

BIDDERS COMPANY NAME

REQUEST FOR PROPOSAL

#6400

Pharmacy Services

Prepared By:

Washtenaw County Purchasing
Administration Building
220 N. Main B-35
Ann Arbor, MI 48107

Anne Strieter
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WASHTENAW COUNTY

Finance Department

Purchasing Division

220 N. Main, Ann Arbor, MI 48107
Phone (734) 222-6760, Fax (734) 222-6764

REQUEST FOR PROPOSAL # 6400

April 7, 2008

Washtenaw County Purchasing Division on behalf of Washtenaw Community Health Organization (WCHO) is requesting proposals from potential bidders for Pharmacy Services in Washtenaw County.

Sealed Proposals: Please submit one (1) original and three (3) copies which are clearly marked as "Sealed RFP #6400" to the following address and due date:

**Washtenaw County
Administration Building
Purchasing Division
220 N. Main St. Room B-35
Ann Arbor, MI. 48107**

by 3:00 p.m. on Wednesday, May 7, 2008

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

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

- Please use the attached self-addressed label or the envelope must be clearly marked "SEALED RFP # 6400".
- Please direct purchasing and procedural questions regarding this RFP to Anne Strieter at (734) 222-6760 strietera@ewashtenaw.org
- Please direct any questions related to the WCHO contract to Kelly Guathier at (734) 544-2915.
- Please direct questions related to the pharmacy program to Cynthia Every at (734) 544-6815.

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Timeline for RFP #6400

Bid to WCHO Board of Directors for review	April 2, 2008
Notification to potential contractors of bid	April 7, 2008
Bid advertised in local newspapers	April 10, 2008
Bid available to bidders at Purchasing Department	April 10, 2008
Bid submission deadline/bid opening	May 7, 2008 (3:00 pm)
Award recommendations approved by WCHO Board of Directors	June 4, 2008
Award and denial notices to bidders	June 2008
Contract prepared	June 2008

Issuing Office

This RFP is issued by the Washtenaw Community Health Organization (WCHO) utilizing Washtenaw County Purchasing Department services to assist in the issuance of the RFP. All questions regarding procedures with bidding should be directed to Washtenaw County Purchasing Department and all questions regarding the services being bid should be directed to the Washtenaw Community Health Organization Provider Relations Unit.

The WCHO reserves the right to reject all bids, to waive or not waive informalities or irregularities in bids or bidding procedures, and to accept any bid determined through the review process to represent the best interest of Washtenaw Community Health Organization and its customers.

Proposal Due Date

An original hard copy of the application with signature and required attachments and three copies must be submitted in a sealed envelope to the Washtenaw County Purchasing Department by May 7, 2008 at 3:00 pm. Late proposals and proposals that are not in compliance with RFP guidelines will not be considered.

Proposal Terms

Prices stated in the bidder's proposal will not be subject to any price increases from the date on which the proposal is opened at the Washtenaw County Purchasing Division to the date of the contract.

Proposals must be signed by a person authorized to bind the provider to its provisions for at least a period of 180 days. Failure of the successful bidder to accept the obligation of the contract may result in the cancellation of any award.

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I. Introduction

The Washtenaw Community Health Organization (WCHO) provides ongoing psychiatric care and medication to adults and children with a wide range of psychiatric and developmental disabilities in both outpatient and residential settings in Washtenaw County. WCHO also provides substance abuse treatment to individuals in both Washtenaw County and Livingston County.

The population served includes a large number of indigent clients and Medicaid recipients, with about half having both Medicare and Medicaid coverage. A smaller number of clients have private medical insurance. Accurate, timely, and readily accessible medications are necessary to enhance and maintain the psychiatric stability of clients. Bids must reflect the ability to communicate and document services in agreed-upon formats for documenting purposes, as well as be cost competitive.

The successful bidder will work closely with Washtenaw County Community Support and Treatment Services (CSTS), the organization designated to provide case management and other professional services to consumers of community mental health services in Washtenaw County. The goal of the WCHO and CSTS is to empower individuals to be as self-reliant as possible. The WCHO and CSTS follow the principles of person centered planning and self determination for all individuals.

II. Services to be Provided

The winning bidder will be able to:

- A. Operate an on-site pharmacy at the Washtenaw County Community Support and Treatment Services (CSTS) Ellsworth site, located at 2140 Ellsworth, Ann Arbor. Pharmacy will be staffed Monday thru Friday from 8:30am to 4:30pm, unless other arrangements are made with WCHO. Pharmacy is not limited to serving WCHO consumers; the provider may also operate a community pharmacy from this site. This space is available to the provider rent-free.
- B. Provide pharmaceutical inventory, dispensing and price maintenance for the drugs listed on the attached formulary, as authorized by the WCHO or its designee, including dispensing generic forms of medications when applicable and honoring the use of pharmaceutical coupons.
- C. Work closely with CSTS to manage Pharmaceutical Assistance Program applications (PAP's). CSTS staff will manage the application process. The role of the pharmacy provider is to accept PAP medications, give CSTS documentation of current PAP stock, store the medications until they are dispensed, and dispense the medications. Additionally, the pharmacy provider will report data on PAP stock usage and sample medication usage, which will require a software package to allow such tracking and reporting.
- D. Receive and dispense sample medications to indigent consumers.
- E. Supply injectible medications as needed by WCHO consumers.

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- F. Supply medications using the multi-dose packaging machine supplied by the WCHO. In labeling medication packaging, the pharmacy provider will comply with the Michigan Board of Pharmacy regulations, and will also provide an extra label for a pill box.
- G. Coordinate and package primary care prescriptions as well as psychiatric medications, including monitoring for “drug-drug” interactions in medications prescribed by the client’s primary or specialty medical physician(s).
- H. Package daily and weekly medication for Assertive Community Treatment (ACT) and other programs as requested by the WCHO.
- I. Make deliveries to the WCHO’s service site located at 555 Towner according to the following schedule: orders received by 12:00pm will be delivered between 2:00pm-3:00pm the same day; orders received after 12:00pm will be delivered the next business day between 10:00am-11:00am.
- J. Conduct annual or more often as required by WCHO, reviews of medication orders at Washtenaw County group homes (the WCHO currently owns or leases 23 group homes). Reviews will include medication management procedures in the home, such as the handling, storing, and reconciliation of medications. Reviews average 1-2 hours each. Bidder will also provide consultation/training to providers as requested by WCHO in response to incidents.
- K. Assist the WCHO with providing medications to the Bridge Medication Program for the co-occurring population served by the Livingston-Washtenaw Coordinating Agency (CA). The CA will purchase medications based upon the formulary for the Bridge Meds Program. The prescription will be for one month, to be renewed with CA’s authorization. Approved prescriptions will be provided for dispensing through direct delivery to the client and/or in care of the substance abuse treatment provider agency. The CA will pay for shipping as well as the medication cost.
- L. Coordinate with Washtenaw County Community Support and Services and University of Michigan in the operation of a weekly Clozapine clinic at the Towner and Ellsworth sites. The pharmacy provider will be responsible for coordinating with the University of Michigan for weekly blood draws, providing a pharmacy technician to assist during clinic hours, registering the patients with the national registry, and verifying lab results. The pharmacy provider will monitor the national registry weekly to request patients be moved to a less intensive treatment schedule as appropriate, will trend responses from the national registry, and share information with Care Managers and physicians.
- M. When ordered by a physician and the medical necessity for over-the counter medications is noted in the consumer’s Person Centered Plan and authorized, certain over-the-counter medications must be made available to WCHO consumers based on requirements set forth in the Michigan Department of Community Health Medicaid Provider Manual (B3 and Habilitation Waiver services). It is the expectation of the WCHO that the pharmacy provider will dispense the below OTC medications when ordered by a physician; if not available on-site, medications must be provided within 24 hours.

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- N. Provide weekly reporting on billing and medications dispensed; at least monthly reporting on PAP and sample medications; and grant billing, in accordance with the schedule determined by the grant-funded program.
- O. Have a system in place for reducing and addressing medication dispensing errors.
- P. Assure that the WCHO is informed in a timely manner, in writing, of any problems that may affect the delivery of medication and pharmacy services.
- Q. Have an emergency preparedness plan in place, to ensure that prescription medications can be provided in the event of a widespread emergency.
- R. Partner with the WCHO and its designee to identify cost-savings and efficiencies when possible.
- S. Respond to needed changes in the medication formulary and medication availability within 24 hours of the request.
- T. Respond to individual programmatic needs as necessary, i.e. partnering with WCHO or its designee in the coordination and/or development of new programs.
- U. Assign a contact person to monitor program performance and resolve problems. The designated person must be able to respond to issues and concerns within 24 hours if necessary.
- V. Provide services without discrimination on the basis of race, color, religion, national origin, sex, sexual orientation, marital status, physical handicap, or age.
- W. Comply with all applicable provisions of the revised Michigan Mental Health Code, 1995; the Michigan Public Health Code, PA 368 of 1978, as amended; all applicable Administrative Rules; and related Recipient Rights and confidentiality policies of the WCHO.
- X. The winning bidder shall not assign or transfer its duties and/or obligations under the contract without prior written approval of the WCHO.

Site Identification and Procurement

The WCHO will retain responsibility for lease costs and maintenance at the Ellsworth site. The pharmacy provider is responsible for costs such as internet connection, phone lines, all fixtures, cabinets, refrigerator, computer hardware and costs associated with the security alarm system.

Information Management / Electronic Medical Record

The WCHO uses a web-based electronic record (“Encompass”) for recording and accessing clinical information, data submission, managing service authorizations, and claims submission. WCHO will assign access information (login and password) to users as necessary and will provide training on the Encompass system. The pharmacy provider must provide software for on-site prescription writing capabilities, for medication tracking, and for required reporting.

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Transition Planning

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

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III. Pricing, Reimbursement, and Billing of Medications

The winning bidder will:

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

B. Submit invoices for services within sixty (60) days of the provision of the service. Invoices shall include the date(s) of service, service type, and unit(s) of service provided. Payment shall be made for each service at the rate authorized by the WCHO.

The pharmacy provider must maintain documentation supporting submitted claims in a format that provides evidence that the service was provided as billed. WCHO may review supporting documentation in its determination of the appropriateness of claims.

C. Submit billing statements weekly for injectible and indigent medications; every two weeks for medication and pharmacy services rendered; and monthly for PAPs and sample medications. Each statement will indicate: client's name, prescription number, prescribing physician, name and strength of medication, units dispensed, unit cost of medications ordered, and final charge.

D. Bill consumers or payees for co-pays; WCHO and its designee (CSTS) are not responsible for consumer co-pays. The pharmacy provider may also coordinate with CSTS Care Managers to explore coverage options.

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

- a. Medication maintenance fee for PAPs and sample medications
- b. Additional fee for individual dosing
- c. Quarterly reviews of group home medication orders
- d. Delivery costs for medication delivery to the 555 Towner site
- e. Bridge medications
- f. Medication packaging machine supplies, per month
- g. Reporting fee, per month

Notes:

- Approximately 200 prescriptions for sample medication are written for dispensing by the pharmacy provider monthly.
- The pharmacy provider will roll package approximately 125 ACT clients (with an average of 5 prescriptions each).
- Bid should include up to 10 reports in a month; if additional reports are needed, bidder should indicate how much will be charged for each additional report.

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- The Bridge Medication Program for the population served by the Livingston-Washtenaw Coordinating Agency (CA). The CA will purchase medications based upon the bidder's pricing strategy for the Bridge Meds Program. The prescription will be for one month, renewal with WCHO authorization. Approved prescriptions will be provided for dispensing through direct delivery to the client, in care of the substance abuse treatment provider. The CA will pay for shipping costs (FedEx or UPS same day, with tracking) as well as the medication cost.

IV. Scoring, Application, and Contract Term

A. Proposal Rating: Proposals will be rated in the following categories

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

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

B. Application: Completed applications must include:

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

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

V. Contract Requirements

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

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Insurance

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

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

B. Commercial General Liability Insurance with a combined single limit of \$1,000,000 each occurrence for bodily injury and property damage. Licensed independent practitioners must maintain this coverage only if they are seeing consumers at their site. Policy shall include WCHO as additional insured with respect to general liability. Contractor understands that this additionally insures WCHO's Board members, officers, employees, agents and volunteers.

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

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

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

Non-Discrimination

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

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Conflict of Interest

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

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

Records and Accounts

Contractor agrees to maintain records and accounts including property, personnel, and financial records, as are deemed necessary by the WCHO to assure a proper accounting for all project funds. Such records shall be retained for three (3) years after the expiration of this agreement unless permission to destroy them is granted by the WCHO.

Performance Reports

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

Audits

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

**FOR WASHTENAW COMMUNITY HEALTH ORGANIZATION USE ONLY
DO NOT WRITE IN SHADED AREAS**

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Date Issued: April 7, 2008

**Application
Score:**

Request for Proposal for: Pharmacy Services

Date Closed: May 7, 2008

Cover Sheet

Agency Name: _____

Federal Tax ID Number: _____

National Provider ID Number: _____

Billing Address: _____

City _____ **State** _____ **Zip** _____

Billing Phone Number: (_____) _____

Contract Signatory:

Name

Mailing Address: _____

Email Address: _____

Phone: _____ **Fax:** _____

Contract Liaison:

Name

Mailing Address: _____

Email Address: _____

Phone: _____ **Fax:** _____

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MALPRACTICE SUIT INFORMATION FORM (CONFIDENTIAL)

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

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

Name of Case _____

Case Number _____ **Court** _____

Date of Occurrence _____ **Date Case Filed** _____ **Payment Due** _____

Allegations which are the basis for the claim: _____

Description of circumstances in the case: _____

Description of the participation in the case: _____

Defenses/expert witness review of the case: _____

Disposition of the claim: _____

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

Disposition of other defendants: _____

Amount of judgment or settlement: \$ _____

Insurance company(s) involved (if any): _____

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

Name

Date

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ATTESTATION OF ABILITY TO PROVIDE SERVICES

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

	YES / NO	If "NO", please explain and indicate what assistance is needed in order to perform this function, if applicable
1. Section II of this RFP describes the services to be provided if a contract is awarded. Are you able to ensure that all of these services are provided?		
2a. Can you operate a multi-dose packaging machine?		
2b. In labeling medication packaging, can you ensure that it complies with the Michigan Board of Pharmacy regulations, and also provide an extra label for a pill box?		
3. Can you make deliveries to the WCHO's service site located at 555 Towner according to the following schedule: -Orders received by 12:00pm will be delivered between 2:00 -3:00pm the same day; -Orders received after 12:00pm will be delivered the next business day between 10:00 -11:00am?		
4. Can you provide weekly reporting on medications dispensed; at least monthly reporting on PAP and sample medications; and grant billing, in accordance with the schedule determined by the grant-		

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funded program?		
5. Can you ensure compliance with the Michigan Mental Health Code and state and federal confidentiality laws?		
6. Can you respond to formulary changes within 24 hours?		
7. Can you ensure that any problems impacting the delivery of pharmacy services will result in a timely written correspondence to the WCHO?		

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

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

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NARRATIVE APPLICATION

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

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

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

2. Patient Assistance Program / Sample Medications: Describe your experience working with PAP medications and receiving and dispensing sample medications to indigent consumers.

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

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

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

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

7. Clozapine Clinic: Describe your experience working with a Clozapine Clinic as described in Section II.

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PRICING, BILLING, AND REIMBURSEMENT

Service Fees

Please describe your pricing strategy for the below services.

General Services	Pricing Strategy
Medication maintenance fee (indicate fee per prescription)	
Additional fee for individual dosing (medication packs)	
Annual or more often review of group home medication orders	
Delivery costs for medication delivery to the 555 Towner Site (indicate price per trip)	
Bridge Medications (indicate fee per prescription); WCHO will additionally reimburse for actual shipping costs	
Medication packaging machine supplies (FastPak)	
Reporting Fee	

OTC Medication Chest

When ordered by a physician and the medical necessity for over-the-counter medications is noted in the consumer's Person Centered Plan and authorized, certain over-the-counter medications must be made available to WCHO consumers based on requirements set forth in the Michigan Department of Community Health Medicaid Provider Manual (B3 and Habilitation Waiver services). It is the expectation of the WCHO that the pharmacy provider will dispense the below OTC medications when ordered by a physician; if not available on-site, medications must be provided within 24 hours.

Please provide your pricing strategy for the following medications:

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

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Drug Pricing

Medicare Part D

Can you accept every Medicare Part D Plan? YES NO

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

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

Brand-Name Medications	Generic Medications	Medications for Bridge Meds Program

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Prescription Drug Formulary

Drug	Strength
Alprazolam	0.25mg
Alprazolam	0.5mg
Alprazolam	1mg
Alprazolam	2mg
Amantadine	100mg
Amitriptyline	25mg
Amitriptyline	50mg
Amitriptyline	75mg
Amitriptyline	100mg
Amitriptyline	150mg
Antabuse	250mg
Benzotropine	0.5mg
Benzotropine	1mg
Benzotropine	2mg
Bupropion	75mg
Bupropion	100mg
Bupropion Sr	150mg
Bupropion Sr	200mg
Buspirone	5mg
Buspirone	10mg
Buspirone	15mg
Citalopram	10mg
Citalopram	20mg
Citalopram	40mg
Clonazepam	0.5mg
Clonazepam	1mg
Clonazepam	2mg
Concerta	18mg
Concerta	27mg
Concerta	36mg
Concerta	54mg
Cymbalta	20mg
Cymbalta	30mg
Cymbalta	60mg
Depakote	125mg
Depakote	250mg
Depakote	500mg
Depakote ER	250mg
Depakote ER	500mg
Diazepam	2mg
Diazepam	5mg
Diazepam	10mg
Fluoxetine	10mg
Fluoxetine	20mg

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Fluoxetine	40mg
Fluphenazine D	25mg/ml
Fluphenazine	1mg
Fluphenazine	2.5mg
Fluphenazine	5mg
Fluphenazine	10mg
Gabapentin	100mg
Gabapentin	300mg
Gabapentin	400mg
Gabapentin	600mg
Gabapentin	800mg
Gabitril	2mg
Gabitril	4mg
Geodon	20mg
Geodon	40mg
Geodon	60mg
Geodon	80mg
Haloperidol	1mg
Haloperidol	2mg
Haloperidol	5mg
Haloperidol	10mg
Haloperidol D	100mg/ml
Lamictal	25mg
Lamictal	100mg
Lamictal	150mg
Lamictal	200mg
Lexapro	5mg
Lexapro	10mg
Lexapro	20mg
Lithium carb	150mg
Lithium carb	300mg
Lithium carb ER	300mg
Lithium carb ER	450mg
Lorazepam	0.5mg
Lorazepam	1mg
Lorazepam	2mg
Mirtazapine	15mg
Mirtazapine	30mg
Mirtazapine	45mg
Propranolol	10mg
Propranolol	20mg
Propranolol	40mg
Risperdal	0.25mg
Risperdal	0.5mg
Risperdal	1mg
Risperdal	2mg
Risperdal	3mg

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Risperdal	4mg
Risperdal Consta	25mg
Risperdal Consta	37.5mg
Risperdal Consta	50mg
Seroquel	25mg
Seroquel	50mg
Seroquel	100mg
Seroquel	200mg
Seroquel	300mg
Sertraline	25mg
Sertraline	50mg
Sertraline	100mg
Tegretol XR	100mg
Tegretol XR	200mg
Tegretol XR	400mg
Thiothixene	1mg
Thiothixene	2mg
Thiothixene	5mg
Thiothixene	10mg
Topamax	25mg
Topamax	50mg
Topamax	100mg
Topamax	200mg
Trazodone	50mg
Trazodone	100mg
Trazodone	150mg
Trihexylphenidyl	2mg
Trihexylphenidyl	5mg
Trileptal	150mg
Trileptal	300mg
Trileptal	600mg
Vivitrol	380mg
Wellbutrin XL	150mg
Wellbutrin XL	300mg
Zyprexa	2.5mg
Zyprexa	5mg
Zyprexa	7.5mg
Zyprexa	10mg
Zyprexa	15mg
Zyprexa	20mg
Zyprexa zydis	5mg
Zyprexa zydis	10mg
Zyprexa zydis	15mg
Zyprexa zydis	20mg

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

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Prescription Drug Formulary – Bridge Meds Program

DRUG NAME	Strength	Form	Unit	Brand Reference
BUPROPION HCL	150MG	TABLET SA	EACH	WELLBUTRIN SR 150MG TAB SA
BUPROPION HCL	100MG	TABLET SA	EACH	WELLBUTRIN SR 100MG TAB SA
BUPROPION HCL	200MG	TABLET SA	EACH	WELLBUTRIN SR 200MG TAB SA
BUPROPION HCL	150MG	TAB.SR 24H	EACH	WELLBUTRIN XL
BUPROPION HCL	300MG	TAB.SR 24H	EACH	WELLBUTRIN XL
BUSPIRONE HCL	10MG	TABLET	EACH	BUSPAR 10MG TABLET
BUSPIRONE HCL	5MG	TABLET	EACH	BUSPAR 5MG TABLET
BUSPIRONE HCL	15MG	TABLET	EACH	BUSPAR 15MG TABLET
BUSPIRONE HCL	30MG	TABLET	EACH	BUSPAR 30MG TABLET
CARBAMAZEPINE	100MG/5ML	ORAL SUSP	ML	TEGRETOL 100MG/5ML SUSP
CARBAMAZEPINE	200MG	TABLET	EACH	TEGRETOL 200MG TABLET
CARBAMAZEPINE	100MG	TAB CHEW	EACH	TEGRETOL 100MG TABLET CHEW
CARBAMAZEPINE	200MG	TAB.SR 12H	EACH	TEGRETOL XR 200MG TABLET SA
CARBAMAZEPINE	400MG	TAB.SR 12H	EACH	TEGRETOL XR 400MG TABLET SA
CARBAMAZEPINE	100MG	TAB.SR 12H	EACH	TEGRETOL XR 100MG TABLET SA
CITALOPRAM HYDROBROMIDE	20MG	TABLET	EACH	CELEXA 20MG TABLET
CITALOPRAM HYDROBROMIDE	40MG	TABLET	EACH	CELEXA 40MG TABLET
CITALOPRAM HYDROBROMIDE	10MG/5ML	SOLUTION	ML	CELEXA 10MG/5ML SOLUTION
CITALOPRAM HYDROBROMIDE	10MG	TABLET	EACH	CELEXA 10MG TABLET
DIVALPROEX SODIUM	125MG	CAP SPRINK	EACH	DEPAKOTE 125MG SPRINKLE CAP
DIVALPROEX SODIUM	125MG	TABLET DR	EACH	DEPAKOTE 125MG TABLET EC
DIVALPROEX SODIUM	250MG	TABLET DR	EACH	DEPAKOTE 250MG TABLET EC
DIVALPROEX SODIUM	500MG	TABLET DR	EACH	DEPAKOTE 500MG TABLET EC
DIVALPROEX SODIUM	500MG	TAB.SR 24H	EACH	DEPAKOTE ER 500MG TAB SA
DIVALPROEX SODIUM	250MG	TAB.SR 24H	EACH	DEPAKOTE ER 250MG TAB SA
DULOXETINE HCL	20MG	CAPSULE DR	EACH	CYMBALTA
DULOXETINE HCL	30MG	CAPSULE DR	EACH	CYMBALTA
DRUG NAME	Strength	Form	Unit	Brand Reference
DULOXETINE HCL	60MG	CAPSULE DR	EACH	CYMBALTA
ESCITALOPRAM OXALATE	10MG	TABLET	EACH	LEXAPRO
ESCITALOPRAM OXALATE	20MG	TABLET	EACH	LEXAPRO
ESCITALOPRAM OXALATE	5MG	TABLET	EACH	LEXAPRO 5MG TABLET
ESCITALOPRAM OXALATE	5MG/5ML	SOLUTION	ML	LEXAPRO
FLUOXETINE HCL	40MG	CAPSULE	EACH	PROZAC 40MG PULVULE
FLUOXETINE HCL	10MG	TABLET	EACH	PROZAC 10MG TABLET
FLUOXETINE HCL	20MG/5ML	SOLUTION	ML	PROZAC 20MG/5ML SOLUTION
FLUOXETINE HCL	90MG	CAPSULE DR	EACH	PROZAC WEEKLY 90MG CAPSULE
GABAPENTIN	100MG	CAPSULE	EACH	NEURONTIN 100MG CAPSULE
GABAPENTIN	300MG	CAPSULE	EACH	NEURONTIN 300MG CAPSULE
GABAPENTIN	400MG	CAPSULE	EACH	NEURONTIN 400MG CAPSULE
GABAPENTIN	600MG	TABLET	EACH	NEURONTIN 600MG TABLET
GABAPENTIN	800MG	TABLET	EACH	NEURONTIN 800MG TABLET

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GABAPENTIN	250MG/5ML	SOLUTION	ML	NEURONTIN 250MG/5ML SOLN
LAMOTRIGINE	100MG	TABLET	EACH	LAMICTAL 100MG TABLET
LAMOTRIGINE	25MG	TABLET	EACH	LAMICTAL 25MG TABLET
LAMOTRIGINE	25MG	TAB DISPER	EACH	LAMICTAL 25MG DISPER TABLET
LAMOTRIGINE	5MG	TAB DISPER	EACH	LAMICTAL 5MG DISPER TABLET
LAMOTRIGINE	150MG	TABLET	EACH	LAMICTAL 150MG TABLET
LAMOTRIGINE	200MG	TABLET	EACH	LAMICTAL 200MG TABLET
LAMOTRIGINE	25MG (35)	TAB DS PK	EACH	LAMICTAL 25 MG TAB STARTER KIT
LAMOTRIGINE	25(84)-100	TAB DS PK	EACH	LAMICTAL TABLET STARTER KIT
LAMOTRIGINE	25(42)-100	TAB DS PK	EACH	LAMICTAL TABLET STARTER KIT
LITHIUM CARBONATE	300MG	CAPSULE	EACH	ESKALITH 300MG CAPSULE
LITHIUM CARBONATE	300MG	TABLET	EACH	ESKALITH
LITHIUM CARBONATE	450MG	TABLET SA	EACH	ESKALITH CR 450MG TABLET SA
METHYLPHENIDATE HCL	18MG	TAB SA OSM	EACH	CONCERTA 18MG TABLET SA
METHYLPHENIDATE HCL	36MG	TAB SA OSM	EACH	CONCERTA 36MG TABLET SA
METHYLPHENIDATE HCL	54MG	TAB SA OSM	EACH	CONCERTA 54MG TABLET SA
METHYLPHENIDATE HCL	27MG	TAB SA OSM	EACH	CONCERTA 27MG TABLET SA
MIRTAZAPINE	15MG	TABLET	EACH	REMERON 15MG TABLET
DRUG NAME	Strength	Form	Unit	Brand Reference
MIRTAZAPINE	30MG	TABLET	EACH	REMERON 30MG TABLET
MIRTAZAPINE	45MG	TABLET	EACH	REMERON 45MG TABLET
MIRTAZAPINE	15MG	TAB DIS LN	EACH	REMERON 15MG SOLTAB
MIRTAZAPINE	30MG	TAB DIS LN	EACH	REMERON 30MG SOLTAB
MIRTAZAPINE	45MG	TAB DIS LN	EACH	REMERON 45MG SOLTAB
MIRTAZAPINE	7.5MG	TABLET	EACH	MIRTAZAPINE 7.5MG TABLET
OLANZAPINE *	7.5MG	TABLET	EACH	ZYPREXA 7.5MG TABLET
OLANZAPINE*	10MG	TABLET	EACH	ZYPREXA 10MG TABLET
OLANZAPINE*	5MG	TABLET	EACH	ZYPREXA 5MG TABLET
OLANZAPINE*	2.5MG	TABLET	EACH	ZYPREXA 2.5MG TABLET
OLANZAPINE*	15MG	TABLET	EACH	ZYPREXA 15MG TABLET
OLANZAPINE*	20MG	TABLET	EACH	ZYPREXA 20MG TABLET
OLANZAPINE/FLUOXETINE HCL	6MG-25MG	CAPSULE	EACH	SYMBYAX 6-25MG
OLANZAPINE/FLUOXETINE HCL	6MG-50MG	CAPSULE	EACH	SYMBYAX 6-50MG
OLANZAPINE/FLUOXETINE HCL	12MG-25MG	CAPSULE	EACH	SYMBYAX 12-25MG
OLANZAPINE/FLUOXETINE HCL	12MG-50MG	CAPSULE	EACH	SYMBYAX 12-60MG
OXCARBAZEPINE	300MG	TABLET	EACH	TRILEPTAL 300MG TABLET
OXCARBAZEPINE	600MG	TABLET	EACH	TRILEPTAL 600MG TABLET
OXCARBAZEPINE	300MG/5ML	ORAL SUSP	ML	TRILEPTAL 300MG/5ML SUSP
OXCARBAZEPINE	150MG	TABLET	EACH	TRILEPTAL 150MG TABLET
QUETIAPINE FUMARATE	25MG	TABLET	EACH	SEROQUEL 25MG TABLET
QUETIAPINE FUMARATE	100MG	TABLET	EACH	SEROQUEL 100MG TABLET
QUETIAPINE FUMARATE	200MG	TABLET	EACH	SEROQUEL 200MG TABLET
QUETIAPINE FUMARATE	300MG	TABLET	EACH	SEROQUEL 300MG TABLET

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RISPERIDONE	1MG	TABLET	EACH	RISPERDAL 1MG TABLET
RISPERIDONE	2MG	TABLET	EACH	RISPERDAL 2MG TABLET
RISPERIDONE	3MG	TABLET	EACH	RISPERDAL 3MG TABLET
RISPERIDONE	4MG	TABLET	EACH	RISPERDAL 4MG TABLET
RISPERIDONE	1MG/ML	SOLUTION	ML	RISPERDAL 1MG/ML SOLUTION
RISPERIDONE	0.25MG	TABLET	EACH	RISPERDAL 0.25MG TABLET
RISPERIDONE	0.5MG	TABLET	EACH	RISPERDAL 0.5MG TABLET
RISPERIDONE	1MG	TAB DIS LN	EACH	RISPERDAL M-TAB
RISPERIDONE	2MG	TAB DIS LN	EACH	RISPERDAL M-TAB
RISPERIDONE	0.5MG	TAB DIS LN	EACH	RISPERDAL M-TAB
SERTRALINE HCL	25MG	TABLET	EACH	ZOLOFT 25MG TABLET
SERTRALINE HCL	50MG	TABLET	EACH	ZOLOFT 50MG TABLET
DRUG NAME	Strength	Form	Unit	Brand Reference
SERTRALINE HCL	100MG	TABLET	EACH	ZOLOFT 100MG TABLET
SERTRALINE HCL	20MG/ML	ORAL CONC.	ML	ZOLOFT 20MG/ML ORAL CONC
TOPIRAMATE	50MG	TABLET	EACH	TOPAMAX 50MG TABLET
TOPIRAMATE	100MG	TABLET	EACH	TOPAMAX 100MG TABLET
TOPIRAMATE	200MG	TABLET	EACH	TOPAMAX 200MG TABLET
TOPIRAMATE	25MG	TABLET	EACH	TOPAMAX 25MG TABLET
TOPIRAMATE	15MG	CAP SPRINK	EACH	TOPAMAX 15MG SPRINKLE CAP
TOPIRAMATE	25MG	CAP SPRINK	EACH	TOPAMAX 25MG SPRINKLE CAP
VENLAFAXINE HCL	25MG	TABLET	EACH	EFFEXOR 25MG TABLET
VENLAFAXINE HCL	37.5MG	TABLET	EACH	EFFEXOR 37.5MG TABLET
VENLAFAXINE HCL	50MG	TABLET	EACH	EFFEXOR 50MG TABLET
VENLAFAXINE HCL	75MG	TABLET	EACH	EFFEXOR 75MG TABLET
VENLAFAXINE HCL	100MG	TABLET	EACH	EFFEXOR 100MG TABLET
VENLAFAXINE HCL	37.5MG	CAP.SR 24H	EACH	EFFEXOR XR 37.5MG CAP SA
VENLAFAXINE HCL	75MG	CAP.SR 24H	EACH	EFFEXOR XR 75MG CAPSULE SA
VENLAFAXINE HCL	150MG	CAP.SR 24H	EACH	EFFEXOR XR 150MG CAPSULE SA
ZIPRASIDONE HCL	20MG	CAPSULE	EACH	GEODON 20MG CAPSULE
ZIPRASIDONE HCL	40MG	CAPSULE	EACH	GEODON 40MG CAPSULE
ZIPRASIDONE HCL	60MG	CAPSULE	EACH	GEODON 60MG CAPSULE
ZIPRASIDONE HCL	80MG	CAPSULE	EACH	GEODON 80MG CAPSULE
* ZYPREXA CAN ONLY BE MAXIMUM 20MG PER DAY				

Lyrica capsules 25mg (pregabalin)
 Lyrica capsules 50mg (pregabalin)
 Lyrica capsules 75mg (pregabalin)
 Lyrica capsules 100mg (pregabalin)
 Lyrica capsules 150mg (pregabalin)
 Lyrica capsules 200mg (pregabalin)
 Lyrica capsules 225mg (pregabalin)
 Lyrica capsules 300mg (pregabalin)

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SIGNATURE PAGE – RFP #6400

I certify that I am authorized to sign on behalf of the party I represent. I attest that information submitted in this bid is true to the best of my information, knowledge, and belief.

Signature _____
Date

Print Name _____
Company Name

Purchase Order Email Address

Check One:

Partnership Non-Profit Corporation
 For-Profit Corporation Other (specify): _____

The above individual is authorized to sign on behalf of company submitting proposal.