

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. 10

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 2 and 3, and new page 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 advise of an updated OHDAP Formulary effective immediately.

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

* The previous OHDAP Formulary has been revised to include the OHDAP Formulary listed in Attachment B.

PRICE SCHEDULE

NIGP NUMBER: 948-72-10-500-5

Item number: 4811

July 1, 2005 to June 30, 2006 per prescription dispensing fee: \$	12.95
July 1, 2006 to June 30, 2007 per prescription dispensing fee: \$	12.95
July 1, 2007 to June 30, 2008 per prescription dispensing fee: \$	13.45
July 1, 2008 to June 30, 2009 per prescription dispensing fee: \$	13.45
July 1, 2009 to June 30, 2010 per prescription dispensing fee: \$	13.95
July 1, 2010 to June 30, 2011 per prescription dispensing fee: \$	13.45

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

132524
ProCare Pharmacy
dba CVS Caremark Pharmacy
One CVS Drive
Woonsocket, RI 02895

BID CONTRACT NO.: CSP900206-1 (06/30/07)

TERMS: Net 30 Days

ORDER PROCESSING CENTER:

CVS Caremark Pharmacy
600 Penn Center Blvd
Pittsburgh, PA 15235

CONTRACTOR'S CONTACT:

Clayton Keene, MS, MSW
Director, Business Development
227 West 16th Street #4ER
New York, NY 10011

Toll Free: (800) 368-2157
FAX: (412) 717-9378
E-mail: Clay.Keene@Caremark.com

PAYMENT ADDRESS:

CVS Caremark Pharmacy
P. O. Box 99794
Chicago, IL 60690-7594

* To advise of the addition of Attachment B containing the revised OHDAP Drug Formulary effective 07/08/10.

SUMMARY OF AMENDMENTS

Amendment Number	Revision Date	Description
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

OHDAP Formulary effective July 1, 2010

NNRTIs		Anti Fungals	
	Delavirdine, DLV (Rescriptor [®])		Clotrimazole (Mycelex [®] Troche)
	Efavirenz, EFV (Sustiva [®])		Itraconazole (Sporanox [®])
	Etravirine (Intelence [®])		Ketoconazole (2% topical only)
	Nevirapine (Viramune [®])		
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 [®] / Septtra [®])
	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 (Mepron [®])
	Pneumococcal Pneumonia Vaccine		Pentamidine (Pentam [®])
	Tetanus Vaccine		Albuterol Sulfate Inhaler (generic only)