



**MONROE COMMUNITY MENTAL HEALTH AUTHORITY
(MCMHA)**

**1001 South Raisinville Road
Monroe, MI 48161**

Request for Proposals

To Provide Pharmacy Services

Bid 7-1: July 2010

Bidders Informational Meeting: 7/29/2010 at 10 AM to 12 PM
Bid Due Date and Time: until 8/13/2010 at 2:00PM
Bid Opening and Time: 8/16/2010 at 2 PM

REQUEST FOR PROPOSAL 7-1 July 2010 Pharmacy Services 7/19/2010

Monroe Community Mental Health Authority (MCMHA) is requesting proposals from potential bidders for Pharmacy Services in Monroe County.

Sealed Proposals: Please submit one (1) original and three (3) copies which are clearly marked as "Sealed RFP #7-1 July 2010" to the following address and due date:

Monroe Community Mental Health Authority
1001 South Raisinville Road
PO Box 726
Monroe, MI. 48161

by 8/13/2010 before 2 PM

DO NOT BID OR PLACE THE PROPOSAL IN A HARD COVER. Bids must be submitted in the format provided. Specifications for attachments are noted in the application. Proposals that are not in compliance with RFP guidelines may not be considered.

Proposals received after the above cited time will be considered a late proposal and are not acceptable unless waived by the Purchasing Manager.

- The envelope must be clearly marked "SEALED RFP #7-1 July 2010".
- Please direct contract and procedural questions regarding this RFP to Renee Petkovich at (734) 384-8728 or via e-mail at rpetkovich@monroecmha.org
- Please direct questions related to the pharmacy program to Dr. Nancy Hanke at (734) 384-8854 or via e-mail at nhanke@monroecmha.org

Timeline for RFP #7-1 July 2010

Notification to potential contractors of bid	3/31/2010
Bid advertised in local newspapers	7/23/2010
Bid available to bidders at MCMHA Web Site	7/23/2010
Bid submission deadline	8/13/2010 by 2:00PM
bid opening	8/16/2010 at 2:00 PM
Award recommendations approved by MCMHA Board of Directors	August 2010
Award and denial notices to bidders	September 2010
Contract prepared	September 2010

RFP #7-1 July 2010 Pharmacy Services

I. Introduction

Monroe Community Mental Health Authority (MCMHA) provides ongoing psychiatric care and medication to adults and children with a wide range of psychiatric and developmental disabilities in both outpatient and residential settings in Monroe County. The population served includes a large number of indigent consumers and Medicaid recipients, with about half having both Medicare and Medicaid coverage. A smaller number of consumers have private medical insurance. Accurate, timely, and readily accessible medications are necessary to enhance and maintain the psychiatric stability of consumers. Bids must reflect the ability to communicate and document services in agreed-upon formats for documenting purposes, as well as be cost competitive. The goal of MCMHA is to empower individuals to be as self-reliant as possible. MCMHA follows the principles of person centered planning and self determination for all individuals.

II. Services to be Provided

The winning bidder will be able to:

- A.** Provide pharmaceutical inventory, dispensing and price maintenance for the drugs listed on the attached formulary, as authorized by MCMHA or its designee, including dispensing generic forms of medications when applicable and honoring the use of pharmaceutical coupons.
- B.** Pharmacy will provide promotional material of incentive programs to consumers.
- C.** Supply injectable medications as needed to MCMHA Med Management staff.
- D.** Coordinate and package primary care prescriptions as well as psychiatric medications, including monitoring for “drug-drug” interactions in medications prescribed by the consumer’s primary or specialty medical physician(s).
- E.** Package daily and weekly medication for Assertive Community Treatment (ACT), other programs and individual consumers or consumers’ homes that receive services through MCMHA.
- F.** Conduct annual or more often as required by MCMHA, reviews of medication orders at MCMHA direct operated group homes which is currently one home. Reviews will include medication management procedures in the home, such as the handling, storing, and reconciliation of medications. Reviews average 1-2 hours each. Bidder will also provide consultation/training to MCMHA staff as requested by MCMHA in response to incidents.
- G.** Provide quarterly inventory of the medications on site at the Raisenville and ACT sites.
- H.** Pharmacy needs to be registered to dispense and monitor Clozapine.

I. When ordered by a physician and the medical necessity for over-the counter medications is noted in the consumer’s Person Centered Plan, certain over-the-counter medications must be made available. It is the expectation that the pharmacy provider will dispense the following OTC medications when authorized by MCMHA.

OTC Medication
Pain/headache medication
Cough/cold medication
Allergy medication
Gastrointestinal distress remedies
First aid supplies (band-aids, iodine, rubbing alcohol, cotton swabs, gauze, antiseptic cleaning pads, etc)
Special oral care products (special toothpaste, toothbrushes, anti-plaque rinses, antiseptic mouthwash, etc)
Vitamins and minerals
Special dietary juices and foods that augment, but do not replace, a regular diet
Thickening agents for safe swallowing

J. Provide monthly reporting on billing and medications dispensed.

K. Have a system in place for reducing and addressing medication dispensing errors.

L. Assure that MCMHA is informed in a timely manner of any problems that may affect the delivery of medication and pharmacy services.

M. Have an emergency preparedness plan in place to ensure that prescription medications can be provided in the event of a widespread emergency.

N. Partner with MCMHA to identify cost-savings and efficiencies when possible.

O. Respond to needed changes in the medication formulary and medication availability within 24 hours of the request.

P. Respond to individual programmatic needs as necessary, i.e. partnering with MCMHA in the coordination and/or development of new programs.

Q. Assign a contact person to monitor the pharmacy needs of MCMHA’s programs. The pharmacy must be able to respond to issues and concerns within 24 hours, if necessary.

R. Provide services without discrimination on the basis of race, creed, color, sex, sexual preference, national origin, physical handicap, age, height, weight, marital status, veteran status, religion, or political belief.

S. Comply with all applicable provisions of the revised Michigan Mental Health Code, Public Act 258 of 1974, as amended MCL 330.1100 et seq; the Michigan Public Health Code, Public Act 368 of 1978, as amended; all applicable Administrative Rules; and related Recipient Rights and confidentiality policies of MCMHA.

Comply with HIPAA including the Standards for Privacy of Individually Identifiable Health Information (42 C.F.R., Part 160 and 164) the Standards for Electronic Transactions (45 C.F.R., Part 160 and 162) and the Security Standards (45 C.F.R., Parts 160, 162, and 164) (collectively, the “Standards”) promulgated or to be promulgated by the Secretary of Health and Human Services (the “Secretary”).

Comply with HIPAA and the Health Information Technology for Economic and Clinical Health Act (“HITECH”), DIVISION A: TITLE XIII—HEALTH INFORMATION TECHNOLOGY and DIVISION B: TITLE IV—MEDICARE AND MEDICAID HEALTH INFORMATION TECHNOLOGY; MISCELLANEOUS MEDICARE PROVISIONS which was incorporated into the American Recovery and Reinvestment Act of 2009 (“ARRA”) Public Law 111-5.

T. The winning bidder shall not assign or transfer its duties and/or obligations under the contract without prior written approval of MCMHA.

Transition Planning

Once a bidder has been selected for a contract, a transition plan will be created between the winning bidder, MCMHA, and the current service provider. This plan shall take into account the following factors: minimal disruption of continuity of services for consumers and the timeframe in which the new service provider can assume contractual obligations.

III. Pricing, Reimbursement, and Billing of Medications

The winning bidder will:

A. Directly bill all available third parties whenever possible (Medicaid, Medicare Part D, Blue Cross/Blue Shield, etc), for services provided, exempting the MCMHA Board from liability for any unusual co-payment charges. In third party billing situations, the rules, regulations, and billing formulas contained in agreements with and promulgated by the appropriate third party will supersede such specifications contained in the agreement with MCMHA.

B. Submit invoices for services within sixty (60) days of the provision of the service. Invoices shall include the date(s) of service, service type, and unit(s) of service provided. Payment shall be made for each service at the rate authorized by MCMHA. The pharmacy provider must maintain documentation supporting submitted claims in a format that provides evidence that the

service was provided as billed. MCMHA may review supporting documentation in its determination of the appropriateness of claims.

C. Submit billing statements monthly for medications, supplies, Clozapine monitoring, and other pharmacy services. Each statement will indicate: consumer's name, prescribing physician, name and strength of medication, units dispensed, and final charge.

D. Bill consumers or payees for co-pays; MCMHA is not responsible for consumer co-pays. The pharmacy provider may also coordinate with MCMHA Med Management Office to explore coverage options.

E. In its application, in addition to a medication formulary, the bidder must submit costs associated with the following activities:

- a. Additional fee for individual dosing
- b. Annual or more often as needed review of direct operated group home medication orders
- c. Delivery costs for medication delivery
- d. Medication packaging machine supplies, per month
- e. Reporting fee, per month

Notes:

- The pharmacy provider will package approximately 50 ACT consumers' medications and those of individual consumers' medications as well.
- Bid should include up to 5 reports in a month; if additional reports are needed, bidder should indicate how much will be charged for each additional report.

IV. Scoring, Application, and Contract Term

A. Proposal Rating:

Proposals will be rated in the following categories:

Cover Sheet and Malpractice Information (bid will not be accepted if this information is not provided)	0 pts
Attestation of Ability to Provide Services:	10 pts Narrative
Application:	40 pts
Pricing, Billing, and Reimbursement:	50 pts

The three highest scoring bidders will be interviewed; a recommendation will be brought to the MCMHA Board based on the outcome of the interviews.

B. Application:

Completed applications must include:

- (1) Cover sheet and malpractice information (provided)
- (2) Attestation of ability to provide services (provided; may be supplemented with additional pages)
- (3) Narrative application (bidder's format)
- (4) Completed prices for costs associated with services per this RFP, and costs for medications listed on the attached formulary (provided)
- (5) Signature page (provided)

C. Contract Term: The entire contract will be awarded to one bidder for a three-year term with an option to renew for up to three additional years. The contract will be contingent upon successful service delivery and the availability of funding.

V. Contract Requirements

In the event that a proposal submitted for this RFP is funded, the contractor must be able to comply with the following contract requirements:

Licensing

Contractor must be licensed to do pharmacy services in the State of Michigan and must have Pharmacists licensed to practice in the State of Michigan. Contractor must not be on the Federal Registry of Do Not Use Providers / Excluded Parties List.

Insurance

A copy of the bidder's insurance certificate will be mailed to MCMHA prior to a contract being issued. Insurance requirements are as follows:

A. Workers' Disability Compensation Insurance including Employers Liability Coverage as required by the Workers' Disability Compensation Act of 1969, as amended, (1969 PA 317; MCL 418.101 et seq). This insurance is required only if Contractor is an employer; if Contractor is not an employer, Contractor must provide MCMHA with written assertion of its status as a sole proprietor without employees.

B. Commercial General Liability Insurance with a combined single limit of \$1,000,000 each occurrence for bodily injury and property damage. Policy shall include MCMHA as additional insured with respect to general liability. Contractor understands that this additionally insures MCMHA's Board members, officers, employees, agents and volunteers.

C. Professional Liability Insurance for claims or damages arising out of an error, omission, or negligent act in the performance of professional services with a minimum limit of \$1,000,000 per occurrence or per claim. If the Professional Liability Insurance is on a per claim basis it shall include a three-year extended reporting period. Policy shall include MCMHA as additional insured with respect to professional liability. Contractor understands that this additionally insures MCMHA's Board members, officers, employees, agents and volunteers.

D. Motor Vehicle Liability Insurance. Michigan coverage must include Michigan No-Fault Coverage with limits of liability of not less than \$1,000,000.00 per occurrence combined single limit Bodily Injury and Property Damage. Coverage from any state outside of Michigan must include a rider that provides coverage at minimum levels required in Michigan and extends coverage to Michigan.

Motor vehicle insurance coverage shall include all owned vehicles, all non-owned vehicles, and all hired vehicles. Policy shall include MCMHA as additional insured. Contractor understands that this additionally insures MCMHA's Board members, officers, employees, agents and volunteers. Insurance policies must be issued by a company licensed and admitted to do business in Michigan or Ohio, as applicable, and who has not less than an A.M. Best Company's Insurance Reports Rating of A- and must be acceptable to MCMHA's Executive Director.

Non-Discrimination

Contractor does not discriminate against any employee or applicant for employment, or any individual receiving services, because of race, creed, color, sex, sexual preference, national origin, physical handicap, age, height, weight, marital status, veteran status, religion, or political belief.

Conflict of Interest

Contractor promises that it has no interest and will not acquire any interest which would conflict with the performance of services required.

Contractor promises that it has not employed or retained any company or person, other than bona fide employees working solely for the Contractor, to solicit or secure this contract and that it has not paid or agreed to pay any company or person, other than bona fide employees working solely for the Contractor, any fee, commission, percentage, brokerage fee, gifts or any other considerations contingent upon or resulting from the award or making of a contract.

Records and Accounts

Contractor agrees to maintain records and accounts including property, personnel, and financial records, as are deemed necessary by MCMHA to assure a proper accounting for all project funds. Such records shall be retained and be available for seven (7) years after the termination or expiration of this agreement unless permission to destroy them is granted by MCMHA.

Performance Reports

Contractor agrees to complete performance reports and submit other reports on its activity and/or finances, as requested by MCMHA.

Audits

Contractor agrees to fully participate in compliance audits during the term of the contract.

FOR MONROE COMMUNITY MENTAL HEALTH AUTHORITY USE ONLY

RFP #7-1 July 2010 Request for Proposal for: Pharmacy Services

Date Issued: 7/23/2010

Date Closed: 8/13/2010

Application Score: _____

Cover Sheet

Agency Name: _____

Federal Tax ID Number: _____

National Provider ID Number: _____

Billing Address: _____

City State Zip

Billing Phone Number: (_____) _____

Contract Signatory: _____
Name

Mailing Address: _____

City State Zip

Email Address: _____

Phone: _____ Fax: _____

Contract Liaison: _____
Name:

Mailing Address: _____

City State Zip

Email Address: _____

Phone: _____ Fax: _____

MALPRACTICE SUIT INFORMATION FORM (CONFIDENTIAL)

Submit an individual sheet for each case settled and/or pending. Reproduce form as necessary.

If no claims, please indicate N/A here _____, then sign and date the bottom of the form.

Name of Case _____

Case Number _____ Court _____

Date of Occurrence _____ Date Case Filed _____ Payment Due _____

Allegations which are the basis for the claim: _____

Description of circumstances in the case: _____

Description of the participation in the case: _____

Defenses/expert witness review of the case: _____

Disposition of the claim: _____

Date of disposition: _____ Amount of judgment or settlement: \$ _____

Disposition of other defendants: _____

Amount of judgment or settlement: \$ _____

Insurance company(s) involved (if any):

My signature below certifies that this information is true to the best of my information, knowledge, and belief.

Name

Date

ATTESTATION OF ABILITY TO PROVIDE SERVICES

Please answer the following questions and indicate if you are able to meet the requirements described. If you indicate “no”, please provide an explanation; you may attach additional pages if needed. If you indicate “yes” you are attesting that you can meet the requirements described.

	Yes / No	If “NO”, please explain and indicate what assistance is needed in order to perform this function, if applicable.
1. Section II of this RFP describes the services to be provided if a contract is awarded. Are you able to ensure that all of these services are provided?		
2a. Can you operate a multi-dose packaging machine?		
2b. In labeling medication packaging, can you ensure that it complies with the Michigan Board of Pharmacy regulations, and also provide an extra label for a pill box?		
3. Can you make deliveries to MCMHA’s ACT office located at 9 South Monroe Street, Monroe, MI 48161 and individual consumers’ homes?		
4. Can you provide monthly reporting on medications and supplies dispensed, Clozapine monitoring and other pharmacy services?		
5. Can you ensure compliance with the Michigan Mental Health Code and State and Federal confidentiality laws as outlined in Section II, R?		
6. Can you respond to formulary changes within 24		

hours?		
7. Can you ensure that any problems impacting the delivery of pharmacy services will result in a timely correspondence to MCMHA?		

8. Please describe your process for responding to formulary changes:

9. If you have one, please provide a copy of your Emergency Preparedness Plan, which demonstrates how your pharmacy would provide medications in a wide-scale emergency. If you do not have an Emergency Plan, please attest that you will work with MCMHA to create such a plan if awarded a contract under this RFP.

NARRATIVE APPLICATION

On a separate sheet, please address all of the following items. Be sure to label each section properly; failure to do so may result in loss of points.

1a. Contractor's Qualifications: Include the number of years in business, the location(s) of any pharmacy you currently operate, and your experience in providing the level and type of service specified in this proposal. If you work with an agency providing mental health services, please attach a letter of reference.

1b. Describe the aspect of your work that you are most proud of:

2. Medication Order Reviews: Describe your experience conducting reviews of medication orders in a group-home setting, including any challenges you have faced and how you resolved those challenges.

3. Medication Errors: Please describe the system you have in place to reduce medication dispensing errors. Describe how you have addressed medication errors when they occurred.

4. Cost-Savings and Efficiencies: Describe a time when you have identified cost-savings or efficiencies in service delivery, and/or a time when you minimized prescription costs for a consumer, and the result of implementing those.

5. Medication Packaging: Describe the system or process you use for packaging medication for individual distribution.

6. Clozapine Monitoring: Describe your experience working with Clozapine monitoring.

7. Incentive Program: If you have an incentive program for your customers, please describe the program and benefits.

PRICING, BILLING, AND REIMBURSEMENT

Service Fees

Please describe your pricing strategy for the below services.

General Services	Pricing Strategy
Medication maintenance fee (indicate fee per prescription).	
Additional fee for individual dosing (medication packs).	
Annual or more often review of group home medication orders.	
Delivery costs for medication delivery to the MCMHA ACT site – 9 South Monroe Street, Monroe, MI 48161 (indicate price per trip).	
Delivery costs for medication delivery to individual consumers.	
Reporting Fee for monthly monitoring.	

OTC Medication Chest

When ordered by a physician and the medical necessity for over-the-counter medications are noted in the consumer’s Person Centered Plan, certain over-the-counter medications must be made available. It is the expectation that the pharmacy provider will dispense the following OTC medications when authorized by MCMHA.

Please provide your pricing strategy for the following medications:

OTC Medication	Pricing Strategy
Pain/headache medication	
Cough/cold medication	
Allergy medication	
Gastrointestinal distress remedies	
First aid supplies (band-aids, iodine, rubbing alcohol, cotton swabs, gauze, antiseptic cleaning pads, etc)	
Special oral care products (special toothpaste, toothbrushes, anti-plaque rinses, antiseptic mouthwash, etc)	
Vitamins and minerals	
Special dietary juices and foods that augment, but do not replace, a regular diet	
Thickening agents for safe swallowing	

Drug Pricing

Medicare Part D

Can you accept every Medicare Part D Plan? YES NO

If “No”, please indicate which Plan(s) you do not accept:

The formulary currently used by MCMHA is set forth below. Please indicate your pricing strategy for:

Drug Name	Strength	Form	Price
Abilify 1 mg / 1 ml	1.00 mg	LIQUID	
Abilify Discmelt	10.00 mg	TABLET(S)	
Abilify Discmelt	15.00 mg	TABLET(S)	
Abilify	2.00 mg	TABLET(S)	
Abilify	5.00 mg	TABLET(S)	
Abilify	10.00 mg	TABLET(S)	
Abilify	15.00 mg	TABLET(S)	
Abilify	20.00 mg	TABLET(S)	
Abilify	30.00 mg	TABLET(S)	
Adderall XR	5.00 mg	TABLET(S)	
Adderall XR	10.00 mg	TABLET(S)	
Adderall XR	15.00 mg	TABLET(S)	
Adderall XR	20.00 mg	TABLET(S)	
Adderall XR	25.00 mg	TABLET(S)	
Adderall XR	30.00 mg	TABLET(S)	
Adderall	5.00 mg	TABLET(S)	

Adderall	7.50 mg	TABLET(S)	
Adderall	10.00 mg	TABLET(S)	
Adderall	12.50 mg	TABLET(S)	
Adderall	15.00 mg	TABLET(S)	
Adderall	20.00 mg	TABLET(S)	
Adderall	30.00 mg	TABLET(S)	
allopurinol	100.00 mg	TABLET(S)	
allopurinol	300.00 mg	TABLET(S)	
alprazolam	0.25 mg	TABLET(S)	
alprazolam	0.50 mg	TABLET(S)	
alprazolam	1.00 mg	TABLET(S)	
alprazolam	2.00 mg	TABLET(S)	
Amantadine 50 mg / 5 ml	50.00 mg	LIQUID	
Amantadine	100.00 mg	TABLET(S)	
Ambien CR	6.25 mg	TABLET(S)	
Ambien CR	12.50 mg	TABLET(S)	
Ambien	5.00 mg	TABLET(S)	
Ambien	10.00 mg	TABLET(S)	
amitriptyline	10.00 mg	TABLET(S)	
amitriptyline	25.00 mg	TABLET(S)	
amitriptyline	50.00 mg	TABLET(S)	
amitriptyline	75.00 mg	TABLET(S)	
amitriptyline	100.00 mg	TABLET(S)	
amitriptyline	150.00 mg	TABLET(S)	

amoxapine	25.00 mg	TABLET(S)	
amoxapine	50.00 mg	TABLET(S)	
amoxapine	100.00 mg	TABLET(S)	
amoxapine	150.00 mg	TABLET(S)	
amoxicillin	125.00 mg	TABLET(S)	
amoxicillin	250.00 mg	TABLET(S)	
amoxicillin	500.00 mg	TABLET(S)	
amoxicillin	875.00 mg	TABLET(S)	
Amoxil	500.00 mg	TABLET(S)	
amphetamine/dextroamphetamine	5.00 mg	TABLET(S)	
amphetamine/dextroamphetamine	7.50 mg	TABLET(S)	
amphetamine/dextroamphetamine	10.00 mg	TABLET(S)	
amphetamine/dextroamphetamine	12.50 mg	TABLET(S)	
amphetamine/dextroamphetamine	15.00 mg	TABLET(S)	
amphetamine/dextroamphetamine	20.00 mg	TABLET(S)	
amphetamine/dextroamphetamine	30.00 mg	TABLET(S)	
Anafranil	25.00 mg	TABLET(S)	
Anafranil	50.00 mg	TABLET(S)	
Anafranil	75.00 mg	TABLET(S)	
Antabuse	250.00 mg	TABLET(S)	
Aricept	5.00 mg	TABLET(S)	
Aricept	10.00 mg	TABLET(S)	
Artane	2.00 mg	TABLET(S)	
Artane	5.00 mg	TABLET(S)	

aspirin	325.00 mg	TABLET(S)	
Atarax	10 mg / 5 ml	LIQUID	
Atarax	10.00 mg	TABLET(S)	
Atarax	25.00 mg	TABLET(S)	
Atarax	50.00 mg	TABLET(S)	
Atarax	100.00 mg	TABLET(S)	
atenolol	25.00 mg	TABLET(S)	
atenolol	50.00 mg	TABLET(S)	
atenolol	100.00 mg	TABLET(S)	
Ativan	0.50 mg	TABLET(S)	
Ativan	1.00 mg	TABLET(S)	
Ativan	2.00 mg	TABLET(S)	
Aventyl HCl	10.00 mg	TABLET(S)	
Aventyl HCl	25.00 mg	TABLET(S)	
Aventyl HCl	50.00 mg	TABLET(S)	
Aventyl HCl	75.00 mg	TABLET(S)	
Axid	150.00 mg	TABLET(S)	
Axid	300.00 mg	TABLET(S)	
baclofen	10.00 mg	TABLET(S)	
baclofen	20.00 mg	TABLET(S)	
Bactrim DS	80/160	TABLET(S)	
Bactrim	400/80	TABLET(S)	
Benadryl	25.00 mg	TABLET(S)	
Benadryl	50.00 mg	TABLET(S)	

benztropine	0.50 mg	TABLET(S)	
benztropine	1.00 mg	TABLET(S)	
benztropine	2.00 mg	TABLET(S)	
bethanechol	5.00 mg	TABLET(S)	
bethanechol	10.00 mg	TABLET(S)	
bethanechol	25.00 mg	TABLET(S)	
bethanechol	50.00 mg	TABLET(S)	
Bupropion SR	75.00 mg	TABLET(S)	
Bupropion SR	150.00 mg	TABLET(S)	
bupropion	75.00 mg	TABLET(S)	
bupropion	100.00 mg	TABLET(S)	
bupirone	5.00 mg	TABLET(S)	
bupirone	7.50 mg	TABLET(S)	
bupirone	10.00 mg	TABLET(S)	
bupirone	15.00 mg	TABLET(S)	
bupirone	30.00 mg	TABLET(S)	
Campral	333.00 mg	TABLET(S)	
carbamazepine Tablet Chew	100.00 mg	TABLET(S)	
carbamazepine Tablet Chew	200.00 mg	TABLET(S)	
Carbatrol	100.00 mg	CAPSULE(S)	
Carbatrol	200.00 mg	CAPSULE(S)	
Carbatrol	300.00 mg	CAPSULE(S)	
Casodex	50.00 mg	TABLET(S)	
Catapres	0.10 mg	TABLET(S)	

Catapres	0.20 mg	TABLET(S)	
Catapres	0.30 mg	TABLET(S)	
Catapres-TTS	0.10 mg	TABLET(S)	
Catapres-TTS	0.20 mg	TABLET(S)	
Catapres-TTS	0.30 mg	TABLET(S)	
Celexa 10 mg /5 mL	10.00 mg	LIQUID	
Chantix	0.50 mg	TABLET(S)	
Chantix	1.00 mg	TABLET(S)	
chloral hydrate	500.00 mg	TABLET(S)	
chloral hydrate	500.00 mg	LIQUID	
chlorpromazine	10.00 mg	TABLET(S)	
chlorpromazine	25.00 mg	TABLET(S)	
chlorpromazine	50.00 mg	TABLET(S)	
chlorpromazine	100.00 mg	TABLET(S)	
chlorpromazine	200.00 mg	TABLET(S)	
citalopram 10 mg /5 ml	10.00 mg	LIQUID	
citalopram	10.00 mg	TABLET(S)	
citalopram	20.00 mg	TABLET(S)	
citalopram	40.00 mg	TABLET(S)	
Claritin Reditab	5.00 mg	ORALLY DISINTEGRATING TABLET	
Claritin	10.00 mg	TABLET(S)	
clomipramine	25.00 mg	TABLET(S)	
clomipramine	50.00 mg	TABLET(S)	
clomipramine	75.00 mg	TABLET(S)	

clonazepam	0.50 mg	TABLET(S)	
clonazepam	1.00 mg	TABLET(S)	
clonazepam	2.00 mg	TABLET(S)	
Clonidine	0.10 mg	TABLET(S)	
Clonidine	0.20 mg	TABLET(S)	
Clonidine	0.30 mg	TABLET(S)	
clozapine	25.00 mg	TABLET(S)	
clozapine	100.00 mg	TABLET(S)	
clozapine	100.00 mg	TABLET(S)	
Clozaril	25.00 mg	TABLET(S)	
Clozaril	100.00 mg	TABLET(S)	
Cogentin	0.50 mg	TABLET(S)	
Cogentin	1.00 mg	TABLET(S)	
Cogentin	2.00 mg	TABLET(S)	
Colace	4.00 mg	LIQUID	
Colace	10.00 mg	LIQUID	
Colace	50.00 mg	CAPSULE(S)	
Colace	100.00 mg	CAPSULE(S)	
Compazine	10.00 mg	TABLET(S)	
Concerta	18.00 mg	TABLET(S)	
Concerta	27.00 mg	TABLET(S)	
Concerta	36.00 mg	TABLET(S)	
Concerta	54.00 mg	TABLET(S)	
Corgard	20.00 mg	TABLET(S)	

Corgard	40.00 mg	TABLET(S)	
Corgard	80.00 mg	TABLET(S)	
Corgard	120.00 mg	TABLET(S)	
Corgard	160.00 mg	TABLET(S)	
Cymbalta	20.00 mg	TABLET(S)	
Cymbalta	30.00 mg	TABLET(S)	
Cymbalta	60.00 mg	TABLET(S)	
cyproheptadine 2 mg / 5 ml	2.00 mg	LIQUID	
cyproheptadine	4.00 mg	TABLET(S)	
Cytomel	5.00 mg	TABLET(S)	
Cytomel	25.00 mcg	TABLET(S)	
Cytomel	50.00 mcg	TABLET(S)	
Dalmane	15.00 mg	TABLET(S)	
Dalmane	30.00 mg	TABLET(S)	
Darvocet N 50	50.00 mg	TABLET(S)	
Darvocet N 100	100.00 mg	TABLET(S)	
Daytrana	10.00 mg	TABLET(S)	
Daytrana	15.00 mg	TABLET(S)	
Daytrana	20.00 mg	TABLET(S)	
Daytrana	20.00 mg	PATCH, CONTROLLED RELEASE	
Daytrana	30.00 mg	PATCH, CONTROLLED RELEASE	
DDAVP nasal	10.00 mcg	PUFFS	
DDAVP	0.10 mg	TABLET(S)	
DDAVP	0.20 mg	TABLET(S)	

Depakene	250.00 mg	TABLET(S)	
Depakene	250.00 mg	LIQUID	
Depakote ER	250.00 mg	TABLET(S)	
Depakote ER	500.00 mg	TABLET(S)	
Depakote Sprinkles	125.00 mg	CAPSULE(S)	
Depakote	125.00 mg	TABLET(S)	
Depakote	250.00 mg	TABLET(S)	
Depakote	500.00 mg	TABLET(S)	
Depo-Provera	150.00 mg	INJECTION(S)	
desipramine	25.00 mg	TABLET(S)	
desipramine	50.00 mg	TABLET(S)	
desipramine	75.00 mg	TABLET(S)	
desipramine	100.00 mg	TABLET(S)	
desipramine	150.00 mg	TABLET(S)	
Desyrel	50.00 mg	TABLET(S)	
Desyrel	100.00 mg	TABLET(S)	
Desyrel	150.00 mg	TABLET(S)	
Desyrel	300.00 mg	TABLET(S)	
Dexedrine	5.00 mg	TABLET(S)	
Dexedrine	10.00 mg	TABLET(S)	
Dexedrine	15.00 mg	TABLET(S)	
dextroamphetamine	5.00 mg	TABLET(S)	
dextroamphetamine	10.00 mg	TABLET(S)	
DextroStat	5.00 mg	TABLET(S)	

DextroStat	10.00 mg	TABLET(S)	
diazepam	2.00 mg	TABLET(S)	
diazepam	5.00 mg	TABLET(S)	
diazepam	10.00 mg	TABLET(S)	
Dilantin	100.00 mg	TABLET(S)	
diphenhydramine	25.00 mg	TABLET(S)	
diphenhydramine	50.00 mg	TABLET(S)	
divalproex sodium	125.00 mg	TABLET(S)	
divalproex sodium	250.00 mg	TABLET(S)	
divalproex sodium	500.00 mg	TABLET(S)	
docusate sodium	100.00 mg	TABLET(S)	
docusate sodium	250.00 mg	TABLET(S)	
doxepin	25.00 mg	TABLET(S)	
doxepin	50.00 mg	TABLET(S)	
doxepin	75.00 mg	TABLET(S)	
doxepin	100.00 mg	TABLET(S)	
doxepin	150.00 mg	TABLET(S)	
doxycycline	25.00 mg	TABLET(S)	
doxycycline	50.00 mg	TABLET(S)	
doxycycline	75.00 mg	TABLET(S)	
Dulcolax Suppository	10.00 mg	SUPPOSITORY	
Dulcolax	5.00 mg	TABLET(S)	
Effexor XR	37.50 mg	TABLET(S)	
Effexor XR	75.00 mg	TABLET(S)	

Effexor XR	150.00 mg	TABLET(S)	
Effexor	25.00 mg	TABLET(S)	
Effexor	37.50 mg	TABLET(S)	
Effexor	50.00 mg	TABLET(S)	
Effexor	75.00 mg	TABLET(S)	
Effexor	100.00 mg	TABLET(S)	
Elavil	25.00 mg	TABLET(S)	
Elavil	50.00 mg	TABLET(S)	
Elavil	75.00 mg	TABLET(S)	
Elavil	100.00 mg	TABLET(S)	
Elavil	150.00 mg	TABLET(S)	
Emsam	6.00 mg	PATCH, CONTROLLED RELEASE	
Emsam	9.00 mg	PATCH, CONTROLLED RELEASE	
Emsam	12.00 mg	PATCH, CONTROLLED RELEASE	
Equetro	100.00 mg	CAPSULE(S)	
Equetro	200.00 mg	CAPSULE(S)	
Equetro	300.00 mg	CAPSULE(S)	
Eskalith	300.00 mg	CAPSULE(S)	
Eskalith-CR	450.00 mg	TABLET(S)	
estazolam	2.00 mg	TABLET(S)	
Exelon Patch	4.60 mg	PATCH, CONTROLLED RELEASE	
Exelon Patch	9.50 mg	PATCH, CONTROLLED RELEASE	
Exelon	1.50 mg	CAPSULE(S)	

Exelon	3.00 mg	CAPSULE(S)	
FazaClo ODT	12.50 mg	ORALLY DISINTEGRATING TABLET	
FazaClo ODT	25.00 mg	TABLET(S)	
FazaClo ODT	100.00 mg	TABLET(S)	
Florinef Acetate	0.10 mg	TABLET(S)	
fluoxetine	20mg /5 ml	LIQUID	
fluoxetine	10.00 mg	TABLET(S)	
fluoxetine	20.00 mg	TABLET(S)	
fluoxetine	40.00 mg	TABLET(S)	
fluphenazine	0.5 mg / 1 ml	LIQUID	
fluphenazine decanoate	25.00 mg	INJECTION(S)	
fluphenazine	1.00 mg	TABLET(S)	
fluphenazine	2.50 mg	TABLET(S)	
fluphenazine	5.00 mg	TABLET(S)	
fluphenazine	10.0 mg	TABLET(S)	
fluphenazine	25.00 mg	TABLET(S)	
flurazepam	30.00 mg	TABLET(S)	
fluvoxamine	25.00 mg	TABLET(S)	
fluvoxamine	50.00 mg	TABLET(S)	
fluvoxamine	100.00 mg	TABLET(S)	
Focalin XR	5.00 mg	CAPSULE(S)	
Focalin XR	10.00 mg	CAPSULE(S)	
Focalin XR	15.00 mg	CAPSULE(S)	
Focalin XR	20.00 mg	CAPSULE(S)	

Focalin	2.50 mg	TABLET(S)	
Focalin	5.00 mg	TABLET(S)	
Focalin	10.00 mg	TABLET(S)	
folic acid	0.40 mg	TABLET(S)	
folic acid	0.80 mg	TABLET(S)	
folic acid	1.00 mg	TABLET(S)	
gabapentin	100.00 mg	TABLET(S)	
gabapentin	300.00 mg	TABLET(S)	
gabapentin	400.00 mg	TABLET(S)	
gabapentin	600.00 mg	TABLET(S)	
gabapentin	800.00 mg	TABLET(S)	
Gabitril	2.00 mg	TABLET(S)	
Gabitril	4.00 mg	TABLET(S)	
Gabitril	12.00 mg	TABLET(S)	
Gabitril	16.00 mg	TABLET(S)	
gemfibrozil	600.00 mg	TABLET(S)	
Geodon	20.00 mg	TABLET(S)	
Geodon	40.00 mg	TABLET(S)	
Geodon	60.00 mg	TABLET(S)	
Geodon	80.00 mg	TABLET(S)	
glycopyrrolate	1.00 mg	TABLET(S)	
glycopyrrolate	2.00 mg	TABLET(S)	
guanfacine	1.00 mg	TABLET(S)	
Halcion	125.00 mcg	TABLET(S)	

Halcion	250.00 mcg	TABLET(S)	
Haldol 2 mg / 1 ml	2.00 mg	LIQUID	
Haldol Decanoate	50.00 mg	INJECTION(S)	
Haldol	0.50 mg	TABLET(S)	
haloperidol decanoate 100 mg / 1ml	100.00 mg	INJECTION(S)	
haloperidol	1.00 mg	TABLET(S)	
haloperidol	2.00 mg	TABLET(S)	
haloperidol	5.00 mg	TABLET(S)	
haloperidol	10.00 mg	TABLET(S)	
haloperidol	20.00 mg	TABLET(S)	
hydroxyzine	10 mg / 5 ml	LIQUID	
hydroxyzine	10.00 mg	TABLET(S)	
hydroxyzine	25.00 mg	TABLET(S)	
hydroxyzine	50.00 mg	TABLET(S)	
hydroxyzine	100.00 mg	TABLET(S)	
Hytrin	1.00 mg	TABLET(S)	
Hytrin	2.00 mg	TABLET(S)	
Hytrin	5.00 mg	TABLET(S)	
ibuprofen	200.00 mg	TABLET(S)	
ibuprofen	600.00 mg	TABLET(S)	
Imipramine	25.00 mg	TABLET(S)	
Imipramine	50.00 mg	TABLET(S)	
Imitrex	100.00 mg	TABLET(S)	
Inderal LA	60.00 mg	CAPSULE(S)	

Inderal LA	80.00 mg	CAPSULE(S)	
Inderal LA	120.00 mg	CAPSULE(S)	
Inderal LA	160.00 mg	CAPSULE(S)	
Inderal	10.00 mg	TABLET(S)	
Inderal	20.00 mg	TABLET(S)	
Inderal	25.00	TABLET(S)	
Inderal	40.00 mg	TABLET(S)	
Inderal	80.00 mg	TABLET(S)	
Invega Sustenna	39.00 mg	INJECTION(S)	
Invega Sustenna	78.00 mg	INJECTION(S)	
Invega Sustenna	117.00 mg	INJECTION(S)	
Invega Sustenna	156.00 mg	INJECTION(S)	
Invega Sustenna	234.00 mg	INJECTION(S)	
Invega	3.00 mg	TABLET(S)	
Invega	6.00 mg	TABLET(S)	
Invega	9.00 mg	TABLET(S)	
Jantoven	2.50 mg	TABLET(S)	
Klonopin Wafers	0.25 mg	TABLET(S)	
Klonopin Wafers	0.50 mg	TABLET(S)	
Klonopin Wafers	2.00 mg	TABLET(S)	
Klonopin Wafers	1.00 mg	ORALLY DISINTEGRATING TABLET	
Klonopin Wafers	125.00 mcg	ORALLY DISINTEGRATING TABLET	
Klonopin	0.50 mg	TABLET(S)	
Klonopin	1.00 mg	TABLET(S)	

Klonopin	2.00 mg	TABLET(S)	
lactulose	10.00 mg	SOLUTION	
Lamictal XR	25.00 mg	TABLET(S)	
Lamictal XR	50.00 mg	TABLET(S)	
Lamictal XR	100.00 mg	TABLET(S)	
Lamictal XR	200.00 mg	TABLET(S)	
Lamictal	25.00 mg	TABLET(S)	
Lamictal	100.00 mg	TABLET(S)	
Lamictal	150.00 mg	TABLET(S)	
Lamictal	200.00 mg	TABLET(S)	
Lamictal	25.00 mg	ORALLY DISINTEGRATING TABLET	
Lamictal	50.00 mg	ORALLY DISINTEGRATING TABLET	
Lamictal	100.00 mg	ORALLY DISINTEGRATING TABLET	
Lamictal	200.00 mg	ORALLY DISINTEGRATING TABLET	
Lasix	20.00 mg	TABLET(S)	
Lasix	40.00mg	TABLET(S)	
Levitra	2.50 mg	TABLET(S)	
Levitra	5.00 mg	TABLET(S)	
Levitra	10.00 mg	TABLET(S)	
Levitra	20.00 mg	TABLET(S)	
Levothroid	50.00 mcg	TABLET(S)	
Levothroid	75.00 mcg	TABLET(S)	
Levothroid	100.00 mcg	TABLET(S)	

Levothroid	125.00 mcg	TABLET(S)	
Levothroid	150.00 mcg	TABLET(S)	
levothyroxine	25.00 mcg	TABLET(S)	
levothyroxine	50.00 mcg	TABLET(S)	
levothyroxine	75.00 mcg	TABLET(S)	
levothyroxine	100.00 mcg	TABLET(S)	
levothyroxine	150.00 mcg	TABLET(S)	
Levoxyl	100.00 mcg	TABLET(S)	
Lexapro 5 mg/ 5 ml	5.00 mg	LIQUID	
Lexapro	5.00 mg	TABLET(S)	
Lexapro	10.00 mg	TABLET(S)	
Lexapro	20.00 mg	TABLET(S)	
Librium	5.00 mg	TABLET(S)	
Librium	10.00 mg	TABLET(S)	
Librium	25.00 mg	TABLET(S)	
Librium	100.00 mg	TABLET(S)	
Lithium Carbonate	300.00 mg	TABLET(S)	
Lithium Carbonate	150.00 mg	CAPSULE(S)	
Lithium Carbonate	300.00 mg	CAPSULE(S)	
Lithium Carbonate	600.00 mg	CAPSULE(S)	
Lithium CIT 8meq/5ml	300.00 mg	LIQUID	
Lithium ER	300.00 mg	TABLET(S)	
Lithium ER	450.00 mg	TABLET(S)	
Lithium	150.00 mg	TABLET(S)	

Lithium	300.00 mg	TABLET(S)	
Lithium	450.00 mg	TABLET(S)	
Lithium	600.00 mg	TABLET(S)	
Lithobid	300.00 mg	TABLET(S)	
Lithostat	250.00 mg	TABLET(S)	
lorazepam	0.50 mg	TABLET(S)	
lorazepam	1.00 mg	TABLET(S)	
lorazepam	2.00 mg	TABLET(S)	
loxapine	5.00 mg	TABLET(S)	
loxapine	10.00 mg	TABLET(S)	
loxapine	25.00 mg	TABLET(S)	
loxapine	50.00 mg	TABLET(S)	
Loxitane	5.00 mg	TABLET(S)	
Loxitane	10.00 mg	TABLET(S)	
Loxitane	25.00 mg	TABLET(S)	
Loxitane	50.00 mg	TABLET(S)	
Lunesta	1.00 mg	TABLET(S)	
Lunesta	2.00 mg	TABLET(S)	
Lunesta	3.00 mg	TABLET(S)	
Luvox CR	100.00 mg	TABLET(S)	
Luvox CR	150.00 mg	TABLET(S)	
Lyrica	75.00 mg	CAPSULE(S)	
melatonin	1.00 mg	TABLET(S)	
melatonin	3.00 mg	TABLET(S)	

melatonin	5.00 mg	TABLET(S)	
Mellaril	30 mg / 1 ml	LIQUID	
Mellaril	10.00 mg	TABLET(S)	
Mellaril	25.00 mg	TABLET(S)	
Mellaril	100.00 mg	TABLET(S)	
Mellaril	150.00 mg	TABLET(S)	
Mellaril	200.00 mg	TABLET(S)	
Metadate CD	10.00 mg	TABLET(S)	
Metadate CD	20.00 mg	TABLET(S)	
Metadate CD	30.00 mg	TABLET(S)	
Metadate CD	40.00 mg	TABLET(S)	
Metadate CD	50.00 mg	TABLET(S)	
Metadate CD	60.00 mg	TABLET(S)	
Metadate ER	10.00 mg	TABLET(S)	
Metadate ER	20.00 mg	TABLET(S)	
Metamucil		LIQUID	
metformin	500.00 mg	TABLET(S)	
Methylin ER	10.00 mg	TABLET(S)	
Methylin ER	20.00 mg	TABLET(S)	
Methylin	5.00 mg	TABLET(S)	
Methylin	10.00 mg	TABLET(S)	
Methylin	20.00 mg	TABLET(S)	
Methylin	5.00 mg	LIQUID	
Methylin	10.00 mg	LIQUID	

methylphenidate	5.00 mg	TABLET(S)	
methylphenidate	10.00 mg	TABLET(S)	
methylphenidate	20.00 mg	TABLET(S)	
metoprolol	25.00 mg	TABLET(S)	
Miralax	125.00 mcg	TABLET(S)	
Miralax	250.00 mcg	TABLET(S)	
mirtazapine	15.00 mg	TABLET(S)	
mirtazapine	30.00 mg	TABLET(S)	
mirtazapine	45.00 mg	TABLET(S)	
molindone	5.00 mg	TABLET(S)	
molindone	10.00 mg	TABLET(S)	
molindone	25.00 mg	TABLET(S)	
molindone	50.00 mg	TABLET(S)	
molindone	100.00 mg	TABLET(S)	
Motrin	400.00 mg	TABLET(S)	
Motrin	600.00 mg	TABLET(S)	
Motrin	800.00 mg	TABLET(S)	
nadolol	20.00 mg	TABLET(S)	
naltrexone	50.00 mg	TABLET(S)	
Namenda	5.00 mg	TABLET(S)	
Namenda	10.00 mg	TABLET(S)	
Nardil	15.00 mg	TABLET(S)	
Navane	1.00 mg	TABLET(S)	
Navane	2.00 mg	TABLET(S)	

Navane	5.00 mg	TABLET(S)	
Navane	10.00 mg	TABLET(S)	
Navane	20.00 mg	TABLET(S)	
nefazodone	50.00 mg	TABLET(S)	
nefazodone	100.00 mg	TABLET(S)	
nefazodone	200.00 mg	TABLET(S)	
Neurontin	100.00 mg	TABLET(S)	
Neurontin	300.00 mg	TABLET(S)	
Neurontin	400.00 mg	TABLET(S)	
Neurontin	600.00 mg	TABLET(S)	
Neurontin	800.00 mg	TABLET(S)	
Neurontin	900.00 mg	TABLET(S)	
Nexium	20.00 mg	TABLET(S)	
Nexium	40.00 mg	TABLET(S)	
Nicoderm CQ	7.00 mg	TABLET(S)	
Nicoderm CQ	14.00 mg	TABLET(S)	
Nicoderm CQ	21.00 mg	TABLET(S)	
Nicorette	4.00 mg	TABLET(S)	
Nicorette	21.00 mg	TABLET(S)	
nicotine gum	2.00 mg	TABLET(S)	
nicotine gum	4.00 mg	TABLET(S)	
nicotine transdermal	14.00 mg	PATCH, CONTROLLED RELEASE	
nicotine transdermal	21.00 mg	PATCH, CONTROLLED RELEASE	
Nicotrol Inhaler	10.00 mg	PUFFS	

nortriptyline	10.00 mg	TABLET(S)	
nortriptyline	25.00 mg	TABLET(S)	
nortriptyline	50.00 mg	TABLET(S)	
nortriptyline	75.00 mg	TABLET(S)	
Orap	1.00 mg	TABLET(S)	
Orap	2.00 mg	TABLET(S)	
Pamelor	10 mg/ 5 ml	LIQUID	
Pamelor	10.00 mg	TABLET(S)	
Pamelor	25.00 mg	TABLET(S)	
Pamelor	50.00 mg	TABLET(S)	
Pamelor	75.00 mg	TABLET(S)	
Parnate	10.00 mg	TABLET(S)	
paroxetine ER	12.50 mg	TABLET(S)	
paroxetine ER	25.00 mg	TABLET(S)	
paroxetine ER	37.50 mg	TABLET(S)	
paroxetine	10.00 mg	TABLET(S)	
paroxetine	20.00 mg	TABLET(S)	
paroxetine	30.00 mg	TABLET(S)	
paroxetine	40.00 mg	TABLET(S)	
Paxil 10 mg / 5 ml	10.00 mg	LIQUID	
Paxil CR	12.50 mg	TABLET(S)	
Paxil CR	25.00 mg	TABLET(S)	
Paxil CR	37.50 mg	TABLET(S)	
penicillin VK	250.00 mg	TABLET(S)	

Pepcid AC	10.00 mg	TABLET(S)	
Peri-Colace	50.00 mg	TABLET(S)	
perphenazine	2.00 mg	TABLET(S)	
perphenazine	4.00 mg	TABLET(S)	
perphenazine	8.00 mg	TABLET(S)	
perphenazine	16.00 mg	TABLET(S)	
Pexeva	10.00 mg	TABLET(S)	
Pexeva	20.00 mg	TABLET(S)	
Pexeva	30.00 mg	TABLET(S)	
Pexeva	40.00 mg	TABLET(S)	
Phenergan Suppository		SUPPOSITORY	
Phenergan	25.00 mg	TABLET(S)	
pilocarpine ophthalmic		TABLET(S)	
potassium chloride		TABLET(S)	
prazosin	1.00 mg	TABLET(S)	
prazosin	5.00 mg	TABLET(S)	
Prevacid	30.00 mg	TABLET(S)	
Prilosec	20.00 mg	TABLET(S)	
Prilosec	40.00 mg	TABLET(S)	
primidone	50.00 mg	TABLET(S)	
primidone	250.00 mg	TABLET(S)	
Pristiq	50.00 mg	TABLET(S)	
Pristiq	100.00 mg	TABLET(S)	
Prolixin 0.5 mg / 1 ml	2.50 mg	LIQUID	

Prolixin 0.5 mg / 1 ml	5.00 mg	LIQUID	
Prolixin Decanoate	12.5	INJECTION(S)	
Prolixin	1.00 mg	TABLET(S)	
Prolixin	2.50 mg	TABLET(S)	
Prolixin	5.00 mg	TABLET(S)	
Prolixin	10.00 mg	TABLET(S)	
Prolixin	30.00 mg	TABLET(S)	
promethazine rectal		SUPPOSITORY	
promethazine	25.00 mg	TABLET(S)	
propranolol	10.00 mg	TABLET(S)	
propranolol	20.00 mg	TABLET(S)	
propranolol	40.00 mg	TABLET(S)	
propranolol	80.00 mg	TABLET(S)	
Protonix	20.00 mg	TABLET(S)	
Provigil	100.00 mg	TABLET(S)	
Provigil	200.00 mg	TABLET(S)	
Prozac 20 mg / 5 ml	20.00 mg	LIQUID	
Prozac Weekly	90.00 mg	TABLET(S)	
Prozac	10.00 mg	TABLET(S)	
Prozac	20.00 mg	TABLET(S)	
Prozac	40.00 mg	TABLET(S)	
Prozac	60.00 mg	TABLET(S)	
QUETIAPINE	25.00 mg	TABLET(S)	
QUETIAPINE	50.00 mg	TABLET(S)	

QUETIAPINE	100.00 mg	TABLET(S)	
QUETIAPINE	200.00 mg	TABLET(S)	
QUETIAPINE	300.00 mg	TABLET(S)	
QUETIAPINE	400.00 mg	TABLET(S)	
ranitidine	150.00 mg	TABLET(S)	
Razadyne	4 mg / 1 ml	LIQUID	
Razadyne ER	8.00 mg	CAPSULE(S)	
Razadyne ER	16.00 mg	CAPSULE(S)	
Razadyne ER	24.00 mg	CAPSULE(S)	
Razadyne	4.00 mg	TABLET(S)	
Razadyne	8.00 mg	TABLET(S)	
Razadyne	12.00 mg	TABLET(S)	
Remeron SolTab	15.00 mg	TABLET(S)	
Remeron SolTab	30.00 mg	TABLET(S)	
Remeron SolTab	45.00 mg	TABLET(S)	
Remeron	15.00 mg	TABLET(S)	
Remeron	30.00 mg	TABLET(S)	
Remeron	45.00 mg	TABLET(S)	
Requip	0.25 mg	TABLET(S)	
Requip	0.50 mg	TABLET(S)	
Requip	1.00 mg	TABLET(S)	
Restoril	7.50 mg	TABLET(S)	
Restoril	15.00 mg	TABLET(S)	
Restoril	30.00 mg	TABLET(S)	

ReVia	50.00 mg	TABLET(S)	
Risperdal 1 mg / 1 ml	1.00 mg	LIQUID	
Risperdal Consta	12.50 mg	INJECTION(S)	
Risperdal Consta	25.00 mg	INJECTION(S)	
Risperdal Consta	37.50 mg	INJECTION(S)	
Risperdal Consta	50.00 mg	INJECTION(S)	
Risperdal M-Tab	0.50 mg	TABLET(S)	
Risperdal M-Tab	1.00 mg	TABLET(S)	
Risperdal M-Tab	2.00 mg	TABLET(S)	
Risperdal M-Tab	3.00 mg	TABLET(S)	
Risperdal M-Tab	4.00 mg	TABLET(S)	
risperidone	0.25 mg	TABLET(S)	
risperidone	0.50 mg	TABLET(S)	
risperidone	1.00 mg	TABLET(S)	
risperidone	2.00 mg	TABLET(S)	
risperidone	3.00 mg	TABLET(S)	
risperidone	4.00 mg	TABLET(S)	
risperidone	1.00 mg	LIQUID	
Ritalin LA	10.00 mg	TABLET(S)	
Ritalin LA	20.00 mg	TABLET(S)	
Ritalin LA	30.00 mg	TABLET(S)	
Ritalin LA	40.00 mg	TABLET(S)	
Ritalin SR	20.00 mg	TABLET(S)	
Ritalin	5.00 mg	TABLET(S)	

Ritalin	10.00 mg	TABLET(S)	
Ritalin	20.00 mg	TABLET(S)	
Robinul	1.00 mg	TABLET(S)	
Robinul	2.00 mg	TABLET(S)	
Rozerem	8.00 mg	TABLET(S)	
SAPHRIS	5.00 mg	TABLET(S)	
SAPHRIS	10.00 mg	TABLET(S)	
selegiline	5.00 mg	TABLET(S)	
Senokot		TABLET(S)	
Serax	15.00 mg	TABLET(S)	
Serophene	50.00 mg	TABLET(S)	
Seroquel XR	50.00 mg	TABLET(S)	
Seroquel XR	150.00 mg	TABLET(S)	
Seroquel XR	200.00 mg	TABLET(S)	
Seroquel XR	300.00 mg	TABLET(S)	
Seroquel XR	400.00 mg	TABLET(S)	
Seroquel	25.00 mg	TABLET(S)	
Seroquel	50.00 mg	TABLET(S)	
Seroquel	100.00 mg	TABLET(S)	
Seroquel	200.00 mg	TABLET(S)	
Seroquel	300.00 mg	TABLET(S)	
Seroquel	400.00 mg	TABLET(S)	
Sertraline	25.00 mg	TABLET(S)	
Sertraline	50.00 mg	TABLET(S)	

Sertraline	100.00 mg	TABLET(S)	
Serzone	50.00 mg	TABLET(S)	
Serzone	100.00 mg	TABLET(S)	
Serzone	150.00 mg	TABLET(S)	
Serzone	200.00 mg	TABLET(S)	
Sinequan	10.00 mg	TABLET(S)	
Sinequan	25.00 mg	TABLET(S)	
Sinequan	50.00 mg	TABLET(S)	
Sinequan	75.00 mg	TABLET(S)	
Sinequan	100.00 mg	TABLET(S)	
Sinequan	150.00 mg	TABLET(S)	
Sonata	5.00 mg	TABLET(S)	
Sonata	10.00 mg	TABLET(S)	
Stelazine	10 mg / 1 ml	LIQUID	
Stelazine	1.00 mg	TABLET(S)	
Stelazine	2.00 mg	TABLET(S)	
Stelazine	5.00 mg	TABLET(S)	
Stelazine	10.00 mg	TABLET(S)	
Strattera	10.00 mg	TABLET(S)	
Strattera	18.00 mg	TABLET(S)	
Strattera	25.00 mg	TABLET(S)	
Strattera	40.00 mg	TABLET(S)	
Strattera	60.00 mg	TABLET(S)	
Strattera	80.00 mg	TABLET(S)	

Strattera	100.00 mg	TABLET(S)	
Symbyax 12/25 mg	25.00 mg	TABLET(S)	
Symbyax 12/50 mg	50.00 mg	TABLET(S)	
Symbyax 6/25 mg	25.00 mg	TABLET(S)	
Symbyax 6/50 mg	50.00 mg	TABLET(S)	
Symmetrel	100.00 mg	TABLET(S)	
Synthroid	25.00 mcg	TABLET(S)	
Synthroid	50.00 mcg	TABLET(S)	
Synthroid	75.00 mcg	TABLET(S)	
Synthroid	100.00 mcg	TABLET(S)	
Synthroid	112.00 mcg	TABLET(S)	
Synthroid	125.00 mcg	TABLET(S)	
Synthroid	150.00 mcg	TABLET(S)	
Synthroid	175.00 mcg	TABLET(S)	
Synthroid	300.00 mcg	TABLET(S)	
Tegretol	100 mg / 5 ml	LIQUID	
Tegretol chew	100.00 mg	TABLET(S)	
Tegretol XR	100.00 mg	TABLET(S)	
Tegretol XR	200.00 mg	TABLET(S)	
Tegretol XR	400.00 mg	TABLET(S)	
Tegretol	200.00 mg	TABLET(S)	
temazepam	15.00 mg	TABLET(S)	
temazepam	30.00 mg	TABLET(S)	
Tenex	1.00 mg	TABLET(S)	

Tenex	2.00 mg	TABLET(S)	
Tenormin	25.00 mg	TABLET(S)	
Tenormin	50.00 mg	TABLET(S)	
terazosin	1.00 mg	TABLET(S)	
terazosin	2.00 mg	TABLET(S)	
terazosin	5.00 mg	TABLET(S)	
thioridazine	100 mg / 1 ml	LIQUID	
thioridazine	30 mg / 1 ml	LIQUID	
thioridazine	25.00 mg	TABLET(S)	
thioridazine	50.00 mg	TABLET(S)	
thioridazine	100.00 mg	TABLET(S)	
thioridazine	200.00 mg	TABLET(S)	
thiothixene	5 mg / 1 ml	LIQUID	
thiothixene	1.00 mg	TABLET(S)	
thiothixene	5.00 mg	TABLET(S)	
thiothixene	10.00 mg	TABLET(S)	
Thorazine	100 mg / 1 ml	LIQUID	
Thorazine	25 mg / 1 ml	INJECTION(S)	
Thorazine	25.00 mg	TABLET(S)	
Thorazine	50.00 mg	TABLET(S)	
Thorazine	100.00 mg	TABLET(S)	
Thorazine	200.00 mg	TABLET(S)	
Tofranil	10.00 mg	TABLET(S)	
Tofranil	25.00 mg	TABLET(S)	

Tofranil	50.00 mg	TABLET(S)	
Tofranil-PM	75.00 mg	TABLET(S)	
Tofranil-PM	100.00 mg	TABLET(S)	
Tofranil-PM	125.00 mg	TABLET(S)	
Tofranil-PM	150.00 mg	TABLET(S)	
Topamax Sprinkle	25.00 mg	TABLET(S)	
Topamax	25.00 mg	TABLET(S)	
Topamax	50.00 mg	TABLET(S)	
Topamax	100.00 mg	TABLET(S)	
Topamax	200.00 mg	TABLET(S)	
Toprol XL	25.00 mg	TABLET(S)	
Tranxene T-Tab	7.50 mg	TABLET(S)	
Trazodone	50.00 mg	TABLET(S)	
Trazodone	100.00 mg	TABLET(S)	
Trazodone	150.00 mg	TABLET(S)	
Trazodone	300.00 mg	TABLET(S)	
trifluoperazine	1.00 mg	TABLET(S)	
trifluoperazine	2.00 mg	TABLET(S)	
trifluoperazine	10.00 mg	TABLET(S)	
trihexyphenidyl	2.00 mg	TABLET(S)	
trihexyphenidyl	5.00 mg	TABLET(S)	
Trileptal 300 mg / 5 ml	300.00 mg	LIQUID	
Trileptal	150.00 mg	TABLET(S)	
Trileptal	300.00 mg	TABLET(S)	

Trileptal	600.00 mg	TABLET(S)	
Trileptal	750.00 mg	TABLET(S)	
Tums		TABLET(S)	
Tylenol #3		TABLET(S)	
Tylenol	325.00 mg	TABLET(S)	
Tylenol	500.00 mg	TABLET(S)	
Valium	5 mg / 1 ml	LIQUID	
Valium	2.00 mg	TABLET(S)	
Valium	5.00 mg	TABLET(S)	
Valium	10.00 mg	TABLET(S)	
Valproic acid 250 mg / 5 ml	250.00 mg	LIQUID	
valproic acid	250.00 mg	TABLET(S)	
Venlafaxine ER	37.50 mg	TABLET(S)	
Venlafaxine ER	75.00 mg	TABLET(S)	
Venlafaxine ER	150.00 mg	TABLET(S)	
Venlafaxine ER	225.00 mg	TABLET(S)	
Venlafaxine	25.00 mg	TABLET(S)	
Venlafaxine	37.50 mg	TABLET(S)	
Venlafaxine	50.00 mg	TABLET(S)	
Venlafaxine	75.00 mg	TABLET(S)	
Venlafaxine	100.00 mg	TABLET(S)	
Viagra	25.00 mg	TABLET(S)	
Viagra	50.00 mg	TABLET(S)	
Viagra	100.00 mg	TABLET(S)	

Vistaril	25 mg / 5 ml	LIQUID	
Vistaril	25.00 mg	TABLET(S)	
Vistaril	50.00 mg	TABLET(S)	
Vistaril	100.00 mg	TABLET(S)	
vitamin B1 (common name)	50.00 mg	TABLET(S)	
vitamin B1 (common name)	100.00 mg	TABLET(S)	
vitamin B1 (common name)	250.00 mg	TABLET(S)	
vitamin B1 (common name)	500.00 mg	TABLET(S)	
vitamin B12 (common name)	100.00 mcg	INJECTION(S)	
vitamin B12 (common name)	500.00 mcg	INJECTION(S)	
vitamin B12 (common name)	1000.00 mcg	INJECTION(S)	
vitamin E (common name)	100.00 International Units	TABLET(S)	
vitamin E (common name)	200.00 International Units	TABLET(S)	
vitamin E (common name)	400.00 International Units	TABLET(S)	
vitamin E (common name)	500.00 International Units	TABLET(S)	
vitamin E (common name)	1000.00 International Units	TABLET(S)	
Vivitrol	380.00 mg	INJECTION(S)	
Vyvanse	20.00 mg	CAPSULE(S)	
Vyvanse	30.00 mg	CAPSULE(S)	
Vyvanse	40.00 mg	CAPSULE(S)	
Vyvanse	50.00 mg	CAPSULE(S)	
Vyvanse	60.00 mg	CAPSULE(S)	
Vyvanse	70.00 mg	CAPSULE(S)	
Wellbutrin SR	100.00 mg	TABLET(S)	

Wellbutrin SR	150.00 mg	TABLET(S)	
Wellbutrin SR	200.00 mg	TABLET(S)	
Wellbutrin XL	150.00 mg	TABLET(S)	
Wellbutrin XL	300.00 mg	TABLET(S)	
Wellbutrin	75.00 mg	TABLET(S)	
Wellbutrin	100.00 mg	TABLET(S)	
Xanax XR	0.50 mg	TABLET(S)	
Xanax XR	1.00 mg	TABLET(S)	
Xanax XR	2.00 mg	TABLET(S)	
Xanax XR	3.00 mg	TABLET(S)	
Xanax	0.25 mg	TABLET(S)	
Xanax	0.50 mg	TABLET(S)	
Xanax	1.00 mg	TABLET(S)	
Xanax	2.00 mg	TABLET(S)	
Zantac	150.00 mg	TABLET(S)	
Zocor	10.00 mg	TABLET(S)	
Zocor	40.00 mg	TABLET(S)	
Zoloft 20 mg/ 1 ml	20.00 mg	LIQUID	
Zoloft	25.00 mg	TABLET(S)	
Zoloft	50.00 mg	TABLET(S)	
Zoloft	100.00 mg	TABLET(S)	
Zonegran	25.00 mg	CAPSULE(S)	
Zonegran	50.00 mg	CAPSULE(S)	
Zonegran	100.00 mg	CAPSULE(S)	

Zyban	150.00 mg	TABLET(S)	
Zyprexa Zydys	5.00 mg	TABLET(S)	
Zyprexa Zydys	10.00 mg	TABLET(S)	
Zyprexa Zydys	15.00 mg	TABLET(S)	
Zyprexa Zydys	20.00 mg	TABLET(S)	
Zyprexa	2.50 mg	TABLET(S)	
Zyprexa	5.00 mg	TABLET(S)	
Zyprexa	7.50 mg	TABLET(S)	
Zyprexa	10.00 mg	TABLET(S)	
Zyprexa	15.00 mg	TABLET(S)	
Zyprexa	20.00 mg	TABLET(S)	

****Note: This formulary may have to be adjusted if the Center for Medicare and Medicaid Services (CMS) establishes a new limit on federal reimbursement to state Medicaid agencies for prescription drugs payments.***