAB
Sub-Count 58
DISPENSE DRUG: WARFARIN (COUMADIN) NA 7.5MG T
Sub-Count 120
DISPENSE DRUG: ZINC SULFATE 220MG CAP
Sub-Count 855
DISPENSE DRUG: ZIPRASIDONE HCL 20MG CAP
Sub-Count 1457
DISPENSE DRUG: ZIPRASIDONE HCL 40MG CAP
Sub-Count 931
DISPENSE DRUG: ZIPRASIDONE HCL 60MG CAP
Sub-Count 251
DISPENSE DRUG: ZIPRASIDONE HCL 80MG CAP
Sub-Count 1700
DISPENSE DRUG: ZIPRASIDONE MESYLATE 20MG/VIL
Sub-Count 40
DISPENSE DRUG: ZOLPIDEM TARTRATE 10MG TAB
Sub-Count 183
DISPENSE DRUG: ZOLPIDEM TARTRATE 5MG TAB UD
Sub-Count 578
DISPENSE DRUG: ZONISAMIDE 100MG CAP
Sub-Count 90
DISPENSE DRUG: ZZ*PHOSPHATES ENEMA*
Sub-Count 7
Count 549660

549645 MATCHES FOUND.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BHS14012

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.


Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

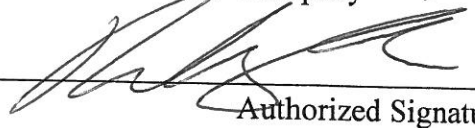
Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.



 Company


 Authorized Signature
 8-12-13

 Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.

Revised 6/8/2012

State of West Virginia

VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with **West Virginia Code**, §5A-3-37. (Does not apply to construction contracts). **West Virginia Code**, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the **West Virginia Code**. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

1. Application is made for 2.5% resident vendor preference for the reason checked:

- ____ Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or**,
 ____ Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or** 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or**,
 ____ Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or**,

2. Application is made for 2.5% resident vendor preference for the reason checked:

- ____ Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or**,

3. Application is made for 2.5% resident vendor preference for the reason checked:

- ____ Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or**,

☒ **4. Application is made for 5% resident vendor preference for the reason checked:**

- ☒ Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or**,

5. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:

- ____ Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or**,

6. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:

- ____ Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

☒ **7. Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with West Virginia Code §5A-3-59 and West Virginia Code of State Rules.**

- ☒ Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Unicare Pharmacy

Signed: [Signature]

Date: 8-13-13

Title: Pharmacy Manager / Owner

RFQ No. BHS14012STATE OF WEST VIRGINIA
Purchasing Division**PURCHASING AFFIDAVIT**

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

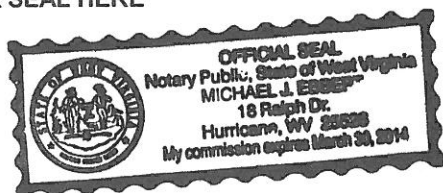
AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:Vendor's Name: Unicare PharmacyAuthorized Signature: [Signature] Date: 8-13-13State of West VirginiaCounty of Putnam, to-wit:Taken, subscribed, and sworn to before me this 13 day of August, 2013.My Commission expires March 30, 2014.

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]

Purchasing Affidavit (Revised 07/01/2012)



CERTIFICATION AND SIGNATURE PAGE

By signing below, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

UNIQCARE PHARMACY

(Company)



(Authorized Signature)

DAVID KASEY KELLER PharmD/OWNER

(Representative Name, Title)

888-698-4908

(Phone Number)

888-808-0795

(Fax Number)

AUG 8 2013

(Date)

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 UNIQCARE PHARMACY

Company

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