



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

REQUIREMENTS CONTRACT: STATEWIDE MAIL ORDER PHARMACEUTICAL PROGRAM

CONTRACT NUMBER: CSP900206

EFFECTIVE DATES: 07/01/05 TO 06/30/08
Renewal through 06/30/11

The Department of Administrative Services has accepted Proposals submitted in response to Request for Proposal (RFP) No. CSP900206 that opened on April 1, 2005. The evaluation of the Proposal responses has been completed. The Offeror listed herein has been determined to be the highest ranking Offeror and has been awarded a Contract for the services listed. The respective Proposal response including, Contract Terms & Conditions, any Proposal amendment, special Contract Terms & Conditions, specifications, pricing schedules and any attachments incorporated by reference and accepted by DAS become a part of this Services Contract.

This Requirements Contract is effective beginning and ending on the dates noted above unless, prior to the expiration date, the Contract is renewed, terminated, or cancelled in accordance with the Contract Terms and Conditions.

This Requirements Contract is available to the Ohio Department of Health as applicable.

The agency is eligible to make purchases of the contracted services in any amount and at any time as determined by the agency. The State makes no representation or guarantee that department will purchase the volume of services as advertised in the Request for Proposal.

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

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

This Requirements Contract and any Amendments thereto are available from the DAS Web site at the following address:



www.ohio.gov/procure

PRICE SCHEDULE

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

Item number: 4811

July 1, 2005 to June 30, 2006 per prescription dispensing fee:	\$	12.95
July 1, 2006 to June 30, 2007 per prescription dispensing fee:	\$	12.95
July 1, 2007 to June 30, 2008 per prescription dispensing fee:	\$	13.45
July 1, 2008 to June 30, 2009 per prescription dispensing fee:	\$	13.45
July 1, 2009 to June 30, 2010 per prescription dispensing fee:	\$	13.95
July 1, 2010 to June 30, 2011 per prescription dispensing fee:	\$	13.45
* Single fixed unit price per transaction claim	\$	0.85

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

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

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

TERMS: Net 30 Days

ORDER PROCESSING CENTER:

CVS Caremark Pharmacy
600 Penn Center Blvd
Pittsburgh, PA 15235

CONTRACTOR'S CONTACT:

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

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

PAYMENT ADDRESS:

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

* To advise of the addition of services to manage the Ohio ADAP Medicare Part D Assistance Program (MPDAP) effective January 1, 2011.

SUMMARY OF AMENDMENTS

Amendment Number	Revision Date	Description
12	01/01/11	To advise of the addition of services to manage the Ohio ADAP Medicare Part D Assistance Program (MPDAP) effective January 1, 2011.
11	07/28/10	To clarify that Fluconazole is included on the current June 2010 OHDAP Drug Formulary. This product was inadvertently omitted on the formulary list provided in Amendment #10 dated 07/08/10.
10	07/08/10	To advise of the addition of Attachment B containing the revised OHDAP Drug Formulary effective 07/08/10.
9	06/28/10	Mutual agreement issued to renew for an additional one (1) year period, effective July 1, 2010 through June 30, 2011. Price per prescription reduced to \$13.45 for renewal period.
8	03/13/09	Add approved drugs to OHDAP formulary.
7	02/20/09	Contract Renewal
6	02/03/09	Add approved drugs to OHDAP formulary.
5	6/20/08	Contract Renewal by mutual Agreement between State & Contractor and to reflect the contractor's company name change
4	11/13/07	Add Approved Drugs to OHDAP Formulary
3	8/28/07	Items added to OHDAP formulary
2	7/01/07	Contract renewed
1	7/13/06	Contractors TIN changed

ATTACHMENT A



AMENDMENT TO RENEW CONTRACT No. CSP900206

The purpose of this Amendment is to renew Contract No. CSP900206 (Request for Proposals Number CSP900206) for a period of twelve months commencing July 1, 2010 through June 30, 2011. The above-referenced Contract is between the Ohio Department of Administrative Services on behalf of the Ohio Department of Health, Ohio HIV Drug Assistance Program ("OHDAP"). The Contract is between the Ohio Department of Administrative Services ("ODAS"), on behalf of OHDAP, and CVS Caremark Pharmacy. The Contract is for "Statewide Mail Order Pharmaceutical Services".

This renewal incorporates all parts of the above-referenced Request for Proposals issued by the Ohio Department of Administrative Services and all parts of the offer submitted by CVS Caremark Pharmacy, as well as the following agreed upon terms:

- OHDAP will complete repayment of net negative inventory of \$3,934,256.77, as of 5/31/2010, due CVS Caremark Pharmacy, in the form of replacement product, commencing 30 days after completion of net negative inventory reconciliation and concluding June 30, 2011. The inventory reconciliation will include 1) product owed to CVS Caremark Pharmacy by OHDAP and 2) credit for the positive inventory valuation owed to OHDAP by CVS Caremark Pharmacy. The value of monthly replacements will be in an amount agreed upon between OHDAP and CVS Caremark Pharmacy and will occur not later than the last day of each month.
- OHDAP will limit ongoing expenditures commensurate with their approved budget for drug costs to avoid instances of CVS having to incur negative inventory expenses.
- OHDAP will make timely payments to CVS Caremark Pharmacy for services rendered during the renewal period in accordance with payment terms of the Contract. The Ohio Department of Administrative Services, in conjunction with OHDAP, will negotiate with CVS Caremark Pharmacy, necessary changes to the contract to implement this section of the amendment. The Ohio Department of Administrative Services shall memorialize all resulting negotiated changes in the form of an amendment.
- OHDAP will provide CVS Caremark Pharmacy with a list of medications dispensed within the past ninety (90) days where the amount of the copayment paid by OHDAP exceeds the OHDAP cost of directly purchasing medication. Going forward, OHDAP will address this situation through the monthly discrepancy reports reconciled with CVS Caremark Pharmacy.
- CVS Caremark Pharmacy will honor and comply with any cost-savings measures developed by OHDAP that are deemed necessary to control program expenditures during the Contract renewal period (e.g., revise the formulary, application of rebates, revision to eligibility requirements, elimination of certain services, etc.) where such changes will not result in a substantial cost increase to CVS Caremark Pharmacy.
- OHDAP will review and approve all inventory replacement orders within ten days of receipt of the notice of such order.
- CVS Caremark Pharmacy may terminate the Contract renewal with 90-days written notice to the Ohio Department of Administrative Services or if OHDAP fails to comply with the terms and conditions detailed in this amendment. Such termination will not relieve OHDAP from its obligations to pay CVS Caremark

ATTACHMENT A (Cont'd)



Pharmacy for all properly submitted invoices and/or replenishment obligations for product dispensed under the Contract up to the date of termination.

- CVS Caremark Pharmacy will continue to apply a dispensing fee of \$13.45 per prescription.

All other terms, conditions and specifications of this Contract shall remain unchanged.

IN WITNESS WHEREOF, the parties have executed the Contract as of the dates below.

ProCare Pharmacy
Dbas CVS Caremark Pharmacy

Ohio Department of Administrative Services


(Signature)


(Signature)

James C. Luthin
(Printed Name)

Hugh Quill
(Printed Name)

President
(Title)

Director, ODAS
(Title)

June 28, 2010
(Date)

6-28-2010
(Date)

ATTACHMENT B
 Revised OHDAP Formulary effective July 2010

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

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