

INVITATION TO BID

State of Ohio
Department of Administrative Services
General Services Division
Office of Procurement Services

The Original Signed Bid must be submitted to the Office of Procurement Services to receive consideration for award.		BIDDER NAME	
BID NUMBER OT901511	OPENING DATE (1:00 p.m.) JULY 26, 2010	STREET ADDRESS <input type="checkbox"/> Check if remit address is different and list on separate sheet	
General Services Division Office of Procurement Services 4200 Surface Road Columbus, OH 43228-1395 Attn: Bid Desk		CITY STATE ZIP	
		COUNTY	MBE/EDGE CERTIFICATE NUMBER
		TELEPHONE NO. ()	TOLL FREE NO. 1 - ()
		CONTACT PERSON	FAX NO. ()
REQ./INDEX NO. LDC101V	BID NOTICE DATE JUNE 28, 2010	CONTRACTOR'S E-MAIL ADDRESS	
SELECT YOUR PREFERRED METHOD OF RECEIVING PURCHASE ORDERS AND ENTER THE E-MAIL OR FAX NUMBER INFORMATION (ONLY SELECT ONE METHOD) <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax			
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 stated in the following space. If no discount is offered, bidder should circle "Net 30 Days". _____%, _____ Days, Net 30 Days			
PARTICIPATING AGENCY(IES): AS INDICATED HEREIN, SEE PAGE 11, TRANSPORTATION PARAGRAPH			
THE DEPARTMENT OF ADMINISTRATIVE SERVICES, OFFICE OF PROCUREMENT SERVICES, IS SOLICITING BIDS FOR: PHARMACEUTICAL CONTRACT 2010-2011 (Section 3) TERM OF CONTRACT: This Invitation to Bid is to establish a requirements contract to procure the described supplies or services on behalf of the above participating agency(ies). The agency(ies) may place orders against the Contract beginning <u>October 1, 2010</u> or upon the date when DAS signs the Contract, whichever is later in time. The Contract will expire <u>March 31, 2011</u> unless DAS terminates the Contract based upon reasons set forth in Article I-C of the Standard Contract Terms and Conditions. No agencies may place purchase orders against the Contract beyond the expiration date unless DAS renews the Contract by amendment. The Contractor may begin performance under the Contract only upon receipt of a valid order from a participating state agency. INSTRUCTIONS TO BIDDERS AND CONTRACT TERMS AND CONDITIONS, Revised 10-01-07, are a part of this Invitation to Bid. Copies may be downloaded by clicking on this link: Instructions: Terms and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions . All prior versions of Instructions to Bidders, Contract Terms and Conditions are null and void. By submitting this Invitation to Bid, the Contractor certifies that Contractor has truthfully disclosed the location(s) where all services are to be performed; the location(s) where all applicable State contract data is to be maintained or made available; and the principal location of business for the Contractor and all subcontractors. The Contractor further certifies and acknowledges that Contractor will not change the country of the location(s) where services are performed and will not change the country of the location(s) where data is maintained or made available without prior written consent of the State. Any questions or clarifications regarding this Invitation to Bid should be directed to the Office of Procurement Services through the Internet at www.procure.ohio.gov/ All questions should be submitted a minimum of five (5) working days prior to the bid opening date.			
PRINTED/TYPED SIGNATURE 	AUTHORIZED SIGNATURE (ORIGINAL SIGNATURE ONLY) (Please sign in blue ink)		DATE

The ORIGINAL signed Bid must be submitted to the Office of Procurement Services by 1:00 o'clock p.m., on the above listed opening date to receive consideration for award. It is requested that the Bidder NOT sign their bid in BLACK ink. BIDDER CERTIFIES, by signature affixed to its bid, that the information provided by it in its bid including the certified statements, is accurate and complete. Bidder declares to have read and understood and agrees to be bound by all of the instructions, terms, conditions and specifications of this Invitation to Bid and agrees to fulfill the requirements of any awarded contract at the prices bid.

REQUIRED CERTIFICATION FOR BIDDING

Those bidders claiming preference for Domestic Source End Products and/or the Ohio preference, pursuant to Revised Code Sections 125.09 and 125.11 and Administrative Code Section 123:5-1-06 must complete the following information. Bidders who qualify as an "Ohio" bidder (offer an Ohio product or who have significant Ohio economic presence) or who qualify as a Border State bidder are eligible to receive a five percent (5%) preference over non-Ohio/Border state bidders. The state reserves the right to clarify any information during the evaluation process. **BIDDERS MUST COMPLETE THIS CERTIFICATION TO RECEIVE THE PREFERENCE.**

A. DOMESTIC PREFERENCE (BUY AMERICA): [Not applicable to **"Excepted Products"**]

1. Where is each product/services being offered mined, raised, grown, produced or manufactured?
 United States: _____ (State) Canada Mexico (Go to B-1)
 Other: (Specify Country) _____ (Go to A-2)
2. End product is manufactured outside the United States and at least 50% of the cost of its components are produced, mined, raised, grown or manufactured within the United States. The cost of components may include transportation costs to the place of manufacture and, in the case of components of foreign origin, duty whether or not a duty free entry certificate is issued.
 Yes (Go to Section B-1) No (Go to Section A-3)
3. The Bidder hereby certifies that each end product, except the products listed below, is a domestic source end product as defined in the Buy America Act and that components of unknown origin have been considered to have been mined, produced, grown or manufactured outside the United States.
_____(Item) _____(Country of Origin)
_____(Item) _____(Country of Origin)

A domestic end source product is deemed to be excessively priced if it exceeds the cost of the foreign product by more than 6%. Pursuant to FAR, Part 25, the state of Ohio does not acquire supplies or services that cannot be imported lawfully into the United States. The contractor, their subcontractor(s) and any agent of the contractor or subcontractor must not acquire any supplies or services originating from sources within, or that were located in or transported from or through Cuba, Iran, Iraq, Libya, North Korea, Sudan Territory of Afghanistan controlled by the Taliban, or Serbia (excluding the territory of Kosovo).

B. OHIO PREFERENCE (BUY OHIO):

1. The products/services being offered are raised, grown, produced, mined or manufactured in Ohio. 
 Yes (Go to C) No (Go to B-2)
2. Bidder has significant economic presence within the state of Ohio. Yes (Answer a, b, c, d below) No (Go to B-3)
 - a) Bidder has paid the required taxes due the state of Ohio Yes No
 - b) Bidder is registered with the Ohio Secretary of State
 Yes (Charter/Registration No.: _____) No
Questions regarding registration should be directed to (614) 466-3910 or visit their web site at:
<http://www.sos.state.oh.us/>
 - c) Bidder has ten or more employees based in Ohio or border state. Yes No (Go to B-2d)
 - d) Bidder has seventy-five percent or more employees based in Ohio or border state. Yes No (Go to B-3)
3. Border state bidder:
 Yes (Specify which state then go to B-2c): KY MI NY PA IN No (Go to B-4)
4. Border state bidder: mined products mined in respective border state Yes No Not Applicable

C. E.D.G.E. DESIGNATION

Bidder is certified E.D.G.E. business Yes No

For information on E.D.G.E. designation, please visit the DAS Equal Opportunity Division website at:

<http://www.das.ohio.gov/Divisions/EqualOpportunity/tabid/80/Default.aspx>

D. DECLARATION REGARDING MATERIAL ASSISTANCE/NON-ASSISTANCE TO A TERRORIST ORGANIZATION (DMA)

The Bidder being awarded this Contract must:

1. review the Terrorist Exclusion List at http://www.publicsafety.ohio.gov/links/terrorist_exclusion_list.pdf
2. complete the Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) form <http://www.publicsafety.ohio.gov/links/HLS0038.pdf> and submit this with your bid response.

Failure to complete the Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) form may result in the bidder being deemed not responsive and/or may invalidate any Contract award. If not submitted with the bid response, the bidder will have seven (7) calendar days, after notification, to submit the form.

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.

SUPPLEMENTAL BID: Any award made as a result of this bid will become a part of Contract No. OT901311 effective 10/01/10.

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. The TPL low lot total award will be determined as follows: For each bidder, the state will multiply the estimated annual usage of each dosage of the item by the corresponding low manufacturer price quoted, and add these totals together to arrive at a "per manufacturer" cost total. For alternate pack size differences, equivalent units will be evaluated for lowest price. Note: See Contract Award paragraph, above, for more information about TPL low lot total award.

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 the Bid Price Page(s) (C-1 through C-77) of the ITB with all requested information entered. Submission of any blank Bid Price Page(s), with no bid offer for any item(s) on the page, is not required.
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 ten (10) 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

<u>Submitted</u>	<u>Submittal Description</u>	<u>Page Reference</u>
<input type="checkbox"/>	Bid cover page, signed in blue ink *	Page 1
<input type="checkbox"/>	Payment Terms offered	Page 1
<input type="checkbox"/>	Buy Ohio & Domestic Preferences *	Page 2
<input type="checkbox"/>	Bid Price Page(s) * (Pages where no pricing is submitted need not be returned)	Pages C-1 through C-77
<input type="checkbox"/>	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 **

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

YOUR BID:

Bidders shall not insert a unit cost more than 3 digits after the decimal point. Digit(s) beyond 3, after the decimal point, shall be dropped by Office of Procurement Services and not used in the evaluation and any subsequent award.

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
(TBD) 3 210-28-0605	Meperidine 100 mg/cc carpject		Unkn	10	PKG					
(TBD) 3 210-28-0803M	Acetaminophen Tablets 325 mg		Unkn	1000	BTL					
1144 3 210-28-0804	Acetaminophen Elixir 160mg/5ml (Tylenol)	X	163	4 oz 1	BTL					
7138 3 210-28-0804 P	Acetaminophen Elixir 160mg/5ml (Tylenol)	X	131	16 oz 1	BTL					
1154 3 210-28-0806 C	Aspirin Tablets 5 grain White	X	222	100	BTL					
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	X	73	UD 100	PKG					
(TBD) 3 210-28-0807A	Aspirin Tablets 81mg Chewable Tablets		Unkn	36	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1151 3 210-28-0810 M	Aspirin 81mg E.C. Tablets	X	779	1,000	BTL					
7148 3 210-28-0811M	Aspirin Tablets Enteric Coated 325mg		Unkn	1,000	BTL					
(TBD) 3 210-28-0812C	(Fioricet with Codeine caps) Aceta 325mg Butal 50mg Caff 40mg Cod 30mg		Unkn	100	BTL					
6753 3 210-28-0814 M	Acetaminophen 500mg Tabs (Tylenol Extra Strength)	X	279	1,000	BTL					
10332 3 210-28-0814U	Acetaminophen Tablets 500 mg 1-tablet per UD packet	X	54	UD 100	PKG					
1143 3 210-28-0818	(Midol Menstrual Complete) Aceta 500mg Caf 60mg Pyrilamine 15mg cap	X	18	24	PKG					
7140 3 210-28-0819 C	Aceta/Aspirin/Caffeine 250mg/250mg/65mg (Excedrin Extra Strength - NOT Migraine) Tablets	X	125	100	BTL					
7435 3 210-28-0826 C	Choline Magnesium Trisalicylate Tablets 500mg		230	100	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1402 3 210-28-0827 C	440mg Choline Salicylate & 544mg Magnesium Salicylate - 750mg Salicylate content Tablets (Trilisate)	X	244	100	BTL					
1331 3 210-28-0829 C	Acetaminophen 650mg; Propoxyphene 100mg Darvocet-N 100 Tablets		559	100	BTL					
(TBD) 3 210-28-0829D	(Darvocet N 100) Acetaminophen 650/Propoxyphene 100mg tabs		Unkn	500	BTL					
1333 3 210-28-0829U	Acetaminophen 650mg; Propoxyphene 100mg Darvocet-N 100 Tablets		393	UD 100	PKG					
1353 3 210-28-0833 C	Celecoxib (Celebrex) 100mg Capsules		24	100	BTL					
6826 3 210-28-0833 U	Celecoxib (Celebrex) 100mg Capsules		37	UD 100	PKG					
1354 3 210-28-0834 C	Celecoxib (Celebrex) 200mg Capsules		52	100	BTL					
1355 3 210-28-0834 U	Celecoxib (Celebrex) 200mg Capsules		6	UD 100	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
(TBD) 3 210-28-0837C	Diclofenac Tablets 75mg (Voltaren)		Unkn	100	BTL					
1619 3 210-28-0843 A	(Generic Only) Fentanyl Transdermal 25mcg/hr		62	5	BOX					
6389 3 210-28-0844 A	(Generic Only) Fentanyl Transdermal (Duragesic) 50mcg/hr		36	5	BOX					
1620 3 210-28-0847 A	(Generic Only) Fentanyl Transdermal 75mcg/hr		Unkn	5	BOX					
6390 3 210-28-0848 A	(Generic Only) Fentanyl Transdermal 100mcg/hr		2	5	BOX					
7365 3 210-28-0871 A	OTC Formulation Only Ibuprofen 100mg/5ml Suspension	X	220	4 oz 1	BTL					
6489 3 210-28-0871 P	Ibuprofen 100mg/5ml Suspension	X	127	16 oz 1	BTL					
10323 3 210-28-0872D	Ibuprofen Tablets 200 mg	X	279	500	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1496 3 210-28-0872L	Ibuprofen 200mg Tablets (Motrin)	X	2,729	50	BTL					
(TBD) 3 210-28-0872M	Ibuprofen Tablets 200mg		Unkn	1000	BTL					
1498 3 210-28-0875 C	Ibuprofen Tabs 400mg (Motrin)		1,922	100	BTL					
10324 3 210-28-0875D	Ibuprofen (Motrin) Tabs 400mg		136	500	BTL					
7368 3 210-28-0875U	Ibuprofen Tabs 400mg (Motrin)		158	UD 100	PKG					
10325 3 210-28-0876D	Ibuprofen (Motrin) Tabs 600mg		910	500	BTL					
1262 3 210-28-0876U	Ibuprofen Tablets 600mg (Motrin)		434	UD 100	PKG					
6488 3 210-28-0877 U	Ibuprofen Tablets 800mg (Motrin)		560	UD 100	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1289 3 210-28-0880 C	Indomethacin Capsules 25mg (Indocin)		425	100	BTL					
6561 3 210-28-0880 M	Indomethacin Capsules 25mg (Indocin)		7	1,000	BTL					
1290 3 210-28-0880 U	Indomethacin Capsules 25mg (Indocin)		19	UD 100	PKG					
14676 3 210-28-0881D	Indomethacin Capsules 50mg		531	500	BTL					
1292 3 210-28-0882 S	Indomethacin S.R. Capsules 75mg (Indocin)		161	60	BTL					
10326 3 210-28-0890C	Piroxicam Capsules 10mg		134	100	BTL					
1397 3 210-28-0891 C	Piroxicam (Feldene) 20mg Capsules		700	100	BTL					
1621 3 210-28-0892C	Ketoprofen 50mg Capsules		19	100	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
5680 3 210-28-0893 C	Ketoprofen Capsules 75mg		73	100	BTL					
1293 3 210-28-0895 C	Ketorolac Tromethamine (Toradol) 10mg Tabs		19	100	BTL					
6615 3 210-28-0896V	Ketorolac Tromethamine Inj. 60mg/2ml (Toradol) 2ml Vial. Must have vials - not syringes		289	1 ml 1	PKG					
(TBD) 3 210-28-0897V	Ketorolac Trometh 30mg/ml vial (Toradol). 1 ml vial. Must have vials - no syringes		Unkn	1 ml 1	VL					
14677 3 210-28-0898C	Meloxicam 7.5mg Tablets		271	100	BTL					
(TBD) 3 210-28-0898D	Meloxicam 7.5mg tablets		Unkn	500	BTL					
(TBD) 3 210-28-0899C	Meloxicam Tablets 15mg (Mobic)		Unkn	100	BTL					
(TBD) 3 210-28-0904C	Methadone Tablets 5mg		Unkn	100	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
6443 3 210-28-0905 C	Methadone (Roxane) 10mg Tablets		359	100	BTL					
6689 3 210-28-0908	(No Substitution) Methadone Conc. 10mg/ml Cherry (Roxane)		Unkn	1 Quart 1	BTL					
1323 3 210-28-0911	(No Substitution) Methadone Clear Conc. (Methadose Clear) 10mg/ml		1,954	1 Liter 1	BTL					
1322 3 210-28-0912	(No Substitution) Methadone Cherry Conc. (Methadose Cherry) 10mg/ml		8,931	1 Liter 1	BTL					
1320 3 210-28-0913	Meperidine 50mg/cc 1ml Carpuject (Demerol)		38	10	PKG					
6363 3 210-28-0916	Morphine Sulfate Conc. Soln. 20mg/ml with dropper		79	30 ml 1	BTL					
1653 3 210-28-0917	Morphine Inj. 2mg/ml 1ml Disp. Syringe		40	10	PKG					
6505 3 210-28-0918	Morphine Inj. 4mg/ml 1ml Disp. Syringe		50	10	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1520 3 210-28-0919	Morphine Inj. 10mg/ml 1ml Vial		1	25	PKG					
1142 3 210-28-0920 C	Acetaminophen 325mg, Dichloralphenazone 100mg, Isometheptene 65mg Midrin Capsules		195	100	BTL					
269-28-58-560-8 3 210-28-0921U	Morphine Sulfate Conc. Soln. 10mg/5ml 5ml UD		1,690	40	BOX					
1524 3 210-28-0926 C	Naproxen 250mg Tablets (Naprosyn)		146	100	BTL					
1525 3 210-28-0926 U	Naproxen 250mg Tablets (Naprosyn)		39	UD 100	PKG					
6369 3 210-28-0927 C	Naproxen 375mg Tablets (Naprosyn)		485	100	BTL					
1527 3 210-28-0927 U	Naproxen 375mg Tablets (Naprosyn)		72	UD 100	PKG					
1529 3 210-28-0928U	Naproxen 500mg Tablets (Naprosyn)		379	UD 100	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
6393 3 210-28-0933 C	(No Substitute) (Generic Only) Nabumetone 750 mg Tablets		7	100	BTL					
(TBD) 3 210-28-0935U	Oxycodone 5 mg tablets		Unkn	UD 100	PKG					
12669 3 210-28-0936	Oxycodone HCL CR (Oxycontin) Tablets 10mg		7	100	BTL					
12670 3 210-28-0937	Oxycodone HCL CR (Oxycontin) Tablets 20mg		10	100	BTL					
12671 3 210-28-0939	Oxycodone HCL CR (Oxycontin) Tablets 40mg		24	100	BTL					
1334 3 210-28-0940 C	Aceta 500mg Hydrocodone 5mg Tablets		130	100	BTL					
1335 3 210-28-0940 U	Aceta 500mg Hydrocodone 5mg Tablets		117	UD 100	PKG					
1328 3 210-28-0946 C	Acetaminophen 325mg, Phenyltoloxamine Citrate 30 mg Percogesic Tablets	X	73	90	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
6751 3 210-28-0947 C	Acetaminophen 325mg Oxycodone HCL 5mg Tablets		90	100	BTL					
6752 3 210-28-0947 U	Acetaminophen 325mg Oxycodone HCL 5mg Tablets		61	UD 100	PKG					
(TBD) 3 210-28-0948U	Acetaminophen 325 mg Oxycodone 5 mg/5ml		Unkn	UD 40	PKG					
(TBD) 3 210-28-0965C	Sulindac Tablets 150mg		Unkn	100	BTL					
7030 3 210-28-0966 C	Sulindac 200mg (Clinoril)		83	100	BTL					
1149 3 210-28-0973 C	(Tylenol #3) Acetaminophen 300mg w/Codeine Tabs 30mg		319	100	BTL					
1147 3 210-28-0973 U	(Tylenol #3) Acetaminophen 300mg w/Codeine Tabs 30mg		30	UD 100	PKG					
1182 3 210-28-0981 C	Tramadol (Ultram) 50mg Tablets		4,813	100	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
7276 3 210-28-0981K	Punch Card 300 UD Packaging Tramadol (Ultram) 50mg Tablets		4	UD 300	PKG					
14679 3 210-28-0981M	Tramadol Tablets 50mg		865	1,000	BTL					
1521 3 210-28-1050 A	Naloxone HCL 0.4mg/ml (Narcan) 1ml Amp		86	10	BOX					
6365 3 210-28-1060 T	Naltrexone HCL 50mg Tablets (Revia)		404	30	BTL					
1171 3 210-28-1219 H	Carbamazepine ER 200mg (Carbatrol) Capsules		46	120	BTL					
1172 3 210-28-1220 H	Carbamazepine ER 300mg (Carbatrol) Capsules		34	120	BTL					
7369 3 210-28-1228C	Carbamazepine XR 200mg (Tegretol XR) Tabs		235	100	BTL					
1502 3 210-28-1229C	Carbamazepine XR 400mg (Tegretol XR) Tablets		108	100	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1499 3 210-28-1230 C	Carbamazepine XR 100mg (Tegretol XR) Tabs		75	100	BTL					
1174 3 210-28-1238 C	(No Substitution) Carbamazepine 100mg (Generic Only) Chew Tab		725	100	BTL					
1176 3 210-28-1238 U	(No Substitution) Carbamazepine 100mg (Generic Only) Chew Tab		33	UD 100	PKG					
1501 3 210-28-1239 M	(No Substitution) Carbamazepine Tablets 200mg (Generic Only)		192	1,000	BTL					
7370 3 210-28-1239 U	(No Substitution) Carbamazepine Tablets 200mg (Generic Only)		191	UD 100	PKG					
1173 3 210-28-1243	Carbamazepine Suspension (Generic Only) (No Substitution) 100mg/5ml		233	450 ml 1	BTL					
1390 3 210-28-1256 C	Extended Phenytoin Sodium Capsules 100mg (Generic Only) (No Substitution)		732	100	BTL					
1392 3 210-28-1256 M	Extended Phenytoin Sodium Capsules 100mg (Generic Only) (No Substitution)		398	1,000	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
6964 3 210-28-1256 U	Extended Phenytoin Sodium Capsules 100mg (Generic Only) (No Substitution)		132	UD 100	PKG					
1389 3 210-28-1260 C	Extended Phenytoin Sodium Capsules 100mg (Dilantin) (No Substitution)		548	100	BTL					
6965 3 210-28-1260 M	Extended Phenytoin Sodium Capsules 100mg (Dilantin) (No Substitution)		79	1,000	BTL					
1391 3 210-28-1260 U	Extended Phenytoin Sodium Capsules 100mg (Dilantin) (No Substitution)		177	UD 100	PKG					
1393 3 210-28-1261 A	Phenytoin Sodium Suspension 125mg/5ml (Generic Only)		203	8 oz 1	BTL					
1395 3 210-28-1263 C	Phenytoin Sodium Chewable Tablets 50mg (Dilantin)		51	100	BTL					
6968 3 210-28-1263 U	Phenytoin Sodium Chewable Tablets 50mg (Dilantin)		27	UD 100	PKG					
6901 3 210-28-1264 C	Divalproex Sodium 125 mg E.C. Tablets (Depakote)		24	100	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1382 3 210-28-1265 C	Divalproex Sodium (Depakote) 250mg E.C. Tablets		277	100	BTL					
6956 3 210-28-1265 D	Divalproex Sodium (Depakote) 250mg E.C. Tablets		15	500	BTL					
1384 3 210-28-1266 C	Divalproex Sodium (Depakote) 500mg E.C. Tablets		608	100	BTL					
6900 3 210-28-1272 C	Divalproex Sod Sprinkle 125mg Capsules (Depakote Sprinkles)		50	100	BTL					
1379 3 210-28-1272 U	Divalproex Sod Sprinkle 125mg Capsules (Depakote Sprinkles)		12	UD 100	PKG					
1381 3 210-28-1275C	Divalproex Sod ER Tablets 250mg (Depakote ER)		305	100	BTL					
(TBD) 3 210-28-1275D	Divalproex Sod ER tabs 250 mg (Depakote ER)		Unkn	500	BTL					
6902 3 210-28-1275U	Divalproex Sod ER Tablets 250mg (Depakote ER)		206	UD 100	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
6957 3 210-28-1276D	Divalproex Sod ER Tablets 500mg (Depakote ER)		250	500	BTL					
6415 3 210-28-1276U	Divalproex Sod ER Tablets 500mg (Depakote ER)		2,088	UD 100	PKG					
1239 3 210-28-1349 P	Gabapentin Oral Soln. (Neurontin) 250mg/5ml		814	16 oz 1	BTL					
1235 3 210-28-1350 U	Gabapentin Capsules (Neurontin) 100mg		53	UD 100	PKG					
(TBD) 3 210-28-1351D	Gabapentin capsules (Neurontin) 300 mg		Unkn	500	BTL					
6479 3 210-28-1351M	Gabapentin Capsules (Neurontin) 300mg		101	1,000	BTL					
6412 3 210-28-1351U	Gabapentin Capsules (Neurontin) 300mg		242	UD 100	PKG					
1238 3 210-28-1352 C	Gabapentin Capsules (Neurontin) 400mg		780	100	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
6413 3 210-28-1352 D	Gabapentin Capsules (Neurontin) 400mg		25	500	BTL					
6414 3 210-28-1352 U	Gabapentin Capsules (Neurontin) 400mg		134	UD 100	PKG					
1074 3 210-28-1355U	Gabapentin Tablets 600mg		145	UD 100	PKG					
1075 3 210-28-1356 C	Gabapentin Tablets 800mg		805	100	BTL					
(TBD) 3 210-28-1356D	Gabapentin Tablets 800mg		Unkn	500	BTL					
1076 3 210-28-1356U	Gabapentin Tablets 800mg		17	UD 100	PKG					
(TBD) 3 210-28-1374	Lamotrigine Starter Kit 25/100mg		Unkn	98	PKG					
(TBD) 3 210-28-1375	Lamotrigine Starter Kit 25/100mg		Unkn	49	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
(TBD) 3 210-28-1376U	Lamotrigine tablet 25 mg		Unkn	UD 100	PKG					
(TBD) 3 210-28-1377U	Lamotrigine tablet 100 mg		Unkn	UD 100	PKG					
5681 3 210-28-1378 S	Lamotrigine (Lamictal) 150mg Tablet		847	60	BTL					
1079 3 210-28-1392 H	Levetiracetam Tablets 250mg (Keppra)		68	120	BTL					
5683 3 210-28-1393 H	Levetiracetam Tablets 500mg (Keppra)		555	120	BTL					
1080 3 210-28-1394 H	Levetiracetam Tablets 750mg (Keppra)		45	120	BTL					
6394 3 210-28-1430 C	Oxcarbazepine Tablets 150mg (Trileptal)		220	100	BTL					
1625 3 210-28-1430 U	Oxcarbazepine Tablets 150mg (Trileptal)		44	UD 100	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1626 3 210-28-1431 C	Oxcarbazepine Tablets 300mg (Trileptal)		926	100	BTL					
1627 3 210-28-1431 U	Oxcarbazepine Tablets 300mg (Trileptal)		125	UD 100	PKG					
6395 3 210-28-1432 C	Oxcarbazepine Tablets 600mg (Trileptal)		537	100	BTL					
6445 3 210-28-1432 U	Oxcarbazepine Tablets 600mg (Trileptal)		63	UD 100	PKG					
1624 3 210-28-1433 (TBD)	Oxcarbazepine Susp 300mg/5ml		22	250 ml 1	BTL					
3 210-28-1473N	Pregabalin Capsules 25mg (Lyrica)		Unkn	90	BTL					
10327 3 210-28-1474N	Pregabalin (Lyrica) Capsules 50 mg		112	90	BTL					
10328 3 210-28-1475N	Pregabalin (Lyrica) Capsules 75 mg		107	90	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
(TBD) 3 210-28-1476N	Pregabalin Capsules 100mg (Lyrica)		Unkn	90	BTL					
(TBD) 3 210-28-1477N	Pregabalin Capsules 150mg (Lyrica)		Unkn	90	BTL					
(TBD) 3 210-28-1478N	Pregabalin Capsules 200mg (Lyrica)		Unkn	90	BTL					
(TBD) 3 210-28-1479N	Pregabalin Capsules 300mg (Lyrica)		Unkn	90	BTL					
6970 3 210-28-1485 C	Primidone Tablets 50mg (Mysoline)		113	100	BTL					
1398 3 210-28-1486 C	Primidone Tablets 250mg (Mysoline)		63	100	BTL					
269-28-75-855-1 3 210-28-1486 U	Primidone Tablets 250mg (Mysoline)		3	UD 100	PKG					
1180 3 210-28-1525S	Topiramate (Topamax) 25mg Tablets		1,732	60	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1178 3 210-28-1526S	Topiramate (Topamax) 50mg Tablets		505	60	BTL					
1179 3 210-28-1527S	Topiramate (Topamax) 100mg Tablets		1,388	60	BTL					
(TBD) 3 210-28-1527U	Topiramate (Topamax) tabs 100 mg		Unkn	UD 100	PKG					
1181 3 210-28-1528S	Topiramate (Topamax) 200mg Tablets		431	60	BTL					
7217 3 210-28-1536T	Tiagabine 2mg (Gabitril) Tablets		6	30	BTL					
1177 3 210-28-1537T	Tiagabine 4mg (Gabitril) Tablets		95	30	BTL					
(TBD) 3 210-28-1538T	Tiagabine (Gabitril) 12 mg tablets		Unkn	30	BTL					
14684 3 210-28-1556K	Valproic Acid 250mg caps Blister Cards		370	UD 300	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1439 3 210-28-1556U	Valproic Acid 250mg Capsules		175	UD 100	PKG					
1632 3 210-28-1564 C	Zonisamide (Zonegran) 100mg Capsules		54	100	BTL					
(TBD) 3 210-28-1588S	Asenapine (Saphris) 5 mg tablet		Unkn	60	BTL					
(TBD) 3 210-28-1588U	Asenapine (Saphris) 5 mg tablet		Unkn	UD 100	PKG					
(TBD) 3 210-28-1589S	Asenapine (Saphris) 10 mg tablet		Unkn	60	BTL					
(TBD) 3 210-28-1589U	Asenapine (Saphris) 10 mg tablet		Unkn	UD 100	PKG					
1004 3 210-28-1590 T	Atomoxetine Capsules 10mg (Strattera)		145	30	BTL					
1005 3 210-28-1591 T	Atomoxetine Capsules 18mg (Strattera)		44	30	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1006 3 210-28-1592 T	Atomoxetine Capsules 25mg (Strattera)		318	30	BTL					
1007 3 210-28-1593 T	Atomoxetine Capsules 40mg (Strattera)		1,092	30	BTL					
5959 3 210-28-1594 T	Atomoxetine Capsules 60mg (Strattera)		313	30	BTL					
14685 3 210-28-1595T	(Strattera) Atomoxetine 80mg Capsules		38	30	BTL					
14686 3 210-28-1596T	(Strattera) Atomoxetine 100mg Capsules		28	30	BTL					
(TBD) 3 210-28-1597D	Bupropion SR 100 mg tablets		Unkn	500	BTL					
7153 3 210-28-1598	Bupropion SR Tablets 150mg		Unkn	250	BTL					
1161 3 210-28-1599 S	(No Substitution) (Generic Only) Bupropion SR 200mg Tablets		634	60	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
5548 3 210-28-1600 C	Amitriptyline HCL Tablets 10mg (Elavil)		129	100	BTL					
1122 3 210-28-1601 C	Amitriptyline HCL Tablets 25mg (Elavil)		276	100	BTL					
1124 3 210-28-1601 M	Amitriptyline HCL Tablets 25mg (Elavil)		42	1,000	BTL					
5550 3 210-28-1601 U	Amitriptyline HCL Tablets 25mg (Elavil)		23	UD 100	PKG					
1125 3 210-28-1602 C	Amitriptyline HCL Tablets 50mg (Elavil)		567	100	BTL					
1126 3 210-28-1602 M	Amitriptyline HCL Tablets 50mg (Elavil)		32	1,000	BTL					
5749 3 210-28-1602 U	Amitriptyline HCL Tablets 50mg (Elavil)		26	UD 100	PKG					
1127 3 210-28-1604 C	Amitriptyline HCL Tablets 75mg (Elavil)		347	100	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
(TBD) 3 210-28-1605M	Amitriptyline Tablets 100mg (Elavil)		Unkn	1000	BTL					
7143 3 210-28-1607 C	Amoxapine 50mg (Asendin)		6	100	BTL					
10329 3 210-28-1608C	Amoxapine Tablets 100 mg		6	100	BTL					
1158 3 210-28-1615U	Bupropion HCL (Wellbutrin) 75mg Tablets		11	UD 100	PKG					
1159 3 210-28-1616C	Bupropion HCL (Wellbutrin) 100mg Tablets		250	100	BTL					
1514 3 210-28-1620C	Clomipramine HCL (Anafranil) 25mg Caps		80	100	BTL					
1515 3 210-28-1621 C	Clomipramine HCL (Anafranil) 50mg Caps		210	100	BTL					
1516 3 210-28-1622 C	Clomipramine HCL (Anafranil) 75mg Caps		51	100	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1372 3 210-28-1628 C	Desipramine HCL 100mg (Norpramin)		7	100	BTL					
1370 3 210-28-1630 C	Desipramine HCL Tablets 25mg (Norpramin)		22	100	BTL					
1371 3 210-28-1631 C	Desipramine HCL Tablets 50mg (Norpramin)		23	100	BTL					
1240 3 210-28-1632 C	Doxepin HCL Capsules 10mg (Sinequan)		48	100	BTL					
6416 3 210-28-1633 C	Doxepin HCL Capsules 25mg (Sinequan)		257	100	BTL					
1241 3 210-28-1634 C	Doxepin HCL Capsules 50mg (Sinequan)		419	100	BTL					
1242 3 210-28-1634 U	Doxepin HCL Capsules 50mg (Sinequan)		16	UD 100	PKG					
6419 3 210-28-1635 C	Doxepin HCL Capsules 100mg (Sinequan)		1,683	100	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
14687 3 210-28-1635M	Doxepin HCl Capsules 100mg		Unkn	1,000	BTL					
6420 3 210-28-1635U	Doxepin HCL Capsules 100mg (Sinequan)		16	UD 100	PKG					
1243 3 210-28-1637 C	Doxepin HCL Capsules 75mg (Sinequan)		248	100	BTL					
12672 3 210-28-1640 C	Escitalopram Tablets 10mg (Lexapro)		462	100	BTL					
6892 3 210-28-1640 U	Escitalopram Tablets 10mg (Lexapro)		90	UD 100	PKG					
6888 3 210-28-1641 C	Escitalopram Tablets 20mg (Lexapro)		716	100	BTL					
7420 3 210-28-1641 U	Escitalopram Tablets 20mg (Lexapro)		82	UD 100	PKG					
1442 3 210-28-1642 S	Duloxetine Capsules 20mg (Cymbalta)		856	60	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
7162 3 210-28-1643 T	Duloxetine Capsules 30mg (Cymbalta)		1,691	30	BTL					
1443 3 210-28-1643 U	Duloxetine Capsules 30mg (Cymbalta)		30	UD 100	PKG					
6386 3 210-28-1644 U	Duloxetine Capsules 60mg (Cymbalta)		26	UD 100	PKG					
1270 3 210-28-1646	Fluoxetine (Prozac Weekly) Delayed Release Capsules 90mg		51	UD 4	PKG					
1356 3 210-28-1647 C	Citalopram (Celexa) Tabs 10mg		905	100	BTL					
(TBD) 3 210-28-1647D	Citalopram tablets 10mg (Celexa)		Unkn	500	BTL					
14688 3 210-28-1648D	Citalopram 20mg Tablets		Unkn	500	BTL					
10330 3 210-28-1650	Citalopram Oral Soln 10mg/5ml		54	240ml 1	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
(TBD) 3 210-28-1651T	Desvenlafaxine Ext Rel Tablets 50mg (Pristiq)		Unkn	30	BTL					
(TBD) 3 210-28-1652T	Desvenlafaxine Ext Rel Tablets 100mg (Pristiq)		Unkn	30	BTL					
1231 3 210-28-1655 C	Fluvoxamine Maleate (Luvox) 25mg Tablets		15	100	BTL					
1232 3 210-28-1656 C	Fluvoxamine Maleate (Luvox) 50mg Tablets		77	100	BTL					
1233 3 210-28-1656 U	Fluvoxamine Maleate (Luvox) 50mg Tablets		32	UD 100	PKG					
1366 3 210-28-1657 C	Fluvoxamine Maleate (Luvox) 100mg Tablets		241	100	BTL					
7424 3 210-28-1657 U	Fluvoxamine Maleate (Luvox) 100mg Tablets		21	UD 100	PKG					
6484 3 210-28-1659 C	Fluoxetine (Prozac) 10mg Capsules		900	100	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
(TBD) 3 210-28-1659M	Fluoxetine 10mg caps (Prozac)		Unkn	1000	BTL					
1324 3 210-28-1659U	Fluoxetine (Prozac) 10mg Capsules		36	UD 100	PKG					
1325 3 210-28-1660 C	Fluoxetine (Prozac) 20mg Capsules		48	100	BTL					
1326 3 210-28-1660 M	Fluoxetine (Prozac) 20mg Capsules		691	1,000	BTL					
1260 3 210-28-1660 U	Fluoxetine (Prozac) 20mg Capsules		228	UD 100	PKG					
1273 3 210-28-1661 C	Fluoxetine (Prozac) 20mg Tablets		58	100	BTL					
1269 3 210-28-1662 T	Fluoxetine (Prozac) 40mg Capsules		190	30	BTL					
10192 3 210-28-1663 C	Fluoxetine (Prozac) 10mg Tablets		236	100	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1272 3 210-28-1664 A	Fluoxetine (Prozac) 20mg/5ml Liquid		628	4 oz 1	BTL					
6693 3 210-28-1666 T	Fluoxetine 25mg Olanzapine 6mg (Symbyax) Capsules		100	30	BTL					
1327 3 210-28-1667 T	Fluoxetine 50mg Olanzapine 6mg (Symbyax) Capsules		16	30	BTL					
6694 3 210-28-1668 T	Fluoxetine 25mg Olanzapine 12mg (Symbyax) Capsules		12	30	BTL					
6492 3 210-28-1669 T	Fluoxetine 50mg Olanzapine 12mg (Symbyax) Capsules		26	30	BTL					
10331 3 210-28-1680C	Imipramine Tablets 10mg		10	100	BTL					
6490 3 210-28-1681 C	Imipramine HCL Tablets 25mg (Tofranil)		127	100	BTL					
1268 3 210-28-1682 C	Imipramine HCL Tablets 50mg (Tofranil)		278	100	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1081 3 210-28-1702 M	Mirtazapine tablets 15mg		Unkn	1,000	BTL					
5686 3 210-28-1702 U	Mirtazapine (Remeron) 15mg Tablets		37	UD 100	PKG					
14689 3 210-28-1703K	Mirtazapine 30 mg Tablets Blister Cards		Unkn	UD 300	PKG					
1083 3 210-28-1703M	Mirtazapine tablets 30mg		51	1,000	BTL					
1084 3 210-28-1703U	Mirtazapine (Remeron) 30mg Tablets		37	UD 100	PKG					
1086 3 210-28-1704 M	Mirtazapine tablets 45mg		Unkn	1,000	BTL					
1087 3 210-28-1708 T	Mirtazapine Oral Disin. Tablets 15mg		41	30	BTL					
1088 3 210-28-1709 T	Mirtazapine Oral Disin. Tablets 30mg		72	30	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1623 3 210-28-1711 T	Mirtazapine Oral Dis. Tablet 45mg		29	30	BTL					
5882 3 210-28-1713 S	Nefazodone (Serzone) 100mg Tablets		17	60	BTL					
1092 3 210-28-1714 S	Nefazodone (Serzone) 150mg Tablets		33	60	BTL					
1093 3 210-28-1715 S	Nefazodone (Serzone) 200mg Tablets		36	60	BTL					
1530 3 210-28-1721 C	Nortriptyline HCL Capsules 10mg (Pamelor)		46	100	BTL					
1531 3 210-28-1722 C	Nortriptyline HCL Capsules 25mg (Pamelor)		86	100	BTL					
6374 3 210-28-1722 D	Nortriptyline HCL Capsules 25mg (Pamelor)		9	500	BTL					
6376 3 210-28-1724 C	Nortriptyline HCL Capsules 75mg (Pamelor)		38	100	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1533 3 210-28-1725 C	Nortriptyline HCL Capsules 50mg (Pamelor)		188	100	BTL					
1107 3 210-28-1726 T	Paroxetine CR 12.5mg (Paxil CR) Tablets		151	30	BTL					
5536 3 210-28-1727 T	Paroxetine CR 25mg (Paxil CR) Tablets		497	30	BTL					
1108 3 210-28-1728 T	Paroxetine CR 37.5mg (Paxil CR) Tablets		103	30	BTL					
6377 3 210-28-1732 T	Paroxetine 10mg (Paxil) Tablets		428	30	BTL					
10193 3 210-28-1732 U	Paroxetine 10mg (Paxil) Tablets		9	UD 100	PKG					
10194 3 210-28-1733 U	Paroxetine 20mg (Paxil) Tablets		69	UD 100	PKG					
10195 3 210-28-1734 U	Paroxetine 30mg (Paxil) Tablets		9	UD 100	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1396 3 210-28-1738 C	Pimozide 2mg Tablets (Orap)		9	100	BTL					
6962 3 210-28-1741 S	Phenelzine Sulfate 15mg (Nardil) Tablets		51	60	BTL					
269-28-80-720-0 3 210-28-1744C	Protriptyline HCL Tablets 10mg (Vivactil)		15	100	BTL					
(TBD) 3 210-28-1750	Selegiline 6mg/24hr patch (Ensam)		Unkn	30	BOX					
(TBD) 3 210-28-1751	Selegiline 9mg/24hr patch (Ensam)		Unkn	30	BOX					
(TBD) 3 210-28-1752	Selegiline 12mg/24hr patch (Ensam)		Unkn	30	BOX					
7024 3 210-28-1758	Setraline Oral Concentrate 20mg/ml		12	60 ml 1	BTL					
1403 3 210-28-1764 T	Setraline 25mg (Zoloft) Tablets		391	30	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
14690 3 210-28-1764U	Sertraline Tablets 25mg		10	UD 100	PKG					
1405 3 210-28-1765D	Sertraline (Zoloft) 50mg Tablets		Unkn	500	BTL					
1404 3 210-28-1765U	Sertraline (Zoloft) 50mg Tablets		101	UD 100	PKG					
7029 3 210-28-1766D	Sertraline (Zoloft) 100mg Tablets		Unkn	500	BTL					
1406 3 210-28-1766U	Sertraline (Zoloft) 100mg Tablets		152	UD 100	PKG					
1438 3 210-28-1773N	Trimipramine Maleate 50mg (Surmontil)		5	90	BTL					
1421 3 210-28-1774 C	(Parnate) Tranlycypromine Sulfate Tablets 10mg		4	100	BTL					
1444 3 210-28-1775 C	Trazodone HCL 50mg (Desyrel)		1,027	100	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1422 3 210-28-1775 M	Trazodone HCL 50mg (Desyrel)		88	1,000	BTL					
1445 3 210-28-1775 U	Trazodone HCL 50mg (Desyrel)		142	UD 100	PKG					
7165 3 210-28-1776 C	Trazodone HCL 100mg (Desyrel)		2,643	100	BTL					
1423 3 210-28-1776D	Trazodone HCL 100mg (Desyrel)		334	500	BTL					
7099 3 210-28-1776U	Trazodone HCL 100mg (Desyrel)		224	UD 100	PKG					
1430 3 210-28-1778 C	Trazodone HCL 150mg (Dividose Desyrel) Tabs		1,721	100	BTL					
7163 3 210-28-1778 D	Trazodone HCL 150mg (Dividose Desyrel) Tabs		55	500	BTL					
(TBD) 3 210-28-1778U	Trazodone Tablets 150mg		Unkn	UD 100	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1187 3 210-28-1785 N	Venlafaxine XR 37.5mg (Effexor XR) Capsules		90	90	BTL					
7279 3 210-28-1785 U	Venlafaxine XR 37.5mg (Effexor XR) Capsules		22	UD 100	PKG					
1188 3 210-28-1786 N	Venlafaxine XR 75mg (Effexor XR) Capsules		307	90	BTL					
12688 3 210-28-1786 T	Venlafaxine XR 75 mg (Effexor XR) Capsules		1,569	30	BTL					
7280 3 210-28-1786 U	Venlafaxine XR 75mg (Effexor XR) Capsules		49	UD 100	PKG					
14691 3 210-28-1787N	Venlafaxine XR 150mg Capsules		243	90	BTL					
5754 3 210-28-1787T	Venlafaxine XR 150mg (Effexor XR) Capsules		1,533	30	BTL					
1184 3 210-28-1787U	Venlafaxine XR 150mg (Effexor XR) Capsules		55	UD 100	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
269-28-01-885-7 3 210-28-1791C	Venlafaxine (Effexor) 25mg Tablets		35	100	BTL					
7277 3 210-28-1792C	Venlafaxine (Effexor) 37.5mg Tablets		98	100	BTL					
1186 3 210-28-1793C	Venlafaxine (Effexor) 50mg Tablets		95	100	BTL					
7278 3 210-28-1795C	Venlafaxine (Effexor) 100mg Tablets		396	100	BTL					
6818 3 210-28-1798	Aripiprazole Liquid 1mg/ml (Abilify)		172	150 ml 1	BTL					
12689 3 210-28-1799T	Aripiprazole Tablets 2mg		156	30	BTL					
1346 3 210-28-1800 T	Aripiprazole (Abilify) 10mg Tablets		2,593	30	BTL					
6820 3 210-28-1801 U	Aripiprazole (Abilify) 15mg Tablets		136	UD 100	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1348 3 210-28-1802 T	Aripiprazole (Abilify) 20mg Tablets		1,101	30	BTL					
6821 3 210-28-1802 U	Aripiprazole (Abilify) 20mg Tablets		41	UD 100	PKG					
1349 3 210-28-1803 T	Aripiprazole (Abilify) 30mg Tablets		935	30	BTL					
6822 3 210-28-1803 U	Aripiprazole (Abilify) 30mg Tablets		65	UD 100	PKG					
1345 3 210-28-1804 T	Aripiprazole (Abilify) 5mg Tablets		1,612	30	BTL					
12641 3 210-28-1804U	Aripiprazole 5 mg Tablet		42	UD 100	PKG					
1116 3 210-28-1805 D	Alprazolam 0.25mg (Xanax)		17	500	BTL					
1008 3 210-28-1805 U	Alprazolam 0.25mg (Xanax)		12	UD 100	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1118 3 210-28-1806 D	Alprazolam 0.5mg (Xanax)		84	500	BTL					
5960 3 210-28-1806 U	Alprazolam 0.5mg (Xanax)		7	UD 100	PKG					
1119 3 210-28-1807 D	Alprazolam 1mg (Xanax)		102	500	BTL					
5546 3 210-28-1807 U	Alprazolam 1mg (Xanax)		28	UD 100	PKG					
1431 3 210-28-1808 C	Alprazolam 2mg Tablets (Xanax)		48	100	BTL					
1351 3 210-28-1809	Alprazolam XR 2mg (Xanax XR)		22	60	BTL					
1350 3 210-28-1810	Alprazolam XR 0.5mg (Xanax XR)		7	60	BTL					
6824 3 210-28-1811	Alprazolam XR 1mg (Xanax XR)		18	60	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1352 3 210-28-1812	Alprazolam XR 3mg (Xanax XR)		25	60	BTL					
1162 3 210-28-1816 C	Buspirone HCL (Buspar) 5mg Tablets		150	100	BTL					
1164 3 210-28-1816 D	Buspirone HCL (Buspar) 5mg Tablets		23	500	BTL					
1163 3 210-28-1816 U	Buspirone HCL (Buspar) 5mg Tablets		24	UD 100	PKG					
1165 3 210-28-1818 C	Buspirone HCL (Buspar) 10mg Tablets		366	100	BTL					
1166 3 210-28-1818 D	Buspirone HCL (Buspar) 10mg Tablets		252	500	BTL					
7207 3 210-28-1818 U	Buspirone HCL (Buspar) 10mg Tablets		47	UD 100	PKG					
1169 3 210-28-1819 D	Buspirone HCL (Buspar) 15mg Tablets		344	500	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
7210 3 210-28-1819 U	Buspirone HCL (Buspar) 15mg Tablets		83	UD 100	PKG					
7438 3 210-28-1822 C	Clorazepate Dipotassium T-Tab 3.75mg (Tranxene)		2	100	BTL					
7439 3 210-28-1823 C	Clorazepate Dipotassium T-Tab 7.5mg (Tranxene)		57	100	BTL					
7440 3 210-28-1824 C	Clorazepate Dipotassium T-Tab 15mg (Tranxene)		15	100	BTL					
12642 3 210-28-1825 V	Aripiprazole (Abilify) Injection 9.75mg		403	Vial 1	VL					
7372 3 210-28-1828 U	Chlordiazepoxide HCL Capsules 5mg (Librium)		3	UD 100	PKG					
7426 3 210-28-1829 C	Chlordiazepoxide HCL Capsules 10mg (Librium)		13	100	BTL					
1503 3 210-28-1829 U	Chlordiazepoxide HCL Capsules 10mg (Librium)		5	UD 100	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1505 3 210-28-1830 C	Chlordiazepoxide HCL Capsules 25mg (Librium)		13	100	BTL					
7427 3 210-28-1830 U	Chlordiazepoxide HCL Capsules 25mg (Librium)		16	UD 100	PKG					
1507 3 210-28-1836 C	Chlorpromazine HCL Tablets 25mg		122	100	BTL					
7430 3 210-28-1837 C	Chlorpromazine HCL Tablets 50mg		348	100	BTL					
7431 3 210-28-1838 C	Chlorpromazine HCL Tablets 100mg		551	100	BTL					
1512 3 210-28-1839 C	Chlorpromazine HCL Tablets 200mg		341	100	BTL					
1367 3 210-28-1856 C	(No Substitution) (Generic Only) Clozapine 25mg Tablets		189	100	BTL					
6889 3 210-28-1856 U	(No Substitution) (Generic Only) Clozapine 25mg Tablets		144	UD 100	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1368 3 210-28-1857 C	(No Substitution) (Generic Only) Clozapine 100mg Tablets		485	100	BTL					
6890 3 210-28-1857 U	(No Substitution) (Generic Only) Clozapine 100mg Tablets		876	UD 100	PKG					
1369 3 210-28-1858 C	(No substitution) (Generic Only) Clozapine 200mg tablets		109	100	BTL					
6891 3 210-28-1858U	(No substitution) (Generic Only) Clozapine 200mg tablets		341	UD 100	PKG					
(TBD) 3 210-28-1862	(Fazaclo) Clozapine Disintegrating Tablets 25mg		Unkn	UD 48	PKG					
(TBD) 3 210-28-1863	(Fazaclo) Clozapine Disintegrating Tablets 100mg		Unkn	UD 48	PKG					
1374 3 210-28-1866 C	Diazepam Tablets 2mg (Valium)		39	100	BTL					
6896 3 210-28-1866 U	Diazepam Tablets 2mg (Valium)		11	UD 100	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
6897 3 210-28-1867 D	Diazepam Tablets 5mg (Valium)		46	500	BTL					
1375 3 210-28-1867 U	Diazepam Tablets 5mg (Valium)		36	UD 100	PKG					
1377 3 210-28-1868 D	Diazepam Tablets 10mg (Valium)		46	500	BTL					
6899 3 210-28-1868 U	Diazepam Tablets 10mg (Valium)		16	UD 100	PKG					
1373 3 210-28-1870	Diazepam Inj. 10mg/2ml Disposable Syringe w/22G 1-1/4" Needle (Valium)		297	10	PKG					
1255 3 210-28-1895 C	Fluphenazine HCL Tablets 10mg (Prolixin)		137	100	BTL					
1257 3 210-28-1895 D	Fluphenazine HCL Tablets 10mg (Prolixin)		12	500	BTL					
1256 3 210-28-1895 U	Fluphenazine HCL Tablets 10mg (Prolixin)		245	UD 100	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
6424 3 210-28-1897 C	Fluphenazine HCL Tablets 1mg (Prolixin)		36	100	BTL					
6425 3 210-28-1898 C	Fluphenazine HCL Tablets 2.5mg (Prolixin)		125	100	BTL					
1252 3 210-28-1898 U	Fluphenazine HCL Tablets 2.5mg (Prolixin)		26	UD 100	PKG					
6426 3 210-28-1899 C	Fluphenazine HCL Tablets 5mg (Prolixin)		262	100	BTL					
1254 3 210-28-1899 D	Fluphenazine HCL Tablets 5mg (Prolixin)		3	500	BTL					
6427 3 210-28-1899 U	Fluphenazine HCL Tablets 5mg (Prolixin)		124	UD 100	PKG					
1248 3 210-28-1901 V	Fluphenazine HCL Inj. 2.5mg/ml (Prolixin) Vial		289	10 ml 1	VL					
6550 3 210-28-1914	Haloperidol Decanoate Inj. 50mg/ml 1ml Vials (Haldol)		52	10	BOX					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1279 3 210-28-1914 V	Haloperidol Decanoate Inj. 50mg/ml (Haldol), 5ml Vial		87	5 ml 1	VL					
6553 3 210-28-1915 A	Haloperidol Decanoate 100mg/1ml 1ml Vials		230	10	PKG					
6552 3 210-28-1915 V	Haloperidol Decanoate Inj. 100mg/ml, Vial		842	5 ml 1	VL					
7301 3 210-28-1916 C	Haloperidol Tablets 10mg (Haldol)		481	100	BTL					
14692 3 210-28-1916 U	Haloperidol Tablets 10mg (Haldol)		395	UD 100	PKG					
6554 3 210-28-1917 C	Haloperidol Tablets 0.5mg (Haldol)		46	100	BTL					
1283 3 210-28-1918 C	Haloperidol Tablets 1mg (Haldol)		185	100	BTL					
6556 3 210-28-1918 U	Haloperidol Tablets 1mg (Haldol)		33	UD 100	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1285 3 210-28-1919 C	Haloperidol Tablets 2mg (Haldol)		134	100	BTL					
1286 3 210-28-1919 U	Haloperidol Tablets 2mg (Haldol)		54	UD 100	PKG					
1482 3 210-28-1921 M	Haloperidol Tablets 5mg (Haldol)		20	1,000	BTL					
6559 3 210-28-1921 U	Haloperidol Tablets 5mg (Haldol)		312	UD 100	PKG					
1483 3 210-28-1922 C	Haloperidol Tablets 20mg (Haldol)		119	100	BTL					
6547 3 210-28-1923 U	Haloperidol Concentrate 2mg/ml (Haldol) 5ml UD Cups		48	UD 100	PKG					
6548 3 210-28-1925	Haloperidol Lactate Inj. 5mg/ml (Haldol) 1ml Vial or Syringe		683	10	PKG					
1276 3 210-28-1925B	Haloperidol Inj. 5mg/ml (Haldol), Vial		44	10 ml 1	VL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1484 3 210-28-1927 C	Hydroxyzine Pamoate 25mg Capsules (Vistaril)		556	100	BTL					
7304 3 210-28-1927 D	Hydroxyzine Pamoate 25mg Capsules (Vistaril)		530	500	BTL					
7303 3 210-28-1927 U	Hydroxyzine Pamoate 25mg Capsules (Vistaril)		186	UD 100	PKG					
1486 3 210-28-1930 C	Hydroxyzine Pamoate 50mg Capsules (Vistaril)		2,258	100	BTL					
7358 3 210-28-1930 D	Hydroxyzine Pamoate 50mg Capsules (Vistaril)		309	500	BTL					
1487 3 210-28-1930 U	Hydroxyzine Pamoate 50mg Capsules (Vistaril)		214	UD 100	PKG					
7360 3 210-28-1936	Hydroxyzine HCL Inj. 50mg/cc (Vistaril) 1cc vial		635	25	PKG					
7361 3 210-28-1936 V	Hydroxyzine HCL Inj. 50mg/cc (Vistaril) 10ml vial		49	25	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1491 3 210-28-1937P	Hydroxyzine HCL Oral Syrup 10mg/5ml (Atarax)		23	16 oz 1	BTL					
1308 3 210-28-1949	Lorazepam Tablets 1mg (Ativan)		463	UD 100	PKG					
6628 3 210-28-1949C	Lorazepam Tablets 1mg (Ativan)		164	100	BTL					
1310 3 210-28-1949D	Lorazepam Tablets 1mg (Ativan)		125	500	BTL					
1311 3 210-28-1950 C	Lorazepam Tablets 2mg (Ativan)		147	100	BTL					
6750 3 210-28-1950 U	Lorazepam Tablets 2mg (Ativan)		354	UD 100	PKG					
1305 3 210-28-1951 C	Lorazepam Tablets 0.5mg (Ativan)		413	100	BTL					
6627 3 210-28-1951 D	Lorazepam Tablets 0.5mg (Ativan)		43	500	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
12639 3 210-28-1951 M	Lorazepam Tablets 0.5mg (Ativan)		Unkn	1,000	BTL					
6626 3 210-28-1951 U	Lorazepam Tablets 0.5mg (Ativan)		206	UD 100	PKG					
1304 3 210-28-1952 T	2mg/ml Carpuject with Luer-Lock Lorazepam Inj. 2mg/ml (Ativan) 1ml Syringe		27	10	PKG					
(TBD) 3 210-28-1954S	Paliperidone Palmitate 234 mg Kit		Unkn	EA 1	KIT					
(TBD) 3 210-28-1955S	Paliperidone Palmitate 156 mg Kit		Unkn	EA 1	KIT					
(TBD) 3 210-28-1956S	Paliperidone Palmitate 117mg Kit		Unkn	EA 1	KIT					
(TBD) 3 210-28-1957S	Paliperidone Palmitate 78 mg Kit		Unkn	EA 1	KIT					
(TBD) 3 210-28-1958S	Paliperidone Palmitate 39 mg Kit		Unkn	EA 1	KIT					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1096 3 210-28-1969 T	Olanzapine (Zyprexa) 2.5mg Tablets		156	30	BTL					
(TBD) 3 210-28-1969U	Olanzapine tablets 2.5 mg Paliperidone Palmitate 39 mg Kit		Unkn	UD 100	PKG					
5889 3 210-28-1970 T	Olanzapine (Zyprexa) 5mg Tablets		608	30	BTL					
5890 3 210-28-1970 U	Olanzapine (Zyprexa) 5mg Tablets		66	UD 100	PKG					
5891 3 210-28-1971 T	Olanzapine (Zyprexa) 7.5mg Tablets		107	30	BTL					
5892 3 210-28-1971 U	Olanzapine (Zyprexa) 7.5mg Tablets		7	UD 100	PKG					
5894 3 210-28-1972 U	Olanzapine (Zyprexa) 10mg Tablets		267	UD 100	PKG					
1103 3 210-28-1973 T	Olanzapine (Zyprexa) 15mg Tablets		493	30	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1104 3 210-28-1973 U	Olanzapine (Zyprexa) 15mg Tablets		115	UD 100	PKG					
1106 3 210-28-1974 T	Olanzapine (Zyprexa) 20mg Tablets		526	30	BTL					
5897 3 210-28-1974 U	Olanzapine (Zyprexa) 20mg Tablets		99	UD 100	PKG					
6429 3 210-28-1975 C	Oxazepam Capsules 10mg (Serax)		26	100	BTL					
7171 3 210-28-1976 C	Oxazepam Capsules 15mg (Serax)		30	100	BTL					
7172 3 210-28-1977 C	Oxazepam Capsules 30mg (Serax)		7	100	BTL					
1098 3 210-28-1980 U	Olanzapine (Zyprexa) 5mg Zydis Disintegrating Tabs		198	UD 30	PKG					
269-28-67-703-3 3 210-28-1985 U	Perphenazine 2mg Tablets (Trilafon)		20	UD 100	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
269-28-67-722-3 3 210-28-1986 U	Perphenazine 4mg Tablets (Trilafon)		27	UD 100	PKG					
1387 3 210-28-1987 C	Perphenazine 8mg Tablets (Trilafon)		429	100	BTL					
6961 3 210-28-1987 D	Perphenazine 8mg Tablets (Trilafon)		36	500	BTL					
269-28-67-783-5 3 210-28-1987 U	Perphenazine 8mg Tablets (Trilafon)		50	UD 100	PKG					
(TBD) 3 210-28-1989T	Paliperidone Ext release tablets 1.5 mg		Unkn	30	BTL					
17480 3 210-28-1992 T	Paliperidone ER (Invega) Tablets 3mg, 30's		81	30	BTL					
269-28-99-431-3 3 210-28-1992 U	Paliperidone ER (Invega) Tablets 3mg, UD		27	UD 100	PKG					
17483 3 210-28-1993 T	Paliperidone ER (Invega) Tablets 6mg, 30's		207	30	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
269-28-99-433-9 3 210-28-1993 U	Paliperidone ER (Invega) Tablets 6mg, UD		77	UD 100	PKG					
17492 3 210-28-1994 T	Paliperidone ER (Invega) Tablets 9mg, 30's		64	30	BTL					
269-28-99-435-4 3 210-28-1994 U	Paliperidone ER Tablets (Invega), 9mg, UD		38	UD 100	PKG					
14693 3 210-28-1998C	Prochlorperazine Tablets 10mg		36	100	BTL					
(TBD) 3 210-28-2005S	(Seroquel XR) Quetiapine Ext Rel Tablets 200mg		61	60	BTL					
(TBD) 3 210-28-2005U	(Seroquel XR) Quetiapine Ext Rel Tablets 200mg		63	UD 100	PKG					
(TBD) 3 210-28-2006S	(Seroquel XR) Quetiapine Ext Rel Tablets 300mg		155	60	BTL					
(TBD) 3 210-28-2006U	(Seroquel XR) Quetiapine Ext Rel Tablets 300mg		96	UD 100	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
(TBD) 3 210-28-2007S	(Seroquel XR) Quetiapine Ext Rel Tablets 400mg		139	60	BTL					
(TBD) 3 210-28-2007U	(Seroquel XR) Quetiapine Ext Rel Tablets 400mg		119	UD 100	PKG					
14694 3 210-28-2008 C	Quetiapine (Seroquel) Tablet 50mg		564	100	BTL					
14695 3 210-28-2008 U	Quetiapine (Seroquel) Tablet 50mg		73	UD 100	PKG					
5537 3 210-28-2009 C	Quetiapine (Seroquel) 25mg Tablets		387	100	BTL					
1113 3 210-28-2009 M	Quetiapine (Seroquel) 25mg Tablets		Unkn	1,000	BTL					
1109 3 210-28-2009 U	Quetiapine (Seroquel) 25mg Tablets		97	UD 100	PKG					
5538 3 210-28-2010 C	Quetiapine (Seroquel) 100mg Tablets		958	100	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
269-28-01-578-8 3 210-28-2010 U	Quetiapine (Seroquel) 100mg Tablets		220	UD 100	PKG					
11420 3 210-28-2011 C	Quetiapine (Seroquel) 200mg Tablets		1,181	100	BTL					
1111 3 210-28-2011 U	Quetiapine (Seroquel) 200mg Tablets		382	UD 100	PKG					
1112 3 210-28-2012 S	Quetiapine (Seroquel) 300mg Tablets		1,335	60	BTL					
5540 3 210-28-2012 U	Quetiapine (Seroquel) 300mg Tablets		437	UD 100	PKG					
269-28-01-601-8 3 210-28-2013 C	Quetiapine (Seroquel) Tablet 400mg		397	100	BTL					
269-28-01-602-6 3 210-28-2013 U	Quetiapine (Seroquel) Tablet 400mg		226	UD 100	PKG					
17520 3 210-28-2032S	(Risperdal Consta) Risperidone Microspheres Injection 12.5mg kit		86	2 ml syr 1	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
12693 3 210-28-2033 S	Risperidone (Risperdal) Tablets 0.25mg		137	60	BTL					
5542 3 210-28-2034 U	Risperidone (Risperdal) Tablets 0.5mg		34	UD 100	PKG					
12695 3 210-28-2035 D	Risperidone (Risperdal) 1mg Tablets		265	500	BTL					
12696 3 210-28-2035S	Risperidone (Risperdal) 1mg Tablets		517	60	BTL					
12697 3 210-28-2035U	Risperidone (Risperdal) 1mg Tablets		185	UD 100	PKG					
12699 3 210-28-2036S	Risperidone (Risperdal) 2mg Tablets		715	60	BTL					
12701 3 210-28-2037D	Risperidone (Risperdal) 3mg Tablets		264	500	BTL					
12702 3 210-28-2037S	Risperidone (Risperdal) 3mg Tablets		533	60	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
12703 3 210-28-2038U	Risperidone (Risperdal) 4mg Tablets		238	UD 100	PKG					
12645 3 210-28-2039U	Risperidone Disintegrating 0.5mg Tablets		76	UD 28	PKG					
12690 3 210-28-2040U	Risperidone Disintegrating 1mg Tablets		362	UD 28	PKG					
12691 3 210-28-2041	Risperidone Disintegrating 2mg Tablets		1,150	UD 28	PKG					
12705 3 210-28-2043U	Risperidone Disintegrating 4mg Tablets		650	UD 28	PKG					
7034 3 210-28-2046 C	Thioridazine HCL Tablets 25mg (Mellaril)		11	100	BTL					
7035 3 210-28-2046 U	Thioridazine HCL Tablets 25mg (Mellaril)		6	UD 100	PKG					
1414 3 210-28-2047 C	Thioridazine HCL Tablets 50mg (Mellaril)		21	100	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1415 3 210-28-2048 C	Thioridazine HCL Tablets 100mg (Mellaril)		21	100	BTL					
7087 3 210-28-2048 U	Thioridazine HCL Tablets 100mg (Mellaril)		10	UD 100	PKG					
7088 3 210-28-2052 C	Thiothixene Capsules 1mg (Navane)		23	100	BTL					
1417 3 210-28-2053 C	Thiothixene Capsules 2mg (Navane)		40	100	BTL					
1418 3 210-28-2054 C	Thiothixene Capsules 5mg (Navane)		68	100	BTL					
1419 3 210-28-2054 U	Thiothixene Capsules 5mg (Navane)		9	UD 100	PKG					
7091 3 210-28-2055 C	Thiothixene Capsules 10mg (Navane)		59	100	BTL					
1420 3 210-28-2055 U	Thiothixene Capsules 10mg (Navane)		25	UD 100	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1548 3 210-28-2061 C	Perphenazine 4mg/Amitriptyline 25mg (Triavil 4-25) Tablets		20	100	BTL					
1432 3 210-28-2062 C	Trifluoperazine HCL Tablets 1mg (Stelazine)		20	100	BTL					
7103 3 210-28-2063 C	Trifluoperazine HCL Tablets 2mg (Stelazine)		32	100	BTL					
1435 3 210-28-2064 C	Trifluoperazine HCL Tablets 5mg (Stelazine)		86	100	BTL					
7156 3 210-28-2064 U	Trifluoperazine HCL Tablets 5mg (Stelazine)		7	UD 100	PKG					
1436 3 210-28-2065 C	Trifluoperazine HCL Tablets 10mg (Stelazine)		60	100	BTL					
7157 3 210-28-2065 U	Trifluoperazine HCL Tablets 10mg (Stelazine)		23	UD 100	PKG					
7092 3 210-28-2075 C	Thiothixene HCL Capsules 20mg (Navane)		8	100	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
(TBD) 3 210-28-2080S	Quetiapine Ext Rel tabs 50mg (Seroquel XR)		Unkn	60	BTL					
(TBD) 3 210-28-2080U	Quetiapine Ext Rel tabs 50mg (Seroquel XR)		Unkn	UD 100	PKG					
(TBD) 3 210-28-2081S	Quetiapine Ext Rel tabs 150mg (Seroquel XR)		Unkn	60	BTL					
(TBD) 3 210-28-2081U	Quetiapine Ext Rel tabs 150mg (Seroquel XR)		Unkn	UD 100	PKG					
1631 3 210-28-2110 S	Ziprasidone Capsules 20mg (Geodon)		578	60	BTL					
6433 3 210-28-2110 U	Ziprasidone Capsules 20mg (Geodon)		60	UD 80	PKG					
5755 3 210-28-2111 S	Ziprasidone Capsules 40mg (Geodon)		1,079	60	BTL					
1134 3 210-28-2112 S	Ziprasidone Capsules 60mg (Geodon)		1,436	60	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1302 3 210-28-2142 C	Lithium Carbonate Tablets 300mg (Lithotabs)		74	100	BTL					
6624 3 210-28-2145 C	(Eskalith CR) Lithium Carbonate C/R Tablets 450mg		1,512	100	BTL					
269-28-42-883-3 3 210-28-2145 D	(Eskalith CR) Lithium Carbonate C/R Tablets 450mg		Unkn	500	BTL					
(TBD) 3 210-28-2145U	Lithium Carbonate C/R tablets 450 mg		Unkn	UD 100	PKG					
6686 3 210-28-2148 C	Lithium Carbonate Capsules 150mg		171	100	BTL					
1314 3 210-28-2148 U	Lithium Carbonate Capsules 150mg		39	UD 100	PKG					
1299 3 210-28-2149 C	Lithium Carbonate Capsules 600mg		715	100	BTL					
1300 3 210-28-2149 U	Lithium Carbonate Capsules 600mg		204	UD 100	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
6619 3 210-28-2150 C	(Lithobid) Lithium Carbonate Sustained Release 300mg		1,581	100	BTL					
1298 3 210-28-2150 D	(Lithobid) Lithium Carbonate Sustained Release 300mg		151	500	BTL					
269-28-42-163-0 3 210-28-2150 M	(Lithobid) Lithium Carbonate Sustained Release 300mg		Unkn	1,000	BTL					
6616 3 210-28-2151 C	Lithium Carbonate Capsules 300mg		1,312	100	BTL					
6618 3 210-28-2151 M	Lithium Carbonate Capsules 300mg		177	1,000	BTL					
1296 3 210-28-2151 U	Lithium Carbonate Capsules 300mg		305	UD 100	PKG					
6622 3 210-28-2152 P	Lithium Citrate 300mg/5ml Syrup		393	16 oz 1	BTL					
1301 3 210-28-2152 U	Lithium Citrate 300mg/5ml Syrup, 5ml UD		112	UD 100	BOX					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
6680 3 210-28-2153 C	Loxapine Succinate Capsules 5mg (Loxitane)		30	100	BTL					
6681 3 210-28-2154 C	Loxapine Succinate Capsules 10mg (Loxitane)		150	100	BTL					
1314 3 210-28-2154 U	Loxapine Succinate Capsules 10mg (Loxitane)		8	UD 100	PKG					
6682 3 210-28-2155 C	Loxapine Succinate Capsules 25mg (Loxitane)		212	100	BTL					
1316 3 210-28-2155 U	Loxapine Succinate Capsules 25mg (Loxitane)		9	UD 100	PKG					
6684 3 210-28-2156 C	Loxapine Succinate Capsules 50mg (Loxitane)		308	100	BTL					
1318 3 210-28-2156 U	Loxapine Succinate Capsules 50mg (Loxitane)		15	UD 100	PKG					
1130 3 210-28-2201 F	(Expiration Dated) Ammonia Aromatic Aspirols N.F.	X	136	10	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
6759 3 210-28-2205 C	Amphetamine Mixed Salts 15mg (Adderall) Tablets		17	100	BTL					
6760 3 210-28-2206 C	Amphetamine Mixed Salts 7.5mg (Adderall) Tablets		Unkn	100	BTL					
5961 3 210-28-2207 C	Amphetamine Mixed Salts 5mg (Adderall) Tablets		25	100	BTL					
1336 3 210-28-2208 C	Amphetamine Mixed Salts 10mg (Adderall) Tablets		70	100	BTL					
6758 3 210-28-2209 C	Amphetamine Mixed Salts 20mg (Adderall) Tablets		101	100	BTL					
1337 3 210-28-2210 C	Amphetamine Mixed Salts 30mg (Adderall) Tablets		46	100	BTL					
6761 3 210-28-2211 C	Amphetamine Mixed Salts 10mg XR (Adderall XR) Capsules		16	100	BTL					
6762 3 210-28-2212 C	Amphetamine Mixed Salts 20mg XR (Adderall XR) Capsules		91	100	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1341 3 210-28-2213 C	Amphetamine Mixed Salts 30mg XR (Adderall XR) Capsules		85	100	BTL					
6763 3 210-28-2214 C	Amphetamine Mixed Salts 5mg XR (Adderall XR) Capsules		2	100	BTL					
1343 3 210-28-2215 C	Amphetamine Mixed Salts 15mg XR (Adderall XR) Capsules		6	100	BTL					
6765 3 210-28-2216 C	Amphetamine Mixed Salts 25mg XR (Adderall XR) Capsules		7	100	BTL					
1364 3 210-28-2228 C	Dextroamphetamine Sulf 5mg Tablets		5	100	BTL					
1365 3 210-28-2229 C	Dextroamphetamine Sulf 10mg Tablets		15	100	BTL					
6833 3 210-28-2231 C	Dextroamphetamine 5mg Extended Release Caps		Unkn	100	BTL					
1362 3 210-28-2232 C	Dextroamphetamine 10mg Extended Release Caps		7	100	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1363 3 210-28-2233 C	Dextroamphetamine 15mg Extended Release Caps		12	100	BTL					
(TBD) 3 210-28-2250C	Dexmethylphenidate XR 5mg caps (Focalin XR)		Unkn	100	BTL					
(TBD) 3 210-28-2251C	Dexmethylphenidate XR 10mg caps (Focalin XR)		Unkn	100	BTL					
(TBD) 3 210-28-2252C	Dexmethylphenidate XR 20mg caps (Focalin XR)		Unkn	100	BTL					
(TBD) 3 210-28-2253C	Dexmethylphenidate XR 15mg caps (Focalin XR)		Unkn	100	BTL					
(TBD) 3 210-28-2268C	Lisdexamfetamine capsules 20 mg		Unkn	100	BTL					
(TBD) 3 210-28-2269C	Lisdexamfetamine capsules 40mg (Vyvanse)		Unkn	100	BTL					
(TBD) 3 210-28-2270C	Lisdexamfetamine capsules 30mg (Vyvanse)		Unkn	100	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
(TBD) 3 210-28-2271C	Lisdexamfetamine capsules 50mg (Vyvanse)		Unkn	100	BTL					
(TBD) 3 210-28-2272C	Lisdexamfetamine capsules 70mg (Vyvanse)		Unkn	100	BTL					
(TBD) 3 210-28-2296T	(Daytrana) Methylphenidate Transdermal Patch 10mg/9hr		Unkn	30	PKG					
(TBD) 3 210-28-2297T	(Daytrana) Methylphenidate Transdermal Patch 20mg/9hr		Unkn	30	PKG					
(TBD) 3 210-28-2298T	(Daytrana) Methylphenidate Transdermal Patch 30mg/9hr		Unkn	30	PKG					
(TBD) 3 210-28-2304C	Methylphenidate LA capsule 10mg (Ritalin LA)		Unkn	100	BTL					
6496 3 210-28-2305 C	Methylphenidate LA Cap 20mg (Ritalin LA)		16	100	BTL					
1644 3 210-28-2306 C	Methylphenidate LA Cap 30mg (Ritalin LA)		3	100	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
6497 3 210-28-2307 C	Methylphenidate LA Cap 40mg (Ritalin LA)		1	100	BTL					
1645 3 210-28-2311 C	Methylphenidate HCL Tablets 5mg (Ritalin)		62	100	BTL					
6498 3 210-28-2312 C	Methylphenidate HCL Tablets 10mg (Ritalin)		127	100	BTL					
6500 3 210-28-2313 C	Methylphenidate HCL Tablets 20mg (Ritalin)		98	100	BTL					
1649 3 210-28-2314 C	Methylphenidate HCL Tablets 20mg SR (Ritalin SR)		19	100	BTL					
1646 3 210-28-2315 C	(Metadate ER or Methylin ER) Methylphenidate ER Tabs 10mg		3	100	BTL					
1651 3 210-28-2317 C	Methylphenidate ER Tabs 27mg SR (Concerta)		18	100	BTL					
1647 3 210-28-2318 C	Methylphenidate ER Tabs 18mg SR (Concerta)		18	100	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1650 3 210-28-2319 C	Methylphenidate ER Tabs 36mg SR (Concerta)		64	100	BTL					
6503 3 210-28-2320 C	Methylphenidate ER Tabs 54mg (Concerta)		49	100	BTL					
6444 3 210-28-2325 C	Methylphenidate CD Capsules 20mg (Metadate CD)		1	100	BTL					
1643 3 210-28-2326 C	Methylphenidate CD Capsules 30mg (Metadate CD)		2	100	BTL					
10333 3 210-28-2334C	Modafinil (Provigil) Tablets 100 mg		17	100	BTL					
10334 3 210-28-2335C	Modafinil (Provigil) Tablets 200 mg		46	100	BTL					
7161 3 210-28-2441 P	Chloral Hydrate Solution 500mg/5ml		2	16 oz 1	BTL					
7160 3 210-28-2441 U	Chloral Hydrate Soln 500mg/ml 5ml UD		4	100	CTN					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1229 3 210-28-2490T	Eszopiclone Tablets 1mg (Lunesta)		25	30	BTL					
7421 3 210-28-2491C	Eszopiclone Tablets 2mg (Lunesta)		37	100	BTL					
1230 3 210-28-2492C	Eszopiclone Tablets 3mg (Lunesta)		170	100	BTL					
6482 3 210-28-2501 C	Flurazepam HCL Capsules 15mg (Dalmane)		11	100	BTL					
6483 3 210-28-2502 C	Flurazepam HCL Capsules 30 mg (Dalmane)		10	100	BTL					
1543 3 210-28-2573 C	Phenobarbital Tablets 15mg White USP		11	100	BTL					
1544 3 210-28-2575 C	Phenobarbital Tablets 30mg White USP		242	100	BTL					
14696 3 210-28-2575U	Phenobarbital Tablets 30mg		37	UD 100	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
7176 3 210-28-2577 C	Phenobarbital Tablets 60mg White USP		273	100	BTL					
1546 3 210-28-2578 C	Phenobarbital Tablets 100mg White USP		24	100	BTL					
1542 3 210-28-2581 B	Phenobarbital Elixir 20mg/ml		5	16 oz 1	BTL					
7174 3 210-28-2581 U	Phenobarbital Elixir 20mg/5ml, 7.5ml UD		Unkn	100	CTN					
1400 3 210-28-2583 C	Promethazine Tablets 25mg (Phenergan)		670	100	BTL					
(TBD) 3 210-28-2583U	Promethazine tablets 25 mg		Unkn	UD 100	PKG					
1399 3 210-28-2585 A	Promethazine HCL Inj. 50Mg/ml Amp 1ml Amp (Phenergan) (Must be amps)		389	25	BOX					
7021 3 210-28-2586	Promethazine Suppositories 25mg		43	12	BOX					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
1114 3 210-28-2592T	Rozerem Tablets 8mg (Ramelteon)		440	30	BTL					
1408 3 210-28-2620 C	Temazepam Caps 7.5mg (Restoril)		3	100	BTL					
1409 3 210-28-2621 C	Temazepam Caps 15mg (Restoril)		35	100	BTL					
1410 3 210-28-2621 U	Temazepam Caps 15mg (Restoril)		15	UD 100	PKG					
1411 3 210-28-2622 C	Temazepam Caps 30mg (Restoril)		72	100	BTL					
1412 3 210-28-2622 U	Temazepam Caps 30mg (Restoril)		23	UD 100	PKG					
6431 3 210-28-3120 C	Zaleplon Caps 5mg (Sonata)		2	100	BTL					
6432 3 210-28-3121 C	Zaleplon Caps 10mg (Sonata)		13	100	BTL					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
5760 3 210-28-3162C	Zolpidem Tartrate (Ambien) 5mg Tablets		22	100	BTL					
1138 3 210-28-3162U	Zolpidem Tartrate (Ambien) 5mg Tablets		42	UD 100	PKG					
5761 3 210-28-3163C	Zolpidem Tartrate (Ambien) 10mg Tablets		324	100	BTL					
5762 3 210-28-3163D	Zolpidem Tartrate (Ambien) 10mg Tablets		Unkn	500	BTL					
1139 3 210-28-3163U	Zolpidem Tartrate (Ambien) 10mg Tablets		142	UD 100	PKG					
1140 3 210-28-3167 C	Zolpidem Tartrate (Ambien) CR Tablet 6.25mg		24	100	BTL					
1131 3 210-28-3168 C	Zolpidem Tartrate (Ambien) CR Tablet 12.5mg		121	100	BTL					
1617 3 210-28-9200	Eletriptan 20mg (Relpax) Tablets		134	6	PKG					

REMARKS (to be written on paper copy only):

X = Sample Required

ITEM ID NO. MBE/SECTION REFER. NO.	DESCRIPTION	Sample	EST. YRLY USAGE	(UNIT) U/M QTY. SIZE	PRICING UNIT	UNIT QTY. SIZE	UNIT QTY. PER BOX / CS.	MANUFACTURER (NOT PRODUCT LABELER)	N.D.C. NUMBER	UNIT PRICE
10335 3 210-28-9201	Eletriptan (Relpax) Tablets 40mg		50	6	PKG					
1618 3 210-28-9205 C	Entacapone Tablets 200mg (Comtan)		42	100	BTL					
6391 3 210-28-9250 S	Memantine 5mg Tablets (Namenda)		138	60	BTL					
1622 3 210-28-9251 S	Memantine 10mg Tablets (Namenda)		71	60	BTL					
(TBD) 3 210-28-9266T	(Azilect) Rasagiline 1mg Tablets		5	30	BTL					
5541 3 210-28-9273C	Ropinirole Tablets 0.25mg (Requip)		20	100	BTL					
10336 3 210-28-9275C	Ropinirole (Requip) Tablets 1 mg		40	100	BTL					
1628 3 210-28-9279 C	Ropinirole (Requip) 5mg Tablets		16	100	BTL					