

**Request For Proposals (RFP) For
Fairfield County Jail
Inmate Medications and Pharmaceutical
Supplies**

Issued By:

The Fairfield County Board of County Commissioners and the Fairfield County Sheriff's Office.

Contact:

Sergeant Shawn Neal

345 Lincoln Avenue

Lancaster, Ohio 43130

Email: shawn.neal@fairfieldcountyohio.gov

Fairfield County Sheriff's Office Jail Mission

To provide those in our care, custody and control the necessary medical attention required while being an advocate and steward of the interests of the taxpayer.

Fairfield County Jail Information

The Fairfield County Jail is a state-of-the-art detention facility located at the junction of US 22 (Lincoln Avenue) and US 33 (Memorial Drive) in the County Seat of Lancaster, Ohio.

The facility is a full-service jail with a 384-bed capacity.

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General Overview

The Fairfield County Board of County Commissioners and the Fairfield County Sheriff (referred collectively as Fairfield County) are now accepting proposals for pharmaceutical services for the Fairfield County Jail and the inmate/Patients housed and cared for therein.

The inmate/Patients are seen on a weekly basis by the attending Physician on request or as needed. Nursing staff are in direct communication with the attending Physician and review Inmate/Patient needs daily. The Physician may, through direct observation and diagnosis or through consultation with medical staff, prescribe certain orders or items such as he is permitted to do by law and licensure.

Fairfield County seeks to contract with a pharmaceutical provider who can provide the pharmacy needs typically associated with detention facilities with an option to renew for successive one (1) year terms.

The selected party shall begin operations by August 01, 2024, or at a time agreed upon by Fairfield County and the selected party. The evaluation of the proposal review team will use the attached evaluation form.

The awarding of the contract for services shall be determined on various factors. Including but not limited to:

- The breadth and depth of services proposed to be rendered.
- Demonstrated experience.
- Proven knowledge of the requirements of a detention facility.

Minimum required services to be performed by the pharmaceutical provider include:

Qualifications of Bidders

To be considered for award of this contract, the Contractor must meet the following:

1. The Contractor must be organized for the purpose of providing pharmacy services to institutions comparable in size to the Fairfield County Jail. The Contractor must have three years previous experience with proven effectiveness in administering pharmacy services.
2. The Contractor must have a proven ability for a contract start-up date of (enter selected date).
3. The Contractor must have a qualified and trained staff with sufficient back-up personnel.
4. The Contractor must have the central office capability to supervise provision of services. In addition, the vendor must have an alternative emergency preparation plan and/or site in the area.
5. The Contractor shall submit a list of three references, including the name of the institution, address, contact person and telephone number. The institutions should be comparable to the size of the Fairfield County Jail.

Contractors will be expected to provide the following services as part of the pharmacy service:

Packaging

1. Whenever feasible medication should be in blister packs. Exceptions may be made if the medication is not suitable for blister packs, or the prescription is for a short period of time (i.e. A seven (7) day prescription)
2. Prescription labels must include the following information:
 - a. Inmate name and number
 - b. Name of prescription
 - c. Usage and usage instructions
 - d. Doctor's name
 - e. Number of refills
3. Alternative packaging (other than blister packs) may be suggested and will be considered.

Delivery

1. Fairfield County Jail Facility and employees shall have access to a 24/7 ordering system. Fairfield County Jail Facility will notify the pharmacy by 1:00 pm of medication needs, preferably by email or fax.
2. If the pharmacy is closed on Sunday or holidays, two deliveries should be made on Saturday, one earlier and one later if necessary.
3. Delivery to the facility by 5:00 pm on the following day after original order placed, same day if ordered stat.
4. Outline of emergency plan for after-hours and holiday needs. Emergency phone numbers and contact persons must be listed. Fairfield County Jail Facility must receive immediate notification of any changes to the emergency contacts.
5. Each delivery MUST contain an ACCURATE manifest of medication and QUANTITY delivered.

Pricing

1. List all packaging charges. Please include how packaging charges are determined. (i.e., per medication, per day, etc.) All packing slips must include the price of the prescription. Please include a sample of a packing slip with proposal.
2. List all delivery charges, if any.
3. Attached: (see attachment "G" is a list of some of the most frequently used medications by the Fairfield County Jail Facility. Price each of the medications using your current price, include any packaging or delivery charges in the cost. List those costs separately. Include the cost to the Fairfield County Jail of the "name brand" and the generic brand.
4. Indicate how much notice the Fairfield County Jail would receive before a price increase would go into effect.
5. Contractor shall include in detail the return policy of any unused medication. Include any restocking fees, if applicable. Include a sample of the credit invoice. Return of medication should be in accordance with the laws of the State of Ohio. Must include acceptable time frame for returns to receive credit and how monetary credit is calculated, as well as how credit amount is applied.
6. Generic drugs should be used whenever possible or as prescribed by the facility.
7. Indicate how the Jail will be notified of high cost prescriptions, alternatives offered or time frame to decline medication prior to delivery.
8. Availability to offer and supply 340B pricing and confirm coverage through Ryan White Care Act on applicable medications.
9. Detail any cost saving measures.

Reports

Fairfield County Jail Facility must have the ability to access reports that include but are _not limited to the following:

1. Monthly medication usage by selected inmate and/or all inmates. This should include the name of the medication, cost of medication, number of prescriptions per inmate, total doses dispensed to inmate.
2. Management data including medications ordered, processed, delivered and disposed. Data Should also include formulary and nonformulary medications dispensed.
3. Summary of total medication costs. Reports should include information as to cost of medications above and below the average cost range.
4. All reports must be able to be run by date and time range.
5. Timely receipt of Psychotropic and MAT grant reports as per OMHAS schedule for submission.
6. Detail of ensuring auditing and compliance to Ohio Board of Pharmacy guidelines/standards.

Emergency Bags/Medical Carts

1. The Jail Facility MUST maintain an emergency bag. This is to be supplied by the pharmacy and the cost of the initial supplies and replacement supplies will be paid by the Jail Facility.
2. The emergency medications will be determined by the Fairfield County Jail Medical Staff.
3. Medical carts shall be provided for the purpose of dispensing medications during medical rounds within the facility. Contractor shall supply two {2} carts.
4. Restocking ebox after use in accordance with the State of Ohio Board of Phamarcy.

Insurance Provision

The contractor shall provide and maintain insurance coverage, meeting the following minimum requirements.

1. Commercial General Liability Insurance written on an occurrence basis and covering personal injury and property damage, with a minimum combined single limit of not less than one million dollars (\$1,000,000) per incident, which coverage shall include coverage for the following:
 - Premises/Operations
 - Complete Operations
 - Contractual Liability
 - Independent Contractors

Billing Information

1. The Fairfield County Jail requires two (2) copies of the packing slip/invoice to be delivered with the medications.
2. A statement by the 10th day of the month listing all invoices by date, invoice number and invoice date.
3. All credit memos should be listed and itemized on the monthly statement.

Proposal Requirements

Discussions and/or negotiations may be conducted with respondents who submit proposals for purpose of clarification and/or correction, including any clarification relating to a revision that may occur during negotiation to promote full understanding of and responsiveness to the requirements, terms, conditions and specifications of the RFP.

Proposals must be received no later than 4:00 p.m. EST. on June 28, 2024

Dates of Importance

Dates Issued: June 01, 2024

Intent to Bid (Notice Due): June 28, 2024

An intent to Bid is a non-binding indication of interest. This notice ensures those responding will receive e-mail correspondence regarding the RFP process and answers to questions posed during the question and answer period.

Question & Answer Period: Through June 24, 2024

Questions must be e-mailed to Sergeant Shawn Neal at shawn.neal@fairfieldcountyohio.gov

The e-mail subject line should be PHARMACY RFP QUESTIONS. Questions will be answered within two (2) business days, and responses will be made to parties who submitted an intent to Bid.

Proposals Due: June 28, 2024 by 4:00p.m. E.S.T.

Estimated Contract Beginning Date: August 01, 2024

Vendor Disclosures

Responding vendors must provide a disclosure of any pending or threatened court actions and/or claims against the vendor. This information may not cause rejection of the proposal; but withholding the information may be cause to reject the proposal.

Conflict of Interest

No vendor will promise or give to any county or Fairfield County employee, representative, or official anything of value that could influence the decision on awarding a contract. No vendor will try to influence an employee, representative, or official of the county or Fairfield County to violate county procurement policies or provisions of the Ohio Revised Code.

Contractual Requirements

1. As a condition of receiving a contract with Fairfield County, the contractor shall certify compliance with any court order for the withholding of child support which is issued pursuant to section 3113.217 of the Ohio Revised Code. The contractor must also agree to cooperate with Fairfield County Job and Family Services and any Ohio Child Support Enforcement Agency in ensuring that the contractor or employees of the contractor meet child support obligations established under state law.
2. By signing a contract with Fairfield County, a vendor agrees that all necessary insurance is in effect.
3. The selected vendor will indemnify and hold harmless Fairfield County against any loss, penalties, damages, settlements, costs, professional fees, and /or related expenses incurred through the provision of services.
4. The selected vendor shall be required to comply with prevailing wage standards applicable to the State of Ohio and Fairfield County.
5. The selected vendor agrees that as a condition to any contract, there shall be no discrimination against any client or any employee because of race, color, sex, religion, disability, national origin, or any other factor as specified in Title VI of the Civil Rights Act of 1964, Rehabilitation Act of 1973 and subsequent amendments. It is further agreed that the vendor will comply with all appropriate federal and state laws regarding such discrimination.
6. Ohio Revised Code Section 9.24 prohibits awarding a contract to any entity against whom the Auditor of the State has issued a finding for recovery, if the finding for recovery is "unresolved" at the time of award. By submitting a proposal, the vendor warrants that it is not now (and will not become subject to an "unresolved" finding for recovery under R.C. 9.24) prior to the award of any contract arising out of the RFP without notifying FCJFC of such finding. Fairfield County will review the Auditor of State's website prior to completion of evaluation of proposals submitted pursuant to this RFP. Fairfield County will not evaluate a proposal from any vendor whose name (or the name of any subcontractors proposed by the vendors) appears on the website of the Auditor of the State of Ohio as having an "unresolved" finding for recovery.

Vendor Examination of the RFP

Vendors are expected to be familiar with the entire RFP. The vendor is expected to respond to the RFP in a manner that makes it clear they understand and have responded to all sections of the RFP.

Changes to RFP

Fairfield County may make changes to this RFP no later than June 24, 2024 at 4:00 p.m. E.S.T. by sending changes to all vendors who register with the Intent to Bid for the RFP. Revisions and additions to any portion of the RFP will be provided to all registered vendors.

Availability of Funds

This RFP and all agency contracts are contingent on the availability of funds. If, during the RFP process, funds are not available for the proposed services, the RFP process will be canceled. The vendor will be notified at the earliest possible time. Fairfield County is not required to compensate the vendor for any expenses incurred as a result of the RFP process.

Communication Protocol

Sergeant Shawn Neal will serve as the contact person regarding this RFP. The contact information is provided below for submission of proposals or inquiries. Questions MUST be submitted by e-mail prior to June 24, 2024 at 12:00 p.m. E.S.T. , to the attention of Sergeant Shawn Neal, Shawn.neal@fairfieldcountyohio.gov

It is the responsibility of each vendor to provide an e-mail address so that an appropriate and timely response may be supplied.

Please reference communication protocol guidelines below:

- Written questions are to be presented by e-mail to the designated contact person.
- Questions and answers are shared with all registered vendors by e-mail.
- Any revisions and additions to the RFP will be provided to all registered vendors.
- Fairfield County reserves the right to modify the submission process and timeline, as well as to cancel any part of this RFP, without prior notice.
- Any error, omission, or discrepancy noted by a vendor must be communicated as soon as it is recognized to Fairfield County during the question and answer period with a request for clarification or modification of the RFP document. Any modifications to this RFP will be issued to all registered vendors, while maintaining anonymity as to the source of the request.
- Vendors who are aware of errors and do not report such errors submit at their own risk. Unreported errors will not entitle the vendor to additional compensation or time.

In order to assure that the proposal review/evaluation process is conducted in a fair and competitive manner for all potential providers, any ex-parte communication between any potential contractor and Fairfield County or any other person serving as a proposal evaluator is prohibited. Violation of this provision may disqualify the respondent from further consideration.

Preparation of Proposal

Proposals are expected to be concise and provide a clear picture of the vendor's qualifications. The vendor should respond to the RFP instructions and requirements. The proposal must include all costs that relate to the responses submitted.

All proposals become the property of Fairfield County. All proposals will be considered public information and will be open for inspection, inspection after the contract is awarded pursuant to Ohio Rev. Code 307.862..

The proposal solicitation does not constitute an offer. Acceptance of proposals for review does not commit Fairfield County to award a contract. The costs of creating proposals are the responsibility of the vendor and shall not be chargeable to Fairfield County. The vendor must guarantee the pricing listed in the proposal will remain in effect for a minimum of 150 days after the proposal submission date. Fairfield County reserves the right to award contracts to a single applicant, multiple applicants, or to reject any and all proposals received.

Fairfield County reserves the right to negotiate services and costs on any and all bids received. or to cancel in part or in its entirety this proposal solicitation.

Fairfield County may award in whole or in part to one or multiple respondents.

Proposals containing false or misleading statements may be rejected.

The proposals must be signed by an individual who is authorized to contractually bind the vendor. The signature must indicate the title or position the individual holds in the vendor's organization. Unsigned proposals will be rejected.

The proposal, including attachments, will become part of the contract of the vendor(s) receiving awards. Interested parties should read the entire contents of this RFP since the provisions contained therein may affect your organization's decision to submit an RFP. All questions should be answered completely, honestly, and to the best of your organization's ability.

Vendors must deliver one original copy of the entire written proposal with completed Attachments A, B, D, E, & G to Sergeant Shawn Neal, Fairfield County Sheriff's Office, 345 Lincoln Avenue, Lancaster, Ohio 43130 no later than 4:00 p.m. EST. on June 28, 2024.

A receipt will be issued for all proposals received. Proposals received after the deadline will not be considered. "FAIRFIELD COUNTY JAIL PHARMACEUTICAL PROVIDER" must be clearly marked on the package.

All vendors must carefully review their final proposals. Once opened, proposals cannot be changed; however, Fairfield County may request information or respond to inquiries for clarification purposes only.

Fairfield County reserves the right to reject any or all RFP proposals.

Written notification may be made to all vendors who submit a proposal. If a successful vendor fails to execute the contract, Fairfield County may award the contract to another vendor whose proposal met the requirements of the RFP and addenda. The period of time within which such an award of the contract may be made shall be subject to the written agreement between Fairfield County and the vendor.

Proposal Selection

Proposal selection does not guarantee a contract for services will be awarded. Prospective vendors are advised that an offer for a contract may be initiated after a review of the proposals received by Fairfield County and members of a proposal review team.

Bids submitted in response to this proposal solicitation must comply with the specifications stated herein.

All proposals will be evaluated based on the criteria in the RFP. All proposal evaluation criteria are established by Fairfield County (attachment F). If no response adequately addresses the services and outcomes requested, Fairfield County may recommend that no award be made.

The request for proposal (RFP) does not constitute an offer. Acceptance of proposals for review does not commit Fairfield County to award a contract, nor is it liable for any costs incurred in the preparation of proposals. Fairfield County reserves the right to award contracts to a single applicant, multiple applicants or to reject any and all proposals received. Additionally, Fairfield County reserves the right to cancel in part or in entirety this RFP.

Vendor Requirements

All organizations submitting proposals must agree to operate programs in compliance with all federal, state and local guidelines.

The successful vendor agrees to accept full responsibility for payment of all unemployment compensation, contributions or reimbursements, insurance premiums, income tax deductions, social security deductions, and any and all other employee taxes and payroll accounting required for employees.

Any additional services that the vendor includes in response to this proposal solicitation will be considered.

If Fairfield County and the vendor are unable to successfully come to terms regarding the contract, Fairfield County reserves the right to terminate contract discussions with the bidder. If this happens, Fairfield County reserves the right to select another bidder from the bid process, cancel the RFP, or reissue the RFP.

Confidentiality and Security

Any vendor that has access to confidential information will be required to keep that information confidential. Disclosure of information to any party beyond Fairfield County or county personnel and/or a court of law without written consent of the party served is prohibited.

In the event of a material breach of contractor obligations under this section, Fairfield County may at its option terminate the contract according to provisions within the contract for termination.

Required Elements of Proposal

The successful vendor will include all the following elements in their proposal:

1. A cover sheet and transmittal letter must be included in the proposal. The cover sheet is attachment A. A transmittal letter must be on agency/organization letterhead and signed by the individual authorized to legally bind the vendor/organization to fulfill the agreed upon contractual obligations. The transmittal letter must incorporate the following elements:
 - a. A statement indicating the legal entity tax status of the organization/vendor.
 - b. A statement regarding the vendors qualifications and experience.
 - c. A statement regarding the vendor's knowledge of supplying pharmaceuticals to detention facilities.
 - d. The name, title, address, telephone, and e-mail of the individual to be contacted, if necessary, during the review and selection process.
2. An overview of the proposed services to be provided by the vendor must include a detailed response to each of the following:
 - a) Proposal Table of Contents
 - b) Organization Description
 - c) Description of Services to be Provided
 - d) Cost of required equipment, necessary reporting, packaging and delivery.
3. Vendors must complete the required forms as provided in Attachments A-E to be established as a Vendor for Fairfield County. Attachment G must be completed as part of the proposal.
 - A. Organizational Information Cover Sheet
 - B. Certification Letter from Signatory Authority
 - C. OPERS Independent Contractor Acknowledgement Form
 - D. Request for Taxpayer Identification Number (W-9) Form
 - E. Ohio New Hire Reporting Form
 - F. Evaluation Form
 - G. Completed Pricing sheet, reflecting proposed final cost of the Medications as they would be received by Fairfield County.
4. Completion of "required forms" as contained in the **Appendix should be submitted as a separate packet of originals with a clearly defined cover sheet marked "Appendix"**. Only one (1) set is needed to accompany the one (1) original and four (4) copies of the proposal.

Protests

Any potential, or actual, vendor objecting to the award of a contract resulting from the issuance of the RFP may file a protest of the award of the contract, or any other matter relating to the process of soliciting the proposals. Such a protest must comply with the following guidelines:

1. A protest may be filed by a prospective or actual bidder objecting to the award of a contract resulting from this RFP. The protest shall be in writing and shall contain the following information:
 - A. The name, address, and telephone number of the protester.
 - B. The name and release date of the RFP being protested.
 - C. A detailed statement of the legal and factual grounds for the protest, including copies of any relevant documents.
 - D. A request for a ruling by Fairfield County.
 - E. A statement as to the form of relief requested from Fairfield County and
 - F. Any other information the protester believes to be essential to the determination of the factual and legal questions at issue in the written protest.
2. A protest based on alleged improprieties in the issuance of the RFP or any other event preceding the closing date for the receipt of proposals which are apparent or should be apparent prior to the closing date for receipt of proposals, shall be filed no later than 4:00 p.m. the closing date for receipt of proposals.
3. An untimely protest may be considered by Fairfield County if Fairfield County determines that the protest raises issues significant to the agency's procurement system.
4. All protests must be filed at the following

location: Fairfield County
Attn: County Administrator 210
East Main Street Lancaster,
Ohio 43130
5. When a timely protest is filed, a contract shall not proceed until a decision on the protest is issued or the matter is otherwise resolved. The vendor who would have been awarded the contract shall be notified of the receipt of the protest.
6. The County Administrator shall provide the written decisions on all timely protests and shall notify any vendor who filed an untimely protest as to whether or not the protest will be considered.

Mutual Agreement

With mutual agreement of Fairfield County and the Contractor the contract may be terminated on an agreed date prior to the end of the contract without penalty to either party.

Lack of Funds

Notwithstanding any other provisions of the contract, if the funds anticipated for the continued fulfillment of this contract are at any time not forthcoming, through failure of the County Government to appropriate funds or discontinuance of material alteration of the program under which funds were provided, Fairfield County shall have the right to terminate the contract without penalty by giving not less than ninety (90) days written notice documenting the lack of funding.

Without Cause

The agreement may be terminated by Fairfield County with six (6) month notice, without cause, at the end of any calendar year.

Attachment A

**ORGANIZATIONAL INFORMATION COVER SHEET
(Required for all Proposals)**

Name of Organization: _____

Address of Organization: _____

Contact Person: _____

Phone Number: _____

Total Number of Staff: _____

Federal ID Number: _____

Corporation No. _____ (if applicable)

Type of Organization: (Check the most appropriate one)

- | | |
|--|---|
| <input type="checkbox"/> Local Government | <input type="checkbox"/> Public Post-Secondary Education |
| <input type="checkbox"/> Public School System | <input type="checkbox"/> Private Post-Secondary Education |
| <input type="checkbox"/> Private Non-Profit Organization | <input type="checkbox"/> Technical/Trade School |
| <input type="checkbox"/> Private For-Profit Organization | <input type="checkbox"/> Private Consultant |
| <input type="checkbox"/> Other (specify) _____ | |

Attachment B

CERTIFICATION LETTER FROM SIGNATORY AUTHORITY

CERTIFICATION: The information contained in this proposal fairly presents the organization and its proposed operating plans and budget for FSCO Health Care Services. I acknowledge that I have read and understand the requirements and provisions of the RFP.

I further certify that all information contained in this proposal is true and correct and shall be open to verification should FSCO desire to do so.

I agree that our organization will abide by the rules and regulations, state and local policies applicable to the law, regulations and plans for administration.

I certify that I am authorized to sign the attached proposal and to commit this organization to the provision of services contained therein.

Finally, I do hereby certify that this organization is not currently in any stage of formal bankruptcy proceedings.

Authorizing Official's Name

Title

Authorizing Official's Signature

Date

Social Security Number or Taxpayer ID Number

Attachment D

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	<input type="checkbox"/> Exempt payee
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number						
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Employer identification number						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; height: 20px;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> </table>						

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-9 (see Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 6 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLO box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(c), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(b)(2).
 2. The United States or any of its agencies or instrumentalities.
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities.
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 684 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for ...	THEN the payment is exempt for ...
Interest and dividend payments	All exempt payees except for 8
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ¹

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.
² However, the following payments made to a corporation are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.
2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

- To reduce your risk:
 - Protect your SSN,
 - Ensure your employer is protecting your SSN, and
 - Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Helpline at 1-800-908-4480 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-828-4069.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-368-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN or:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ³ The actual owner ³
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(A))	The grantor ³
For this type of account:	Give name and EIN or:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine use of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

ATTACHMENT G

DRUG NAME		QTY	Price
Acyclovir 200mg Capsule	70518-0131-00	30	
Albuterol 0.0083% INH UD	00591-3797-83	75	
Albuterol 0.083% Inh	00591-3797-83	150	
amLODIPine 5mg Tab	70518-0274-01	30	
Atorvastatin 80mg	70518-0567-00	30	
Benzotropine 1mg Tab	61786-0008-02	30	
Bupropion HCL 75mg tab	61786-0086-02	30	
Bupropion SR 150mg tab	52125-0556-02	30	
Buspirone 10mg tab	70518-0203-00	30	
BusPIRone 10mg Tab	70518-0203-00	60	
BusPIRone 10mg Tab	70518-0203-00	60	
BusPirone 15mg Tab	70518-0380-00	30	
BusPirone 15mg Tab	70518-0380-00	30	
BusPirone 15mg Tab	70518-0380-00	60	
Carbamazepine 200mg tab	24236-0024-02	30	
Carbamazepine 200mg Tab	24236-0024-02	60	
cefTRIAxone 1gm Vial	61786-0398-01	1	
Cephalexin 500mg Cap	63874-0112-30	30	
Cephalexin 500mg Cap	68180-0122-02	30	
Cephalexin 500mg Cap	68180-0122-02	60	
Chlordiaz 25mg Cap	70518-0015-00	30	
Chlordiaz 25mg Cap	70518-0015-00	60	
Chlorhex 0.12% *A/F* Rins	52376-0021-02	473	
Chlorhex 0.12% Rinse	52376-0021-02	473	
Ciprofloxacin 500mg Tab	70518-0368-00	60	
Citalopram 20mg Tab	70518-0070-00	30	
Citalopram 20mg Tab	70518-0070-00	60	
Clindamycin 150mg Cap	70518-0424-01	30	
Clindamycin 150mg Cap	70518-0424-01	60	
cloNIDine 0.1 mg Tab	70518-0481-00	30	
cloNIDine 0.1 mg Tab	70518-0481-00	60	
CLoNIDine 0.2mg Tab	61786-0396-02	30	
Cyclobenzaprine 10mg	70518-0082-01	30	
Diazepam 5mg TAB	61786-0990-02	30	
Dicyclomine 20mg Tab	52125-0666-02	30	
Doxycycline Mono 100mg cap	70518-0213-00	30	
Escitalopram 20mg Tab	70518-0467-00	30	
Famotidine 20mg tab	70518-0163-01	30	
FLUoxetine 20mg Cap	70518-0417-01	30	
Fluoxetine 40mg Cap	00781-2824-01	30	
Furosemide 20mg tab	70518-0580-00	30	

Gemfibrozil 600mg Tab	61786-0850-02	60	
Haloperidol 2mg	24236-0652-02	30	
Haloperidol 2mg	24236-0652-02	30	
Haloperidol DEC. 100mg/ml	63323-0471-01	1	
HCTZ 25mg Tab	70518-0210-01	30	
Hydroxyzine Pam 25mg Cap	61786-0009-02	30	
HydrOXYzine Pam 50mg Cap	61786-0022-02	30	
Indomethacin 25mg Cap	70518-0254-00	30	
Indomethacin 50mg cap	61786-0776-02	30	
Iprat/Albuterol Soln UD	00591-3817-66	180	
LevETIRAcetam. 500mg Tab	61786-0794-02	30	
Levothyroxine 100mcg Tab	00527-1345-10	30	
Levothyroxine 50mcg Tab	00527-1342-10	30	
Lisinopril 10mg tab	70518-0530-01	30	
Lisinopril 20mg tab	61786-0838-02	30	
Lisinopril 20mg Tab	61786-0838-02	60	
Lisinopril 5mg tab	70518-0117-00	30	
Loperamide 2mg Cap	70518-0313-00	30	
Loperamide 2mg Cap	70518-0313-00	60	
Loratadine 10mg tab	70518-0325-02	30	
Loratadine 10mg tab	70518-0325-02	90	
Losartan Pot 25mg tab	70518-0087-00	30	
metFORMIN 1000mg Tab	70518-0372-03	30	
Metoprolol 100mg tab	70518-0248-00	30	
Metoprolol 25mg Tab	61786-0631-02	30	
Metoprolol 25mg Tab	61786-0631-02	60	
Mirtazapine 15mg Tab	61786-0179-02	30	
Naproxen 500mg Tab	61786-0982-02	30	
Neo/Poly/HC Otic Sol	24208-0631-10	10	

Omeprazole 20mg Cap	70518-0080-00	30	
Omeprazole 20mg Cap	70518-0080-00	180	
Ondansetron 4mg Tab	61786-0693-02	30	
PARoxetine 20mg Tab	61786-0289-02	30	
PARoxetine 20mg Tab	61786-0289-02	60	
Prednisone 10mg tab	70518-0473-00	30	
Prednisone 20mg tab	52125-0555-02	30	
Promethazine 25mg tab	70518-0141-00	30	
Promethazine 25mg/ml SDV	00641-0928-25	4	
Propranolol 80mg Tab	00115-1662-01	30	
Ranitidine 150mg Tab	70518-0004-00	30	
Ranitidine 150mg Tab	70518-0004-00	60	
Risperidone 2mg tab	61786-0246-02	30	
Risperidone 3mg tab	61786-0206-02	30	
Seroquel150mg tab		30	
Sertraline 100mg tab	70518-0378-00	30	
Sertraline 50mg tab	61786-0893-02	30	
Sertraline 50mg tab	61786-0893-02	60	
Spirolactone 25mg tab	70518-0630-00	30	
Sulfatrim DS tab	70518-0066-02	30	
Tamsulosin 0.4mg cap	70518-0179-00	30	
Triamcinolone 0.1% Crm	67877-0251-15	15	
Triamcinolone 0.5% Crm	67877-0318-15	15	
Venlafaxine 75mg tab	61786-0419-02	30	
Warfarin 10mg tab	70518-0266-00	30	
Warfarin 4mg tab	70518-0280-00	30	
Warfarin 5mg tab	70518-0253-00	30	

Drug Name	No.	QTY	Price
Zyprexa		30	
Duloxetine		30	
Depakote		60	
Amoxicillin		40	
Topiramate		30	
Suboxone 8/2		60	
Albuterol 90mcg HFA		1	
Abilify		30	
Lamictal		60	
Oxcarbazepine		60	
Humalog		1 box	
Novolog		1 box	
Lantus		1 box	
Cloratepate 7.5mg		16	
Prazosin		30	
Vraylar		30	

Total cost for all medications listed: _____