STATE OF WASHINGTON

DEPARTMENT OF ENTERPRISE SERVICES

1500 Jefferson Street SE, Olympia, WA 98501

IFB Solicitation Amendment No. One

IFB Reference No.: 00412
Title: Pharmaceutical Packaging and Delivery Services
Amendment Number: One
Date issued: May 14, 2012

The above referenced solicitation is amended as follows:

Purpose:
1. Extend bid opening date from May 17 to May 29, 2012 – 2:00 pm
2. To notify prospective Bidders that Amendment Two will be following shortly providing clarifications discussed during the May 9, 2012 prebid conference

Amendment One need not be submitted with Bid response. All other Terms, Conditions, and Specifications remain unchanged.

Bid opening date and time has changed as follows:

May 29, 2012 2:00 p.m. Pacific Standard Time

C. Stacy 5-14-12
Signed Connie Stacy, Procurement Coordinator

5/14/12
Date Signed

Pharmaceutical Pkg & Delivery

STATE OF WASHINGTON

DEPARTMENT OF ENTERPRISE SERVICES

1500 Jefferson Street SE, Olympia, WA 98501

IFB Solicitation Amendment No. Two

IFB Reference No.: 00412
Title: Pharmaceutical Packaging and Delivery Services
Amendment Number: 2
Date Issued: May 18, 2012

The above referenced solicitation is amended as follows:

Purpose:
1. Publish list of prebid conference attendees
2. Make revisions to the IFB document
3. Provide a revised Appendix D "Price Sheet"
4. Provide an Appendix G for Bidder's to indicate "Medication Cost" pricing information

Amendment, including revised Appendix D "Price Sheet" and Appendix G "Medication Price Worksheet" must be submitted with Bid response. All other Terms, Conditions, and Specifications remain unchanged.

Bid opening date and time has changed as follows:

May 29, 2012 - 2:00 p.m. Pacific Standard Time

CS 5.18.12

Signed Connie Stacy, Procurement Coordinator

Date Signed

1. Following is a list of the May 9, 2012 prebid conference attendees:

Name	Representing
Connie Stacy	Department of Enterprise Services
Melissa Cox	Department of Enterprise Services
Carmen Mendez	Department of Social and Health Services
Drew Zimmerman	Costless Senior Services
Jeff Hendrickson	Costless Senior Services
Judith Nelson	Ready Meds
Main Ng	Evergreen Pharmaceutical
Jerry Beradt	Bridgeport Pharmacy
Darwin Pond	Payless Drug
Jeff (via telecon)	Lincoln Pharmacy

1. Reference Part One, Section 5.1 "Preparation of Response", B. Instructions:

Item One Add: Complete (new) Appendix G "Medication Price Worksheet" per the following instructions:

- Bidder is to provide NDC number for each drug listed below. Bidder's must provide pricing for all drugs listed in Column B.
- For all branded (single source) drugs where no generic alternative exists, Bidder is to submit WAC pricing in Column F. WAC pricing should be based on published prices in place from 5/21/12 through 5/25/12. Pricing should be rounded to two places to the right of the decimal point.
- For all generic (multisource) drugs, Bidder is to submit pricing AWP pricing in Column G. AWP pricing should be based on published prices in place from 5/21/2012 through 5/25/12. Pricing should be rounded to two places to the right of the decimal point.
- Bidder is to provide a percentage markup for all branded drugs in the yellow box located in the first row of Column G and a percentage discount for all generic drugs in the yellow box located in the first row of Column I. The spreadsheet will auto populate the remaining fields in each column.
- The spreadsheet will calculate the Extended Totals for each line item by multiplying column J (Unit Cost) by Column E (Estimated Annual Usage).
- A grand total will be calculated by adding all of the extended totals in Column K to arrive at a Grand Total. The Grand Total will also be entered on Appendix D "Price Sheet" , item 7.

Do not submit both WAC and AWP pricing for a single line item. Please read instructions carefully to ensure that you are submitting the appropriate pricing for branded and generic drugs. Failure to follow the directions above may be cause for bid rejection.

Item Four Delete in its entirety

2. Reference Part One, Section 6.1 "Evaluation Process" Phase Two, change A, B & C to read as follows:

A) Prices bid for items one through six in Appendix D, Price Sheet (revised) will be multipiled by the estimated usage quantities to ensure that the "Total" for each item is correct.
B) The "Total" for each item will be added together to determine the "Grand Total" per bidder
C) The bidder providing the lowest "Grand Total", adjusted by any prompt payment discounts for payment in thirty days or more, will be declared the "Apparent Successful Bidder"

3. Reference Part One, "Appendices Page", "Bidder Checklist" and delete the following:

   "Copy of Wholesale Price List for Medications"

4. Reference Appendix B "Special Terms and Conditions", make the following changes:

Section 4:	Delete Section 4 "Driver Rotation" in its entirety.
Section 1:	Add "The state reserves the right to request quarterly line item detail customer user reports, and to conduct random audits to monitor for price reasonableness. This may include requiring contractor to provide evidence of actual cost at time of invoice, and copies of subsequent invoices".
Section 10:	Add the following language to Section 10 "Pricing and Adjustments"

   "Pricing Methodology
   Pricing for medications shall be calculated using the following methodology:

   Brand Name Drugs- Pricing for branded drugs with no generic substitute shall be based on published Wholesale Acquisition Cost (WAC) plus the fixed percentage markup identified by the Contractor in Appendix D "Price Sheets".

   Generic Drugs- Pricing for generic drugs shall be based on published Average Wholesale Price (AWP) minus the fixed percentage discount identified by the Contractor in Appendix D "Price Sheets"."

5. Reference Appendix C "Specifications", make the following changes:

Item 4:	Add "as requested by facility"
Item 6.3.K	Delete "Packager's Initials"
Item 7.1a	Clarify as follows: "All scheduled medications must be in a locked box and be secured with a plastic zip tie. All non-scheduled medications can be delivered in a standard size tote, maximum weight of twenty pounds and also secured with a plastic zip tie".
Item 7.2	Clarify size of a tote as approximately 20" x 14" x 10" deep.
Item 12	Add "Medications that may be returned will include the facilities' guarantee that it has not been tampered with, or was with the patient, and was secured in the medication room"
Item 14	Add "14.9 Pharmacist Visits" as follows: "For the four state facilities that require visits by a Pharmacist, it is anticipated that monthly visits will require an average minimum four hour duration on site, and will include a variety of duties including medication room inspection, outdated medication being removed, and patient chart review".
Item 15	Clarify SCC's delivery requirements as follows: "Evening deliveries are anticipated as the facilities receiving the bulk of the medication require it be delivered to the Steilacoom dock house by 9:00 pm. The second delivery (if any, depends on if any orders are written) will depend on the cut off time chosen by the vendor for a 7:00 am dock house delivery. No deliveries on Sundays or Holidays".

6. Reference Appendix D "Price Sheets", replace in its entirety with revised version attached, which has been changed to reflect the following:
   - Item 1 "Blister Package Oral Solid and Bottle/Syringe Liquid Medications" has been deleted and renamed "Dispensing and Delivery Fee". The estimated purchase volume for each of the categories listed has been revised and an additional category titled "CRC Vials (Oral Tab)" has also been added to the table.
   - Item 2 "Standard Monthly Delivery Charge for Department of Social and Health Facilities" has been deleted in its entirety (since it has been incorporated into item 1 pricing)
   - Item 3 "Standard Monthly Delivery Charge for Other Customers" has been deleted in its entirety (since it has been incorporated into item 1 pricing)
   - Item 2 "Emergency Delivery Charge for Department of Social and Health Services" has been changed to reflect only twelve emergency deliveries per year, or one per month. The five free deliveries for SCC have been deleted.
   - "Processing Fee" has been deleted and incorporated in item One as a "Dispensing and Delivery Fee" and which is to be priced as a flat fee rather than a percentage.
   - Add the requirement for Bidders to describe their restocking policy (above and beyond that described in Appendix C "Specifications", item 12 "Returns") in Appendix D

7. The following information is being provided to assist Bidders in preparing their responses to this Solicitation:

Annual Customer Purchase Volume (by prescription)	
Department of Social and Health Services	17,900
Other Customers	19,500

APPENDIX D

PRICE SHEETS (revised)

1. **DISPENSING AND DELIVERY FEE**

   The dispensing and delivery fee shall be an all inclusive fee added to the cost of the four forms of medications listed below. This fee is to be billed as a separate line item on all invoices. The dispensing and delivery fee shall be a flat fee that covers all service requirements stipulated herein (other than those noted in items two through six):

Description	Bid Price per Unit	Multiply By (Annual Purchase Volume)	Total
Blister Package Oral Solid Medication	$	33590 units	$
Bottle UD Liquid Medication	$	150 units	$
Syringe Liquid Medication	$	60 units	$
CRC Vials (Oral Tab)	$	3600 units	
		(A) TOTAL	$

*Please note that the above quantities are strictly estimates

2. **EMERGENCY DELIVERY CHARGE FOR DEPARTMENT OF SOCIAL AND HEALTH FACILITIES:**

DSHS FACILITY	EMERGENCY DELIVERY CHARGE	MULTIPLY BY	TOTAL
Echo Glen	$	12	$
Green Hill	$	12	$

Bidder's Name _____

Naselle Youth Camp	$	12	$
Special Comm Center	$	12	$
		(B)TOTAL	$

3. **EMERGENCY DELIVERY CHARGE FOR OTHER CUSTOMERS** (such as county and city jails)

$_____ per delivery x 50 = (C) TOTAL $_____

4. **PHARMACIST ONSITE REVIEW FEE**

Monthly site visit and chart review as specified by client (see Appendix C *Specifications* for detailed information regarding requirements for pharmacist onsite visits and chart review). Cost to include all expenses incurred, regardless of location:

$_____Site Visit x estimated 48 visits = (D) TOTAL $_____

5. **PRIVATE INSURANCE CLAIM FEE**

$_____per Prescription Transaction Fee for private insurance claims submitted on behalf of client x 100 = (E) TOTAL $_____

6. **ELECTRONIC SCANNING/BARCODE SYSTEM (FOR SCC):**

Bar code labels provided on delivery containers and medication packaging, with bar code reading gun to scan in new deliveries and medications

Yearly Cost: $_____ = (F) TOTAL $_____

Bidder's Name _____

7. **MEDICATION COST WORKSHEET (Appendix G)**

Bidder shall complete the Medication Cost Worksheet included as Appendix G to arrive at the grand total for medication costs. The grand total from Appendix G will be inserted in the table listed below under line item 7 "Medication Costs". Please note that the medications and usage quantities listed in Appendix G are estimates and only represent the top 200 drugs by volume.

Brand Name Drugs (no generic alternative)
Bidders shall submit pricing for all branded drugs listed in Appendix G as current WAC pricing published the week of 5/21/12 through 5/25/12 plus a fixed percentage. The percentage identified for branded drugs in Appendix G will remain fixed and firm for the initial term of the Contract.

Generic Drugs
Bidder shall submit pricing for all generic drugs listed in Appendix G as current AWP pricing published the week of 5/21/12 through 5/25/12 minus a fixed percentage. The percentage identified in Appendix G will remain fixed and firm for the initial term of the Contract.

8. **TOTAL BID PRICES**

PRICE SHEET ITEM	DESCRIPTION	REFERENCE	INSERT TOTAL
1	DISPENSING AND DELIVERY FEE	(A) TOTAL	$
2	EMERGENCY DELIVERY CHARGE FOR DEPARTMENT OF SOCIAL AND HEALTH FACILITIES	(B) TOTAL	$
3	EMERGENCY DELIVERY CHARGE FOR OTHER CUSTOMERS	(C) TOTAL	$
4	PHARMACIST ONSITE REVIEW FEE	(D)TOTAL	$

Bidder's Name _____

5	PRIVATE INSURANCE CLAIM FEE	(E)TOTAL	$
6	BAR CODE SYSTEM	(F)TOTAL	$
7	COST OF MEDICATIONS (Appendix G)	(G) TOTAL	$
		GRAND TOTAL:	$

9. Bidder to describe restocking provisions and process:

_____

_____

Bidder's Name _____

Appendix G
Price Worksheet
Solicitation No. 00412

APPENDIX G - MEDICATION COST WORKSHEETInstructions

1) Bidder is to provide NDC number for each drug listed below. Bidder's must provide pricing for all drugs listed in Column B.

2) For all branded (single source) drugs where no generic alternative exists, Bidder is to submit WAC pricing in Column F. WAC pricing should be based on published prices in place from 5/21/12 through 5/25/12. Pricing should be rounded to two places to the right of the decimal point.

3) For all generic (multisource) drugs, Bidder is to submit pricing AWP pricing in Column G. AWP pricing should be based on published prices in place from 5/21/2012 through 5/25/12. Pricing should be rounded to two places to the right of the decimal point.

4) Bidder is to provide a percentage markup for all branded drugs in the yellow box located in the first row of Column G and a percentage discount for all generic drugs in the yellow box located in the first row of Column I. The spreadsheet will auto populate the remaining fields in each column.

5) The spreadsheet will calculate the Extended Totals for each line item by multiplying column J (Unit Cost) by Column E (Estimated Annual Usage).

5) A grand total will be calculated by adding all of the extended totals in Column K to arrive at a Grand Total. The Grand Total will also be entered on Appendix D "Price Sheet" under Section 8 "Total Bid Prices".

Do not submit both WAC and AWP pricing for a single line item. Please read instructions carefully to ensure that you are submitting the appropriate pricing for branded and generic drugs. Failure to follow the directions above may be cause for bid rejection.

NDC Number	DRUG NAME (Top 200 by volume)	STRENGTH	UNIT	ESTIMATED ANNUAL USAGE IN UNITS	WAC	% Markup on WAC	AWP	% Discount from AWP	UNIT COST (AWP-% OR WAC + %)	EXTENDED TOTAL
						0%		0%		
	TRAZODONE HCL	100 MG	#30	941	$ -	0%	$ -	0%	$ -	$ -
	MIRTAZAPINE	30 MG	#30	710	$ -	0%	$ -	0%	$ -	$ -
	TRAZODONE HCL	50 MG	#30	687	$ -	0%	$ -	0%	$ -	$ -
	CITALOPRAM HBR	40 MG	#30	644	$ -	0%	$ -	0%	$ -	$ -
	NAPROXEN	500 mg	#30	614	$ -	0%	$ -	0%	$ -	$ -
	IBUPROFEN	600 MG	#30	588	$ -	0%	$ -	0%	$ -	$ -
	VENTOLIN / ALBUTEROL	90MCG	#18	558	$ -	0%	$ -	0%	$ -	$ -
	LISINOPRIL	20 MG	#30	425	$ -	0%	$ -	0%	$ -	$ -
	IBUPROFEN	800 MG	#30	422	$ -	0%	$ -	0%	$ -	$ -
	LISINOPRIL	10 MG	#30	417	$ -	0%	$ -	0%	$ -	$ -
	CITALOPRAM HBR	20 MG	#30	401	$ -	0%	$ -	0%	$ -	$ -
	PRAVASTATIN SODIUM	40 MG	#30	392	$ -	0%	$ -	0%	$ -	$ -
	BUSPIRONE HCL	15 MG	#30	363	$ -	0%	$ -	0%	$ -	$ -
	GUANFACINE HCL	1 MG	#30	357	$ -	0%	$ -	0%	$ -	$ -
	DIVALPROEX SODIUM	500 MG	#30	350	$ -	0%	$ -	0%	$ -	$ -
	SIMVASTATIN	20MG	#30	333	$ -	0%	$ -	0%	$ -	$ -
	AMOXICILLIN	500 MG	#30	319	$ -	0%	$ -	0%	$ -	$ -
	PRAVASTATIN SODIUM	20 MG	#30	279	$ -	0%	$ -	0%	$ -	$ -
	AMITRIPTYLINE HCL	100 MG	#30	270	$ -	0%	$ -	0%	$ -	$ -
	RANITIDINE HCL	150 MG	#30	268	$ -	0%	$ -	0%	$ -	$ -

Appendix G
Price Worksheet
Solicitation No. 00412

	HYDROCHLOROTHIAZIDE	25 MG	#30	256	$ -	0%	$ -	0%	$ -	$ -
	SEROQUEL	50MG	#30	243	$ -	0%	$ -	0%	$ -	$ -
	CYCLOBENZAPRINE HCL	10 MG	#30	242	$ -	0%	$ -	0%	$ -	$ -
	PHENYTOIN SODIUM EXTENDED	100 MG	#30	241	$ -	0%	$ -	0%	$ -	$ -
	TRAZODONE HCL	150 MG	#30	235	$ -	0%	$ -	0%	$ -	$ -
	IBUPROFEN	400 MG	#30	234	$ -	0%	$ -	0%	$ -	$ -
	AMITRIPTYLINE HCL	50 mg	#30	233	$ -	0%	$ -	0%	$ -	$ -
	SEROQUEL	300 MG	#30	233	$ -	0%	$ -	0%	$ -	$ -
	ZYPREXA	20MG	#30	233	$ -	0%	$ -	0%	$ -	$ -
	CHLORPROMAZINE HCL	50 MG	#30	228	$ -	0%	$ -	0%	$ -	$ -
	FLUOXETINE HCL	10 mg	#30	219	$ -	0%	$ -	0%	$ -	$ -
	NAPROXEN	500 MG	#30	215	$ -	0%	$ -	0%	$ -	$ -
	SEROQUEL	100 MG	#30	215	$ -	0%	$ -	0%	$ -	$ -
	ATENOLOL	50 MG	#30	212	$ -	0%	$ -	0%	$ -	$ -
	MIRTAZAPINE	15 MG	#30	205	$ -	0%	$ -	0%	$ -	$ -
	CLONIDINE HCL	0.2 MG	#30	202	$ -	0%	$ -	0%	$ -	$ -
	ZYPREXA	10 MG	#30	195	$ -	0%	$ -	0%	$ -	$ -
	AMITRIPTYLINE HCL	25 MG	#30	193	$ -	0%	$ -	0%	$ -	$ -
	HYDROCHLOROTHIAZIDE	25 MG	#30	191	$ -	0%	$ -	0%	$ -	$ -
	DIVALPROEX SODIUM	250 MG	#30	190	$ -	0%	$ -	0%	$ -	$ -
	HYDROXYZINE HCL	50 MG	#30	188	$ -	0%	$ -	0%	$ -	$ -
	LORAZEPAM	1 MG	#30	188	$ -	0%	$ -	0%	$ -	$ -
	CITALOPRAM HBR	10 MG	#30	179	$ -	0%	$ -	0%	$ -	$ -
	HYDROXYZINE PAMOATE	50 MG	#30	178	$ -	0%	$ -	0%	$ -	$ -
	AMPHETAMINE SALT	COMB 30MG	#30	175	$ -	0%	$ -	0%	$ -	$ -
	FLUTICASONE PROP.	50 MCG	#16	175	$ -	0%	$ -	0%	$ -	$ -
	RISPERIDONE	1MG	#30	175	$ -	0%	$ -	0%	$ -	$ -
	ZYPREXA	15 MG	#30	170	$ -	0%	$ -	0%	$ -	$ -
	PAROXETINE HCL	20 MG	#30	169	$ -	0%	$ -	0%	$ -	$ -
	CLONIDINE HCL	0.1 mg	#30	168	$ -	0%	$ -	0%	$ -	$ -
	TRAZODONE HCL	150 mg	#30	167	$ -	0%	$ -	0%	$ -	$ -
	LISINOPRIL	40 MG	#30	165	$ -	0%	$ -	0%	$ -	$ -
	RANITIDINE HCL	150 MG	#30	160	$ -	0%	$ -	0%	$ -	$ -

Appendix G
Price Worksheet
Solicitation No. 00412

	SEROQUEL	50 MG	#30	156	$ -	0%	$ -	0%	$ -	$ -
	LISINOPRIL	5MG	#30	154	$ -	0%	$ -	0%	$ -	$ -
	CITALOPRAM HBR	20 MG	#30	147	$ -	0%	$ -	0%	$ -	$ -
	LANTUS	100 UNIT/ML	10 ml vial	147	$ -	0%	$ -	0%	$ -	$ -
	BUSPIRONE	30 MG	#30	146	$ -	0%	$ -	0%	$ -	$ -
	CHLORPROMAZINE HCL	100 MG	#30	146	$ -	0%	$ -	0%	$ -	$ -
	RISPERIDONE	2 MG	#30	146	$ -	0%	$ -	0%	$ -	$ -
	IBUPROFEN	800 MG	#30	145	$ -	0%	$ -	0%	$ -	$ -
	LAMOTRIGINE	200 MG	#30	144	$ -	0%	$ -	0%	$ -	$ -
	SEROQUEL	200MG	#30	144	$ -	0%	$ -	0%	$ -	$ -
	ABILIFY	10 MG	#30	143	$ -	0%	$ -	0%	$ -	$ -
	CLONIDINE HCL	0.1 mg	#30	142	$ -	0%	$ -	0%	$ -	$ -
	ATENOLOL	25 MG	#30	139	$ -	0%	$ -	0%	$ -	$ -
	HYDROCHLOROTHIAZIDE	25 MG	#30	137	$ -	0%	$ -	0%	$ -	$ -
	MIRTAZAPINE	15 MG	#30	137	$ -	0%	$ -	0%	$ -	$ -
	RISPERIDONE	0.5 MG	#30	132	$ -	0%	$ -	0%	$ -	$ -
	CYCLOBENZAPRINE HCL	10 MG	#30	131	$ -	0%	$ -	0%	$ -	$ -
	SIMVASTATIN	20 MG	#30	130	$ -	0%	$ -	0%	$ -	$ -
	PROPRANOLOL HCL	20 MG	#30	129	$ -	0%	$ -	0%	$ -	$ -
	ENALAPRIL MALEATE	10 MG	#30	128	$ -	0%	$ -	0%	$ -	$ -
	ISONIAZID	300 MG	#30	128	$ -	0%	$ -	0%	$ -	$ -
	METFORMIN HCL	500 MG	#30	125	$ -	0%	$ -	0%	$ -	$ -
	PAROXETINE HCL	20 MG	#30	125	$ -	0%	$ -	0%	$ -	$ -
	AMLODIPINE BESYLATE	5 MG	#30	124	$ -	0%	$ -	0%	$ -	$ -
	ABILIFY	5 MG	#30	123	$ -	0%	$ -	0%	$ -	$ -
	CITALOPRAM HBR	20 MG	#30	123	$ -	0%	$ -	0%	$ -	$ -
	AMPHETAMINE SALT COMBO	20 MG	#30	121	$ -	0%	$ -	0%	$ -	$ -
	CITALOPRAM HBR	20 MG	#30	121	$ -	0%	$ -	0%	$ -	$ -
	METFORMIN	500 MG	#30	121	$ -	0%	$ -	0%	$ -	$ -
	METHYLPHENIDATE HCL	36 MG	#30	121	$ -	0%	$ -	0%	$ -	$ -
	DIVALPROEX SODIUM	500 MG	#30	120	$ -	0%	$ -	0%	$ -	$ -
	DIAZEPAM	5 mg	#30	119	$ -	0%	$ -	0%	$ -	$ -
	LAMOTRIGINE	100 MG	#30	119	$ -	0%	$ -	0%	$ -	$ -
	PROMETHAZINE HCL	25 MG	#30	117	$ -	0%	$ -	0%	$ -	$ -
	CLONAZEPAM	1 MG	#30	116	$ -	0%	$ -	0%	$ -	$ -
	BUPROPION HCL SR	150 MG	#30	114	$ -	0%	$ -	0%	$ -	$ -
	DOXYCYCLINE HYCLATE	100 MG	#30	112	$ -	0%	$ -	0%	$ -	$ -
	AMLODIPINE BESYLATE	10 MG	#30	111	$ -	0%	$ -	0%	$ -	$ -
	ALENDRONATE SODIUM	70 MG	#30	110	$ -	0%	$ -	0%	$ -	$ -
	RISPERIDONE	2 MG	#30	108	$ -	0%	$ -	0%	$ -	$ -
	BENZTROPINE MESYLATE	1 MG	#30	106	$ -	0%	$ -	0%	$ -	$ -
	HYDROCO/APAP	5-500 MG	#30	106	$ -	0%	$ -	0%	$ -	$ -
	RISPERIDONE	0.5 MG	#30	104	$ -	0%	$ -	0%	$ -	$ -
	SEROQUEL	400 MG	#30	104	$ -	0%	$ -	0%	$ -	$ -
	METOPROLOL TARTRATE	50 MG	#30	103	$ -	0%	$ -	0%	$ -	$ -

Appendix G
Price Worksheet
Solicitation No. 00412

	CLONIDINE HCL	0.3 mg	#30	99	$ -	0%	$ -	0%	$ -	$ -
	BUPROPION HCL	75 MG	#30	98	$ -	0%	$ -	0%	$ -	$ -
	NAPROXEN	375 MG	#30	98	$ -	0%	$ -	0%	$ -	$ -
	BUSPIRONE HCL	10 MG	#30	97	$ -	0%	$ -	0%	$ -	$ -
	MIRTAZAPINE	15 MG	#30	97	$ -	0%	$ -	0%	$ -	$ -
	LOPERAMIDE	2 MG	#30	96	$ -	0%	$ -	0%	$ -	$ -
	MINOCYCLINE HCL	50 MG	#30	96	$ -	0%	$ -	0%	$ -	$ -
	FUROSEMIDE	20 MG	#30	95	$ -	0%	$ -	0%	$ -	$ -
	HYDROXYZINE HCL	50 MG	#30	94	$ -	0%	$ -	0%	$ -	$ -
	PREDNISONE	10 MG	#30	93	$ -	0%	$ -	0%	$ -	$ -
	CLONAZEPAM	1 MG	#30	91	$ -	0%	$ -	0%	$ -	$ -
	AMITRIPTYLINE HCL	50 MG	#30	90	$ -	0%	$ -	0%	$ -	$ -
	MELOXICAM	7.5 MG	#30	90	$ -	0%	$ -	0%	$ -	$ -
	FAMOTIDINE	20 MG	#30	88	$ -	0%	$ -	0%	$ -	$ -
	HYDROCHLOROTHIAZIDE	25 MG	#30	88	$ -	0%	$ -	0%	$ -	$ -
	TAMSULOSIN	0.4MG	#30	88	$ -	0%	$ -	0%	$ -	$ -
	ABILIFY	15 MG	#30	87	$ -	0%	$ -	0%	$ -	$ -
	MIRTAZAPINE	30 MG	#30	87	$ -	0%	$ -	0%	$ -	$ -
	CHLORDIAZEPOXIDE	25MG	#30	85	$ -	0%	$ -	0%	$ -	$ -
	LAMOTRIGINE	100 MG	#30	85	$ -	0%	$ -	0%	$ -	$ -
	ATENOLOL	100 MG	#30	84	$ -	0%	$ -	0%	$ -	$ -
	METOPROLOL TARTRATE	25 MG	#30	84	$ -	0%	$ -	0%	$ -	$ -
	RANITIDINE HCL	300 MG	#30	84	$ -	0%	$ -	0%	$ -	$ -
	DOXYCYCLINE HYCLATE	100 MG	#30	82	$ -	0%	$ -	0%	$ -	$ -
	STRATTERA	60 MG	#30	82	$ -	0%	$ -	0%	$ -	$ -
	CLONAZEPAM	2 MG	#30	81	$ -	0%	$ -	0%	$ -	$ -
	VENLAFAXINE HCL	75 MG	#30	81	$ -	0%	$ -	0%	$ -	$ -
	BUPROPION XL	150 MG	#30	80	$ -	0%	$ -	0%	$ -	$ -
	ENALAPRIL MALEATE	5 MG	#30	80	$ -	0%	$ -	0%	$ -	$ -
	PAROXETINE HCL	40 MG	#30	80	$ -	0%	$ -	0%	$ -	$ -
	BUPROPION XL	300 MG	#30	79	$ -	0%	$ -	0%	$ -	$ -
	HYDROCODONE-ACETAMINOPHEN	10-325 MG	#30	79	$ -	0%	$ -	0%	$ -	$ -
	METFORMIN HCL	1 MG	#30	79	$ -	0%	$ -	0%	$ -	$ -
	VENLAFAXINE HCL	75 MG	#30	79	$ -	0%	$ -	0%	$ -	$ -
	ACETAMINOPHEN-CODEINE	300-30 MG	#30	78	$ -	0%	$ -	0%	$ -	$ -
	ALPRAZOLAM	1 MG	#30	78	$ -	0%	$ -	0%	$ -	$ -
	FLUCONAZOLE	150 MG	#30	78	$ -	0%	$ -	0%	$ -	$ -
	AMOX TR-POTASSIUM CLAVULANATE	875-125 MG	#30	77	$ -	0%	$ -	0%	$ -	$ -
	AZITHROMYCIN	250 MG	#30	77	$ -	0%	$ -	0%	$ -	$ -
	ADDERALL XR	20 MG	#30	76	$ -	0%	$ -	0%	$ -	$ -
	CYMBALTA	60 MG	#30	76	$ -	0%	$ -	0%	$ -	$ -
	IBUPROFEN	600 MG	#30	76	$ -	0%	$ -	0%	$ -	$ -
	AMPHETAMINE SALT COMBO ER	20MG	#30	75	$ -	0%	$ -	0%	$ -	$ -
	CLINDAMYCIN PHOSPHATE	1%	60 ml	75	$ -	0%	$ -	0%	$ -	$ -
	CLONAZEPAM	0.5 MG	#30	75	$ -	0%	$ -	0%	$ -	$ -

Appendix G
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	CARISOPRODOL	350 MG	#30	74	$ -	0%	$ -	0%	$ -	$ -
	HYDROCODONE-ACETAMINOPHEN	5-500 MG	#30	74	$ -	0%	$ -	0%	$ -	$ -
	AMLODIPINE BESYLATE	5 MG	#30	72	$ -	0%	$ -	0%	$ -	$ -
	FOLIC ACID	1 mg	#30	72	$ -	0%	$ -	0%	$ -	$ -
	WARFARIN SODIUM	5 mg	#30	72	$ -	0%	$ -	0%	$ -	$ -
	CONCERTA	36 MG	#30	71	$ -	0%	$ -	0%	$ -	$ -
	ATENOLOL	50 MG	#30	70	$ -	0%	$ -	0%	$ -	$ -
	KLOR-CON M10	10MEQ	#30	70	$ -	0%	$ -	0%	$ -	$ -
	MIRTAZAPINE	30 MG	#30	70	$ -	0%	$ -	0%	$ -	$ -
	GLYBURIDE	5 MG	#30	69	$ -	0%	$ -	0%	$ -	$ -
	PLAVIX	75 MG	#30	69	$ -	0%	$ -	0%	$ -	$ -
	CHANTIX	1 mg	#30	68	$ -	0%	$ -	0%	$ -	$ -
	CLINDAMYCIN PHOSPHATE	1%	#30	68	$ -	0%	$ -	0%	$ -	$ -
	HYDROXYZINE HCL	50	#30	68	$ -	0%	$ -	0%	$ -	$ -
	STRATTERA	40 mg	#30	68	$ -	0%	$ -	0%	$ -	$ -
	GEODON	80 mg	#30	65	$ -	0%	$ -	0%	$ -	$ -
	LAMOTRIGINE	150MG	#30	64	$ -	0%	$ -	0%	$ -	$ -
	METHYLPHENIDATE HCL	54 MG	#30	64	$ -	0%	$ -	0%	$ -	$ -
	METOPROLOL SUCCINATE	50 MG	#30	64	$ -	0%	$ -	0%	$ -	$ -
	SIMVASTATIN	40 MG	#30	64	$ -	0%	$ -	0%	$ -	$ -
	AMITRIPTYLINE HCL	10 MG	#30	63	$ -	0%	$ -	0%	$ -	$ -
	BUSPIRONE HCL	30 MG	#30	63	$ -	0%	$ -	0%	$ -	$ -
	LORAZEPAM	2 MG	#30	63	$ -	0%	$ -	0%	$ -	$ -
	NEOMYCIN-POLYMYX-HC Susp	OTIC	10 ml	63	$ -	0%	$ -	0%	$ -	$ -
	AMITRIPTYLINE HCL	75 MG	#30	61	$ -	0%	$ -	0%	$ -	$ -
	CHLORPROMAZINE HCL	50 MG	#30	61	$ -	0%	$ -	0%	$ -	$ -
	PRAVASTATIN SODIUM	80 MG	#30	60	$ -	0%	$ -	0%	$ -	$ -
	AMLODIPINE BESYLATE	10 MG	#30	59	$ -	0%	$ -	0%	$ -	$ -
	DIVALPROEX SODIUM DR	250 MG	#30	59	$ -	0%	$ -	0%	$ -	$ -
	LISINOPRIL	20 MG	#30	59	$ -	0%	$ -	0%	$ -	$ -
	PERMETHRIN	5%	#30	59	$ -	0%	$ -	0%	$ -	$ -
	AMOX/CLAV ACID 875/125MG	875-125 MG	#30	58	$ -	0%	$ -	0%	$ -	$ -
	APLISOL (TB-TEST)	5 UNIT/0.1 ML	#30	58	$ -	0%	$ -	0%	$ -	$ -
	RANITIDINE HCL	300 mg	#30	58	$ -	0%	$ -	0%	$ -	$ -
	SEROQUEL	25 MG	#30	58	$ -	0%	$ -	0%	$ -	$ -
	VENLAFAXINE HCL ER	150 MG	#30	58	$ -	0%	$ -	0%	$ -	$ -
	HUMULIN R	100 UNIT/ML	#30	57	$ -	0%	$ -	0%	$ -	$ -
	METFORMIN HCL	1 MG	#30	57	$ -	0%	$ -	0%	$ -	$ -
	BUPROPION HCL	100 MG	#30	56	$ -	0%	$ -	0%	$ -	$ -
	SIMVASTATIN	40 MG	#30	56	$ -	0%	$ -	0%	$ -	$ -
	SERTRALINE HCL	25 MG	#30	55	$ -	0%	$ -	0%	$ -	$ -
	DOXEPIN HCL	75 mg	#30	54	$ -	0%	$ -	0%	$ -	$ -
	HYDROCODONE-ACETAMINOPHEN	7.5-325 MG	#30	54	$ -	0%	$ -	0%	$ -	$ -
	LEVOTHYROXINE SODIUM	25 MCG	#30	53	$ -	0%	$ -	0%	$ -	$ -
	METFORMIN HCL	1 MG	#30	53	$ -	0%	$ -	0%	$ -	$ -

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	METOPROLOL TARTRATE	25 MG	#30	53	$ -	0%	$ -	0%	$ -	$ -
	METRONIDAZOLE	500 mg	#30	53	$ -	0%	$ -	0%	$ -	$ -
	HYDROCODONE-ACETAMINOPHEN	10-325 MG	#30	52	$ -	0%	$ -	0%	$ -	$ -
	LISINOPRIL	10MG	#30	52	$ -	0%	$ -	0%	$ -	$ -
	MELOXICAM	15 MG	#30	52	$ -	0%	$ -	0%	$ -	$ -
	TRIAMCINOLONE ACETONIDE	0.10%	#30	52	$ -	0%	$ -	0%	$ -	$ -
	TRIAMCINOLONE ACETONIDE	0.10%	#30	52	$ -	0%	$ -	0%	$ -	$ -
	ALENDRONATE SODIUM	70 MG	#4	51	$ -	0%	$ -	0%	$ -	$ -
	FLOVENT HFA	44 mcg/Actuat	#30	51	$ -	0%	$ -	0%	$ -	$ -
	LEVOTHYROXINE SODIUM	50 MCG	#30	51	$ -	0%	$ -	0%	$ -	$ -
	STRATTERA	80 MG	#30	51	$ -	0%	$ -	0%	$ -	$ -
			Estimated Usage	28952					Grand Total	$ -

STATE OF WASHINGTON

DEPARTMENT OF ENTERPRISE SERVICES

1500 Jefferson Street SE, Olympia, WA 98501

IFB Solicitation Amendment No. Three

IFB Reference No.: 00412
Title: Pharmaceutical Packaging and Delivery Services
Amendment Number: 3
Date issued: May 21, 2012

The above referenced solicitation is amended as follows:

Purpose: The purpose of this Amendment No. 3 is to provide a revised Appendix G "Medication Price Worksheet" due to a formula error in the original worksheet submitted as part of Amendment No. 2.

As a result, the embedded spreadsheet below replaces the original Appendix G in its entirety.

04411A3G.xls

Amendment, including revised Appendix G "Medication Price Worksheet" must be submitted with Bid response. All other Terms, Conditions, and Specifications remain unchanged.

Bid opening date and time remains as follows:

May 29, 2012 - 2:00 p.m. Pacific Standard Time

CS 5-21-12

Signed Connie Stacy, Procurement Coordinator

Date Signed

Appendix G
Medication Cost Worksheet
Solicitation No. 00412

APPENDIX G - REVISED MEDICATION COST WORKSHEET Instructions

1) Bidder is to provide NDC number for each drug listed below. Bidder's must provide pricing for all drugs listed in Column B.

2) For all branded (single source) drugs where no generic alternative exists, Bidder is to submit WAC pricing in Column F. WAC pricing should be based on published prices in place from 5/21/12 through 5/25/12. Pricing should be rounded to two places to the right of the decimal point.

3) For all generic (multisource) drugs, Bidder is to submit pricing AWP pricing in Column G. AWP pricing should be based on published prices in place from 5/21/2012 through 5/25/12. Pricing should be rounded to two places to the right of the decimal point.

4) Bidder is to provide a percentage markup for all branded drugs in the yellow box located in the first row of Column G and a percentage discount for all generic drugs in the yellow box located in the first row of Column I. The spreadsheet will auto populate the remaining fields in each column.

5) The spreadsheet will calculate the Extended Totals for each line item by multiplying column J (Unit Cost) by Column E (Estimated Annual Usage).

5) A grand total will be calculated by adding all of the extended totals in Column K to arrive at a Grand Total. The Grand Total will also be entered on Appendix D "Price Sheet" under Section 8 "Total Bid Prices".

Do not submit both WAC and AWP pricing for a single line item. Please read instructions carefully to ensure that you are submitting the appropriate pricing for branded and generic drugs. Failure to follow the directions above may be cause for bid rejection.

NDC Number	DRUG NAME (Top 200 by volume)	STRENGTH	UNIT	ESTIMATED ANNUAL USAGE IN UNITS	WAC	% Markup on WAC	AWP	% Discount from AWP	UNIT COST (AWP-% OR WAC + %)	EXTENDED TOTAL
						0%		0%		
	TRAZODONE HCL	100 MG	#30	941	$ -	0%	$ -	0%	$ -	$ -
	MIRTAZAPINE	30 MG	#30	710	$ -	0%	$ -	0%	$ -	$ -
	TRAZODONE HCL	50 MG	#30	687	$ -	0%	$ -	0%	$ -	$ -
	CITALOPRAM HBR	40 MG	#30	644	$ -	0%	$ -	0%	$ -	$ -
	NAPROXEN	500 mg	#30	614	$ -	0%	$ -	0%	$ -	$ -
	IBUPROFEN	600 MG	#30	588	$ -	0%	$ -	0%	$ -	$ -
	VENTOLIN / ALBUTEROL	90MCG	#18	558	$ -	0%	$ -	0%	$ -	$ -
	LISINOPRIL	20 MG	#30	425	$ -	0%	$ -	0%	$ -	$ -
	IBUPROFEN	800 MG	#30	422	$ -	0%	$ -	0%	$ -	$ -
	LISINOPRIL	10 MG	#30	417	$ -	0%	$ -	0%	$ -	$ -
	CITALOPRAM HBR	20 MG	#30	401	$ -	0%	$ -	0%	$ -	$ -
	PRAVASTATIN SODIUM	40 MG	#30	392	$ -	0%	$ -	0%	$ -	$ -
	BUSPIRONE HCL	15 MG	#30	363	$ -	0%	$ -	0%	$ -	$ -
	GUANFACINE HCL	1 MG	#30	357	$ -	0%	$ -	0%	$ -	$ -
	DIVALPROEX SODIUM	500 MG	#30	350	$ -	0%	$ -	0%	$ -	$ -
	SIMVASTATIN	20MG	#30	333	$ -	0%	$ -	0%	$ -	$ -
	AMOXICILLIN	500 MG	#30	319	$ -	0%	$ -	0%	$ -	$ -
	PRAVASTATIN SODIUM	20 MG	#30	279	$ -	0%	$ -	0%	$ -	$ -
	AMITRIPTYLINE HCL	100 MG	#30	270	$ -	0%	$ -	0%	$ -	$ -
	RANITIDINE HCL	150 MG	#30	268	$ -	0%	$ -	0%	$ -	$ -

Appendix G
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	HYDROCHLOROTHIAZIDE	25 MG	#30	256	$ -	0%	$ -	0%	$ -	$ -
	SEROQUEL	50MG	#30	243	$ -	0%	$ -	0%	$ -	$ -
	CYCLOBENZAPRINE HCL	10 MG	#30	242	$ -	0%	$ -	0%	$ -	$ -
	PHENYTOIN SODIUM EXTENDED	100 MG	#30	241	$ -	0%	$ -	0%	$ -	$ -
	TRAZODONE HCL	150 MG	#30	235	$ -	0%	$ -	0%	$ -	$ -
	IBUPROFEN	400 MG	#30	234	$ -	0%	$ -	0%	$ -	$ -
	AMITRIPTYLINE HCL	50 mg	#30	233	$ -	0%	$ -	0%	$ -	$ -
	SEROQUEL	300 MG	#30	233	$ -	0%	$ -	0%	$ -	$ -
	ZYPREXA	20MG	#30	233	$ -	0%	$ -	0%	$ -	$ -
	CHLORPROMAZINE HCL	50 MG	#30	228	$ -	0%	$ -	0%	$ -	$ -
	FLUOXETINE HCL	10 mg	#30	219	$ -	0%	$ -	0%	$ -	$ -
	NAPROXEN	500 MG	#30	215	$ -	0%	$ -	0%	$ -	$ -
	SEROQUEL	100 MG	#30	215	$ -	0%	$ -	0%	$ -	$ -
	ATENOLOL	50 MG	#30	212	$ -	0%	$ -	0%	$ -	$ -
	MIRTAZAPINE	15 MG	#30	205	$ -	0%	$ -	0%	$ -	$ -
	CLONIDINE HCL	0.2 MG	#30	202	$ -	0%	$ -	0%	$ -	$ -
	ZYPREXA	10 MG	#30	195	$ -	0%	$ -	0%	$ -	$ -
	AMITRIPTYLINE HCL	25 MG	#30	193	$ -	0%	$ -	0%	$ -	$ -
	HYDROCHLOROTHIAZIDE	25 MG	#30	191	$ -	0%	$ -	0%	$ -	$ -
	DIVALPROEX SODIUM	250 MG	#30	190	$ -	0%	$ -	0%	$ -	$ -
	HYDROXYZINE HCL	50 MG	#30	188	$ -	0%	$ -	0%	$ -	$ -
	LORAZEPAM	1 MG	#30	188	$ -	0%	$ -	0%	$ -	$ -
	CITALOPRAM HBR	10 MG	#30	179	$ -	0%	$ -	0%	$ -	$ -
	HYDROXYZINE PAMOATE	50 MG	#30	178	$ -	0%	$ -	0%	$ -	$ -
	AMPHETAMINE SALT	COMB 30MG	#30	175	$ -	0%	$ -	0%	$ -	$ -
	FLUTICASONE PROP.	50 MCG	#16	175	$ -	0%	$ -	0%	$ -	$ -
	RISPERIDONE	1MG	#30	175	$ -	0%	$ -	0%	$ -	$ -
	ZYPREXA	15 MG	#30	170	$ -	0%	$ -	0%	$ -	$ -
	PAROXETINE HCL	20 MG	#30	169	$ -	0%	$ -	0%	$ -	$ -
	CLONIDINE HCL	0.1 mg	#30	168	$ -	0%	$ -	0%	$ -	$ -
	TRAZODONE HCL	150 mg	#30	167	$ -	0%	$ -	0%	$ -	$ -
	LISINOPRIL	40 MG	#30	165	$ -	0%	$ -	0%	$ -	$ -
	RANITIDINE HCL	150 MG	#30	160	$ -	0%	$ -	0%	$ -	$ -

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	SEROQUEL	50 MG	#30	156	$ -	0%	$ -	0%	$ -	$ -
	LISINOPRIL	5MG	#30	154	$ -	0%	$ -	0%	$ -	$ -
	CITALOPRAM HBR	20 MG	#30	147	$ -	0%	$ -	0%	$ -	$ -
	LANTUS	100 UNIT/ML	10 ml vial	147	$ -	0%	$ -	0%	$ -	$ -
	BUSPIRONE	30 MG	#30	146	$ -	0%	$ -	0%	$ -	$ -
	CHLORPROMAZINE HCL	100 MG	#30	146	$ -	0%	$ -	0%	$ -	$ -
	RISPERIDONE	2 MG	#30	146	$ -	0%	$ -	0%	$ -	$ -
	IBUPROFEN	800 MG	#30	145	$ -	0%	$ -	0%	$ -	$ -
	LAMOTRIGINE	200 MG	#30	144	$ -	0%	$ -	0%	$ -	$ -
	SEROQUEL	200MG	#30	144	$ -	0%	$ -	0%	$ -	$ -
	ABILIFY	10 MG	#30	143	$ -	0%	$ -	0%	$ -	$ -
	CLONIDINE HCL	0.1 mg	#30	142	$ -	0%	$ -	0%	$ -	$ -
	ATENOLOL	25 MG	#30	139	$ -	0%	$ -	0%	$ -	$ -
	HYDROCHLOROTHIAZIDE	25 MG	#30	137	$ -	0%	$ -	0%	$ -	$ -
	MIRTAZAPINE	15 MG	#30	137	$ -	0%	$ -	0%	$ -	$ -
	RISPERIDONE	0.5 MG	#30	132	$ -	0%	$ -	0%	$ -	$ -
	CYCLOBENZAPRINE HCL	10 MG	#30	131	$ -	0%	$ -	0%	$ -	$ -
	SIMVASTATIN	20 MG	#30	130	$ -	0%	$ -	0%	$ -	$ -
	PROPRANOLOL HCL	20 MG	#30	129	$ -	0%	$ -	0%	$ -	$ -
	ENALAPRIL MALEATE	10 MG	#30	128	$ -	0%	$ -	0%	$ -	$ -
	ISONIAZID	300 MG	#30	128	$ -	0%	$ -	0%	$ -	$ -
	METFORMIN HCL	500 MG	#30	125	$ -	0%	$ -	0%	$ -	$ -
	PAROXETINE HCL	20 MG	#30	125	$ -	0%	$ -	0%	$ -	$ -
	AMLODIPINE BESYLATE	5 MG	#30	124	$ -	0%	$ -	0%	$ -	$ -
	ABILIFY	5 MG	#30	123	$ -	0%	$ -	0%	$ -	$ -
	CITALOPRAM HBR	20 MG	#30	123	$ -	0%	$ -	0%	$ -	$ -
	AMPHETAMINE SALT COMBO	20 MG	#30	121	$ -	0%	$ -	0%	$ -	$ -
	CITALOPRAM HBR	20 MG	#30	121	$ -	0%	$ -	0%	$ -	$ -
	METFORMIN	500 MG	#30	121	$ -	0%	$ -	0%	$ -	$ -
	METHYLPHENIDATE HCL	36 MG	#30	121	$ -	0%	$ -	0%	$ -	$ -
	DIVALPROEX SODIUM	500 MG	#30	120	$ -	0%	$ -	0%	$ -	$ -
	DIAZEPAM	5 mg	#30	119	$ -	0%	$ -	0%	$ -	$ -
	LAMOTRIGINE	100 MG	#30	119	$ -	0%	$ -	0%	$ -	$ -
	PROMETHAZINE HCL	25 MG	#30	117	$ -	0%	$ -	0%	$ -	$ -
	CLONAZEPAM	1 MG	#30	116	$ -	0%	$ -	0%	$ -	$ -
	BUPROPION HCL SR	150 MG	#30	114	$ -	0%	$ -	0%	$ -	$ -
	DOXYCYCLINE HYCLATE	100 MG	#30	112	$ -	0%	$ -	0%	$ -	$ -
	AMLODIPINE BESYLATE	10 MG	#30	111	$ -	0%	$ -	0%	$ -	$ -
	ALENDRONATE SODIUM	70 MG	#30	110	$ -	0%	$ -	0%	$ -	$ -
	RISPERIDONE	2 MG	#30	108	$ -	0%	$ -	0%	$ -	$ -
	BENZTROPINE MESYLATE	1 MG	#30	106	$ -	0%	$ -	0%	$ -	$ -
	HYDROCO/APAP	5-500 MG	#30	106	$ -	0%	$ -	0%	$ -	$ -
	RISPERIDONE	0.5 MG	#30	104	$ -	0%	$ -	0%	$ -	$ -
	SEROQUEL	400 MG	#30	104	$ -	0%	$ -	0%	$ -	$ -
	METOPROLOL TARTRATE	50 MG	#30	103	$ -	0%	$ -	0%	$ -	$ -

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	CLONIDINE HCL	0.3 mg	#30	99	$ -	0%	$ -	0%	$ -	$ -
	BUPROPION HCL	75 MG	#30	98	$ -	0%	$ -	0%	$ -	$ -
	NAPROXEN	375 MG	#30	98	$ -	0%	$ -	0%	$ -	$ -
	BUSPIRONE HCL	10 MG	#30	97	$ -	0%	$ -	0%	$ -	$ -
	MIRTAZAPINE	15 MG	#30	97	$ -	0%	$ -	0%	$ -	$ -
	LOPERAMIDE	2 MG	#30	96	$ -	0%	$ -	0%	$ -	$ -
	MINOCYCLINE HCL	50 MG	#30	96	$ -	0%	$ -	0%	$ -	$ -
	FUROSEMIDE	20 MG	#30	95	$ -	0%	$ -	0%	$ -	$ -
	HYDROXYZINE HCL	50 MG	#30	94	$ -	0%	$ -	0%	$ -	$ -
	PREDNISONE	10 MG	#30	93	$ -	0%	$ -	0%	$ -	$ -
	CLONAZEPAM	1 MG	#30	91	$ -	0%	$ -	0%	$ -	$ -
	AMITRIPTYLINE HCL	50 MG	#30	90	$ -	0%	$ -	0%	$ -	$ -
	MELOXICAM	7.5 MG	#30	90	$ -	0%	$ -	0%	$ -	$ -
	FAMOTIDINE	20 MG	#30	88	$ -	0%	$ -	0%	$ -	$ -
	HYDROCHLOROTHIAZIDE	25 MG	#30	88	$ -	0%	$ -	0%	$ -	$ -
	TAMSULOSIN	0.4MG	#30	88	$ -	0%	$ -	0%	$ -	$ -
	ABILIFY	15 MG	#30	87	$ -	0%	$ -	0%	$ -	$ -
	MIRTAZAPINE	30 MG	#30	87	$ -	0%	$ -	0%	$ -	$ -
	CHLORDIAZEPOXIDE	25MG	#30	85	$ -	0%	$ -	0%	$ -	$ -
	LAMOTRIGINE	100 MG	#30	85	$ -	0%	$ -	0%	$ -	$ -
	ATENOLOL	100 MG	#30	84	$ -	0%	$ -	0%	$ -	$ -
	METOPROLOL TARTRATE	25 MG	#30	84	$ -	0%	$ -	0%	$ -	$ -
	RANITIDINE HCL	300 MG	#30	84	$ -	0%	$ -	0%	$ -	$ -
	DOXYCYCLINE HYCLATE	100 MG	#30	82	$ -	0%	$ -	0%	$ -	$ -
	STRATTERA	60 MG	#30	82	$ -	0%	$ -	0%	$ -	$ -
	CLONAZEPAM	2 MG	#30	81	$ -	0%	$ -	0%	$ -	$ -
	VENLAFAXINE HCL	75 MG	#30	81	$ -	0%	$ -	0%	$ -	$ -
	BUPROPION XL	150 MG	#30	80	$ -	0%	$ -	0%	$ -	$ -
	ENALAPRIL MALEATE	5 MG	#30	80	$ -	0%	$ -	0%	$ -	$ -
	PAROXETINE HCL	40 MG	#30	80	$ -	0%	$ -	0%	$ -	$ -
	BUPROPION XL	300 MG	#30	79	$ -	0%	$ -	0%	$ -	$ -
	HYDROCODONE-ACETAMINOPHEN	10-325 MG	#30	79	$ -	0%	$ -	0%	$ -	$ -
	METFORMIN HCL	1 MG	#30	79	$ -	0%	$ -	0%	$ -	$ -
	VENLAFAXINE HCL	75 MG	#30	79	$ -	0%	$ -	0%	$ -	$ -
	ACETAMINOPHEN-CODEINE	300-30 MG	#30	78	$ -	0%	$ -	0%	$ -	$ -
	ALPRAZOLAM	1 MG	#30	78	$ -	0%	$ -	0%	$ -	$ -
	FLUCONAZOLE	150 MG	#30	78	$ -	0%	$ -	0%	$ -	$ -
	AMOX TR-POTASSIUM CLAVULANATE	875-125 MG	#30	77	$ -	0%	$ -	0%	$ -	$ -
	AZITHROMYCIN	250 MG	#30	77	$ -	0%	$ -	0%	$ -	$ -
	ADDERALL XR	20 MG	#30	76	$ -	0%	$ -	0%	$ -	$ -
	CYMBALTA	60 MG	#30	76	$ -	0%	$ -	0%	$ -	$ -
	IBUPROFEN	600 MG	#30	76	$ -	0%	$ -	0%	$ -	$ -
	AMPHETAMINE SALT COMBO ER	20MG	#30	75	$ -	0%	$ -	0%	$ -	$ -
	CLINDAMYCIN PHOSPHATE	1%	60 ml	75	$ -	0%	$ -	0%	$ -	$ -
	CLONAZEPAM	0.5 MG	#30	75	$ -	0%	$ -	0%	$ -	$ -

Appendix G
Medication Cost Worksheet
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	CARISOPRODOL	350 MG	#30	74	$ -	0%	$ -	0%	$ -	$ -
	HYDROCODONE-ACETAMINOPHEN	5-500 MG	#30	74	$ -	0%	$ -	0%	$ -	$ -
	AMLODIPINE BESYLATE	5 MG	#30	72	$ -	0%	$ -	0%	$ -	$ -
	FOLIC ACID	1 mg	#30	72	$ -	0%	$ -	0%	$ -	$ -
	WARFARIN SODIUM	5 mg	#30	72	$ -	0%	$ -	0%	$ -	$ -
	CONCERTA	36 MG	#30	71	$ -	0%	$ -	0%	$ -	$ -
	ATENOLOL	50 MG	#30	70	$ -	0%	$ -	0%	$ -	$ -
	KLOR-CON M10	10MEQ	#30	70	$ -	0%	$ -	0%	$ -	$ -
	MIRTAZAPINE	30 MG	#30	70	$ -	0%	$ -	0%	$ -	$ -
	GLYBURIDE	5 MG	#30	69	$ -	0%	$ -	0%	$ -	$ -
	PLAVIX	75 MG	#30	69	$ -	0%	$ -	0%	$ -	$ -
	CHANTIX	1 mg	#30	68	$ -	0%	$ -	0%	$ -	$ -
	CLINDAMYCIN PHOSPHATE	1%	#30	68	$ -	0%	$ -	0%	$ -	$ -
	HYDROXYZINE HCL	50	#30	68	$ -	0%	$ -	0%	$ -	$ -
	STRATTERA	40 mg	#30	68	$ -	0%	$ -	0%	$ -	$ -
	GEODON	80 mg	#30	65	$ -	0%	$ -	0%	$ -	$ -
	LAMOTRIGINE	150MG	#30	64	$ -	0%	$ -	0%	$ -	$ -
	METHYLPHENIDATE HCL	54 MG	#30	64	$ -	0%	$ -	0%	$ -	$ -
	METOPROLOL SUCCINATE	50 MG	#30	64	$ -	0%	$ -	0%	$ -	$ -
	SIMVASTATIN	40 MG	#30	64	$ -	0%	$ -	0%	$ -	$ -
	AMITRIPTYLINE HCL	10 MG	#30	63	$ -	0%	$ -	0%	$ -	$ -
	BUSPIRONE HCL	30 MG	#30	63	$ -	0%	$ -	0%	$ -	$ -
	LORAZEPAM	2 MG	#30	63	$ -	0%	$ -	0%	$ -	$ -
	NEOMYCIN-POLYMYX-HC Susp	OTIC	10 ml	63	$ -	0%	$ -	0%	$ -	$ -
	AMITRIPTYLINE HCL	75 MG	#30	61	$ -	0%	$ -	0%	$ -	$ -
	CHLORPROMAZINE HCL	50 MG	#30	61	$ -	0%	$ -	0%	$ -	$ -
	PRAVASTATIN SODIUM	80 MG	#30	60	$ -	0%	$ -	0%	$ -	$ -
	AMLODIPINE BESYLATE	10 MG	#30	59	$ -	0%	$ -	0%	$ -	$ -
	DIVALPROEX SODIUM DR	250 MG	#30	59	$ -	0%	$ -	0%	$ -	$ -
	LISINOPRIL	20 MG	#30	59	$ -	0%	$ -	0%	$ -	$ -
	PERMETHRIN	5%	#30	59	$ -	0%	$ -	0%	$ -	$ -
	AMOX/CLAV ACID 875/125MG	875-125 MG	#30	58	$ -	0%	$ -	0%	$ -	$ -
	APLISOL (TB-TEST)	5 UNIT/0.1 ML	#30	58	$ -	0%	$ -	0%	$ -	$ -
	RANITIDINE HCL	300 mg	#30	58	$ -	0%	$ -	0%	$ -	$ -
	SEROQUEL	25 MG	#30	58	$ -	0%	$ -	0%	$ -	$ -
	VENLAFAXINE HCL ER	150 MG	#30	58	$ -	0%	$ -	0%	$ -	$ -
	HUMULIN R	100 UNIT/ML	#30	57	$ -	0%	$ -	0%	$ -	$ -
	METFORMIN HCL	1 MG	#30	57	$ -	0%	$ -	0%	$ -	$ -
	BUPROPION HCL	100 MG	#30	56	$ -	0%	$ -	0%	$ -	$ -
	SIMVASTATIN	40 MG	#30	56	$ -	0%	$ -	0%	$ -	$ -
	SERTRALINE HCL	25 MG	#30	55	$ -	0%	$ -	0%	$ -	$ -
	DOXEPIN HCL	75 mg	#30	54	$ -	0%	$ -	0%	$ -	$ -
	HYDROCODONE-ACETAMINOPHEN	7.5-325 MG	#30	54	$ -	0%	$ -	0%	$ -	$ -
	LEVOTHYROXINE SODIUM	25 MCG	#30	53	$ -	0%	$ -	0%	$ -	$ -
	METFORMIN HCL	1 MG	#30	53	$ -	0%	$ -	0%	$ -	$ -

Appendix G
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	METOPROLOL TARTRATE	25 MG	#30	53	$ -	0%	$ -	0%	$ -	$ -
	METRONIDAZOLE	500 mg	#30	53	$ -	0%	$ -	0%	$ -	$ -
	HYDROCODONE-ACETAMINOPHEN	10-325 MG	#30	52	$ -	0%	$ -	0%	$ -	$ -
	LISINOPRIL	10MG	#30	52	$ -	0%	$ -	0%	$ -	$ -
	MELOXICAM	15 MG	#30	52	$ -	0%	$ -	0%	$ -	$ -
	TRIAMCINOLONE ACETONIDE	0.10%	#30	52	$ -	0%	$ -	0%	$ -	$ -
	TRIAMCINOLONE ACETONIDE	0.10%	#30	52	$ -	0%	$ -	0%	$ -	$ -
	ALENDRONATE SODIUM	70 MG	#4	51	$ -	0%	$ -	0%	$ -	$ -
	FLOVENT HFA	44 mcg/Actuat	#30	51	$ -	0%	$ -	0%	$ -	$ -
	LEVOTHYROXINE SODIUM	50 MCG	#30	51	$ -	0%	$ -	0%	$ -	$ -
	STRATTERA	80 MG	#30	51	$ -	0%	$ -	0%	$ -	$ -
			Estimated Usage	28952					Grand Total	$ -