

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

AMENDMENT FOR CHANGE
AMENDMENT NO. 11

TO: LIMITED DISTRIBUTION - OHIO DEPARTMENT OF HEALTH
FROM: HUGH QUILL, DIRECTOR, DEPARTMENT OF ADMINISTRATIVE SERVICES
SUBJECT: TERM CONTRACT - STATEWIDE MAIL ORDER PHARMACEUTICAL PROGRAM

Attached are pages 3 and 6 to this contract. Remove these pages from the existing contract and replace with the attached pages on the effective and/or revision date.

This amendment is issued to clarify that Fluconazole is included on the current June 2010 OHDAP Drug Formulary. This product was inadvertently omitted from Attachment B in Amendment #10 dated 07/08/10.

All other prices, terms and conditions remain unchanged.

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

Carol Clingman, CPPB
carol.clingman@das.state.oh.us

This Amendment, the main Requirements Contract and any additional amendments thereto are available from the DAS Web site at the following address:



<http://www.ohio.gov/procure>

Affected Contractor(s):

00000132524
ProCare Pharmacy
dba CVS Caremark Pharmacy
One CVS Drive
Woonsocket, RI 02895
Clay.Keene@caremark.com

SUMMARY OF AMENDMENTS

Amendment Number	Revision Date	Description
11	07/28/10	To clarify that Fluconazole is included on the current June 2010 OHDAP Drug Formulary. This product was inadvertently omitted from Attachment B in Amendment #10 dated 07/08/10.
10	07/08/10	To advise of the addition of Attachment B containing the revised OHDAP Drug Formulary effective 07/08/10.
9	06/28/10	Mutual agreement issued to renew for an additional one (1) year period, effective July 1, 2010 through June 30, 2011. Price per prescription reduced to \$13.45 for renewal period.
8	03/13/09	Add approved drugs to OHDAP formulary.
7	02/20/09	Contract Renewal
6	02/03/09	Add approved drugs to OHDAP formulary.
5	6/20/08	Contract Renewal by mutual Agreement between State & Contractor and to reflect the contractor's company name change
4	11/13/07	Add Approved Drugs to OHDAP Formulary
3	8/28/07	Items added to OHDAP formulary
2	7/01/07	Contract renewed
1	7/13/06	Contractors TIN changed

ATTACHMENT B

Revised OHDAP Formulary effective July 2010

NNRTIs	Anti Fungals
Delavirdine, DLV (Rescriptor [®])	Clotrimazole (Mycelex [®] Troche)
Efavirenz, EFV (Sustiva [®])	Fluconazole (Diflucan [®]) *
Etravirine (Intelence [®])	Itraconazole (Sporanox [®])
Nevirapine (Viramune [®])	Ketoconazole (2% topical only)
NRTIs	Herpes Treatment
Abacavir (Ziagen [®])	Acyclovir (Zovirax [®])
Didanosine, ddi (Videx EC [®])	
Emtricitabine, FTC (Emtriva [®])	MAI Prophylaxis & Tx
Lamivudine, 3TC (Epivir [®]) NOT including Epivir HBV	Azithromycin (Zithromax [®])
Stavudine, d4T (Zerit [®])	Mental Health
Zidovudine, AZT (Retrovir [®])	Amitriptyline (generic only)
AZT + 3TC (Combivir [®])	Bupropion/Budeprion (generic only)
AZT + 3TC + Abacavir (Trizivir [®])	Citalopram HBr (Celexa [®])
Abacavir + Lamivudine (Epzicom [®])	Fluoxetine (Prozac [®])
	Paroxetine (Paxil [®])
	Sertraline (Zoloft [®])
Nucleotide Analogues	Trazodone (Desyrel [®] , Trialodine [®])
Tenofovir (Viread [®])	Venlafaxine (Effexor [®])
Emtricitabine + Tenofovir (Truvada [®])	PCP Prophylaxis & Tx
	Dapsone (Dapsone [®])
Protease Inhibitors	TMP/SMZ (Bactrim [®] / Septra [®])
Amprenavir (Agenerase [®])	Toxo Prophylaxis & Tx
Atazanavir (Reyataz [®])	Leucovorin
Darunavir (Prezista [®])	Pyrimethamine (Daraprim [®])
Fosamprenavir (Lexiva [®])	Sulfadiazine
Indinavir sulfate (Crixivan [®])	TB Treatment
Nelfinavir (Viracept [®])	Ethambutol (Myambutol [®])
Ritonavir (Norvir [®])	Isoniazid (INH)
Ritonavir + Lopinavir (Kaletra [®])	Other Formulary Medications
Saquinavir (Invirase [®])	Penicillin G benzathine (Bicillin LA [®])
Tipranavir (Aptivus [®])	Valganciclovir (Valcyte [®])
	Imiquimod (Aldara [®] Cream)
Cross-Class Combos	PRIOR AUTHORIZATION
Efavirenz + Emtricitabine + Tenofovir (Atripla [®])	The medications below require prior authorization/medical exception to obtain the product through OHDAP.
Integrase Inhibitors	CCR5 Antagonists
Raltegravir (Isentress [®])	Maraviroc (Selzentry [®])
Vaccines	Fusion Inhibitors
Hep A vaccine (Havrix [®])	Enfuvirtide (Fuzeon [®])
Hep B vaccine (Engerix [®] / Recombivax [®])	PCP Prophylaxis & Tx
Hep A/Hep B vaccine (Twinrix [®])	Atovaquone (Mepro [®])
Pneumococcal Pneumonia Vaccine	Pentamidine (Pentam [®])
Tetanus Vaccine	Albuterol Sulfate Inhaler (generic only)

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