

# 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 <u>OT902911</u>	OPENING DATE (1:00 p.m.) <u>AUGUST 30, 2010</u>	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. MAC105	BID NOTICE DATE AUGUST 10, 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): The Department of Mental Health, Office of Support Services, Pharmacy Service Center, 2150 W. Broad Street, Columbus, OH 43223, the Department of Health, 900 Freeway Drive North, Bldg. 8, Columbus, OH 43229, and any State University			
THE DEPARTMENT OF ADMINISTRATIVE SERVICES, OFFICE OF PROCUREMENT SERVICES, IS SOLICITING BIDS FOR:  <b>Drugs, Pharmaceuticals, and Vaccine</b>			
<b>TERM OF CONTRACT:</b> 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>10/01/10</u> or upon the date when DAS signs the Contract, whichever is later in time. The Contract will expire <u>03/31/11</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.			
<b>INSTRUCTIONS TO BIDDERS AND CONTRACT TERMS AND CONDITIONS,</b> Revised 10-01-07, are a part of this Invitation to Bid. Copies may be downloaded by clicking on this link: <a href="#">Instructions: Terms and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions.</a> 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 <a href="http://www.procure.ohio.gov/">www.procure.ohio.gov/</a> . 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"]

- 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)
- 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)
- 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):**

- The products/services being offered are raised, grown, produced, mined or manufactured in Ohio.   
 Yes (Go to C)     No (Go to B-2)
- Bidder has significant economic presence within the state of Ohio.     Yes (Answer a, b, c, d below)     No (Go to B-3)
  - Bidder has paid the required taxes due the state of Ohio     Yes     No
  - 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/>
  - Bidder has ten or more employees based in Ohio or border state.     Yes     No (Go to B-2d)
  - Bidder has seventy-five percent or more employees based in Ohio or border state.     Yes     No (Go to B-3)
- Border state bidder:  
 Yes (Specify which state then go to B-2c):  KY     MI     NY     PA     IN     No (Go to B-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:

- review the Terrorist Exclusion List at [http://www.publicsafety.ohio.gov/links/terrorist\\_exclusion\\_list.pdf](http://www.publicsafety.ohio.gov/links/terrorist_exclusion_list.pdf)
- 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

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, are available through the Web 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.

Bidders should familiarize themselves with the above referenced Standard Terms and Conditions, as they may be requested to provide various applicable documentation. It is the bidder's responsibility to thoroughly review and understand all of the specifications and requirements as stated in this bid and the above Standard Contract Terms and Conditions.

PAYMENT TERMS: The state desires to utilize discounted payment terms when available. As a reminder, bidders should familiarize themselves and comply with the information on Page 1 of the Bid concerning terms of payment, and further information may be found in the Standard Contract Terms and Conditions.

### 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.

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.

DELIVERY AND ACCEPTANCE: Supplies will be delivered to the participating agency within seven (7) 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.

MULTIPLE AWARD CONTRACT: This bid is issued to establish a Multiple Award Contract (MAC). A MAC is a contract made with more than one supplier of the same or similar types of supplies or services at varying prices for delivery within the same geographic area. The state's obligations under a MAC are subject to the Ohio Controlling Board's continuing authorization to use the MAC program authorizing the use of Multiple Award Contracts. By the signature affixed to Page 1, of this Bid, the Bidder certifies that it is currently in compliance and will continue to adhere to the requirements of the Ohio Ethics Law, Ohio Revised Code Section 102.04. The Bidder affirms that, as applicable to the Bidder, no party listed in Ohio Revised Code Section 3517.13 (I) or (J) or spouse of such party has made, as an individual, within the two previous calendar years, one or more contributions totaling in excess of \$1,000.00 to the Governor or to his campaign committees.

SPECIAL CONTRACT TERMS AND CONDITIONS (Cont'd.)

PRICE SCHEDULE: Bidders must submit with their bid response a hard copy of the October, 2010 MAC105 Price Schedule/Bid Price Pages from pages 18 through 39 of this Invitation To Bid, showing their current prices to the state of Ohio of all items offered for the initial month of the contract period, October, 2010. Failure to provide the October, 2010 MAC105 Price Schedule/Bid Price Pages as specified with the bid response will result in the bidder being deemed not responsive. The MAC105 Price Schedule shall show the product National Drug Code (NDC) number, item description, unit of order, and the state of Ohio price for each item.

For subsequent months, the supplier name, calendar month, submission date, Contract Number, and Index Number (MAC105) of the MAC105 Price Schedule shall be shown on the front cover of the hard copy published by the contractor. The Price Schedule listing may be glued or stapled with pages numbered in consecutive order.

Items listed in the October, 2010 Price Schedule/Bid Price Pages, Pages 18 through 39, as indicated herein, may be offered by the awarded Contractor during the contract period. If a line item is not available from the Contractor, it may be omitted from one or more monthly MAC105 Price Schedule(s) by inserting blank spaces in place of the price and NDC Number for the line item. If the original product offered is no longer available and/or is no longer economical, Bidder may substitute original item with an equivalent item if the substitute meets all of the requirements and specifications herein and is acceptable to DAS in conjunction with the Ohio Dept. of Mental Health, and if the state approves the substitution in writing.

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.

PRODUCT SAMPLES: The bidder(s) may be required to submit samples of the supplies being offered. The samples will be used in the evaluation process to determine the lowest responsive and responsible bidder. If not included as part of their bid response, the bidder will be required to provide the samples within ten (10) calendar days after notification. Failure to provide the samples within the stated time period will result in the bidder being deemed not responsive. After award of the contract, the samples will be used as a basis of comparison with actual product delivered under contract. Any variation between the samples and product being delivered will be considered as an event of default. Any variations between the samples and actual product being delivered that are due to manufacturer changes may be acceptable and shall require prior written approval from DAS.

SAMPLES SHALL BE SENT TO:

Department of Mental Health  
Pharmacy Service Center DEA Registration #PP0049658  
Attn: Pharmaceutical Bid MAC-105  
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.

SAMPLES AND/OR COPIES OF LABELS: Failure to provide samples or copies of product labels, when requested, will result in the bidder being deemed not responsive. All product labeling is required to have English language as the primary language for describing the product.

SPECIAL CONTRACT TERMS AND CONDITIONS (Cont'd.)

EVALUATION: All bidders that properly respond to the requirements listed herein will be placed on the contract. If the State of Ohio determines the pricing to be excessive the bid will be disqualified.

CONTRACT AWARD: A Contract will be awarded to all responsive and responsible bidders.

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.

PRICE SCHEDULE WITH ECONOMIC ADJUSTMENT: During the life of the contract, there will be MAC105 Price Schedule listings submitted monthly by each Contractor. No price adjustment will be permitted prior to the effective date of the most current net price list submitted, or on purchase orders that are already being processed, or on purchase orders that have been filled and are awaiting shipment.

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. 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 monthly 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 the provisions of Article S-11, Price Adjustments, of the Contract Terms and Conditions.

PRICE SCHEDULE REQUIREMENTS:

1. The MAC105 Price Schedule shall be made available to DAS Office of Procurement Services, the Ohio Department of Mental Health, the Ohio Department of Health, and State Universities.
2. The MAC105 Price Schedule is to be submitted on a monthly basis by the contractor(s), as it will be updated every month, unless there are no changes from the latest submission. The MAC105 Price Schedule should be submitted in hard copy (printed on paper), diskette, compact disc (CD), or as in E-Mail attachment form, depending on each agencies' requirements. The electronic version must be available in the MS Excel format approved by DAS Office of Procurement Services (see below).

It is the Contractor's responsibility to ensure DAS Office of Procurement Services and the applicable using agencies have the latest MAC105 Price Schedule at least five (5) business days prior to the beginning of each month, and Contractor may request receipt confirmation acknowledgements from these agencies.

Each MAC105 Price Schedule document or file shall include the supplier name, calendar month, submission date, Contract Number, and Index Number (MAC105).

The monthly MAC105 Price Schedule shall be available electronically upon request as a Microsoft Excel spreadsheet file, and shall conform to a format approved by DAS, Office of Procurement Services. At minimum, the Excel spreadsheet should contain the Reference Number (begins with "210-"), product description, quantity per unit, unit of measure, package (BTL, Vial, etc.), NDC Number, manufacturer, and price. Some of the information may be incorporated in the description or may be in separate columns. The Reference Number, NDC number, and price should be in separate columns, and the data should be sorted in order by Reference Number. The goal of this formatting is to provide the ability to quickly create a master price list with all of the monthly submissions as a searchable tool for the using agencies. DAS may approve changes to the electronic price list format as conditions require. The hard copy version should be arranged in the same fashion to the electronic format, but in print form.

3. Any reference, which may appear on any MAC105 Price Schedule list, to any other and/or conflicting terms and conditions, such as F.O.B. Shipping Point or Prices Subject to Change, will not be part of any contract with the successful bidder(s) and will be disregarded by the state of Ohio.

SPECIAL CONTRACT TERMS AND CONDITIONS (Cont'd.)

4. It is the successful contractor(s) responsibility to supply each, the DAS Office of Procurement Services, and the Dept. of Mental Health, with one (1) electronic copy of their monthly MAC105 Price Schedule at least five (5) business days prior to the beginning of each month. Using agencies (those who have previously used the contract or who have requested the MAC105 Price Schedule) shall also receive identical electronic copies of the Price Schedule at least five (5) business days prior to the beginning of each month.

Hard copies shall also be provided upon the using agency's request, or as required, prior to the first day of the calendar month. If an updated MAC105 Price Schedule is not received, then the pricing of the latest MAC105 Price Schedule submission will be in effect. Pricing contained in the new monthly MAC105 Price Schedule will become effective on the first day of the calendar month or upon receipt by the Office of Procurement Services, whichever is later. No more than one (1) MAC105 Price Schedule submission per contractor shall be acceptable for each calendar month indicated, unless DAS determines contractor has made an inadvertent error on a line item and the mistake and correction are clearly evident from the Price Schedule and supporting justification documentation. In this case, only the affected line item may be corrected.

5. By contract amendment, DAS Office of Procurement Services may increase the frequency of MAC105 Price Schedule submissions to facilitate shorter periods of fixed pricing for all contractors. This may also be revoked, for all contractors, by contract amendment.
6. Manufacturer, not product labeler, must be given for each dangerous (legend) drug.
7. NDC (NDC) Code must be given for each item listed in the MAC105 Price Schedule.
8. NDC Format must be 5-4-2, including dashes and prefix zeros. Example 00123-1234-12
9. Bidders on vaccines are encouraged to also indicate the appropriate Federal Excise Tax (FET) amount per dosage unit for each applicable line item. Note: Price shall include all costs, including the applicable FET.
10. It is the successful contractor(s) responsibility to supply their latest MAC105 Price Schedule list (identical to the one approved by DAS Office of Procurement Services) as follows:

A hard copy of the updated monthly MAC105 Price Schedule must be submitted to each of the addresses, below. The submittal of copies to the Ohio Department of Health or State Universities, in hard or electronic formats, are as required or requested.

Ohio Department of Mental Health  
Office of Support Services  
Pharmacy Service Center  
Attn: Joell Buchanan  
2150 West Broad Street  
Columbus, Ohio 43223

Ohio Department of Administrative Services  
Office of Procurement Services  
Attn: Terry Spiropoulos  
4200 Surface Road  
Columbus, Ohio 43228-1395

**CONTROLLING BOARD AUTHORIZATION:** The state's obligations under this contract are subject to the Ohio Controlling Board's continuing authorization to use multiple award contracts. If the Ohio Controlling Board fails to authorize or withdraws its authorization for this program, this contract will terminate, and the contractor may not take any more orders under this contract.

SPECIAL CONTRACT TERMS AND CONDITIONS (Cont'd.)

USE OF MACs: Agencies shall give first consideration to making purchases of required supplies and services from existing DAS term contracts. When the required supplies or services are not available from an existing DAS term contract, the agency shall make the purchase from the MAC term contract. Exceptions to making the purchase from the MAC include;

- a) Urgent requirements: When the ordering agency requires delivery of the supplies or services prior to the times stated in the MAC, the agency shall request the contractor, by mail (if time permits) or telephone (confirmed in writing), to state the best delivery that can be met to satisfy the needs of the agency. If the contractor is unable to provide accelerated delivery, the agency may procure the required supplies or services from another source.
- b) Small requirements: When the contract includes a minimum order limitation, agencies are not required to make the purchase from the contractor for needs below this limit. The contractor is not required to accept an order for less than the minimum order limitation from the agency. However, if the contractor accepts an order of less than the minimum order limitation, the contractor is obligated to perform according to all terms and conditions of the contract.
- c) Geographic area: When the contract defines geographic areas of coverage, the agency shall place orders with contractors serving the geographical areas in which the agency is located. If the agency is located outside of the geographical area, the agency is not required to use the MAC.
- d) Lower pricing: When an agency finds that identical supplies or services to those included in the MAC are available from another source at a lower than MAC price, the agency may procure the supplies or services pursuant to their direct procurement authority or other appropriate and allowable method. When comparing the supplies and services listed in the MAC with other sources, the agency shall consider warranties, transportation costs, delivery terms and any other related items to insure a fair cost comparison is being made to the items listed in the MAC.

TRANSPORTATION CHARGES: Any item(s) ordered from a contract awarded pursuant to this bid shall be shipped F.O.B. destination, freight prepaid, to the Department of Mental Health, Office of Support Services, Pharmacy Service Center, 2150 W. Broad Street, Columbus, OH 43223, to the Department of Health, 900 Freeway Drive North, Bldg. 8, Columbus, OH 43229, to any State University, or to where the consignee's facility is located. The Pharmacy Service Center warehouse located at 2150 W. Broad Street, Columbus, OH 43223, functions as a distribution center for state institutions 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 two hundred fifty dollars (\$250.00).

ON ORDERS TOTALING LESS THAN TWO HUNDRED FIFTY (\$250.00) DOLLARS: Shipment is to be made by freight, parcel post, express or commercial package delivery; whichever is the most economical method for proper delivery of the item F.O.B. destination. The cost of transportation from the contractor's address to the destination on such orders shall be prepaid and added to the invoice. 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.

USAGE REPORTS: Every three (3) months the contractor must submit a report (written or on disk) indicating sales generated by this contract. The report shall list usage by customer, by line item, showing the quantities/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.

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.

SPECIAL CONTRACT TERMS AND CONDITIONS (Cont'd.)

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 seven (7) calendar 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.

ADDITIONAL REQUIREMENTS & INFORMATION: The Department of Mental Health purchases from this contract. 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 indicate those quantity discounts in the MAC105 Price Schedule.

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 non-mandatory contract or Group Purchasing Organization (GPO) available and allowable to the state of Ohio, determined in its best interest. For the line items listed herein, the Estimated Yearly Usage indicates quantities which may or may not be purchased from the Contract pursuant to this bid, depending on whether other sources are utilized.

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.

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. As a manufacturer-authorized wholesale/distributor, we have access to the above records and shall provide them to the state of Ohio, upon demand.

\_\_\_\_\_  
Bidder (circle one): Manufacturer or Distributor

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.)

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. (This number may be increased as necessary.)
- 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.

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 and their corresponding locations.

_____	_____
_____	_____
_____	_____

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.

Notice on the Use of Social Security Numbers as Federal Tax Identification Numbers

The Department of Administrative Services (Department) requires vendors and contractors wishing to do business with the State to provide their Federal Taxpayer Identification Number to the Department. The Department does this so that it can perform statutorily required "responsibility" analyses on those vendors and contractors doing business with the State and, under limited circumstances, for tax reporting purposes. If you are a vendor or contractor using your Social Security Number as your Federal Taxpayer Identification Number, please be aware that the information you submit is a public record, and the Department may be compelled by Ohio law to release Federal Taxpayer Identification Numbers as a public record. If you do not want to have your Social Security Number potentially disclosed as a Federal Taxpayer Identification Number, the Department encourages you to use a separate Employer Identification Number (EIN) obtained from the United States Internal Revenue Service's to serve as your Federal Taxpayer Identification Number.

-----

## SPECIFICATIONS

### I. SCOPE

These specifications cover different types of drugs, vaccines, and pharmaceuticals, as indicated herein, for the Department of Mental Health, Pharmacy Service Center, the Department of Health, and/or any State University. The line items covered for the duration of this contract are listed in the in the "October, 2010 MAC105 Price Schedule/Bid Price Pages", on pages 18 through 39 of this Invitation To Bid. The contract period is 10/01/10 through 03/31/11, unless renewed, terminated, funding expires. This contract may be utilized in the following circumstances or when other similar situations may arise:

- A. Stock Outs
- B. Items not already on a mandatory state term contract (LDC101), related state of Ohio Contracts, or other sources available and allowable to the state of Ohio
- C. Replacement for discontinued items
- D. Replacement relating to FDA issues
- E. Emergencies
- F. Pricing is more favorable than other non-mandatory sources available and allowable to the state of Ohio

### 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 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. Manufacturing Irregularities: 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.
- D. Change of Source(s): The successful contractor(s) shall not change, unless approved by the State in writing, the manufacturing source(s) from which they specified in their bid or from the latest written approval by the state. Failure to comply with this requirement may subject the resulted contract to cancellation.
- E. Government Wide Quality Assurance Program (GWQAP): Since the Ohio Department of Mental Health is a participant in the FDA sponsored "Government Wide Quality Assurance Program" (GWQAP), the bidder(s) shall 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 of Ohio.

SPECIFICATIONS (Cont'd.)

- 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. The 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 is not the industry standards. Shipment of multiple lots and loose packaging of drug product may result in "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. Page 1, and the "October, 2010 Price Schedule/Bid Price Pages", pages 18 through 39 of the ITB, with all requested information entered. October, 2010 Price Schedule/Bid Price Page(s) not required to be submitted if blank (no bid offers for any of the line item(s) on the page).

Failure to submit the above documents will result in the bidder being deemed 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, if applicable (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.

SPECIFICATIONS (Cont'd.)

7. Bid Automobile Liability Checklist (see Page 11 of the Invitation To Bid).
8. Disclosure of Subcontractors / Joint Ventures (see Page 11 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 Pages 7 through 9).
10. Registration with the Ohio Secretary of State, Charter/Registration Number, if applicable. In accordance with the Standard Contract Terms and Conditions, Article I-29 (see Page 1 of the Invitation To Bid for web link), bidder should be registered with the Ohio Secretary of State, if applicable. Bidder should provide DAS with its proper Secretary of State, Charter/Registration Number prior to award of a contract. Bidder may provide this number on Page 2 of this Invitation to Bid.

Note: The Charter/Registration Number may be verified at the following Web site:

[http://www2.sos.state.oh.us/portal/page?\\_pageid=35,58664,35\\_58678&\\_dad=portal&\\_schema=PORTAL](http://www2.sos.state.oh.us/portal/page?_pageid=35,58664,35_58678&_dad=portal&_schema=PORTAL)

or, by searching through Business Filings in the main SOS web site at: <http://www.sos.state.oh.us>

If documents listed in paragraphs B.1 through B.10 above are not submitted with the bid response, they may be requested during the bid evaluation. If requested during the bid evaluation, documents must be received within seven (7) calendar days of verbal or written request. Failure to provide requested documents by the deadline provided during evaluation may result in the bidder being deemed not responsive.

BID SUBMISSION CHECKLIST

<u>Submitted</u>	<u>Submittals required with Bid response</u>	<u>Page Reference</u>
<input type="checkbox"/>	Bid cover page, signed in blue ink	Page 1
<input type="checkbox"/>	October, 2010 Price Schedule/Bid Price Pages (Pages where no pricing is submitted need not be returned)	Page 18 through 39
<u>Submitted</u>	<u>Submittals requested with Bid response</u>	<u>Page Reference</u>
<input type="checkbox"/>	Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Form, per Standard (Supplemental) Terms and Conditions Article S-21	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 4
<input type="checkbox"/>	Affirmative Action Program Verification Letter of Approval, per Standard Terms and Conditions Article V.I	Page 14
<input type="checkbox"/>	Ohio Secretary of State, Charter/Registration Number, as applicable, on page 2 of this Invitation to Bid	Page 15
<input type="checkbox"/>	Automobile Liability Checklist	Page 11
<input type="checkbox"/>	Disclosure of Subcontractors / Joint ventures	Page 11

(continued on next page)

BID SUBMISSION CHECKLIST

<u>Submitted</u>	<u>Submittals requested with Bid response</u>	<u>Page Reference</u>
<input type="checkbox"/>	Workers' Compensation Certificate and Employer's Liability Insurance *, as applicable, per Standard (Supplemental) Terms and Conditions Article S-12	
<input type="checkbox"/>	Commercial General Liability and Endorsements * (Ohio designated as additional insured, blanket waiver of subrogation, insurance shall be primary), per Standard (Supplemental) Terms and Conditions Article S-13	
<input type="checkbox"/>	Automobile Liability *, as applicable, per Standard (Supplemental) 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 result in the bidder being deemed not responsive.

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.

OCTOBER, 2010 MAC105 PRICE SCHEDULE / BID PRICE PAGES

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:

---



---

X = may request sample

ITEM ID NO. CODE 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
842 5.1 210-04-0771C	Chlorpheniramine Maleate 4mg Tablets (Chlortrimeton)	X	3,515	100	BTL					
1033 5.1 210-04-0771U	(Chlortrimeton) Chlorpheniramine Maleate 4mg Tabs	X	1,288	UD 100	PKG					
5819 5.1 210-04-1162A	Diphenhydramine HCL Inj. 50mg/ml 1ml Vial		6,340	25	PKG					
5822 5.1 210-04-7005 C	Loratadine (Claritin) 10mg Tablets	X	5,972	100	BTL					
1042 5.1 210-04-7005T	Loratadine (Claritin) 10mg Tablets	X	314	UD 30	PKG					
5823 5.1 210-04-7010	Loratadine 10 with Pseudoeph 240 (Claritin D 24 Hour) SR Tablets	X	1,147	UD 5	PKG					
5805 5.1 210-08-1212	Fluconazole 150mg Individual UD Tablets (Diflucan)		1,760	UD 12	PKG					

OCTOBER, 2010 MAC105 PRICE SCHEDULE / BID PRICE PAGES (Continued):

REMARKS:

X = may request sample

ITEM ID NO. CODE 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
5802 5.1 210-08-1323	Amoxic 875mg & Clavul Acid 125mg (Augmentin 875mg) Tablets		1,162	20	BTL					
1046 5.1 210-08-1811 C	Acyclovir Capsules 200mg (Zorvirax)		433	100	BTL					
11926 5.1 210-08-1916 T	Ritonavir 100mg (Norvir) Capsules		1,154	30	BTL					
5266 5.1 210-08-3626 C	Sulfamethoxazole 800mg/ Trimethoprim 160mg Tablets (Bactrim D.S.)		2,454	100	BTL					
6238 5.1 210-12-0800	Albuterol 103mcg, Ipratropium Br 18mcg/ACT (Combivent) Aerosol 14.7gm, Inhaler		3,643	(Inh) 14.7gm 1	EA					
6017 5.1 210-12-0821 U	Benztropine Mesylate Tablets 1mg (Cogentin)		1,113	UD 100	PKG					
10172 5.1 210-12-0823	Benztropine Mesylate Inj 1mg/ml (Cogentin) 2ml Vial		229	5	BOX					
14700 5.1 210-12-1210B	Albuterol Inhaler HFA product		38,552	INH 1	PKG					

OCTOBER, 2010 MAC105 PRICE SCHEDULE / BID PRICE PAGES (Continued):

REMARKS:

X = may request sample

ITEM ID NO. CODE 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
803 5.1 210-12-1251	Benzalkonium Free & EDTA Free Ipratropium Bromide Inhaler (Atrovent HFA) 12.9gm		3,261	13 gm 1	BOX					
1612 5.1 210-12-1305	Fluticasone 100mcg Salmeterol 50mcg (Advair Diskus) Pwd for Inh		1,466	60	PKG					
6384 5.1 210-12-1306	Fluticasone 250mcg Salmeterol 50mcg (Advair Diskus) Pwd for Inh		6,833	60	PKG					
1615 5.1 210-12-1307	Fluticasone 500mcg Salmeterol 50mcg (Advair Diskus) Pwd for Inh		1,909	60	PKG					
1193 5.1 210-20-1214 V	Heparin Pork 1,000 Units per ml, 30ml Vial		2,237	30 ml 25	VL					
14792 5.1 210-24-0410N	Amlodipine (Norvasc) 10mg Tablets		2,094	90	BTL					
10178 5.1 210-24-0611	(Generic Only) Fenofibrate 160mg Tablet		159	90	BTL					
968 5.1 210-24-0788N	Simvastatin (Zocor) 10mg Tablets		1,201	90	BTL					

OCTOBER, 2010 MAC105 PRICE SCHEDULE / BID PRICE PAGES (Continued):

REMARKS:

X = may request sample

ITEM ID NO. CODE 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
976 5.1 210-24-0822 C	Metoprolol Tartrate Tablets 25mg (Lopressor)		3,687	100	BTL					
5618 5.1 210-24-0854 C	Lisinopril (Prinivil) 10mg Tablets		2,851	100	BTL					
1029 5.1 210-24-0855 C	Lisinopril (Prinivil) 20mg Tablets		3,645	100	BTL					
992 5.1 210-24-1444 R	Nitroglycerin 1/150gr. (Nitrostat) 0.4 mg 25/btl		1,492	(4x25 /btl) 4	PKG					
7141 5.3 210-28-0803 C	Acetaminophen Tablets 325mg (Tylenol)	X	5,680	100	BTL					
7142 5.3 210-28-0803U	Each tablet must be individually unit dose packaged - Do not want 2 tablet packs Acetaminophen Tablets 325mg UD (Tylenol)	X	2,700	UD 100	PKG					
1155 5.3 210-28-0805	Aspirin 81mg Low Dose	X	570	120	BTL					
1153 5.3 210-28-0811 C	Aspirin Tablets E. C. 325mg (Ecotrin)	X	2,183	100	BTL					

OCTOBER, 2010 MAC105 PRICE SCHEDULE / BID PRICE PAGES (Continued):

REMARKS:

X = may request sample

ITEM ID NO. CODE 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
6755 5.3 210-28-0814 C	Acetaminophen 500mg Tablets (Tylenol Extra Strength)	X	4,451	100	BTL					
1497 5.3 210-28-0872U	Ibuprofen 200mg Tablets (Motrin)	X	1,771	UD 100	PKG					
1261 5.3 210-28-0876 C	Ibuprofen Tablets 600mg (Motrin)		6,225	100	BTL					
1263 5.3 210-28-0877 C	Ibuprofen Tablets 800mg (Motrin)		9,071	100	BTL					
1264 5.3 210-28-0877 D	Ibuprofen Tablets 800mg (Motrin)		1,676	500	BTL					
1291 5.3 210-28-0881 C	Indomethacin 50mg Capsules (Indocin)		1,054	100	BTL					
6370 5.3 210-28-0928 C	Naproxen 500mg Tablets (Naprosyn)		5,869	100	BTL					
14678 5.3 210-28-0928D	Naproxen Tablets 500mg		Unkn	500	BTL					

OCTOBER, 2010 MAC105 PRICE SCHEDULE / BID PRICE PAGES (Continued):

REMARKS:

X = may request sample

ITEM ID NO. CODE 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) 5.3 210-28-0932C	Nabumetone Tablets 500mg		Unkn	100	BTL					
7139 5.3 210-28-0972 U	Acetaminophen 300mg w/Codeine Elixir 30mg/12.5ml		1,412	UD 100	PKG					
1183 5.3 210-28-0981U	Tramadol (Ultram) 50mg Tablets		2,699	UD 100	PKG					
1500 5.3 210-28-1239 C	(No Substitution) Carbamazepine Tablets 200mg (Generic Only)		825	100	BTL					
6958 5.2 210-28-1266 D	Divalproex Sodium (Depakote) 500mg E.C. Tablets		104	500	BTL					
1385 5.2 210-28-1266 U	Divalproex Sodium (Depakote) 500mg E.C. Tablets		1,005	UD 100	PKG					
6959 5.3 210-28-1276C	Divalproex Sod ER Tablets 500mg (Depakote ER)		1,417	100	BTL					
7425 5.3 210-28-1350 C	Gabapentin Capsules (Neurontin) 100mg		1,108	100	BTL					

OCTOBER, 2010 MAC105 PRICE SCHEDULE / BID PRICE PAGES (Continued):

REMARKS:

X = may request sample

ITEM ID NO. CODE 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
1236 5.3 210-28-1351C	Gabapentin Capsules (Neurontin) 300mg		3,626	100	BTL					
5678 5.3 210-28-1355C	Gabapentin Tablets 600mg		5,459	100	BTL					
14680 5.3 210-28-1355D	Gabapentin Tablets 600mg		33	500	BTL					
1077 5.3 210-28-1376 C	Lamotrigine (Lamictal) 25mg Tablet		1,519	100	BTL					
5682 5.3 210-28-1377 C	Lamotrigine (Lamictal) 100mg Tablet		1,884	100	BTL					
1078 5.3 210-28-1379 S	Lamotrigine (Lamictal) 200mg Tablet		1,560	60	BTL					
7159 5.3 210-28-1555 P	Valproic Acid Syrup 250mg /5ml		1,853	1 Pint 1	BTL					
1440 5.3 210-28-1555 U	Valproic Acid Syrup 250mg /5ml		2,909	UD 30	BOX					

OCTOBER, 2010 MAC105 PRICE SCHEDULE / BID PRICE PAGES (Continued):

REMARKS:

X = may request sample

ITEM ID NO. CODE 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
7158 5.3 210-28-1556 C	Valproic Acid 250mg Capsules		8,559	100	BTL					
7151 5.3 210-28-1597S	(No Substitution) (Generic Only) Bupropion SR 100mg Tablets		2,288	60	BTL					
7153 5.3 210-28-1598 S	(No Substitution) (Generic Only) Bupropion SR 150mg Tablets		3,814	60	BTL					
1128 5.3 210-28-1605 C	Amitriptyline HCL Tablets 100mg (Elavil)		1,554	100	BTL					
5753 5.3 210-28-1606 C	Amitriptyline HCL Tablets 150mg (Elavil)		856	100	BTL					
1160 5.3 210-28-1611T	Bupropion XL (Wellbutrin XL) 150mg tablet		2,188	30	BTL					
7272 5.3 210-28-1614 T	Bupropion XL (Wellbutrin XL) 300mg tablet		2,369	30	BTL					
1156 5.3 210-28-1615C	Bupropion HCL (Wellbutrin) 75mg Tablets		504	100	BTL					

OCTOBER, 2010 MAC105 PRICE SCHEDULE / BID PRICE PAGES (Continued):

REMARKS:

X = may request sample

ITEM ID NO. CODE 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
6421 5.3 210-28-1636	Doxepin HCL Oral Solution 10mg/ml (Sinequan)		3,540	4 oz 1	BTL					
1246 5.3 210-28-1638 C	Doxepin Capsules 150mg (Sinequan)		1,176	100	BTL					
1616 5.3 210-28-1644 T	Duloxetine Capsules 60mg (Cymbalta)		2,477	30	BTL					
6829 5.3 210-28-1648 C	Citalopram (Celexa) Tabs 20mg		3,081	100	BTL					
1360 5.3 210-28-1649 C	Citalopram (Celexa) Tabs 40mg		1,499	100	BTL					
1089 5.3 210-28-1702 T	Mirtazapine (Remeron) 15mg Tablets		4,248	30	BTL					
5881 5.3 210-28-1703T	Mirtazapine (Remeron) 30mg Tablets		5,846	30	BTL					
1085 5.3 210-28-1704 T	Mirtazapine (Remeron) Tablets 45mg		4,701	30	BTL					

OCTOBER, 2010 MAC105 PRICE SCHEDULE / BID PRICE PAGES (Continued):

REMARKS:

X = may request sample

ITEM ID NO. CODE 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
1536 5.3 210-28-1733 T	Paroxetine 20mg (Paxil) Tablets		1,864	30	BTL					
1537 5.3 210-28-1734 T	Paroxetine 30mg (Paxil) Tablets		1,031	30	BTL					
1538 5.3 210-28-1735 T	Paroxetine 40mg (Paxil) Tablets		979	30	BTL					
7026 5.3 210-28-1765T	Sertraline (Zoloft) 50mg Tablets		2,167	30	BTL					
7028 5.3 210-28-1766T	Sertraline (Zoloft) 100mg Tablets		6,873	30	BTL					
12654 5.3 210-28-1794C	Venlafaxine (Effexor) 75mg Tablets		1,587	100	BTL					
1167 5.3 210-28-1819 C	Buspirone HCL (Buspar) 15mg Tablets		604	100	BTL					
1506 5.3 210-28-1848 A	Chlorpromazine HCL Inj. 25mg/ml (Thorazine) Ampule		1,592	2 ml 1	EA					

OCTOBER, 2010 MAC105 PRICE SCHEDULE / BID PRICE PAGES (Continued):

REMARKS:

X = may request sample

ITEM ID NO. CODE 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
6423 5.2 210-28-1903 V	Fluphenazine Decanoate Inj. 25mg/ml (Generic Only), 5ml Vial		1,401	5 ml 1	VL					
1287 5.3 210-28-1921 C	Haloperidol Tablets 5mg (Haldol)		1,020	100	BTL					
1274 5.2 210-28-1923 H	Haloperidol Concentrate 2mg/ml (Haldol)		891	120 ml 1	BTL					
7359 5.3 210-28-1931 C	Hydroxyzine Pamoate 100mg Capsules (Vistaril)		1,851	100	BTL					
1303 5.3 210-28-1952 U	Lorazepam Inj. 2mg/ml (Ativan) 1ml Vial (Baxter required)		7,768	25	PKG					
5887 5.2 210-28-1968 V	Olanzapine IM Inj. 10mg Vial (Fast Acting)		1,673	Vial 1	PKG					
17497 5.3 210-28-2021 S	Risperidone (Risperdal Consta) Inj. 25mg Kit		1,600	Ea 1	KIT					
17498 5.3 210-28-2022 S	Risperidone (Risperdal Consta) Inj. 37.5mg Kit		1,456	Ea 1	KIT					

OCTOBER, 2010 MAC105 PRICE SCHEDULE / BID PRICE PAGES (Continued):

REMARKS:

X = may request sample

ITEM ID NO. CODE 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
17519 5.3 210-28-2029 S	Risperidone (Risperdal Consta) Inj. 50mg Kit 2ml Syr		2,851	Ea 1	KIT					
12694 5.3 210-28-2034 S	Risperidone (Risperdal) Tablets 0.5mg		1,209	60	BTL					
12700 5.3 210-28-2036U	Risperidone (Risperdal) 2mg Tablets		373	UD 100	PKG					
5543 5.2 210-28-2038 S	Risperidone (Risperdal) 4mg Tablets		1,733	60	BTL					
12704 5.3 210-28-2042U	Risperidone Disintegrating 3mg Tablets		979	UD 28	PKG					
12692 5.2 210-28-2044	Risperidone (Risperdal) Oral Soln 1mg/ml		2,360	30 ml 1	BTL					
7020 5.3 210-28-2584 A	Promethazine HCL Inj. 25mg/ml (Phenergan) 1ml Amp (Must be amps)		4,545	25	BOX					
6439 5.4 210-40-1211 C	Os-Cal Calcium 500mg + Vitamin D 200 IU Tabs	X	1,572	60	BTL					

OCTOBER, 2010 MAC105 PRICE SCHEDULE / BID PRICE PAGES (Continued):

REMARKS:

X = may request sample

ITEM ID NO. CODE 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
269-40-75-435-6 5.4 210-40-1538 P	Sodium Chloride 0.9% Inj. (Not AddVantage System) 1000ml Plastic Bag (Baxter 2B1324)		855	14	CS					
1639 5.4 210-40-2174	Glucose 40% Instant	X	4,214	3	PKG					
7222 5.4 210-40-3077 C	Hydrochlorothiazide 12.5mg Capsules		1,012	100	BTL					
7298 5.4 210-40-3981	Water for Irrigation 1500ml Plastic Btl. (Baxter 2F7115)		1,626	1500ml 1	BTL					
1477 5.4 210-40-3981 P	Water for Irrigation Plastic Btl. (Baxter 2F7114) 1000ml Bottle		721	1000ml 1	BTL					
1426 5.4 210-48-6535	Guaifenesin SR (Mucinex) 600mg Tablets	X	1,419	40	BTL					
1425 5.4 210-48-6547 P	Guaifenesin Syrup 100mg/5ml W/O Detrometh-orphan W/O Alcohol - Plastic Bottle	X	12,053	4 oz 1	BTL					
1424 5.4 210-48-6549 A	Robitussin D.M. 10mg Syrup (No Alcohol)	X	4,998	4 oz 1	BTL					

OCTOBER, 2010 MAC105 PRICE SCHEDULE / BID PRICE PAGES (Continued):

REMARKS:

X = may request sample

ITEM ID NO. CODE 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
1654 5.4 210-52-0855	Carbamide Peroxide 6.5% (Debrox) (Plastic Bottle)	X	1,947	15 ml 1	BTL					
6573 5.4 210-52-1027	(No Substitute) (Generic Only) Flunisolide Nasal Spray 0.025mg/spray 25ml		4,965	25 ml 1	EA					
1670 5.4 210-52-1029	Fluticasone Propionate 50mcg/actuation Nasal Spray		717	16 gm 1	EA					
1681 5.4 210-52-2841 Y	Cepastat Lozenge Extra Strength (Phenol 29mg) Consumer Labeling - Individual Box of 18	X	698	18	BOX					
1682 5.4 210-52-2842	Chloraseptic with Sprayer Alcohol Free, Phenol 1.4%	X	1,180	6 oz 1	BTL					
1675 5.4 210-52-2939 P	Hydrogen Peroxide 3% U.S.P.	X	2,019	16 oz 1	BTL					
6572 5.4 210-52-3623	Latanoprost (Xalatan) 0.005% Ophth Soln		1,268	2.5 ml 1	BTL					
6570 5.4 210-52-3625	Hydroxypropyl methylcellulose 0.3%, Dextran70-0.1%, Glycerin 0.2% Tears Naturale Forte artificial tears	X	2,738	15 ml 1	BTL					

OCTOBER, 2010 MAC105 PRICE SCHEDULE / BID PRICE PAGES (Continued):

REMARKS:

X = may request sample

ITEM ID NO. CODE 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
1685 5.4 210-52-3650	Saline Nasal Spray (Ocean) 0.65%, 45ml	X	2,486	45 ml 1	BTL					
269-56-06-840-2 5.2 210-56-0519 C	Dried Aluminum Hydroxide Gel 200mg, Magnesium Hydroxide 200mg, Smimethicone 25mg. Gelusil Tablets (Generic Only) (No Substitution)	X	2,751	100	BTL					
6972 5.2 210-56-0622 A	Magnesium Hydroxide 400mg/5ml Milk of Magnesia U.S.P.	X	3,378	12 oz 1	BTL					
1768 5.2 210-56-0624 U	Milk of Magnesia 30ml Magnesium Hydroxide 400mg/5ml	X	281	UD 100	PKG					
7237 5.2 210-56-0681 A	Bismuth Subsalicylate 262mg/15ml Susp.	X	2,969	8 oz 1	BTL					
7039 5.2 210-56-0707	Ranitidine HCL 150mg Tablets or Capsules (Zantac). Must have OTC labeling		21,941	60	BTL					
14803 5.2 210-56-0707D	Ranitidine HCl Tablets or Capsules 150mg		Unkn	500	BTL					
1786 5.2 210-56-0708 T	Ranitidine 300mg Tablets or Capsules (Zantac)		1,756	30	BTL					

OCTOBER, 2010 MAC105 PRICE SCHEDULE / BID PRICE PAGES (Continued):

REMARKS:

X = may request sample

ITEM ID NO. CODE 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
1554 5.2 210-56-1111 A	Alum. OH 200mg, Magnesium OH 200mg, Simethicone 20mg/5ml	X	4,713	12 oz 1	BTL					
7042 5.2 210-56-1166 C	Simethicone Tablets 80mg (Mylanta Gas 80mg Mint)	X	1,428	100	BTL					
1581 5.2 210-56-1259 U	Docusate Sodium 100mg Capsules (Colace)	X	1,294	UD 100	PKG					
1873 5.2 210-56-1293	Polyethylene Glycol Powder 17gm/dose (Miralax)		397	255 gm 1	BTL					
7043 5.2 210-56-1299	Fleets Enema Plain (No Substitution)	X	1,877	1	EA					
1577 5.2 210-56-1384 B	Lactulose Solution 10gm/15ml for Constipation		1,024	8 oz 1	BTL					
7308 5.2 210-56-1415	Citrate of Magnesia	X	2,202	10 oz 1	BTL					
269-56-34-585-9 5.2 210-56-1463 D	Polycarbophil Calcium (Fiberlax) Tablet 500mg		52	500	BTL					

OCTOBER, 2010 MAC105 PRICE SCHEDULE / BID PRICE PAGES (Continued):

REMARKS:

X = may request sample

ITEM ID NO. CODE 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
7316 5.2 210-56-2650 C	Fish Oil Capsules 1000mg	X	2,243	100	BTL					
1779 5.2 210-56-4069 C	Omeprazole DR (Prilosec) Capsules 20mg		9,280	100	BTL					
1613 5.4 210-68-0497	Fluticasone 110mcg (Flovent) Inhalation Aerosol 120 Inhalations		3,146	12 gm 1	EA					
1818 5.4 210-68-0625	Methylprednisolone Sod Succinate 125mg/ml (Solu-Medrol), Vial		1,029	(cs. pk) 2ml 1	VL					
1606 5.4 210-68-2042 C	Metformin (Glucophage) 500mg Tablets		4,057	100	BTL					
(TBD) 5.4 210-68-2042D	Metformin Tablets 500mg		Unkn	500	BTL					
7385 5.4 210-68-2044 C	Metformin (Glucophage) 1000mg Tablets		2,944	100	BTL					
7239 5.4 210-68-2245	Insulin Glargine 100u/ml (Lantus), Vial		3,665	10 cc 1	VL					

OCTOBER, 2010 MAC105 PRICE SCHEDULE / BID PRICE PAGES (Continued):

REMARKS:

X = may request sample

ITEM ID NO. CODE 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
1563 5.4 210-68-2250	Insulin, Biosynthetic (Humulin) Regular U-100 (No Substitution), Vial		2,056	10 cc 1	VL					
7244 5.4 210-68-2252	Insulin, Biosynthetic (Humulin) NPH U-100 (No Substitution), Vial		3,696	10 cc 1	VL					
1561 5.4 210-68-2256	Insulin, Biosynthetic (Humulin) 70/30 (No Substitution), Vial		6,445	10 ml 1	VL					
264-80-51-270-6 5.1 210-80-1341 U	Hepatitis B Vaccine - Recombinant Adult (Recombivax HB) (No Substitution), Vial including Federal Excise Tax (FET)		645	1 cc 1	VL					
1921 5.4 210-84-0414	Chlorhexidine Gluconate 4% Antiseptic Antimicrobial Skin Cleanser (Hibiclens)	X	3,156	8 oz 1	BTL					
6854 5.4 210-84-0455	Clotrimazole Cream 1% (Lotrimin AF) Topical OTC Formulation Only, Tube	X	3,019	30 gm 1	TB					
6837 5.4 210-84-0480	OTC Formulation Terbinafine (Lamisil AT) 1% Cream, Tube	X	2,581	24 gm 1	TB					
1711 5.4 210-84-0485	Tolnaftate (Tinactin) 1% Cream, Tube	X	3,683	15 gm 1	TB					

OCTOBER, 2010 MAC105 PRICE SCHEDULE / BID PRICE PAGES (Continued):

REMARKS:

X = may request sample

ITEM ID NO. CODE 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
1735 5.4 210-84-0485 A	Tolnaftate 1% Cream, Tube	X	4,026	30 gm 1						
1712 5.4 210-84-0487	Tolnaftate (Tinactin) 1% Powder	X	1,774	45 gm 1						
6918 5.4 210-84-0579	Selenium Sulfide (Selsun Blue) Balanced Treatment 1% Lotion Shampoo	X	3,293	7 oz 1						
1937 5.4 210-84-0658 A	Fluocinonide 0.05% Cream (Lidex), Tube		936	15 gm 1						
1942 5.4 210-84-0671 A	Hydrocortisone 1% Topical Cream OTC Labeling Required, Tube	X	7,498	1 oz 1						
6867 5.4 210-84-0673	Hydrocortisone Cream 2.5%, Tube		1,231	20 gm 1						
6841 5.4 210-84-0729	Bacitracin Zn 400U, Neomycin Sulfate 5mg (3.5mg Base), Polymyxin B 5,000 Neosporin Topical Oint. Tube	X	3,592	1 oz 1						
1716 5.4 210-84-0775	(Kenalog) Triamcinolone Acetonide Cream 0.1% , Tube		811	15 gm 1						

OCTOBER, 2010 MAC105 PRICE SCHEDULE / BID PRICE PAGES (Continued):

REMARKS:

X = may request sample

ITEM ID NO. CODE 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
6770 5.4 210-84-0775 B	(Kenalog) Triamcinolone Acetonide Cream 0.1% , Tube		1,816	80 gm 1	TB					
1758 5.4 210-84-0800	Tucks Hemorrhoidal Ointment Pramoxine HCL 1% Mineral Oil 46.6% ZnO 12.5%, Tube	X	1,535	1 oz 1	TB					
6859 5.4 210-84-0861	(Benadryl) Cream Diphenhydramine HCL 2% with Zinc Acetate 0.1% Tube	X	2,692	1 oz 1	TB					
7992 5.4 210-84-2391 A	Medicated Lotion Soap for Handwashing to Reduce Transient Bacteria including MRSA (Sween Soft Touch or Equal) with Bottle Dispenser (Not Wall Mount Dispenser)	X	4,947	(12/cs) 21 oz 1	BTL					
1739 5.4 210-84-2402	Menthol 1%, Methyl Salicylate 15% Cream, Tube	X	8,069	3 oz 1	TB					
6911 5.4 210-84-2480	Petrolatum U.S.P. White, Jar	X	847	13 oz 1	EA					
6702 5.4 210-84-2590	Ammonium Lactate Lotion 12%-AmLactin Cosmetic	X	2,143	8 oz 1	BTL					

OCTOBER, 2010 MAC105 PRICE SCHEDULE / BID PRICE PAGES (Continued):

REMARKS:

X = may request sample

ITEM ID NO. CODE 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
6865 5.4 210-84-3675	Tucks Witch Hazel 50% Medicated Pads, Jar	X	807	100	EA					
12835 5.4 210-92-1991S	Glucosamine Sulfate Capsules 500mg	X	2,019	60	BTL					
6649 5.4 210-92-8472	Water for Injection Sterile 5cc Vial		3,587	(25/cs) 5cc 1	VL					
(TBD) 5.2 210-56-0706	Ranitidine 150mg Tablets Must have OTC labeling	X	Unkn	UD 8	PKG					

OCTOBER, 2010 MAC105 PRICE SCHEDULE / BID PRICE PAGES (Continued):

REMARKS:

---



---

X = may request sample

ITEM ID NO. CODE 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
	UNIT DOSE NON PRESCRIPTION MEDICATIONS with full disclosure labeling on each individual packet In addition, all products shall have one or more of the following characteristics: Color Coated Packaging Polyfoil Packaging									
	ANALGESICS									
7366 5.4 210-28-0872 I	PAIN RELIEVER/FEVER REDUCER  Ibuprofen, 200mg	X	3,611	Tablets 200	BOX					