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: OT903213 / OPENING DATE (1:00 p.m.): NOVEMBER 30, 2012	STREET ADDRESS ☐ Check if remit address is different and list on separate sheet
	CITY / STATE / ZIP
General Services Division Office of Procurement Services 4200 Surface Road Columbus, OH 43228-1395 Attn: Bid Desk	COUNTY / MBE/EDGE CERTIFICATE NUMBER
	TELEPHONE NO. ( ) / TOLL FREE NO. 1 - ( )
	CONTACT PERSON / FAX NO. ( )
REQ./INDEX NO. LDC103 / BID NOTICE DATE NOVEMBER 23, 2012	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)

☐ E-Mail ☐ 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):

OHIO DEPARTMENT OF MENTAL HEALTH, OFFICE OF SUPPORT SERVICES, 2150 W. BROAD STREET, COLUMBUS, OH 43223, OHIO DEPARTMENT OF HEALTH, 900 FREEWAY DRIVE NORTH, BLDG. 8, COLUMBUS, OH 43229, AND STATE UNIVERSITIES OF OHIO.

ADDENDUM FOR CHANGE
ADDENDUM NO.: 1
REVISION DATE: 11/23/12

THE DEPARTMENT OF ADMINISTRATIVE SERVICES, OFFICE OF PROCUREMENT SERVICES IS SOLICITING BIDS FOR:

DRUGS AND PHARMACEUTICALS

Attached are pages 14, 15, and A-1 through A-21 to this Invitation to Bid. Remove the corresponding pages from the existing bid and replace with the attached.

As indicated herein this addendum is issued to advise of correction in Estimated Yearly Usage for Item Reference No. 210-56-0707D, and advise of correction in Index Number, as indicated herein.

SPECIFICATIONS (Cont'd)

D. 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.

E. 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 =	Vial
D =	500	P =	Pint, Plastic, Punch Card	Pkg =	Package
G =	Gallon	S =	60 or Syringe	Unk =	Unknown
H =	120	SR =	Sustained Release	Z =	250
K =	300	SYR =	Syringe		

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* To advise of correction in Index Number.

SPECIFICATIONS (Cont'd)

IV. DOCUMENTATION:

A. MANDATORY WITH BID RESPONSE

1. Page 1 and at least one of the Bid Price Page(s) (A-1 through A-21) of the ITB, with information entered. Submission of 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. Returned Good Policy. All bidders are requested to submit their company's policy on Returned Goods with their bid

5. 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. The Affirmative Action Program Verification Form may be renewed or completed and filed online by starting at the following web address:

   http://das.ohio.gov/Divisions/EqualOpportunity/AffirmativeActionProgramVerification.aspx

   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.

6. Bid Automobile Liability Checklist (see Page 12 of the Invitation To Bid).

7. Disclosure of Subcontractors / Joint Ventures (see Page 12 of the Invitation To Bid).

8. 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.8 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 will deem your bid not responsive and no further consideration for award will be provided.

* To advise of correction in Index Number.

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. “Available to Order” date, is the estimated date which a purchase order may be issued without item conflict with Contract Numbers OT901311 (LDC101) and OT902911 (MAC105). The exact date will be known after item is awarded.

REMARKS (to be written on paper copy only):

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ITEM ID NO. Available to Order 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
766 4/1/13 210-08-1464L	Doxycycline Hyclate 100mg Caps		193	50	BTL					
6239 4/1/13 210-12-1211	Benzalkonium Free & EDTA Free Albuterol Soln Sterile 0.83mg/ml for Nebulization 3ml UD		1,066	25	BOX					
7283 4/1/13 210-20-1210	Gelfoam Gelatin Sponges Size 100 Sq cm		121	6	BOX					
1192 4/1/13 210-20-1215 V	Heparin Sod. 10,000 Units per ml, 5ml Vial		1,232	25	BOX					
7288 1/1/2013 210-20-1225 U	Warfarin Sodium Tablets 1mg		16	UD 100	PKG					
11938 1/1/2013 210-20-1230 U	Warfarin Sodium Tablets 2.5mg		5	UD 100	PKG					

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1197 1/1/2013 210-20-1231 C	Warfarin Sodium Tablets 2mg		166	100	BTL					
7340 1/1/2013 210-20-1231 U	Warfarin Sodium Tablets 2mg		11	UD 100	PKG					
7342 1/1/2013 210-20-1234 U	Warfarin Sodium Tablets 5mg		23	UD 100	PKG					
961 4/1/13 210-24-0544 C	Propranolol HCL Tablets 20mg		1,061	100	BTL					
947 4/1/13 210-24-0613S	Gemfibrozil 600mg Tablets		992	60	BTL					
6079 4/1/13 210-24-0619T	Ezetimibe 10mg Simvastatin 10mg Tablets (Vytorin 10/10)		Unk	30	BTL					
1000 4/1/13 210-24-0620 T	Ezetimibe 10mg Simvastatin 20mg (Vytorin 10/20) Tablets		Unk	30	BTL					
1224 4/1/13 210-24-0831 C	Clonidine HCL 0.1mg Tablets		277	100	BTL					

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1391 4/1/13 210-28-1260 U	Extended Phenytoin Sodium Capsules 100mg (Dilantin) (No Substitution)		45	UD 100	PKG					
1380 1/1/2013 210-28-1264 U	Divalproex Sodium 125 mg E.C. Tablets		16	UD 100	PKG					
1383 1/1/2013 210-28-1265 U	Divalproex Sodium 250mg E.C. Tablets		277	UD 100	PKG					
10327 4/1/13 210-28-1474N	Pregabalin (Lyrica) Capsules 50 mg		40	90	BTL					
10328 4/1/13 210-28-1475N	Pregabalin (Lyrica) Capsules 75 mg		18	90	BTL					
1007 4/1/13 210-28-1593 T	Atomoxetine Capsules 40mg (Strattera)		204	30	BTL					
5959 4/1/13 210-28-1594 T	Atomoxetine Capsules 60mg (Strattera)		118	30	BTL					
12672 4/1/13 210-28-1640 C	Escitalopram Tablets 10mg		254	100	BTL					

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6888 4/1/13 210-28-1641 C	Escitalopram Tablets 20mg		459	100	BTL					
7162 4/1/13 210-28-1643 T	Duloxetine Capsules 30mg (Cymbalta)		549	30	BTL					
1357 1/1/2013 210-28-1647U	Citalopram Tabs 10mg		40	UD 100	PKG					
1359 1/1/2013 210-28-1648U	Citalopram Tabs 20mg		236	UD 100	PKG					
(TBD) 4/1/13 210-28-1649D	Citalopram 40mg tabs		617	500	BTL					
1346 4/1/13 210-28-1800 T	Aripiprazole (Abilify) 10mg Tablets		861	30	BTL					
1347 4/1/13 210-28-1801 T	Aripiprazole (Abilify) 15mg Tablets		517	30	BTL					
1170 4/1/13 210-28-1820 S	Buspirone HCL 30mg Tablets		909	60	BTL					

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12643 4/1/13 210-28-1826U	Aripiprazole Discmelt (Abilify Discmelts) Tablets 10 mg		40	UD 30	PKG					
12644 4/1/13 210-28-1827U	Aripiprazole Discmelt (Abilify Discmelts)Tablets 15 mg		112	UD 30	PKG					
1509 4/1/13 210-28-1837 U	Chlorpromazine HCL Tablets 50mg		72	UD 100	PKG					
7432 4/1/13 210-28-1838 U	Chlorpromazine HCL Tablets 100mg		140	UD 100	PKG					
1513 4/1/13 210-28-1839 U	Chlorpromazine HCL Tablets 200mg		69	UD 100	PKG					
1247 1/1/2013 210-28-1896	Fluphenazine HCL Concentrate 5mg/ml		419	120 ml 1	BTL					
7362 4/1/13 210-28-1926 C	Hydroxyzine HCL 10mg Tablets		116	100	BTL					
7363 4/1/13 210-28-1938 C	Hydroxyzine HCL Tablets 25mg		387	100	BTL					

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7364 4/1/13 210-28-1939 C	Hydroxyzine HCL Tablets 50mg		427	100	BTL					
5893 1/1/2013 210-28-1972 T	Olanzapine 10mg Tablets		1,030	30	BTL					
1098 4/1/13 210-28-1980 U	Olanzapine 5mg Zydis Disintegrating Tabs		213	UD 30	PKG					
1102 4/1/13 210-28-1981 U	Olanzapine 10mg Zydis Disintegrating Tabs		434	UD 30	PKG					
5895 1/1/2013 210-28-1982 U	Olanzapine 15mg Zydis Disintegrating Tabs		346	UD 30	PKG					
5896 1/1/2013 210-28-1983 U	Olanzapine 20mg Zydis Disintegrating Tabs		440	UD 30	PKG					
1547 4/1/13 210-28-1985 C	Perphenazine 2mg Tablets		24	100	BTL					
7178 4/1/13 210-28-1986 C	Perphenazine 4mg Tablets		973	100	BTL					

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1388 4/1/13 210-28-1988 C	Perphenazine 16mg Tablets		1,039	100	BTL					
12698 4/1/13 210-28-2036D	Risperidone 2mg Tablets		589	500	BTL					
1115 1/1/2013 210-28-2037U	Risperidone 3mg Tablets		263	UD 100	PKG					
1132 4/1/13 210-28-2111 U	Ziprasidone Capsules 40mg		75	UD 80	PKG					
5756 1/1/2013 210-28-2112 U	Ziprasidone Capsules 60mg		106	UD 80	PKG					
1135 4/1/13 210-28-2113 U	Ziprasidone Capsules 80mg		156	UD 80	PKG					
1136 4/1/13 210-28-2115 V	Ziprasidone Mesylate for Inj 20mg/ml Vials (Geodon)		1,225	10	PKG					
1454 4/1/13 210-40-2889 C	Hydrochlorothiazide 25mg Triamterene 37.5mg Capsules		12	100	BTL					

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1476 4/1/13 210-40-3480 C	Hydrochlorothiazide 50mg and Triamterene 75 mg Tablets		300	100	BTL					
1553 1/1/2013 210-56-0401	Aluminum Hydroxide Suspension 320mg/5ml	X	37	1 Pint 1	BTL					
1637 4/1/13 210-56-0431	(Generic Only) (No Substitution) Calcium Carbonate Tablets 500mg (Tums equivalent)	X	524	150	BTL					
269-56-16-750-1 1/1/2013 210-56-0435	Charcoal, Activated 25gm/120ml in Sorbitol Soln.	X	112	4oz UD 1	BTL					
1578 1/1/2013 210-56-0440 U	Cimetidine Tablets 300mg		Unk	UD 100	PKG					
7309 4/1/13 210-56-0443 C	Cimetidine Tablets 400mg		9	100	BTL					
7314 1/1/2013 210-56-0500 T	Famotidine 10mg Tablets (Generic Requested) (Pepcid AC equivalent)	X	175	30	PKG					
1584 4/1/13 210-56-0501 C	Famotidine 20mg Tablets (Pepcid or equivalent)		1,349	100	BTL					

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7315 4/1/13 210-56-0501 U	Famotidine 20mg Tablets (Pepcid or equivalent)		186	UD 100	PKG					
269-56-06-840-2 4/1/13 210-56-0519 C	Dried Aluminum Hydroxide Gel 200mg, Magnesium Hydroxide 200mg, Smimethicone 25mg Tablets (Gelusil equivalent) (Generic Only) (No Substitution)	X	263	100	BTL					
11421 4/1/13 210-56-0522 C	(Generic Only) (No Substitution) Aluminum Hydroxide 80mg, Magnesium Trisilicate 14.2mg Tablets (Gaviscon equivalent)	X	Unk	100	BTL					
6972 4/1/13 210-56-0622 A	Magnesium Hydroxide 400mg/5ml Milk of Magnesia U.S.P.	X	1,053	12 oz 1	BTL					
1768 4/1/13 210-56-0624 U	Milk of Magnesia 30ml Magnesium Hydroxide 400mg/5ml	X	150	UD 100	PKG					
6973 4/1/13 210-56-0638 H	Magnesium Oxide 400mg Tablets	X	58	120	BTL					
7237 4/1/13 210-56-0681 A	Bismuth Subsalicylate 262mg/15ml Susp.	X	1,331	8 oz 1	BTL					

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1558 1/1/2013 210-56-0682 T	Bismuth Subsalicylate 262mg Chew Tabs	X	164	30	BOX					
(TBD) 4/1/13 210-56-0706	Ranitidine tablets 75 mg Must have OTC labeling	X	708	30	BOX					
7039 4/1/13 210-56-0707	Ranitidine HCL 150mg Tablets or Capsules Must have OTC labeling	X	857	60	BTL					
14803 4/1/13 210-56-0707D	Ranitidine HCl Tablets or Capsules 150mg		633 **	500	BTL					
7038 4/1/13 210-56-0707U	Ranitidine HCL 150mg Tablets or Capsules		252	UD 100	PKG					
1786 4/1/13 210-56-0708 T	Ranitidine 300mg Tablets or Capsules		Unk	30	BTL					
1784 4/1/13 210-56-0710 P	Ranitidine 15mg/ml Syrup		5	16 oz 1	BTL					
10628 4/1/13 210-56-0740 C	Sucralfate 1gm Tablets		35	100	BTL					

* To advise of correction in Index Number.
** To advise of correction in Estimated Yearly Usage.

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1790 4/1/13 210-56-0740 U	Sucralfate 1gm Tablets		2	UD 100	PKG					
1579 4/1/13 210-56-0811 C	Atropine 0.025mg, Diphenoxylate 2.5mg Tablets		19	100	BTL					
7310 4/1/13 210-56-0811 U	Atropine 0.025mg, Diphenoxylate 2.5mg Tablets		6	UD 100	PKG					
1575 4/1/13 210-56-0910 C	Loperamide 2mg Capsules		270	100	BTL					
1576 4/1/13 210-56-0910D	Loperamide 2mg caps		96	500	BTL					
7306 4/1/13 210-56-0910U	Loperamide 2mg Capsules		31	UD 100	PKG					
(TBD) 1/1/2013 210-56-0910T	Loperamide tabs 2mg OTC Labelling	X	Unk	24	PKG					
7307 1/1/2013 210-56-0911	Loperamide Liquid 1mg/5ml	X	203	120 ml 1	BTL					

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7184 4/1/13 210-56-1111	Alum. OH 200mg, Magnesium OH 200mg, Simethicone 20mg/5ml Hospital Pack 5oz (offer case prices)	X	371	(cs. pk.) 5oz 12	CS					
1554 4/1/13 210-56-1111 A	Alum. OH 200mg, Magnesium OH 200mg, Simethicone 20mg/5ml	X	1,540	12 oz 1	BTL					
(TBD) 4/1/13 210-56-1111U	Aluminum Hydrox 200mg, Magnesium Hydrox 200mg Simeth 20mg / 5ml		71	UD 100	PKG					
7183 1/1/2013 210-56-1112 A	Alum. OH 400mg, Magnesium OH 400mg, Simethicone 40mg/5ml	X	4,248	12 oz 1	BTL					
(TBD) 1/1/2013 210-56-1165C	Alpha-D-Galactosidase tablets		Unk	100	BTL					
7042 4/1/13 210-56-1166 C	Simethicone Tablets 80mg (Mylanta Gas 80mg Mint or equivalent)	X	105	100	BTL					
1789 1/1/2013 210-56-1166 U	Simethicone Tablets 80mg (Mylanta Gas 80mg Mint or equivalent)	X	210	UD 100	PKG					
1556 4/1/13 210-56-1219 C	Bisacodyl Enteric Coated Tablets 5mg	X	102	100	BTL					

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1557 1/1/2013 210-56-1219 U	Bisacodyl Enteric Coated Tablets 5mg	X	155	UD 100	PKG					
7186 1/1/2013 210-56-1220 U	Lot number & expiration date must be on each suppository Bisacodyl Suppositories 10mg	X	12	UD 100	PKG					
1582 1/1/2013 210-56-1258 P	Docusate Sodium 50mg/5ml Liquid	X	60	1 Pint 1	BTL					
7311 1/1/2013 210-56-1259 C	Docusate Sodium 100mg Capsules	X	503	100	BTL					
7312 1/1/2013 210-56-1259 M	Docusate Sodium 100mg Capsules	X	231	1000	BTL					
1581 4/1/13 210-56-1259 U	Docusate Sodium 100mg Capsules	X	1,539	UD 100	PKG					
1873 4/1/13 210-56-1293	Polyethylene Glycol Powder 17gm/dose		2,250	255 gm 1	BTL					
(TBD) 1/1/2013 210-56-1293U	Polyethylene Glycol Powder 17gm/dose	X	25	100	PKG					

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6650 4/1/13 210-56-1295 G	Powder for Oral Soln Polyethylene Glycol 3350 Electrolyte in Bottle		337	4 Ltr 1	BTL					
7043 4/1/13 210-56-1299	Fleet Enema Plain (No Substitution)	X	1,893	1	EA					
7313 1/1/2013 210-56-1300	Enema Mineral Oil (Fleet or equivalent)	X	38	1	EA					
7227 4/1/13 210-56-1384	Lactulose Solution 10gm/15ml for Constipation		801	32 oz 1	BTL					
1577 4/1/13 210-56-1384 B	Lactulose Solution 10gm/15ml for Constipation		486	8 oz 1	BTL					
1458 1/1/2013 210-56-1384 U	Lactulose Soln 10Gm/15ml 30cc		348	UD 40	CTN					
7308 4/1/13 210-56-1415	Citrate of Magnesia	X	2,214	10 oz 1	BTL					
6976 4/1/13 210-56-1418	Methycellulose PWD Orange, Jar	X	20	16 oz 1	EA					

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1775 4/1/13 210-56-1423 A	Mineral Oil American Heavy - Indication Constipation	X	230	16 oz 1	BTL					
10342 1/1/2013 210-56-1432	Phospha Soda (Fleet or equivalent)	X	Unk	1.5 oz 1	BTL					
269-56-34-585-9 4/1/13 210-56-1463 D	Polycarbophil Calcium Tablet 500mg		123	500	BTL					
1571 1/1/2013 210-56-1463 S	Polycarbophil, Calcium 500mg Tablet	X	376	60	PKG					
1783 4/1/13 210-56-1485	(74008) (No Substitution) (Metamucil) Psyllium Muciloid, Regular Flavor, OriginalTexture Powder	X	30	13 oz 1	CAN					
6986 4/1/13 210-56-1486	(74078) (No Substitution) (Metamucil) Psyllium Muciloid, Orange Flavor, Original Texture Powder	X	124	20 oz 1	CAN					
6985 4/1/13 210-56-1486 U	(74087) (No Substitution) (Metamucil) Psyllium Muciloid, Orange Flavor, Smooth Texture Powder	X	256	486 UD 30	PKG					
1782 4/1/13 210-56-1487 U	(74108) (No Substitution) (Metamucil) Psyllium Muciloid, Orange Flavor, Smooth Texture, Sugar Free Powder	X	526	UD 30	PKG					

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7041 1/1/2013 210-56-1526 C	187mg=8.6mg Sennosides From Senna Concentrate. Senna Concentrate,Tablets	X	190	100	BTL					
(TBD) 1/1/2013 210-56-1526U	Sennosides 8.6mg Tablets		Unk	UD 100	PKG					
14804 1/1/2013 210-56-1528 S	Sennosides 8.6mg Docusate Sodium 50mg	X	38	60	BTL					
1787 1/1/2013 210-56-1528 U	Sennosides 8.6mg Docusate Sodium 50mg	X	493	UD 100	PKG					
(TBD) 1/1/2013 210-56-1610C	Amylase/Protease/Lipase Cap		21	100	BTL					
1586 4/1/13 210-56-1640 H	(Generic Required) Lactase Enzyme 9000 FCC Units per 3 Tablets (LactAid equivalent) Original Strength	X	152	60	BTL					
1769 4/1/13 210-56-2000 C	Meclizine HCL Tablets 12.5mg (OTC labeling)		57	100	BTL					
6974 1/1/2013 210-56-2221 C	Meclizine HCL Tablets 25mg (OTC labeling)		287	100	BTL					

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6975 1/1/2013 210-56-2221 U	Meclizine HCL Tablets 25mg		10	UD 100	PKG					
1773 4/1/13 210-56-2222 C	Metoclopramide Tablets 10mg		303	100	BTL					
1774 1/1/2013 210-56-2222 U	Metoclopramide Tablets 10mg		34	UD 100	PKG					
6977 4/1/13 210-56-2223 C	Metoclopramide Tablets 5mg		69	100	BTL					
(TBD) 1/1/2013 210562229T	Ondansetron HCl ODT 4mg Tablets		27	30	PKG					
(TBD) 1/1/2013 210562230T	Ondansetron HCl ODT 8mg Tablets		1	30	PKG					
1792 4/1/13 210-56-2231 T	Ondansetron HCl 4mg Tablets		261	30	BTL					
7046 4/1/13 210-56-2232 T	Ondansetron HCl 8mg Tablets		86	30	BTL					

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(TBD) 1/1/2013 210-56-2291	Dronabinol capsules 5 mg		2	60	BTL					
7316 4/1/13 210-56-2650 C	Fish Oil Capsules 1000mg	X	2,086	100	BTL					
7045 4/1/13 210-56-4025N	Esomeprazole Capsules 40mg (Nexium). Extended Release.		12	90	BTL					
1585 4/1/13 210-56-4025U	Esomeprazole Capsule 40mg (Nexium). Extended Release.		8	UD 100	PKG					
1573 4/1/13 210-56-4041 T	Lansoprazole EC Cap 15mg		Unk	30	BTL					
7252 1/1/2013 210-56-4041 U	Lansoprazole EC Cap 15mg		Unk	UD 100	PKG					
1574 4/1/13 210-56-4042 C	Lansoprazole EC Cap 30mg		25	100	BTL					
7305 4/1/13 210-56-4042 U	Lansoprazole EC Cap 30mg		Unk	UD 100	PKG					

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(TBD) 1/1/2013 210-56-4046T	Mesalamine Suppositories 1000mg (Canasa)		25	30	PKG					
(TBD) 1/1/2013 210-56-4047	Mesalamine Rectal Enema 4Gm/60ml		61	7	PKG					
(TBD) 4/1/13 210-56-4048	Balsalazide capsules 750 mg		13	280	BTL					
1587 4/1/13 210-56-4049	Mesalamine CR Capsules 250mg (Pentasa)		179	240	BTL					
7250 1/1/2013 210-56-4050 C	Mesalamine Delayed Release tablets 400mg (Asacol)		938	180	BTL					
269-56-70-500-3 1/1/2013 210-56-4051H	Misoprostol Tablets 100 mcg		3	120	BTL					
6981 4/1/13 210-56-4052 C	(Generic Required) (No Substitution) Misoprostol 200mcg Tablets (Cytotec equivalent)		11	100	BTL					
7037 1/1/2013 210-56-4062 C	Olsalazine Sodium Caps 250mg (Dipentum)		Unk	100	BTL					

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6982 4/1/13 210-56-4068 U	Omeprazole 20mg SR Caps		464	UD 100	PKG					
14806 4/1/13 210-56-4069M	Omeprazole DR Capsules 20mg		444	1,000	BTL					
(TBD) 1/1/2013 210-56-4070	Omeprazole DR Tablets OTC 20mg		397	28	PKG					
1780 4/1/13 210-56-4070 A	Omeprazole DR Tablets OTC 20mg		731	UD 42	PKG					
6980 4/1/13 210-56-4075 N	Delayed Release Pantoprazole Sodium Tabs 40mg		4	90	BTL					
1776 1/1/2013 210-56-4076U	Delayed Release Pantoprazole Sodium Tabs 40mg		10	UD 100	PKG					
7115 1/1/2013 210-68-3314 S	Medroxyprogesterone Acetate 1ml 150mg/ml Pre-Filled Syringe w/Safety Glide Needle		97	Ea 1	SYR					
1705 1/1/2013 210-84-0455 A	Clotrimazole Cream 1% Topical OTC Formulation Only, Tube	X	853	15 gm 1	TB					

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6837 1/1/2013 210-84-0480	OTC Formulation Terbinafine 1% Cream, Tube	X	1,622	24 gm 1	TB					
1711 4/1/13 210-84-0485	Tolnaftate 1% Cream, Tube	X	2,643	15 gm 1	TB					
1712 1/1/2013 210-84-0487	Tolnaftate 1% Powder	X	899	45 gm 1	EA					
6929 4/1/13 210-92-0004	Acamprosate 333mg Tablets Del. Release		73	180	BTL					

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