

**ESCAMBIA COUNTY FLORIDA
INVITATION TO BID
BIDDER'S CHECKLIST
PHARMACY SERVICES FOR ESCAMBIA COUNTY JAIL
SPECIFICATION PD 16-17.005**

• HOW TO SUBMIT YOUR BID

PLEASE REVIEW THIS DOCUMENT CAREFULLY. OFFERS THAT ARE ACCEPTED BY THE COUNTY ARE BINDING CONTRACTS. **INCOMPLETE BIDS ARE NOT ACCEPTABLE.** ALL DOCUMENTS AND SUBMITTALS SHALL BE RECEIVED BY THE OFFICE OF PURCHASING ON OR BEFORE DATE AND HOUR FOR SPECIFIED FOR RECEIPT. LATE BIDS WILL BE RETURNED UNOPENED.

** Documents submitted with Bids are to be on the forms provided in the Invitation to Bid and photocopies of other required documents*

THE FOLLOWING DOCUMENTS SHALL BE RETURNED WITH BID:

- SOLICITATION, OFFER AND AWARD FORM (WITH ORIGINAL SIGNATURE) AND CD OR FLASHDRIVE
- BID FORMS (WITH ORIGINAL SIGNATURE) AND CD OR FLASHDRIVE
- BID SURETY (BOND, CHECK, ETC.)

THE FOLLOWING DOCUMENTS SHOULD BE RETURNED WITH BID

- SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(A), FLORIDA STATUTES, ON ENTITY CRIMES
- DRUG-FREE WORKPLACE FORM
- INFORMATION SHEET FOR TRANSACTIONS AND CONVEYANCES CORPORATE IDENTIFICATION
- CERTIFICATE OF AUTHORITY TO DO BUSINESS FROM THE STATE OF FLORIDA
- OCCUPATIONAL LICENSE
- FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION – LICENSE(S), CERTIFICATION(S) AND/OR REGISTRATION(S)

BEFORE YOU SUBMIT YOUR BID, HAVE YOU:

PLACED YOUR BID WITH ALL REQUIRED SUBMITTAL ITEMS IN A SEALED ENVELOPE CLEARLY MARKED FOR SPECIFICATION NUMBER, PROJECT NAME, NAME OF BIDDER, AND DUE DATE AND TIME OF BID RECEIPT?

THE FOLLOWING SUBMITTALS ARE REQUIRED UPON NOTICE OF AWARD:

CERTIFICATE OF INSURANCE

• HOW TO SUBMIT A NO BID

IF YOU DO NOT WISH TO BID AT THIS TIME, PLEASE REMOVE THE BIDDER SOLICITATION, OFFER AND AWARD FORM FROM THE BID SOLICITATION PACKAGE AND ENTER NO BID IN THE "**REASON FOR NO BID**" BLOCK, YOUR COMPANY'S NAME, ADDRESS, SIGNATURE, AND RETURN THE BIDDER SOLICITATION, OFFER AND AWARD FORM IN A SEALED ENVELOPE. THIS WILL ENSURE YOUR COMPANY'S ACTIVE STATUS IN OUR BIDDER'S LIST.

**THIS FORM IS FOR YOUR CONVENIENCE TO ASSIST IN FILLING OUT YOUR
BID ONLY.
DO NOT RETURN WITH YOUR BID**

**ESCAMBIA COUNTY
FLORIDA**

INVITATION TO BIDDERS

PHARMACY SERVICES FOR ESCAMBIA COUNTY JAIL

SPECIFICATION NUMBER PD 16-17.005

BIDS WILL BE RECEIVED UNTIL: 3:00 P.M. CST, WEDNESDAY, NOVEMBER 16, 2016

**Office of Purchasing, Room 11.101
213 Palafox Place, Pensacola, FL 32502
Matt Langley Bell III Building
Post Office Box 1591
Pensacola, FL 32591-1591**

A Non-Mandatory Pre Solicitation Conference will be held in the Office of Purchasing on Thursday, October 27, 2016 at 9:00 a.m. CST. All bidders are encouraged to attend.

Board of County Commissioners

Grover Robinson, IV, Chairman
Wilson B. Robertson, Vice Chairman
Steven Barry
Douglas Underhill
Lumon J. May

**From:
Claudia Simmons
Purchasing Manager**

Assistance:

Claudia Simmons, Manager
Office of Purchasing
2nd Floor, Matt Langley Bell, III Building
213 Palafox Place
Pensacola, FL 32502
Tel: (850) 595-4987
Fax: (850) 595-4805

SPECIAL ACCOMMODATIONS:

Any person requiring special accommodations to attend or participate, pursuant to the Americans with Disabilities Act, should call the Office of Purchasing, (850) 595-4980 at least five (5) working days prior to the solicitation opening. If you are hearing or speech impaired, please contact the Office of Purchasing at (850) 595-4684 (TTY).

NOTICE

It is the specific legislative intent of the Board of County Commissioners that NO CONTRACT under this solicitation shall be formed between Escambia County and the awardee vendor until such time as the contract is executed by the last party to the transaction.

NOTICE

In accordance with Sec. 46-110(e) of the Escambia Code of Ordinances, all bid solicitation documents shall include the following notice to vendors of the local vendor preference policy:

(revised 1/21/2016)

Sec. 46-110.-Local Preference in Bidding

(d) *Preference in purchase of commodities and services by means of competitive bid.*

Except where federal or state law, or any other funding source, mandates to the contrary, Escambia County may give preference to local businesses in the following manner:

Competitive bid (local price match option). Each formal competitive bid solicitation (i.e. sealed bids) shall clearly identify how the price order of the bids received will be evaluated and determined.

When a qualified and responsive, non-local business submits the lowest price bid amount between \$50,000.00 and \$249,999.00, and the bid submitted by one or more qualified and responsive local businesses is within **five percent** of the price submitted by the non-local business, then the local business with the apparent lowest bid offer (i.e., the lowest local bidder) shall have the opportunity to submit an offer to match the price(s) offered by the overall lowest, qualified and responsive non-local bidder.

When a qualified and responsive, non-local business submits the lowest price bid amount between \$50,000.00 and \$249,999.00, and the bid submitted by one or more qualified and responsive local businesses with a fixed office or distribution point located in a designated Community Redevelopment Area (CRA) is within **seven percent** of the price submitted by the non-local business, then the local business located in a designated CRA with the apparent lowest bid offer (i.e., the lowest local bidder) shall have the opportunity to submit an offer to match the price(s) offered by the overall lowest, qualified and responsive non-local bidder.

When a qualified and responsive, non-local business submits the lowest price bid amount between \$250,000.00 and \$999,999.00, and the bid submitted by one or more qualified and responsive local businesses is within **three percent** of the price submitted by the non-local business, then the local business with the apparent lowest bid offer (i.e., the lowest local bidder) shall have the opportunity to submit an offer to match the price(s) offered by the overall lowest, qualified and responsive non-local bidder.

When a qualified and responsive, non-local business submits the lowest price bid amount between \$250,000.00 and \$999,999.00, and the bid submitted by one or more qualified and responsive local businesses with a fixed office or distribution point located in a designated CRA is within **five percent** of the price submitted by the non-local business, then the local business located in a designated CRA with the apparent lowest bid offer (i.e., the lowest local bidder) shall have the opportunity to submit an offer to match the price(s) offered by the overall lowest, qualified and responsive non-local bidder.

When a qualified and responsive, non-local business submits the lowest price bid amount in excess of \$1,000,000.00, and the bid submitted by one or more qualified and responsive local businesses is within **two percent** of the price submitted by the non-local business, then the local business with the apparent lowest bid offer (i.e., the lowest local bidder) shall have the opportunity to submit an offer to match the price(s) offered by the overall lowest, qualified and responsive non-local bidder.

When a qualified and responsive, non-local business submits the lowest price bid amount in excess of \$1,000,000.00, and the bid submitted by one or more qualified and responsive local

businesses with a fixed office or distribution point located in a designated CRA is within **four percent** of the price submitted by the non-local business, then the local business located in a designated CRA with the apparent lowest bid offer (i.e., the lowest local bidder) shall have the opportunity to submit an offer to match the price(s) offered by the overall lowest, qualified and responsive non-local bidder.

In such instances, staff shall first verify whether the lowest non-local bidder and the lowest local bidder are in fact qualified and responsive bidders. Next, the purchasing department shall invite the lowest local bidder in writing to submit a matching offer which shall be submitted in writing to the office of purchasing within five business days thereafter.

If the lowest local bidder does not respond or otherwise submits a written offer that does not fully match the lowest bid from the lowest non-local bidder tendered previously then award shall be made to the lowest overall qualified and responsive non-local bidder.

In the event a local bidder is awarded a contract pursuant to this section, any requests for change orders increasing the cost of the project must be approved by the board of county commissioners.

- (e) *Notice.* All bid solicitation documents shall include notice to vendors of the local preference policy.
- (f) *Waiver of the application of local preference.* The application of local preference to a particular purchase or contract for which the board of county commissioners is the awarding authority may be waived upon approval of the board of county commissioners.
- (g) *Limitations.*
 - (1) The provisions of this section shall apply only to procurements which are above the formal bid threshold as set forth in the Escambia County Purchasing Code.
 - (2) The provisions of this section shall not apply where prohibited by federal or Florida law or where prohibited under the conditions of any grant.
 - (3) The provisions of this section shall not apply to any purchase exempted from the provisions of the Escambia County Purchasing Code.
 - (4) The provisions of this section shall not apply to contracts made under the Consultants Competitive Negotiation Act (CCNA), F.S. § 287.055.

Effective July 1, 2015, the County **may not** use a local preference “for a competitive solicitation for **construction services** in which **50 percent or more** of the cost will be paid from state appropriated funds which have been appropriated at the time of the competitive solicitation. For any such solicitation, the County must disclose in the bid package that “any applicable local ordinance or regulation does not include any local preference...” See §255.0991, Florida Statutes.

**PHARMACY SERVICES FOR ESCAMBIA COUNTY JAIL
PD 16-17.005**

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Forms marked with a (** Double Asterisk) should be returned with Offer.**

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SIGN AND RETURN THIS FORM WITH YOUR BIDS**

SOLICITATION, OFFER AND AWARD FORM ESCAMBIA COUNTY FLORIDA

SUBMIT OFFERS TO:

Claudia Simmons

Purchasing Manager

Office of Purchasing, 2nd Floor, Room 11.101

213 Palafox Place, Pensacola, FL 32502

Post Office Box 1591, Pensacola, FL 32591-1591

Phone No: (850)595-4980 Fax No: (850) 595-4805

COUNTY JAIL

Invitation to Bid

PHARMACY SERVICES FOR ESCAMBIA

SOLICITATION NUMBER: PD 16-17.005

SOLICITATION

MAILING DATE: Monday, October 17, 2016

PRE-BID CONFERENCE: Thursday, October 27, 2016 at 9:00 a.m. CDT in the Office of Purchasing, Conference Room 11.407

OFFERS WILL BE RECEIVED UNTIL: 3:00 p.m. CST, WEDNESDAY, November 16, 2016 and may not be withdrawn within

90 days after such date and time.

POSTING OF SOLICITATION TABULATIONS

Solicitation tabulations with recommended awards will be posted for review by interested parties at the County Office of Purchasing and will remain posted for a period of two (2) business days. Failure to file a protest in writing within two (2) business days after posting of the solicitation tabulation shall constitute a waiver of any protest relating to this solicitation. All protests must be filed with the Office of Purchasing. They will be handled according to the Escambia County Purchasing Ordinance.

OFFER (SHALL BE COMPLETED BY OFFEROR)

FEDERAL EMPLOYER IDENTIFICATION NUMBER OR S.S. NUMBER: _____

TERMS OF PAYMENT: _____

DELIVERY DATE WILL BE _____ DAYS AFTER RECEIPT OF PURCHASE ORDER.

VENDOR NAME: _____

REASON FOR NO OFFER: _____

ADDRESS: _____

CITY, ST. & ZIP: _____

PHONE NO.: (____) _____

BID BOND ATTACHED \$ _____

TOLL FREE NO.: (____) _____

FAX NO.: (____) _____

I certify that this offer is made without prior understanding, agreement, or connection, with any Corporation, firm or person submitting an offer for the same materials, supplies, or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this offer and certify that I am authorized to sign this offer for the offeror and that the offeror is in compliance with all requirements of the solicitation, including but not limited to certification requirements. In submitting an offer to Escambia County Florida, the offeror agrees that if the offer is accepted, the offeror will convey, sell, assign or transfer to Escambia County Florida all rights title and interest in and to all causes of action it may now or hereafter acquire under the Anti-trust laws of the United States and the State of Florida for price fixing relating to the particular commodities or services purchased or acquired by Escambia County Florida. At the County's discretion such assignment shall be made and become effective at the time the County tenders final payment to the offeror.

NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER

(TYPED OR PRINTED)

**

SIGNATURE OF PERSON AUTHORIZED TO SIGN OFFER
(MANUAL)

****Failure to execute this Form binding the bidder/proposer's offer shall result in this bid/proposal being rejected as non-responsive.**

AWARD

Upon certification of award the contract shall be signed by the President or Vice-President. Any other officer shall have permission to sign via a resolution approved by the Board of Directors on behalf of the company. Awarded contractor shall submit a copy of the resolution together with the executed contract to the Office of Purchasing. The terms and conditions of this solicitation and the bid response of the awarded contractor is incorporated by reference herein and made a part of this contract.

CONTRACTOR

Name and Title of Signer (Type or Print)

Name of Contractor

By _____

Signature of Person Authorized to Sign

Date

ATTEST: _____

Corporate Secretary

Date

[CORPORATE SEAL]

ATTEST: _____

Witness

Date

ATTEST: _____

ESCAMBIA COUNTY FLORIDA

Name and Title of Signer (Type or Print)

By _____

County Administrator

Date

WITNESS _____

Date

WITNESS _____

Date

Awarded Date _____

Effective Date _____

Witness

Date

BID FORM

Specification Number PD16-17.005

PHARMACY SERVICES FOR ESCAMBIA COUNTY JAIL

Board of County Commissioners
Escambia County, Florida
Pensacola, Florida 32502

Date: _____

Commissioners:

In accordance with your "Invitation to Bid" and "Instructions to Bidders" for **Pharmacy Services for Escambia County Jail** as described and listed in this Invitation to Bid, and subject to all conditions thereof, I, undersigned _____ hereby propose to provide at the following price:

Company

Pricing

Recognized industry database utilized to obtain Average Wholesale Price:

Average Wholesale Price + (plus) or – (minus) _____ % (Generic)
(please circle)

Or

Average Wholesale Price + (plus) or – (minus) _____ % (Brand Name)
(please circle)

Dispensing Fee

Dispensing Fee per Prescription: _____

Credits

Unused, returned medication (as described in RFP) shall be credited at actual cost to Escambia County

AGREED _____

Training

No charge to all in-service training

AGREED _____

If your company is located within a Community Redevelopment Area of Escambia County, Florida, please Indicate by marking an X in the blank (*Sec. 46-110.-Local Preference in Bidding*).

Yes ___ No ___

CONTRACTOR REQUIREMENTS

Acknowledgment is hereby made of receipt of the following addenda issued during the bidding period:

Addendum No. _____ Date _____ Addendum No. _____ Date _____
Addendum No. _____ Date _____ Addendum No. _____ Date _____

(PLEASE TYPE INFORMATION BELOW)

SEAL IF BID IS BY CORPORATION

State of Florida Department of State Certificate of Authority
Document Number _____

Occupational License No. _____

Florida DBPR Contractor's License, Certification and/or
Registration No. _____

Type of Contractor's License, Certification and/or
Registration _____ N/A _____

Expiration Date: _____

Terms of Payment
(Check one) Net 30 Days ___ 2% 10th Prox ___

Will your company accept Escambia County Purchasing
Cards? Yes ___ No ___.

Will your company accept Escambia County Direct
Payment Vouchers? Yes ___ No ___.

County Permits/Fees required for this project:

<u>Permit</u>	<u>Cost</u>
_____ N/A _____	

Bidder: _____

By: _____

Signature: _____

Title: _____

Address: _____

Person to contact concerning this bid:

Phone/Toll Free/Fax # _____

E-Mail Address: _____

Home Page Address: _____

Person to contact for emergency service:

Phone/Cell/Pager #: _____

Person to contact for disaster service:

Home Address: _____

Home Phone/Cell/Pager #: _____

Attached to bid you shall find a bid bond, cashier's check or certified check (circle one that applies) in the amount of \$1,000.00.

**SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(a),
FLORIDA STATUTES, ON ENTITY CRIMES**

1. This sworn statement is submitted to _____
(print name of the public entity)
- by _____
(print individual's name and title)
- for _____
(print name of entity submitting sworn statement)

whose business address is

and (if applicable) its Federal Employer Identification Number (FEIN) is:

(If the entity has no FEIN, include the Social Security Number of the Individual signing this sworn statement: _____)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), **Florida Statutes**, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision or any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), **Florida Statutes**, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), **Florida Statutes**, means:
- a. A predecessor or successor of a person convicted of a public entity crime; or
 - b. An entity under the control any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity

crime in Florida during the preceding 36 months shall be considered an affiliate.

- c. I understand that a "person" as defined in Paragraph 287.133(1)(e), **Florida Statutes**, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
- d. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(indicate which statement applies.)**

_____ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. **(attach a copy of the final order)**

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THOROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

(signature)

Sworn to an subscribed before me this _____ day of _____, 20_____

Personally known _____

OR produced identification _____ Notary Public - State of _____

(Type of identification)

My commission expires _____

(Printed typed or stamped commissioned name of notary public)

Drug-Free Workplace Form

The undersigned vendor, in accordance with Florida Statute 287.087 hereby certifies that _____ does:

Name of Business

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, employee assistance programs and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in Paragraph 1.
4. In the statement specified in Paragraph 1, notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of Paragraphs 1 through 5.

Check one:

_____ As the person authorized to sign this statement, I certify that this firm complies fully with above requirements.

_____ As the person authorized to sign this statement, this firm **does not** comply fully with the above requirements.

Offeror's Signature

Date

**Information Sheet
for Transactions and Conveyances
Corporation Identification**

The following information will be provided to the Escambia County Legal Department for incorporation in legal documents. It is, therefore, vital all information is accurate and complete. Please be certain all spelling, capitalization, etc. is exactly as registered with the state or federal government.

Is this a Florida Corporation (Please Circle One)
Yes or No

If not a Florida Corporation,

In what state was it created: _____
Name as spelled in that State: _____

What kind of corporation is it: "For Profit" or "Not for Profit"

Is it in good standing: Yes or No

**Authorized to transact business
in Florida:** Yes or No

State of Florida Department of State Certificate of Authority Document No.: _____

Does it use a registered fictitious name: Yes or No

Names of Officers:

President: _____ Secretary: _____
Vice President: _____ Treasurer: _____
Director: _____ Director: _____
Other: _____ Other: _____

Name of Corporation (As used in Florida):

(Spelled exactly as it is registered with the state or federal government)

Corporate Address:

Post Office Box: _____
City, State Zip: _____
Street Address: _____
City, State, Zip: _____

(Please provide post office box and street address for mail and/or express delivery; also for recorded instruments involving land)

(Please continue and complete page 2)

Federal Identification Number: _____
(For all instruments to be recorded, taxpayer's identification is needed)

Contact person for company: _____ E-mail:

Telephone Number: _____ Facsimile Number: _____

Name of individual who will sign the instrument on behalf of the company:

(Upon Certification of Award, Contract shall be signed by the President or Vice-President. Any other officer shall have permission to sign via a resolution approved by the Board of Directors on behalf of the company. Awarded contractor shall submit a copy of the resolution together with the executed contract to the Office of Purchasing)

(Spelled exactly as it would appear on the instrument)

Title of the individual named above who will sign on behalf of the company:

-

END

(850) 488-9000 Verified by: _____ Date: _____

ESCAMBIA COUNTY , FLORIDA GENERAL TERMS and CONDITIONS

The following General Terms and Conditions are incorporated by reference and have the same legal effect as if printed in its entirety.

A full textual copy of these conditions may be obtained by visiting the Office of Purchasing Home Page (see Bid Information), by telephoning the Office of Purchasing at (850) 595-4980 or by Fax at (850)595-4805.

NOTE: Any and all Special Terms and Conditions and specifications referenced within the solicitation which varies from these General Terms and Conditions shall have precedence. Submission of the Bidder/Proposal Solicitation, Offer and Award Form and Bid/Proposal Form(s) in accordance with these General Terms and Conditions and Special Terms and Conditions constitutes an offer from the offeror. If any or all parts of the offer are accepted by Escambia County Florida, an authorized representative of the county shall affix his signature hereto, and this shall then constitute a written agreement between parties. The conditions incorporated herein become a part of the written agreement between the parties.

Bid Information See Home Page URL: <http://www.myescambia/our-services/purchasing>
Click on **ON-LINE SOLICITATIONS**

1. **Sealed Solicitations**
2. **Execution of Solicitation**
3. **No Offer**
4. **Solicitation Opening**
5. **Prices, Terms and Payment**
 - 5.01 **Taxes**
 - 5.02 **Discounts**
 - 5.03 **Mistakes**
 - 5.04 **Condition and Packaging**
 - 5.05 **Safety Standards**
 - 5.06 **Invoicing and Payment**
 - 5.07 **Annual Appropriations**
6. **Additional Terms and Conditions**
7. **Manufacturers' Name and Approved Equivalents**
8. **Interpretations/Disputes**
9. **Conflict of Interest**
 - 9.01 **County Procedure on Acceptance of Gifts**
 - 9.02 **Contractors Required to Disclose any Gift Giving**
 - 9.03 **Gratuities**
10. **Awards**
11. **Nonconformance to Contract Conditions**
12. **Inspection, Acceptance and Title**
13. **Governmental Restrictions**
14. **Legal Requirements**
15. **Patents and Royalties**
16. **Price Adjustments**
17. **Cancellation**
18. **Abnormal Quantities**
19. **Advertising**
20. **Assignment**
21. **Liability**
22. **Facilities**
23. **Distribution of Certification of Contract**

ESCAMBIA COUNTY , FLORIDA GENERAL TERMS and CONDITIONS
The following General Terms and Conditions are incorporated by reference (continued).

24. **The Successful Bidder(s) must Provide**
25. **Addition/deletion of Items**
26. **Ordering Instructions**
27. **Public Records**
28. **Delivery**
29. **Samples**
30. **Additional Quantities**
31. **Service and Warranty**
32. **Default**
33. **Equal Employment Opportunity**
34. **Florida Preference**
35. **Contractor Personnel**
36. **Award**
37. **Uniform Commercial Code**
38. **Contractual Agreement**
39. **Payment Terms/Discounts**
40. **Improper Invoice; Resolution of Disputes**
41. **Public Entity Crimes**
42. **Suspended and Debarred Vendors**
43. **Drug-Free Workplace Form**
44. **Information Sheet for Transactions and Conveyances**
45. **Copies**
46. **License and Certifications** - For access to Certification/Registration Form for doing Business in Florida go to the Department of State, Division of Corporations,
URL:<http://ccfcorp.dos.state.fl.us/corpweb/inquiry/search.html>
47. **Execution of Contract**
48. **Purchase Order**
49. **No Contingent Fees**
50. **Solicitation Expenses**
51. **On-Line Auction Services**

SPECIAL TERMS AND CONDITIONS

The Board of County Commissioners, Escambia County, Florida, invites your company to submit a sealed offer on the item(s) as listed in this solicitation request.

All terms and conditions below are a part of this request, and no offer will be accepted unless all these conditions have been complied with. The County reserves the right to waive informalities in any offer; to reject any or all offers, in whole or in part, and/or to accept the offer(s) that in its judgment is from the lowest and most responsible and responsive offeror(s).

Instructions to Offerors

1. General Information

All offers to be considered shall be in the possession of the Office of Purchasing prior to the time of the solicitation closing. Offers may be mailed to 213 Palafox Place, Room 11.101, Pensacola, Florida 32502 or delivered to the Office of Purchasing, 2nd floor, Room 11.101, Matt Langley Bell, III Bldg., 213 Palafox Place, Pensacola, Florida 32502, in a sealed envelope clearly marked:

Specification Number PD 16-17.005, "Pharmacy Services for Escambia County Detention Center", Name of Submitting Firm, Time and Date due.

Note: If you are using a courier service; Federal Express, Airborne, UPS, etc., you must mark airbill and envelope or box with Specification Number and Project Name.

Regardless of the method of delivery, each offeror shall be responsible for his offer(s) being delivered on time as the County assumes no responsibility for same. Offers offered or received after the time set for solicitation closing will be rejected and returned unopened to the offeror(s).

The following policy will apply to all methods of source selection:

Conduct of Participants

After the issuance of any solicitation, all bidders/proposers/protestors or individuals acting on their behalf are hereby prohibited from **lobbying** as defined herein or otherwise attempting to persuade or influence any elected County officials, their agents or employees or any member of the relevant selection committee at any time during the **blackout period** as defined herein; provided, however, nothing herein shall prohibit bidders/proposers/protestors or individuals acting on their behalf from communicating with the purchasing staff concerning a pending solicitation unless otherwise provided for in the solicitation or unless otherwise directed by the purchasing manager.

Definitions

Blackout period means the period between the time the bids/proposals for invitations for bid or the request for proposal, or qualifications, or information, or requests for letters of interest, or the invitation to negotiate, as applicable, are received at the Escambia County Office of Purchasing and the time the Board awards the contract and any resulting bid protest is resolved or the solicitation is otherwise canceled.

Lobbying means the attempt to influence the thinking of elected County officials, their agents or employees or any member of the relevant Selection Committee for or against a specific cause related to a pending solicitation for goods or services, in person, by mail, by facsimile, by

telephone, by electronic mail, or by any other means of communication.

Sanctions

The Board may impose any one or more of the following sanctions on a nonemployee for violations of the policy set forth herein:

- (a) Rejection/disqualification of submittal
- (b) Termination of contracts; or
- (c) Suspension or debarment as provided in Sec. 46-102 of the Escambia County Code of Ordinances.

This policy is not intended to alter the procedure for Protested Solicitations and Awards as set forth in the Sec. 46-101 of the Escambia County Code of Ordinances.

1. **Bonds**

A Bid Bond in the amount of \$1,000 shall be submitted with the bid. A County Warrant in the Amount of \$1,000 will be returned immediately after the offeror and the County are mutually bound by contract. Any unsuccessful offeror(s) will have the amounts of his cashier's or certified check returned via county warrant promptly after award.

All offerors agree that any interest earned on any bid surety while in possession of the County, or its agents, shall be retained by the County.

2. **Scope of Work Summary**

The Escambia County Jail is requesting bids from qualified providers with the capabilities to deliver a full range of pharmacy services to the inmate population of the Escambia County Detention Facility (Jail). The jail is located in Escambia County, 2935 North L Street, Pensacola, Florida. It houses both male and female offenders. The average daily inmate population in 2015 at the facility was 1459.

3. **Questions**

Questions may be directed to Claudia Simmons, Purchasing Manager. Phone: (850) 595-4987; Fax: (850) 595-4805, e-mail: casimmon@myescambia.com. Last day for questions 5:00 p.m. CST, Tuesday, November 8, 2016.

5. **Bid Forms**

This Solicitation contains a Solicitation, Offer and Award Form and Bid Form which shall be submitted in a sealed envelope, with Original signatures in indelible ink signed in the proper spaces and (1) CD or flashdrive containing the entire bid response. Responses on vendor forms will not be accepted.

The Offerors Checklist included in this solicitation provides instructions to the offeror on the documentation to be submitted during the procurement process.

6. **Pre-Solicitation Conference**

A Pre-Solicitation Conference will be held at the Office of Purchasing, 213 Palafox Place, Matt Langley Bell III Bldg., 2nd Floor, Pensacola, Florida 32502 in Conference Room #11.407 on Thursday, October 27, 2016 at 9:00 a.m. CST. All bidders are encouraged to attend.

8. **Safety Regulations**

Equipment shall meet all state and federal safety regulations for grounding of electrical equipment.

9. **Codes and Regulations**

The awarded vendor shall strictly comply with all federal, state and local building and safety codes.

10. **Payment**

Partial payments in the full amount for the value of items received and accepted may be requested by the submission of a properly executed **original** invoice, with supporting documents if required. Payment for accepted equipment/supplies/services will be accomplished by submission of an **original** invoice, in duplicate, to:

Clerk of the Circuit Court
Attention: Accounts Payable
221 Palafox Place
Pensacola, FL 32502

11. **Warranty**

The awarded vendor shall fully warrant all equipment furnished hereunder against defect in materials and/or workmanship for a period of two (2) years from date of delivery/acceptance by Escambia County.

Should any defect in materials or workmanship, except ordinary wear and tear, appear during the above stated warranty period, the awarded vendor shall repair or replace same at no cost to the County, immediately upon written notice from the Purchasing Manager.

13. **Protection of Property/Security**

The awarded vendor shall at all times guard against damage or loss to property of Escambia County, or of other vendors or contractors, and shall be held responsible for replacing or repairing any such loss or damage.

The County may withhold payment or make such deductions as deemed necessary to insure reimbursement or replacement for loss or damage to property through negligence of the awarded offeror or his agent.

The awarded vendor shall at all times guard against injury to Escambia County employees. The vendor shall properly fence and secure the construction site(s) at all times, including evenings and weekends.

The awarded vendor must, at all times, comply with State of Florida and Occupational Safety and Health Administration (OSHA) safety regulations.

15. **Term of Offer**

An offer shall constitute an irrevocable offer for a period of ninety (90) days from the solicitation opening date or until the date of award, whichever is earlier, without forfeiting bid bond or check. In the event that an award is not made by the county within ninety (90) days from the solicitation opening date, the offeror may withdraw his offer or provide a written extension of his offer.

16. **Award**

Award shall be made on an "all-or-none total" basis.

The offeror or contractor will be required to fully comply with all applicable federal, state, and local regulations. The offeror should carefully review these requirements which are detailed in this solicitation.

17. **Termination**

The purchase order or contract will be subject to immediate termination if either product or service does not comply with specifications as stated herein or fails to meet the county's performance standards. In the event that any of the provisions of the contract are violated by awarded vendor, Escambia County may serve written notice upon the awarded vendor of its intention to terminate the contract. Such notice is to state the reason(s) for such intention to terminate contract. The liability of the vendor for any and all such violation(s) shall not be affected by any such termination and his surety, if any, shall be forfeited.

18. **Termination (Services)**

The Contract Administrator shall notify the Office of Purchasing of unsatisfactory performance and/or deficiencies in service that remain unresolved or recurring. The Office of Purchasing shall notify the contractor, in writing, of such unresolved or recurring deficiencies within five (5) working days of notification by the Contract Administrator.

Upon the third such written notification of unsatisfactory performance and/or deficiencies to the contractor by the Office of Purchasing within a four (4) month period; or the sixth such notification within any contract term, shall result in issuance of written notice of immediate contract termination to the contractor by the Office of Purchasing. Such termination may also result in suspension or debarment of the contractor.

19. **Termination (Public Records Request)**

If the contractor refuses to allow public access to all documents, papers, letters, or other material subject to the provisions of Chapter 119, Florida Statutes, and made or received by the contractor in conjunction with this agreement then the county may, without prejudice to any right or remedy and after giving the contractor and his surety, if any, seven (7) days written notice, during which period contractor still fails to allow access, terminate the employment of the contractor and take possession of the site and of all materials, equipment, tools, construction equipment and machinery thereon, owned by the contractor, and may finish the project by whatever method it may deem expedient. In such case, the contractor shall not be entitled to receive any further payment until the project is finished. Reasonable terminal expenses incurred by the county may be deducted from any payments left owing the contractor (excluding monies owed the contractor for subcontract work.)

20. **As Specified**

All items delivered shall meet the specifications herein. Items delivered not as specified will be returned at no expense by Escambia County. The County may return, for full credit, any unused items received which fail to meet the County's performance standards.

Insurance Requirements

21. County Insurance Required

The contractor shall procure and maintain the following described insurance, except for coverages specifically waived by the County. Such policies shall be from insurers with a minimum financial size of VII according to the latest edition of the AM Best Rating Guide. An A or better Best Rating is "preferred"; however, other ratings if "Secure Best Ratings" may be considered. Such policies shall provide coverages for any or all claims which may arise out of, or result from, the services, work and operations carried out pursuant to and under the requirements of the contract documents, whether such services, work and operations be by the contractor, its employees, or by subcontractor(s), or anyone employed by or under the supervision of any of them, or for whose acts any of them may be legally liable.

The contractor shall require, and shall be responsible for assuring throughout the time the agreement is in effect, that any and all of its subcontractors obtain and maintain until the completion of that subcontractor's work, such of the insurance coverages described herein as are required by law to be provided on behalf of their employees and others.

The required insurance shall be obtained and written for not less than the limits of liability specified hereinafter, or as required by law, whichever is greater.

These insurance requirements shall not limit the liability of the contractor.

The County does not represent these types or amounts of insurance to be sufficient or adequate to protect the contractor's interests or liabilities, but are merely minimums.

Except for workers compensation and professional liability, the contractor's insurance policies shall be endorsed to name Escambia County as an additional insured to the extent of its interests arising from this agreement, contract or lease.

The contractor waives its right of recovery against the County, to the extent permitted by its insurance policies.

The contractor's deductibles/self-insured retentions shall be disclosed to the County and may be disapproved by the County. They shall be reduced or eliminated at the option of the County. The contractor is responsible for the amount of any deductible or self-insured retention.

Insurance required of the contractor or any other insurance of the contractor shall be considered primary, and insurance of the county, if any, shall be considered excess, as may be applicable to claims obligations which arise out of this agreement, contract or lease.

Workers Compensation Coverage

The contractor shall purchase and maintain workers compensation insurance for all workers compensation obligations imposed by state law and with employers liability limits of at least \$100,000 each accident and \$100,000 each employee/\$500,000 policy limit for disease, or a valid certificate of exemption issued by the state of Florida, or an affidavit in accordance with the provisions of Florida Workers Compensation law.

Contractor shall also purchase any other coverages required by law for the benefit of employees.

General and Excess or Umbrella Liability Coverage

The contractor shall purchase and maintain coverage on forms no more restrictive than the latest editions of the commercial general liability policies of the insurance services office.

New certificates of insurance are to be provided to the County at least 30 days prior to coverage renewals. Failure of the contractor to provide the County with such renewal certificates may be considered justification for the County to terminate this agreement, contract or lease.

Certificates should contain the following additional information:

- 1. Indicate that Escambia County is an additional insured on the liability policy.
- 2. Include a reference to the project and the Office of Purchasing number.
- 3. Disclose any self-insured retentions in excess of \$1,000.
- 4. Designate Escambia County as the certificate holder as follows:

Escambia County
 Attention: Claudia Simmons, Manager
 Office of Purchasing, Room 11.101
 P.O. Box 1591
 Pensacola, FL 32591-1591
 Fax (850) 595-4805

- 5. Indicate that the County shall be notified at least 30 days in advance of cancellation.

Receipt of certificates or other documentation of insurance or policies or copies of policies by the county, or by any of its representatives, which indicate less coverage than required does not constitute a waiver of the contractor’s obligation to fulfill the insurance requirements herein.

If requested by the County, the contractor shall furnish complete copies of the contractor’s insurance policies, forms and endorsements, and/or such additional information with respect to its insurance as may be requested.

For commercial general liability coverage the contractor shall, at the option of the County, provide an indication of the amount of claims payments or reserves chargeable to the aggregate amount of liability coverage.

23. **Indemnification**

Contractor agrees to save harmless, indemnify, and defend County and Architect/Engineer and their, agents, officers and employees from any and all claims, losses, penalties, interest, demands, judgments, and costs of suit, including attorneys' fees and paralegals' fees, for any expense, damage or liability incurred by any of them, whether for personal injury, death, property damage, direct or consequential damages, or economic loss, including environmental impairment, arising directly or indirectly on account of or in connection with the Work done by Contractor under this Agreement or by any person, firm or corporation to whom any portion of the Work is subcontracted by Contractor or resulting from the use by Contractor, or by any one for whom Contractor is legally liable, of any materials, tools, machinery or other property of County. County and Contractor agree the first \$100.00 of the Contract Amount paid by County to Contractor shall be given as separate consideration for this indemnification, and any other

indemnification of County by Contractor provided for within the Contract Documents, the sufficiency of such separate consideration being acknowledged by Contractor by Contractor's acceptance and execution of the Agreement. The Contractor's obligation shall not be limited by, or in any way to, any insurance coverage or by any provision in or exclusion or omission from any policy of insurance. The Contractor agrees to pay on behalf of Escambia County, as well as provide a legal defense for the County, both of which will be done only if and when requested by the County, for all claims made. Such payment on the behalf of the County shall be in addition to any and all other legal remedies available to the County and shall not be considered to be the County's exclusive remedy.

EXHIBIT H

TECHNICAL SPECIFICATIONS

The Escambia County Jail is requesting bids from qualified providers with the capabilities to deliver a full range of pharmacy services to the inmate population of the Escambia County Detention Facility (Jail). The jail is located in Escambia County, 2935 North L Street, Pensacola, Florida. It houses both male and female offenders. The average daily inmate population in 2015 at the facility was 1459.

The following information is being provided for the use of all vendors who wish to submit bids for pharmacy services pursuant to this Invitation to Bid. This information is reflective of the 2015 fiscal year and the information provided is from the pharmacy reports provided to the Health Services Administrator on a monthly basis from the present Pharmacy Vendor.

Total number of prescriptions: 27,210
Average number of prescriptions/month: 2,237
Average number of inmates on meds/month: 650-700

MINIMUM QUALIFICATIONS

The Pharmacy Provider shall have eight (8) years experience in the provision of pharmaceuticals for an institution such as a correctional facility, juvenile detention facility, nursing home, or similar facilities that include the operation of a fully automatic pharmacy with a distribution system requiring that medications be properly packaged, labeled with identification of the drug, amount, and the administering instructions. All prospective Pharmacy Providers shall clearly demonstrate and document within their response to this Invitation to Bid that these minimum qualifications are met.

The Pharmacy Provider must also have an established true two way interface with the facility's electronic medical record system (CorrecTek) from the start date of the contract to ensure no disruption in medical care and the dispensing of medication (this interface will be verified with CorrecTek). If Escambia County has a change in their electronic medical records system provider at any point during life of the agreement with the Pharmacy Provider, the Pharmacy Provider shall make every reasonable effort to work with Escambia County to develop and/or implement a two way interface with the new system

CONTRACT DURATION

The contract performance period shall be for a period of three (3) years. At its option, Escambia County may extend the Contract for two (2) additional one (1) year renewal periods.

SCOPE OF WORK

- A.** Provide a system for medications that meet, at a minimum, the following:
 - The same and next day on-site delivery for each electronically transmitted and signed new prescription order.
 - Weekend on-site delivery.
 - Refills delivered on-site prior to due date.
 - STAT or emergency order through a local pharmacy, 24 hours/day, 7 days/week.

- B.** Provide a system for ordering, monitoring on-site receipt, and maintaining an inventory of pharmaceuticals in a safe, secure and organized fashion. The system must include an error tracing system consistent with applicable standards.

- C.** Provide any necessary on-site training for other vendors assigned to receive and maintain the medication inventory in preparation for administering and for ordering new medications or re-ordering medications for inmates.

- D.** Provide for STAT medications, medications that must be delivered within 6 hours by subcontracting with a local pharmacy to provide prescriptions services at a reduced rate.

- E.** Afford Pharmacy Provider's prescribers the capability to electronically transmit prescription orders to the pharmacy for dispensing. As part of this solicitation, Vendor shall identify the system/means of transmission, provide, install and maintain necessary equipment and support services.

- F.** Provide 24-hour access to Pharmacy Provider's pharmacist licensed to practice in the state of Florida for consultation on medications dispensed.

- G.** Provide true two way interface with existing electronic medical records system, with appropriate encryption or secure electronic means for transmittal of prescriptions at Pharmacy Provider's expense to allow the forwarding of prescription OTC orders electronically.

- H.** Provide a system for recording all offender data i.e. offender number, date of birth, drug allergies, etc., necessary to provide the prescription to the pharmacy.

- I. Provide prescriptions consistent with the available formulary or approved non-formulary medications.
- J. Provide notifications of contraindications, i.e. drug interactions, drug allergy or incorrect dose.
- K. Provide feedback if non-formulary medications are not requested with proper authorization/
- L. Provide the ability to print a hard copy of the faxed, or other electronic means, prescription order at the facility for all orders transmitted to the remote pharmacy. This record will be used by staff to verify that orders transmitted are received within twenty-four (24) hours.
- M. Provide for a reputable distributor who can destroy narcotics for the facility on an as needed basis.

N. PACKAGING OF DISPENSED MEDICATIONS

- i.) The Pharmacy Provider will furnish a barcode order check-in software system or an acceptable alternative to be approved by the Commander and Medical Director. Medications are to be delivered, bundled by inmate name and sorted by regular medications and controlled (scheduled) medications. Within controlled (scheduled) medications, psychotropic medications must be separated for ease of identification.
- ii.) Medications are to be dispensed in “blister pack” cards, similar unit-dose packaging method, or a remote dispensing system, providing accountability of drugs administered security, cost effectiveness and ease of storage and distribution. Prescription packages must be labeled to meet State and Federal labeling requirements.
- iii.) Inmate blister cards, or selected method of packaging dispensing medication determined appropriate by Pharmacy Provider, Commander and Medical Director, shall contain a thirty (30) day supply of medications or quantity to be determined by the Pharmacy Provider, Commander and Medical Director.
- iv.) The Pharmacy Provider’s pharmacy services shall include provisions of compounded intravenous solutions, i.e. antibiotics, to be administered by Medical Services personnel in the Escambia County Jail.

- v.) Packaging shall minimize the waste of medications.
- vi.) One hundred percent (100%) credit shall be given to Escambia County for medications returned in original blister or cellophane packs (full or partial cards), EXCEPT for medications that have deteriorated, or have been outside of the control of the institution pharmacy.

O. GENERIC MEDICATIONS

- i.) Generic medications, when available, are to be used except where bioequivalence issues have been documented. Generic medications shall be substituted for brand name unless otherwise indicated by physician on a non-formulary request.
- ii.) The Pharmacy Provider shall ensure availability of generic substitutes and report reasoning for any unavailability and plan and target dates for provision thereof. Substitution of a brand name medication due to the unavailability of a generic substitute will be at the cost of the Pharmacy Provider.

P. OVER-THE-COUNTER (OTC) MEDICATIONS AND STOCK MEDICATIONS

- i.) The Pharmacy Provider shall establish a stock supply of commonly utilized medications (OTC's, legend and controlled substances) for administration to inmates prior to receipt of their actual offender-specific prescription.
- ii.) Stock medications shall be managed and maintained in a safe and secure environment with a perpetual inventory tracking system, developed by Pharmacy Provider, to ensure accountability
- iii.) The Pharmacy Provider shall train all Medical Service and Mental Health Services staff that are involved in the process subsequent to their duties and responsibilities, in order to initiate and maintain the system. The training program shall be approved in advance by the Medical Director.
- iv.) Stock medications shall be approved by the Medical Director.

Q. STORING PACKAGED MEDICATIONS

- i.) All packaged medications shall be stored in a lockable storage device, i.e. medication cart, to be supplied by the Pharmacy Provider. The medication carts must be so constructed with a door locking mechanism to prevent unauthorized access to medication while being stored during non-medication administration time and during transit to inmate areas throughout the entire facility.
- ii.) The Pharmacy Provider shall provide additional carts to accommodate its system if the numbers are not adequate to the task.

R. MEDICATION DELIVERY SCHEDULE

- i.) The Pharmacy Provider shall ensure provision of prescriptions, ordered by 3:00pm (Central Time), by the next day. The medical staff will order refills at least 3-5 days prior to their due date. Routine delivery shall be available six (6) days a week, with procedures established for stock medications and provisions for STAT medications.
- ii.) The Pharmacy Provider shall ensure, through an agreement with a local pharmacy, urgent delivery of STAT medications and pharmaceutical supplies within six (6) hours of placing the order. Urgent delivery shall be provided twenty-four (24) hours per day; seven (7) days a week and procedures for accomplishing cost-effective, emergency delivery shall be part of the Pharmacy Provider's proposal.
- iii.) The Pharmacy Provider shall provide, through an agreement with a local pharmacy, emergency delivery of life sustaining formulary and/or non-formulary STAT medications that need to be obtained within one (1) hour of placing the order. Delivery shall be twenty-four (24) hours per day, seven (7) days a week.
- iv.) The Pharmacy Provider will provide a 3 day supply of discharge medications for those inmates who have a need for chronic care, special medical and mental health needs.

S. PHARMACY AND MEDICAL ADMINISTRATIVE COMMITTEE

- i.) The Pharmacy Provider shall participate in a quarterly Medical Administrative Committee to include review of the formulary and non-formulary usage, provider prescribing practices, drug utilization review, educational information, drug costs and other relevant topics to pharmacy operations. The committee is multidisciplinary in its membership.
- ii.) The Pharmacy Provider's consultant pharmacist must schedule a site visit in conjunction with the quarterly MAC meetings to assure that inspection reports can be shared at the meeting, issues discussed, and any necessary administrative actions taken.

T. FORMULARY DEVELOPMENT

- i.) The Pharmacy Provider will utilize the formulary that is included in this Bid (See Attachment __A__). Any future deviations from these must meet with the approval of the Medical Director. In the future, if requested by the Commander and/or Medical Director, the Pharmacy Provider will participate in a committee to examine the current formulary for its effectiveness, both related to patient care and financial.
- ii.) The Pharmacy Provider shall assist in developing a formulary for OTC products and shall coordinate it with the use of approved nursing protocols for minor, self-limiting illnesses among the offender population. This shall be accomplished with the approval of the Medical Director.

U. QUALITY IMPROVEMENT AND CONSULTING PHARMACIST

- i.) The Pharmacy Provider shall assure that every medication provided is in compliance with the prescribed orders and has been carefully reviewed for information by a pharmacist registered in Florida.
- ii.) A description of the Pharmacy Provider's Quality Improvement System shall be included in their technical proposal.

- iii.) The Pharmacy Provider must provide a registered pharmacist to conduct a quarterly facility audit and quality improvement review in person. The audit document used by the Pharmacy Provider must be consistent with the accreditation requirements established by the National Commission on Correctional health Care (NCCHC), established policies of Escambia County Department of Corrections, and standards regulated by the Office of the United States Immigration and Customs Enforcement. The audit must be approved by the Medical Director and the Commander.

V. POLICY DEVELOPMENT

The Pharmacy Provider shall assist in the review of Escambia County Department of Corrections Pharmaceutical policy and procedure. Development of any new policy language will be in conjunction with, and approve by the County's responsible health authority. The Pharmacy Provider shall review Escambia County Department of Corrections policy annually and recommend modifications if necessary.

W. MEDICATION ADMINISTRATION RECORD (MAR)

The Pharmacy Provider shall generate and maintain Medical Administration Records (MARs) to the Escambia County Department of Corrections for all inmates. The Pharmacy Provider must generate a MAR for all newly committed inmates, as identified by the health services staff.

X. PHARMACY CONSULTATION AND INSPECTION

- i.) The Pharmacy Provider must have the personnel resources to provide consultant service by a pharmacist and/or physician for analysis and consultation with the Medical Director on prescribing practices and treatment alternatives.
- ii.) The Pharmacy Provider shall conduct quarterly on-site inspections which shall be standardized. Included in this are aspects of pharmacy from the point of prescription order handling, through dispensing, administration/distribution, through the act of documentation. The pharmacist shall inspect all areas where the medications are stored and maintained at the Escambia County Department of Corrections. The inspection shall cover other aspects of pharmaceutical management such as storage conditions, security disposal practices, return of unused medications, and documentation of inventory management for stock

medications, psychotropic medications and controlled substances. Security aspects included such as light, temperature control, moisture, and refrigerator use shall be included. The inspecting pharmacist shall produce a report from each inspection and suggest a corrective action plan for any areas found problematic. The reports shall be provided to the responsible health authority and the facility commander within 10 calendar days of inspection. The Pharmacy Provider shall provide timely follow-up and problem resolution on any issue within its area of responsibility.

- iii.) Upon obtaining the contract and in preparation for providing services, the Pharmacy Provider shall provide an initial inspection to determine the needs of the Escambia County Department of Corrections with respect to pharmacy storage, dispensing, and pharmacy security issues. Recommendations shall be presented to the responsible health authority and the facility commander within 10 business days of the inspection.

Y. IN-SERVICE TRAINING AND ORIENTATION

- i.) The Pharmacy Provider shall ensure on-site in service training during system implementation for ALL appropriate parties that will be involved with administering and/or ordering medications or pharmaceutical supplies. Additional on-site training shall be provided as necessary at no cost to Escambia County.
- ii.) Assistance will be provided to the Medical Services and Mental Health services staff in the development of “in-house” trainers for on-going familiarization and training in the pharmacy system.
- iii.) The provision of updated training materials to the Escambia County Department of Corrections and its agents/vendors involved in the prescribing, ordering, receiving, storing, and dispensing of medications shall be the responsibility of the Vendor.

Z. NON-FORMULARY REQUEST SYSTEM

- i.) The Pharmacy Provider’s dispensing system must assure that offender medication is in accordance with the Medical services formulary and the Mental Health Services formulary. However, a documented mechanism must be in place to allow the providers to authorize non-formulary or alternate medication where clinical need dictates.

- ii.) The Pharmacy Provider shall be responsible for establishing a non-formulary approval process and a feedback mechanism to the responsible health authority, medical director, facility commander, psychiatrists, and certified registered nurse practitioners in the event a non-formulary medication is ordered without the appropriate use of a non-formulary request form. This feedback system must be such that the continuity of offender care is not compromised or unduly disturbed with respect to expediting the medication order.

AA. SYSTEM IMPLEMENTATION

The Pharmacy Provider shall furnish a **Project Work Plan** identifying and documenting detailed requirements/specifications for integrating the pharmacy system into the Escambia County Department of Corrections operations. Included in this will be start date subsequent to a signed contract and completion date of the entire implementation process including orientation/training of applicable staff. Additionally, identification of equipment (hardware and software), personnel and logistical needs required by the Pharmacy Provider for implementation must be included that require provision by the Escambia County Department of Corrections. The Pharmacy Provider will identify equipment, software, logistical support and personnel it will make available to the Escambia County Department of Corrections during and after implementation. The cost of any interfaces with current systems and equipment will be at the cost of the vendor. Any on site equipment/hardware will become the property of Escambia County Department of Corrections.

The Pharmacy Provider will identify how current inmate prescriptions (MARs) will be transferred to its system.

BB. REPORTS

- i.) The Pharmacy Provider shall furnish an internet secure web-based integrated reporting system for the Escambia County Department of Corrections' use that provides up-to-date data, including previous day's orders, on all pharmaceuticals ordered for the department's utilization management. This system shall provide for monthly reporting by date(s), cost, prescriber, inmate, drug or drug category utilization or any combination thereof, as well as those prescriptions needing to be refilled. In addition, monthly reporting of drug returns, and prescription errors shall be provided.

- ii.) The Pharmacy Provider shall work collaboratively with the Medical and Mental Health Services staff in the collecting and reporting of data and in the development of indicators to be measured and standard reports for management and administrative purposes. These will include, but not be limited to, reports monitoring provider prescription practices against the Medical and Mental Health Services formularies, established in conjunction with the County, and any reports necessary for cost audit purposes. The Pharmacy Provider shall furnish the Responsible Health Authority, Medical Director and Facility Commander, upon request, specific report detailing medical information within one business day.

IMPLEMENTATION REQUIREMENTS/ CONTRACT START DATE

It is the desire of the department that the awarded vendor shall be required to implement operations within 30 days of a signed contract between the County and vendor.

ESCAMBIA COUNTY DRUG FORMULARY

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DRUG FORMULARY**CATEGORY LISTING****September 2016****A. ANALGESIC AND ANTI-INFLAMMATORY AGENTS****1. ANTI-MIGRAINE**

ASA-APAP-Caffeine (Excedrin) Tablet
Butalbital/Apap/Caffeine (Fioricet) Tablet
Butalbital/ASA/Caffeine (Fiorinal) Tablet (Not Capsule)

2. NARCOTIC ANALGESICS / ANTIPYRETICS

Acetaminophen/Codeine (Tylenol w/Codeine) #2, #3, #4 Tablet
Hydrocodone/Apap (Vicodin) 5/500mg Tablet (This Strength Only)

3. NON-NARCOTIC ANALGESICS**NON-STEROIDAL ANTI-INFLAMMATORY AGENTS**

Ibuprofen (Motrin) 200, 400, 600, 800mg Tablet
Meloxicam (Mobic) 7.5, 15mg Tablet
Naproxen (Naprosyn) 250,375,500mg Tablet (Not Anaprox)
Etodolac (Lodine) 200, 300mg Capsule, 400, 500mg Tablet (Not XR)
Indomethacin (Indocin) 25,50mg Capsule (Not SR)

SALICYLATES

Aspirin 81,325mg Tablet
Aspirin E.C. (Ecotrin) 81, 325mg Tablet
Salsalate (Disalcid) 500, 750mg Tablet

SKELETAL MUSCLE RELAXANTS

Cyclobenzaprine (Flexeril) 5, 10mg Tablet
Chlorzoxazone (Parafon Forte DSC) 500mg Tablet
Methocarbamol (Robaxin) 500,750mg Tablet
Baclofen (Lioresal) 10, 20mg Tablet

MISCELLANEOUS AGENTS

Acetaminophen (Tylenol) 325, 500mg Tablet, 160mg/5ml Elixir
Acetaminophen (Tylenol) 650mg Suppository
Diphenhydramine/APAP (Percogesic) 12.5/325mg Tablet
Ketorolac (Toradol) 30mg/ml Vial
Tramadol (Ultram) 50mg Tablets

Warning: This drug has abuse potential similar to hydrocodone (Vicodin). As little as 2-3 tablets as a single dose can induce an opioid euphoria.

Butalbital/Apap/Caffeine (Fioricet) Tablet
Nalbuphine (Nubain) 10mg/ml, 20mg/ml Injection

B.1 ANTICOAGULANTS

Warfarin (Coumadin) 1, 2, 2.5, 3, 4, 5, 6, 7.5, 10mg Tablet
 Heparin Injection

B.2 ANTIPLATELET AGENTS

Aspirin E.C. (Ecotrin) 81, 325mg Tablet
 Dipyridamole (Persantine) 25, 50, 75mg Tablet

B.3 HEMORRHEOLOGIC

Pentoxifylline (Trental) 400mg Tablet

C. ANTICONVULSANTS

Carbamazepine (Tegretol) 100, 200mg Tablet
 Clonazepam (Klonopin) 0.5, 1, 2mg Tablet
 Diazepam (Valium) 2, 5, 10mg Tablet, 10mg/2ml Injection
 Divalproex Sodium EC (Depakote) 125, 250, 500mg Tablet (**Not Depakote ER**)
 Lamotrigine (Lamictal) 25, 100, 150, 200mg Tablet (**Not Chew Tablet**)
 Phenobarbital 16.2, 32.4, 64.8, 97.2mg Tablet, 65mg/ml Injection, 20mg/5ml Elixir
 Phenytoin (Dilantin) 30, 50, 100mg Tablet, Capsule, 125mg/5ml Suspension, 250mg/5ml Injection
 Topiramate (Topamax) 25, 50, 100, 200mg Tablet
 Gabapentin (Neurontin) 100, 300, 400mg Capsule, 600, 800mg Tablet
 Levetiracetam (Keppra) 250, 500, 750, 1000mg Tablet
 Primidone (Mysoline) 50, 250mg Tablet
 Valproic Acid (Depakene) 250mg Capsule
 Zonisamide (Zonegran) 25, 50, 100mg Capsule
 Oxcarbazepine (Trileptal) 150, 300, 600mg Tablet

D. ANTIGOUT AGENTS

Allopurinol (Zyloprim) 100, 300mg Tablet
 Indomethacin (Indocin) 25, 50mg Capsule (Not SR)
 Probenecid (Benemid) 500mg Tablet
 Colcrys 0.6mg Tablet

E. ANTIHISTAMINES**1. ANTIPRURITIC**

Diphenhydramine (Benadryl) 25, 50mg Capsule, 12.5mg/5ml Elixir, 50mg/ml Inj
 Hydroxyzine HCL (Atarax) 25mg Tablet
 Loratadine (Claritin) 10mg Tablet
 Cyproheptadine (Periactin) 4mg Tablet
 Hydroxyzine Pamoate (Vistaril) 25, 50 Capsule (Not Suspension or 100mg)

F. ANTI-INFECTIVES ORAL**1. ANTIBIOTICS**

Ampicillin (Omnipen) 250, 500mg Capsule
 Amoxicillin (Amoxil) 250, 500mg Capsule
 Azithromycin (Zithromax) 250, 500, 600mg Tablet
 Cephalexin (Keflex) 250, 500mg Capsule
 Ciprofloxacin HCL (Cipro) 250, 500, 750mg Tablet

Nitrofurantoin (Macrobid) 100mg Capsule
 Levofloxacin (Levaquin) 250, 500, 750mg Tablet
 Penicillin (Pen-VK) 250,500mg Tablet, 250mg/ml Liquid
 Sulfamethoxazole/Trimethoprim (Bactrim) SS, DS Tablet
 Amoxicillin/Clavulanate (Augmentin) All Strength Tablets (Not Chewable or Susp.)
 Clindamycin (Cleocin) 150mg Capsule (Pre-Dental or Pre-surgery PCN Allergic Patients Only)
 Dicloxacillin (Dynapen) 250,500mg Capsule
 Doxycycline Monohydrate (Monodox) 50, 100mg Capsule
 Nitrofurantoin (Macrochantin) 50,100mg Capsule
 Doxycycline Monohydrate (Adoxa) 50, 75mg Tablet
 Erythromycin (E-Mycin) 250,333,400,500mg Tablet (Not Capsule)
 Metronidazole (Flagyl) 250,500mg Tablet (Not 375mg Capsule)
 Neomycin 500mg Tablet

2. ANTI-FUNGAL AGENTS

Nystatin (Mycostatin) 100,000 U/ml Suspension
 Fluconazole (Diflucan) 50mg, 100mg, 150mg, 200mg, Tablet
 Ketoconazole (Nizoral) 200mg Tablet

3. ANTI-TUBERCULARS

Isoniazid (INH) 300mg Tablet (Not 100mg)
 Ethambutol (Myambutol) 100,400mg Tablet
 Pyrazinamide (PZA) 500mg Tablet
 Rifampin (Rimactane) 150, 300mg Capsule
 Rifabutin (Mycobutin) 150mg Capsule

G. ANTI-NEOPLASTICS

Hydroxyurea (Hydrea) 500mg Tablet
 Letrozole (Femara) 2.5mg Tablet

H. ANTI-INFECTIVES INJECTABLE

Ceftriaxone (Rocephin) 250, 500mg, 1, 2gm Vial
 Cefazolin (Ancef) 500mg, 1gm Vial
 Vancomycin (Vancocin) 500mg, 1gm Vial
 Penicillin G Benzathine (Bicillin LA) 1.2munit/2ml, 2.4munit/4ml Injection

I. ANTIVIRALS

1. ANTIVIRALS

Acyclovir (Zovirax) 200,400,800mg Tablet, Capsule (Not Ointment or Suspension)

2. HIV AND RELATED ANTIVIRALS

INTEGRASE INHIBITOR

Dolutegravir (Tivicay) 50mg Tablet
 Raltegravir (Isentress) 400mg Tablet

INTEGRASE INHIBITOR/NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR COMBINATION

Triumeq 600/50/300mg Tablet

NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

Efavirenz (Sustiva-EFV) 200mg Capsule, 600mg Tablet * **Empty Stomach** *
 Etravirine (Intelence-ETR) 100, 200mg Tablet
 Nevirapine (Viramune-NVP) 200mg Tablet-Initial Dose Take 1 Tab QD x 14 days then take 1 Tab BID ***SEE BLACK BOX WARNING***
 Nevirapine (Viramune) 400mg XR Tablet
 Nevirapine (Viramune) 50mg/5ml Suspension
 Rilpivirine (Edurant) 25mg Tablet

VIRAMUNE BLACK BOX WARNING:

Severe, life -threatening, and in some cases fatal hepatotoxicity, particularly in the first 18 weeks, has been reported in patients treated with VIRAMUNE®. In some cases, patients presented with non-specific prodromal signs or symptoms of hepatitis and progressed to hepatic failure. These events are often associated with rash. Female gender and higher CD4 counts at initiation of therapy place patients at increased risk; women with CD4 counts >250 cells/mm³, including pregnant women receiving VIRAMUNE in combination with other antiretrovirals for the treatment of HIV infection, are at the greatest risk.

However, hepatotoxicity associated with VIRAMUNE use can occur in both genders, all CD4 counts and at any time during treatment. Patients with signs or symptoms of hepatitis, or with increased transaminases combined with rash or other systemic symptoms, must discontinue VIRAMUNE and seek medical evaluation immediately.

Severe, life -threatening skin reactions, including fatal cases, have occurred in patients treated with VIRAMUNE. These have included cases of Stevens-Johnson syndrome, toxic epidermal necrolysis, and hypersensitivity reactions characterized by rash, constitutional findings, and organ dysfunction. Patients developing signs or symptoms of severe skin reactions or hypersensitivity reactions must discontinue VIRAMUNE and seek medical evaluation immediately.

It is essential that patients be monitored intensively during the first 18 weeks of therapy with VIRAMUNE to detect potentially life-threatening hepatotoxicity or skin reactions. Extra vigilance is warranted during the first 6 weeks of therapy, which is the period of greatest risk of these events. Do not restart VIRAMUNE following severe hepatic, skin or hypersensitivity reactions. In some cases, hepatic injury has progressed despite discontinuation of treatment. In addition, the 14-day lead-in period with VIRAMUNE 200 mg daily dosing must be strictly followed (see WARNINGS).

OTHER CLINICAL NOTES: *As a group, watch for skin rash. EFV may cause sleep disturbances. ETR is a mild inducer & NVP & EFV are potent p450 enzyme inducers.*

NUCLEOSIDE ANALOG REVERSE TRANSCRIPTASE INHIBITOR

*Abacavir Sulfate (Ziagen) 300mg Tablet, 20mg/ml Solution * **Avoid alcohol** *
 *Abacavir Sulfate/Lamivudine (Epzicom) 600/300mg Tablet * **Avoid alcohol** *

*Recommend HLA-B*5701 screening prior to Abacavir initiation

Didanosine (Videx - ddl) 100mg Powder Pack, 125, 200, 250, 400mg EC Capsule *
Take 1/2 hour before or 2 hours after a meal *
 Stavudine (Zerit - d4T) 15, 20, 30,40mg Capsule, 1mg/ml Solution

***D-Drugs:** Combining 2 or more of the **D-Drugs** (ddl, d4T, ddc) may increase the incidence of mitochondrial side effects (peripheral neuropathy, pancreatitis, lactic acidosis), and is not recommended.

Emtricitabine (Emtriva) 200mg Capsule, 10mg/ml Solution
 Lamivudine (EpiVir - 3TC) 100,150, 300mg Tablet, 10mg/ml Oral Solution
 Lamivudine/Zidovudine (Combivir) 150/300mg Tablet
 Lamivudine/Zidovudine/Abacavir (Trizivir) 150/300/300mg Tablet
 Zidovudine (Retrovir - AZT) 300mg Capsule, 10mg/ml Syrup

CLINICAL NOTES: Use caution when giving triple NRTI regimen AZT, 3TC, and ABC by itself. This combination when given without a PI or NNRTI has been shown to have an inferior virologic response, especially in patients with viral loads greater than 100,000 copies/ ml . Treating HBV in an HIV co-infected patient with lamivudine monotherapy will result in HIV resistance to lamivudine. In patients currently taking EpiVir, EpiVir HBV or Combivir, and are coinfecting with HBV, closely monitor the patient's hepatic function clinically and via labs for several months after these medications are discontinued. Abacavir may cause a potential fatal hypersensitivity reaction and rash. Dose adjustments may be needed in patients with renal insufficiency.

NUCLEOTIDE ANALOG REVERSE TRANSCRIPTASE INHIBITOR Tenofovir Disoproxil Fumarate (Viread) 300mg Tablet

CLINICAL NOTES: Use caution in patients with renal insufficiency (Dose adjustment may be necessary). When given with ddl, the dose of ddl should be reduced to 250mg for patients weighing 60 kgs and 200mg or 125 mg for patients <60 kg. When given with Reyataz, the boosted Reyataz regimen (Reyataz 300mg QD with ritonavir 100mg QD) should be used. TNF decreases Reyataz's AUC by 26%.

NUCLEOTIDE/NUCLEOSIDE ANALOG REVERSE TRANSCRIPTASE INHIBITOR COMBINATION Emtricitabine/Tenofovir Alafenamide (Descovy) 200/25mg Tablet Tenofovir Disoproxil Fumarate/Emtricitabine (Truvada) 300/200mg Tablet

NUCLEOTIDE/NUCLEOSIDE ANALOG REVERSE TRANSCRIPTASE/ INTEGRASE INHIBITOR COMBINATION

Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide (Genvoya)
 150/150/200/10mg Tablet
 Cobicistat/Elvitegravir/Emtricitabine/Tenofovir Disoproxil Fumarate (Stribild)
 150/150/200/300mg Tablet

NUCLEOSIDE/NON-NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITOR COMB. Emtricitabine/Rilpivirine/Tenofovir Alafenamide (Odefsey) 200/25/25mg Tablet Emtricitabine/Rilpivirine/Tenofovir Disoproxil Fumarate (Complera) 200/25/300mg Tablet Emtriva/Viread/Sustiva (Atripla) 200/300/600mg Tablet

PROTEASE INHIBITORS

Atazanavir Sulfate (Reyataz) 100, 150, 200, 300mg Capsule * **Take with food** *

Avoid PPI's if possible for patients on Atazanavir

Darunavir (Prezista) 600, 800mg Tablet ***TAKE WITH FOOD***

Fosamprenavir Calcium (Lexiva) 700mg Tablet

Indinavir (Crixivan) 200,400mg Capsule * **Take 1 hour before, 2 hours after meals with plenty of water** *

Lopinavir/Ritonavir (Kaletra) 200/50mg Tablet * **Take with food** *

Nelfinavir Mesylate (Viracept) 250mg Tablet, 625mg Caplet, Powder * **Take with food** *

Ritonavir (Norvir) 100mg Tablet, 80mg/ml Oral Solution ***Food may increase tolerability***

Saquinavir Mesylate hgc (Invirase) 200mg Capsule, 500mg Tablet * **No food effect when taken with ritonavir** *

CLINICAL NOTES: * Many drug interactions and therefore, dosing adjustments may be necessary. Other special dosing requirements may be necessary for PI experienced patients (Lexiva, Reyataz).

As a class, hepatotoxicity is a concern, although, NFV is more liver friendly than the other PI's. Although diarrhea is a common side effect of NFV, it can be resolved with Imodium. NFV has a higher rate of early virologic failure versus the other PI's. ATZ has less of an adverse effect on lipids than other PI's. It is not recommended to use ATZ with IND due to both PI's potential to cause hyperbilirubinemia. Saquinavir hgc and Indinavir are not recommended to be used as a single protease inhibitor (Boosted regimens are recommended). Indinavir is no longer recommended to be used for women who are pregnant.

PROTEASE INH/ANTIRETROVIRAL BOOSTING AGENT

Evotaz 300/150mg Tablet

Prezcobix 800/150mg Tablet

MISC HIV AGENTS

Atovaquone (Mepron) 750mg/5ml Suspension

Azithromycin (Zithromax) 600mg Tablet, 600mg/15ml Suspension

Dapsone - DDS 25mg, 100mg Tablet

Ganciclovir (Cytovene) 250mg Capsule, 500mg Injection

Pentamidine (Nebupent) 300mg Aerosol

Pentamidine (Pentam) 300mg Injection

Rifabutin (Mycobutin) 150mg Capsule

J. ANTIPARKINSON AGENTS

Benzotropine Mesylate (Cogentin) 0.5, 1, 2mg Tablet

Pramipexole (Mirapex) 0.75mg Tablet

Trihexyphenidyl (Artane) 2,5mg Tablet

Carbidopa/Levodopa (Sinemet) 10/100, 25/100, 25/250mg Tablet, SR 25/100, 50/200mg Tablet

Benzotropine Mesylate (Cogentin) 1mg/ml Injection

K. CARDIOVASCULAR AGENTS**1. ANTI-ANGINALS**

Amlodipine (Norvasc) 2.5, 5, 10mg Tablet

Diltiazem (Cardizem) 30, 60, 90, 120mg Tablet

Isosorbide Dinitrate (Isordil) 5, 10, 20, 30mg Tablet

Verapamil (Calan) 40, 80, 120mg Tablet

Isosorbide MN (Imdur) 30, 60, 120mg Tablet
 Isosorbide Mononitrate (Ismo) 20mg Tablet
 Nitroglycerin SR (Nitro-Bid) 2.5, 6.5, 9mg Capsule
 Verapamil (Calan, Isoptin) 180,240mg SR/ER Tablet
 Diltiazem (Cardizem) XR/CD/ER 120, 180, 240, 300mg Capsule (once daily)
 Nitroglycerin (Nitrostat) 0.3, 0.4, 0.6mg Sublingual Tablet
 Diltiazem ER Beads (Tiazac) 360, 420mg Capsule (once daily)
 Nitroglycerin (Transderm-Nitro, Deponit) 0.1, 0.2, 0.3, 0.4, 0.6mg (not 0.8mg) Patch

Clinical Notes:

When prescribing Isosorbide please note the following: The Dinitrate (Isordil) Tablet is given 2 to 3 times daily, for once daily dosing you should utilize the Mononitrate (Imdur) Tablet.

2. ANTIARRHYTHMICS

GROUP I

Quinidine Sulfate 300mg Tablet
 Disopyramide (Norpace) 100,150mg Capsule
 Procainamide SR (Procan-SR) 100mg/ml, 500mg/ml inj

GROUP II

Propranolol Hcl (Inderal) 10, 20, 40, 60,80mg Tablet, 1mg/ml Injection (Not LA)

GROUP IV

Digoxin (Lanoxin) 0.125, 0.25mg Tablet, 0.25mg/ml Injection
 Verapamil (Calan) 40, 80, 120mg Tablet
 Verapamil (Calan, Isoptin) 180,240mg SR Tablet (Not 120mg or Capsule)

3. ANTIHYPERLIPIDEMIC AGENTS

Fish Oil (Omega) 1000mg Capsule
 Nicotinic Acid-Vitamin B3 (Niacin) 50,100mg Tablet IR, 125, 250,500mg SR Tablet, Capsule
 Pravastatin (Pravachol) 10, 20, 40, 80mg Tablet
 Simvastatin (Zocor) 5, 10, 20, 40mg Tablet
 Cholestyramine (Questran) Powder Can (Not Packets or Light)
 Gemfibrozil (Lopid) 600mg Tablet

4. ANTIHYPERTENSIVES

ANGIOTENSIN CONVERTING ENZYME INHIBITORS

Benzapril (Lotensin) 5, 10, 20, 40mg Tablet
 Captopril (Capoten) 12.5, 25, 50,100mg Tablet
 Enalapril (Vasotec) 2.5, 5, 10, 20mg Tablet
 Lisinopril (Prinivil) 2.5, 5, 10, 20, 30, 40mg Tablet
 Quinapril (Accupril) 5, 10, 20, 40mg Tablet

ANGIOTENSIN II RECEPTOR ANTAGONISTS

Losartan (Cozaar) 25, 50, 100mg Tablet
 Valsartan (Diovan) 40, 80, 160, 320mg Tablet

ANGIOTENSIN II RECEPTOR ANTAGONISTS COMBINATION AGENTS

Lisinopril/Hctz (Prinzide) 10-12.5, 20-12.5, 20-25mg Tablet
 Losartan/Hctz (Hyzaar) 50-12.5, 100-12.5, 100-25mg Tablet
 Valsartan/Hctz (Diovan/Hctz) 80/12.5, 160/12.5, 160/25, 320/12.5, 320/25mg Tablet

ANTIADRENERGIC AGENTS - BETA-ADRENERGIC BLOCKERS

Atenolol (Tenormin) 25, 50,100mg Tablet
 Carvedilol (Coreg) 3.125, 6.25, 12.5, 25mg Tablet
 Propranolol (Inderal) 10, 20, 40, 60,80mg Tablet (Not LA), 1mg/ml Injection
 Metoprolol (Lopressor) 25, 50,100mg Tablet
 Sotalol (Betapace) 80mg Tablet

ANTIADRENERGIC AGENTS - BETA-ADRENERGIC BLOCKERS/DIURETIC COMBO

Atenolol/Chlorthalidone (Tenoretic) 50/25, 100/25mg Tablet
 Bisoprolol/HCTZ (Ziac) 2.5/6.25mg, 5/6.25mg, 10/6.25mg Tablet

ANTIADRENERGIC AGENTS - CENTRALLY ACTING

Clonidine (Catapres) 0.1, 0.2, 0.3mg Tablet
 Methyldopa (Aldomet) 250,500mg Tablet

ANTIADRENERGIC AGENTS - PERIPHERALLY ACTING

Doxazosin (Cardura) 1, 2, 4, 8mg Tablet
 Prazosin (Minipress) 1, 2,5mg Capsule
 Terazosin (Hytrin) 1, 2, 5,10mg Capsule

CALCIUM CHANNEL BLOCKING AGENTS

Amlodipine (Norvasc) 2.5, 5, 10mg
 Diltiazem (Cardizem) 30, 60, 90, 120mg Tablet
 Verapamil (Calan) 40, 80, 120mg Tablet
 Diltiazem (Cardizem) XR/CD/ER 120, 180, 240, 300mg Capsule (once daily)
 Verapamil (Calan, Isoptin) 180,240mg SR/ER Tablet
 Diltiazem ER Beads (Tiazac) 360, 420mg Capsule (once daily)

DIURETICS

Chlorthalidone (Hygroton) 25,50mg Tablet
 Furosemide (Lasix) 20, 40,80mg Tablet, 10mg/ml Injection
 Hydrochlorothiazide (Hydrodiuril) 12.5,25,50mg Tablet
 Indapamide (Lozol) 1.25, 2.5mg Tablet
 Triamterene/Hctz (Maxide) 37.5/25, 75/50mg Tablet
 Triamterene/Hctz (Dyazide), 37.5/25mg Capsule
 Spironolactone (Aldactone) 25, 50mg Tablet (Not 100mg)
 Acetazolamide (Diamox) 125,250mg Tablet (Not 500mg)

VASODILATORS

Hydralazine (Apresoline) 10, 25, 50, 100mg Tablet
 Minoxidil (Loniten) 2.5, 10mg Tablet

5. POTASSIUM SUPPLEMENTS

Potassium Chloride (Slow-K) 8mEq Tablet
 Potassium Chloride (Klor-Con) 10, 20mEq Tablet

6. PERIPHERAL VASODILATORS

Isoxsuprine (Vasodilan) 10, 20mg Tablet

L. DERMATOLOGIC AGENTS**1. ACNE PREPARATIONS**

Benzoyl Peroxide (Benzac) 5, 10% Gel (Not Lotion)

Erythromycin (ATS) 2% Solution (Not Gel)

2. ANORECTAL PREPARATIONS

Dibucaine (Nupercainal) Ointment

Hemorrhoidal (Anusol) Cream, Suppositories

Hemorrhoidal / Form R (Prep-H) Ointment, Suppositories

Hemorrhoidal Hydrocortisone Acetate (Anusol-HC) 2.5% Cream, 1% Ointment

3. ANTI-INFECTIVES**ANTIBIOTICS**

Bacitracin (Baciguent) 500 units/gram Ointment

Gentamicin (Garamycin) 0.1% Cream, Ointment

Silver Sulfadiazine (SSD) 1% Cream

Triple Antibiotic (Neosporin) Ointment

Mupirocin (Bactroban) 2% Cream, Ointment

ANTIFUNGALS - TOPICAL

Clotrimazole 1% (Lotrimin) Cream

Miconazole Nitrate (Micatin) 2% Cream

Nystatin Cream, Ointment

Tolnaftate (Tinactin) Cream, Powder, Solution

ANTIFUNGALS - VAGINAL

Clotrimazole Vaginal (Gyne-Lotrimin) Cream

Nystatin Vaginal Suppository

Miconazole (Monistat 7) Cream, Suppository (Not Monistat -1 or 3)

MISCELLANEOUS ANTI-INFECTIVES – TOPICAL

Dakin's (Sodium Hydrochlorite) Solution 0.125%, 0.25%, 0.5%

ANTISEPTICS

Povidone Iodine (Betadine) Solution, Ointment

4. ANTI-INFLAMMATORY AGENTS - STEROIDAL**VERY HIGH POTENCY**

Clobetasol (Temovate) .05% Cream, Ointment (Use Only If High Potency Is Ineffective)

Clobetasol (Temovate) .05% Solution (Use Only If High Potency Is Ineffective)

HIGH POTENCY

Fluocinonide (Lidex) 0.05% Cream, Ointment

Fluocinonide (Lidex) 0.05% Solution

MODERATE POTENCY

Triamcinolone (Aristocort) 0.025, 0.1, 0.5% Cream, Ointment, 0.025, 0.1% Lotion

LOW POTENCY

Hydrocortisone (Hytone) 0.5, 1, 2.5% Cream, Ointment (Not Lotion)

5. ANTISEBORRHEIC PRODUCTS

Calamine Lotion
Coal Tar Shampoo
Selenium Sulfate (Selsun) 2.5% Lotion
Selenium Sulfide (Selsun Blue) 1% Shampoo

6. SCABICIDE/PEDICULICIDE

Lice Cream Rinse/Permethrin 1%
Lice Shampoo with Comb (Rid, R & C) Shampoo
Acticin/Permethrin (Elimite) 5% Cream

7. SKELETAL MUSCLE PAIN AGENTS

Analgesic Balm

8. SKIN LUBRICATING AGENTS

Vitamin A & D Ointment
Hand and Body Lotion
Lactic Acid/Mineral Oil (Amlactin, Lac-Hydrin) Lotion, Cream

9. MISCELLANEOUS AGENTS

Ichthammol 20% Ointment
Podophyllin 10, 25% in Tincture of Benzoin
Salicylic Acid (Compound W) 10% in Alcohol Solution
Sodium Sulfate (Epsom Salts)
Zinc Oxide 20% Ointment

M. ENDOCRINE AGENTS**1. ANTIDIABETIC AGENTS**

Glipizide (Glucotrol) 5, 10mg Tablet (Not XL)
Glyburide (Micronase) 1.25, 2.5, 5mg Tablet (Not Micronized)
Metformin 500, 850, 1000mg Not XR (Glucophage)
Insulin-Human (Humulin N, R, 70/30) U-100 Injection, Lispro/Lispro Mix (Humalog)

2. ANTIDIABETIC COMBINATION AGENTS

Glyburide/Metformin (Glucovance) 1.25/250, 2.5/500, 5/500mg Tablet

3. CORTICOSTEROIDS - SYSTEMIC

Methylprednisolone (Medrol) 4mg Dosepak
Prednisone (Deltasone) 1, 2.5, 5, 10, 20, 50mg Tablet
Dexamethasone (Decadron) 0.5, 0.75, 4mg Tablet, 4mg/ml Injection
Hydrocortisone (Cortef) 5, 10mg Tablet

4. ADRENOCORTICAL STEROIDS - MINERALOCORTICIDS

Fludrocortisone (Florinef) 0.1mg Tablet

5. HORMONES

Estradiol (Estrace) 0.5, 1, 2mg Tablet
 Medroxyprogesterone (Provera) 2.5, 5, 10mg Tablet
 Estrogen/Progestin (Ortho-Novum) 1/35, 1/50, 7/7/7 Tablet
 Conjugated Estrogens (Premarin) 0.3, 0.625, 0.9, 1.25mg Tablet

6. THYROID MEDICATIONS**HYPER-ACTIVITY**

Methimazole (Tapazole) 5, 10mg Tablet
 Propylthiouricil (PTU) 50mg Tablet

HYPO-ACTIVITY

Levothyroxine (Levo-T, Levothroid) 25, 50, 75, 88, 100, 112, 125, 137, 150, 175, 200, 300mcg Tablet

7. UTERINE ACTIVE AGENTS

Methylergonovine Maleate (Methergine) 0.2mg Tablet

N. IMMUNOLOGIC/ANTIRHEUMATIC

Azathioprine (Imuran) 50mg Tablet
 Hydroxychloroquine (Plaquenil) 200mg Tablet

O. GASTROINTESTINAL AGENTS**1. ANTACIDS/ANTIFLATULENTS**

Alginicaid (Gaviscon) Tablet
Excellent 1st Line Agent for Reflux
 Antacid (Maalox) Tablet
 Calcium Carbonate (Tums) 500mg Chewable Tablet
 Mintox Tablet
 Acid Gone Antacid (Gaviscon) Liquid
 Aluminum Hydroxide (Amphogel) Gel
 Antacid (Maalox, Mylanta II) Liquid
 Mi-Acid Maximum Strength (Maalox Plus) Suspension
 Simethicone (Mylanta Gas, Gas X, Mylicon) 80mg Chewable Tablet
 Calgycine (Titralac) 420mg Chewable Tablet

2. ANTIDIARRHEALS

Bismuth (Pepto-Bismol) Liquid, Tablet
 Diphenoxylate/Atropine (Lomotil) 2.5/0.25mg Tablet
 Loperamide (Imodium) 2mg Capsule (Not Tablet or A-D)

3. ANTIEMETIC/ANTIVERTIGO AGENTS

Dimenhydrinate (Dramamine) 50mg Tablet
 Meclizine (Antivert) 12.5mg Tablet, 25mg Chewable Tablet, Tablet
 Ondansetron (Zofran) 4, 8mg Tablet
 Prochlorperazine (Compazine) 5, 10mg Tablet, 5mg/ml, 10mg/2ml Injection
 Promethazine (Phenergan) 12.5, 25mg Suppositories
 Promethazine (Phenergan) 25, 50mg Tablet, 25mg/ml, 50mg/ml Injection
 Ondansetron (Zofran) 2mg/ml Injection
 Trimethobenzamide (Tigan) 100mg, 200mg Suppository, 200mg/2ml In

4. ANTISPASMODICS/ANTICHOLINERGICS

Dicyclomine (Bentyl) 10,20mg Tablet, Capsule
 Hyoscyamine (Levsin SL) 0.125mg SL Tablet
 Propantheline (Pro-Banthine) 15mg Tablet

5. DIGESTIVE ENZYMES**Pancreatic Enzymes**

Creon 6000, 12000, 24000unit Capsule
 Pancreaze 4200, 10500, 16800, 21000unit Capsule
 Zenpep 5000, 10000, 15000, 20000unit Capsule

6. LAXATIVES**BULK-PRODUCING**

Fiberlax (Fibercon) 625mg Tablet
 Psyllium (Reguloid) Can

ENEMA

Phosphate (Fleet) Enema (Ready to Use)

FECAL SOFTENERS

Docusate Sodium (Colace) 100mg Capsule , 50mg/5ml Liquid

FECAL SOFTNER/LAXATIVE

Docusate Sodium/Senna Concentrate (Peri-Colace) 50/8.6 Tablet

SALINE

Citrate of Magnesia (Citroma) Liquid
 Enulose (Lactulose) 10gm/15ml Syrup
 Milk of Magnesia Liquid

STIMULANT

Bisacodyl (Dulcolax) 5mg Tablet, 10mg Suppository
 Senna Concentrate (Senokot) Tablet

MISCELLANEOUS

Sorbitol 70% Solution

7. REFLUX TREATMENT

Metoclopramide (Reglan) 5,10mg Tablet
 Omeprazole (Prilosec) 20mg Capsule
 Pantoprazole (Protonix) 20, 40mg Tablet

8. ULCER TREATMENT**COATING AGENT**

Sucralfate (Carafate) 1gm Tablet

H. PYLORI TREATMENT OPTIONS

TRIPLE THERAPY FOR 10-14 DAYS

Amoxicillin (Amoxil) 1g BID
 Clarithromycin (Biaxin) 500mg BID (**H.Pylori Tx. only**)
 Pantoprazole (Protonix) 40mg BID

TRIPLE THERAPY (PENICILLIN ALLERGY) FOR 10-14 DAYS

Clarithromycin (Biaxin) 500mg BID (**H.Pylori Tx. only**)
 Metronidazole (Flagyl) 500mg BID
 Pantoprazole (Protonix) 40mg BID

****75-85% ERADICATION WITH BOTH OPTIONS****

H2 ANTAGONISTS

Overlap therapy with PPIs when discontinuing H2 Blockers in favor of PPI. (It takes 3-4 days for maximal suppression of acid production when PPIs are initiated.)

Famotidine (Pepcid) 10, 20, 40mg Tablet
 Ranitidine (Zantac) 75, 150,300mg Tablet

PROTON PUMP INHIBITOR

Omeprazole (Prilosec) 20mg Capsule

9. ULCERATIVE COLITIS TREATMENT

Sulfasalazine (Azulfidine) 500mg Tablet (Not EC)

P. NUTRITIONAL SUPPLEMENTS**1. MINERALS**

Calcium Carbonate (Caltrate), 650mg Tablet, 600mg Tablet with Vitamin D
 Calcium Oyster Shell (Os-Cal) 500mg Tablet
 Calcium Oyster Shell with Vitamin D (Os-Cal with Vitamin D) 500mg Tablet
 Ferrous Sulfate (Feosol) 325mg Tablet
 Magnesium Oxide (Mag-Ox) 400mg Tablet

2. VITAMINS

Cyanocobalamin (Vitamin B-12) 1000mcg/ml Injection
 Cyanocobalamin (Vitamin B-12) 1000mcg Tablet
 Folic Acid (Folate) 1mg Tablet
 Multivitamin (Theragran, One A Day) Tablet
 Vitamin B-3 (Niacin, Nicotinic Acid) 50,100,125,500mg Tablet, 250,500mg SR Tablet, Capsule
 Vitamin B-1 (Thiamine) 50,100mg Tablet, 100mg/ml Injection
 Vitamin B-6 (Pyridoxine) 25, 50,100mg Tablet
 Vitamin B Complex (Berocca, B-Complex Rx) Capsule, Tablet
 Vitamin C (Ascorbic Acid) 250,500,1000mg Tablet (Not Capsule or Chewable Tablet)
 Vitamin D 400 IU Tablet
 Vitamin E 100,200,400,600,1000mg IU Capsule

3. VITAMINS/MINERALS

Multivitamin/Calcium/Iron (Prenatal) Tablet
 Multivitamin/Iron (One A Day w/ Iron) Tablet
 Multivitamin/Minerals (Theragran-M, One A Day w/ Minerals) Tablet
 Vitamin B Complex Plus Minerals (Berocca Plus) Tablet

Q. OPHTHALMIC PREPARATIONS**1. ANESTHETIC**

Flurate 0.25% (Fluress) Opth Soln
 Proparacaine (Alcaine, Ophthetic) 0.5% Ophthalmic Drops

2. ANTI-GLAUCOMA**ALPHA-2 ADRENERGIC AGONIST**

Brimonidine Tartrate (Alphagan) 0.2% Eye Drop

CARBONIC ANHYDRASE INHIBITOR

Dorzolamide (Trusopt) 2% Ophthalmic Drops

BETA-ADRENERGIC BLOCKERS

Timolol Maleate (Timoptic) 0.25, 0.5% Ophthalmic Drops (Not XE)

CARBONIC ANHYDRASE INHIBITOR/BETA ADRENERGIC BLOCKER COMBINATION

Dorzolamide/Timolol (Cosopt) 2/0.5% Ophthalmic Drops

PROSTAGLANDIN AGONIST

Latanoprost (Xalatan) .005% Ophthalmic Solution

MIOTIC

Pilocarpine HCL (Isopto Carpine) 0.5, 1, 2, 3, 4, 6% Ophthalmic Drops

3. ANTI-INFECTIVES

Ciprofloxacin (Ciloxan) 0.3% Ophthalmic Drops
 Gentamicin - Genoptic (Garamycin) 3% Ophthalmic Drops
 Neomycin/Polymyxin/Dexamethasone (Maxitrol) Ophthalmic Drops
 Neomycin/Polymyxin/Dexamethasone (Maxitrol) Ophthalmic Ointment
 Ofloxacin (Floxin) 0.3% Ophthalmic Drops
 Polymyxin B / Trimethoprim (Polytrim) Ophthalmic Drops
 Tobramycin (Tobrex) Ophthalmic 0.3% Ophthalmic Drops
 Polymyxin/Neomycin/Gramicidin (Neosporin) Ophthalmic Solution

4. ANTI-INFLAMMATORY

Dexamethasone (Maxidex) 0.1% Ophthalmic Drops
 Prednisolone Acetate (Pred-Forte) 1% Ophthalmic Suspension
 Ketorolac (Acular) 0.5% Ophthalmic Solution

5. ANTI-INFLAMMATORY/ANTIBIOTIC COMBINATION

Neomycin/Polymyxin/Dexamethasone (Maxitrol) Ophthalmic Drops, Ointment

6. CYCLOPLEGIC AGENTS

Atropine Sulfate (Isopto Atropine) 1% Ophthalmic Drops, Ointment
 Homatropine (Isopto Homatropine) 2, 5% Ophthalmic Drops
 Tropicamide 0.5%, 1% (Mydracyl) Ophthalmic Solution

7. OPHTHALMIC DECONGESTANTS

Tetrahydrozoline (Visine, Opti Clear) Ophthalmic Drops
 Naphazoline HCl (Clear Eyes) 0.012% Ophthalmic Drops

8. OPHTHALMIC DECONGESTANT/ANTIHISTAMINE COMBINATION

Naphazoline A (Naphcon-A, Visine-A) 0.025% Ophthalmic Drops

9. ANTI-IRRITANT PREPARATIONS

Naphazoline Hcl (Vasocon, AK-Con) 0.1% Ophthalmic Drops

Tetrahydrozoline (Visine, Opti Clear) Ophthalmic Drops

Naphazoline A (Naphcon-A, Visine-A) 0.025% Ophthalmic Drops

10. EYE WASH

Eyewash (Dacriose) Ophthalmic Solution

11. LUBRICANTS

Artificial Tears Ophthalmic Drops, Ointment

R. OTIC PREPARATIONS

Consider using ciprofloxacin Ophthalmic Solution and Dexamethasone Ophthalmic Solution if Cipro-Dex or Cipro-HC is warranted for the patient

1. ANALGESIC

Antipyrine/Benzocaine (Auralgan) Otic Solution

2. ANTI-INFECTIVES

Ofloxacin (Floxin) 0.3% Otic Drops

Acetic Acid (Vosol) 2% Otic Solution

Polymyxin/Neomycin/Hydrocortisone (Cortisporin) Otic Suspension, Solution

3. EAR WAX EMULSIFIER

Carbamide Peroxide (Debrox) 6.5% Otic Solution

S. PSYCHOTROPICS**1. ANTIANXIETY AGENTS**

Buspirone (Buspar) 5, 10, 15mg Tablet (Not 30mg)

Clonazepam (Klonopin) 0.5, 1, 2mg Tablet

Hydroxyzine HCL (Atarax) 25mg Tablet

Lorazepam (Ativan) 0.5, 1, 2mg Tablet, 2mg/ml sdv

Hydroxyzine Pamoate (Vistaril) 25, 50 Capsule (Not Suspension or 100mg)

2. ANTIDEPRESSANT AGENTS Restrict the usage of liquids. Liquids can cost up to 5 TIMES the amount of solids

Amitriptyline (Elavil) 10, 25, 50, 75, 100, 150mg Tablet, 25mg/5ml Suspension

Citalopram (Celexa) 10, 20, 40mg Tablet

Doxepin (Sinequan) 10, 25, 50, 75, 100mg Capsule, 10mg/ml Concentrate

Fluoxetine (Prozac) 10, 20, 40mg Capsules

Sertraline (Zoloft) 25, 50, 100mg Tablet

Trazodone (Desyrel) 50, 100, 150mg Tablet

Bupropion (Wellbutrin) 75, 100mg Tablets

Imipramine (Tofranil) 10, 25, 50mg Tablet

Mirtazapine (Remeron) 7.5, 15, 30, 45mg Tablet

Nortriptyline (Pamelor) 10, 25, 50, 75mg Capsule, (Not Liquid)
 Paroxetine (Paxil) 10, 20, 30,40mg Tablet
 Bupropion SR. (Wellbutrin SR) 100, 150mg Tablet
 Venlafaxine (Effexor) 25, 37.5, 50, 75, 100mg Tablet
 Venlafaxine ER (Effexor XR) 37.5, 75, 150mg Capsule

3. ANTIPSYCHOTIC AGENTS Restrict the usage of liquids. Liquids can cost as much as 5 TIMES the amount of solids.

Chlorpromazine (Thorazine) 10, 25, 50,100,200mg Tablet, 50mg/2ml Injection
 Fluphenazine (Prolixin) 1, 2.5, 5,10mg Tablet, 2.5mg/ml Inj
 Fluphenazine (Prolixin) Decanoate 25mg/ml Inj - Multidose Vial
 Risperidone (Risperdal) 0.25, 0.5, 1, 2, 3, 4mg Tablet
 Thiothixene (Navane) 1, 2, 5,10mg Capsule
 Haloperidol (Haldol) 0.5, 1, 2, 5, 10, 20mg Tablet
 Quetiapine (Seroquel) 25, 50, 100, 200, 300, 400mg Tablet
 Trifluoperazine (Stelazine) 1, 2, 5,10mg Tablet
 Haloperidol (Haldol) 5mg/ml Injection, Decanoate 50mg/ml, Decanoate 100mg/ml Injection
 Perphenazine (Trilafon) 4, 8,16mg Tablet

4. MOOD STABILIZERS

Carbamazepine (Tegretol) 100, 200mg Tablet
 Divalproex Sodium EC (Depakote) 125, 250, 500mg Tablet (**Not Depakote ER**)
 Lamotrigine (Lamictal) 25, 100, 150, 200mg Tablet (**Not Chew Tablet**)
 Lithium Carbonate (Eskalith, Lithobid) 150, 300mg Tablet, 300, 600mg Capsule
 Lithium Carbonate (Eskalith ER) 300, 450mg ER Tablet
 Valproic Acid (Depakene) 250mg Capsule (Not Liquid)

5. ALZHEIMER'S DISEASE/DEMENTIA

Donepezil (Aricept) 5, 10mg Tablet

6. MISCELLANEOUS ANTICHOLINERGICS

Benztropine Mesylate (Cogentin) 0.5, 1, 2mg Tablet
 Diphenhydramine (Benadryl) 25, 50mg Capsule, 12.5mg/5ml Elixir, 50mg/ml Inj
 Trihexyphenidyl (Artane) 2,5mg Tablet
 Amantadine (Symmetrel) 100mg Capsule
 ; Benztropine Mesylate (Cogentin) 1mg/ml Injection

T. RESPIRATORY AGENTS

1. BRONCHODILATORS/ANTIASTHMATICS

Aminophylline 100, 200mg Tablet, 25mg/10ml Injection
 Metaproterenol (Alupent) 10,20mg Tablet
 Albuterol (Proventil) 2,4mg Tablet
 Albuterol (Proventil, Ventolin) Solution, Unit Dose
 Ipratropium (Atrovent) Inhalation Solution, Unit Dose
 Theophylline SR (Theo-Dur) 100,200,300mg Tablet (Not Capsule)
 Ventolin HFA Inhaler
 Terbutaline (Brethine) 2.5, 5mg Tablet
 Beclomethasone (QVAR) 40, 80 mcg Inhaler
 Ciclesonide (Alvesco) 80mcg, 160mcg Inhaler
 Ipratropium (Atrovent) Inhaler

2. EXPECTORANTS

Guaifenesin 200mg Tablets
 Guaifenesin (Guiatuss) 100mg/5ml Syrup
 Guaifenesin (Guiatuss) DM Syrup
 Guaifenesin (Guiatuss) DM A/F Syrup

3. NASAL DECONGESTANTS/ANTIHISTAMINES - SYSTEMIC

Chlorpheniramine (Chlor-Trimeton) 4mg Tablet (Not SR)
 Diphenhydramine (Benadryl) 25, 50mg Capsule, 12.5mg/5ml Elixir, 50mg/ml Inj
 Loratadine (Claritin) 10mg Tablet
 Sudogest PE (Sudafed PE) 10mg Tablet
 Cetirizine (Zyrtec) 5, 10mg Tablet
 Cold and Allergy PE (Chlorpheniramine 4mg; Phenylephrine 10mg)
 Cyproheptadine (Periactin) 4mg Tablet
 Pain Relief Sinus PE (Acetaminophen 325mg; Phenylephrine 5mg)
 Cold Head Congestion (Acetaminophen 325; Phenylephrine 5mg,
 Dextromethorphan 10mg)
 Pain Relief Allergy PE (Acetaminophen 325mg; Chlorpheniramine 2mg; Phenylephrine
 5mg)

4. NASAL INHALATION PRODUCTS

Oxymetazoline (Afrin) 0.5% Solution
 Sodium Chloride (Ocean, Deep Sea) 0.65% Solution

U. RENAL (INSUFFICIENCY) AGENTS

Nephrocaps
 Phoslo 667mg Tablet
 Sevelamer Carbonate (Renvela) 800mg Tablet
 Sevelamer HCL (Renagel) 400, 800mg Tablet, 403mg Capsule

V. URINARY TRACT AGENTS

Doxazosin (Cardura) 1, 2, 4, 8mg Tablet
 Oxybutinin (Ditropan) 5mg Tablet
 Terazosin (Hytrin) 1, 2, 5, 10mg Capsule
 Phenazopyridine (Pyridium) 100, 200mg Tablet
 Bethanechol (Urecholine) 5, 10, 25, 50mg Tablet

W. VACCINATIONS

Enerix B 10mcg/0.5ml Pediatric Dose
Please use (2) pediatric doses (in same syringe) to equal (1) adult dose. Ordering the single adult dose vial will require a NF Approval.
 Havrix 1440U/ml (Hepatitis A) Vial
 Pneumococcal (Pneumovac) Vaccine
 Tetanus Toxoid Absorbed Injection
 Tetanus Diphtheria Toxoid 0.5ml
 Tuberculin PPD, Mantoux (Aplisol, Tubersol) Injection

X. DIALYSIS

Calcium Acetate (Phoslo) 667mg Capsule
 Calcitriol (Calcijex) 1mcg/ml ampule

Nephrocaps Capsule
 Sevelamer Carbonate (Renvela) 800mg Tablet
 Sevelamer HCL (Renagel) 400, 800mg Tablet, 403mg Capsule
 Sodium Bicarbonate 650mg Tablet
 Vitamin D 50,000 Unit Capsule

Y. DETOXIFICATION

1. BENZODIAZEPINE

Diazepam (Valium) 2, 5, 10mg Tablet, 10mg/2ml Injection
 Lorazepam (Ativan) 0.5, 1, 2mg Tablet, 2mg/ml sdv
 Chlordiazepoxide (Librium) 5, 10, 25mg Capsule

2. OPIOD AGONIST-ANTAGONIST ANALGESICS

Buprenorphine/Naloxone (Suboxone) 2mg/0.5mg, 8mg/2mg Film, SL Tablet

Z. EMERGENCY/MISCELLANEOUS MEDICATIONS

Acetic Acid 0.25% Irrigation Solution
 Alcohol pads, 70%
 Alcohol Ethyl 70%
 Aminophylline 250ml/10ml Injection
 Atropine Injection 1mg Syringe
 Atropine Sulfate 0.4mg/ml Injection
 Bacteriostatic Water for Injection
 Bacteriostatic Sodium Chloride for Injection
 Bupivacaine (Marcaine) 0.25%, 0.5% Injection
 Calcium Chloride 10% 1gm Injection
 Calcium Chloride 1mg Syringe
 Charcoal (Activated) Solution
 Chlorpromazine (Thorazine) 25mg/1ml Injection
 Co-LAV (CoLyte) Solution Pre-Procedure Only
 Chlorhexidine (Peridex) 0.12% Rinse
 Dexamethasone (Decadron) 4mg/ml Injection
 Dextrose 50%, 50ml Syringe
 Diazepam (Valium) 10mg/2ml Injection
 Digoxin (Lanoxin) 0.5mg/2ml Injection
 D5W
 D5WNS
 Epinephrine 1:1,000 Injection
 Furosemide (Lasix) 10mg/ml Injection
 Glucagon Emergency Kit
 Insta-Glucose Gel
 PEG 3350/Electrolyte (Golytely) Solution Pre-Procedure Only
 Heparin Injection
 Hydrocortisone Sod (A-Hydrocort) 100mg Injection
 Hydrogen Peroxide
 Hydroxyzine (Vistaril) 25mg/ml, 100mg/2ml Injection
 Ipecac Syrup
 Lactated Ringers Solution (LR)

Lidocaine (Xylocaine) 1, 2% Injection
Lidocaine (Xylocaine) 1, 2% with Epinephrine Injection
Lidocaine (Xylocaine) Viscous Topical
Mary Magic Mouthwash
Methylprednisolone Depo (Depo-Medrol) 40mg/ml Injection
Methylprednisolone (Solu-Medrol) 125,500mg, 1gm/ml Injection
Mineral Oil-Light, Heavy
Naloxone (Narcan) 0.4mg/ml Injection
Normal Saline (0.45%, 0.9% NaCl)
Normal Saline (0.9% NaCl) for Irrigation
Phenytoin Sodium (Dilantin) 100mg Injection
Phytonadione (Vitamin-K) 10mg/ml Injection
Polyethylene Glycol 3350 (Miralax) Powder
Potassium Chloride 20mEq/10ml Injection
Rhogam Injection
Sodium Bicarbonate 7.5% 50ml Syringe
Sodium Chloride 0.9% Injection
Sodium Chloride 1gm Tablet
Sterile Water for Injection
Sterile Water for Irrigation
Vitamin K 1mg/0.5mg Injection

A

Abacavir Sulfate (Ziagen) 300mg Tablet, 20mg/ml Solution-----	4
Abacavir Sulfate/Lamivudine (Epzicom) 600/300mg Tablet -----	4
Acetaminophen (Tylenol) 325, 500mg Tablet, 160mg/5ml Elixir -----	1
Acetaminophen (Tylenol) 650mg Suppository-----	1
Acetaminophen/Codeine (Tylenol w/Codeine) #2, #3, #4 Tablet-----	1
Acetazolamide (Diamox) 125,250mg Tablet (Not 500mg) -----	8
Acetic Acid (Vosol) 2% Otic Solution -----	15
Acetic Acid 0.25% Irrigation Solution -----	18
Acid Gone Antacid (Gaviscon) Liquid-----	11
Acticin/Permethrin (Elimite) 5% Cream -----	10
Acyclovir (Zovirax) 200,400,800mg Tablet, Capsule (Not Ointment or Suspension)-----	3
Albuterol (Proventil) 2,4mg Tablet-----	16
Albuterol (Proventil, Ventolin) Solution, Unit Dose -----	16
Alcohol Ethyl 70% -----	18
Alcohol pads, 70%-----	18
Alginate (Gaviscon) Tablet -----	11
Allopurinol (Zyloprim) 100,300mg Tablet -----	2
Aluminum Hydroxide (Amphogel) Gel -----	11
Amantadine (Symmetrel) 100mg Capsule-----	16
Aminophylline 100, 200mg Tablet, 25mg/10ml Injection -----	16
Aminophylline 250ml/10ml Injection-----	18
Amitriptyline (Elavil) 10, 25, 50, 75,100,150mg Tablet, 25mg/5ml Suspension-----	15
Amlodipine (Norvasc) 2.5, 5, 10mg -----	8
Amlodipine (Norvasc) 2.5, 5, 10mg Tablet -----	6
Amoxicillin (Amoxil) 250,500mg Capsule-----	2
Amoxicillin/Clavulanate (Augmentin) All Strength Tablets (Not Chewable or Susp.)-----	3
Ampicillin (Omnipen) 250,500mg Capsule -----	2
Analgesic Balm-----	10
Antacid (Maalox) Tablet-----	11
Antacid (Maalox, Mylanta II) Liquid-----	11
Antipyrine/Benzocaine (Auralgan) Otic Solution -----	15
Artificial Tears Ophthalmic Drops, Ointment-----	15
ASA-APAP-Caffeine (Excedrin) Tablet-----	1
Aspirin 81,325mg Tablet-----	1
Aspirin E.C. (Ecotrin) 81, 325mg Tablet -----	1, 2
Atazanavir Sulfate (Reyataz) 100, 150, 200, 300mg Capsule -----	6
Atenolol (Tenormin) 25, 50,100mg Tablet-----	8
Atenolol/Chlorthalidone (Tenoretic) 50/25, 100/25mg Tablet-----	8
Atovaquone (Mepron) 750mg/5ml Suspension -----	6
Atropine Injection 1mg Syringe-----	18
Atropine Sulfate (Isopto Atropine) 1% Ophthalmic Drops, Ointment -----	14
Atropine Sulfate 0.4mg/ml Injection -----	18
Azathioprine (Imuran) 50mg Tablet -----	11
Azithromycin (Zithromax) 250, 500, 600mg Tablet-----	2
Azithromycin (Zithromax) 600mg Tablet, 600mg/15ml Suspension -----	6

B

Bacitracin (Baciguent) 500 units/gram Ointment-----	9
Baclofen (Lioresal) 10, 20mg Tablet-----	1
Bacteriostatic Sodium Chloride for Injection-----	18
Bacteriostatic Water for Injection-----	18
Beclomethasone (QVAR) 40, 80 mcg Inhaler-----	16
Benzapril (Lotensin) 5, 10, 20, 40mg Tablet-----	7
Benzoyl Peroxide (Benzac) 5,10% Gel (Not Lotion)-----	9
Benzotropine Mesylate (Cogentin) 0.5, 1, 2mg Tablet-----	6, 16
Benzotropine Mesylate (Cogentin) 1mg/ml Injection-----	6, 16
Bethanechol (Urecholine) 5, 10, 25,50mg Tablet-----	17
Bisacodyl (Dulcolax) 5mg Tablet, 10mg Suppository-----	12
Bismuth (Pepto-Bismol) Liquid, Tablet-----	11
Bisoprolol/HCTZ (Ziac) 2.5/6.25mg, 5/6.25mg, 10/6.25mg Tablet-----	8
Brimonidine Tartrate (Alphagan) 0.2% Eye Drop-----	14
Bupivacaine (Marcaine) 0.25%, 0.5% Injection-----	18
Buprenorphine/Naloxone (Suboxone) 2mg/0.5mg, 8mg/2mg Film, SL Tablet-----	18
Bupropion (Wellbutrin) 75, 100mg Tablets-----	15
Bupropion SR. (Wellbutrin SR) 100, 150mg Tablet-----	16
Buspirone (Buspar) 5, 10, 15mg Tablet (Not 30mg)-----	15
Butalbital/Apap/Caffeine (Fioricet) Tablet-----	1
Butalbital/ASA/Caffeine (Fiorinal) Tablet (Not Capsule)-----	1

C

Calamine Lotion-----	10
Calcitriol (Calcijex) 1mcg/ml ampule-----	17
Calcium Acetate (Phoslo) 667mg Capsule-----	17
Calcium Carbonate (Caltrate), 650mg Tablet, 600mg Tablet with Vitamin D-----	13
Calcium Carbonate (Tums) 500mg Chewable Tablet-----	11
Calcium Chloride 10% 1gm Injection-----	18
Calcium Chloride 1mg Syringe-----	18
Calcium Oyster Shell (Os-Cal) 500mg Tablet-----	13
Calcium Oyster Shell with Vitamin D (Os-Cal with Vitamin D) 500mg Tablet-----	13
Calglycine (Titalac) 420mg Chewable Tablet-----	11
Captopril (Capoten) 12.5, 25, 50,100mg Tablet-----	7
Carbamazepine (Tegretol) 100, 200mg Tablet-----	16
Carbamazepine (Tegretol) 100,200mg Tablet-----	2
Carbamide Peroxide (Debrox) 6.5% Otic Solution-----	15
Carbidopa/Levodopa (Sinemet) 10/100, 25/100, 25/250mg Tablet, SR 25/100, 50/200mg Tablet-----	6
Carvedilol (Coreg) 3.125, 6.25, 12.5, 25mg Tablet-----	8
Cefazolin (Ancef)500mg, 1gm Vial-----	3
Ceftriaxone (Rocephin) 250, 500mg, 1, 2gm Vial-----	3
Cephalexin (Keflex) 250,500mg Capsule-----	2
Cetirizine (Zyrtec) 5, 10mg Tablet-----	17
Charcoal (Activated) Solution-----	18
Chlordiazepoxide (Librium) 5, 10, 25mg Capsule-----	18
Chlorhexidine (Peridex) 0.12% Rinse-----	18
Chlorpheniramine (Chlor-Trimeton) 4mg Tablet (Not SR)-----	17
Chlorpromazine (Thorazine) 10, 25, 50,100,200mg Tablet, 50mg/2ml Injection-----	16
Chlorpromazine (Thorazine) 25mg/1ml Injection-----	18

Chlorthalidone (Hygroton) 25,50mg Tablet-----	8
Chlorzoxazone (Parafon Forte DSC) 500mg Tablet-----	1
Cholestyramine (Questran) Powder Can (Not Packets or Light)-----	7
Ciclesonide (Alvesco) 80mcg, 160mcg Inhaler-----	16
Ciprofloxacin (Ciloxan) 0.3% Ophthalmic Drops-----	14
Ciprofloxacin HCL (Cipro) 250, 500, 750mg Tablet-----	2
Citalopram (Celexa) 10, 20, 40mg Tablet-----	15
Citrate of Magnesia (Citroma) Liquid-----	12
Clarithromycin (Biaxin) 500mg Tablet (H.Pylori Tx. only)-----	13
Clindamycin (Cleocin) 150mg Capsule (Pre-Dental or Pre-surgery PCN Allergic Patients Only)-----	3
Clobetasol (Temovate) .05% Cream, Ointment (Use Only If High Potency Is Ineffective)-----	9
Clobetasol (Temovate) .05% Solution (Use Only If High Potency Is Ineffective)-----	9
Clonazepam (Klonopin) 0.5, 1,2mg Tablet-----	2, 15
Clonidine (Catapres) 0.1, 0.2, 0.3mg Tablet-----	8
Clotrimazole 1% (Lotrimin) Cream-----	9
Clotrimazole Vaginal (Gyne-Lotrimin) Cream,-----	9
Coal Tar Shampoo-----	10
Cobicstat/Elvitegravir/Emtricitabine/Tenofovir Disoproxil Fumarate (Stribild) 150/150/200/300mg Tablet-----	5
Co-LAV (CoLyte) Solution Pre-Procedure Only-----	18
Colcrys 0.6mg Tablet-----	2
Cold and Allergy PE (Chlorpheniramine 4mg; Phenylephrine 10mg)-----	17
Cold Head Congestion (Acetaminophen 325; Phenylephrine 5mg, Dextromethorphan 10mg)-----	17
Conjugated Estrogens (Premarin) 0.3, 0.625, 0.9, 1.25mg Tablet-----	11
Cyanocobalamin (Vitamin B-12) 1000mcg Tablet-----	13
Cyanocobalamin (Vitamin B-12) 1000mcg/ml Injection-----	13
Cyclobenzaprine (Flexeril) 5, 10mg Tablet-----	1
Cyproheptadine (Periactin) 4mg Tablet-----	2, 17

D

D5W-----	18
D5WNS-----	18
Dakin's (Sodium Hydrochlorite) Solution 0.125%, 0.25%, 0.5%-----	9
Dapsone - DDS 25mg, 100mg Tablet-----	6
Darunavir (Prezista) 600, 800mg Tablet-----	6
Dexamethasone (Decadron) 0.5, 0.75, 4mg Tablet, 4mg/ml Injection-----	10
Dexamethasone (Maxidex) 0.1% Ophthalmic Drops-----	14
Dextrose 50%, 50ml Syringe-----	18
Diazepam (Valium) 10mg/2ml Injection-----	18
Diazepam (Valium) 2, 5,10mg Tablet, 10mg/2ml Injection-----	2, 18
Dibucaine (Nupercainal) Ointment-----	9
Dicloxacillin (Dynapen) 250,500mg Capsule-----	3
Dicyclomine (Bentyl) 10,20mg Tablet, Capsule-----	12
Didanosine (Videx - ddl) 100mg Powder Pack, 125, 200, 250, 400mg EC Capsule-----	5
Digoxin (Lanoxin) 0.125, 0.25mg Tablet, 0.25mg/ml Injection-----	7
Digoxin (Lanoxin) 0.5mg/2ml Injection-----	18
Diltiazem (Cardizem) 30, 60, 90, 120mg Tablet-----	6, 8
Diltiazem (Cardizem) XR/CD/ER 120, 180, 240, 300mg Capsule (once daily)-----	7, 8
Diltiazem ER Beads (Tiazac) 360, 420mg Capsule (once daily)-----	7, 8
Dimenhydrinate (Dramamine) 50mg Tablet-----	11
Diphenhydramine (Benadryl) 25, 50mg Capsule, 12.5mg/5ml Elixir, 50mg/ml Inj-----	2, 16, 17
Diphenhydramine/APAP (Percogesic) 12.5/325mg Tablet-----	1

Diphenoxylate/Atropine (Lomotil) 2.5/0.25mg Tablet-----	11
Dipyridamole (Persantine) 25, 50, 75mg Tablet-----	2
Disopyramide (Norpace) 100,150mg Capsule-----	7
Divalproex Sodium EC (Depakote) 125, 250, 500mg Tablet (Not Depakote ER)-----	2, 16
Docusate Sodium (Colace) 100mg Capsule, 50mg/5ml Liquid-----	12
Docusate Sodium/Senna Concentrate (Peri-Colace) 50/8.6 Tablet-----	12
Dolutegravir (Tivicay) 50mg Tablet-----	3
Dorzolamide (Trusopt) 2% Ophthalmic Drops-----	14
Dorzolamide/Timolol (Cosopt) 2/0.5% Ophthalmic Drops-----	14
Doxazosin (Cardura) 1, 2, 4, 8mg Tablet-----	8, 17
Doxepin (Sinequan) 10, 25, 50, 75,100mg Capsule, 10mg/ml Concentrate-----	15
Doxycycline Monohydrate (Adoxa) 50, 75mg Tablet-----	3
Doxycycline Monohydrate (Monodox) 50, 100mg Capsule-----	3

E

Efavirenz (Sustiva-EFV) 200mg Capsule, 600mg Tablet-----	4
Elvitegravir/Cobicstat/Emtricitabine/Tenofovir Alafenamide (Genvoya) 150/150/200/10mg Tablet-----	5
Emtricitabine (Emtriva) 200mg Capsule, 10mg/ml Solution-----	5
Emtricitabine/Rilpivirine/Tenofovir Alafenamide (Odefsey) 200/25/25mg Tablet-----	5
Emtricitabine/Rilpivirine/Tenofovir Disoproxil Fumarate (Complera) 200/25/300mg Tablet-----	5
Emtricitabine/Tenofovir Alafenamide (Descovy) 200/25mg Tablet-----	5
Emtriva/Viread/Sustiva (Atripla) 200/300/600mg Tablet-----	5
Enalapril (Vasotec) 2.5, 5, 10, 20mg Tablet-----	7
Enerx B 10mcg/0.5ml Pediatric Dose-----	17
Enulose (Lactulose) 10gm/15ml Syrup-----	12
Epinephrine 1:1,000 Injection-----	18
Erythromycin (ATS) 2% Solution (Not Gel)-----	9
Erythromycin (E-Mycin) 250,333,400,500mg Tablet (Not Capsule)-----	3
Estradiol (Estrace) 0.5, 1, 2mg Tablet-----	11
Estrogen/Progestin (Ortho-Novum) 1/35, 1/50, 7/7/7 Tablet-----	11
Ethambutol (Myambutol) 100,400mg Tablet-----	3
Etodolac (Lodine) 200, 300mg Capsule, 400, 500mg Tablet (Not XR)-----	1
Etravirine (Intelence-ETR) 100, 200mg Tablet-----	4
Evotaz 300/150mg Tablet-----	6
Eyewash (Dacriose) Ophthalmic Solution-----	15

F

Famotidine (Pepcid) 10, 20, 40mg Tablet-----	13
Ferrous Sulfate (Feosol) 325mg Tablet-----	13
Fiberlax (Fibercon) 625mg Tablet-----	12
Fish Oil (Omega) 1000mg Capsule-----	7
Fluconazole (Diflucan) 50mg, 100mg, 150mg, 200mg, Tablet-----	3
Fludrocortisone (Florinef) 0.1mg Tablet-----	10
Fluocinonide (Lidex) 0.05% Cream, Ointment-----	9
Fluocinonide (Lidex) 0.05% Solution-----	9
Fluoxetine (Prozac) 10, 20, 40mg Capsules-----	15
Fluphenazine (Prolixin) 1, 2.5, 5,10mg Tablet, 2.5mg/ml Inj-----	16
Fluphenazine (Prolixin) Decanoate 25mg/ml Inj - Multidose Vial-----	16
Flurate 0.25% (Fluress) Opth Soln-----	14
Folic Acid (Folate) 1mg Tablet-----	13

Fosamprenavir Calcium (Lexiva) 700mg Tablet -----	6
Furosemide (Lasix) 10mg/ml Injection-----	18
Furosemide (Lasix) 20, 40,80mg Tablet, 10mg/ml Injection -----	8

G

Gabapentin (Neurontin) 100, 300, 400mg Capsule, 600, 800mg Tablet -----	2
Ganciclovir (Cytovene) 250mg Capsule, 500mg Injection-----	6
Gemfibrozil (Lopid) 600mg Tablet -----	7
Gentamicin - Genoptic (Garamycin) 3% Ophthalmic Drops -----	14
Gentamicin (Garamycin) 0.1% Cream, Ointment-----	9
Glipizide (Glucotrol) 5,10mg Tablet (Not XL) -----	10
Glucagon Emergency Kit -----	18
Glyburide (Micronase) 1.25, 2.5, 5mg Tablet (Not Micronized)-----	10
Glyburide/Metformin (Glucovance) 1.25/250, 2.5/500, 5/500mg Tablet -----	10
Guaifenesin 200mg Tablets -----	17
Guaifenesin (Guaifenesin) 100mg/5ml Syrup-----	17
Guaifenesin (Guaifenesin) DM A/F Syrup -----	17
Guaifenesin (Guaifenesin) DM Syrup-----	17

H

Haloperidol (Haldol) 0.5, 1, 2, 5, 10, 20mg Tablet-----	16
Haloperidol (Haldol) 5mg/ml Injection, Decanoate 50mg/ml, Decanoate 100mg/ml Injection-----	16
Hand and Body Lotion -----	10
Havrix 1440U/ml (Hepatitis A) Vial -----	17
Hemorrhoidal (Anusol) Cream, Suppositories -----	9
Hemorrhoidal / Form R (Prep-H) Ointment,Suppositories-----	9
Hemorrhoidal Hydrocortisone Acetate (Anusol-HC) 2.5% Cream, 1% Ointment-----	9
Heparin Injection -----	2, 18
Homatropine (Isopto Homatropine) 2, 5% Ophthalmic Drops -----	14
Hydralazine (Apresoline) 10, 25, 50, 100mg Tablet -----	8
Hydrochlorothiazide (Hydrodiuril) 12.5,25,50mg Tablet -----	8
Hydrocodone/Apap (Vicodin) 5/500mg Tablet (This Strength Only)-----	1
Hydrocortisone (Cortef) 5, 10mg Tablet-----	10
Hydrocortisone (Hytone) 0.5,1,2.5% Cream, Ointment (Not Lotion)-----	10
Hydrocortisone Sod (A-Hydrocort) 100mg Injection -----	18
Hydrogen Peroxide -----	18
Hydroxychloroquine (Plaquenil) 200mg Tablet-----	11
Hydroxyurea (Hydrea) 500mg Tablet -----	3
Hydroxyzine (Vistaril) 25mg/ml, 100mg/2ml Injection -----	18
Hydroxyzine HCL (Atarax) 25mg Tablet -----	2, 15
Hydroxyzine Pamoate (Vistaril) 25, 50 Capsule (Not Suspension or 100mg)-----	2, 15
Hyoscyamine (Levsin SL) 0.125mg SL Tablet -----	12

I

Ibuprofen (Motrin) 200, 400, 600, 800mg Tablet-----	1
Ichthammol 20% Ointment -----	10
Imipramine (Tofranil) 10, 25,50mg Tablet -----	15
Indapamide (Lozol) 1.25, 2.5mg Tablet -----	8
Indinavir (Crixivan) 20,400mg Capsule-----	6

Indomethacin (Indocin) 25,50mg Capsule (Not SR)	1, 2
Insta-Glucose Gel	18
Insulin-Human (Humulin N, R, 70/30) U-100 Injection, Lispro/Lispro Mix (Humalog)	10
Ipecac Syrup	18
Ipratropium (Atrovent) Inhalation Solution, Unit Dose	16
Ipratropium (Atrovent) Inhaler	16
Isoniazid (INH) 300mg Tablet (Not 100mg)	3
Isosorbide Dinitrate (Isordil) 5, 10, 20, 30mg Tablet	6
Isosorbide MN (Imdur) 30, 60, 120mg Tablet	7
Isosorbide Mononitrate (Ismo) 20mg Tablet	7
Isosuprine (Vasodilan) 10,20mg Tablet	9

K

Ketoconazole (Nizoral) 200mg Tablet	3
Ketorolac (Acular) 0.5% Ophthalmic Solution	14
Ketorolac (Toradol) 30mg/ml Vial	1

L

Lactated Ringers Solution (LR)	18
Lactic Acid/Mineral Oil (Amlactin, Lac-Hydrin) Lotion, Cream	10
Lamivudine (Epivir - 3TC) 100,150, 300mg Tablet, 10mg/ml Oral Solution	5
Lamivudine/Zidovudine (Combivir) 150/300mg Tablet	5
Lamivudine/Zidovudine/Abacavir (Trizivir) 150/300/300mg Tablet	5
Lamotrigine (Lamictal) 25, 100, 150, 200mg Tablet (Not Chew Tablet)	2, 16
Latanoprost (Xalatan) .005% Ophthalmic Solution	14
Letrozole (Femara) 2.5mg Tablet	3
Levetiracetam (Keppra) 250, 500, 750, 1000mg Tablet	2
Levofloxacin (Levaquin) 250, 500, 750mg Tablet	3
Levothyroxine (Levo-T, Levothroid) 25,50,75,88,100,112,125,137,150,175,200,300mcg Tablet	11
Lice Cream Rinse/Permethrin 1%	10
Lice Shampoo with Comb (Rid, R & C) Shampoo	10
Lidocaine (Xylocaine) 1, 2% Injection	19
Lidocaine (Xylocaine) 1, 2% with Epinephrine Injection	19
Lidocaine (Xylocaine) Viscous Topical	19
Lisinopril (Prinivil) 2.5, 5, 10, 20, 30, 40mg Tablet	7
Lisinopril/Hctz (Prinzide) 10-12.5, 20-12.5, 20-25mg Tablet	8
Lithium Carbonate (Eskalith ER) 300, 450mg ER Tablet	16
Lithium Carbonate (Eskalith, Lithobid) 150,300mg Tablet, 300, 600mg Capsule	16
Loperamide (Imodium) 2mg Capsule (Not Tablet or A-D)	11
Lopinavir/Ritonavir (Kaletra) 200/50mg Tablet	6
Loratadine (Claritin) 10mg Tablet	2, 17
Lorazepam (Ativan) 0.5, 1, 2mg Tablet, 2mg/ml sdv	15, 18
Losartan (Cozaar) 25, 50, 100mg Tablet	7
Losartan/Hctz (Hyzaar) 50-12.5, 100-12.5, 100-25mg Tablet	8

M

Magnesium Oxide (Mag-Ox) 400mg Tablet	13
Mary Magic Mouthwash	19
Meclizine (Antivert) 12.5mg Tablet, 25mg Chewable Tablet, Tablet	11

Medroxyprogesterone (Provera) 2.5, 5,10mg Tablet -----	11
Meloxicam (Mobic) 7.5, 15mg Tablet -----	1
Metaproterenol (Alupent) 10,20mg Tablet-----	16
Metformin 500, 850, 1000mg Not XR (Glucophage)-----	10
Methimazole (Tapazole) 5, 10mg Tablet-----	11
Methocarbamol (Robaxin) 500,750mg Tablet -----	1
Methyldopa (Aldomet) 250,500mg Tablet -----	8
Methylergonovine Maleate (Methergine) 0.2mg Tablet -----	11
Methylprednisolone (Medrol) 4mg Dosepak -----	10
Methylprednisolone (Solu-Medrol) 125,500mg, 1gm/ml Injection -----	19
Methylprednisolone Depo (Depo-Medrol) 40mg/ml Injection -----	19
Metoclopramide (Reglan) 5,10mg Tablet-----	12
Metoprolol (Lopressor) 25, 50,100mg Tablet-----	8
Metronidazole (Flagyl) 250,500mg Tablet (Not 375mg Capsule) -----	3
Mi-Acid Maximum Strength (Maalox Plus) Suspension-----	11
Miconazole (Monistat 7) Cream, Suppository (Not Monistat -1 or 3) -----	9
Miconazole Nitrate (Micatin) 2% Cream -----	9
Milk of Magnesia Liquid -----	12
Mineral Oil-Light, Heavy-----	19
Minoxidil (Loniten) 2.5, 10mg Tablet-----	8
Mintox Tablet-----	11
Mirtazapine (Remeron) 7.5, 15, 30, 45mg Tablet-----	15
Multivitamin (Theragran, One A Day) Tablet-----	13
Multivitamin/Calcium/Iron (Prenatal) Tablet-----	13
Multivitamin/Iron (One A Day w/ Iron) Tablet -----	13
Multivitamin/Minerals (Theragran-M, One A Day w/ Minerals) Tablet-----	13
Mupirocin (Bactroban) 2% Cream, Ointment -----	9

N

Nalbuphine (Nubain) 10mg/ml, 20mg/ml Injection-----	1
Naloxone (Narcan) 0.4mg/ml Injection -----	19
Naphazoline A (Naphcon-A, Visine-A) 0.025% Ophthalmic Drops -----	15
Naphazoline HCl (Clear Eyes) 0.012% Ophthalmic Drops-----	14
Naphazoline Hcl (Vasocon, AK-Con) 0.1% Ophthalmic Drops -----	15
Naproxen (Naprosyn) 250,375,500mg Tablet (Not Anaprox)-----	1
Nelfinavir Mesylate (Viracept) 250mg Tablet, 625mg Caplet, Powder -----	6
Neomycin 500mg Tablet -----	3
Neomycin/Polymyxin/Dexamethasone (Maxitrol) Ophthalmic Drops -----	14
Neomycin/Polymyxin/Dexamethasone (Maxitrol) Ophthalmic Drops, Ointment -----	14
Neomycin/Polymyxin/Dexamethasone (Maxitrol) Ophthalmic Ointment-----	14
Nephrocaps -----	17
Nevirapine (Viramune) 400mg XR Tablet -----	4
Nevirapine (Viramune) 50mg/5ml Suspension -----	4
Nevirapine (Viramune-NVP) 200mg Tablet -----	4
Nicotinic Acid-Vitamin B3 (Niacin) 50,100mg Tablet IR, 125, 250,500mg SR Tablet, Capsule -----	7
Nitrofurantoin (Macrobid) 100mg Capsule-----	3
Nitrofurantoin (Macrochantin) 50,100mg Capsule -----	3
Nitroglycerin (Nitrostat) 0.3, 0.4, 0.6mg Sublingual Tablet-----	7
Nitroglycerin (Transderm-Nitro, Deponit) 0.1, 0.2, 0.3, 0.4, 0.6mg (not 0.8mg) Patch -----	7
Nitroglycerin SR (Nitro-Bid) 2.5, 6.5, 9mg Capsule -----	7
Normal Saline (0.45%, 0.9% NaCl) -----	19
Normal Saline (0.9% NaCl) for Irrigation-----	19

Nortriptyline (Pamelor) 10, 25, 50, 75mg Capsule, (Not Liquid) -----	16
Nystatin (Mycostatin) 100,000 U/ml Suspension -----	3
Nystatin Cream, Ointment -----	9
Nystatin Vaginal Suppository -----	9

O

Ofloxacin (Floxin) 0.3% Ophthalmic Drops -----	14
Ofloxacin (Floxin) 0.3% Otic Drops -----	15
Omeprazole (Prilosec) 20mg Capsule -----	12, 13
Ondansetron (Zofran) 2mg/ml Injection -----	11
Ondansetron (Zofran) 4, 8mg Tablet -----	11
Oxcarbazepine (Trileptal) 150, 300, 600mg Tablet -----	2
Oxybutinin (Ditropan) 5mg Tablet -----	17
Oxymetazoline (Afrin) 0.5% Solution -----	17

P

Pain Relief Allergy PE (Acetaminophen 325mg; Chlorpheniramine 2mg; Phenylephrine 5mg) -----	17
Pain Relief Sinus PE (Acetaminophen 325mg; Phenylephrine 5mg) -----	17
Pancreatic Enzymes (Creon) 6000, 12000, 24000unit Capsule -----	12
Pancreatic Enzymes (Pancreaze) 4200, 10500, 16800, 21000unit Capsule -----	12
Pancreatic Enzymes (Zenpep) 5000, 10000, 15000, 20000unit Capsule -----	12
Pantoprazole (Protonix) 20, 40mg Tablet -----	12
Paroxetine (Paxil) 10, 20, 30, 40mg Tablet -----	16
PEG 3350/Electrolyte (Golytely) Solution Pre-Procedure Only -----	18
Penicillin (Pen-VK) 250, 500mg Tablet, 250mg/ml Liquid -----	3
Penicillin G Benzathine (Bicillin LA) 1.2munit/2ml, 2.4munit/4ml Injection -----	3
Pentamidine (Nebupent) 300mg Aerosol -----	6
Pentamidine (Pentam) 300mg Injection -----	6
Pentoxifylline (Trental) 400mg Tablet -----	2
Perphenazine (Trilafon) 4, 8, 16mg Tablet -----	16
Phenazopyridine (Pyridium) 100, 200mg Tablet -----	17
Phenobarbital 16.2, 32.4, 64.8, 97.2mg Tablet, 65mg/ml Injection, 20mg/5ml Elixir -----	2
Phenytoin (Dilantin) 30, 50, 100mg Tablet, Capsule, 125mg/ml Suspension, 250mg/5ml Injection -----	2
Phenytoin Sodium (Dilantin) 100mg Injection -----	19
Phoslo 667mg Tablet -----	17
Phosphate (Fleet) Enema (Ready to Use) -----	12
Phytonadione (Vitamin-K) 10mg/ml Injection -----	19
Pilocarpine HCL (Isopto Carpine) 0.5, 1, 2, 3, 4, 6% Ophthalmic Drops -----	14
Pneumococcal (Pneumovac) Vaccine -----	17
Podophyllin 10, 25% in Tincture of Benzoin -----	10
Polyethylene Glycol 3350 (Miralax) Powder -----	19
Polymyxin B / Trimethoprim (Polytrim) Ophthalmic Drops -----	14
Polymyxin/Neomycin/Gramicidin (Neosporin) Ophthalmic Solution -----	14
Polymyxin/Neomycin/Hydrocortisone (Cortisporin) Otic Suspension, Solution -----	15
Potassium Chloride (Klor-Con) 10mEq Capsule, Tablet, 20mEq Tablet -----	8
Potassium Chloride (Slow-K) 8mEq Tablet -----	8
Potassium Chloride 20mEq/10ml Injection -----	19
Povidone Iodine (Betadine) Solution, Ointment -----	9
Pramipexole (Mirapex) 0.75mg Tablet -----	6
Pravastatin (Pravachol) 10, 20, 40, 80mg Tablet -----	7

Prazosin (Minipress) 1, 2,5mg Capsule	8
Prednisolone Acetate (Pred-Forte) 1% Ophthalmic Suspension	14
Prednisone (Deltasone) 1, 2.5, 5, 10, 20, 50mg	10
Prezcobix 800/150mg Tablet	6
Primidone (Mysoline) 50, 250mg Tablet	2
Probenecid (Benemid) 500mg Tablet	2
Procainamide SR (Procan-SR) 100mg/ml, 500mg/ml inj	7
Prochlorperazine (Compazine) 5, 10mg Tablet, 5mg/ml, 10mg/2ml Injection	11
Promethazine (Phenergan) 12.5, 25mg Suppositories	11
Promethazine (Phenergan) 25,50mg Tablet, 25mg/ml, 50mg/ml Injection	11
Propantheline (Pro-Banthine) 15mg Tablet	12
Proparacaine (Alcaine, Ophthetic) 0.5% Ophthalmic Drops	14
Propranolol (Inderal) 10, 20, 40, 60,80mg Tablet (Not LA), 1mg/ml Injection	8
Propranolol Hcl (Inderal) 10, 20, 40, 60,80mg Tablet, 1mg/ml Injection (Not LA)	7
Propylthiouricil (PTU) 50mg Tablet	11
Psyllium (Reguloid) Can	12
Pyrazinamide (PZA) 500mg Tablet	3

Q

Quetiapine (Seroquel) 25, 50, 100, 200, 300, 400mg Tablet	16
Quinapril (Accupril) 5, 10, 20, 40mg Tablet	7
Quinidine Sulfate 300mg Tablet	7

R

Raltegravir (Isentress) 400mg Tablet	3
Ranitidine (Zantac) 75, 150,300mg Tablet	13
Rhogam Injection	19
Rifabutin (Mycobutin) 150mg Capsule	3, 6
Rifampin (Rimactane) 150, 300mg Capsule	3
Rilpivirine (Edurant) 25mg Tablet	4
Risperidone (Risperdal) 0.25, 0.5, 1, 2, 3, 4mg Tablet	16
Ritonavir (Norvir) 100mg Tablet, 80mg/ml Oral Solution	6

S

Salicylic Acid (Compound W) 10% in Alcohol Solution	10
Salsalate (Disalcid) 500, 750mg Tablet	1
Saquinavir Mesylate hgc (Invirase) 200mg Capsule	6
Selenium Sulfate (Selsun) 2.5% Lotion	10
Selenium Sulfide (Selsun Blue) 1% Shampoo	10
Senna Concentrate (Senokot) Tablet	12
Sertraline (Zoloft) 25, 50, 100mg Tablet	15
Sevelamer Carbonate (Renvela) 800mg Tablet	17, 18
Sevelamer HCL (Renagel) 400, 800mg Tablet, 403mg Capsule	17, 18
Silver Sulfadiazine (SSD) 1% Cream	9
Simethicone (Mylanta Gas, Gas X, Mylicon) 80mg Chewable Tablet	11
Simvastatin (Zocor) 5, 10, 20, 40mg Tablet	7
Sodium Bicarbonate 650mg Tablet	18
Sodium Bicarbonate 7.5% 50ml Syringe	19
Sodium Chloride (Ocean, Deep Sea) 0.65% Solution	17

Sodium Chloride 0.9% Injection-----	19
Sodium Chloride 1gm Tablet-----	19
Sodium Sulfate (Epsom Salts)-----	10
Sorbitol 70% Solution-----	12
Sotalol (Betapace) 80mg Tablet-----	8
Spironolactone (Aldactone) 25, 50mg Tablet (Not 100mg)-----	8
Stavudine (Zerit - d4T) 15, 20, 30,40mg Capsule, 1mg/ml Solution-----	5
Sterile Water for Injection-----	19
Sterile Water for Irrigation-----	19
Sucralfate (Carafate) 1gm Tablet-----	12
Sudogest PE (Sudafed PE) 10mg Tablet-----	17
Sulfamethoxazole/Trimethoprim (Bactrim) SS, DS Tablet-----	3
Sulfasalazine (Azulfidine) 500mg Tablet (Not EC)-----	13

T

Tenofovir Disoproxil Fumarate (Viread) 300mg Tablet-----	5
Tenofovir Disoproxil Fumarate/Emtricitabine (Truvada) 300/200mg Tablet-----	5
Terazosin (Hytrin) 1, 2, 5,10mg Capsule-----	8, 17
Terbutaline (Brethine) 2.5, 5mg Tablet-----	16
Tetanus Diphtheria Toxoid 0.5ml-----	17
Tetanus Toxoid Absorbed Injection-----	17
Tetrahydrozoline (Visine, Opti Clear) Ophthalmic Drops-----	14, 15
Theophylline SR (Theo-Dur) 100,200,300mg Tablet (Not Capsule)-----	16
Thiothixene (Navane) 1, 2, 5,10mg Capsule-----	16
Timolol Maleate (Timoptic) 0.25, 0.5% Ophthalmic Drops (Not XE)-----	14
Tobramycin (Tobrex) Ophthalmic 0.3% Ophthalmic Drops-----	14
Tolnaftate (Tinactin) Cream, Powder, Solution-----	9
Topiramate (Topamax) 25, 50, 100, 200mg Tablet-----	2
Tramadol (Ultram) 50mg Tablets-----	1
Trazodone (Desyrel) 50,100,150mg Tablet-----	15
Triamcinolone (Aristocort) 0.025, 0.1, 0.5% Cream, Ointment, 0.025, 0.1% Lotion-----	10
Triamterene/Hctz (Dyazide), 37.5/25mg Capsule-----	8
Triamterene/Hctz (Maxide) 37.5/25, 75/50mg Tablet-----	8
Trifluoperazine (Stelazine) 1, 2, 5,10mg Tablet-----	16
Trihexyphenidyl (Artane) 2,5mg Tablet-----	6, 16
Trimethobenzamide (Tigan) 100mg, 200mg Suppository, 200mg/2ml Injection-----	11
Triple Antibiotic (Neosporin) Ointment-----	9
Triumeq 600/50/300mg Tablet-----	4
Tropicamide 0.5%, 1% (Mydracil) Ophthalmic Solution-----	14
Tuberculin PPD, Mantoux (Aplisol, Tubersol) Injection-----	17, 29

V

Valproic Acid (Depakene) 250mg Capsule-----	2
Valproic Acid (Depakene) 250mg Capsule (Not Liquid)-----	16
Valsartan (Diovan) 40, 80, 160, 320mg Tablet-----	7
Valsartan/Hctz (Diovan/Hctz) 80/12.5, 160/12.5, 160/25, 320/12.5, 320/25mg Tablet-----	8
Vancomycin (Vancocin) 500mg, 1gm Vial-----	3
Venlafaxine (Effexor) 25, 37.5, 50, 75, 100mg Tablet-----	16
Venlafaxine ER (Effexor XR) 37.5, 75, 150mg Capsule-----	16
Ventolin HFA Inhaler-----	16

Verapamil (Calan) 40, 80, 120mg Tablet -----	6, 7, 8
Verapamil (Calan, Isoptin) 180,240mg SR Tablet-----	7
Verapamil (Calan, Isoptin) 180,240mg SR/ER Tablet-----	7, 8
Vitamin A & D Ointment-----	10
Vitamin B Complex Capsule, Tablet (Berocca, B-Complex Rx) -----	13
Vitamin B Complex Plus Minerals (Berocca Plus) Tablet-----	13
Vitamin B-1 (Thiamine) 50,100mg Tablet, 100mg/ml Injection-----	13
Vitamin B-3 (Niacin, Nicotinic Acid) 50,100,125,500mg Tablet, 250,500mg SR Tablet, Capsule-----	13
Vitamin B-6 (Pyridoxine) 25, 50,100mg Tablet-----	13
Vitamin C (Ascorbic Acid) 250,500,1000mg Tablet (Not Capsule or Chewable Tablet)-----	13
Vitamin D 400 IU Tablet-----	13
Vitamin D 50,000 Unit Capsule-----	18
Vitamin E 100,200,400,600,1000mg IU Capsule-----	13
Vitamin K 1mg/0.5mg Injection-----	19

W

Warfarin (Coumadin) 1, 2, 2.5, 3, 4, 5, 6, 7.5, 10mg Tablet -----	2
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Z

Zidovudine (Retrovir - AZT) 300mg Capsule, 10mg/ml Syrup-----	5
Zinc Oxide 20% Ointment -----	10
Zonisamide (Zonegran) 25, 50, 100mg Capsule-----	2