STATE OF OHIO
DEPARTMENT OF ADMINISTRATIVE SERVICES
GENERAL SERVICES DIVISION
OFFICE OF PROCUREMENT SERVICES
4200 SURFACE ROAD, COLUMBUS, OH 43228-1395

MANDATORY USE CONTRACT FOR: PHARMACEUTICAL CONTRACT 2010-2011

CONTRACT No.: OT901311

EFFECTIVE DATES: 10/01/10 to 03/31/11
Renewal through 03/31/13 *

The Department of Administrative Services has accepted bids submitted in response to Invitation to Bid No. OT901311 that opened on 07/09/10 and to Bid No. OT901411 that opened on 07/16/10. The evaluation of the bid response(s) has been completed. The bidder(s) listed herein have been determined to be the lowest responsive and responsible bidder(s) and have been awarded a contract for the items(s) listed. The respective bid response, including the Terms and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions, special contract terms & conditions, any bid addenda, specifications, pricing schedules and any attachments incorporated by reference and accepted by DAS become a part of this Requirements Contract.

This Requirements Contract is effective beginning and ending on the dates noted above unless, prior to the expiration date, the Contract is renewed, terminated or cancelled in accordance with the Contract Terms and Conditions.

This Requirements Contract is available to the Department of Mental Health, Office of Support Services, 2150 W. Broad Street, Columbus, OH 43223, the Department of Health, 900 Freeway Drive North, Bldg. 8, Columbus, OH 43229, and State Universities, as applicable.

Agencies are eligible to make purchases of the listed supplies and/or services in any amount and at any time as determined by the agency. The State makes no representation or guarantee that agencies will purchase the volume of supplies and/or services as advertised in the Invitation to Bid.

SPECIAL NOTE: State agencies may make purchases under this Requirements Contract up to $2500.00 using the state of Ohio payment card. Any purchase that exceeds $2500.00 will be made using the official state of Ohio purchase order (ADM-0523). Any non-state agency, institution of higher education or Cooperative Purchasing member will use forms applicable to their respective agency.

Questions regarding this and/or the Requirements Contract may be directed to:

Terry Spiropoulos, CPPB
terry.spiropoulos@das.state.oh.us

This Requirements Contract and any Amendments thereto are available from the DAS Web site at the following address:

http://www.ohio.gov/procure

Partial Minority Business Enterprise award in accordance with ORC.CH.125.81

* Denotes change

Signed: _____
Robert Blair, Director Date

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* Denotes change

SPECIAL INSTRUCTIONS TO BIDDERS

BIDDER INFORMATION: The 2010-2011 Ohio Pharmaceutical contract will be advertised and bid in four (4) sections, including one (1) Minority Business Enterprise Set Aside Bid (Section 2). Each line item in the bid/contract may be referenced its corresponding section by the number denoted as "MBE/SECT. NO." in the left hand column of the price pages. The sections will be released for bid within approximately a two (2) week period beginning in June 2010. Each section will be advertised for bid for a minimum of approximately (21) days between release and bid opening. All four (4) sections will be compiled into one (1) awarded contract with an anticipated inception date of 10/01/10. It is the Bidder's responsibility to thoroughly read and understand each bid in its entirety.

BACKGROUND: Prior to the 2009-2010 contract, the LDC101V Ohio Pharmaceutical contract has had firm fixed pricing during a term of twelve (12) months. For 2009-2010, changes included a six (6) month term with one (1) price change allowed per item. Changes for the 2010-2011 pharmaceutical contract(s) include potential additional renewals and corresponding price change opportunities.

Some line items which were part of past LDC101V contracts may potentially be included under separate bid(s) with different Index Number(s) and different Terms and Conditions.

STANDARD CONTRACT TERMS AND CONDITIONS: Pages 1 through 11 of the Instructions, Terms, and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions, Rev. 10-01-07, are available through the link, "Instructions: Terms and Conditions for bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions," listed on page 1 of the bid, or at the following Web site: http://procure.ohio.gov/pdf/iandt13.pdf

COMMERCIAL GENERAL LIABILITY AND AUTOMOTIVE INSURANCE: Bidders should familiarize themselves with the Workers' Compensation, Automobile and General Liability Requirements, Commercial General Liability and Automobile Liability requirements, Articles S-12 through S-13, listed on page 10 of the Standard Contract Terms and Conditions (see the above paragraph for more information). Bidders will be required to meet these requirements if/when requested.

SPECIAL CONTRACT TERMS AND CONDITIONS

AMENDMENTS TO CONTRACT TERMS AND CONDITIONS: The following Amendments to the Contract Terms and Conditions do hereby become a part hereof. In the event that an amendment conflicts with the Contract Terms and Conditions, the Amendment will prevail.

PRICE PAGES

The 2010-2011 Ohio Pharmaceutical contract price pages will be available both from this bid document and as an electronic (Excel spreadsheet) file format. As in the past, the paper Price Pages are required, and are part of the bid document. The optional Excel file submission shall be placed on a CD or floppy disk and included in addition to the paper bid submission in accordance to Page 1 of this Invitation To Bid. If the information on the disk does not match the paper bid submission, the paper bid submission shall prevail. It is the bidder's responsibility to assure the information in the submitted paper Price Pages are checked, accurate, and complete.

SPECIAL CONTRACT TERMS AND CONDITIONS (Cont'd)

For this 2010-2011 Ohio Pharmaceutical contract, the Bidder is encouraged to utilize and complete the Excel spreadsheet, and to submit the file on a disk with the bid documents. There are benefits from using the electronic files including efficient data transfer between supplier, bidder, and customer, shorter lead times, and increased accuracy and legibility. Thus, it is generally desirable for the supplemental electronic file to be included with bid submission for the 2010-2011 Ohio Pharmaceutical contract. The Excel sheet is printable, and the paper pages from this printout are acceptable with the bid. It is the Bidder's responsibility to ensure the accuracy and completeness of any information submitted.
The electronic file may be accessed by using the following document link: (Click here for the Price Pages in Excel format)

NOTICE TO BIDDERS:

TO RECEIVE CONSIDERATION FOR AWARD:

1. The following fields must be entered by the bidder for each item offered in the price pages: Unit Quantity Size, Unit Quantity per Box or Case, Manufacturer, NDC Number, and Unit Price.

2. Manufacturer, not product labeler, must be given for each dangerous (legend) drug bid. Manufacturer name must be written in capital letter (upper case) format.

3. NDC Code must be given for each item bid. NDC Format must be 5-4-2, including dashes and prefix zeros.

   Example: 12345-1234-12

4. Alternate/Generic products and/or alternate packaging must be noted in the space provided at the top of each page.

5. Bidders on vaccines are requested to also identify/provide the appropriate Federal Excise Tax (FET) amount per dosage unit as a notation in the space at the top of the corresponding Bid Price Page and clearly denote the FET is included in the quoted price. Whether or not the item Description in the Price Pages states, "Including Federal Excise Tax (FET)", the Unit Price must be complete and include any applicable FET or other charges.

6. For all Bid items offered, the Unit Price in the Bid Price Pages must be complete and include any applicable FET or other charges. Only the Unit Price in the Bid Price Pages will be acceptable for offered items. No Bidder's attachments or other documents with additional charges or prices will be acceptable.

7. Bidder should use a duplicate paper Price Page for any additional/alternate offer(s) of the same line item, clearly identifying which offer(s) are "Alternate", and include the Bidder's initials. This is in addition to the Instructions, Terms, and Conditions for Bidding, and Standard Contract Terms and Conditions, Rev. 10-01-07.

Failure to comply with these requirements may cause your bid response to be deemed as not responsive.

COMMON REASONS FOR DISQUALIFICATION:

1. Disqualification at the Bid Opening:

   A. Failure to submit the bid response before 1:00 o'clock p.m. on the posted bid opening date.

   B. Failure to indicate the bid number and appropriate opening date on the front of the sealed bid response envelope.

2. Disqualification during the Bid Evaluation:

   A. Failure to submit Ohio Wholesale Distributor of Dangerous Drugs License, DEA Controlled Substance Registration Certificate, or completed Notarized Certificate on pages 9 and 10.

SPECIAL CONTRACT TERMS AND CONDITIONS (Cont'd)

B. Failure to submit samples and/or literature as requested herein.

C. Failure to meet specifications and/or requirements as listed herein.

1. Compliance with all applicable federal regulations and licenses.
2. Compliance with all applicable state of Ohio regulations and licenses.
3. Compliance with all terms and conditions specific to the bid evaluation and contract performance provisions listed herein.

D. Bidder exceptions taken or conditions proposed to either the standard Certifications, Instructions: Terms and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions, Revised 10/01/07, http://www.procure.ohio.gov/pdf/iandt13.pdf, and/or to any of the Special Contract Terms and Conditions, found on pages 3 through 11 of the bid document.

E. Failure to provide Workers' Compensation (Employer Liability) and Certificate of Insurance coverage as specified in paragraphs S-12 and S-13 of the Supplemental Contract Terms and Conditions.

F. Failure to submit documentation when requested and within the specified time period, as indicated herein.

SPECIFICATION QUESTIONS: Bidders may visit the State Procurement website to post bid related questions at the bottom of the page where the bid documents were downloaded. Answers to all bidder questions will be posted on the State Procurement website and linked to the bid number. The State will make every effort to respond to website inquires within forty-eight (48) hours of receipt. The State will not respond to any verbal or written questions received through any other medium. No prospective bidder shall respond to any verbal instructions or changes to this bid. Only communications issued by the Department of Administrative Services (DAS), Office of Procurement Services in the form of an addendum, will be considered valid.

PAYMENT TERMS: The state desires to utilize discounted payment terms when available. Therefore, in addition to the standard terms for payment, the payment terms for state agency(ies) will be 2%, 10 Days, Net 30 Days unless otherwise indicated by the bidder in the designated space on Page 1 of this Invitation to Bid. If no discount is offered, bidder should circle "Net 30 Days" in the designated location on Page 1. As a reminder, further information may be found in the Standard Contract Terms and Conditions, Revised 10/01/07, Section III, Payment Provisions, at the following web address:
http://www.procure.ohio.gov/pdf/iandt13.pdf

BIDS FIRM: Due to the unusually large size of this bid, once opened all bids are irrevocable for a period of one hundred twenty (120) calendar days after the bid opening date. After one hundred twenty (120) days, the state may request the bidder to honor their bid as submitted or make a written request to withdraw the items they bid from consideration for award.

CONTRACT AWARD: The contract will be awarded to the lowest responsive and responsible bidder by line item or by Total Product Line (TPL) low lot total award by generic product name to one (1) manufacturer as offered by the lowest responsive and responsible bidders meeting all bid specifications and requirements listed herein. A TPL award may be considered for all strengths of a generic product name according to packaging. A TPL award may be made for bulk bottle packaging by generic product name. A TPL award may be made by generic product name for Unit Dose (UD) packaging. Since TPL awards are based on the manufacturer, multiple bidders can receive awards in the TPL line awards. The decision to award either line item or TPL low lot total from a single manufacturer shall be at the discretion of Pharmacy Service Center in conjunction with the Office of Procurement Services.

A line item may be awarded based on an alternate pack (box or case) size if there are significant differences among bids. Unit Quantity Size requested is based on known information, and not necessarily the best fit for the applicable use. If an alternate pack size offers a lower price per unit and meets applicable use (quantity used before expiration, etc.), equivalent units will be compared for the line item award. In addition, the State reserves the right to reject all bids (no award) due to excessive price for a line item or if product does not meet applicable use of the agency, in its best interest. The decision to award either the stated or alternate pack size, or to reject all bids, shall be at the discretion of Pharmacy Service Center in conjunction with the Office of Procurement Services.

SPECIAL CONTRACT TERMS AND CONDITIONS (Cont'd)

EVALUATION: Bids will be evaluated in accordance with Article I-17 of the "Instructions to Bidders". In addition, line item awards will be made to the lowest responsive and responsible bidder meeting all bid specifications and requirements listed herein. To determine the TPL low lot total awards, the state will multiply the estimated annual usage of each dosage of the item by the corresponding low manufacturer price quoted by all bidders and then add these totals together. For alternate pack size differences, equivalent units will be evaluated for lowest price.

NOTICE TO BIDDERS: The state of Ohio, although not making therapeutic awards, has developed a therapeutic formulary. Cost may be utilized when determining therapeutic ranking within the formulary.

FIXED-PRICE WITH ECONOMIC ADJUSTMENT: The contract prices(s) will remain firm for the first six (6) months duration of the contract. The Contractor(s) is required to provide to the using agency supplies or services at the listed price(s) for this period. Thereafter, if the contract is renewed accordingly, the Contractor may submit a request to increase its price(s), up to one (1) time during each subsequent six (6) month period, per each awarded item. Price increases will be effective thirty (30) calendar days after acceptance by DAS. Acceptance of the price increase request by DAS will be possible after the Contractor has submitted all necessary justification documentation.

It is the successful contractor(s) responsibility to supply the Office of Procurement Services with its price increase request(s) with justification documentation and is to be in the possession of the Office of Procurement Services no later than (30) calendar days before the contractor's anticipated/requested effective date.

No price adjustment will be permitted prior to the effective date of the increase received by the Contractor from his suppliers, or on purchase orders that are already being processed, or on purchase orders that have been filled and are awaiting shipment. If the Contractor receives orders requiring quarterly delivery, the increase will apply to all deliveries made after the effective date of the price increase.

The price increase must be supported by a general price increase in the cost of the finished supplies, due to increases in the cost of raw materials, labor, freight, Workers' Compensation and/or Unemployment Insurance, etc. Detailed documentation, to include a comparison list of the contract items and proposed price increases, must be submitted to support the requested increase. Supportive documentation should include, but is not limited to: copies of the old and the current price lists or similar documents which indicate the original base cost of the product to the Contractor and the corresponding increase, and/or copies of correspondence sent by the Contractor's supplier on the supplier's letterhead, which contain the above price information and explains the source of the increase in such areas as raw materials, freight, fuel or labor, etc.

Additional supportive documentation should include invoices from sub-contractors, transportation, or raw material suppliers as applicable. Contractors shall retain copies of invoices from its suppliers for the duration of the contract and should provide copies upon request, as justification.

Price increase requests must include a signed cover letter and/or a checklist approved by DAS. The cover letter or checklist shall include, at minimum, the Contractor's authorized signature, the Contract Number and/or Index Number, Item Reference Number, NDC Number, date of the current cost list (or invoice), and the date of the last cost list (or invoice) immediately prior to the most recent bid or price change, for each item. DAS may provide the Contractor with an approved checklist to assist Contractor in organizing the required information, and may revise the checklist when necessary. If deemed necessary, DAS may require the approved checklist to be submitted together with the price increase requests.

Cost documents for the original base cost must be relevant to the original bid price. Old and current cost documents must contain the same type of costing information (for example, both must contain the same pricing index, such as WAC) and must be complete with all applicable pages. The old and current cost pages should include the NDC number, effective date(s), manufacturer name, product description, the author/issuer of the document, and signature, if applicable.

SPECIAL CONTRACT TERMS AND CONDITIONS (Cont'd)

Contractor should be prepared to provide the state with the source(s) and contact person(s) information of the documentation for verification, if requested. Price increase requests which increase profit will not be considered. Any price increase which is later discovered to be undeserved due to an improper Contractor price request submission may be deemed as Contractor's default and subject to Contract Remedies.

Note: Within 30 days after award, Contractors are encouraged provide DAS with a copy of the original cost list and/or invoice document(s) which the bid price of the awarded item(s) are based upon. This option may help the state reduce the processing time of price increase requests.

Price increase will be based on the original awarded product and not a substitute item, and price increase for a substitute item will not be allowed. If an original awarded product is discontinued and a substitute item is approved by DAS, then the price of the substitute item will not be increased for the remainder of the contract. However, the substitute item may be removed from the contract if proper justification supporting the discontinued, original awarded item is submitted and accepted by DAS. All price increase requests shall be accepted and approved solely at the discretion of DAS.

Should there be a decrease in the cost of the finished product due to a general decline in the market or some other factor, the Contractor is responsible to notify DAS immediately. The price decrease adjustment will be incorporated into the contract and will be effective on all purchase orders issued after the effective date of the decrease. If the price decrease is a temporary decrease, such should be noted on the invoice. In the event that the temporary decrease is revoked, the contract pricing will be returned to the pricing in effect prior to the temporary decrease. For quarterly deliveries, any decrease will be applied to deliveries made after the effective date of the decrease. Failure to comply with this provision will be considered as a default and will be subject to Provision I.C. "Termination/Suspension" and Provision II. of the "Contract Remedies:" of the "Standard Contract Terms and Conditions".

OHIO LICENSE: All bidders must hold a current Ohio Wholesale Distributor of Dangerous Drug License if the products offered are dangerous (legend) drugs. A dangerous drug is drug or drug product which may be obtained only upon prescription. Failure to list a current Ohio Wholesale Distributor of Dangerous Drug License on Page 9 indicates that the bidder is not appropriately licensed to sell dangerous drugs in the state of Ohio and will result in the bidder being deemed as not responsive.

DEA REGISTRATION: All bidders must hold a current United States Department of Justice Drug Enforcement Administration (DEA) Controlled Substance Registration Certificate, if the products offered are controlled substances. Failure to list a current DEA Controlled Substance Registration Number on Page 9 indicates that the bidder is not appropriately licensed to sell controlled substances in the state of Ohio and will result in the bidder being deemed as not responsive.

AUTHORIZED WHOLESALER/DISTRIBUTOR: Bids will be accepted only from established manufacturers and/or their authorized wholesalers/distributors. Any wholesaler/distributor submitting a bid hereby acknowledges that they are an authorized wholesaler/distributor of the manufacturers quoted and that the manufacturer has agreed to supply the wholesaler/distributor with all quantities of the items required by the wholesaler/distributor in fulfillment of its obligations under any resultant contract with the state of Ohio.

The Office of Procurement Services reserves the right to request agreement documentation confirming a contractor's distributor/wholesaler relationship with quoted manufacturers. When notified, the bidder will be required to provide the copies of said agreements, for any manufacturers requested by the Office of Procurement Services, within five (5) business days after notification, to the Office of Procurement Services. Failure to provide the agreements within the stated time period may result in the bidder being deemed as not responsive.

SPECIAL CONTRACT TERMS AND CONDITIONS (Cont'd)

PRODUCT SAMPLES: Bidders are required to furnish samples prior to the bid opening date, at no cost, of all items noted on bid price page with an "X" under column heading "Sample." Each sample shall be clearly marked with the bidder's name and the 9 digit, 210 series Class, Item, and Spec. No. as shown on the bid proposal pages. Bidder should secure vendor information label in such a manner that does not obscure the manufacturer's product information. Samples not destroyed in testing will be returned at the bidder's expense, provided the bidder so requests with their bid submission and with the samples. The samples submitted must have the same NDC number as the product being offered on the bid. The samples will be used in the evaluation process to determine the lowest responsive and responsible bidder. Any variation between the samples and product being delivered will be considered as an event of default. Any variations between the samples and actual product being delivered that are due to manufacturer changes may be acceptable and shall require prior written approval from DAS.

Even if the manufacturer's product is in "current" stock at the State Pharmacy Service Center facility, a sample must still be submitted.

If a sample is not requested for an item and the bidder is bidding an alternate product, a copy of the label or a list of contents for the alternate product is to be included with the bid. Item must be so noted on bid price page. Item must comply with Notarized Certification Statement on Page 10.

SAMPLES AND/OR COPIES OF LABELS: Failure to provide samples or copies of product labels as specified, where requested, will result in the bidder being deemed as not responsive.

NOTICE: For items noted on bid price page with an "X" under column heading "Sample," or by notice to vendor, an actual product sample must be submitted. Submission of labels will not satisfy this requirement and the bidder will be deemed not responsive.

SAMPLES SHALL BE SENT TO:

Department of Mental Health
Pharmacy Service Center DEA Registration #PP0049658
Attn: Pharmaceutical Bid
2150 W. Broad Street
Columbus, OH 43223-1200

DESCRIPTIVE LITERATURE: The Bidder may be required to submit descriptive literature of the supplies or services being offered. If requested, the literature will be used in the evaluation process to determine the lowest responsive and responsible bidder. If not provided as part of the bid response, the Bidder must provide said literature within ten (10) calendar days after request/notification by the Office of Procurement Services to do so. Any references, that may appear in the descriptive literature, that may alter the terms and conditions and specifications of the bid (e.g. F.O.B. Shipping Point or Prices Subject to Change), will not be part of any contract and will be disregarded by the state of Ohio. Failure of the bidder to furnish descriptive literature either as part of their bid response or within the time specified herein will deem the bidder not responsive.

ADDITIONAL REQUIREMENTS & INFORMATION: The Department of Mental Health usually purchases items six (6) times annually. By adjusting either the frequency of purchases or the unit of purchase, a more advantageous price may be realized by the state. If quantity discounts are available, bidders should quote those quantity discounts in the space provided at the top of the page.

If the offered drug is available in unit dose and is not specifically asked for in the bid, please indicate that the unit dose is available and give a package size and cost. Please quote this information on the space provided at the top of the Price Page as a reference for future bids. This information will not be used for evaluation purposes.

The state reserves the right to accept or reject any option listed at its sole discretion.

SPECIAL CONTRACT TERMS AND CONDITIONS (Cont'd)

OHIO LICENSE: All bidders must hold a current Ohio Wholesale Distributor of Dangerous Drug License if the products offered are dangerous (legend) drugs. Enter your Ohio Wholesale Distributor of Dangerous Drugs License Number and Expiration Date below and attach a copy of your Ohio license in the designated area. For more information contact the Ohio State Board of Pharmacy at (614) 466-4143.

Failure to accurately complete this section indicates that the bidder is not appropriately licensed to sell dangerous drugs in the state of Ohio and will result in the bidder being deemed as not responsive.

Please state your Ohio license number: 01- _____; license number expiration date: _____

(Staple a copy of your current Ohio Wholesale Distributor of Dangerous Drug License here.)

DEA CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE: All bidders must hold a current United States Department of Justice Drug Enforcement Administration (DEA) Controlled Substance Registration Certificate, if the products offered are controlled substances. Enter your DEA Registration Number and Expiration Date below and attach a copy of your DEA Controlled Substance Registration Certificate in the designated area. For more information contact the United States Department of Justice Drug Enforcement Administration, Washington D.C., 20537.

Failure to accurately complete this section indicates that the bidder is not appropriately registered to sell controlled substances to the state of Ohio and will result in the bidder being deemed as not responsive.

Please state your DEA Registration Number: _____;

DEA Registration expiration date: _____

(Staple a copy of your current DEA Controlled Substance Registration Certificate here.)

SPECIAL CONTRACT TERMS AND CONDITIONS (Cont'd)

Each bidder is requested to provide the following notarized information with the bid proposal.

PURCHASE ORDERS AGAINST THIS BID SHALL BE MAILED TO:	REMITTANCE ADDRESS AGAINST THIS BID SHALL BE MAILED TO:
_____ FIRM NAME	_____ FIRM NAME
_____ STREET ADDRESS	_____ STREET ADDRESS
_____ CITY & STATE ZIP CODE	_____ CITY & STATE ZIP CODE

NOTARIZED CERTIFICATE: Each bidder shall be required to execute the following Notarized Certificate covering the bid for those items which bidder proposes to furnish. Failure to execute the certificate will result in the bidder being deemed as not responsive.

All ingredients used in the preparation of all drugs, chemicals and pharmaceuticals for which we have rendered bids against this bid/contract are tested regularly by chemical assay, biologically and/or physiologically as required. All ingredients comply with U.S.P. requirements or better. All finished products are assayed chemically, biologically and physiologically as required and meet standards or other applicable standards for identity, strength, quality and purity, including potency and where applicable, content uniformity, disintegration times or dissolution rates. All injectable materials are checked for sterility as required. Our standards meet all the minimum requirements of any applicable regulations of the National Institute of Health or the Food and Drug Administration.

A complete record of control is kept covering our test records of all ingredients as received and all products as manufactured and also a record of chemical, biological, physiological and sterility assays of all finished products with a reference file of samples from the batches tested.

_____
Manufacturer or Bidder

By: _____

Title: _____

Date: _____

State of _____

County of _____

On this _____ day of _____, _____ before me a notary public, in authority of his office under the by-laws of the above corporation, stated the above certificate is true and correct.

In witness whereof, I have hereunto subscribed my name and affixed my official seal.

_____
Notary Public

THE ABOVE FORM MUST BE COMPLETED AND SIGNED AND NOTARIZED

SPECIAL CONTRACT TERMS AND CONDITIONS (Cont'd)

SPECIAL CONDITIONS: The Director, Department of Administrative Services reserves the right to bid large or unusual requirements, for items that may be a part of the awarded contract, under a separate bid. In addition, the State may elect to participate in any Federal or Center for Disease Control (CDC) contract(s) that may be available to the Department of Health, 900 Freeway Drive North, Bldg. 8, Columbus, OH 43229. For Items with Reference Numbers beginning with "210-80-" (vaccines), the Estimated Yearly Usage indicates quantities which may or may not be purchased from the Contract pursuant to this bid, if other contracts stated above are utilized.

DELIVERY AND ACCEPTANCE: Supplies will be delivered to the participating agency within fifteen (15) days after receipt of order and, in accordance with paragraphs S-8, S-9, and S-10 of the SUPPLEMENTAL CONTRACT TERMS AND CONDITIONS. The delivery location will be noted on the purchase order issued by the participating agency. Acceptance (transfer of title) will occur upon the inspection and written confirmation by the ordering agency that the supplies delivered conform to the requirements set forth in the Contract. Unless otherwise provided in the Contract, acceptance shall be conclusive except as regards to latent defects, fraud, or such gross mistakes as amount to fraud.

TRANSPORTATION CHARGES: Any item(s) ordered from a contract awarded pursuant to this bid shall be shipped F.O.B. destination, freight prepaid to any State University, the Department of Mental Health, Office of Support Services, Pharmacy Service Center, 2150 W. Broad Street, Columbus, OH 43223, or the Department of Health, 900 Freeway Drive North, Bldg. 8, Columbus, OH 43229, or where the consignee's facility is located. The Pharmacy Service Center, located at 2150 W. Broad Street, Columbus, OH 43223, functions as a distribution center for state institutions, other governmental entities, and community mental health agencies in Ohio.

MINIMUM ORDER: The minimum dollar value any of order placed against a contract awarded pursuant to the bid for delivery F.O.B. destination, transportation charges prepaid, at any one time to one destination, shall not be less than five hundred ($500.00) dollars. Contractor may state their minimum order policy and handling fee for review, to be accepted or declined at the discretion of the Director, Department of Administrative Services.

CONTRACT RENEWAL: In addition to the Instructions, Terms, and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions, Revised 10/01/07, individual line items may be selected or excluded within any renewal opportunity at the discretion of DAS.

RETURN GOODS: All bidders are requested to submit their company's policy on return goods with this bid. Failure to do so may render your bid not responsive and no further consideration for award could be made. The Department of Mental Health must be able to use a reverse distributor for return of medication if they so choose.

USAGE REPORTS: Every three (3) months the contractor must submit a report (written, electronic file, or on disk) indicating sales generated by this contract. The report shall list usage by customer, by Item ID Number (line item), showing the quantities and dollars generated by this contract. The report shall be forwarded to the Office of Procurement Services, 4200 Surface Road, Columbus, OH 43228-1395, Attn: Terry Spiropoulos, LDC101V Pharmaceutical Contract, or by E-Mail: terry.spiropoulos@das.state.oh.us. The first usage report shall be due no later than January 15, 2011 and all subsequent reports shall be due on the fifteenth of the month following the end of a quarter.

SPECIFICATIONS

I. SCOPE

These specifications cover different types of drugs, vaccines, and pharmaceuticals for the Department of Mental Health, Pharmacy Service Center, the Department of Health, and/or any State University.

The term of any contract pursuant to this bid shall be for approximately six (6) months, from October 1, 2010 to March 31, 2011, unless renewed, terminated, or funding expires, in accordance with the Instructions, Terms, and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions, Rev. 10-01-07. If the current Contract, Number OT901210, Index Number LDC101V is renewed for a short period of time, then the inception and expiration dates of any contract pursuant to this bid may be delayed by the same amount of time.

II. APPLICABLE DOCUMENTS

A. Applicable section(s) of Food, Drug, and Cosmetic Act
B. Applicable section(s) of the Code of Federal Regulations, Title 21
C. Applicable section(s) of the Ohio Pure Food, Drug, and Cosmetic Law
D. Approved Prescription Drug Products, FDA Publication

III. REQUIREMENTS

A. Use: All types of pharmaceuticals and chemicals, as listed herein, shall be suitable for human medicinal use.

B. Compliance: Manufacturing firms of the supplied items shall adhere to the most updated regulations under the Federal Food, Drug, and Cosmetic Act, embodied in "Drugs: Current Good Manufacturing Practice in manufacture, processing, packaging, or holding"; and Part 210 and 211, Title 21 Code of Federal Regulations, Food and Drugs.

   For all items, with FDA required 'New Drug Applications' or 'Abbreviated New Drug Applications', manufacturers shall hold an NDA or ANDA, which shall be in effect at the time of the bid. Bidders may be required to submit a copy of the NDA or ANDA approval letter or approval number and date of approval before or during the contract award.

C. The state of Ohio reserves the right to reject any or all products manufactured by a company which the FDA has found to have significant manufacturing and record-keeping irregularities. Interpretation of the significance designation is the sole responsibility of the state.

   1. Alternate: For any alternate drug product, including items which require FDA's NDA and ANDA, being offered in this bid, it is the sole responsibility of the bidder to ensure that the manufacturer of the alternate product be clearly identified in the bid. The 2010 or the latest revision(s) thereof (with supplements) of the "Approved Prescription Drug Products" will be used in determining the bioequivalent status, therapeutic equivalency, and/or pharmaceutical equivalency of any drug product, as deemed necessary by the state.

      Generic products, which are legend drugs, will be considered only if the manufacturers drug is "A" rated in the current FDA Approved Drug Products book, and the drug is available in the requested strengths.

D. Change of Source(s): The Contractor(s) shall not change, unless approved by the State in writing, the manufacturing source(s) from which they specified in their bid. Failure to comply with this requirement may subject the resulted contract to cancellation.

SPECIFICATIONS (Cont'd)

E. GWQAP: Since the Ohio Department of Mental Health is now a participant in the FDA sponsored "Government Wide Quality Assurance Program" (GWQAP) the bidder(s) shall now supply the name and address (plant location, i.e. the name of the city and the state) of the manufacturer upon request by the state.

F. Packing and Labeling: All samples submitted and products received as a result of awards made shall be packaged and labeled in accordance with the best industry practices and shall meet all state and federal regulations for such products including all labeling and imprint requirements of oral solid dosage forms as outlined under section 3715.64 of the Ohio Pure Food, Drug and Cosmetic Law. This includes the tamper resistant packaging requirements for over-the-counter drug products and the manufacturer name and address being printed on the label of all legend (prescription) drugs. For items requested in Unit Dose packaging, EACH unit dose MUST be labeled with the product name, lot number and expiration date. Method of packing products for shipment/delivery shall meet the standards of the industry. Random packing or intermixing of multiple products and/or multiple lots within the same shipping carton are not the industry standards. Shipment of multiple lots and loose packaging of drug product may result in a "Complaint to Vendor" being issued, and possibly the cancellation of the contract due to noncompliance with contract terms.

G. Expiration Date: All products must be of current manufacture. The expiration period, if any, shall exceed one (1) year. The state will not accept any drug product that is not labeled with an expiration date unless the product in question is specifically exempted by Federal statute 21 CFR 211.137 (g) and is not commercially available. In the absence of a labeled expiration date the State requires the manufacture date for each product and lot shipped as well as its shelf life. This information shall be submitted with both the packing slip and on the invoice. Vitamin products classified as dietary supplements (which are thereby subject to food, not drug, requirements and exempt from labeling the expiration date) are not acceptable.

H. Vitamin and/or Mineral Product Formulations: Bidders offering vitamin and/or mineral products containing more than one ingredient shall submit the formulation of the product with their bid. Failure to provide said label may result in the bid being deemed not responsive.

I. The State's preference on injectable items is vials rather than ampules. If bidder has both available, the bidder shall offer both.

J. When bidding on oral contraceptives make sure to clearly bid if quote is per cycle or per box.

K. Reference to Hospital Labeling on Price Pages indicates that packaging must have Hospital, not Retail, Individual Labeling where each dose is labeled with Product Name, Lot Number and Expiration Date.

Key to abbreviations in the text:

A =	Ampule	L =	50	T =	30
C =	100	M =	1000	U or UD =	Unit Dose 30
DISP =	Disposable	N =	90	V =	Vi
D =	500	P =	Pint, Plastic, Punch Card	Pkg =	Package
G =	Gallon	S =	60 or Syringe	Unkn =	Unknown
H =	120	SR =	Sustained Release	Z =	250
K =	300	SYR =	Syringe		

SPECIFICATIONS (Cont'd)

IV. DOCUMENTATION:

A. MANDATORY WITH BID RESPONSE

1. Pages 1, 2, and A-1 through D-87, of the ITB with all requested information entered. Bid Price Page(s) not required to be submitted if blank (no bid offer for any item(s) on the page.

2. To receive Ohio preference, Page 2 must be completed and submitted with the bid response.

Failure to submit the above documents (with the exception of page 2) will deem the bid not responsive and no further consideration for award will be given.

B. REQUESTED WITH BID RESPONSE

1. The address form and Notarized Certificate on Page 10

2. Copy of completed Internal Revenue Service (IRS) form W-9, indicating the Taxpayer Identification Number (TIN). A web address to obtain the form is at: http://www.irs.gov/formspubs/index.html
If additional assistance is needed in completing the W-9 form, please contact the IRS at 1-800-829-1040.

3. Certificate of Insurance and copy of current Workers' Compensation Certificate (see Supplemental Contract Terms and Conditions, paragraphs S-12 and S-13)

4. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (see Page 2, paragraph D of the Invitation To Bid)

5. Returned Good Policy: All bidders are requested to submit their company's policy on Returned Goods with their bid

6. Affirmative Action Program Verification letter of approval. In accordance with a requirement set forth in the Ohio Revised Code (ORC Section 125.111), bidders must complete filing of an Affirmative Action Plan to the Department of Administrative Services (DAS), Equal Opportunity Division (EOD) prior to award of a contract.

   Affirmative Action Program Registration letter of approval: The Affirmative Action Program Verification Form may be renewed or completed and filed online by starting the following web address:
   http://www.das.ohio.gov/LinkClick.aspx?fileticket=RetjS0XsLe8%3d&tabid=133

   After the registration process, a copy of the letter of approval may be obtained at the following web address:
   http://eodreporting.oit.ohio.gov/searchAffirmativeAction.aspx

   Search by entering the company name or TIN, click on the name, and a printable copy of the letter of approval should appear. This letter shows verification of filing of Affirmative Action Plan.

   You may call the EOD office at 614-466-8380 to inquire, if needed.

7. Bid Automobile Liability Checklist (see Page 15 of the Invitation To Bid).

8. Disclosure of Subcontractors / Joint Ventures (see Page 15 of the Invitation To Bid).

9. Copy of Bidder's Ohio Wholesaler Distributor of Dangerous Drug License and DEA Controlled Substance Registration Certificate, as applicable (see Page 9).

If documents listed in paragraphs B.1 through B.9 above are not submitted with the bid response, they may be requested during the bid evaluation. If requested during the bid evaluation, documents must be received within seven (7) calendar days of verbal or written request. Failure to provide requested documents by the deadline provided during evaluation will deem your bid not responsive and no further consideration for award will be provided.

SPECIFICATIONS (Cont'd)

DISCLOSURE OF SUBCONTRACTORS / JOINT VENTURES (See Standard Contract Terms and Conditions, Section (roman numeral) V. General Provisions:, Paragraph Q.,):
List names of subcontractors who will be performing work under the Contract.

_____ _____

_____ _____

_____ _____

By the signature affixed to Page 1 of this Bid, Bidder hereby certifies that the above information is true and accurate. The Bidder agrees that no changes will be made to this list of subcontractors or locations where work will be performed or data will be stored without prior written approval of DAS. Any attempt by the Bidder/Contractor to change or otherwise alter subcontractors or locations where work will be performed or locations where data will be stored, without prior written approval of DAS, will be deemed as a default. If a default should occur, DAS will seek all legal remedies as set forth in the Terms and Conditions which may include immediate cancellation of the Contract. Failure to complete this page may deem your bid not responsive.

AUTOMOBILE INSURANCE
TO BE COMPLETED WITH THE BID RESPONSE

Automobile Insurance is required for anyone coming onto State Property to deliver goods or to perform services using a vehicle, which is owned, leased or rented by the Contractor. Any Bidder, Broker or Sub Contractor who will be on State Property, but not delivering goods or performing services, is required to carry Automobile Liability insurance that complies with the State and Federal laws regarding financial responsibility.

Bid Automobile Liability Checklist:

Contractor will indicate, by checking the appropriate box(es) below, which mode of transportation will apply to this contract.

☐ Bidder/Broker ("The Contractor") or their Sub Contractor will make delivery or be performing services using a vehicle that is owned, leased or rented. Provide Certificate of Insurance documenting automobile liability with a Combined Single Limit of $500,000.00.

☐ Goods/Services will be delivered via common carrier.

☐ No employee or representative of the contractor will have cause to be on state property to make deliveries or to perform services.

BID SUBMISSION CHECKLIST

Submittals required* with Bid response

Submitted	Submittal Description	Page Reference
☐	Bid cover page, signed in blue ink *	Page 1
☐	Payment Terms offered	Page 1
☐	Buy Ohio & Domestic Preferences *	Page 2
☐	Bid Price Page(s) * (Pages where no pricing is submitted need not be returned)	Page A-1 through D-87
☐	Product Samples where denoted by an X on Price Pages (Supplied to address listed on Page 8)	Page 8

* Mandatory with bid response. Failure to submit the mandatory documentation (with the exception of page 2), per Section IV, Page 14, will deem the bid not responsive and no further consideration for award will be given.

Submittals requested with Bid response **

Submitted	Submittal Description	Page Reference
☐	Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Form	Page 2 (D)
☐	Ohio Wholesaler Distributor License	Page 9
☐	DEA Controlled Substance Registration Certificate	Page 9
☐	Purchase Order and Remittance Address	Page 10
☐	Notarized Certificate	Page 10
☐	IRS W-9 form	Page 14
☐	Copy of Returned Goods Policy	Page 14
☐	Affirmative Action Program Verification Letter of Approval	Page 14
☐	Disclosure of Subcontractors / Joint ventures	Page 15
☐	Automobile Liability Checklist	Page 15

** Requested documentation/materials should be submitted with the bid. If not submitted with the bid, the bidder must provide the said documentation/materials within seven (7) calendar days, after notification, to the Office of Procurement Services.

BID SUBMISSION CHECKLIST (Cont'd.)

Insurance Requirements (required during the evaluation process) **

Submitted	Submittal Description
☐	Workers' Compensation Certificate and Employer's Liability Insurance, as applicable: Terms and Conditions Article S-12
☐	Commercial General Liability and Endorsements (Ohio designated as additional insured, blanket waiver of subrogation, insurance shall be primary): Terms and Conditions Article S-13
☐	Automobile Liability, as applicable: Terms and Conditions Article S-13

** Submit, when requested, an Acord 25, Marsh MM1, or similar type of certificate from your insurance agent/carrier showing compliance with the required coverage amounts and the proper endorsements, per Articles S-12 and S-13 of the Instructions, Terms and Conditions for Bidding, and Standard Contract Terms and Conditions, Supplemental Contract Terms and Conditions, referenced on Page 1 of this Invitation to Bid.
For the General Liability coverage, the certificate must be endorsed to include: (1) Ohio designated as additional insured, (2) blanket waiver of subrogation, and (3) insurance shall be primary over any other coverage, as specified in Article S-13.
After notification by the state, failure to provide the certificate as required may cause your bid to be deemed not responsive, and no further consideration for award will be given.

This checklist is provided solely for the bidder's benefit. Submission of the mandatory/required materials does not guarantee that the bidder will be deemed compliant with all of the specifications and requirements as stated in this bid. Completing this checklist does not absolve the bidder's responsibility to thoroughly review and understand all of the specifications and requirements as stated in this bid.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1044 1 210-04-0001C	Actifed Tablets - Triprolidine HCL & Pseudophedrine 2.5mg/60mg	100	BTL	160	1.70	LNK 00904-0250-59	*
1045 1 210-04-0001U	Actifed Tablets - Triprolidine HCL & Pseudophedrine 2.5mg/60mg	UD 24	PKG	160	0.70	LNK 00904-0250-24	*
6078 1 210-04-0552C	Cetirizine (Zyrtec) 10mg Tablets	100	BTL	30	3.35	UNIQUE 16571-0402-10	
14761 1 210-04-0554T	Cetirizine Tablets 10mg OTC packaging	30	PKG	75	1.59	OHM 35166-0938-30	
14762 1 210-04-0554U	Cetirizine Tablets 10mg	UD 100	PKG	60	11.98	MYLAN 51079-0597-20	
(TBD) 1 210-04-0771M	(Chlortrimeton) Chlorpheniramine Maleate Tablets 4mg	1000	BTL			STILL UNDER EVALUATION	
10168 1 210-04-0776M	(Chlortrimeton) Chlorpheniramine Maleate 12mg SR Capsules	1,000	BTL			NO AWARD	
1034 1 210-04-0781C	Cyproheptadine HCL 4mg Tablets (Periactin)	100	BTL			NO AWARD	

* To advise item has not been renewed in this contract and will expire on 09/30/11. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
5624 1 210-04-1158C	(OTC Labeling) (Benadryl) Diphenhydramine HCL 25mg Capsules	100	BTL	75	1.10	PLUS PHARMA 51645-0745-01	
1036 1 210-04-1158M	(OTC labeling) (Benadryl) Diphenhydramine HCL 25mg Capsules	1,000	BTL	245	9.72	ADVANCE 17714-0020-10	*
1035 1 210-04-1158U	(OTC labeling) (Benadryl) Diphenhydramine HCL 25mg Capsules	UD 100	PKG	245	2.67	ADVANCE 54738-0115-13	
5816 1 210-04-1159C	(OTC Labeling) (Benadryl) Diphenhydramine HCL 50mg Capsules	100	BTL	245	1.52	ADVANCE 17714-0021-01	*
5817 1 210-04-1159M	(OTC Labeling) (Benadryl) Diphenhydramine HCL 50mg Capsules	1,000	BTL	75	11.24	PHARBEST 16103-0347-11	
1037 1 210-04-1159U	(OTC Labeling) (Benadryl) Diphenhydramine HCL 50mg Capsules	UD 100	PKG	245	2.86	ADVANCE 54738-0116-13	
1038 1 210-04-1160	(OTC Labeling) (Benadryl) Diphenhydramine HCl Soln Alcohol Free, 12.5mg/5ml	4 oz 1	BTL	170	1.20	GEISS, DESTIN & DUNN 00113-0379-26	
5818 1 210-04-1160C	(OTC Labeling) (Benadryl) Diphenhydramine HCl Soln Alcohol and Sugar Free, 12.5mg/5ml	16 oz 1	BTL	160	1.99	BIO-PHARM 00904-5174-16	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
10170 1 210-04-1161U	Diphenhydramine Elixir 12.5mg/5ml 5ml UD (Benadryl)	UD 100	PKG	240	29.20	PHARM ASSOCIATES 00121-0489-05	*
14763 1 210-04-1933C	Fexofenadine HCl (Generic Required) 60mg Tablets	100	BTL			NO AWARD	
1040 1 210-04-1933U	Fexofenadine HCl (Allegra) 60mg Tablets	UD 100	PKG	60	82.50	MYLAN 51079-0529-20	*
5821 1 210-04-1934 C	Fexofenadine Tablets (Allegra generic) 180 mg	100	BTL	30	51.50	DR REDDY 55111-0194-01	
1041 1 210-04-1935 C	Fexofenadine 60mg (Allegra D 60/120) with Pseudoephedrine 120mg ER Tablets	100	BTL	30	119.60	TEVA 00093-1130-01	
269-04-22-795-1 1 210-04-6931 T	Acet 325 mg Chlorphen 2mg., Phenylephrine 5mg Caplets (Sinus Allergy, Maximum Strength)	24	BOX			NO AWARD	
(TBD) 1 210-04-7005D	Loratadine (Claritin) 10 mg tablets	500	BTL			STILL UNDER EVALUATION	
1043 1 210-04-7005U	Loratadine (Claritin) 10mg Tablets	UD 100	PKG	160	21.50	OHM 00904-6074-61	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
269-04-54-846-3 1 210-04-7009	Loratadine 5 with Pseudoeph 120 (Claritin D 12 Hour) SR Tablets	UD 10	PKG			NO AWARD	
(TBD) 1 210-08-0965	Ivermectin 3 mg tablets	UD 20	PKG			NO AWARD	
5810 1 210-08-1206 C	Ketoconazole 200mg Tablets (Nizoral)	100	BTL	30	15.20	TEVA 00093-0900-01	
5804 1 210-08-1208 T	Fluconazole 100mg Tablets (Diflucan)	30	BTL	220	2.44	GLENMARK 68462-0102-30	
771 1 210-08-1208 U	Fluconazole 100mg Tablets (Diflucan)	UD 30	PKG	220	15.72	IVAX 00172-5411-10	
772 1 210-08-1209 T	Fluconazole 200mg Tablets (Diflucan)	30	BTL	220	4.88	GLENMARK 68462-0104-30	
776 1 210-08-1221 T	Itraconazole 100mg (Sporanox) Capsules	30	BTL	220	171.72	PATRIOT 10147-1700-03	
863 1 210-08-1228 T	Moxifloxacin (Avelox) 400mg Tablets	30	BTL	60	562.53	SCHERING 00085-1733-01	*

* To advise of price increase effective for orders issued on or after August 6, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6908 1 210-08-1231	Nystatin Oral Suspension 100,000U/ml (Nilstat)	60 ml 1	BTL	225	3.20	QUALITEST 00603-1481-49	*
1753 1 210-08-1231 P	Nystatin Oral Suspension 100,000U/ml (Nilstat)	16 oz 1	BTL	225	11.15	QUALITEST 00603-1481-58	*
(TBD) 1 210-08-1239C	Rifaximin Tablets 200mg (Xifaxan)	100	BTL	220	1,230.53	SALIX 65649-0301-41	
16637 1 210-08-1239T	Rifaximin Tablets 200mg (Xifaxan)	30	BTL	220	370.32	SALIX 65649-0301-03	
1734 1 210-08-1244 T	Terbinafine Tablets 250mg (Lamisil)	30	BTL	30	2.88	HARRIS 67405-0543-03	
10285 1 210-08-1256	Azithromycin (Zithromax) Tablets 250mg	3 X 6's 1	PKG	30	9.33	WOCKHARDT 64679-0961-05	
779 1 210-08-1256 T	Azithromycin (Zithromax) 250mg Tablets	30	BTL	30	32.20	WOCKHARDT 64679-0961-01	
1050 1 210-08-1256 U	Azithromycin (Zithromax) 250mg Tablets	UD 50	PKG	240	171.50	TEVA 50111-0787-52	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
5829 1 210-08-1257 T	Azithromycin (Zithromax) 600mg Tablets	30	BTL	30	68.85	WOCKHARDT 64679-0962-01	
924 1 210-08-1262 S	Clarithromycin (Biaxin) Tablet, 250mg	60	BTL	75	15.40	WOCKHARDT 64679-0954-01	
925 1 210-08-1263 S	Clarithromycin (Biaxin) Tablet, 500mg	60	BTL	220	16.43	RANBAXY 63304-0726-60	
5264 1 210-08-1263 U	Clarithromycin (Biaxin) Tablet, 500mg	UD 100	PKG			NO AWARD	
11920 1 210-08-1271 C	Erythromycin Base 250mg, Delayed Release E.C. Tablets (Ery-Tab)	100	BTL	220	21.73	ABBOTT 00074-6304-13	
11921 1 210-08-1272 C	Erythromycin Base 333mg, Delayed Release E.C. Tablets (Ery-Tab)	100	BTL	220	31.47	ABBOTT 00074-6320-13	
6860 1 210-08-1273	Erythromycin Topical Gel 2%	30 gm 1	TB	240	3.37	FOUGERA 00168-0216-30	*
1935 1 210-08-1274	Erythromycin Topical Solution 2% (ATS)	60 ml 1	BTL	75	5.55	WOCKHARDT 60432-0671-60	

* To advise of award of product.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
11922 1 210-08-1276 C	Erythromycin Ethylsuccinate Tablets 400mg (EES 400 Tablets)	100	BTL	220	17.67	ABBOTT 00074-5729-13
11923 1 210-08-1278	Erythromycin Stearate 250mg Tablets (Erythrocin)	100	BTL	220	11.01	ABBOTT 00074-6346-12
11924 1 210-08-1279 C	Erythromycin Stearate 500mg Tablet USP (Erythrocin)	100	BTL	220	17.67	ABBOTT 00074-6316-13
6024 1 210-08-1297 V	Product must be for IM or IV Use Ampicillin SOD 1gm & Sulbactam SOD 0.5GM (Unasyn) PWD for Injection 1.5gm Vial	10	BOX	75	27.78	HOSPIRA 00409-2988-01
1058 1 210-08-1298 V	Product must be for IM or IV Use Ampicillin SOD 2gm & Sulbactam SOD 1gm (Unasyn) PWD for Injection 3gm Vial	10	BOX			NO AWARD
5830 1 210-08-1307 C	Amoxicillin Capsules 250mg (Amoxil)	100	BTL	220	4.94	WESTWARD 00143-9938-01
14698 1 210-08-1308D	Amoxicillin Capsules 500 mg	500	BTL	30	38.60	AUROBINDO 65862-0017-05
1054 1 210-08-1308L	Amoxicillin Capsules 500mg Capsules (Amoxil)	100	BTL	220	8.56	WESTWARD 00143-9939-01

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6021 1 210-08-1308U	Amoxicillin Capsules 500mg Capsules (Amoxil)	UD 100	PKG			NO AWARD	
6022 1 210-08-1309	Amoxicillin Oral Susp. 250mg/5ml (Amoxil)	100 ml 1	BTL	240	2.54	DAVA 67253-0143-10	
786 1 210-08-1311	(No Substitution) Penicillin G Benzathine 1.2MU/2ml Syringe (Bicillin L.A.) w/21G 1-1/4" Needle	10	PKG	60	540.04	KING 60793-0701-10	*
5869 1 210-08-1312	(No Substitution) Penicillin G Benzathine 2.4MU/4ml Syringe (Bicillin L.A.) w/18G 1-1/2" Needle	10	PKG	60	1,106.63	KING 60793-0702-10	*
6023 1 210-08-1321 T	Amoxicillin 500mg & Clavulanic Acid 125mg Tablet (Augmentin 500mg)	20	BTL	240	15.25	TEVA 00093-2274-34	
1055 1 210-08-1322	Amoxicillin 200mg & Clavulanic Acid 28.5mg base/5ml Powder for Oral Suspension (Augmentin 200mg Susp.)	100 ml 1	BTL	225	6.52	WESTWARD 00143-9981-01	
929 1 210-08-1338 C	Dicloxacillin 250 mg Capsules (Dynapen)	100	BTL	225	19.51	NOVAPHARM 00093-3123-01	
14770 1 210-08-1379	Nafcillin 2gm ADV vial	10	PKG			STILL UNDER EVALUATION	

* To advise of price increase effective for orders issued on or after September 19, 2011.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
5870 1 210-08-1385C	Penicillin V Potassium 250mg Tabs (Pen Vee-K)	100	BTL	225	5.05	STADA 67253-0200-10	*
788 1 210-08-1388C	Penicillin V Potassium 500mg Tabs (Pen Vee-K)	100	BTL	240	20.55	STADA 67253-0201-10	
(TBD) 1 210-08-1462D	Doxycycline 100 mg tablets	500	BTL	220	17.73	WESTWARD 00143-2112-05	
14771 1 210-08-1463L	Doxycycline Hyclate Capsules 50 mg	50	BTL	225	2.78	WESTWARD 00143-3141-50	
(TBD) 1 210-08-1464D	Doxycycline Hyclate Capsules 100mg	500	BTL	225	18.68	WESTWARD 00143-3142-05	
766 1 210-08-1464L	Doxycycline Hyclate 100mg (Vibramycin) Caps	50	BTL	225	2.35	WESTWARD 00143-3142-50	
5801 1 210-08-1464U	Doxycycline Hyclate 100mg (Vibramycin) Caps	UD 100	PKG	160	7.48	WESTWARD 00904-0428-61	
5806 1 210-08-1466 C	Griseofulvin Ultramicrosize Tablets 250mg (Gris Peg)	100	BTL	220	248.10	PENINOL 00884-0773-04	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
5865 1 210-08-1475 C	Minocycline HCL Pellet filled capsules 50mg (Minocin)	100	BTL	225	9.89	OHM 63304-0694-01	
783 1 210-08-1476 L	Minocycline HCL Pellet filled capsules 100mg (Minocin)	50	BTL	225	9.38	OHM 63304-0696-50	
854 1 210-08-1489 C	Tetracycline HCL 500mg Capsules (Sumycin)	100	BTL	75	4.06	WATSON 00591-2235-01	
6152 1 210-08-1489 U	Tetracycline HCL 500mg Capsules (Sumycin)	UD 100	PKG			NO AWARD	
853 1 210-08-1490 C	Tetracycline HCL 250mg Capsules (Sumycin)	100	BTL	75	2.67	WATSON 00591-2234-01	
6151 1 210-08-1490 U	Tetracycline HCL 250mg Capsules (Sumycin)	UD 100	PKG			NO AWARD	
1060 1 210-08-1507 V	Cefazolin Sodium 1 gm (Ancef) 10ml Vial	25	PKG	225	27.20	WESTWARD 00143-9924-90	*
6030 1 210-08-1509 C	Cephalexin Capsules 500mg (Keflex)	100	BTL	220	10.64	WESTWARD 00143-9897-01	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6029 1 210-08-1510 C	Cephalexin Capsules 250mg (Keflex)	100	BTL	240	6.79	AUROBINDO 65862-0018-01	
6027 1 210-08-1514	(Rocephin) Ceftriaxone Sodium Powder Inj. 250mg	10	BOX	75	10.81	APOTEX 60505-0750-04	
1061 1 210-08-1515	(Rocephin) Ceftriaxone Sodium Powder Inj. 1gm	10	PKG	75	16.35	WOCKHARDT 64679-0983-02	
6028 1 210-08-1516	(Rocephin) Ceftriaxone Sodium Powder Inj. 2gm	10	PKG	240	39.93	WOCKHARDT 64679-0703-01	
5265 1 210-08-1516 C	Clindamycin 150mg Capsules	100	BTL	30	5.99	RANBAXY 63304-0692-01	
926 1 210-08-1516 U	Clindamycin 150mg Capsules	UD 100	PKG	60	33.64	TEVA 51079-0598-20	
923 1 210-08-1517 V	Clindamycin Inj. 150mg/ml 2ml vial	25	PKG	75	73.61	HOSPIRA 00409-4050-01	
1059 1 210-08-1521 C	Cefaclor 500mg Capsules (Ceclor)	100	BTL	30	139.75	WESTWARD 00143-9986-01	*

* To advise of price decrease effective for orders issued on or after June 29, 2011.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1062 1 210-08-1530	Cefuroxime tablets 250mg (Ceftin)	20	BTL	225	2.72	WOCKHARDT 64679-0921-01	*
(TBD) 1 210-08-1531	Cefuroxime tablets 500mg (Ceftin)	20	BTL	225	4.62	WOCKHARDT 64679-0922-01	*
6329 1 210-08-1535 C	Ciprofloxacin 250mg Tablets (Cipro)	100	BTL	30	10.35	WESTWARD 00143-9927-01	
921 1 210-08-1535 U	Ciprofloxacin 250mg Tablets (Cipro)	UD 100	PKG	60	12.30	MATRIX MYLAN 51079-0218-20	
922 1 210-08-1536 C	Ciprofloxacin 500mg Tablets (Cipro)	100	BTL	20	12.83	WATSON 16252-0515-01	
5260 1 210-08-1536 U	Ciprofloxacin 500mg Tablets (Cipro)	UD 100	PKG	60	14.68	MATRIX MYLAN 51079-0403-20	*
14772 1 210-08-1578	(Zosyn) Piperacillin/Tazobactam 3.375gm Inj	10	PKG	60	200.37	WYETH 00206-8854-16	
14773 1 210-08-1580	(Zosyn) Piperacillin/Tazobactam 4.5gm Inj	10	PKG	60	253.76	WYETH 00206-8855-16	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
5808 1 210-08-1761 C	Isoniazid Tablets 300mg (INH)	100	BTL	220	5.23	SANDOZ 00185-4350-01	
5809 1 210-08-1761 M	Isoniazid Tablets 300mg (INH)	1,000	BTL	220	44.08	WESTWARD 00143-1261-10	
775 1 210-08-1761 U	Isoniazid Tablets 300mg (INH)	UD 100	PKG	60	11.58	BARR 51079-0083-20	
1048 1 210-08-1802 S	Abacavir (Ziagen) 300mg Tablets	60	BTL	60	553.51	GLAXO 49702-0221-18	*
5811 1 210-08-1805 S	Abacavir 300mg, Lamivudine 150mg, Zidovudine 300mg (Trizivir)	60	BTL			STILL UNDER EVALUATION	
5812 1 210-08-1806 T	Abacavir 600mg Lamivudine (Epzicom) 300mg Tablets	30	BTL	60	923.48	GLAXO 49702-0206-13	
5825 1 210-08-1811 U	Acyclovir Capsules 200mg (Zorvirax)	UD 100	PKG	220	9.92	TEVA 00093-8940-93	
1049 1 210-08-1812 C	Acyclovir (Zovirax) 800mg Tablets	100	BTL	220	16.21	RANBAXY 63304-0505-01	

* To advise of price increase effective for orders issued on or after June 12, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
5827 1 210-08-1813 C	Acyclovir (Zovirax) 400mg Tablets	100	BTL	225	12.75	TEVA 00093-8943-01	
6156 1 210-08-1819 S	Atazanavir (Reyataz) 150mg Capsules	60	BTL	60	1,057.39	BMS 00003-3624-12	**
859 1 210-08-1820 S	Atazanavir (Reyataz) 200mg Capsules	60	BTL	60	1,059.20	BMS 00003-3631-12	**
11925 1 210-08-1825H	Lopinavir 200mg and Ritonavir 50mg (Kaletra) Tablets	120	BTL	220	740.16	ABBOTT 00074-6799-22	
774 1 210-08-1830	Indinavir Sulfate 400mg (Crixivan) Capsules	90	BTL	60	237.51	MERCK 00006-0573-54	
19528 1 210-08-1838S	Darunavir Tablets 400mg (Prezista)	60	BTL	60	1,071.09	JOM 59676-0561-01	
19529 1 210-08-1840S	Darunavir Tablets 600mg (Prezista)	60	BTL	60	1,071.09	JOM 59676-0562-01	
5268 1 210-08-1853 T	Didanosine EC Caps (Videx EC) 125mg	30	BTL			NO AWARD	*

* To advise of change in award status - item was not renewed in this contract and is expired. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

** To advise of price increase effective for orders issued on or after September 29, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
5269 1 210-08-1854	Didanosine DR Caps 200mg	30	BTL	75	105.29	AUROBINDO 65862-0311-30	
932 1 210-08-1855	Didanosine DR Caps 250mg	30	BTL			STILL UNDER EVALUATION	
933 1 210-08-1856	Didanosine DR Caps 400mg	30	BTL			STILL UNDER EVALUATION	
789 1 210-08-1862 N	Efavirenz (Sustiva) Capsules 200mg	90	BTL	60	618.26	BMS 00056-0474-92	*
5872 1 210-08-1864 T	Efavirenz (Sustiva) Tablets 600mg	30	BTL	60	617.73	BMS 00056-0510-30	*
10311 1 210-08-1865T	Efavirenz 600mg Emtricitabine 200mg Tenofovir 300mg (Atripla) tabs	30	BTL	60	1,773.98	BMS 15584-0101-01	
6158 1 210-08-1868 T	Emtricitabine (Emtriva) 200mg Capsules	30	BTL	60	471.04	GILEAD 61958-0601-01	
862 1 210-08-1870 T	(Truvada) Emtricitabine 200mg Tenofovir 300mg Tabs	30	BTL	60	1,208.34	GILEAD 61958-0701-01	

* To advise of price increase effective for orders issued on or after September 29, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
19530 1 210-08-1872S	Enfuvirtide Inj Kit 90mg (Fuzeon)	60	PKG	60	2,807.05	ROCHE 00004-0380-39	
767 1 210-08-1876N	Ethambutol (Myambutol) 400mg Tabs	90	BTL	240	74.34	VERSAPHARM 61748-0014-09	
19531 1 210-08-1877H	Etravirine Tablets 100mg (Intelence)	120	BTL	60	851.13	JOM 59676-0570-01	
6159 1 210-08-1878 S	Fosamprenavir Tablets 700mg (Lexiva)	60	BTL	60	806.26	GLAXO 49702-0207-18	*
10312 1 210-08-1885S	Lamivudine (Epivir HBV) Tablets 100mg	60	BTL	60	717.36	GLAXO 00173-0662-00	
778 1 210-08-1886 S	Lamivudine (Epivir) 150mg Tablets	60	BTL	60	411.92	GLAXO 49702-0203-18	
777 1 210-08-1887 S	Lamivudine 150/Zidovudine 300 (Combivir) Tablets	60	BTL	60	893.14	GLAXO 49702-0202-18	
785 1 210-08-1888	(Viracept) Nelfinavir Mesylate 250mg Tablets	300	BTL	60	797.47	GLAXO 63010-0010-30	*

* To advise of price increase effective for orders issued on or after December 19, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1682 1 210-08-1889 H	(Viracept) Nelfinavir Mesylate 625mg Tablets	120	BTL	60	797.47	GLAXO 63010-0027-70	*
10313 1 210-08-1890C	Pyrazinamide Tablets 500mg	100	BTL	220	54.57	DAVA 67253-0660-10	
5871 1 210-08-1893 S	Nevirapine (Viramune) 200mg Tablets	60	BTL	220	630.84	BI 00597-0046-60	
14777 1 210-08-1894S	(Selzentry) Maraviroc 150mg Tablets	60	BTL	60	1,021.40	GLAXO 49702-0223-18	*
14778 1 210-08-1895S	(Selzentry) Maraviroc 300mg Tablets	60	BTL	60	1,021.40	GLAXO 49702-0224-18	*
6164 1 210-08-1896	Ribavirin Capsules 200mg (Generic)	84	BTL	220	22.73	ZYDUS 68382-0260-12	
6160 1 210-08-1898 V	Peg interferon alfa 2b Powder for Injection (Peg Intron) 120mcg/0.5ml	Ea 1	BOX	220	581.96	SCHERING 00085-1304-01	
864 1 210-08-1899 V	Peg interferon alfa 2b Powder for Injection (Peg Intron) 150mcg/0.5ml	Ea 1	BOX	220	581.96	SCHERING 00085-1279-01	

* To advise of price increase effective for orders issued on or after December 19, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6161 1 210-08-1903 V	Peg interferon alfa 2b Powder (Peg Intron) 50mcg/0.5ml	Ea 1	BOX	220	525.45	SCHERING 00085-1323-01	
865 1 210-08-1904 V	Peg interferon alfa 2b Powder (Peg Intron) 80mcg/0.5ml	Ea 1	BOX			NO AWARD	
6162 1 210-08-1905S	Peg Interferon Alfa 2A 180mg/0.5ml (Pegasys) Prefilled syringe	4	PKG			STILL UNDER EVALUATION	
6163 1 210-08-1905V	Peg interferon alfa 2a Injection 180 mcg (Pegasys)	Ea 1	VL	105	518.39	GENENTECH 00004-0350-09	*
14779 1 210-08-1906S	(Isentress) Raltegravir 400mg Tablets	60	BTL	60	1,068.69	MERCK 00006-0227-61	**
791 1 210-08-1907 C	Rifampin Caps 300mg (Rimactane)	100	BTL	240	46.90	LANNETT 00527-1315-01	
852 1 210-08-1920	Saquinavir Mesylate (Invirase) 200 mg Caps	270	BTL	60	874.59	ROCHE 00004-0245-15	
(TBD) 1 210-08-1921	Saquinavir mesylate 500 mg tablets	120	BTL	60	919.43	ROCHE 00004-0244-51	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

** To advise of price increase effective for orders issued on or after May 1, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
5405 1 210-08-1943 S	Stavudine 40mg (Zerit) Capsules	60	BTL	225	46.75	CAMBER 31722-0518-60	
5535 1 210-08-1950 T	Tenofovir Disoproxil Fumarate 300mg (Viread) Tabs	30	BTL	60	823.80	GILEAD 61958-0401-01	
11927 1 210-08-1952 H	Tipranavir Capsules (Aptivus) 250mg	120	BTL	60	1,158.48	B-I 00597-0003-02	
857 1 210-08-1970 T	Valacyclovir (Valtrex) 500mg Caplets	30	BTL	20	9.60	WATSON 00591-3248-30	*
858 1 210-08-1990 S	Zidovudine 300mg Tablets	60	BTL	240	13.88	CAMBER 31722-0509-60	
5807 1 210-08-2060 C	Hydroxychloroquine Sulfate (Plaquenil) 200mg Tablets	100	BTL	225	8.04	IPCA 63304-0296-01	
867 1 210-08-2210 U	Levofloxacin (Levaquin) 250mg Tablets	UD 100	PKG	60	1,815.80	JOM 50458-0920-10	
868 1 210-08-2211 U	Levofloxacin (Levaquin) 500mg Tablets	UD 100	PKG	60	2,081.06	JOM 50458-0925-10	

* To advise of price decrease effective for orders issued on or after December 19, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6150 1 210-08-2564 C	Sulfasalazine Tablets 500mg (Azulfidine)	100	BTL	225	5.42	QUALITEST 00603-5801-21	*
(TBD) 1 210-08-2646B	Dapsone 100 mg tablets	UD 2X15	PKG	220	35.10	49938-0101-30	
6157 1 210-08-3092 U	Atovaquone Susp 750mg/5ml 5ml UD (Mepron)	UD 42	PKG			NO AWARD	
782 1 210-08-3420 C	Metronidazole Tablets 500mg (Flagyl)	100	BTL	225	5.18	TEVA 50111-0334-01	*
5814 1 210-08-3421 C	Metronidazole Tablets 250mg (Flagyl)	100	BTL	75	2.86	WATSON 00591-3969-01	
781 1 210-08-3421 U	Metronidazole Tablets 250mg (Flagyl)	UD 100	PKG	160	4.50	TEVA 00904-1453-61	
14699 1 210-08-3626D	Sulfamethoxazole 800mg/ Trimethoprim 160mg Tablets	500	BTL	30	23.40	QUALITEST 00603-5781-28	
928 1 210-08-3626U	Sulfamethoxazole 800mg/ Trimethoprim 160mg Tablets (Bactrim D.S.)	UD 100	PKG	60	15.73	MUTUAL 51079-0128-20	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
5866 1 210-08-3848 C	Nitrofurantoin (Macrobid) SR 100mg (25mg Macrocrystals 75 mg Monohydrate)	100	BTL	240	209.99	SANDOZ 00185-0122-01	
6912 1 210-08-3881 C	Phenazopyridine Tablets HCL 100mg (Pyridium)	100	BTL	75	2.91	AMNEAL 65162-0517-10	
1726 1 210-08-4200	Linezolid Tablets 600 mg (Zyvox)	20	BTL	60	2,070.45	PFIZER 00009-5135-02	*
856 1 210-08-4501 A	With AddVantage System Vancomycin (Vancocin) 1gm. Vial IV	10	PKG	60	71.67	HOSPIRA 00409-6535-01	
6153 1 210-08-4501 V	(Not AddVantage System) Vancomycin (Vancocin) 1gm. Vial IV	10	PKG	75	58.99	AKORN 23360-0152-50	
6154 1 210-08-4502 A	Vancomycin HCl 10gm/100ml Vial	100 ml 1	VL	75	54.55	HOSPIRA 00409-6510-01	
6165 1 210-08-4503 U	Vancomycin Capsules 250mg (Vancocin)	UD 20	PKG	75	380.33	AKORN 17478-0742-02	
870 1 210-10-0440 T	Bicalutamide (Casodex) 50 mg Tablets	30	BTL	225	8.15	SUN 41616-0485-83	

* To advise of price increase effective for orders issued on or after August 28, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
861 1 210-10-0771 H	Capecitabine (Xeloda) 500mg Tablets	120	BTL	220	3,316.34	GENTECH 00004-1101-50	
860 1 210-10-0769S	Capecitabine Tablets 150mg (Xeloda)	60	BTL	220	488.16	GENTECH 00004-1100-20	
10314 1 210-10-1520T	Erlotinib (Tarceva) Tablets 150 mg	30	BTL	220	5,330.75	GENTECH 50242-0064-01	
6166 1 210-10-2000 C	Hydroxyurea (Hydrea) 500mg Capsules	100	BTL	75	28.26	PAR 49884-0724-01	
6230 1 210-10-3150C	(formerly 210-10-3150N) Imatinib Mesylate (Gleevec) 100mg Tablets	100	BTL			NO AWARD	
(TBD) 1 210-10-3310	Interferon Alfa-2B 10million IU/Dose (Intron A)	1ml 1	BOX			NO AWARD	
872 1 210-10-3319	Interferon Beta-1 A 30mcg Single Dose Syringe Kit (Avonex)	4	PKG			NO AWARD	*
873 1 210-10-3321B	Interferon Beta-1b for Inj 0.3mg (Betaseron) Vials	14	PKG	220	3,811.38	BAYER 50419-0523-35	

* To advise of change in award status. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
(TBD) 1 210-10-3325	Interferon Beta-1A 44mcg/0.5ml Syr Kit (Rebif)	12	BOX	220	3,375.97	EMD 44087-0044-03	
874 1 210-10-3699	(Lupron Depot) Leuprolide Acetate 3.75mg Inj. - Syringe w/needle	Syr 1	EA	60	756.97	ABBOTT 00074-3641-03	
875 1 210-10-3700	(Lupron Depot) Leuprolide Acetate 7.5mg Inj.- Syringe w/needle	Kit 1	EA	60	902.06	ABBOTT 00074-3642-03	*
6233 1 210-10-3702	(Lupron Depot) 3 Month Formulation Leuprolide Acetate 22.5mg Inj.- Syringe w/needle	Kit 1	EA	60	2,706.15	ABBOTT 00074-3346-03	*
6235 1 210-10-4690 C	Megestrol Acetate 40mg Tablets (Megace)	100	BTL	225	13.13	BARR 00555-0607-02	
6234 1 210-10-4691	Megestrol Acetate Oral Susp (Megace) 40mg/ml	240 ml 1	BTL	240	14.44	ROXANE 00054-3542-58	
10315 1 210-10-4696S	Mercaptopurine Tablets 50 mg	60	BTL	30	57.70	TEVA 00093-5510-06	
6236 1 210-10-4710 C	Methotrexate Tablets 2.5mg	100	BTL	225	11.09	EXCELLA 67253-0320-10	

* To advise of price increase effective for orders issued on or after August 6, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
6237 1 210-10-7320 S	Tamoxifen 10mg Tablets (Nolvadex)	60	BTL	75	4.98	WATSON 00591-2232-60
(TBD) 1 210-10-7321S	Goserelin acetate 10.8 mg syringe	1 syr	EA			NO AWARD
(TBD) 1 210-10-7322S	Goserelin acetate 3.6 mg syringe	1 syr	EA	60	396.67	ASTRA ZENECA 00310-0950-36
6020 1 210-12-0421 C	(Urecholine) Bethanechol Chloride Tablets 25mg	100	BTL	220	7.05	WOCKHARDT 64679-0967-01
5880 1 210-12-0471 T	Donepezil 5mg (Aricept) Tablets	30	BTL			NO AWARD
799 1 210-12-0471 U	Donepezil 5mg (Aricept) Tablets	UD 100	PKG			NO AWARD
5933 1 210-12-0472 T	Donepezil 10mg (Aricept) Tablets	30	BTL			NO AWARD
10316 1 210-12-0472U	Donepezil Tablets 10mg	UD 100	PKG			NO AWARD

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
844 1 210-12-0678 C	Pilocarpine 5mg (Salagen) Tablets	100	BTL	240	12.88	LANNETT 00527-1313-01	
5947 1 210-12-0685 C	Pyridostigmine Bromide Tablets 60mg (Mestinon)	100	BTL	220	18.15	GLOBAL 00115-3511-01	
818 1 210-12-0716 U	Rivastigmine Capsules 1.5mg (Exelon)	UD 100	PKG	60	454.97	NOVARTIS 00078-0323-06	*
6012 1 210-12-0802	Atropine Sulfate 0.1mg/ml disp syr, 5ml	10	BOX	75	32.39	HOSPIRA 00409-4910-34	
6014 1 210-12-0820 C	Benztropine Mesylate Tablets 0.5mg (Cogentin)	100	BTL	75	3.22	RISING 64980-0111-01	
828 1 210-12-0820 M	Benztropine Mesylate Tablets 0.5mg (Cogentin)	1,000	BTL	90	29.45	QUALITEST 00603-2433-32	
6015 1 210-12-0820 U	Benztropine Mesylate Tablets 0.5mg (Cogentin)	UD 100	PKG			NO AWARD	
6016 1 210-12-0821 C	Benztropine Mesylate Tablets 1mg (Cogentin)	100	BTL	225	3.59	QUALITEST 00603-2434-21	

* To advise of price increase effective for orders issued on or after March 9, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
830 1 210-12-0821 M	Benztropine Mesylate Tablets 1mg (Cogentin)	1,000	BTL	75	31.13	RISING 64980-0112-10	
6018 1 210-12-0822 C	Benztropine Mesylate Tablets 2mg (Cogentin)	100	BTL	75	4.29	RISING 64980-0113-01	
832 1 210-12-0822 M	Benztropine Mesylate Tablets 2mg (Cogentin)	1,000	BTL	75	39.19	RISING 64980-0113-10	
6019 1 210-12-0822 U	Benztropine Mesylate Tablets 2mg (Cogentin)	UD 100	PKG			NO AWARD	*
826 1 210-12-0859 P	Belladonna Alkaloids w/Phenobarb Liquid (Donnatal)	16 oz 1	BTL	220	63.82	RIVERS EDGE 68032-0395-16	
797 1 210-12-0862 C	Dicyclomine HCL Tablets 20mg (Bentyl)	100	BTL	240	3.02	LANNETT 00527-1282-01	
5879 1 210-12-0862M	Dicyclomine 20mg tabs (Bentyl)	1000	BTL	240	30.80	LANNETT 00527-1282-10	
798 1 210-12-0862U	Dicyclomine HCL Tablets 20mg (Bentyl)	UD 100	PKG	60	13.84	MYLAN 51079-0119-20	

* To advise of change in award status. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
796 1 210-12-0863 C	Dicyclomine HCL Capsules 10mg (Bentyl)	100	BTL	240	2.54	LANNETT 00527-0586-01	
5878 1 210-12-0863 U	Dicyclomine HCL Capsules 10mg (Bentyl)	UD 100	PKG	60	9.08	MYLAN 51079-0118-20	
14783 1 210-12-0921C	Hyoscyamine 0.125mg Sublingual Tablets	100	BTL	30	29.88	BRECKENRIDGE 51991-0656-01	
10317 1 210-12-1110T	Tiotropium (Spiriva) Capsules 18mg for Inhalation w/Handihaler	30	PKG	220	236.41	B-I 00597-0075-41	*
6008 1 210-12-1144 C	Trihexyphenidyl HCL Tablets 2mg (Artane)	100	BTL	20	3.83	WATSON 00591-5335-01	
821 1 210-12-1144 M	Trihexyphenidyl HCL Tablets 2mg (Artane)	1,000	BTL			NO AWARD	**
6009 1 210-12-1145 C	Trihexyphenidyl HCL Tablets 5mg (Artane)	100	BTL	20	7.69	WATSON 00591-5337-01	
6010 1 210-12-1145 M	Trihexyphenidyl HCL Tablets 5mg (Artane)	1,000	BTL			NO AWARD	**

* To advise of price increase effective for orders issued on or after January 25, 2012.

** To advise of change in award status. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6007 1 210-12-1146 P	Trihexyphenidyl HCL Elixir 2mg/5ml (Artane)	16 oz 1	BTL			STILL UNDR EVALUATION	
6239 1 210-12-1211	Benzalkonium Free & EDTA Free Albuterol Soln Sterile 0.83mg/ml for Nebulization 3ml UD	25	BOX	225	4.22	NEPHRON 00487-9501-25	
6011 1 210-12-1216C	Albuterol Tablets 4mg (Ventolin)	100	BTL	225	7.66	MUTUAL 53489-0177-01	*
14784 1 210-12-1219	Albuterol Sulf 3mg/Ipratropium 0.5mg Inhalation soln 3ml	UD 60	PKG	225	12.50	CIPLA 00591-3433-60	
5937 1 210-12-1252	Ipratropium Bromide for Nebul 0.02% 2.5ml	25	BOX	75	3.12	WATSON 16252-0098-22	
801 1 210-12-1280	Epinephrine HCL 1:1000 (Adrenalin) Inj. 1ml Amp	25	BOX	75	27.78	HOSPIRA 00409-7241-01	
800 1 210-12-1282	Epinephrine Disposable 10cc Syringe 1:10,000 (1mg/10ml), 20G x Needle	10	BOX	75	19.44	HOSPIRA 00409-4921-34	
5934 1 210-12-1284	Epinephrine 0.3mg Auto-Injector (Epipen)	1	EA	60	79.41	DEY 49502-0500-01	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
806 1 210-12-1320	Formoterol Fumarate 12mcg Cap for Inh Aerolizer (Foradil)	60	PKG	60	148.15	SCHERING 00085-1401-01	
5948 1 210-12-1480 C	Pseudoephedrine Tablets 30mg (Sudafed)	100	BTL			NO AWARD	
815 1 210-12-1480 U	Each tablet must be individually unit dose packaged - 2 tablet packs not desired. Pseudoephedrine Tablets 30mg (Sudafed)	UD 24	PKG	240		NO AWARD	
11934 1 210-12-1481 P	Pseudoephedrine Syrup 30mg/5ml (Sudafed)	16 oz 1	BTL	20	4.00	WATSON RUGBY 00536-1850-85	
5949 1 210-12-1520	Salmeterol Disk Inhaler 50mcg/Inh	60	PKG	60	174.79	GLAXO 00173-0521-00	*
6006 1 210-12-1528 C	Terbutaline Sulfate 5mg Tablets (Brethine)	100	BTL	30	26.90	LANNETT 00527-1311-01	
5874 1 210-12-1640 C	Caffeine 100mg Ergotamine Tartrate 1mg (Cafergot) Tablets	100	BTL			NO AWARD	**
825 1 210-12-2014 C	Baclofen 10mg Tablets (Lioresal)	100	BTL			NO AWARD	

* To advise of price increase effective for orders issued on or after June 12, 2012.

** To advise of change in award status. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
14701 1 210-12-2014D	Baclofen Tablets 10mg	500	BTL			NO AWARD	
14702 1 210-12-2014M	Baclofen Tablets 10mg	1,000	BTL	240	30.00	LANNETT 00527-1330-10	
11935 1 210-12-2014U	Baclofen 10mg Tablets (Lioresal)	UD 100	PKG	160	12.61	TEVA 00904-3365-61	
6013 1 210-12-2015 C	Baclofen 20mg Tablets (Lioresal)	100	BTL			NO AWARD	
14703 1 210-12-2015D	Baclofen Tablets 20mg	500	BTL			NO AWARD	
5876 1 210-12-2043 C	Chlorzoxazone Tablets 500mg (Parafon Forte DSC)	100	BTL	225	3.32	BARR 00555-0585-02	*
795 1 210-12-2043 U	Chlorzoxazone Tablets 500mg (Parafon Forte DSC)	UD 100	PKG	60	13.95	BARR 51079-0476-20	*
14785 1 210-12-2045C	Cyclobenzaprine 5mg Tablets	100	BTL	220	2.25	AUROBINDO 65862-0190-01	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
792 1 210-12-2046 C	Cyclobenzaprine HCL (Flexeril) 10mg Tabs	100	BTL	240	1.95	AMNEAL 65162-0541-10	
14704 1 210-12-2046M	Cyclobenzaprine 10mg Tablets	1,000	BTL	225	17.40	AMNEAL 65162-0541-11	
5875 1 210-12-2046U	Cyclobenzaprine HCL (Flexeril) 10mg Tabs	UD 100	PKG	160	4.92	WATSON 00904-7809-61	
5941 1 210-12-2221 C	Methocarbamol Tablets 500mg (Robaxin)	100	BTL	75	3.74	WATSON 00591-5381-01	
5942 1 210-12-2222 C	Methocarbamol Tablets 750mg (Robaxin)	100	BTL	225	5.27	WESTWARD 00143-1292-01	*
(TBD) 1 210-12-2234	Tizanidine Tablets 4mg (Zanaflex)	150	BTL	225	5.28	DR. REDDY 55111-0180-15	
14786 1 210-12-9245	Nicotine Polacrilex (Commit) Lozenge 2mg	72	PKG			NO AWARD	
(TBD) 1 210-12-9246	Nicotine Polacrilex (Commit) Lozenge 4mg	72	PKG			NO AWARD	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
809 1 210-12-9250	Nicotine Polacrilex (Nicorette) 2mg/square Chewing Gum	110	BOX	160	19.29	PERRIGO 00904-5734-11	*
269-12-60-302-9 1 210-12-9250A	Nicotine Gum 2mg Fruit Chill Flavor	100	PKG	20	22.22	WATSON RUGBY 00536-3386-01	
11937 1 210-12-9251	Nicotine Gum (Nicorette) 4mg	110	PKG	20	23.60	WATSON RUGBY 00536-3030-23	
(TBD) 1 210-12-9251A	Nicotine Gum 4mg Fruit Chill Flavor	100	PKG	20	23.39	WATSON RUGBY 00536-3387-01	
(TBD) 1 210-12-9257	(Nicotrol) Nicotine Inhaler Kit 10mg/cartridge	168	PKG			NO AWARD	
811 1 210-12-9281	Nicotine Nasal Spray (Nicotrol NS) 10mg/ml	4-pack 1	PKG			NO AWARD	
5945 1 210-12-9282	Nicotine Transdermal 7mg/24 hr. (Nicoderm CQ)	14	PKG	220	45.54	GLAXO 00766-1440-20	
269-12-60-865-5 1 210-12-9283	Nicotine Transdermal 14mg/24 hr. (Nicoderm CQ)	14	PKG	220	45.54	GLAXO 00135-0195-02	

* To advise of award of product.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
269-12-60-885-3 1 210-12-9284	Nicotine Transdermal 21mg/24 hr. (Nicoderm CQ)	14	PKG	220	45.54	GLAXO 07661-4020-20	
5943 1 210-12-9285	Nicotine Patch 7mg/24 hr. (Habitrol) (Generic Only)	14	PKG	75	20.63	WATSON 00536-5894-88	
810 1 210-12-9286	Nicotine Patch 14mg/24 hr. (Habitrol) (Generic Only)	14	PKG	75	20.63	WATSON 00536-5895-88	
5944 1 210-12-9287	Nicotine Patch 21mg/24 hr. (Habitrol) (Generic Only)	14	PKG	75	20.63	WATSON 00536-5896-88	
10320 1 210-12-9314	Varenicline (Chantix) 0.5mg tablets	56	BTL	220	185.14	PFIZER 00069-0468-56	*
10321 1 210-12-9315	Varenicline (Chantix) 1mg tablets	56	BTL	220	185.14	PFIZER 00069-0469-56	*
10173 1 210-20-0495 A	Ferric Gluconate Complex 62.5mg/5ml Inj (Ferrlecit) 5ml amps	10	BOX	75	327.84	WATSON 52544-0922-26	
1189 1 210-20-0501C	Ferrous Sulfate Tablets 325mg	100	BTL			STILL UNDER EVALUATION	

* To advise of price increase effective for orders issued on or after October 31, 2011.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
851 1 210-20-0501M	Ferrous Sulfate 325mg Red Tablets	1,000	BTL			STILL UNDER EVALUATION	
6086 1 210-20-0501U	Each Dose Must be Labeled with Product Name, Lot Number and Expiration Date Ferrous Sulfate Tablets 325mg (65mg Iron)	UD 100	PKG	245	1.29	ADVANCE 54738-0963-13	
7285 1 210-20-0550 V	Iron Dextran Injection 50mg/ml 2ml (Dexferrum), Vial	2 ml 1	VL	220	325.00	AMERICAN REGENT 00517-0234-10	
14789 1 210-20-1196	(Aranesp) Darbepoetin 60mcg/1 ml vial	4 X 1ml 1	PKG	220	1,388.00	AMGEN 55113-0004-04	*
(TBD) 1 210-20-1197	Darbepoetin 100mcg/1ml vial (Aranesp)	4 X 1ml 1	PKG	220	2,313.20	AMGEN 55513-0005-04	*
847 1 210-20-1200 S	Enoxaparin Sod 80mg/0.8ml (Lovenox) Inj. Syringe	10	PKG	60	624.38	SANOFI 00075-0622-80	
6084 1 210-20-1201 S	Enoxaparin Sod 100mg/ml (Lovenox) Inj. Syringe	10	PKG			NO AWARD	
846 1 210-20-1202 S	Enoxaparin Sod 40mg/0.4ml (Lovenox) Inj. Syringe	10	PKG			NO AWARD	

* To advise of price increase effective for orders issued on or after June 1, 2011.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
6083 1 210-20-1203 S	Enoxaparin Sod 60mg/0.6/ml (Lovenox) Inj. Syringe	10	PKG			NO AWARD
6082 1 210-20-1204 S	Enoxaparin Sod 30mg/0.3/ml (Lovenox) Inj. Syringe	10	PKG			NO AWARD
7283 1 210-20-1210	Gelfoam Gelatin Sponges Size 100 Sq cm	6	BOX	220	264.93	PFIZER 00009-0342-01
1192 1 210-20-1215 V	Heparin Sod. 10,000 Units per ml, 5ml Vial	25	BOX	220	531.64	APP 63323-0542-07
1194 1 210-20-1218 C	Pentoxifylline (Trental) 400mg SA Tab	100	BTL	220	7.23	TEVA 00093-5116-01
1195 1 210-20-1225 C	Warfarin Sodium (Coumadin) 1mg Tablets	100	BTL	220	5.14	ZYDUS 68382-0052-01
7288 1 210-20-1225 U	Warfarin Sodium Tablets 1mg (Coumadin)	UD 100	PKG			STILL UNDER EVALUATION
1196 1 210-20-1230 C	Warfarin Sodium Tablets 2.5mg (Coumadin)	100	BTL	220	5.14	ZYDUS 68382-0064-01

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
11938 1 210-20-1230 U	Warfarin Sodium Tablets 2.5mg (Coumadin)	UD 100	PKG			STILL UNDER EVALUATION
1197 MBE; 2 210-20-1231 C	Warfarin Sodium Tablets 2mg (Coumadin)	100	BTL			NO AWARD
7340 1 210-20-1231 U	Warfarin Sodium Tablets 2mg (Coumadin)	UD 100	PKG			STILL UNDER EVALUATION
1198 MBE; 2 210-20-1232 C	Warfarin Sodium Tablets 3mg (Coumadin)	100	BTL			NO AWARD
7341 1 210-20-1233 C	Warfarin Sodium Tablets 4mg (Coumadin)	100	BTL	220	5.14	ZYDUS 68382-0055-01
1199 MBE; 2 210-20-1234 C	Warfarin Sodium Tablets 5mg (Coumadin)	100	BTL			NO AWARD
7342 1 210-20-1234 U	Warfarin Sodium Tablets 5mg (Coumadin)	UD 100	PKG			STILL UNDER EVALUATION
1200 1 210-20-1235 C	Warfarin Sodium Tablets 6mg (Coumadin)	100	BTL	220	5.14	ZYDUS 68382-0057-01

* To advise of award of products.

** Minority Business Enterprise awarded in accordance with Ohio Revised Code Ch. 125.081

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1201 1 210-20-1236 C	Warfarin Sodium Tablets 10mg (Coumadin)	100	BTL	220	5.14	ZYDUS 68382-0059-01	
7343 1 210-20-1237 C	Warfarin Sodium Tablets 7.5mg (Coumadin)	100	BTL	220	5.14	ZYDUS 68382-0058-01	
1202 1 210-24-0401 S	Amiodarone HCl 200mg Tablets (Generic Only)	60	BTL	30	5.80	ZYDUS 68382-0227-14	
7350 1 210-24-0406 C	Atenolol 25mg Tablets (Tenormin)	100	BTL	75	1.04	RANBAXY 63304-0621-01	
7351 1 210-24-0406 M	Atenolol Tablets (Tenormin generic) 25mg	1000	BTL	30	9.30	RANBAXY 63304-0621-10	
1209 1 210-24-0406 U	Atenolol 25mg Tablets (Tenormin)	UD 100	PKG	60	5.59	MYLAN 51079-0759-20	
7352 1 210-24-0407 C	Atenolol 50mg Tablets (Tenormin)	100	BTL	240	1.15	RANBAXY 63304-0622-01	*
1210 1 210-24-0407 M	Atenolol Tablets (Tenormin generic) 50mg	1000	BTL	240	10.50	RANBAXY 63304-0622-10	*

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1208 1 210-24-0407 U	Atenolol 50mg Tablets (Tenormin)	UD 100	PKG	60	5.27	MYLAN 51079-0684-20	
7353 1 210-24-0408 C	Atenolol 100mg Tablets (Tenormin)	100	BTL	240	1.64	RANBAXY 63304-0623-01	
1212 1 210-24-0408M	Atenolol 100mg tab (Tenormin)	1000	BTL	240	14.88	RANBAXY 63304-0623-10	
(TBD) 1 210-24-0409M	Amlodipine Besylate Tablets 5 mg (Norvasc)	1000	BTL			STILL UNDER EVALUATION	
14790 1 210-24-0409N	Amlodipine (Norvasc) 5mg Tablets	90	BTL	240	1.24	ROXANE 00054-0101-22	*
14794 1 210-24-0409U	Amlodipine (Norvasc) 5mg Tablets	UD 100	PKG	220	5.42	GREENSTONE 59762-1530-05	
14791 1 210-24-0410M	Amlodipine Tablets 10mg	1,000	BTL			STILL UNDER EVALUATION	
14795 1 210-24-0410U	Amlodipine (Norvasc) 10mg Tablets	UD 100	PKG	255	9.90	ROXANE 00054-0102-20	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
14793 1 210-24-0412N	Amlodipine (Norvasc) 2.5mg Tablets	90	BTL	30	1.15	ROXANE 00054-0100-22	
1219 1 210-24-0415 C	Carvedilol 3.125mg Tablets (Coreg)	100	BTL	240	2.59	AUROBINDO 65862-0142-01	*
14705 1 210-24-0415U	Carvedilol Tablets 3.125mg	UD 100	PKG	160	9.36	GLENMARK 00904-6098-61	
1220 1 210-24-0416 C	Carvedilol 6.25mg Tablets (Coreg)	100	BTL	240	2.59	AUROBINDO 65862-0143-01	*
14706 1 210-24-0416U	Carvedilol Tablets 6.25mg	UD 100	PKG	160	9.36	GLENMARK 00904-6099-61	
7413 1 210-24-0417 C	Carvedilol 12.5mg Tablets (Coreg)	100	BTL	240	2.59	AUROBINDO 65862-0144-01	*
1222 1 210-24-0418 C	Carvedilol Tablets 25mg (Coreg)	100	BTL	240	2.74	AUROBINDO 65862-0145-01	*
1228 1 210-24-0432 C	(No Substitution) (Generic Only) Digoxin tablets 0.125mg	100	BTL	225	11.41	WESTWARD 00143-1240-01	

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1072 1 210-24-0433 C	(No Substitution) (Generic Only) Digoxin Tablets 0.25mg	100	BTL	225	11.41	WESTWARD 00143-1241-01	
6031 1 210-24-0434 C	(No Substitution) Digoxin 0.25mg (Lanoxin)	100	BTL	60	31.91	GLAXO 00173-0249-55	*
1065 1 210-24-0434 U	(No Substitution) Digoxin Tablets 0.25mg (Lanoxin)	UD 100	PKG	60	45.05	GLAXO 00173-0249-56	*
1071 1 210-24-0436 C	Digoxin 0.125mg (Lanoxin) (No Substitution)	100	BTL	60	31.91	GLAXO 00173-0242-55	*
5676 1 210-24-0436 U	(No Substitution) Digoxin Tablets 0.125mg UD (Lanoxin)	UD 100	PKG	60	45.05	GLAXO 00173-0242-56	*
14798 1 210-24-0441C	Disopyramide 150 mg SA capsules	100	BTL			NO AWARD	
(TBD) 1 210-24-0492	Ranolazine 500 mg Tablet	60	BTL			NO AWARD	
984 1 210-24-0510 U	Nifedipine (Adalat-CC) 30mg SR Tablets	UD 100	PKG	220	53.09	TEVA 00093-5272-93	

* To advise of price increase effective for orders issued on or after April 4, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
5469 1 210-24-0511 U	Nifedipine (Adalat-CC) 60mg SR Tablets	UD 100	PKG			NO AWARD	*
5471 1 210-24-0512 C	Nifedipine (Adalat-CC) 90mg SR Tablets	100	BTL	30	139.20	TEVA 00093-1023-01	
982 1 210-24-0520 C	Nifedipine (Procardia) 10mg Caps	100	BTL	30	50.40	GAVIS 43386-0440-24	
983 1 210-24-0524 C	Nifedipine 30mg Extended Release Tablets (Procardia XL)	100	BTL	30	38.30	KREMERS 62175-0260-37	
5466 1 210-24-0524 U	Nifedipine 30mg Extended Release Tablets (Procardia XL)	UD 100	PKG	60	90.04	PFIZER 51079-0940-20	
5468 1 210-24-0525 C	Nifedipine 60mg Extended Release Tablets (Procardia XL)	100	BTL	30	62.25	KREMERS 62175-0261-37	
986 1 210-24-0525 U	Nifedipine 60mg Extended Release Tablets (Procardia XL)	UD 100	PKG	60	152.86	PFIZER 51079-0968-20	
5470 1 210-24-0526 C	Nifedipine 90mg Extended Release Tablets (Procardia XL)	100	BTL	30	88.10	KREMERS 62175-0262-37	

* To advise of change in award status – product has been discontinued by manufacturer. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
989 1 210-24-0526 U	Nifedipine 90mg Extended Release Tablets (Procardia XL)	UD 100	PKG	60	208.39	PFIZER 51079-0969-20	
6032 1 210-24-0527 N	Diltiazem CD (Cardizem CD) 120mg ER Caps	90	BTL	220	23.86	TEVA 00093-5112-98	
6034 1 210-24-0528 N	Diltiazem CD (Cardizem CD) 240mg ER Caps	90	BTL	220	36.82	TEVA 00093-5118-98	
1067 1 210-24-0528 T	Diltiazem CD (Cardizem CD) 240mg ER Caps	30	BTL	225	19.45	ACTAVIS 00228-2578-03	
269-24-30-275-0 1 210-24-0528 U	Diltiazem CD (Cardizem CD) 240mg ER Caps	UD 100	PKG	160	81.99	ACTAVIS 00904-6149-61	
1068 1 210-24-0529 N	Diltiazem CD (Cardizem CD) 300mg ER Caps	90	BTL	220	49.40	TEVA 00093-5119-98	
976 1 210-24-0530 C	Diltiazem HCL (Cardizem) 30mg Tablets	100	BTL	225	2.59	TEVA 00093-0318-01	
1070 1 210-24-0531 C	Diltiazem HCl (Cardizem) 60mg Tablets	100	BTL	240	4.44	TEVA 00053-0319-01	*

* To advise of award of product.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6033 1 210-24-0536 N	Diltiazem CD (Cardizem CD) 180mg CD Caps	90	BTL	220	28.11	TEVA 00093-5117-98	
1066 1 210-24-0536 T	Diltiazem CD (Cardizem CD) 180mg CD Caps	30	BTL	225	13.79	ACTAVIS 00228-2577-03	
269-24-30-230-5 1 210-24-0536 U	Diltiazem CD (Cardizem CD) 180mg CD Caps	UD 100	PKG			NO AWARD	
956 1 210-24-0541 C	Propranolol HCL Tablets 60mg (Inderal)	100	BTL	240	41.74	HERITAGE 23155-0113-01	*
959 1 210-24-0542 C	Propranolol HCL Tablets 10mg (Inderal)	100	BTL	240	1.74	HERITAGE 23155-0110-01	*
960 1 210-24-0542 U	Propranolol HCL Tablets 10mg (Inderal)	UD 100	PKG	160	4.06	TEVA 00904-0411-61	
5396 1 210-24-0543 C	Propranolol HCL Tablets 40mg (Inderal)	100	BTL	240	1.99	HERITAGE 23155-0112-01	*
963 1 210-24-0543 U	Propranolol HCL Tablets 40mg (Inderal)	UD 100	PKG	60	5.76	MYLAN 51079-0279-20	

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
961 1 210-24-0544 C	Propranolol HCL Tablets 20mg (Inderal)	100	BTL	225	1.92	IPCA 23155-0111-01	
5395 1 210-24-0544 U	Propranolol HCL Tablets 20mg (Inderal)	UD 100	PKG	60	5.07	MYLAN 51079-0278-20	
964 1 210-24-0545 C	Propranolol HCL Tablets 80mg (Inderal)	100	BTL	240	2.05	HERITAGE 23155-0114-01	
5342 1 210-24-0546 C	Propranolol L.A. Caps 60mg (Inderal LA)	100	BTL	240	21.95	WYETH 43478-0900-88	
958 1 210-24-0547 C	Propranolol L.A. Caps 80mg (Inderal LA)	100	BTL	75	28.78	ROUSE'S POINT 43478-0901-88	
5343 1 210-24-0548 C	Propranolol L.A. Caps 120mg (Inderal LA)	100	BTL	75	36.98	ROUSE'S POINT 43478-0902-88	
1001 1 210-24-0565 C	Propafenone (Rythmol) 150mg Tablet	100	BTL	240	10.70	QUALITEST 00603-5448-21	
1003 1 210-24-0570 C	Sotalol (Betapace) 80mg Tablets	100	BTL	225	5.55	QUALITEST 00603-5769-21	*

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
(TBD) 1 210-24-0571C	Sotalol tablets 120 mg	100	BTL			STILL UNDER EVALUATION	
997 1 210-24-0589 C	Verapamil 80mg (Isoptin) Tablets	100	BTL	20	4.39	WATSON 00591-0343-01	*
5950 1 210-24-0590 C	Verapamil 120mg (Isoptin) Tablets	100	BTL	20	6.13	WATSON 00591-0345-01	
10174 1 210-24-0591 C	Verapamil SR Tablets 240mg (Isoptin SR) Tablets	100	BTL	30	9.49	GLENMARK 68462-0260-01	
998 1 210-24-0591 U	Verapamil SR Tablets 240mg (Isoptin SR) Tablets	UD 100	PKG	60	24.13	MYLAN 51079-0869-20	
10175 1 210-24-0594 C	Verapamil SR Tablet 120mg (Isoptin SR)	100	BTL	30	17.20	RANBAXY 63304-0488-01	
10176 1 210-24-0595 C	Verapamil SR Tablet 180mg (Isoptin SR)	100	BTL			NO AWARD	
7345 1 210-24-0601 N	Atorvastatin CA (Lipitor) Tabs 10mg	90	BTL	220	29.10	PFIZER 00071-0155-23	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1204 1 210-24-0601 U	Atorvastatin Ca (Lipitor) Tablets 10mg	UD 100	PKG	60	391.08	PFIZER 00071-0155-40	*
845 1 210-24-0602 N	Atorvastatin CA (Lipitor) Tabs 20mg	90	BTL	60	480.06	PFIZER 00071-0156-23	
1205 1 210-24-0602 U	Atorvastatin CA (Lipitor) Tablets 20mg	UD 100	PKG	60	557.89	PFIZER 00071-0156-40	*
59864 1 210-24-0603 N	Atorvastatin CA (Lipitor) Tabs 40mg	90	BTL	60	478.18	PFIZER 00071-0157-23	*
11940 1 210-24-0604N	Atorvastatin (Lipitor) Tablets 80 mg	90	BTL	60	480.06	PFIZER 00071-0158-23	
1223 1 210-24-0605 U	Cholestyramine Resin Light (Questran Light) 4gm/5gm Packets (Contains aspartame)	UD 60	PKG	220	40.37	UPSHER 00245-0036-60	
7415 1 210-24-0606	Cholestyramine Resin Powder 4gm/9gm (Contains sucrose)	UD 60	PKG	220	43.00	PAR 49884-0465-65	
5951 1 210-24-0609 T	Ezetimibe (Zetia) 10mg Tablets	30	BTL	60	126.96	MERCK 66582-0414-31	

* To advise of price increase effective for orders issued on or after October 1, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN # 	UNIT PRICE	MANUFACTURER NDC NUMBER	
999 1 210-24-0609 U	Ezetimibe (Zetia) 10mg Tablets	UD 100	PKG	220	385.19	MERCK 66582-0414-28	
10177 1 210-24-0610	(Generic Only) Fenofibrate 54mg Tablet	90	BTL	60	36.60	GLOBAL 00115-5511-10	
14707 1 210-24-0613D	Gemfibrozil Tablets 600 mg	500	BTL	220	31.61	CARACO 57664-0115-13	
947 1 210-24-0613S	Gemfibrozil 600mg Tablets (Lopid)	60	BTL	225	7.45	WESTWARD 00143-9130-60	
1010 1 210-24-0613U	Gemfibrozil 600mg Tablets (Lopid)	UD 100	PKG	160	21.20	WESTWARD 00904-5988-61	
6079 1 210-24-0619T	Ezetimibe 10mg Simvastatin 10mg Tablets (Vytorin 10/10)	30	BTL	60	128.76	MERCK 66582-0311-31	*
1000 1 210-24-0620 T	Ezetimibe 10mg Simvastatin 20mg (Vytorin 10/20) Tablets	30	BTL	60	128.76	MERCK 66582-0312-31	*
5953 1 210-24-0621 T	Ezetimibe 10mg Simvastatin 40mg (Vytorin 10/40) Tablets	30	BTL	60	128.76	MERCK 66582-0313-31	*

* To advise of price increase effective for orders issued on or after June 12, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
843 1 210-24-0623T	Ezetimibe 10mg Simvastatin 80mg Tablets (Vytorin 10/80)	30	BTL	60	128.76	MERCK 66582-0315-31	*
1030 1 210-24-0749S	Lovastatin Tablets 10mg (Mevacor)	60	BTL	30	2.80	LUPIN 68180-0467-07	
5621 1 210-24-0749U	Lovastatin Tablets 10mg (Mevacor)	UD 100	PKG	60	38.03	MYLAN 51079-0974-20	
1031 1 210-24-0750 S	Lovastatin 20mg Tablets (Mevacor)	60	BTL	225	2.51	LUPIN 68180-0468-07	
5622 1 210-24-0750 U	Lovastatin 20mg Tablets (Mevacor)	UD 100	PKG	60	46.54	MYLAN 51079-0975-20	
1032 1 210-24-0751 S	Lovastatin (Mevacor) 40mg Tablets	60	BTL	30	3.89	LUPIN 68180-0469-07	
(TBD) 1 210-24-0771D	Pravastatin 20 mg tablets	500	BTL			NO AWARD	**
10755 1 210-24-0771M	Pravastatin Tablets 20mg (Pravachol)	1000	BTL	220	94.14	TEVA 00093-7201-10	

* To advise of price increase effective for orders issued on or after June 12, 2012.

** To advise of change in award status. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
5336 1 210-24-0771N	Pravastatin 20mg (Pravachol) Tablets	90	BTL	20	6.50	WATSON 16252-0527-90	
951 1 210-24-0771U	Pravastatin 20mg (Pravachol) Unit Dose Tablets	UD 100	PKG	160	20.26	GLENMARK 00904-6114-61	
19532 1 210-24-0772N	Pravastatin Tablets 40mg (Pravachol)	90	BTL	20	8.46	WATSON 16252-0528-90	**
19533 1 210-24-0773N	Pravastatin Tablets 80mg (Pravachol)	90	BTL	225	15.26	GLENMARK 68462-0198-90	**
19534 1 210-24-0779N	Rosuvastatin Tablets 5mg (Crestor)	90	BTL	60	416.35	ASTRA ZENECA 00310-0755-90	* **
1002 1 210-24-0780 N	Rosuvastatin Tablets 10mg (Crestor)	90	BTL	60	415.65	ASTRA ZENECA 00310-0751-90	*
5400 1 210-24-0787 N	Simvastatin (Zocor) 5mg Tablets	90	BTL	30	1.70	RANBAXY 63304-0789-90	
19535 1 210-24-0788M	Simvastatin 10mg tabs (Zocor)	1000	BTL	225	13.95	OHM 63304-0790-10	**

* To advise of price increase effective for orders issued on or after August 13, 2011.

** To advise of addition of Item ID number.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
969 1 210-24-0788U	Simvastatin (Zocor) 10mg Tablets	UD 100	PKG	160	10.01	DR REDDY 00904-5800-61	
14708 1 210-24-0789M	Simvastatin Tablets 20mg	1,000	BTL			STILL UNDER EVALUATION	
970 1 210-24-0789N	Simvastatin (Zocor) 20mg Tablets	90	BTL	225	2.45	OHM 63304-0791-90	
971 1 210-24-0789U	Simvastatin (Zocor) 20mg Tablets	UD 100	PKG	160	12.01	DR REDDY 00904-5801-61	
14709 1 210-24-0790M	Simvastatin Tablets 40mg	1,000	BTL	240	39.00	ACCORD 16729-0006-17	*
14710 1 210-24-0790N	Simvastatin Tablets 40mg	90	BTL	225	3.63	OHM 63304-0792-90	
972 1 210-24-0790U	Simvastatin (Zocor) 40mg Tablets	UD 100	PKG	160	12.01	DR REDDY 00904-5802-61	
(TBD) 1 210-24-0791M	Simvastatin Tablets 80mg	1000	BTL	75	62.37	ACCORD 16729-0007-17	

* To advise of award of product.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
(TBD) 1 210-24-0791N	Simvastatin Tablets 80mg (Zocor)	90	BTL	30	5.95	ACCORD 16729-0007-15	*
1213 1 210-24-0805 C	Benazepril (Lotensin) 10mg Tablets	100	BTL	30	3.50	AUROBINDO 65862-0116-01	
936 1 210-24-0815 C	Doxazosin Mesylate (Cardura) 1mg Tabs	100	BTL	225	4.40	NOVOPHARM 00093-8120-01	
937 1 210-24-0816 C	Doxazosin Mesylate (Cardura) 2mg Tabs	100	BTL	225	4.95	NOVOPHARM 00093-8121-01	
5275 1 210-24-0817 C	Doxazosin Mesylate (Cardura) 4mg Tabs	100	BTL	225	5.49	NOVOPHARM 00093-8122-01	
5276 1 210-24-0818 C	Doxazosin Mesylate (Cardura) 8mg Tabs	100	BTL	225	6.59	NOVOPHARM 00093-8123-01	
14711 1 210-24-0822M	Metoprolol Tartrate Tablets 25mg	UD 100	BTL			NO AWARD	
(TBD) 1 210-24-0822U	Metoprolol Tablets 25mg (Lopressor)	UD 100	PKG	60	7.12	MYLAN 51079-0255-20	

* To advise of change in manufacturer and corresponding NDC number.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
977 1 210-24-0823 C	Metoprolol Tartrate Tablets 50mg (Lopressor)	100	BTL	225	1.42	CARACO 57664-0477-52	
14712 1 210-24-0823M	Metoprolol Tartrate Tablets 50mg	1,000	BTL	30	12.90	RANBAXY 63304-0580-10	
978 1 210-24-0823U	Metoprolol Tartrate Tablets 50mg (Lopressor)	UD 100	PKG			NO AWARD	
979 1 210-24-0824 C	Metoprolol Tartrate Tablets 100mg (Lopressor)	100	BTL	30	2.36	RANBAXY 63304-0581-01	
5461 1 210-24-0824M	Metoprolol Tartrate Tablets 100mg (Lopressor)	1000	BTL	30	19.89	RANBAXY 63304-0581-10	
5462 1 210-24-0824U	Metoprolol Tartrate Tablets 100mg (Lopressor)	UD 100	PKG			NO AWARD	
7355 1 210-24-0825 C	Captopril Tablets 12.5mg (Capoten)	100	BTL	225	1.02	WOCKHARDT 64679-0902-01	*
1216 1 210-24-0826 C	Captopril Tablets 25mg (Capoten)	100	BTL	225	1.00	WOCKHARDT 64679-0903-01	*

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1217 1 210-24-0826 U	Captopril Tablets 25mg (Capoten)	UD 100	PKG	160	5.50	WESTWARD 00904-5046-61	
1218 1 210-24-0827 C	Captopril Tablets 50mg (Capoten)	100	BTL	240	1.73	WOCKHARDT 64679-0904-01	
1224 1 210-24-0831 C	Clonidine HCL 0.1mg Tablets (Catapres)	100	BTL	225	2.30	ACTAVIS 00228-2127-10	
14713 1 210-24-0831D	Clonidine HCl Tablets 0.1 mg	500	BTL	30	10.10	ACTAVIS 00228-2127-50	
14714 1 210-24-0831M	Clonidine HCl Tablets 0.1 mg	1,000	BTL	240	21.95	QUALITEST 00603-2957-32	*
7416 1 210-24-0831U	Clonidine HCL 0.1mg Tablets (Catapres)	UD 100	PKG	160	4.55	ACTAVIS 00904-5656-61	
1225 1 210-24-0832 C	Clonidine HCL 0.2mg Tablets (Catapres)	100	BTL	30	2.79	ACTAVIS 00228-2128-10	
(TBD) 1 210-24-0832K	Clonidine HCl Tablets 0.2mg Blister Cards	UD 300	PKG			NO AWARD	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
14715 1 210-24-0832M	Clonidine HCl Tablets 0.2 mg	1,000	BTL	75	30.11	DAVA 67253-0264-11	
7417 1 210-24-0832U	Clonidine HCL 0.2mg Tablets (Catapres)	UD 100	PKG	160	6.21	ACTAVIS 00904-5657-61	
1226 1 210-24-0833 C	Clonidine HCL 0.3mg Tablets (Catapres)	100	BTL	30	3.44	ACTAVIS 00228-2129-10	
7418 1 210-24-0835A	Clonidine Transdermal TTS-1 (Catapres TTS)	4	PKG	30	66.50	PAR 49884-0774-86	*
1227 1 210-24-0836A	Clonidine Transdermal TTS-2 (Catapres-TTS)	4	PKG	30	112.00	PAR 49884-0775-86	*
7419 1 210-24-0837A	Clonidine Transdermal TTS-3 (Catapres-TTS)	4	PKG	30	154.00	PAR 49884-0776-86	*
981 1 210-24-0841 C	Nadolol (Corgard) 20mg Tablets	100	BTL	220	7.89	SANDOZ 00781-1181-01	
5464 1 210-24-0842 C	Nadolol (Corgard) 40mg Tablets	100	BTL	220	12.39	SANDOZ 00781-1182-01	

* To advise of price decrease effective for orders issued on or after June 29, 2011.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
14801 1 210-24-0846C	Lisinopril 40mg Tablets	100	BTL	225	4.72	WOCKHARDT 64679-0942-01	
5616 1 210-24-0847C	Lisinopril Tablets 2.5mg (Prinivil)	100	BTL			STILL UNDER EVALUATION	
1025 1 210-24-0847U	Lisinopril Tablets 2.5mg (Prinivil)	UD 100	PKG			NO AWARD	
1021 1 210-24-0850 C	Labetalol HCL (Normodyne) 100mg Tablets	100	BTL	75	5.45	WATSON 00591-0605-01	
1022 1 210-24-0850 U	Labetalol HCL (Normodyne) 100mg Tablets	UD 100	PKG	160	8.60	WATSON 00904-5928-61	*
1023 1 210-24-0851 C	Labelatol HCL (Normodyne) 200mg Tablets	100	BTL	75	8.49	WATSON 00591-0606-01	
1024 1 210-24-0851 U	Labetalol HCL (Normodyne) 200mg Tablets	UD 100	PKG	160	12.90	WATSON 00904-5929-61	*
1012 1 210-24-0852 C	Hydralazine 50mg Tablets	100	BTL	30	4.99	HERITAGE 23155-0003-01	

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1026 1 210-24-0853 C	Lisinopril (Prinivil) 5mg Tablets	100	BTL	220	1.34	WESTWARD 00143-1266-01	
5617 1 210-24-0853M	Lisinopril tablets 5 mg (Prinivil)	1000	BTL	220	11.28	WESTWARD 00143-1266-10	
1027 1 210-24-0853U	Lisinopril (Prinivil) 5mg Tablets	UD 100	PKG	160	4.57	SANDOZ 00904-5811-61	*
(TBD) 1 210-24-0854M	Lisinopril tablets 10mg (Prinivil)	1000	BTL	220	14.45	WESTWARD 00143-1267-10	
1028 1 210-24-0854U	Lisinopril (Prinivil) 10mg Tablets	UD 100	PKG	160	5.28	SANDOZ 00904-5808-61	*
14716 1 210-24-0855M	Lisinopril 20mg Tablets	1,000	BTL	220	22.57	WESTWARD 00143-1268-01	
5620 1 210-24-0855U	Lisinopril (Prinivil) 20mg Tablets	UD 100	PKG	160	7.49	SANDOZ 00904-5809-61	*
1011 1 210-24-0856 C	Hydralazine (Apresoline) 10mg Tablets	100	BTL	30	4.20	HERITAGE 23155-0001-01	

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
5963 1 210-24-0859C	Hydralazine Tablets 25mg (Apresoline)	100	BTL	30	4.50	HERITAGE 23155-0002-01	
980 1 210-24-0860 C	Minoxidil (Loniten) 2.5 mg Tablets	100	BTL	30	7.60	MUTUAL 53489-0386-01	
974 1 210-24-0861N	Losartan (Cozaar) 25mg Tablets	90	BTL	30	76.00	TORRENT 13668-0113-90	*
5406 1 210-24-0861U	Losartan (Cozaar) 25mg Tablets	UD 100	PKG			NO AWARD	
975 1 210-24-0862N	Losartan (Cozaar) 50mg Tablets	90	BTL	30	8.50	TEVA 00093-7365-98	
5407 1 210-24-0862U	Losartan (Cozaar) 50mg Tablets	UD 100	PKG			NO AWARD	
5463 1 210-24-0863C	Minoxidil (Loniten) 10 mg Tablets	100	BTL	30	12.70	MUTUAL 53489-0387-01	
5327 1 210-24-0865 C	Enalapril Maleate (Vasotec) 2.5mg Tablets	100	BTL	75	1.34	WOCKHARDT 64679-0923-02	

* To advise of change in manufacturer and corresponding NDC number.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
941 1 210-24-0865 U	Enalapril Maleate (Vasotec) 2.5mg Tablets	UD 100	PKG	160	4.90	WOCKHARDT 00904-5609-61	*
5329 1 210-24-0866 C	Enalapril Maleate (Vasotec) 5mg Tablets	100	BTL	75	1.34	WOCKHARDT 64679-0924-02	
942 1 210-24-0866M	Enalapril 5mg tabs (Vasotec)	1000	BTL	75	12.88	WOCKHARDT 64679-0924-03	
5330 1 210-24-0866U	Enalapril Maleate (Vasotec) 5mg Tablets	UD 100	PKG	160	5.25	WOCKHARDT 00904-5502-61	*
935 1 210-24-0867 C	Enalapril Maleate (Vasotec) 10mg Tablets	100	BTL	225	1.66	WOCKHARDT 64679-0925-02	
14717 1 210-24-0867M	Enalapril Maleate Tablet 10mg	1,000	BTL	75	14.99	WOCKHARDT 64679-0925-03	
944 1 210-24-0867U	Enalapril Maleate (Vasotec) 10mg Tablets	UD 100	PKG	160	5.85	WOCKHARDT 00904-5610-61	*
5332 1 210-24-0868 C	Enalapril Maleate (Vasotec) 20mg Tablets	100	BTL	30	1.69	WOCKHARDT 64679-0926-02	

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
14718 1 210-24-0868M	Enalapril Maleate Tablet 20mg	1,000	BTL	30	16.25	WOCKHARDT 64679-0926-03	
946 1 210-24-0868U	Enalapril Maleate (Vasotec) 20mg Tablets	UD 100	PKG	160	8.02	WOCKHARDT 00904-5611-61	
7098 1 210-24-0870 C	Guanfacine Tablets 1mg	100	BTL	75	5.80	WATSON 00591-0444-01	
(TBD) 1 210-24-0872C	Prazosin HCl Capsules 1mg (Minipres)	100	BTL	240	8.98	TEVA 00093-4067-01	
(TBD) 1 210-24-0872U	Prazosin caps 1 mg	UD 100	PKG	60	12.59	MYLAN 51079-0630-20	
11943 1 210-24-0874 C	Prazosin HCL 5mg Capsules (Minipres)	100	BTL	225	26.29	TEVA 00093-4069-01	
5338 1 210-24-0973 C	Metoprolol Succinate XL Tabs 25mg (Toprol XL)	100	BTL	20	37.70	WATSON 62037-0830-01	*
5339 1 210-24-0974 C	Metoprolol Succinate XL Tabs 50mg (Toprol XL)	100	BTL	20	37.70	WATSON 62037-0831-01	*

* To advise of price decrease effective for orders issued on or after December 19, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
955 1 210-24-0974 U	Metoprolol Succinate XL Tabs 50mg (Toprol XL)	UD 100	PKG			NO AWARD	
954 1 210-24-0975 C	Metoprolol Succinate XL Tabs 100mg (Toprol XL)	100	BTL	220	97.53	WATSON 62037-0832-01	
5340 1 210-24-0975 U	Metoprolol Succinate XL Tabs 100mg (Toprol XL)	UD 100	PKG			NO AWARD	
5398 1 210-24-1081 C	Ramipril (Altace) 2.5 mg Capsules	100	BTL	225	2.35	ROXANE 00054-0107-25	*
965 1 210-24-1082 C	Ramipril (Altace) 5 mg Capsules	100	BTL	225	2.35	ROXANE 00054-0108-25	*
5399 1 210-24-1082 U	Ramipril (Altace) 5 mg Capsules	UD 100	PKG	255	9.50	ROXANE 00054-0108-20	
996 1 210-24-1091C	Tamsulosin HCl (Flomax) 0.4mg Capsules	100	BTL	30	21.20	WOCKHARDT 64679-0516-02	
993 1 210-24-1096 C	Terazosin HCL (Hytrin) 1mg Capsules	100	BTL	225	4.35	CADISTA 59746-0383-06	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
5475 1 210-24-1096 U	Terazosin HCL (Hytrin) 1mg Capsules	UD 100	PKG	160	12.49	SANDOZ 00904-6126-61	
994 1 210-24-1097 C	Terazosin HCL (Hytrin) 2mg Capsules	100	BTL	225	4.35	CADISTA 59746-0384-06	
5477 1 210-24-1098 C	Terazosin HCL (Hytrin) 5 mg Capsules	100	BTL	225	4.35	CADISTA 59746-0385-06	
995 1 210-24-1098 U	Terazosin HCL (Hytrin) 5 mg Capsules	UD 100	PKG	160	12.49	SANDOZ 00904-6128-61	
14802 1 210-24-1102T	Valsartan 40mg Tablets (Diovan)	30	BTL	220	85.96	NOVARTIS 00078-0423-15	*
5955 1 210-24-1103 U	Valsartan Tablets 80mg (Diovan)	UD 100	PKG	60	325.62	NOVARTIS 00078-0358-06	
6036 1 210-24-1206 S	Aspirin 25mg Dipyridamole 200mg Ext Rel (Aggrenox) Caps	60	BTL	60	198.21	B-I 000597-0001-60	
5271 1 210-24-1260 C	Dipyridamole Tablets 50mg (Persantine)	100	BTL	240	8.88	RISING 64980-0134-01	

* To advise of price increase effective for orders issued on or after October 31, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
1018 1 210-24-1352 C	Isosorbide Mono ER Tab 30mg	100	BTL	30	22.60	KREMER 62175-0128-37
(TBD) 1 210-24-1352M	Isosorbide Mono ER tab 30 mg	1000	BTL	220	260.31	KREMERS URBAN 62175-0128-43
5610 1 210-24-1352U	Isosorbide Mono ER Tab 30mg	UD 100	PKG			NO AWARD
5611 1 210-24-1353 C	Isosorbide Mono ER Tab 60mg	100	BTL	30	23.10	KREMER 62175-0119-37
1017 1 210-24-1357 C	Isosorbide Mononitrate Oral Tabs 20mg (Ismo)	100	BTL	30	5.26	ACTAVIS 00228-2620-11
5966 1 210-24-1358 C	Isosorbide Dinitrate 20mg Oral Tablets (Isordil)	100	BTL	225	2.35	WESTWARD 00143-1772-01
5608 1 210-24-1358 U	Isosorbide Dinitrate 20mg Oral Tablet (Isordil)	UD 100	PKG			NO AWARD
5964 1 210-24-1359 C	Isosorbide Dinitrate 5mg Oral Tablets (Isordil)	100	BTL	225	1.93	WESTWARD 00143-1769-01

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1015 1 210-24-1360 C	Isosorbide Dinitrate 10mg Oral Tablets (Isordil)	100	BTL	220	2.18	WESTWARD 00143-1771-01	
1014 1 210-24-1360 U	Isosorbide Dinitrate 10mg Oral Tablet (Isordil)	UD 100	PKG			NO AWARD	
1019 1 210-24-1362 C	Isosorbide Dinitrate 30mg Oral Tablets (Isordil)	100	BTL	220	8.18	WESTWARD 00143-1773-01	
5473 1 210-24-1447	Nitroglycerin 2% Ointment (Nitrol)	30 gm 1	TB	60	3.84	FOUGERA 00168-0326-30	
5474 1 210-24-1449 T	Nitroglycerin (Transderm-Nitro) 0.1mg/hr	30	PKG	220	13.86	MYLAN 00378-9102-93	
948 1 210-24-1450 T	Nitroglycerin (Transderm-Nitro) 0.2mg/hr	30	PKG	240	10.75	KREMERS URBAN 62175-0123-01	*
5335 1 210-24-1451 T	Nitroglycerin (Transderm-Nitro) 0.4mg/hr	30	PKG	240	12.55	KREMERS URBAN 62175-0124-01	*
(TBD) 1 210-24-1452T	Nitroglycerin Transdermal Nitro 0.3 Patch	30	PKG			NO AWARD	

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
(TBD) 3 210-28-0605	Meperidine 100 mg/cc carpuject	10	PKG	75	11.18	HOSPIRA 00409-1180-69	
(TBD) 3 210-28-0803M	Acetaminophen Tablets 325 mg	1000	BTL	75	4.29	PLUS PHARMA 51645-0703-10	
1144 3 210-28-0804	Acetaminophen Elixir 160mg/5ml (Tylenol)	4 oz 1	BTL	160	1.18	BIOPHARM 00904-1985-20	*
7138 3 210-28-0804 P	Acetaminophen Elixir 160mg/5ml (Tylenol)	16 oz 1	BTL	160	2.80	BIOPHARM 00904-1985-16	*
1154 3 210-28-0806 C	Aspirin Tablets 5 grain White	100	BTL	75	0.59	PHARBEST 16103-0365-08	
269-28-08-883-5 3 210-28-0806 U	Each tablet must be individually unit dose packaged - Do not want 2 tablet packs Aspirin Tablets 5 grain White	UD 100	PKG			NO AWARD	
(TBD) 3 210-28-0807A	Aspirin Tablets 81mg Chewable Tablets	36	BTL			STILL UNDER EVALUATION	
1151 3 210-28-0810 M	Aspirin 81mg E.C. Tablets	1,000	BTL	225	4.10	TIMECAP 49483-0054-10	

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
7148 3 210-28-0811M	Aspirin Tablets Enteric Coated 325mg	1,000	BTL	75	5.75	TIME CAP 49483-0052-10	
(TBD) 3 210-28-0812C	(Fioricet with Codeine caps) Aceta 325mg Butal 50mg Caff 40mg Cod 30mg	100	BTL	75	18.82	WATSON 00591-3220-01	
6753 3 210-28-0814 M	Acetaminophen 500mg Tabs (Tylenol Extra Strength)	1,000	BTL			NO AWARD	*
10332 3 210-28-0814U	Acetaminophen Tablets 500 mg 1-tablet per UD packet	UD 100	PKG	160	2.53	GEMINI 00904-1988-61	
1143 3 210-28-0818	(Midol Menstrual Complete) Aceta 500mg Caf 60mg Pyrilamine 15mg cap	24	PKG	170	4.71	BAYER 31284-3158-59	
7140 3 210-28-0819 C	Aceta/Aspirin/Caffeine 250mg/250mg/65mg (Excedrin Extra Strength - NOT Migraine) Tablets	100	BTL	170	2.38	PERRIGO CO. 00113-0430-78	
7435 3 210-28-0826 C	Choline Magnesium Trisalicylate Tablets 500mg	100	BTL			NO AWARD	*
1402 3 210-28-0827 C	440mg Choline Salicylate & 544mg Magnesium Salicylate - 750mg Salicylate content Tablets (Trilisate)	100	BTL			NO AWARD	

* To advise of change in award status. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1331 3 210-28-0829 C	Acetaminophen 650mg; Propoxyphene 100mg Darvocet-N 100 Tablets	100	BTL			STILL UNDER EVALUATION	
(TBD) 3 210-28-0829D	(Darvocet N 100) Acetaminophen 650/Propoxyphene 100mg tabs	500	BTL	30	19.88	QUALITEST 00603-5468-28	
1333 3 210-28-0829U	Acetaminophen 650mg; Propoxyphene 100mg Darvocet-N 100 Tablets	UD 100	PKG	60	9.84	MYLAN 51079-0322-20	
1353 3 210-28-0833 C	Celecoxib (Celebrex) 100mg Capsules	100	BTL	60	301.65	PFIZER 00025-1520-31	*
6826 3 210-28-0833 U	Celecoxib (Celebrex) 100mg Capsules	UD 100	PKG	60	291.52	PFIZER 00025-1520-34	*
1354 3 210-28-0834 C	Celecoxib (Celebrex) 200mg Capsules	100	BTL	60	494.77	PFIZER 00025-1525-31	*
1355 3 210-28-0834 U	Celecoxib (Celebrex) 200mg Capsules	UD 100	PKG	60	494.77	PFIZER 00025-1525-34	*
(TBD) 3 210-28-0837C	Diclofenac Tablets 75mg (Voltaren)	100	BTL	220	25.96	PACK 16571-0201-10	

* To advise of price increase effective for orders issued on or after October 1, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
1619 3 210-28-0843 A	(Generic Only) Fentanyl Transdermal 25mcg/hr	5	BOX	225	13.86	ACTAVIS 67767-0120-18
6389 3 210-28-0844 A	(Generic Only) Fentanyl Transdermal (Duragesic) 50mcg/hr	5	BOX	225	22.04	ACTAVIS 67767-0121-18
1620 3 210-28-0847 A	(Generic Only) Fentanyl Transdermal 75mcg/hr	5	BOX	225	35.52	ACTAVIS 67767-0122-18
6390 3 210-28-0848 A	(Generic Only) Fentanyl Transdermal 100mcg/hr	5	BOX	225	46.77	ACTAVIS 67767-0123-18
7365 3 210-28-0871 A	OTC Formulation Only Ibuprofen 100mg/5ml Suspension	4 oz 1	BTL	30	2.30	ACTAVIS 00472-1255-94
6489 3 210-28-0871 P	Ibuprofen 100mg/5ml Suspension	16 oz 1	BTL	75	11.29	PERRIGO 45802-0952-43
10323 3 210-28-0872D	Ibuprofen Tablets 200 mg	500	BTL	160	6.09	PERRIGO 00904-7915-40 *
1496 3 210-28-0872L	Ibuprofen 200mg Tablets (Motrin)	50	BTL	75	0.99	GERICARE 57896-0941-05

* To advise of award of product.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
(TBD) 3 210-28-0872M	Ibuprofen Tablets 200mg	1000	BTL	75	10.38	PLUS PHARMA 51645-0777-10	
1498 3 210-28-0875 C	Ibuprofen Tabs 400mg (Motrin)	100	BTL	160	1.99	AMNEAL 00904-1748-60	*
10324 3 210-28-0875D	Ibuprofen (Motrin) Tabs 400mg	500	BTL	160	8.79	AMNEAL 00904-1748-40	*
7368 3 210-28-0875U	Ibuprofen Tabs 400mg (Motrin)	UD 100	PKG	160	3.39	DR REDDY 00904-5853-61	
10325 3 210-28-0876D	Ibuprofen (Motrin) Tabs 600mg	500	BTL	220	16.72	INTERPHARM 53746-0465-05	
1262 3 210-28-0876U	Ibuprofen Tablets 600mg (Motrin)	UD 100	PKG	160	3.95	DR REDDY 00904-5854-61	
6488 3 210-28-0877 U	Ibuprofen Tablets 800mg (Motrin)	UD 100	PKG	160	5.19	DR REDDY 00904-5855-61	
1289 3 210-28-0880 C	Indomethacin Capsules 25mg (Indocin)	100	BTL	240	10.66	TEVA 00093-4029-01	

* To advise item has not been renewed in this contract and will expire on 09/30/11. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
65613 210-28-0880 M	Indomethacin Capsules 25mg (Indocin)	1,000	BTL	30	98.85	TEVA 00093-4029-10	
12903 210-28-0880 U	Indomethacin Capsules 25mg (Indocin)	UD 100	PKG	60	18.11	MYLAN 51079-0190-20	
146763 210-28-0881D	Indomethacin Capsules 50mg	500	BTL	240	63.33	TEVA 00093-4030-05	*
12923 210-28-0882 S	Indomethacin S.R. Capsules 75mg (Indocin)	60	BTL	75	98.68	KVK-TECH 10702-0016-06	
103263 210-28-0890C	Piroxicam Capsules 10mg	100	BTL	30	60.00	TEVA 00093-0756-01	
13973 210-28-0891 C	Piroxicam (Feldene) 20mg Capsules	100	BTL			STILL UNDER EVALUATION	
16213 210-28-0892C	Ketoprofen 50mg Capsules	100	BTL	225	5.55	TEVA 00093-3193-01	
56803 210-28-0893 C	Ketoprofen Capsules 75mg	100	BTL	225	7.12	TEVA 00093-3195-01	

* To advise of award of product.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1293 3 210-28-0895 C	Ketorolac Tromethamine (Toradol) 10mg Tabs	100	BTL	225	12.40	TEVA 00093-0314-01	
6615 3 210-28-0896V	Ketorolac Tromethamine Inj. 60mg/2ml (Toradol) 2ml Vial. Must have vials - not syringes	1 ml 1	PKG	240	8.15	WOCKHARDT 64679-0758-06	*
(TBD) 3 210-28-0897V	Ketorolac Trometh 30mg/ml vial (Toradol). 1 ml vial. Must have vials - no syringes	1 ml 1	VL	220	8.85	WOCKHARDT 64679-0758-04	
14677 3 210-28-0898C	Meloxicam 7.5mg Tablets	100	BTL	220	1.55	UNICHEM 29300-0124-01	
(TBD) 3 210-28-0898D	Meloxicam 7.5mg tablets	500	BTL			STILL UNDER EVALUATION	
(TBD) 3 210-28-0899C	Meloxicam Tablets 15mg (Mobic)	100	BTL			STILL UNDER EVALUATION	
(TBD) 3 210-28-0904C	Methadone Tablets 5mg	100	BTL	255	3.75	ROXANE 00054-4570-25	
6443 3 210-28-0905 C	Methadone (Roxane) 10mg Tablets	100	BTL	255	5.55	ROXANE 00054-4571-25	

* To advise of award of product.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6689 3 210-28-0908	(No Substitution) Methadone Conc. 10mg/ml Cherry (Roxane)	1 Quart 1	BTL			NO AWARD	
1323 3 210-28-0911	(No Substitution) Methadone Clear Conc. (Methadose Clear) 10mg/ml	1 Liter 1	BTL	255	29.22	ROXANE 00054-0391-68	
1322 3 210-28-0912	(No Substitution) Methadone Cherry Conc. (Methadose Cherry) 10mg/ml	1 Liter 1	BTL	255	29.22	ROXANE 00054-0392-68	
1320 3 210-28-0913	Meperidine 50mg/cc lml Carpuject (Demerol)	10	PKG	75	11.18	HOSPIRA 00409-1178-30	
6363 3 210-28-0916	Morphine Sulfate Conc. Soln. 20mg/ml with dropper	30 ml 1	BTL	225	12.07	ROXANE 00054-0352-44	*
1653 3 210-28-0917	Morphine Inj. 2mg/ml 1ml Disp. Syringe	10	PKG			NO AWARD	
6505 3 210-28-0918	Morphine Inj. 4mg/ml 1ml Disp. Syringe	10	PKG			NO AWARD	
1520 3 210-28-0919	Morphine Inj. 10mg/ml 1ml Vial	25	PKG			NO AWARD	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1142 3 210-28-0920 C	Acetaminophen 325mg, Dichloralphenazone 100mg, Isometheptene 65mg Midrin Capsules	100	BTL	75	24.95	AMNEAL 53746-0141-01	
269-28-58-560-8 3 210-28-0921U	Morphine Sulfate Conc. Soln. 10mg/5ml 5ml UD	40	BOX	255	25.28	ROXANE 00054-0237-55	*
1524 3 210-28-0926 C	Naproxen 250mg Tablets (Naprosyn)	100	BTL	220	2.56	INTERPHARM 53746-0188-01	
1525 3 210-28-0926 U	Naproxen 250mg Tablets (Naprosyn)	UD 100	PKG	160	6.21	AMNEAL 00904-6069-61	
6369 3 210-28-0927 C	Naproxen 375mg Tablets (Naprosyn)	100	BTL	75	3.20	AMNEAL 53746-0189-01	
1527 3 210-28-0927 U	Naproxen 375mg Tablets (Naprosyn)	UD 100	PKG	160	8.37	AMNEAL 00904-5590-61	
1529 3 210-28-0928U	Naproxen 500mg Tablets (Naprosyn)	UD 100	PKG	220	4.29	TEVA 00093-0149-93	
6393 3 210-28-0933 C	(No Substitute) (Generic Only) Nabumetone 750 mg Tablets	100	BTL	30	16.25	PAR 49884-0650-01	

* To advise of price increase effective for orders issued on or after May 1, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
(TBD) 3 210-28-0935U	Oxycodone 5 mg tablets	UD 100	PKG	95	16.35	AMERICAN HEALTH 68084-0354-01	
12669 3 210-28-0936	Oxycodone HCL CR (Oxycontin) Tablets 10mg	100	BTL			NO AWARD	
12670 3 210-28-0937	Oxycodone HCL CR (Oxycontin) Tablets 20mg	100	BTL			NO AWARD	
12671 3 210-28-0939	Oxycodone HCL CR (Oxycontin) Tablets 40mg	100	BTL			NO AWARD	
1334 3 210-28-0940 C	Aceta 500mg Hydrocodone 5mg Tablets	100	BTL	225	2.83	MALLINCKDRODT 00406-0357-01	*
1335 3 210-28-0940 U	Aceta 500mg Hydrocodone 5mg Tablets	UD 100	PKG	95	6.78	AMERICAN HEALTH 62584-0738-01	
1328 3 210-28-0946 C	Acetaminophen 325mg, Phenyltoloxamine Citrate 30 mg Percogesic Tablets	100	BTL	20	2.48	WATSON RUGBY 00536-3014-01	
6751 3 210-28-0947 C	Acetaminophen 325mg Oxycodone HCL 5mg Tablets	100	BTL	75	3.29	MALLINCKRODT 00406-0512-01	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6752 3 210-28-0947 U	Acetaminophen 325mg Oxycodone HCL 5mg Tablets	UD 100	PKG	75	10.95	MALLINCKRODT 00406-0512-62	
(TBD) 3 210-28-0948U	Acetaminophen 325 mg Oxycodone 5 mg/5ml	UD 40	PKG			NO AWARD	
(TBD) 3 210-28-0965C	Sulindac Tablets 150mg	100	BTL	225	8.48	AMNEAL 23155-0005-01	
7030 3 210-28-0966 C	Sulindac 200mg (Clinoril)	100	BTL	225	10.95	HERITAGE 23155-0006-01	
1149 3 210-28-0973 C	(Tylenol #3) Acetaminophen 300mg w/Codeine Tabs 30mg	100	BTL	245	5.37	VINTAGE 00603-2338-21	*
1147 3 210-28-0973 U	(Tylenol #3) Acetaminophen 300mg w/Codeine Tabs 30mg	UD 100	PKG			STILL UNDER EVALUATION	
1182 3 210-28-0981 C	Tramadol (Ultram) 50mg Tablets	100	BTL	225	2.28	AMNEAL 65162-0627-10	
7276 3 210-28-0981K	Punch Card 300 UD Packaging Tramadol (Ultram) 50mg Tablets	UD 300	PKG	60	16.25	MYLAN 51079-0991-56	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
14679 3 210-28-0981M	Tramadol Tablets 50mg	1,000	BTL	225	17.65	AMNEAL 65162-0627-11	
1521 3 210-28-1050 A	Naloxone HCL 0.4mg/ml (Narcan) 1ml Amp	10	BOX			NO AWARD	
6365 3 210-28-1060 T	Naltrexone HCL 50mg Tablets (Revia)	30	BTL	30	25.70	MALLINCKRODT 00406-1170-03	
1171 3 210-28-1219 H	Carbamazepine ER 200mg (Carbatrol) Capsules	120	BTL			STILL UNDER EVALUATION	
1172 3 210-28-1220 H	Carbamazepine ER 300mg (Carbatrol) Capsules	120	BTL			STILL UNDER EVALUATION	
7369 3 210-28-1228C	Carbamazepine XR 200mg (Tegretol XR) Tabs	100	BTL	220	64.20	SANDOZ 00781-5087-01	
1502 3 210-28-1229C	Carbamazepine XR 400mg (Tegretol XR) Tablets	100	BTL	240	128.03	SANDOZ 00781-5088-01	*
1499 3 210-28-1230 C	Carbamazepine XR 100mg (Tegretol XR) Tabs	100	BTL			NO AWARD	

* To advise of award of product.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1174 3 210-28-1238 C	(No Substitution) Carbamazepine 100mg (Generic Only) Chew Tab	100	BTL	225	4.52	TORRENT 13668-0271-01	
1176 3 210-28-1238 U	(No Substitution) Carbamazepine 100mg (Generic Only) Chew Tab	UD 100	PKG	160	12.09	TORRENT 00904-3854-61	
1501 3 210-28-1239 M	(No Substitution) Carbamazepine Tablets 200mg (Generic Only)	1,000	BTL	225	32.20	TEVA 00093-0109-10	*
7370 3 210-28-1239 U	(No Substitution) Carbamazepine Tablets 200mg (Generic Only)	UD 100	PKG	160	9.10	APOTEX 00904-3855-61	
1173 3 210-28-1243	Carbamazepine Suspension (Generic Only) (No Substitution) 100mg/5ml	450 ml 1	BTL	75	12.89	WOCKHARDT 60432-0129-16	
1390 3 210-28-1256 C	Extended Phenytoin Sodium Capsules 100mg (Generic Only) (No Substitution)	100	BTL	30	7.60	CARACO 62756-0402-01	
1392 3 210-28-1256 M	Extended Phenytoin Sodium Capsules 100mg (Generic Only) (No Substitution)	1,000	BTL	240	64.99	WOCKHARDT 64679-0720-02	
6964 3 210-28-1256 U	Extended Phenytoin Sodium Capsules 100mg (Generic Only) (No Substitution)	UD 100	PKG	60	24.45	MYLAN 51079-0905-20	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1389 3 210-28-1260 C	Extended Phenytoin Sodium Capsules 100mg (Dilantin) (No Substitution)	 100	 BTL	 60	 54.14	 PFIZER 00071-0369-24	*
6965 3 210-28-1260 M	Extended Phenytoin Sodium Capsules 100mg (Dilantin) (No Substitution)	 1,000	 BTL	 60	 541.45	 PFIZER 00071-0369-32	*
1391 3 210-28-1260 U	Extended Phenytoin Sodium Capsules 100mg (Dilantin) (No Substitution)	 UD 100	 PKG	 60	 59.74	 PFIZER 00071-0369-40	*
1393 3 210-28-1261 A	Phenytoin Sodium Suspension 125mg/5ml (Generic Only)	 8 oz 1	 BTL	 220	 20.50	 TARO 51672-4069-01	
1395 3 210-28-1263 C	Phenytoin Sodium Chewable Tablets 50mg (Dilantin)	 100	 BTL			 STILL UNDER EVALUATION	
6968 3 210-28-1263 U	Phenytoin Sodium Chewable Tablets 50mg (Dilantin)	 UD 100	 PKG			 STILL UNDER EVALUATION	
6901 3 210-28-1264 C	Divalproex Sodium 125 mg E.C. Tablets (Depakote)	 100	 BTL	 225	 3.30	 SUN 62756-0796-88	
1380 MBE; 2 210-28-1264 U	Divalproex Sodium 125 mg E.C. Tablets (Depakote)	 UD 100	 PKG			 NO AWARD	

* To advise of price increase effective for orders issued on or after August 28, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1382 3 210-28-1265 C	Divalproex Sodium (Depakote) 250mg E.C. Tablets	100	BTL	225	5.60	SUN 62756-0797-88	
6956 3 210-28-1265 D	Divalproex Sodium (Depakote) 250mg E.C. Tablets	500	BTL	225	26.60	SUN 62756-0797-13	
1383 MBE; 2 210-28-1265 U	Divalproex Sodium (Depakote) 250mg E.C. Tablets	UD 100	PKG			NO AWARD	
1384 3 210-28-1266 C	Divalproex Sodium (Depakote) 500mg E.C. Tablets	100	BTL	225	10.38	SUN 62756-0798-88	
6900 3 210-28-1272 C	Divalproex Sod Sprinkle 125mg Capsules (Depakote Sprinkles)	100	BTL	30	34.90	DR REDDY 55111-0532-01	
1379 3 210-28-1272 U	Divalproex Sod Sprinkle 125mg Capsules (Depakote Sprinkles)	UD 100	PKG			NO AWARD	
1381 3 210-28-1275C	Divalproex Sod ER Tablets 250mg (Depakote ER)	100	BTL	30	14.40	WOCKHARDT 64679-0724-02	
(TBD) 3 210-28-1275D	Divalproex Sod ER tabs 250 mg (Depakote ER)	500	BTL	240	62.99	WOCKHARDT 64679-0724-03	*

* To advise of award of product.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6902 3 210-28-1275U	Divalproex Sod ER Tablets 250mg (Depakote ER)	UD 100	PKG	160	29.95	WOCKHARDT 00904-5990-61	
6957 3 210-28-1276D	Divalproex Sod ER Tablets 500mg (Depakote ER)	500	BTL	240	98.65	WOCKHARDT 64679-0725-03	*
6415 3 210-28-1276U	Divalproex Sod ER Tablets 500mg (Depakote ER)	UD 100	PKG	160	39.95	WOCKHARDT 00904-6073-61	
1239 3 210-28-1349 P	Gabapentin Oral Soln. (Neurontin) 250mg/5ml	16 oz 1	BTL			NO AWARD	
1235 3 210-28-1350 U	Gabapentin Capsules (Neurontin) 100mg	UD 100	PKG	95	8.19	AMERICAN HEALTH 68084-0079-01	*
(TBD) 3 210-28-1351D	Gabapentin capsules (Neurontin) 300 mg	500	BTL	225	31.90	SUN 62756-0138-05	
6479 3 210-28-1351M	Gabapentin Capsules (Neurontin) 300mg	1,000	BTL			NO AWARD	
6412 3 210-28-1351U	Gabapentin Capsules (Neurontin) 300mg	UD 100	PKG	160	10.99	AMNEAL 00904-6079-61	

* To advise item has not been renewed in this contract and will expire on 09/30/11. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1238 3 210-28-1352 C	Gabapentin Capsules (Neurontin) 400mg	100	BTL	220	8.52	CARACO 62756-0139-02	
6413 3 210-28-1352 D	Gabapentin Capsules (Neurontin) 400mg	500	BTL	220	41.39	CARACO 62756-0139-05	
6414 3 210-28-1352 U	Gabapentin Capsules (Neurontin) 400mg	UD 100	PKG	160	15.02	AMNEAL 00904-6105-61	
1074 3 210-28-1355U	Gabapentin Tablets 600mg	UD 100	PKG	95	29.49	AMERICAN HEALTH 68084-0122-01	
1075 3 210-28-1356 C	Gabapentin Tablets 800mg	100	BTL	240	53.64	CARACO 62756-0204-01	
(TBD) 3 210-28-1356D	Gabapentin Tablets 800mg	500	BTL			NO AWARD	**
1076 3 210-28-1356U	Gabapentin Tablets 800mg	UD 100	PKG	95	50.47	AMERICAN HEALTH 68084-0123-01	*
(TBD) 3 210-28-1374	Lamotrigine Starter Kit 25/100mg	98	PKG			NO AWARD	

* To advise of price increase effective for orders issued on or after January 25, 2012.

** To advise of change in award status. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
(TBD) 3 210-28-1375	Lamotrigine Starter Kit 25/100mg	49	PKG			NO AWARD	
(TBD) 3 210-28-1376U	Lamotrigine tablet 25 mg	UD 100	PKG	60	9.75	MYLAN 51079-0498-20	
(TBD) 3 210-28-1377U	Lamotrigine tablet 100 mg	UD 100	PKG	60	13.35	MYLAN 51079-0499-20	
5681 3 210-28-1378 S	Lamotrigine (Lamictal) 150mg Tablet	60	BTL	75	3.77	TORRENT 13668-0048-60	
1079 3 210-28-1392 H	Levetiracetam Tablets 250mg (Keppra)	120	BTL	255	9.31	ROXANE 00054-0150-23	
5683 3 210-28-1393 H	Levetiracetam Tablets 500mg (Keppra)	120	BTL	220	14.41	ROXANE 00054-0151-23	
1080 3 210-28-1394 H	Levetiracetam Tablets 750mg (Keppra)	120	BTL	220	19.21	ROXANE 00054-0152-23	
6394 3 210-28-1430 C	Oxcarbazepine Tablets 150mg (Trileptal)	100	BTL	240	10.70	BRECKENRIDGE 51991-0292-01	*

* To advise of change in manufacturer and corresponding NDC number.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1625 3 210-28-1430 U	Oxcarbazepine Tablets 150mg (Trileptal)	UD 100	PKG	255	21.27	ROXANE 00054-0097-20	
1626 3 210-28-1431 C	Oxcarbazepine Tablets 300mg (Trileptal)	100	BTL	225	22.35	NEXGEN 51991-0293-01	
1627 3 210-28-1431 U	Oxcarbazepine Tablets 300mg (Trileptal)	UD 100	PKG	255	41.19	ROXANE 00054-0098-20	
6395 3 210-28-1432 C	Oxcarbazepine Tablets 600mg (Trileptal)	100	BTL	225	46.80	NEXGEN 51991-0294-01	
6445 3 210-28-1432 U	Oxcarbazepine Tablets 600mg (Trileptal)	UD 100	PKG	255	73.77	ROXANE 00054-0099-20	
1624 3 210-28-1433	Oxcarbazepine Susp 300mg/5ml	250 ml 1	BTL	220	101.60	SANDOZ 00781-6270-43	
(TBD) 3 210-28-1473N	Pregabalin Capsules 25mg (Lyrica)	90	BTL	220	225.28	PFIZER 00071-1012-68	
10327 3 210-28-1474N	Pregabalin (Lyrica) Capsules 50 mg	90	BTL	60	285.23	PFIZER 00071-1013-68	*

* To advise of price increase effective for orders issued on or after October 1, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
10328 3 210-28-1475N	Pregabalin (Lyrica) Capsules 75 mg	90	BTL	60	285.23	PFIZER 00071-1014-68	*
(TBD) 3 210-28-1476N	Pregabalin Capsules 100mg (Lyrica)	90	BTL	60	285.23	PFIZER 00071-1015-68	*
(TBD) 3 210-28-1477N	Pregabalin Capsules 150mg (Lyrica)	90	BTL	60	285.23	PFIZER 00071-1016-68	*
(TBD) 3 210-28-1478N	Pregabalin Capsules 200mg (Lyrica)	90	BTL	60	285.23	PFIZER 00071-1017-68	*
(TBD) 3 210-28-1479N	Pregabalin Capsules 300mg (Lyrica)	90	BTL	220	225.28	PFIZER 00071-1018-68	
6970 3 210-28-1485 C	Primidone Tablets 50mg (Mysoline)	100	BTL			STILL UNDER EVALUATION	
1398 3 210-28-1486 C	Primidone Tablets 250mg (Mysoline)	100	BTL	225	8.60	LANNETT 00527-1231-01	
269-28-75-855-1 3 210-28-1486 U	Primidone Tablets 250mg (Mysoline)	UD 100	PKG			NO AWARD	

* To advise of price increase effective for orders issued on or after October 1, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1180 3 210-28-1525S	Topiramate (Topamax) 25mg Tablets	60	BTL			NO AWARD	**
1178 3 210-28-1526S	Topiramate (Topamax) 50mg Tablets	60	BTL	75	2.85	TORRENT 13668-0032-60	
1179 3 210-28-1527S	Topiramate (Topamax) 100mg Tablets	60	BTL			NO AWARD	**
19536 3 210-28-1527U	Topiramate (Topamax) tabs 100 mg	UD 100	PKG	95	15.05	AMERICAN HEALTH 68084-0342-01	
1181 3 210-28-1528S	Topiramate (Topamax) 200mg Tablets	60	BTL	225	4.40	TORRENT 13668-0034-60	
7217 3 210-28-1536T	Tiagabine 2mg (Gabitril) Tablets	30	BTL	60	202.08	CEPHALON 63459-0402-30	*
1177 3 210-28-1537T	Tiagabine 4mg (Gabitril) Tablets	30	BTL	220	144.72	CEPHALON 63459-0404-30	
(TBD) 3 210-28-1538T	Tiagabine (Gabitril) 12 mg tablets	30	BTL	60	260.76	CEPHALON 63459-0412-30	*

* To advise of price increase effective for orders issued on or after June 12, 2012.

** To advise of change in award status. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
14684 3 210-28-1556K	Valproic Acid 250mg caps Blister Cards	UD 300	PKG	60	48.57	CATALENT 51079-0298-56	
1439 3 210-28-1556U	Valproic Acid 250mg Capsules	UD 100	PKG	220	19.53	UDL 51079-0298-08	
1632 3 210-28-1564 C	Zonisamide (Zonegran) 100mg Capsules	100	BTL	30	8.80	WOCKHARDT 64679-0990-01	
(TBD) 3 210-28-1588S	Asenapine (Saphris) 5 mg tablet	60	BTL	60	667.15	SCHERING 00052-0118-06	*
(TBD) 3 210-28-1588U	Asenapine (Saphris) 5 mg tablet	UD 100	PKG	220	895.12	SCHERING 00052-0119-90	
(TBD) 3 210-28-1589S	Asenapine (Saphris) 10 mg tablet	60	BTL	60	667.15	SCHERING 00052-0119-06	*
(TBD) 3 210-28-1589U	Asenapine (Saphris) 10 mg tablet	UD 100	PKG	220	895.12	SCHERING 00052-0119-90	
1004 3 210-28-1590 T	Atomoxetine Capsules 10mg (Strattera)	30	BTL	220	179.73	LILLY 00002-3227-30	

* To advise of price increase effective for orders issued on or after November 3, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1005 3 210-28-1591 T	Atomoxetine Capsules 18mg (Strattera)	30	BTL	220	179.73	LILLY 00002-3238-30	*
1006 3 210-28-1592 T	Atomoxetine Capsules 25mg (Strattera)	30	BTL	220	179.73	LILLY 00002-3228-30	*
1007 3 210-28-1593 T	Atomoxetine Capsules 40mg (Strattera)	30	BTL	220	196.04	LILLY 00002-3229-30	*
5959 3 210-28-1594 T	Atomoxetine Capsules 60mg (Strattera)	30	BTL	220	196.04	LILLY 00002-3239-30	*
14685 3 210-28-1595T	(Strattera) Atomoxetine 80mg Capsules	30	BTL	220	212.29	LILLY 00002-3250-30	*
14686 3 210-28-1596T	(Strattera) Atomoxetine 100mg Capsules	30	BTL	220	212.29	LILLY 00002-3251-30	*
(TBD) 3 210-28-1597D	Bupropion SR 100 mg tablets	500	BTL	220	245.93	SANDOZ 00185-0410-05	
7153 3 210-28-1598	Bupropion SR Tablets 150mg	250	BTL	75	63.26	WATSON 00591-3541-25	

* To advise of price increase effective for orders issued on or after February 10, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
11613 210-28-1599 S	(No Substitution) (Generic Only) Bupropion SR 200mg Tablets	60	BTL	240	32.99	WATSON 00591-3542-60	*
55483 210-28-1600 C	Amitriptyline HCL Tablets 10mg (Elavil)	100	BTL	225	1.49	QUALITEST 00603-2212-21	
11223 210-28-1601 C	Amitriptyline HCL Tablets 25mg (Elavil)	100	BTL	225	1.65	QUALITEST 00603-2213-21	
11243 210-28-1601 M	Amitriptyline HCL Tablets 25mg (Elavil)	1,000	BTL	225	14.78	QUALITEST 00603-2213-32	
55503 210-28-1601 U	Amitriptyline HCL Tablets 25mg (Elavil)	UD 100	PKG	160	4.69	SANDOZ 00904-0201-61	
11253 210-28-1602 C	Amitriptyline HCL Tablets 50mg (Elavil)	100	BTL	225	1.88	QUALITEST 00603-2214-21	
11263 210-28-1602 M	Amitriptyline HCL Tablets 50mg (Elavil)	1,000	BTL	225	17.82	QUALITEST 00603-2214-32	
57493 210-28-1602 U	Amitriptyline HCL Tablets 50mg (Elavil)	UD 100	PKG	160	5.35	SANDOZ 00904-0202-61	

* To advise of award of product.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1127 3 210-28-1604 C	Amitriptyline HCL Tablets 75mg (Elavil)	100	BTL	240	3.05	VINTAGE 00603-2215-21	
(TBD) 3 210-28-1605M	Amitriptyline Tablets 100mg (Elavil)	1000	BTL			NO AWARD	
7143 3 210-28-1607 C	Amoxapine 50mg (Asendin)	100	BTL	20	28.84	WATSON 00591-5714-01	
10329 3 210-28-1608C	Amoxapine Tablets 100 mg	100	BTL	20	48.86	WATSON 00591-5715-01	*
1158 3 210-28-1615U	Bupropion HCL (Wellbutrin) 75mg Tablets	UD 100	PKG	160	16.55	SANDOZ 00904-6093-61	
1159 3 210-28-1616C	Bupropion HCL (Wellbutrin) 100mg Tablets	100	BTL	225	13.05	SANDOZ 00781-1064-01	*
1514 3 210-28-1620C	Clomipramine HCL (Anafranil) 25mg Caps	100	BTL	225	4.80	TEVA 00093-0956-01	*
1515 3 210-28-1621 C	Clomipramine HCL (Anafranil) 50mg Caps	100	BTL	225	6.42	TEVA 00093-0958-01	*

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
15163 210-28-1622 C	Clomipramine HCL (Anafranil) 75mg Caps	100	BTL	225	9.19	TEVA 00093-0960-01	*
13723 210-28-1628 C	Desipramine HCL 100mg (Norpramin)	100	BTL	75	203.23	ACTAVIS 52152-0345-02	
13703 210-28-1630 C	Desipramine HCL Tablets 25mg (Norpramin)	100	BTL	225	67.30	EPIC 52152-0342-02	
13713 210-28-1631 C	Desipramine HCL Tablets 50mg (Norpramin)	100	BTL	75	115.06	ACTAVIS 52152-0343-02	
12403 210-28-1632 C	Doxepin HCL Capsules 10mg (Sinequan)	100	BTL	220	3.21	MYLAN 00378-1049-01	
64163 210-28-1633 C	Doxepin HCL Capsules 25mg (Sinequan)	100	BTL	220	4.01	MYLAN 00378-3125-01	
12413 210-28-1634 C	Doxepin HCL Capsules 50mg (Sinequan)	100	BTL	220	5.83	MYLAN 00378-4250-01	
12423 210-28-1634 U	Doxepin HCL Capsules 50mg (Sinequan)	UD 100	PKG	60	10.40	MYLAN 51079-0438-20	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6419 3 210-28-1635 C	Doxepin HCL Capsules 100mg (Sinequan)	100	BTL	220	8.65	MYLAN 00378-6410-01	
14687 3 210-28-1635M	Doxepin HCl Capsules 100mg	1,000	BTL	220	77.75	MYLAN 00378-6410-10	
6420 3 210-28-1635U	Doxepin HCL Capsules 100mg (Sinequan)	UD 100	PKG	60	15.13	MYLAN 51079-0651-20	
1243 3 210-28-1637 C	Doxepin HCL Capsules 75mg (Sinequan)	100	BTL	220	6.91	MYLAN 00378-5375-01	
12672 3 210-28-1640 C	Escitalopram Tablets 10mg (Lexapro)	100	BTL	220	390.73	FOREST 00456-2010-01	*
6892 3 210-28-1640 U	Escitalopram Tablets 10mg (Lexapro)	UD 100	PKG	220	396.32	FOREST 00456-2010-63	*
6888 3 210-28-1641 C	Escitalopram Tablets 20mg (Lexapro)	100	BTL	220	407.73	FOREST 00456-2020-01	*
7420 3 210-28-1641 U	Escitalopram Tablets 20mg (Lexapro)	UD 100	PKG	220	413.55	FOREST 00456-2020-63	**

* To advise of price increase effective for orders issued on or after December 18, 2011.

** To advise of price increase effective for orders issued on or after December 25, 2011.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1442 3 210-28-1642 S	Duloxetine Capsules 20mg (Cymbalta)	60	BTL	60	341.07	LILLY 00002-3235-60	*
7162 3 210-28-1643 T	Duloxetine Capsules 30mg (Cymbalta)	30	BTL	220	137.83	LILLY 00002-3240-30	
1443 3 210-28-1643 U	Duloxetine Capsules 30mg (Cymbalta)	UD 100	PKG	220	459.44	LILLY 00002-3240-33	
6386 3 210-28-1644 U	Duloxetine Capsules 60mg (Cymbalta)	UD 100	PKG	220	459.44	LILLY 00002-3270-33	
1270 3 210-28-1646	Fluoxetine (Prozac Weekly) Delayed Release Capsules 90mg	UD 4	PKG	30	77.70	DR REDDY 55111-0284-48	
1356 3 210-28-1647 C	Citalopram (Celexa) Tabs 10mg	100	BTL	225	2.38	TORRENT 13668-0009-01	
(TBD) 3 210-28-1647D	Citalopram tablets 10mg (Celexa)	500	BTL	30	12.40	CARACO 57664-0507-13	
1357 MBE; 2 210-28-1647U	Citalopram (Celexa) Tabs 10mg	UD 100	PKG			NO AWARD	

* To advise of price increase effective for orders issued on or after August 28, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
14688 3 210-28-1648D	Citalopram 20mg Tablets	500	BTL	240	12.80	TORRENT 13668-0010-05	*
1359 MBE; 2 210-28-1648U	Citalopram (Celexa) Tabs 20mg	UD 100	PKG			NO AWARD	
(TBD) MBE; 2 210-28-1649D	Citalopram 40mg tabs (Celexa)	500	BTL	** 85	20.02	TORRENT 13668-0011-05	
10330 3 210-28-1650	Citalopram Oral Soln 10mg/5ml	240ml 1	BTL	225	24.48	AUROBINDO 65862-0074-24	
(TBD) 3 210-28-1651T	Desvenlafaxine Ext Rel Tablets 50mg (Pristiq)	30	BTL	220	121.57	WYETH 00008-1211-30	
(TBD) 3 210-28-1652T	Desvenlafaxine Ext Rel Tablets 100mg (Pristiq)	30	BTL	220	121.57	WYETH 00008-1222-30	
1231 3 210-28-1655 C	Fluvoxamine Maleate (Luvox) 25mg Tablets	100	BTL	240	18.10	BAX PHARM 42769-1222-00	*
1232 3 210-28-1656 C	Fluvoxamine Maleate (Luvox) 50mg Tablets	100	BTL	75	19.35	BAY PHARMA 42796-1225-00	

* To advise of award of products.

** Minority Business Enterprise awarded in accordance with Ohio Revised Code Ch. 125.081

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1233 3 210-28-1656 U	Fluvoxamine Maleate (Luvox) 50mg Tablets	UD 100	PKG	60	39.48	MYLAN 51079-0992-20	
1366 3 210-28-1657 C	Fluvoxamine Maleate (Luvox) 100mg Tablets	100	BTL	75	19.89	BAY PHARMA 42769-1221-00	
7424 3 210-28-1657 U	Fluvoxamine Maleate (Luvox) 100mg Tablets	UD 100	PKG	60	45.71	MYLAN 51079-0993-20	
6484 3 210-28-1659 C	Fluoxetine (Prozac) 10mg Capsules	100	BTL	240	1.90	AUROBINDO 65862-0192-01	*
(TBD) 3 210-28-1659M	Fluoxetine 10mg caps (Prozac)	1000	BTL	30	15.80	AUROBINDO 65862-0192-99	
1324 3 210-28-1659U	Fluoxetine (Prozac) 10mg Capsules	UD 100	PKG	160	7.29	TEVA 00904-5784-61	
1325 3 210-28-1660 C	Fluoxetine (Prozac) 20mg Capsules	100	BTL	30	1.98	AUROBINDO 65862-0193-01	
1326 3 210-28-1660 M	Fluoxetine (Prozac) 20mg Capsules	1,000	BTL	75	14.72	DR. REDDY'S 55111-0148-10	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1260 3 210-28-1660 U	Fluoxetine (Prozac) 20mg Capsules	UD 100	PKG	160	7.59	TEVA 00904-5785-61	
1273 3 210-28-1661 C	Fluoxetine (Prozac) 20mg Tablets	100	BTL	75	40.32	PAR 49884-0735-01	
1269 3 210-28-1662 T	Fluoxetine (Prozac) 40mg Capsules	30	BTL	240	4.50	RANBAXY 63304-0632-30	
10192 3 210-28-1663 C	Fluoxetine (Prozac) 10mg Tablets	100	BTL			STILL UNDER EVALUATION	
1272 3 210-28-1664 A	Fluoxetine (Prozac) 20mg/5ml Liquid	4 oz 1	BTL			NO AWARD	*
6693 3 210-28-1666 T	Fluoxetine 25mg Olanzapine 6mg (Symbyax) Capsules	30	BTL	60	424.11	LILLY 00002-3231-30	
1327 3 210-28-1667 T	Fluoxetine 50mg Olanzapine 6mg (Symbyax) Capsules	30	BTL	60	424.11	LILLY 00002-3233-30	
6694 3 210-28-1668 T	Fluoxetine 25mg Olanzapine 12mg (Symbyax) Capsules	30	BTL	60	639.15	LILLY 00002-3232-30	

* To advise of change in award status - item was not renewed in this contract and is expired. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6492 3 210-28-1669 T	Fluoxetine 50mg Olanzapine 12mg (Symbyax) Capsules	30	BTL	60	639.15	LILLY 00002-3234-30	*
10331 3 210-28-1680C	Imipramine Tablets 10mg	100	BTL	30	7.70	MUTUAL 53489-0330-01	
6490 3 210-28-1681 C	Imipramine HCL Tablets 25mg (Tofranil)	100	BTL			STILL UNDER EVALUATION	
1268 3 210-28-1682 C	Imipramine HCL Tablets 50mg (Tofranil)	100	BTL			STILL UNDER EVALUATION	
1081 3 210-28-1702 M	Mirtazapine tablets 15mg	1,000	BTL	30	69.90	WATSON 00591-1117-10	
5686 3 210-28-1702 U	Mirtazapine (Remeron) 15mg Tablets	UD 100	PKG	60	15.22	MYLAN 51079-0086-20	
14689 3 210-28-1703K	Mirtazapine 30 mg Tablets Blister Cards	UD 300	PKG	60	46.23	MYLAN 51079-0087-56	
1083 3 210-28-1703M	Mirtazapine tablets 30mg	1,000	BTL	20	115.09	WATSON 00591-1118-10	

* To advise of price increase effective for orders issued on or after March 16, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
10843 210-28-1703U	Mirtazapine (Remeron) 30mg Tablets	UD 100	PKG	60	21.92	MYLAN 51079-0087-20	
10863 210-28-1704 M	Mirtazapine tablets 45mg	1,000	BTL	220	219.42	SANDOZ 00185-0222-10	
10873 210-28-1708 T	Mirtazapine Oral Disin. Tablets 15mg	30	BTL	240	19.50	AUROBINDO 65862-0021-06	
10883 210-28-1709 T	Mirtazapine Oral Disin. Tablets 30mg	30	BTL	240	19.50	AUROBINDO 65862-0022-06	
16233 210-28-1711 T	Mirtazapine Oral Dis. Tablet 45mg	30	BTL	240	19.50	AUROBINDO 65862-0023-06	
58823 210-28-1713 S	Nefazodone (Serzone) 100mg Tablets	60	BTL	225	22.06	TEVA 00093-1024-06	*
10923 210-28-1714 S	Nefazodone (Serzone) 150mg Tablets	60	BTL	225	23.18	TEVA 00093-7113-06	*
10933 210-28-1715 S	Nefazodone (Serzone) 200mg Tablets	60	BTL	225	24.28	TEVA 00093-1025-06	*

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1530 3 210-28-1721 C	Nortriptyline HCL Capsules 10mg (Pamelor)	100	BTL	225	2.82	TEVA 00093-0810-01	*
1531 3 210-28-1722 C	Nortriptyline HCL Capsules 25mg (Pamelor)	100	BTL	225	3.39	TEVA 00093-0811-01	*
6374 3 210-28-1722 D	Nortriptyline HCL Capsules 25mg (Pamelor)	500	BTL	225	16.36	TEVA 00093-0811-05	*
6376 3 210-28-1724 C	Nortriptyline HCL Capsules 75mg (Pamelor)	100	BTL	225	6.16	TEVA 00093-0813-01	*
1533 3 210-28-1725 C	Nortriptyline HCL Capsules 50mg (Pamelor)	100	BTL	225	4.24	TEVA 00093-0812-01	*
1107 3 210-28-1726 T	Paroxetine CR 12.5mg (Paxil CR) Tablets	30	BTL	75	70.90	MYLAN 00378-2003-93	
5536 3 210-28-1727 T	Paroxetine CR 25mg (Paxil CR) Tablets	30	BTL	75	73.99	MYLAN 00378-2004-93	
1108 3 210-28-1728 T	Paroxetine CR 37.5mg (Paxil CR) Tablets	30	BTL	75	77.97	MYLAN 00378-2006-93	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6377 3 210-28-1732 T	Paroxetine 10mg (Paxil) Tablets	30	BTL	220	2.17	AUROBINDO 65862-0154-30	
10193 3 210-28-1732 U	Paroxetine 10mg (Paxil) Tablets	UD 100	PKG	160	63.39	ZYDUS 00904-6109-61	*
10194 3 210-28-1733 U	Paroxetine 20mg (Paxil) Tablets	UD 100	PKG	160	19.55	ZYDUS 00904-6110-61	*
10195 3 210-28-1734 U	Paroxetine 30mg (Paxil) Tablets	UD 100	PKG	160	82.95	ZYDUS 00904-6111-61	*
1396 3 210-28-1738 C	Pimozide 2mg Tablets (Orap)	100	BTL			NO AWARD	
6962 3 210-28-1741 S	Phenelzine Sulfate 15mg (Nardil) Tablets	60	BTL	220	51.01	PFIZER 00071-0350-60	
269-28-80-720-0 3 210-28-1744C	Protriptyline HCL Tablets 10mg (Vivactil)	100	BTL	225	149.65	BARR 00555-0594-02	
(TBD) 3 210-28-1750	Selegiline 6mg/24hr patch (Ensam)	30	BOX			NO AWARD	

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
(TBD) 3 210-28-1751	Selegiline 9mg/24hr patch (Ensam)	30	BOX	60	624.33	DEY 49502-0901-30	*
(TBD) 3 210-28-1752	Selegiline 12mg/24hr patch (Ensam)	30	BOX	60	624.33	DEY 49502-0902-30	*
7024 3 210-28-1758	Setraline Oral Concentrate 20mg/ml	60 ml 1	BTL	220	26.34	GREENSTONE 59762-4940-01	
1403 3 210-28-1764 T	Setraline 25mg (Zoloft) Tablets	30	BTL	240	0.99	CAMBER 31722-0212-30	
14690 3 210-28-1764U	Sertraline Tablets 25mg	UD 100	PKG	160	9.01	INVAGEN 00904-6087-61	
1405 3 210-28-1765D	Sertraline (Zoloft) 50mg Tablets	500	BTL	240	15.50	CAMBER 31722-0213-05	
1404 3 210-28-1765U	Sertraline (Zoloft) 50mg Tablets	UD 100	PKG	160	9.01	INVAGEN 00904-6088-61	
7029 3 210-28-1766D	Sertraline (Zoloft) 100mg Tablets	500	BTL	240	20.30	CAMBER 31722-0214-05	

* To advise of price increase effective for orders issued on or after August 6, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1406 3 210-28-1766U	Sertraline (Zoloft) 100mg Tablets	UD 100	PKG	160	9.01	INVAGEN 00904-6089-61	*
1438 3 210-28-1773N	Trimipramine Maleate 50mg (Surmontil)	90	BTL			NO AWARD	
1421 3 210-28-1774 C	(Parnate) Tranylcypromine Sulfate Tablets 10mg	100	BTL	225	80.76	PAR 49884-0032-01	
1444 3 210-28-1775 C	Trazodone HCL 50mg (Desyrel)	100	BTL	220	1.22	PLIVA 50111-0433-01	
1422 3 210-28-1775 M	Trazodone HCL 50mg (Desyrel)	1,000	BTL	225	15.88	PLIVA 50111-0433-03	
1445 3 210-28-1775 U	Trazodone HCL 50mg (Desyrel)	UD 100	PKG	160	4.69	TEVA 00904-3990-61	*
7165 3 210-28-1776 C	Trazodone HCL 100mg (Desyrel)	100	BTL	225	3.46	PLIVA 50111-0434-01	
1423 3 210-28-1776D	Trazodone HCL 100mg (Desyrel)	500	BTL	225	14.84	PLIVA 50111-0434-02	

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
7099 3 210-28-1776U	Trazodone HCL 100mg (Desyrel)	UD 100	PKG	160	6.75	TEVA 00904-3991-61	*
1430 3 210-28-1778 C	Trazodone HCL 150mg (Dividose Desyrel) Tabs	100	BTL	220	7.74	PLIVA 50111-0441-01	
7163 3 210-28-1778 D	Trazodone HCL 150mg (Dividose Desyrel) Tabs	500	BTL	225	35.55	PLIVA 50111-0441-02	
(TBD) 3 210-28-1778U	Trazodone Tablets 150mg	UD 100	PKG			NO AWARD	
1187 3 210-28-1785 N	Venlafaxine XR 37.5mg (Effexor XR) Capsules	90	BTL			NO AWARD	
7279 3 210-28-1785 U	Venlafaxine XR 37.5mg (Effexor XR) Capsules	UD 100	PKG			NO AWARD	
1188 3 210-28-1786 N	Venlafaxine XR 75mg (Effexor XR) Capsules	90	BTL			NO AWARD	
12688 3 210-28-1786 T	Venlafaxine XR 75 mg (Effexor XR) Capsules	30	BTL			NO AWARD	

* To advise of award of product.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
7280 3 210-28-1786 U	Venlafaxine XR 75mg (Effexor XR) Capsules	UD 100	PKG			NO AWARD	
14691 3 210-28-1787N	Venlafaxine XR 150mg Capsules	90	BTL			NO AWARD	
5754 3 210-28-1787T	Venlafaxine XR 150mg (Effexor XR) Capsules	30	BTL			NO AWARD	
1184 3 210-28-1787U	Venlafaxine XR 150mg (Effexor XR) Capsules	UD 100	PKG			NO AWARD	
269-28-01-885-7 3 210-28-1791C	Venlafaxine (Effexor) 25mg Tablets	100	BTL	240	20.99	ZYDUS 68382-0018-01	*
7277 3 210-28-1792C	Venlafaxine (Effexor) 37.5mg Tablets	100	BTL	225	21.18	CADILA 68382-0019-01	
1186 3 210-28-1793C	Venlafaxine (Effexor) 50mg Tablets	100	BTL	225	21.18	CADILA 68382-0020-01	
7278 3 210-28-1795C	Venlafaxine (Effexor) 100mg Tablets	100	BTL	225	24.48	CADILA 68382-0101-01	

* To advise of award of product.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6818 3 210-28-1798	Aripiprazole Liquid 1mg/ml (Abilify)	150 ml 1	BTL	60	661.15	BMS 59148-0013-15	**
12689 3 210-28-1799T	Aripiprazole Tablets 2mg	30	BTL	220	561.24	BRISTOL 59148-0006-13	
1346 3 210-28-1800 T	Aripiprazole (Abilify) 10mg Tablets	30	BTL	60	600.35	BMS 59148-0008-13	**
6819 MBE; 2 210-28-1800 U	Aripiprazole (Abilify) 10mg Tablets	UD 100	PKG			NO AWARD	
1347 MBE; 2 210-28-1801 T	Aripiprazole (Abilify) 15mg Tablets	30	BTL	** 235	611.10	BRISTOL MYERS SQUIBB 59148-0009-13	*
6820 3 210-28-1801 U	Aripiprazole (Abilify) 15mg Tablets	UD 100	PKG			NO AWARD	
1348 3 210-28-1802 T	Aripiprazole (Abilify) 20mg Tablets	30	BTL	60	848.97	BMS 59145-0010-13	**
6821 3 210-28-1802 U	Aripiprazole (Abilify) 20mg Tablets	UD 100	PKG			NO AWARD	

* To advise of price increase effective for orders issued on or after September 8, 2012.

** To advise of price increase effective for orders issued on or after October 1, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1349 3 210-28-1803 T	Aripiprazole (Abilify) 30mg Tablets	30	BTL	60	848.97	BMS 59148-0011-13	*
6822 3 210-28-1803 U	Aripiprazole (Abilify) 30mg Tablets	UD 100	PKG			NO AWARD	
1345 3 210-28-1804 T	Aripiprazole (Abilify) 5mg Tablets	30	BTL	60	600.35	BMS 59148-0007-13	*
12641 3 210-28-1804U	Aripiprazole 5 mg Tablet	UD 100	PKG	220	1,951.02	BRISTOL 59148-0007-35	
1116 3 210-28-1805 D	Alprazolam 0.25mg (Xanax)	500	BTL	225	7.35	QUALITEST 00603-2127-28	
1008 3 210-28-1805 U	Alprazolam 0.25mg (Xanax)	UD 100	PKG	160	4.59	ACTAVIS 00904-5858-61	
1118 3 210-28-1806 D	Alprazolam 0.5mg (Xanax)	500	BTL	225	8.30	QUALITEST 00603-2128-28	
5960 3 210-28-1806 U	Alprazolam 0.5mg (Xanax)	UD 100	PKG			NO AWARD	

* To advise of price increase effective for orders issued on or after October 1, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
11193 210-28-1807 D	Alprazolam 1mg (Xanax)	500	BTL	225	8.89	QUALITEST 00603-2129-28	
55463 210-28-1807 U	Alprazolam 1mg (Xanax)	UD 100	PKG	60	6.29	MYLAN 51079-0790-20	
14313 210-28-1808 C	Alprazolam 2mg Tablets (Xanax)	100	BTL	30	4.24	QUALITEST 00603-2130-21	
13513 210-28-1809	Alprazolam XR 2mg (Xanax XR)	60	BTL			NO AWARD	*
13503 210-28-1810	Alprazolam XR 0.5mg (Xanax XR)	60	BTL			NO AWARD	*
68243 210-28-1811	Alprazolam XR 1mg (Xanax XR)	60	BTL			NO AWARD	*
13523 210-28-1812	Alprazolam XR 3mg (Xanax XR)	60	BTL			NO AWARD	*
11623 210-28-1816 C	Buspirone HCL (Buspar) 5mg Tablets	100	BTL	75	2.42	WATSON 00591-0657-01	

* To advise of change in award status – product has been discontinued by manufacturer. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1164 3 210-28-1816 D	Buspirone HCL (Buspar) 5mg Tablets	500	BTL	225	10.74	TEVA 00093-0053-05	
1163 3 210-28-1816 U	Buspirone HCL (Buspar) 5mg Tablets	UD 100	PKG	220	4.97	TEVA 00172-5663-10	
1165 3 210-28-1818 C	Buspirone HCL (Buspar) 10mg Tablets	100	BTL	240	3.50	IVAX/TEVA 00172-5664-60	
1166 3 210-28-1818 D	Buspirone HCL (Buspar) 10mg Tablets	500	BTL	240	14.50	IVAX/TEVA 00172-5664-70	
7207 3 210-28-1818 U	Buspirone HCL (Buspar) 10mg Tablets	UD 100	PKG	220	5.82	TEVA 00172-5664-10	
1169 3 210-28-1819 D	Buspirone HCL (Buspar) 15mg Tablets	500	BTL			NO AWARD	*
7210 3 210-28-1819 U	Buspirone HCL (Buspar) 15mg Tablets	UD 100	PKG	160	6.63	TEVA 00904-6061-61	
1170 MBE; 2 210-28-1820 S	Buspirone HCL (Buspar) 30mg Tablets	60	BTL	** 85	28.73	TEVA 00093-5200-06	

* To advise of change in award status – product has been discontinued by manufacturer. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

** Minority Business Enterprise awarded in accordance with Ohio Revised Code Ch. 125.081.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
7438 3 210-28-1822 C	Clorazepate Dipotassium T-Tab 3.75mg (Tranxene)	 100	 BTL			NO AWARD	
7439 3 210-28-1823 C	Clorazepate Dipotassium T-Tab 7.5mg (Tranxene)	 100	 BTL			NO AWARD	*
7440 3 210-28-1824 C	Clorazepate Dipotassium T-Tab 15mg (Tranxene)	 100	 BTL			STILL UNDER EVALUATION	
12642 3 210-28-1825 V	Aripiprazole (Abilify) Injection 9.75mg	Vial 1	 VL	 220	 16.84	BRISTOL 59148-0016-65	
12643 MBE; 2 210-28-1826U	Aripiprazole Discmelt (Abilify Discmelts) Tablets 10 mg	UD 30	 PKG	** 235	 726.55	BRISTOL MYERS SQUIBB 59148-0640-23	***
12644 MBE; 2 210-28-1827U	Aripiprazole Discmelt (Abilify Discmelts)Tablets 15 mg	UD 30	 PKG	** 235	 726.98	BRISTOL MYERS SQUIBB 59148-0641-23	***
7372 3 210-28-1828 U	Chlordiazepoxide HCL Capsules 5mg (Librium)	UD 100	 PKG	 60	 16.07	BAR 51079-0374-20	
7426 3 210-28-1829 C	Chlordiazepoxide HCL Capsules 10mg (Librium)	 100	 BTL	 225	 6.94	TEVA 00555-0033-02	

* To advise of change in award status. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

** Minority Business Enterprise awarded in accordance with Ohio Revised Code Ch. 125.081.

*** To advise of price increase effective for orders issued on or after September 8, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1503 3 210-28-1829 U	Chlordiazepoxide HCL Capsules 10mg (Librium)	UD 100	PKG	60	12.37	BAR 51079-0375-20	
1505 3 210-28-1830 C	Chlordiazepoxide HCL Capsules 25mg (Librium)	100	BTL	225	7.78	TEVA 00555-0159-02	
7427 3 210-28-1830 U	Chlordiazepoxide HCL Capsules 25mg (Librium)	UD 100	PKG	60	13.67	BAR 51079-0141-20	
1507 3 210-28-1836 C	Chlorpromazine HCL Tablets 25mg	100	BTL	225	10.40	SANDOZ 00781-1716-01	*
1508 MBE; 2 210-28-1836 U	Chlorpromazine HCL Tablets 25mg	UD 100	PKG	** 235	106.92	UPSHER SMITH 51079-0519-20	***
7430 3 210-28-1837 C	Chlorpromazine HCL Tablets 50mg	100	BTL	225	12.12	SANDOZ 00781-1717-01	*
1509 MBE; 2 210-28-1837 U	Chlorpromazine HCL Tablets 50mg	UD 100	PKG	** 235	151.27	UPSHER SMITH 51079-0130-20	***
7431 3 210-28-1838 C	Chlorpromazine HCL Tablets 100mg	100	BTL	30	144.11	SANDOZ 00781-1718-01	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

** Minority Business Enterprise awarded in accordance with Ohio Revised Code Ch. 125.081.

*** To advise of price increase effective for orders issued on or after May 1, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
7432 MBE; 2 210-28-1838 U	Chlorpromazine HCL Tablets 100mg	UD 100	PKG	** 235	238.08	UPSHER SMITH 51079-0516-20	*
1512 3 210-28-1839 C	Chlorpromazine HCL Tablets 200mg	100	BTL	30	207.40	SANDOZ 00781-1719-01	
1513 MBE; 2 210-28-1839 U	Chlorpromazine HCL Tablets 200mg	UD 100	PKG	** 235	285.60	UPSHER SMITH 51079-0517-20	*
1367 3 210-28-1856 C	(No Substitution) (Generic Only) Clozapine 25mg Tablets	100	BTL	145	28.85	TEVA 00093-4359-01	
6889 3 210-28-1856 U	(No Substitution) (Generic Only) Clozapine 25mg Tablets	UD 100	PKG	145	28.85	TEVA 00093-4359-93	
1368 3 210-28-1857 C	(No Substitution) (Generic Only) Clozapine 100mg Tablets	100	BTL	145	75.00	TEVA 00093-7772-01	
6890 3 210-28-1857 U	(No Substitution) (Generic Only) Clozapine 100mg Tablets	UD 100	PKG	145	75.00	TEVA 00093-7772-93	
1369 3 210-28-1858 C	(No substitution) (Generic Only) Clozapine 200mg tablets	100	BTL	145	150.00	TEVA 00093-4405-01	

* To advise of price increase effective for orders issued on or after May 1, 2012.

** Minority Business Enterprise awarded in accordance with Ohio Revised Code Ch. 125.081

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6891 3 210-28-1858U	(No substitution) (Generic Only) Clozapine 200mg tablets	UD 100	PKG	145	150.00	TEVA 00093-4405-93	
(TBD) 3 210-28-1862	(Fazaclo) Clozapine Disintegrating Tablets 25mg	UD 48	PKG			NO AWARD	
(TBD) 3 210-28-1863	(Fazaclo) Clozapine Disintegrating Tablets 100mg	UD 48	PKG			NO AWARD	
1374 3 210-28-1866 C	Diazepam Tablets 2mg (Valium)	100	BTL	225	1.84	QUALITEST 00603-3213-21	
6896 3 210-28-1866 U	Diazepam Tablets 2mg (Valium)	UD 100	PKG	60	6.05	MYLAN 51079-0284-20	
6897 3 210-28-1867 D	Diazepam Tablets 5mg (Valium)	500	BTL	225	7.84	WATSON 00591-5619-05	
1375 3 210-28-1867 U	Diazepam Tablets 5mg (Valium)	UD 100	PKG	160	4.99	WATSON 00904-5880-61	
1377 3 210-28-1868 D	Diazepam Tablets 10mg (Valium)	500	BTL	240	8.60	QUALITEST 00603-3215-28	*

* To advise of award of product.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6899 3 210-28-1868 U	Diazepam Tablets 10mg (Valium)	UD 100	PKG	60	6.82	MYLAN 51079-0286-20	*
1373 3 210-28-1870	Diazepam Inj. 10mg/2ml Disposable Syringe w/22G 1-1/4" Needle (Valium)	10	PKG	220	41.00	HOSPIRA 00409-1273-32	*
1255 3 210-28-1895 C	Fluphenazine HCL Tablets 10mg (Prolixin)	100	BTL	220	8.47	SANDOZ 00781-1439-01	*
1257 3 210-28-1895 D	Fluphenazine HCL Tablets 10mg (Prolixin)	500	BTL	220	49.87	MYLAN 00378-6097-05	*
1256 3 210-28-1895 U	Fluphenazine HCL Tablets 10mg (Prolixin)	UD 100	PKG	60	19.45	MYLAN 51079-0488-20	*
1247 MBE; 2 210-28-1896	Fluphenazine HCL Concentrate 5mg/ml (Prolixin)	120 ml 1	BTL			NO AWARD	
6424 3 210-28-1897 C	Fluphenazine HCL Tablets 1mg (Prolixin)	100	BTL	220	4.36	SANDOZ 00781-1436-01	*
6425 3 210-28-1898 C	Fluphenazine HCL Tablets 2.5mg (Prolixin)	100	BTL	220	5.25	SANDOZ 00781-1437-01	*

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
1252 3 210-28-1898 U	Fluphenazine HCL Tablets 2.5mg (Prolixin)	UD 100	PKG	60	14.13	MYLAN 51079-0486-20
6426 3 210-28-1899 C	Fluphenazine HCL Tablets 5mg (Prolixin)	100	BTL	220	6.46	SANDOZ 00781-1438-01
1254 3 210-28-1899 D	Fluphenazine HCL Tablets 5mg (Prolixin)	500	BTL	220	42.01	MYLAN 00378-6074-05
6427 3 210-28-1899 U	Fluphenazine HCL Tablets 5mg (Prolixin)	UD 100	PKG	60	17.07	MYLAN 51079-0487-20
1248 3 210-28-1901 V	Fluphenazine HCL Inj. 2.5mg/ml (Prolixin) Vial	10 ml 1	VL			NO AWARD
6550 3 210-28-1914	Haloperidol Decanoate Inj. 50mg/ml 1ml Vials (Haldol)	10	BOX	220	43.68	BEDFORD 55390-0412-01
1279 3 210-28-1914 V	Haloperidol Decanoate Inj. 50mg/ml (Haldol), 5ml Vial	5 ml 1	VL	220	14.99	BEDFORD 55390-0412-05
6553 3 210-28-1915 A	Haloperidol Decanoate 100mg/1ml 1ml Vials	10	PKG	220	56.97	BEDFORD 55390-0413-01

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6552 3 210-28-1915 V	Haloperidol Decanoate Inj. 100mg/ml, Vial	5 ml 1	VL	220	21.40	BEDFORD 55390-0413-05	
7301 3 210-28-1916 C	Haloperidol Tablets 10mg (Haldol)	100	BTL	225	52.20	CADILLA 68382-0080-01	
14692 3 210-28-1916 U	Haloperidol Tablets 10mg (Haldol)	UD 100	PKG	60	71.47	MYLAN 51079-0431-20	
6554 3 210-28-1917 C	Haloperidol Tablets 0.5mg (Haldol)	100	BTL	220	4.80	SANDOZ 00781-1391-01	
1283 3 210-28-1918 C	Haloperidol Tablets 1mg (Haldol)	100	BTL	220	7.16	SANDOZ 00781-1392-01	
6556 3 210-28-1918 U	Haloperidol Tablets 1mg (Haldol)	UD 100	PKG	160	8.40	SANDOZ 00904-5923-61	*
1285 3 210-28-1919 C	Haloperidol Tablets 2mg (Haldol)	100	BTL	220	9.50	SANDOZ 00781-1393-01	
1286 3 210-28-1919 U	Haloperidol Tablets 2mg (Haldol)	UD 100	PKG	160	10.92	SANDOZ 00904-5924-61	*

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1482 3 210-28-1921 M	Haloperidol Tablets 5mg (Haldol)	1,000	BTL	30	106.50	MYLAN 00378-0327-10	
6559 3 210-28-1921 U	Haloperidol Tablets 5mg (Haldol)	UD 100	PKG	160	11.50	SANDOZ 00904-5925-61	
1483 3 210-28-1922 C	Haloperidol Tablets 20mg (Haldol)	100	BTL	30	98.00	MYLAN 68382-0081-01	
6547 3 210-28-1923 U	Haloperidol Concentrate 2mg/ml (Haldol) 5ml UD Cups	UD 100	PKG	240	89.60	PHARM ASSOCIATES 00121-0581-05	
6548 3 210-28-1925	Haloperidol Lactate Inj. 5mg/ml (Haldol) 1ml Vial or Syringe	10	PKG	220	22.79	SICOR 00703-7041-03	
1276 3 210-28-1925B	Haloperidol Inj. 5mg/ml (Haldol), Vial	10 ml 1	VL	220	23.79	BEDFORD 55390-0147-01	*
7362 MBE; 2 210-28-1926 C	Hydroxyzine HCL 10mg Tablets (Atarax)	100	BTL	** 85	4.84	AMNEAL 67405-0575-10	
1484 3 210-28-1927 C	Hydroxyzine Pamoate 25mg Capsules (Vistaril)	100	BTL	220	4.11	BARR 00555-0323-02	

* To advise of price increase effective for orders issued on or after January 25, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
7304 3 210-28-1927 D	Hydroxyzine Pamoate 25mg Capsules (Vistaril)	500	BTL	220	19.70	BARR 00555-0323-04	
7303 3 210-28-1927 U	Hydroxyzine Pamoate 25mg Capsules (Vistaril)	UD 100	PKG	60	10.86	BAR 51079-0077-20	
1486 3 210-28-1930 C	Hydroxyzine Pamoate 50mg Capsules (Vistaril)	100	BTL	240	5.45	WATSON 00591-0801-01	*
7358 3 210-28-1930 D	Hydroxyzine Pamoate 50mg Capsules (Vistaril)	500	BTL	220	23.98	BARR 00555-0302-04	*
1487 3 210-28-1930 U	Hydroxyzine Pamoate 50mg Capsules (Vistaril)	UD 100	PKG	60	12.37	BAR 51079-0078-20	
7360 3 210-28-1936	Hydroxyzine HCL Inj. 50mg/cc (Vistaril) 1cc vial	25	PKG	220	110.88	AMERICAN 00517-5601-25	
7361 3 210-28-1936 V	Hydroxyzine HCL Inj. 50mg/cc (Vistaril) 10ml vial	25	PKG			NO AWARD	
1491 3 210-28-1937P	Hydroxyzine HCL Oral Syrup 10mg/5ml (Atarax)	16 oz 1	BTL	220	12.07	KVK 10702-0052-16	

* To advise item has not been renewed in this contract and will expire on 09/30/11. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
7363 MBE; 2 210-28-1938 C	Hydroxyzine HCL Tablets 25mg (Atarax)	100	BTL	** 85	5.91	AMNEAL 67405-0671-10	
7364 MBE; 2 210-28-1939 C	Hydroxyzine HCL Tablets 50mg (Atarax)	100	BTL	** 85	7.81	AMNEAL 67405-0577-10	
1308 3 210-28-1949	Lorazepam Tablets 1mg (Ativan)	UD 100	PKG	160	5.90	RANBAXY 00904-5981-61	
6628 3 210-28-1949C	Lorazepam Tablets 1mg (Ativan)	100	BTL	75	1.74	ACTAVIS 00228-2059-10	
1310 3 210-28-1949D	Lorazepam Tablets 1mg (Ativan)	500	BTL	75	8.80	RANBAXY 63304-0773-05	
1311 3 210-28-1950 C	Lorazepam Tablets 2mg (Ativan)	100	BTL			NO AWARD	*
6750 3 210-28-1950 U	Lorazepam Tablets 2mg (Ativan)	UD 100	PKG	160	6.77	RANBAXY 00904-5982-91	
1305 3 210-28-1951 C	Lorazepam Tablets 0.5mg (Ativan)	100	BTL	75	2.15	EXCELLIUM 64125-0904-01	

* To advise of change in award status. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

** Minority Business Enterprise awarded in accordance with Ohio Revised Code Ch. 125.081

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6627 3 210-28-1951 D	Lorazepam Tablets 0.5mg (Ativan)	500	BTL	75	8.04	RANBAXY 63304-0772-05	
12639 3 210-28-1951 M	Lorazepam Tablets 0.5mg (Ativan)	1,000	BTL	30	17.30	RANBAXY 63304-0773-10	
6626 3 210-28-1951 U	Lorazepam Tablets 0.5mg (Ativan)	UD 100	PKG	160	5.85	RANBAXY 00904-5980-61	*
1304 3 210-28-1952 T	2mg/ml Carpuject with Luer-Lock Lorazepam Inj. 2mg/ml (Ativan) 1ml Syringe	10	PKG			NO AWARD	
(TBD) 3 210-28-1954S	Paliperidone Palmitate 234 mg Kit	EA 1	KIT			NO AWARD	
(TBD) 3 210-28-1955S	Paliperidone Palmitate 156 mg Kit	EA 1	KIT			NO AWARD	
(TBD) 3 210-28-1956S	Paliperidone Palmitate 117mg Kit	EA 1	KIT			NO AWARD	
(TBD) 3 210-28-1957S	Paliperidone Palmitate 78 mg Kit	EA 1	KIT			NO AWARD	

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
19538 3 210-28-1958S	Paliperidone Palmitate 39 mg Kit	EA 1	KIT			NO AWARD	
1096 3 210-28-1969 T	Olanzapine (Zyprexa) 2.5mg Tablets	30	BTL	60	326.43	LILLY 00002-4112-30	*
19539 3 210-28-1969U	Olanzapine tablets 2.5 mg	UD 100	PKG	220	923.01	LILLY 00002-4112-33	
5889 3 210-28-1970 T	Olanzapine (Zyprexa) 5mg Tablets	30	BTL	60	383.89	LILLY 00002-4115-30	*
5890 3 210-28-1970 U	Olanzapine (Zyprexa) 5mg Tablets	UD 100	PKG	60	1,284.28	LILLY 00002-4115-33	*
5891 3 210-28-1971 T	Olanzapine (Zyprexa) 7.5mg Tablets	30	BTL	60	467.17	LILLY 00002-4116-30	*
5892 3 210-28-1971 U	Olanzapine (Zyprexa) 7.5mg Tablets	UD 100	PKG	60	1,557.24	LILLY 00002-4116-33	*
5893 MBE; 2 210-28-1972 T	Olanzapine (Zyprexa) 10mg Tablets	30	BTL	** 235	586.90	LILLY 00002-4117-30	

* To advise of price increase effective for orders issued on or after May 1, 2012.

** Minority Business Enterprise awarded in accordance with Ohio Revised Code Ch. 125.081

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
5894 3 210-28-1972 U	Olanzapine (Zyprexa) 10mg Tablets	UD 100	PKG	60	1,931.05	LILLY 00002-4117-33	
1103 3 210-28-1973 T	Olanzapine (Zyprexa) 15mg Tablets	30	BTL	60	867.71	LILLY 00002-4415-30	
1104 3 210-28-1973 U	Olanzapine (Zyprexa) 15mg Tablets	UD 100	PKG	60	2,896.57	LILLY 00002-4415-33	
1106 3 210-28-1974 T	Olanzapine (Zyprexa) 20mg Tablets	30	BTL	60	1,156.94	LILLY 00002-4420-30	
5897 3 210-28-1974 U	Olanzapine (Zyprexa) 20mg Tablets	UD 100	PKG	60	3,856.48	LILLY 00002-4420-33	
6429 3 210-28-1975 C	Oxazepam Capsules 10mg (Serax)	100	BTL			NO AWARD	*
7171 3 210-28-1976 C	Oxazepam Capsules 15mg (Serax)	100	BTL	240	82.53	ACTAVIS 00228-2069-10	
7172 3 210-28-1977 C	Oxazepam Capsules 30mg (Serax)	100	BTL			NO AWARD	*

* To advise of change in award status - item was not renewed in this contract and is expired. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1098 3 210-28-1980 U	Olanzapine (Zyprexa) 5mg Zydis Disintegrating Tabs	UD 30	PKG	60	415.05	LILLY 00002-4453-85	
1102 MBE; 2 210-28-1981 U	Olanzapine (Zyprexa)10mg Zydis Disintegrating Tabs	UD 30	PKG	** 235	616.40	LILLY 00002-4454-85	
5895 MBE; 2 210-28-1982 U	Olanzapine (Zyprexa)15mg Zydis Disintegrating Tabs	UD 30	PKG			NO AWARD	
5896 MBE; 2 210-28-1983 U	Olanzapine (Zyprexa) 20mg Zydis Disintegrating Tabs	UD 30	PKG			NO AWARD	
1547 MBE; 2 210-28-1985 C	Perphenazine 2mg Tablets (Trilafon)	100	BTL	** 85	48.26	QUALITEST 00603-5090-21	
269-28-67-703-3 3 210-28-1985 U	Perphenazine 2mg Tablets (Trilafon)	UD 100	PKG			NO AWARD	
7178 MBE; 2 210-28-1986 C	Perphenazine 4mg Tablets (Trilafon)	100	BTL	** 85	85.97	QUALITEST 00603-5091-21	*
269-28-67-722-3 3 210-28-1986 U	Perphenazine 4mg Tablets (Trilafon)	UD 100	PKG			NO AWARD	

* To advise of price increase effective for orders issued on or after June 12, 2012.

** Minority Business Enterprise awarded in accordance with Ohio Revised Code Ch. 125.081

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1387 3 210-28-1987 C	Perphenazine 8mg Tablets (Trilafon)	100	BTL	30	97.43	QUALITEST 00603-5092-21	
6961 3 210-28-1987 D	Perphenazine 8mg Tablets (Trilafon)	500	BTL	30	493.33	QUALITEST 00603-5092-28	
269-28-67-783-5 3 210-28-1987 U	Perphenazine 8mg Tablets (Trilafon)	UD 100	PKG			NO AWARD	
1388 MBE; 2 210-28-1988 C	Perphenazine 16mg Tablets (Trilafon)	100	BTL	** 85	147.74	QUALITEST 00603-5093-21	
(TBD) 3 210-28-1989T	Paliperidone Ext release tablets 1.5 mg	30	BTL	220	614.51	JANSSEN 50458-0554-01	*
17480 3 210-28-1992 T	Paliperidone ER (Invega) Tablets 3mg, 30's	30	BTL	220	614.51	JANSSEN 50458-0550-01	*
269-28-99-431-3 3 210-28-1992 U	Paliperidone ER (Invega) Tablets 3mg, UD	UD 100	PKG	220	2,048.39	JANSSEN 50458-0550-10	*
17483 3 210-28-1993 T	Paliperidone ER (Invega) Tablets 6mg, 30's	30	BTL	220	614.51	JANSSEN 50458-0551-01	*

* To advise of price increase effective for orders issued on or after December 19, 2012.

** Minority Business Enterprise awarded in accordance with Ohio Revised Code Ch. 125.081

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
269-28-99-433-9 3 210-28-1993 U	Paliperidone ER (Invega)Tablets 6mg, UD	UD 100	PKG	220	2,048.39	JANSSEN 50458-0551-10	*
17492 3 210-28-1994 T	Paliperidone ER (Invega) Tablets 9mg, 30's	30	BTL	220	921.77	JANSSEN 50458-0552-01	*
269-28-99-435-4 3 210-28-1994 U	Paliperidone ER Tablets (Invega), 9mg, UD	UD 100	PKG	220	3,072.62	JANSSEN 50458-0552-10	*
14693 3 210-28-1998C	Prochlorperazine Tablets 10mg	100	BTL	225	3.80	CADISTA 59746-0115-06	
(TBD) 3 210-28-2005S	(Seroquel XR) Quetiapine Ext Rel Tablets 200mg	60	BTL			NO AWARD	
(TBD) 3 210-28-2005U	(Seroquel XR) Quetiapine Ext Rel Tablets 200mg	UD 100	PKG			NO AWARD	
(TBD) 3 210-28-2006S	(Seroquel XR) Quetiapine Ext Rel Tablets 300mg	60	BTL			NO AWARD	
(TBD) 3 210-28-2006U	(Seroquel XR) Quetiapine Ext Rel Tablets 300mg	UD 100	PKG			NO AWARD	

* To advise of price increase effective for orders issued on or after December 19, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
(TBD) 3 210-28-2007S	(Seroquel XR) Quetiapine Ext Rel Tablets 400mg	60	BTL			NO AWARD
(TBD) 3 210-28-2007U	(Seroquel XR) Quetiapine Ext Rel Tablets 400mg	UD 100	PKG			NO AWARD
14694 3 210-28-2008 C	Quetiapine (Seroquel) Tablet 50mg	100	BTL			NO AWARD
14695 3 210-28-2008 U	Quetiapine (Seroquel) Tablet 50mg	UD 100	PKG			NO AWARD
5537 3 210-28-2009 C	Quetiapine (Seroquel) 25mg Tablets	100	BTL			NO AWARD
1113 3 210-28-2009 M	Quetiapine (Seroquel) 25mg Tablets	1,000	BTL			NO AWARD
1109 3 210-28-2009 U	Quetiapine (Seroquel) 25mg Tablets	UD 100	PKG			NO AWARD
5538 3 210-28-2010 C	Quetiapine (Seroquel) 100mg Tablets	100	BTL			NO AWARD

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
269-28-01-578-8 3 210-28-2010 U	Quetiapine (Seroquel) 100mg Tablets	UD 100	PKG			NO AWARD	
11420 3 210-28-2011 C	Quetiapine (Seroquel) 200mg Tablets	100	BTL			NO AWARD	
1111 3 210-28-2011 U	Quetiapine (Seroquel) 200mg Tablets	UD 100	PKG			NO AWARD	
1112 3 210-28-2012 S	Quetiapine (Seroquel) 300mg Tablets	60	BTL			NO AWARD	
5540 3 210-28-2012 U	Quetiapine (Seroquel) 300mg Tablets	UD 100	PKG			NO AWARD	
269-28-01-601-8 3 210-28-2013 C	Quetiapine (Seroquel) Tablet 400mg	100	BTL			NO AWARD	
269-28-01-602-6 3 210-28-2013 U	Quetiapine (Seroquel) Tablet 400mg	UD 100	PKG			NO AWARD	
17520 3 210-28-2032S	(Risperdal Consta) Risperidone Microspheres Injection 12.5mg kit	2 ml syr 1	PKG	60	142.74	JOM 50458-0309-11	*

* To advise of price increase effective for orders issued on or after October 1, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
12693 3 210-28-2033 S	Risperidone (Risperdal) Tablets 0.25mg	60	BTL	240	1.94	ZYDUS 68382-0112-14	
5542 3 210-28-2034 U	Risperidone (Risperdal) Tablets 0.5mg	UD 100	PKG	160	31.35	WOCKHARDT 00904-5974-61	
12695 3 210-28-2035 D	Risperidone (Risperdal) 1mg Tablets	500	BTL	75	21.89	TORRENT 13668-0037-05	
12696 3 210-28-2035S	Risperidone (Risperdal) 1mg Tablets	60	BTL	240	3.09	ZYDUS 68382-0114-14	
12697 3 210-28-2035U	Risperidone (Risperdal) 1mg Tablets	UD 100	PKG	160	45.00	WOCKHARDT 00904-5975-61	
12698 MBE; 2 210-28-2036D	Risperidone (Risperdal) 2mg Tablets	500	BTL	** 85	45.50	WOCKHARDT 64679-0557-02	*
12699 3 210-28-2036S	Risperidone (Risperdal) 2mg Tablets	60	BTL	240	4.99	ZYDUS 68382-0115-14	
12701 3 210-28-2037D	Risperidone (Risperdal) 3mg Tablets	500	BTL	240	47.61	ZYDUS 68382-0116-05	

* To advise of price decrease effective for orders issued on or after June 29, 2011.

** Minority Business Enterprise awarded in accordance with Ohio Revised Code Ch. 125.081

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
12702 3 210-28-2037S	Risperidone (Risperdal) 3mg Tablets	60	BTL	240	5.82	ZYDUS 68382-0116-14	*
1115 MBE; 2 210-28-2037U	Risperidone (Risperdal) 3mg Tablets	UD 100	PKG			NO AWARD	
12703 3 210-28-2038U	Risperidone (Risperdal) 4mg Tablets	UD 100	PKG	160	64.55	WOCKHARDT 00904-5978-61	
12645 3 210-28-2039U	Risperidone Disintegrating 0.5mg Tablets	UD 28	PKG	75	32.77	PAR 49884-0311-91	
12690 3 210-28-2040U	Risperidone Disintegrating 1mg Tablets	UD 28	PKG	75	49.74	PAR 49884-0315-91	
12691 3 210-28-2041	Risperidone Disintegrating 2mg Tablets	UD 28	PKG	75	62.27	PAR 49884-0401-91	
12705 3 210-28-2043U	Risperidone Disintegrating 4mg Tablets	UD 28	PKG	75	241.66	PAR 49884-0403-91	
7034 3 210-28-2046 C	Thioridazine HCL Tablets 25mg (Mellaril)	100	BTL	225	8.74	MUTUAL 53489-0149-01	

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
7035 3 210-28-2046 U	Thioridazine HCL Tablets 25mg (Mellaril)	UD 100	PKG	60	17.84	MYLAN 51079-0566-20
1414 3 210-28-2047 C	Thioridazine HCL Tablets 50mg (Mellaril)	100	BTL	225	10.95	MUTUAL 53489-0150-01
1415 3 210-28-2048 C	Thioridazine HCL Tablets 100mg (Mellaril)	100	BTL	225	15.20	MUTUAL 53489-0500-01
7087 3 210-28-2048 U	Thioridazine HCL Tablets 100mg (Mellaril)	UD 100	PKG	60	29.02	MYLAN 51079-0580-20
7088 3 210-28-2052 C	Thiothixene Capsules 1mg (Navane)	100	BTL	225	6.48	SANDOZ 00781-2226-01
1417 3 210-28-2053 C	Thiothixene Capsules 2mg (Navane)	100	BTL	30	7.50	SANDOZ 00781-2227-01
1418 3 210-28-2054 C	Thiothixene Capsules 5mg (Navane)	100	BTL	225	11.88	SANDOZ 00781-2228-01
1419 3 210-28-2054 U	Thiothixene Capsules 5mg (Navane)	UD 100	PKG	60	19.14	MYLAN 51079-0588-20

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
7091 3 210-28-2055 C	Thiothixene Capsules 10mg (Navane)	100	BTL	225	17.14	SANDOZ 00781-2229-01	
1420 3 210-28-2055 U	Thiothixene Capsules 10mg (Navane)	UD 100	PKG	60	24.43	MYLAN 51079-0589-20	
1548 3 210-28-2061 C	Perphenazine 4mg/Amitriptyline 25mg (Triavil 4-25) Tablets	100	BTL	220	15.03	MYLAN 00378-0574-01	
1432 3 210-28-2062 C	Trifluoperazine HCL Tablets 1mg (Stelazine)	100	BTL	240	19.40	SANDOZ 00781-1030-01	*
7103 3 210-28-2063 C	Trifluoperazine HCL Tablets 2mg (Stelazine)	100	BTL	225	28.05	SANDOZ 00781-1032-01	
1435 3 210-28-2064 C	Trifluoperazine HCL Tablets 5mg (Stelazine)	100	BTL	225	35.28	SANDOZ 00781-1034-01	
7156 3 210-28-2064 U	Trifluoperazine HCL Tablets 5mg (Stelazine)	UD 100	PKG	60	44.49	MYLAN 51079-0574-20	
1436 3 210-28-2065 C	Trifluoperazine HCL Tablets 10mg (Stelazine)	100	BTL	225	53.16	SANDOZ 00781-1036-01	

* To advise of award of product.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
7157 3 210-28-2065 U	Trifluoperazine HCL Tablets 10mg (Stelazine)	UD 100	PKG	60	63.81	MYLAN 51079-0575-20	
7092 3 210-28-2075 C	Thiothixene HCL Capsules 20mg (Navane)	100	BTL			NO AWARD	
(TBD) 3 210-28-2080S	Quetiapine Ext Rel tabs 50mg (Seroquel XR)	60	BTL			NO AWARD	
(TBD) 3 210-28-2080U	Quetiapine Ext Rel tabs 50mg (Seroquel XR)	UD 100	PKG			NO AWARD	
(TBD) 3 210-28-2081S	Quetiapine Ext Rel tabs 150mg (Seroquel XR)	60	BTL			NO AWARD	
(TBD) 3 210-28-2081U	Quetiapine Ext Rel tabs 150mg (Seroquel XR)	UD 100	PKG			NO AWARD	
1631 3 210-28-2110 S	Ziprasidone Capsules 20mg (Geodon)	60	BTL	220	484.79	PFIZER 00049-3960-60	*
6433 3 210-28-2110 U	Ziprasidone Capsules 20mg (Geodon)	UD 80	PKG	220	646.39	PFIZER 00049-3960-41	*

* To advise of price increase effective for orders issued on or after August 20, 2011.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
5755 3 210-28-2111 S	Ziprasidone Capsules 40mg (Geodon)	60	BTL	220	484.79	PFIZER 00049-3970-60	
1132 MBE; 2 210-28-2111 U	Ziprasidone Capsules 40mg (Geodon)	UD 80	PKG	** 235	698.82	PFIZER 00049-3970-41	*
1134 3 210-28-2112 S	Ziprasidone Capsules 60mg (Geodon)	60	BTL	220	588.32	PFIZER 00049-3980-60	
5756 MBE; 2 210-28-2112 U	Ziprasidone Capsules 60mg (Geodon)	UD 80	PKG			NO AWARD	
5758 MBE; 2 210-28-2113 S	Ziprasidone Capsules 80mg (Geodon)	60	BTL	** 235	636.05	PFIZER 00049-3990-60	*
1135 MBE; 2 210-28-2113 U	Ziprasidone Capsules 80mg (Geodon)	UD 80	PKG			NO AWARD	
1136 MBE; 2 210-28-2115 V	Ziprasidone Mesylate for Inj 20mg/ml Vials (Geodon)	10	PKG	** 235	177.51	PFIZER 00049-3920-83	*
1302 3 210-28-2142 C	Lithium Carbonate Tablets 300mg (Lithotabs)	100	BTL	255	15.48	ROXANE 00054-4527-25	

* To advise of price increase effective for orders issued on or after April 5, 2012.

** Minority Business Enterprise awarded in accordance with Ohio Revised Code Ch. 125.081

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6624 3 210-28-2145 C	(Eskalith CR) Lithium Carbonate C/R Tablets 450mg	100	BTL			NO AWARD	*
269-28-42-883-3 3 210-28-2145 D	(Eskalith CR) Lithium Carbonate C/R Tablets 450mg	500	BTL			NO AWARD	
(TBD) 3 210-28-2145U	Lithium Carbonate C/R tablets 450 mg	UD 100	PKG			NO AWARD	
6686 3 210-28-2148 C	Lithium Carbonate Capsules 150mg	100	BTL	240	5.60	WESTWARD 00143-3188-01	
1314 3 210-28-2148 U	Lithium Carbonate Capsules 150mg	UD 100	PKG	255	14.27	ROXANE 00054-8526-25	
1299 3 210-28-2149 C	Lithium Carbonate Capsules 600mg	100	BTL			STILL UNDER EVALUATION	
1300 3 210-28-2149 U	Lithium Carbonate Capsules 600mg	UD 100	PKG	255	33.79	ROXANE 00054-8531-25	
6619 3 210-28-2150 C	(Lithobid) Lithium Carbonate Sustained Release 300mg	100	BTL	220	20.19	ROXANE 00054-0021-25	

* To advise of change in award status – product has been discontinued by manufacturer. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1298 3 210-28-2150 D	(Lithobid) Lithium Carbonate Sustained Release 300mg	500	BTL	255	102.17	ROXANE 00054-0021-29	
269-28-42-163-0 3 210-28-2150 M	(Lithobid) Lithium Carbonate Sustained Release 300mg	1,000	BTL			NO AWARD	
6616 3 210-28-2151 C	Lithium Carbonate Capsules 300mg	100	BTL	240	2.90	ROXANE 00054-2527-25	*
6618 3 210-28-2151 M	Lithium Carbonate Capsules 300mg	1,000	BTL	30	22.70	ROXANE 00054-2527-31	
1296 3 210-28-2151 U	Lithium Carbonate Capsules 300mg	UD 100	PKG	160	5.95	WESTWARD 00904-6136-61	
6622 3 210-28-2152 P	Lithium Citrate 300mg/5ml Syrup	16 oz 1	BTL			NO AWARD	
1301 3 210-28-2152 U	Lithium Citrate 300mg/5ml Syrup, 5ml UD	UD 100	BOX	240	56.90	ROXANE 00054-8529-04	*
6680 3 210-28-2153 C	Loxapine Succinate Capsules 5mg (Loxitane)	100	BTL	75	27.54	WATSON 00591-0369-01	

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6681 3 210-28-2154 C	Loxapine Succinate Capsules 10mg (Loxitane)	100	BTL	20	36.30	WATSON 00591-0370-01	
1314 3 210-28-2154 U	Loxapine Succinate Capsules 10mg (Loxitane)	UD 100	PKG	60	51.37	MYLAN 51079-0901-20	
6682 3 210-28-2155 C	Loxapine Succinate Capsules 25mg (Loxitane)	100	BTL	20	47.84	WATSON 00591-0371-01	
1316 3 210-28-2155 U	Loxapine Succinate Capsules 25mg (Loxitane)	UD 100	PKG	60	77.87	MYLAN 51079-0902-20	
6684 3 210-28-2156 C	Loxapine Succinate Capsules 50mg (Loxitane)	100	BTL	20	71.14	WATSON 591037201	
1318 3 210-28-2156 U	Loxapine Succinate Capsules 50mg (Loxitane)	UD 100	PKG	60	93.91	MYLAN 51079-0903-20	
1130 3 210-28-2201 F	(Expiration Dated) Ammonia Aromatic Aspirols N.F.	10	PKG			NO AWARD	
6759 3 210-28-2205 C	Amphetamine Mixed Salts 15mg (Adderall) Tablets	100	BTL	225	23.30	TEVA 00555-0777-02	*

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6760 3 210-28-2206 C	Amphetamine Mixed Salts 7.5mg (Adderall) Tablets	100	BTL			NO AWARD	
5961 3 210-28-2207 C	Amphetamine Mixed Salts 5mg (Adderall) Tablets	100	BTL	225	15.35	TEVA 00555-0971-02	*
1336 3 210-28-2208 C	Amphetamine Mixed Salts 10mg (Adderall) Tablets	100	BTL	225	15.35	TEVA 00555-0972-02	*
6758 3 210-28-2209 C	Amphetamine Mixed Salts 20mg (Adderall) Tablets	100	BTL	225	15.35	TEVA 00555-0973-02	*
1337 3 210-28-2210 C	Amphetamine Mixed Salts 30mg (Adderall) Tablets	100	BTL	225	15.35	TEVA 00555-0974-02	*
6761 3 210-28-2211 C	Amphetamine Mixed Salts 10mg XR (Adderall XR) Capsules	100	BTL	225	448.78	TEVA 00555-0787-02	*
6762 3 210-28-2212 C	Amphetamine Mixed Salts 20mg XR (Adderall XR) Capsules	100	BTL	225	448.78	TEVA 00555-0788-02	*
1341 3 210-28-2213 C	Amphetamine Mixed Salts 30mg XR (Adderall XR) Capsules	100	BTL	220	385.38	GLOBAL 00115-1333-01	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6763 3 210-28-2214 C	Amphetamine Mixed Salts 5mg XR (Adderall XR) Capsules	100	BTL	220	385.38	GLOBAL 00115-1328-01	
1343 3 210-28-2215 C	Amphetamine Mixed Salts 15mg XR (Adderall XR) Capsules	100	BTL	220	385.38	GLOBAL 00115-1330-01	
6765 3 210-28-2216 C	Amphetamine Mixed Salts 25mg XR (Adderall XR) Capsules	100	BTL	220	385.38	GLOBAL 00115-1332-01	
1364 3 210-28-2228 C	Dextroamphetamine Sulf 5mg Tablets	100	BTL			NO AWARD	
1365 3 210-28-2229 C	Dextroamphetamine Sulf 10mg Tablets	100	BTL			NO AWARD	
6833 3 210-28-2231 C	Dextroamphetamine 5mg Extended Release Caps	100	BTL			NO AWARD	
1362 3 210-28-2232 C	Dextroamphetamine 10mg Extended Release Caps	100	BTL	225	182.96	BARR 00555-0955-02	*
1363 3 210-28-2233 C	Dextroamphetamine 15mg Extended Release Caps	100	BTL	225	233.28	BARR 00555-0956-02	*

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. ** MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
17521 3 210-28-2250C	Dexmethylphenidate XR 5mg caps (Focalin XR)	100	BTL	220	563.35	NOVARTIS 00078-0430-05	
17522 3 210-28-2251C	Dexmethylphenidate XR 10mg caps (Focalin XR)	100	BTL	220	570.81	NOVARTIS 00078-0431-05	
17523 3 210-28-2252C	Dexmethylphenidate XR 20mg caps (Focalin XR)	100	BTL	220	587.27	NOVARTIS 00078-0432-05	
17524 3 210-28-2253C	Dexmethylphenidate XR 15mg caps (Focalin XR)	100	BTL	220	587.27	NOVARTIS 00078-0493-05	
22316 3 210-28-2268C	Lisdexamfetamine capsules 20 mg	100	BTL	220	535.26	SHIRE 59417-0102-10	
17525 3 210-28-2269C	Lisdexamfetamine capsules 40mg (Vyvanse)	100	BTL	220	535.26	SHIRE 59417-0104-10	
17526 3 210-28-2270C	Lisdexamfetamine capsules 30mg (Vyvanse)	100	BTL	220	535.26	SHIRE 59417-0103-10	
17527 3 210-28-2271C	Lisdexamfetamine capsules 50mg (Vyvanse)	100	BTL	220	535.26	SHIRE 59417-0105-10	*

* To advise of price increase effective for orders issued on or after September 25, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
17528 3 210-28-2272C	Lisdexamfetamine capsules 70mg (Vyvanse)	100	BTL	220	535.26	SHIRE 59417-0107-10	
17529 3 210-28-2296T	(Daytrana) Methylphenidate Transdermal Patch 10mg/9hr	30	PKG	220	194.59	SHIRE 54092-0552-30	*
17530 3 210-28-2297T	(Daytrana) Methylphenidate Transdermal Patch 20mg/9hr	30	PKG	220	194.59	SHIRE 54092-0554-30	*
22317 3 210-28-2298T	(Daytrana) Methylphenidate Transdermal Patch 30mg/9hr	30	PKG	220	194.59	SHIRE 54092-0555-30	*
22318 3 210-28-2304C	Methylphenidate LA capsule 10mg (Ritalin LA)	100	BTL			NO AWARD	
6496 3 210-28-2305 C	Methylphenidate LA Cap 20mg (Ritalin LA)	100	BTL			NO AWARD	
1644 3 210-28-2306 C	Methylphenidate LA Cap 30mg (Ritalin LA)	100	BTL			NO AWARD	
6497 3 210-28-2307 C	Methylphenidate LA Cap 40mg (Ritalin LA)	100	BTL			NO AWARD	

* To advise of price increase effective for orders issued on or after December 19, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1645 3 210-28-2311 C	Methylphenidate HCL Tablets 5mg (Ritalin)	100	BTL	75	5.03	MALLINCKRODT 00406-1121-01	
6498 3 210-28-2312 C	Methylphenidate HCL Tablets 10mg (Ritalin)	100	BTL	75	7.01	MALLINCKRODT 00406-1122-01	
6500 3 210-28-2313 C	Methylphenidate HCL Tablets 20mg (Ritalin)	100	BTL	225	11.19	WATSON 00591-5884-01	
1649 3 210-28-2314 C	Methylphenidate HCL Tablets 20mg SR (Ritalin SR)	100	BTL	30	26.25	MALLINCKRODT 00406-1451-01	
1646 3 210-28-2315 C	(Metadate ER or Methylin ER) Methylphenidate ER Tabs 10mg	100	BTL			NO AWARD	
1651 3 210-28-2317 C	Methylphenidate ER Tabs 27mg SR (Concerta)	100	BTL	60	640.61	JOM 50458-0588-01	*
1647 3 210-28-2318 C	Methylphenidate ER Tabs 18mg SR (Concerta)	100	BTL	60	624.94	JOM 50458-0585-01	*
1650 3 210-28-2319 C	Methylphenidate ER Tabs 36mg SR (Concerta)	100	BTL	60	660.78	JOM 50458-0586-01	*

* To advise of price increase effective for orders issued on or after May 1, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6503 3 210-28-2320 C	Methylphenidate ER Tabs 54mg (Concerta)	100	BTL	60	719.00	JOM 50458-0587-01	
6444 3 210-28-2325 C	Methylphenidate CD Capsules 20mg (Metadate CD)	100	BTL			NO AWARD	
1643 3 210-28-2326 C	Methylphenidate CD Capsules 30mg (Metadate CD)	100	BTL			NO AWARD	
10333 3 210-28-2334C	Modafinil (Provigil) Tablets 100 mg	100	BTL	220	1,334.99	CEPHALON 63459-0101-01	
10334 3 210-28-2335C	Modafinil (Provigil) Tablets 200 mg	100	BTL	220	2,019.40	CEPHALON 63459-0201-01	
7161 3 210-28-2441 P	Chloral Hydrate Solution 500mg/5ml	16 oz 1	BTL			NO AWARD	**
7160 3 210-28-2441 U	Chloral Hydrate Soln 500mg/ml 5ml UD	100	CTN			NO AWARD	**
1229 3 210-28-2490T	Eszopiclone Tablets 1mg (Lunesta)	30	BTL	60	209.59	SEPRACOR 63402-0190-30	*

* To advise of price increase effective for orders issued on or after June 12, 2012.

** To advise of change in award status. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
7421 3 210-28-2491C	Eszopiclone Tablets 2mg (Lunesta)	100	BTL	60	698.64	SEPRACOR 63402-0191-10	*
1230 3 210-28-2492C	Eszopiclone Tablets 3mg (Lunesta)	100	BTL	60	698.08	SEPRACOR 63402-0193-10	*
6482 3 210-28-2501 C	Flurazepam HCL Capsules 15mg (Dalmane)	100	BTL	220	4.61	WESTWARD 00143-3367-01	
6483 3 210-28-2502 C	Flurazepam HCL Capsules 30 mg (Dalmane)	100	BTL	220	5.23	WESTWARD 00143-3370-01	
1543 3 210-28-2573 C	Phenobarbital Tablets 15mg White USP	100	BTL	240	1.33	VINTAGE 00603-5165-21	
1544 3 210-28-2575 C	Phenobarbital Tablets 30mg White USP	100	BTL	240	1.58	VINTAGE 00603-5166-21	
14696 3 210-28-2575U	Phenobarbital Tablets 30mg	UD 100	PKG			NO AWARD	**
7176 3 210-28-2577 C	Phenobarbital Tablets 60mg White USP	100	BTL			NO AWARD	**

* To advise of price increase effective for orders issued on or after June 12, 2012.

** To advise of change in award status. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1546 3 210-28-2578 C	Phenobarbital Tablets 100mg White USP	100	BTL	220	1.97	QUALITEST 00603-5168-21	
1542 3 210-28-2581 B	Phenobarbital Elixir 20mg/ml	16 oz 1	BTL	225	9.88	QUALITEST 00603-1508-58	
7174 3 210-28-2581 U	Phenobarbital Elixir 20mg/5ml, 7.5ml UD	100	CTN	240	35.90	PHARM ASSOCIATES 00121-0531-07	
1400 3 210-28-2583 C	Promethazine Tablets 25mg (Phenergan)	100	BTL	240	3.91	SUN PHARMA 57664-0108-88	
(TBD) 3 210-28-2583U	Promethazine tablets 25 mg	UD 100	PKG	60	24.17	CADILA/ZYDUS 51079-0895-20	
1399 3 210-28-2585 A	Promethazine HCL Inj. 50Mg/ml Amp 1ml Amp (Phenergan) (Must be amps)	25	BOX	220	57.71	BAXTER 00641-1496-35	
7021 3 210-28-2586	Promethazine Suppositories 25mg	12	BOX			NO AWARD	*
1114 3 210-28-2592T	Rozerem Tablets 8mg (Ramelteon)	30	BTL	220	192.97	TAKEDA 64764-0805-30	**

* To advise of change in award status - item was not renewed in this contract and is expired. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

** To advise of price increase effective for orders issued on or after December 19, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
1408 3 210-28-2620 C	Temazepam Caps 7.5mg (Restoril)	100	BTL	75	429.03	MALLINCKRODT 00406-9960-01
1409 3 210-28-2621 C	Temazepam Caps 15mg (Restoril)	100	BTL	75	4.57	ASCEND 67877-0146-01
1410 3 210-28-2621 U	Temazepam Caps 15mg (Restoril)	UD 100	PKG	60	8.51	MYLAN 51079-0418-20
1411 3 210-28-2622 C	Temazepam Caps 30mg (Restoril)	100	BTL	225	5.87	ASCEND 67877-0147-01
1412 3 210-28-2622 U	Temazepam Caps 30mg (Restoril)	UD 100	PKG	60	13.43	MYLAN 51079-0419-20
6431 3 210-28-3120 C	Zaleplon Caps 5mg (Sonata)	100	BTL	220	14.67	UNIMED 29300-0131-01
6432 3 210-28-3121 C	Zaleplon Caps 10mg (Sonata)	100	BTL	220	14.67	UNIMED 29300-0132-01
5760 3 210-28-3162C	Zolpidem Tartrate (Ambien) 5mg Tablets	100	BTL	225	1.69	TORRENT 13668-0007-01

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
11383 210-28-3162U	Zolpidem Tartrate (Ambien) 5mg Tablets	UD 100	PKG	160	4.15	TORRENT 00904-6082-61	
57613 210-28-3163C	Zolpidem Tartrate (Ambien) 10mg Tablets	100	BTL	225	1.69	TORRENT 13668-0008-01	
57623 210-28-3163D	Zolpidem Tartrate (Ambien) 10mg Tablets	500	BTL	225	7.17	TORRENT 13668-0008-05	
11393 210-28-3163U	Zolpidem Tartrate (Ambien) 10mg Tablets	UD 100	PKG	160	5.01	TORRENT 00904-6083-61	
11403 210-28-3167 C	Zolpidem Tartrate (Ambien) CR Tablet 6.25mg	100	BTL			NO AWARD	
11313 210-28-3168 C	Zolpidem Tartrate (Ambien) CR Tablet 12.5mg	100	BTL			NO AWARD	
16173 210-28-9200	Eletriptan 20mg (Relpax) Tablets	6	PKG	60	175.40	PFIZER 00049-2330-45	*
103353 210-28-9201	Eletriptan (Relpax) Tablets 40mg	6	PKG	60	175.40	PFIZER 00049-2340-45	*

* To advise of price increase effective for orders issued on or after December 19, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
16183 210-28-9205 C	Entacapone Tablets 200mg (Comtan)	100	BTL	60	388.87	NOVARTIS 00078-0327-05	
63913 210-28-9250 S	Memantine 5mg Tablets (Namenda)	60	BTL	60	251.78	FOREST 00456-3205-60	*
16223 210-28-9251 S	Memantine 10mg Tablets (Namenda)	60	BTL	60	251.95	FOREST 00456-3210-60	*
(TBD) 3 210-28-9266T	(Azilect) Rasagiline 1mg Tablets	30	BTL	220	398.73	TEVA 68546-0229-56	
55413 210-28-9273C	Ropinirole Tablets 0.25mg (Requip)	100	BTL	30	16.60	COREPHARMA 64720-0201-10	
103363 210-28-9275C	Ropinirole (Requip) Tablets 1 mg	100	BTL	225	16.30	COREPHARM 64720-0203-10	
16283 210-28-9279 C	Ropinirole (Requip) 5mg Tablets	100	BTL	30	17.30	COREPHARMA 64720-0207-10	
64411 210-36-1400	Carbonated Cola glucose Tolerance test Dextrose Soln 100 gm. (Trutol 100)	10oz 1	BTL			NO AWARD	

* To advise of price increase effective for orders issued on or after December 19, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
11919 1 210-36-6850 V	Iohexol Inj 300mg/ml 50ml (Ominpaque 300) Vial	50ml 1	 VL			NO AWARD	
6434 1 210-36-8400 V	5TU/0.1ml (Aplisol) (No Substitution) Tuberculin PPD Skin Test 10 Test Vial (Mantoux)	1 ml 1	 VL	 60	 37.15	JHP 42023-0104-01	
1633 1 210-36-8401 V	5TU/0.1ml (Aplisol) (No Substitution) Tuberculin PPD Skin Test 50 Test Vial (Mantoux)	5ml 1	 VL	 60	 130.39	JHP 42023-0104-05	
6435 1 210-36-8402 V	5TU/0.1ml (Tubersol) (No Substitution) Tuberculin PPD Skin Test 10 Test Vial (Mantoux)	1 ml 1	 VL	 260	 33.30	SANOFI PASTEUR 49281-0752-21	*
10294 1 210-36-8403 V	5TU/0.1ml (Tubersol) (No Substitution) Tuberculin PPD Skin Test 50 Test Vial (Mantoux)	 5 ml 1	 VL	 260	 121.13	 SANOFI PASTEUR 49281-0752-22	 *
1467 4 210-40-0801 M	Sodium Bicarbonate Tablets 648mg	1,000	BTL	220	8.50	WATSON 00536-4544-10	
10202 4 210-40-1176	Calcium Acetate (PhosLo) 667mg Gelcaps	200	BTL	30	85.40	ROXANE 00054-0088-26	
6440 4 210-40-1200 M	Calcium Carbonate 10grain Tablets	1,000	BTL	75	4.43	PHARBEST 16103-0377-11	

* To advise of price increase effective for orders issued on or after September 17, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1635 4 210-40-1202C	Calcium Tablets 500mg elemental (from oyster shell)	100	BTL	30	1.40	PRIME 62107-0049-01	
6438 4 210-40-1202U	Calcium Tablets 500mg elemental (from oyster shell)	UD 100	PKG	160	2.89	GLOBAL 00904-1883-61	
1636 4 210-40-1210 C	Os-Cal Calcium 250mg + Vitamin D 125 IU Tabs	100	BTL	160	1.10	NUTRIFORCE 00904-1882-60	
(TBD) 4 210-40-1211M	Calcium 500mg with Vit D 200 IU tablets	1000	BTL	160	9.46	GEMINI 00904-5460-80	
1638 4 210-40-1211U	Os-Cal Calcium 500mg + Vitamin D 200 IU Tabs	UD 100	PKG	160	3.61	GEMINI 00904-5460-61	
(TBD) 4 210-40-1215C	(Elemental Calcium 200mg) Calcium Citrate 950mg tabs	100	BTL	160	2.39	GEMINI 00904-5062-60	
1463 4 210-40-1372 P	Potassium Chloride Oral Solution 20% 80meq/30ml SF (Kaon-CL)	1 Pint 1	BTL			NO AWARD	
7233 4 210-40-1474 C	(Generic equal for K Dur) Potassium Chloride SR 10meq Tablets	100	BTL	220	33.05	SANDOZ 00781-5710-01	*

* To advise of price increase effective for orders issued on or after July 23, 2011.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
(TBD) 4 210-40-1474M	Potassium chloride ER 10mEq tab (K-Dur)	1000	BTL			STILL UNDER EVALUATION	
269-40-60-741-4 4 210-40-1474U	(Generic equal for K Dur) Potassium Chloride SR 10meq Tablets	UD 100	PKG	220	16.01	UPSHER 00245-0041-01	
7230 4 210-40-1477 C	Potassium Chloride 10 meq (750mg) CR Caps (Micro-K 10 Extencaps)	100	BTL	75	49.60	WATSON 62037-0560-01	
7231 4 210-40-1477 U	Potassium Chloride 10 meq (750mg) CR Caps (Micro-K 10 Extencaps)	UD 100	PKG	160	71.00	WATSON 00904-6068-61	*
7229 4 210-40-1479 C	Potassium Chloride Slow Release Tabs 600mg (Klor Con) 8meq	100	BTL	220	8.40	UPSHER 00245-0040-11	
1461 4 210-40-1479 U	Potassium Chloride Slow Release Tabs 600mg (Klor Con) 8 meq	UD 100	PKG	95	14.14	UPS 00245-0040-01	
7232 4 210-40-1482	Potassium Chloride Parenteral 40meq/20 ml 2 meq/ml Single Dose Vial	20 ml 1	VL	220	15.93	HOSPIRA 00409-6653-05	
7234 4 210-40-1490 C	Potassium Chloride (K-Dur) 20meq Controlled Release Tab	100	BTL	75	6.31	WATSON 62037-0999-01	

* To advise item has not been renewed in this contract and will expire on 09/30/11. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1465 4 210-40-1490 U	Potassium Chloride (K-Dur) 20 meq Controlled Release Tab	UD 100	PKG	95	52.37	AMERICAN HEALTH 68084-0360-01	
269-40-61-600-1 4 210-40-1493 C	Potassium Citrate (Urocit K) Tablets 1080mg 10mEq	100	BTL	225	16.06	COREPHARMA 64980-0138-01	*
269-40-75-050-3 4 210-40-1520 C	Sodium Chloride 0.9% Diluent for Inhal. 3ml Dosette	100	CTN	60	13.00	NEPHRON 00487-9301-03	
7290 4 210-40-1527 C	Sodium Chloride USP 1gm Tablets	100	BTL	95	8.28	CONSOLIDATED MIDLAND 00223-1760-01	
(TBD) 4 210-40-1529	Sodium chloride Flush 0.9% 10ml (Saline flush syringe)	30	EA	95	18.59	BACTON DICKINSON 08290-0940-10	
1831 4 210-40-1530 V	Sodium Chloride Inj. Multi-Dose USP 0.9% 30ml Vial	25	PKG	75	11.66	HOSPIRA 00409-1966-07	
269-40-75-400-0 4 210-40-1535 P	(Not AddVantage System) (Baxter 2B1322Q) Sodium Chloride 0.9 % Inj. 250ml Plastic Bag	(Case) 36	CS	265	28.06	BAXTER 00338-0049-02	*
269-40-75-385-3 4 210-40-1536 P	Sodium Chloride 0.9 % Inj. (Not AddVantage System) 150ml Plastic Bag (Baxter 2B1321)	36	CS	265	31.28	BAXTER 00338-0049-01	*

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1469 4 210-40-1537	Sodium Chloride 0.9% Inj.With AddVantage System 500ml Plastic Bag	(cs. pk) 500ml 1	BAG			NO AWARD	
269-40-75-420-8 4 210-40-1537 P	Sodium Chloride 0.9% Inj. (Not AddVantage System) 500ml Plastic Bag (Baxter 2B1323Q)	24	CS	265	20.04	BAXTER 00338-0049-03	*
1468 4 210-40-1539 A	Sodium Chloride 0.9 % Inj. With AddVantage System 50ml Plastic Bag - 5 pack	50	CS	75	68.89	HOSPIRA 00409-7101-66	
269-40-75-370-5 4 210-40-1539 P	Sodium Chloride 0.9 % Inj. (Baxter 2B1301) 50ml Plastic Bag (Not AddVantage System)	96	CS	265	113.54	BAXTER 00338-0049-11	*
7236 4 210-40-1540 A	Sodium Chloride 0.9 % Inj. With AddVantage System 100ml Plastic Bag	50	CS	75	68.89	HOSPIRA 00409-7101-67	
269-40-75-075-0 4 210-40-1540 P	Sodium Chloride 0.9 % Inj. 100ml Plastic Bag (Baxter 2B1302)	96	CS	265	109.80	BAXTER 00338-0049-18	*
7289 4 210-40-1542A	Sodium Chloride 0.9% Inj with Advantage Sys Plastic 250ml	(cs. pk) 250 ml 1	BAG	75	42.93	HOSPIRA 00409-7101-02	
1478 4 210-40-1590C	Zinc Sulfate Capsules 220mg (Zinc Sulfate)	100	BTL	75	1.61	PLUS PHARMA 51645-0991-01	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
7235 4 210-40-1907	Sevelamer carbonate Tablets 800mg	180	BTL			NO AWARD	
1470 4 210-40-1910	Sodium Polystyrene Sulfonate Susp. 15gm/60ml - No Refrigeration Required	10BTL./CS. 60ml.(BTL) 10	CS	220	69.30	CAROLINE MEDICAL 46287-0006-60	**
12730 4 210-40-2057 P	Dextrose 5% Inj. 500ml. (Plastic) (Baxter 2B0063Q) (Not AddVantage System)	500 ml 1	BAG			NO AWARD	*
12731 4 210-40-2059 P	Dextrose 5% Inj. 1000ml. (Plastic) (Baxter 2B0064) (Not AddVantage System)	1000ml 1	BAG	75	15.73	HOSPIRA 00409-7922-09	
269-40-34-380-4 4 210-40-2064 P	Dextrose 5% Sod CL 0.9% 1000ml Inj. (Plastic) (Baxter 2B1064) (Not AddVantage System)	1000ml 1	BAG	75	16.00	HOSPIRA 00409-7941-09	
12733 4 210-40-2074 P	Dextrose 5% Sod CL 0.45% Inj. 1000ml Inj. (Plastic) (Baxter 2B1074) (Not AddVantage System)	1000ml 1	BAG			NO AWARD	*
1640 4 210-40-2176	Glucose Tablets 300mg	6	BTL			NO AWARD	
12734 4 210-40-2264 P	(Not AddVantage System) Lactated Ringers Inj. (Plastic) (Baxter 2B2324)	1000ml 1	BAG	75	14.40	HOSPIRA 00409-7953-09	

* To advise of change in award status - item was not renewed in this contract and is expired. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

** To advise of price increase effective for orders issued on or after September 27, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1801 4 210-40-2800 C	Acetazolamide Tablets 250mg	100	BTL	240	17.00	LANNETT 00527-1050-01	
1454 4 210-40-2889 C	Hydrochlorothiazide 25mg Triamterene 37.5mg Capsules (Dyazide)	100	BTL	225	3.53	SANDOZ 00781-2074-01	*
(TBD) 4 210-40-2889M	HCTZ/Triamterene 25/37.5mg cap (Dyazide)	1000	BTL	30	27.30	TEVA 00555-0488-05	
7223 4 210-40-2889U	Hydrochlorothiazide 25mg Triamterene 37.5mg Capsules (Dyazide)	UD 100	PKG	60	12.34	MYLAN 51079-0935-20	
7295 4 210-40-2890 C	Dyazide Capsules Hydrochloro 25 mg Triamterene 50mg (Dyazide)	100	BTL	225	27.54	SANDOZ 00781-2715-01	*
269-40-87-105-1 4 210-40-2890 U	Dyazide Capsules Hydrochloro 25 mg Triamterene 50mg (Dyazide)	UD 100	PKG			NO AWARD	
7166 4 210-40-2985 C	Furosemide (Lasix) Tablets 20mg	100	BTL	75	1.13	RANBAXY 63304-0624-01	
(TBD) 4 210-40-2985M	Furosemide 20mg tabs (Lasix)	1000	BTL	225	7.39	IPCA 63304-0624-10	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
7167 4 210-40-2985U	Furosemide (Lasix) Tablets 20mg	UD 100	PKG	160	4.19	SANDOZ 00904-5796-61	
7168 4 210-40-2986 C	Furosemide (Lasix) Tablets 40mg	100	BTL	75	1.26	RANBAXY 63304-0625-01	
7169 4 210-40-2986 M	Furosemide (Lasix) Tablets 40mg	1,000	BTL	75	8.40	RANBAXY 63304-0625-10	
1450 4 210-40-2986 U	Furosemide (Lasix) Tablets 40mg	UD 100	PKG	160	4.29	SANDOZ 00904-5797-61	
7170 4 210-40-2987 C	Furosemide (Lasix) Tablets 80mg	100	BTL	240	1.58	RANBAXY 63304-0626-01	*
1452 4 210-40-2987 D	Furosemide (Lasix) Tablets 80mg	500	BTL	225	7.60	IPCA 63304-0626-05	
7221 4 210-40-2987 U	Furosemide (Lasix) Tablets 80mg	UD 100	PKG	160	6.50	SANDOZ 00904-5798-61	
6442 4 210-40-3000 V	Furosemide 10mg/ml Inj. (Lasix) 2ml Single Dose Vial	(cs. pk.) 2 ml 1	VL	220	9.58	HOSPIRA 00409-6102-02	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1641 4 210-40-3001 V	Furosemide 10mg/ml Inj. (Lasix) 4ml Single Dose Vial	(cs. pk.) 4 ml 1	 VL	 220	 11.49	 HOSPIRA 00409-6102-04	
1446 4 210-40-3005	Furosemide Oral Soln. 10mg/ml	2oz 1	 BTL	 255	 5.40	 ROXANE 00054-3294-46	
(TBD) 4 210-40-3077M	Hydrochlorothiazide Capsules 12.5mg	1000	BTL	220	42.74	QUALITEST 00603-3855-32	
1455 4 210-40-3078 C	Hydrochlorothiazide Tablets 25mg (Oretic)	100	BTL	240	1.13	LANNETT 00527-1413-01	*
1456 4 210-40-3078 M	Hydrochlorothiazide Tablets 25mg (Oretic)	1,000	BTL	30	5.10	LANNETT 00527-1413-10	
7224 4 210-40-3078 U	Hydrochlorothiazide Tablets 25mg (Oretic)	UD 100	PKG	95	4.38	AMERICAN HEALTH 68084-0086-01	*
7225 4 210-40-3079 C	Hydrochlorothiazide Tablets 50mg (Oretic)	100	BTL	240	1.61	LANNETT 00527-1414-01	*
1457 4 210-40-3079 U	Hydrochlorothiazide Tablets 50mg (Oretic)	UD 100	PKG	95	8.60	AMERICAN HEALTH 00172-2089-10	*

* To advise item has not been renewed in this contract and will expire on 09/30/11. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
7226 4 210-40-3201 C	Indapamide 2.5mg Tablets (Lozol)	100	BTL	220	3.73	MYLAN 00378-0080-01
1459 4 210-40-3279C	Metolazone Tablets 5mg (Zaroxolyn)	100	BTL	220	38.85	MYLAN 00378-6173-01
7291 4 210-40-3450 C	Spironolactone Tablets 25mg (Aldactone)	100	BTL	30	7.80	ACTAVIS 00228-2803-11
1471 4 210-40-3450 U	Spironolactone Tablets 25mg (Aldactone)	UD 100	PKG	60	18.19	MYLAN 51079-0103-20
7292 4 210-40-3451 C	Spironolactone Tablets 50mg (Aldactone)	100	BTL	75	16.45	AMNEAL 65162-0514-10
7293 4 210-40-3451 U	Spironolactone Tablets 50mg (Aldactone)	UD 100	PKG	60	44.28	MYLAN 51079-0979-20
1473 4 210-40-3452 C	Spironolactone Tablets 100mg (Aldactone)	100	BTL	75	35.22	AMNEAL 65162-0515-10
7294 4 210-40-3452 U	Spironolactone Tablets 100mg (Aldactone)	UD 100	PKG	60	75.74	MYLAN 51079-0980-20

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
1474 4 210-40-3472 U	Torsemide (Demadex) Tablets 20mg	UD 100	PKG	75	8.62	CAMBER 31722-0531-01
7296 4 210-40-3479 C	Hydrochlorothiazide 25mg and Triamterene 37.5mg (Maxzide/25) Tablets	100	BTL	220	2.83	SANDOZ 00781-1123-01
(TBD) 4 210-40-3479D	Hydrochlorothiazide 25mg, Triamterene 37.5mg Tablet	500	BTL	220	13.02	SANDOZ 00781-1123-05
1476 4 210-40-3480 C	Hydrochlorothiazide 50mg and Triamterene 75 mg (Maxzide) Tablets	100	BTL	220	2.37	SANDOZ 00781-1008-01
7297 4 210-40-3480 U	Hydrochlorothiazide 50mg and Triamterene 75 mg (Maxzide) Tablets	UD 100	PKG	60	8.43	MYLAN 51079-0433-20
1634 4 210-40-3600	Acetic Acid 0.25% for Irrigation 250ml (Abbott 6143-22)	(cs. pk.) 250 ml 1	BTL	75	92.75	HOSPIRA 00409-6143-22
12735 4 210-40-3925	Sodium Chlor Irrigat Sol 0.9% Plastic Btl. 500ml (Baxter 2F7123)	500 ml 1	BTL	75	30.13	HOSPIRA 00409-6138-03
12736 4 210-40-3925 B	Sodium Chlor Irrigat Sol 0.9% Plastic Btl. 1000ml (Baxter 2F7124)	(cs. pk.) 1000ml 1	BTL	75	16.25	HOSPIRA 00409-7138-09

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
(TBD) 4 210-48-0213	Acetylcysteine Inh soln 20% 200mg/ml 10ml	3	PKG	255	10.20	BEN VENUE 00054-3028-02
1479 4 210-48-0450 C	Benzonatate Caps 100mg (Tessalon)	100	BTL	30	5.90	CARACO 57664-0133-88
7300 4 210-48-1201 A	Dextromethorphan Contr. Release Susp. 30mg/5ml (Delsym)	3 oz 1	BTL			NO AWARD
1480 4 210-48-4500 A	Guaifenesin 100mg/5ml, Dextrometh 10mg/5ml W/O Alcohol, Sodium, Sugar	4 oz 1	BTL	75	0.78	PAI 00121-0638-04
(TBD) 4 210-48-6534	(Mucinex DM) Dextromethorphan 30mg, Guaifenesin 600mg SR Tablets	40	BTL	220	18.15	ADAMS 63824-0056-40
1481 4 210-48-6547 U	Guaifenesin Syrup 5cc UD	UD 100	PKG	220	23.65	PAI 00121-1744-05
(TBD) 4 210-52-0100	Ketotifen Fumarate Ophth Soln 0.025% (Zaditor)	5 ml 1	BTL	220	7.73	AKORN 17478-0717-10
1552 4 210-52-0205	Azelastine Nasal Spray 137mcg/spray (Astelin)	30 ml + 1	BTL	75	71.95	APOTEX 60505-0833-05

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1665 4 210-52-0310	Olopatadine HCl Ophth Sol 0.1% (Patanol)	5 ml 1	BTL	220	105.35	ALCON 00065-0271-05	
1803 4 210-52-0425	Bacitracin Ophthalmic Ointment, Tube	1/8 oz 1	TB	220	51.71	FERNDOK 48102-0007-35	
1679 4 210-52-0444	Hydrocortisone 1%; Neomycin 3.5mg; Polymyxin B 10,000Units Cortisporin Otic Suspension	10 ml 1	BTL	30	13.60	PADDOCK 00574-4103-10	
6632 4 210-52-0445	Hydrocortisone 1%; Neomycin 3.5mg; Polymyxin B 10,000Units Otic Solution	10 cc 1	BTL	240	20.46	B-L 24208-0631-10	**
6563 4 210-52-0475	Erythromycin 0.5% Ophth Oint., Tube	3.5 gm 1	TB	220	11.46	AKORN 17478-0070-35	
6571 4 210-52-0491	Gentamicin Ophthalmic Ointment 3mg/gm (Garamycin), Tube	3.5 gm 1	TB	75	9.00	AKORN 17478-0284-35	
1669 4 210-52-0492	Gentamicin Ophthalmic Solution 3mg/ml (Garamycin)	5 ml 1	BTL			NO AWARD	*
6567 4 210-52-0502	Moxifloxacin Ophth Soln 0.5% (Vigamox)	3 ml 1	BTL	220	78.01	ALCON 00065-4013-03	

* To advise of change in award status - item was not renewed in this contract and is expired. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

** To advise of price increase effective for orders issued on or after December 19, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1551 4 210-52-0675	Tobramycin (Tobrex) Ophth. Soln. 3mg/ml 0.3%	5 ml 1	BTL	225	1.11	ALCON 61314-0643-05	*
7181 4 210-52-0676	Tobramycin (Tobrex) Ophth. Oint. 3mg/gm, Tube	3.5 gm 1	TB	220	86.66	ALCON 00065-0644-35	
6637 4 210-52-0750 B	Sulfacetamide NA Ophthalmic Sol 10% Store at Room Temperature	15 cc 1	BTL			NO AWARD	
919 4 210-52-0774 A	CiproFloxacin 0.3% (Ciloxan) Ophth. Soln.	2.5 ml 1	BTL	220	2.08	FALCON 61314-0656-25	
6328 4 210-52-0774 B	CiproFloxacin 0.3% (Ciloxan) Ophth. Soln.	5 ml 1	BTL	220	2.13	FALCON 61314-0656-05	
12737 4 210-52-0778	Ciprofloxacin 0.3% Dexameth 0.1% (Ciprodex) Otic Susp	5BTL./CS. 7.5ml BTL 5	CS			STILL UNDER EVALUATION	
920 4 210-52-0779	Ciprofloxacin 2mg Hydrocortisone 10mg/ml Otic Susp. 10ml Cipro HC	10 ml 1	BTL	220	117.65	ALCON 00065-8531-10	
784 4 210-52-0785 A	Ofloxacin 0.3% OTIC Soln (Floxin)	5 ml 1	BTL			STILL UNDER EVALUATION	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
5867 4 210-52-0785 B	Ofloxacin 0.3% OTIC Soln (Floxin)	10 ml 1	BTL	240	3.78	B-L 24208-0410-10	
1673 4 210-52-0794	Acetic Acid 2% Vosol Otic 15cc	15 cc 1	BTL	240	19.81	HITECH 50383-0889-15	
1672 4 210-52-0795	Acetic Acid 2%, Hydrocortisone 1% Vosol HC Otic 10cc	10 cc 1	BTL	75	88.65	ACTAVIS 45963-0412-61	
6575 4 210-52-0840	Hydro Cortisone 1%/Neomycin 3.5mg/Polymyxin B 10,000 U/ml Ophth. Susp. (Cortisporin)	7.5 ml 1	BTL			NO AWARD	**
1671 4 210-52-0841	Bacitracin Zn 400Units/gm; Hydrocortisone 1%; Neomycin 3.5mg/gm; Polymyxin B 10,000 Units/gm Cortisporin Ophthalmic Ointment, Tube	1/8 oz 1	TB	30	35.30	BAUSCH LOMB 24208-0785-55	
6507 4 210-52-0842 A	Carbamide Peroxide 10% (Gly-Oxide) (Plastic Bottle)	2 oz 1	BTL	160	1.90	TRIAD 00904-4062-03	
269-10-21-290-6 4 210-52-0865	Cyclosporine Ophth Soln 0.05% (Restasis) 0.4ml	30	PKG	220	139.03	ALLERGAN 00023-9163-30	*
6509 4 210-52-0900 B	Dorzolamide (Trusopt) 2% Ophth Soln	10 ml 1	BTL	220	8.09	B-L 24208-0485-10	

* To advise of price increase effective for orders issued on or after June 12, 2012.

** To advise of change in award status. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6510							
4	Ophth Soln	10 ml				B-L	
210-52-0901B	Dorzolamide 2% Timolol 0.5% (Cosopt Plus)	1	BTL	220	21.38	24208-0486-10	
6511	Dexamethasone 0.1%; Neomycin 3.5mg;						
4	Polymyxin 10,000Units	3.5 gm				S.A. ALCON	
210-52-1019	Maxitrol Ophthalmic Ointment, Tube	1	TB	225	9.69	61314-0631-36	
1660	Neomycin Polymyxin/Dexamethasone						
4	3.5mg/10,000 units/ 0.1% ml	5 ml				FALCON	
210-52-1021	Ophthalmic Suspension	1	BTL	220	9.67	61314-0630-06	
1658							
4		5 ml				BAUSCH LOMB	*
210-52-1023	Dexameth 0.1% Tobramycin 0.3% Ophth Susp	1	BTL	30	95.00	24208-0295-05	
1659							
4		3.5 gm				ALCON	
210-52-1024	Dexameth 0.1% Tobramycin 0.3% Ophth Oint	1	BTL	220	121.60	00065-0648-35	
6566							
4		2.5 cc				B&L	
210-52-1025	Flurbiprofen (Ocufen) 0.03% Ophth Drops	1	BTL	225	3.60	24208-0314-25	
1664							
4		10 ml				PACFIC	
210-52-1026	Fluorometholone Ophth Susp 0.1% (FML)	1	BTL	220	14.24	60758-0880-10	
6576							
4		5 ml				CARACO	
210-52-1040	Ketorolac Trometh Ophth Soln 0.5% (Acular)	1	BTL	30	6.30	41616-0220-90	

* To advise of price increase effective for orders issued on or after December 19, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1678 4 210-52-1048	Gramicidin 0.025mg; Neomycin 1.75mg; Polymyxin B 10,000 Units Neosporin Ophthalmic Solution	 10 ml 1	 BTL	 225	 11.83	 B&L 24208-0790-62	
1804 4 210-52-1049	Bacitracin Zn 400 Units; Neomycin 3.5mg; Polymyxin B 10,000 Units Neosporin Ophthalmic Ointment, Tube	(3.5gm) 1/8 oz 1	 TB	 30	 31.40	 BAUSCH LOMB 24208-0780-55	
1677 4 210-52-1080	 Mometasone Furoate Nasal Spray 50mcg/Act (Nasonex)	 17gm 1	 BTL	 220	 124.01	 REED 00085-1288-01	**
6635 4 210-52-1090	 Prednisolone Acetate Ophth. Susp. 1% (Pred-Forte)	 5 cc 1	 BTL			 NO AWARD	*
6459 4 210-52-1126	 55mcg/Spray Triamcinolone Acet (Nasacort) Nasal Spray	 16.5gm 1	 BTL	 220	 119.07	 SANTI 00075-1506-16	
6506 4 210-52-1600	 Antipyrine 54mg/ml; Benzocaine 14mg/ml Auralgan Otic Solution	 15 ml 1	 BTL	 225	 7.66	 BOCA 64376-0438-15	
837 4 210-52-1635	 Lidocaine 2% Jelly (Xylocaine), Tube	 30 gm 1	 TB	 75	 7.90	 AKORN 17478-0711-30	
1683 4 210-52-1882	 Proparacaine HCl Ophth. Soln. 0.5% (Alcaine)	 15 ml 1	 BTL	 75	 2.15	 BAUSCH & LOMB 24208-0730-06	

* To advise of change in award status - item was not renewed in this contract and is expired. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

** To advise of price increase effective for orders issued on or after October 24, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1549 4 210-52-2230	(Timoptic) Timolol Maleate Ophth. Solution 0.25%	5 ml 1	BTL	225	1.68	PACIFIC 60758-0802-05	*
7180 4 210-52-2231	(Timoptic) Timolol Maleate Ophth. Solution 0.5%	5 ml 1	BTL	225	1.68	PACIFIC 60758-0801-05	*
1550 4 210-52-2231 B	(Timoptic) Timolol Maleate Ophth. Solution 0.5%	15 ml 1	BTL	30	2.39	PACIFIC 60758-0801-15	
6568 4 210-52-2283	Pilocarpine 2% Ophthalmic Solution	15 ml 1	BTL	30	16.00	FALCON 61314-0204-15	
7104 4 210-52-2403	Atropine Sulfate Ophthalmic Sol 1% (Isopto-Atropine)	15 cc 1	BTL	220	23.96	FALCON 61314-0303-02	
1656 4 210-52-2441	Cyclopentolate 1% Ophth Soln	15 ml 1	BTL	240	21.43	B-L 24208-0735-06	*
10340 4 210-52-2449	Homatropine Ophth Soln 5%	5ml 1	BTL	220	13.31	ALTARE 59390-0192-05	
7182 4 210-52-2468 B	(Mydriacyl) Tropicamide Ophthalmic Solution 1%	15 ml 1	BTL	240	2.37	B-L 24208-0585-64	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
269-52-13-455-4 4 210-52-2835	Benzocaine/Menthol (Cepacol Sore Throat) Oral Lozenges, Sugar-Free	18	BOX			NO AWARD	
1805 4 210-52-2839	Cepacol Liquid	24 oz 1	BTL	170	3.33	COMBE INC. 01150-9210-24	
269-52-13-465-3 4 210-52-2840	Benzocaine/Menthol (Cepacol Sore Throat) Lozenges, 72 pkg. of 9 count blister card. Case.	648	CS			NO AWARD	
7108 4 210-52-2840 Y	Regular Strength Consumer Labeling - Individual Box of 18 Lozenges Cepacol Lozenges	18	BOX	170	2.62	COMBE INC. 01150-9205-18	
6634 4 210-52-2841	Cepastat Lozenge Extra Strength (Phenol 29mg) Lozenges (1 oz.), 24 pkg. of 18 count Box. Case.	432	CS	90	69.50	INSIGHT PHARM 36373-6219-18	
(TBD) 4 210-52-2845	Crest Pro Health Rinse	250ml 1	EA	170	2.90	PROCTOR & GAMBLE 37000-4498-05	
6508 4 210-52-2860	Chlorhexidene Gluconate (Peridex) 0.12% Oral Rinse	1 Pint 1	EA	75	1.93	XTTRIUM 00116-2001-16	
(TBD) 4 210-52-2861	Chlorhexidene Gluconate 0.12% Oral rinse (alcohol free)	1 pt	EA	95	6.64	SUNSTAR AMERICAS 52376-0021-02	*

* To advise item has not been renewed in this contract and will expire on 09/30/11. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1680 4 210-52-3200	Oxymetazoline 0.05% 0.5mg/ml Afrin Spray	15 cc 1	BTL	160	0.72	BIO-PHARM 00904-5711-35	
1687 4 210-52-3545	Tetrahydrozoline 0.05% Visine Eye Drops	15 cc 1	BTL			NO AWARD	*
6578 4 210-52-3570	Naphazoline 0.025%; Pheniramine 0.3% Naphcon-A Ophth. Solution (Room Temperature)	15 cc 1	BTL	220	8.10	ALCON 00065-0085-15	
269-52-06-710-1 4 210-52-3602	Apraclonidine 0.5% (Iopidine) Ophth Soln	5ml 1	BTL	220	54.82	FALCON 61314-0665-05	
1661 4 210-52-3607	Bimatoprost 0.03% Ophth Soln (Lumigan)	5 ml 1	BTL	60	199.70	ALLERGAN 00023-9187-05	**
6564 4 210-52-3608	Brimonidine 0.2% Ophth Soln	5 ml 1	BTL	220	3.33	FALCON 61314-0143-05	
1662 4 210-52-3608 A	Brimonidine 0.2% Ophth Soln	10 ml 1	BTL	30	4.88	FALCON 61314-0143-10	
6636 4 210-52-3610	Sterile Ophthalmic Irrigation Solution (Similar to Dacriose)	4 oz 1	BTL	90	1.37	B&L PHARMA 00904-5377-20	

* To advise of change in award status. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

** To advise of price increase effective for orders issued on or after August 28, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1655 4 210-52-3614 U	Carboxymethylcellulose 0.5% (Refresh Plus) 0.4ml	 1	 PKG			NO AWARD	
1667 4 210-52-3619	Benoxinate .4% and Fluorescein .25% Ophthalmic Solution (Fluress)	5 ml 1	 BTL	240	4.98	B-L 24208-0732-05	
1757 4 210-52-3622	Lacri-Lube S.O.P. (with Preservative), Tube	3.5 gm 1	 TB	220	8.89	ALLERGAN 00023-0312-04	
1686 4 210-52-3627	Polyvinyl Alcohol 0.5% povidone 0.6% eye lotion (Murine) plastic bottle	0.5 oz 1	 BTL			NO AWARD	
1666 4 210-52-3628	Travoprost Ophthalmic Soln 0.004% (Travatan)	2.5 ml 1	 BTL	220	83.71	ALCON 00065-0260-25	
1684 4 210-52-3651	Sodium Chloride 5% Ophth Soln (Muro 128)	15 ml 1	 BTL	75	6.44	AKORN 17478-0623-12	
(TBD) 4 210-52-3652	Sodium Chloride Ophth Oint 5%	3.5gm 1	 TB	75	6.24	AKORN 17478-0622-35	
1553 MBE; 2 210-56-0401	Aluminum Hydroxide Suspension 320mg/5ml	1 Pint 1	 BTL			NO AWARD	*

* To advise of change in award status. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

** Minority Business Enterprise awarded in accordance with Ohio Revised Code Ch. 125.081

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1637 MBE; 2 210-56-0431	(Generic Only) (No Substitution) Calcium Carbonate Tablets 500mg (Tums)	 150	 BTL	** 235	 2.09	PERRIGO 00113-0485-47	
269-56-16-750-1 MBE; 2 210-56-0435	Charcoal, Activated 25gm/120ml in Sorbitol Soln. (Charcoaid)	4oz UD 1	 BTL			NO AWARD	
1578 MBE; 2 210-56-0440 U	Cimetidine Tablets 300mg (Tagamet)	UD 100	PKG			NO AWARD	
7309 MBE; 2 210-56-0443 C	Cimetidine Tablets 400mg (Tagamet)	100	BTL	** 85	5.17	IVAX 00172-7171-60	
7314 MBE; 2 210-56-0500 T	(Generic Requested) Famotidine (Pepcid AC) 10mg Tablets	 30	 PKG			NO AWARD	*
1584 MBE; 2 210-56-0501 C	Famotidine (Pepcid) 20mg Tablets	100	BTL	** 85	3.26	WOCKHARDT 64679-0936-02	
7315 MBE; 2 210-56-0501 U	Famotidine (Pepcid) 20mg Tablets	UD 100	PKG	** 235	8.63	MYLAN 51079-0966-20	
11421 MBE; 2 210-56-0522 C	(Generic Only) (No Substitution) Gaviscon Tablets, (Aluminum Hydroxide 80mg, Magnesium Trisilicate 14.2mg)	 100	 BTL	 ** 235	 7.06	 GLAXO SMITH KLINE 30088-1175-47	

* To advise of change in award status. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

** Minority Business Enterprise awarded in accordance with Ohio Revised Code Ch. 125.081

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6973 MBE; 2 210-56-0638 H	Magnesium Oxide 400mg Tablets	120	BTL	** 85	4.62	RISING 68585-0006-12	
1558 MBE; 2 210-56-0682 T	Bismuth Subsalicylate 262mg Chew Tabs (Pepto-Bismol)	30	BOX			NO AWARD	*
(TBD) MBE; 2 210-56-0706	Ranitidine tablets 75 mg Must have OTC labeling	30	BOX			NO AWARD	*
7038 MBE; 2 210-56-0707U	Ranitidine HCL 150mg Tablets or Capsules (Zantac)	UD 100	PKG	** 235	10.43	SANDOZ 51079-0879-20	
1784 MBE; 2 210-56-0710 P	Ranitidine 15mg/ml Syrup (Zantac)	16 oz 1	BTL	** 85	16.72	AMNEAL 65162-0664-90	
10628 MBE; 2 210-56-0740 C	Sucralfate 1gm Tablets (Carafate)	100	BTL	** 85	10.57	NOSTRUM 29033-0003-01	
1790 MBE; 2 210-56-0740 U	Sucralfate 1gm Tablets (Carafate)	UD 100	PKG	** 235	24.45	TEVA 51079-0871-20	
1579 MBE; 2 210-56-0811 C	Atropine 0.025mg Diphenoxylate 2.5mg Tablets	100	BTL	** 85	11.22	MYLAN 00378-0415-01	

* To advise of change in award status. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

** Minority Business Enterprise awarded in accordance with Ohio Revised Code Ch. 125.081

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
7310 MBE; 2 210-56-0811 U	Atropine 0.025mg Diphenoxylate 2.5mg Tablets	UD 100	PKG			NO AWARD	
1575 MBE; 2 210-56-0910 C	Loperamide 2mg Capsules (Imodium)	100	BTL	** 85	13.35	TEVA 00093-0311-01	*
1576 MBE; 2 210-56-0910D	Loperamide 2mg caps (Imodium)	500	BTL	** 85	64.10	TEVA 00093-0311-05	*
7306 MBE; 2 210-56-0910U	Loperamide 2mg Capsules (Imodium)	UD 100	PKG	** 235	13.69	MYLAN 51079-0690-20	
7307 MBE; 2 210-56-0911	Loperamide Liquid 1mg/5ml (Imodium AD)	120 ml 1	BTL			NO AWARD	
7184 MBE; 2 210-56-1111	Alum. OH 200mg, Magnesium OH 200mg, Simethicone 20mg/5ml Hospital Pack 5oz (offer case prices)	(cs. pk.) 5oz 12	CS	** 235	27.43	NOVARTIS 00067-6281-62	
(TBD) MBE; 2 210-56-1111U	Aluminum Hydrox 200mg, Magnesium Hydrox 200mg Simeth 20mg / 5ml	UD 100	PKG			NO AWARD	
7183 MBE; 2 210-56-1112 A	Alum. OH 400mg, Magnesium OH 400mg, Simethicone 40mg/5ml (Mylanta II Liquid)	12 oz 1	BTL			NO AWARD	

* To advise of price increase effective for orders issued on or after September 5, 2012.

** Minority Business Enterprise awarded in accordance with Ohio Revised Code Ch. 125.081

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
(TBD) MBE; 2 210-56-1165C	Alpha-D-Galactosidase tablets (Beano)	100	BTL			NO AWARD	
1789 MBE; 2 210-56-1166 U	Simethicone Tablets 80mg (Mylanta Gas 80mg Mint)	UD 100	PKG			NO AWARD	*
1556 MBE; 2 210-56-1219 C	Bisacodyl Enteric Coated Tablets 5mg (Dulcolax)	100	BTL	** 85	1.21	PRIME 62107-0030-01	
1557 MBE; 2 210-56-1219 U	Bisacodyl Enteric Coated Tablets 5mg (Dulcolax)	UD 100	PKG			NO AWARD	
7186 MBE; 2 210-56-1220 U	Lot number & expiration date must be on each suppository Bisacodyl Suppositories 10mg (Dulcolax)	UD 100	PKG			NO AWARD	*
1582 MBE; 2 210-56-1258 P	Docusate Sodium 50mg/5ml Liquid	1 Pint 1	BTL			NO AWARD	*
7311 MBE; 2 210-56-1259 C	Docusate Sodium 100mg Capsules (Colace)	100	BTL			STILL UNDER EVALUATION	
7312 MBE; 2 210-56-1259 M	Docusate Sodium 100mg Capsules (Colace)	1000	BTL			STILL UNDER EVALUATION	

* To advise of change in award status. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

** Minority Business Enterprise awarded in accordance with Ohio Revised Code Ch. 125.081

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6650 MBE; 2 210-56-1295 G	Powder for Oral Soln (Colyte) Polyethylene Glycol 3350 Electrolyte in Bottle	4 Ltr 1	BTL	** 85	10.34	GAVIS 43386-0060-19	
7313 MBE; 2 210-56-1300	Enema Fleet Mineral Oil	1	EA			NO AWARD	
7227 MBE; 2 210-56-1384	Lactulose Solution 10gm/15ml for Constipation	32 oz 1	BTL	** 235	12.10	QUALITEST 00603-1378-59	
1458 MBE; 2 210-56-1384 U	Lactulose Soln 10Gm/15ml 30cc	UD 40	CTN			NO AWARD	
6976 MBE; 2 210-56-1418	Methycellulose PWD (Citrucel) Orange, Jar	16 oz 1	EA	** 235	8.02	GLAXO SMITH KLINE 30068-0418-16	
1775 MBE; 2 210-56-1423 A	Mineral Oil American Heavy - Indication Constipation	16 oz 1	BTL	** 235	2.42	CUMBERLAND SWAN 84603-6001-68	*
10342 MBE; 2 210-56-1432	Phospha Soda (Fleet)	1.5 oz 1	BTL			NO AWARD	
1571 MBE; 2 210-56-1463 S	Polycarbophil, Calcium (Fiberlax) 500mg Tablet	60	PKG			NO AWARD	

* To advise of price increase effective for orders issued on or after September 27, 2012.

** Minority Business Enterprise awarded in accordance with Ohio Revised Code Ch. 125.081

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1783 MBE; 2 210-56-1485	(74008) (No Substitution) Psyllium Muciloid (Metamucil), Regular Flavor, Original Texture Powder	 13 oz 1	 CAN	 ** 85	 3.96	 PRIME 62107-0079-04	
6986 MBE; 2 210-56-1486	(74012) (No Substitution) Psyllium Muciloid Orange Flavor Original Texture Powder (Metamucil)	 19 oz 1	 CAN	 ** 235	 8.38	 PROCTER & GAMBLE 37000-0013-08	
6985 MBE; 2 210-56-1486 U	(74087) (No Substitution) Psyllium Muciloid, Orange Flavor Smooth Texture Powder (Metamucil)	 UD 30	 PKG	 ** 235	 9.78	 PROCTER & GAMBLE 37000-0023-04	***
1782 MBE; 2 210-56-1487 U	(74108) (No Substitution) Psyllium Muciloid, Orange Flavor (Metamucil) Smooth Texture, Sugar Free Powder	 UD 30	 PKG	 ** 235	 9.86	 PROCTER & GAMBLE 37000-0024-04	*
7041 MBE; 2 210-56-1526 C	187mg=8.6mg Sennosides From Senna Concen- trate Senna Concentrate, Senokot Tablets	 100	 BTL			NO AWARD	
(TBD) MBE; 2 210-56-1526U	Sennosides 8.6mg Tablets	UD 100	PKG			NO AWARD	
14804 MBE; 2 210-56-1528 S	Sennosides 8.6mg Docusate Sodium 50mg Senokot-S	 60	 BTL			NO AWARD	
1787 MBE; 2 210-56-1528 U	Sennosides 8.6mg Docusate Sodium 50mg Senokot-S	UD 100	PKG			NO AWARD	

* To advise of price increase effective for orders issued on or after September 27, 2012.

** Minority Business Enterprise awarded in accordance with Ohio Revised Code Ch. 125.081

*** To advise of price increase effective for orders issued on or after October 13, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
(TBD) MBE; 2 210-56-1610C	Amylase/Protease/Lipase Cap (Creon 20)	100	BTL			NO AWARD	
1586 MBE; 2 210-56-1640 H	(Generic Required) Lactase Enzyme 9000 FCC Units per 3 Tablets (LactAid) Original Strength	60	BTL	** 235	4.13	PERRIGO 07003-0135-68	
6984 MBE; 2 210-56-1685 C	Pancrelipase Tablets (Viokase 8) (Lipase 8000U Protease 30,000U Amylase 30,000U)	100	BTL	** 85	73.15	ACELLA 42192-0309-01	
1769 MBE; 2 210-56-2000 C	Meclizine HCL Tablets 12.5mg (OTC labeling)	100	BTL	** 85	3.36	WATSON 00536-3985-01	
6974 MBE; 2 210-56-2221 C	Meclizine HCL Tablets 25mg (OTC labeling)	100	BTL			NO AWARD	*
6975 MBE; 2 210-56-2221 U	Meclizine HCL Tablets 25mg (Antivert)	UD 100	PKG			NO AWARD	
1773 MBE; 2 210-56-2222 C	Metoclopramide Tablets 10mg (Reglan)	100	BTL	** 85	2.37	QUALITEST 00603-4615-21	
1774 MBE; 2 210-56-2222 U	Metoclopramide Tablets 10mg (Reglan)	UD 100	PKG			NO AWARD	

* To advise of change in award status. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

** Minority Business Enterprise awarded in accordance with Ohio Revised Code Ch. 125.081

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6977 MBE; 2 210-56-2223 C	Metoclopramide Tablets 5mg (Reglan)	100	BTL	** 85	2.52	QUALITEST 00603-4614-21	
1792 MBE; 2 210-56-2231 T	Ondansetron HCl 4mg Tablets (Zofran)	30	BTL	** 85	3.06	ASCEND 67877-0169-30	
7046 MBE; 2 210-56-2232 T	Ondansetron HCl 8mg Tablets (Zofran)	30	BTL	** 85	3.85	ASCEND 67877-0170-30	
(TBD) MBE; 2 210-56-2291	Dronabinol capsules 5 mg	60	BTL			NO AWARD	
7045 MBE; 2 210-56-4025N	Esomeprazole Capsules 40mg (Nexium). Extended Release.	90	BTL	** 235	596.67	ASTRA ZENECA 00186-0540-54	*
1585 MBE; 2 210-56-4025U	Esomeprazole Capsule 40mg (Nexium). Extended Release.	UD 100	PKG	** 235	662.93	ASTRA ZENECA 00186-5042-28	*
1573 MBE; 2 210-56-4041 T	Lansoprazole (Prevacid) EC Cap 15mg	30	BTL	** 85	57.31	SANDOZ 00781-2353-31	
7252 MBE; 2 210-56-4041 U	Lansoprazole (Prevacid) EC Cap 15mg	UD 100	PKG			NO AWARD	

* To advise of price increase effective for orders issued on or after April 5, 2012.

** Minority Business Enterprise awarded in accordance with Ohio Revised Code Ch. 125.081

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
1574 MBE; 2 210-56-4042 C	Lansoprazole (Prevacid) EC Cap 30mg	100	BTL	** 85	188.48	SANDOZ 00781-2355-01
7305 MBE; 2 210-56-4042 U	Lansoprazole (Prevacid) EC Cap 30mg	UD 100	PKG	** 235	318.33	TEVA 00781-0046-14
(TBD) MBE; 2 210-56-4046T	Mesalamine Suppositories 1000mg (Canasa)	30	PKG			NO AWARD
(TBD) MBE; 2 210-56-4047	Mesalamine Rectal Enema 4Gm/60ml	7	PKG			NO AWARD
(TBD) MBE; 2 210-56-4048	Balsalazide capsules 750 mg	280	BTL	** 85	61.27	ROXANE 00054-0079-28
1587 MBE; 2 210-56-4049	Mesalamine CR Capsules 250mg (Pentasa)	240	BTL	** 235	351.52	SHIRE 54092-0189-81 *
7250 MBE; 2 210-56-4050 C	Mesalamine Delayed Release tablets 400mg (Asacol)	180	BTL			NO AWARD
269-56-70-500-3 MBE; 2 210-56-4051H	Misoprostol Tablets 100 mcg	120	BTL			NO AWARD

* To advise of price increase effective for orders issued on or after April 5, 2012.

** Minority Business Enterprise awarded in accordance with Ohio Revised Code Ch. 125.081

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
6981 MBE; 2 210-56-4052 C	(Generic Required) (No Substitution) Misoprostol 200mcg Tablets (Cytotec)	 100	 BTL	** 85	 40.48	IVAX 00172-4431-60
7037 MBE; 2 210-56-4062 C	 Olsalazine Sodium Caps 250mg (Dipentum)	 100	 BTL			NO AWARD
6982 MBE; 2 210-56-4068 U	 Omeprazole (Prilosec) 20mg SR Caps	UD 100	 PKG	** 235	 53.52	MYLAN 51079-0007-20
(TBD) MBE; 2 210-56-4069K	Omeprazole SR Capsules 20 mg Blister Cards	UD 300	 PKG			NO AWARD
14806 MBE; 2 210-56-4069M	 Omeprazole DR Capsules 20mg GENERIC	 1,000	 BTL	** 224	 115.00	MYLAN 00378-6150-10
1780 MBE; 2 210-56-4070 A	 Omeprazole DR Tablets OTC 20mg (Prilosec OTC)	UD 42	 PKG	** 224	 20.48	PERRIGO 45802-0888-55
6980 MBE; 2 210-56-4075 N	Delayed Release Pantoprazole Sodium (Protonix) Tabs 40mg	 90	 BTL	** 224	 213.00	ESI/LEDERLE 00008-0607-01
1776 MBE; 2 210-56-4076U	Delayed Release Pantoprazole Sodium (Protonix) Tabs 40mg	UD 100	 PKG			NO AWARD

* To advise of award of products.

** Minority Business Enterprise awarded in accordance with Ohio Revised Code Ch. 125.081

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6706 4 210-64-2100	Deferoxamine (Desferal) Inj. 2gm Vials	(cs. pk) Vial 4	PKG	75	159.44	HOSPIRA 00409-2237-25	
7048 4 210-68-0410	Beclomethasone Dipro 40mcg/inh (QVAR) Inhaler	7.3 oz 1	CAN			NO AWARD	
7049 4 210-68-0411	Beclomethasone Dipro 80mcg/inh (QVAR) Inhaler	7.3 oz 1	CAN			NO AWARD	
7319 4 210-68-0435 V	Dexamethasone Sod Phos Inj 4mg/ml 5ml, Vial	(cs. pk) 5ml 1	VL	225	1.85	AMREGENT 00517-4905-25	*
7320 4 210-68-0437 C	Dexamethasone (Decadron) 4mg Tablets	100	BTL			STILL UNDER EVALUATION	
7318 4 210-68-0438A	Dexamethasone Syrup, 0.5mg/5ml	16 oz 1	BTL	255	14.98	ROXANE 00054-3177-63	
1991 4 210-68-0489C	Fludrocortisone Acet 0.1mg tab (Florinef)	100	BTL	30	36.30	BARR 00555-0997-02	
1598 4 210-68-0493	Flunisolide Inh. 250mcg/Inh 100 doses (Aerobid), Inhalation	7 gm 1	EA	95	94.19	FOREST 00456-0672-99	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN # 	UNIT PRICE	MANUFACTURER NDC NUMBER	
1611 4 210-68-0496	Fluticasone 44mcg (Flovent) Inhalation Aerosol 120 Inhalations	10.6gm 1	EA	60	112.92	GLAXO 00173-0718-20	*
6383 4 210-68-0498	Fluticasone 220mcg (Flovent) Inhalation Aerosol 120 Inhalations	12 gm 1	EA	60	234.87	GLAXO 00173-0720-20	*
6385 4 210-68-0520 C	Hydrocortisone (Cortef) 10mg Tablets	100	BTL	30	34.80	QUALITEST 00603-3900-21	
269-68-67-340-5 4 210-68-0621V	Methylprednisolone Acetate Inj 80mg/ml, Vial	1ml 1	VL	220	6.75	TEVA 00703-0051-01	
6447 4 210-68-0622	Methylprednisolone 4mg Tablets	21	PKG	220	19.41	CADISTA 59746-0001-03	
1819 4 210-68-0622 C	Methylprednisolone 4mg Tablets	100	BTL			NO AWARD	
1817 4 210-68-0623	Methylprednisolone Acetate Inj. 40mg/ml (Depo-Medrol), Vial	1ml 1	VL	95	5.77	TEVA 00703-0031-01	
6446 4 210-68-0624 V	Methylprednisolone Sod Succinate 40mg/ml (Solu-Medrol) Vial	1ml 10	PKG	75	20.11	HOSPIRA 00409-5684-01	

* To advise of price increase effective for orders issued on or after May 1, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1821 4 210-68-0683 C	Prednisone Tablets 5mg	100	BTL	240	1.77	WESTWARD 00143-1475-01	*
6449 4 210-68-0683 U	Prednisone Tablets 5mg	UD 100	PKG	255	3.85	ROXANE 00054-8724-25	
1822 4 210-68-0684 C	Prednisone Tablets 10mg	100	BTL	240	1.95	WESTWARD 00143-1473-01	*
6450 4 210-68-0684 U	Prednisone Tablets 10mg	UD 100	PKG	255	4.51	ROXANE 00054-0017-20	
1823 4 210-68-0685 C	Prednisone Tablets 20mg	100	BTL	220	4.70	WESTWARD 00143-1477-01	
6451 4 210-68-0685 U	Prednisone Tablets 20mg	UD 100	PKG	255	6.40	ROXANE 00054-0018-20	
12761 4 210-68-0744V	Triamcinolone Acetonide Inj 10mg/ml, Vial	5 ml 1	VL	220	10.83	BMS 00003-0494-20	
1830 4 210-68-0745 V	Triamcinolone Acetonide Inj. 40mg/ml (Kenalog-40), Vial	5ml 1	VL	220	43.65	BMS 00003-0293-20	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1820 4 210-68-1007 C	Oxandrolone (Oxandrin) 2.5mg Tablets	100	BTL	75	214.40	PAR 49884-0301-01	
6457 4 210-68-1124 S	Testosterone Transdermal Sys (Androderm) Continuous Delivery of 2.5mg/24hrs	60	BOX	220	290.01	WATSON 52544-0469-60	
(TBD) 4 210-68-1125T	Testosterone patch 5mg/24hr	30	BOX	220	290.01	WATSON 52544-0470-30	
(TBD) 4 210-68-1128V	Testosterone cypionate 100 mg/ml vial	10 ml 1	VIAL	95	48.69	GENEVA 00781-3073-70	*
1828 4 210-68-1130 V	Testosterone Cypionate 200mg/ml Inj., Vial	10ml 1	VL	75	47.69	WATSON 00591-3223-79	
(TBD) 4 210-68-1132V	Testosterone enanthate 200 mg/ml vial	5 ml 1	VIAL	20	39.63	WATSON 00591-3221-26	
10344 4 210-68-1345	Desogestrel 0.15mg Ethinyl Estradiol 30 mcg (Ortho-Cept) tablets	28	PKG			STILL UNDER EVALUATION	
12822 4 210-68-1346	Desogestrel 0.1/.125/.15mg Ethinyl Estradiol 25/25/25mcg (Cyclessa) tablets	28	PKG			STILL UNDER EVALUATION	

* To advise item has not been renewed in this contract and will expire on 09/30/11. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
12824 4 210-68-1347	Ethinyl Estradiol 30mcg Drospirenone 3mg (Yasmin) tablets	28	PKG			STILL UNDER EVALUATION
12823 4 210-68-1348	Ethinyl Estradiol 20 mcg Levonorgestrel 0.1mg (Levlite) tablets	28	PKG			STILL UNDER EVALUATION
10345 4 210-68-1349	Ethinyl Estradiol 20mcg Levonorgestrel 0.1mg (Alesse) tablets	28	PKG			STILL UNDER EVALUATION
10346 4 210-68-1350	Ethinyl Estradiol 20mcg Noreth Ace 1mg Ferrous Fum 75mg (brown tabs only) (Loestrin Fe 1/20)	28	PKG			STILL UNDER EVALUATION
10347 4 210-68-1351	Ethinyl Estradiol 30mcg Norethindrone Ace 1.5mg (Loestrin 21 1.5/30) tablets	21	PKG			STILL UNDER EVALUATION
10348 4 210-68-1352	Ethinyl Estradiol 35mcg Ethynodiol Diacetate 1mg (Zovia 1/35E) tablets	28	PKG			STILL UNDER EVALUATION
10350 4 210-68-1353	Ethinyl Estradiol 50mcg Ethynodiol Diacetate 1mg (Zovia 1/50E) tablets	28	PKG			STILL UNDER EVALUATION
10351 4 210-68-1354	Ethinyl Estradiol 35mcg Norethindrone 0.5mg (Modicon) tablets	28	PKG			STILL UNDER EVALUATION

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
12825 4 210-68-1355	Ethinyl Estradiol 30mcg Levonorgestrel .15mg (Seasonale) tablets	91	PKG			STILL UNDER EVALUATION	
10353 4 210-68-1356	Ethinyl Estradiol 35/35/35mcg Norgestimate 0.18/0.215/0.25mg (Ortho Tri-Cyclen) tablets	28	PKG			STILL UNDER EVALUATION	
269-68-37-496-2 4 210-68-1357	Ethinyl Estradiol 25/25/25mcg Norgestimate 0.18/0.215/0.25mg (Ortho Tri-Cyclen Lo) tablets	28	PKG	220	251.28	BARR 00555-9065-58	
12826 4 210-68-1358	Ethinyl Estradiol 0.75mg Norelgestromin 6mg (Ortho Evra) Transdermal Patch	3	PKG			NO AWARD	
10354 4 210-68-1359	Levonorgestrel 0.75mg (Plan B) tablets	2	PKG	30	25.20	WATSON 52544-0275-36	
269-32-46-300-8 4 210-68-1360	Levonorgestrel 52mg (Mirena) intrauterine device	1	PKG	95	810.58	THERACOM 50419-0421-01	*
1597 4 210-68-1380	Ethinyl Estradiol 35mcg Norethindrone 0.5/.75/1mg; Ortho Novum 7/7/7 - 28 day	1	PKG			STILL UNDER EVALUATION	
7378 4 210-68-1383	Ethinyl Estradiol 0.035mg; Norethindrone 1mg Ortho Novum 1/35 - 28 day	28/Pkg 1	PKG			STILL UNDER EVALUATION	

* To advise item has not been renewed in this contract and will expire on 09/30/11. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1816 4 210-68-1385 C	Mestranol 50mcg; Norethindrone 1mg Ortho Novum 1/50 - 28 day	 3	 PKG			STILL UNDER EVALUATION	
7377 4 210-68-1387	Norgestrel 0.3mg; Ethinyl Estradiol 0.03mg Lo-Ovral - 28 Days	28/Pkg 1	 PKG			STILL UNDER EVALUATION	
1596 4 210-68-1391	Ethinyl Estradiol .03/.04/.03 mg Levonorgestrel .05/.075/.125mg, Triphasil - 28 Tablets	28/Pkg 1	 PKG			STILL UNDER EVALUATION	
7321 4 210-68-1620 C	Estrogenic Substances, Conjugated 0.3mg (Premarin) (No Substitution)	 100	 BTL	 60	 243.25	WYETH 00046-1100-81	*
1592 4 210-68-1621 C	Estrogenic Substances Conjugated 0.625mg Tabs (Premarin) (No Substitution)	 100	 BTL	 60	 243.25	WYETH 00046-1102-81	*
1594 4 210-68-1622 C	Estrogenic Substances Conjugated 1.25mg Tabs (Premarin) (No Substitution)	 100	 BTL	 60	 243.25	WYETH 00046-1104-81	*
1593 4 210-68-1623 C	Estrogenic Substances Conjugated 0.9mg Tabs (Premarin) (No Substitution)	 100	 BTL	 60	 243.25	WYETH 00046-1103-81	*
1591 4 210-68-1625	Estrogenic Substances Conjugated Vag Crm. 0.625mg /gm (Premarin) w/Applicator	(42.5gr) 1.5 oz 1	 EA	 60	 157.27	WYETH 00046-0872-93	*

* To advise of price increase effective for orders issued on or after December 19, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
6455 4 210-68-1721 C	Raloxifene (Evista) 60mg Tablets	100	BTL			STILL UNDER EVALUATION
1603 4 210-68-2029 C	Glimepiride Tablets 2mg (Amaryl)	100	BTL			STILL UNDER EVALUATION
7384 4 210-68-2030 C	Glimepiride Tablets 4mg (Amaryl)	100	BTL			STILL UNDER EVALUATION
(TBD) 4 210-68-2030U	Glimepiride Tablets 4mg (Amaryl)	UD 100	PKG	60	15.05	MYLAN 51079-0426-20
682 4 210-68-2034 T	Glipizide Ext Release 2.5mg Tablets (Glucotrol XL)	30	BTL	220	4.05	GREENSTONE 59762-5031-01
7380 4 210-68-2035 C	Glipizide Ext Release 5mg Tablets (Glucotrol XL)	100	BTL	240	9.54	ACTAVIS 00228-2899-10
7382 4 210-68-2036 C	Glipizide Ext Release 10mg Tablets (Glucotrol XL)	100	BTL			NO AWARD *
7379 4 210-68-2040 C	Glipizide (Glucotrol) 5mg Tablet	100	BTL	240	2.25	TEVA-IVAX 00172-3649-60

* To advise of change in award status. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
(TBD) 4 210-68-2040M	Glipizide 5mg tabs (Glucotrol)	1000	BTL	75	15.56	WATSON 00591-0460-10	
1601 4 210-68-2040U	Glipizide (Glucotrol) 5mg Tablet	UD 100	PKG	60	5.47	MYLAN 51079-0810-20	
7381 4 210-68-2041 C	Glipizide (Glucotrol) 10mg Tablet	100	BTL	75	3.38	WATSON 00591-0461-01	
(TBD) 4 210-68-2041M	Glipizide 10mg tabs (Glucotrol)	1000	BTL	75	27.22	WATSON 00591-0461-10	
1602 4 210-68-2041U	Glipizide (Glucotrol) 10mg Tablet	UD 100	PKG	60	6.43	MYLAN 51079-0811-20	
7386 4 210-68-2042U	Metformin (Glucophage) 500mg Tablets	UD 100	PKG	160	4.30	SANDOZ 00904-6090-61	
1607 4 210-68-2043 C	Metformin (Glucophage) 850mg Tablets	100	BTL	240	3.00	CARACO 57664-0435-51	*
7387 4 210-68-2043 U	Metformin (Glucophage) 850mg Tablets	UD 100	PKG	160	6.99	AMNEAL 00904-6091-61	

* To advise of award of product.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
(TBD) 4 210-68-2044D	Metformin Tablets 1000mg	500	BTL	75	15.77	SOLCO 43547-0250-50	
(TBD) 4 210-68-2044M	Metformin Tablets 1000mg	1,000	BTL	225	33.33	SUN 57664-0474-58	
(TBD) 4 210-68-2044U	Metformin 1000mg Tablets	UD 100	PKG	160	7.45	AMNEAL 00904-6092-61	
1605 4 210-68-2045	Glucagon Kit Powder for Inj. 1mg (Recombinant) with Diluent	Each 1	KIT	60	102.28	BEDFORD 55390-0004-01	*
1815 4 210-68-2046 C	Metformin XT (Glucophage XR) 500mg Tablet	100	BTL	75	3.44	AMNEAL 53746-0178-01	
(TBD) 4 210-68-2046D	Metformin XT (Glucophage XR) 500mg Tablets	500	BTL	75	15.27	AMNEAL 53746-0178-05	
7118 4 210-68-2046U	Metformin XT (Glucophage XR) 500mg Tablet	UD 100	PKG	160	7.95	AMNEAL 00904-6107-61	
(TBD) 4 210-68-2047C	Metformin Ext Rel Tabs 750mg (Glucophage XR)	100	BTL	75	5.81	WATSON 62037-0577-01	

* To advise of price increase effective for orders issued on or after June 12, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
(TBD) 4 210-68-2047U	Metformin Ext Rel Tabs 750mg (Glucophage XR)	UD 100	PKG	160	18.19	AMNEAL 00904-6108-61	
1608 4 210-68-2051 C	Glyburide (Micronase) 2.5mg Tablet	100	BTL			NO AWARD	
7388 4 210-68-2051 U	Glyburide (Micronase) 2.5mg Tablet	UD 100	PKG	60	25.06	TEVA 51679-0872-20	*
1610 4 210-68-2052 C	Glyburide (Micronase) 5mg Tablet	100	BTL	220	20.44	TEVA 00093-8344-01	
(TBD) 4 210-68-2052M	Glyburide Tablets 5mg (Micronase)	1,000	BTL			NO AWARD	**
6380 4 210-68-2052U	Glyburide (Micronase) 5mg Tablet	UD 100	PKG	60	34.95	TEVA 51079-0873-20	*
6452 4 210-68-2053C	Glyburide 1.25 mg Metformin 250mg Tablets	100	BTL	225	6.53	ACTAVIS 00228-2751-11	
10367 4 210-68-2054C	Glyburide 2.5 mg Metformin 500mg Tablets	100	BTL	30	6.94	ACTAVIS 00228-2752-11	

* To advise of price increase effective for orders issued on or after May 1, 2012.

** To advise of change in award status. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
10368 4 210-68-2055C	Glyburide 5 mg Metformin 500mg Tablets	100	BTL	30	6.94	ACTAVIS 00228-2753-11	
(TBD) 4 210-68-2055U	Glyburide 5mg Metformin 500mg Tablets	UD 100	PKG	95	20.55	AMERICAN HEALTH 68084-0138-01	
6452 4 210-68-2060 N	Pioglitazone Tabs 15mg (Actos)	90	BTL	60	445.60	TAKEDA 64764-0151-05	
6453 4 210-68-2061 N	Pioglitazone Tabs 30mg (Actos)	90	BTL			NO AWARD	**
6454 4 210-68-2062 N	Pioglitazone Tabs 45mg (Actos)	90	BTL	60	738.74	TAKEDA 64764-0451-25	
(TBD) 4 210-68-2065N	Rosiglitazone tablets 4 mg	90	BTL	220	384.44	GLAXO 00029-3159-00	
10355 4 210-68-2241	Insulin Aspart 70/30 (Novolog), Vial	(Vial) 10 ml 1	VL	220	125.23	NOVO 00169-3685-12	*
1565 4 210-68-2243	Insulin Aspart 100units/ml (Novolog), Vial	10 ml 1	VL	220	125.23	NOVO 00169-7501-11	*

* To advise of price increase effective for orders issued on or after May 11, 2012.

** To advise of change in award status. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
(TBD) 4 210-68-2250B	Insulin biosynthetic (Humulin) Regular U-100	3ml 1	VIAL	220	18.32	LILLY 00002-8215-17	
10356 4 210-68-2260	Insulin Lispro 75/25 (Humalog), Vial	(Vial) 10 ml 1	VL	220	136.47	LILLY 00002-7511-01	*
7240 4 210-68-2262	Insulin Lispro 100U/ml (Humalog), Vial	10 ml 1	VL	60	136.48	LILLY 00002-7510-01	
(TBD) 4 210-68-2262B	Insulin lispro 100 u/ml (Humalog)	3ml 1	VIAL	220	40.94	LILLY 00002-7510-17	*
1564 4 210-68-2270	Insulin, Biosynthetic (Novolin R) Regular, U-100 (No Substitution), Vial	10 ml 1	VL	220	68.78	NOVO 00169-1833-11	
7242 4 210-68-2272	Insulin, Biosynthetic (Novolin N) NPH, U-100 (No Substitution), Vial	10 ml 1	VL	220	68.78	NOVO 00169-1834-11	
7241 4 210-68-2276	(No Substitution) Insulin, Biosynthetic (Novolin) 70/30, Vial	10 ml 1	VL	220	68.78	NOVO 00169-1837-11	
1799 4 210-68-2920 C	Desmopressin Acetate Tabs 0.1mg (DDAVP)	100	BTL	75	81.39	WATSON 00591-2225-01	

* To advise of price increase effective for orders issued on or after October 14, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
7052 4 210-68-2921 C	Desmopressin Acetate Tabs 0.2mg (DDAVP)	100	BTL	75	97.42	WATSON 00591-2226-01	
7051 4 210-68-2924 S	Desmopressin Acetate (DDAVP) 0.01% Nasal Spray	5 ml 1	EA			NO AWARD	*
1813 4 210-68-3310 C	Medroxyprogesterone Acetate 2.5mg Tablets	100	BTL	220	4.43	GREENSTONE 59762-3740-01	
7116 4 210-68-3311	Medroxyprogesterone Acetate 10mg Tabs	100	BTL	30	3.35	BARR 0555-0779-02	
7115 MBE; 2 210-68-3314 S	Medroxyprogesterone Acetate (Depo-Provera) 1ml 150mg/ml Pre- Filled Syringe w/Safety Glide Needle	Ea 1	SYR			NO AWARD	
1812 4 210-68-3315V	Medroxyprogesterone Acet. Inj 400mg/ml (Depo Provera), Vial	2.5 ml 1	VL	95	202.15	PFIZER 00009-0626-01	**
7119 4 210-68-3606 C	Methimazole 10mg Tablets (Tapazole)	100	BTL	30	15.90	PAR 49884-0641-01	
1567 4 210-68-3610 C	Sodium Levothyroxine 25mcg (Synthroid)	100	BTL	240	7.20	JEROME STEVENS 00527-1341-01	

* To advise of change in award status - item was not renewed in this contract and is expired. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

** To advise of price increase effective for orders issued on or after October 24, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
7247 4 210-68-3611 C	Sodium Levothyroxine 50mcg (Synthroid)	100	BTL	240	7.80	JEROME STEVENS 00527-1342-01	*
(TBD) 4 210-68-3611M	Levothyroxine 50mcg tab (Synthroid)	1000	BTL	220	71.01	LANETT 00527-1342-10	
1568 4 210-68-3611U	Sodium Levothyroxine 50mcg (Synthroid)	UD 100	PKG	220	14.96	UDL 51079-0440-20	
7248 4 210-68-3612 C	Sodium Levothyroxine 75mcg (Synthroid)	100	BTL	30	8.70	LANNETT 00527-1343-01	
1569 4 210-68-3612 U	Sodium Levothyroxine 75mcg (Synthroid)	UD 100	PKG	60	14.11	MYLAN 51079-0441-20	
7245 4 210-68-3613 C	Sodium Levothyroxine 88mcg (Synthroid)	100	BTL	240	8.90	JEROME STEVENS 00527-1344-01	*
1566 4 210-68-3614 C	Sodium Levothyroxine 112mcg (Synthroid)	100	BTL	75	10.78	LANNETT 00527-1346-01	
7249 4 210-68-3625 C	Sodium Levothyroxine 100mcg (Synthroid)	100	BTL	240	8.90	JEROME STEVENS 00527-1345-01	*

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1570 4 210-68-3625 U	Sodium Levothyroxine 100mcg (Synthroid)	UD 100	PKG	60	14.40	MYLAN 51079-0442-20	
1806 4 210-68-3626 C	Sodium Levothyroxine 125mcg (Synthroid)	100	BTL	240	8.90	JEROME STEVENS 00527-1347-01	*
7109 4 210-68-3626 U	Sodium Levothyroxine 125mcg (Synthroid)	UD 100	PKG	60	16.85	MYLAN 51079-0443-20	
1807 4 210-68-3627 C	Sodium Levothyroxine 150mcg (Synthroid)	100	BTL	240	8.90	JEROME STEVENS 00527-1349-01	*
7110 4 210-68-3627 U	Sodium Levothyroxine 150mcg (Synthroid)	UD 100	PKG	220	20.37	UDL 51079-0445-20	
7246 4 210-68-3628 C	Sodium Levothyroxine 175mcg (Synthroid)	100	BTL	240	8.90	JEROME STEVENS 00527-1350-01	*
1808 4 210-68-3629 C	Sodium Levothyroxine 200mcg (Synthroid)	100	BTL	240	8.90	JEROME STEVENS 00527-1351-01	*
7111 4 210-68-3629 U	Sodium Levothyroxine 200mcg (Synthroid)	UD 100	PKG			NO AWARD	

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
10357 4 210-68-3632C	Liothyronine Tablets 5 mcg (Cytomel)	100	BTL	220	50.01	PADDOCK 00574-0220-01
1809 4 210-68-3633 C	Liothyronine Sodium 25mcg Tablets (Cytomel)	100	BTL	220	64.01	PADDOCK 00574-0222-01
7112 4 210-68-3635 C	Liothyronine Sodium 50mcg Tablets (Cytomel)	100	BTL	220	111.51	PADDOCK 00574-0223-01
(TBD) 4 210-68-3640N	Sitagliptin Phosphate Tablets 100mg (Januvia)	90	BTL	220	596.71	MERCK 00006-0277-54
1826 4 210-68-3653 C	(Westward) (No Substitution) Propylthiouracil 50mg Tablets	100	BTL	220	5.85	WESTWARD 00143-1480-01
6075 4 210-72-4236	Lidocaine HCL 1% Multi-dose (Xylocaine), Vial	(25/pk) 20 ml 1	VL	75	14.52	HOSPIRA 00409-4276-01
6074 4 210-72-4237	Lidocaine HCl 2% Injection, Vial	(25/pk) 20 ml 1	VL	75	11.02	HOSPIRA 00409-4277-01
838 4 210-72-4238	Lidocaine Inj 1% Epinephrine 1:100 , Vial	(25/pk) 20 ml 1	VL	75	34.14	HOSPIRA 00409-3178-01

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6076 4 210-72-4239	Lidocaine Inj 2% Epinephrine 1:100 , Vial	(25/pk) 20 ml 1	VL	75	40.05	HOSPIRA 00409-3182-01	
839 4 210-72-4244	(Xylocaine) Lidocaine HCL 2% 5ml Disp. Syringe	(10/pk) 5ml 1	SYR	75	16.45	HOSPIRA 00409-1323-05	
840 4 210-72-4245	Lidocaine HCL 2% Viscous (Xylocaine)	100 ml 1	BTL	75	1.74	HITECH 50383-0775-04	
269-80-55-050-8 1 210-80-0558 S	Hepatitis B Immune Globulin (Hbig) Pediatric Single Dose Prefilled Syringe, 0.5ml	0.5 ml 1	SYR			NO AWARD	
14807 1 210-80-0558 V	Hepatitis B Immune Globulin (Hbig) Adult Formula Single Dose Vial	1 ml 1	VL			NO AWARD	
10564 1 210-80-0711	Human Diploid Rabies Immune Globulin (HRIG) Vaccine 150IU/ml, Single Dose Vial	2 ml 1	VL			NO AWARD	*
10565 1 210-80-0711V	Human Diploid Rabies Immune Globulin (HRIG) Vaccine 150IU/ml, Vial	10 ml 1	VL			NO AWARD	*

* To advise of termination for convenience of line item, effective 10/22/12. Thereafter, item will be available to order on Contract Number RS900613, Index No. LDC102.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
(TBD) 1 210-80-0850	Diphtheria, Tetanus, acellular pertussis combined with Haemophilius influenza type B and inactivated polio single dose vial including Federal Excise Tax, Must have expiration date of at least one year from delivery date. (no substitution) (Pentacel) 5 vials/pkg.	 Vial 5	 PKG			NO AWARD	
(TBD) 1 210-80-0855	Diphtheria, Tetanus, acellular pertussis combined with inactivated polio single dose vial including Federal Excise Tax. Must have expiration date of at least one year from date of delivery. (Kinrix) (no substitution) 10 vials/package	 Vial 10	 PKG			NO AWARD	*
(TBD) 1 210-80-0855S	Diphtheria, Tetanus, acellular pertussis combined with inactivated polio single pre-filled syringe including Federal Excise Tax. Must have expiration date of at least one year from date of delivery. (Kinrix) (no substitution).5 syringes / Pkg.	 Syr 5	 PKG			NO AWARD	*
10566 1 210-80-0858	Diphtheria - Tetanus (DT) Pediatric Single Dose Vial including Federal Excise Tax (FET). Must have expiration date of at least one (1) year from date of delivery.	 10	 PKG			NO AWARD	
10545 1 210-80-0859S	Tetanus & Diphtheria (Td) Toxoids adsorbed for Adult use Preservative Free 10 Pre Filled Syringes including Federal Excise Tax (FET). Must have exp. date of at least one (1) year from date of delivery. (No Substitution) (DECAVAC)	 Single- Dose Syringes 10	 PKG			NO AWARD	*

* To advise of termination for convenience of line item, effective 10/22/12. Thereafter, item will be available to order on Contract Number RS900613, Index No. LDC102.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
14808 1 210-80-0859V	Tetanus & Diphtheria (Td) Toxoids adsorbed for Adult use Preservative Free 10 Single-Dose Vials including Federal Excise Tax (FET). Must have exp. date of at least one (1) year from date of delivery. (No Substitution) (DECAVAC)	Single-Dose Vials 10	PKG			NO AWARD	*
14809 1 210-80-0860V	Tetanus & Diphtheria Toxoids Adsorbed for Adults 15 dose vials including Federal Excise Tax (FET)	(Vial) 7.5ml 1	VL			NO AWARD	
6518 1 210-80-0863S	Diphtheria Tetanus , acellular Pertussis combined with Hepatitis B & Inactivated Polio DTaP-HBV-IPV. Single Pre-filled Safety Tip-Lock Syringe W/O BD needle including Federal Excise Tax (FET). (Pediarix) (No Substitution) Must have expiration date of at least one (1) year from date of delivery.	5	PKG	60	305.66	GLAXO 58160-0811-46	
11949 1 210-80-0863V	Diphtheria Tetanus , acellular Pertussis combined with Hepatitis B & Inactivated Polio DTaP-HBV-IPV Single Dose Vial including Federal Excise Tax (FET) (No Substitution) (Pediarix) Must have expiration date of at least one (1) year from date of delivery.	10	PKG	60	611.32	GLAXO 58160-0811-11	
10567 1 210-80-0866	Diphtheria - Tetanus - accellular - Pertussis (DTaP) Single Dose Vial including Federal Excise Tax (FET) (Tripedia) (No Substitution) Must have expiration date of at least one (1) year from date of delivery.	10	PKG	260	236.70	SANOFI PASTEUR 49281-0298-10	

* To advise of termination for convenience of line item, effective 10/22/12. Thereafter, item will be available to order on Contract Number RS900613, Index No. LDC102.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
10568 1 210-80-0870	Diphtheria - Tetanus - accellular - Pertussis (DTaP) Single Dose Vial including Federal Excise Tax (FET) (Daptacel) (No Substitution) Must have expiration date of at least one (1) year from date of delivery.	10	PKG			NO AWARD	*
1841 1 210-80-0872	Tetanus Diphtheria and accelular Pertussis (TDaP) (Boostrix) Single Dose Vial including any applicable Federal Excise Tax (FET) 10 Vials/Package	10	PKG			NO AWARD	*
(TBD) 1 210-80-0872S	Tetanus, diphtheria and acellular pertussis single dose syringe including any applicable Federal Excise Tax. Must have expiration date of at least one year from date of delivery. (Boostrix) (no substitution) 5 syringes/package	Syr. 5	PKG	60	164.59	GLAXO 58160-0842-46	
6519 1 210-80-0874	Tetanus Diphtheria and accelular Pertussis (TDaP) (Adacel) Single Dose Vial including any applicable Federal Excise Tax (FET) 10 Vials/Package	10	PKG			NO AWARD	*
(TBD) 1 210-80-0874S	Tetanus,Diphtheria and acellular Pertussis Single dose syringe including any applicable Federal Excise Tax. Must have expiration date of at least one year from date of delivery. (Adacel) 5 syringes / package	Syr. 5	PKG			NO AWARD	*
10570 1 210-80-1144 V	Tetanus Toxoid (No Tubex) adsorbed 5LF units Single Dose Vial including Federal Excise Tax (FET)	10	VL			NO AWARD	

* To advise of termination for convenience of line item, effective 10/22/12. Thereafter, item will be available to order on Contract Number RS900613, Index No. LDC102.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
14810 1 210-80-1330	Hepatitis A Vaccine, Inactivated, Pediatric/Adolescent 25U/0.5ml (Vaqta) Single Dose Vial	 10	 VL			 NO AWARD	
269-80-50-420-8 1 210-80-1333 V	 Hepatitis A Vaccine, Inactivated, Adult 50U/1ml (Vaqta) Single Dose Vials	 1 ml 1	 VL			 NO AWARD	
6639 1 210-80-1337 V	 Hepatitis A Vaccine, Inactivated, Pediatric 720 EL.U/0.5ml (Havrix). (No Subsititution), Vial	 0.5 ml 10	 VL			 NO AWARD	*
6640 1 210-80-1339 S	1440 EL.U/ml Hepatitis A Vaccine, Inactivated (Havrix) Adult w/ 1ml Disposable Tip-Lok Syringe	 Each 5	 SYR			 NO AWARD	*
1688 1 210-80-1339 V	 Hepatitis A Vaccine, Inactivated (Havrix) Adult 1440 EL.U/ml, 10 single-dose vials	 1 ml 10	 VL	 60	 263.70	 GLAXO 58160-0826-11	
1690 1 210-80-1342	Hepatitis B Vaccine - Recombinant Adolescent/ Infant (Recombivax HB) 5mcg/0.5ml, Single Dose Vial (No Substitution) including Federal Excise Tax	 10	 PKG	 60	 240.16	 MERCK 00006-4981-00	
1691 1 210-80-1345	Hepatitis B Vaccine - Recombinant (Engerix B) 20mcg/ml, Single Dose 1 ml Vial (No Substitution) including Federal Excise Tax (FET)	 1 ml 10	 VL			 NO AWARD	*
6644 1 210-80-1345A	Hepatitis B Vaccine - Recombinant (Engerix B) 20mcg/ml, Syringes (No Substitution) incl. Federal Excise Tax (FET)	 5	 PKG			 NO AWARD	

* To advise of termination for convenience of line item, effective 10/22/12. Thereafter, item will be available to order on Contract Number RS900613, Index No. LDC102.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1692 1 210-80-1347 A	Hepatitis B Vaccine - Recombinant (Engerix B) 10mcg/0.5ml, Pediatric Syringes (No Substitution) including Federal Excise Tax (FET)	5	PKG	60	123.95	GLAXO 58160-0820-51	
6642 1 210-80-1347 V	Hepatitis B Vaccine - Recombinant (Engerix B) 10mcg/0.5ml, Pediatric Single Dose Vial (No Substitution) including Federal Excise Tax (FET)	10	PKG			NO AWARD	*
6641 1 210-80-1352 S	Hepatitis A Inactivated & Hepatitis B Recombinant (Twinrix) (No Substitution) 720EL.U/ml Syringes including Federal Excise Tax (FET)	5	PKG			NO AWARD	*
1689 1 210-80-1352 V	Hepatitis A Inactivated & Hepatitis B Recombinant (Twinrix) (No Substitution) 720EL.U/ml Vial including Federal Excise Tax (FET)	10	PKG			NO AWARD	*
1842 1 210-80-1355	Haemophilus b Conjugate and Hepatitis B Vaccine (COMVAX) 10 Single Dose 0.5ml Vials including Federal Excise Tax. Must have expiration date of at least one (1) year from delivery date(No Substitution)	10	PKG			NO AWARD	
11944 1 210-80-1357	Hib - Haemophilus Influenza B (Hib), (PedVax) Single Dose Vial including Federal Excise Tax (FET). Must have expiration date of at least one (1) year from delivery date (No Substitution)	10	(drp shp non return) PKG			NO AWARD	

* To advise of termination for convenience of line item, effective 10/22/12. Thereafter, item will be available to order on Contract Number RS900613, Index No. LDC102.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
10571 1 210-80-1357 A	Hib - Haemophilus Influenza B (Hib), (ActHib) Single Dose Vial including Federal Excise Tax (FET). Must have expiration date of at least one (1) year from delivery date (No Substitution)	5	PKG			NO AWARD	*
269-80-49-150-5 1 210-80-1358	Preservative Free Hib titer - Haemophilus Influenza B (Hib), (HibTiter) Single Dose Vials including Federal Excise Tax (FET). Must have expiration date of at least one (1) year from delivery date (No Substitution)	5	BOX			NO AWARD	
6697 1 210-80-1440	Measles, Mumps & Rubella Virus Vaccine Live, Box of 10 Single Dose 0.5ml Vials w/ necessary diluent and including Federal Excise Tax (FET). Must have expiration date of at least one (1) year from delivery date	10	BOX			NO AWARD	*
1695 1 210-80-1447	Meningococcal Polysaccharide Vaccine 10 Dose Vial w/diluent.	10 dose 1	VIAL			NO AWARD	
19542 1 210-80-1447V	Meningococcal Polysaccharide Vaccine Single Dose Vial w/diluent.	5	(non return) PKG			NO AWARD	
19540 1 210-80-1447U	Meningococcal Polysaccharide Vaccine Individual Vial w/diluent.	1 dose 1	(non return) VL	60	113.29	SANOFI PASTEUR 49281-0489-01	

* To advise of termination for convenience of line item, effective 10/22/12. Thereafter, item will be available to order on Contract Number RS900613, Index No. LDC102.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
10572 1 210-80-1449 V	Meningococcal Conjugate (Groups A, C, Y and W-135) (Menactra) Single Dose Vial including any applicable Federal Excise Tax (FET) 5 Vials/Package	5	(non return) PKG			NO AWARD	*
10573 1 210-80-1482	Inactivated Polio Vaccine (IPV) 10 Doses/Pkg. including Federal Excise Tax (FET). Must have exp. date of at least one (1) year from delivery date.	(Vial) 10 dose 1	VL			NO AWARD	
10575 1 210-80-1520 V	Rabies Vaccine (Imovax) adsorbed 2.5IU/ml Vial	1 ml 1	VL	260	225.73	SANOFI PASTEUR 49281-0250-51	
14811 1 210-80-1521	Rabies Vaccine 2.5 IU, Powder for Inj (RabAvert)	1 ml 1	PKG	182	185.18	NOVARTIS 63851-0501-01	
11945 1 210-80-1540	HPV - Quadrivalent Human Papillomavirus Types 6, 11, 16, and 18 Recombinant Single-dose Vials (Gardasil)	10	PKG	60	1,354.83	MERCK 00006-4045-41	
11946 1 210-80-1540S	Papillomavirus Vaccine Quadrivalent Human (Gardasil), Syringe	1	SYR	60	125.58	MERCK 00006-4109-31	
6698 1 210-80-1545 A	Pneumococcal Vaccine Polyvolent. 0.5cc Disp. Vial. Must have exp. date of at least one (1) year from date of delivery. 10 Vial/Pkg.	10	PKG			NO AWARD	

* To advise of termination for convenience of line item, effective 10/22/12. Thereafter, item will be available to order on Contract Number RS900613, Index No. LDC102.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
269-80-70-075-6 1 210-80-1546 V	Pneumococcal Vaccine Polyvalent. 5 Doses/Vial. Must have expiration date of at least one (1) year from date of delivery.	5 dose 1	VL	60	310.29	MERCK 00006-4739-00	
1696 1 210-80-1547 S	Pneumococcal 7-valent Conjugate Vaccine (Prevnar) Single Dose Syringe. Must have expiration date at least one (1) year from date of delivery.	Syr. 10	PKG			NO AWARD	
14812 1 210-80-1569	Rotavirus, Oral, Pentavalent 2ml Single-dose Tubes (Rotateq)	10	PKG			NO AWARD	*
(TBD) 1 210-80-1570	Rotavirus vaccine live single dose vials including any applicable Federal Excise Tax. Must have expiration date of at least one year from date of delivery. (Rotarix) (no substitutions) 10 vials/package	Vial 10	PKG			NO AWARD	
269-80-84-600-5 1 210-80-1590	Combo (ProQuad) Single Dose Vial including any applicable Federal Excise Tax. Typhoid Vaccine, Single Dose Ampule	1 dose 1	EACH			NO AWARD	
6699 1 210-80-1590 A	Typhoid Vaccine, Capsules	4	PKG	45	32.00	BERNA 58337-0003-01	
6700 1 210-80-1600	Varicella (Chicken Pox) Vaccine (Varivax), Single Vial w/diluent and including Federal Excise Tax (FET) 10 Vials/Package	10	(drop ship) PKG			NO AWARD	

* To advise of termination for convenience of line item, effective 10/22/12. Thereafter, item will be available to order on Contract Number RS900613, Index No. LDC102.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1697 1 210-80-1602	Varicella (Chicken Pox) Vaccine (Varivax) and Measles, Mumps and Rubella (MMR) Vaccine Combo (ProQuad) Single Dose Vial including any applicable Federal Excise Tax (FET) 10 Vials/Package	10	PKG			NO AWARD	
11947 1 210-80-1650V	Zoster Vaccine Live (Zostavax), Vial	Vial 1	VL			NO AWARD	
1047 4 210-84-0401	Acyclovir 5% (Zovirax) Oint., Tube	15 gm 1	TB	60	176.82	BIOVAIL 64455-0993-94	
(TBD) 4 210-84-0402	Acyclovir Cream 5%	2gm 1	TB	60	108.29	BIOVAIL 64455-0994-42	**
1802 4 210-84-0406	Bacitracin USP Ointment 500U/gm, Tube	1 oz 1	TB			NO AWARD	*
7105 4 210-84-0406 U	Bacitracin USP Topical Ointment 500U/gm 0.9gm Packet	UD 144	BOX			NO AWARD	*
6707 4 210-84-0416	Docosanol Cream 10% (Abreva), Tube	2 gm 1	TB	220	13.86	SNF 00766-0801-00	
1668 4 210-84-0427	Gentamicin Sulfate Ointment 0.1% (Garamycin) Tube	15 gm 1	TB			STILL UNDER EVALUATION	

* To advise of change in award status - item was not renewed in this contract and is expired. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

** To advise of price increase effective for orders issued on or after August 29, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1745 4 210-84-0430	Ketoconazole Shampoo 1% (Nizoral AD)	200 ml 1	BTL	220	15.67	MCNEIL 00045-0895-07	
6848 4 210-84-0431	Ketoconazole (Nizoral) 2% Shampoo	4 oz 1	BTL	220	8.75	PAT… 10147-0750-04	
(TBD) 4 210-84-0436	(Bactroban) Mupirocin Cream 2%	30gm 1	EA			NO AWARD	
6904 4 210-84-0437 A	Mupirocin (Bactroban) 2% Ointment, Tube	22 gm 1	TB			NO AWARD	*
(TBD) 4 210-84-0442	(Loprox) Ciclopirox Susp 0.77%	30ml 1	EA	220	14.41	TARO 51672-1323-03	
(TBD) 4 210-84-0443	(Loprox) Ciclopirox Gel 0.77%	45gm 1	EA	30	38.30	FOUGERA 00168-0407-46	
1924 4 210-84-0445	Clindamycin Topical Gel 10mg/ml (Cleocin-T)	30 gm 1	EACH	220	13.62	FOUGERA 00168-0202-30	
1925 4 210-84-0450	(Cleocin-T) Clindamycin 1% Topical Solution 10mg/ml	60 ml 1	BTL	30	24.95	FOUGERA 00168-0201-60	**

* To advise of change in award status - item was not renewed in this contract and is expired. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

** To advise of price increase effective for orders issued on or after October 26, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1926 4 210-84-0450 A	(Cleocin-T) Clindamycin 1% Topical Solution 10mg/ml	30 ml 1	 BTL			NO AWARD	*
12827 4 210-84-0451	 Ciclopirox Shampoo 1%	120ml 1	 BTL	 30	 65.75	PERRIGO 45802-0401-09	
1929 4 210-84-0452	Betamethasone Dipropionate 0.05% Clotrimazole 1% (Lotrisone) Cream, Tube	15 gm 1	 TB			NO AWARD	**
1730 4 210-84-0452 A	Betamethasone Dipropionate 0.05% Clotrimazole 1% (Lotrisone) Cream, Tube	45 gm 1	 TB	 220	 3.25	FOUGERA 00168-0258-48	
6796 4 210-84-0453 A	(Generic Only) Ciclopirox Olamine 0.77% Cream, Tube	30 gm 1	 TB			STILL UNDER EVALUATION	
1705 4 210-84-0455 A	Clotrimazole Cream 1% (Lotrimin AF) Topical OTC Formulation Only, Tube	15 gm 1	 TB			NO AWARD	**
1928 4 210-84-0455 B	Clotrimazole Cream 1% (Lotrimin AF) Topical Tube	45 gm 1	 TB			STILL UNDER EVALUATION	
1930 4 210-84-0457	Clotrimazole Solution 1% (Lotrimin) Topical OTC Formulation Only	10 cc 1	 BTL	 240	 2.25	TEVA 00093-0248-43	

* To advise of change in award status – product has been discontinued by manufacturer. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

** To advise of change in award status - item was not renewed in this contract and is expired. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6855 4 210-84-0458 B	Clotrimazole (Mycelex) 10mg troche	140	BTL	30	71.75	ROXANE 00054-4146-23	
1721 4 210-84-0462	Miconazole 2% Aerosol Pwd. (Desenex) (New Formula) Aerosol 4oz Can	4 oz 12	CS	170	4.79	NOVARTIS 30067-0960-40	
1722 4 210-84-0463	Miconazole 2% (Desenex) Powder (Shaker)	1.5 oz 1	CAN	170	3.53	NOVARTIS 30067-0949-15	
1706 4 210-84-0464	Econazole Nitrate Cream 1% (Spectazole) Tube	15 gm 1	TB	30	3.10	FOUGERA 00168-0312-15	
6708 4 210-84-0464 A	Econazole Nitrate Cream 1% (Spectazole) Tube	30 gm 1	TB	30	5.15	FOUGERA 00168-0312-30	
1744 4 210-84-0466	Ketoconazole 2% Cream (Nizoral), Tube	30 gm 1	TB	30	5.31	FOUGERA 00168-0099-30	
6847 4 210-84-0466 A	Ketoconazole 2% Cream (Nizoral), Tube	60 gm 1	TB	30	8.14	FOUGERA 00168-0099-60	
1748 4 210-84-0468	Miconazole Nitrate 100mg Vag. Suppos. (Monistat-7)	7	PKG	240	2.32	G+W 00713-0197-57	*

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6903 4 210-84-0469	Miconazole Nitrate 2% Vag. Cream w/Applicator (Monistat-7), Tube	45 gm 1	TB	75	2.40	G&W LABORATORIES 00713-0252-37	
1747 4 210-84-0470 A	Miconazole Nitrate 2% (Monistat) Derm. Cream Tube	30 gm 1	TB	240	1.11	ACTAVIS 00472-0735-56	
6907 4 210-84-0471	Nystatin (Mycostatin) Topical Powder 100,000 U/gm	15 gm 1	BTL	75	3.88	MIDLOTHIAN 68308-0152-15	
6905 4 210-84-0472	Nystatin Cream (Nilstat), Tube	15 gm 1	TB	220	10.98	TARO 51672-1289-01	
6838 4 210-84-0481	Terconazole Vaginal suppositories 80mg (Terazol)	3	BOX	220	33.84	PERRIGO 45802-0717-08	
1710 4 210-84-0482	Terconazole Vaginal Cream 0.8% (Terazol-3) Tube	20 gm 1	TB			NO AWARD	*
1755 4 210-84-0514	Permethrin (Elimite) 5% Cream, Tube	60 gm 1	TB	220	61.16	PERRIGO 45802-0269-37	**
6910 4 210-84-0515	Permethrin 1% Cream Rinse (Nix) OTC	59 ml 1	PKG	240	5.94	ACTAVIS 00472-5242-67	

* To advise of change in award status - item was not renewed in this contract and is expired. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

** To advise of price increase effective for orders issued on or after October 31, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1746 4 210-84-0520 A	Lindane 1% Lotion (Kwell)	2 oz 1	BTL			NO AWARD	
6849 4 210-84-0521 A	Lindane 1% Shampoo (Kwell)	2 oz 1	BTL			NO AWARD	
6916 4 210-84-0523	Piperonyl Butoxide 4% Pyrethrine 0.33% Shampoo (Rid)	2 oz 1	BTL	170	6.60	BAYER CORP. 00280-9000-02	
1737 4 210-84-0526	Alcohol Rubbing 70% NF Isopropyl Must Have Expiration Date	16oz 1	BTL	170	1.22	CUMBERLAND SWAN 84603-6001-72	*
6840 4 210-84-0527	Alcohol 60% Foamed (Isogel) - Bottles DO NOT WANT AEROSOL (No Substitution)	(36/cs) 4oz 1	BTL	90	89.64	COLOPLAST 11701-0025-04	
(TBD) 4 210-84-0528	Hand cleanse Foam (Alcohol free)	1.7 oz	BTL	90	94.18	DERMARITE 61924-0102-17	
(TBD) 4 210-84-0535	Cadexomer Iodine 0.9% Gel (Iodosorb)	40 Gm 1	PKG			NO AWARD	
1761 4 210-84-0538	Povidone Iodine Swabs 10% (Betadine) Individually Wrapped	50	PKG	90	5.95	TRIAD 50730-4101-1	

* To advise of price increase effective for orders issued on or after August 31, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6915 4 210-84-0538 C	Povidone Iodine Wipes (Betadine)	100	PKG	90	3.58	TRIAD 50730-3201-1	
1760 4 210-84-0539	Povidone Iodine Solution 10% (Betadine)	16oz 1	BTL	90	31.08	TRIAD 50730-8216-6	
6914 4 210-84-0541	Povidone Iodine Surgical Scrub 7.5% (Betadine) W/O Pump	(cs. pk) 1 Pint 1	BTL	90	35.76	TRIAD 50730-8316-6	
6913 4 210-84-0542	Povidone Iodine 10% Ointment (Betadine) Tube	1 oz 1	TB	160	1.25	SHEFFIELD 00904-1102-31	
1908 4 210-84-0543	Benzoyl Peroxide 5% Erythromycin 3% Gel Tube	46 gm 1	TB	240	40.60	PERRIGO 45802-0083-86	*
6780 4 210-84-0544	Benzoyl Peroxide 5% Clindamycin 1% Topical Gel (Duac), Tube	25 gm 1	TB			NO AWARD	
6784 4 210-84-0546	Benzoyl Peroxide Gel 5% (Persa Gel), Tube	1.5 oz 1	TB	240	1.69	WATSON 00536-4089-56	*
1909 4 210-84-0547	Benzoyl Peroxide Gel 10% (Persa Gel), Tube	1.5 oz 1	TB	240	1.95	WATSON 00536-4092-56	*

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
1743 4 210-84-0548	Benzoyl Peroxide Liquid Cleanser 5% (Wash) (OTC Formula Preferred)	8 oz 1	BTL	75	9.98	HARRIS 67405-0425-08
1727 4 210-84-0549	Benzoyl Peroxide Liquid Cleanser 10% (Wash) (OTC Formula Required)	6 oz 1	BTL	170	4.06	MENTHOLATUM 31074-2025-80
269-84-43-200-0 4 210-84-0550P	Green Soap Tincture	(1pt) 16 oz 1	BTL			NO AWARD
1742 4 210-84-0551	Benzoyl Peroxide 5% Bar Soap (Panoxyl)	(Bar) 4 oz 1	EA			NO AWARD
6845 4 210-84-0552	Benzoyl Peroxide 10% Bar Soap (Panoxyl)	(Bar) 4 oz 1	EA			NO AWARD
(TBD) 4 210-84-0561	Metronidazole Topical Gel 0.75%. Tube.	45 Gm 1	TB			STILL UNDER EVALUATION
780 4 210-84-0563	Metronidazole (MetroGel Vag.) 0.75% Vaginal Gel with/Applicator, Tube	70 gm 1	TB	30	22.20	PRASCO 66993-0935-70
6786 4 210-84-0575	Benzoyl Peroxide Lotion 5% (Benoxy 5)	30 ml 1	BTL	20	1.71	WATSON RUGBY 00536-0810-95

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1910 4 210-84-0576	Benzoyl Peroxide Lotion 10% (Benoxy 10)	30 ml 1	BTL	20	2.11	WATSON RUGBY 00536-0815-95	*
1765 4 210-84-0580	Selenium Sulfide Suspension 2-1/2% (Selsun)	4 oz 1	BTL	75	3.95	PERRIGO 45802-0040-64	
6971 4 210-84-0582	(Silvadene) Original Formuation Micronized Silver Sulfadiazine 1% Cream, Jar	50 gm 1	EA	30	2.29	ASCEND 67877-0124-50	
1934 4 210-84-0590	Caladryl Lotion - Calamine 8%; Pramoxine HCl 1%: Inactive: Alcohol, Camphor	6 oz 1	BTL	170	1.96	CUMBERLAND SWAN 01134-4336-30	
1934 4 210-84-0591 A	Calamine USP Lotion (Calamine 8%, Zinc Oxide 8%)	4 oz 1	BTL	160	0.75	VI-JON 00904-2533-00	
6788 4 210-84-0616	Betameth Dipro AUGMENTED Cr 0.05% (Diprolene AF), Tube	15 gm 1	TB			STILL UNDER EVALUATION	
1912 4 210-84-0617 A	Betamethasone Diproprionate Cream 0.05%, Tube	15 gm 1	TB	220	0.99	FOUGERA 00168-0055-15	
6789 4 210-84-0617 B	Betamethasone Diproprionate Cream 0.05%, Tube	45 gm 1	TB	220	52.25	FOUGERA 00168-0055-46	

* To advise of price decrease effective for orders issued on or after December 19, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1915 4 210-84-0618 B	Betamethasone Diproprionate Ointment 0.05% (Diprosone), Tube	45 gm 1	TB	30	5.10	ACTAVIS 00472-0381-45	
1916 4 210-84-0619	Augmented Betamethasone Dipropionate Ointment 0.05% in optimized base (Diprolene), Tube	45 gm 1	TB	75	40.00	ACTAVIS 00472-0382-45	
1917 4 210-84-0621	Betamethasone Valerate Cream 0.1% (Valisone) Tube	15 gm 1	TB	220	9.83	TARO 51672-1269-01	
6793 4 210-84-0621 A	Betamethasone Valerate Cream 0.1% (Valisone) Tube	45 gm 1	TB	220	19.25	TARO 51672-1269-06	
1918 4 210-84-0622	Betamethasone Valerate Lotion 0.1% (Valisone)	60ml 1	BTL	30		NO AWARD	
6797 4 210-84-0625 A	Clobetasol Propionate (Temovate) 0.05% Cream, Tube	30 gm 1	TB	225	2.65	FOUGERA 00168-0163-30	*
1922 4 210-84-0625 B	Clobetasol Propionate (Temovate) 0.05% Cream, Tube	45 gm 1	TB			STILL UNDER EVALUATION	
6798 4 210-84-0626	Clobetasol Propionate (Temovate) 0.05% Ointment, Tube	15 gm 1	TB	75	1.47	HI-TECH 50383-0268-15	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1923 4 210-84-0626 A	Clobetasol Propionate (Temovate) 0.05% Ointment, Tube	30 gm 1	TB	75	1.95	HI-TECH 50383-0268-30	
6799 4 210-84-0626 B	Clobetasol Propionate (Temovate) 0.05% Ointment, Tube	45 gm 1	TB	225	3.86	FOUGERA 00168-0162-46	*
(TBD) 4 210-84-0628	(Desowen) Desonide Ointment 0.05%	60gm 1	EA	220	18.33	FOUGERA 00168-0309-60	
1725 4 210-84-0629	Desonide (Desowen) 0.05% Cream, Tube	15 gm 1	TB	225	2.25	PERRIGO 45802-0422-35	*
6856 4 210-84-0630	Desoximetasone Cream 0.25% (Topicort), Tube	15 gm 1	TB	30	20.90	PERRIGO 45802-0495-35	
1931 4 210-84-0630 B	Desoximetasone (Topicort) 0.25% Cream, Tube	60 gm 1	TB	30	44.20	PERRIGO 45802-0495-37	
1933 4 210-84-0636 B	Diflorasone Diacetate Oint. 0.05% (Psorcon), Tube	60 gm 1	TB	225	16.56	FOUGERA 00168-0243-60	*
6861 4 210-84-0648	Fluocinolone Acetonide Cream 0.01% (Synalar generic), Tube	60 gm 1	TB	225	33.65	FOUGERA 00168-0058-60	*

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6862 4 210-84-0649 S	Fluocinolone Acetonide 0.01% Soln. (Fluonid)	60 ml 1	BTL			STILL UNDER EVALUATION	
1938 4 210-84-0653	Fluocinonide 0.05% Gel (Lidex), Tube	15 gm 1	TB	225	3.40	FOUGERA 00168-0135-15	*
1939 4 210-84-0654	Fluocinonide 0.05% Ointment (Lidex), Tube	60 gm 1	TB	90	6.15	TARO 51672-1264-03	
6864 4 210-84-0656	Fluocinonide 0.05% Ointment (Lidex), Tube	15 gm 1	TB			STILL UNDER EVALUATION	
6863 4 210-84-0658 D	Fluocinonide 0.05% Cream (Lidex), Tube	60 gm 1	TB			STILL UNDER EVALUATION	
1940 4 210-84-0659	Fluocinonide 0.05% Topical Soln (Lidex)	60 ml 1	BTL	30	3.50	FOUGERA 00168-0134-60	
(TBD) 4 210-84-0661	(Cutivate) Fluticasone Prop Cream 0.05%	30gm 1	EA	30	4.50	FOUGERA 00168-0332-30	
1943 4 210-84-0668	Hydrocortisone 1% Lotion	120 ml 1	BTL	20	3.44	WATSON RUGBY 00536-5105-97	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6866 4 210-84-0670	Hydrocortisone 0.5% Cream, Tube	1 oz 1	TB	90	1.59	FOUGERA 00168-0014-31	
6920 4 210-84-0672	Hydrocortisone 1% Topical Ointment, Tube OTC Labeling Required	1 oz 1	TB	240	0.89	ACTAVIS 00472-0345-56	
10359 4 210-84-0674	Hydrocortisone Ointment 2.5%	(Tube) 30gm 1	TB	30	1.80	FOUGERA 00168-0146-30	
6846 4 210-84-0678 B	Hydrocortisone Valerate Cream 0.2% (Westcort) Tube	45 gm 1	TB	75	2.97	TARO 51672-1290-06	
1708 4 210-84-0685	Triamcinolone Acetate 0.1% Kenalog in Orabase, Tube	5 gm 1	TB			STILL UNDER EVALUATION	
(TBD) 4 210-84-0704	(Elocon) Mometasone furoate Ointment 0.1%	15gm 1	EA	30	2.74	HARRIS 67405-0300-15	
1676 4 210-84-0705	Mometasone furoate cream 0.1% (Elocon) Tube	15 gm 1	TB	240	2.33	FOUGERA 00168-0270-15	
1751 4 210-84-0712	Nystatin 100,000U, Triamcinolone Acet 0.1% Mycolog 2 Cream, Tube	15 gm 1	TB	225	1.12	TARO 51672-1263-01	*

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6906 4 210-84-0712 B	Nystatin 100,000U/Gm Triamcinol 0.1% Cream Tube	60 gm 1	 TB			STILL UNDER EVALUATION	
269-84-08-605-3 4 210-84-0729 U	Bacitracin 400U Neomycin 3.5mg. Polymyxin 5000U/gm. Oint. 1/32oz. UD (0.9gm. each) (Neosporin Topical Ointment)	 UD 144	 CTN	 240	 12.44	 PERRIGO 45802-0061-70	
1738 4 210-84-0741	Bacitracin Zn 500U, Polymyxin B 10,000U Polysporin Ointment, Tube	1 oz 1	 TB	 220	 8.14	FOUGERA 00168-0021-31	
(TBD) 4 210-84-0741U	Bacitracin 500units/Polymyxin 10,000units/gram Ointment	UD 144	 PKG			NO AWARD	
(TBD) 4 210-84-0770	Triamcinolone Acetonide Lotion 0.1%. Bottle.	60 ml 1	 BTL	 225	 13.92	MGP/WOCKH 60432-0561-60	*
(TBD) 4 210-84-0771	Triamcinolone Acetonide Oint 0.025%. Tube.	15 Gm 1	 TB	 220	 0.99	PERRIGO 45802-0054-35	
(TBD) 4 210-84-0771B	Triamcinolone Acetonide Oint 0.025%. Tube.	80 Gm 1	 TB	 220	 8.02	FOUGERA 00168-0005-80	
(TBD) 4 210-84-0772	Triamcinolone Acetonide oint 0.5%. Tube.	15 Gm 1	 TB	 220	 2.28	PERRIGO 45802-0049-35	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1718 4 210-84-0773	(Kenalog) Triamcinolone Acetonide Ointment 0.1%, Tube	15 gm 1	TB	220	3.49	FOUGERA 00168-0006-15	
6772 4 210-84-0773 B	(Kenalog) Triamcinolone Acetonide Ointment 0.1%, Tube	80 gm 1	TB	220	8.59	FOUGERA 00168-0006-80	
1717 4 210-84-0774	(Kenalog) Triamcinolone Acetonide Cream .025% , Tube	15 gm 1	TB	220	2.79	FOUGERA 00168-0003-15	
6771 4 210-84-0774 B	(Kenalog) Triamcinolone Acetonide Cream .025% , Tube	80 gm 1	TB	220	8.07	FOUGERA 00168-0003-80	
10360 4 210-84-0776	Triamcinolone Cream 0.5%, Tube	(Tube) 15gm 1	TB	220	6.85	FOUGERA 00168-0002-15	
1762 4 210-84-0801 I	Tucks Suppositories (Topical Starch 51%)	12	BOX	170	4.85	PFIZER 34200-2303-12	*
10223 4 210-84-0802 A	Alpha Keri Bath Oil	(case) 7.5 oz 1	BTL	90	90.72	DERMARITE 61924-078-08	
1945 4 210-84-0805	Hydrocortisone Acetate 25mg Supp Anusol HC Suppositories	12	PKG	30	10.93	G&W 00713-0503-12	

* To advise of price increase effective for orders issued on or after October 31, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
6919 4 210-84-0806	Hydrocortisone 2.5% Rectal Hemorrhoid Cream (Anusol HC 2.5%) with Rectal Tip, Tube	30 gm 1	TB	30	3.69	RISING 64980-0301-30
1702 4 210-84-0819	Camphor 0.5%-Menthol Lotion 0.5% (Sarna Lotion)	7.5 oz 1	BTL	90	136.56	DERMARITE 61924-188-08
6843 4 210-84-0825	Regular Blistex Balm Lipstick Padimate 6.6%; Oxybenzone 2.5%; Dimethicone 2% (No Substitution)	4.2 gm 1	EA	170	0.89	BLISTEX INC. 10157-9822-01
1740 4 210-84-0826	Regular Blistex Dimethicone 1.1%; Menthol .6%, Camphor .5%; Phenol .5% Oint. Tube (No Substitution)	0.21oz 1	TB	170	1.44	BLISTEX INC. 10157-9951-02
6795 4 210-84-0835	Clove Oil Toothache Drops	1/8oz 1	BTL	220	2.75	HUMCO 00395-1949-88
6858 4 210-84-0859	Dibucaine Ointment 1% (Nupercainal), Tube	1 oz 1	TB	220	1.38	PERRIGO 45802-0050-03
6781 4 210-84-0902 T	Lidocaine 5% Patches (Lidoderm)	30	PKG	220	206.48	ENDO 63481-0687-06
1736 4 210-84-1099	Tretinoin Cream 0.025% (Retin A), Tube	20 gm 1	TB	220	10.66	PERRIGO 45802-0182-02

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6766 4 210-84-1100	Tretinoin (Retin-A) Cream 0.1%, Tube	20 gm 1	TB	75	15.14	ROUSES POINT 43478-0241-20	
1714 4 210-84-1101	Tretinoin (Retin-A) Cream 0.05%, Tube	20 gm 1	TB	75	13.98	ROUSES POINT 43478-0242-20	
6769 4 210-84-1102	Tretinoin (Retin-A) Gel 0.025%, Tube	15 gm 1	TB	75	10.22	ROUSES POINT 43478-0244-15	
1715 4 210-84-1103	Tretinoin (Retin-A) Gel 0.01%, Tube	15 gm 1	TB	90	12.90	ROUSESPOINT 43478-0245-15	
6436 4 210-84-1209	Aluminum Sulfate/ Calcium Acetate Packets (Domeboro)	UD 12	PKG			NO AWARD	
6778 4 210-84-1210	Aluminum Chloride 20% w/ DAB Applicator (Drysol)	35ml 1	BTL			NO AWARD	
2516 4 210-84-1275	Douche, Antisept Vinegar/Water (Massengill) Disp.Twin Pack	2-Btl 1	PKG	170	1.45	GLAXO SMITH KLINE 05310-0520-62	
6776 4 210-84-1600	A & D Whites Ointment, Tube	2 oz 1	TB	220	2.18	FOUGERA 00168-0035-01	*

* To advise of price increase effective for orders issued on or after September 29, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6777 4 210-84-1600 U	A & D Ointment, 5gm unit dose foil packs	UD 144	BOX			NO AWARD	*
1719 4 210-84-1906	Urea Cream 20% (Carmol), Tube	3 oz 1	TB			NO AWARD	
6773 4 210-84-1907	Urea Cream 40% (Carmol), Tube	1 oz 1	TB	220	5.44	HIGH TECT 50383-0664-30	
1720 4 210-84-1907 A	Urea Cream 40% (Carmol), Tube	3 oz 1	TB			NO AWARD	
1941 4 210-84-2381 A	Phisohex 5fl. oz. Squeeze Bottle	5 oz 1	BTL			NO AWARD	
6705 4 210-84-2406	Capsaicin 0.025%, Menthol 1%, Methyl Salicylate 12% Cream (Ziks Arthritis Cream), Tube	60 gm 1	TB	220	6.49	NNODUM 63044-0030-60	
6835 4 210-84-2441	Pain-A-Lay w/Pump Phenol 1.4%	6 oz 1	BTL			NO AWARD	
1731 4 210-84-2461	Orabase with Benzocaine 20%, Tube	6 gm 1	TB	220	4.45	COLGATE 03834-1106-77	

* To advise of change in award status. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
(TBD) 4 210-84-2479	Petrolatum chol anhy oint (Aquaphor)	1.75 oz	TUBE			NO AWARD	
10225 4 210-84-2479 B	Petrolatum Cholesterolized Anhydrous Oint. (Aquaphor), Jar	14 oz 1	EA	170	11.49	BEIERSDORF 07214-0031-47	
1756 4 210-84-2480 A	Petrolatum U.S.P. White, Tube	1 oz 1	TB	240	0.99	FOUGERA 00168-0053-21	*
6787 4 210-84-2525 A	Benzoin Tincture, Compound U.S.P.	2 oz 1	BTL	90	4.75	GERITEX 54162-0100-02	
6844 4 210-84-2535	Benzocaine 20% Menthol 0.5% Dermoplast Spray	2.75 oz 1	EA			NO AWARD	
1704 4 210-84-2541	Hydroxyquinolone 1% (New Skin Antisep) Spray	28.5gm 1	CAN			NO AWARD	
7987 4 210-84-2555	Eucerin Cream, Jar	(24/cs) 16oz 1	EA	90	3.39	MAJOR 00904-7751-27	
10265 4 210-84-2555 A	Eucerin Cream, Jar	4 oz 1	EA	170	5.89	BEIERSDORF 07214-0000-22	

* To advise item has not been renewed in this contract and will expire on 09/30/11. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1707 4 210-84-2575	Trypsin, Balsam Peru, Castor Oil Aerosol Spray. (Granulex)	4 oz 1	CAN	60	9.51	UDL 51079-0621-82	**
(TBD) 4 210-84-2579	Hydrocolloids Gel (Duoderm Hydroactive Gel)	30gm 1	EA			NO AWARD	
2512 4 210-84-2585	(No Substitution) Keri-Lotion w/Dispenser 8-1/2 oz.	8.5 oz 1	BTL	170	4.24	NOVARTIS 30067-2105-85	
7989 4 210-84-2591	Ammonium Lactate 12% Lotion, LAC Hydrin RX Only	225 gm 1	BTL	240	6.70	PERRIGO 45802-0419-54	*
6701 4 210-84-2592	Ammonium Lactate 12% Cream (Lachydrin) Tube	140 gm 1	TB	75	3.24	ALLAN 13279-0106-04	
1705 4 210-84-2607	Corn Starch Baby Powder	15 oz 1	CAN	170	1.56	CUMBERLAND SWAN 07906-8000-13	
2511 4 210-84-2615	Nivea Cream, Jar	6.8 oz 1	EA	220	4.54	BEIERSDORF 07214-0890-50	
6710 4 210-84-2622	Sunblocking Lotion, Water Resistant, SPF 29 or above w/ 2-6% Oxyben- zone or 3% Dioxybenzone (Presun 29)	8.5 oz 1	BTL	240	5.40	OCEAN POTION 80146-0600-12	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

** To advise of price increase effective for orders issued on or after May 1, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
7988 4 210-84-2635	Velvachol Cream, Jar	14 oz 1	EA	220	68.29	VALEANT 00064-2180-14	
1767 4 210-84-2640	Zinc Oxide Ointment 20%, Tube	1 oz 1	TB	240	1.19	FOUGERA 00168-0062-31	*
269-84-01-045-9 4 210-84-2670	Oatmeal, 100% Colloidal (Aveeno Colloidal Oatmeal) 12oz Box	12 oz 1	PKG			NO AWARD	
2513 4 210-84-2721 B	Lubriderm Lotion (No Substitution)	16 oz 1	BTL	170	6.59	PFIZER 05280-0488-56	
7990 4 210-84-2758	Vaseline Intensive Care Lotion (No Substitution)	10 oz 1	BTL	170	2.99	UNILEVER 30521-3077-00	
6917 4 210-84-2894	Duofilm OTC Formula (Salicylic Acid 17%)	0.33 oz 1	BTL	220	6.83	SCHERING 01101-7252-20	
6836 4 210-84-3002	Podofilox (Condylox) 0.5% Soln	3.5 ml 1	BTL	75	38.55	WATSON 00591-3204-13	
1733 4 210-84-3003	Podophyllum Resin 25% (Podocon 25)	15 ml 1	BTL			NO AWARD	

* To advise item has not been renewed in this contract and will expire on 09/30/11. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
269-84-01-700-9 4 210-84-3123	Resinol Ointment	jar 3.3oz. 1	EA			NO AWARD
7994 4 210-84-3125	Salicylic Acid 2% Sulfur 2% Sebulex Shampoo, Conditioning	7 oz 1	BTL			NO AWARD
6774 4 210-84-3150	Urea (Ultra Mide 25) 25% Lotion	240 ml 1	BTL			NO AWARD
1766 4 210-84-3200	Acnomel Cream, Tube	1.3 oz 1	TB			NO AWARD
12828 4 210-84-3205	Coal Tar Whole 1% Zetar Shampoo (Generic)	6 oz 1	BTL	220	5.94	GAREATIE 54162-0200-06
2517 4 210-84-3206	Sollubilized Coal Tar 0.5% Shampoo (Neutrogena T Gel)	16 oz 1	BTL	220	12.68	J+J 07050-1092-40
7993 4 210-84-3206 A	Coal Tar 0.5% Shampoo (Neutrogena T Gel)	4.4 oz 1	BTL	220	4.43	J+J 07050-1092-70
1698 4 210-84-3604	Acitretin (Soriatane) Cap 25mg, emol combo kit.	30	BTL			NO AWARD

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
7991 4 210-84-3619	Basis Soap - Vitamin E, Bar	4 oz 1	EA	170	1.78	BEIERSDORF 07214-0857-29	
6703 4 210-84-3621	Calcipotriene (Dovonex) 0.005% Cream, Tube	60 gm 1	TB			NO AWARD	
(TBD) 4 210-84-3623	(Santyl) Collagenase Enzyme 250 units/gram Ointment	30 gm 1	EA			NO AWARD	
(TBD) 4 210-84-3623A	Collagenase enzyme 250 units/gram Oint	15gm	TUBE			NO AWARD	
1932 4 210-84-3626 B	Differin Gel 0.1% (Adapalene), Tube	45 gm 1	TB	240	112.90	TEVA 00093-6301-95	
10361 4 210-84-3627	Adapalene Cream 0.1%, Tube	(Tube) 45gm 1	TB	225	171.67	FOUGERA 00168-0424-46	*

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
35 4 210-84-3650	Epsom Salts	4 Lb 1	BOX	170	2.62	CUMBERLAND SWAN 01134-4602-07	
6779 4 210-84-3659	Pimecrolimus Cream 1% (Elidel), Tube+C5485	30 gm 1	TB	220	91.77	NOVARTIS 00078-0375-46	
2436 4 210-84-3660	Diethyltoluamide (Off) 15% Aerosol	6 oz 1	CAN	170	4.32	S.C. JOHNSON 04650-0018-10	
269-84-95-740-2 4 210-84-3665	Preparation H Suppositories Cocoa Butter 85.5%, Shark Liver Oil 3%, Phenylephrine 0.25%	12	BOX	220	1.19	QUALITEST 00603-0524-11	
12829 4 210-84-3715	Tacrolimus 0.1% Ointment (Protopic), Tube	(Tube) 60gm 1	TB	220	357.38	ASTELLAS 00469-5202-60	*
(TBD) 4 210-86-0432T	(Enablex) Darifenacin 15mg Tablets	30	BTL	220	148.62	NOVARTIS 00078-0420-15	
1832 4 210-86-1210 C	Oxybutynin Chloride 5mg Tab (Ditropan)	100	BTL	30	2.84	PLIVA 50111-0456-01	
(TBD) 4 210-86-1210M	Oxybutynin 5mg Tablets (Ditropan)	1000	BTL	30	25.60	PLIVA 50111-0456-03	

* To advise of price increase effective for orders issued on or after October 12, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1833 4 210-86-1210U	Oxybutynin Chloride 5mg Tab (Ditropan)	UD 100	PKG	160	6.35	TEVA 00904-2821-61	
6460 4 210-86-1212 C	Oxybutynin XL 5mg ER Tab (Ditropan XL)	100	BTL	240	78.65	KREMERS 62175-0270-37	
6461 4 210-86-1213 C	Oxybutynin XL 10mg ER Tab (Ditropan XL)	100	BTL	240	78.65	KREMERS 62175-0271-37	
6512 4 210-86-7323 C	Theophylline 200mg Extended Release Tablets	100	BTL	220	11.57	PLAVAX 50111-0482-01	
1835 4 210-86-7323 U	Theophylline 200mg Extended Release Tablets	UD 100	PKG	160	17.95	TEVA 00904-5888-61	
6513 4 210-86-7324 C	Theophylline 300mg Extended Release Tablets	100	BTL	225	14.53	BARR/PLIVA 50111-0459-01	
1836 4 210-86-7324 U	Theophylline 300mg Extended Release Tablets	UD 100	PKG	160	19.75	TEVA 00904-5889-61	
10362 4 210-86-7500S	Tolterodine Tablets 1 mg (Detrol)	60	BTL	60	205.31	PFIZER 00009-4541-02	*

* To advise of price increase effective for orders issued on or after December 19, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1985 4 210-86-7501 S	Tolterodine Tartrate Tablet 2mg (Detrol)	60	BTL	60	210.72	PFIZER 00009-4544-02	*
1986 4 210-86-7501 U	Tolterodine Tartrate Tablet 2mg (Detrol)	UD 140	PKG	60	496.27	PFIZER 00009-4544-01	*
7059 4 210-86-7502 U	Tolterodine Tartrate 2mg (Detrol LA) Capsules	UD 100	PKG	220	449.11	PFIZER 00009-5190-04	
10363 4 210-86-7503N	Tolterodine Capsules ER 4 mg (Detrol LA)	90	BTL	60	490.20	PFIZER 00009-5191-02	
(TBD) 4 210-88-0829	Cyanocobalamin Tablets 100 mcg	130	BTL			NO AWARD	
269-68-27-600-7 4 210-88-0830 C	Cyanocobalamin Tablets 1000 Mcg	100	BTL			NO AWARD	
7064 4 210-88-0831	Cyanocobalamin Injection 1000Mcg/ml	(25/cs) 1 ml 1	EA	220	29.15	LARKIN 00517-0031-75	
1993 4 210-88-0899 C	Folic Acid Tablets 1mg (Folvite)	100	BTL	90	2.75	EXCELLIUM 64125-0127-01	

* To advise of price increase effective for orders issued on or after December 19, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
269-88-36-812-7 4 210-88-0899 U	Folic Acid Tablets 1mg (Folvite)	UD 100	PKG	60	6.03	WEST-WORD 51079-0041-20	*
269-12-48-500-5 4 210-88-1041C	Nicotinic Acid Tablets 500mg (Niacin) OTC	100	BTL			NO AWARD	
269-12-61-090-9 4 210-88-1043 C	Nicotinic Acid Tablets 100mg OTC	100	BTL	160	1.18	NUTRIFORCE 00904-2271-60	
5939 4 210-88-1044 C	Nicotinic Acid Timed Release (Nicobid) 250mg Caps	100	BTL			NO AWARD	
812 4 210-88-1045 C	Nicotinic Acid Timed Release (Nicobid) 500mg Caps	100	BTL	90	3.90	MAJOR 00904-0631-60	
1868 4 210-88-1082 H	Pyridoxine 50mg Tablets USP	100	BTL			NO AWARD	
6646 4 210-88-1082 M	Pyridoxine 50mg Tablets USP	1000	BTL			NO AWARD	
269-88-85-835-8 4 210-88-1145 C	Thiamine HCL Tablets 100mg, OTC.	100	BTL	160	1.36	GEMINI 00904-0544-60	

* To advise item has not been renewed in this contract and will expire on 04/30/12. Thereafter, using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
6647 4 210-88-1145 U	Thiamine HCL Tablets 100mg	UD 100	PKG			NO AWARD	
1988 4 210-88-1203 C	Vitamin C Tablets 500mg	100	BTL	75	1.66	PLUS PHARMA 51645-0920-01	
269-88-06-280-3 4 210-88-1203 U	Vitamin C Tablets 500mg	UD 100	PKG	160	2.99	NUTRO 00904-0523-61	
1990 4 210-88-1621 C	Calcitriol 0.25mcg Capsules (Rocaltrol)	100	BTL	220	50.58	RANBAXY 63304-0239-01	
1867 4 210-88-1850 V	Paricalcitol 5mcg/ml Inj. 1ml (Zemplar)	25	BOX	60	405.03	ABBOTT 00074-1658-01	*
(TBD) 4 210-88-1994C	Vitamin D 400 IU tablets	100	BTL	160	2.11	NUTRO 00904-5823-60	
(TBD) 4 210-88-1995C	Vitamin D Capsules 50,000 Units (Drisdol)	100	BTL	75	69.89	RISING 64980-0157-01	
6648 4 210-88-2105 C	Vitamin E 400 I.U. Capsules	100	BTL	90	3.99	NUTRI-FORCE NU 00904-0274-60	

* To advise of price decrease effective for orders issued on or after August 13, 2011.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
269-88-90-165-3 4 210-88-2105 U	Vitamin E Capsules 400 IU	UD 100	PKG	160	7.55	NUTRIFORCE 00904-0274-61
6645 4 210-88-2406 C	Phytonadione (Mephyton) 5mg Tablets	100	BTL			NO AWARD
7063 4 210-88-2801	Vitamin B Complex with C w/o B12 and Folic Acid (Allbee w/C Capsules)	130	BTL	160	2.59	CONTRACT 00904-0260-13
12830 4 210-88-2849S	Vitamin Antioxidant w/Zinc Tablets (I Vite)	60	BTL	220	4.51	WATSON 00536-5090-08
269-88-61-805-9 4 210-88-2876 S	With Lutein Centrum Silver Vitamin, Minerals Supplement Tabs	60	BTL	160	1.89	GEMINI 00904-5486-52
1989 4 210-88-2900 C	Vit B Complex & C W/B-12 & FA-(Nephrocaps)	100	BTL	90	12.90	NNODUM CORP 63044-0622-01
269-88-36-780-6 4 210-88-3055	Vitamins, Prenatal, Materna Tablets	100	BTL			NO AWARD
7065 4 210-88-3065 N	Vitamins, Prenatal, Chewable Tablets (NataChew)	90	BTL			NO AWARD

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
(TBD) 4 210-88-3148D	Theragran M Tablets Advanced Formula	500	BTL			NO AWARD	
1866 4 210-88-3148U	Theragran M Tablets - Advanced Formula	UD 100	PKG	160	3.95	NUTRO 00904-5492-61	
7067 4 210-88-3164 C	Vitamin Multiple-Daily w/ A-5000 IU; C-60mg; D-400 IU; E-30 IU; B1-1.5mg; B2-1.7mg; Niacin 20mg; B6-2mg; FA-400mcg; B12-6mcg; Pantothenic-10mg	100	BTL	170	2.24	PERRIGO CO. 07003-0133-18	*
1994 4 210-88-3164 U	Vitamin Multiple-Daily w/ A-5000 IU; C-60mg; D-400 IU; E-30 IU; B1-1.5mg; B2-1.7mg; Niacin 20mg; B6-2mg; FA-400mcg; B12-6mcg; Pantothenic-10mg	UD 100	PKG			NO AWARD	
6931 4 210-92-0001 C	Allopurinol Tablets 300mg (Zyloprim)	100	BTL			STILL UNDER EVALUATION	
6930 4 210-92-0002 C	Allopurinol Tablets 100mg (Zyloprim)	100	BTL	225	1.83	DR REDDY 55111-0729-01	

* To advise of price increase effective for orders issued on or after March 9, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1956 4 210-92-0002 U	Allopurinol Tablets 100mg (Zyloprim)	UD 100	PKG	160		NO AWARD	*
1051 4 210-92-0003 C	Hard Gelatin Capsules Preferred Amantadine HCL Capsules 100mg (Symmetrel)	100	BTL	30	19.90	LANNETT 00527-1704-01	
1052 4 210-92-0003 U	Amantadine HCL Capsules 100mg (Symmetrel)	UD 100	PKG	60	54.79	51079-0481-20	
6929 4 210-92-0004	Acamprosate 333mg (Campral) Tablets Del. Release	180	BTL	220	186.22	FOREST 00456-3330-01	**
(TBD) 4 210-92-0005U	Oseltamivir capsules 75 mg (Tamiflu)	UD 10	PKG				
1954 4 210-92-0006 T	Alendronate Sod Tabs 10mg (Fosamax)	30	BTL	220	2.89	CARACO 41616-0636-83	
1955 4 210-92-0007U	Alendronate (Fosamax) Tablets 35mg	UD 20	PKG	220	5.59	TEVA 00093-5172-20	
(TBD) 4 210-92-0009U	Alendronate 70mg Tablets	4	BTL	240	1.18	TEVA 00093-5171-44	

* To advise of change in award status - item was not renewed in this contract and is expired. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

** To advise of price increase effective for orders issued on or after October 12, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1958 4 210-92-0011 C	Azathioprine 50mg Tablets (Imuran)	100	BTL	225	10.22	ZYDUS 68382-0003-01	
6933 4 210-92-0301 T	Bromocriptine (Parlodel) 2.5mg Tablets	30	BTL	220	15.75	PADDOCK 00574-0106-03	
(TBD) 4 210-92-0401	(Dostinex) Cabergoline 0.5mg Tablets	8	BTL	20	84.86	WATSON 16252-0536-08	
6990 4 210-92-0701	Cromolyn Nasal Soln, 5.2mg/spray	13ml 1	BTL				
(TBD) 4 210-92-0702	(Nasalcrom) Cromolyn Sodium Nasal Soln 5.2mg/spray	26ml 1	EA	30	5.90	BAUSCH & LOMB 57782-0397-26	
(TBD) 4 210-92-0758S	Clonazepam orally disintegrating tablet 1mg	60	PKG	240	49.69	PAR 49884-0309-02	*
1959 4 210-92-0760 C	Clonazepam 0.5mg Tablets	100	BTL	225	1.46	ACTAVIS 00228-3003-11	
6935 4 210-92-0760 M	Clonazepam 0.5mg Tablets	500	BTL	225	6.52	ACTAVIS 00228-3003-50	

* To advise of award of product.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
6934 4 210-92-0760 U	Clonazepam 0.5mg Tablets	UD 100	PKG	220	5.52	TEVA 00093-0832-93
1961 4 210-92-0761 C	Clonazepam 1mg Tablets	100	BTL	225	2.12	ACTAVIS 00228-3004-11
6987 4 210-92-0761 M	Clonazepam 1mg Tablets	500	BTL	75	10.48	ACTAVIS 00228-3004-50
6936 4 210-92-0761 U	Clonazepam 1mg Tablets	UD 100	PKG	220	6.25	TEVA 00093-0833-93
1963 4 210-92-0762 C	Clonazepam 2mg Tablets	100	BTL	225	3.04	ACTAVIS 00228-3005-11
1964 4 210-92-0762 D	Clonazepam 2mg Tablets	500	BTL	225	14.47	ACTAVIS 00228-3005-50
6988 4 210-92-0762 U	Clonazepam 2mg Tablets	UD 100	PKG	220	6.92	TEVA 00093-0834-93
6989 4 210-92-0771 C	(Chlorophyllin Copper Complex Sodium) Chlorophyll Tablets 100mg (Derifil)	100	BTL			NO AWARD

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1283 4 210-92-0778H	Chondroitin 400mg Glucosamine 500mg Tablets	120	BTL	160	13.21	NUTRO 00904-5481-18	
(TBD) 4 210-92-0779S	Cilostazol Tablets 50mg (Pletal)	60	BTL			NO AWARD	
12832 4 210-92-0780S	Cilostazol (Pletal) Tablets 100mg	60	BTL			NO AWARD	
7060 4 210-92-0782T	Cinacalcet HCl Tablets 30mg (Sensipar)	30	BTL	220	404.38	AMGEN 55513-0073-30	
(TBD) 4 210-92-0783T	Cinacalcet HCl tablets 60 mg	30	BTL	220	808.77	AMGEN 55513-0074-30	
(TBD) 4 210-92-0784T	Cinacalcet HCl tablets 90 mg	30	BTL	220	1,207.76	AMGEN 55513-0075-30	
(TBD) 4 210-92-0785D	Clopidogrel Bisul 75mg tabs (Plavix)	500	BTL	220	3,365.16	BRISTOL 63653-1171-05	*
6992 4 210-92-0785N	Clopidogrel 75mg Tablets (Plavix)	90	BTL	220	605.73	BRISTOL 63653-1171-01	*

* To advise of price increase effective for orders issued on or after February 2, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1968 4 210-92-0785U	Clopidogrel 75mg Tablets (Plavix)	UD 100	PKG	60	673.04	BMS 63653-1171-03	*
1965 4 210-92-1005 C	Colchicine Tablets 0.6mg	100	BTL	220	9.90	EXCELL 64125-0104-01	
1966 4 210-92-1096 U	Cyclosporine Microemulsion (Neoral) 25mg Capsules	UD 30	PKG	75	13.66	WATSON 00591-2222-15	
6991 4 210-92-1097 U	Cyclosporine Microemulsion (Neoral) 100mg Capsules	UD 30	PKG	75	53.23	WATSON 00591-2223-15	
1967 4 210-92-1155 C	Disulfiram 250mg (Antabuse) Tablets	100	BTL	220	355.01	TEVA 51285-0523-02	
269-56-77-700-2 4 210-92-1545	Dextrose 1.87g, Levulose 1.87g, Phosphoric Acid 21.5mg/5ml Emetrol Cherry Flavor	4 oz 1	BTL	220	3.25	GUESS 00113-0291-26	
269-20-32-415-4 4 210-92-1581	Epoetin Alpha (Epogen or Procrit) 3,000U/ml, 1ml	10	BOX	220	394.80	AMGEN 55513-0267-10	
849 4 210-92-1582	Epoetin Alpha (Epogen or Procrit) 4,000U/ml, 1ml	10	BOX	220	526.40	AMGEN 55513-0148-10	

* To advise of price increase effective for orders issued on or after May 1, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
850 4 210-92-1583	Epoetin Alpha (Epogen or Procrit) 10,000U/ml, 1ml	10	BOX	220	1,316.01	AMGEN 55513-0144-10	
269-20-32-418-8 4 210-92-1584	Epoetin Alpha (Epogen or Procrit) 40,000U/ml, 1ml	4	BOX	220	2,424.01	ORTHO 59676-0340-01	
(TBD) 4 210-92-1596	(Enbrel) Etanercept 25mg/ml vials	4/pkg 1	PKG			NO AWARD	
(TBD) 4 210-92-1598	(Enbrel) Etanercept 50mg/ml syringes	4/pkg 1	PKG	220	1,934.64	AMGEN 58406-0435-04	*
7282 4 210-92-1926	Filgrastim (Neupogen) 300mcg/ml 1ML/Vial	10	BOX	220	2,493.01	AMGEN 55513-0530-10	
1190 4 210-92-1927	Filgrastim (Neupogen) 480mcg/1.6ml 1.6 ml/Vial	10	BOX	220	3,970.01	AMGEN 55513-0546-10	
12833 4 210-92-1950N	Finasteride 5mg Tablets (Proscar)	100	BTL	225	27.78	AUROBINDO 65862-0149-01	
6996 4 210-92-1960	Flouride Stannous Gel 0.4% w/Glycerin Mint Flavor (Gel Kam), Tube	122 gm 1	TB			NO AWARD	

* To advise of price increase effective for orders issued on or after March 31, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
(TBD) 4 210-92-1961	Fluoride Stannous 0.63% Rinse (Gel-Kam)	10 Oz 1	BTL			NO AWARD	
7284 4 210-92-1980 T	Glatiramer Acetate (Copaxone) 20mg Inj Prefilled Syringe	30	BOX	60	4,239.03	TEVA 68546-0317-30	
1987 4 210-92-2163	Ibandronate Tablets 150mg (Boniva)	3	BTL	220	360.69	ROCHE 00004-0186-82	
7061 4 210-92-2173V	Remicade 100mg/vial 20ml vials (Infliximab) Vial	20ml 1	VL	220	813.44	ORTHO 57894-0030-01	*
(TBD) 4 210-92-4239N	(Carnitor) Levocarnitine 330mg Tablets	90	BTL	225	40.81	RISING 64980-0130-09	
1970 4 210-92-4248 C	Carbidopa 10mg Levodopa 100mg Sinemet 10/100	100	BTL	220	10.23	CARACO 62756-0517-88	
1975 4 210-92-4251 C	Carbidopa 25mg Levodopa 250mg Sinemet 25/250	100	BTL	220	14.61	CARACO 62756-0519-88	
6995 4 210-92-4252 C	Carbidopa 25mg Levodopa 100mg Sinemet 25/100	100	BTL	220	10.70	CARACO 62756-0518-88	

* To advise of price increase effective for orders issued on or after October 13, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1971 4 210-92-4252U	Carbidopa 25mg Levodopa 100mg Tablets (Sinemet 25/100)	UD 100	PKG	60	25.49	MYLAN 51079-0884-20	
6998 4 210-92-4253 U	Carbidopa 25mg Levodopa 100mg (Sinemet CR) SR Tablets	UD 100	PKG	60	24.39	MYLAN 51079-0978-20	
1974 4 210-92-4254 C	Carbidopa 50mg Levodopa 200mg (Sinemet CR) SR Tablets	100	BTL	30	18.60	CARACO 62756-0457-88	
269-87-55-200-2 4 210-92-4501	Melatonin 3mg Tablets	120	BTL			NO AWARD	
7000 4 210-92-4810 N	Montelukast Sod Tabs 10mg (Singulair)	90	BTL	60	489.63	MERCK 00006-0117-54	*
1977 4 210-92-4810 U	Montelukast Sod Tabs 10mg (Singulair)	UD 100	PKG	60	544.03	MERCK 00006-0117-28	
1978 4 210-92-4813C	Mycophenolate Mofetil Capsules 250mg (Cellcept)	100	BTL	75	23.66	ACCORD 16729-0094-01	
7002 4 210-92-4814C	Mycophenolate Mofetil Tablets 500mg (Cellcept)	100	BTL	240	48.00	ZYDUS 68382-0131-01	

* To advise of price increase effective for orders issued on or after August 6, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1980 4 210-92-4840 S	Pegfilgrastim (Neulasta) 6mg/0.6ml Syringe	Ea 1	SYR	220	3,591.01	AMGEN 55513-0190-01	
1979 4 210-92-5004N	Pramipexole Tablets 0.25mg (Mirapex)	90	BTL	75	9.99	TORRENT 13668-0092-90	
(TBD) 4 210-92-5005N	Pramipexole tablets 1 mg	90	BTL	75	9.99	TORRENT 13668-0094-90	
(TBD) 4 210-92-5006N	Pramipexole tablets 1.5 mg	90	BTL	75	9.99	TORRENT 13668-0095-90	
(TBD) 4 210-92-6803	Risendronate 35mg Tablets	4/pkg 1	PKG	220	104.99	WARREN 00149-0472-01	
7055 4 210-92-6955 C	Sirolimus Tablets 1mg (Rapamune)	100	BTL	220	1,090.97	WYETH 00008-1041-05	*
(TBD) 4 210-92-6956C	Sirolimus tablets 2 mg	100	BTL	220	2,164.93	WYETH 00008-1042-05	*
7057 4 210-92-6972S	Sumatriptan Succinate (Imitrex) 6mg/0.5ml, 0.5ml Kit	60	BOX			STILL UNDER EVALUATION	

* To advise of price increase effective for orders issued on or after May 6, 2011.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1983 4 210-92-6973	Sumatriptan Succinate (Imitrex) 25mg Tablets	9	PKG	30	5.20	DR REDDY 55111-0291-09	
7058 4 210-92-6974	Sumatriptan Succinate (Imitrex) 50mg Tablets	9	PKG	30	5.20	DR REDDY 55111-0292-09	
1984 4 210-92-6975	Sumatriptan (Imitrex) Tablets 100mg	9	PKG	30	5.20	DR REDDY 55111-0293-09	
(TBD) 4 210-92-7102C	Tacrolimus capsules 5 mg	100	BTL			NO AWARD	**
2052 4 210-92-7103C	Tacrolimus Capsules 1mg (Prograf)	100	BTL	75	235.00	SANDOZ 00781-2103-01	
10284 4 210-92-8470	Water for Injection Sterile Latex Free 10ml Vial	10ml 1	VL			NO AWARD	
1872 4 210-92-8472 V	Water for Injection, Sterile Flip Top Vial 50ml Vial	(25/cs) 50ml 1	VL	220	32.01	AMERICAN REG 00517-3005-25	
6516 4 210-92-9630 S	Zafirlukast Tablets 20mg (Accolate)	60	BTL	60	111.55	ASTRAZENECA 00310-0402-60	*

* To advise of price increase effective for orders issued on or after August 13, 2011.

** To advise of change in award status - item was not renewed in this contract and is expired. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER	
1839 4 210-92-9630 U	Zafirlukast Tablets 20mg (Accolate)	UD 100	PKG			NO AWARD	
6517 4 210-92-9650 V	Zoledronic Acid (Zometra) Inj 4mg/5ml Vial	5ml 1	VL	60	897.28	NOVARTIS 00078-0387-25	
6514 4 210-92-9700	Zolmitriptan Tablets 2.5mg (Zomig)	6	PKG	60	143.58	ASTRAZENECA 00310-0210-20	
1141 4 210-92-9702	Zolmitriptan Oral Disintegrating Tablet 2.5mg (Zomig ZMT)	6	BTL	220	146.81	ASTRA 00310-0209-20	**
5764 4 210-92-9703	Zolmitriptan Oral Disintegrating Tablet 5mg (Zomig ZMT)	3	BTL	60	72.87	ASTRAZENECA 00310-0213-21	
12837 4 210-92-9704	Zolmitriptan Nasal Spray 5mg (Zomig)	sprays 6	BTL	220	216.66	ASTRA 00310-0208-60	*

* To advise of price increase effective for orders issued on or after February 4, 2012.

** To advise of price increase effective for orders issued on or after February 10, 2012.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
	UNIT DOSE NON PRESCRIPTION MEDICATIONS with full disclosure labeling on each individual packet In addition, all products shall have one or more of the following characteristics: Color Coated Packaging Polyfoil Packaging					
	ANALGESICS					
1148 4 210-28-0803 I	NON ASPIRIN PAIN RELIEF Acetaminophen, 325mg (5gr)	Tablets 500	BOX	90	10.15	MEDIQUE 47682-145-13
7147 4 210-28-0806 I	ASPIRIN Aspirin, 325mg (5gr) Microfilm Coated	Tablets 500	BOX	90	8.96	MEDIQUE 47682-116-13
1330 4 210-28-0814 I	EXTRA STRENGTH NON ASPIRIN PAIN RELIEF Acetaminophen, 500mg	Tablets 100	BOX	90	4.15	MEDIQUE 47682-175-33
269-28-61-825-0 4 210-28-0925 I	 Naproxen Sodium Tabs 220mg Indust Pak	Tablets 100	BOX	90	10.85	MEDIQUE 47682-237-33

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
	COLD AND FLU					
6577 4 210-52-3021 I	MENTHOL/EUCALYPTUS COUGH DROPS Menthol 6.1mg	 Drops 75	 BOX	 170	 0.58	 PERRIGO CO. 18041-0000-41
	ANTACIDS					
6437 4 210-56-0430 I	SUGAR FREE, CHEWABLE ANTACID Calcium Carbonate, 0.420 grams	 Tablets 100	 BOX	 90	 4.40	 MEDIQUE 47682-101-33
7185 4 210-56-0519 I	ANTACID TABLETS-CHERRY FLAVOR SODIUM & LACTOSE FREE Dried Aluminum Hydroxide Gel, 200mg; Magnes- ium Hydroxide, 200mg; Simethicone, 25mg	 Tablets 200	 BOX	 90	 8.93	 MEDIQUE 47682-247-47
	ALLERGY - HAY FEVER - SINUS					
5623 4 210-04-0771 I	ANTIHISTAMINE Chlorpheniramine Maleate, 4.0mg	 Tablets 250	 BOX	 90	 7.64	 MEDIQUE 47682-241-48
5815 4 210-04-1158 I	ANTIHISTAMINE Diphenhydramine HCl, 25mg	 Tablets 200	 BOX	 90	 8.35	 MEDIQUE 47682-182-47

* To advise of award of products.

ITEM ID NO. MBE, SECT. NO. REFER. NO.	DESCRIPTION DIARRHEA RELIEF	UNIT QTY. SIZE	PRICE /UNIT	VEN #	UNIT PRICE	MANUFACTURER NDC NUMBER
7238	CHEWABLE SUGAR FREE ANTACID					
4	DIARRHEA RELIEF	Tablets				MEDIQUE
210-56-0682 I	Bismuth Subsalicylate, 262mg	100	BOX	90	7.05	47682-220-33

* To advise of award of product.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901311-01 (09/30/11) **

73927
Amerisochi, Inc. (MBE)
**

14

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901311-02 (03/31/13) *

77926
Anda, Inc.
2915 Weston Rd.
Weston, FL 33331

20

DELIVERY: 15 Days A.R.O.

TERMS: Net 30 Days

CONTRACTOR'S CONTACT: Yulette Bristole ***

Toll Free: (800) 331-2632
Telephone: *** (954) 217-4556
FAX: (954) 217-4618
E-Mail: *** yulette.bristole@andanet.com

Contractor's preferred method of receiving purchase orders: FAX: (877) 399-6851

ITEM ID NO.: 11352 - Freight charges on orders totaling less than $500.00.

* To advise of change in the end date of the contract.

** Denotes expired contract. Contact information removed.

*** To advise of change in contractor's phone number, E-Mail address, and contact person information.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901311-03 (03/31/13) *

94510
Auburn Pharmaceutical Co.
30 1775 John R Road
Troy, MI 48083

DELIVERY: 15 Days A.R.O.

TERMS: Net 30 Days

REMITTANCE ADDRESS:
Auburn Pharmaceutical
P.O. Box 72216
Cleveland, OH 44192-2216

CONTRACTOR'S CONTACT: Lisa Rossi

Toll Free: (800) 222-5609
Telephone: (248) 526-3700
FAX: (248) 526-3750
E-Mail: roslisauburnpharm@yahoo.com

Contractor's preferred method of receiving purchase orders: FAX

ITEM ID NO.: 11353 - Freight charges on orders totaling less than $500.00.

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901311-04 (04/30/12)

161874
Crucell Vaccines, Inc
45 d/b/a Berna Products
4216 Ponce De Leon Blvd.
Coral Gables, FL 33146

DELIVERY: 15 Days A.R.O.

TERMS: Net 30 Days

CONTRACTOR'S CONTACT: Tibor J. Koncz

Toll Free (800) 533-5899
Telephone: (305) 443-2900
FAX: (305) 567-1043
E-Mail: tkoncz@its.jnj.com

Contractor's preferred method of receiving purchase orders: FAX

ITEM ID NO.: 11355 - Freight charges on orders totaling less than $500.00.

* To advise of change in the end date of the contract.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901311-05 (03/31/13) *

76401
Capital Wholesale Drug Co.
873 Williams Avenue
Columbus, OH 43212

60

DELIVERY: 15 Days A.R.O.

TERMS: Net 30 Days

CONTRACTOR'S CONTACT: G.K. Richards

Toll Free (800) 282-2754
Telephone: (614) 297-8221
FAX: (614) 297-8224
E-Mail: grich61695@aol.com

Contractor's preferred method of receiving purchase orders: E-Mail

ITEM ID NO.: 11376 - Freight charges on orders totaling less than $500.00.

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901311-06 (03/31/13) *

75912
Direct Resource, Inc. (MBE) (EDGE)
2121 CityGate Drive
Columbus, OH 43219

85

DELIVERY: 15 Days A.R.O.

TERMS: Net 30 Days

CONTRACTOR'S CONTACT: Alvin Lai

Toll Free: (800) 888-1928
Telephone: (614) 337-0300
FAX: (614) 337-1313
E-mail: alvin@directresourceinc.com

Contractor's preferred method of receiving purchase orders.: Email

ITEM ID NO.: 4471 - Freight charges on orders totaling less than $500.00.

* To advise of change in the end date of the contract.

CONTRACTOR INDEX

CONTRACTOR AND TERMS: BID CONTRACT NO.: OT901311-07 (03/31/13) *

89013
Diversa Medical Supply, Ltd.
90 4695 Ridge Road
Wadsworth, OH 44281

DELIVERY: 15 Days A.R.O.

TERMS: Net 30 Days

CONTRACTOR'S CONTACT: Rick James

Toll Free: (888) 799-0969
Telephone: (330) 239-0969
FAX: (330) 239-0972
E-Mail: rickjames@diversamedicalsupply.com

Contractor's preferred method of receiving purchase orders.: FAX

ITEM ID NO.: 11848 - Freight charges on orders totaling less than $500.00.

CONTRACTOR AND TERMS: BID CONTRACT NO.: OT901311-23 (03/31/13) *

185420
Emed Medical Company
95 12163 Bridgeton Square Dr.
Bridgeton, MO 63044

DELIVERY: 15 Days A.R.O.

TERMS: Net 30 Days

CONTRACTOR'S CONTACT: Satonya Booker

Telephone: (314) 291-3633
FAX: (314) 344-4303
E-Mail: tbooker@emedmedical.com

Contractor's preferred method of receiving purchase orders.: E-Mail

ITEM ID NO.: 18249 - Freight charges on orders totaling less than $500.00.

* To advise of change in the end date of the contract.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901311-08 (04/30/12) **

182536
Genentech USA, Inc.
105 1 DNA Way, Building 25
South San Francisco, CA 94080

DELIVERY: 15 Days A.R.O.

TERMS: 2% 30 Days, Net 31

REMITTANCE ADDRESS:
Genentech USA, Inc.
111 Wall Street
New York, NY 10043

MAIL PURCHASE ORDERS TO: *
Customer Service
Genentech USA, Inc.
1 DNA Way
South San Francisco, CA 94080

CONTRACTOR'S CONTACT: Daniel Eisan

Telephone: (650) 467-6368
FAX: (866) 269-8526
E-mail: eisan.daniel@gene.com

NOTE: Special Amendments to Contract Terms and Conditions, Attachment A (see Page No. 282).

* Contractor's preferred method of receiving purchase orders.: E-mail

ITEM ID NO.: 18114 - Freight charges on orders totaling less than $500.00.

** To advise of change in the end date of the contract.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901311-22 (03/31/13) *

135446
160 Major Pharmaceuticals
31778 Enterprise Dr.
Livonia, MI 48150

DELIVERY: 15 Days A.R.O.

TERMS: Net 30 Days

REMITTANCE ADDRESS:
Major Pharmaceuticals
1821 Reliable Parkway
Chicago, IL 60686-0001

CONTRACTOR'S CONTACT: Wendy Ernst

Toll Free: (800) 616-2471
Telephone: (734) 743-6232
FAX: (734) 743-7232
E-Mail: wernst@major-pharm.com

Contractor's preferred method of receiving purchase orders: E-Mail: nrussell@major-pharm.com
or FAX: (734) 743-7491

ITEM ID NO.: 11358 - Freight charges on orders totaling less than $500.00.

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901311-09 (03/31/13) *

72824
Masters Pharmaceutical, Inc.
75 11930 Kemper Springs Dr.
Cincinnati, OH 45240

DELIVERY: 15 Days A.R.O.

TERMS: Net 30 Days

REMITTANCE ADDRESS:
Masters Pharmaceutical, Inc.
P.O. Box 633742
Cincinnati, OH 45263-3742

CONTRACTOR'S CONTACT: Matthew Harmon

Toll Free: (800) 982-7922
Telephone: (513) 354-2690
FAX: (513) 354-2689
E-Mail: mharmon@mastersrx.com

Contractor's preferred method of receiving purchase orders: E-mail

ITEM ID NO.: 4472 - Freight charges on orders totaling less than $500.00.

* To advise of change in the end date of the contract.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901311-10 (03/31/13) **

42031
Merchandise Incorporated
170 5929 State Route 128
Miamitown, OH 45041-0010

DELIVERY: 15 Days A.R.O.

TERMS: Net 30 Days

CONTRACTOR'S CONTACT: Greg Christopfel, ext. 19

Toll Free: (800) 819-8615
Telephone: (513) 353-2200
FAX: (513) 353-3970
E-Mail: gregc@merchandiseinc.com

Contractor's preferred method of receiving purchase orders.: Fax

ITEM ID NO.: 11516 - Freight charges on orders totaling less than $500.00.

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901311-11 (03/31/13) **

91648
182 Novartis Vaccines & Diagnostics, Inc.
4560 Horton St.
Emeryville, CA 94608

DELIVERY: 15 Days A.R.O.

TERMS: 2% 30 Days, Net 30

REMITTANCE ADDRESS:
Novartis Vaccines & Diagnostics, Inc.
Accounts Receivable
4560 Horton Street
Emeryville, CA 94608

MAIL PURCHASE ORDERS TO: *
Novartis Vaccines & Diagnostics, Inc.
c/o Jasmina Tatalovic
350 Massachusetts Avenue
Cambridge, MA 02139

CONTRACTOR'S CONTACT: Adam Schwebach

Toll Free: (877) 683-4732
Telephone: (617) 871-8012
FAX: (617) 871-8911
E-mail: adam.schwebach@novartis.com

* Contractor's preferred method of receiving purchase orders: E-Mail

ITEM ID NO.: (TBD) - Freight charges on orders totaling less than $500.00.

** To advise of change in the end date of the contract.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901311-12 (09/30/11) ***

60065
Premier Medical Supplies, Inc. (MBE) (EDGE)
215 ***

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901311-13 (03/31/13) **



100570
Prescription Supply Inc.
220 2233 Tracy Rd.
Northwood, OH 43619-1326

DELIVERY: 15 Days A.R.O.

TERMS: Net 30 Days

REMITTANCE ADDRESS:
Prescription Supply Inc.
2233 Tracy Rd.
Northwood, OH 43619

MAIL PURCHASE ORDERS TO: *
Prescription Supply Inc.
Unit D
11720 Marksberry Lane
Cincinnati, OH 45249

CONTRACTOR'S CONTACT: William Van Metre

Toll Free: (888) 807-2641
Telephone: (888) 807-2641
FAX: (513) 353-0538
E-Mail: wvanmetre@prescriptionsupply.com

* Contractor's preferred method of receiving purchase orders: FAX

ITEM ID NO.: 11360 - Freight charges on orders totaling less than $500.00.

** To advise of change in the end date of the contract.

*** Denotes expired contract. Contact information removed.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901311-14 (03/31/13) *

5864
Pyramid Enterprise Supplies (MBE) (EDGE)
224 32593 Haverhill Dr.
Solon, OH 44139

DELIVERY: 15 Days A.R.O.

TERMS: Net 30 Days

REMITTANCE ADDRESS:
Pyramid Enterprise Supplies
32593 Haverhill Dr.
Solon, OH 44139

CONTRACTOR'S CONTACT: Linda Colson

Telephone: (440) 248-7008
FAX: (440) 248-7483
E-mail: pyramid44139@yahoo.com

Contractor's preferred method of receiving purchase orders: FAX

ITEM ID NO.: 11361- Freight charges on orders totaling less than $500.00.

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901311-15 (03/31/13) *

103238
Quest Pharmaceuticals, Inc.
225 300 E. Chestnut St.
Murray, KY 42071

DELIVERY: 15 Days A.R.O.

TERMS: Net 30 Days

REMITTANCE ADDRESS:
Quest Pharmaceuticals, Inc.
P.O. Box 270
Murray, KY 42071

CONTRACTOR'S CONTACT: Jill White

Toll Free: (800) 455-1248
Telephone: (270) 759-1248
FAX: (270) 753-9730
E-mail: mcappock@questpharmaceuticals.com

Contractor's preferred method of receiving purchase orders: FAX: (616) 844-6957

ITEM ID NO.: 11361- Freight charges on orders totaling less than $500.00.

* To advise of change in the end date of the contract.

CONTRACTOR INDEX

CONTRACTOR, TERMS

BID CONTRACT NO.: OT901311-26 (03/31/13)

199531 *
234 Regimed Medical
106 Arabian Path
St. Peters, MO 63376

DELIVERY: 15 Days ARO

TERMS: Net 30 Days

CONTRACTOR'S CONTACT: Reginald V. Maclin

Toll Free: (800) 800-9456
Telephone: (636) 240-1515
FAX: (636) 240-2941
E-mail: rmaclin@regimedmedical.com

Contractor’s preferred method of receiving purchase orders: E-mail

ITEM ID NO.: 22687 - Freight charges on orders totaling less than $500.00.

* To advise of addition of contractor.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901311-16 (03/31/13) *

71418
Relia-Med Distributors, LLC (MBE) (EDGE)
235 183 Trails End
Westerville, OH 43082

DELIVERY: 15 Days A.R.O.

TERMS: Net 30 Days

CONTRACTOR'S CONTACT: Benjamin Holland

Telephone: (614) 895-7697
FAX: (614) 895-9353
E-mail: bjholland98@hotmail.com

Contractor's preferred method of receiving purchase orders: FAX or E-mail

ITEM ID NO.: 11417 - Freight charges on orders totaling less than $500.00.

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901311-24 (03/31/13) *

101739
Richie Pharmacal Co., Inc.
240 119 State Avenue
Glasgow, KY 42141

DELIVERY: 15 Days A.R.O.

TERMS: Net 30 Days

CONTRACTOR'S CONTACT: Dawn Boyter

Toll Free: (800) 627-0250
Telephone: (270) 651-6159
FAX: (270) 651-8153
E-mail: dboyter@glasgow-ky.com

Contractor's preferred method of receiving purchase orders: FAX: (800) 260-8153

ITEM ID NO.: 11363 - Freight charges on orders totaling less than $500.00.

* To advise of change in the end date of the contract.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901311-17 (03/31/13) *

89697
Richmond Pharmaceuticals, Inc.
245 3510 Mayland Court
Richmond, VA 23233

DELIVERY: 15 Days A.R.O.

TERMS: Net 30 Days

CONTRACTOR'S CONTACT: Mary Scott

Telephone: (804) 270-4498
FAX: (804) 270-4699
E-mail: richmond.pharm@verizon.net

Contractor's preferred method of receiving purchase orders: FAX

ITEM ID NO.: 11364 - Freight charges on orders totaling less than $500.00.

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901311-19 (09/30/11) **

185417
River City Pharmaceutical Distribution, Inc.
250 **

* To advise of change in the end date of the contract.

** Denotes expired contract. Contact information removed.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901311-21 (03/31/13) ***

83974
Roxane Laboratories, Inc.
255 900 Ridgebury Road
Ridgefield, CT 06877

DELIVERY: 15 Days A.R.O.

TERMS: 2% 30 Days, Net 30

REMITTANCE ADDRESS:
Roxane Laboratories, Inc.
PO Box 5845
Carol Stream, IL 06197-5845

MAIL PURCHASE ORDERS TO: **
Roxane Laboratories, Inc.
Attn: Customer Service
900 Ridgebury Road
Ridgefield, CT 06877

CONTRACTOR'S CONTACT: Renate Wolfe, Ext. 52148

Toll Free: (800) 344-4095
Telephone: (203) 798-9988
FAX: (203) 837-4744
E-mail: renate.wolfe.ext @boehringer-ingelheim.com

** Contractor's preferred method of receiving purchase orders: FAX: 800-520-1666

ITEM ID NO.: (TBD) - Freight charges on orders totaling less than $500.00.

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901311-18 (03/31/13) ***

131828
260 Sanofi Pasteur, Inc.
Discovery Drive
Swiftwater, PA 18370

DELIVERY: 15 Days A.R.O.

TERMS: 2% 30 Days, Net 31

REMITTANCE ADDRESS:
Sanofi Pasteur, Inc.
12458 Collections Center Dr.
Chicago, IL 60693

MAIL PURCHASE ORDERS TO: *
Sanofi Pasteur, Inc.
Attn: Customer Account Management
Discovery Drive
Swiftwater, PA 18370-0187

CONTRACTOR'S CONTACT: Jill Bingham

Toll Free: (800) 822-2463
Telephone: (570) 957-3486
FAX: (570) 957-3272
E-mail: jill.bingham@sanofipasteur.com

Contractor's preferred method of receiving purchase orders: E-Mail: OPROrders@sanofipasteur.com

* NOTE: An additional 1% savings is available for all orders placed through Sanofi Pasteur's website at: www.vaccineshoppe.com

ITEM ID NO.: 11367 - Freight charges on orders totaling less than $500.00.

*** To advise of change in the end date of the contract.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901311-25 (04/30/12)

72270
265 Seneca Medical Inc.
85 Shaffer Park Dr.
Tiffin, OH 44883

DELIVERY: 15 Days A.R.O.

TERMS: 2% 10 Days, Net 30

REMITTANCE ADDRESS:
Seneca Medical Inc.
P.O. Box 636696
Cincinnati, OH 45263-6696

CONTRACTOR'S CONTACT: Jeff Shuey

Toll Free: (800) 447-0225
Telephone (419) 447-0222
FAX: (419) 447-7201
E-mail: jshuey@senecamedical.com

Contractor's preferred method of receiving purchase orders: (not specified)

ITEM ID NO.: 11849 - Freight charges on orders totaling less than $500.00.

CONTRACTOR AND TERMS:

BID CONTRACT NO.: OT901311-20 (03/31/13) *

12246
TEVA Pharmaceuticals USA, Inc.
145 1090 Horsham Road
North Wales, PA 19454

SHIPPED: 15 Days A.R.O.

TERMS: Net 30 Days

REMITTANCE ADDRESS:
TEVA Pharmaceuticals USA, Inc.
P.O. Box 828106
Philadelphia, PA 19182-8106

CONTRACTOR'S CONTACT: David Crawford

Toll Free: (888) 838-2872
Telephone: (215) 591-3000
FAX: (215) 591-8831
E-mail: dave.crawford@tevausa.com

Contractor's preferred method of receiving purchase orders.: FAX

ITEM ID NO.: 11517 - Freight charges on orders totaling less than $500.00.

* To advise of change in the end date of the contract.

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STATE OF OHIO
DEPARTMENT OF ADMINISTRATIVE SERVICES
GENERAL SERVICES DIVISION
OFFICE OF PROCUREMENT SERVICE
4200 SURFACE ROAD, COLUMBUS, OH 43228-1395

PRIMARY CONTRACT No.: **OT901311**

PHARMACEUTICAL CONTRACT 2010-2011

The Department of Administrative Services hereby gives Notice of its acceptance of your bid submitted in response to Invitation to Bid No. OT901511 that opened on 07/26/10. Your company has been determined to be the lowest responsive and responsible and has been awarded a Contract for the item(s) listed therein. The bid response, to include the Terms and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions, special contract terms & conditions, any bid addenda, specifications, pricing schedules and any attachments incorporated by reference and accepted by DAS become a part of this Supplemental Requirements Contract. As indicated in the Invitation to Bid, any award(s) resulting from this bid will be incorporated into the above referenced Primary Requirements Contract. In the event that any of the terms, conditions or specifications of the Requirements Contract differ, the terms, conditions or specifications of this Supplemental Requirements Contract shall prevail.

This Supplemental Requirements Contract is effective beginning 10/01/10 and will expire on 03/31/11 unless, prior to the expiration date, the Contract is renewed, terminated or cancelled in accordance with the Contract Terms and Conditions.

This Supplemental Requirements Contract is available to the Department of Mental Health, Office of Support Services, 2150 W. Broad Street, Columbus, OH 43223, the Department of Health, 900 Freeway Drive North, Bldg. 8, Columbus, OH 43229, and State Universities, as applicable.

Agencies are eligible to make purchases of the listed supplies and/or services in any amount and at any time as determined by the agency. The State makes no representation or guarantee that agencies will purchase the volume of supplies and/or services as advertised in the Invitation to Bid.

Questions regarding this Supplemental Requirements Contract may be directed to:

Terry Spiropoulos
terry.spiropoulos@das.state.oh.us

The signed Supplemental Requirements Contract and Amendment(s) thereto, are available for review at and/or downloading from the DAS Web site at the following address:

http://www.ohio.gov/procure

Signed: _____
Hugh Quill, Director Date

STATE OF OHIO
DEPARTMENT OF ADMINISTRATIVE SERVICES
GENERAL SERVICES DIVISION
OFFICE OF PROCUREMENT SERVICE
4200 SURFACE ROAD, COLUMBUS, OH 43228-1395

PRIMARY CONTRACT No.: **OT901311**

PHARMACEUTICAL CONTRACT 2010-2011

The Department of Administrative Services hereby gives Notice of its acceptance of your bid submitted in response to Invitation to Bid No. OT901611 that opened on 08/20/10. Your company has been determined to be the lowest responsive and responsible and has been awarded a Contract for the item(s) listed therein. The bid response, to include the Terms and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions, special contract terms & conditions, any bid addenda, specifications, pricing schedules and any attachments incorporated by reference and accepted by DAS become a part of this Supplemental Requirements Contract. As indicated in the Invitation to Bid, any award(s) resulting from this bid will be incorporated into the above referenced Primary Requirements Contract. In the event that any of the terms, conditions or specifications of the Requirements Contract differ, the terms, conditions or specifications of this Supplemental Requirements Contract shall prevail.

This Supplemental Requirements Contract is effective beginning 10/13/10 and will expire on 03/31/11 unless, prior to the expiration date, the Contract is renewed, terminated or cancelled in accordance with the Contract Terms and Conditions.

This Supplemental Requirements Contract is available to the Department of Mental Health, Office of Support Services, 2150 W. Broad Street, Columbus, OH 43223, the Department of Health, 900 Freeway Drive North, Bldg. 8, Columbus, OH 43229, and State Universities, as applicable.

Agencies are eligible to make purchases of the listed supplies and/or services in any amount and at any time as determined by the agency. The State makes no representation or guarantee that agencies will purchase the volume of supplies and/or services as advertised in the Invitation to Bid.

Questions regarding this Supplemental Requirements Contract may be directed to:

Terry Spiropoulos
terry.spiropoulos@das.state.oh.us

The signed Supplemental Requirements Contract and Amendment(s) thereto, are available for review at and/or downloading from the DAS Web site at the following address:

http://www.ohio.gov/procure

Signed: _____
Hugh Quill, Director Date

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ATTACHMENT A

SPECIAL AMENDMENTS TO CONTRACT TERMS AND CONDITIONS: The following Special Amendments to the Contract Terms and Conditions do hereby become a part hereof and apply only to Genentech USA, Inc. In the event that a special amendment conflicts with the Contract Terms and Conditions or Special Contract Terms and Conditions, the Special Amendments will prevail.

Actual Damages: Contractor is liable to the State of Ohio for all actual and direct damages caused by Contractor's breach of obligations arising under this Contract. Contractor shall no be considered in breach of obligations during times of short supply. The State of Ohio will provide written notice via facsimile to Contractor in the event the State of Ohio believes Contractor has breached obligations of the agreement and will notify Contractor of appropriate cure for the breach of obligations. Contract will respond to notice within twenty-one (21) business days of notification of receipt. If the State of Ohio determines such response does not cure the breach, the State of Ohio may recover the reasonable costs associated with acquiring substitute supplies or services, less any expenses or costs saved by the Contractor's breach of obligations arising under this Contract, from the Contractor.

Medicaid Best Price: In the event any price for a Product, after discount, and/or rebate, under this Contract, or when such discount, and/or rebate is combined, as determined solely by Contractor, with any other price concession provided by Genentech for such Product under another agreement with the State of Ohio, a participating pharmacy, an affiliate of either, or another entity, would result in the setting of a Medicaid Best Price for the purpose of the Medicaid Prescription Drug Rebate Program (42 U.S.C sec. 1396r-8), contract discount or rebate shall be automatically adjusted retrospectively and prospectively to the highest amount that would not result in the setting of a Medicaid Best Price, and any refund due Contractor shall be paid by State of Ohio within thirty (30) days of Contractor's request. Determinations of Medicaid Best Price for purposes of this provision shall be made solely by Contractor. This provision shall survive termination of this Contract.

Own Use: The products purchased hereunder by the State of Ohio shall be used solely in conjunction with the provision of prescription drug services to inmates of the State of Ohio's correctional facilities, and shall not be used for resale to third parties or distributed, sold, or transferred to any other party.

Compliance and Disclosures: The State of Ohio agrees that it shall comply with all applicable local, state and federal laws and regulations in performing its obligations under this Contract, including, but not limited to, federal and state privacy laws, federal and state anti-kickback statutes and regulations (including the federal anti-kickback safe harbor regulations under 42 C.F.R. 1001.952), and any applicable laws relating to the dispensing of prescription products.

Additionally, the State of Ohio acknowledges that the contract discounts represent a price concession on the products and that they shall properly and accurately account for, disclose and report the discounts provided under the Contract in accordance with the requirements of all applicable federal and state laws and regulations, including 42 U.S.C. sec. 1320a-7b. In particular the State of Ohio will provide, upon request by the federal or state agency which provides funding for correctional facilities or for health care items or services furnishes to patients of correctional facilities, complete information concerning the full amount or value of the price concession received hereunder.

PART B

STATE OF OHIO
DEPARTMENT OF ADMINISTRATIVE SERVICES
GENERAL SERVICES DIVISION
OFFICE OF PROCUREMENT SERVICE
4200 SURFACE ROAD, COLUMBUS, OH 43228-1395

PRIMARY CONTRACT No.: **OT901311**

PHARMACEUTICAL CONTRACT 2010-2011

The Department of Administrative Services hereby gives Notice of its acceptance of your bid submitted in response to Invitation to Bid No. OT904412 that opened on 11/30/11. Your company has been determined to be the lowest responsive and responsible and has been awarded a Contract for the item(s) listed therein. The bid response, to include the Terms and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions, special contract terms & conditions, any bid addenda, specifications, pricing schedules and any attachments incorporated by reference and accepted by DAS become a part of this Supplemental Requirements Contract. As indicated in the Invitation to Bid, any award(s) resulting from this bid will be incorporated into the above referenced Primary Requirements Contract. In the event that any of the terms, conditions or specifications of the Requirements Contract differ, the terms, conditions or specifications of this Supplemental Requirements Contract shall prevail.

This Supplemental Requirements Contract is effective beginning 02/17/12 and will expire on 03/31/12 unless, prior to the expiration date, the Contract is renewed, terminated or cancelled in accordance with the Contract Terms and Conditions.

This Supplemental Requirements Contract is available to the Department of Mental Health, Office of Support Services, 2150 W. Broad Street, Columbus, OH 43223, the Department of Health, 900 Freeway Drive North, Bldg. 8, Columbus, OH 43229, and State Universities, as applicable.

Agencies are eligible to make purchases of the listed supplies and/or services in any amount and at any time as determined by the agency. The State makes no representation or guarantee that agencies will purchase the volume of supplies and/or services as advertised in the Invitation to Bid.

Questions regarding this Supplemental Requirements Contract may be directed to:

Terry Spiropoulos, CPPB
terry.spiropoulos@das.state.oh.us

The signed Supplemental Requirements Contract and Amendment(s) thereto, are available for review at and/or downloading from the DAS Web site at the following address:

http://www.ohio.gov/procure

Partial Minority Business Enterprise in accordance with ORC CH. 125.081

Signed: _____
Robert Blair, Director Date

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SPECIAL INSTRUCTIONS TO BIDDERS

BIDDER INFORMATION (PART B): The Invitation to Bid for Part B is to obtain bulk pharmaceuticals to support the state's repackaging operations. Each pharmaceutical item is identified in the description and the Bidder should offer the appropriate package size to maximize economy while maintaining a one year shelf life, based on the estimated usage quantity listed. Package size offered should not exceed fifty percent (50%) of the estimated annual usage listed (which would result in a six (6)-month supply). Reference Numbers for Part B will be determined after the award, as they are related to package size. It is the Bidder's responsibility to thoroughly read and understand the Bid in its entirety.

STANDARD CONTRACT TERMS AND CONDITIONS: Pages 1 through 11 of the Instructions, Terms, and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions, Rev. 02/2011, are available through the link, "Instructions: Terms and Conditions for bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions," listed on page 1 of the bid, or at the following Web site: http://www.procure.ohio.gov/pdf/iandt14.pdf

COMMERCIAL GENERAL LIABILITY AND AUTOMOTIVE INSURANCE: Bidders should familiarize themselves with the Workers' Compensation, Automobile and General Liability Requirements, Commercial General Liability and Automobile Liability requirements, Articles S-12 through S-13, listed on page 10 of the Standard Contract Terms and Conditions (see the above paragraph for more information). Bidders will be required to meet these requirements if/when requested.

SPECIAL CONTRACT TERMS AND CONDITIONS

AMENDMENTS TO CONTRACT TERMS AND CONDITIONS: The following Amendments to the Contract Terms and Conditions do hereby become a part hereof. In the event that an amendment conflicts with the Contract Terms and Conditions, the Amendment will prevail.

SUPPLEMENTAL BID: Any award made as a result of this bid will become a part of Contract No. OT901311 effective 12/19/11.*

PRICE PAGES: The "2010-2011 Ohio Pharmaceutical Contract (Part B)" price pages will be available from this bid document, and not as an electronic (Excel spreadsheet) file format. It is the bidder's responsibility to assure the information in the submitted paper Price Pages are checked, accurate, and complete.

* Actual contract start date was 02/17/12. "12/19/11" was stated on Invitation to Bid.

SPECIAL CONTRACT TERMS AND CONDITIONS (Cont'd)

NOTICE TO BIDDERS:

TO RECEIVE CONSIDERATION FOR AWARD:

1. The following fields must be entered by the bidder for each item offered in the price pages: Unit Quantity Size, Unit Quantity per Case (if applicable), Manufacturer, NDC Number, and Unit Price.

2. Manufacturer, not product labeler, must be given for each dangerous (legend) drug bid. Manufacturer name must be written in capital letter (upper case) format.

3. NDC Code must be given for each item bid. NDC Format must be 5-4-2, including dashes and prefix zeros.

   Example: 12345-1234-12

4. Alternate/Generic products and/or alternate packaging must be noted in the space provided at the top of each page.

5. Bidders on vaccines are requested to also identify/provide the appropriate Federal Excise Tax (FET) amount per dosage unit as a notation in the space at the top of the corresponding Bid Price Page and clearly denote the FET is included in the quoted price. Whether or not the item Description in the Price Pages states, "Including Federal Excise Tax (FET)", the Unit Price must be complete and include any applicable FET or other charges.

6. For all Bid items offered, the Unit Price in the Bid Price Pages must be complete and include any applicable FET or other charges. Only the Unit Price in the Bid Price Pages will be acceptable for offered items. No Bidder's attachments or other documents with additional charges or prices will be acceptable.

7. Bidder should use a duplicate paper Price Page for any additional/alternate offer(s) of the same line item, clearly identifying which offer(s) are "Alternate", and include the Bidder's initials. This is in addition to the Instructions, Terms, and Conditions for Bidding, and Standard Contract Terms and Conditions, Rev. 02/2011.

8. Bidder should offer an appropriate package size of a single lot, to maximize economy while maintaining a one-year shelf life and six (6) month supply, based on the estimated annual usage quantity listed for the item. Package size should not be greater than a six (6)-month supply, based on the estimated usage quantity listed (annualized) for the item.

9. Bidder should review the current LDC101 contract for items and corresponding package sizes already awarded, as there can only be one award per item on the contract (i.e.: name, strength, count, form, package size/type, branded/generic, etc.). Offers through this supplemental Bid OT904412, for items currently awarded on the current Contract OT901311, will be rejected.

Failure to comply with these requirements may cause your bid response to be deemed as not responsive.

COMMON REASONS FOR DISQUALIFICATION:

1. Disqualification at the Bid Opening:

   A. Failure to submit the bid response before 1:00 o'clock p.m. on the posted bid opening date.

   C. Failure to indicate the bid number and appropriate opening date on the front of the sealed bid response envelope.

2. Disqualification during the Bid Evaluation:

   A. Failure to submit Ohio Wholesale Distributor of Dangerous Drugs License, DEA Controlled Substance Registration Certificate, or completed Notarized Certificate on pages 9 and 10.

SPECIAL CONTRACT TERMS AND CONDITIONS (Cont'd)

B. Failure to submit samples and/or literature as requested herein.

C. Failure to meet specifications and/or requirements as listed herein.

1. Compliance with all applicable federal regulations and licenses.
2. Compliance with all applicable state of Ohio regulations and licenses.
3. Compliance with all terms and conditions specific to the bid evaluation and contract performance provisions listed herein.

G. Bidder exceptions taken or conditions proposed to either the standard Certifications, Instructions: Terms and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions, Revised 02/2011, http://www.procure.ohio.gov/pdf/iandt14.pdf, and/or to any of the Special Contract Terms and Conditions, found on pages 3 through 11 of the bid document.

H. Failure to provide Workers' Compensation (Employer Liability) and Certificate of Insurance coverage as specified in paragraphs S-12 and S-13 of the Supplemental Contract Terms and Conditions.

I. Failure to submit documentation when requested and within the specified time period, as indicated herein.

SPECIFICATION QUESTIONS: Bidders may visit the State Procurement website to post bid related questions at the bottom of the page where the bid documents were downloaded. Answers to all bidder questions will be posted on the State Procurement website and linked to the bid number. The State will make every effort to respond to website inquires within forty-eight (48) hours of receipt. The State will not respond to any verbal or written questions received through any other medium. No prospective bidder shall respond to any verbal instructions or changes to this bid. Only communications issued by the Department of Administrative Services (DAS), Office of Procurement Services in the form of an addendum, will be considered valid.

PAYMENT TERMS: The state desires to utilize discounted payment terms when available. Therefore, in addition to the standard terms for payment, the payment terms for state agency(ies) will be 2%, 10 Days, Net 30 Days unless otherwise indicated by the bidder in the designated space on Page 1 of this Invitation to Bid. If no discount is offered, bidder should circle "Net 30 Days" in the designated location on Page 1. As a reminder, further information may be found in the Standard Contract Terms and Conditions, Revised 02/2011, Section III, Payment Provisions, at the following web address:
http://www.procure.ohio.gov/pdf/iandt14.pdf

BIDS FIRM: Due to the unusually large size of this bid, once opened all bids are irrevocable for a period of one hundred twenty (120) calendar days after the bid opening date. After one hundred twenty (120) days, the state may request the bidder to honor their bid as submitted or make a written request to withdraw the items they bid from consideration for award.

CONTRACT AWARD: The contract will be awarded to the lowest responsive and responsible bidder by line item or by Total Product Line (TPL) low lot total award by generic product name to one (1) manufacturer as offered by the lowest responsive and responsible bidders meeting all bid specifications and requirements listed herein. A TPL award may be considered for all strengths of a generic product name according to packaging. A TPL award may be made for bulk bottle packaging by generic product name. A TPL award may be made by generic product name for Unit Dose (UD) packaging. Since TPL awards are based on the manufacturer, multiple bidders can receive awards in the TPL line awards. The decision to award either line item or TPL low lot total from a single manufacturer shall be at the discretion of Pharmacy Service Center in conjunction with the Office of Procurement Services.
A line item may be awarded based on an alternate pack (box or case) size if there are significant differences among bids. Unit Quantity Size requested is based on known information, and not necessarily the best fit for the applicable use. If an alternate pack size offers a lower price per unit and meets applicable use (quantity used before expiration, etc.), equivalent units will be compared for the line item award. In addition, the State reserves the right to reject all bids (no award) due to excessive price for a line item or if product does not meet applicable use of the agency, in its best interest. The decision to award either the stated or alternate pack size, or to reject all bids, shall be at the discretion of Pharmacy Service Center in conjunction with the Office of Procurement Services.

SPECIAL CONTRACT TERMS AND CONDITIONS (Cont'd)

EVALUATION: Bids will be evaluated in accordance with Article I-17 of the "Instructions to Bidders". In addition, line item awards will be made to the lowest responsive and responsible bidder meeting all bid specifications and requirements listed herein. To determine the TPL low lot total awards, the state will multiply the estimated annual usage of each dosage of the item by the corresponding low manufacturer price quoted by all bidders and then add these totals together. For alternate pack size differences, equivalent units will be evaluated for lowest price.

NOTICE TO BIDDERS: The state of Ohio, although not making therapeutic awards, has developed a therapeutic formulary. Cost may be utilized when determining therapeutic ranking within the formulary.

FIXED-PRICE WITH ECONOMIC ADJUSTMENT: The contract prices(s) will remain firm for the first six (6) months duration of the contract. The Contractor(s) is required to provide to the using agency supplies or services at the listed price(s) for this period. Thereafter, if the contract is renewed accordingly, the Contractor may submit a request to increase its price(s), up to one (1) time during each subsequent six (6) month period, per each awarded item. Price increases will be effective thirty (30) calendar days after acceptance by DAS. Acceptance of the price increase request by DAS will be possible after the Contractor has submitted all necessary justification documentation.

It is the successful contractor(s) responsibility to supply the Office of Procurement Services with its price increase request(s) with justification documentation and is to be in the possession of the Office of Procurement Services no later than (30) calendar days before the contractor's anticipated/requested effective date.

No price adjustment will be permitted prior to the effective date of the increase received by the Contractor from his suppliers, or on purchase orders that are already being processed, or on purchase orders that have been filled and are awaiting shipment. If the Contractor receives orders requiring quarterly delivery, the increase will apply to all deliveries made after the effective date of the price increase.

The price increase must be supported by a general price increase in the cost of the finished supplies, due to increases in the cost of raw materials, labor, freight, Workers' Compensation and/or Unemployment Insurance, etc. Detailed documentation, to include a comparison list of the contract items and proposed price increases, must be submitted to support the requested increase. Supportive documentation should include, but is not limited to: copies of the old and the current price lists or similar documents which indicate the original base cost of the product to the Contractor and the corresponding increase, and/or copies of correspondence sent by the Contractor's supplier on the supplier's letterhead, which contain the above price information and explains the source of the increase in such areas as raw materials, freight, fuel or labor, etc.

Additional supportive documentation should include invoices from sub-contractors, transportation, or raw material suppliers as applicable. Contractors shall retain copies of invoices from its suppliers for the duration of the contract and should provide copies upon request, as justification.

Price increase requests must include a signed cover letter and/or a checklist approved by DAS. The cover letter or checklist shall include, at minimum, the Contractor's authorized signature, the Contract Number and/or Index Number, Item Reference Number, NDC Number, date of the current cost list (or invoice), and the date of the last cost list (or invoice) immediately prior to the most recent bid or price change, for each item. DAS may provide the Contractor with an approved checklist to assist Contractor in organizing the required information, and may revise the checklist when necessary. If deemed necessary, DAS may require the approved checklist to be submitted together with the price increase requests.

Cost documents for the original base cost must be relevant to the original bid price. Old and current cost documents must contain the same type of costing information (for example, both must contain the same pricing index, such as WAC) and must be complete with all applicable pages. The old and current cost pages should include the NDC number, effective date(s), manufacturer name, product description, the author/issuer of the document, and signature, if applicable.

SPECIAL CONTRACT TERMS AND CONDITIONS (Cont'd)

Contractor should be prepared to provide the state with the source(s) and contact person(s) information of the documentation for verification, if requested. Price increase requests which increase profit will not be considered. Any price increase which is later discovered to be undeserved due to an improper Contractor price request submission may be deemed as Contractor's default and subject to Contract Remedies.

Note: Within 30 days after award, Contractors are encouraged provide DAS with a copy of the original cost list and/or invoice document(s) which the bid price of the awarded item(s) are based upon. This option may help the state reduce the processing time of price increase requests.

Price increase will be based on the original awarded product and not a substitute item, and price increase for a substitute item will not be allowed. If an original awarded product is discontinued and a substitute item is approved by DAS, then the price of the substitute item will not be increased for the remainder of the contract. However, the substitute item may be removed from the contract if proper justification supporting the discontinued, original awarded item is submitted and accepted by DAS. All price increase requests shall be accepted and approved solely at the discretion of DAS.

Should there be a decrease in the cost of the finished product due to a general decline in the market or some other factor, the Contractor is responsible to notify DAS immediately. The price decrease adjustment will be incorporated into the contract and will be effective on all purchase orders issued after the effective date of the decrease. If the price decrease is a temporary decrease, such should be noted on the invoice. In the event that the temporary decrease is revoked, the contract pricing will be returned to the pricing in effect prior to the temporary decrease. For quarterly deliveries, any decrease will be applied to deliveries made after the effective date of the decrease. Failure to comply with this provision will be considered as a default and will be subject to Provision I.C. "Termination/Suspension" and Provision II. of the "Contract Remedies:" of the "Standard Contract Terms and Conditions".

OHIO LICENSE: All bidders must hold a current Ohio Wholesale Distributor of Dangerous Drug License if the products offered are dangerous (legend) drugs. A dangerous drug is drug or drug product which may be obtained only upon prescription. Failure to list a current Ohio Wholesale Distributor of Dangerous Drug License on Page 9 indicates that the bidder is not appropriately licensed to sell dangerous drugs in the state of Ohio and will result in the bidder being deemed as not responsive.

DEA REGISTRATION: All bidders must hold a current United States Department of Justice Drug Enforcement Administration (DEA) Controlled Substance Registration Certificate, if the products offered are controlled substances. Failure to list a current DEA Controlled Substance Registration Number on Page 9 indicates that the bidder is not appropriately licensed to sell controlled substances in the state of Ohio and will result in the bidder being deemed as not responsive.

AUTHORIZED WHOLESALER/DISTRIBUTOR: Bids will be accepted only from established manufacturers and/or their authorized wholesalers/distributors. Any wholesaler/distributor submitting a bid hereby acknowledges that they are an authorized wholesaler/distributor of the manufacturers quoted and that the manufacturer has agreed to supply the wholesaler/distributor with all quantities of the items required by the wholesaler/distributor in fulfillment of its obligations under any resultant contract with the state of Ohio.

The Office of Procurement Services reserves the right to request agreement documentation confirming a contractor's distributor/wholesaler relationship with quoted manufacturers. When notified, the bidder will be required to provide the copies of said agreements, for any manufacturers requested by the Office of Procurement Services, within five (5) business days after notification, to the Office of Procurement Services. Failure to provide the agreements within the stated time period may result in the bidder being deemed as not responsive.

SPECIAL CONTRACT TERMS AND CONDITIONS (Cont'd)

PRODUCT SAMPLES: The bidder(s) may be required to submit samples of the supplies being offered. Each sample shall be clearly marked with the bidder's name and the Item Number, Class, Item Description, Manufacturer and NDC No. as shown on the bid proposal pages. Bidder should secure vendor information label in such a manner that does not obscure the manufacturer's product information. Samples not destroyed in testing will be returned at the bidder's expense, provided the bidder so requests with their bid submission and with the samples. The samples submitted must have the same NDC number as the product being offered on the bid. The samples will be used in the evaluation process to determine the lowest responsive and responsible bidder. If not included as part of their bid response, the bidder will be required to provide the samples within ten (10) calendar days after notification. Failure to provide the samples within the stated time period will result in the bidder being deemed not responsive. After award of the contract, the samples will be used as a basis of comparison with actual product delivered under contract. Any variation between the samples and product being delivered will be considered as an event of default. Any variations between the samples and actual product being delivered that are due to manufacturer changes may be acceptable and shall require prior written approval from DAS.

If a sample is not requested for an item and the bidder is bidding an alternate product, a copy of the label or a list of contents for the alternate product is to be included with the bid. Item must be so noted on bid price page. Item must comply with Notarized Certification Statement on Page 10.

SAMPLES AND/OR COPIES OF LABELS: Failure to provide samples or copies of product labels, when requested, will result in the bidder being deemed as not responsive.

NOTICE: If a sample is requested from the Bidder, an actual product sample must be submitted. Submission of labels will not satisfy this requirement in this case, and the bidder will be deemed not responsive.

SAMPLES SHALL BE SENT TO:

Department of Mental Health
Pharmacy Service Center DEA Registration #PP0049658
Attn: Pharmaceutical Bid
2150 W. Broad Street
Columbus, OH 43223-1200

DESCRIPTIVE LITERATURE: The Bidder may be required to submit descriptive literature of the supplies or services being offered. If requested, the literature will be used in the evaluation process to determine the lowest responsive and responsible bidder. If not provided as part of the bid response, the Bidder must provide said literature within ten (10) calendar days after request/notification by the Office of Procurement Services to do so. Any references, that may appear in the descriptive literature, that may alter the terms and conditions and specifications of the bid (e.g. F.O.B. Shipping Point or Prices Subject to Change), will not be part of any contract and will be disregarded by the state of Ohio. Failure of the bidder to furnish descriptive literature either as part of their bid response or within the time specified herein will deem the bidder not responsive.

ADDITIONAL REQUIREMENTS & INFORMATION: The Department of Mental Health usually purchases items six (6) times annually. By adjusting either the frequency of purchases or the unit of purchase, a more advantageous price may be realized by the state. If quantity discounts are available, bidders should quote those quantity discounts in the space provided at the top of the page.

If the offered drug is available in unit dose and is not specifically asked for in the bid, please indicate that the unit dose is available and give a package size and cost. Please quote this information on the space provided at the top of the Price Page as a reference for future bids. This information will not be used for evaluation purposes.

The state reserves the right to accept or reject any option listed at its sole discretion.

SPECIAL CONTRACT TERMS AND CONDITIONS (Cont'd)

OHIO LICENSE: All bidders must hold a current Ohio Wholesale Distributor of Dangerous Drug License if the products offered are dangerous (legend) drugs. Enter your Ohio Wholesale Distributor of Dangerous Drugs License Number and Expiration Date below and attach a copy of your Ohio license in the designated area. For more information contact the Ohio State Board of Pharmacy at (614) 466-4143.

Failure to accurately complete this section indicates that the bidder is not appropriately licensed to sell dangerous drugs in the state of Ohio and will result in the bidder being deemed as not responsive.

Please state your Ohio license number: 01- _____; license number expiration date: _____

(Staple a copy of your current Ohio Wholesale Distributor of Dangerous Drug License here.)

DEA CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE: All bidders must hold a current United States Department of Justice Drug Enforcement Administration (DEA) Controlled Substance Registration Certificate, if the products offered are controlled substances. Enter your DEA Registration Number and Expiration Date below and attach a copy of your DEA Controlled Substance Registration Certificate in the designated area. For more information contact the United States Department of Justice Drug Enforcement Administration, Washington D.C., 20537.

Failure to accurately complete this section indicates that the bidder is not appropriately registered to sell controlled substances to the state of Ohio and will result in the bidder being deemed as not responsive.

Please state your DEA Registration Number: _____;

DEA Registration expiration date: _____

(Staple a copy of your current DEA Controlled Substance Registration Certificate here.)

SPECIAL CONTRACT TERMS AND CONDITIONS (Cont'd)

Each bidder is requested to provide the following notarized information with the bid proposal.

PURCHASE ORDERS AGAINST THIS BID SHALL BE MAILED TO:	REMITTANCE ADDRESS AGAINST THIS BID SHALL BE MAILED TO:
_____ FIRM NAME	_____ FIRM NAME
_____ STREET ADDRESS	_____ STREET ADDRESS
_____ CITY & STATE ZIP CODE	_____ CITY & STATE ZIP CODE

NOTARIZED CERTIFICATE: Each bidder shall be required to execute the following Notarized Certificate covering the bid for those items which bidder proposes to furnish. Failure to execute the certificate will result in the bidder being deemed as not responsive.

All ingredients used in the preparation of all drugs, chemicals and pharmaceuticals for which we have rendered bids against this bid/contract are tested regularly by chemical assay, biologically and/or physiologically as required. All ingredients comply with U.S.P. requirements or better. All finished products are assayed chemically, biologically and physiologically as required and meet standards or other applicable standards for identity, strength, quality and purity, including potency and where applicable, content uniformity, disintegration times or dissolution rates. All injectable materials are checked for sterility as required. Our standards meet all the minimum requirements of any applicable regulations of the National Institute of Health or the Food and Drug Administration.

A complete record of control is kept covering our test records of all ingredients as received and all products as manufactured and also a record of chemical, biological, physiological and sterility assays of all finished products with a reference file of samples from the batches tested.

_____
Manufacturer or Bidder

By: _____

Title: _____

Date: _____

State of _____

County of _____

On this _____ day of _____, _____ before me a notary public, in authority of his office under the by-laws of the above corporation, stated the above certificate is true and correct.

In witness whereof, I have hereunto subscribed my name and affixed my official seal.

_____
Notary Public

THE ABOVE FORM MUST BE COMPLETED AND SIGNED AND NOTARIZED

SPECIAL CONTRACT TERMS AND CONDITIONS (Cont'd)

SPECIAL CONDITIONS: The Director, Department of Administrative Services reserves the right to bid large or unusual requirements, for items that may be a part of the awarded contract, under a separate bid. In addition, the State may elect to participate in any Federal or Center for Disease Control (CDC) contract(s) that may be available to the Department of Health, 900 Freeway Drive North, Bldg. 8, Columbus, OH 43229. For Items with Reference Numbers beginning with "210-80-" (vaccines), the Estimated Yearly Usage indicates quantities which may or may not be purchased from the Contract pursuant to this bid, if other contracts stated above are utilized.

DROP SHIPMENTS: The Department of Mental Health, Office of Support Services, Pharmacy Service Center, may designate one (1) shipping location other than its 2150 W. Broad Street, Columbus, OH 43223 location, as determined by each Purchase Order. In this case, the Contractor shall send a duplicate Bill of Lading to Pharmacy Service Center, as well as to the shipping location at least twenty four (24) hours in advance. Contractor must confirm the receipt of the advance shipment notices by Pharmacy Service Center within twelve (12) hours. The Contractor and Pharmacy Service Center, with the approval of DAS, will coordinate/develop mutually agreed upon procedure(s) of how to securely accomplish this on a routine basis.

DELIVERY AND ACCEPTANCE: Supplies will be delivered to the participating agency within fifteen (15) days after receipt of order and, in accordance with paragraphs S-8, S-9, and S-10 of the SUPPLEMENTAL CONTRACT TERMS AND CONDITIONS. The delivery location will be noted on the purchase order issued by the participating agency. Acceptance (transfer of title) will occur upon the inspection and written confirmation by the ordering agency that the supplies delivered conform to the requirements set forth in the Contract. Unless otherwise provided in the Contract, acceptance shall be conclusive except as regards to latent defects, fraud, or such gross mistakes as amount to fraud.

TRANSPORTATION CHARGES: Any item(s) ordered from a contract awarded pursuant to this bid shall be shipped F.O.B. destination, freight prepaid to any State University, the Department of Mental Health, Office of Support Services, Pharmacy Service Center, 2150 W. Broad Street, Columbus, OH 43223, or the Department of Health, 900 Freeway Drive North, Bldg. 8, Columbus, OH 43229, or where the consignee's facility is located. The Pharmacy Service Center, located at 2150 W. Broad Street, Columbus, OH 43223, functions as a distribution center for state institutions, other governmental entities, and community mental health agencies in Ohio.

MINIMUM ORDER: The minimum dollar value any of order placed against a contract awarded pursuant to the bid for delivery F.O.B. destination, transportation charges prepaid, at any one time to one destination, shall not be less than five hundred ($500.00) dollars. Contractor may state their minimum order policy and handling fee for review, to be accepted or declined at the discretion of the Director, Department of Administrative Services.

CONTRACT RENEWAL: In addition to the Instructions, Terms, and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions, Revised 02/2011, individual line items may be selected or excluded within any renewal opportunity at the discretion of DAS.

RETURN GOODS: All bidders are requested to submit their company's policy on return goods with this bid. Failure to do so may render your bid not responsive and no further consideration for award could be made. The Department of Mental Health must be able to use a reverse distributor for return of medication if they so choose.

USAGE REPORTS: Every three (3) months the contractor must submit a report (written, electronic file, or on disk) indicating sales generated by this contract. The report shall list usage by customer, by Item ID Number (line item), showing the quantities and dollars generated by this contract. The report shall be forwarded to the Office of Procurement Services, 4200 Surface Road, Columbus, OH 43228-1395, Attn: Terry Spiropoulos, LDC101 Pharmaceutical Contract, or by E-Mail: terry.spiropoulos@das.state.oh.us. The first usage report shall be due no later than April 15, 2012 and all subsequent reports shall be due on the fifteenth of the month following the end of a quarter.

SPECIFICATIONS

I. SCOPE

These specifications cover different types of drugs, and pharmaceuticals for the Department of Mental Health, Pharmacy Service Center, the Department of Health, and/or any State University.

The term of any contract pursuant to this bid shall be for approximately three (3) months, from December 19, 2011*, or the contract award date through March 31, 2012, unless renewed, terminated, or funding expires, in accordance with the Instructions, Terms, and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions, Rev. 02/2011.

The Invitation to Bid for Part B is to obtain bulk pharmaceuticals to support the state's repackaging operations. Each pharmaceutical item is identified in the description, and the Bidder should offer an appropriate package size, of a single lot, to maximize economy and have a minimum of one year shelf life, based on the estimated usage quantity listed. Package size should not exceed a six (6)-month supply, based on the estimated usage quantity. Failure to comply with this requirement may cause your bid response to be deemed as not responsive.

II. APPLICABLE DOCUMENTS

A. Applicable section(s) of Food, Drug, and Cosmetic Act
B. Applicable section(s) of the Code of Federal Regulations, Title 21
C. Applicable section(s) of the Ohio Pure Food, Drug, and Cosmetic Law
D. Approved Prescription Drug Products, FDA Publication

III. REQUIREMENTS

B. Use: All types of pharmaceuticals and chemicals, as listed herein, shall be suitable for human medicinal use.

B. Compliance: Manufacturing firms of the supplied items shall adhere to the most updated regulations under the Federal Food, Drug, and Cosmetic Act, embodied in "Drugs: Current Good Manufacturing Practice in manufacture, processing, packaging, or holding"; and Part 210 and 211, Title 21 Code of Federal Regulations, Food and Drugs.

For all items, with FDA required 'New Drug Applications' or 'Abbreviated New Drug Applications', manufacturers shall hold an NDA or ANDA, which shall be in effect at the time of the bid. Bidders may be required to submit a copy of the NDA or ANDA approval letter or approval number and date of approval before or during the contract award.

C. The state of Ohio reserves the right to reject any or all products manufactured by a company which the FDA has found to have significant manufacturing and record-keeping irregularities. Interpretation of the significance designation is the sole responsibility of the state.

1. Alternate: For any alternate drug product, including items which require FDA's NDA and ANDA, being offered in this bid, it is the sole responsibility of the bidder to ensure that the manufacturer of the alternate product be clearly identified in the bid. The 2011 or the latest revision(s) thereof (with supplements) of the "Approved Prescription Drug Products" will be used in determining the bioequivalent status, therapeutic equivalency, and/or pharmaceutical equivalency of any drug product, as deemed necessary by the state.

   Generic products, which are legend drugs, will be considered only if the manufacturers drug is "A" rated in the current FDA Approved Drug Products book, and the drug is available in the requested strengths.

H. Change of Source(s): The Contractor(s) shall not change, unless approved by the State in writing, the manufacturing source(s) from which they specified in their bid. Failure to comply with this requirement may subject the resulted contract to cancellation.

* Actual contract start date was 02/17/12. "December 19, 2011" was stated on Invitation to Bid.

SPECIFICATIONS (Cont'd)

I. GWQAP: Since the Ohio Department of Mental Health is now a participant in the FDA sponsored "Government Wide Quality Assurance Program" (GWQAP) the bidder(s) shall now supply the name and address (plant location, i.e. the name of the city and the state) of the manufacturer upon request by the state.

J. Packing and Labeling: All samples submitted and products received as a result of awards made shall be packaged and labeled in accordance with the best industry practices and shall meet all state and federal regulations for such products including all labeling and imprint requirements of oral solid dosage forms as outlined under section 3715.64 of the Ohio Pure Food, Drug and Cosmetic Law. This includes the tamper resistant packaging requirements for over-the-counter drug products and the manufacturer name and address being printed on the label of all legend (prescription) drugs. For items requested in Unit Dose packaging, EACH unit dose MUST be labeled with the product name, lot number and expiration date. Method of packing products for shipment/delivery shall meet the standards of the industry. Random packing or intermixing of multiple products and/or multiple lots within the same shipping carton are not the industry standards. Shipment of multiple lots and loose packaging of drug product may result in a "Complaint to Vendor" being issued, and possibly the cancellation of the contract due to noncompliance with contract terms.

K. Expiration Date: All products must be of current manufacture. The expiration period, if any, shall exceed one (1) year. The state will not accept any drug product that is not labeled with an expiration date unless the product in question is specifically exempted by Federal statute 21 CFR 211.137 (g) and is not commercially available. In the absence of a labeled expiration date the State requires the manufacture date for each product and lot shipped as well as its shelf life. This information shall be submitted with both the packing slip and on the invoice. Vitamin products classified as dietary supplements (which are thereby subject to food, not drug, requirements and exempt from labeling the expiration date) are not acceptable.

H. Vitamin and/or Mineral Product Formulations: Bidders offering vitamin and/or mineral products containing more than one ingredient shall submit the formulation of the product with their bid. Failure to provide said label may result in the bid being deemed not responsive.

I. The State's preference on injectable items is vials rather than ampules. If bidder has both available, the bidder shall offer both.

J. When bidding on oral contraceptives make sure to clearly bid if quote is per cycle or per box.

K. Reference to Hospital Labeling on Price Pages indicates that packaging must have Hospital, not Retail, Individual Labeling where each dose is labeled with Product Name, Lot Number and Expiration Date.

Key to abbreviations in the text:

A =	Ampule	L =	50	T =	30
C =	100	M =	1000	U or UD =	Unit Dose 30
DISP =	Disposable	N =	90	V =	Vi
D =	500	P =	Pint, Plastic, Punch Card	Pkg =	Package
G =	Gallon	S =	60 or Syringe	Unkn =	Unknown
H =	120	SR =	Sustained Release	Z =	250
K =	300	SYR =	Syringe		

SPECIFICATIONS (Cont'd)

IV. DOCUMENTATION:

A. MANDATORY WITH BID RESPONSE

1. Pages 1 and E-1 through E-15, of the ITB with all requested information entered. Bid Price Page(s) not required to be submitted if blank (no bid offer for any item(s) on the page).

2. To receive Ohio preference, Page 2 must be completed and submitted with the bid response.

Failure to submit the above documents (with the exception of page 2) will deem the bid not responsive and no further consideration for award will be given.

B. REQUESTED WITH BID RESPONSE

1. The address form and Notarized Certificate on Page 10

2. Copy of completed Internal Revenue Service (IRS) form W-9, indicating the Taxpayer Identification Number (TIN). A web address to obtain the form is at: http://www.irs.gov/formspubs/index.html
If additional assistance is needed in completing the W-9 form, please contact the IRS at 1-800-829-1040.

3. Certificate of Insurance and copy of current Workers' Compensation Certificate (see Supplemental Contract Terms and Conditions, paragraphs S-12 and S-13)

4. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (see Page 2, paragraph D of the Invitation To Bid)

5. Returned Good Policy: All bidders are requested to submit their company's policy on Returned Goods with their bid.

6. Affirmative Action Program Verification letter of approval. In accordance with a requirement set forth in the Ohio Revised Code (ORC Section 125.111), bidders must complete filing of an Affirmative Action Plan to the Department of Administrative Services (DAS), Equal Opportunity Division (EOD) prior to award of a contract.

   Affirmative Action Program Registration letter of approval: The Affirmative Action Program Verification Form may be renewed or completed and filed online by starting the following web address:
   http://www.das.ohio.gov/LinkClick.aspx?fileticket=RetjS0XsLe8%3d&tabid=133

   After the registration process, a copy of the letter of approval may be obtained at the following web address:
   http://eodreporting.oit.ohio.gov/searchAffirmativeAction.aspx

   Search by entering the company name or TIN, click on the name, and a printable copy of the letter of approval should appear. This letter shows verification of filing of Affirmative Action Plan.

   You may call the EOD office at 614-466-8380 to inquire, if needed.

7. Bid Automobile Liability Checklist (see Page 15 of the Invitation To Bid).

8. Disclosure of Subcontractors / Joint Ventures (see Page 15 of the Invitation To Bid).

9. Copy of Bidder's Ohio Wholesaler Distributor of Dangerous Drug License and DEA Controlled Substance Registration Certificate, as applicable (see Page 9).

If documents listed in paragraphs B.1 through B.9 above are not submitted with the bid response, they may be requested during the bid evaluation. If requested during the bid evaluation, documents must be received within seven (7) calendar days of verbal or written request. Failure to provide requested documents by the deadline provided during evaluation will deem your bid not responsive and no further consideration for award will be provided.

SPECIFICATIONS (Cont'd)

DISCLOSURE OF SUBCONTRACTORS / JOINT VENTURES (See Standard Contract Terms and Conditions, Section (roman numeral) V., General Provisions, Paragraph Q.):
List names of subcontractors who will be performing work under the Contract.

_____ _____

_____ _____

_____ _____

By the signature affixed to Page 1 of this Bid, Bidder hereby certifies that the above information is true and accurate. The Bidder agrees that no changes will be made to this list of subcontractors or locations where work will be performed or data will be stored without prior written approval of DAS. Any attempt by the Bidder/Contractor to change or otherwise alter subcontractors or locations where work will be performed or locations where data will be stored, without prior written approval of DAS, will be deemed as a default. If a default should occur, DAS will seek all legal remedies as set forth in the Terms and Conditions which may include immediate cancellation of the Contract. Failure to complete this page may deem your bid not responsive.

AUTOMOBILE INSURANCE
TO BE COMPLETED WITH THE BID RESPONSE

Automobile Insurance is required for anyone coming onto State Property to deliver goods or to perform services using a vehicle, which is owned, leased or rented by the Contractor. Any Bidder, Broker or Sub Contractor who will be on State Property, but not delivering goods or performing services, is required to carry Automobile Liability insurance that complies with the State and Federal laws regarding financial responsibility.

Bid Automobile Liability Checklist:

Contractor will indicate, by checking the appropriate box(es) below, which mode of transportation will apply to this contract.

☐ Bidder/Broker ("The Contractor") or their Sub Contractor will make delivery or be performing services using a vehicle that is owned, leased or rented. Provide Certificate of Insurance documenting automobile liability with a Combined Single Limit of $500,000.00.

☐ Goods/Services will be delivered via common carrier.

☐ No employee or representative of the contractor will have cause to be on state property to make deliveries or to perform services.

Notice on the Use of Social Security Numbers as Federal Tax Identification Numbers

The Department of Administrative Services (Department) requires vendors and contractors wishing to do business with the State to provide their Federal Taxpayer Identification Number to the Department. The Department does this so that it can perform statutorily required "responsibility" analyses on those vendors and contractors doing business with the State and, under limited circumstances, for tax reporting purposes. If you are a vendor or contractor using your Social Security Number as your Federal Taxpayer Identification Number, please be aware that the information you submit is a public record, and the Department may be compelled by Ohio law to release Federal Taxpayer Identification Numbers as a public record. If you do not want to have your Social Security Number potentially disclosed as a Federal Taxpayer Identification Number, the Department encourages you to use a separate Employer Identification Number (EIN) obtained from the United States Internal Revenue Service's to serve as your Federal Taxpayer Identification Number.

ITEM ID NO. BID ITEM NO.	DESCRIPTION	VEN #	UNIT/CASE UNIT UNIT PRICE	MANUFACTURER NDC NUMBER
21450 1	ASPIRIN E.C. 81MG TBEC	225	(12) (1,000) $3.84	TIME CAP 49483-0330-10
21451 2	TRAMADOL 50MG TABS	60	(12) (1,000) $13.95	AMNEAL 65162-0627-11
21452 3	SIMVASTATIN 20MG TABS	240	(12) (1,000) $23.80	ACCORD 16729-0005-17
21453 4	HYDROCHLOROTHIAZIDE 25MG TABS	225	(12) (1,000) $5.60	LANNETT 00527-1413-10
21454 5	GABAPENTIN 600MG TABS	220	(6) (1,000) $153.12	TEVA 00093-4443-10
21455 6	OMEPRAZOLE DR 20MG CAPS	225	(6) (1,000) $63.70	APOTEX 60505-0065-01
21456 7	PHENYTOIN SODIUM ER 100MG CAPS	240	(24) (1,000) $57.00	WOCKHARDT 64679-0720-02
21457 8	LISINOPRIL 20MG TABS	60	(12) (5,000) $99.88	QUALITEST 00603-4212-34

ITEM ID NO. BID ITEM NO.	DESCRIPTION	VEN #	UNIT/CASE UNIT UNIT PRICE	MANUFACTURER NDC NUMBER
21458 9	DIVALPROEX 500MG TBEC	225	(12) (500) $42.55	CARACO 62756-0798-13
21459 10	FLUOXETINE 20MG CAPS	225	(6) (1,000) $14.47	AUROBINDO 65862-0193-99
21460 11	RANITIDINE 150MG TABS	240	(24) (500) $8.50	GLENMARK * 68462-0248-05
21461 12	IBUPROFEN 600MG TABS	160	(1) (15,000) $252.16	(BOX) DR.REDDY 45398-0683-00
21462 13	CARBAMAZEPINE (WHITE) 200MG TABS	60	(12) (1,000) $27.27	TORRENT 13668-0268-10
21463 14	SIMVASTATIN 40MG TABS	240	(12) (1,000) $35.00	ACCORD 16729-0006-17
21464 15	LISINOPRIL 10MG TABS	60	(12) (5,000) $63.67	QUALITEST 00603-4211-34
21465 16	METFORMIN 1000MG TABS	60	(24) (1,000) $24.75	AUROBINDO 65862-0010-99

* To advise of manufacturer of the product.

ITEM ID NO. BID ITEM NO.	DESCRIPTION	VEN #	UNIT/CASE UNIT UNIT PRICE	MANUFACTURER NDC NUMBER
21466 17	AMLODIPINE BESYLATE 10MG TABS	225	(24) (1,000) $15.16	CAMBER 31722-0239-10
21467 18	VENLAFAXINE 75MG TABS	240	(24) (100) $13.74	ZYDUS 68382-0021-01
21468 19	GABAPENTIN 300MG CAPS	60	(12) (1,000) $48.26	ASCEND 67877-0223-10
21469 20	CITALOPRAM 20MG TABS	225	(12) (1,000) $25.00	CARACO 57664-0508-18
21470 21	METOPROLOL 50MG TABS	225	(12) (1,000) $11.70	CARACO 57664-0477-58
21471 22	BUSPIRONE 10MG TABS	60	(48) (500) $14.70	TEVA 00093-0054-05
21472 23	METOPROLOL 25MG TABS	240	(24) (1,000) $14.90	RANBAXY 63304-0579-10
21473 24	METFORMIN 500MG TABS	60	(24) (1,000) $12.16	AUROBINDO 65862-0008-99

ITEM ID NO. BID ITEM NO.	DESCRIPTION	VEN #	UNIT/CASE UNIT UNIT PRICE	MANUFACTURER NDC NUMBER
21474 25	BUSPIRONE 15MG TABS	240	(12) (500) $17.40	TEVA 00093-1003-05
21475 26	HYDROXYZINE PAMOATE 50MG CAPS	225	(12) (500) $26.20	WATSON 00591-0801-05
21476 27	TERAZOSIN 2MG CAPS	240	(12) (1,000) $37.00	WATSON/CADISTA 59746-0384-10
21477 28	BENZTROPINE MESYLATE 1MG TABS	240	(12) (1,000) $31.10	ASCEND 00603-2434-32
21478 29	LITHIUM CARB SR 300MG TBCR	90	(1,000) $22.00	CAMBER 2833-0545-10
21479 30	SULFA/TRIMETH DS 800/160MG TABS	60	(12) (500) $20.93	QUALITEST 00603-5781-28
21480 31	ENALAPRIL 20MG TABS	240	(24) (1,000) $18.50	WOCKHARDT 64679-0920-03
21481 32	DOCUSATE SODIUM 100MG CAPS	160	(12) (1,000) $11.19	PL DEVELOPMENT 00904-7889-80

ITEM ID NO. BID ITEM NO.	DESCRIPTION	VEN #	UNIT/CASE UNIT UNIT PRICE	MANUFACTURER NDC NUMBER
21482 33	TRAZODONE 100MG TABS	60	(12) (1,000) $29.52	TEVA 50111-0434-03
21483 34	PRAVASTATIN 20MG TABS	90	(500) $24.90	ZYDUS 68382-0071-05
21484 35	ASPIRIN E.C. 325MG TBEC	160	(12) (1,000) $5.92	TIME CAP 00904-2013-80
21485 36	DIVALPROEX 250MG TBEC	225	(24) (500) $23.40	CARACO 62756-0797-13
21486 37	HALOPERIDOL 5MG TABS	240	(12) (1,000) $110.00	MYLAN 00378-0327-10
21487 38	ACETAMINOPHEN 325MG TABS	160	(12) (1,000) $4.46	GEMINI 00904-1982-80
21488 39	FENOFIBRATE 160MG TABS	60	(24) (90) $87.06	GLOBAL 00115-5522-10
21489 40	AMLODIPINE BESYLATE 5MG TABS	240	(24) (1,000) $10.50	AMNGAL 42806-0056-10

ITEM ID NO. BID ITEM NO.	DESCRIPTION	VEN #	UNIT/CASE UNIT UNIT PRICE	MANUFACTURER NDC NUMBER
21490 41	SERTRALINE 50MG TABS	60	(6) (5,000) $144.72	LUPIN 68180-0352-05
21491 42	FISH OIL 1000MG CAPS	14	(1) (60) $1.95	MCKESSON 49348-0132-12
21492 43	GLYBURIDE 5MG TABS	240	(12) (1,000) $136.00	HERITAGE 23155-0058-10
21493 44	LITHIUM CARB 300MG CAPS	60	(12) (1,000) $15.88	CAMBER 31722-0545-10
21494 45	HYDROXYZINE PAMOATE 25MG CAPS	220	(72) (500) $20.37	BARR 00555-0323-04
21495 46	INDOMETHACIN 50MG CAPS	240	(24) (500) $45.25	HERITAGE 23155-0011-05
21496 47	SIMVASTATIN 10MG TABS	240	(24) (1,000) $13.50	ACCORD 16729-0004-17
21497 48	SERTRALINE 100MG TABS	60	(6) (5,000) $201.96	LUPIN 68180-0353-05

ITEM ID NO. BID ITEM NO.	DESCRIPTION	VEN #	UNIT/CASE UNIT UNIT PRICE	MANUFACTURER NDC NUMBER	
21498 49	RISPERIDONE 1MG TABS	225	(12) (500) $18.00	CADILA 68382-0114-05	
21499 50	BENZTROPINE MESYLATE 0.5MG TABS	225	(12) (1,000) $26.70	QUALITEST 00603-2433-32	
21500 51	GLUCOSAMINE SULFATE 500MG CAPS	160	(72) (60) $3.03	NUTRI-FORCE 00904-5293-52	
21501 52	LISINOPRIL 40MG TABS	60	(12) (2,500) $97.50	QUALITEST 00603-4214-30	
21502 53	RISPERIDONE 2MG TABS	225	(12) (500) $21.00	CADILA 68382-0115-05	
21503 54	DOXEPIN 100MG CAPS	234	(100) $35.38	MYLAN 00378-6410-01	*
21504 55	ENALAPRIL 10MG TABS	220	(1) (40,000) $505.40	WOCKHARDT 64679-0925-09	
21505 56	MIRTAZAPINE 45MG TABS	225	(24) (500) $61.60	AUROBINDO 13107-0032-05	

* To advise of award of product.

ITEM ID NO. BID ITEM NO.	DESCRIPTION	VEN #	UNIT/CASE UNIT UNIT PRICE	MANUFACTURER NDC NUMBER	
21506 57	METOPROLOL 100MG TABS	225	(9) (1,000) $20.70	RANBAXY 63304-0581-10	
21507 58	SEVELAMER CARBONATE 800MG TABS			NO AWARD	*
21508 59	BACLOFEN 10MG TABS	90	(1,000) $29.20	QUALITEST 00603-2406-32	
21509 60	ATENOLOL 50MG TABS	225	(24) (1,000) $10.00	OHM 63304-0622-10	
21510 61	GEMFIBROZIL 600MG TABS	240	(12) (500) $49.90	INVAGEN/CAMBER 00143-9130-05	
21511 62	FERROUS SULFATE EC (RED) 5GR TABS	225	(12) (1,000) $4.40	TIME CAP 49483-0064-10	
21512 63	HYDROCHLOROTHIAZIDE 12.5MG CAPS	225	(12) (500) $10.00	HERITAGE 23155-0045-05	
21513 64	AMITRIPTYLINE 25MG TABS	220	(12) (2,500) $31.92	QUALITEST 00603-2213-30	

* To advise of correction in award status – incorrect item. Using agency shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.

ITEM ID NO. BID ITEM NO.	DESCRIPTION	VEN #	UNIT/CASE UNIT UNIT PRICE	MANUFACTURER NDC NUMBER
21514 65	LISINOPRIL 5MG TABS	60	(12) (1,000) $10.45	QUALITEST 00603-4210-32
21515 66	MESALAMINE 400MG TBEC			NO AWARD
21516 67	TERAZOSIN 5MG CAPS	240	(12) (1,000) $37.00	CADISTA 59746-0385-10
21517 68	CITALOPRAM 40MG TABS	60	(24) (500) $16.21	AUROBINDO 13107-0007-05
21518 69	CARVEDILOL 25MG TABS	225	(500) $11.80	AUROBINDO 13107-0145-05
21519 70	NAPROXEN 500MG TABS	90	(500) $21.70	INTERPHARM 53746-0190-05
21520 71	BACLOFEN 20MG TABS	220	(12) (1,000) $55.81	IVAX 00172-4097-80
21521 72	IBUPROFEN 400MG TABS	160	(1) (25,000) $299.29	(BOX) DR.REDDY 43598-0682-00

ITEM ID NO. BID ITEM NO.	DESCRIPTION	VEN #	UNIT/CASE UNIT UNIT PRICE	MANUFACTURER NDC NUMBER
21522 73	AMITRIPTYLINE 100MG TABS	60	(24) (100) $3.59	QUALITEST 00603-2216-21
21523 74	MIRTAZAPINE 30MG TABS	240	(12) (1,000) $105.00	WATSON 00591-1118-10
21524 75	GABAPENTIN 100MG CAPS	60	(12) (1,000) $28.35	ASCEND 67877-0222-10
21525 76	TRAZODONE 150MG TABS	225	(12) (500) $36.40	PLIVA HRVATSKA 50111-0441-02
21526 77	MELOXICAM 7.5MG TABS	220	(12) (1,000) $9.24	UNICHEM 29300-0124-10
21527 78	SIMVASTATIN 80MG TABS	240	(12) (1,000) $54.00	ACCORD 16729-0007-17
21528 79	ATENOLOL 25MG TABS	225	(24) (1,000) $8.00	RANBAXY 63304-0621-10
21529 80	GLIPIZIDE 10MG TABS	240	(12) (1,000) $28.00	WATSON 00591-0461-10

ITEM ID NO. BID ITEM NO.	DESCRIPTION	VEN #	UNIT/CASE UNIT UNIT PRICE	MANUFACTURER NDC NUMBER
21530 81	LAMOTRIGINE 25MG TABS	240	(24) (500) $12.60	TORRENT 13668-0045-05
21531 82	DOXYCYCLINE 100MG CAPS	240	(12) (500) $20.90	WEST-WARD 00143-3142-05
21532 83	FUROSEMIDE 20MG TABS	240	(24) (1,000) $7.35	IDCA/RANBAXY 63304-0624-10
21533 84	MIRTAZAPINE 15MG TABS	240	(12) (1,000) $68.00	WATSON 00591-1117-10
21534 85	CITALOPRAM 10MG TABS	240	(12) (500) $10.90	TORRENT 13668-0009-05
21535 86	AMITRIPTYLINE 50MG TABS	240	(12) (1,000) $16.00	QUALITEST 00603-2214-32
21536 87	CARBAMAZEPINE CHEWABLE 100MG TABS	240	(12) (500) $23.50	TORRENT 13668-0271-05
21537 88	TERAZOSIN 1MG CAPS	220	(12) (1,000) $38.52	CADISTA 59746-0383-10

ITEM ID NO. BID ITEM NO.	DESCRIPTION	VEN #	UNIT/CASE UNIT UNIT PRICE	MANUFACTURER NDC NUMBER
21538 89	DOXEPIN 150MG CAPS	240	(24) (500) $185.00	PAR 49884-0222-05
21539 90	PENICILLIN-VK 500MG TABS	220	(12) (1,000) $85.85	TEVA 00093-1172-10
21540 91	POLYCARBOPHIL CALCIUM 625MG (= TO 500MG) TABS	240	(24) (500) $24.40	WATSON 00536-4306-05
21541 92	FUROSEMIDE 40MG TABS	60	(12) (5,000) $40.73	QUALITEST 00603-3740-34
21542 93	CLINDAMYCIN 150MG CAPS	225	(12) (500) $31.50	RANBAXY 63304-0692-05
21543 94	LOSARTAN POTASSIUM 50MG TABS	220	(24) (1,000) $28.01	TORRENT 13668-0409-10
21544 95	CALCIUM W/VITAMIN D 500MG-200 IU TABS	160	(12) (1,000) $9.17	GEMINI 00904-5460-80
21545 96	RISPERIDONE 3MG TABS	225	(12) (500) $33.00	CADILA 68382-0116-05

ITEM ID NO. BID ITEM NO.	DESCRIPTION	VEN #	UNIT/CASE UNIT UNIT PRICE	MANUFACTURER NDC NUMBER
21546 97	AMITRIPTYLINE 150MG TABS	240	(12) (100) $7.00	VINTAGE/QUALITEST 00603-2217-21
21547 98	FENOFIBRATE 54MG TABS	240	(24) (90) $39.00	RANBAXY 63304-0900-90
21548 99	PERPHENAZINE 16MG TABS	225	(24) (100) $94.00	QUALITEST 00603-5093-21
21549 100	GLIPIZIDE 5MG TABS	225	(12) (1,000) $16.40	WATSON 00591-0460-10
21550 101	CARVEDILOL 6.25MG TABS	60	(12) (500) $9.14	AUROBINDO 65862-0143-05

SUMMARY OF AMENDMENTS

Amendment Number	Revision Date	Description
30	02/28/13	To advise contract will not be renewed beyond the current expiration date of 03/31/13. Thereafter, using agency(ies) shall procure using its Direct Procurement Authority pursuant to Ohio Revised Code Section 125.05.
29	12/19/12	To advise of changes in price and award status, as indicated herein.
28	10/12/12	To advise of changes in price and award status, as indicated herein.
27	09/24/12	To advise of changes in price, termination for convenience of selected items, and other changes as indicated herein.
26	08/31/12	To advise of change in price, as indicated herein.
25	08/28/12	To advise of changes in price and other changes, as indicated herein.
24	08/06/12	To advise of changes in price and award status, as indicated herein.
23	07/06/12	To advise of award of product with the addition of one (1) contractor, change in award status and other changes, as indicated herein.
22	06/12/12	To advise of changes in price and award status, as indicated herein.
21	04/30/12	To advise of changes in price, award status, and addition of Item ID numbers, as indicated herein.
20	04/25/12	To advise of renewal of the contract for an additional eleven (11) months, with the exception of three (3) contractors, and other changes, as indicated herein.
19	04/01/12	To advise of renewal of the contract for an additional one (1) month and changes in award status for items and other changes, as indicated herein.
18	03/09/12	To advise of price increase on products and change in NDC numbers, as indicated herein.
17	02/17/12	To add the supplemental Bid No. OT904412 to the contract, as indicated herein.
16	1/25/12	To advise of price increase on products, discontinued items, and other changes as indicated herein.
15	12/5/2011	To advise of price increase on products, as indicated herein.
14	10/21/11	To advise of price increase on products, as indicated herein.
13	09/29/11	To advise of renewal of the contract for an additional six (6) months, with the exception of three (3) contractors and selected items, change in contractor contact information, and other changes as indicated herein.
12	09/19/11	To advise of changes in price, as indicated herein.
11	08/13/11	To advise of changes in price and award status, as indicated herein.
10	07/29/11	To advise of changes in price and award status, as indicated herein.
9	06/29/11	To advise of price changes, discontinued items, and other changes, as indicated herein.
8	05/03/11	To advise of price changes, discontinued items, correction, and changes as indicated herein.
7	04/01/11	To advise of price increase on products, as indicated herein.
6	03/10/11	To advise of renewal of the contract for an additional six (6) months and changes in award status for items, as indicated herein.
5	12/16/10	To advise of award of products with the addition of one (1) contractor, re-award of product, and changes as indicated herein.
4	12/06/10	To advise of award of products with the addition of two (2) contractors, as indicated herein
3	11/03/10	To advise of award of products and a change in contractor's contact person information, as indicated herein.
2	10/13/10	To add the supplemental Bid No. OT901611 to the contract with the addition of one (1) contractor and to advise of changes, as indicated herein.
1	10/01/10	To add the supplemental Bid No. OT901511 to the contract with the addition of three (3) contractors and to advise of changes, as indicated herein.