

BIDDERS COMPANY NAME

REQUEST FOR PROPOSAL

#6084

PHARMACY BENEFIT MANAGEMENT SERVICES

Prepared by:

Washtenaw Community Health Organization
555 Towner Boulevard
PO Box 915
Ypsilanti, Michigan 48197-0915





**WASHTENAW COUNTY
FINANCE DEPARTMENT**

Purchasing Division

P.O. Box 8645, 220 N. Main, Ann Arbor, MI 48107-8645
Phone (734) 222-6760, Fax (734) 222-6764

REQUEST FOR PROPOSAL # 6084

July 29, 2003

Washtenaw County Purchasing Division on behalf of the Washtenaw Community Health Organization is issuing a Request for Proposal (RFP) #6084 for Pharmacy Benefit Management Services for Livingston and Washtenaw Counties for a three-year period.

Sealed Proposals: Contractor will deliver one (1) original and five (5) copies to the following address:

**Washtenaw County
Administration Building
Purchasing Division
220 N. Main St. Room B-35
P.O. Box 8645
Ann Arbor, MI 48107**

by 2:30 p.m. on Friday, August 22, 2003

An optional bidders conference will be held on Monday, August 4, 2003 from 12:30-1:30pm at 555 Towner, Room 107, Ypsilanti, MI.

This submission shall include the entire Request for Proposal document and any amendments if issued.

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

- Please use the attached self-addressed label or the envelope should be clearly marked "**SEALED RFP # 6084**".
- Please direct purchasing and procedural questions regarding this RFP to Anne Strieter C.P.M. at 734-222-6760.
- Please direct technical questions regarding this RFP to Melissa Austin at (734) 544-3011.

RFP #6084 Pharmacy Benefit Management Services

PHARMACY BENEFIT MANAGEMENT SERVICES

**RFP # 6084
Timeline**

Bid to Regional Board of Directors for review	7-23-2003
Letter notifying potential contractors of bid	7-25-2003
Bid advertised in local newspapers	7-27-2003 (estimated date)
Bid sent to Purchasing	7-28-2003
Bid available to bidders at Purchasing Department	7-29-2003
Bidders Conference and Technical Assistance (optional)	8-4-2003 (12:30-1:30 pm)
Bid submission deadline	8-22-2003 (2:30 pm)
Bid opening	8-22-2003 (2:30 pm)
Award recommendations approved by the Regional Board	9-24-03
Award notices	9-26-03
Contracts prepared by	10-1-03

I. PROPOSAL SPECIFICATIONS

Definitions: **“Bidder”** is an individual or business submitting a bid to Washtenaw County

“Contractor” is one who contracts to perform work or furnish materials in accordance with a contract.

“CMHPSM” is Community Mental Health Partnership of Southeast Michigan

“CSTS” refers to Community Support and Treatment Services.

“WCHO” is Washtenaw Community Health Organization.

Introduction:

The CMHPSM 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. The population served includes a large number of indigent clients and Medicaid recipients with a smaller number of clients with private medical insurance. Accurate, timely and readily accessible medications are necessary to enhance and maintain the psychiatric stability of clients. On behalf of Livingston and Washtenaw Counties, the WCHO is seeking a Pharmacy Benefit Management Services Provider for a period of up to three years, beginning October 1, 2003 and ending September 30, 2006. Each County will hold an individual contract with the selected service provider, but it is expected that the bid will reflect a two county area. Bids must reflect the ability to communicate and document services in agreed upon formats for monitoring purposes as well as be cost competitive.

Purpose:

The WCHO is seeking bids from interested vendors to provide the CMHPSM consumers with the delivery of Pharmacy Benefit Management Services. The WCHO is seeking a vendor that can provide a pharmacy network to allow choice in pharmacy selection for consumers residing within Livingston and Washtenaw Counties, with the possibility of expanding to Lenawee and/or Monroe County over the next three years. This specific bid is requesting information for Livingston and Washtenaw Counties, however interested bidders should address the ability to expand the service area to Lenawee and/or Monroe County if the opportunity becomes available. The specific terms of this proposal are outlined in the Proposal Specification section, and bidders should be able to address all terms if interested in pursuing a contract with the partners of the CMHPSM.

Proposal Terms:

A. WCHO reserves the right to reject any and all proposals received as a result of this RFP. If a proposal is selected, it will be the most advantageous regarding price, quality of service, the Contractor’s qualifications and capabilities to provide the specified service, and other factors, which may be considered. The CMHPSM does not intend to award a contract fully on the basis of any response made to the proposal; it reserves the right to consider proposals for modifications at any time before a contract would be awarded, and negotiations would be undertaken with that provider whose proposal is deemed to best meet the CMHPSM specifications and needs.

C. The price quotations stated in the bidder’s proposal will not be subject to any price increase from the date on which the proposal is opened at the County Purchasing Office to the mutually agreed-to date of contract.

RFP #6084 Pharmacy Benefit Management Services

D. Proposals must be signed by a person authorized to bind the provider to its provisions for at least a period of 90 days. Failure of the successful bidder to accept the obligation of the contract may result in the cancellation of any award.

E. In the event it becomes necessary to revise any part of the RFP, an addendum will be provided, and deadlines for submission of the RFPs may be adjusted to allow for revisions. The entire proposal document with any amendments should be returned in triplicate. To be considered, an original proposal and five copies must be at the Washtenaw County Purchasing Division on or before the date and time specified.

F. Proposals should be prepared simply and economically, providing a straightforward, concise description of the contractor's ability to meet the requirements of the RFP. Proposals shall be written in ink or typewritten. No erasures are permitted. Mistakes may be crossed out and corrected and must be initialed in ink by the person signing the proposal.

II. PROPOSAL SPECIFICATIONS

Pharmacy Network Requirements and Oversight:

1. Provide a contracted pharmacy network that is accessible to consumers in Livingston and Washtenaw Counties at a variety of locations with the participating pharmacies able to:
 - a. Obtain low cost medication prices on the medications listed on the attached formulary
 - b. Dispense generic forms of medications unless instructed *Dispense as Written*
 - c. Honor the use of pharmaceutical coupons
2. Manage the benefit plans in each of the two Counties and bill Livingston and Washtenaw County separately.
3. Process and issue payment of claims to pharmacies including providing an Explanation of Benefits to participating pharmacies with detailed payment information pertaining to each claim submitted.
4. Provide reports including biweekly check-run control totals.
5. Have a system in place for reducing medication dispensing errors.
6. Respond to changes in the formulary within 72 hours of request.
7. Monitor client "drug-drug" interactions, including medications prescribed by the clients primary or specialty medical physician(s).
8. Comply with all applicable provisions of the revised Michigan Mental Health Code, 1995, the Michigan Public Health Code, PA 368 of 1978, as amended, and all applicable Administrative Rules, and related Recipient Rights and Confidentiality policies of WCHO.
9. Assign a contact person to resolve problems and monitor program performance. The designated person must be able to respond to issues of concern within 24 hours.
10. Assure that each partner of the CMHPSM be informed of any problems in writing that may affect the delivery of medication and pharmacy services.
11. Receive electronic Patient Assistance Program applications utilizing a web based application and process applications within 48 hours (in selected Counties to be determined). Further status report on each application must be provided in a standardized format.
12. Receive and process medications received as a result of the Patient Assistance Program and coordinate with participating pharmacies and/or designated sites.
13. Bidder must be able to provide medications to designated clients who present for medication.

RFP #6084 Pharmacy Benefit Management Services

14. Optional Service: The WCHO is interested in pursuing bids for medication services for consumers receiving psychiatric services from Assertive Community Treatment (ACT). This is an optional service to bid on and does not exclude interested bidders from the process if they choose not to submit a proposal for this portion of the RFP.

ACT Medication Services Contract with a least one pharmacy that can provide daily Assertive Community Treatment Medication Services, which includes:

- Packaging meds for delivery to clients (frequency varies from twice daily to a weekly med box)
- Packages labeled with the name of the med(s), the strength, how the medication should be taken, the prescribing physician, the agency that the physician works in (i.e. everything that goes on a prescription label)

15. Provide for on site prescription writing capabilities that is efficient and user friendly including the ability to enter scripts and pharmacy enrollment in the WCHO's system and have it propagate to the pharmacy system. In addition, the ability to electronically synchronize data between the bidder's system and the contracting Board's system.

Pricing, Reimbursement and Billing of Medications

1. Directly bill all available third parties (Medicaid, Blue Cross/Blue Shield, Etc.) for services provided, exempting each contracting Board from liability for any unusual co-payment charges. In third party billing situations, rules, regulations and billing formulas contained in agreements with or promulgated by the appropriate third party will supersede such specifications contained in this agreement.
2. Guarantee a maximum cost competitive price (based on sample of local pharmacies) for psychiatric medications. (See attached Bid Sheet)
3. Submission of billing statements every two weeks for medication and pharmacy services rendered under this contract, indicating for each order: client's name, prescription number, prescribing physician, name and strength of medication, units dispensed, unit cost of medication ordered, and final charge.
4. Provide for the rebilling of Medicaid if a consumer becomes eligible for Medicaid.

** All additional charges must be itemized at submission of bid.**

Application, Rating and Term of Contract

Proposals will be rated in the following categories:

Pharmacy Network Requirements and Oversight: 30%
Pricing, Reimbursement and Billing of Medications: 30%
Cost: 40%

RFP #6084 Pharmacy Benefit Management Services

Low Bidder: The low bidder will be the bidder best able to meet the bid terms and conditions, while giving the lowest price to the Counties.

Term of Contract: Each contacting board intends to award the entire contract to one vendor for a one (1) year term. The contract may be reissued annually for two consecutive years after the initial term, contingent upon successful delivery of services and continued funding.

Application

Completed Applications must include:

- 1. Cover sheet (included)**
- 2. General Application and attestation to provide services (included)**
- 3. Narrative Section (bidders format)**
- 4. A Bid section that includes completed prices for medications included on the proposed formulary and all other costs associated with the potential contracted services per the terms of this RFP (bidders format). Please note the section for ACT medications set up and delivery is separate and if additional charges apply for this service they should be broken out separately.**
- 5. Signature page (included)**

COVER SHEET

Company Name _____

Tax ID Number _____

Mailing Address _____
Street

City State Zip

Phone Number _____ Fax Number _____

Contract Signatory _____

Email Address _____

Phone Number _____ Fax Number _____

Contract Liaison

Email Address _____

Phone Number _____ Fax Number _____

Billing Address _____
(if different than above) Street

City State Zip

GENERAL APPLICATION
Verification of Ability to Provide Services

Verification to provide the services as outlined in this RFP:

Directions: These questions reference Section II, Proposal Specifications of this RFP. Please answer the following questions and indicate if you are able to meet the items described. If you check no, please provide a brief explanation. By checking “yes” you are agreeing that you are able to meet the requirements described.

Pharmacy Network Requirements and Oversight

- Part 1a-1c describes the requirements the WCHO has of the pharmacies participating in the Network. Is the bidder able to ensure compliance with all of these areas?
 Yes No

If you answered no, please describe which requirements you would be unable to meet.

- Is the bidder able to ensure that 100% of the pharmacies are able to meet requirements as specified in 1a-1c?
 Yes No

Please describe any areas that may be problematic.

- Is the bidder able to respond to formulary changes within 72 hours?
 Yes No

If no, please indicate the time frame.

Please describe your proposed process for responding to formulary changes.

- Is the bidder able to comply with the Michigan Mental Health Code as described in section 8?
 Yes No

RFP #6084 Pharmacy Benefit Management Services

- Who will be the assigned contract person to resolve issues and monitor program performance?
- Will this person be able to respond to issues within 24 hours?
 Yes No
- Is the bidder able to assure that any problems impacting the delivery of medication and pharmacy services will result in a written correspondence to the contracting Board?
 Yes No
- Who will be responsible for ensuring that the Contracting Board receives written notification of problems with service delivery?
 Yes No
- Will you be able to interface with the contracting Board to receive electronic submission of Patient Assistance program applications as long as they were secure and in compliance with HIPAA?
 Yes No
- Will you receive and process the medications received as a result of the PAP?
 Yes No
- Will you potentially be able to extend the services described in this RFP to Lenawee and/or Monroe County?
 Yes No
- Please describe the process for expanding services to Lenawee and/or Monroe County per the terms outlined in this RFP. Please address financial/cost issues along with service transition/expansion capabilities.

NARRATIVE APPLICATION

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

General Information

- A. Contractor's Qualifications, years in business, ability to work collaboratively, experience in providing the level and type of service specified in the proposal.
- B. Describe user-friendly process for allowing prescriptions to be filled. Listing of sites where prescriptions may be filled.
- C. Provide an overview of your system.

Pharmacy Network Requirements and Oversight

- Items 1a-1c: Describe how you would address ensuring your pharmacy network could meet these requirements
- Item 2: Provide an overall description of how you propose to manage the benefit plan
- Item 4: Describe any proposed reports
- Item 11: Describe any proposed Patient Assistance Programs that you would coordinate and/or monitor. In describing this be sure to address the following areas:
 - Your role as the benefit pharmacy manager
 - The role of the contracting Board
 - The projected cost savings
 - Processing time/enrolling time
 - Data available
- Items 11 and 13: Describe the features/capabilities you may have as it relates to on site prescription writing programs. Also describe the resources and the ability you will have to interface with a web- based system. Included in this section should be the flexibility you have in responding to changes that may be needed.

PRICING, BILLING AND REIMBURSEMENT

In the format of the bidder's choice, please outline all costs associated with Pharmacy Network Management.

- Included in this please provide the costs associated with Assertive Community Treatment medications services as described in this RFP.

Please identify the cost for the medications on the attached sheet.

SIGNATURE PAGE

_____ Signature	_____ Company Name		
_____ Print Name	_____ Company Address		
_____ Title	_____ City	_____ St.	_____ Zip
_____ Telephone #	_____ Fax #		
_____ Federal Tax ID #	<i>CHECK ONE</i> Partnership _____ Non Profit Corp. _____ Profit Corp. _____ Other _____		

FORMULARY FOR RFP 6084

Brand Name	Generic Name	Strength	Form	cost generic	cost brand	County
ADAPIN	DOXEPIN HCL	100MG	CAPSULE			Both
ADAPIN	DOXEPIN HCL	10MG	CAPSULE			Both
ADAPIN	DOXEPIN HCL	150MG	CAPSULE			Both
ADAPIN	DOXEPIN HCL	25MG	CAPSULE			Both
ADAPIN	DOXEPIN HCL	50MG	CAPSULE			Both
ADAPIN	DOXEPIN HCL	75MG	CAPSULE			Both
ADDERALL	AMPHET ASP/AMPHET/D-AMPHET	10MG	TABLET			Both
ADDERALL	AMPHET ASP/AMPHET/D-AMPHET	20MG	TABLET			Both
ADDERALL	AMPHET ASP/AMPHET/D-AMPHET	30MG	TABLET			Both
ADDERALL	AMPHET ASP/AMPHET/D-AMPHET	5MG	TABLET			Both
AKINETON	BIPERIDEN HCL	2MG	TABLET			Both
AMBIEN	ZOLPIDEM TARTRATE	10MG	TABLET			Both
AMBIEN	ZOLPIDEM TARTRATE	5MG	TABLET			Both
ANAFRANIL	CLOMIPRAMINE HCL	25MG	CAPSULE			Both
ANAFRANIL	CLOMIPRAMINE HCL	50MG	CAPSULE			Both
ANAFRANIL	CLOMIPRAMINE HCL	75MG	CAPSULE			Both
ANTABUSE	DISULFIRAM	250MG	TABLET			Both
ATARAX	HYDROXYZINE HCL	25MG	TABLET			Both
ATENOLOL	ATENOLOL	50MG	TABLET			Both
ATIVAN	LORAZEPAM	.5MG	TABLET			Both
ATIVAN	LORAZEPAM	1MG	TABLET			Both
ATIVAN	LORAZEPAM	2MG	TABLET			Both
AVENTYL HCL	NORTRIPTYLINE HCL	10MG	CAPSULE			Both
AVENTYL HCL	NORTRIPTYLINE HCL	25MG	CAPSULE			Both
BENADRYL	DIPHENHYDRAMINE HCL	25MG	CAPSULE			Both
BENZTROPINE MESYLATE	BENZTROPINE MESYLATE	1MG	TABLET			Both
BENZTROPINE MESYLATE	BENZTROPINE MESYLATE	2MG	TABLET			Both
BUSPAR	BUSPIRONE HCL	10MG	TABLET			Both
BUSPAR	BUSPIRONE HCL	15MG	TABLET			Both
BUSPAR	BUSPIRONE HCL	20MG	TABLET			LIV
BUSPAR	BUSPIRONE HCL	30MG	TABLET			Both
BUSPAR	BUSPIRONE HCL	5MG	TABLET			Both
CARBAMAZEPINE	CARBAMAZEPINE	200MG	TABLET			Both
CARBATROL	CARBAMAZEPINE	200MG	CAP.SR 12H			Both
CARBATROL	CARBAMAZEPINE	300MG	CAP.SR 12H			Both
CATAPRES	CLONIDINE HCL	.1MG	TABLET			Both
CATAPRES	CLONIDINE HCL	.2MG	TABLET			Both
CATAPRES	CLONIDINE HCL	.3MG	TABLET			Both
CEBERCLON	CLONAZEPAM	.5MG	TABLET			Both
CEBERCLON	CLONAZEPAM	1MG	TABLET			Both
CELEXA		ALL				Both
CHLORAL HYDRATE	CHLORAL HYDRATE	500MG	CAPSULE			Both
CHLORAL HYDRATE	CHLORAL HYDRATE	500MG	SYRUP			Both
CLOZARIL	CLOZAPINE	100MG	TABLET			Both
CLOZARIL	CLOZAPINE	25MG	TABLET			Both
COGENTIN	BENZTROPINE MESYLATE	.5MG	TABLET			Both

RFP #6084 Pharmacy Benefit Management Services

COLACE	DOCUSATE SODIUM	100MG	CAPSULE		Both
CONCERTA	METHYLPHENIDATE HCL	18MG	TAB SA OSM		Both
CONCERTA	METHYLPHENIDATE HCL	36MG	TAB SA OSM		Both
CYLERT	PEMOLINE	37.5MG	TABLET		Both
CYLERT	PEMOLINE	75MG	TABLET		Both
CYTOMEL	LIOTHYRONINE SODIUM	25MCG	TABLET		Both
CYTOMEL	LIOTHYRONINE SODIUM	50MCG	TABLET		Both
CYTOMEL	LIOTHYRONINE SODIUM	5MCG	TABLET		Both
DEPAKENE	VALPROATE SODIUM	250MG	SYRUP		Both
DEPAKOTE		ALL			Both
DEPAKOTE SPRINKLE	DIVALPROEX SODIUM	125MG	CAP SPRINK		Both
DESYREL	TRAZODONE HCL	100MG	TABLET		Both
DESYREL	TRAZODONE HCL	150MG	TABLET		Both
DESYREL	TRAZODONE HCL	300MG	TABLET		Both
DESYREL	TRAZODONE HCL	50MG	TABLET		Both
DEXEDRINE	D-AMPHETAMINE SULFATE	10MG	CAPSULE SA		Both
DEXEDRINE	D-AMPHETAMINE SULFATE	15MG	CAPSULE SA		Both
DEXEDRINE	D-AMPHETAMINE SULFATE	5MG	CAPSULE SA		Both
DEXEDRINE	D-AMPHETAMINE SULFATE	5MG	TABLET		Both
DEXTROSTAT	D-AMPHETAMINE SULFATE	10MG	TABLET		Both
DEXTROSTAT	D-AMPHETAMINE SULFATE	5MG	TABLET		Both
DOXEPIN HCL	DOXEPIN HCL	50MG	CAPSULE		Both
EFFEXOR	VENLAFAXINE	37.5MG	CAPSULE		LIV
EFFEXOR	VENLAFAXINE	75MG	CAPSULE		LIV
EFFEXOR	VENLAFAXINE	150MG	CAPSULE		LIV
EFFEXOR XR	VENLAFAXINE		CAPSULE		LIV
ELAVIL	AMITRIPTYLINE HCL	100MG	TABLET		Both
ELAVIL	AMITRIPTYLINE HCL	10MG	TABLET		Both
ELAVIL	AMITRIPTYLINE HCL	150MG	TABLET		Both
ELAVIL	AMITRIPTYLINE HCL	25MG	TABLET		Both
ELAVIL	AMITRIPTYLINE HCL	50MG	TABLET		Both
ELAVIL	AMITRIPTYLINE HCL	75MG	TABLET		Both
ESKALITH CR	LITHIUM CARBONATE	450MG	TABLET SA		Both
ESKALITH	LITHIUM CARBONATE	300MG	CAPSULE		Both
FLUOXETINE	FLUOXETINE HCL	10MG	CAPSULE		Both
FLUOXETINE	FLUOXETINE HCL	20MG	CAPSULE		Both
FLUOXETINE	FLUOXETINE HCL	40MG	CAPSULE		Both
FLUPHENAZINE HCL	FLUPHENAZINE HCL	10MG	TABLET		Both
GEODON	ZIPRASIDONE	20MG	CAPSULE		LIV
GEODON	ZIPRASIDONE	40MG	CAPSULE		LIV
GEODON	ZIPRASIDONE	60MG	CAPSULE		LIV
GEODON	ZIPRASIDONE	80MG	CAPSULE		LIV
HALDOL DECANOATE 100	HALOPERIDOL DECANOATE	100MG	VIAL		Both
HALDOL DECANOATE 50	HALOPERIDOL DECANOATE	50MG	VIAL		Both
HALOPERIDOL	HALOPERIDOL	.5MG	TABLET		Both
HALOPERIDOL	HALOPERIDOL	1MG	TABLET		Both
HALOPERIDOL	HALOPERIDOL	2MG	TABLET		Both
HALOPERIDOL	HALOPERIDOL	5MG	TABLET		Both
HALOPERIDOL	HALOPERIDOL	10MG	TABLET		Both
HALOPERIDOL	HALOPERIDOL	20MG	TABLET		Both
IMIPRAMINE HCL	IMIPRAMINE HCL	50MG	TABLET		Both
INDERAL LA	PROPRANOLOL HCL	120MG	CAPSULE SA		Both

RFP #6084 Pharmacy Benefit Management Services

INDERAL LA	PROPRANOLOL HCL	60MG	CAPSULE SA		Both
INDERAL LA	PROPRANOLOL HCL	80MG	CAPSULE SA		Both
INDERAL	PROPRANOLOL HCL	10MG	TABLET		Both
INDERAL	PROPRANOLOL HCL	20MG	TABLET		Both
INDERAL	PROPRANOLOL HCL	40MG	TABLET		Both
INDERAL	PROPRANOLOL HCL	60MG	TABLET		Both
INDERAL	PROPRANOLOL HCL	80MG	TABLET		Both
KLONOPIN	CLONAZEPAM	.5MG	TABLET		Both
KLONOPIN	CLONAZEPAM	1MG	TABLET		Both
KLONOPIN	CLONAZEPAM	2MG	TABLET		Both
LEXAPRO	EGCITALOPRAM	10MG	TABLET		LIV
LIBRIUM	CHLORDIAZEPOXIDE HCL	10MG	CAPSULE		Both
LIBRIUM	CHLORDIAZEPOXIDE HCL	25MG	CAPSULE		Both
LIBRIUM	CHLORDIAZEPOXIDE HCL	5MG	CAPSULE		Both
LITHIUM CITRATE	LITHIUM CITRATE	8MEQ	SYRUP		Both
LITHOBID	LITHIUM CARBONATE	300MG	TABLET		Both
LOXITANE	LOXAPINE SUCCINATE	10MG	CAPSULE		Both
LOXITANE	LOXAPINE SUCCINATE	25MG	CAPSULE		Both
LOXITANE	LOXAPINE SUCCINATE	50MG	CAPSULE		Both
LOXITANE	LOXAPINE SUCCINATE	5MG	CAPSULE		Both
LUVOX	FLUVOXAMINE MALEATE	100MG	TABLET		Both
LUVOX	FLUVOXAMINE MALEATE	25MG	TABLET		Both
LUVOX	FLUVOXAMINE MALEATE	50MG	TABLET		Both
MELLARIL	THIORIDAZINE HCL	100MG	TABLET		Both
MELLARIL	THIORIDAZINE HCL	10MG	TABLET		Both
MELLARIL	THIORIDAZINE HCL	150MG	TABLET		Both
MELLARIL	THIORIDAZINE HCL	15MG	TABLET		Both
MELLARIL	THIORIDAZINE HCL	200MG	TABLET		Both
MELLARIL	THIORIDAZINE HCL	25MG	TABLET		Both
MELLARIL	THIORIDAZINE HCL	50MG	TABLET		Both
MOBAN	MOLINDONE HCL	20MG	ORAL CONC.		Both
MOBAN	MOLINDONE HCL	10MG	TABLET		Both
MOBAN	MOLINDONE HCL	25MG	TABLET		Both
MOBAN	MOLINDONE HCL	50MG	TABLET		Both
MOBAN	MOLINDONE HCL	5MG	TABLET		Both
NARDIL	PHENELZINE SULFATE	15MG	TABLET		Both
NAVANE	THIOTHIXENE	10MG	CAPSULE		Both
NAVANE	THIOTHIXENE	1MG	CAPSULE		Both
NAVANE	THIOTHIXENE	2MG	CAPSULE		Both
NAVANE	THIOTHIXENE	5MG	CAPSULE		Both
NEURONTIN	GABAPENTIN	100MG	CAPSULE		Both
NEURONTIN	GABAPENTIN	300MG	CAPSULE		Both
NEURONTIN	GABAPENTIN	400MG	CAPSULE		Both
NEURONTIN	GABAPENTIN	600MG	TABLET		Both
NEURONTIN	GABAPENTIN	800MG	TABLET		Both
NORPRAMIN	DESIPRAMINE HCL	100MG	TABLET		Both
NORPRAMIN	DESIPRAMINE HCL	10MG	TABLET		Both
NORPRAMIN	DESIPRAMINE HCL	150MG	TABLET		Both
NORPRAMIN	DESIPRAMINE HCL	25MG	TABLET		Both
NORPRAMIN	DESIPRAMINE HCL	50MG	TABLET		Both
NORPRAMIN	DESIPRAMINE HCL	75MG	TABLET		Both
PAMELOR	NORTRIPTYLINE HCL	10MG	CAPSULE		Both

RFP #6084 Pharmacy Benefit Management Services

PAMELOR	NORTRIPTYLINE HCL	25MG	CAPSULE		Both
PAMELOR	NORTRIPTYLINE HCL	50MG	CAPSULE		Both
PAMELOR	NORTRIPTYLINE HCL	75MG	CAPSULE		Both
PARNATE	TRANLYCYPROMINE SULFATE	10MG	TABLET		Both
PAXIL	PAROXETINE	10MG	CAPSULE		Both
PAXIL	PAROXETINE	20MG	CAPSULE		Both
PAXIL	PAROXETINE	30MG	CAPSULE		Both
PAXIL	PAROXETINE	40MG	CAPSULE		Both
PAXIL	PAROXETINE	CR	TABLET		LIV
PERMITIL	FLUPHENAZINE HCL	10MG	TABLET		Both
PERMITIL	FLUPHENAZINE HCL	2.5MG	TABLET		Both
PERMITIL	FLUPHENAZINE HCL	5MG	TABLET		Both
PERPHENAZINE	PERPHENAZINE	2MG	TABLET		Both
PROLIXIN DECANOATE	FLUPHENAZINE DECANOATE	25MG	DISP SYRIN		Both
PROLIXIN DECANOATE	FLUPHENAZINE DECANOATE	25MG	VIAL		Both
PROLIXIN	FLUPHENAZINE HCL	2.5MG	ELIXIR		Both
PROLIXIN	FLUPHENAZINE HCL	5MG	ORAL CONC.		Both
PROLIXIN	FLUPHENAZINE HCL	10MG	TABLET		Both
PROLIXIN	FLUPHENAZINE HCL	1MG	TABLET		Both
PROLIXIN	FLUPHENAZINE HCL	2.5MG	TABLET		Both
PROLIXIN	FLUPHENAZINE HCL	5MG	TABLET		Both
PROLIXIN	FLUPHENAZINE HCL	2.5MG	VIAL		Both
PROVIGIL	MODAFINIL	100MG	TABLET		Both
PROVIGIL	MODAFINIL	200MG	TABLET		Both
RESPIRDAL	RESPERIDONE	.5MG	TABLET		LIV
RESPIRDAL	RESPERIDONE	1MG	TABLET		LIV
RESPIRDAL	RESPERIDONE	2MG	TABLET		LIV
RESPIRDAL	RESPERIDONE	3MG	TABLET		LIV
RESTORIL	TEMAZEPAM	15MG	CAPSULE		Both
RESTORIL	TEMAZEPAM	30MG	CAPSULE		Both
RE VIA	NALTREXONE HCL	50MG	TABLET		Both
RITALIN	METHYLPHENIDATE HCL	10MG	TABLET		Both
RITALIN	METHYLPHENIDATE HCL	20MG	TABLET		Both
RITALIN	METHYLPHENIDATE HCL	5MG	TABLET		Both
RITALIN-SR	METHYLPHENIDATE HCL	20MG	TABLET SA		Both
SERAX	OXAZEPAM	10MG	CAPSULE		Both
SERAX	OXAZEPAM	15MG	CAPSULE		Both
SERENTIL	MESORIDAZINE BESYLATE	100MG	TABLET		Both
SERENTIL	MESORIDAZINE BESYLATE	10MG	TABLET		Both
SERENTIL	MESORIDAZINE BESYLATE	25MG	TABLET		Both
SEREZONE	NEFAZODONE	100MG	TABLET		LIV
SEREZONE	NEFAZODONE	200MG	TABLET		LIV
SINEQUAN	DOXEPIN HCL	100MG	CAPSULE		Both
SINEQUAN	DOXEPIN HCL	10MG	CAPSULE		Both
SINEQUAN	DOXEPIN HCL	150MG	CAPSULE		Both
SINEQUAN	DOXEPIN HCL	25MG	CAPSULE		Both
SINEQUAN	DOXEPIN HCL	50MG	CAPSULE		Both
SINEQUAN	DOXEPIN HCL	75MG	CAPSULE		Both
SONATA	ZALEPLON	10MG	CAPSULE		Both
STELAZINE	TRIFLUOPERAZINE HCL	10MG	TABLET		Both
STELAZINE	TRIFLUOPERAZINE HCL	2MG	TABLET		Both
STELAZINE	TRIFLUOPERAZINE HCL	5MG	TABLET		Both

RFP #6084 Pharmacy Benefit Management Services

STRATERRA	ATOMOXATINE				LIV
SUPINA NR	YOHIMBINE HCL	5.4MG	TABLET		Both
SYNTHROID	LEVOTHYROXINE SODIUM	100MCG	TABLET		Both
SYNTHROID	LEVOTHYROXINE SODIUM	112MCG	TABLET		Both
SYNTHROID	LEVOTHYROXINE SODIUM	125MCG	TABLET		Both
SYNTHROID	LEVOTHYROXINE SODIUM	150MCG	TABLET		Both
SYNTHROID	LEVOTHYROXINE SODIUM	175MCG	TABLET		Both
SYNTHROID	LEVOTHYROXINE SODIUM	200MCG	TABLET		Both
SYNTHROID	LEVOTHYROXINE SODIUM	25MCG	TABLET		Both
SYNTHROID	LEVOTHYROXINE SODIUM	300MCG	TABLET		Both
SYNTHROID	LEVOTHYROXINE SODIUM	50MCG	TABLET		Both
SYNTHROID	LEVOTHYROXINE SODIUM	75MCG	TABLET		Both
SYNTHROID	LEVOTHYROXINE SODIUM	88MCG	TABLET		Both
TEGRETOL XR	CARBAMAZEPINE	200MG	TAB.SR 12H		Both
TEGRETOL	CARBAMAZEPINE	100MG	TAB CHEW		Both
TEGRETOL	CARBAMAZEPINE	200MG	TABLET		Both
TENEX	GUANFACINE HCL	1MG	TABLET		Both
TENEX	GUANFACINE HCL	2MG	TABLET		Both
TENORMIN	ATENOLOL	50MG	TABLET		Both
THORAZINE	CHLORPROMAZINE HCL	100MG	TABLET		Both
THORAZINE	CHLORPROMAZINE HCL	10MG	TABLET		Both
THORAZINE	CHLORPROMAZINE HCL	200MG	TABLET		Both
THORAZINE	CHLORPROMAZINE HCL	25MG	TABLET		Both
THORAZINE	CHLORPROMAZINE HCL	50MG	TABLET		Both
TOFRANIL	IMIPRAMINE HCL	10MG	TABLET		Both
TOFRANIL	IMIPRAMINE HCL	25MG	TABLET		Both
TOFRANIL	IMIPRAMINE HCL	50MG	TABLET		Both
TOFRANIL-PM	IMIPRAMINE PAMOATE	100MG	CAPSULE		Both
TOFRANIL-PM	IMIPRAMINE PAMOATE	150MG	CAPSULE		Both
TRANXENE T-TAB	CLORAZEPATE DIPOTASSIUM	15MG	TABLET		Both
TRANXENE T-TAB	CLORAZEPATE DIPOTASSIUM	3.8MG	TABLET		Both
TRANXENE T-TAB	CLORAZEPATE DIPOTASSIUM	7.5MG	TABLET		Both
TRIHEXYPHENIDYL HCL	TRIHEXYPHENIDYL HCL	2MG	TABLET		Both
TRIHEXYPHENIDYL HCL	TRIHEXYPHENIDYL HCL	5MG	TABLET		Both
TRILAFON	PERPHENAZINE	16MG	TABLET		Both
TRILAFON	PERPHENAZINE	2MG	TABLET		Both
TRILAFON	PERPHENAZINE	4MG	TABLET		Both
TRILAFON	PERPHENAZINE	8MG	TABLET		Both
VALIUM	DIAZEPAM	10MG	TABLET		Both
VALIUM	DIAZEPAM	2MG	TABLET		Both
VALIUM	DIAZEPAM	5MG	TABLET		Both
VIRITAB	YOHIMBINE HCL	5.4MG	TABLET		Both
VISTARIL	HYDROXYZINE HCL	50MG	VIAL		Both
VITAMIN E	VITAMIN E	400U	CAPSULE		Both
WELLBUTRIN	BUPROPION HCL	100MG	TABLET		Both
WELLBUTRIN	BUPROPION HCL	75MG	TABLET		Both
WELLBUTRIN	BUPROPION HCL	75MG	TABLET		Both
WELLBUTRIN SR	BUPROPION HCL	100MG	TABLET		LIV
WELLBUTRIN SR	BUPROPION HCL	150MG	TABLET		LIV
XANAX	ALPRAZOLAM	.3MG	TABLET		Both
XANAX	ALPRAZOLAM	.5MG	TABLET		Both
XANAX	ALPRAZOLAM	1MG	TABLET		Both

RFP #6084 Pharmacy Benefit Management Services

XANAX	ALPRAZOLAM	2MG	TABLET			Both
YOCON	YOHIMBINE HCL	5.4MG	TABLET			Both
ZOLOFT	SERTRALINE	ALL				Both
ZYPREXA ZYDIS	OLANZAPINE ZYDIS	15 MG	TABLET			LIV
ZYPREXA ZYDIS	OLANZAPINE ZYDIS	20 MG	TABLET			LIV