



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

Request for Quotation

RFQ NUMBER

BHS12120

PAGE

1

ADDRESS CORRESPONDENCE TO ATTENTION OF:

ROBERTA WAGNER
304-558-0067

*602130017 304-736-8310

CONTINUUMCARE PHARMACY LLC
78 PERRY WINKLE LN

HUNTINGTON WV 25702

HEALTH AND HUMAN RESOURCES
VARIOUS LOCALES AS
INDICATED BY ORDER

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS								
03/13/2012												
BID OPENING DATE: 04/17/2012		BID OPENING TIME 01:30PM										
LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT						
<p>THE STATE OF WEST VIRGINIA AND ITS AGENCY THE DEPARTMENT OF HEALTH AND HUMAN RESOURCES (DHHR), STATE OWNED LONG TERM CARE (LTC) FACILITIES, REQUEST A QUOTE TO PROVIDE BASIC PHARMACY SERVICES AND SUPPLIES FOR THE RESIDENTS OF THE WEST VIRGINIA LTC FACILITIES NOTED BELOW AND PER THE ATTACHED SPECIFICATIONS.</p> <p>THE LTC FACILITIES ARE:</p> <table><tbody><tr><td>JACKIE WITHROW HOSPITAL 105 S. EISENHOWER DRIVE BECKLEY, WV 25801</td><td>HOPEMONT HOSPITAL 150 HOPEMONT DRIVE TERRA ALTA, WV 26764-9654</td></tr><tr><td>LAKIN HOSPITAL 11522 OHIO RIVER ROAD WEST COLUMBIA, WV 25287</td><td>JOHN MANCHIN SR. HEALTH CARE CENTER 401 GUFFEY STREET FAIRMONT, WV 26554</td></tr><tr><td colspan="2">WELCH COMMUNITY HOSPITAL (LONG TERM CARE UNIT ONLY) 454 MCDOWELL STREET WELCH, WV 24801</td></tr></tbody></table> <p>*****MANDATORY PRE-BID MEETING*****</p> <p>A MANDATORY PRE-BID MEETING WILL BE HELD ON MARCH 22, 2012 AT 1:00 PM</p> <p>LOCATION: 350 CAPITOL STREET, ROOM 342A CHARLESTON, WV 25301</p> <p>*****</p> <p>***BID OPENING: APRIL 17, 2012 @ 1:30 PM</p>							JACKIE WITHROW HOSPITAL 105 S. EISENHOWER DRIVE BECKLEY, WV 25801	HOPEMONT HOSPITAL 150 HOPEMONT DRIVE TERRA ALTA, WV 26764-9654	LAKIN HOSPITAL 11522 OHIO RIVER ROAD WEST COLUMBIA, WV 25287	JOHN MANCHIN SR. HEALTH CARE CENTER 401 GUFFEY STREET FAIRMONT, WV 26554	WELCH COMMUNITY HOSPITAL (LONG TERM CARE UNIT ONLY) 454 MCDOWELL STREET WELCH, WV 24801	
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SEE REVERSE SIDE FOR TERMS AND CONDITIONS												
SIGNATURE		TELEPHONE		DATE								
TITLE		FEIN		ADDRESS CHANGES TO BE NOTED ABOVE								

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

RECEIVED
2012 APR 17 AM 9:05
WV PURCHASING
DIVISION

GENERAL TERMS & CONDITIONS REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)

1. Awards will be made in the best interest of the State of West Virginia.
 2. The State may accept or reject in part, or in whole, any bid.
 3. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
 4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods this Purchase Order/Contract becomes void and of no effect after June 30.
 5. Payment may only be made after the delivery and acceptance of goods or services.
 6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
 7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
 8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
 9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
 10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
 11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
 12. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
 13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.html and is hereby made part of the agreement provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
 14. **CONFIDENTIALITY:** The vendor agrees that he or she 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/noticeConfidentiality.pdf>.
 15. **LICENSING:** Vendors 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, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending unit to verify that the vendor is licensed and in good standing with the above entities.
 16. **ANTITRUST:** In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will 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 the bidder.
- I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or Fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).



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BID OPENING DATE: 04/17/2012		BID OPENING TIME 01:30PM				
LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	YR	270-00	LOCATION: PURCHASING DIVISION, BUILDING #15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305 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. EXHIBIT 3 LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE UPON AWARD AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY		
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TITLE		FEIN		ADDRESS CHANGES TO BE NOTED ABOVE		

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<p>REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.</p> <p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT BY THE STATE OF WEST VIRGINIA, ITS AGENCIES, OR POLITICAL SUBDIVISIONS, THE TERMS, CONDITIONS, AND PRICING SET FORTH HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.</p> <p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY</p>						
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SIGNATURE				TELEPHONE		DATE
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<p>ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p> <p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THE STATE MAY DEEM THE CONTRACT NULL AND VOID, AND TERMINATE SUCH CONTRACT WITHOUT FURTHER ORDER.</p> <p>THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.</p> <p>REV. 01/17/2012</p> <p>***MANDATORY PRE-BID***</p> <p>A MANDATORY PRE-BID WILL BE HELD ON MARCH 22, 2012 AT 1:00 PM, RM 342A, 350 CAPITOL ST. CHARLESTON, WV. ALL INTERESTED PARTIES ARE REQUIRED TO ATTEND THIS MEETING. FAILURE TO ATTEND THE MANDATORY PRE-BID SHALL RESULT I DISQUALIFICATION OF THE BID. NO ONE PERSON MAY REPRESENT MORE THAN ONE BIDDER.</p> <p>AN ATTENDANCE SHEET WILL BE MADE AVAILABLE FOR ALL POTENTIAL BIDDERS TO COMPLETE. THIS WILL SERVE AS THE OFFICIAL DOCUMENT VERIFYING ATTENDANCE AT THE MANDATOR</p>						
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<p>PRE-BID. FAILURE TO PROVIDE YOUR COMPANY AND REPRESENTATIVE NAME ON THE ATTENDANCE SHEET WILL RESULT IN DISQUALIFICATION OF THE BID. THE STATE WILL NOT ACCEPT ANY OTHER DOCUMENTATION TO VERIFY ATTENDANCE. THE BIDDER IS RESPONSIBLE FOR ENSURING THEY HAVE COMPLETED THE INFORMATION REQUIRED ON THE ATTENDANCE SHEET. THE PURCHASING DIVISION AND THE STATE AGENCY WILL NOT ASSUME ANY RESPONSIBILITY FOR A BIDDER-S FAILURE TO COMPLETE THE PRE-BID ATTENDANCE SHEET. IN ADDITION, WE REQUEST THAT ALL POTENTIAL BIDDERS INCLUDE THEIR E-MAIL ADDRESS AND FAX NUMBER.</p> <p>ALL POTENTIAL BIDDERS ARE REQUESTED TO ARRIVE PRIOR TO THE STARTING TIME FOR THE PRE-BID. BIDDERS WHO ARRIVE LATE, BUT PRIOR TO THE DISMISSAL OF THE TECHNICAL PORTION OF THE PRE-BID WILL BE PERMITTED TO SIGN IN. BIDDERS WHO ARRIVE AFTER CONCLUSION OF THE TECHNICAL PORTION OF THE PRE-BID, BUT DURING ANY SUBSEQUENT PART OF THE PRE-BID WILL NOT BE PERMITTED TO SIGN THE ATTENDANCE SHEET.</p> <p>ANY INDIVIDUAL SIGNING THIS BID IS CERTIFYING THAT: (1) HE OR SHE IS AUTHORIZED BY THE BIDDER TO EXECUTE THE BID OR ANY DOCUMENTS RELATED THERETO ON BEHALF OF THE BIDDER, (2) THAT HE OR SHE IS AUTHORIZED TO BIND THE BIDDER IN A CONTRACTUAL RELATIONSHIP, AND (3) THAT THE BIDDER HAS PROPERLY REGISTERED WITH ANY STATE AGENCIES THAT MAY REQUIRE REGISTRATION.</p> <p>NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p>DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15</p>						
SEE REVERSE SIDE FOR TERMS AND CONDITIONS						
SIGNATURE			TELEPHONE		DATE	
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2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130						
***A COURTESY COPY WOULD BE APPRECIATED.						
THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:						
SEALED BID						
BUYER:		ROBERTA WAGNER/FILE 22				
RFQ. NO.:		BHS12120				
BID OPENING DATE:		APRIL 17, 2012				
BID OPENING TIME:		1:30 PM				
PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:						
----- (304) 736-8312 -----						
CONTACT PERSON (PLEASE PRINT CLEARLY):						
----- John V. Stock -----						
PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR MUST ACCEPT THE STATE OF WEST VIRGINIA VISA PURCHASING						
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CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE AGENCY AS A CONDITION OF AWARD.						
EXHIBIT 4						
LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY MANNER.						
REV. 3/88						
INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 03/26/2012. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO: ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311 FAX: (304) 558-4115						
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E-MAIL: ROBERTA.A.WAGNER@WV.GOV						
***** THIS IS THE END OF RFQ BHS12120 ***** TOTAL: _____						

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BLANKET CONTRACT

Pharmacy Supplies and Services for State-Owned Long Term Care Facilities

GENERAL REQUIREMENTS

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 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". This contract will be replacing BHS12009.

Location of Facilities:

Jackie Withrow Hospital
105 S Eisenhower Drive
Beckley WV 25801

Licensed Beds (LTC): 199

Average Census: 78

Hopemont Hospital
150 Hopemont Drive
Terra Alta, WV 26764-9654

Licensed Beds (LTC): 98

Average Census: 95

Lakin Hospital
11522 Ohio River Rd.
West Columbia, WV 25287

Licensed Beds (LTC): 114

Average Census: 90

John Manchin Sr. Health Care Center
401 Guffey Street
Fairmont, WV 26554

Licensed Beds (LTC): 41

Average Census: 39

Welch Community Hospital
(Long Term Care unit only)
454 McDowell Street
Welch, WV 24801

Licensed Beds (LTC): 59

Average Census: 46

REQUIRED EXPERIENCE/QUALIFICATIONS

Vendor shall employ licensed pharmacists, licensed and available to practice within the State of West Virginia. Vendor must have a minimum of five (5) years of experience in providing pharmaceutical services to Long Term Care facilities and/or Hospital settings. The vendor must have no successful claims (excluding settlements) against their professional liability insurance within the last two (2) years.

SCOPE OF WORK/ESSENTIAL DUTIES AND RESPONSIBILITIES OF VENDOR

- a. Vendor must agree to charge only the pre-established acquisition cost margins for pharmaceuticals as contained in the bid sheet.
- b. Vendor must provide all prescription pharmaceutical services as required per order, including picking up, filling, and delivering orders to the facilities' nursing units.
- c. Vendor must package medication in individual dose containers at the pharmacy.
- d. Vendor must have an on-call pharmacist available twenty-four (24) hours a day, seven (7) days per week for consultations.

- e. Vendor must provide for delivery of medications 365 days per year, including all holidays as listed:
- | | |
|------------------|------------------|
| New Year's Day | Independence Day |
| Memorial Day | Labor Day |
| Thanksgiving Day | Christmas Eve |
| Christmas Day | New Year's Eve |
- f. Vendor must provide 'stat' delivery services to all facilities from pharmacy, or, make arrangements with other pharmacy suppliers in the communities, local to the facilities to provide such service. "Stat delivery" is no more than one (1) hour.
- g. Vendor must provide new medication within 24 hours including weekends and holidays. Facilities must be contacted if medication will take longer than one day due to special orders.
- h. Vendor must conduct monthly meetings with the Medications Services Committee at each facility to provide information about survey readiness and/or provide in-servicing, training, observations of med passes and report all findings.
- i. Vendor must destroy all outdated or discontinued medications as outlined in each facility policy manual.
- j. Vendor must bill all prescription orders to third parties, when/where applicable.
- k. Vendor must bill all other medications not applicable to item 'j' 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).
- l. Vendor must bill back to third party insurance if resident becomes certified by/through their insurance company.
- m. Vendor must issue credits to facilities for items returned that were paid for by the facilities.
- n. Vendor must provide monthly drug regimen review of all residents and report findings to each facility Director of Nursing (DON).
- o. Vendor must provide and maintain fully functioning medication carts at each facility. 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.
- p. Vendor must provide monthly inspections of drug carts and medication rooms and report findings to DON of each facility.
- q. Vendor must participate in scheduled Quality Assurance meetings as required by each facility.
- r. Vendor must conduct annual in-service training sessions annually at each facility, within sixty (60) days of the implementation of the contract.
- s. Vendor must provide a resident pharmacy review with recommendations monthly.
- t. Vendor must provide psychotropic drug review and psychotropic monitoring devices monthly or upon prescription changes.
- u. Vendor must provide all medication ordered by physicians.
- v. Vendor must provide a monthly report on pharmacy activities to the DON of each facility.
- w. Vendor must provide each facility an updated pharmacy manual upon award of contract and at least annually thereafter during the term of the contract.
- x. Vendor must conduct medication administration observations on nursing staff at least two (2) times per year.
- y. Vendor must package medications for residents to take for leave of absence.
- z. Vendor must receive and verify orders from each LTC facility via a Virtual Private Network (VPN) into the VistA computer system maintained by the facility.

- aa. Vendor must advise facilities of medications not covered by third party insurances and give recommendations of alternative allowable prescriptions (i.e. generics) whenever available.
- bb. Vendor must comply with all Federal and State standards and requirements applicable to the provision of pharmaceutical care and services.

VENDOR REQUIRED EQUIPMENT / ELECTRONIC REQUIREMENTS

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

- **Mandatory:** *Computer system* with internet capability and ability to access a Virtual Private Network (VPN) created by the WVDHHR system.
- **Mandatory:** *Bar Code Scanner* to scan bar codes into the VistA system.
- **Mandatory:** *Bar Code Printer* to print bar code 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 may need to be placed in clear plastic bags (i.e., ointments, creams, lotions, inhalers, suppositories, injectibles, etc.)
- **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.
- **Mandatory:** Pharmaceutical packaging equipment must be utilized to properly package all pharmaceuticals so they can be scanned into the facilities' BCMA computer package.
- **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.
- **Mandatory:** Vendor will be required to scan each of the dispensed drug's bar code into the VistA drug file the first time that 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 RESPONSIBILITIES

- 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.

General Terms and Conditions:

By signing and submitting their bid quotation, the successful Vendor agrees to be bound by all the terms contained herein.

Conflict of Interest:

Vendor affirms that it, its officers or members or employees presently have no interest and shall not acquire any interest, direct or indirect which would conflict or compromise in any manner or degree with the performance or its services hereunder. The Vendor further covenants that in the performance of the contract, the Vendor shall periodically inquire of its officers, members and employees

concerning such interests. Any such interests discovered shall be promptly presented in detail to the Agency.

Prohibition Against Gratuities:

Vendor warrants that it has not employed any company or person other than a bona fide employee working solely for the Vendor or a company regularly employed as its marketing agent to solicit or secure the contract and that it has not paid or agreed to pay any company or person any fee, commission, percentage, brokerage fee, gifts or any other consideration contingent upon or resulting from the award of the contract.

For breach or violation of this warranty, the State shall have the right to annul this contract without liability at its discretion, and/or to pursue any other remedies available under this contract or by law.

Certifications Related to Lobbying:

Vendor certifies that no federal appropriated funds have been paid or will be paid, by or on behalf of the company or an employee thereof, to any person for purposes of influencing or attempting to influence an officer or employee of any Federal entity, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee or any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Vendor shall complete and submit a disclosure form to report the lobbying.

Vendor agrees that this language of certification shall be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this contract was made and entered into.

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 the parties to 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 Request for Quotation and resulting contract. Neither the Vendor nor any employees or contractors of the Vendor shall be deemed to be employees of the State for any purposes 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, and 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.

The Vendor shall not assign, convey, transfer or delegate any of its responsibilities and obligations under this contract to any person, corporation, partnership, association or entity without expressed written consent of the Agency.

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; (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 laws.

Contract Provisions:

After the successful Vendor is selected, a formal contract document will be executed between the State and the Vendor. The Request for Quotation and the Vendor's response will be included as part of the contract by reference. The order of precedence is the contract, the Request for Quotation and the Vendor's proposal in response to the Request for Quotation.

Governing Law:

This contract shall be governed by the laws of the State of West Virginia. The Vendor further agrees to comply with the Civil Rights Act of 1964 and all other applicable laws (Federal, State or Local Government) regulations.

Compliance with Laws and Regulations:

The Vendor shall procure all necessary permits and licenses to comply with all applicable laws, Federal, State or municipal, along with all regulations, and ordinances of any regulating body.

The Vendor shall pay any applicable sales, use, or personal property taxes arising out of this contract and the transactions contemplated thereby. Any other taxes levied upon this contract, the transaction, or the equipment, or services delivered pursuant here to shall be borne by the contractor. It is clearly understood that the State of West Virginia is exempt from any taxes regarding performance of the scope of work of this contract.

Subcontracts/Joint Ventures:

The Vendor is solely responsible for all work performed under the contract and shall assume prime contractor responsibility for all services offered and products to be delivered under the terms of this contract. The State will consider the Vendor to be the sole point of contact with regard to all contractual matters. The Vendor may, with the prior written consent of the State, enter into written subcontracts for performance of work under this contract; however, the Vendor is totally responsible for payment of all subcontractors.

Term of Contract & Renewals:

This contract will be effective (date set upon award) and shall extend for the period of one (1) year, at which time the contract may, upon mutual consent, be renewed. Such renewals are for a period of up to one (1) year, with a maximum of two (2) one year renewals, or until such reasonable time thereafter as is necessary to obtain a new contract. The "reasonable time" period shall not exceed twelve (12) months. During the "reasonable time" period the Vendor may terminate the contract for any reason upon giving the Agency sixty (60) days written notice. Notice by Vendor of intent to terminate will not relieve Vendor of the obligation to continue to provide services pursuant to the terms of the contract.

Any change in Federal or State law, or court actions which constitute binding precedent in West Virginia, and which significantly alters the Vendor's required activities or any change in the availability of funds, shall be viewed as binding and shall warrant good faith renegotiation of the compensation paid to the Vendor by the Agency and of such other provisions of the contract that are affected. If such renegotiation proves unsuccessful, the contract may be terminated by the State upon written notice to the Vendor at least thirty (30) days prior to termination of this contract.

Non-Appropriation of Funds:

If the Agency is not allotted funds in any succeeding fiscal year for the continued use of the service covered by this contract by the West Virginia Legislature, the Agency may terminate the contract at the end of the affected current fiscal period without further charge or penalty. The Agency shall give the Vendor written notice of such non-allocation of funds as soon as possible after the Agency receives notice. No penalty shall accrue to the Agency in the event this provision is exercised.

Contract Termination:

The State may terminate any contract resulting from this Request for Quotation immediately at any time the Vendor fails to carry out its responsibilities or to make substantial progress under the terms of this Request for Quotation and resulting contract. The State shall provide the Vendor with advance notice of performance conditions which are endangering the contract's continuation. If after such notice the Vendor fails to remedy the conditions contained in the notice, within the time period contained in the notice, the State shall issue the Vendor an order to cease and desist any and all work immediately. The State shall be obligated only for services rendered and accepted prior to the date of the notice of termination.

The contract may also be terminated upon mutual agreement of the parties with thirty (30) days prior notice.

Changes:

If changes to the original contract become necessary, a formal contract change order will be negotiated by the State, the Agency and the Vendor, to address changes to the terms and conditions, costs of work included under the contract. An approved contract change order is defined as one approved by the Purchasing Division and approved as to form by the West Virginia Attorney General's Office, encumbered and placed in the U.S. Mail prior to the effective date of such amendment. An approved contract change order is required whenever the change affects the payment provision and/or the scope of the work. Such changes may be necessitated by new and amended Federal and State regulations and requirements.

As soon as possible after receipt of a written change request from the Agency, but in no event more than thirty (30) days thereafter, the Vendor shall determine if there is an impact on price with the change requested and provide the Agency a written statement to identifying any price impact on the contract or to state that there is no impact. In the event that price will be impacted by the change, the

Vendor shall, provide a description of the price increase or decrease involved in implementing the requested change.

NO CHANGE SHALL BE IMPLEMENTED BY THE VENDOR UNTIL SUCH TIME AS THE VENDOR RECEIVES AN APPROVED WRITTEN CHANGE ORDER.

Record Retention (Access & Confidentiality):

Vendor shall comply with all applicable Federal and State of West Virginia rules and regulations, and requirements governing the maintenance of documentation to verify any cost of services or commodities rendered under this contract by Vendor. The Vendor shall maintain such records a minimum of five (5) years and make available all records to Agency personnel at Vendor's location during normal business hours upon written request by Agency within 10 days after receipt of the request.

Vendor shall have access to private and confidential data maintained by Agency to the extent required for Vendor to carry out the duties and responsibilities defined in this contract. Vendor agrees to maintain confidentiality and security of the data made available and shall indemnify and hold harmless the State and Agency against any and all claims brought by any party attributed to actions of breach of confidentiality by the Vendor, subcontractors, or individuals permitted access by Vendor. The Vendor must comply with HIPAA requirements.

Insurance Requirements:

Vendor, as an independent contractor, is solely liable for the acts and omissions of its employees and agents. Vendor shall maintain and furnish proof of coverage of liability insurance for loss, damage, or injury (including death) of third parties arising from acts and omissions on the part of the vendor, its agents and employees in the following amounts:

1. For bodily injury (including death): Minimum of \$500,000.00 per person, \$1,000,000.00 per Occurrence.
2. For property damage and professional liability: Minimum of \$1,000,000.00 per Occurrence.

(WV DHHR/BHMF MUST BE LISTED AS THE CERTIFICATE HOLDER UPON CONTRACT AWARD).

License Requirements

The successful vendor must present evidence of certification or licensure with WV Workers Compensation and Unemployment Funds, a copy of its WV business Certificate and any other license it may be required to hold by the nature of its operation.

HIPAA Agreement

The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of this agreement.

Provided that, the Agency meets the definition of a Covered Entity (45 CRP § 160.103) and will be disclosing Protected Health Information (45 CFR § 160.103) to the vendor.

Invoices and Payments

The vendor shall submit monthly invoices, in arrears, to the Accounts Payable office at each facility for all services provided pursuant to the terms of the contract. Each invoice will contain sufficient documentation to determine the level of services provided and justification for invoiced amounts. The Facility reserves the right to reject any or all invoices for which proper documentation has not been provided. Vendor will be notified within ten (10) working days of any invoice deficiencies. State law forbids payment of invoices prior to receipt of services.

SCHEDULE OF EVENTS

Vendor's Written Questions Submission Deadline.....	03/26/2012
Response to Questions	03/28/2012
Mandatory Pre-bid Conference	03/22/2012
Bid Opening Date.....	04/17/2012

MANDATORY PRE-BID CONFERENCE

A mandatory pre-bid conference shall be conducted on the date specified above at 350 Capitol Street, Room 350, Charleston, WV 25301.

BID SCHEDULE

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

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.

Bids will be reviewed and award made based on lowest costs to the facilities also meeting specifications. 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 (W.A.C.) + 2%
<i>Non-prescription Drugs not covered by Insurance:</i>	Wholesale Acquisition Cost (W.A.C.) + 1%

BID SHEET

Monthly Service Fee based on the number of beds per Facility

FACILITY/ NUMBER OF LICENSED BEDS (LTC)	COST PER LICENSED BED PER MONTH	TOTAL PER MONTH
Jackie Withrow Hospital 199 licensed beds	3 ⁰⁰	\$ 597 ⁰⁰
Hopemont Hospital 98 licensed beds	3 ⁰⁰	\$ 294 ⁰⁰
Lakin Hospital 114 licensed beds	3 ⁰⁰	\$ 342 ⁰⁰
John Manchin Sr. Health Care 41 licensed beds	3 ⁰⁰	\$ 123 ⁰⁰
Welch Community Hospital 59 licensed beds	3 ⁰⁰	\$ 177 ⁰⁰
	TOTAL BID =	\$ 1533 ⁰⁰


Basis for Award:

Bids will be reviewed and award made based on lowest costs to the facilities also meeting specifications.

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.

Continuumcare Pharmacy LLC
VENDOR NAME

(304) 736-8312
VENDOR FAX NUMBER


VENDOR SIGNATURE

John Le Stock@continuumcopharmacy.com
VENDOR EMAIL

4/12/12
DATE

78 Perry Winkle Ln
VENDOR REMIT TO ADDRESS:

Huntington WV 25702

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.

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: Continuum Care Pharmacy LLC

Signed: _____

Date: 4/12/12

Title: _____

John J. Smith
U.P. Customer Service

*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.

STATE OF WEST VIRGINIA
Purchasing Division**PURCHASING AFFIDAVIT**

West Virginia Code §5A-3-10a states: 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 the debt owed is an amount greater than one thousand dollars in the aggregate.

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.

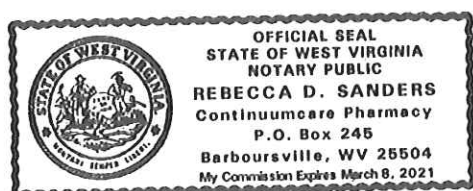
"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "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.

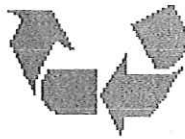
EXCEPTION: The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a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

Under penalty of law for false swearing (**West Virginia Code §61-5-3**), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

WITNESS THE FOLLOWING SIGNATUREVendor's Name: Continuum Care Pharmacy LLCAuthorized Signature: [Signature] Date: 4/12/12State of WVCounty of Cabell, to-wit:Taken, subscribed, and sworn to before me this 12th day of April, 2012.My Commission expires March 8, 2021.

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]



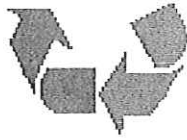
ContinuumCare Pharmacy

78 Perry Winkle Lane, Huntington, WV 25702

Phone (304) 736-8310 Fax (304) 736-8312

ContinuumCare Pharmacy opened in 1999. It has continued to grow on a yearly basis. ContinuumCare Pharmacy currently services between 5000 and 6000 beds in West Virginia, Kentucky, and Ohio. ContinuumCare Pharmacy services a variety of facilities including AL, MR, PC, ICF, and SNF.

ContinuumCare Pharmacy employees 16 pharmacists and over 60 support staff. The pharmacist staff includes 11 full and part time R.Ph. and 5 Consultant R.Ph. The management and R.Ph. staff has over 75 years of combined experience in the long term pharmacy business. It has a complete billing and medical records department to give personal service to the needs of the facilities. ContinuumCare also employees about 50 technicians to fill orders on a daily basis.



ContinuumCare Pharmacy

78 Perry Winkle Lane, Huntington, WV 25702

Phone (304) 736-8310 Fax (304) 736-8312

ContinuumCare Pharmacy will provide basic pharmacy services and supplies for residents of the West Virginia Department of Health and Human Resources (WVDHHR), 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".

Location of Facilities:

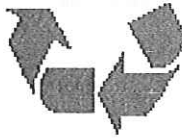
Jackie Withrow Hospital
105 S Eisenhower Drive
Beckley, WV 25801
Licensed Beds (LTC): 199
Average Census: 78

Lakin Hospital
11522 Ohio River Rd.
West Columbia, WV 25287
Licensed Beds (LTC): 114
Average Census: 90

Welch Community Hospital
(Long Term Care unit only)
454 McDowell Street
Welch, WV 24801
Licensed Beds (LTC): 59
Average Census: 46

Hopemont Hospital
150 Hopemont Drive
Terra Alta, WV 26764-9654
Licensed Beds (LTC): 98
Average Census: 95

John Manchin Sr. Health Care Center
401 Guffey Street
Fairmont, WV 26554
Licensed Beds (LTC): 41
Average Census: 39



ContinuumCare Pharmacy
78 Perry Winkle Lane, Huntington, WV 25702
Phone (304) 736-8310 Fax (304) 736-8312

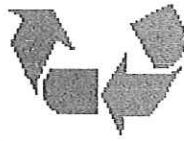
ContinuumCare Pharmacy shall employ licensed pharmacists, licensed and available to practice within the State of West Virginia. ContinuumCare Pharmacy has a minimum of five (5) years of experience. ContinuumCare Pharmacy has no successful claims (excluding settlements) against their professional liability insurance within the last two (2) years.

ContinuumCare Pharmacy will provide the following:

- a. Provider agrees to charge only the pre-established acquisition cost margins for pharmaceuticals as contained in the bid sheet.

Services	Allowable Charges
Prescription Drugs not covered by Insurance	Wholesale Acquisition Cost (W.A.C.) +2%
Non-prescription Drugs not covered by Insurance	Wholesale Acquisition Cost (W.A.C.) +1%

- b. Provide all prescription pharmaceutical services as required per order, including picking up, filling, and delivering orders to the facilities' nursing units.
- c. Package medication in individual dose containers at the pharmacy.
- d. Have an on-call pharmacist available twenty-four (24) hours a day, seven (7) days per week for consultations.
- e. Provide delivery of medications 365 days per year including all holidays: New Year's Day, Memorial Day, Thanksgiving Day, Christmas Day, Independence Day, Labor Day, Christmas Eve, and New Year's Eve.
- f. Provide 'stat' delivery services to all facilities from pharmacy, or, make arrangements with other pharmacy suppliers in the communities, local to the facilities to provide such service. "Stat delivery" is no more than (1) hour.
- g. Provide new medication within 24 hours including weekends and holidays. Facilities are to be contacted if medication will take longer than one day due to special orders.
- h. Conduct monthly meetings with the Medications Services Committee at each facility to provide information about survey readiness and /or provide in-servicing, training, observations of med passes and report all findings.

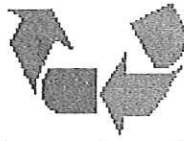


ContinuumCare Pharmacy

78 Perry Winkle Lane, Huntington, WV 25702

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- i. Destroy all outdated or discontinued medications as outlined in each facility *policy manual*.
- j. Bill all prescription orders to third parties, when/where applicable.
- k. Bill all other medications not applicable to item 'j' 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).
- l. Bill back to third party insurance if resident becomes certified by/through their insurance company.
- m. Issue credits to facilities for items returned that were paid for by the facilities.
- n. Provide monthly drug regimen review of all residents and report findings to each facility Director of Nursing (DON).
- o. Provide monthly inspections of drug carts and medication rooms and report findings to DON of each facility.
- p. Provide and maintain fully functioning medication carts at each facility. Medication carts shall be capable of being outfitted to accommodate the varying needs of each facility and will provide secure access to all medications and include utilization of cassettes that are to be exchanged by the pharmacy staff as scheduled.
- q. Attend Quality Assurance meetings and other committee meetings as required by each facility.
- r. Conduct in-service training sessions at least annually and as needed at each facility. Provide resident pharmacy review with recommendations monthly.
- s. Provide psychotropic drug review and psychotropic monitoring devices monthly or upon prescription changes.
- t. Provide all medication ordered by physicians.
- u. Provide a monthly report on pharmacy activities to the DON of each facility.
- v. Provide each facility an updated pharmacy manual upon award of contract and at least annually thereafter during the term of the contract.
- w. Conduct medication administration observations on nursing staff at least two (2) times per year.
- x. Supply each facility with bar-coded "Stock Drugs". Stock Drugs are OTC medications and will be supplied at no charge to the facilities. (Please see attachment I for list of Stock Drugs). Generics are acceptable for Stock Drugs.
- y. Package medications for residents to take for leave of absence.



ContinuumCare Pharmacy

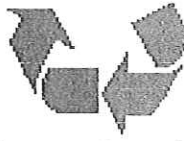
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- z. Receive and verify orders from each facility LTC facility via a Virtual Private Network (VPN) into the VistA computer system maintained by the facility.
- aa. Advise facilities of medications not covered by third party insurances and give recommendations of alternative allowable prescriptions (i.e. generics) whenever available.
- bb. Complies with all Federal and State standards and requirements applicable to the provision of pharmaceutical care and services.

ContinuumCare Pharmacy will provide the following:

- Computer system with internet capability and ability to access a Virtual Private Network (VPN) created by the WVDHHR system.
- Bar Code Scanner to scan bar codes into the VistA system.
- Bar Code Printer to print bar code 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 may need to be placed in clear plastic bags (i.e., ointments, creams, lotions, inhalers, suppositories, injectables, etc.)
- ContinuumCare Pharmacy will 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.
- Pharmaceutical packaging equipment to properly package all pharmaceuticals so they can be scanned into the facilities' BCMA computer package.
- ContinuumCare Pharmacy will dispense medications with a bar code, using the manufacture National Drug Code (NDC) bar code number on a unit dose medication.
- ContinuumCare Pharmacy will scan each of the dispensed drug's bar code into the VistA drug file the first time that NDC bar code is utilized. The pharmacies will only need to scan in the bar codes subsequently if there is a manufacture change or a manufacture has changed its NDC number.



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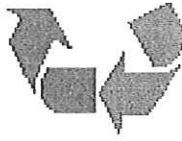
ContinuumCare Pharmacy affirms that it, its officers or members or employees presently have no interest and shall not acquire any interest, direct or indirect which would conflict or compromise in any manner or degree with the performance or its services hereunder. ContinuumCare Pharmacy further covenants that in the performance of the contract, ContinuumCare Pharmacy shall periodically inquire of its officers, members and employees concerning such interests. Any such interests discovered shall be promptly presented in detail to the Agency.

ContinuumCare Pharmacy warrants that it has not employed any company or person other than a bona fide employee working solely for ContinuumCare Pharmacy or a company regularly employed as its marketing agent to solicit or secure the contract and that it has not paid or agreed to pay any company or person any fee, commission, percentage, brokerage fee, gifts or any other consideration contingent upon or resulting from the award of the contract.

ContinuumCare Pharmacy certifies that no federal appropriated funds have been paid or will be paid, by or on behalf of the company or an employee thereof to any person for purposes of influencing or attempting to influence an officer or employee of any Federal entity, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awardings of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee or any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this Federal contract, grant loan, or cooperative agreement, ContinuumCare Pharmacy shall complete and submit a disclosure form to report the lobbying.

ContinuumCare Pharmacy agrees that this language of certification shall be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this contract was made and entered into.



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The relationship of ContinuumCare Pharmacy to the State shall be that of an independent contractor and no principal-agent relationship or employer-employee relationship is contemplated or created by the parties to this contract. ContinuumCare Pharmacy as an independent contractor is solely liable for the acts and omissions of its employees and agents.

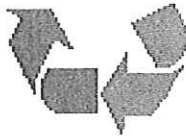
ContinuumCare Pharmacy shall be responsible for selecting, supervising and compensating any and all individuals employed pursuant to the terms of this Request for Quotation and resulting contract. Neither ContinuumCare Pharmacy nor any employees or contractors of ContinuumCare Pharmacy shall be deemed to be employees of the State for any purposes whatsoever.

ContinuumCare Pharmacy 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, and licensing fees, etc. and the filing of all necessary documents, forms and returns pertinent to all of the foregoing.

ContinuumCare Pharmacy shall hold harmless the State, and shall provide the State and Agency with the 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.

ContinuumCare Pharmacy shall not assign, convey, transfer or delegate any of its responsibilities and obligations under this contract to any person, corporation, partnership, association or entity without expressed written consent of the Agency.

ContinuumCare Pharmacy 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 ContinuumCare Pharmacy, 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; (3) Any failure of ContinuumCare Pharmacy, its officers, employees or



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subcontractors to observe State Federal laws, including but not limited to labor and wage laws.

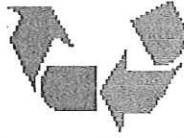
ContinuumCare shall procure all necessary permits and licenses to comply with all applicable laws, Federal, State or municipal, along with all regulations, and ordinances of any regulating body.

ContinuumCare Pharmacy shall pay any applicable sales, use, or personal property taxes arising out of this contract and the transactions contemplated thereby. Any other taxes levied upon this contract, the transaction, or the equipment, or services delivered pursuant here to shall be borne by the contractor. It is clearly understood that the State of West Virginia is exempt from any taxes regarding performance of the scope of work of this contract.

ContinuumCare Pharmacy is solely responsible for all work performed under the contract and shall assume prime contractor responsibility for all services offered and products to be delivered under the terms of this contract. The State will consider ContinuumCare Pharmacy to be the sole point of contact with regard to all contractual matters. ContinuumCare Pharmacy may, with the prior written consent of the State, enter into written subcontracts for performance of work under this contract; however, ContinuumCare Pharmacy is totally responsible for payment of all subcontractors.

ContinuumCare Pharmacy shall comply with all applicable Federal and State of West Virginia rules and regulations, and requirements governing the maintenance of documentation to verify any cost of services or commodities rendered under this contract by ContinuumCare Pharmacy. ContinuumCare Pharmacy shall maintain such records a minimum of five (5) years and make available all records to Agency personnel at ContinuumCare Pharmacy's location during normal business hours upon written request by Agency within 10 days after receipt of the request.

ContinuumCare Pharmacy shall have access to private and confidential data maintained by Agency to the extent required for ContinuumCare Pharmacy to carry out the duties and responsibilities defined in this contract. ContinuumCare Pharmacy agrees to maintain confidentiality and security of the data made available and shall indemnify and hold harmless the State and Agency against any and all claims brought by any party attributed to actions of breach of confidentiality by ContinuumCare Pharmacy, subcontractors, or



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individuals permitted access by ContinuumCare Pharmacy. ContinuumCare Pharmacy must comply with HIPAA requirements.

ContinuumCare Pharmacy, as an independent contractor, is solely liable for the acts and omissions of its employees and agents. ContinuumCare Pharmacy shall maintain furnish proof of coverage of liability insurance for loss, damage, or injury (including death) of third parties arising from acts and omissions on the part of ContinuumCare Pharmacy, its agents and employees in the following amounts:

- a. For bodily injury (including death): Minimum of \$500,000.00 per person, \$1,000,000.00 per Occurrence.
- b. For property damage and professional liability: Minimum of \$1,000,000.00 per Occurrence.

WV DHHR/BHMF WILL BE LISTED AS THE CERTIFICATE HOLDER UPON CONTRACT AWARD.

ContinuumCare Pharmacy will present evidence of certification of licensure with WV Workers Compensation and Unemployment Funds, a copy of its WV business certificate and any other license it may be required to hold by the nature of its operation.

ContinuumCare Pharmacy shall submit monthly invoices, in arrears, to the Accounts Payable office at each facility for all services provided pursuant to the terms of the contract. Each invoice will contain sufficient documentation to determine the actual hours worked and cost per project. The Hospital reserves the right to reject any or all invoices for which proper documentation has not been provided. ContinuumCare Pharmacy will be notified within ten (10) working days of any invoice deficiencies. State law forbids payment of invoices prior to receipt of services.



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

Request for Quotation

RFQ NUMBER
BHS12120

PAGE
1

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

*602130017 304-736-8310
CONTINUUMCARE PHARMACY LLC
78 PERRY WINKLE LN
HUNTINGTON WV 25702

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HEALTH AND HUMAN RESOURCES
VARIOUS LOCALES AS
INDICATED BY ORDER

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
03/29/2012				

BID OPENING DATE: 04/17/2012 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
1. QUESTIONS AND ANSWERS ARE ATTACHED.						
2. PRE-BID CONFERENCE SIGN IN SHEETS ARE ATTACHED.						
3. WVDHHR LTC DRUG UTILIZATION REPORT ATTACHED.						
EXHIBIT 10						
REQUISITION NO.: BHS12120						
ADDENDUM ACKNOWLEDGEMENT						
I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED						
ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO						
MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.						
ADDENDUM NO.'S:						
NO. 1.....X.....						
NO. 2.....						
NO. 3.....						
NO. 4.....						
NO. 5.....						
I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF						
THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.						
VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL						
REPRESENTATION MADE OR ASSUMED TO BE MADE DURING						
ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTA-						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, 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

Request for Quotation

RFQ NUMBER
BHS12120

PAGE
2

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 804-558-0067

VENDOR
*602130017 304-736-8310
CONTINUUMCARE PHARMACY, LLC
78 PERRY WINKLE LN
HUNTINGTON WV 25702

SHIP TO
HEALTH AND HUMAN RESOURCES
VARIOUS LOCALES AS
INDICATED BY ORDER

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
03/29/2012				

BID OPENING DATE: 04/17/2012 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>TIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p> <p>..... SIGNATURE Continuum Care Pharmacy LLC COMPANY 4/4/12 DATE</p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</p> <p>END OF ADDENDUM NO. 1</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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

ADDENDUM #1

BHS12120

1. Question: Will there be a house stock list? If there is a house stock list, will it be uniform for each LTC facility?

Answer: Each LTC will be responsible for the development of the house stock list to be utilized by that facility.

2. Question: If there is not a house stock list, will all orders (OTC medications) be ordered and dispensed per resident

Answer: Not Applicable – refer to question number one's answer.

3. Question: What is the drug utilization for the West Virginia DHHR long term care facilities?

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.

4. Question: What is the payor mix for the West Virginia DHHR long term care facilities?

Answer: While rates will fluctuate depending on census at each facility, the payor mix will consistently exceed 90% Medicaid eligible payments.

**PRE-BID CONFERENCE
SIGN IN SHEET**

Request for Quotation Number:

BHS12120

Date:

MARCH 22, 2012

PLEASE PRINT LEGIBLY. THIS INFORMATION IS ESSENTIAL TO CONTACT THE ATTENDEES IN A TIMELY MANNER. FAILURE TO DO SO MAY RESULT IN DELAYS IN YOUR COMPANY GETTING IMPORTANT BID INFORMATION.

Firm Name:	<u>Omnicare Omnicare</u>
Firm Address:	<u>4200 First Ave</u>
	<u>Suite 200</u>
	<u>Nitro, WV</u>
Representative Attending:	<u>Amy Roberts</u>
Phone Number:	<u>304-389-1980</u>
Fax Number:	<u>1-800-982-3670</u>
Email Address:	<u>Amy.Roberts@omnicare.com</u>

Firm Name:	<u>Omnicare Pharmacy</u>
Firm Address:	<u>4200 First Avenue</u>
	<u>Suite 200</u>
	<u>Nitro, WV 25143</u>
Representative Attending:	<u>Paula Belcher</u>
Phone Number:	<u>304-755-8460 ext. 18450</u>
Fax Number:	<u>800-982-3670</u>
Email Address:	<u>paula.belcher@omnicare.com</u>

Firm Name:	<u>Courtyard Care Pharmacy</u>
Firm Address:	<u>78 Perry Winkle Lane</u>
	<u>Huntington, WV 25702</u>
Representative Attending:	<u>John Stock</u>
Phone Number:	<u>(304) 736-8310</u>
Fax Number:	<u>(304) 736-8312</u>
Email Address:	<u>John.Stock@CourtyardCareRx.com</u>

Firm Name:	
Firm Address:	
Representative Attending:	
Phone Number:	
Fax Number:	
Email Address:	

Firm Name:	
Firm Address:	
Representative Attending:	
Phone Number:	
Fax Number:	
Email Address:	

Firm Name:	
Firm Address:	
Representative Attending:	
Phone Number:	
Fax Number:	
Email Address:	

Paula L. Belcher
General Manager



Omnicare of Nitro
4200 First Avenue, Suite 200
Nitro, West Virginia 25143
800/847-2649 Ext. 18450 Office
304/389-1980 Cell
800/982-3670 Fax
paula.belcher@omnicare.com

An **Omnicare** Company

Amy R. Roberts
Senior Director of Sales
Central Division



Omnicare
Omnicare, Inc.
1600 RiverCenter II
100 East RiverCenter Boulevard
Covington, Kentucky 41011
513/205-8808 Cell
800/990-6664 Toll Free
amy.roberts@omnicare.com



78 Perry Winkle Lane
Huntington, WV 25702

ContinuumCare Pharmacy

John Stock, RPh
Vice President of Customer Service

Phone: 304-736-8310
Fax: 304-736-8312

Cell: 304-634-3739
Email: john.stock@continuumcarerx.com

WVDHHR LTC DRUG UTILIZATION REPORT
FOR 02-01-11 THROUGH 02-29-12

March 29, 2012 @ 07:24am

DISPENSE DRUG

SUB-COUNT

ACARBOSE 25MG TAB	103
ACETAMINOPHEN 160MG/5ML LIQUID	27
ACETAMINOPHEN 325MG RTL SUPP	2
ACETAMINOPHEN 325MG TAB	34515
ACETAMINOPHEN 500MG CAP	109
ACETAMINOPHEN 500MG TAB UD	5583
ACETAMINOPHEN 500MG/15ML LIQUI	23
ACETAMINOPHEN 650MG RTL SUPP	195
ACETAMINOPHEN 650MG SA TAB	64
ACETAZOLAMIDE 250MG TAB	427
ACETIC ACID 2/HC 1% OTIC SOLN	94
ACETYLCYSTEINE 10% (PF) SOLN,I	2
ACETYLCYSTEINE 10% INHL SOLN	14
ACETYLCYSTEINE 100MG/ML SOL 4M	6
ACETYLCYSTEINE 20% SOLN,INHL/O	6
ACYCLOVIR 200MG CAP UD	15
ACYCLOVIR 400MG TABLET	73
ACYCLOVIR 5% OINT 15GM	13
ACYCLOVIR 5% OINT 2GM	27
ACYCLOVIR 5% OINT 30GM	70
ACYCLOVIR 5% TOP 2GM CREAM	50
ACYCLOVIR 800MG TAB	78
ALBUTEROL 103/IPRAT 18MCG 200D	3199
ALBUTEROL 3/IPRATROP 0.5MG/3ML	11763
ALBUTEROL 90MCG (CFC-F) 200D O	1253
ALBUTEROL SO4 0.083% INHL 3ML	18546
ALBUTEROL SULFATE 2MG TAB	43
ALBUTEROL SULFATE 4MG TAB	998
ALBUTEROL UNDILUTED INH (2.5MG	3
ALENDRONATE 70MG TAB	1203
ALENDRONATE 70MG/75ML ORAL SOL	7
ALFUZOSIN HCL 10MG SA TAB	301

ALLOPURINOL 100MG TAB	2591
ALLOPURINOL 300MG TAB	610
ALOH 200/MGOH 200/ SIMTH 20 LI	4
ALOH 200/MGOH 200MG/5ML SUSP 3	54
ALOH 200/MGOH 200MG/SMITH 20 S	7
ALOH 225/MGOH 200MG/5ML SUSP 4	276
ALOH/MGOH/SIMTH REG STRENGTH L	8374
ALOH/MGOH/SIMTH XTRA STRENGTH	29
ALPRAZOLAM 0.25MG TAB	10238
ALPRAZOLAM 0.5MG TAB UD	7203
ALPRAZOLAM 1MG TAB	4900
ALUMINUM CHLORIDE HEXAHYDRATE	35
AMANTADINE HCL 100MG CAP/TAB	2057
AMIKACIN SULFATE 250MG/ML SDV	15
AMIKACIN SULFATE 500MG VIAL	32
AMIODARONE HCL 200MG TAB UD	1182
AMITRIPTYLINE HCL 100MG TAB	197
AMITRIPTYLINE HCL 10MG TAB	360
AMITRIPTYLINE HCL 150MG TAB UD	9
AMITRIPTYLINE HCL 25MG TAB	930
AMITRIPTYLINE HCL 50MG TAB	399
AMITRIPTYLINE HCL 75MG TAB UD	391
AMLODIPINE 10MG/OLMESARTAN 40M	389
AMLODIPINE 5/BENAZEPRIL 10MG C	1167
AMLODIPINE 5MG/ATORVASTATIN 10	345
AMLODIPINE 5MG/VALSARTAN 160MG	100
AMLODIPINE BESYLATE 10MG TAB	5878
AMLODIPINE BESYLATE 2.5MG TAB	1416
AMLODIPINE BESYLATE 5MG UD TAB	7302
AMOXICILLIN 1000MG/CLAV K 62.5	20
AMOXICILLIN 125MG/5ML SUSP 5ML	7
AMOXICILLIN 250/CLAV K 125MG T	1
AMOXICILLIN 250/CLAV K 62.5MG/	8
AMOXICILLIN 250MG CAP	31
AMOXICILLIN 400/CLAV K 57MG/5M	10
AMOXICILLIN 500/CLAV K 125MG T	815
AMOXICILLIN 500MG CAP	963

AMOXICILLIN 600/CLAV K 42.9MG/	62
AMOXICILLIN 875/CLAV K 125MG T	691
AMOXICILLIN 875MG TAB	31
AMPICILLIN 250MG CAP	12
AMPICILLIN 500MG CAP	261
ANAGRELIDE HCL 0.5MG CAP	51
ANALGESIC CREAM	76
ANASTROZOLE 1MG TAB	761
ANTIPYRINE 5.4/BENZOCAINE 1.4%	162
APAP 250/ASA 250/CAFFEINE 65MG	43
APAP 325/BUTALBITAL 50/CAFF 40	21
ARIPIPRAZOLE 10MG TAB UD	1849
ARIPIPRAZOLE 15MG TAB	1417
ARIPIPRAZOLE 20MG TAB	349
ARIPIPRAZOLE 30MG TAB UD	1416
ARIPIPRAZOLE 5MG TAB	535
ARTIFICIAL TEARS POLYVINYL ALC	18709
ASCORBIC ACID 250MG TAB	454
ASCORBIC ACID 500MG TAB	11564
ASCORBIC ACID 500MG/5ML SYRUP	59
ASENAPINE 5MG SL TAB	288
ASPIRIN 25MG/DIPYRIDAMOLE 200M	786
ASPIRIN 325MG BUFFERED TAB	6981
ASPIRIN 325MG EC TAB UD	3473
ASPIRIN 325MG TAB	4725
ASPIRIN 81MG EC TAB	13965
ASPIRIN 81MG TAB CHEW TAB	21259
ATENOLOL 100MG TAB	258
ATENOLOL 25MG TAB	2870
ATENOLOL 50MG TAB UD	2935
ATORVASTATIN CALCIUM 10MG TAB	2532
ATORVASTATIN CALCIUM 20MG TAB	3793
ATORVASTATIN CALCIUM 40MG TAB	315
ATROPINE 0.025/DIPHENOXYLT 2.5	7
ATROPINE SULFATE 1% OPH SOLN 1	418
ATROPINE SULFATE 1% OPH SOLN 5	412
AZELASTINE 137MCG/SPRAY 200D N	111

AZITHROMYCIN 1% OPTH 2.5ML	14
AZITHROMYCIN 250MG TAB	581
AZITHROMYCIN 250MG TAB PKT 6	47
AZITHROMYCIN 500MG TAB	158
BACITRAC 500/POLYMYX 10000 U/G	42
BACITRACIN 500 UNT/GM OPTH OI	444
BACITRACIN 500 UNT/GM TOP OINT	52
BACITRACIN 500/POLYMY 10000/GM	13
BACITRACIN 500UNT/GM TOP OINT	107
BACITRACIN/NEOMY/POLYMYX OPH O	22
BACITRACIN/NEOMYCIN/POLYMYXIN	80
BACLOFEN 10MG TAB	3707
BACLOFEN 20MG TAB	7081
BALSALAZIDE DISODIUM 750MG CAP	1176
BECLOMETHASONE 80MCG(HFA) 100D	2031
BELLADONNA ALK 0.13/PHENO 16MG	40
BENAZEPRIL HCL 10MG TAB UD	391
BENAZEPRIL HCL 20MG TAB UD	797
BENAZEPRIL HCL 40MG TAB	349
BENAZEPRIL HCL 5MG TAB	391
BENEFIBER CLEAR POWDER	169
BENEFIBER TABLET	390
BENZOCAINE 10% GEL,DENTAL	1
BENZOCAINE 10MG/MENTHOL 2.6MG	1
BENZOCAINE 10MG/MENTHOL 4.5MG	5
BENZOCAINE 20% DENTAL GEL	384
BENZOCAINE 20% TOP LIQUID	54
BENZONATATE 100MG CAP	281
BENZTROPINE MESYLATE 0.5MG TAB	6396
BENZTROPINE MESYLATE 1MG TAB	12055
BENZTROPINE MESYLATE 2MG TAB	2178
BESIFLOXACIN 0.6% SUSP,OPH	177
BETAMETHAS. DIP 0.05/CLOTRIM 1	342
BETAMETHASONE 0.05/CLOTRIM 1%	396
BETAMETHASONE DIPROP. 0.05% CR	84
BETAXOLOL HCL 0.25% OPH SUSP 1	268
BETAXOLOL HCL 0.25% OPH SUSP 2	442

BETHANECHOL CHLORIDE 50MG TAB	1569
BIMATOPROST 0.03% SOLN,OPH 2.5	1167
BISACODYL 10MG ENEMA	17
BISACODYL 10MG RTL SUPP	2729
BISACODYL 5MG EC TAB UD	6373
BISMUTH SUBSALICY. 262MG/15ML	4
BISMUTH SUBSALICYL 262MG/15ML	109
BISMUTH SUBSALICYLATE 262MG TA	1
BISOPROLOL FUMARATE 5/HCTZ 6.2	368
BRIMONIDINE 0.2%/TIMOLOL 0.5%	1061
BRIMONIDINE TARTRATE 0.1% SOLN	1192
BRIMONIDINE TARTRATE 0.15% SOL	2559
BRINZOLAMIDE 1%OPH 5ML	545
BUDESON 160MCG/FORMOTEROL 4.5M	275
BUDESONIDE 0.25MG/2ML INH SUSP	732
BUDESONIDE 0.5MG/2ML INH SUSP	1734
BUMETANIDE 1MG TAB	282
BUMETANIDE 2MG TAB	450
BUPROPION (WELLBUTRIN SR) 100M	183
BUPROPION (WELLBUTRIN SR) 200M	688
BUPROPION (WELLBUTRIN XL) 150M	959
BUPROPION (WELLBUTRIN XL) 300M	330
BUPROPION HCL 150MG 12HR SA TA	1705
BUPROPION HCL 75MG TAB	434
BUSPIRONE HCL 10MG TAB,UD	1006
BUSPIRONE HCL 15MG TAB	163
BUSPIRONE HCL 5MG TAB	1273
CALCIPOTRIENE 0.005% TOP CREAM	542
CALCIPOTRIENE/BETAM 0.005%/0.0	3
CALCITONIN,SALMON 200UNIT 30D	887
CALCITRIOL 0.25MCG CAP	478
CALCIUM 250MG/VITAMIN D 125 UN	5227
CALCIUM 250MG/VITAMIN D 200IU	1201
CALCIUM 500MG/VIT D 200 UNITS	49132
CALCIUM 500MG/VITAMIN D 125UNT	107
CALCIUM 600MG TAB	2430
CALCIUM 600MG/VITAMIN D 200UNT	9199

CALCIUM 600MG/VITAMIN D 400IU	7328
CALCIUM ACETATE 667MG (CA 167M	1752
CALCIUM CARBONATE 1250MG/5ML S	1170
CALCIUM CARBONATE 500MG CHEW T	3056
CALCIUM CARBONATE 600MG TAB	14
CALCIUM CARBONATE 650MG	121
CALCIUM POLYCARBOPHIL 625MG TA	16093
CAPTOPRIL 25MG TAB UD	1160
CAPTOPRIL 50MG TAB	65
CARBAMAZEPINE (TEGRETOL) 100MG	91
CARBAMAZEPINE 100MG CHEW TAB	2726
CARBAMAZEPINE 200MG TAB	5009
CARBAMIDE PEROXIDE 6.5% OTIC S	422
CARBI 50/ENTACAPONE 200/LEVOD	1423
CARBIDOPA 10/LEVODOPA 100MG TA	3187
CARBIDOPA 25/LEVODOPA 100MG TA	16672
CARBIDOPA 25/LEVODOPA 250MG TA	2898
CARBIDOPA 25MG/LEVODOPA 100MG	2501
CARBIDOPA 50/LEVODOPA 200MG SA	2
CARBOXYMETHYLCELLULOSE 1% OPH	2858
CARBOXYMETHYLCELLULOSE NA 0.5%	1177
CARBOXYMETHYLCELLULOSE NA 1% O	568
CARBOXYMETHYLCELLULOSE/GLYCERI	135
CARMEX TOP OINT	35
CARVEDILOL 12.5MG TAB	3529
CARVEDILOL 25MG TAB	2593
CARVEDILOL 3.125MG TAB	4657
CARVEDILOL 6.25MG TAB	5437
CASTOR OIL/PERUVIAN BALSAM/TRY	96
CEFAZOLIN NA 1GM/VI INJ	54
CEFDINIR 300MG CAP	495
CEFDITOREN 200MG TAB	60
CEFDITOREN 400MG TAB	30
CEFEPIME HCL 1GM/VIL INJ	18
CEFPROZIL 500MG TAB	43
CEFTAZADIME 500MG/VI INJ	6
CEFTAZIDIME 1GM/VI INJ	70

CEFTRIAXONE 1GM INJ	227
CEFUROXIME AXETIL 125MG/5ML SU	1
CEFUROXIME AXETIL 250MG TAB	957
CEFUROXIME AXETIL 250MG/5ML OR	39
CEFUROXIME AXETIL 500MG TAB	76
CELECOXIB 100MG CAP UD	43
CELECOXIB 200MG CAP	723
CELLULOSE POWDER	1797
CEPHALEXIN 250MG CAP	35
CEPHALEXIN 250MG/5ML SUSP 100M	91
CEPHALEXIN 500MG CAP	2006
CETIRIZINE 10MG TABLETS	582
CHLORDIAZEPOXIDE HCL 25MG CAP	251
CHLORDIAZEPOXIDE HCL 5MG CAP	236
CHLORHEXIDINE GLUCONATE 0.12%	8
CHLORHEXIDINE GLUCONATE 4% TOP	4
CHLOROPHYLL 3MG TAB	1571
CHLORPROMAZINE HCL 50MG TAB	24
CHOLECALCIFEROL 1000UNT TAB	2144
CHOLECALCIFEROL 2000 UNITS CAP	531
CHOLESTYRAMINE 4GM/5GM (LIGHT)	26
CHONDROITIN/GLUCOSAMINE CAP/TA	1260
CICLOPIROX OLAMINE 0.77% CREAM	2
CILAST NA 250MG/IMIPENEM 250MG	6
CILOSTAZOL 100MG TAB	1291
CILOSTAZOL 50MG TAB	1573
CIMETIDINE 200MG TAB	557
CIMETIDINE 400MG TAB	980
CIPROFLOXACIN 0.2/HC 1% OTIC S	29
CIPROFLOXACIN 0.3/DEXAM 0.1% O	54
CIPROFLOXACIN HCL 0.3% OPH OIN	46
CIPROFLOXACIN HCL 0.3% OPH SOL	209
CIPROFLOXACIN HCL 250MG TAB	968
CIPROFLOXACIN HCL 500MG TAB	840
CITALOPRAM HYDROBROMIDE 10MG T	6636
CITALOPRAM HYDROBROMIDE 20MG T	9288
CITALOPRAM HYDROBROMIDE 40MG T	1889

CLINDAMYCIN HCL 150MG CAP	220
CLINDAMYCIN HCL 300MG CAP	465
CLINDAMYCIN PALMITATE 75MG/5ML	18
CLOBETASOL PROPIONATE 0.05% CR	54
CLOBETASOL PROPIONATE 0.05% OI	44
CLOBETASOL PROPIONATE 0.05% SC	2
CLONAZEPAM 0.25MG ORALLY DISIN	1
CLONAZEPAM 0.5MG TAB	12074
CLONAZEPAM 1MG TAB	8206
CLONAZEPAM 2MG TAB	1045
CLONIDINE 0.3MG/24HRS PATCH	2
CLONIDINE HCL 0.1MG TAB	11005
CLONIDINE HCL 0.2MG TAB,UD	1465
CLONIDINE HCL 0.3MG TAB	2334
CLOPIDOGREL BISULFATE 75MG TAB	16572
CLOTRIMAZOLE 1% CREAM, TOP 15GM	64
CLOTRIMAZOLE 1% CREAM, TOP 45GM	537
CLOTRIMAZOLE 1% TOP SOLN	5
CLOZAPINE 200MG TAB	3033
CLOZAPINE (MYLAN) 100MG TAB	9274
CLOZAPINE (MYLAN) 25MG TAB	5040
CLOZAPINE 50MG TAB	4411
CODEINE 10/PROMETH 6.25MG/5ML	4
CODEINE 30/APAP 325/BUTALB 50M	43
CODEINE 30MG/ACETAMINOPHEN 300	1253
COLCHICINE 0.6MG TAB	601
COLESEVELAM HCL 625MG TAB	239
COLLAGENASE 250 UNT/GM TOP OIN	306
COLON ELECTROLTE LAVAGE PWD FO	10
COMPD TRIAMCINOLONE CR./LUBRID	39
COMPD WESTCORT/MUPIROCIN CRM	105
CORAL CALCIUM 1000MG CAP	67
CRANBERRY 250MG CAP, TAB	1919
CRANBERRY TAB/CAP	3308
CYANOCOBALAMIN 100 MCG TAB	507
CYANOCOBALAMIN 1000 MCG TAB	2538
CYANOCOBALAMIN 1000MCG/ML INJ	475

CYANOCOBALAMIN 500MCG TAB	43
CYCLOBENZAPRINE HCL 10MG TAB	2629
CYCLOBENZAPRINE HCL 5MG TAB	1001
CYCLOPHOSPHAMIDE 25MG TAB	14
CYCLOSPORINE 0.05% (PF) OPH EM	1220
CYPROHEPTADINE HCL 4MG TAB	1494
ClonIDINE 0.1MG/24HR PATCH	66
ClonIDINE 0.2MG/24HR PATCH	34
ClonIDINE 0.3MG/24HR PATCH	22
DABIGATRAN ETEXILATE 150MG CAP	1260
DABIGATRAN ETEXILATE 75MG CAP	559
DARIFENACIN 7.5MG SA TAB	392
DEPO-MEDROL 40MG/ML/METHYLPRED	2
DEPOMEDROL 80MG/ML/METHYLPRED	4
DESLOMATADINE 5MG TAB	20
DESLOMATADINE 5MG/PSEUDOEPHEDR	5
DESMOPRESSIN 0.1MG/ML NASAL SP	382
DESMOPRESSIN 0.1MG/ML RHINAL T	7
DESMOPRESSIN 0.2MG TAB	618
DESONIDE 0.05% CREAM	80
DESOXIMETASONE 0.25% CREAM 15G	37
DESOXIMETASONE 0.25% CREAM 60G	367
DEXAMETHASONE 0.1%/NEO/POLYMX	103
DEXAMETHASONE 0.1%/TOBRA 0.3%	47
DEXAMETHASONE 0.1%/TOBRAMYC 0.3	581
DEXAMETHASONE 4MG TAB	152
DEXAMETHASONE NA PHOS 4MG/ML I	18
DEXLANSOPRAZOLE 30MG SA CAP	346
DEXLANSOPRAZOLE 60MG SA CAP	291
DEXMETHYLPHENIDATE HCL 10MG TA	97
DEXMETHYLPHENIDATE HCL 2.5MG T	95
DEXTRAN 70/HYPROMELLOSE 0.3% (1040
DIAZEPAM 10MG TAB	3102
DIAZEPAM 2MG TAB UD	4050
DIAZEPAM 5MG TAB UD	3838
DIAZEPAM 5MG/ML INJ 10ML	18
DIAZEPAM 5MG/ML INJ 2ML	39

DICLOFENAC 50MG/MISOPROSTOL 20	581
DICLOFENAC EPOLAMINE 1.3% 6X5	5
DICLOFENAC NA 0.1% OPH SOLN 2.	209
DICLOFENAC NA 50MG TAB,EC,UD	1523
DICLOXACILLIN NA 250MG CAP	10
DICLOXACILLIN NA 500MG CAP	1
DICYCLOMINE HCL 10MG CAP	1106
DICYCLOMINE HCL 20MG TAB	1606
DIGOXIN (LANOXIN) 0.25MG TAB U	2103
DIGOXIN 0.125MG TAB	2943
DILTIAZEM (CARDIZEM CD) 120MG	1909
DILTIAZEM (CARDIZEM CD) 180MG	549
DILTIAZEM (CARDIZEM CD) 240MG	479
DILTIAZEM HCL 60MG TAB	548
DILTIAZEM HCL 90MG TAB	4
DIMENHYDRINATE 50MG TAB	24
DIPHENHYDRAMINE HCL 25MG CAP	841
DIPHENHYDRAMINE HCL 25MG TAB	934
DIPHENHYDRAMINE HCL 50MG CAP	29
DIPHENHYDRAMINE HCL 50MG/ML IN	1
DIVALPROEX 125MG EC(DELAYED RE	1587
DIVALPROEX 250MG EC (DELAYED R	8565
DIVALPROEX 250MG SA(EXTENDED R	2478
DIVALPROEX 500MG EC(DELAYED RE	13468
DIVALPROEX 500MG SA(EXTENDED R	8861
DIVALPROEX NA 125MG SPRINKLE C	24049
DM 10/GUAIFENESIN 100MG/5ML LI	875
DM 10/GUAIFENESIN 100MG/5ML SF	295
DM 10MG/GUAIFENESIN 100MG/5ML	134
DM 30MG/GUAIFENESIN 600MG TAB,	33
DOCUSATE CA 240MG CAP	2
DOCUSATE NA 100MG CAP	48342
DOCUSATE NA 50MG/5ML LIQUID 10	662
DOCUSATE NA 50MG/5ML LIQUID 48	4508
DOCUSATE NA 50MG/SENNOSIDES 8.	44381
DOCUSATE SODIUM 20MG/5ML SYRUP	166
DONEPEZIL HCL 10MG TAB UD	25510

DONEPEZIL HCL 23MG TAB	317
DONEPEZIL HCL 5MG TAB	3749
DORZOLAMIDE 2/TIMOLOL 0.5% OPH	3365
DOXAZOSIN MESYLATE 1MG TAB	852
DOXAZOSIN MESYLATE 2MG TAB	786
DOXAZOSIN MESYLATE 4MG TAB	1081
DOXAZOSIN MESYLATE 8MG TAB	391
DOXEPIN HCL 100MG CAP	394
DOXEPIN HCL 10MG CAP	305
DOXEPIN HCL 25MG CAP	6
DOXEPIN HCL 75MG CAP	3
DOXYCYCLINE HYCLATE 100MG CAP	740
DOXYCYCLINE HYCLATE 100MG TAB	219
DRESSING,DUODERM 4IN X 4IN C#1	1
DRONEDARONE 400MG TAB	74
DULOXETINE HCL 20MG ORAL CAP	1229
DULOXETINE HCL 30MG ORAL CAP	2827
DULOXETINE HCL 60MG ORAL CAP	4063
DUTASTERIDE 0.5MG CAP	2033
DUTASTERIDE/TAMSULOSIN CAP,ORA	21
ECONAZOLE NITRATE 1% CREAM	3
EFAVIRENZ 600MG TAB	394
EMTRICITABINE 200MG/TENOFOVIR	392
ENALAPRIL MALEATE 10MG TAB UD	517
ENALAPRIL MALEATE 2.5MG TAB	360
ENALAPRIL MALEATE 20MG TAB	507
ENALAPRIL MALEATE 5MG TAB UD	304
ENEMA SOAP SUDS	12
ENOXAPARIN 100MG/ML INJ SYRING	124
ENOXAPARIN 120MG/0.8ML INJ SYR	157
ENOXAPARIN 150MG/ML INJ SYRING	36
ENOXAPARIN 30MG/0.3ML INJ SYRI	138
ENOXAPARIN 40MG/0.4ML INJ SYRI	6
ENOXAPARIN 60MG/0.6ML INJ SYRI	2
ENOXAPARIN 80MG/0.8ML INJ SYRI	27
EPINASTINE HCL 0.05% OPH SOLN	788
EPOETIN ALFA,RECOMB 10,000 UNT	18

EPOETIN ALFA,RECOMB 20,000UNT/	2
EPOETIN ALFA,RECOMB 40,000 UNT	1
ERGOCALCIFEROL (VITAMIN D) 500	776
ERYTHROMYCIN 0.5% OPH OINT 3.5	1182
ERYTHROMYCIN 0.5% OPH OINT,PKG	44
ERYTHROMYCIN 2% TOP SOLN	16
ERYTHROMYCIN 250MG EC TAB	74
ERYTHROMYCIN 333MG EC TAB	24
ERYTHROMYCIN BASE 500MG TAB	3
ESCITALOPRAM OXALATE 10MG TAB	8043
ESCITALOPRAM OXALATE 20MG TAB	2376
ESCITALOPRAM OXALATE 5MG TAB	2035
ESOMEPRAZOLE MAGNESIUM 20MG SA	7752
ESOMEPRAZOLE MAGNESIUM 40MG SA	11588
ESTROGENS CONJUGATD 0.625MG/GM	538
ESTROGENS CONJUGATED 0.3MG TAB	572
ESTROGENS CONJUGATED 0.625MG T	422
ETODOLAC 400MG TAB	68
EZETIMIBE 10MG TAB	692
EZETIMIBE 10MG/SIMVASTATIN 20M	492
EZETIMIBE 10MG/SIMVASTATIN 40M	517
FAMCICLOVIR 500MG TAB	17
FAMOTIDINE 10MG TAB	676
FAMOTIDINE 20MG TAB	5649
FAMOTIDINE 40MG TAB	1764
FELODIPINE 10MG SA TAB	391
FELODIPINE 2.5MG SA TAB	86
FELODIPINE 5MG SA TAB UD	635
FENOFIBRATE 134MG CAP	393
FENOFIBRATE 145MG TAB	4416
FENOFIBRATE 160MG TAB	471
FENOFIBRATE 48MG TAB	1227
FENOFIBRATE 67MG CAP	497
FENTANYL 100MCG/HR PATCH	62
FENTANYL 12MCG/HR PATCH	905
FENTANYL 25MCG/HR PATCH	94
FENTANYL 50MCG/HR PATCH	220

FENTANYL 75MCG/HR PATCH	299
FERROUS GLUCONATE 325MG TAB	307
FERROUS SO4 220MG/5ML ELIXIR 4	1071
FERROUS SULFATE 325MG TAB	20856
FEXOFENADINE 60/PSEUDO 120MG S	42
FEXOFENADINE HCL 180MG TAB	216
FEXOFENADINE HCL 60MG TAB UD	19
FILGRASTIM 0.3MG/ML (PF) INJ 1	1
FINASTERIDE 5MG TAB UD	5646
FISH OIL 1000MG ORAL CAP	8164
FISH OIL 500 MG CAPS	126
FLUCONAZOLE 100MG TAB	194
FLUCONAZOLE 150MG TAB	23
FLUCONAZOLE 200MG TAB	16
FLUDROCORTISONE ACETATE 0.1MG	585
FLUNISOLIDE 25MCG 200D NASAL I	271
FLUOCINOLONE ACETONIDE 0.025%	169
FLUOCINONIDE 0.05% CREAM, TOP 3	133
FLUOROMETHOLONE 0.1% OPH OINT	42
FLUOROURACIL 5% TOP CREAM	7
FLUOXETINE HCL 10MG CAP	1174
FLUOXETINE HCL 20MG CAP	4159
FLUOXETINE HCL 40MG CAP	1208
FLUPHENAZINE DECANOATE 25MG/ML	81
FLUPHENAZINE HCL 10MG TAB	42
FLUPHENAZINE HCL 1MG TAB	629
FLUPHENAZINE HCL 5MG TAB UD	714
FLUTICAS 100/SALMETEROL 50 INH	1079
FLUTICAS 230/SALMETEROL 21 INH	335
FLUTICAS 250/SALMETEROL 50 INH	6923
FLUTICAS 500/SALMETEROL 50 INH	3101
FLUTICASONE PROP 110MCG 120D O	1179
FLUTICASONE PROP 220MCG 120D O	98
FLUTICASONE PROP 44MCG 120D OR	749
FLUTICASONE PROP 50MCG 120D NA	6850
FLUVOXAMINE MALEATE 100MG TAB	422
FLUVOXAMINE MALEATE 25MG TAB	684

FOLIC ACID 1MG TAB UD	10552
FREEZE IT	292
FUROSEMIDE 20MG TAB	19557
FUROSEMIDE 40MG TAB	20514
FUROSEMIDE 80MG TAB	3823
GABAPENTIN 100MG CAP UD	6116
GABAPENTIN 300MG CAP UD	18432
GABAPENTIN 400MG CAP	1526
GABAPENTIN 600MG TAB	7145
GABAPENTIN 800MG TAB	1589
GEMFIBROZIL 600MG TAB	1723
GENTAMICIN SO4 0.1% CREAM, TOP	30
GENTAMICIN SO4 0.1% OINT, TOP 1	18
GENTAMICIN SO4 0.1% OINT, TOP 3	64
GENTAMICIN SO4 0.3% SOLN, OPH 1	406
GENTAMICIN SO4 10MG/ML INJ 2ML	20
GENTAMICIN SO4 40MG/ML INJ	57
GENTAMICIN SO4 80MG/50ML NS	20
GENTAMICIN SO4 80MG/VIL INJ	122
GENTAMICIN SULFATE 0.3% OPH OI	25
GENTAMICIN SULFATE 0.3% OPH SO	42
GERITOL COMPLETE TAB	13
GERITOL LIQUID	394
GLATIRAMER ACETATE 20MG/ML 1ML	165
GLIMEPIRIDE 1MG TAB	231
GLIMEPIRIDE 2MG TAB	684
GLIMEPIRIDE 4MG TAB	126
GLIPIZIDE 10MG TAB	3269
GLIPIZIDE 2.5MG SA TAB	613
GLIPIZIDE 5MG SA TAB	394
GLIPIZIDE 5MG TAB	8095
GLUCAGON 1MG/1ML INJ	16
GLUCOSAMINE 500MG CAPS	402
GLYBURIDE 2.5MG TAB	189
GLYBURIDE 5MG TAB	1026
GUAIFENESIN 100MG/5ML (AF/SF)	294
GUAIFENESIN 100MG/5ML (ALC-F/S)	134

GUAIFENESIN 100MG/5ML SYRUP 5M	427
GUAIFENESIN 200MG TAB	1
GUAIFENESIN 600MG SA TAB	11659
HALLS MENTHOL COUGH DROPS	2
HALOPERIDOL 0.5MG TAB	2261
HALOPERIDOL 10MG TAB	4095
HALOPERIDOL 1MG TAB	3367
HALOPERIDOL 20MG TAB	54
HALOPERIDOL 2MG TAB	2232
HALOPERIDOL 2MG/ML SOLN 120ML	164
HALOPERIDOL 5MG TAB	5113
HALOPERIDOL 5MG/ML INJ 1ML	118
HALOPERIDOL DECANO 100MG/ML IN	74
HALOPERIDOL DECANO 50MG/ML INJ	26
HC 1%/NEO 3.5MG/POLYMYXIN OTIC	170
HC 1%/NEOMY 3.5MG/POLYMYX OTIC	484
HCTZ 12.5/LISINOPRIL 20MG TAB	391
HCTZ 12.5/OLMESARTAN 20MG TAB	59
HCTZ 12.5/VALSARTAN 160MG TAB	85
HCTZ 12.5/VALSARTAN 80MG TAB	39
HCTZ 12.5MG/LOSARTAN POTASSIUM	136
HCTZ 12.5MG/TELMISARTAN 40MG T	89
HCTZ 25/LISINOPRIL 20MG TAB	34
HEPARIN NA 5000UNT/ML INJ 1ML	70
HEPATITIS A INACT & B RECOM VA	3
HEPATITIS B VACCINE 20MCG/1ML	1
HOMATROPINE HYDROBROMIDE 5% OP	628
HYDRALAZINE HCL 10MG TAB	991
HYDRALAZINE HCL 25MG TAB	4459
HYDRALAZINE HCL 50MG TAB	218
HYDROCERIN CREAM 4OZ	134
HYDROCHLOROTHIAZIDE 12.5MG CAP	2709
HYDROCHLOROTHIAZIDE 25MG TAB	2108
HYDROCODONE 10/ACETAMINOPHEN 3	257
HYDROCODONE 10/ACETAMINOPHEN 5	3573
HYDROCODONE 2.5/APAP 500MG TAB	4214
HYDROCODONE 2.5/APAP167MG/5ML	9

HYDROCODONE 5/ACETAMINOPHEN 50	36310
HYDROCODONE 5MG/ACETAMINOPHEN	3441
HYDROCODONE 7.5/ACETAMINOPHEN	6694
HYDROCODONE 7.5/IBUPROFEN 200M	2375
HYDROCODONE 7.5MG/APAP 325MG T	44
HYDROCORTISONE 0.1% CREAM	79
HYDROCORTISONE 0.5% CR 30GM	7
HYDROCORTISONE 1% CREAM 0.9GM	22
HYDROCORTISONE 1% CREAM 30GM	174
HYDROCORTISONE 10MG TAB	167
HYDROCORTISONE 2.5% CREAM 30GM	33
HYDROCORTISONE 2.5% OINT	6
HYDROCORTISONE 2.5% RTL CRM W/	64
HYDROCORTISONE 5MG TAB	166
HYDROCORTISONE ACETATE 25MG RT	3
HYDROCORTISONE VALERATE 0.2% C	54
HYDROMORPHONE HCL 4MG TAB	1007
HYDROPHILIC OINT 454GM	2
HYDROXYCHLOROQUINE SULFATE 200	2155
HYDROXYUREA 500MG CAP	129
HYDROXYZINE HCL 25MG TAB	1818
HYDROXYZINE HCL 50MG TAB	280
HYDROXYZINE PAMOATE 100MG CAP	122
HYDROXYZINE PAMOATE 25MG CAP	796
HYDROXYZINE PAMOATE 50MG CAP	341
HYOSCYAMINE SULFATE 0.125MG TA	8
HYPROMELLOSE 0.3% GEL,OPH 10ML	526
HYPROMELLOSE 0.3% SOLN,OPH 15M	37
HYdrOXYzine HCL 10MG TAB	462
IBANDRONATE 150MG TAB	3
IBANDRONATE NA 2.5MG TAB	3
IBUPROFEN 100MG/5ML SUSP,ORAL	310
IBUPROFEN 200MG TAB	1958
IBUPROFEN 400MG TAB	12646
IBUPROFEN 600MG TAB	1532
IBUPROFEN 800MG TAB	2133
ICAPS LUTEIN & ZEAXANTHIN SA T	2582

ICAPS MULTIVITAMIN TAB	103
ILOPERIDONE 4MG TAB	36
INDOMETHACIN 25MG CAP	106
INFLUENZA VIRUS VAC. 0.5ML SYR	3
INFLUENZA VIRUS VACCINE 5ML VI	117
INSULIN DETEMIR INJ	4748
INSULIN LISPRO HUMAN 100 U/ML	9984
INSULIN LISPRO HUMAN 100U/ML 3	29
INSULIN NOVOLIN 70/30 (NPH/REG	769
INSULIN NPH HUMAN 100 U/ML INJ	3778
INSULIN NPH HUMAN 100U/ML INJ	1364
INSULIN REG HUMAN 3ML INJ HUM	63
INSULIN REG HUMAN 100 U/ML INJ	27057
INSULIN REG HUMAN 100U/ML 3ML	1426
INSULIN,ASPART,HUMAN 100 UNT/M	33287
INSULIN,ASPART,HUMAN 70/30 INJ	2433
INSULIN,GLARGINE,HUMAN 100 UNT	11206
INSULIN,LISPRO,HUMAN 75/25 HUM	224
IPRATROPIUM BR 0.03% NASAL SPR	980
IPRATROPIUM BROMIDE 0.02% INH	10417
IPRATROPIUM BROMIDE 17MCG 200D	782
IRBESARTAN 150MG TAB	394
IRON DEXTRAN 100MG/2ML (GEQ IN	3
IRON POLYSACCHARIDE COMPLEX 15	3967
ISONIAZID 300MG TAB	361
ISOSORBIDE DINITRATE 10MG ORAL	4304
ISOSORBIDE DINITRATE 20MG ORAL	1529
ISOSORBIDE DINITRATE 30MG ORAL	2
ISOSORBIDE DINITRATE 5MG ORAL	308
ISOSORBIDE MONONITRATE 10MG OR	416
ISOSORBIDE MONONITRATE 120MG S	181
ISOSORBIDE MONONITRATE 20MG OR	2445
ISOSORBIDE MONONITRATE 30MG SA	720
ISOSORBIDE MONONITRATE 60MG SA	352
KETOCONAZOLE 2% SHAMPOO	92
KETOROLAC TROMETHAMINE 30MG/ML	1
KETOROLAC TROMETHAMINE 60MG/2M	5

L-METHYLFOLATE 7.5MG TAB	1138
L-METHYLFOLATE/B12/B6/B2 TAB	1020
LABETALOL HCL 100MG TAB UD	236
LABETALOL HCL 300MG TAB	71
LACOSAMIDE 100MG TABS	197
LACOSAMIDE 10MG/ML ORAL SOLUTI	238
LACTASE 3000 UNT TAB	2690
LACTULOSE 10GM/15ML SYRUP 15ML	1
LACTULOSE 10GM/15ML SYRUP 480M	18032
LAMOTRIGINE 100MG TAB	3067
LAMOTRIGINE 150MG TAB	497
LAMOTRIGINE 200MG TAB	2248
LAMOTRIGINE 25MG TAB	3555
LANSOPRAZOLE 15MG SA CAP UD	1224
LANSOPRAZOLE 30MG SA CAP	2413
LANSOPRAZOLE 30MG SA DISINTEGR	231
LATANOPROST 0.005% OPH SOLN 2.	2510
LEFLUNOMIDE 20MG TAB	390
LEVALBUTEROL HCL 0.63MG/3ML IN	141
LEVETIRACETAM 1000MG TAB	5165
LEVETIRACETAM 100MG/ML ORAL SO	423
LEVETIRACETAM 250MG TAB	1795
LEVETIRACETAM 500MG TAB	9592
LEVETIRACETAM 500MG/5ML ORAL S	699
LEVETIRACETAM 750MG TAB	1405
LEVOFLOXACIN 250MG TAB	170
LEVOFLOXACIN 500MG TAB	837
LEVOFLOXACIN 750MG TABLETS	35
LEVOTHYROXINE NA 0.137 MG TABL	364
LEVOTHYROXINE NA 100MCG TAB	6543
LEVOTHYROXINE NA 112MCG TAB	1250
LEVOTHYROXINE NA 125MCG TAB	1958
LEVOTHYROXINE NA 150MCG TAB	2339
LEVOTHYROXINE NA 175MCG TAB	1968
LEVOTHYROXINE NA 200MCG TAB	1031
LEVOTHYROXINE NA 200MCG/VIL IN	379
LEVOTHYROXINE NA 25MCG TAB	6270

LEVOTHYROXINE NA 50MCG TAB	6885
LEVOTHYROXINE NA 75MCG TAB	7170
LEVOTHYROXINE NA 88MCG TAB	1598
LIDOCAINE 10MG/ML (1%) INJ SOL	1
LIDOCAINE 2.5/PRILOCAINE 2.5%	2
LIDOCAINE 5% 5IN X 6IN PATCH	1165
LIDOCAINE HCL 1% INJ 10ML	26
LIDOCAINE HCL 2% VISCOUS LIQ 1	3
LIDOCAINE HCL 2% VISCOUS LIQ 2	51
LINEZOLID 600MG TAB	517
LISINOPRIL 10MG TAB	9528
LISINOPRIL 2.5MG TAB	3960
LISINOPRIL 20MG TAB	6491
LISINOPRIL 40MG TAB	2279
LISINOPRIL 5MG TAB	5163
LITHIUM CARBONATE 150MG CAP	1313
LITHIUM CARBONATE 300MG CAP	1296
LITHIUM CARBONATE 450MG SA TAB	340
LITHIUM CARBONATE 600MG CAP	67
LITHIUM CITRATE 300MG/5ML SF S	75
LOPERAMIDE HCL 1MG/5ML LIQUID	11
LOPERAMIDE HCL 2MG CAP	28
LOPERAMIDE HCL 2MG TAB	132
LORATADINE 10/PSEUDOEPHED 240M	89
LORATADINE 10MG TAB	7414
LORATADINE 5/PSEUDOEPHEDRIN 12	674
LORAZEPAM 0.25MG TAB	78
LORAZEPAM 0.5MG TAB	27421
LORAZEPAM 1MG TAB	18947
LORAZEPAM 2MG TAB	3319
LORAZEPAM 2MG/ML INJ 1ML	280
LORAZEPAM 2MG/ML ORAL CONCENTR	15
LOSARTAN POTASSIUM 100MG TAB	29
LOSARTAN POTASSIUM 25MG TAB	456
LOSARTAN POTASSIUM 50MG TAB	1213
LOTEPREDNOL ETABONATE 0.5% OPH	658
LOVASTATIN 20MG TAB	153

LOVASTATIN 40MG TAB	491
LOXAPINE SUCCINATE 10MG CAP	938
LUBIPROSTONE 24MCG CAP	495
LUBRICATING LOTION	1177
LUBRICATING OPH OINT	1449
LURASIDONE HCL 40MG TAB	70
LURASIDONE HCL 80MG TAB	77
LUTEIN 6MG CAP	785
MAGNESIUM CHLORID 64MG (535MG)	260
MAGNESIUM CITRATE LIQUID 296ML	48
MAGNESIUM OXIDE 140MG CAP	73
MAGNESIUM OXIDE 400MG TAB	11459
MAGNESIUM/POT/SOD SO4 SOLN,ORA	2
MECLIZINE 12.5MG TAB	2864
MECLIZINE HCL 25MG TAB	758
MEDROXYPROGESTERONE 150MG/ML I	125
MEDROXYPROGESTERONE 400MG/ML I	14
MEDROXYPROGESTERONE ACETATE 10	232
MEGESTROL ACETATE 200MG/5ML SU	13517
MEGESTROL ACETATE 40MG TAB UD	322
MEGESTROL ACETATE 625MG/5ML SU	112
MELATONIN 1MG CAP/TAB	1133
MELATONIN 3MG TAB	1368
MELATONIN 5MG TAB	2122
MELOXICAM 15MG TAB	1013
MELOXICAM 7.5MG TAB	4484
MEMANTINE HCL 10MG TAB UD	38238
MEMANTINE HCL 5MG TAB	4313
MESALAMINE 400MG SA TAB	1512
MESALAMINE 500MG SA CAP	63
MESALAMINE SUPOSITORY	7
METAXALONE 800MG TAB	3
METFORMIN 500MG TAB UD	11358
METFORMIN 500MG/SITAGLIPTIN 50	977
METFORMIN HCL 1000MG TAB,UD	6627
METFORMIN HCL 500MG SA TAB	442
METFORMIN HCL 850MG TAB UD	2092

METHIMAZOLE 10MG TAB	318
METHIMAZOLE 5MG TAB	286
METHOCARBAMOL 500MG TAB	32
METHOCARBAMOL 750MG TAB	5
METHOTREXATE NA 2.5MG TAB	72
METHYLPHENIDATE HCL 5MG TAB	1974
METHYLPREDNISOLONE 4MG TAB	186
METHYLPREDNISOLONE 4MG TAB DOS	83
METOCLOPRAMIDE HCL 10MG TAB	1522
METOCLOPRAMIDE HCL 5MG TAB	3263
METOCLOPRAMIDE HCL 5MG/5ML SYR	56
METOLAZONE 10MG TAB	405
METOLAZONE 2.5MG TAB	282
METOPROLOL SUCCINATE 25MG SA T	7316
METOPROLOL SUCCINATE 50MG SA T	1906
METOPROLOL TARTRATE 100MG TAB	281
METOPROLOL TARTRATE 25MG TAB	31767
METOPROLOL TARTRATE 50MG TAB	7815
METRONIDAZOLE 0.75% TOP CREAM	145
METRONIDAZOLE 0.75% TOP GEL 45	175
METRONIDAZOLE 1% TOP GEL 60GM	608
METRONIDAZOLE 250MG TAB UD	35
METRONIDAZOLE 500MG TAB	338
MICONAZOLE NITRATE 100MG VAG S	6
MICONAZOLE NITRATE 2% CREAM,TO	111
MICONAZOLE NITRATE 2% TOP CREA	782
MICONAZOLE NITRATE 2% VAG CREA	8
MIDODRINE HCL 5MG TAB	808
MILK OF MAGNESIA 355ML	1724
MILK OF MAGNESIA 473ML BT	2133
MILK OF MAGNESIA,30ML	882
MINERAL OIL ENEMA	3
MINOXIDIL 10MG TAB	71
MIRTAZAPINE 15MG DISINTEGRATIN	563
MIRTAZAPINE 15MG TAB	4312
MIRTAZAPINE 30MG TAB	2573
MIRTAZAPINE 45MG TAB	1676

MODAFINIL 200MG TAB	9
MOMETASONE FUROATE 0.1% CREAM,	766
MOMETASONE FUROATE 0.1% TOP CR	29
MOMETASONE FUROATE 50MCG 120D	3528
MONTELUKAST NA 10MG TAB UD	3999
MONTELUKAST NA 5MG CHEW TAB UD	433
MORPHINE SO4 15MG SA TAB	29
MORPHINE SO4 20MG/5ML SOLN, O	199
MORPHINE SO4 20MG/ML ORAL CONC	3035
MORPHINE SO4 30MG IR TAB	2
MORPHINE SO4 30MG SA TAB	54
MOXIFLOXACIN 400MG TAB	401
MOXIFLOXACIN HCL 0.5% OPH SON	2
MULTIVIT/MIN/LUTEIN TAB	3846
MULTIVITAMIN LIQUID 120ML BT	463
MULTIVITAMIN LIQUID 237ML BT	263
MULTIVITAMIN TAB	12295
MULTIVITAMIN/MINERALS SENIOR F	839
MULTIVITAMIN/MINERALS TAB	30394
MULTIVITAMINS TAB,CHEWABLE	394
MULTIVITAMINS W/IRON TAB	6
MULTIVITAMINS/MINERALS LIQUID	41
MUPIROCIN 2% OINT 0.9GM	220
MUPIROCIN 2% OINT 22GM	1251
MedroxyPROGESTERone SUSP INJ,	67
NA BIPHOSP 10.9GM/NA PHOSPHATE	2
NA BIPHOSP 19GM/NA PHOSPHATE 7	146
NABUMETONE 500MG TAB	657
NAPROXEN 250MG TAB	432
NAPROXEN 375MG EC TAB	2
NAPROXEN 375MG TAB	568
NAPROXEN 500MG EC TAB	11
NAPROXEN 500MG TAB	3588
NAPROXEN NA 220MG TAB	198
NAPROXEN SODIUM CR 375MG	41
NEBIVOLOL 5MG TAB	334
NEOMYCIN SULFATE 500MG TAB	121

NEOMYCIN/POLYMYXIN/BACITRACIN	23
NEPAFENAC 0.1% OPTH SUSP 3ML	51
NEPHRO-VITE RX TAB	200
NEPHROCAPS CAP	393
NIACIN (NIACOR) 500MG TAB	2025
NIACIN (NIASPAN-KOS) 500MG SA	392
NIACIN 1000MG SA TAB	573
NIACIN 500MG SA CAP	14
NIACIN 50MG TAB	1
NICOTINE 14MG/24HR PATCH	178
NICOTINE 21MG/24HR PATCH	145
NICOTINE 7MG/24HR PATCH	82
NIFEDIPINE (ADALAT CC) 30MG SA	9
NIFEDIPINE (PROCARDIA XL) 30MG	1598
NIFEDIPINE (PROCARDIA XL) 60MG	271
NIFEDIPINE 10 MG CAP	13
NITROFURANTOIN 25MG/5ML SUSP	171
NITROFURANTOIN MACROCRYST 100M	661
NITROFURANTOIN MACROCRYSTALLIN	557
NITROFURANTOIN MONO/MACRO 100M	978
NITROGLYCERIN 0.1MG/HR PATCH	1746
NITROGLYCERIN 0.2MG/HR PATCH	3404
NITROGLYCERIN 0.3MG/HR PATCH	394
NITROGLYCERIN 0.4MG SL TAB	21
NITROGLYCERIN 0.4MG/HR PATCH	3309
NITROGLYCERIN 0.6MG/HR PATCH	848
NITROGLYCERIN 0.8MG/HR PATCH	161
NYSTATIN 100000 U//TAC 0.1% 30	5
NYSTATIN 100000 UNT/GM CREAM 3	723
NYSTATIN 100000 UNT/GM TOP PWD	289
NYSTATIN 100000 UNT/ML SUSP 48	108
NYSTATIN 100000 UNT/ML SUSP,OR	104
NYSTATIN/TRIAMCINOLONE CRM 15G	107
NYSTATIN/TRIAMCINOLONE CRM 30G	56
NYSTATIN/TRIAMCINOLONE CRM 60G	425
NYSTATIN/TRIAMCINOLONE OINT 15	51
NYSTATIN/TRIAMCINOLONE OINT 60	128

OCUVITE LUTEIN CAP,ORAL	2893
OCUVITE MULTIVITAMIN TAB	711
OCUVITE PRESERVISION	5358
OFLOXACIN 0.3% OPH SOLN 5ML	208
OFLOXACIN 0.3% SOLN,OTIC 5ML B	46
OLANZAPINE 10MG TAB UD	2318
OLANZAPINE 10MG/VIL INJ	5
OLANZAPINE 15MG TAB	3118
OLANZAPINE 2.5MG TAB,UD	2271
OLANZAPINE 20MG RAPID DISINTEG	292
OLANZAPINE 20MG TAB	2806
OLANZAPINE 5MG TAB UD	5040
OLANZAPINE 7.5MG TAB	338
OLMESARTAN MEDOXOMIL 20MG TAB	435
OLMESARTAN MEDOXOMIL 40MG TAB	107
OLOPATADINE HCL 0.1% OPH SOLN	302
OLOPATADINE HCL 0.2% OPH SOLN	754
OMEGA-3-ACID ETHYL ESTERS 1GM	425
OMEPRazole 20MG SA CAP UD	14527
OMEPRazole 40MG SA CAP	3708
ONDANSETRON 4MG ORAL DISINTEGR	184
ONDANSETRON HCL 4MG TAB	266
OSELTAMIVIR PO4 75MG CAP	10
OXAZEPAM 10MG CAP	859
OXAZEPAM 15MG CAP	1180
OXCARBAZEPINE 150MG TAB	1178
OXCARBAZEPINE 300MG TAB UD	2114
OXCARBAZEPINE 300MG/5ML SUSP	83
OXCARBAZEPINE 600MG TAB	4297
OXYBUTYNIN 3.9MG/24HRS PATCH	1
OXYBUTYNIN CHLORIDE 10MG SA TA	391
OXYBUTYNIN CHLORIDE 15MG SA TA	391
OXYBUTYNIN CHLORIDE 5MG SA TAB	1751
OXYBUTYNIN CHLORIDE 5MG TAB	6548
OXYCODONE 10MG/APAP 325MG TAB	1739
OXYCODONE HCL 10MG SA TAB UD	13
OXYCODONE HCL 10MG TABLET	4

OXYCODONE HCL 15MG SA TAB	1
OXYCODONE HCL 15MG TAB	95
OXYCODONE HCL 2.5MG/APAP 325MG	731
OXYCODONE HCL 20MG/ML SOLN,ORA	90
OXYCODONE HCL 5MG CAP	358
OXYCODONE HCL 5MG TAB	619
OXYCODONE HCL 5MG/APAP 325MG T	4164
PALIPERIDONE 3MG SA TAB	392
PALIPERIDONE 6MG SA TAB	1076
PALIPERIDONE 9MG SA TAB	29
PANCRELIPASE 27000/5000/17000	2689
PANTOPRAZOLE NA 20MG EC TAB	203
PANTOPRAZOLE NA 40MG EC TAB	5337
PARICALCITOL 1MCG CAP	442
PAROXETINE HCL 10MG TAB	255
PAROXETINE HCL 20MG TAB UD	1749
PAROXETINE HCL 30MG TAB	821
PAROXETINE HCL 40MG TAB	1529
PATIENT'S OWN CAP/TAB #1	9
PATIENT'S OWN CAP/TAB #2	1
PATIENT'S OWN CAP/TAB #4	1
PEG 400 0.4%/PROP GLYCOL 0.3%	5181
PENICILLIN G BENZ 1.2MILLION U	1
PENICILLIN VK 250MG TAB	15
PENICILLIN VK 500MG TAB	2
PENTOSAN POLYSULFATE NA 100MG	676
PENTOXIFYLLINE 400MG SA TAB	1827
PERPHENAZINE 2MG TAB	782
PERPHENAZINE 4MG TAB	1149
PERPHENAZINE 8MG TAB	838
PETROLATUM/MINERAL OIL OPTH O	4705
PHENAZOPYRIDINE HCL 100MG TAB	30
PHENAZOPYRIDINE HCL 200MG TAB	336
PHENOBARBITAL 15MG TAB	660
PHENOBARBITAL 30MG TAB	7988
PHENOBARBITAL 60MG TAB	6172
PHENOBARBITAL 97.2MG TAB	1075

PHENOL 1.4% ORAL SPRAY TOP 180	94
PHENOL ORAL ANESTHETIC	6
PHENYLEPHRINE HCL 0.5% NASAL S	2
PHENYTOIN (DILANTIN) 50MG CHEW	12642
PHENYTOIN NA (DILANTIN) 100MG	23088
PHOS-NAK POWDER	11
PHYTONADIONE 10MG/ML INJ 1ML	6
PHYTONADIONE 5MG TAB	69
PIOGLITAZONE HCL 15MG TAB	2169
PIOGLITAZONE HCL 30MG TAB	1153
PIOGLITAZONE HCL 45MG TAB	1188
PNEUMOCOCCAL POLYSACCHARIDE VA	12
POLYETHYLENE GLYCOL 1% OPH 15M	52
POLYETHYLENE GLYCOL 3350 17GM	53
POLYETHYLENE GLYCOL 3350 PWDR	28201
POLYMYXIN/TRIMETHOPRIM 0.1% OP	463
POTASSIUM ACID PHOSPHATE 500MG	46
POTASSIUM CHLORIDE (K-DUR) 10M	10465
POTASSIUM CHLORIDE 10MEQ SA CA	9208
POTASSIUM CHLORIDE 20MEQ SA TA	10951
POTASSIUM CHLORIDE 20MEQ/15ML	1988
POTASSIUM CHLORIDE 20MEQ/PKT E	796
POTASSIUM CITRATE 1080MG (10ME	785
PRAMIPEXOLE DIHYDROCHLORID 0.2	1181
PRAMOXINE 1%/ZINC OX 12.5% RTL	3
PRAVASTATIN NA 10MG TAB	140
PRAVASTATIN NA 20MG TAB	83
PRAVASTATIN NA 40MG TAB	299
PRAVASTATIN NA 80MG TAB	394
PRAZOSIN HCL 1MG CAP	903
PRAZOSIN HCL 2MG CAP	69
PREDNISOLONE ACETATE 1% OPH SU	1147
PREDNISONE 10MG TAB	674
PREDNISONE 1MG TAB	15
PREDNISONE 2.5MG TAB	12
PREDNISONE 20MG TAB	707
PREDNISONE 50MG TAB	15

PREDNISONE 5MG TAB	3395
PREDNISONE 5MG/5ML SOLN,ORAL	19
PREGABALIN 100MG CAP	1639
PREGABALIN 25MG CAP	36
PREGABALIN 50MG CAP	3414
PREGABLIN 150MG CAP	315
PRESERVISION AREDS FORMULA GEL	563
PRESERVISION LUTEIN	310
PREVPAC PATIENT THERAPY PAK	35
PRIMIDONE 50MG TAB	911
PROBIOTIC TABS	332
PROMETHAZINE DM SYRUP UD 5ML	56
PROMETHAZINE HCL 12.5MG RTL SU	13
PROMETHAZINE HCL 12.5MG TAB	23
PROMETHAZINE HCL 25MG RTL SUPP	19
PROMETHAZINE HCL 25MG TAB UD	222
PROMETHAZINE HCL 25MG/ML INJ 1	15
PROPAFENONE HCL 150MG TAB UD	700
PROPRANOLOL HCL 10MG TAB	1157
PROPRANOLOL HCL 20MG TAB	1478
PROPRANOLOL HCL 40MG TAB UD	869
PSEUDOEPHEDRINE HCL 30MG TAB	81
PSYLLIUM 3.4GM/SUCROSE 3.5GM	1084
PSYLLIUM PACKETS	67
PSYLLIUM SF ORAL PWD	52
PSYLLIUM SF ORAL PWD PKT 5.85G	21
PYRIDOXINE HCL 100MG TAB	573
PYRIDOXINE HCL 50MG TAB	48
QUETIAPINE FUMARATE 100MG TAB	6215
QUETIAPINE FUMARATE 150MG XR	257
QUETIAPINE FUMARATE 200MG TAB	10990
QUETIAPINE FUMARATE 200MG XR T	270
QUETIAPINE FUMARATE 25MG UD TA	11919
QUETIAPINE FUMARATE 300MG TAB	2937
QUETIAPINE FUMARATE 400MG TAB	4137
QUETIAPINE FUMARATE 50MG UD TA	16821
QUETIAPINE FUMARATE 50MG XR TA	159

RABEPRAZOLE NA 20MG EC TAB	116
RALOXIFENE HCL 60MG TAB	393
RAMIPRIL 1.25MG CAP	392
RAMIPRIL 10MG CAP	395
RAMIPRIL 2.5MG CAP	112
RAMIPRIL 5MG CAP	243
RANITIDINE HCL 150MG TAB UD	25182
RANITIDINE HCL 150MG/10ML SYR	212
RANITIDINE HCL 300MG TAB	2640
RANITIDINE HCL 75MG/5ML SYRUP	1266
RANOLAZINE 500MG EXTENEDED REL	303
REMOVE PATCH	9656
REPAGLINIDE 0.5MG TAB	1175
RIFAXIMIN 550MG	27
RISEDRONATE NA 35MG TAB	175
RISPERIDONE 0.25MG TAB	3748
RISPERIDONE 0.5MG TAB	6108
RISPERIDONE 1MG TAB UD	7180
RISPERIDONE 1MG/ML ORAL SOLN	209
RISPERIDONE 25MG/VIL INJ SA SU	84
RISPERIDONE 2MG TAB UD	2579
RISPERIDONE 37.5MG/VIL INJ SA	14
RISPERIDONE 3MG TAB	4770
RISPERIDONE 4MG TAB	3158
RIVASTIGMINE TARTRATE 3MG CAP	426
RIVASTIGMINE TARTRATE 4.5MG CA	598
RIVASTIGMINE TARTRATE 4.6MG/24	1852
RIVASTIGMINE TARTRATE 9.5MG/24	8904
ROBITUSSIN CF LIQUID	2
ROPINIROLE HCL 0.25MG TAB	84
ROPINIROLE HCL 0.5MG TAB	2105
ROPINIROLE HCL 1MG TAB	1746
ROPINIROLE HCL 2MG TAB	209
ROPINIROLE HCL 4MG TAB	784
ROSUVASTATIN CA 10MG TAB	1628
ROSUVASTATIN CA 20MG TAB	1047
ROSUVASTATIN CA 5MG TAB	800

SALICYLIC ACID 17% GEL, TOP	98
SALSALATE 500MG TAB	1106
SAXAGLIPTIN 5/METFORMIN 1000MG	190
SAXAGLIPTIN 5MG TAB	834
SCOPOLAMINE 0.33MG/24HR (1.5MG	140
SELENIUM SULFIDE 2.5% LOTION/S	74
SENNA LEAF EXTRACT SYRUP	212
SENNOSIDES 8.6MG TAB	5732
SERTRALINE HCL 100MG TAB	4775
SERTRALINE HCL 25MG TAB	2552
SERTRALINE HCL 50MG TAB UD	4823
SEVELAMER CARBONATE 2.4GM/PKT	1
SEVELAMER CARBONATE 800MG TAB	1197
SEVELAMER HCL 800MG TAB	330
SILVER ANTIMICROBIAL WOUND GEL	29
SILVER SULFADIAZINE (AF) 1% CR	405
SILVER SULFADIAZINE 1% CREAM 4	221
SILVER SULFADIAZINE 1% CREAM 5	242
SILVER SULFADIAZINE 1% CREAM 8	270
SILVER SULFADIAZINE 1% CREAM, T	199
SIMETHICONE 125MG CHEW TAB	1730
SIMETHICONE 180MG SOFTGEL	580
SIMETHICONE 80MG CHEW TAB	5179
SIMVASTATIN 10MG UD TAB	2706
SIMVASTATIN 20MG TAB UD	17681
SIMVASTATIN 40MG TAB	8507
SIMVASTATIN 80MG TAB	1491
SITAGLIPTIN 100MG TAB	536
SOD POLYSTYRENE SO4 15GM/60ML	6
SODIUM BICARBONATE 325MG TAB	541
SODIUM BICARBONATE 650MG TAB	504
SODIUM CHLORIDE 0.65% SOLN NAS	2591
SODIUM CHLORIDE 0.9% PF INJ SY	2
SODIUM CHLORIDE 5% OPH OINT	567
SODIUM CHLORIDE 5% OPH SOLN 15	1413
SODIUM HYPOCHLORITE 0.125% TOP	5
SODIUM POLYSTYRENE SULF 15GM/6	51

SOLIFENACIN SUCCINATE 10MG TAB	235
SOLIFENACIN SUCCINATE 5MG TAB	1882
SORBITOL 70% SOLN 473ML BT	461
SOTALOL HCL 120MG TAB	171
SOTALOL HCL 80MG TAB UD	1048
SPIRONOLACTONE 100MG TAB	137
SPIRONOLACTONE 25MG TAB	4084
SPIRONOLACTONE 50MG TAB	115
SUCRALFATE 1GM TAB	17228
SUCRALFATE 500MG/5ML SUSP, ORAL	1564
SULFACETAMIDE NA 10% OPH SOLN	180
SULFAMET 200/TRIMETH 40MG/5ML	40
SULFAMETH 200/TRIMET 40MG/5ML	16
SULFAMETHOXAZOLE 400/TRIMETH 8	10
SULFAMETHOXAZOLE 800/TRIMETH 1	3203
SULINDAC 150MG TAB	785
SULINDAC 200MG TAB	171
SUMATRIPTAN SUCCINATE 25MG TAB	4
SUNITINIB MALATE 50MG CAP	271
TACROLIMUS 0.1% TOP OINT 60GM	128
TAMSULOSIN HCL 0.4MG CAP	13403
TELMISARTAN 20MG TAB	233
TELMISARTAN 40MG TAB	4
TELMISARTAN 80MG TAB	332
TEMAZEPAM 15MG CAP	494
TEMAZEPAM 30MG CAP	718
TEMAZEPAM 7.5MG CAP	331
TERAZOSIN HCL 1MG CAP	781
TERAZOSIN HCL 5MG CAP UD	968
TERBINAFINE HCL 1% CREAM 24GM	1
TERBINAFINE HCL 1% CREAM, TOP 1	9
TERBINAFINE HCL 250MG TAB	27
TERBUTALINE SULFATE 2.5MG TAB	1182
TERIPARATIDE 250MCG/ML (750MCG	128
TETRACYCLINE HCL 250MG CAP	347
TETRACYCLINE HCL 500MG CAP	138
TETRAHYDROZOLINE HCL 0.05% OPH	23

THEOPHYLLINE 100MG SA TAB	2957
THEOPHYLLINE 200MG SA TAB	6451
THEOPHYLLINE 300MG SA TAB UD	805
THEOPHYLLINE 400MG SA TAB	56
THEOPHYLLINE 80MG/15ML ELIXIR	8
THIAMINE HCL 100MG TAB	3168
THIORIDAZINE HCL 100MG TAB	1176
THIOTHIXENE HCL 10MG CAP	285
THIOTHIXENE HCL 1MG CAP	835
THIOTHIXENE HCL 2MG CAP	1784
THIOTHIXENE HCL 5MG CAP	280
TIAGABINE HCL 2MG TAB	10
TIMOLOL MALEATE 0.25% OPH SOLN	1113
TIMOLOL MALEATE 0.5% OPH SOLN	1224
TIOTROPIUM 18MCG INHL CAP 30	2511
TIZANIDINE HCL 2MG TAB	775
TIZANIDINE HCL 4MG TAB	917
TOBRAMYCIN 0.3% OPH OINT	107
TOBRAMYCIN 0.3% OPH SOLN	482
TOBRAMYCIN 80MG/2ML VIAL	233
TOLTERODINE TARTRATE 2MG SA CA	389
TOLTERODINE TARTRATE 2MG TAB	1444
TOLTERODINE TARTRATE 4MG SA CA	1084
TOPIRAMATE 100MG TAB	2252
TOPIRAMATE 200MG TAB	1052
TOPIRAMATE 25MG TAB	1770
TOPIRAMATE 50MG TAB	1203
TORSEMIDE 10MG TAB	26
TORSEMIDE 20MG TAB,UD	1598
TRAMADOL HCL 50MG TAB	11923
TRAVOPROST 0.004% OPH SOLN 2.5	1711
TRAVOPROST Z 0.004% SOLN,OPH	1850
TRAZODONE HCL 100MG TAB	3290
TRAZODONE HCL 150MG TAB	2451
TRAZODONE HCL 50MG TAB	7438
TRIAMCINOLONE ACET. 0.1% OINT,	29
TRIAMCINOLONE ACETONIDE 0.1% C	188

TRIAMCINOLONE ACETONIDE 0.1% D	74
TRIHENYDROXYMETHYL HCL 2MG TAB	27
TRIMETHOPRIM 100MG TAB	2068
TROLAMINE SALICYLATE 10% CREAM	1
TROPICAMIDE 0.5% OPH SOLN	391
TROSPIMUM CL 20MG TAB	141
TUBERCULIN, PUR PROT. DERIV. 5U	71
TUSSIONEX SA SUSP 473ML	2
ULTRASE MT 20 CAP	33
UREA 40% CREAM, TOP 30GM	264
UREA 40% CREAM, TOP 85GM	52
URSODIOL 300MG CAP	1181
VALACYCLOVIR HCL 1GM TAB	111
VALACYCLOVIR HCL 500MG TAB	551
VALPROIC ACID (STAVZOR) 250MG	3
VALPROIC ACID (STAVZOR) 500MG	3
VALPROIC ACID 250MG CAP	2099
VALPROIC ACID 250MG/5ML SYRUP	3607
VALSARTAN 160MG TAB	4273
VALSARTAN 320MG TAB	1403
VALSARTAN 40MG TAB	596
VALSARTAN 80MG TAB UD	2112
VANCOMYCIN HCL 1000MG/VIL INJ	12
VENLAFAXINE HCL 150MG SA CAP U	869
VENLAFAXINE HCL 37.5MG TAB	77
VENLAFAXINE HCL 75MG SA CAP	393
VENLAFAXINE HCL 75MG TAB	676
VERAPAMIL HCL 100MG SA CAP	35
VERAPAMIL HCL 120MG SA CAP	105
VERAPAMIL HCL 120MG SA TAB	189
VERAPAMIL HCL 180MG SA TAB	12
VITAMIN B COMPLEX CAP	1444
VITAMIN B COMPLEX TAB	22
VITAMIN D 400 UNIT TAB	5919
VITAMIN D3 1000UNIT TAB	34169
VITAMIN E 100 UNIT CAP	298
VITAMIN E 400 UNIT CAP	1199

WARFARIN (COUMADIN) NA 10MG TA	180
WARFARIN (COUMADIN) NA 1MG TAB	943
WARFARIN (COUMADIN) NA 2.5MG T	2332
WARFARIN (COUMADIN) NA 2MG TAB	1200
WARFARIN (COUMADIN) NA 3MG TAB	2769
WARFARIN (COUMADIN) NA 4MG TAB	2003
WARFARIN (COUMADIN) NA 5MG TAB	1354
WARFARIN (COUMADIN) NA 6MG TAB	502
WARFARIN (COUMADIN) NA 7.5MG T	512
WITCH HAZEL 50% TOP PAD	1
ZINC 50MG TABLET	338
ZINC OXIDE 40% OINT, TOP 30GM	53
ZINC OXIDE CREAM, 454G	42
ZINC SULFATE 220MG CAP	1871
ZIPRASIDONE HCL 20MG CAP	5459
ZIPRASIDONE HCL 40MG CAP	4530
ZIPRASIDONE HCL 60MG CAP	2694
ZIPRASIDONE HCL 80MG CAP	7494
ZIPRASIDONE MESYLATE 20MG/VIL	305
ZOLPIDEM TARTRATE 10MG TAB	428
ZOLPIDEM TARTRATE 5MG TAB UD	1756
ZZ*PHOSPHATES ENEMA*	14

Total Count 2463088