PROCUREMENT NOTICE

State of Connecticut

Department of Correction

Legal Notice

Notification of a procurement opportunity for the provision of **Pharmacy Services** required by the Connecticut Department of Correction is available for review, download and printing on the State's Procurement/Contracting Portal at: https://biznet.ct.gov/SCP_Search/

Bid notices may also be accessed on the Department of Correction web page at: http://www.ct.gov/doc/cwp/view.asp?a=1492&q=270106

The Department of Correction is an Equal Opportunity/Affirmative Action Employer. Questions may be directed to the CTDOC Contracts Administration Office at (860) 692-6823

Deaf and hearing-impaired individuals may use a TDD by calling 1-800-842-4524.

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I. GENERAL INFORMATION

A. INTRODUCTION

1. **RFP Name or Number:** Inmate Pharmacy Services RFP2018

2. **Summary:** The State of Connecticut Department of Correction (CTDOC or Department) seeks experienced Respondents to provide pharmacy services to the Department's infirmary-based primary care, chronic behavioral health and disease management services system and to support the specialty providers and services being procured in the *Inmate Medical Services* RFP. The Department's primary healthcare services for inmates is provided by staff and also administered by other contractors. CTDOC is looking for Central Fill, Clinical Pharmacy/Pharmacist Services and Formulary development and management services.

   Services include centralized prescription processing (central fill). The central fill pharmacy processes a request from the originating requestors to prepare a drug order and fulfill from a centralized operation. Medications are to be packaged by blister pack or other individualized orders that are prepared for distribution to the patients. Bulk medications are also prepared by the central fill operation and distributed to the facilities for their stocking of supply to fulfill prescription orders. The central fill pharmacy is designed to fill prescriptions for the correctional population of the State of Connecticut. Under the adopted concept of operation, the Central Fill Facility will receive pharmaceuticals in both bulk and individual dispense form; package bulk pharmaceuticals into specific unit dose packs and blister cards; label and sort medications as required; and provide bar-code validation matching the drug to the specific requirements.

   The Department's primary objective is to provide appropriate pharmaceutical interventions that contribute to quality care and overall reductions in healthcare costs. Maintaining continuity of care is a priority of the Department and the State of Connecticut.

   This Request for Proposals contemplates the creation of a Professional Services Contract as defined by Connecticut law. As set forth herein, the Department may determine that a multi-source award is most beneficial to the State of Connecticut. Contract(s) will be awarded to the most responsive and responsible respondent(s) found to be in the best interest of the State of Connecticut and not necessarily to the lowest price vendor.

   Information about CTDOC standards of care can be found at https://portal.ct.gov/DOC/AD/AD-Chapter-8

   Respondents are expected to propose the provision of pharmacy services that will assist the Department in achieving the delivery of quality of healthcare services while reducing expenditures over the course of the contract. CTDOC expects that the successful Respondent will provide mechanisms to communicate with CTDOC staff on patient needs and outcomes and/or transmit information to the EHR system. CTDOC also expects that the successful Respondent will assist in the transition of inmate patient to community providers upon their release, if appropriate. The majority of individuals incarcerated in Connecticut eventually return to our communities. Many inmates were, prior to their incarceration, or will be, following their incarceration, clients of the state's other agencies - including but not limited to the Departments of Social Services (DSS), Mental Health and Addiction Services (DMHAS), Developmental Services (DDS) and Veterans Affairs (DVA).

   Successful respondent will be paid by the Department according to the satisfactory completion of contracted services and deliverables, and upon receipt and approval of properly executed

invoices. Invoices shall be documented by receipts and any other documentation as may be requested by the Department to process such payments.

3. **Services and Commodity Codes:** CTDOC is seeking single or multiple respondents to provide the following services through this RFP:

Commodity Code	Service
0023 Pharmacy services	Pharmacy

B. ABBREVIATIONS/ACRONYMS/DEFINITIONS

BFO	Best and Final Offer
CC	Correctional Center/Jail
C.G.S.	Connecticut General Statutes
CHRO	Commission on Human Rights and Opportunities
CI	Correctional Institution/Prison
Contractor	A private provider organization, state agency, municipality or individual that enters into a contract with the Department as a result of this RFP
Correctional Facility	Correctional Center or Correctional Institution/Prison or Jail
CT	Connecticut
DAS	Connecticut Department of Administrative Services
Department	Connecticut Department of Correction
DOC	Connecticut Department of Correction
EHR	Electronic Health Record
FOIA	Freedom of Information Act (CT)
IRS	Internal Revenue Service (U.S.)
LOI	Letter of Intent
OAG	Connecticut Office of the Attorney General
OPM	Connecticut Office of Policy and Management
OSC	Connecticut Office of the State Comptroller
P.A.	Public Act
POS	Purchase of Service. A POS contract is an agreement between a state agency and an organization for the purchase of direct human services to agency clients.
Respondent	A private provider organization, state agency, municipality or individual that has submitted a proposal to the Department in response to this RFP
Prospective Respondent	A private provider organization, state agency, municipality or individual that may submit a proposal to the Department in response to this RFP, but has not yet done so.
RFP	Request for Proposal
SEEC	Connecticut State Elections Enforcement Commission
STAT	A common medical abbreviation for urgent or rush.
Subcontractor	An individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific service as part of a contract with the Department as a result of this RFP
U.S.	United States

1. **Acute Services:** Medical or behavioral health services needed for an illness, episode, or injury that requires intense care, and hospitalization.
2. **Agent**: An entity with the authority to act on behalf of the Department.
3. **Cardiology**: The branch of medicine that deals with diseases and abnormalities of the heart.

4. **Central Fill**: Centralized prescription processing (central fill) refers to operations under which the central fill pharmacy processes a request from the originating requestors to prepare a drug order and fulfill from a centralized operation. Medications are packaged by blister pack or other individualized orders that are prepared for distribution to the patients. Bulk medications are also prepared by the central fill operation and distributed to the facilities for their stocking of supply to fulfill prescription orders.
5. **Clinician**: Unless otherwise designated by the Department, a person who is licensed to practice independently in the State of Connecticut.
6. **Clinical Management**: The process of evaluating and determining the appropriateness of the utilization of health services as well as providing assistance to clinicians or members to ensure appropriate use of resources.
7. **Contractor:** A private provider organization, non-profit organization or CT State agency that enters into a POS (Purchase of Service) contract with the Department as a result of this RFP.
8. **Contract Services:** Those services that the Contractor is required to provide under this RFP and subsequent contract.
9. **Correctional Center**: A correctional facility that confines inmates awaiting trial for their alleged crimes. These facilities are designated as 'intake facilities', meaning that they accept individuals directly from court, local lockups and/or the community and house them until such time as they are sentenced by the court. Correctional Centers also confine individuals after sentencing if the sentence is two (2) years or less. CTDOC operates four (4) male, one (1) youth male (combined prison and correctional center) and one (1) female (combined prison and correctional center) correctional centers.
10. **Department:** For the purposes of this RFP, 'Department' shall mean the Connecticut Department of Correction.
11. **Imaging:** Includes radiology and other techniques such as X-ray radiography, ultrasound, computed tomography, nuclear medicine including positron emission tomography, and magnetic resonance imaging used to diagnose and/or treat diseases.
12. **Infectious Disease**: A disease resulting from the presence and activity of a pathogenic microbial agent which can be spread, directly or indirectly, from one person to another.
13. **Inmate:** A person confined to correctional facility such as a prison or jail.
14. **Inpatient:** A patient who stays in a hospital while under treatment.
15. **Inpatient Services:** Refers to medical treatment that is provided in a hospital or other facility and requires at least one overnight stay.
16. **Jail**: A correctional facility that confines un-sentenced and sentenced inmates anticipated to serve less than two (2) years of confinement. CTDOC operates four (4) male correctional centers, one (1) youth male (combined prison and correctional center) and one (1) female (combined prison and correctional center) prisons.
17. **Laboratory Services:** Encompasses all aspects of obtaining, and testing blood, urine, or other substance from the body to determine a diagnosis, plan treatment, check to see if treatment is working, or monitor the disease over time.
18. **Medicaid:** One of the Connecticut Medical Assistance Programs, operated by the Connecticut Department of Social Services under Title XIX of the federal Social Security Act, and related State and Federal rules and regulations.
19. **Orthopedics:** The branch of medicine dealing with the correction of deformities of bones or muscles.
20. **Outpatient Cancer Care/Oncology:** Early palliative care for patients with advanced cancer.
21. **Pharmacy:** The science or practice of the preparation and dispensing of medicinal drugs.
22. **Podiatry:** Services that relate to the treatment of the feet and their ailments.
23. **Primary Care Provider (PCP):** A person who helps in identifying or preventing or treating illness or disability.
24. **Primary Care Services:** Services provided by health professionals specifically trained in comprehensive first contact and continuing care for persons with any health concern. Primary

care includes health promotion, disease prevention, health maintenance counseling, patient education, diagnosis and treatment of acute and chronic illnesses, in a variety of healthcare settings.

25. **Professional:** A practitioner licensed or certified by the Connecticut Department of Public Health to provide healthcare services.
26. **Radiology**: The medical specialty concerned with radiation for the diagnosis and treatment of disease, encompassing full range of imaging services.
27. **Respondent/Respondents:** A private provider organization, non-profit organization, or CT State agency that has submitted a proposal to the Department in response to this RFP.
28. **Prison:** A correctional facility that confines sentenced inmates anticipated to serve more than two (2) years of confinement. CTDOC operates eight (8) male, one (1) youth male (combined prison and correctional center) and one (1) female (combined prison and correctional center) prisons.
29. **Prospective Respondent**: A private provider organization, non-profit organization or CT State agency, that may submit a proposal to the Department in response to this RFP, but has not yet done so.
30. **Provider:** A person or entity under an agreement with the Department to provide services for inmates.
31. **Subcontractor:** An individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific health or human service as part of a POS contract with the Department as a result of this RFP.
32. **Startup Costs:** One-time costs incurred for the startup of a program. These costs may not be annualized.
33. **Telemedicine:** (Also referred to as "telehealth" or "e-health") allows healthcare professionals to evaluate, diagnose and treat patients in remote locations using telecommunications technology. Telemedicine allows patients in remote locations to access medical expertise quickly, efficiently and without travel.

C. INSTRUCTIONS

1. **Official Contact.** The Department has designated the individual below as the Official Contact for purposes of this RFP. The Official Contact is the **only authorized contact** for this procurement and, as such, handles all related communications on behalf of the Department. Respondents, prospective respondents, and other interested parties are advised that any communication with any other Department employee(s) (including appointed officials) about this RFP is strictly prohibited. Respondents or prospective respondents who violate this instruction may risk disqualification from further consideration.

   Name: Michael B. Greene
   Address: 24 Wolcott Hill Road
   Wethersfield, CT 06109

   Phone: (860) 692-6823
   Fax: 860 692-7576
   E-Mail: michael.b.greene@ct.gov

   Please ensure that e-mail screening software (if used) recognizes and accepts e-mails from the Official Contact.

2. **RFP Information.** Amendments to the RFP and other information associated with this procurement are available in electronic format from the Official Contact or from the internet at the following locations:

Department's Web Site:
http://www.ct.gov/doc/cwp/view.asp?a=1492&q=270106

State Contracting Portal:
https://biznet.ct.gov/SCP_Search/

It is strongly recommended that any respondent or prospective respondent interested in this procurement subscribe to receive e-mail alerts from the State Contracting Portal. Subscribers will receive a daily-mail announcing procurements and addendums that are posted on the portal. This service is provided as a courtesy to assist in monitoring activities associated with State procurements, including this RFP.

Printed copies of all documents are also available from the Official Contact upon request.

3. **Contract Awards.** The award of any contract pursuant to this RFP is dependent upon the availability of funding to the Department. The Department anticipates the following:

- Total Funding Available: To be determined
- Number of Awards: To be determined
- Contract Cost: To be determined
- Contract Term: Up to two (2) years with the option of up to two (2), two (2) year extensions at the discretion of the Department.

4. **Eligibility.** The Department welcomes responses from anyone in the healthcare industry who can provide pharmacy services to support the Department's infirmary-based primary care, chronic behavioral health and disease management services system and the specialty providers and services being procured in the *Inmate Medical Services* RFP. The Department reserves the right to reject the submission of any respondent in default of any current or prior contract.

5. **Minimum Qualifications of Respondents.** Preference will be given to respondents with a proven history of providing the requested or substantially similar services in the requested geographical areas.

6. **Procurement Schedule.** Dates marked (*) are target dates only, and may be subject to change. The Department may amend the schedule, as needed. Any change will be made by means of an amendment to this RFP and will be posted on the State Contracting Portal and the Department's Web Site.

Activity	Dates	Time	
RFP Released	October 26, 2018		
MANDATORY Letter of Intent Due	November 9, 2018	3:00 PM	Eastern Standard Time
RFP Questions	November 16, 2018	3:00 PM	Eastern Standard Time
Answers Released	November 30, 2018*		
Proposals Due	December 21, 2018	3:00 PM	Eastern Standard Time
Contract(s) Execution	February 22, 2019*		

* *Dates subject to change*

7. **Letter of Intent.** A mandatory Letter of Intent (LOI) is **required** from each vendor intending to respond to this RFP. The LOI is non-binding and does not obligate the sender to submit a proposal. The LOI must be submitted to the Official Contact identified in Section C.1 of this RFP. LOI's

may be submitted by US mail, or e-mail by the deadline established in the Procurement Schedule. The LOI must clearly identify the sender, including agency name, contact person, postal address, telephone number and e-mail address. It is the sender's responsibility to confirm the Department's receipt of the LOI. **Failure to submit the required LOI in accordance with the requirements set forth herein shall result in disqualification from further consideration.**

8. **Inquiry Procedures.** All questions regarding this RFP or the Department's procurement process must be directed, in writing, to the Official Contact before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline will be answered. However, the Department will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFP or the procurement process will not be answered. At its discretion, the Department may or may not respond to questions received after the deadline. If the Department chooses to answer questions received after the deadline, the question and the answer will be made available to all respondents or prospective respondents. The Department reserves the right to answer questions only from those who have submitted a LOI. The Department may combine similar questions and give only one answer. All questions and answers will be compiled into a written amendment to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. The Department will release the answers to questions on the dates established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State Contracting Portal and the Department's Web Site. At its discretion, the Department may distribute any amendments and addenda to this RFP to prospective respondents who submitted a Letter of Intent. **Proposals must include a signed Addendum Acknowledgement, which will be placed at the end of any and all addenda to this RFP.**

9. **RFP Conference**. A RFP Respondents' Conference will **not** be held for this process.

10. **Proposal due Date and Time.** The Official Contact is the **only authorized recipient** of proposals submitted in response to this RFP. Proposals must be **received** by the Official Contact on or before the due date and time:

    - Due Date: December 21, 2018
    - Time: 3:00 PM Eastern Standard Time

    Faxed or e-mailed proposals will not be evaluated. The Department will not accept a postmark date as the basis for meeting the proposal due date and time. The Department suggests the respondent use certified or registered mail, or a delivery service such as United Parcel Service (UPS) to deliver the proposal. When hand-delivering proposals by courier or in person, allow extra time due to building security procedures. Proposals received after the due date and time may be accepted by the Department as a clerical function, but they will not be evaluated.

    Proposals shall not be considered received until they are in the hands of the Official Contact or another representative of the Contracts Administration Office designated by the Official Contact. At the discretion of the Department, late proposals may be destroyed or retained for pick-up by the respondents.

    An acceptable submission must include the following:

    - one (1) original proposal;
    - five (5) conforming copies of the original proposal; and

- one (1) conforming electronic copy of the original proposal by e-mail (preferred) or on USB drive.

The original proposal must carry original signatures and be clearly marked on the cover as "Original." Unsigned proposals will not be evaluated. The original proposal and each conforming copy of the proposal must be complete, properly formatted and outlined, and ready for evaluation by the Evaluation Team. **The electronic copy of the proposal must be compatible with Microsoft Office Word 2013, except the Budget, Appendices, and Forms. The electronic copy of the Budget may be compatible with Microsoft Office Excel 2013.** If any of the required Appendices and Forms identified in Section IV are not compatible with Microsoft Office Word, they must be scanned and submitted in Portable Document Format (PDF) or similar file format.

11. **Multiple Proposals.** The submission of multiple proposals from the same respondent is allowed with this procurement. Each proposal must be self-contained and packaged separately.

12. **Declaration of Confidential Information.** Respondents are advised that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations and interpretations resulting from them. If a respondent deems that certain information required by this RFP is confidential, the respondent must label such information as CONFIDENTIAL. In Section C of the proposal submission, the respondent must reference where the information labeled CONFIDENTIAL is located in the proposal. *EXAMPLE: Section G.1.a.* For each subsection so referenced, the respondent must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the respondent that would result if the identified information were to be released and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b).

13. **Conflict of Interest - Disclosure Statement.** Respondents must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the respondent and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a respondent tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Department will determine whether any disclosed conflict of interest poses a substantial advantage to the respondent over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State. In the absence of any conflict of interest, a respondent must affirm such in the disclosure statement. *Example: "[name of respondent] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85."*

D. PROPOSAL FORMAT

1. **Required Outline.** All proposals must follow the required outline presented in Section IV of this RFP. Proposals that fail to follow the required outline will be deemed, at the discretion of the Department, non-responsive and will not be evaluated.

2. **Cover Sheet.** The Cover Sheet is Page 1 of the proposal. Respondents must complete and use the Cover Sheet form provided by the Department as Form #6, in Section IV.

3. **Table of Contents.** All proposals must include a Table of Contents that conforms to the required proposal outline. (See Section IV)

4. **Executive Summary.** Proposals must include a high level summary, not exceeding two (2) pages, of the main proposal and cost proposal. The Executive Summary shall include the respondent's demonstrated experience with this service.

5. **Attachments.** Attachments other than the required Appendices or Forms identified in Section IV are not permitted and will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.

6. **Style Requirements.** Submitted proposals must conform to the following specifications:
   - Binding Type: Loose Leaf, Bound with a Butterfly Clip
   - Dividers: No Dividers
   - Paper Size: Standard Letter
   - Print Style: 1-sided
   - Font Size: 12
   - Font Type: Times New Roman
   - Margins: One inch (1")
   - Line Spacing: Single Space
   - Page limit: No page limit

7. **Pagination.** The respondent's name must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be numbered in the footer.

8. **Packaging and Labeling Requirements.** All proposals must be submitted in sealed envelopes or packages and be addressed to the Official Contact. The Legal Name and Address of the respondent must appear in the upper left corner of the envelope or package. The RFP Name or Number must be clearly displayed on the envelope or package: **Inmate Pharmacy Services RFP2018**

   Any proposal received that does not conform to these packaging or labeling instructions will be opened as general mail. Such a proposal may be accepted by the Department as a clerical function, but will not be evaluated. At the discretion of the Department, such a proposal may be destroyed or retained for pick-up by the respondent.

E. EVALUATION OF PROPOSALS

1. **Evaluation Process.** It is the intent of the Department to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating and awarding contracts, the Department will conform to its written procedures for POS procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85).

2. **Evaluation Team.** The Department will designate an Evaluation Team to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals, including any confidential information, will be shared with the Evaluation Team. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. Attempts by any respondent (or representative of any respondent) to contact or influence any member of the Evaluation Team may result in disqualification of the respondent.

3. **Minimum Submission Requirements.** All proposals must comply with the requirements specified in this RFP. To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) follow the required Proposal Outline; and (4) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Department will reject any proposal that deviates significantly from the requirements of this RFP.

4. **Evaluation Criteria (and Points).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Screening Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. Interpretation of these criteria will be established by the Screening Committee prior to receipt of proposals. The criteria are weighted according to their relative importance. The weights are disclosed below.

Criteria for Pharmacy Services Selection	Possible Points
Organizational Profile	10
Scope of Services	20
Staffing Plan	20
Data and Technology	5
Work Plan	15
Cost	25
Appendix	5
Total Possible Points	**100**

Note: As part of its evaluation, the Screening Committee will consider the respondent's demonstrated commitment to affirmative action, as required by the Regulations of CT State Agencies § 46A-68j-30(10).

5. **Respondent Selection.** Upon completing its evaluation of proposals, the Screening Committee will submit the rankings of all proposals to the Department head. The final selection of a successful respondent is at the discretion of the Department head. Any respondent selected will be so notified and awarded an opportunity to negotiate a contract with the Department. Such negotiations may, but will not automatically, result in a contract. Pursuant to Governor M. Jodi Rell's Executive Order No. 3, any resulting contract will be posted on the State Contracting Portal. All unsuccessful respondents will be notified by e-mail or U.S. mail, at the Department's discretion, about the outcome of the evaluation and respondent selection process.

6. **Debriefing.** Within ten (10) days of receiving notification from the Department, unsuccessful respondents may contact the Official Contact and request information about the evaluation and respondent selection process. The e-mail sent date or the postmark date on the notification envelope sent by the Department will be considered "day one" of the ten (10) days. If unsuccessful respondents still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Department to discuss the evaluation process and their proposals. If held, the debriefing meeting will not include any comparisons of unsuccessful proposals with other proposals. The Department will schedule and hold the debriefing meeting within fifteen (15) days of the request. The Department will not change, alter, or modify the outcome of the evaluation or selection process as a result of any debriefing meeting.

7. **Appeal Process.** Within ten (10) days of the debriefing meeting, unsuccessful respondents may appeal the Department's procurement process in writing, to the Department head. The respondent must set forth facts or evidence in sufficient and convincing detail for the Department head to determine whether the Department's process failed to comply with the State's statutes, regulations or standards (established in the State of Connecticut, Office of Policy and Management, Procurement Standards: for Personal Service Agreements and Purchase of Service Contracts) concerning competitive procurement or the provisions of the RFP. The Department head must issue a decision, in writing, not later than thirty (30) days after receipt of any such appeal. The filing of an appeal shall not constitute sufficient reason for the Department to delay, suspend, cancel or terminate the procurement process or execution of a contract. More detailed information about filing an appeal may be obtained from the Official Contact.

   In the event that the Department head determines that a process violation has occurred and that the violation had a substantial effect on the procurement, the Department head shall take corrective action no later than thirty (30) days after the date of such a determination.

   In addition, a respondent has the right of appeal, under certain circumstances, to the State Contracting Standards Board, which is statutorily charged with considering and acting upon appeals (see C.G.S. §§ 4e-35, 4e-36, and 4e-37).

8. **Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Department's contracting procedures, which may include approval by the Office of the Attorney General.

II. MANDATORY PROVISIONS

A. POS STANDARD CONTRACT, PARTS I AND II

By submitting a proposal in response to this RFP, the respondent implicitly agrees to comply with the provisions of Parts I and II of the State's "standard contract" for POS:

Part I of the standard contract is maintained by the Department and will include the agreed upon scope of services, contract performance, quality assurance, reports, terms of payment, budget, other program-specific provisions of any resulting POS contract and Agency Terms and Conditions. A sample of Part I is available from the Department's Official Contact upon request.

Part II of the standard contract is maintained by OPM and includes the mandatory terms and conditions of the POS contract. Part II is available on OPM's website at: http://www.ct.gov/opm/fin/standard_contract.

Note:
Included in Part II of the standard contract is the State Elections Enforcement Commission's (SEEC) notice (pursuant to C.G.S. § 9-612(g)(2)) advising executive branch State contractors and prospective State contractors of the ban on campaign contributions and solicitations.

Part I of the standard contract may be amended by means of a written instrument signed by the Department, the selected respondent (contractor), and, if required, the Attorney General's Office. Part II of the standard contract may be amended only in consultation with, and with the approval of, the Office of Policy and Management and the Attorney General's Office.

B. ASSURANCES

By submitting a proposal in response to this RFP, a respondent implicitly gives the following assurances:

1. **Collusion.** The respondent represents and warrants that the respondent did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The respondent further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the respondent's proposal. The respondent also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.

2. **State Officials and Employees.** The respondent certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Department may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the respondent, contractor, or its agents or employees.

3. **Competitors.** The respondent assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the respondent to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The respondent further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the respondent knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.

4. **Validity of Proposal.** The respondent certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Department may include the proposal, by reference or otherwise, into any contract with the successful respondent.

5. **Press Releases.** The respondent agrees to obtain prior written consent and approval of the Department for press releases that relate in any manner to this RFP or any resultant contract.

C. TERMS AND CONDITIONS

By submitting a proposal in response to this RFP, a respondent implicitly agrees to comply with the following terms and conditions:

1. **Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.

2. **Preparation Expenses.** Neither the State nor the Department shall assume liability for expenses incurred by respondents in preparing, submitting, or clarifying proposals submitted in response to this RFP.

3. **Exclusion of Taxes.** The Department is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Respondents are liable for any other applicable taxes.

4. **Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.

5. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Department may request and authorize respondents to submit written clarification of their proposals, in a manner or format prescribed by the Department, and at the respondent's expense.

6. **Supplemental Information.** Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by the Department. The Department may ask a respondent to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by the Department. At its sole discretion, the Department may limit the number of respondents invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per respondent.

7. **Presentation of Supporting Evidence.** If requested by the Department, a respondent must be prepared to present evidence of experience, ability, and data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The Department may make onsite visits to an operational facility or facilities of a respondent to evaluate further the respondent's capability to perform the duties required by this

RFP. At its discretion, the Department may also check or contact any reference provided by the respondent.

8. **RFP Is Not an Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or the Department or confer any rights on any respondent unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the respondent and the Department and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the respondent or for payment of services under the terms of the contract until the successful respondent is notified that the contract has been accepted and approved by the Department and, if required, by the Attorney General's Office.

D. RIGHTS RESERVED TO THE STATE

By submitting a proposal in response to this RFP, a respondent implicitly accepts that the following rights are reserved to the State:

1. **Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the Department.

2. **Amending or Canceling RFP.** The Department reserves the right to amend or cancel this RFP on any date and at any time, if the Department deems it to be necessary, appropriate, or otherwise in the best interests of the State.

3. **No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Department may reopen the procurement process, if it is determined to be in the best interests of the State.

4. **Offer and Rejection of Proposals.** The Department reserves the right to award in part or reject proposals in whole or in part for misrepresentation, or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Department may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Department reserves the right to reject the proposal of any respondent who submits a proposal after the submission date and time.

5. **Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any or all information or reports, or part thereof, shall accrue to the State without recourse.

6. **Contract Negotiation.** The Department reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Department further reserves the right to contract with one or more respondent for such services. After reviewing the scored criteria, the Department may seek Best and Final Offers (BFO) on cost from respondents. The Department may set parameters on any BFOs received.

7. **Clerical Errors in Award.** The Department reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a respondent and subsequently awarding the contract to another respondent. Such action on the part of the State shall not constitute a breach of contract on

the part of the State since the contract with the initial respondent is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the respondent.

8. **Key Personnel.** When the Department is the sole funder of a purchased service, the Department reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Department also reserves the right to approve replacements for key personnel who have terminated employment. The Department further reserves the right to require the removal and replacement of any of the respondent's key personnel who do not perform adequately, regardless of whether they were previously approved by the Department.

E. STATUTORY AND REGULATORY COMPLIANCE

By submitting a proposal in response to this RFP, the respondent implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to the following:

1. **Freedom of Information, C.G.S. § 1-210(b).** FOIA generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Respondents are generally advised not to include in their proposals any confidential information. If the respondent indicates that certain documentation, as required by this RFP, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The respondent has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a respondent may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.

2. **Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** Connecticut statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.

   IMPORTANT NOTE: The respondent must upload the Workplace Analysis Affirmative Action Report to the Department of Administrative Services (DAS) on-line data vault, called BizNet, prior to submitting a proposal in response to this RFP. More information about uploading standard contract documents is available on the DAS web site under Administrative Services, State Procurement Marketplace, BizNet Connection, embedded in this section as a hyperlink.

3. **Consulting Agreements, C.G.S. § 4a-81.** Proposals for State contracts with a value of $50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution,

introduction, requests for information or (C) any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (Ethics Form 5) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms.

IMPORTANT NOTE: The respondent must upload the Consulting Agreement Affidavit (OPM Ethics Form 5) to the Department of Administrative Services (DAS) on-line data vault, called BizNet, prior to submitting a proposal in response to this RFP. More information about uploading standard contract documents is available on the DAS web site under Administrative Services, State Procurement Marketplace, BizNet Connection, embedded in this section as a hyperlink.

4. **Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g) (2).** If a respondent is offered an opportunity to negotiate a contract with an anticipated value of $50,000 or more in a calendar or fiscal year, the respondent must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and Connecticut State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's web site under Ethics Affidavits, embedded in this section as a hyperlink.

   IMPORTANT NOTE: The selected respondent must upload the Gift and Campaign Contributions Certification (OPM Ethics Form 1) to the Department of Administrative Services (DAS) on-line data vault, called BizNet, prior to contract execution. More information about uploading standard contract documents is available on the DAS web site under Administrative Services, State Procurement Marketplace, BizNet Connection, embedded in this section as a hyperlink.

5. **Contracts with Entities Making Certain Investments in Iran, C.G.S. § 4-252a.** No State agency or quasi-public agency shall enter into any large state contract, or amend or renew any such contract with any entity who (1) has failed to submit a written certification indicating whether or not such entity has made a direct investment of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010, or has increased or renewed such investment on or after said date, or (2) has submitted a written certification indicating that such entity has made such an investment on or after October 1, 2013, or has increased or renewed such an investment on or after said date. Prior to submitting a bid or proposal for a large state contract, each bidder or respondent who is an entity shall submit a certification that such bidder or respondent has or has not made an investment as described herein. For purposes of this section, "large state contract" has the same meaning as provided in C.G.S. § 4-250. The OPM Iran Certification Form 7 is available on OPM's web site under Ethics Affidavits, embedded in this section as a hyperlink.

   IMPORTANT NOTE: The respondent must upload the OPM Iran Certification Form 7 to the Department of Administrative Services (DAS) on-line data vault, called BizNet, prior to submitting a proposal in response to this RFP. More information about uploading standard contract documents is available on the DAS web site under Administrative Services, State Procurement Marketplace, BizNet Connection, embedded in this section as a hyperlink.

6. **Nondiscrimination Certification, C.G.S. §§ 4a-60(a) (1) and 4a-60a (a)(1).** If a respondent is awarded an opportunity to negotiate a contract, the respondent must provide the Department with *written representation* or *documentation* that certifies the respondent complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all

State contracts – regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The Nondiscrimination Certification forms are available on OPM's website at http://www.ct.gov/opm/fin/nondiscrim_forms

IMPORTANT NOTE: The selected respondent must upload the appropriate nondiscrimination certificate form to the Department of Administrative Services (DAS) online data vault called BizNET Prior to contract execution. More information about uploading standard contract documents is available on the DAS website under Administrative Services, State Procurement, BizNet Connection, embedded in this section as a hyperlink.

III. DEPARTMENT AND REQUESTED SERVICE INFORMATION

A. DEPARTMENT OVERVIEW

The CTDOC is a recognized leader in the provision of institutional and community correction services. It is one of only six state correctional agencies in the country with a combined system of pre-trial jails for accused inmates and prisons for sentenced inmates. Thus, Connecticut has an integrated jail and prison system, with approximately 28 percent accused and 72 percent sentenced inmates detained in the facilities.

CTDOC provides healthcare services in accordance with the American Correctional Association (ACA) and the National Commission on Correctional Healthcare (NCCHC) standards, as well as prevailing professional practices and community standards of care. The department also follows the guidelines established by the U.S. Preventative Services Taskforce (https://www.uspreventiveservicestaskforce.org/).

Information about CTDOC standards of care can be found at https://portal.ct.gov/DOC/AD/AD-Chapter-8.

The Department incarcerates approximately 13,545 offender inmates throughout fourteen (14) facilities in the State of Connecticut. CTDOC is responsible for incarceration of youth, male, and female sentenced and un-sentenced individuals, as well as ensuring appropriate community supervision for approximately 4,617 offender inmates residing in the community prior to completion of their criminal sentences. Inmates are classified in level 2 (minimum) through level 5 (maximum) security statuses. Most facilities house inmates in several levels, while the newer celled facilities house predominantly level 4 and 5 offender inmates. The number of persons supervised by CTDOC at any given time fluctuates and the number of facilities operated by CTDOC is subject to change.

Information about all CTDOC facilities can be found at the following link:
https://portal.ct.gov/DOC/Miscellaneous/Facilities.

Additional information regarding DOC and its facilities can be found at http://portal.ct.gov/DOC.
CTDOC Administrative Directives can be found on the CTDOC website at: https://portal.ct.gov/DOC/Common-Elements/Common-Elements/Directives-and-Polices-Links.

All inmates must have access to healthcare services that meet the Department's standards of care and reasonable accommodations as specified in Chapter 8 of the Administrative Directives or modifications are made in accordance with the Americans with Disabilities Act to allow inmates with disabilities the same opportunities for access to care as non-disabled inmates.

CTDOC currently provides primary healthcare services by healthcare professionals who are appropriately licensed and/or credentialed in their appropriate field of practice by the State of Connecticut, including board certification for all physicians. CTDOC provides a full continuum of services including medical, dental and behavioral healthcare services at all levels of clinical acuity is available for inmates beginning with the initial intake process and throughout their incarceration. Services are full spectrum in nature - hospital inpatient and outpatient including chronic and specialty care, i.e., podiatry, optometry, infectious disease, cardiology, obstetrics/gynecology, neurology, end of life/hospice/palliative care, medication-assisted treatment, etc. Personnel have access to translation services (language and services for the hearing or visually impaired) in order to ensure proper assessment and care. All medical and behavioral health services include access to 24 hour on-call coverage to address emergent/critical care issues. The Department's Administrative Directives

regarding inmate medical services can be found in Chapter 8, https://portal.ct.gov/DOC/AD/AD-Chapter-8.

Proposed providers will be responsible to provide all pharmacy services that are not covered in-house by CTDOC. Services to be provided by proposed provider may include but is not limited to the services outlined in this RFP. All services must be provided in compliance with all applicable laws. Diagnostic and treatment services include a full-spectrum of laboratory, x-ray and other diagnostic imaging capabilities. Treatment therapies (chemotherapy, dialysis, radiation etc.) and diagnostic procedures are commensurate with current community standards. Providers have access to complete and comprehensive pharmacy services to support all facets of inmates' needs.

CTDOC ancillary services such as occupational therapy, physical therapy, speech therapy, hospital-based rehabilitation such as stroke and acute traumatic brain injury rehabilitation, etc. are available to all inmate/patients whenever clinically indicated. In addition to medical services, healthcare providers also provide a full range of treatment services for those inmates convicted of sexual offenses.

CTDOC provides healthcare services to meet the medical, mental health and dental needs of the population. CTDOC Physicians, Physician assistants, Registered Nurses and Licensed Practical Nurses provide on-site medical assessment and treatment for a full range of medical illnesses. Of those illnesses, HIV/AIDS, tuberculosis, Hepatitis B & C, drug and alcohol addiction, STDs, asthma, diabetes, and hypertension are among the serious illnesses overrepresented in this population. All 14 facilities have outpatient services, and most can accommodate some on-site specialty services such as orthopedic services, podiatry, infectious diseases including HIV, optometry, and chronic care. Five facilities have on-site infirmaries, which provide acute care services such as post-operative care, IV fluids and medications and wound care. When the medical needs cannot be met within our facilities offenders are referred to a local area hospital for specialty services including but not limited to: cardiology, pulmonology, endocrinology, neurology, rheumatology, urology, orthopedics, general surgery, neurosurgery, interventional radiology, hematology, oncology, radiation oncology, physical therapy, occupational therapy, speech therapy, dermatology, gastroenterology, urology, nephrology, ophthalmology, ENT and oral maxillofacial surgery. Diagnostic tests and procedures are also provided at area hospitals outside of CTDOC facilities that include MRIs, CTs, ultrasounds, cardiac catheterizations, bronchoscopies, biopsies, endoscopies, colonoscopies, chemotherapy and radiation therapy. Healthcare providers also provide emergency medical treatment, and inoculations/vaccinations to CTDOC employees and participate in facility emergency preparedness activities.

CTDOC implemented an electronic health records (EHR) system (GE Centricity) in spring 2018. Centricity is an integrated EHR system for clinical and financial management. The system offers a comprehensive suite of functionality for practice administration and electronic health records. Because GE Healthcare has such a broad focus on systems for the entire continuum of healthcare services, Centricity software has a well-developed set of integrations with external systems throughout the healthcare community. The program also integrates with a wide range of medical devices, medical imaging systems and other GE Healthcare products. Centricity EHRs are designed to offer powerful reporting on clinical outcomes. New medical records will be electronic and old paper records will ultimately be converted to electronic records.

CTDOC maintains a comprehensive health record on each inmate which is accurately and legibly, kept up-to-date, and includes all reports received from any and all care providers. Any and all services are properly recorded in the inmate's health records in such manner as to satisfy requirements of ACA and NCCHC standards, and all confidentiality provisions, laws and/or regulations applicable to inmate health records (HIPAA), state statutes and 42 CFR Part II are adhered to.

Primary care is provided in each facility, mainly in the facility's medical department. Many facilities also have medical and mental health infirmaries housing acutely ill patients. Other care provided at the

CTDOC facilities includes dental, behavioral health, obstetrics/gynecology, optometry and others. Pharmacy services and medication distribution to inmates also takes place in the facility.

Currently outpatient services are largely centralized, although, inmates are transported to other outpatient services as medically indicated. Generally, inmate outpatient care is reimbursed at prevailing Medicaid rates. Transportation and supervision of the inmates are provided by DOC.

Inmates that currently require emergency care are transported to the nearest hospital and all other inmates requiring inpatient care are admitted to a dedicated, secure hospital unit. Inpatient care for inmates is reimbursable under Medicaid for eligible individuals.

Going forward inmates will be prioritized for specialist/outpatient appointments by internal processing review to determine the level of urgency, and then transported to appointments that are scheduled with the winning bidder. CTDOC will be responsible for the transportation and security complement that will accompany the patients for their care episode. The Respondent is encouraged to provide electronic visits whenever possible and preferably connected to the Electronic Medical Record so that consultant and in-house providers can have access to the same information. The Medicaid fee schedule can be found at the following website:

https://www.ctdssmap.com/CTPortal/Provider/Provider%20Fee%20Schedule%20Download/tabId/54/Default.aspx

B. SERVICES OVERVIEW

Through this Request for Proposal (RFP), CTDOC is seeking a single respondent to provide quality, cost effective state-wide pharmacy services to support inmate healthcare.

Response Requirements
The objective of this RFP is to solicit proposals for the requested pharmacy services to the Department at CTDOC facilities. The successful proposal will form the basis of a contract for such services, and be the minimum acceptable standard expected of the Respondent throughout the term of the contract. All services must be provided in compliance with all applicable laws. Information about CTDOC standards of care can be found at https://portal.ct.gov/DOC/AD/AD-Chapter-8.

The Respondent's proposal shall include any incidental items omitted from these specifications that may be needed in order to deliver a working program and must be in compliance with the specifications and requirements of this RFP. The Respondent's proposed pharmacy services, staff and supplies must be fully identified, described and documented within the proposal. All staff, supplies and other required components of this RFP must be included in the not to exceed firm, fixed, total price.

The Respondent must fully describe and document how they will fulfill the pharmacy services as required by the RFP. The Respondent must provide services in a manner consistent with established community and other established standards for pharmacy services to be provided. CTDOC seeks to conform to established standard of care for correctional environment such as National Commission on Correctional Healthcare (NCCHC) standards (https://www.ncchc.org/standards-resources) and other pertinent community standards such as those provided by the American College of Physicians (https://www.acponline.org/clinical-information/guidelines).

C. MAIN PROPOSAL COMPONENTS

A responsive proposal must include the following information about the administrative and operational capabilities of the respondent.

1. ORGANIZATIONAL REQUIREMENTS

(a) Description of Organization: Please provide a description of the organization, date established, number of employees (full and part-time), business type (e.g. LLC, corporation, etc.), and ownership.

(b) Business and Administrative Office Location(s): Please provide the location of the agency's administrative offices and all office addresses from which services will be provided, if applicable.

(c) Qualifications/Certification/Licensure: Please describe your organization's experience providing the kinds of services being requested through this solicitation. Describe the applicable licensure held by your organization, its relevance to the proposed service and your ability to adhere to such licensure requirements. Provide assurance that you are aware of all required licenses, certifications or other formal and informal approvals required for the proposed service and that your organization holds all such approvals. Evidence of licenses shall be provided in Section H of the provided proposal.

2. PROPOSED PHARMACY SERVICES TO BE PROVIDED

A responsive proposal must include a complete list and description of all pharmacy services to be provided. All services must be provided in compliance with all applicable laws.

Note: Information regarding specific pharmaceuticals and numbers of each med distributed in Fiscal Year (FY) 2018 are included in Exhibit 1 at the end of this document.

3. WORK PLAN

A responsive proposal must include a comprehensive and realistic work plan as indicated in section 1V.3. The Work Plan must demonstrate the flow of activities in a logical and sequential manner. The work plan must include the following:

i. *Tasks and Deliverables*. Describe what start-up and implementation activities, actions, tasks, and deliverables the respondent will need to accomplish to provide the identified service, as well as the staff and their related qualifications for those who will be responsible for providing the identified service.

ii. *Methodologies*. Describe how each service and deliverable will be accomplished, providing a detailed explanation of the procedures or processes that will be used to attain the expected outcomes. Describe the days and times proposed pharmacy services will be delivered to DOC facilities.

iii. *Timetable/Schedule*. Include a proposed timetable indicating when each task and deliverable will be accomplished. Identify any significant milestones or deadlines. Timetable/schedule must include the day and time service is to be provided, if applicable.

4. STAFFING REQUIREMENTS

A responsive proposal must include the following information about all staff that the respondent intends to assign to this service.

i. *Staffing Plan*. Identify the number and type of all staff positions that will be assigned to the proposed services, including but not limited to an Administrative Liaison, who will

serve as the principal contact with CTDOC. The Administrative Liaison's responsibilities shall include but not be limited to day-to-day oversight, attending all meetings at the request of DOC, and responding to DOC's requests for status updates and reports. Indicate whether each position will be newly created or is existing. If the staff that will be assigned are currently employed by the respondent, include their names and position titles.

Note: The Department will require to be notified in writing and in advance regarding the departure of any key personnel assigned to the project.

ii. *Resumes.* Provide resumes, not exceeding two pages per resume, for all staff identified above that are currently employed by the respondent. Resumes must reflect staff qualifications including credentials, licenses, education, training, and experience with the respondent, corrections experience, and other relevant experience.

iii. *Multilingual and Multicultural Competency.* Describe your staff's experience in providing services to a diverse population.

iv. *Background Checks*. The State may require that the Respondent's staff undergo criminal background checks as provided for in the State of Connecticut Department of Emergency Services and Public Protection Administration and Operations Manual or such other State document as governs procedures for background checks. The Respondent's staff shall cooperate fully as necessary or reasonably requested with the State and its agents in connection with such background checks.

5. DATA AND TECHNOLOGY REQUIREMENTS

A responsive proposal must provide the following information about the information management system of the respondent.

i. *Equipment*. The proposal must describe the respondent's equipment that will be utilized in providing pharmacy services. This should also include their ability to access the internet, send and receive secure outside e-mail, view PDF documents, and create correspondence and reports.

ii. *Confidentiality Requirements*. The contractor will be privy to confidential information that can potentially compromise the safety and security of the public, Department staff, and incarcerated individuals. The contractor shall respect the confidentiality of all Department staff and incarcerated individuals, as well as adhere to the Department's confidentiality requirements regarding receipt and dissemination of information that has the potential of compromising the Department's safety and security. Whenever practical, data, information, and documents shall be provided to the contractor electronically. The contractor shall not store hardcopy data of any kind; all data shall be stored electronically, in accordance with State and federal guidelines for storage of confidential information and personal health information, and encryption guidelines. The proposal must describe the respondent's ability to comply with these requirements.

iii. *Freedom of Information*. Contractor must be aware that the Agency must comply with the Freedom of Information Act, C.G.S. §§ 1-200 et seq. ("FOIA") which requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b).

D. COST PROPOSAL

A responsive proposal must provide the following information regarding the pricing/cost of the goods and services to be provided.

i. *Pharmaceuticals*

a. Pricing Methodology: Respondents are to provide a description of the pricing methodology employed.
b. Sample Price List: Respondents are to price the pharmaceuticals listed in the Pharmaceutical list contained in Exhibit 1 of this document.
c. Discounts and Special Pricing: Respondents should also provide information on any discounts that may be available to them (such as 340 B pricing). With regard to 340 B pricing, if this program pricing is available, items on the detailed pricing schedule that are priced under this program should be identified as 340 B pharmaceuticals.

ii. *Prescription Fulfillment/Central Fill*

a. Prescription Fulfillment/Central Fill Process: Respondents are to provide a description of the proposed Prescription Fulfillment/Central Fill Process.
b. Flat Fee/Per unit Cost: Respondents are to indicate whether they will charge a flat fee, a per unit charge or a combination of both and must provide such fees and/or per unit charges.
c. Other Costs: Respondents must also include in their proposals all other costs associated with filling requested prescriptions. Such costs must be itemized and where applicable expressed on a per unit basis.

iii. *Clinical Pharmacy/Pharmacist Services*

Respondents are to provide a description of the proposed Clinical Pharmacy/Pharmacist Services to be provided and any and all costs associated with the provision of those services. Such costs must be itemized and where applicable expressed on a per unit basis.

iv. *Formulary Development and Management Services*

Respondents are to provide a description of the proposed Formulary Development and Management Services to be provided and any and all costs associated with the provision of those services. Such costs must be itemized and where applicable expressed on a per unit basis.

v. *Other Costs*

Respondents are to provide a description of any other proposed goods or services to be provided that are not captured in the above and any and all costs associated with the provision of those goods or services. Such costs must be itemized and where applicable expressed on a per unit basis.

E. SCOPE OF SERVICES / SERVICE REQUIREMENTS

The following describes the scope of pharmacy services included in this RFP:

Scope of Services for Pharmacy

CTDOC is looking for Central Fill, Clinical Pharmacy/Pharmacist Services and Formulary development and management services.

Scope of services include centralized prescription processing (central fill). The central fill pharmacy processes a request from the originating requestors to prepare a drug order and fulfill from a centralized operation. Medications are to be packaged by blister pack or other individualized orders that are prepared for distribution to the patients. Bulk medications are also prepared by the central fill operation and distributed to the facilities for their stocking of supply to fulfill prescription orders. The central fill

pharmacy is designed to fill prescriptions for the correctional population of the State of Connecticut. Under the adopted concept of operation, the Central Fill Facility will receive pharmaceuticals in both bulk and individual dispense form; package bulk pharmaceuticals into specific unit dose packs and blister cards; label and sort medications as required; and provide bar-code validation matching the drug to the specific requirements.

Automated inventory management, medication checks and other features are required as listed in the detailed scope of services below.

All drug deliveries from pharmacy wholesalers and direct purchases from drug companies will be received via electronic invoices that will enable the centralized pharmacy facility to track pharmacy inventory.

Individual patient prescriptions/orders will be entered into the pharmacy computer system. The orders may be entered into the computer system by healthcare providers at the prison facility and transmitted to the central pharmacy facility for processing, or they may be faxed or scanned and sent to the central pharmacy facility where central pharmacy personnel will input the orders.

Orders that are input at the prison facility will be reviewed for accuracy and clinical impact by pharmacists at the prison facility or at the central pharmacy prior to release for dispensing.

Orders that are input at the central pharmacy facility will be reviewed in a similar manner by pharmacists at the central pharmacy facility.

After the pharmacist performs the review function and determines that there are no drug interactions, allergy interactions and that the medication is being used requested for appropriate use, the order will be released for filling by pharmacy technicians.

STAT medications that are to be administered immediately at the facility by nursing personnel or urgent orders that need to be given immediately to patients will be processed at the local prison facility. All other orders that can be started the next business day will be filled by the central pharmacy facility and shipped to the appropriate prison the next work day.

Create a continuous list of medications needed to fill prescriptions. Solid dosage forms will be processed in blister-pack (bingo card) containers and unit of use medications will be shipped in their own individual containers.

Once inventory is delivered to the prison facility, an interface between the central pharmacy operating system and the local inventory system will be necessary to allow the transfer of inventory from the central pharmacy to the designated local inventory areas and then back to the central pharmacy for returns.

The blister card prepacking operation will be housed in its own separate room. The room will be designed to conform to FDA Good Manufacturing Practice Guidelines. There will be a tracking number assigned to each lot that is run, identifying the manufacturer's lot number, the manufacturer and the expiration date of the pre-packed product. Each card will be bar-coded and the quantity verified.

Production runs for prepacking will be staged based upon the quantity of each drug in the inventory system (receipts from wholesalers and manufacturers plus what has been returned to the pharmacy that can reissued minus what has been dispensed).

Should it be time for a drug to be pre-packed based upon established minimum and maximum levels, the inventory will be checked to make sure that the quantity needed for that production run is in stock.

If there is not sufficient quantity to complete that production run, an order will be made from the wholesaler to ensure next day delivery so that prepacking can continue on schedule. The blister carded inventory will be tracked by the central pharmacy operating system.

All expired and unused medication is returned from facilities to the central pharmacy. These returns are sent through an automated reclamation process. Product is added to inventory if appropriate. A record is created of all returned and destroyed medication.

The system should incorporate inventory tracking through all phases of processing orders. Daily shipments from the wholesaler and direct deliveries from the manufacturer will be electronically invoiced into the inventory system. Medications taken from bulk stock and packaged into blister pack cards will be tracked. Shipments of each blister-pack card and unit-of-use item will be decremented from the inventory. Reclamation returns to the pharmacy that can be reissued will be added into the inventory the same as receipts from the prime vendor wholesaler and direct deliveries.

All computer and operating systems should be coordinated into a single operating system that is easily compatible with the agency's EHR.

The central pharmacy will support and include automated dispensing cabinet replenishment stations for after hours and emergent stock dispensing of medications. These may be a combination of packaging equipment and carousels intended to create and process orders for the automated dispensing cabinets within the prison facilities. These orders must be transferred to the appropriate facilities and tracked by inventory similar to the process described above for routine patient prescriptions.

The contractor shall provide the following Pharmacy Services:

(1) Purchase and provide, in accordance with a CTDOC-approved formulary, all legend, controlled substance, and over-the-counter medications, including related medical supplies required for the appropriate administration of such medications ("Pharmaceuticals") at CTDOC correctional facilities ("DOC Facilities");
(2) Label, package and dispense all Pharmaceuticals as required by applicable law and consistent with industry practices and procedures;
(3) Deliver Pharmaceuticals to the DOC Facilities in accordance with a schedule mutually agreed to by the Parties, and deliver more urgently needed Pharmaceuticals to the DOC Facilities on a non-scheduled basis as needed;
(4) Maintain Pyxis machines at the DOC Facilities to store and dispense all controlled substances and all Pharmaceuticals for first dose, "stat" and maintenance medication situations, and replenish such machines as necessary, and maintain necessary IT systems to monitor Pyxis machines electronically to ensure that stocked levels of controlled substances and Pharmaceuticals remain adequate;
(5) Stock, and restock as needed, the DOC Facilities with other necessary back-up and emergency Pharmaceuticals as appropriate;
(6) Make available a licensed pharmacist 24 hours per day, 7 days per week for pharmacy service-related questions via telephone;
(7) Provide Clinical Pharmacy/Clinical Pharmacist services;
(8) Provide Formulary Development and Management services;
(9) Provide a process for salvaging returned, unopened, labeled medications;
(10) Provide monthly reports on filled prescriptions (in CSV or Excel format);
(11) Provide quarterly reports on rebates and discounts provided;
(12) On behalf of the DOC Facilities, complete paperwork required by the federal Drug Enforcement Agency ("DEA") for controlled substances, including DEA licensure and licensure renewal forms for all DEA-licensed DOC Facilities and DEA forms required in connection with the transfer and receipt of controlled substances.

Respondents must describe in their proposals how they will meet the above requirements. Respondents are required to provide pricing for the pharmaceuticals listed in Exhibit 1 of this RFP

IV. PROPOSAL OUTLINE

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b. Methodologies . . . . . .
c. Timetable/Schedule . . . . . .

4. Staffing Requirements . . . . . .
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I. Forms . . . . . .

a. **Form #1:** Gift and Campaign Contribution Certification . . . . .
This form must be completed and included in Section I of the proposal.

b. **Form #2:** Consulting Agreement Affidavit . . . . . .
This form must be completed and included in Section I of the proposal .

c. **Form #3:** Acknowledgment of Contract Compliance . . . . .
This form must be completed and included in Section I of the proposal.

d. **Form #4:** Notification to Respondents . . . . . .
This form must be completed and included in Section I of the proposal. For more information on completion of this report, go to www.ct.gov/chro

e. **Form #5:** Employer Information Report . . . . . .
This form must be completed and included in Section I of the proposal. For more information on completion of this report, go to www.eeoc.gov

f. **Form #6:** Cover Sheet . . . . . .
This form must be completed if the proposal is being submitted for a program NOT currently under contract with the Department.

V Attachments

FORM #1

STATE OF CONNECTICUT
GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

Written or electronic certification to accompany a State contract with a value of $50,000 or more in a calendar or fiscal year, pursuant to C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8, and No. 7C, Para. 10; and C.G.S. §9-612(g)(2)

INSTRUCTIONS:

Complete all sections of the form. Attach additional pages, if necessary, to provide full disclosure about any lawful campaign contributions made to campaigns of candidates for statewide public office or the General Assembly, as described herein. Sign and date the form, under oath, in the presence of a Commissioner of the Superior Court or Notary Public. Submit the completed form to the awarding State agency at the time of initial contract execution and if there is a change in the information contained in the most recently filed certification, such person shall submit an updated certification either (i) not later than thirty (30) days after the effective date of such change or (ii) upon the submittal of any new bid or proposal for a contract, whichever is earlier. Such person shall also submit an accurate, updated certification not later than fourteen days after the twelve-month anniversary of the most recently filed certification or updated certification.

CHECK ONE: ☐ Initial Certification ☐ 12 Month Anniversary Update (Multi-year contracts only.)

☐ Updated Certification because of change of information contained in the most recently filed certification or twelve-month anniversary update.

GIFT CERTIFICATION:

As used in this certification, the following terms have the meaning set forth below:

1) "Contract" means that contract between the State of Connecticut (and/or one or more of it agencies or instrumentalities) and the Respondent, attached hereto, or as otherwise described by the awarding State agency below;
2) If this is an Initial Certification, "Execution Date" means the date the Contract is fully executed by, and becomes effective between, the parties; if this is a twelve-month anniversary update, "Execution Date" means the date this certification is signed by the Respondent;
3) "Respondent" means the person, firm or corporation named as the contactor below;
4) "Applicable Public Official or State Employee" means any public official or state employee described in C.G.S. §4-252(c)(1)(i) or (ii);
5) "Gift" has the same meaning given that term in C.G.S. § 4-250(1);
6) "Principals or Key Personnel" means and refers to those principals and key personnel of the Respondent, and or their agents, as described in C.G.S. §§ 4-250(5) and 4-252(c)(1)(B) and (C).

I, the undersigned, am a Principal or Key Personnel of the person, firm or corporation authorized to execute this certification on behalf of the Respondent. I hereby certify that, no gifts were made by (A) such person, firm, corporation, (B) any principals and key personnel of the person firm or corporation who participate

substantially in preparing bids, proposals or negotiating state contracts or (C) any agent of such, firm, corporation, or principals or key personnel who participates substantially in preparing bids, proposals or negotiating state contracts, to (i) any public official or state employee of the state agency or quasi-public agency soliciting bids or proposals for state contracts who participates substantially in the preparation of bid solicitations or request for proposals for state contracts or the negotiation or award of state contracts or (ii) any public official or state employee of any other state agency, who has supervisory or appointing authority over such state agency or quasi-public agency.

I further certify that no Principals or Key Personnel know of any action by the Respondent to circumvent (or which would result in the circumvention of) the above certification regarding **Gifts** by providing for any other Principals, Key Personnel, officials, or employees of the Respondent, or its or their agents, to make a **Gift** to any Applicable Public Official or State Employee. I further certify that the Respondent made the bid or proposal for the Contract without fraud or collusion with any person.

CAMPAIGN CONTRIBUTION CERTIFICATION:

I further certify that, on or after December 31, 2006, neither the Respondent nor any of its principals, as defined in C.G.S. § 9-612(g)(1), has made any **campaign contributions** to, or solicited any contributions on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support, any candidate for statewide public office, in violation of C.G.S. § 9-612(g)(2)(A). I further certify that **all lawful campaign contributions** that have been made on or after December 31, 2006 by the Respondent or any of its principals, as defined in C.G.S. § 9-612(g)(1), to, or solicited on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support any candidates for statewide public office or the General Assembly, are listed below:

Lawful Campaign Contributions to Candidates for Statewide Public Office:

Contribution Date	Name of Contributor	Recipient	Value	Description

Lawful Campaign Contributions to Candidates for the General Assembly:

Contribution Date	Name of Contributor	Recipient	Value	Description

_____

_____

_____

_____

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

_____ _____

Printed Respondent Name **Printed Name of Authorized Official**

_____

Signature of Authorized Official

Subscribed and acknowledged before me this _____ day of _____, 20___.

_____

Commissioner of the Superior Court (or Notary Public)

FORM #2

STATE OF CONNECTICUT
CONSULTING AGREEMENT AFFIDAVIT

Affidavit to accompany a bid or proposal for the purchase of goods and services with a value of $50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b). For sole source or no bid contracts the form is submitted at time of contract execution.

INSTRUCTIONS:
If the bidder or respondent has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete all sections of the form. If the bidder or Respondent has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. **If the bidder or Respondent has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1):** Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if there is any change in the information contained in the most recently filed affidavit not later than (i) thirty days after the effective date of any such change or (ii) upon the submittal of any new bid or proposal, whichever is earlier.

AFFIDAVIT: [Number of Affidavits Sworn and Subscribed On This Day: _____]

I, the undersigned, hereby swear that I am a principal or key personnel of the or Respondent awarded a contract, as described in Connecticut General Statutes § 4a-81(b), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, **except for the agreement listed below**:

_____ _____
Consultant's Name and Title Name of Firm (if applicable)

_____ _____ _____
Start Date End Date Cost

Description of Services Provided:
_____

_____

_____

Is the consultant a former State employee or former public official? ☐ YES ☐ NO

If YES: _____ _____
Name of Former State Agency Termination Date of Employment

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

_____	_____	_____
Printed Name of Bidder or Respondent	**Signature of Principal or Key Personnel**	**Date**
	_____	_____
	Printed Name (of above)	Awarding State Agency

Sworn and subscribed before me on this _____ day of _____, 20___.

_____
Commissioner of the Superior Court
or Notary Public

FORM #3

Acknowledgement of Contract Compliance
Notification to Bidders

The contract to be awarded is subject to contract compliance requirements mandated by Section 4-114a of the Connecticut General Statutes: and when the guarding agency is the state, Section 46a-71(d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 4-11a-1 et seq. of the regulations of Connecticut State Agencies which establish a procedure for the awarding of all contracts covered by Sections 4-114a and 46a-71(d) of the Connecticut General Statutes.

According to Section 4-114a-3(9) of the Contract Compliance regulations, every agency awarding a contract subject to the contract compliance requirements has an obligation to "aggressively solicit the participation of legitimate minority business enterprises as bidders, Respondents, subcontractors and suppliers of materials." "Minority business enterprise" is defined in Section 4-114a of the Connecticut General Statutes as a business wherein fifty-one percent or more of the capital stock, or assets, belong to a person or persons: "(1) Who are active in the daily affairs of the enterprise; (2) who have the power to direct the management and policies of the enterprises; and (3) who are members of a minority, as such term is defined in sub-section (a) of Section 32-9n." "Minority" groups are defined in Section 32-9n of the Connecticut General Statutes as "(1) Black Americans... (2) Hispanic American... (3) Women...(4) Asian Pacific Americans and Pacific Islanders; or (5) American Indians..." The above definitions apply to the contract compliance requirement virtue of Section 4-114a-1 (10) of the Contract Compliance Regulations.

The awarding agency will consider the following factors when reviewing the Proposer's qualifications under the contract compliance requirements:

(a) the proposer's success in implementing an affirmative action plan;
(b) the proposer's success in developing an apprenticeship program complying with Sections 46a-68-17 of the Connecticut General Statutes, inclusive;
(c) the proposer's promise to develop and implement a successful affirmative action plan;
(d) the proposer's submission of EEO-1 data indicating that the composition of its work force is at or near parity when compared to the racial and sexual composition of the work force in the relevant labor market area; and
(e) the proposer's promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 4-11a-3(10) of the Contract Compliance Regulations.

* INSTRUCTIONS Proposer must sign acknowledgment below, and return acknowledgment to awarding agency along with signed proposal.

The undersigned acknowledges receiving and reading a copy of the "Notification to Bidders" form.

_____

Signature Date

BIDDER CONTRACT COMPLIANCE MONITORING REPORT - FORM #4

Part III - Bidder Subcontracting Practices (Page 4)

1. Will the work of this contract include subcontractors or suppliers? Yes__ No__

1a. If yes, please list all subcontractors and suppliers and report if they are a small contractor and/or a minority business enterprise. (defined on page 1 / use additional sheet if necessary)

1b. Will the work of this contract require additional subcontractors or suppliers other than those identified in 1a. above? Yes__ No__

PART IV - Bidder Employment Information Date:

JOB CATEGORY *	OVERALL TOTALS	WHITE (not of Hispanic origin)		BLACK (not of Hispanic origin)		HISPANIC		ASIAN or PACIFIC ISLANDER		AMERICAN INDIAN or ALASKAN NATIVE	
		Male	Female	Male	Female	Male	Female	Male	Female	male	female
Management											
Business & Financial Ops											
Marketing & Sales											
Legal Occupations											
Computer Specialists											
Architecture/Engineering											
Office & Admin Support											
Bldg/ Grounds Cleaning/Maintenance											
Construction & Extraction											
Installation , Maintenance & Repair											
Material Moving Workers											
Production Occupations											
TOTALS ABOVE											
Total One Year Ago											
FORMAL ON THE JOB TRAINEES (ENTER FIGURES FOR THE SAME CATEGORIES AS ARE SHOWN ABOVE)											
Apprentices											
Trainees											

*NOTE: JOB CATEGORIES CAN BE CHANGED OR ADDED TO (EX. SALES CAN BE ADDED OR REPLACE A CATEGORY NOT USED IN YOUR COMPANY)

PART V - Bidder Hiring and Recruitment Practices (Page 5)

1. Which of the following recruitment sources are used by you? (Check yes or no, and report percent used)				2. Check (X) any of the below listed requirements that you use as a hiring qualification		3. Describe below any other practices or actions that you take which show that you hire, train, and promote employees without discrimination
SOURCE	YES	NO	% of applicants provided by source	(X)		
State Employment Service					Work Experience	
Private Employment Agencies					Ability to Speak or Write English	
Schools and Colleges					Written Tests	
Newspaper Advertisement					High School Diploma	
Walk Ins					College Degree	
Present Employees					Union Membership	
Labor Organizations					Personal Recommendation	
Minority/Community Organizations					Height or Weight	
Others (please identify)					Car Ownership	
					Arrest Record	
					Wage Garnishments	

Certification (Read this form and check your statements on it CAREFULLY before signing). I certify that the statements made by me on this BIDDER CONTRACT COMPLIANCE MONITORING REPORT are complete and true to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly make any misstatements of facts, I am subject to be declared in non-compliance with Section 4a-60, 4a-60a, and related sections of the CONN. GEN. STAT.

(Signature)	(Title)	(Date Signed)	(Telephone)

FORM 5

Joint Reporting Committee
- Equal Employment Opportunity Commission
- Office of Federal Contract Compliance Programs (Labor)

EQUAL EMPLOYMENT OPPORTUNITY

EMPLOYER INFORMATION REPORT EEO—1

Standard Form 100
REV 01/2006

O.M.B. No. 3046-0007
EXPIRES 01/2009
100-214

SF 100 - Page 2

Section D-EMPLOYMENT DATA

Employment at this establishment – Report all permanent full- and part-time employees including apprentices and on the job trainees unless specifically excluded as set forth in the instructions. Enter the appropriate figures on all lines and in all columns. Blank spaces will be considered as zeros.

Job Categories	Number of Employees (Report employees in only one category)															
	Race/Ethnicity															
	Hispanic or Latino		Not-Hispanic or Latino													
			Male						Female							
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	Total Col A - N
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Executive/Senior Level Officials and Managers 1.1															
First/Mid Level Officials and Managers 1.2															
Professionals 2															
Technicians 3															
Sales Workers 4															
Administrative Support Workers 5															
Craft Workers 6															
Operatives 7															
Laborers and Helpers 8															
Service Workers 9															
TOTAL 10															
PREVIOUS YEAR TOTAL 11															

1. Date(s) of payroll period used: _____ (Omit on the Consolidated Report.)

Section E - ESTABLISHMENT INFORMATION (Omit on the Consolidated Report.)

1. What is the major activity of this establishment? (Be specific, i.e., manufacturing steel castings, retail grocer, wholesale plumbing supplies, title insurance, etc. Include the specific type of product or type of service provided, as well as the principal business or industrial activity.)

Section F - REMARKS

Use this item to give any identification data appearing on the last EEO-1 report which differs from that given above, explain major changes in composition of reporting units and other pertinent information.

Section G - CERTIFICATION

Check one: 1 ☐ All reports are accurate and were prepared in accordance with the instructions. (Check on Consolidated Report only.)
2 ☐ This report is accurate and was prepared in accordance with the instructions.

Name of Certifying Official	Title	Signature	Date
Name of person to contact regarding this report	Title	Address (Number and Street)	
City and State	Zip Code	Telephone No. (including Area Code and Extension)	Email Address

All reports and information obtained from individual reports will be kept confidential as required by Section 709(e) of Title VII.
WILLFULLY FALSE STATEMENTS ON THIS REPORT ARE PUNISHABLE BY LAW, U.S. CODE, TITLE 18, SECTION 1001

REQUEST FOR PROPOSAL
RFP # DOC-PHARMACY SERVICES RFP2018
Department of Correction
October 2018

FORM #6: Proposal Cover Sheet

Applicant Name _____ **FEIN** _____

Address _____

City/Town _____ **State** _____ **Zip Code** _____

Agency Contact: _____ **Title:** _____

Telephone Number _____ **E-Mail Address** _____ **Fax Number** _____

Applicant Fiscal Year: _____ to _____
(Month) (Month)

Is your agency a non-profit? Yes ☐ No ☐ **Is your agency incorporated?** Yes ☐ No ☐

Is your agency registered as a:
Minority Business Enterprise? Yes ☐ No ☐
Women Business Enterprise? Yes ☐ No ☐
Small Business Enterprise? Yes ☐ No ☐

Certification:
I certify that to the best of my knowledge and belief, the information contained in this application is true and correct. The application has been duly authorized by the governing body of the applicant, the applicant has the legal authority to apply for this funding, the applicant will comply with applicable state and federal laws and regulations, and that I am a duly authorized signatory for the applicant.

Signature of Authorizing Official _____ **Date** _____

Typed Name and Title _____

EXHIBIT 1 – CTDOC Pharmaceutical Information

NDC	Generic Abbrev Desc
85412000508	1.2 MICRON EXT 21" SET 50
60505358306	ABACAVIR SULFATE
65862007360	ABACAVIR SULFATE
00093538256	ABACAVIR SULFATE/LAMIVUDINE
68180028607	ABACAVIR/LAMIVUDINE/ZIDOVUDINE
00536012285	ACETAMINOPHEN
45802073033	ACETAMINOPHEN
68084037201	ACETAMINOPHEN WITH CODEINE
47682080313	ACETAMINOPHEN
63739044001	ACETAMINOPHEN
00406048462	ACETAMINOPHEN WITH CODEINE
51079016120	ACETAMINOPHEN WITH CODEINE
51672402201	ACETAZOLAMIDE
51672402301	ACETAZOLAMIDE
68382026101	ACETAZOLAMIDE
50383088915	ACETIC ACID
60432074115	ACETIC ACID
50383090110	HYDROCORTISONE/ACETIC ACID
51672300701	HYDROCORTISONE/ACETIC ACID
63323069030	ACETYLCYSTEINE
00536718101	L. ACIDOPHILUS/LACTOBAC SPOR
63323032520	ACYCLOVIR SODIUM
00093894301	ACYCLOVIR
68084010801	ACYCLOVIR
00093894305	ACYCLOVIR
00591115930	ACYCLOVIR
00093894701	ACYCLOVIR
68084010901	ACYCLOVIR
00093894705	ACYCLOVIR
49281040010	DIPH,PERTUSS(ACELL),TET VAC/PF
00173069600	FLUTICASONE/SALMETEROL
00173069700	FLUTICASONE/SALMETEROL
00456315467	INHALER, ASSIST DEVICES
52054055022	ALBENDAZOLE
00487950101	ALBUTEROL SULFATE
16252060102	ALENDRONATE SODIUM
16252060144	ALENDRONATE SODIUM
67546011114	NITAZOXANIDE
41167432007	FEXOFENADINE/PSEUDOEPHEDRINE
00904001224	CHLORPHENIRAMINE MALEATE
51079020520	ALLOPURINOL
00591554310	ALLOPURINOL
51079020620	ALLOPURINOL
00591554405	ALLOPURINOL
00904585961	ALPRAZOLAM
00536009185	ALUMINUM HYDROXIDE

00832201200	AMANTADINE HCL
68084061101	AMANTADINE HCL
49411005208	AMINOCAPROIC ACID
64980015101	AMILORIDE HCL
68382022714	AMIODARONE HCL
00603221221	AMITRIPTYLINE HCL
51079013120	AMITRIPTYLINE HCL
00781149001	AMITRIPTYLINE HCL
51079056320	AMITRIPTYLINE HCL
00781149101	AMITRIPTYLINE HCL
00781148701	AMITRIPTYLINE HCL
51079010720	AMITRIPTYLINE HCL
00781148710	AMITRIPTYLINE HCL
00781148801	AMITRIPTYLINE HCL
51079013320	AMITRIPTYLINE HCL
00781148810	AMITRIPTYLINE HCL
00781148901	AMITRIPTYLINE HCL
16729017401	AMITRIPTYLINE HCL
51079014720	AMITRIPTYLINE HCL
00904637161	AMLODIPINE BESYLATE
68084026001	AMLODIPINE BESYLATE
00603211033	AMLODIPINE BESYLATE
00603211002	AMLODIPINE BESYLATE
00093008398	AMLODIPINE BESYLATE
51079045120	AMLODIPINE BESYLATE
00603210932	AMLODIPINE BESYLATE
00093716798	AMLODIPINE BESYLATE
45802049383	AMMONIUM LACTATE
00904598426	AMMONIUM LACTATE
00781261305	AMOXICILLIN
00093226401	AMOXICILLIN
65862050220	AMOXICILLIN/POTASSIUM CLAV
66685100101	AMOXICILLIN/POTASSIUM CLAV
00781233501	DEXTROAMPHETAMINE/AMPHETAMINE
00115132901	DEXTROAMPHETAMINE/AMPHETAMINE
00781235201	DEXTROAMPHETAMINE/AMPHETAMINE
00185011101	DEXTROAMPHETAMINE/AMPHETAMINE
00555097202	DEXTROAMPHETAMINE/AMPHETAMINE
00555097302	DEXTROAMPHETAMINE/AMPHETAMINE
00228306111	DEXTROAMPHETAMINE/AMPHETAMINE
55150011310	AMPICILLIN SODIUM
63323039923	AMPICILLIN SODIUM
67253018010	AMPICILLIN TRIHYDRATE
25021014220	AMPICILLIN SODIUM/SULBACTAM NA
55150011620	AMPICILLIN SODIUM/SULBACTAM NA
25021014330	AMPICILLIN SODIUM/SULBACTAM NA
44567021110	AMPICILLIN SODIUM/SULBACTAM NA

00225029515	HYOSCYAMINE SULFATE
68382020906	ANASTROZOLE
24357070130	LIDOCAINE
47682080213	CALCIUM CARBONATE
00904772512	LOPERAMIDE HCL
00713050301	HYDROCORTISONE ACETATE
72140003263	PETROLATUM,WHITE
13811068110	ARIPIPRAZOLE
54838057059	ARIPIPRAZOLE
13811067930	ARIPIPRAZOLE
13811068310	ARIPIPRAZOLE
13811068410	ARIPIPRAZOLE
00456045801	THYROID,PORK
00456046401	THYROID,PORK
00085433401	MOMETASONE FUROATE
00536105301	ASPIRIN
66553000101	ASPIRIN
00536105429	ASPIRIN
00904201380	ASPIRIN
63739043401	ASPIRIN
00904628889	ASPIRIN
00904404073	ASPIRIN
00904770480	ASPIRIN
66553000201	ASPIRIN
63739052210	ASPIRIN
00054057521	ASPIRIN/DIPYRIDAMOLE
00093075301	ATENOLOL
00378075710	ATENOLOL
50742010310	ATENOLOL
00781107801	ATENOLOL
00904539261	ATENOLOL
00781107810	ATENOLOL
00093075201	ATENOLOL
51079068420	ATENOLOL
00093075210	ATENOLOL
66993004630	ATOMOXETINE HCL
66993004030	ATOMOXETINE HCL
66993004230	ATOMOXETINE HCL
66993004330	ATOMOXETINE HCL
66993004430	ATOMOXETINE HCL
66993004530	ATOMOXETINE HCL
68084009701	ATORVASTATIN CALCIUM
60505257808	ATORVASTATIN CALCIUM
60505257809	ATORVASTATIN CALCIUM
68084009801	ATORVASTATIN CALCIUM
60505257908	ATORVASTATIN CALCIUM
60505257909	ATORVASTATIN CALCIUM

68084009901	ATORVASTATIN CALCIUM
60505258008	ATORVASTATIN CALCIUM
60505258009	ATORVASTATIN CALCIUM
60505267108	ATORVASTATIN CALCIUM
60505267109	ATORVASTATIN CALCIUM
65162069388	ATOVAQUONE
15584010101	EFAVIRENZ/EMTRICIT/TENOFOVR DF
17478021505	ATROPINE SULFATE
24208082555	ATROPINE SULFATE
00597008717	IPRATROPIUM BROMIDE
59922063101	FERRIC CITRATE
	AVEENO BAR MOISTURIZE FRAG FREE 3.5OZ
	AVEENO BAR MOISTURIZE FRAG FREE 3.5OZ
	AVEENO BAR MOISTURIZE FRAG FREE 3.5OZ
	AVEENO BAR MOISTURIZE FRAG FREE 3.5OZ
	AVEENO BAR MOISTURIZE FRAG FREE 3.5OZ
08137101842	COLLOIDAL OATMEAL
	AVEENO LOTION DAILY MOIST PUMP UNSC 12OZ
	AVEENO LOTION DAILY MOIST PUMP UNSC 12OZ
59627022205	INTERFERON BETA-1A
17478030703	AZITHROMYCIN
68084022901	AZATHIOPRINE
51525029403	AZELASTINE HCL
00093714656	AZITHROMYCIN
00093714756	AZITHROMYCIN
00065027510	BRINZOLAMIDE
00168002135	BACITRACIN/POLYMYXIN B SULFATE
00168002131	BACITRACIN/POLYMYXIN B SULFATE
00574402235	BACITRACIN
00713028031	BACITRACIN
00832102400	BACLOFEN
68084085501	BACLOFEN
00832102410	BACLOFEN
00904647561	BACLOFEN
00832102500	BACLOFEN
00904647661	BACLOFEN
	BAG BALM OINTMENT 8OZ
	BAG ZIP CLEAR 2ML 12X15 1000CT RD PLST
	BAG ZIP CLEAR 2ML 4X6 1000CT ACTN
	BAG ZIP CLEAR 2ML 4X6 1000CT ACTN
	BAG ZIP CLEAR 2ML 4X6 1000CT ACTN
	BAG ZIP CLEAR 2ML 4X6 1000CT ACTN
	BAG ZIP CLEAR 2ML 4X6 1000CT ACTN
	BAG ZIP CLEAR 2ML 5X8 1000CT ACTN
	BAG ZIP CLEAR 2ML 5X8 1000CT ACTN
	BAG ZIP CLEAR 2ML 9X12 1000CT ACTN
	BAG ZIP CLEAR 2ML 9X12 1000CT ACTN

	BAG ZIP CLEAR 2ML 9X12 1000CT ACTN
	BAG ZIP CLEAR 2ML 9X12 1000CT ACTN
	BAG ZIP CLEAR 2ML 9X12 1000CT RD PLST
	BAG ZIP CLEAR 4ML 13X18 500CT RD PLST
08137005635	ADHESIVE BANDAGE
00904517416	DIPHENHYDRAMINE HCL
10119000252	SOD BORATE/BORIC AC/WATER/NACL
08290325772	LANCETS
08290320119	PEN NEEDLE, DIABETIC
00501320001	DIPHENHYDRAMINE HCL/ZINC ACET
69387011905	BENZONATATE
69452014330	BENZONATATE
00536105875	BENZOYL PEROXIDE
00536105656	BENZOYL PEROXIDE
24470090105	BENZOYL PEROXIDE
67405083008	BENZOYL PEROXIDE
00536105775	BENZOYL PEROXIDE
67405082505	BENZOYL PEROXIDE
67405082508	BENZOYL PEROXIDE
54162001902	BENZOYL PEROXIDE
00143972905	BENZTROPINE MESYLATE
00603243321	BENZTROPINE MESYLATE
00603243421	BENZTROPINE MESYLATE
68084038801	BENZTROPINE MESYLATE
00603243432	BENZTROPINE MESYLATE
00832108110	BENZTROPINE MESYLATE
00603243521	BENZTROPINE MESYLATE
68084038901	BENZTROPINE MESYLATE
00603243532	BENZTROPINE MESYLATE
68084038101	BENZTROPINE MESYLATE
00168005546	BETAMETHASONE DIPROPIONATE
00168004015	BETAMETHASONE VALERATE
00472037015	BETAMETHASONE VALERATE
00168004046	BETAMETHASONE VALERATE
00472037045	BETAMETHASONE VALERATE
00472037115	BETAMETHASONE VALERATE
00472037145	BETAMETHASONE VALERATE
00378695501	BEXAROTENE
00093022056	BICALUTAMIDE
60793070210	PENICILLIN G BENZATHINE
68180042901	BIMATOPROST
48582000330	SALIVA SUBSTITUTE COMBO NO.9
00713010950	BISACODYL
00904640761	BISACODYL
00904792760	BISACODYL
00904792717	BISACODYL
00904131546	BISMUTH SUBSALICYLATE

00395030312	BORIC ACID
10119005609	HARD LENS CLEANER
	BOSTON LENS CLEANER 1OZ
47144005509	HARD LENS WETTING SOLUTION
10119005611	HARD LENS CLEANER
00173085910	FLUTICASONE/VILANTEROL
00173088210	FLUTICASONE/VILANTEROL
00186077660	TICAGRELOR
00186077760	TICAGRELOR
24208041110	BRIMONIDINE TARTRATE
24208041105	BRIMONIDINE TARTRATE
63402091130	ARFORMOTEROL TARTRATE
00378715501	BUDESONIDE
60505612902	BUDESONIDE
00591376830	BUDESONIDE
00641600710	BUMETANIDE
00641600810	BUMETANIDE
00185012901	BUMETANIDE
00054017613	BUPRENORPHINE HCL
00054017713	BUPRENORPHINE HCL
00228315603	BUPRENORPHINE HCL
00228315303	BUPRENORPHINE HCL
00378043501	BUPROPION HCL
68001019800	BUPROPION HCL
51079094420	BUPROPION HCL
00378200877	BUPROPION HCL
51079010903	BUPROPION HCL
10370010250	BUPROPION HCL
68001026403	BUPROPION HCL
00781105301	BUPROPION HCL
68001019900	BUPROPION HCL
51079094320	BUPROPION HCL
68001030800	BUPROPION HCL
45963014290	BUPROPION HCL
68001026404	BUPROPION HCL
68001026405	BUPROPION HCL
68001028703	BUPROPION HCL
45963014205	BUPROPION HCL
51079098620	BUSPIRONE HCL
00115169103	BUSPIRONE HCL
00591065810	BUSPIRONE HCL
51079096020	BUSPIRONE HCL
00591071818	BUSPIRONE HCL
00115169202	BUSPIRONE HCL
00591071805	BUSPIRONE HCL
00591071860	BUSPIRONE HCL
51079098520	BUSPIRONE HCL

00591336901	BUTALB/ACETAMINOPHEN/CAFFEINE
00310652401	EXENATIDE
59762100501	CABERGOLINE
00904253321	CALAMINE/ZINC OXIDE
66993087761	CALCIPOTRIENE
51672415403	CALCIPOTRIENE
68462050165	CALCIPOTRIENE
66993087861	CALCIPOTRIENE
00904506260	CALCIUM CITRATE
64380072306	CALCITRIOL
63304024001	CALCITRIOL
45802060801	CALCITRIOL
31722037702	CALCIUM ACETATE
69097086283	CALCIUM ACETATE
00904188380	CALCIUM CARBONATE
00904546080	CALCIUM CARBONATE/VITAMIN D3
58914050156	MESALAMINE
00006382210	CASPOFUNGIN ACETATE
41167075142	CAPSAICIN
58914017014	SUCRALFATE
00904385461	CARBAMAZEPINE
51079087020	CARBAMAZEPINE
51672404102	CARBAMAZEPINE
60432012916	CARBAMAZEPINE
51672400501	CARBAMAZEPINE
51079038520	CARBAMAZEPINE
51672400503	CARBAMAZEPINE
00228253810	CARBIDOPA/LEVODOPA
51862007701	CARBIDOPA/LEVODOPA
62756051788	CARBIDOPA/LEVODOPA
62756046188	CARBIDOPA/LEVODOPA
00228253910	CARBIDOPA/LEVODOPA
00228254010	CARBIDOPA/LEVODOPA
68084038001	CARISOPRODOL
68382009401	CARVEDILOL
68001015100	CARVEDILOL
68084086501	CARVEDILOL
68001015103	CARVEDILOL
68001015200	CARVEDILOL
68001015203	CARVEDILOL
68001015300	CARVEDILOL
00904630061	CARVEDILOL
68001015303	CARVEDILOL
68001015400	CARVEDILOL
68084085401	CARVEDILOL
68001015403	CARVEDILOL
00395051592	CASTOR OIL

50242004164	ALTEPLASE
00143992490	CEFAZOLIN SODIUM
00409080501	CEFAZOLIN SODIUM
63323023610	CEFAZOLIN SODIUM
25021012850	CEFTAZIDIME
44567023610	CEFTAZIDIME
00409733201	CEFTRIAXONE SODIUM
00143985725	CEFTRIAXONE SODIUM
00409733701	CEFTRIAXONE SODIUM
60505075104	CEFTRIAXONE SODIUM
68180030320	CEFUROXIME AXETIL
67877021520	CEFUROXIME AXETIL
00093716505	CELECOXIB
13811066010	CELECOXIB
	CENTOR VIAL AMBER SL 16DR-L-16A 240
	CENTOR VIAL AMBER SL 40DR 95
	CENTOR VIAL AMBER SL 60DR 60
00093417774	CEPHALEXIN
00093314701	CEPHALEXIN
68180012202	CEPHALEXIN
45802091987	CETIRIZINE HCL
51079014120	CHLORDIAZEPOXIDE HCL
52376002102	CHLORHEXIDINE GLUCONATE
00832030300	CHLORPROMAZINE HCL
00832030310	CHLORPROMAZINE HCL
00832030400	CHLORPROMAZINE HCL
00832030410	CHLORPROMAZINE HCL
00832030100	CHLORPROMAZINE HCL
00641139735	CHLORPROMAZINE HCL
00641139835	CHLORPROMAZINE HCL
00832030200	CHLORPROMAZINE HCL
00378022201	CHLORTHALIDONE
00378022210	CHLORTHALIDONE
00378021301	CHLORTHALIDONE
49884046565	CHOLESTYRAMINE (WITH SUGAR)
00054004421	CILOSTAZOL
00093206506	CILOSTAZOL
00065853302	CIPROFLOXACIN HCL/DEXAMETH
16571012050	CIPROFLOXACIN HCL
61314065605	CIPROFLOXACIN HCL
55111012601	CIPROFLOXACIN HCL
51079018220	CIPROFLOXACIN HCL
00172531270	CIPROFLOXACIN HCL
16571041250	CIPROFLOXACIN HCL
65862007850	CIPROFLOXACIN HCL
00904608461	CITALOPRAM HYDROBROMIDE
65162005250	CITALOPRAM HYDROBROMIDE

54838054070	CITALOPRAM HYDROBROMIDE
00904608561	CITALOPRAM HYDROBROMIDE
65162005350	CITALOPRAM HYDROBROMIDE
00904608661	CITALOPRAM HYDROBROMIDE
65162005450	CITALOPRAM HYDROBROMIDE
00591570801	CLINDAMYCIN HCL
68084024301	CLINDAMYCIN HCL
68084024401	CLINDAMYCIN HCL
59762374301	CLINDAMYCIN PHOSPHATE
59762374401	CLINDAMYCIN PHOSPHATE
59762372801	CLINDAMYCIN PHOSPHATE
00168027740	CLINDAMYCIN PHOSPHATE
63323028202	CLINDAMYCIN PHOSPHATE
25021011504	CLINDAMYCIN PHOSPHATE
50383026715	CLOBETASOL PROPIONATE
51672125801	CLOBETASOL PROPIONATE
00168016330	CLOBETASOL PROPIONATE
50383026730	CLOBETASOL PROPIONATE
51672125802	CLOBETASOL PROPIONATE
51672125803	CLOBETASOL PROPIONATE
51672125901	CLOBETASOL PROPIONATE
50383026830	CLOBETASOL PROPIONATE
51672125902	CLOBETASOL PROPIONATE
50383026860	CLOBETASOL PROPIONATE
51672125903	CLOBETASOL PROPIONATE
40085088850	CLOBETASOL PROPIONATE
45802096126	CLOBETASOL PROPIONATE
51672129302	CLOBETASOL PROPIONATE
60432013325	CLOBETASOL PROPIONATE
00168026950	CLOBETASOL PROPIONATE
51672401105	CLOMIPRAMINE HCL
51672401205	CLOMIPRAMINE HCL
00406880801	CLOMIPRAMINE HCL
00904610161	CLONAZEPAM
63739026310	CLONAZEPAM
00904610261	CLONAZEPAM
51862045404	CLONIDINE
68001023700	CLONIDINE HCL
51079029920	CLONIDINE HCL
68001023703	CLONIDINE HCL
68001023800	CLONIDINE HCL
51079030020	CLONIDINE HCL
00228212850	CLONIDINE HCL
68001023803	CLONIDINE HCL
68001023900	CLONIDINE HCL
51079055720	CLOPIDOGREL BISULFATE
68084053601	CLOPIDOGREL BISULFATE

55111019690	CLOPIDOGREL BISULFATE
45802043411	CLOTRIMAZOLE
66993089815	CLOTRIMAZOLE/BETAMETHASONE DIP
51079092220	CLOZAPINE
51079092120	CLOZAPINE
00054024424	CODEINE SULFATE
66993016502	COLCHICINE
00023921105	BRIMONIDINE TARTRATE/TIMOLOL
00597002402	IPRATROPIUM/ALBUTEROL SULFATE
61958110101	EMTRICITA/RILPIVIRINE/TENOF DF
52544004513	PODOFILOX
68546031730	GLATIRAMER ACETATE
68546032512	GLATIRAMER ACETATE
55513080060	IVABRADINE HCL
00009001201	HYDROCORTISONE
10356002300	ADHESIVE BANDAGE
35046000751	CRANBERRY FRUIT EXTRACT
00032121201	LIPASE/PROTEASE/AMYLASE
00032122401	LIPASE/PROTEASE/AMYLASE
00032122407	LIPASE/PROTEASE/AMYLASE
00032120601	LIPASE/PROTEASE/AMYLASE
00310075430	ROSUVASTATIN CALCIUM
00172640649	CROMOLYN SODIUM
00517003125	CYANOCOBALAMIN (VITAMIN B-12)
00591565801	CYCLOBENZAPRINE HCL
51079064420	CYCLOBENZAPRINE HCL
00591565805	CYCLOBENZAPRINE HCL
24208073506	CYCLOPENTOLATE HCL
17478009615	CYCLOPENTOLATE HCL
00185093330	CYCLOSPORINE, MODIFIED
00591222315	CYCLOSPORINE, MODIFIED
00185093230	CYCLOSPORINE, MODIFIED
00436094616	SODIUM HYPOCHLORITE
49938010130	DAPSONE
00703012501	DAPTOMYCIN
00904386575	SODIUM CHLORIDE
00430075327	MESALAMINE
00023585318	MESALAMINE
00009307303	METHYLPREDNISOLONE ACETATE
00009347501	METHYLPREDNISOLONE ACETATE
00009062601	MEDROXYPROGESTERONE ACETATE
00009041701	TESTOSTERONE CYPIONATE
61958200201	EMTRICITABINE/TENOFOV ALAFENAM
00781197201	DESIPRAMINE HCL
00781197401	DESIPRAMINE HCL
00093731601	DESMOPRESSIN ACETATE
00093731701	DESMOPRESSIN ACETATE

68001023400	DESMOPRESSIN ACETATE
00115164601	DESMOPRESSIN ACETATE
24208072002	DEXAMETHASONE SODIUM PHOSPHATE
00054317763	DEXAMETHASONE
00054418325	DEXAMETHASONE
00054817625	DEXAMETHASONE
00054418425	DEXAMETHASONE
00054817525	DEXAMETHASONE
00338001703	DEXTROSE 5 % IN WATER
00409751716	DEXTROSE 50 % IN WATER
00904588061	DIAZEPAM
51079028520	DIAZEPAM
49884093547	DICLOFENAC SODIUM
68001028000	DICLOFENAC SODIUM
24208045705	DICLOFENAC SODIUM
65162083366	DICLOFENAC SODIUM
61442010301	DICLOFENAC SODIUM
00093312301	DICLOXACILLIN SODIUM
00093312501	DICLOXACILLIN SODIUM
00591079401	DICYCLOMINE HCL
51079011820	DICYCLOMINE HCL
00591079501	DICYCLOMINE HCL
51079011920	DICYCLOMINE HCL
00591079510	DICYCLOMINE HCL
64980018101	DIFLUNISAL
00781305995	DIGOXIN
00071036924	PHENYTOIN SODIUM EXTENDED
00071000724	PHENYTOIN
49884083009	DILTIAZEM HCL
68084005390	DILTIAZEM HCL
68084005590	DILTIAZEM HCL
00378612001	DILTIAZEM HCL
60687020601	DILTIAZEM HCL
00378004501	DILTIAZEM HCL
00378013501	DILTIAZEM HCL
00378522001	DILTIAZEM HCL
00378534001	DILTIAZEM HCL
60505001406	DILTIAZEM HCL
00185064810	DIPHENHYDRAMINE HCL
00904530780	DIPHENHYDRAMINE HCL
00185064910	DIPHENHYDRAMINE HCL
00904530760	DIPHENHYDRAMINE HCL
00904530661	DIPHENHYDRAMINE HCL
00904205661	DIPHENHYDRAMINE HCL
42806064810	DIPHENHYDRAMINE HCL
42806064910	DIPHENHYDRAMINE HCL
00641037625	DIPHENHYDRAMINE HCL

59762106102	DIPHENOXYLATE HCL/ATROPINE
00378041501	DIPHENOXYLATE HCL/ATROPINE
59762106101	DIPHENOXYLATE HCL/ATROPINE
68382010601	DIVALPROEX SODIUM
62756079888	DIVALPROEX SODIUM
68382003301	DIVALPROEX SODIUM
62756079813	DIVALPROEX SODIUM
68382003305	DIVALPROEX SODIUM
68001010600	DIVALPROEX SODIUM
68001010603	DIVALPROEX SODIUM
68084077601	DIVALPROEX SODIUM
68382003205	DIVALPROEX SODIUM
68084078261	DIVALPROEX SODIUM
68001010500	DIVALPROEX SODIUM
63739047810	DOCUSATE SODIUM
59762003802	DOFETILIDE
00904645780	DOCUSATE SODIUM
13668010330	DONEPEZIL HCL
13668010290	DONEPEZIL HCL
00093761843	DORZOLAMIDE HCL
61314001910	DORZOLAMIDE HCL
50383023310	DORZOLAMIDE HCL/TIMOLOL MALEAT
61314003002	DORZOLAMIDE HCL/TIMOLOL MALEAT
16729021301	DOXAZOSIN MESYLATE
00378402201	DOXAZOSIN MESYLATE
59762234006	DOXAZOSIN MESYLATE
00378104901	DOXEPIN HCL
60432065104	DOXEPIN HCL
00378641001	DOXEPIN HCL
49884022201	DOXEPIN HCL
00378312501	DOXEPIN HCL
51079043720	DOXEPIN HCL
00378425001	DOXEPIN HCL
51079043820	DOXEPIN HCL
00378537501	DOXEPIN HCL
00527133825	DOXYCYCLINE MONOHYDRATE
00527133850	DOXYCYCLINE MONOHYDRATE
60505299506	DULOXETINE HCL
68001025605	DULOXETINE HCL
47335038318	DULOXETINE HCL
11017025220	SALICYLIC ACID
00065924007	DIFLUPREDNATE
00904662735	CARBAMIDE PEROXIDE
00187510102	PIMECROLIMUS
00003089321	APIXABAN
00003089421	APIXABAN
61958060101	EMTRICITABINE

00430017015	DARIFENACIN HYDROBROMIDE
64679092503	ENALAPRIL MALEATE
00378105101	ENALAPRIL MALEATE
00093002701	ENALAPRIL MALEATE
58406043504	ETANERCEPT
58160082011	HEPATITIS B VIRUS VACCINE/PF
00703858023	ENOXAPARIN SODIUM
00703861023	ENOXAPARIN SODIUM
00703851023	ENOXAPARIN SODIUM
63323056883	ENOXAPARIN SODIUM
00703854023	ENOXAPARIN SODIUM
00703868023	ENOXAPARIN SODIUM
00781350069	ENOXAPARIN SODIUM
00781361268	ENOXAPARIN SODIUM
00781365569	ENOXAPARIN SODIUM
00781322464	ENOXAPARIN SODIUM
00781342868	ENOXAPARIN SODIUM
00093578656	ENTECAVIR
00078065920	SACUBITRIL/VALSARTAN
00078077720	SACUBITRIL/VALSARTAN
61958220101	SOFOSBUVIR/VELPATASVIR
49502010202	EPINEPHRINE
00409724101	EPINEPHRINE
49502050002	EPINEPHRINE
49702020548	LAMIVUDINE
00832048030	EPLERENONE
00832048090	EPLERENONE
00832048190	EPLERENONE
49702020613	ABACAVIR SULFATE/LAMIVUDINE
24338012613	ERYTHROMYCIN BASE
00574402435	ERYTHROMYCIN BASE
17478007035	ERYTHROMYCIN BASE
24208091055	ERYTHROMYCIN BASE
00168021630	ERYTHROMYCIN BASE/ETHANOL
45802096694	ERYTHROMYCIN BASE/ETHANOL
60432067160	ERYTHROMYCIN BASE/ETHANOL
00378385777	ESCITALOPRAM OXALATE
59746027901	ESCITALOPRAM OXALATE
43598051030	ESOMEPRAZOLE MAGNESIUM
43598050990	ESOMEPRAZOLE MAGNESIUM
99207029002	HYDROQUINONE
51862033301	ESTRADIOL
51862033401	ESTRADIOL
00574087205	ESTRADIOL VALERATE
68180028101	ETHAMBUTOL HCL
72140003868	LANOLIN ALCOHOL/MO/W.PET/CERES
	EUCERIN FACE CREAM Q10 SENSITIVE 1.7OZ

72140011019	LANOLIN/MINERAL OIL
00003364111	ATAZANAVIR SULFATE/COBICISTAT
00078047015	DEFERASIROX
00536108397	SOD BORATE/BORIC AC/WATER/NACL
00904649120	SOD BORATE/BORIC AC/WATER/NACL
33342002407	FAMCICLOVIR
33342002607	FAMCICLOVIR
68001024000	FAMOTIDINE
00378911998	FENTANYL
00406902576	FENTANYL
00406907576	FENTANYL
00406901276	FENTANYL
00574050810	FERROUS GLUCONATE
50383077816	FERROUS SULFATE
00245010801	FERROUS SULFATE
00904759080	FERROUS SULFATE
50419082502	AZELAIC ACID
00093735556	FINASTERIDE
31722052530	FINASTERIDE
65862014930	FINASTERIDE
65628005001	FIRST MOUTHWASH BLM LIQ 236 ML
65628007010	FIRST OMEPRAZ 2 MG/ML KIT 10 OZ
65628020010	FIRST VANCOMYCIN 25MG/ML KIT 10 OZ
65628006301	FIRST-PROGEST 200 MG SUP 30
00054001125	FLECAINIDE ACETATE
00054001121	FLECAINIDE ACETATE
00173072020	FLUTICASONE PROPIONATE
00173071820	FLUTICASONE PROPIONATE
54799050721	PROPARACAINE/FLUORESCEIN SOD
00172541146	FLUCONAZOLE
68001025320	FLUCONAZOLE
00172541360	FLUCONAZOLE
36000000206	FLUCONAZOLE IN NACL,ISO-OSM
00115703302	FLUDROCORTISONE ACETATE
68462050535	FLUOCINONIDE
51672411806	FLUOROURACIL
66530024940	FLUOROURACIL
00904578461	FLUOXETINE HCL
50111064703	FLUOXETINE HCL
68084060501	FLUOXETINE HCL
50111064803	FLUOXETINE HCL
50111064844	FLUOXETINE HCL
54838052340	FLUOXETINE HCL
42023012901	FLUPHENAZINE DECANOATE
63323027205	FLUPHENAZINE DECANOATE
00378609701	FLUPHENAZINE HCL
00527179101	FLUPHENAZINE HCL

51079048820	FLUPHENAZINE HCL
00527179105	FLUPHENAZINE HCL
51079048620	FLUPHENAZINE HCL
63323028110	FLUPHENAZINE HCL
00378607401	FLUPHENAZINE HCL
00527179001	FLUPHENAZINE HCL
51079048720	FLUPHENAZINE HCL
00378607405	FLUPHENAZINE HCL
00121065304	FLUPHENAZINE HCL
68084084625	FLUPHENAZINE HCL
54799050805	BENOXINATE HCL/FLUORESCEIN SOD
00054327099	FLUTICASONE PROPIONATE
50383070016	FLUTICASONE PROPIONATE
62559016001	FLUVOXAMINE MALEATE
00378041201	FLUVOXAMINE MALEATE
00603316221	FOLIC ACID
62584089701	FOLIC ACID
00603316232	FOLIC ACID
54092025290	LANTHANUM CARBONATE
54092025490	LANTHANUM CARBONATE
00409610210	FUROSEMIDE
51079007220	FUROSEMIDE
00603373932	FUROSEMIDE
69315011601	FUROSEMIDE
69315011610	FUROSEMIDE
36000028325	FUROSEMIDE
00172290760	FUROSEMIDE
00904579761	FUROSEMIDE
69315011701	FUROSEMIDE
69315011710	FUROSEMIDE
00603374132	FUROSEMIDE
00378023205	FUROSEMIDE
50742010605	FUROSEMIDE
00904563161	GABAPENTIN
60505011200	GABAPENTIN
45963055550	GABAPENTIN
45963055611	GABAPENTIN
60505011300	GABAPENTIN
68084076201	GABAPENTIN
45963055650	GABAPENTIN
00228266711	GABAPENTIN
45963055711	GABAPENTIN
60505011400	GABAPENTIN
00228266750	GABAPENTIN
68001000600	GABAPENTIN
68001000603	GABAPENTIN
68084079701	GABAPENTIN

42292002420	GABAPENTIN
68001000700	GABAPENTIN
68001000703	GABAPENTIN
68180043501	GATIFLOXACIN
60758061525	GATIFLOXACIN
43386005019	SODIUM CHLORIDE/NAHCO3/KCL/PEG
68084047301	GEMFIBROZIL
31722022505	GEMFIBROZIL
69097082112	GEMFIBROZIL
69097082103	GEMFIBROZIL
17478028435	GENTAMICIN SULFATE
60758018805	GENTAMICIN SULFATE
63323001002	GENTAMICIN SULFATE
61958190101	ELVITEG/COB/EMTRI/TENOF ALAFEN
00049397060	ZIPRASIDONE HCL
00049392083	ZIPRASIDONE MESYLATE
00078060715	FINGOLIMOD HCL
00078064930	IMATINIB MESYLATE
60505014201	GLIPIZIDE
60505014100	GLIPIZIDE
51079081020	GLIPIZIDE
60505014101	GLIPIZIDE
00169706515	GLUCAGON,HUMAN RECOMBINANT
00002803101	GLUCAGON,HUMAN RECOMBINANT
40985022639	GLUCOSAMINE/CHONDRO SU A
00904559293	GLUCOSAMINE/CHONDRO SU A
00574006930	DEXTROSE
68084080701	GLYBURIDE
65862003099	GLYBURIDE
23155005601	GLYBURIDE
23155005701	GLYBURIDE
65862002901	GLYBURIDE
51079087220	GLYBURIDE
65862003001	GLYBURIDE
51079087320	GLYBURIDE
00143968125	GLYCOPYRROLATE
24385047847	CALCIUM CARBONATE
24385035640	MAG HYDROX/ALUMINUM HYD/SIMETH
24385041396	CALAMINE/ZINC OXIDE
46122024905	CARBAMIDE PEROXIDE
46122010346	PHENYLEPH/MINERAL OIL/PETROLAT
24385011603	PIPERONYL BUTOXIDE/PYRETHRINS
24385047152	LORATADINE
46122015754	EUCALYPTUS OIL/MENTHOL/CAMPHOR
24385060389	PHENYLEPHRINE HCL
46122016660	PSEUDOEPHEDRINE HCL
24385030226	BISMUTH SUBSALICYLATE

46122034478	SENNOSIDES/DOCUSATE SODIUM
24385046843	DOCUSATE SODIUM
24385052403	TERBINAFINE HCL
00378116001	GUANFACINE HCL
65162071110	GUANFACINE HCL
00378119001	GUANFACINE HCL
65162071310	GUANFACINE HCL
00168035550	HALOBETASOL PROPIONATE
10631009420	HALCINONIDE
10631009430	HALCINONIDE
51079073320	HALOPERIDOL
00378025701	HALOPERIDOL
51079073420	HALOPERIDOL
68382008001	HALOPERIDOL
68084024901	HALOPERIDOL
00378021401	HALOPERIDOL
68382008101	HALOPERIDOL
00781139613	HALOPERIDOL
68382007910	HALOPERIDOL
63323047101	HALOPERIDOL DECANOATE
63323046905	HALOPERIDOL DECANOATE
67457041013	HALOPERIDOL DECANOATE
63323046901	HALOPERIDOL DECANOATE
00121058104	HALOPERIDOL LACTATE
54838050140	HALOPERIDOL LACTATE
10147091101	HALOPERIDOL LACTATE
61958180101	LEDIPASVIR/SOFOSBUVIR
58160082611	HEPATITIS A VIRUS VACCINE/PF
54162000401	WITCH HAZEL
00536138912	PHENYLEPHRINE HCL
63323054505	HEPARIN SODIUM,PORCINE
00409272101	HEPARIN SODIUM,PORCINE
25021040201	HEPARIN SODIUM,PORCINE
63323054031	HEPARIN SODIUM,PORCINE
25021040001	HEPARIN SODIUM,PORCINE
54799043105	HOMATROPINE HBR
00002751001	INSULIN LISPRO
00002751101	INSULIN LISPRO PROTAMIN/LISPRO
00002751017	INSULIN LISPRO
00074379902	ADALIMUMAB
50111039801	HYDRALAZINE HCL
50111039701	HYDRALAZINE HCL
50111032701	HYDRALAZINE HCL
50111032703	HYDRALAZINE HCL
50111032803	HYDRALAZINE HCL
54162060002	MINERAL OIL/PETROLATUM,WHITE
57237000201	HYDROCHLOROTHIAZIDE

57237000299	HYDROCHLOROTHIAZIDE
00172208360	HYDROCHLOROTHIAZIDE
63739012810	HYDROCHLOROTHIAZIDE
68084008601	HYDROCHLOROTHIAZIDE
00172208380	HYDROCHLOROTHIAZIDE
00603385632	HYDROCHLOROTHIAZIDE
00172208980	HYDROCHLOROTHIAZIDE
68084085225	HYDROCODONE/ACETAMINOPHEN
64376064801	HYDROCODONE/ACETAMINOPHEN
00168001431	HYDROCORTISONE
00168001631	HYDROCORTISONE
45802043803	HYDROCORTISONE
45802027603	HYDROCORTISONE
00168008031	HYDROCORTISONE
51672300302	HYDROCORTISONE
00168014630	HYDROCORTISONE
00295134796	PETROLATUM,WHITE
68084042301	HYDROMORPHONE HCL
00641012125	HYDROMORPHONE HCL
00409336501	HYDROMORPHONE HCL
42192015101	HYDROQUINONE
68382009605	HYDROXYCHLOROQUINE SULFATE
68084028401	HYDROXYUREA
00185067405	HYDROXYZINE PAMOATE
60432015016	HYDROXYZINE HCL
54838050280	HYDROXYZINE HCL
00185067401	HYDROXYZINE PAMOATE
51079007720	HYDROXYZINE PAMOATE
68084084701	HYDROXYZINE PAMOATE
51079007820	HYDROXYZINE PAMOATE
62584074101	HYDROXYZINE PAMOATE
00185061505	HYDROXYZINE PAMOATE
45802095243	IBUPROFEN
47682080813	IBUPROFEN
00904791524	IBUPROFEN
68084070301	IBUPROFEN
53746046505	IBUPROFEN
53746046601	IBUPROFEN
00904585561	IBUPROFEN
00904585540	IBUPROFEN
53746046605	IBUPROFEN
00065804054	B2/VITS A,C,E/LUT/ZEAXANTH/MIN
69315013401	IMIPRAMINE HCL
49884005601	IMIPRAMINE HCL
00168043224	IMIQUIMOD
49281025051	RABIES VACC, HUMAN DIPLOID/PF
68462040610	INDOMETHACIN

31722054201	INDOMETHACIN
68462030201	INDOMETHACIN
51079019120	INDOMETHACIN
10702001606	INDOMETHACIN
66689020308	CHARCOAL/SORBITOL SOLUTION
59676057101	ETRAVIRINE
00006384571	ERTAPENEM SODIUM
00006384371	ERTAPENEM SODIUM
50458055001	PALIPERIDONE
50458056201	PALIPERIDONE PALMITATE
50458056301	PALIPERIDONE PALMITATE
50458056401	PALIPERIDONE PALMITATE
50458056101	PALIPERIDONE PALMITATE
00054004544	IPRATROPIUM BROMIDE
00054004641	IPRATROPIUM BROMIDE
00487020101	IPRATROPIUM/ALBUTEROL SULFATE
76204060030	IPRATROPIUM/ALBUTEROL SULFATE
76204060060	IPRATROPIUM/ALBUTEROL SULFATE
68180041106	IRBESARTAN
68180041109	IRBESARTAN
68180041006	IRBESARTAN
00006022761	RALTEGRAVIR POTASSIUM
00555007102	ISONIAZID
51079008320	ISONIAZID
00781155601	ISOSORBIDE DINITRATE
00781169501	ISOSORBIDE DINITRATE
49884000901	ISOSORBIDE DINITRATE
00143176901	ISOSORBIDE DINITRATE
62175012837	ISOSORBIDE MONONITRATE
62175011937	ISOSORBIDE MONONITRATE
00832121100	WARFARIN SODIUM
00832121101	WARFARIN SODIUM
00832121900	WARFARIN SODIUM
00832121200	WARFARIN SODIUM
00832121300	WARFARIN SODIUM
00832121301	WARFARIN SODIUM
00832121400	WARFARIN SODIUM
00832121401	WARFARIN SODIUM
00832121500	WARFARIN SODIUM
00832121501	WARFARIN SODIUM
00832121600	WARFARIN SODIUM
00832121601	WARFARIN SODIUM
00832121701	WARFARIN SODIUM
00832121800	WARFARIN SODIUM
00006027731	SITAGLIPTIN PHOSPHATE
00074679922	LOPINAVIR/RITONAVIR
00003029305	TRIAMCINOLONE ACETONIDE

51672129801	KETOCONAZOLE
45802046564	KETOCONAZOLE
00378026101	KETOCONAZOLE
00409379501	KETOROLAC TROMETHAMINE
00548902100	KETOROLAC TROMETHAMINE
60758077305	KETOROLAC TROMETHAMINE
17478020910	KETOROLAC TROMETHAMINE
61314012605	KETOROLAC TROMETHAMINE
00409379301	KETOROLAC TROMETHAMINE
00409379601	KETOROLAC TROMETHAMINE
66658023407	ANAKINRA
00026378665	ANTIHEMOPHIL.FVIII,FULL LENGTH
00224180184	PSYLLIUM HUSK
00185001001	LABETALOL HCL
68001020400	LABETALOL HCL
00185011801	LABETALOL HCL
00904522452	LACTASE
00603137858	LACTULOSE
50383077916	LACTULOSE
31722075260	LAMIVUDINE
65862055260	LAMIVUDINE
65862059760	LAMIVUDINE/ZIDOVUDINE
68084031901	LAMOTRIGINE
69097014912	LAMOTRIGINE
13668004501	LAMOTRIGINE
51079049820	LAMOTRIGINE
68084031801	LAMOTRIGINE
59212024255	DIGOXIN
59212024955	DIGOXIN
00378803093	LANSOPRAZOLE
00088222033	INSULIN GLARGINE,HUM.REC.ANLOG
59762033302	LATANOPROST
61314054701	LATANOPROST
63402031230	LURASIDONE HCL
63402030230	LURASIDONE HCL
63402030430	LURASIDONE HCL
63402030830	LURASIDONE HCL
23155004303	LEFLUNOMIDE
13811067730	LEFLUNOMIDE
00054449625	LEUCOVORIN CALCIUM
00169368712	INSULIN DETEMIR
31722057447	LEVETIRACETAM
68001011607	LEVETIRACETAM
50268046715	LEVETIRACETAM
68084085901	LEVETIRACETAM
68001011306	LEVETIRACETAM
51079082120	LEVETIRACETAM

68001011707	LEVETIRACETAM
68001011703	LEVETIRACETAM
68084087001	LEVETIRACETAM
68001011807	LEVETIRACETAM
68001011803	LEVETIRACETAM
65862053650	LEVOFLOXACIN
68180024101	LEVOFLOXACIN
51079044220	LEVOTHYROXINE SODIUM
00378180910	LEVOTHYROXINE SODIUM
00378181110	LEVOTHYROXINE SODIUM
00378181310	LEVOTHYROXINE SODIUM
00378182310	LEVOTHYROXINE SODIUM
00378181510	LEVOTHYROXINE SODIUM
00378181710	LEVOTHYROXINE SODIUM
00378181910	LEVOTHYROXINE SODIUM
00378180010	LEVOTHYROXINE SODIUM
00378182101	LEVOTHYROXINE SODIUM
00378180310	LEVOTHYROXINE SODIUM
00378180510	LEVOTHYROXINE SODIUM
00378180710	LEVOTHYROXINE SODIUM
00378181777	LEVOTHYROXINE SODIUM
00378180377	LEVOTHYROXINE SODIUM
00378180777	LEVOTHYROXINE SODIUM
00378181377	LEVOTHYROXINE SODIUM
00378182377	LEVOTHYROXINE SODIUM
49702020718	FOSAMPRENAVIR CALCIUM
43199004030	LIDOCAINE
00591352530	LIDOCAINE
63323020110	LIDOCAINE HCL
00409427601	LIDOCAINE HCL
00409427602	LIDOCAINE HCL
17478071110	LIDOCAINE HCL
17478071130	LIDOCAINE HCL
00409427701	LIDOCAINE HCL
50383077504	LIDOCAINE HCL
00409317801	LIDOCAINE HCL/EPINEPHRINE
00409317802	LIDOCAINE HCL/EPINEPHRINE
00409318201	LIDOCAINE HCL/EPINEPHRINE
00409318301	LIDOCAINE HCL/EPINEPHRINE
00456120130	LINACLOTIDE
00456120230	LINACLOTIDE
42794001802	LIOTHYRONINE SODIUM
00904649235	POLYVINYL ALCOHOL
00172375960	LISINOPRIL
68084019701	LISINOPRIL
00185061001	LISINOPRIL
00185061010	LISINOPRIL

68180051201	LISINOPRIL
68180051202	LISINOPRIL
68084019801	LISINOPRIL
00185062001	LISINOPRIL
00185062010	LISINOPRIL
51079098420	LISINOPRIL
00904648780	LISINOPRIL
68180051301	LISINOPRIL
00904581161	LISINOPRIL
68084019601	LISINOPRIL
68180051303	LISINOPRIL
00054352763	LITHIUM CITRATE
68084065501	LITHIUM CARBONATE
00054252625	LITHIUM CARBONATE
31722054501	LITHIUM CARBONATE
00054852725	LITHIUM CARBONATE
31722054510	LITHIUM CARBONATE
00054002125	LITHIUM CARBONATE
00054002025	LITHIUM CARBONATE
68462022401	LITHIUM CARBONATE
51079069020	LOPERAMIDE HCL
00378210005	LOPERAMIDE HCL
68084024801	LORATADINE
45802065087	LORATADINE
63739049910	LORAZEPAM
63739050010	LORAZEPAM
68084074201	LORAZEPAM
00409677802	LORAZEPAM
00641604425	LORAZEPAM
68084034601	LOSARTAN POTASSIUM
68382013510	LOSARTAN POTASSIUM
68382013516	LOSARTAN POTASSIUM
68084034701	LOSARTAN POTASSIUM
00093736510	LOSARTAN POTASSIUM
00093736598	LOSARTAN POTASSIUM
24208029905	LOTEPREDNOL ETABONATE
11523091901	MICONAZOLE NITRATE
45963063301	LOVASTATIN
00185007201	LOVASTATIN
00185007210	LOVASTATIN
00185007401	LOVASTATIN
00173088408	OMEGA-3 ACID ETHYL ESTERS
52544084728	NORGESTREL-ETHINYL ESTRADIOL
51862056406	NORGESTREL-ETHINYL ESTRADIOL
00527139501	LOXAPINE SUCCINATE
51079090120	LOXAPINE SUCCINATE
00527139601	LOXAPINE SUCCINATE

51079090220	LOXAPINE SUCCINATE
00527139401	LOXAPINE SUCCINATE
00527139701	LOXAPINE SUCCINATE
52800048316	GLYCERIN/MIN OIL/WH.PETROLATUM
52800048856	EMOLLIENT COMBINATION NO.92
00074366303	LEUPROLIDE ACETATE
00074368303	LEUPROLIDE ACETATE
00074364103	LEUPROLIDE ACETATE
00074347303	LEUPROLIDE ACETATE
00074364203	LEUPROLIDE ACETATE
00071101541	PREGABALIN
00071101641	PREGABALIN
00071101668	PREGABALIN
00071101768	PREGABALIN
00071101268	PREGABALIN
00071101341	PREGABALIN
68585000575	MAGNESIUM CHLORIDE
60258017101	MAGNESIUM OXIDE
59016042017	MAGNESIUM L-LACTATE
00904198280	ACETAMINOPHEN
00065063136	NEOMYCIN/POLYMYXIN B/DEXAMETHA
65162044110	MECLIZINE HCL
00536101701	MECLIZINE HCL
50268052215	MECLIZINE HCL
00536101810	MECLIZINE HCL
50268052315	MECLIZINE HCL
10356001496	SALICYLIC ACID
59762453702	MEDROXYPROGESTERONE ACETATE
59762374005	MEDROXYPROGESTERONE ACETATE
59762374202	MEDROXYPROGESTERONE ACETATE
66993007030	MEFENAMIC ACID
68382005001	MELOXICAM
49281058905	MENING VAC A,C,Y,W-135 DIP/PF
00187170405	PHYTONADIONE (VIT K1)
00173066518	ATOVAQUONE
00054458111	MERCAPTOPURINE
00378354752	MERCAPTOPURINE
63323050830	MEROPENEM
45802092341	MESALAMINE W/CLEANSING WIPES
00904632861	METFORMIN HCL
60687016201	METFORMIN HCL
68382076010	METFORMIN HCL
68382075801	METFORMIN HCL
51079017220	METFORMIN HCL
68382075810	METFORMIN HCL
68382075805	METFORMIN HCL
68382075901	METFORMIN HCL

00054453825	METHADONE HCL
68084073801	METHADONE HCL
00406577162	METHADONE HCL
00406575562	METHADONE HCL
00054855324	METHADONE HCL
00406054034	METHADONE HCL
43199002001	METHENAMINE HIPPURATE
27437005057	METHYLERGONOVINE MALEATE
49884064101	METHIMAZOLE
49884064001	METHIMAZOLE
00143129001	METHOCARBAMOL
00143129201	METHOCARBAMOL
00054855025	METHOTREXATE SODIUM
51079067005	METHOTREXATE SODIUM
16729003001	METHYLDOPA
16729003101	METHYLDOPA
00406144501	METHYLPHENIDATE HCL
62175031037	METHYLPHENIDATE HCL
00406147301	METHYLPHENIDATE HCL
68084086021	METHYLPHENIDATE HCL
00603457821	METHYLPHENIDATE HCL
00591271801	METHYLPHENIDATE HCL
00603457621	METHYLPHENIDATE HCL
68084081621	METHYLPHENIDATE HCL
68001000501	METHYLPREDNISOLONE
59746000204	METHYLPREDNISOLONE
68084067601	METOCLOPRAMIDE HCL
00093220305	METOCLOPRAMIDE HCL
00093220401	METOCLOPRAMIDE HCL
00378617301	METOLAZONE
68084067301	METOPROLOL SUCCINATE
68084066601	METOPROLOL SUCCINATE
62584026701	METOPROLOL TARTRATE
68001011903	METOPROLOL SUCCINATE
68001012100	METOPROLOL SUCCINATE
68001012200	METOPROLOL SUCCINATE
68001012203	METOPROLOL SUCCINATE
00904632261	METOPROLOL SUCCINATE
00904634260	METOPROLOL TARTRATE
50742010910	METOPROLOL TARTRATE
57664050652	METOPROLOL TARTRATE
51079025520	METOPROLOL TARTRATE
57664050658	METOPROLOL TARTRATE
00378459301	METOPROLOL TARTRATE
51079080120	METOPROLOL TARTRATE
50742010810	METOPROLOL TARTRATE
57237010101	METOPROLOL TARTRATE

57237010199	METOPROLOL TARTRATE
00168032346	METRONIDAZOLE
51672411606	METRONIDAZOLE
00781707787	METRONIDAZOLE
50111033302	METRONIDAZOLE
00409781124	METRONIDAZOLE/SODIUM CHLORIDE
50111033402	METRONIDAZOLE
68084096601	METRONIDAZOLE
66993096045	METRONIDAZOLE
00093873901	MEXILETINE HCL
00904506860	SIMETHICONE
00713025237	MICONAZOLE NITRATE
51672203506	MICONAZOLE NITRATE
00472073514	MICONAZOLE NITRATE
00472073556	MICONAZOLE NITRATE
00245021211	MIDODRINE HCL
00904078914	MAGNESIUM HYDROXIDE
00904078814	MAGNESIUM HYDROXIDE
00574061816	MINERAL OIL
00591569550	MINOCYCLINE HCL
65862021150	MINOCYCLINE HCL
49884025701	MINOXIDIL
53489038601	MINOXIDIL
11523726808	POLYETHYLENE GLYCOL 3350
50419042301	LEVONORGESTREL
68084011901	MIRTAZAPINE
13107003105	MIRTAZAPINE
68084012001	MIRTAZAPINE
13107000305	MIRTAZAPINE
51079008820	MIRTAZAPINE
13107003205	MIRTAZAPINE
68084004101	MISOPROSTOL
00006468100	MEASLES,MUMPS,RUBELLA VACC/PF
50742015230	MODAFINIL
50742015330	MODAFINIL
00093742610	MONTELUKAST SODIUM
00093742656	MONTELUKAST SODIUM
00093742698	MONTELUKAST SODIUM
00641612725	MORPHINE SULFATE
50930009808	ELECTROLYTES/YERBA SANTA
63824000832	GUAIFENESIN
00024414260	DRONEDARONE HCL
45802011222	MUPIROCIN
51672131200	MUPIROCIN
68462018022	MUPIROCIN
68462056417	MUPIROCIN CALCIUM
68462056435	MUPIROCIN CALCIUM

45802017453	METHYL SALICYLATE/MENTHOL
68084079501	MYCOPHENOLATE MOFETIL
51079072120	MYCOPHENOLATE MOFETIL
68001022100	NADOLOL
68001031700	NADOLOL
68001022000	NADOLOL
25021014010	NAFCILLIN SODIUM
76329336901	NALOXONE HCL
76329146901	NALOXONE HCL
00406117001	NALTREXONE HCL
68462018801	NAPROXEN
60687026801	NAPROXEN
68462019001	NAPROXEN
68084012701	NAPROXEN
68462019005	NAPROXEN
41167580005	TRIAMCINOLONE ACETONIDE
52544055228	NORETHINDRONE-ETHINYL ESTRAD
24208079062	NEOMYCIN/POLYMYXN B/GRAMICIDIN
61314064175	NEOMYCIN/POLYMYXIN B/HYDROCORT
24208063110	NEOMYCIN/POLYMYXIN B/HYDROCORT
61314064610	NEOMYCIN/POLYMYXIN B/HYDROCORT
24208063562	NEOMYCIN/POLYMYXIN B/HYDROCORT
61314064511	NEOMYCIN/POLYMYXIN B/HYDROCORT
24208083060	NEOMYCIN/POLYMYXIN B/DEXAMETHA
61314063006	NEOMYCIN/POLYMYXIN B/DEXAMETHA
00187526802	B COMPLEX W-C NO.20/FOLIC ACID
52544097701	VIT B COMP NO.3/FOLIC/C/BIOTIN
55513019001	PEGFILGRASTIM
50474080403	ROTIGOTINE
00065000203	NEPAFENAC
51991033106	NEVIRAPINE
50419048858	SORAFENIB TOSYLATE
00186504054	ESOMEPRAZOLE MAGNESIUM
00536407601	NIACIN
00904227260	NIACIN
00228249710	NIFEDIPINE
00228253010	NIFEDIPINE
50742062101	NIFEDIPINE
00378035301	NIFEDIPINE
00378036001	NIFEDIPINE
00378039001	NIFEDIPINE
68001000100	NITROFURANTOIN MONOHYD/M-CRYST
68084044601	NITROFURANTOIN MONOHYD/M-CRYST
59762330403	NITROGLYCERIN
00071041813	NITROGLYCERIN
00071041724	NITROGLYCERIN
00555021110	NORETHINDRONE ACETATE

00555901258	NORETHINDRONE-ETHINYL ESTRAD
00591578601	NORTRIPTYLINE HCL
00591578605	NORTRIPTYLINE HCL
00121067816	NORTRIPTYLINE HCL
00591578701	NORTRIPTYLINE HCL
51862001601	NORTRIPTYLINE HCL
00591578801	NORTRIPTYLINE HCL
00591578901	NORTRIPTYLINE HCL
51672400102	NORTRIPTYLINE HCL
51672400205	NORTRIPTYLINE HCL
51672400305	NORTRIPTYLINE HCL
00074333330	RITONAVIR
00169183411	INSULIN NPH HUMAN ISOPHANE
00169183311	INSULIN REGULAR, HUMAN
00169750111	INSULIN ASPART
64597030160	DEXTROMETHORPHAN HBR/QUINIDINE
00603148158	NYSTATIN
60432053716	NYSTATIN
39822301503	NYSTATIN
42543005262	NYSTATIN
61958210101	EMTRICITAB/RILPIVIRI/TENOF ALA
64980051505	OFLOXACIN
17478071310	OFLOXACIN
24208041005	OFLOXACIN
49884032155	OLANZAPINE
55111026381	OLANZAPINE
59746030732	OLANZAPINE
66993068738	OLANZAPINE
43598016630	OLANZAPINE
43598016605	OLANZAPINE
00517095501	OLANZAPINE
60687020821	OLANZAPINE
55111026481	OLANZAPINE
59746030832	OLANZAPINE
00093577110	OLANZAPINE
00093576710	OLANZAPINE
60505311003	OLANZAPINE
60687021921	OLANZAPINE
55111026581	OLANZAPINE
59746030932	OLANZAPINE
55111026281	OLANZAPINE
59746030632	OLANZAPINE
68084072301	OLANZAPINE
00093576810	OLANZAPINE
00093576856	OLANZAPINE
00093576956	OLANZAPINE
66993068938	OLANZAPINE

65862075705	OLOPATADINE HCL
70069000701	OLOPATADINE HCL
61314032001	OLOPATADINE HCL
47469004040	OMEGA-3/DHA/EPA/FISH OIL
65162003416	OMEGA-3 ACID ETHYL ESTERS
68462039610	OMEPRAZOLE
68462023101	OMEPRAZOLE
51079052420	ONDANSETRON HCL
45963053830	ONDANSETRON HCL
51079052520	ONDANSETRON HCL
00378773293	ONDANSETRON
67386031401	CLOBAZAM
	ORAJEL ORAL PAIN GEL 10% 0.25OZ
	ORAJEL ORAL PAIN GEL 10% 0.25OZ
	ORAJEL ORAL PAIN GEL 10% 0.25OZ
	ORAJEL ORAL PAIN GEL 10% 0.25OZ
	ORAJEL ORAL PAIN GEL 10% 0.25OZ
	ORAJEL ORAL PAIN GEL 10% 0.25OZ
	ORAJEL ORAL PAIN GEL 10% 0.25OZ
	ORAJEL ORAL PAIN GEL 10% 0.25OZ
	ORAJEL ORAL PAIN GEL 10% 0.25OZ
	ORAJEL ORAL PAIN GEL 10% 0.25OZ
	ORAJEL ORAL PAIN GEL 10% 0.25OZ
	ORAJEL ORAL PAIN GEL 10% 0.25OZ
	ORAJEL ORAL PAIN GEL 10% 0.25OZ
00185002201	ORPHENADRINE CITRATE
47781047013	OSELTAMIVIR PHOSPHATE
30768003578	GLUCOSAM/CHON-MSM1/C/MANG/BOSW
59572063106	APREMILAST
55150012715	OXACILLIN SODIUM
55150012999	OXACILLIN SODIUM
55150012824	OXACILLIN SODIUM
68462013701	OXCARBAZEPINE
68462013801	OXCARBAZEPINE
68084085301	OXCARBAZEPINE
68462013901	OXCARBAZEPINE
00603497521	OXYBUTYNIN CHLORIDE
68084040001	OXYBUTYNIN CHLORIDE
00603497528	OXYBUTYNIN CHLORIDE
00603497520	OXYBUTYNIN CHLORIDE
00406055262	OXYCODONE HCL
68084035401	OXYCODONE HCL
00406051262	OXYCODONE HCL/ACETAMINOPHEN
59011041020	OXYCODONE HCL
59011042020	OXYCODONE HCL
59011044020	OXYCODONE HCL

45802041059	OXYMETAZOLINE HCL
00591369230	PALIPERIDONE
10147095303	PALIPERIDONE
68084064301	PANTOPRAZOLE SODIUM
00093001198	PANTOPRAZOLE SODIUM
55111033290	PANTOPRAZOLE SODIUM
51079005120	PANTOPRAZOLE SODIUM
68084081309	PANTOPRAZOLE SODIUM
66993006885	PANTOPRAZOLE SODIUM
62175061743	PANTOPRAZOLE SODIUM
68084004401	PAROXETINE HCL
68382009705	PAROXETINE HCL
68084004501	PAROXETINE HCL
68382009810	PAROXETINE HCL
68382009805	PAROXETINE HCL
68382009905	PAROXETINE HCL
68382000105	PAROXETINE HCL
00065027225	OLOPATADINE HCL
00065027105	OLOPATADINE HCL
60505040205	PAROXETINE HCL
62175044601	PEG3350/SOD SULF,BICARB,CL/KCL
10572030201	SODIUM CHLORIDE/NAHCO3/KCL/PEG
00781165501	PENICILLIN V POTASSIUM
00781165510	PENICILLIN V POTASSIUM
54092018981	MESALAMINE
37000003204	BISMUTH SUBSALICYLATE
00472024260	PERMETHRIN
00781104901	PERPHENAZINE
00781104601	PERPHENAZINE
00781104613	PERPHENAZINE
00781104701	PERPHENAZINE
00781104713	PERPHENAZINE
00781104801	PERPHENAZINE
00781104813	PERPHENAZINE
	PHARM DATA SERVICES PRICE MAINTENANCE
42937070110	PHENAZOPYRIDINE HCL
42937070210	PHENAZOPYRIDINE HCL
51293081001	PHENAZOPYRIDINE HCL
43386036021	PHENELZINE SULFATE
00603516732	PHENOBARBITAL
00641047625	PHENOBARBITAL SODIUM
63739020110	PHENOBARBITAL
60432013108	PHENYTOIN
62756040201	PHENYTOIN SODIUM EXTENDED
51079090520	PHENYTOIN SODIUM EXTENDED
68084037601	PHENYTOIN SODIUM EXTENDED
51672411103	PHENYTOIN SODIUM EXTENDED

62756040203	PHENYTOIN SODIUM EXTENDED
61314020415	PILOCARPINE HCL
00228280111	PILOCARPINE HCL
49884034701	PIMOZIDE
49884034801	PIMOZIDE
00093727398	PIOGLITAZONE HCL
29033001201	PIROXICAM
59762014001	PIROXICAM
00378046701	PIROXICAM
29033001301	PIROXICAM
00006483703	PNEUMOCOCCAL 23-VAL P-SAC VAC
00006494300	PNEUMOCOCCAL 23-VAL P-SAC VAC
00574060115	PODOPHYLLUM RESIN
00904642281	POLYETHYLENE GLYCOL 3350
00501379805	BACITRACIN/POLYMYXIN B SULFATE
00501379801	BACITRACIN/POLYMYXIN B SULFATE
00781571010	POTASSIUM CHLORIDE
68382053701	POTASSIUM CITRATE
68084052401	POTASSIUM CHLORIDE
68001023508	POTASSIUM CHLORIDE
68084036009	POTASSIUM CHLORIDE
68084063201	POTASSIUM CHLORIDE
00597013560	DABIGATRAN ETEXILATE MESYLATE
00024590102	ALIROCUMAB
13668009190	PRAMIPEXOLE DI-HCL
13668009390	PRAMIPEXOLE DI-HCL
13668009590	PRAMIPEXOLE DI-HCL
51079045820	PRAVASTATIN SODIUM
68180048602	PRAVASTATIN SODIUM
68180048609	PRAVASTATIN SODIUM
51079078220	PRAVASTATIN SODIUM
68180048702	PRAVASTATIN SODIUM
68180048709	PRAVASTATIN SODIUM
68180048802	PRAVASTATIN SODIUM
68180048809	PRAVASTATIN SODIUM
00904589161	PRAVASTATIN SODIUM
68084050001	PRAVASTATIN SODIUM
68180048502	PRAVASTATIN SODIUM
68180048509	PRAVASTATIN SODIUM
00378110101	PRAZOSIN HCL
51079063020	PRAZOSIN HCL
00378110110	PRAZOSIN HCL
00093406801	PRAZOSIN HCL
51079063120	PRAZOSIN HCL
00093406810	PRAZOSIN HCL
00093406905	PRAZOSIN HCL
11980017405	PREDNISOLONE ACETATE

61314063705	PREDNISOLONE ACETATE
00054474125	PREDNISONE
00603533821	PREDNISONE
00054001720	PREDNISONE
63739051910	PREDNISONE
00603533832	PREDNISONE
60687013401	PREDNISONE
00054474225	PREDNISONE
00591544301	PREDNISONE
00591544310	PREDNISONE
00591544305	PREDNISONE
60687014501	PREDNISONE
00603533721	PREDNISONE
00054872425	PREDNISONE
00603533732	PREDNISONE
00054001925	PREDNISONE
00046110081	ESTROGENS, CONJUGATED
00046110181	ESTROGENS, CONJUGATED
00046110281	ESTROGENS, CONJUGATED
00046110481	ESTROGENS, CONJUGATED
00046087221	ESTROGENS, CONJUGATED
24208069762	VIT C/E/ZN/COPPR/LUTEIN/ZEAXAN
24208043272	VIT A/VIT C/VIT E/ZINC/COPPER
00245003660	CHOLESTYRAMINE/ASPARTAME
00005197102	PNEUMOC 13-VAL CONJ-DIP CRM/PF
59676057530	DARUNAVIR/COBICISTAT
59676056201	DARUNAVIR ETHANOLATE
59676056630	DARUNAVIR ETHANOLATE
00378015601	PROBENECID
00536105907	BACILLUS COAGULANS/INULIN
59746011506	PROCHLORPERAZINE MALEATE
51079054220	PROCHLORPERAZINE MALEATE
51079054120	PROCHLORPERAZINE MALEATE
00641613525	PROCHLORPERAZINE EDISYLATE
59676031204	EPOETIN ALFA
59676031001	EPOETIN ALFA
59676032004	EPOETIN ALFA
59676030201	EPOETIN ALFA
59676030301	EPOETIN ALFA
10631040701	HYDROCORTISONE
64980030130	HYDROCORTISONE
64980032430	HYDROCORTISONE
17478076610	PROGESTERONE, MICRONIZED
24208060203	BROMFENAC SODIUM
68382004101	PROMETHAZINE HCL
68084015501	PROMETHAZINE HCL
00641149535	PROMETHAZINE HCL

00641092825	PROMETHAZINE HCL
00591299239	PROMETHAZINE HCL
00713052612	PROMETHAZINE HCL
17478026312	PROPARACAINE HCL
00591555401	PROPRANOLOL HCL
00591555410	PROPRANOLOL HCL
00591555501	PROPRANOLOL HCL
00591555510	PROPRANOLOL HCL
00591555601	PROPRANOLOL HCL
00603548521	PROPRANOLOL HCL
50111047001	PROPRANOLOL HCL
00245008511	PROPRANOLOL HCL
00603548621	PROPRANOLOL HCL
50111047101	PROPRANOLOL HCL
51991081701	PROPRANOLOL HCL
51991081801	PROPRANOLOL HCL
00904655061	PROPRANOLOL HCL
67253065110	PROPYLTHIOURACIL
75834010101	COAL TAR
50242010040	DORNASE ALFA
	PURPOSE GENTLE CLEANSING BAR 6OZ
	PURPOSE GENTLE CLEANSING BAR 6OZ
	PURPOSE GENTLE CLEANSING BAR 6OZ
	PURPOSE GENTLE CLEANSING BAR 6OZ
	PURPOSE GENTLE CLEANSING BAR 6OZ
	PURPOSE GENTLE CLEANSING BAR 6OZ
	PURPOSE GENTLE CLEANSING BAR 6OZ
00115351101	PYRIDOSTIGMINE BROMIDE
61748009230	PYRIDOXINE HCL (VITAMIN B6)
00603082358	DIPHENHYDRAMINE HCL
68084053301	QUETIAPINE FUMARATE
68084053401	QUETIAPINE FUMARATE
68180044703	QUETIAPINE FUMARATE
68180044501	QUETIAPINE FUMARATE
68084053001	QUETIAPINE FUMARATE
68084053201	QUETIAPINE FUMARATE
68001018408	QUETIAPINE FUMARATE
68001018203	QUETIAPINE FUMARATE
68001018500	QUETIAPINE FUMARATE
68001018303	QUETIAPINE FUMARATE
68001018103	QUETIAPINE FUMARATE
61958100301	RANOLAZINE
68462024801	RANITIDINE HCL
51079087920	RANITIDINE HCL
68462024805	RANITIDINE HCL
58914030180	NITROGLYCERIN
00023050650	POLYVINYL ALCOHOL/POVIDONE/PF

00023040350	CARBOXYMETHYLCELLULOSE SODIUM
00023024004	MINERAL OIL/PETROLATUM,WHITE
00023079815	CARBOXYMETHYLCELLULOSE SODIUM
57894003001	INFLIXIMAB
58468002001	SEVELAMER HCL
58468002101	SEVELAMER HCL
10119003122	SOFT LENS DISINFECTANT
10119003118	RENU FRESH MULTIPURPOSE SOLUTION 4OZ
10119003018	SOFT LENS DISINFECTANT
10119003048	SOFT LENS DISINFECTANT
58468013001	SEVELAMER CARBONATE
55513077001	EVOLOCUMAB
00023916330	CYCLOSPORINE
07466621500	REXAM CAP WHT CRC PRESCS PK 100X30/60DR
	REXAM CAP WHT CRC PRESCS PK 200X8.5DR
00003362212	ATAZANAVIR SULFATE
50580064601	BUDESONIDE
00562780501	RHO(D) IMMUNE GLOBULIN
68382026012	RIBAVIRIN
68180028501	RIFABUTIN
68084035801	RIFAMPIN
00527131506	RIFAMPIN
50458030611	RISPERIDONE MICROSPHERES
50458030711	RISPERIDONE MICROSPHERES
50458030811	RISPERIDONE MICROSPHERES
68382011214	RISPERIDONE
68084027101	RISPERIDONE
68382011305	RISPERIDONE
68084027201	RISPERIDONE
68382011405	RISPERIDONE
50458059601	RISPERIDONE
65162067384	RISPERIDONE
00603942445	RISPERIDONE
68084027301	RISPERIDONE
68382011505	RISPERIDONE
68382011605	RISPERIDONE
68382011714	RISPERIDONE
00904006100	GUAIFENESIN
16252061730	ROSUVASTATIN CALCIUM
31722088530	ROSUVASTATIN CALCIUM
16252061830	ROSUVASTATIN CALCIUM
16252061530	ROSUVASTATIN CALCIUM
	RX LABEL 1-15G REFRG DN FREEZ 1000CT PDN
	RX LABEL 1-672 DATE OPENED 1000CT PDN
	RX LABEL 1-672 DATE OPENED 1000CT PDN
	RX LABEL 1-672 DATE OPENED 1000CT PDN
00064501030	COLLAGENASE CLOSTRIDIUM HIST.

50484001030	COLLAGENASE CLOSTRIDIUM HIST.
00456241060	ASENAPINE MALEATE
00536196297	SALICYLIC ACID/SULFUR
45802004064	SELENIUM SULFIDE
49702022418	MARAVIROC
00904652261	SENNOSIDES
00603028221	SENNOSIDES
00904628909	SENNOSIDES
55513007330	CINACALCET HCL
00310028360	QUETIAPINE FUMARATE
31722021230	SERTRALINE HCL
31722021205	SERTRALINE HCL
60687023101	SERTRALINE HCL
59762490003	SERTRALINE HCL
59762490005	SERTRALINE HCL
59762490002	SERTRALINE HCL
60687024201	SERTRALINE HCL
69097083302	SERTRALINE HCL
69097083312	SERTRALINE HCL
69097083305	SERTRALINE HCL
59762491003	SERTRALINE HCL
59762491005	SERTRALINE HCL
59762491002	SERTRALINE HCL
67877012405	SILVER SULFADIAZINE
00065414727	BRINZOLAMIDE/BRIMONIDINE TART
63739022510	SIMETHICONE
57894007002	GOLIMUMAB
68382006616	SIMVASTATIN
55111065301	SIROLIMUS
00223176001	SODIUM CHLORIDE
00223172101	SODIUM BICARBONATE
00395268594	SODIUM BICARBONATE
00264220100	SODIUM CHLORIDE IRRIG SOLUTION
00338004903	0.9 % SODIUM CHLORIDE
00338004941	0.9 % SODIUM CHLORIDE
17478062235	SODIUM CHLORIDE
00121059516	CITRIC ACID/SODIUM CITRATE
00054037951	SODIUM POLYSTYRENE SULFONATE
00574200302	SODIUM POLYSTYRENE SULFONATE
00009004722	METHYLPREDNISOLONE SOD SUCC/PF
54162070016	SORBITOL SOLUTION
00603090058	SORBITOL SOLUTION
00603576921	SOTALOL HCL
28595057004	SPINOSAD
00597007541	TIOTROPIUM BROMIDE
53746051501	SPIRONOLACTONE
53746051505	SPIRONOLACTONE

53746051101	SPIRONOLACTONE
53746051110	SPIRONOLACTONE
51079098020	SPIRONOLACTONE
68084020601	SPIRONOLACTONE
00003052411	DASATINIB
31722051860	STAVUDINE
57894006003	USTEKINUMAB
57894006103	USTEKINUMAB
50419017103	REGORAFENIB
00002322730	ATOMOXETINE HCL
00002322830	ATOMOXETINE HCL
00002322930	ATOMOXETINE HCL
00002323930	ATOMOXETINE HCL
00002325030	ATOMOXETINE HCL
61958120101	ELVITEG/COB/EMTRI/TENOFO DISOP
00006003220	IVERMECTIN
00591389201	SUCRALFATE
00591078005	SUCRALFATE
00591389205	SUCRALFATE
00904512559	PSEUDOEPHEDRINE HCL
45802089626	SULFACETAMIDE SODIUM
00185075701	SULFADIAZINE
53746027101	SULFAMETHOXAZOLE/TRIMETHOPRIM
53746027105	SULFAMETHOXAZOLE/TRIMETHOPRIM
00703950303	SULFAMETHOXAZOLE/TRIMETHOPRIM
53746027201	SULFAMETHOXAZOLE/TRIMETHOPRIM
53746027205	SULFAMETHOXAZOLE/TRIMETHOPRIM
42292002808	SULFAMETHOXAZOLE/TRIMETHOPRIM
51079012808	SULFAMETHOXAZOLE/TRIMETHOPRIM
68084023001	SULFAMETHOXAZOLE/TRIMETHOPRIM
00591079601	SULFASALAZINE
65862014636	SUMATRIPTAN SUCCINATE
55111029109	SUMATRIPTAN SUCCINATE
00378563159	SUMATRIPTAN SUCCINATE
65862014736	SUMATRIPTAN SUCCINATE
62756052169	SUMATRIPTAN SUCCINATE
55150017301	SUMATRIPTAN SUCCINATE
00056051030	EFAVIRENZ
00186037020	BUDESONIDE/FORMOTEROL FUMARATE
00186037220	BUDESONIDE/FORMOTEROL FUMARATE
00186037028	BUDESONIDE/FORMOTEROL FUMARATE
00186037228	BUDESONIDE/FORMOTEROL FUMARATE
58468009001	HYLAN G-F 20
00904053080	MULTIVITAMIN
00904053061	MULTIVITAMIN
16729004101	TACROLIMUS
00781210301	TACROLIMUS

16729004201	TACROLIMUS
16729004301	TACROLIMUS
45802070000	TACROLIMUS
00168041630	TACROLIMUS
00591247260	TAMOXIFEN CITRATE
00093078406	TAMOXIFEN CITRATE
68382013201	TAMSULOSIN HCL
51079029420	TAMSULOSIN HCL
68382013210	TAMSULOSIN HCL
00187552675	BEXAROTENE
00078059287	NILOTINIB HCL
00078052687	NILOTINIB HCL
00409508216	CEFTAZIDIME
00409508411	CEFTAZIDIME
08333162605	TRANSPARENT DRESSING
00078048515	ALISKIREN HEMIFUMARATE
54162025004	COAL TAR
59746038306	TERAZOSIN HCL
51079093620	TERAZOSIN HCL
59746038606	TERAZOSIN HCL
59746038610	TERAZOSIN HCL
59746038406	TERAZOSIN HCL
51079093720	TERAZOSIN HCL
59746038410	TERAZOSIN HCL
51079093820	TERAZOSIN HCL
00781205305	TERAZOSIN HCL
51672208002	TERBINAFINE HCL
51991052633	TERBINAFINE HCL
00527131101	TERBUTALINE SULFATE
62756001540	TESTOSTERONE CYPIONATE
00574082001	TESTOSTERONE CYPIONATE
13533013101	TETANUS, DIPHTHERIA TOX,ADULT
42858070101	THEOPHYLLINE ANHYDROUS
63323001302	THIAMINE HCL
00378300501	THIOTHIXENE
58468003002	THYROTROPIN ALFA
61314022705	TIMOLOL MALEATE
64980051405	TIMOLOL MALEATE
61314022605	TIMOLOL MALEATE
00054034807	TINIDAZOLE
49702022813	DOLUTEGRAVIR SODIUM
00065064835	TOBRAMYCIN/DEXAMETHASONE
61314064305	TOBRAMYCIN
63323030602	TOBRAMYCIN SULFATE
24208029505	TOBRAMYCIN/DEXAMETHASONE
00065064435	TOBRAMYCIN
51672202001	TOLNAFTATE

00536515026	TOLNAFTATE
68084034401	TOPIRAMATE
68462010910	TOPIRAMATE
68084034201	TOPIRAMATE
68462010810	TOPIRAMATE
68462010860	TOPIRAMATE
31722053001	TORSEMIDE
31722053201	TORSEMIDE
31722053101	TORSEMIDE
50111091701	TORSEMIDE
	TOTE TIE BLUE REGULAR RETURNS 100CT
51079099120	TRAMADOL HCL
00591372030	TRANEXAMIC ACID
10019055303	SCOPOLAMINE
66758020854	SCOPOLAMINE
00591559001	TRANYLCYPROMINE SULFATE
00065026025	TRAVOPROST
00065026005	TRAVOPROST
00904655561	TRAZODONE HCL
50111043402	TRAZODONE HCL
50111044102	TRAZODONE HCL
50111043303	TRAZODONE HCL
00904655461	TRAZODONE HCL
00472011745	TRETINOIN
66530025715	TRETINOIN
66530025420	TRETINOIN
43478024120	TRETINOIN
66530025520	TRETINOIN
45802005436	TRIAMCINOLONE ACETONIDE
51672126705	TRIAMCINOLONE ACETONIDE
00603786449	TRIAMCINOLONE ACETONIDE
45802004935	TRIAMCINOLONE ACETONIDE
00168000615	TRIAMCINOLONE ACETONIDE
45802005535	TRIAMCINOLONE ACETONIDE
45802005536	TRIAMCINOLONE ACETONIDE
00168000215	TRIAMCINOLONE ACETONIDE
00603786174	TRIAMCINOLONE ACETONIDE
00713022915	TRIAMCINOLONE ACETONIDE
00168000415	TRIAMCINOLONE ACETONIDE
45802006435	TRIAMCINOLONE ACETONIDE
45802006436	TRIAMCINOLONE ACETONIDE
00713022815	TRIAMCINOLONE ACETONIDE
00713022880	TRIAMCINOLONE ACETONIDE
00527163210	TRIAMTERENE/HYDROCHLOROTHIAZID
00781100801	TRIAMTERENE/HYDROCHLOROTHIAZID
00074612390	FENOFIBRATE NANOCRYSTALLIZED
00832049711	TRIFLUOPERAZINE HCL

00832049611	TRIFLUOPERAZINE HCL
61314004475	TRIFLURIDINE
00591533501	TRIHEXYPHENIDYL HCL
00591533701	TRIHEXYPHENIDYL HCL
17478070311	POLYMYXIN B SULF/TRIMETHOPRIM
64764075030	VORTIOXETINE HYDROBROMIDE
49702023113	ABACAVIR/DOLUTEGRAVIR/LAMIVUDI
17478010212	TROPICAMIDE
61314035401	TROPICAMIDE
24208059064	TROPICAMIDE
24208058564	TROPICAMIDE
61958070101	EMTRICITABINE/TENOFOVIR (TDF)
49281075221	TUBERCULIN,PURIF.PROT.DERIV.
49281075222	TUBERCULIN,PURIF.PROT.DERIV.
00071170324	WITCH HAZEL
64764091830	FEBUXOSTAT
64764067730	FEBUXOSTAT
00049001483	AMPICILLIN SODIUM/SULBACTAM NA
58980061030	UREA
54295030825	UREA
00591315901	URSODIOL
00378427693	VALACYCLOVIR HCL
00378427593	VALACYCLOVIR HCL
55111076260	VALGANCICLOVIR HCL
68084096525	VALGANCICLOVIR HCL
63739025110	VALPROIC ACID
00121067516	VALPROIC ACID (AS SODIUM SALT)
00603184158	VALPROIC ACID (AS SODIUM SALT)
69387010701	VALPROIC ACID
69452015020	VALPROIC ACID
51660014030	VALSARTAN
00409653301	VANCOMYCIN HCL
63323028420	VANCOMYCIN HCL
67457034001	VANCOMYCIN HCL
67457033950	VANCOMYCIN HCL
37000054401	EUCALYPTUS OIL/MENTHOL/CAMPHOR
68001015600	VENLAFAXINE HCL
68084071301	VENLAFAXINE HCL
68382001801	VENLAFAXINE HCL
68382001901	VENLAFAXINE HCL
51079048020	VENLAFAXINE HCL
68382002001	VENLAFAXINE HCL
68001016000	VENLAFAXINE HCL
68084085601	VENLAFAXINE HCL
68382003610	VENLAFAXINE HCL
68382003616	VENLAFAXINE HCL
68382003410	VENLAFAXINE HCL

68382003510	VENLAFAXINE HCL
00517234010	IRON SUCROSE COMPLEX
00173068220	ALBUTEROL SULFATE
00173068221	ALBUTEROL SULFATE
00173068224	ALBUTEROL SULFATE
00591040401	VERAPAMIL HCL
00093304405	VERAPAMIL HCL
00093304501	VERAPAMIL HCL
00093304505	VERAPAMIL HCL
00093304301	VERAPAMIL HCL
00065401303	MOXIFLOXACIN HCL
00131247860	LACOSAMIDE
00131248060	LACOSAMIDE
00131247760	LACOSAMIDE
00597004724	NEVIRAPINE
61958040101	TENOFOVIR DISOPROXIL FUMARATE
42002020005	NAPHAZOLINE HCL/PHENIRAMINE
54162000002	VITS A AND D/WHITE PET/LANOLIN
51645090599	THIAMINE MONONITRATE (VIT B1)
00536468010	THIAMINE HCL
00536468001	THIAMINE HCL
00536467801	THIAMINE HCL
00536355601	CYANOCOBALAMIN (VITAMIN B-12)
00904421713	CYANOCOBALAMIN (VITAMIN B-12)
00536354201	CYANOCOBALAMIN (VITAMIN B-12)
43292056000	RIBOFLAVIN (VITAMIN B2)
00904051860	PYRIDOXINE HCL (VITAMIN B6)
00536440810	PYRIDOXINE HCL (VITAMIN B6)
00904052260	ASCORBIC ACID
00904052380	ASCORBIC ACID
00904582460	CHOLECALCIFEROL (VITAMIN D3)
00904582360	CHOLECALCIFEROL (VITAMIN D3)
40985027288	CHOLECALCIFEROL (VITAMIN D3)
00904027460	VITAMIN E (DL,TOCOPHERYL ACET)
00409915801	PHYTONADIONE (VIT K1)
50268085115	THIAMINE MONONITRATE (VIT B1)
51991060401	ERGOCALCIFEROL (VITAMIN D2)
13811051410	PRENATAL VIT,CAL 73/IRON/FOLIC
68462057330	VORICONAZOLE
66582031131	EZETIMIBE/SIMVASTATIN
66582031331	EZETIMIBE/SIMVASTATIN
59417010210	LISDEXAMFETAMINE DIMESYLATE
59417010310	LISDEXAMFETAMINE DIMESYLATE
59417010410	LISDEXAMFETAMINE DIMESYLATE
59417010510	LISDEXAMFETAMINE DIMESYLATE
59417010610	LISDEXAMFETAMINE DIMESYLATE
59417010710	LISDEXAMFETAMINE DIMESYLATE

00173013555	BUPROPION HCL
50458058030	RIVAROXABAN
50458057830	RIVAROXABAN
50458057930	RIVAROXABAN
55513073001	DENOSUMAB
65649030103	RIFAXIMIN
65649030302	RIFAXIMIN
50242004062	OMALIZUMAB
63402051001	LEVALBUTEROL TARTRATE
63323048527	LIDOCAINE HCL
63323048617	LIDOCAINE HCL
63323048227	LIDOCAINE HCL/EPINEPHRINE
63323048921	LIDOCAINE HCL/EPINEPHRINE/PF
49884030302	ZAFIRLUKAST
68084005921	ZAFIRLUKAST
00074165801	PARICALCITOL
66582041454	EZETIMIBE
65862002460	ZIDOVUDINE
00168006202	ZINC OXIDE
68001013606	ZIPRASIDONE HCL
68084010309	ZIPRASIDONE HCL
68001013706	ZIPRASIDONE HCL
68084010409	ZIPRASIDONE HCL
68001013806	ZIPRASIDONE HCL
68084010509	ZIPRASIDONE HCL
68001013906	ZIPRASIDONE HCL
24208053535	GANCICLOVIR
62756026002	ZONISAMIDE
68462013001	ZONISAMIDE
68001024300	ZONISAMIDE
00023361525	GATIFLOXACIN
00002445485	OLANZAPINE
00002445585	OLANZAPINE
00002445685	OLANZAPINE

Product Description	QTY Ordered	Pills Purchased
1.2 MICRON EXT 21" SET 50	4	200
ABACAVIR 300 MG TAB 60	10	600
ABACAVIR 300 MG TAB 60	9	540
ABACAVIR-LAMIVUDINE 600-300 MG TAB 30	12	360
ABACAV-LAMIV-ZIDOV 300-150-300 MG TAB 60	2	120
ACETAMIN 160MG/5ML ELIXIR 16OZ RUGBY	15	240
ACETAMIN 650MG SUPPOSITORY 100CT PER	2	200
ACETAMINEN-COD 300-30 MG TAB 100 UD AHP	12	1,200
ACETAMINOPHEN 325 MG TAB 250X2 UD	276	138,000
ACETAMINOPHEN 325 MG TAB 750 UD	5	3,750
ACETAMINOPHEN-COD 300-30 MG TAB 100 UD	1,193	119,300
ACETAMINOPHEN-COD 300-30 MG TAB 100 UD	12	1,200
ACETAZOLAMIDE 125 MG TAB 100	32	3,200
ACETAZOLAMIDE 250 MG TAB 100	21	2,100
ACETAZOLAMIDE 500 MG ER CAP 100	1	100
ACETIC ACID 2% OTIC SOL 15 ML	10	150
ACETIC ACID 2% OTIC SOL 15 ML	8	120
ACETIC ACID-HYDROCOR 2-1% OTIC SOL 10 ML	18	180
ACETIC ACID-HYDROCOR 2-1% OTIC SOL 10 ML	2	20
ACETYLCYSTEINE 20% VL 3X30 ML	1	90
ACIDOPHILUS X/S TABLET 100CT RUGBY	1	100
ACYCLOVIR 1 GM-20 ML VL 10X20 ML	3	600
ACYCLOVIR 400 MG TAB 100	4	400
ACYCLOVIR 400 MG TAB 100 UD AHP	65	6,500
ACYCLOVIR 400 MG TAB 500	39	19,500
ACYCLOVIR 5% ONT 30 GM	3	90
ACYCLOVIR 800 MG TAB 100	1	100
ACYCLOVIR 800 MG TAB 100 UD AHP	28	2,800
ACYCLOVIR 800 MG TAB 500	6	3,000
ADACEL VL 10X0.5 ML	4	20
ADVAIR DISKUS INHA 250/50 PWD 60	43	2,580
ADVAIR DISKUS INHA 500/50 PWD 60	53	3,180
AEROCHAMBER INHALER	2	-
ALBENZA 200 MG TAB 2	3	6
ALBUTEROL SULF 0.083% INH SOL 30X1X3 ML	196	17,640
ALENDRONATE 70 MG TAB (3X4) 12 UD	6	72
ALENDRONATE 70 MG TAB 4 UD	11	44
ALINIA 500MG TAB 12	2	24
ALLEGRA D 24HR 180MG TABLET 15CT PSE CHT	14	210
ALLERGY CHLORATE 4MG TABLET 24CT MAJ	2,442	58,608
ALLOPURINOL 100 MG TAB 100 UD	2	200
ALLOPURINOL 100 MG TAB 1000	12	12,000
ALLOPURINOL 300 MG TAB 100 UD	1	100
ALLOPURINOL 300 MG TAB 500	14	7,000
ALPRAZOLAM 0.5 MG TAB 100 UD	12	1,200
ALUM HYD GEL 16OZ RUGBY	25	400

AMANTADINE HCL 100 MG CAP 100	43	4,300
AMANTADINE HCL 100 MG CAP 100 UD AHP	2	200
AMICAR 0.25G/ ML SOL 8OZ	1	8
AMILORIDE HCL 5 MG TAB 100	8	800
AMIODARONE HCL 200 MG TAB 60	23	1,380
AMITRIPTYLINE HCL 10 MG TAB 100	65	6,500
AMITRIPTYLINE HCL 10 MG TAB 100 UD	3	300
AMITRIPTYLINE HCL 100 MG TAB 100	302	30,200
AMITRIPTYLINE HCL 100 MG TAB 100 UD	3	300
AMITRIPTYLINE HCL 150 MG TAB 100	58	5,800
AMITRIPTYLINE HCL 25 MG TAB 100	5	500
AMITRIPTYLINE HCL 25 MG TAB 100 UD	145	14,500
AMITRIPTYLINE HCL 25 MG TAB 1000	69	69,000
AMITRIPTYLINE HCL 50 MG TAB 100	4	400
AMITRIPTYLINE HCL 50 MG TAB 100 UD	5	500
AMITRIPTYLINE HCL 50 MG TAB 1000	73	73,000
AMITRIPTYLINE HCL 75 MG TAB 100	241	24,100
AMITRIPTYLINE HCL 75 MG TAB 100	8	800
AMITRIPTYLINE HCL 75 MG TAB 100 UD	4	400
AMLODIPINE BESYLATE 10 MG TAB 100 UD	9	900
AMLODIPINE BESYLATE 10 MG TAB 100 UD AHP	4	400
AMLODIPINE BESYLATE 10 MG TAB 2400	56	134,400
AMLODIPINE BESYLATE 10 MG TAB 90	19	1,710
AMLODIPINE BESYLATE 2.5 MG TAB 90	100	9,000
AMLODIPINE BESYLATE 5 MG TAB 100 UD	73	7,300
AMLODIPINE BESYLATE 5 MG TAB 1000	101	101,000
AMLODIPINE BESYLATE 5 MG TAB 90	13	1,170
AMMONIUM LACTATE 12% CRM 2X140 GM	6	1,680
AMMONIUM LACTATE 12% LOTION 225GM MAJ	176	39,600
AMOXICILLIN 500 MG CAP 500	25	12,500
AMOXICILLIN 875 MG TAB 100	218	21,800
AMOXICILLIN-CLAV K 500-125 MG TAB 20	23	460
AMOXICILLIN-CLAV K 875-125 MG TAB 100	13	1,300
AMPHETAMINE 10MG ER CAP 100	2	200
AMPHETAMINE MIXED 10 MG ER CAP 100	7	700
AMPHETAMINE MIXED SALTS 20MG ER CAP 100	6	600
AMPHETAMINE SALTS 10 MG TAB 100	4	400
AMPHETAMINE SALTS 10 MG TAB 100	3	300
AMPHETAMINE SALTS 20 MG TAB 100	8	800
AMPHETAMINE SALTS 30 MG ER CAP 100	3	300
AMPICILLIN 1 GM VL 10	6	60
AMPICILLIN 2 GM VL 10	10	100
AMPICILLIN TRIHYDRATE 250 MG CAP 100	3	300
AMPICILLIN-SULBACTAM 1.5 GM VL 10	5	50
AMPICILLIN-SULBACTAM 1.5 GM VL 10	2	20
AMPICILLIN-SULBACTAM 3 GM VL 10	4	40
AMPICILLIN-SULBACTAM 3 GM VL 10	2	20

ANASPAZ 0.125 MG TAB 100	46	4,600
ANASTROZOLE 1 MG TAB 30	2	60
ANECREAM 4% 30 GM	39	1,170
ANTACID CHEW 420 MG TAB 2X250	531	265,500
ANTI-DIARRHEAL 2MG CAPLET 12CT MAJ	600	7,200
ANUCORT HC 25 MG SUP 100 UD	44	4,400
AQUAPHOR OINTMENT SKIN HEALING 3.5OZ	49	172
ARIPIPRAZOLE 10 MG TAB 100	55	5,500
ARIPIPRAZOLE 1MG/ML 150ML ORAL SOLUTION	10	1,500
ARIPIPRAZOLE 2 MG TAB 30	39	1,170
ARIPIPRAZOLE 20 MG TAB 100	128	12,800
ARIPIPRAZOLE 30 MG TAB 100	74	7,400
ARMOUR THYROID 0.5 GR TAB 100	1	100
ARMOUR THYROID 5 GR TAB 100	2	200
ASMANEX HFA 200MCG INH 120	1,499	179,880
ASPIRIN 325 MG TAB 100 RUGBY	48	4,800
ASPIRIN 325 MG TAB 500 UD	3	1,500
ASPIRIN 325MG 100 TABS RUGBY	264	26,400
ASPIRIN 5GR EC TABLET ORANGE 1000CT	7	7,000
ASPIRIN 81 MG CHW 750 UD	4	3,000
ASPIRIN 81 MG CHW 90	1,311	117,990
ASPIRIN 81MG CHEW ORANGE 36CT MAJ	24	864
ASPIRIN 81MG EC TABLET 1000CT MAJOR	98	98,000
ASPIRIN CHILDREN'S 81 MG CHW 500 UD	1	500
ASPIRIN EC 81 MG TAB UD 100	11	1,100
ASPIRIN-DIPYRIDAMOLE ER 25-200MG CAP 60	1	60
ATENOLOL 100 MG TAB 100	1	100
ATENOLOL 100 MG TAB 1000	8	8,000
ATENOLOL 100 MG TAB 1000	2	2,000
ATENOLOL 25 MG TAB 100	2	200
ATENOLOL 25 MG TAB 100 UD	14	1,400
ATENOLOL 25 MG TAB 1000	43	43,000
ATENOLOL 50 MG TAB 100	8	800
ATENOLOL 50 MG TAB 100 UD	12	1,200
ATENOLOL 50 MG TAB 1000	31	31,000
ATOMOXETINE 100MG CAP 30	3	90
ATOMOXETINE 10MG CAP 30	3	90
ATOMOXETINE 25MG CAP 30	3	90
ATOMOXETINE 40MG CAP 30	3	90
ATOMOXETINE 60MG CAP 30	3	90
ATOMOXETINE 80MG CAP 30	3	90
ATORVASTATIN 10 MG TAB 100 UD AHP	2	200
ATORVASTATIN 10 MG TAB 1000	34	34,000
ATORVASTATIN 10 MG TAB 90	6	540
ATORVASTATIN 20 MG TAB 100 UD AHP	5	500
ATORVASTATIN 20 MG TAB 1000	83	83,000
ATORVASTATIN 20 MG TAB 90	10	900

ATORVASTATIN 40 MG TAB 100 UD AHP	3	300
ATORVASTATIN 40 MG TAB 1000	49	49,000
ATORVASTATIN 40 MG TAB 90	12	1,080
ATORVASTATIN 80 MG TAB 1000	25	25,000
ATORVASTATIN 80 MG TAB 90	5	450
ATOVAQUONE 750 MG-5 ML SUS 210 ML	20	4,200
ATRIPLA TAB 30	252	7,560
ATROPINE 1 % OPTHALMIC SOLUTION 5 ML	11	55
ATROPINE SULFATE 1% OPH ONT 3.5 GM	2	7
ATROVENT HFA 17 MCG INH 12.90 GM	90	1,161
AURYXIA 210 MG TAB 200	1	200
AVEENO BAR MOISTURIZE FRAG FREE 3.5OZ	1	4
AVEENO BAR MOISTURIZE FRAG FREE 3.5OZ	4	14
AVEENO BAR MOISTURIZE FRAG FREE 3.5OZ	6	21
AVEENO BAR MOISTURIZE FRAG FREE 3.5OZ	6	21
AVEENO BAR MOISTURIZE FRAG FREE 3.5OZ	12	42
AVEENO CREAM ECZEMA THERAPY MOIST 7.3OZ	4	29
AVEENO LOTION DAILY MOIST PUMP UNSC 12OZ	1	12
AVEENO LOTION DAILY MOIST PUMP UNSC 12OZ	2	24
AVONEX 30MCG/0.5ML PFS 4	41	164
AZASITE EYE DROP 1% 2.5ML	15	38
AZATHIOPRINE 50 MG TAB 100 UD AHP	16	1,600
AZELASTINE HCL 0.1% NAS SPRAY 30 ML	1	30
AZITHROMYCIN 250 MG TAB 30	2	60
AZITHROMYCIN 600 MG TAB 30	23	690
AZOPT 1 % SUS 10 ML	17	170
BACITR/POLY B OINTMENT 0.5OZ FOU	72	36
BACITR/POLY B OINTMENT 1OZ FOU	144	144
BACITRACIN 500 UN OPH ONT 3.5 GM	2	7
BACITRACIN OINT 500UN/GM(1OZ)28.4G G&W	18	511
BACLOFEN 10 MG TAB 100	1	100
BACLOFEN 10 MG TAB 100 UD AHP	18	1,800
BACLOFEN 10 MG TAB 1000	18	18,000
BACLOFEN 10MG TAB (10X10)100 UD	2	200
BACLOFEN 20 MG TAB 100	120	12,000
BACLOFEN 20 MG TAB 100 UD	4	400
BAG BALM OINTMENT 8OZ	1	8
BAG ZIP CLEAR 2ML 12X15 1000CT RD PLST	1	1,000
BAG ZIP CLEAR 2ML 4X6 1000CT ACTN	5	5,000
BAG ZIP CLEAR 2ML 4X6 1000CT ACTN	12	12,000
BAG ZIP CLEAR 2ML 4X6 1000CT ACTN	12	12,000
BAG ZIP CLEAR 2ML 4X6 1000CT ACTN	12	12,000
BAG ZIP CLEAR 2ML 4X6 1000CT ACTN	24	24,000
BAG ZIP CLEAR 2ML 5X8 1000CT ACTN	3	3,000
BAG ZIP CLEAR 2ML 5X8 1000CT ACTN	3	3,000
BAG ZIP CLEAR 2ML 9X12 1000CT ACTN	1	1,000
BAG ZIP CLEAR 2ML 9X12 1000CT ACTN	2	2,000

BAG ZIP CLEAR 2ML 9X12 1000CT ACTN	3	3,000
BAG ZIP CLEAR 2ML 9X12 1000CT ACTN	3	3,000
BAG ZIP CLEAR 2ML 9X12 1000CT RD PLST	3	3,000
BAG ZIP CLEAR 4ML 13X18 500CT RD PLST	2	1,000
BAND AID COMFORT-FLEX PLASTIC 1SZ 60CT	3	180
BANOPHEN ELIXIR 16OZ MAJOR	450	7,200
BAUSCH+LOMB ADV EYE RLF EYE WASH 4OZ	265	1,060
BD LANCET ULTRAFINE II 30G 200CT	8	1,600
BD ULTRAFINE MINI PEN NDL 5MM 31G 100CT	7	700
BENADRYL ITCH STOP CREAM 1OZ	2	2
BENZONATATE 100MG SGC 500	4	2,000
BENZONATATE 100MG SGC 500	2	1,000
BENZOYL PEROXIDE 10% 29.5ML LOT RUGBY	12	354
BENZOYL PEROXIDE 10% 42.5GM GEL RUGBY	1	43
BENZOYL PEROXIDE 10% WASH 147 ML	6	30
BENZOYL PEROXIDE 10% WASH 8OZ HARRIS	3	24
BENZOYL PEROXIDE 5% 29.5ML LOT RUGBY	4	118
BENZOYL PEROXIDE 5% WASH 5OZ HARRIS	9	45
BENZOYL PEROXIDE 5% WASH 8OZ HARRIS	6	48
BENZOYL PEROXIDE GEL 10% 12X56G GERITREX	21	14,112
BENZTROPINE MES 2 MG-2 ML AMP 5X2 ML	42	420
BENZTROPINE MESYLATE 0.5 MG TAB 100	252	25,200
BENZTROPINE MESYLATE 1 MG TAB 100	24	2,400
BENZTROPINE MESYLATE 1 MG TAB 100 UD AHP	81	8,100
BENZTROPINE MESYLATE 1 MG TAB 1000	69	69,000
BENZTROPINE MESYLATE 1 MG TAB 1000	5	5,000
BENZTROPINE MESYLATE 2 MG TAB 100	2	200
BENZTROPINE MESYLATE 2 MG TAB 100 UD AHP	2	200
BENZTROPINE MESYLATE 2 MG TAB 1000	16	16,000
BENZTROPNE MESYLTE 0.5 MG TAB 100 UD AHP	22	2,200
BETAMETHASONE DIP 0.05% CRM 45 GM	16	720
BETAMETHASONE VAL 0.1% CRM 15 GM	16	240
BETAMETHASONE VAL 0.1% CRM 15 GM	96	1,440
BETAMETHASONE VAL 0.1% CRM 45 GM	71	3,195
BETAMETHASONE VAL 0.1% CRM 45 GM	6	270
BETAMETHASONE VAL 0.1% ONT 15 GM	48	720
BETAMETHASONE VAL 0.1% ONT 45 GM	70	3,150
BEXAROTENE 75MG CAP 100	1	100
BICALUTAMIDE 50 MG TAB 30	8	240
BICILLIN LA 2400 MU SYG 10X4 ML	3	120
BIMATOPROST 0.03% O/S 2.5ML	2	5
BIOTENE DRY MOUTH ORAL RINSE A/F 16OZ	483	7,728
BISACODYL 10 MG SUP 50 UD	6	300
BISACODYL 5 MG EC TAB 100 UD	18	1,800
BISACODYL 5MG EC TABLET 100CT MAJOR	301	30,100
BISACODYL 5MG EC TABLET 25CT MAJOR	648	16,200
BISMATROL TABLET 30CT MAJOR	104	3,120

BORIC ACID NF POWDER 12OZ HUMCO	1	12
BOSTON ADVANCE CONDITIONING DROP 3.5OZ	6	21
BOSTON LENS CLEANER 1OZ	3	3
BOSTON REWETTING DROP 10ML	21	210
BOSTON SIMPLUS MULTIACTION SOLU 3.5OZ	70	245
BREO ELIPTA 100/25 MCG INH 2X30	9	540
BREO ELIPTA 200/25MCG INH 2X30	1	60
BRILINTA 60MG TAB 60	4	240
BRILINTA 90 MG TAB 60	72	4,320
BRIMONIDINE TARTRATE 0.2% OPH SOL 10 ML	36	360
BRIMONIDINE TARTRATE 0.2% OPH SOL 5 ML	952	4,760
BROVANA 15MC G/2ML VL 30	3	90
BUDESONIDE 3 MG EC CAP 100	4	400
BUDESONIDE 32 MCG SPY 8.43 ML	3	25
BUDESONIDE INH 0.5MG/2ML AMP 6X5X2 ML UP	5	300
BUMETANIDE 0.25 MG-ML MDV 10X10 ML	1	100
BUMETANIDE 0.25 MG-ML SDV 10X4 ML	1	40
BUMETANIDE 1 MG TAB 100	33	3,300
BUPRENORPHINE HCL 2 MG TAB 30	160	4,800
BUPRENORPHINE HCL 8 MG TAB 30	80	2,400
BUPRENORPHINE SL 2MG 30 TABS	10	300
BUPRENORPHINE SL 8MG 30 TABS	110	3,300
BUPROPION HCL 100 MG TAB 100	92	9,200
BUPROPION HCL 100 MG TAB 100	1	100
BUPROPION HCL 100 MG TAB 100 UD	9	900
BUPROPION HCL 150 MG XL TAB 90	294	26,460
BUPROPION HCL 300 MG XL TAB 30 UD	1	30
BUPROPION HCL 300 MG XL TAB 500	16	8,000
BUPROPION HCL 300MG ER TAB 500 CT	12	6,000
BUPROPION HCL 75 MG TAB 100	15	1,500
BUPROPION HCL 75 MG TAB 100	116	11,600
BUPROPION HCL 75 MG TAB 100 UD	11	1,100
BUPROPION HCL 75MG TAB 100 AHP	12	1,200
BUPROPION HCL ER XL 300MG TAB 90	40	3,600
BUPROPION HCL ER XL TAB 300MG 30 CT	12	360
BUPROPION HCL ER XL TAB 300MG 90 CT	181	16,290
BUPROPION HCL XL 150MG ER TAB 500	47	23,500
BUPROPION HCL XL 300 MG ER TAB 500	55	27,500
BUSPIRONE HCL 10 MG TAB 100 UD	5	500
BUSPIRONE HCL 10 MG TAB 1000	22	22,000
BUSPIRONE HCL 10 MG TAB 1000	19	19,000
BUSPIRONE HCL 15 MG TAB 100 UD	4	400
BUSPIRONE HCL 15 MG TAB 180	24	4,320
BUSPIRONE HCL 15 MG TAB 500	50	25,000
BUSPIRONE HCL 15 MG TAB 500	33	16,500
BUSPIRONE HCL 15 MG TAB 60	24	1,440
BUSPIRONE HCL 5 MG TAB 100 UD	12	1,200

BUTALBITAL-ACET-CAFF 50-325-40MG TAB 100	16	1,600
BYETTA 250 MCG/ML CRT 2.4 ML	16	38
CABERGOLINE 0.5 MG TAB 8	23	184
CALAMINE LOT 177 ML	163	28,851
CALCIPOTRIENE 0.005% CRM 60 GM	22	1,320
CALCIPOTRIENE 0.005% ONT 60 GM	18	1,080
CALCIPOTRIENE CRM 0.005% 60GM TUBE	19	1,140
CALCIPOTRIENE OINTMENT 0.005% 60GM	4	240
CALCITRATE 200MG (950MG) TAB 100CT MAJOR	1	100
CALCITRIOL 0.25 MCG CAP 100	14	1,400
CALCITRIOL 0.5 MCG CAP 100	6	600
CALCITRIOL 3 MCG-GM ONT 100 GM	2	200
CALCIUM ACETATE 667 MG CAP 200	30	6,000
CALCIUM ACETATE 667 MG CAP 200	27	5,400
CALCIUM OYSTER 500MG TABLET 1000CT MAJ	6	6,000
CALCIUM+D OYSTER 500MG TABLET 1000CT MAJ	61	61,000
CANASA 1000 MG SUP 30	18	540
CANCIDAS 50 MG VL 10 ML	44	440
CAPZASIN-HP 0.1% ODOR FREE CREAM 1.5OZ	10	15
CARAFATE 1GM/ 10ML SUS 14 OZ	8	112
CARBAMAZEPINE 100 MG CHW 100 UD	3	300
CARBAMAZEPINE 100 MG CHW 100 UD	10	1,000
CARBAMAZEPINE 100 MG CHW 500	26	13,000
CARBAMAZEPINE 100 MG-5 ML SUS 450 ML	5	2,250
CARBAMAZEPINE 200 MG TAB 100	7	700
CARBAMAZEPINE 200 MG TAB 100 UD	7	700
CARBAMAZEPINE 200 MG TAB 1000	57	57,000
CARBIDOPA-LEVODOPA 10-100 MG TAB 100	6	600
CARBIDOPA-LEVODOPA 10-100 MG TAB 100	4	400
CARBIDOPA-LEVODOPA 10-100 MG TAB 100	35	3,500
CARBIDOPA-LEVODOPA 25-100 MG ER TAB 100	2	200
CARBIDOPA-LEVODOPA 25-100 MG TAB 100	14	1,400
CARBIDOPA-LEVODOPA 25-250 MG TAB 100	19	1,900
CARISOPRODOL 350 MG TAB 100 UD AHP	3	300
CARVEDILOL 12.5 MG TAB 100	2	200
CARVEDILOL 12.5 MG TAB 100 AHP	2	200
CARVEDILOL 12.5 MG TAB 100 UD AHP	4	400
CARVEDILOL 12.5 MG TAB 500 AHP	7	3,500
CARVEDILOL 25 MG TAB 100 AHP	3	300
CARVEDILOL 25 MG TAB 500 AHP	30	15,000
CARVEDILOL 3.125 MG TAB 100 AHP	3	300
CARVEDILOL 3.125 MG TAB 100 UD	1	100
CARVEDILOL 3.125 MG TAB 500 AHP	2	1,000
CARVEDILOL 6.25 MG TAB 100 AHP	5	500
CARVEDILOL 6.25 MG TAB 100 UD AHP	1	100
CARVEDILOL 6.25 MG TAB 500 AHP	7	3,500
CASTOR OIL USP-OT 2OZ HUMCO	1	2

CATHFLO ACTIV 2 MG VL 2 ML	13	26
CEFAZOLIN 1 GM VL 25	3	75
CEFAZOLIN 1 GM VL 25	4	100
CEFAZOLIN 500 MG VL 25	1	25
CEFTAZIDIME 2 GM VL 10	8	80
CEFTAZIDIME 2 GM VL 10	4	40
CEFTRIAXONE 1 GM VL 10	4	40
CEFTRIAXONE 1 GM VL 25	7	175
CEFTRIAXONE 250 MG VL 10	17	170
CEFTRIAXONE 500 MG VL 10	2	20
CEFUROXIME 500 MG TAB 20	3	60
CEFUROXIME AXETIL 250MG TAB 20 USP	1	20
CELECOXIB 100 MG CAP 500	2	1,000
CELECOXIB 200MG CAP 100	12	1,200
CENTOR VIAL AMBER SL 16DR-L-16A 240	6	1,440
CENTOR VIAL AMBER SL 40DR 95	2	7,600
CENTOR VIAL AMBER SL 60DR 60	2	120
CEPHALEXIN 250 MG-5 ML SUS 200 ML	1	200
CEPHALEXIN 500 MG CAP 100	12	1,200
CEPHALEXIN 500 MG CAP 500	31	15,500
CETIRIZINE 10MG TABLET 300CT PERRIGO	1	300
CHLORDIAZEPOXIDE HCL 25 MG CAP 100 UD	194	19,400
CHLORHEXIDINE 0.12% LIQ 473 ML AF	468	221,364
CHLORPROMAZINE 100 MG TAB 100	64	6,400
CHLORPROMAZINE 100 MG TAB 1000	13	13,000
CHLORPROMAZINE 200 MG TAB 100	30	3,000
CHLORPROMAZINE 200 MG TAB 1000	7	7,000
CHLORPROMAZINE 25 MG TAB 100	74	7,400
CHLORPROMAZINE 25 MG-ML AMP 25X1 ML	6	150
CHLORPROMAZINE 25 MG-ML AMP 25X2 ML	1	50
CHLORPROMAZINE 50 MG TAB 100	142	14,200
CHLORTHALIDONE 25 MG TAB 100	10	1,000
CHLORTHALIDONE 25 MG TAB 1000	21	21,000
CHLORTHALIDONE 50 MG TAB 100	1	100
CHOLESTYRAMINE ORANGE PWD 60X4 GM	4	960
CILOSTAZOL 100 MG TAB 60	8	480
CILOSTAZOL 50 MG TAB 60	4	240
CIPRODEX OTIC 0.3% / 0.1% SUS 7.5 ML	4	30
CIPROFLOXACIN 0.3% OPH SOL 5 ML	1	5
CIPROFLOXACIN 0.3% OPH SOL 5 ML	6	30
CIPROFLOXACIN 250 MG TAB 100	1	100
CIPROFLOXACIN 500 MG TAB 100 UD	63	6,300
CIPROFLOXACIN 500 MG TAB 500	14	7,000
CIPROFLOXACIN 500 MG TAB 500	1	500
CIPROFLOXACIN 750 MG TAB 50	3	150
CITALOPRAM 10 MG TAB 100 UD	13	1,300
CITALOPRAM 10 MG TAB 500	32	16,000

CITALOPRAM 10 MG-5 ML SOL 240 ML	1	240
CITALOPRAM 20 MG TAB 100 UD	55	5,500
CITALOPRAM 20 MG TAB 500	98	49,000
CITALOPRAM 40 MG TAB 100 UD	3	300
CITALOPRAM 40 MG TAB 500	67	33,500
CLINDMYCN 150 MG CAP 100	53	5,300
CLINDMYCN 150 MG CAP 100 UD AHP	53	5,300
CLINDMYCN 300 MG CAP 100 UD AHP	90	9,000
CLINDMYCN PHOS 1% GEL 30 GM	74	2,220
CLINDMYCN PHOS 1% LOT 60 ML	2	120
CLINDMYCN PHOS 1% TOP SOL 30 ML	50	1,500
CLINDMYCN PHOS 2% VAG CRM 40 GM	4	160
CLINDMYCN PHOS 300 MG-2 ML SDV 25X2 ML	1	50
CLINDMYCN PHOS 600 MG-4 ML SDV 25X4 ML	4	400
CLOBETASOL 0.05% CRM 15 GM	2	30
CLOBETASOL 0.05% CRM 15 GM	22	330
CLOBETASOL 0.05% CRM 30 GM	9	270
CLOBETASOL 0.05% CRM 30 GM	2	60
CLOBETASOL 0.05% CRM 30 GM	142	4,260
CLOBETASOL 0.05% CRM 60 GM	44	2,640
CLOBETASOL 0.05% ONT 15 GM	21	315
CLOBETASOL 0.05% ONT 30 GM	7	210
CLOBETASOL 0.05% ONT 30 GM	69	2,070
CLOBETASOL 0.05% ONT 60 GM	50	3,000
CLOBETASOL 0.05% ONT 60 GM	14	840
CLOBETASOL PROP 0.05% FOAM 50 GM	2	100
CLOBETASOL PROP 0.05% SHAMPOO 118 ML	11	44
CLOBETASOL PROP 0.05% TOP SOL 25 ML	1	25
CLOBETASOL PROP 0.05% TOP SOL 25 ML	5	125
CLOBETASOL PROP 0.05% TOP SOL 50 ML	23	1,150
CLOMIPRAMINE 25 MG CAP 90	2	180
CLOMIPRAMINE 50 MG CAP 90	4	360
CLOMIPRAMINE HCL 75MG CAP 100	2	200
CLONAZEPAM 0.5 MG TAB 100 UD	240	24,000
CLONAZEPAM 0.5 MG TAB 100 UD	115	11,500
CLONAZEPAM 1 MG TAB 100 UD	395	39,500
CLONIDINE 0.2 MG PAT 4	3	12
CLONIDINE HCL 0.1 MG TAB 100 AHP	1	100
CLONIDINE HCL 0.1 MG TAB 100 UD	165	16,500
CLONIDINE HCL 0.1 MG TAB 500 AHP	276	138,000
CLONIDINE HCL 0.2 MG TAB 100 AHP	4	400
CLONIDINE HCL 0.2 MG TAB 100 UD	17	1,700
CLONIDINE HCL 0.2 MG TAB 500	12	6,000
CLONIDINE HCL 0.2 MG TAB 500 AHP	273	136,500
CLONIDINE HCL 0.3 MG TAB 100 AHP	594	59,400
CLOPIDOGREL 75 MG TAB 100 UD	6	600
CLOPIDOGREL 75 MG TAB 100 UD AHP	2	200

CLOPIDOGREL 75 MG TAB 90	114	10,260
CLOTRIMAZOLE 1% CREAM 28GM PERRIGO	4,659	130,452
CLOTRIMAZOLE-BETAMETH 1-0.05% CRM 15 GM	6	90
CLOZAPINE 100 MG TAB 100 UD	94	9,400
CLOZAPINE 25 MG TAB 100 UD	21	2,100
CODEINE SULFATE 30 MG TAB 4X25 RN	78	7,800
COLCHICINE 0.6 MG TAB 100	81	8,100
COMBIGAN 0.2/ 0.5% SOL 5 ML	2	10
COMBIVENT RESPIM INH 4 GM	12	48
COMPLERA TAB 30	29	870
CONDYLOX 0.5 % GEL 3.5 GM	1	4
COPAXONE 20 MG/1ML SYG 30X1 ML	1	30
COPAXONE 40 MG PFS 12X1 ML	10	120
CORLANOR 5MG TAB 60	1	60
CORTEF 5 MG TAB 50	15	750
COVERLET BNDG .75X3 BDG 100	1	100
CRANBERRY EXTRACT CAPSULE 60CT WINDML	2	120
CREON 12000 CAP 100	4	400
CREON 24000 CAP 100	1	100
CREON 24000 CAP 250	61	15,250
CREON 6000 CAP 100	9	900
CRESTOR 40 MG TAB 30	5	150
CROMOLYN SOD 20 MG-2 ML INH 60X2 ML	8	960
CYANOCOBALAMIN 1000 MCG-ML VL 25X1 ML	1	25
CYCLOBENZAPRINE HCL 10 MG TAB 100	3	300
CYCLOBENZAPRINE HCL 10 MG TAB 100 UD	49	4,900
CYCLOBENZAPRINE HCL 10 MG TAB 500	10	5,000
CYCLOPENTOLATE 1% OPH SOL 15 ML	11	165
CYCLOPENTOLATE HCL 0.5% O/S 15 ML	2	30
CYCLOSPORINE MOD 100 MG SGC 30 UD	10	300
CYCLOSPORINE MOD 100 MG SGC 30 UD	7	210
CYCLOSPORINE MOD 25 MG SGC 30 UD	6	180
DAKINS ANTISEPTIC SOLUTION 0.5% 16OZ	10	160
DAPSONE 100 MG BP TAB 2X15	35	1,050
DAPTOMYCIN 500 MG-10ML SDV	57	-
DEEP SEA NASAL SPRAY 44ML MAJOR	720	31,680
DELZICOL 400 MG CAP 180	50	9,000
DELZICOL DR 400 MG CAP 180	291	52,380
DEPO MEDROL 40 MG-ML VL 25X1 ML	4	100
DEPO MEDROL 80 MG-ML VL 1 ML	14	14
DEPO PROVERA 400 MG VL 2.5 ML	2	5
DEPO TESTOSTERONE 200 MG-ML VL 1 ML	49	49
DESCOVY 200/25 MG TAB 30	132	3,960
DESIPRAMINE 25 MG TAB 100	4	400
DESIPRAMINE 75 MG TAB 100	1	100
DESMOPRESSIN ACET 0.1 MG TAB 100	5	500
DESMOPRESSIN ACET 0.2 MG TAB 100	8	800

DESMOPRESSIN ACET 0.2 MG TAB 100	9	900
DESMOPRESSIN ACETATE 0.1 MG TAB 100	3	300
DEXAMETHASONE 0.1% OPH SOL 5 ML	2	10
DEXAMETHASONE 0.5 MG-5 ML SOL 500 ML	25	12,500
DEXAMETHASONE 2 MG TAB 100	3	300
DEXAMETHASONE 2 MG TAB 100 UD	1	100
DEXAMETHASONE 4 MG TAB 100	4	400
DEXAMETHASONE 4 MG TAB 100 UD	2	200
DEXTROSE-WATER 5% BAG 24X500 ML	1	12,000
DEXTROSE-WATER 50% SYG 10X50 ML ANSUR	4	2,000
DIAZEPAM 5 MG TAB 100 UD	40	4,000
DIAZEPAM 5 MG TAB 100 UD	1	100
DICLOFENAC SOD 1% GEL 100GM	2	200
DICLOFENAC SOD 50MG DR TAB 100 AHP	3	300
DICLOFENAC SODIUM 0.1% OPH SOL 5 ML	4	20
DICLOFENAC SODIUM 1% GEL 100 GM	2	200
DICLOFENAC SODIUM 75 MG DR TAB 100	1	100
DICLOXACILLIN 250 MG CAP 100	1	100
DICLOXACILLIN 500 MG CAP 100	1	100
DICYCLOMINE HCL 10 MG CAP 100	161	16,100
DICYCLOMINE HCL 10 MG CAP 100 UD	5	500
DICYCLOMINE HCL 20 MG TAB 100	2	200
DICYCLOMINE HCL 20 MG TAB 100 UD	6	600
DICYCLOMINE HCL 20 MG TAB 1000	14	14,000
DIFLUNISAL 500 MG TAB 100	171	17,100
DIGOXIN 500 MCG AMP 10X2 ML	2	40
DILANTIN 100 MG CAP 100	4	400
DILANTIN INFT 50 MG CHW 100	1	100
DILTIAZEM CD 180 MG CAP 90	11	990
DILTIAZEM CD 180 MG CAP 90 UU AHP	7	630
DILTIAZEM CD 300 MG CAP 90 UU AHP	8	720
DILTIAZEM HCL 120 MG SR CAP 100	5	500
DILTIAZEM HCL 180 MG ER CAP 100 UD AHP	3	300
DILTIAZEM HCL 60 MG TAB 100	1	100
DILTIAZEM HCL 90 MG TAB 100	1	100
DILTIAZEM XR 120 MG CAP 100	6	600
DILTIAZEM XR 240 MG CAP 100	19	1,900
DILT-XR 120 MG CAP 100	12	1,200
DIPHENHYD 25MG CAPSULE 1000CT SANDOZ	6	6,000
DIPHENHYD 50MG CAPSULE 1000CT MAJOR	49	49,000
DIPHENHYD 50MG CAPSULE 1000CT SANDOZ	30	30,000
DIPHENHYD 50MG CAPSULE 100CT MAJOR	132	13,200
DIPHENHYDRAMINE 25 MG CAP 100 UD	115	11,500
DIPHENHYDRAMINE 50 MG CAP 100 UD	131	13,100
DIPHENHYDRAMINE HCL 25 MG CAP 1000	8	8,000
DIPHENHYDRAMINE HCL 50 MG CAP 1000	10	10,000
DIPHENHYDRAMINE HCL 50 MG-ML VL 25X1 ML	15	375

DIPHENOX-ATRO 2.5-.025MG TAB 1000	1	1,000
DIPHENOXYLATE-ATROP 2.5-0.025 MG TAB 100	2	200
DIPHENOXYLATE-ATROP 2.5-0.025 MG TAB 100	27	2,700
DIVALPROEX SOD 125 MG CAP SPRINK 100	23	2,300
DIVALPROEX SOD 500 MG DR TAB 100	186	18,600
DIVALPROEX SOD 500 MG DR TAB 100	7	700
DIVALPROEX SOD 500 MG DR TAB 500	35	17,500
DIVALPROEX SOD 500 MG DR TAB 500	370	185,000
DIVALPROEX SOD 500 MG ER TAB 100 AHP	21	2,100
DIVALPROEX SOD 500 MG ER TAB 500 AHP	8	4,000
DIVALPROEX SOD DR 250 MG TAB 100 UD AHP	58	5,800
DIVALPROEX SOD DR 250 MG TAB 500	62	31,000
DIVALPROEX SOD DR 500MG TAB 9X10UD AHP	106	9,540
DIVALPROEX SOD ER 250 MG TAB 100 AHP	2	200
DOCUSATE SODIUM 100 MG SGC 100 UD	45	4,500
DOFETILIDE 250 MCG CAP 60	17	1,020
DOK 100 MG SGC 1000	89	89,000
DONEPEZIL HCL 10 MG TAB 30	8	240
DONEPEZIL HCL 5 MG TAB 90	4	360
DORZOLAMIDE HCL 2% OPH SOL 10 ML	239	2,390
DORZOLAMIDE HCL 2% OPH SOL 10 ML	187	1,870
DORZOLAMIDE-TIMOLOL 2-0.5% OPH SOL 10 ML	115	1,150
DORZOLAMIDE-TIMOLOL 2-0.5% OPH SOL 10 ML	5	50
DOXAZOSIN 4MG TAB 100	14	1,400
DOXAZOSIN MES 2 MG TAB 100	8	800
DOXAZOSIN MES 4 MG TAB 100	1	100
DOXEPIN HCL 10 MG CAP 100	23	2,300
DOXEPIN HCL 10 MG-ML SOL 118 ML	18	72
DOXEPIN HCL 100 MG CAP 100	78	7,800
DOXEPIN HCL 150 MG CAP 100	22	2,200
DOXEPIN HCL 25 MG CAP 100	26	2,600
DOXEPIN HCL 25 MG CAP 100 UD	4	400
DOXEPIN HCL 50 MG CAP 100	69	6,900
DOXEPIN HCL 50 MG CAP 100 UD	2	200
DOXEPIN HCL 75 MG CAP 100	15	1,500
DOXYCYCLINE MONO 100 MG TAB 250	18	4,500
DOXYCYCLINE MONO 100 MG TAB 50	775	38,750
DULOXETINE 20 MG DR CAP 60	10	600
DULOXETINE 30 MG DR CAP 90 AHP	16	1,440
DULOXETINE HCL 60 MG DR CAP 1000	7	7,000
DUOFILM WART REMOVER LIQUID 0.33OZ	73	24
DUREZOL 0.05 % DRP 5 ML	5	25
EAR DROPS CARBAMDE PERXIDE 6.5% DRP 15ML	72	1,080
ELIDEL 1 % CRM 60 GM	5	300
ELIQUIS 2.5 MG TAB 60	11	660
ELIQUIS 5 MG TAB 60	42	2,520
EMTRIVA 200 MG CAP 30	13	390

ENABLEX 7.5 MG TAB 30	12	360
ENALAPRIL MAL 10 MG TAB 1000	8	8,000
ENALAPRIL MAL 2.5 MG TAB 100	5	500
ENALAPRIL MAL 5 MG TAB 100	11	1,100
ENBREL 50MG /ML SYG 4	40	160
ENGERIX B P/F 10 MCG/.5 SDV 10X0.5 ML	84	420
ENOXAPARIN 100MG/1ML SYG 10X1ML	26	260
ENOXAPARIN 120MG/0.8ML SYG 10X0.8ML	5	50
ENOXAPARIN 150MG/1ML SYG 10X1ML	10	100
ENOXAPARIN 30MG/0.3ML SYG 10	10	100
ENOXAPARIN 40MG/0.4ML SYG 10X0.4ML	14	140
ENOXAPARIN 80MG/0.8ML SYG 10X0.8ML	40	400
ENOXAPARIN SOD 100 MG-ML SYG 10	26	260
ENOXAPARIN SOD 120 MG-0.8 ML SYG 10	5	50
ENOXAPARIN SOD 150 MG-ML SYG 10	4	40
ENOXAPARIN SOD 40 MG-0.4 ML SYG 10	8	80
ENOXAPARIN SOD 80 MG-0.8 ML SYG 10	53	530
ENTECAVIR 0.5MG TAB 30CT	3	90
ENTRESTO FCT 24/ 26MG TAB 60	2	120
ENTRESTO FCT 49/ 51MG TAB 60	3	180
EPCLUSA 400/100 MG TAB 28	30	840
EPINEPHRINE 0.3 MG AUTO INJ PFS 2	24	48
EPINEPHRINE 1 MG-ML AMP 25X1 ML	1	25
EPIPEN 0.3 MG KIT 2	14	28
EPIVIR 10 MG/ML SOL 240 ML	7	1,680
EPLERENONE 25 MG TAB 30	3	90
EPLERENONE 25 MG TAB 90	24	2,160
EPLERENONE 50 MG TAB 90	9	810
EPZICOM 600/ 300MG TAB 30	14	420
ERY-TAB DR 500 MG TAB 100	6	600
ERYTHROMYCIN 0.5% OPTH OINT 3.5 GM	12	42
ERYTHROMYCIN 0.5% OPTH OINT 3.5 GM	220	770
ERYTHROMYCIN 0.5% OPTH OINT 3.5 GM	1	4
ERYTHROMYCIN 2 % TOPC GEL 30 GM	4	120
ERYTHROMYCIN BASE 2% GEL 30 GM	2	60
ERYTHROMYCIN BASE 2% TOP SOL 59 ML	1	2
ESCITALOPRAM 20 MG TAB 90	24	2,160
ESCITALOPRAM 5 MG TAB 100	1	100
ESOMEPRAZOLE MAGNESIUM 40 MG DR CAP 30	19	570
ESOMEPRAZOLE MG 20MG DR CAP 90	2	180
ESOTERICA FADE CREAM NIGHT 2.5OZ	4	10
ESTRADIOL 1MG TAB 100	2	200
ESTRADIOL 2MG TAB 100	2	200
ESTRADIOL 40 MG-ML VL 5 ML	37	185
ETHAMBUTOL 400 MG TAB 100	4	400
EUCERIN CREAM TUBE 2OZ	152	304
EUCERIN FACE CREAM Q10 SENSITIVE 1.7OZ	12	20

EUCERIN LOTION 8.4OZ	6	50
EVOTAZ 300MG/150MG TAB 30	44	1,320
EXJADE500 MG TAB 30 ASD	24	720
EYE IRRIGATING SOL 118ML RUGBY	18	2,124
EYE WASH O/S 118ML	24	2,832
FAMCICLOVIR 125 MG TAB 30	263	7,890
FAMCICLOVIR 500 MG TAB 30	69	2,070
FAMOTIDINE 20 MG TAB 100 AHP	18	1,800
FENTANYL 12 MCG/HR MTX PATCH 5	3	15
FENTANYL 25 MCG/HR MTX PATCH 5	34	170
FENTANYL 75 MCG/HR MTX PATCH 5	16	80
FENTANYL TRANSDERM SYS 12MCG-HR 5CT	2	10
FERROUS GLUC 324 MG TAB 1000	11	11,000
FERROUS SULFATE 220MG/5ML ELIXR 16OZ HIT	6	96
FERROUS SULFATE 325 MG RED TAB 100 UD	3	300
FERROUS SULFATE 325MG TAB 1000CT MAJ	53	53,000
FINACEA 15 % GEL 50 GM	2	100
FINASTERIDE 5 MG TAB 30	1	30
FINASTERIDE 5 MG TAB 30	225	6,750
FINASTERIDE 5 MG TAB 30	60	1,800
FIRST MOUTHWASH BLM LIQ 236 ML	44	352
FIRST OMEPRAZ 2 MG/ML KIT 10 OZ	3	30
FIRST VANCOMYCIN 25MG/ML KIT 10 OZ	7	70
FIRST-PROGEST 200 MG SUP 30	3	90
FLECAINIDE 100 MG TAB 100	7	700
FLECAINIDE 100 MG TAB 60	6	360
FLOVENT HFA 220 MCG INH 12 GM	1	12
FLOVENT HFA 44 MCG INH 10.6 GM	2	21
FLUCAINE EYE DRP 5 ML	6	30
FLUCONAZOLE 100 MG TAB 30	19	570
FLUCONAZOLE 150 MG TAB 12 AHP	43	516
FLUCONAZOLE 200 MG TAB 100	9	900
FLUCONAZOLE-NACL 200 MG BAG 6X100 ML	1	600
FLUDROCORTISONE ACET 0.1 MG TAB 500	1	500
FLUOCINONIDE 0.1 % CRM 30 GM	4	120
FLUOROURACIL 5% CRM 40 GM	2	80
FLUOROURACIL 5% CRM 40 GM	13	520
FLUOXETINE HCL 10 MG CAP 100 UD	24	2,400
FLUOXETINE HCL 10 MG CAP 1000	12	12,000
FLUOXETINE HCL 20 MG CAP 100 UD AHP	45	4,500
FLUOXETINE HCL 20 MG CAP 1000	128	128,000
FLUOXETINE HCL 20 MG CAP 2000	14	28,000
FLUOXETINE HCL 20 MG-5 ML SOL 120 ML	76	9,120
FLUPHENAZINE DEC 25 MG-ML MDV 5 ML	172	860
FLUPHENAZINE DEC 25 MG-ML VL 1X5 ML	2	10
FLUPHENAZINE HCL 10 MG TAB 100	13	1,300
FLUPHENAZINE HCL 10 MG TAB 100	16	1,600

FLUPHENAZINE HCL 10 MG TAB 100 UD	6	600
FLUPHENAZINE HCL 10 MG TAB 500	2	1,000
FLUPHENAZINE HCL 2.5 MG TAB 100 UD	6	600
FLUPHENAZINE HCL 2.5 MG-ML VL 1X10 ML	22	220
FLUPHENAZINE HCL 5 MG TAB 100	26	2,600
FLUPHENAZINE HCL 5 MG TAB 100	9	900
FLUPHENAZINE HCL 5 MG TAB 100 UD	30	3,000
FLUPHENAZINE HCL 5 MG TAB 500	12	6,000
FLUPHENAZINE HCL 5 MG-ML ORAL CONC 118ML	25	100
FLUPHENAZINE HCL 5MG TAB 5X6 UD AHP	20	600
FLUROX 0.25/0.4 % O/S 5 ML	4	20
FLUTICASONE PROP 50 MCG NAS SPY 16 GM	196	3,136
FLUTICASONE PROP 50 MCG NAS SPY 16 GM	1,095	17,520
FLUVOXAMINE MALEATE 100 MG TAB 100	16	1,600
FLUVOXAMINE MALEATE 50 MG TAB 100	6	600
FOLIC ACID 1 MG TAB 100	3	300
FOLIC ACID 1 MG TAB 100 UD AHP	11	1,100
FOLIC ACID 1 MG TAB 1000	32	32,000
FOSRENOL 500 MG CHW 2X45	2	180
FOSRENOL CHW 1000 MG TAB 9X10	3	270
FUROSEMIDE 100 MG-10 ML VL 25X10 ML	1	250
FUROSEMIDE 20 MG TAB 100 UD	24	2,400
FUROSEMIDE 20 MG TAB 1000	10	10,000
FUROSEMIDE 20MG TAB 100	6	600
FUROSEMIDE 20MG TAB 1000	14	14,000
FUROSEMIDE 40 MG SDV 25X4 ML	1	100
FUROSEMIDE 40 MG TAB 100	70	7,000
FUROSEMIDE 40 MG TAB 100 UD	18	1,800
FUROSEMIDE 40MG TAB 100	25	2,500
FUROSEMIDE 40MG TAB 1000	14	14,000
FUROSEMIDE 80 MG TAB 1000	3	3,000
FUROSEMIDE 80 MG TAB 500	4	2,000
FUROSEMIDE 80 MG TAB 500	11	5,500
GABAPENTIN 100 MG CAP 100 UD	2	200
GABAPENTIN 100 MG CAP 100 UD	2	200
GABAPENTIN 100 MG CAP 500	74	37,000
GABAPENTIN 300 MG CAP 100	9	900
GABAPENTIN 300 MG CAP 100 UD	7	700
GABAPENTIN 300 MG CAP 100 UD AHP	15	1,500
GABAPENTIN 300 MG CAP 500	493	246,500
GABAPENTIN 400 MG CAP 100	11	1,100
GABAPENTIN 400 MG CAP 100	378	37,800
GABAPENTIN 400 MG CAP 100 UD	3	300
GABAPENTIN 400 MG CAP 500	4	2,000
GABAPENTIN 600 MG TAB 100 AHP	24	2,400
GABAPENTIN 600 MG TAB 500 AHP	926	463,000
GABAPENTIN 600MG 100UD TABLETS AHP	45	4,500

GABAPENTIN 600MG TAB (10X10) 100UD	4	400
GABAPENTIN 800 MG TAB 100 AHP	2	200
GABAPENTIN 800 MG TAB 500 AHP	74	37,000
GATIFLOXACIN 0.5% OPH SOL 2.5 ML	54	135
GATIFLOXACIN 0.5% OPH SOL 2.5ML	27	68
GAVILYTE-N SOL 4000 ML	12	48,000
GEMFIBROZIL 600 MG TAB 100 UD AHP	2	200
GEMFIBROZIL 600 MG TAB 500	74	37,000
GEMFIBROZIL 600MG TAB 500	71	35,500
GEMFIBROZIL 600MG TAB 60	7	420
GENTAK 0.3% OPH ONT 3.5 GM	61	214
GENTAMICIN 0.3% OPH SOL 5 ML	8	40
GENTAMICIN 80 MG-2 ML MDV 25X2 ML	3	150
GENVOYA 150/150/200/10MG TAB 30	747	22,410
GEODON 40 MG CAP 60	1	60
GEODON INJ SDV 20MG VL 10	3	30
GILENYA HGC 0.5MG 30 CAPSULES	11	330
GLEEVEC FCT 400 MG TAB 30 UD	7	210
GLIPIZIDE 10 MG TAB 1000	16	16,000
GLIPIZIDE 5 MG TAB 100	74	7,400
GLIPIZIDE 5 MG TAB 100 UD	5	500
GLIPIZIDE 5 MG TAB 1000	13	13,000
GLUCAGEN HYPO 1 MG KIT	112	-
GLUCAGON EMER 1 MG KIT 1 ML	24	24
GLUCOSAM CHOND 500/400MG TAB 180CT 21ST	120	21,600
GLUCOSAMIN CHOND 500/400MG CAP 180CT MAJ	552	99,360
GLUTOSE 15 LEMON GEL 3X37.5GM PADDOCK	495	55,688
GLYBURIDE 5 MG TAB 100 UD AHP	7	700
GLYBURIDE 5 MG TAB 1000	70	70,000
GLYBURIDE M 1.25 MG TAB 100	28	2,800
GLYBURIDE M 2.5 MG TAB 100	76	7,600
GLYBURIDE M 2.5 MG TAB 100	124	12,400
GLYBURIDE M 2.5 MG TAB 100 UD	3	300
GLYBURIDE M 5 MG TAB 100	6	600
GLYBURIDE M 5 MG TAB 100 UD	7	700
GLYCOPYRROLATE 0.4 MG-2 ML SDV 25X2 ML	1	50
GNP ANTACID ASST TAB 150	841	126,150
GNP ANTACID SUS 12 OZ	1,512	18,144
GNP CALAMINE PLAIN LIQ 6 OZ	24	144
GNP EAR WAX REMOVER DROP 0.5OZ	480	240
GNP HEMORRH ONT 2 OZ	240	480
GNP LICE TRMT SHM 4 OZ	89	356
GNP LORATADIN 24HR 10 MG TAB 10	504	5,040
GNP MEDICATED CHST RUB JEL 3.53 OZ	156	551
GNP PHENYLEP TAB 18	2,172	39,096
GNP PSEUDOEPHEDRN HCL 12H 120MG CAP 20CT	24	480
GNP STOMACH RELIEF ORIG STRENGTH LIQ 4OZ	601	2,404

GNP STOOL SOFT AND LAX 8.6MG TAB 100CT	7	700
GNP STOOL SOFTENER LIQUID 16 OZ	6	96
GNP TERBINAFI ATHL FOOT1% CRM 30 GM	1	30
GUANFACINE HCL 1 MG TAB 100	24	2,400
GUANFACINE HCL 1 MG TAB 100	80	8,000
GUANFACINE HCL 2 MG TAB 100	40	4,000
GUANFACINE HCL 2 MG TAB 100	108	10,800
HALOBETASOL PROPIONATE 0.05% CRM 50 GM	2	100
HALOG 0.1 % CRM 30 GM	34	1,020
HALOG 0.1 % CRM 60 GM	24	1,440
HALOPERIDOL 0.5 MG TAB 100 UD	2	200
HALOPERIDOL 1 MG TAB 100	6	600
HALOPERIDOL 1 MG TAB 100 UD	6	600
HALOPERIDOL 10 MG TAB 100	150	15,000
HALOPERIDOL 10 MG TAB 100 UD AHP	4	400
HALOPERIDOL 2 MG TAB 100	25	2,500
HALOPERIDOL 20 MG TAB 100	31	3,100
HALOPERIDOL 5 MG TAB 100 UD	42	4,200
HALOPERIDOL 5MG 1000 TABS	22	22,000
HALOPERIDOL DEC 100 MG-ML SDV 1 ML	954	954
HALOPERIDOL DEC 50 MG-ML MDV 5 ML	20	100
HALOPERIDOL DEC 50 MG-ML SDV 10X1 ML	5	50
HALOPERIDOL DEC 50 MG-ML VL 1 ML	61	61
HALOPERIDOL LAC 2 MG-ML SOL CONC 118 ML	398	1,592
HALOPERIDOL LAC 2 MG-ML SOL CONC 118 ML	8	32
HALOPERIDOL LAC 5 MG-ML AMP 10X1 ML	97	970
HARVONI 90MG/400MG TAB 28	80	2,240
HAVRIX 1440 UN/ML SDV 10X1 ML	10	100
HEMORRHOIDAL HYGIENE PAD 100CT GERITREX	276	27,600
HEMORRHOIDAL SUPPOSITRORY 12CT RUGBY	372	4,464
HEPARIN LF 500 UN-5 ML VL 25X5 ML	9	1,125
HEPARIN SOD 10 MU-ML SDV 25X1 ML	2	50
HEPARIN SOD 5000 UN-ML VL 25X1 ML	4	100
HEPARIN SODIUM 1000 UN-ML MDV 25X30 ML	1	750
HEPARIN SODIUM 1000 UN-ML VL 25X1 ML	4	100
HOMATROPINE HBR 5% O/S 5 ML	27	135
HUMALOG 100 UN/ML VL 10 ML	72	720
HUMALOG MIX 75/25 VL 10 ML	21	210
HUMALOG VL 3 ML	2	6
HUMIRA 40 MG SYG 2X0.8 ML	136	218
HYDRALAZINE 10 MG TAB 100	36	3,600
HYDRALAZINE 100 MG TAB 100	8	800
HYDRALAZINE 25 MG TAB 100	12	1,200
HYDRALAZINE 25 MG TAB 1000	4	4,000
HYDRALAZINE 50 MG TAB 1000	4	4,000
HYDROCERIN CREAM 4OZ GERITREX	1	4
HYDROCHLOROTHIAZIDE 12.5 MG CAP 100	1	100

HYDROCHLOROTHIAZIDE 12.5 MG CAP 1000	16	16,000
HYDROCHLOROTHIAZIDE 25 MG TAB 100	18	1,800
HYDROCHLOROTHIAZIDE 25 MG TAB 100 UD	17	1,700
HYDROCHLOROTHIAZIDE 25 MG TAB 100 UD AHP	47	4,700
HYDROCHLOROTHIAZIDE 25 MG TAB 1000	90	90,000
HYDROCHLOROTHIAZIDE 25 MG TAB 1000	105	105,000
HYDROCHLOROTHIAZIDE 50 MG TAB 1000	20	20,000
HYDROCOD-APAP 5-300 MG TAB 30 UD	1	30
HYDROCODONE-ACETAMIN 5-300 MG TAB 100	6	600
HYDROCORTISONE 0.5% CREAM 1OZ FOUGERA	1,848	1,848
HYDROCORTISONE 0.5% OINTMENT 1OZ FOUGERA	6	6
HYDROCORTISONE 1% CRM 30GM	1,536	46,080
HYDROCORTISONE 1% OINTMENT 30GM PERRIGO	60	1,800
HYDROCORTISONE 2.5% CRM 30 GM	1	1
HYDROCORTISONE 2.5% CRM 30 GM	7	198
HYDROCORTISONE 2.5% ONT 28.35 GM	3	85
HYDROLATUM OINTMENT 2OZ DENISON	2	4
HYDROMORPHONE HCL 2 MG TAB 100 UD AHP	3	300
HYDROMORPHONE HCL 2 MG/ML SDV 25X1 ML	8	200
HYDROMORPHONE HCL 2 MG/ML VL 25X1 ML	4	100
HYDROQUINONE 4% CRM 28.35 GM	7	198
HYDROXYCHLOROQUINE SUL 200 MG TAB 500	15	7,500
HYDROXYUREA 500 MG CAP 100 UD AHP	20	2,000
HYDROXYZINE 25 MG CAP 500	74	37,000
HYDROXYZINE HCL 10 MG-5 ML SYR 473 ML	6	96
HYDROXYZINE HCL 10MG-5ML SOL 473ML	4	1,892
HYDROXYZINE PAMOATE 25 MG CAP 100	10	1,000
HYDROXYZINE PAMOATE 25 MG CAP 100 UD	13	1,300
HYDROXYZINE PAMOATE 25 MG CAP 100 UD AHP	35	3,500
HYDROXYZINE PAMOATE 50 MG CAP 100 UD	35	3,500
HYDROXYZINE PAMOATE 50 MG CAP 100 UD AHP	91	9,100
HYDROXYZINE PAMOATE 50 MG CAP 500	405	202,500
IBUPROFEN 100 MG-5 ML SUS 473 ML	1	473
IBUPROFEN 200 MG UOU TAB 250X2	758	379,000
IBUPROFEN 200MG TAB BROWN 24CT MAJOR	12,293	295,032
IBUPROFEN 600 MG TAB 100 UD AHP	140	14,000
IBUPROFEN 600 MG TAB 500	397	198,500
IBUPROFEN 800 MG TAB 100	63	6,300
IBUPROFEN 800 MG TAB 100 UD	1,074	107,400
IBUPROFEN 800 MG TAB 500	27	13,500
IBUPROFEN 800 MG TAB 500	459	229,500
ICAPS LUTEIN TABLET 120CT	6	720
IMIPRAMINE HCL 25MG TAB 100	12	1,200
IMIPRAMINE HCL 50 MG TAB 100	4	400
IMIQUIMOD 5% CRM 24X0.25 GM UD	4	24
IMOVAX SDV 1 ML	2	2
INDOMETHACIN 25 MG CAP 1000	4	4,000

INDOMETHACIN 25MG CAP 100	6	600
INDOMETHACIN 50 MG CAP 100	77	7,700
INDOMETHACIN 50 MG CAP 100 UD	12	1,200
INDOMETHACIN 75 MG ER CAP 60	21	1,260
INSTA-CHAR SO 50 GM CHR LIQ 8 OZ	39	312
INTELENCE 200 MG TAB 60	68	4,080
INVANZ 1 GM ADV 10X1 GM	4	40
INVANZ 1 GM VL 10	6	60
INVEGA 3 MG TAB 30	1	30
INVEGA SUSTEN 117 MG SYG 0.75 ML	58	44
INVEGA SUSTEN 156 MG SYG 1 ML	35	35
INVEGA SUSTEN 234 MG SYG 1.5 ML	73	110
INVEGA SUSTEN 78 MG SYG 0.50 ML	1	1
IPRATROP BROMIDE 0.03% NAS SPY 30 ML	3	90
IPRATROP BROMIDE 0.06% NAS SPY 15 ML	4	60
IPRATROPIUM-ALBUT 0.5-3 MG INH 30X3ML UD	48	4,320
IPRATROPIUM-ALBUT 0.5-3MG INH 30X3ML	2	180
IPRATROPIUM-ALBUTEROL 0.5-3MG INH 60X3ML	7	1,260
IRBESARTAN 150 MG TAB 30	1	30
IRBESARTAN 150 MG TAB 90	16	1,440
IRBESARTAN 75 MG TAB 30	6	180
ISENTRESS 400 MG TAB 60	97	5,820
ISONIAZID 300 MG TAB 100	10	1,000
ISONIAZID 300 MG TAB 100 UD	1	100
ISOSORBIDE DINITRATE 10 MG TAB 100	21	2,100
ISOSORBIDE DINITRATE 20 MG TAB 100	18	1,800
ISOSORBIDE DINITRATE 30 MG TAB 100	2	200
ISOSORBIDE DINITRATE 5 MG TAB 100	12	1,200
ISOSORBIDE MONONITRATE 30 MG ER TAB 100	68	6,800
ISOSORBIDE MONONITRATE 60 MG ER TAB 100	48	4,800
JANTOVEN 1 MG TAB 100	12	1,200
JANTOVEN 1 MG TAB 100 UD	25	2,500
JANTOVEN 10 MG TAB 100	33	3,300
JANTOVEN 2 MG TAB 100	22	2,200
JANTOVEN 2.5 MG TAB 100	6	600
JANTOVEN 2.5 MG TAB 100 UD	6	600
JANTOVEN 3 MG TAB 100	69	6,900
JANTOVEN 3 MG TAB 100 UD	2	200
JANTOVEN 4 MG TAB 100	54	5,400
JANTOVEN 4 MG TAB 100 UD	2	200
JANTOVEN 5 MG TAB 100	63	6,300
JANTOVEN 5 MG TAB 100 UD	15	1,500
JANTOVEN 6 MG TAB 100 UD	2	200
JANTOVEN 7.5 MG TAB 100	16	1,600
JANUVIA 100 MG TAB 30	8	240
KALETRA 200/ 50 MG TAB 120	9	1,080
KENALOG 40 MG/ML VL 1 ML	266	266

KETOCONAZOLE 2% CRM 15 GM	23	345
KETOCONAZOLE 2% SHAMPOO 120 ML	20	2,400
KETOCONAZOLE 200 MG TAB 100	4	400
KETOROLAC 30 MG-1ML FILL-2ML SDV 25X1 ML	23	575
KETOROLAC THROMETHAMINE 30MG VL 10X1ML	8	80
KETOROLAC TRO 0.4% OPH SOL 5 ML	2	10
KETOROLAC TRO 0.5% OPH SOL 5 ML	60	300
KETOROLAC TRO 0.5% OPH SOL 5 ML	47	235
KETOROLAC TRO 15 MG-ML SDV 25X1 ML	4	100
KETOROLAC TRO 60 MG-2 ML SDV 25X2 ML	9	450
KINERET 100MG PFS 7X0.67 ML DS	11	52
KOGENATE FSADAPTORPDS 2023IUVL ASD	10	-
KONSYL POWDER PACKET ORIGINAL 30CT	416	12,480
LABETALOL HCL 100 MG TAB 100	4	400
LABETALOL HCL 200 MG TAB 100 AHP	22	2,200
LABETALOL HCL 300 MG TAB 100	13	1,300
LACTASE CAPLET 60CT MAJOR	1,201	72,060
LACTULOSE 10 GM-15 ML SOL 473 ML	2,448	1,157,904
LACTULOSE 10 GM-15 ML SOL 473 ML	12	5,676
LAMIVUDINE 100MG 60CT TABLETS	6	360
LAMIVUDINE 150 MG TAB 60	26	1,560
LAMIVUDINE-ZIDOVUDINE 150-300 MG TAB 60	4	240
LAMOTRIGINE 100 MG TAB 100 UD AHP	19	1,900
LAMOTRIGINE 100MG TAB 500	88	44,000
LAMOTRIGINE 25 MG TAB 100	304	30,400
LAMOTRIGINE 25 MG TAB 100 UD	4	400
LAMOTRIGINE 25 MG TAB 100 UD AHP	13	1,300
LANOXIN 0.125 MG TAB 100	10	1,000
LANOXIN 0.25 MG TAB 100	14	1,400
LANSOPRAZOLE 30 MG DR CAP 30	34	1,020
LANTUS INSULN 100U /ML VL 10 ML	3,904	39,040
LATANOPROST 0.005% OPH SOL 2.5 ML	72	180
LATANOPROST 0.005% OPH SOL 2.5 ML	1,054	2,635
LATUDA 120 MG TAB 30	10	300
LATUDA 20 MG TAB 30	5	150
LATUDA 40MG TAB 30	11	330
LATUDA 80MG TAB 30	19	570
LEFLUNOMIDE 10 MG TAB 30	6	180
LEFLUNOMIDE 10MG 30 TABS	6	180
LEUCOVORIN CALCIUM 5 MG TAB 100	4	400
LEVEMIR 100U /ML VL 10 ML	20	200
LEVETIRACETAM 100 MG-ML SOL 473 ML	1	473
LEVETIRACETAM 250 MG TAB 120 AHP	64	7,680
LEVETIRACETAM 250 MG TAB 50 UD	2	100
LEVETIRACETAM 250MG 100 UD TABLETS AHP	4	400
LEVETIRACETAM 500 MG ER TAB 60 AHP	6	360
LEVETIRACETAM 500 MG TAB 100 UD	4	400

LEVETIRACETAM 500 MG TAB 120 AHP	2	240
LEVETIRACETAM 500 MG TAB 500 AHP	131	65,500
LEVETIRACETAM 500MG 100 UD TABLETS AHP	2	200
LEVETIRACETAM 750 MG TAB 120 AHP	2	240
LEVETIRACETAM 750 MG TAB 500 AHP	35	17,500
LEVOFLOXACIN 250MG TAB 50	8	400
LEVOFLOXACIN 500 MG TAB 100	3	300
LEVOTHYROXINE 100 MCG TAB 100 UD	4	400
LEVOTHYROXINE 100 MCG TAB 1000	9	9,000
LEVOTHYROXINE 112 MCG TAB 1000	2	2,000
LEVOTHYROXINE 125 MCG TAB 1000	7	7,000
LEVOTHYROXINE 137 MCG TAB 1000	3	3,000
LEVOTHYROXINE 150 MCG TAB 1000	4	4,000
LEVOTHYROXINE 175 MCG TAB 1000	5	5,000
LEVOTHYROXINE 200 MCG TAB 1000	3	3,000
LEVOTHYROXINE 25 MCG TAB 1000	11	11,000
LEVOTHYROXINE 300 MCG TAB 100	2	200
LEVOTHYROXINE 50 MCG TAB 1000	13	13,000
LEVOTHYROXINE 75 MCG TAB 1000	10	10,000
LEVOTHYROXINE 88 MCG TAB 1000	2	2,000
LEVOTHYROXINE SOD 175MCG TAB 90	1	90
LEVOTHYROXINE SOD 50MCG TAB 90	6	540
LEVOTHYROXINE SOD 88MCG TAB 90	2	180
LEVOTHYROXINE SODIUM 125MCG TAB 90	3	270
LEVOTHYROXINE SODIUM 137MCG TAB 90	2	180
LEXIVA 700 MG TAB 60	25	1,500
LIDOCAINE 4% CREAM 30 GM	9	270
LIDOCAINE 5% PAT 30	49	1,470
LIDOCAINE HCL 1% MDV 25X10 ML	3	750
LIDOCAINE HCL 1% MDV 25X20 ML	3	1,500
LIDOCAINE HCL 1% MDV 25X50 ML	1	1,250
LIDOCAINE HCL 2% JELLY 10X5 ML	2	100
LIDOCAINE HCL 2% JELLY 30 ML	28	840
LIDOCAINE HCL 2% MDV 25X20 ML	2	1,000
LIDOCAINE HCL 2% VISCOUS SOL 100 ML	14	1,400
LIDOCAINE-EPINEPH 1%-1:100K MDV 25X20 ML	1	500
LIDOCAINE-EPINEPH 1%-1:100K MDV 25X30 ML	1	750
LIDOCAINE-EPINEPH 2%-1:100K MDV 25X20 ML	2	1,000
LIDOCAINE-EPINEPH 2%-1:200K SDV 5X20 ML	4	400
LINZESS 145 MCG CAP 30	21	630
LINZESS 290 MCG CAP 30	8	240
LIOTHYRONINE SOD 5 MCG TAB 100	3	300
LIQUITEARS POLYVINYL ALCOHOL SOL 15ML	1,056	15,840
LISINOPRIL 10 MG TAB 100	19	1,900
LISINOPRIL 10 MG TAB 100 UD AHP	87	8,700
LISINOPRIL 10MG TAB 100	8	800
LISINOPRIL 10MG TAB 1000	140	140,000

LISINOPRIL 2.5 MG TAB 100	1	100
LISINOPRIL 2.5 MG TAB 500	30	15,000
LISINOPRIL 20 MG TAB 100 UD AHP	29	2,900
LISINOPRIL 20MG TAB 100	48	4,800
LISINOPRIL 20MG TAB 1000	115	115,000
LISINOPRIL 40 MG TAB 100 UD	6	600
LISINOPRIL 40MG TAB 1000	51	51,000
LISINOPRIL 5 MG TAB 100	8	800
LISINOPRIL 5 MG TAB 100 UD	2	200
LISINOPRIL 5 MG TAB 100 UD AHP	2	200
LISINOPRIL 5 MG TAB 1000	42	42,000
LITHIUM 8 MEQ-5 ML ORAL SOL 500 ML	42	21,000
LITHIUM CARBNTE 450 MG ER TAB 100 UD AHP	17	1,700
LITHIUM CARBONATE 150 MG CAP 100	42	4,200
LITHIUM CARBONATE 300 MG CAP 100	240	24,000
LITHIUM CARBONATE 300 MG CAP 100 UD	51	5,100
LITHIUM CARBONATE 300 MG CAP 1000	95	95,000
LITHIUM CARBONATE 300 MG ER TAB 100	261	26,100
LITHIUM CARBONATE 450 MG ER TAB 100	5	500
LITHIUM CARBONATE 450 MG ER TAB 100	186	18,600
LOPERAMIDE 2 MG CAP 100 UD	41	4,100
LOPERAMIDE 2 MG CAP 500	7	3,500
LORATADINE 10 MG TAB 100 UD AHP	15	1,500
LORATADINE 10MG TABLET 300CT PERRIGO	486	145,800
LORAZEPAM 0.5 MG TAB 100 UD	76	7,600
LORAZEPAM 1 MG TAB 100 UD	33	3,300
LORAZEPAM 1 MG TAB 100 UD AHP	34	3,400
LORAZEPAM 2 MG-ML FILL 2 ML VL 10X1 ML	2	20
LORAZEPAM 2 MG-ML SDV 25X1 ML	26	650
LOSARTAN POTASSIUM 25 MG TAB 100 UD AHP	2	200
LOSARTAN POTASSIUM 25 MG TAB 1000	11	11,000
LOSARTAN POTASSIUM 25 MG TAB 90	4	360
LOSARTAN POTASSIUM 50 MG TAB 100 UD AHP	5	500
LOSARTAN POTASSIUM 50 MG TAB 1000	49	49,000
LOSARTAN POTASSIUM 50 MG TAB 90	36	3,240
LOTEMAX 0.5 % O/S 5 ML	13	65
LOTRIMIN AF POWDER 90GM	14	1,260
LOVASTATIN 10 MG TAB 60	4	240
LOVASTATIN 20 MG TAB 100	2	200
LOVASTATIN 20 MG TAB 1000	2	2,000
LOVASTATIN 40 MG TAB 100	18	1,800
LOVAZA CAP 120	1	120
LOW-OGESTREL 0.03 MG TAB 6X28	20	3,360
LOW-OGESTREL 0.3-0.03 MG TAB 6X28	41	6,888
LOXAPINE SUCCINATE 10 MG CAP 100	158	15,800
LOXAPINE SUCCINATE 10 MG CAP 100 UD	5	500
LOXAPINE SUCCINATE 25 MG CAP 100	30	3,000

LOXAPINE SUCCINATE 25 MG CAP 100 UD	4	400
LOXAPINE SUCCINATE 5 MG CAP 100	127	12,700
LOXAPINE SUCCINATE 50 MG CAP 100	10	1,000
LUBRIDERM LOTION DLY MOIST SENS 16OZ	78	1,248
LUBRIDERM LOTION DLY MOIST UNSCNTD 16OZ	34	544
LUPRON 3 MO 11.25 MG KIT	7	-
LUPRON 4 MO 30 MG KIT 1	2	2
LUPRON DEPOT 3.75 MG KIT	4	-
LUPRON DEPOT 45 MG 6MO KIT 1	2	2
LUPRON DEPOT 7.5 MG SYG	20	-
LYRICA 100 MG CAP 100 UD	21	2,100
LYRICA 150 MG CAP 100 UD	65	6,500
LYRICA 150 MG CAP 90	1	90
LYRICA 200 MG CAP 90	59	5,310
LYRICA 25 MG CAP 90	60	5,400
LYRICA 50 MG CAP 100 UD	139	13,900
MAG 64 64MG TABLET 60CT RISING	11	660
MAGNESIUM OXIDE 400MG TABLET 120CT CYP	102	12,240
MAG-TAB-SR TABLET 100CT NICHE	6	600
MAPAP ACETAMIN 325MG TABLET 1000CT MAJ	124	124,000
MAXITROL O/O 3.5 GM	2	7
MECLIZINE HCL 12.5 MG TAB 100	26	2,600
MECLIZINE HCL 12.5 MG TAB 100 RUGBY	8	800
MECLIZINE HCL 12.5 MG TAB 50 UD	12	600
MECLIZINE HCL 25 MG CHW 1000 RUGBY	10	10,000
MECLIZINE HCL 25 MG TAB 5X10 UD	36	1,800
MEDIPLAST 40% PLST DRS 25	7	175
MEDROXYPROGESTERONE AC 150 MG SDV 25X1ML	9	225
MEDROXYPROGESTERONE ACE 2.5 MG TAB 1000	1	1,000
MEDROXYPROGESTERONE ACETATE 10MG TAB 100	20	2,000
MEFENAMIC ACID 250 MG CAP 30	1	30
MELOXICAM 7.5 MG TAB 100	61	6,100
MENACTRA VL 5X1	2	10
MEPHYTON 5 MG TAB 100	2	200
MEPRON 750 MG/5ML SUS 210 ML	24	5,040
MERCAPTOPURINE 50 MG TAB 25	115	2,875
MERCAPTOPURINE 50 MG TAB 25	69	1,725
MEROPENEM 1 GM VL 10X30 ML	4	1,200
MESALAMINE 4 GM-60 ML COMBO KIT 7X60 ML	14	-
METFORMIN HCL 1000 MG TAB 100 UD	6	600
METFORMIN HCL 1000 MG TAB 100 UD AHP	4	400
METFORMIN HCL 1000 MG TAB 1000	202	202,000
METFORMIN HCL 500 MG TAB 100	1	100
METFORMIN HCL 500 MG TAB 100 UD	129	12,900
METFORMIN HCL 500MG TAB 1000	167	167,000
METFORMIN HCL 500MG TAB 500	1	500
METFORMIN HCL 850MG TAB 100	23	2,300

METHADONE DSK 40 MG TAB 100	3	300
METHADONE HCL 10 MG 100 TAB UD AHP	138	13,800
METHADONE HCL 10 MG TAB 100 UD	20	2,000
METHADONE HCL 5 MG TAB 100 UD	22	2,200
METHADONE HCL 5 MG TAB 4X25 RN	54	5,400
METHADOSE 40 MG DISPERSIBLE TAB 100	147	14,700
METHENAMINE HIPPURATE 1 GM TAB 100	1	100
METHERGINE 0.2 MG TAB 12	5	60
METHIMAZOLE 10 MG TAB 100	99	9,900
METHIMAZOLE 5 MG TAB 100	70	7,000
METHOCARBAMOL 500 MG TAB 100	1	100
METHOCARBAMOL 750 MG TAB 100	11	1,100
METHOTREXATE 2.5 MG TAB 100 UD	19	1,900
METHOTREXATE 2.5 MG TAB 20 UD	156	3,120
METHYLDOPA 250MG 100CT TABS	7	700
METHYLDOPA 500 MG TAB 100	11	1,100
METHYLPHENIDATE HCL 10 MG ER TAB 100	10	1,000
METHYLPHENIDATE HCL 18MG 100 ER TABS	2	200
METHYLPHENIDATE HCL 20 MG ER TAB 100	6	600
METHYLPHENIDATE HCL 20 MG TAB 30 UD AHP	40	1,200
METHYLPHENIDATE HCL 20MG TAB 100	1	100
METHYLPHENIDATE HCL 54 MG ER TAB 100	1	100
METHYLPHENIDATE HCL 5MG TAB 100	1	100
METHYLPHENIDT HCL 27 MG ER TAB 30 UD AHP	1	30
METHYLPREDNISOLONE 4 MG TAB 21 DSPK AHP	24	504
METHYLPREDNISOLONE 8 MG TAB 25	7	175
METOCLOPRAMIDE 10MG TAB 100 UD AHP	2	200
METOCLOPRAMIDE HCL 10 MG TAB 500	6	3,000
METOCLOPRAMIDE HCL 5 MG TAB 100	14	1,400
METOLAZONE 5 MG TAB 100	3	300
METOPROL SUCINTE 100MG ER TAB 100 UD AHP	3	300
METOPROL SUCINTE 50 MG ER TAB 100 UD AHP	3	300
METOPROL TARTRATE 100 MG TAB 100 UD AHP	3	300
METOPROLOL SUCCIN 100 MG ER TAB 500 AHP	78	39,000
METOPROLOL SUCCIN 25 MG ER TAB 100 AHP	175	17,500
METOPROLOL SUCCIN 50 MG ER TAB 100 AHP	8	800
METOPROLOL SUCCIN 50 MG ER TAB 500 AHP	57	28,500
METOPROLOL SUCCINATE 25 MG ER TAB 100 UD	2	200
METOPROLOL TARTRATE 100 MG TAB 100	212	21,200
METOPROLOL TARTRATE 100 MG TAB 1000	2	2,000
METOPROLOL TARTRATE 25 MG TAB 100	5	500
METOPROLOL TARTRATE 25 MG TAB 100 UD	39	3,900
METOPROLOL TARTRATE 25 MG TAB 1000	82	82,000
METOPROLOL TARTRATE 37.5 MG TAB 100	2	200
METOPROLOL TARTRATE 50 MG TAB 100 UD	27	2,700
METOPROLOL TARTRATE 50 MG TAB 1000	4	4,000
METOPROLOL TARTRATE 50MG TAB 100	24	2,400

METOPROLOL TARTRATE 50MG TAB 1000	54	54,000
METRONIDAZOLE 0.75% TOP CRM 45 GM	32	1,440
METRONIDAZOLE 0.75% TOP GEL 45 GM	93	4,185
METRONIDAZOLE 0.75% VAG GEL 70 GM	11	770
METRONIDAZOLE 250 MG TAB 500	4	2,000
METRONIDAZOLE 500 MG IVPB 24X100 ML	1	2,400
METRONIDAZOLE 500 MG TAB 500	4	2,000
METRONIDAZOLE 500MG 100 UD TABS AHP	56	5,600
METRONIDAZOLE CREAM 0.75% 45GM	3	135
MEXILETINE HCL 150 MG CAP 100	15	1,500
MI-ACID 80MG ANTIGAS CHEW 100CT MAJOR	608	60,800
MICONAZOLE 2% VAGINAL CREAM 45GM G&W	241	10,845
MICONAZOLE 2% VAGINAL CREAM 45GM TARO	2	90
MICONAZOLE NITRATE 2% CREAM 15GM ACT	2	30
MICONAZOLE NITRATE 2% CREAM 1OZ ACT	2	2
MIDODRINE HCL 5 MG TAB 100	1	100
MILK OF MAGNESIA MINT 12OZ MAJOR	36	432
MILK OF MAGNESIA SUSPENSION 12OZ MAJOR	733	8,796
MINERAL OIL HEAVY 16OZ PADDOCK	16	256
MINOCYCLINE HCL 100 MG CAP 50	5	250
MINOCYCLINE HCL 100 MG CAP 50	6	300
MINOXIDIL 10 MG TAB 100	8	800
MINOXIDIL 2.5 MG TAB 100	19	1,900
MIRALAX POWDER SINGLE DOSE INST 24X17GM	16	6,528
MIRENA INT 52 MG SYS 1 DS	3	3
MIRTAZAPINE 15 MG TAB 100 UD AHP	61	6,100
MIRTAZAPINE 15 MG TAB 500	55	27,500
MIRTAZAPINE 30 MG TAB 100 UD AHP	4	400
MIRTAZAPINE 30 MG TAB 500	69	34,500
MIRTAZAPINE 45 MG TAB 100 UD	2	200
MIRTAZAPINE 45 MG TAB 500	41	20,500
MISOPROSTOL 200 MCG TAB 100 UD AHP	1	100
M-M-R II SDV 10	1	10
MODAFINIL 100 MG TAB 30	3	90
MODAFINIL 200 MG TAB 30	4	120
MONTELUKAST SODIUM 10 MG TAB 1000	12	12,000
MONTELUKAST SODIUM 10 MG TAB 30	2	60
MONTELUKAST SODIUM 10 MG TAB 90	5	450
MORPHINE SULF 10MG/ML VL 25X1ML	1	25
MOUTHKOTE DRY MOUTH SPRAY 8OZ	2	16
MUCINEX EXPECTORANT TABLET 20CT	2,237	44,740
MULTAQ 400 MG TAB 60	15	900
MUPIROCIN 2% ONT 22 GM	87	1,914
MUPIROCIN 2% ONT 22 GM	7	154
MUPIROCIN 2% ONT 22 GM	20	440
MUPIROCIN CALCIUM 2% CRM 15 GM	6	90
MUPIROCIN CALCIUM 2% CRM 30 GM	33	990

MUSCLE RUB CREAM XTRA STRENGTH 3OZ PER	445	1,335
MYCOPHENLTE MOFETL 250MG 100 UD CAPS AHP	30	3,000
MYCOPHENOLATE MOFETIL 250 MG CAP 100 UD	66	6,600
NADOLOL 20 MG TAB 100	49	4,900
NADOLOL 20MG TAB 100 AHP	5	500
NADOLOL 40 MG TAB 100	33	3,300
NAFCILLIN 2 GM VL 10	4	40
NALOXONE 2 MG LL SYG 10X2 ML	6	120
NALOXONE HCL 2MG-2ML SYR 10X2ML 21G NEDL	2	40
NALTREXONE 50 MG TAB 100	148	14,800
NAPROXEN 250 MG TAB 100	112	11,200
NAPROXEN 500 MG TAB (10X10) 100 UD AHP	6	600
NAPROXEN 500 MG TAB 100	17	1,700
NAPROXEN 500 MG TAB 100 UD AHP	24	2,400
NAPROXEN 500 MG TAB 500	293	146,500
NASACORT OTC 120 SPRAYS 0.57OZ	5	3
NECON 1/35 TAB 6X28	2	336
NEO/POLY/GRAM DRP 10 ML	12	120
NEO/POLY/HC SUS 7.5 ML	23	173
NEOMYCIN-POLY B-HC OTIC DRP 10 ML	26	260
NEOMYCIN-POLY B-HC OTIC DRP 10 ML	30	300
NEOMYCIN-POLYMICIN B-HC OTIC SUS 10 ML	57	570
NEOMYCIN-POLYMICIN B-HC OTIC SUS 10 ML	235	2,350
NEOMYCIN-POLYMYXIN-DEX OPH DRP 5 ML	103	515
NEOMYCIN-POLYMYXIN-DEX OPH DRP 5 ML	20	100
NEPHROCAPS SGC 90	2	180
NEPHRO-VITE RX TAB 100	14	1,400
NEULASTA 6MG-0.6ML SYG	6	2
NEUPRO 4 MG PAT 30	3	90
NEVANAC O/S 3 ML	4	12
NEVIRAPINE 200 MG TAB 60	5	300
NEXAVAR200 MG TAB 120 ASD	3	360
NEXIUM 40 MG CAP 90	3	270
NIACIN 100MG TABLET 100CT RUGBY	24	2,400
NIACIN 500MG TABLET 100CT MAJOR	20	2,000
NIFEDIPINE 10 MG CAP 100	16	1,600
NIFEDIPINE 20 MG CAP 100	7	700
NIFEDIPINE 60MG ER TAB 100	3	300
NIFEDIPINE CC 30 MG ER TAB 100	20	2,000
NIFEDIPINE CC 60 MG ER TAB 100	17	1,700
NIFEDIPINE CC ER 90 MG TAB 100	14	1,400
NITROFUR MONO 100 MG CAP 100 AHP	2	200
NITROFURNT MCR BID 100 MG CAP 100 UD AHP	3	300
NITROGLYCERIN SUBLINGUA 0.4MG TAB 4X25	49	4,900
NITROSTAT 0.4 MG SL TAB 4X25	14	1,400
NITROSTAT SUB 0.3 MG TAB 100	26	2,600
NORETHINDRONE 5 MG TAB 50	1	50

NORTREL 7/7/7 0.35 MG TAB 6X28	5	840
NORTRIPTYLINE 10 MG CAP 100	3	300
NORTRIPTYLINE 10 MG CAP 500	2	1,000
NORTRIPTYLINE 10 MG/5ML SOL 16 OZ	1	16
NORTRIPTYLINE 25 MG CAP 100	8	800
NORTRIPTYLINE 25MG CAP 100	28	2,800
NORTRIPTYLINE 50 MG CAP 100	18	1,800
NORTRIPTYLINE 75 MG CAP 100	12	1,200
NORTRIPTYLINE HCL 10 MG CAP 500	4	2,000
NORTRIPTYLINE HCL 25 MG CAP 90	7	630
NORTRIPTYLINE HCL 50 MG CAP 90	11	990
NORVIR 100 MG TAB 30	241	7,230
NOVOLIN N 100 UN/ML VL 10 ML	404	4,040
NOVOLIN R 100 UN/ML VL 10 ML	289	2,890
NOVOLOG 100 UN/ML VL 10 ML	7	70
NUEDEXTA 20 /10 MG CAP 60	3	180
NYSTATIN 100 MU-ML SUS 473 ML	50	800
NYSTATIN 100 MU-ML SUS 473 ML	1	16
NYSTATIN TOPICAL 100M USP PWD 30GM	6	180
NYSTATIN TOPICAL POWDER 100MU/GM 30GM	12	360
ODEFSEY 200MG/25MG/25MG TAB 30	66	1,980
OFLOXACIN 0.3% O/S 5 ML	2	10
OFLOXACIN 0.3% OPH DRP 5 ML	4	20
OFLOXACIN 0.3% OTIC DRP 5 ML	4	20
OLANZAPINE 10 MG ODT TAB (3X10) 30 UD	2	60
OLANZAPINE 10 MG ODT TAB (3X10) 30 UD	7	210
OLANZAPINE 10 MG ODT TAB (3X10) 30 UD	7	210
OLANZAPINE 10 MG ODT TAB (3X10) 30 UD	1	30
OLANZAPINE 10 MG TAB 30	647	19,410
OLANZAPINE 10 MG TAB 500	79	39,500
OLANZAPINE 10 MG VL	2	-
OLANZAPINE 15 MG OD TAB (3X10)30 UD AHP	2	60
OLANZAPINE 15 MG ODT TAB (3X10) 30 UD	13	390
OLANZAPINE 15 MG ODT TAB 30 UD	10	300
OLANZAPINE 15 MG TAB 1000	23	23,000
OLANZAPINE 2.5 MG TAB 1000	3	3,000
OLANZAPINE 2.5 MG TAB 30	6	180
OLANZAPINE 20 MG OD TAB (3X10) 30 UD AHP	5	150
OLANZAPINE 20 MG ODT TAB (3X10) 30 UD	13	390
OLANZAPINE 20 MG ODT TAB 30 UD	10	300
OLANZAPINE 5 MG ODT TAB 3X10	2	60
OLANZAPINE 5 MG ODT TAB 3X10 BP	4	120
OLANZAPINE 5 MG TAB 100 UD AHP	55	5,500
OLANZAPINE 5 MG TAB 1000	16	16,000
OLANZAPINE 5 MG TAB 30	66	1,980
OLANZAPINE 7.5 MG TAB 30	71	2,130
OLANZAPINE ODT 20MG TAB (3X10) 30 UD	6	180

OLOPATADINE HCL 0.1% O/S 5ML	7	35
OLOPATADINE HCL 0.1% O/S 5ML	2	10
OLOPATADINE HCL 665MCG 30.5GM NASAL SPY	3	92
OMEGA-3 1000MG GELCAP 150CT NATROL	22	3,300
OMEGA-3-ACID 1GM CAP 120	2	240
OMEPRAZOLE 20 MG DR CAP 1000	3	3,000
OMEPRAZOLE 20MG DR CAP 100	21	2,100
ONDANSETRON HCL 4 MG TAB 100 UD	8	800
ONDANSETRON HCL 4 MG TAB 30	9	270
ONDANSETRON HCL 8 MG TAB 100 UD	3	300
ONDANSETRON ODT 4 MG 30	2	60
ONFI 10 MG TAB 100	1	100
ORAJEL ORAL PAIN GEL 10% 0.25OZ	12	3
ORAJEL ORAL PAIN GEL 10% 0.25OZ	24	6
ORAJEL ORAL PAIN GEL 10% 0.25OZ	24	6
ORAJEL ORAL PAIN GEL 10% 0.25OZ	24	6
ORAJEL ORAL PAIN GEL 10% 0.25OZ	24	6
ORAJEL ORAL PAIN GEL 10% 0.25OZ	24	6
ORAJEL ORAL PAIN GEL 10% 0.25OZ	24	6
ORAJEL ORAL PAIN GEL 10% 0.25OZ	24	6
ORAJEL ORAL PAIN GEL 10% 0.25OZ	24	6
ORAJEL ORAL PAIN GEL 10% 0.25OZ	24	6
ORAJEL ORAL PAIN GEL 10% 0.25OZ	24	6
ORAJEL ORAL PAIN GEL 10% 0.25OZ	48	12
ORAJEL ORAL PAIN GEL 10% 0.25OZ	48	12
ORPHENADRINE CIT ER 100 MG TAB 100	7	700
OSELTAMIVIR PHOS 75 MG CAP 10	1	10
OSTEO BI-FLEX TRPL STRENGTH CAPLET 120CT	7	840
OTEZLA 30 MG TAB 60	1	60
OXACILLIN 1 GM VL 10	22	220
OXACILLIN 10 GM VL	28	-
OXACILLIN 2 GM VL 10	79	790
OXCARBAZEPINE 150 MG TAB 100	39	3,900
OXCARBAZEPINE 300 MG TAB 100	274	27,400
OXCARBAZEPINE 300 MG TAB 100 UD AHP	23	2,300
OXCARBAZEPINE 600 MG TAB 100	242	24,200
OXYBUTYNIN 5 MG TAB 100	2	200
OXYBUTYNIN 5 MG TAB 100 UD AHP	5	500
OXYBUTYNIN 5 MG TAB 500	62	31,000
OXYBUTYNIN 5 MG TAB 60	1	60
OXYCODONE 5 MG TAB 100 UD	32	3,200
OXYCODONE 5 MG TAB 100 UD AHP	216	21,600
OXYCODONE-ACETAMIN 5/325 MG TAB 100 UD	60	6,000
OXYCONTIN CR 10 MG TAB 20 UD	198	3,960
OXYCONTIN CR 20 MG TAB 20 UD	336	6,720
OXYCONTIN CR 40 MG TAB 20 UD	13	260

OXYMETAZOLINE 0.05% SPRAY 1OZ PERRIGO	32	32
PALIPERIDONE 1.5MG ER TAB 30	9	270
PALIPERIDONE 6MG ER TAB 30	2	60
PANTOPRAZOLE 20 MG DR TAB 100 UD AHP	3	300
PANTOPRAZOLE 20 MG TAB 90	1,303	117,270
PANTOPRAZOLE 20 MG TAB 90	1	90
PANTOPRAZOLE 40 MG DR TAB 100 UD	24	2,400
PANTOPRAZOLE SOD 40 MG DR TAB 80 UD AHP	20	1,600
PANTOPRAZOLE SODIUM 40MG 90 DR TABS	1,793	161,370
PANTOPRAZOLE SODIUM 40MG DR TAB 1000	159	159,000
PAROXETINE 10 MG TAB 100 UD AHP	13	1,300
PAROXETINE 10 MG TAB 500	11	5,500
PAROXETINE 20 MG TAB 100 UD AHP	23	2,300
PAROXETINE 20 MG TAB 1000	13	13,000
PAROXETINE 20 MG TAB 500	2	1,000
PAROXETINE 30 MG TAB 500	34	17,000
PAROXETINE 40 MG TAB 500	19	9,500
PATADAY 0.2 % SOL 2.5 ML	18	45
PATANOL 0.1 % O/S 5 ML	11	55
PAXIL 10MG /5ML SUS 250 ML	1	250
PEG-3350 ORAL ELECTROLYTE SOL 4000 ML	12	48,000
PEG-3350 W/ FLAVOR SOL 4 LT	150	600
PENICIL VK 500 MG TAB 100	1	100
PENICIL VK 500 MG TAB 1000	4	4,000
PENTASA CR 250 MG CAP 240	90	21,600
PEPTO BISMOL LIQUID ORIGINAL 16OZ	56	896
PERMETHRIN 5% CRM 60 GM	180	10,800
PERPHENAZINE 16 MG TAB 100	156	15,600
PERPHENAZINE 2 MG TAB 100	47	4,700
PERPHENAZINE 2 MG TAB 100 UD	9	900
PERPHENAZINE 4 MG TAB 100	154	15,400
PERPHENAZINE 4 MG TAB 100 UD	39	3,900
PERPHENAZINE 8 MG TAB 100	177	17,700
PERPHENAZINE 8 MG TAB 100 UD	3	300
PHARM DATA SERVICES PRICE MAINTENANCE	1	-
PHENAZOPYRID 100 MG TAB 100	2	200
PHENAZOPYRID 200 MG TAB 100	2	200
PHENAZOPYRIDINE HCL 100MG TAB 100	2	200
PHENELZINE 15 MG TAB 60	6	360
PHENOBARB 64.8 MG TAB 1000	3	3,000
PHENOBARB 65 MG VL 25X1 ML	2	50
PHENOBARBITAL 32.4 MG TAB 100 UD	40	4,000
PHENYTOIN 125 MG/5ML SUS 8 OZ	36	288
PHENYTOIN ER 100 MG CAP 100	127	12,700
PHENYTOIN ER 100 MG CAP 100 UD	20	2,000
PHENYTOIN ER 100 MG CAP 100 UD AHP	21	2,100
PHENYTOIN ER 100 MG CAP 1000	15	15,000

PHENYTOIN ER 100 MG CAP 1000	61	61,000
PILOCARPINE 2 % DRP 15 ML	5	75
PILOCARPINE 5 MG TAB 100	16	1,600
PIMOZIDE 1MG TAB 100	2	200
PIMOZIDE 2MG TAB 100	3	300
PIOGLITAZONE 45MG TAB 90	7	630
PIROXICAM 10 MG CAP 100	16	1,600
PIROXICAM 10MG 100CT CAPSULES	19	1,900
PIROXICAM 20 MG CAP 100	25	2,500
PIROXICAM 20 MG CAP 100	24	2,400
PNEUMOVAX 23 PFS 10X0.5 ML	2	10
PNEUMOVAX 23 VL 10X0.5 ML	7	35
PODOCON-25 LIQ 15 ML	9	135
POLYETHYLENE GLYCOL 3350 PWD 100X17GM UD	32	54,400
POLYSPORIN OINTMENT 15GM	36	540
POLYSPORIN OINTMENT 30GM	126	3,780
POTASSIUM CHL 10 MEQ TAB 1000	10	10,000
POTASSIUM CITRATE ER 10 MEQ TAB 100	2	200
POTASSIUM CL ER 10 MEQ TAB 100 UD AHP	9	900
POTASSIUM CL ER 20 MEQ TAB 1000 AHP	13	13,000
POTASSIUM CL ER 20 MEQ TAB 80 UD AHP	2	160
POTASSIUM HCL ER 10 MEQ TAB 100 UD AHP	7	700
PRADAXA B-PK 150 MG CAP 10X6 UD	11	660
PRALUENT 75MG/ML INJ 2CT	13	26
PRAMIPEXOLE 0.125 MG TAB 90	12	1,080
PRAMIPEXOLE 0.5 MG TAB 90	57	5,130
PRAMIPEXOLE 1.5 MG TAB 90	11	990
PRAVASTATIN 20 MG TAB 100 UD	10	1,000
PRAVASTATIN 20 MG TAB 500	114	57,000
PRAVASTATIN 20 MG TAB 90	5	450
PRAVASTATIN 40 MG TAB 100 UD	4	400
PRAVASTATIN 40 MG TAB 500	99	49,500
PRAVASTATIN 40 MG TAB 90	1	90
PRAVASTATIN 80 MG TAB 500	31	15,500
PRAVASTATIN 80 MG TAB 90	6	540
PRAVASTATIN SODIUM 10 MG TAB 100 UD	3	300
PRAVASTATIN SODIUM 10 MG TAB 100 UD AHP	2	200
PRAVASTATIN SODIUM 10 MG TAB 500	13	6,500
PRAVASTATIN SODIUM 10 MG TAB 90	1	90
PRAZOSIN 1 MG CAP 100	441	44,100
PRAZOSIN 1 MG CAP 100 UD	34	3,400
PRAZOSIN 1 MG CAP 1000	3	3,000
PRAZOSIN 2 MG CAP 100	1	100
PRAZOSIN 2 MG CAP 100 UD	5	500
PRAZOSIN 2 MG CAP 1000	64	64,000
PRAZOSIN 5 MG CAP 500	31	15,500
PRED MILD 0.12 % SUS 5 ML	7	35

PREDNISOLONE ACETATE 1% OPH DRP 5 ML	257	1,285
PREDNISONE 1 MG TAB 100	35	3,500
PREDNISONE 10 MG TAB 100	6	600
PREDNISONE 10 MG TAB 100 UD	3	300
PREDNISONE 10 MG TAB 100 UD	6	600
PREDNISONE 10 MG TAB 1000	7	7,000
PREDNISONE 10MG TAB (10X10) 100 UD AHP	50	5,000
PREDNISONE 2.5 MG TAB 100	11	1,100
PREDNISONE 20 MG TAB 100	1	100
PREDNISONE 20 MG TAB 1000	6	6,000
PREDNISONE 20 MG TAB 500	1	500
PREDNISONE 20MG TAB (10X10) 100 UD AHP	56	5,600
PREDNISONE 5 MG TAB 100	1	100
PREDNISONE 5 MG TAB 100 UD	17	1,700
PREDNISONE 5 MG TAB 1000	5	5,000
PREDNISONE 50 MG TAB 100	4	400
PREMARIN 0.3 MG TAB 100	4	400
PREMARIN 0.45 MG TAB 100	3	300
PREMARIN 0.625 MG TAB 100	9	900
PREMARIN 1.25 MG TAB 100	109	10,900
PREMARIN VAG 0.625 MG CRM 30 GM	7	210
PRESERVISION AREDS 2 FORM SOFTGEL 120CT	9	1,080
PRESERVISION MULTIVIT TABLET 240CT	8	1,920
PREVALITE PWD 60X4 GM	24	5,760
PREVNAR 13 SYG 10X0.5 ML	4	20
PREZCOBIX TAB 30	126	3,780
PREZISTA 600 MG TAB 60	28	1,680
PREZISTA 800 MG TAB 30	80	2,400
PROBENECID 500 MG TAB 100	1	100
PROBIOTIC FORMULA CAP 30 RUGBY	9	270
PROCHLORPERAZ 10 MG TAB 100	7	700
PROCHLORPERAZINE 10 MG TAB 100 UD	2	200
PROCHLORPERAZINE 5 MG TAB 100 UD	1	100
PROCHLORPERAZINE EDI 10MG-2ML VL 25X2ML	3	150
PROCRIT 10K UN/ML MDV 4X2 ML	3	24
PROCRIT 10K UN/ML VL 6X1 ML	4	24
PROCRIT 20K UN/ML MDV 4X1	26	104
PROCRIT 2K UN/ML VL 6X1 ML	14	84
PROCRIT 3K UN/ML VL 6X1 ML	3	18
PROCTOSOL-HC 2.5% CRM 30 GM	2	2
PROCTOZONE-HC 2.5% CRM 30 GM	100	3,000
PROCTOZONE-HC 2.5% CRM 30GM	76	2,280
PROGESTERONE 100 MG CAP 100	1	100
PROLENSA 0.07 % SOL 3 ML	3	9
PROMETHAZINE 25 MG TAB 100	6	600
PROMETHAZINE 25 MG TAB 100 UD AHP	11	1,100
PROMETHAZINE 25 MG/ML AMP 25X1 ML	10	250

PROMETHAZINE 25 MG-ML VL 25X1 ML	19	475
PROMETHAZINE HCL 25MG SUP 12	4	48
PROMETHEGAN 25 MG SUP 12	6	72
PROPARACAINE 0.5% OPH DRP 15 ML	10	150
PROPRANOLOL 10 MG TAB 100	56	5,600
PROPRANOLOL 10 MG TAB 1000	27	27,000
PROPRANOLOL 20 MG TAB 100	2	200
PROPRANOLOL 20 MG TAB 1000	34	34,000
PROPRANOLOL 40 MG TAB 100	196	19,600
PROPRANOLOL 60 MG TAB 100	60	6,000
PROPRANOLOL 60 MG TAB 100	27	2,700
PROPRANOLOL 80 MG ER CAP 100	4	400
PROPRANOLOL 80 MG TAB 100	23	2,300
PROPRANOLOL 80 MG TAB 100	34	3,400
PROPRANOLOL HCI 60 MG ER CAP 100	6	600
PROPRANOLOL HCI 80 MG ER CAP 100	4	400
PROPRANOLOL HCL 10 MG TAB 10X10 UD	33	3,300
PROPYLTHIOURA 50 MG TAB 100	36	3,600
PSORIATAR 2% FOM 100 GM	9	900
PULMOZYME AMP 30X2.5 ML	1	75
PURPOSE GENTLE CLEANSING BAR 6OZ	3	18
PURPOSE GENTLE CLEANSING BAR 6OZ	6	36
PURPOSE GENTLE CLEANSING BAR 6OZ	6	36
PURPOSE GENTLE CLEANSING BAR 6OZ	6	36
PURPOSE GENTLE CLEANSING BAR 6OZ	8	48
PURPOSE GENTLE CLEANSING BAR 6OZ	8	48
PURPOSE GENTLE CLEANSING BAR 6OZ	12	72
PYRIDOSTIG BR 60 MG TAB 100	5	500
PYRIDOXINE 25MG TABLET 30CT VERSAPHARM	6	180
Q-DRYL 12.5MG/5ML ELIXIR 16OZ QLT	234	3,744
QUETIAPINE 200 MG TAB 100 UD AHP	2	200
QUETIAPINE 300 MG TAB 100 UD AHP	6	600
QUETIAPINE FUMARATE 100 MG TAB 1000	1	1,000
QUETIAPINE FUMARATE 25 MG TAB 100	8	800
QUETIAPINE FUMARATE 25 MG TAB 100 UD AHP	2	200
QUETIAPINE FUMRATE 100 MG TAB 100 UD AHP	25	2,500
QUETIAPINE USP 100 MG TAB 1000 AHP	6	6,000
QUETIAPINE USP 200 MG TAB 500 AHP	11	5,500
QUETIAPINE USP 25 MG TAB 100 AHP	39	3,900
QUETIAPINE USP 300 MG TAB 500 AHP	12	6,000
QUETIAPINE USP 400 MG TAB 500 AHP	12	6,000
RANEXA 500 MG TAB 60	37	2,220
RANITIDINE 150 MG TAB 100	4	400
RANITIDINE 150 MG TAB 100 UD	103	10,300
RANITIDINE 150 MG TAB 500	762	381,000
RECTIV 0.4 % ONT 30 GM	21	630
REFRESH P/F DRP 50X0.01 OZ UD	10	5

REFRESH PLUS 0.5 % DRP 50X0.4 ML UD	24	480
REFRESH PM OINTMENT 3.5GM	132	462
REFRESH TEARS DROP 15ML	27	405
REMICADE 100 MG VL	269	-
RENAGEL 400 MG TAB 360	2	720
RENAGEL 800 MG TAB 180	86	15,480
RENU FRESH MULTIPURPOSE SOLUTION 12OZ	65	780
RENU FRESH MULTIPURPOSE SOLUTION 4OZ	147	588
RENU SENSITIVE MULTIPURPOS SOLUTION 12OZ	12	144
RENU SENSITIVE MULTIPURPOS SOLUTION 4OZ	66	264
RENVELA 800 MG TAB 270	30	8,100
REPATHA PUSHTRONEX 420MG/3.5ML INJ	2	7
RESTASIS 0.05 % VL 30X0.4 ML	146	1,752
REXAM CAP WHT CRC PRESCS PK 100X30/60DR	6	600
REXAM CAP WHT CRC PRESCS PK 200X8.5DR	12	20,400
REYATAZ 300 MG CAP 30	89	2,670
RHINOCORT OTC ALLERGY 60 SPRAY	8	-
RHOGAM UF300 MCG SYG 1 ASD	6	6
RIBAVIRIN 200 MG CAP 84	12	1,008
RIFABUTIN 150 MG CAP 100	1	100
RIFAMPIN 300 MG CAP 100 UD AHP	3	300
RIFAMPIN 300 MG CAP 60	29	1,740
RISPERDAL CON 25 MG SYG 2 ML	65	130
RISPERDAL CON 37.5 MG SYG 2 ML	70	140
RISPERDAL CON 50 MG SYG 2 ML	93	186
RISPERIDONE 0.25 MG TAB 60	2	120
RISPERIDONE 0.5 MG TAB 100 UD AHP	4	400
RISPERIDONE 0.5 MG TAB 500	9	4,500
RISPERIDONE 1 MG TAB 100 UD AHP	39	3,900
RISPERIDONE 1 MG TAB 500	34	17,000
RISPERIDONE 1 MG/ML SOL 30 ML	324	9,720
RISPERIDONE 1 MG/ML SOL 30 ML	126	3,780
RISPERIDONE 1 MG/ML SUS 30 ML	2	60
RISPERIDONE 2 MG TAB 100 UD AHP	23	2,300
RISPERIDONE 2 MG TAB 500	51	25,500
RISPERIDONE 3 MG TAB 500	19	9,500
RISPERIDONE 4 MG TAB 60	88	5,280
ROBAFEN 100 MG/5ML SYRUP 4OZ MAJOR	60	240
ROSUVASTATIN CALCIUM 20MG TAB 30	2	60
ROSUVASTATIN CALCIUM 40 MG TAB 30	8	240
ROSUVASTATIN CALCIUM 40MG TAB 30	25	750
ROSUVASTATIN CALCIUM 5MG TAB 30	12	360
RX LABEL 1-15G REFRG DN FREEZ 1000CT PDN	6	6,000
RX LABEL 1-672 DATE OPENED 1000CT PDN	1	1,000
RX LABEL 1-672 DATE OPENED 1000CT PDN	12	12,000
RX LABEL 1-672 DATE OPENED 1000CT PDN	22	22,000
SANTYL 250 U/GM ONT 30 GM	4	120

SANTYL 250 U/GM ONT 30 GM	47	1,410
SAPHRIS BLK CHRY 10MG TAB 60	1	60
SEBEX SHAMPOO 4OZ RUGBY	1,585	6,340
SELENIUM SULFIDE 2.5% LOT 118 ML	5	20
SELZENTRY 300 MG TAB 60	11	660
SENNA LAXATIVE 8.6MG TAB 100UD	40	4,000
SENNA LAXATIVE TABLET 100CT QUALITEST	456	45,600
SENNA SYRUP 237ML MAJOR	1	237
SENSIPAR 30 MG TAB 30	147	4,410
SEROQUEL XR 300 MG TAB 60	1	60
SERTRALINE 25 MG TAB 30	17	510
SERTRALINE 25 MG TAB 500	23	11,500
SERTRALINE 25MG TAB (10X10) 100 UD AHP	3	300
SERTRALINE 50 MG TAB 100 UD	25	2,500
SERTRALINE 50 MG TAB 500	14	7,000
SERTRALINE 50 MG TAB 5000	14	70,000
SERTRALINE 50MG TAB (10X10) 100 UD AHP	23	2,300
SERTRALINE HCL 25 MG TAB 30	15	450
SERTRALINE HCL 25 MG TAB 500	32	16,000
SERTRALINE HCL 25 MG TAB 90	14	1,260
SERTRALNE 100 MG TAB 100 UD	26	2,600
SERTRALNE 100 MG TAB 500	22	11,000
SERTRALNE 100 MG TAB 5000	22	110,000
SILVER SULFADIAZINE 1% TUBE CRM 50 GM	108	5,400
SIMBRINZA SUS 8 ML	2	16
SIMETHICONE 80 MG CHW 100 UD	17	1,700
SIMPONI SJ 50 MG INJ	2	-
SIMVASTATIN 10 MG TAB 90	4	360
SIROLIMUS 1 MG TAB 100	2	200
SOD CHLORIDE 1GM TABLET 100CT CONS MID	1	100
SODIUM BICARBONATE 10GR TABLET 100CT CMD	9	900
SODIUM BICARBONATE POWDER 4OZ HUMCO	1	4
SODIUM CHLORIDE 0.9% IRRIG 16X1000 ML	1	16,000
SODIUM CHLORIDE 0.9% IV BAG 24X500 ML	1	12,000
SODIUM CHLORIDE 0.9% IV BAG 96X50 ML	1	4,800
SODIUM CHLORIDE 5% OINTMENT 3.5GM AKORN	7	25
SODIUM CIT-CITR 500-334 MG/5ML SOL 473ML	1	16
SODIUM POLY SULF 15GM-60ML SUS 10X60MLUD	9	5,400
SODIUM POLY SULF 15GM-60ML SUS 10X60MLUD	18	10,800
SOLU MEDROL 125 MG AOV 25X2 ML	1	50
SORBITOL 70% SOLUTION 16OZ GERITREX	25	400
SORBITOL 70% SOLUTION 16OZ QUALITEST	2	32
SOTALOL 80 MG TAB 100	7	700
SPINOSAD 0.9 % TOP SUS 120 ML	2	240
SPIRIVA 18 MCG HH CAP 30	140	4,200
SPIRONOLACT 100 MG TAB 100	2	200
SPIRONOLACT 100 MG TAB 500	6	3,000

SPIRONOLACT 25 MG TAB 100	6	600
SPIRONOLACT 25 MG TAB 1000	26	26,000
SPIRONOLACTONE 100 MG TAB 100 UD	1	100
SPIRONOLACTONE 25 MG TAB 100 UD AHP	7	700
SPRYCEL 70 MG TAB 60	5	300
STAVUDINE 40 MG CAP 60	2	120
STELARA 45 MG SYG 0.5 ML	9	5
STELARA 90 MG SYG 1 ML	14	14
STIVARGA40 MG TAB 3X28 ASD	3	252
STRATTERA 10 MG CAP 30	9	270
STRATTERA 25 MG CAP 30	2	60
STRATTERA 40 MG CAP 30	20	600
STRATTERA 60 MG CAP 30	17	510
STRATTERA 80 MG CAP 30	19	570
STRIBILD TAB 30	90	2,700
STROMECTOL 3 MG TAB 20 UD	1	20
SUCRALFATE 1 GM TAB 100	8	800
SUCRALFATE 1 GM TAB 500	11	5,500
SUCRALFATE 1GM TAB 500	4	2,000
SUDOGEST 60MG TABLET PSE 100CT MAJOR	1	100
SULFACET SOD 10 % TOP SUS 118 ML	11	1,298
SULFADIAZINE 500 MG TAB 100	1	100
SULFAMETH/TMP 400/ 80MG TAB 100	5	500
SULFAMETH/TMP 400/ 80MG TAB 500	4	2,000
SULFAMETH/TRI 80/ 16MG VL 10X5 ML	1	50
SULFAMETHOXAZ-TRIMETH 800-160 MG TAB 100	4	400
SULFAMETHOXAZ-TRIMETH 800-160 MG TAB 500	51	25,500
SULFAMETHOXAZ-TRIMETH 800-160MG TAB 80UD	14	1,120
SULFAMETHOX-TRIMET 800-160 MG TAB 80 UD	114	9,120
SULFAMTHX-TRIM 800-160 MG TAB 100 UD AHP	122	12,200
SULFASALAZINE 500 MG TAB 100	107	10,700
SUMATRIPTAN 25 MG TAB 9 UD	12	108
SUMATRIPTAN 25 MG TAB 9 UOU	6	54
SUMATRIPTAN 50 MG TAB 9	20	180
SUMATRIPTAN 50 MG TAB 9 UD	18	162
SUMATRIPTAN 50 MG TAB 9 UOU	24	216
SUMATRIPTAN 6MG/0.5ML SDV 5X0.5 ML	4	10
SUSTIVA 600 MG TAB 30	11	330
SYMBICORT 120 160/ 4.5MCG INH 10.2 GM	69	704
SYMBICORT 120 80/ 4.5MCG INH 10.2 GM	167	1,703
SYMBICORT INS 160/ 4.5MCG INH 6 GM	1	6
SYMBICORT INS 80/ 4.5MCG INH 6.9 GM	3	21
SYNVISC SYG 3X2 ML	7	42
TAB-A-VITE MULTIVIT TABLET 1000CT MAJ	25	25,000
TAB-A-VITE RED TAB 100 UD	19	1,900
TACROLIMUS 0.5 MG CAP 100	2	200
TACROLIMUS 1 MG CAP 100	2	200

TACROLIMUS 1 MG CAP 100	30	3,000
TACROLIMUS 5 MG CAP 100	8	800
TACROLIMUS OINTMENT 0.1% 30G	4	120
TACROLIMUS ONT 0.1% 30 GM	5	150
TAMOXIFEN 10 MG TAB 60	8	480
TAMOXIFEN CIT 10 MG TAB 60	3	180
TAMSULOSIN 0.4 MG CAP 100	4	400
TAMSULOSIN 0.4 MG CAP 100 UD	9	900
TAMSULOSIN 0.4 MG CAP 1000	85	85,000
TARGRETIN75 MG SGC 100 ASD	17	1,700
TASIGNA150 MG CAP 4X28 ASD	6	672
TASIGNA200 MG CAP 4X28 ASD	1	112
TAZICEF 1 GM VL 25	5	125
TAZICEF 2 GM VL 10	6	60
TEGADERM DRS 4X4.75 DRS 50	1	50
TEKTURNA 150 MG TAB 30	7	210
TERA-GEL TAR SHAMPOO 4OZ GRX	72	288
TERAZOSIN 1 MG CAP 100	125	12,500
TERAZOSIN 1 MG CAP 100 UD	4	400
TERAZOSIN 10 MG CAP 100	1	100
TERAZOSIN 10 MG CAP 1000	6	6,000
TERAZOSIN 2 MG CAP 100	18	1,800
TERAZOSIN 2 MG CAP 100 UD	3	300
TERAZOSIN 2 MG CAP 1000	17	17,000
TERAZOSIN 5 MG CAP 100 UD	1	100
TERAZOSIN 5 MG CAP 500	25	12,500
TERBINAFINE 1% CREAM 1OZ TARO	3	3
TERBINAFINE 250 MG TAB 30	6	180
TERBUTALINE 5 MG TAB 100	1	100
TESTOSTERONE CYPIONATE 200 MG/ML VL 1 ML	5	5
TESTOSTERONE CYPIONATE 200 MG-ML VL 1 ML	90	90
TETANUS-DIPHTHERIA TOX 0.5ML VL 10X0.5ML	25	125
THEOPHYLLINE 400 MG ER TAB 100	5	500
THIAMINE 200 MG VL 25X2 ML	2	100
THIOTHIXENE 5 MG CAP 100	2	200
THYROGEN VL 2 DS	3	6
TIMOLOL 0.5% OPH DRP 5 ML	510	2,550
TIMOLOL MAL 0.5% STERILE O/S 5ML	12	60
TIMOLOL O/S 0.25 % DRP 5 ML	12	60
TINIDAZOLE 500 MG TAB 20	3	60
TIVICAY 50 MG TAB 30	343	10,290
TOBRADEX O/O 3.5 GM	2	7
TOBRAMYCIN 0.3% OPH DRP 5 ML	15	75
TOBRAMYCIN 40 MG/ML VL 25X2 ML	3	150
TOBRAMYCIN-DEXAMETH 0.3-0.1% OPH 5 ML	8	40
TOBREX 0.3 % O/O 3.5 GM	4	14
TOLNAFTATE 1% CREAM 0.5OZ TARO	2	1

TOLNAFTATE 1% POWDER 45GM RUGBY	3	135
TOPIRAMATE 100 MG TAB 100 UD AHP	3	300
TOPIRAMATE 100 MG TAB 1000	9	9,000
TOPIRAMATE 25 MG TAB 100 UD AHP	4	400
TOPIRAMATE 25 MG TAB 1000	17	17,000
TOPIRAMATE 25 MG TAB 60	17	1,020
TORSEMIDE 10 MG TAB 100	2	200
TORSEMIDE 100 MG TAB 100	2	200
TORSEMIDE 20 MG TAB 100	2	200
TORSEMIDE 20 MG TAB 100	23	2,300
TOTE TIE BLUE REGULAR RETURNS 100CT	2	200
TRAMADOL 50 MG TAB 100 UD	48	4,800
TRANEXAMIC AC 650 MG TAB 30	12	360
TRANSDERM SCOP 1.5 MG PAT 10	1	10
TRANSDERM SCOP 1.5 MG PAT 4	7	28
TRANYLCYPROMINE SULFATE 10MG TAB 100	1	100
TRAVATAN Z 0.004 % SOL 2.5 ML	3	8
TRAVATAN Z 0.004 % SOL 5 ML	14	70
TRAZODONE 100 MG TAB 100 UD	29	2,900
TRAZODONE 100 MG TAB 500	160	80,000
TRAZODONE 150 MG TAB 500	62	31,000
TRAZODONE 50 MG TAB 1000	45	45,000
TRAZODONE HCL 50 MG TAB 10X10 UD	70	7,000
TRETINOIN 0.025 % CRM 45 GM	2	90
TRETINOIN 0.025% GEL 15 GM	2	30
TRETINOIN 0.05% CRM 20 GM	4	80
TRETINOIN 0.1 % CRM 20 GM	3	60
TRETINOIN 0.1 % CRM 20 GM	5	100
TRIAMCINO ACE 0.025 % ONT 80 GM	14	1,120
TRIAMCINO ACE 0.1 % DENT PST 5 GM	18	90
TRIAMCINO ACE 0.1 % LOT 60 ML	9	540
TRIAMCINO ACE 0.5 % ONT 15 GM	134	2,010
TRIAMCINOLONE ACETATE 0.1% ONT 15 GM	1	15
TRIAMCINOLONE ACETATE 0.1% ONT 15 GM	202	3,030
TRIAMCINOLONE ACETATE 0.1% ONT 80 GM	108	8,640
TRIAMCINOLONE ACETATE 0.5% CRM 15 GM	197	2,955
TRIAMCINOLONE ACETONIDE 0.025% CRM 15 GM	18	270
TRIAMCINOLONE ACETONIDE 0.025% ONT 15GM	18	270
TRIAMCINOLONE ACETONIDE 0.1% CRM 15 GM	1	15
TRIAMCINOLONE ACETONIDE 0.1% CRM 15 GM	1,863	27,945
TRIAMCINOLONE ACETONIDE 0.1% CRM 80 GM	507	40,560
TRIAMCINOLONE ACETONIDE 0.1% ONT 15GM	963	14,445
TRIAMCINOLONE ACETONIDE 0.1% ONT 80GM	300	24,000
TRIAMTER/HCTZ 37.5/25MG CAP 1000	1	1,000
TRIAMTER/HCTZ 75/ 50MG TAB 100	5	500
TRICOR 145 MG TAB 90	8	720
TRIFLUOPERAZINE HCL 10MG TAB 100	2	200

TRIFLUOPERAZINE HCL 5MG TAB 100	2	200
TRIFLURID O/S 1 % DRP 7.5 ML	8	60
TRIHEXYPHENID 2 MG TAB 100	3	300
TRIHEXYPHENID 5 MG TAB 100	18	1,800
TRIMETHOPRIM-POLYMYXIN B OPH DRP 10 ML	2	20
TRINTELLIX 20 MG TAB 30	4	120
TRIUMEQ TAB 30	389	11,670
TROPICACYL 1% OPH DRP 15 ML	36	540
TROPICAMIDE 0.5 % DRP 15 ML	6	90
TROPICAMIDE 0.5 % OPHT SOL 15 ML	2	30
TROPICAMIDE 1% OPH DRP 15 ML	4	60
TRUVADA 200/300 MG TAB 30	407	12,210
TUBERSOL 5TU 10TEST VL 1 ML	196	196
TUBERSOL 5TU 50TEST VL 5 ML	396	1,980
TUCKS PAD 100CT	144	14,400
ULORIC 40 MG TAB 30	1	30
ULORIC 80 MG TAB 30	1	30
UNASYN 3 GM VL 10	10	100
UREA 20% CREAM 3OZ STRATUS	192	576
UREA 40% CREAM 7OZ BOTTLE	9	63
URSODIOL 300 MG CAP 100	1	100
VALACYCLOVIR 1 GM TAB 30	38	1,140
VALACYCLOVIR 500 MG TAB 30	19	570
VALGANCICLOVIR 450 MG TAB 60	2	120
VALGANCICLOVIR 450MG 30 UD TABS AHP	9	270
VALPROIC ACID 250 MG CAP 100 UD	4	400
VALPROIC ACID 250 MG-5 ML SOL 473ML	240	3,840
VALPROIC ACID 250 MG-5 ML SYR 473ML	6	96
VALPROIC ACID 250MG SGC 100	12	1,200
VALPROIC ACID 250MG SGC 100	10	1,000
VALSARTAN 40 MG TAB 30	9	270
VANCOMYCIN 1 GM FTV 10	38	380
VANCOMYCIN 1 GM VL 10	30	300
VANCOMYCIN 1 GM VL 10X1 GM	51	510
VANCOMYCIN 500 MG VL 10	41	410
VAPORUB JAR 50GM	213	10,650
VENLAFAXINE 100 MG TAB 100 AHP	12	1,200
VENLAFAXINE 150 MG ER CAP 100 UD AHP	4	400
VENLAFAXINE 25 MG TAB 100	4	400
VENLAFAXINE 37.5 MG TAB 100	10	1,000
VENLAFAXINE 37.5 MG TAB 100 UD	3	300
VENLAFAXINE 50 MG TAB 100	11	1,100
VENLAFAXINE 75 MG TAB 100 AHP	127	12,700
VENLAFAXINE 75MG 100 UD TABS AHP	19	1,900
VENLAFAXINE ER 150 MG CAP 1000	29	29,000
VENLAFAXINE ER 150 MG CAP 90	24	2,160
VENLAFAXINE ER 37.5 MG CAP 1000	2	2,000

VENLAFAXINE ER 75 MG CAP 1000	15	15,000
VENOFER 20 MG/ML SDV 10X5 ML	16	800
VENTOLIN HFA 90 MCG INH 18 GM	966	17,388
VENTOLIN HFA 90 MCG INH 8 GM	1,354	10,832
VENTOLIN HFA INST INH 8 GM	5,045	40,360
VERAPAMIL 40 MG TAB 100	4	400
VERAPAMIL HCL 180 MG ER TAB 500	4	2,000
VERAPAMIL HCL 240 MG ER TAB 100	6	600
VERAPAMIL HCL 240 MG ER TAB 500	5	2,500
VERAPAMIL HCL120 MG ER TAB 100	16	1,600
VIGAMOX 0.5 % SOL 3 ML	2	6
VIMPAT 100 MG TAB 60 UD	9	540
VIMPAT 200 MG TAB 60 UD	11	660
VIMPAT 50 MG TAB 60 UD	4	240
VIRAMUNE 50 MG/5ML SUS 240 ML	1	240
VIREAD 300 MG TAB 30	18	540
VISINE-A ALLERGY DROP 0.5OZ	607	304
VIT A&D OINTMENT 60GM GERITREX	4	240
VIT B1 100 MG TAB 10X10 UD	11	1,100
VIT B1 100MG TABLET 1000CT RUGBY	2	2,000
VIT B1 100MG TABLET 100CT RUGBY	131	13,100
VIT B1 50MG TABLET 100CT RUGBY	2	200
VIT B12 1000MCG TABLET 100CT RUGBY	60	6,000
VIT B12 1000MCG TABLET 130CT MAJOR	38	4,940
VIT B12 100MCG TABLET 100CT RUGBY	6	600
VIT B2 100MG TABLET 100CT MAGNO	10	1,000
VIT B6 100MG TABLET 100CT MAJOR	6	600
VIT B6 50MG TABLET 1000CT RUGBY	1	1,000
VIT C 250MG TABLET 100CT MAJOR	16	1,600
VIT C 500MG TABLET 1000CT MAJOR	6	6,000
VIT D 1000IU TABLET 100CT MAJOR	40	4,000
VIT D 400IU TABLET 100CT MAJOR	12	1,200
VIT D 5000IU TABLET 110CT 21CENT	2	220
VIT E 400IU DL-AL CAPSULE 100CT MAJOR	58	5,800
VIT K 10 MG AMP 25X1 ML	1	25
VITAMIN B1 100 MG TAB 5X10 UD	8	400
VITAMIN D 50 MU CAP 100	100	10,000
VOL-NATE TAB 100	68	6,800
VORICONAZOLE 200 MG TAB 30	4	120
VYTORIN 10/ 10MG TAB 30	1	30
VYTORIN 10/ 40MG TAB 30	8	240
VYVANSE 20 MG CAP 100	2	200
VYVANSE 30 MG CAP 100	7	700
VYVANSE 40 MG CAP 100	5	500
VYVANSE 50 MG CAP 100	3	300
VYVANSE 60 MG CAP 100	6	600
VYVANSE 70 MG CAP 100	5	500

WELLBUTRIN SR 150 MG TAB 60	1	60
XARELTO 10 MG TAB 30	5	150
XARELTO 15 MG TAB 30	3	90
XARELTO 20 MG TAB 30	174	5,220
XGEVA 120 MG SDV 1	1	1
XIFAXAN 200 MG TAB 30	7	210
XIFAXAN 550 MG TAB 60	47	2,820
XOLAIR150 MG VL 1.2 ML ASD	9	11
XOPENEX HFA INH 15 GM	5	75
XYLOCAINE 1% VL 25X20 ML	1	500
XYLOCAINE 2% MDV 25X10 ML	2	500
XYLOCAINE-EPINEPH 1%-1:100K VL 25X20 ML	1	500
XYLOCAINE-EPINEPH 2%-1:200K VL 5X20 ML	4	400
ZAFIRLUKAST 10 MG TAB 60	5	300
ZAFIRLUKAST 20 MG TAB UD 30 AHP	7	210
ZEMPLAR 5 MCG/ML FTV 25X1 ML	48	1,200
ZETIA 10 MG TAB 90	8	720
ZIDOVUDINE 300 MG TAB 60	44	2,640
ZINC OXIDE OINTMENT 2OZ FOUGERA	3	6
ZIPRASIDONE 20 MG CAP 60 AHP	8	480
ZIPRASIDONE 20MG 80 UD CAPS AHP	8	640
ZIPRASIDONE 40 MG CAP 60 AHP	23	1,380
ZIPRASIDONE 40MG 80 UD CAPS AHP	1	80
ZIPRASIDONE 60 MG CAP 60 AHP	63	3,780
ZIPRASIDONE 60MG 80 UD CAPS AHP	3	240
ZIPRASIDONE 80 MG CAP 60 AHP	82	4,920
ZIRGAN 0.15 % GEL 5 GM	5	25
ZONISAMIDE 100 MG CAP 100	6	600
ZONISAMIDE 100 MG CAP 100	9	900
ZONISAMIDE 50 MG CAP 100 AHP	2	200
ZYMAXID 0.5 % O/S 2.5 ML	2	5
ZYPREXA ZYDIS 10 MG TAB 30	3	90
ZYPREXA ZYDIS 15 MG TAB 30	9	270
ZYPREXA ZYDIS 20 MG TAB 30	10	300