

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. 13

TO: LIMITED DISTRIBUTION - OHIO DEPARTMENT OF HEALTH  
FROM: HUGH QUILL, DIRECTOR, DEPARTMENT OF ADMINISTRATIVE SERVICES  
SUBJECT: TERM CONTRACT - WHOLESALE PHARMACEUTICAL PURCHASE PLAN

Attached are pages 3 and 4 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 the formulary list in Amendment #12 dated 07/14/10.

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):

000076401  
Capital Wholesale Drug Company  
873 Williams Avenue  
Columbus, OH 43212  
grich61695@aol.com

Revised OHDAP Formulary effective July 2010

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

\* To clarify that Fluconazole is included on the current June 2010 OHDAP Drug Formulary. This product was inadvertently omitted from the formulary list in Amendment #12 dated 07/14/10.

SUMMARY OF AMENDMENTS

<b>Amendment Number</b>	<b>Revision Date</b>	<b>Description</b>
13	07/28/10	To clarify that Fluconazole is included on the current June 2010 OHDAP Drug Formulary. This product was inadvertently omitted from the formulary list in Amendment #12 dated 07/14/10.
12	07/14/10	To advise of a Contract modification to allow the Contractor to receive and ship donated OHDAP Formulary drugs to the Statewide Mail Order Pharmaceutical Contractor. Further this amendment advises of the July 2010 updated OHDAP Formulary.
11	06/14/10	Mutual agreement issued to renew for an additional one (1) year period, effective July 1, 2010 through June 30, 2011.
10	03/20/09	Correct the Contractors name and OAKS ID
9	03/13/09	Add approved drugs to OHDAP formulary.
8	02/20/09	Contract Renewal
7	02/03/09	Add approved drugs to OHDAP formulary.
6	05/23/08	Contract renewal
5	03/26/08	Add drug stocking and security arrangements for storage and rotation of stock
4	03/05/08	Items added to OHDAP formulary
3	08/28/07	Items added to OHDAP formulary
2	07/01/07	Contract renewed
1	08/04/06	Add items to the formulary