



June 13, 2019

The Honorable Ron Travis, Chairman
Fiscal Review Committee
636 Cordell Hull Building
Nashville, TN 37243

Dear Chairman Travis:

The Tennessee Department of Correction (TDOC) wishes to amend its current contract for the provision of inmate behavioral health services.

It is necessary to amend the current contract with Corizon, LLC for the vendor to continue to provide inmate behavioral health services at TDOC facilities. The proposed amendment extends the current term of the contract an additional nine (9) months in order to allow the Department time to complete the upcoming RFP and increases the maximum liability accordingly.

The Mental Health population has steadily increased over the last three (3) years resulting in a thirty percent (30%) increase since 2016. In addition, approximately 650 patients are treated per month who are not on the caseload. The vendor has experienced an extra yearly expense of \$530,600. The Department has agreed to a six-cent (.06) increase per inmate per day for the extension period in order to alleviate some of the costs due to the increased caseload.

TDOC's Legal staff finds no records concerning allegations of fraudulent activity by this vendor.

An amendment request with all required supporting documentation to permit the amendment was submitted to the Commissioner of General Services and the Comptroller of the Treasury simultaneously with this submission to the Fiscal Review Committee.

Please advise if you have any questions or concerns.

Sincerely,

Tony Parker
Commissioner

TP:LSC

pc: The Hon. Todd Gardenhire, Vice-Chairman
Krista Lee, Director, Fiscal Review Committee
Debbie Inglis, Deputy Commissioner of Administration
Wes Landers, Deputy Commissioner and Chief Financial Officer
Torrey Grimes, Legislative Liaison and Staff Attorney
Priscilla Wainwright, Director of Contracts

Amendment Request

This request form is not required for amendments to grant contracts. Route a completed request, as one file in PDF format, via e-mail attachment sent to: Agsprs.Agsprs@tn.gov

| | |
|---|--|
| APPROVED | |
| Kevin C. Bartels for Michael F. Perry | Digitally signed by Kevin C. Bartels for Michael F. Perry DN: cn=Kevin C. Bartels for Michael F. Perry, o=CPO, ou, email=Kevin.C.Bartels@tn.gov, c=US Date: 2019.06.13 12:22:12 -05'00' |
| CHIEF PROCUREMENT OFFICER | DATE |

| | | |
|---|--|--|
| Agency request tracking # | 32901-31264 | |
| 1. Procuring Agency | Tennessee Department of Correction | |
| 2. Contractor | Corizon, LLC | |
| 3. Edison contract ID # | 49374 | |
| 4. Proposed amendment # | 2 | |
| 5. Contract's Original Effective Date | April 1, 2016 | |
| 6. Current end date | September 30, 2019 | |
| 7. Proposed end date | June 30, 2020 | |
| 8. Current Maximum Liability | \$ 55,832,460.40 | |
| 9. Proposed Maximum Liability | \$ 64,832,460.40 | |
| 10. Strategic Technology Solutions Pre-Approval Endorsement Request <i>- information technology service (N/A to THDA)</i> | <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Attached | |
| 11. eHealth Pre-Approval Endorsement Request <i>- health-related professional, pharmaceutical, laboratory, or imaging</i> | <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Attached | |
| 12. Human Resources Pre-Approval Endorsement Request <i>- state employee training service</i> | <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Attached | |
| 13. Explain why the proposed amendment is needed The amendment is necessary to extend the contract an additional nine (9) months in order to allow time for the RFP process to be completed and a new contract awarded. | | |
| 14. If the amendment involves a change in Scope, describe efforts to identify reasonable, competitive, procurement alternatives to amending the contract. No change in Scope due to the amendment. | | |

| | |
|---|-------------|
| Agency request tracking # | 32901-31264 |
| <p>Signature of Agency head or authorized designee, title of signatory, and date (the authorized designee may sign his or her own name if indicated on the Signature Certification and Authorization document)</p> <p data-bbox="321 325 560 504"><i>Wesley J. Ford</i></p> <p data-bbox="998 409 1177 472">6-10-19</p> | |



CONTRACT AMENDMENT COVER SHEET

| | | | | | |
|--|---------------------------|--------------------------------|----------------------------------|--------------|------------------------------|
| Agency Tracking # 32901-31264 | Edison ID 49374 | Contract # 49374 | Amendment # 2 | | |
| Contractor Legal Entity Name Corizon, LLC | | | Edison Vendor ID 46610 | | |
| Amendment Purpose & Effect(s) Extend the contract term for an additional nine (9) months to complete the RFP process, increase the maximum liability by \$9,000,000 and revise the payment methodology to reflect the rate for the extension period. | | | | | |
| Amendment Changes Contract End Date: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | End Date: June 30, 2020 | | | |
| TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A): | | | \$9,000,000.00 | | |
| Funding — | | | | | |
| FY | State | Federal | Interdepartmental | Other | TOTAL Contract Amount |
| 2016 | \$4,471,735.80 | | \$40,000.00 | | \$4,511,735.80 |
| 2017 | \$18,041,670.80 | | \$160,000.00 | | \$18,201,670.80 |
| 2018 | \$18,619,306.10 | | \$160,000.00 | | \$18,779,306.10 |
| 2019 | \$14,339,747.70 | | \$0.00 | | \$14,339,747.70 |
| 2020 | \$9,000,000.00 | | | | \$9,000,000.00 |
| | | | | | |
| TOTAL: | \$64,832,460.40 | | \$360,000.00 | | \$64,832,460.40 |
| American Recovery and Reinvestment Act (ARRA) Funding: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations. | | | <i>CPO USE</i> | | |
| Speed Chart (optional) | | Account Code (optional) | | | |

**AMENDMENT TWO
OF CONTRACT 49374**

This Amendment is made and entered by and between the State of Tennessee, Department of Correction hereinafter referred to as the "State" and Corizon, LLC, hereinafter referred to as the "Contractor." For good and valuable consideration, the sufficiency of which is hereby acknowledged, it is mutually understood and agreed by and between said, undersigned contracting parties that the subject contract is hereby amended as follows:

1. Contract Subsection B.1. is deleted in its entirety and replaced with the following:

B.1. This Contract shall be effective on April 1, 2016 ("Effective Date") and extend for a period of fifty-one (51) months after the Effective Date ("Term"). The State shall have no obligation for good or services provided by the Contractor prior to the Effective Date.

2. Contract Section C.1. is deleted in its entirety and replaced with the following:

C.1. Maximum Liability. In no event shall the maximum liability of the State under this Contract exceed Sixty-Four Million, Eight Hundred Thirty-Two Thousand, Four Hundred and Sixty Dollars (\$64,832,460) ("Maximum Liability"). This Contract does not grant the Contractor any exclusive rights. The State does not guarantee that it will buy any minimum quantity of goods or services under this Contract. Subject to the terms and conditions of this Contract, the Contractor will only be paid for goods or services provided under this Contract after a purchase order is issued to Contractor by the State or as otherwise specified by this Contract.

3. Contract Subsection C.3.b. is deleted in its entirety and replaced with the following:

C.3. Payment Methodology. The Contractor shall be compensated based on the payment methodology for goods or services authorized by the State in a total amount as set forth in Section C.1.

b. The Contractor shall be compensated based upon the following payment methodology:

| Goods or Services Description | Amount (per compensable increment) | | | | |
|-------------------------------|---------------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| | YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 | YEAR 5 |
| Behavioral Health Services | \$2.86/per inmate per day | \$2.95/per inmate per day | \$3.03/per inmate per day | \$3.03/per inmate per day | \$3.09/per inmate per day |

Required Approvals. The State is not bound by this Amendment until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this contract, said officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

Amendment Effective Date. The revisions set forth herein shall be effective October 1, 2019. All other terms and conditions of this Contract not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF,

CORIZON, LLC:

SIGNATURE

DATE

PRINTED NAME AND TITLE OF SIGNATORY (above)

TENNESSEE DEPARTMENT OF CORRECTION:

TONY PARKER, COMMISSIONER

DATE



TENNESSEE REGIONAL OFFICE

May 10, 2019

Wes Landers
Chief Financial Officer
Department of Correction
5th Floor Rachel Jackson Building
320 6th Avenue North
Nashville, TN 37243

RE: Proposed 6 Month Extension

Dear Mr. Landers,

In response to a potential extension of the current 6 month extension of the Behavioral Health Contract, I took the liberty to further summarize metrics generated for Dr. Casey for his presentation to the Legislature. I used March as the representative month in the year.

As shown in the following table (Table 1), the Average Daily Population ("ADP") remains fairly flat while the Mental Health Population has steadily increased over the last 3 years resulting in a 30% increase since 2016 (11% increase in the last year). Also, we treat approximately 650 patients per month who are not on the case load. Through the life of the contract, we have managed patients/visits and maintained zero (0) backlog with no increase in FTEs for Mental Health.

Table 1: ADP and Mental Health Case Load
Table with 7 columns: Month, TOMIS ADP, MH Case Load, Pct. MH Case Load, % Change from 2016, % Change from 2017, % Change from 2018. Rows include March '16', '17', '18', and '19'.

Due to this increased case load and to maintain continuity of care, I have increased the APN hours at two facilities. BCCX was increased from 0.5 FTE to 1.0 FTE (filled with a Locum who is interested in becoming a Corizon Health associate). Similarly, I increased the APN position at NWCX from 0.5 FTE to 1.0 FTE and filled it with a permanent associate. This equates to one FTE at a blended rate of \$99 for 2,080 hours or \$205,920 per year. We increased our Psychiatrist time another 24 hours per week @ \$160/hour (\$199,680/year) for APN supervision and to manage difficult cases. To attract and maintain staff, we continue to monitor and manage salary marketing adjustments as appropriate for all positions (e.g. LPC/LCSW, Physicians, APNs and Psychologists; \$125,000 increase) excluding sign-on bonuses. The increases have resulted in an extra yearly increase of \$530,600 in expenses (\$42,217/month).



In addition, we have supported and continue to support TDOC in monthly training for ACA Behavioral Health Correctional Officer Certification (3 FTEs@8 hours each plus expenses), CISM training, emergency/crisis management, RSAT Host Site initiative, and data analysis for Rehabilitative Services (monthly, quarterly, yearly and ad hoc requests) at no charge just to name a few.

In summary, there have been no per diem increases since April 1, 2018. Based on the above, we would propose an increase in the per diem (Table 2) of \$0.32 assuming the ADP remains relatively flat:

| Table 2: Proposed Increases (Assumptions: ADP=14,122; Per Diem=\$3.09) | | | | |
|---|--------------|--------------------|-----------------|--------------------------|
| Additional Cost | Hours | Hourly Rate | Increase | Adjusted Per Diem |
| 5% CPI (2.5% for 2018 & 2019) | | | \$0.15 | \$3.24 |
| Physician Hours | 96 | \$160 | \$0.04 | \$3.28 |
| APN Hours | 160 | \$99 | \$0.04 | \$3.32 |
| Market Adjustments for Staff | | | \$0.09 | \$3.41 |

Please note that this proposal has no adjustments for the value added services we routinely provide on a monthly basis.

Thomas Alsup and I look forward to scheduling a meeting with you regarding this matter. If you need to get in touch with me, I can be reached at 615-660-6720 (Cell: 615-393-0421), email will.sullivan@corizonhealth.com, or on the 4th Floor in Central Office.

Sincerely,

Will Sullivan, MBA
Sr. Director of Behavioral Health Operations



E-Health Pre-Approval Endorsement Request E-Mail Transmittal

TO : Office of e-Health Initiatives
Department of Finance & Administration
E-mail: office.eHealth@tn.gov

FROM : Priscilla Wainwright
E-mail: Priscilla.wainwright@tn.gov

DATE : May 23, 2019

RE : Request for eHealth Pre-Approval Endorsement

| |
|--|
| Applicable RFS # 32901-31264 |
| Office of e-Health Initiatives Endorsement Signature & Date: |
|  5/23/19 |
| Office of e-Health Initiatives |

Office of e-Health Initiatives (eHealth) pre-approval endorsement is required pursuant to procurement regulations pertaining to contracts with medical/mental health-related professional, pharmaceutical, laboratory, or imaging type services as a component of the scope of service. This request seeks to ensure that eHealth is aware of and has an opportunity to review the procurement detailed below and in the attached document(s). This requirement applies to any procurement method regardless of dollar amount.

Please indicate eHealth endorsement of the described procurement (with the appropriate signature above), and return this document via e-mail at your earliest convenience.

| | |
|--|---|
| Contracting Agency | Tennessee Department of Correction |
| Agency Contact (name, phone, e-mail) | Priscilla Wainwright 615-253-5571 Priscilla.wainwright@tn.gov |
| Attachments Supporting Request (as applicable – copies without signatures acceptable) | |
| <input type="checkbox"/> Solicitation Document <input type="checkbox"/> Special Contract Request <input checked="" type="checkbox"/> Amendment Request <input checked="" type="checkbox"/> Proposed contract or amendment | |
| Subject Medical/Mental Health-Related Service Description (Brief summary of eHealth services involved. As applicable, identify the contract and solicitation sections related to eHealth services.) | |
| The vendor currently provides behavioral health services at all the TDOC correctional facilities. | |

Supplemental Documentation Required for
Fiscal Review Committee

| | | | |
|--|--|------------------------------------|-----------------|
| *Contact Name: | Priscilla Wainwright | *Contact Phone: | 615-253-5571 |
| *Presenter's name(s): | Wes Landers, Deputy Commissioner & CFO | | |
| Edison Contract Number: <i>(if applicable)</i> | 49374 | RFS Number: <i>(if applicable)</i> | 32901-31264 |
| *Original Contract Begin Date: | April 1, 2016 | * Proposed End Date: | June 30, 2020 |
| Current Request Amendment Number: <i>(if applicable)</i> | 2 | | |
| Proposed Amendment Effective Date: <i>(if applicable)</i> | October 1, 2019 | | |
| *Department Submitting: | Tennessee Department of Correction | | |
| *Division: | Fiscal Services | | |
| *Date Submitted: | July 1, 2019 | | |
| *Submitted Within Sixty (60) days: | Yes | | |
| <i>If not, explain:</i> | NA | | |
| *Contract Vendor Name: | Corizon, LLC | | |
| *Current Maximum Liability: | \$55,832,460.40 | | |
| *Estimated Total Spend for Commodities: | NA | | |
| *Current Contract Allocation by Fiscal Year: (as Shown on Most Current Fully Executed Contract Summary Sheet) | | | |
| FY:16 | FY:17 | FY:18 | FY:19 |
| \$4,471,735.80 | \$18,041,670.80 | \$18,619,306.10 | \$14,339,747.70 |
| *Current Total Expenditures by Fiscal Year of Contract: (attach backup documentation from Edison) | | | |
| FY:16 | FY:17 | FY:18 | FY:19 |
| \$3,286,114.74 | \$13,635,025.47 | \$14,635,659.53 | \$11,717,794.33 |
| IF Contract Allocation has been greater than Contract Expenditures, please give the reasons and explain where surplus funds were spent: | NA | | |
| IF surplus funds have been carried forward, please give the reasons and provide the authority for the carry forward provision: | NA | | |
| IF Contract Expenditures exceeded Contract Allocation, please give the reasons and explain how funding was acquired to pay the overage: | NA | | |
| *Contract Funding Source/Amount: | | | |
| State: | \$55,472,460.40 | Federal: | |

Supplemental Documentation Required for
Fiscal Review Committee

| | | | |
|--|--|---------------|--|
| | | | |
| <i>Interdepartmental:</i> | \$360,000.00 | <i>Other:</i> | |
| If “ <i>other</i> ” please define: | | | |
| If “ <i>interdepartmental</i> ” please define: | | Grant | |
| Dates of All Previous Amendments or Revisions: <i>(if applicable)</i> | Brief Description of Actions in Previous Amendments or Revisions: <i>(if applicable)</i> | | |
| April 1, 2019 | Added term extension language; extended term for an additional six months; and revised the payment methodology to reflect the rate for the extension. | | |
| | | | |
| | | | |
| Method of Original Award: <i>(if applicable)</i> | RFP | | |
| *What were the projected costs of the service for the entire term of the contract prior to contract award? How was this cost determined? | \$55,832,460.40 Calculated using inmate population projections and the successful proposer’s cost proposal. | | |
| *List number of other potential vendors who could provide this good or service; efforts to identify other competitive procurement alternatives; and the reason(s) a sole-source contract is in the best interest of the State. | This extension will allow the Department time to complete the RFP process and award a new contract for these services. It is in the best interest of the State to extend this contract to ensure necessary service continue. | | |

Payments against a Contract 2

| Unit | Sum Merchandise Amt | Edison Contract ID | Vendor ID | Vendor Name | PO ID | Voucher ID | Invoice | Date | Fiscal Year |
|--------------------|-----------------------|--------------------------|------------|-------------|------------|------------|--------------|-----------|-------------|
| 32901 | \$1,068,933.21 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000021877 | 00057688 | CZN000019140 | 7/1/2016 | 2016 |
| 32901 | \$1,128,282.80 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000021885 | 00058031 | CZN000019313 | 7/13/2016 | 2016 |
| 32901 | \$1,088,898.73 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000022049 | 00058656 | CZN000019483 | 7/29/2016 | 2017 |
| Total FY 16 | \$3,286,114.74 | | | | | | | | |

| Unit | Sum Merchandise Amt | Edison Contract ID | Vendor ID | Vendor Name | PO ID | Voucher ID | Invoice | Date | Fiscal Year |
|--------------------|------------------------|--------------------------|------------|-------------|------------|------------|---------------|------------|-------------|
| 32901 | \$72,282.36 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000023264 | 00063862 | CZN000020057A | 12/27/2016 | 2017 |
| 32901 | \$1,021,662.89 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000023868 | 00066672 | CZN000020574 | 3/24/2017 | 2017 |
| 32901 | \$1,072,560.71 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000023066 | 00063060 | CZN000020057 | 12/7/2016 | 2017 |
| 32901 | \$1,093,722.90 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000022806 | 00061659 | CZN000019902 | 10/26/2016 | 2017 |
| 32901 | \$1,100,138.87 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000023281 | 00064013 | CZN000020230 | 1/12/2017 | 2017 |
| 32901 | \$1,126,929.27 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000022632 | 00061053 | CZN000019769 | 10/7/2016 | 2017 |
| 32901 | \$1,134,259.24 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000022333 | 00059941 | CZN000019606 | 9/9/2016 | 2017 |
| 32901 | \$1,148,051.99 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000023682 | 00065993 | CZN000020409 | 3/3/2017 | 2017 |
| 32901 | \$1,148,526.47 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000023454 | 00064962 | CZN000020326 | 1/31/2017 | 2017 |
| 32901 | \$1,160,049.38 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000024143 | 00068222 | CZN000020659 | 5/4/2017 | 2017 |
| 32901 | \$1,168,091.21 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000024289 | 00069299 | CZN000020829 | 6/8/2017 | 2017 |
| 32901 | \$1,175,820.13 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000024558 | 00070987 | CZN000020980 | 8/4/2017 | 2017 |
| 32901 | \$1,212,930.05 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000024465 | 00069952 | CZN000020885 | 6/20/2017 | 2017 |
| Total FY 17 | \$13,635,025.47 | | | | | | | | |

| Unit | Sum Merchandise Amt | Edison Contract ID | Vendor ID | Vendor Name | PO ID | Voucher ID | Invoice | Date | Fiscal Year |
|--------------------|------------------------|--------------------------|------------|-------------|------------|------------|--------------|------------|-------------|
| 32901 | \$1,090,315.36 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000026333 | 00080725 | CZN000021861 | 3/28/2018 | 2018 |
| 32901 | \$1,098,525.44 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000025475 | 00075200 | CZN000021322 | 11/9/2017 | 2018 |
| 32901 | \$1,201,188.41 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000025705 | 00076663 | CZN000021544 | 12/26/2017 | 2018 |
| 32901 | \$1,207,792.05 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000024911 | 00072383 | CZN000021146 | 8/30/2017 | 2018 |
| 32901 | \$1,218,704.84 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000025161 | 00073619 | CZN000021260 | 9/26/2017 | 2018 |
| 32901 | \$1,219,843.20 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000026067 | 00078994 | CZN000021750 | 2/28/2018 | 2018 |
| 32901 | \$1,222,402.57 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000026551 | 00081813 | CZN000021924 | 4/24/2018 | 2018 |
| 32901 | \$1,227,350.72 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000025550 | 00075667 | CZN000021474 | 11/24/2017 | 2018 |
| 32901 | \$1,229,260.28 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000025884 | 00077774 | CZN000021657 | 2/8/2018 | 2018 |
| 32901 | \$1,282,460.56 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000026907 | 00085022 | CZN000022189 | 7/12/2018 | 2018 |
| 32901 | \$1,314,710.02 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000026901 | 00084072 | CZN000022124 | 6/20/2018 | 2018 |
| 32901 | \$1,323,106.08 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000026741 | 00082869 | CZN000022063 | 5/24/2018 | 2018 |
| Total FY 18 | \$14,635,659.53 | | | | | | | | |

| Unit | Sum Merchandise Amt | Edison Contract ID | Vendor ID | Vendor Name | PO ID | Voucher ID | Invoice | Date | Fiscal Year |
|-------|---------------------|--------------------------|------------|-------------|------------|------------|--------------|------------|-------------|
| 32901 | \$1,333,255.12 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000027347 | 00086162 | CZN000022305 | 8/17/2018 | 2019 |
| 32901 | \$1,327,933.85 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000027541 | 00087308 | CZN000022369 | 9/19/2018 | 2019 |
| 32901 | \$1,298,709.08 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000027744 | 00088376 | CZN000022447 | 10/15/2018 | 2019 |
| 32901 | \$1,331,310.88 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000027971 | 00089713 | CZN000022561 | 11/15/2018 | 2019 |
| 32901 | \$1,288,935.68 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000028178 | 00091041 | CZN000022634 | 12/20/2018 | 2019 |
| 32901 | \$1,324,935.14 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000028369 | 00092228 | CZN000022713 | 1/18/2019 | 2019 |
| 32901 | \$1,320,010.65 | 000000000000000000049374 | 0000046610 | Corizon Inc | 0000028633 | 00093837 | CZN000022979 | 2/22/2019 | 2019 |

| | | | | | | | | | |
|--------------------|------------------------|---------------------------|------------|-------------|------------|----------|--------------|-----------|------|
| 32901 | \$1,181,681.74 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000028818 | 00094836 | CZN000022886 | 3/15/2018 | 2019 |
| 32901 | \$1,311,022.19 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000029064 | 00096430 | CZN000022985 | 4/16/2019 | 2019 |
| Total FY 19 | \$11,717,794.33 | | | | | | | | |

Total Payment **\$43,274,594.07**

| | | |
|---------------------------|---------------|--------------------|
| Liquidated Damages | Oct-16 | \$21,500.00 |
|---------------------------|---------------|--------------------|

| | |
|---------------------------|-----------------|
| Contract Max amount | \$55,832,460.00 |
| Total Payments | \$43,274,594.07 |
| Rmaning Balance | \$12,557,865.93 |
| Rmaning Amount per Edison | \$12,557,869.11 |
| Diff | \$3.18 |



**GENERAL ASSEMBLY OF THE STATE OF TENNESSEE
FISCAL REVIEW COMMITTEE**

425 Fifth Avenue North – Suite G 102
NASHVILLE, TENNESSEE 37243-3400
615-741-2564

Senator Ken Yager, Chairman

Representative Mark White, Vice-Chairman

M E M O R A N D U M

TO: Mike Perry, Chief Procurement Officer
Department of General Services

FROM: Senator Ken Yager, Chairman
Representative Mark White, Vice-Chairman

DATE: December 3, 2018

SUBJECT: Contract Comments
(Fiscal Review Committee Meeting 11/28/18)

RFS # 329.01-31264 Edison ID 49374

Department: Correction

Vendor: Corizon, LLC

Summary: The proposed amendment extends the current contract for six months in order to allow the TDOC time to complete the upcoming RFP. The end date for the contract with the proposed amendment will be September 30, 2019.

Current maximum liability: \$55,832,460

After review, the Fiscal Review Committee voted to recommend approval of the contract amendment.

BILL HASLAM
GOVERNOR



TONY PARKER
COMMISSIONER

STATE OF TENNESSEE
DEPARTMENT OF CORRECTION
SIXTH FLOOR, RACHEL JACKSON BUILDING
320 SIXTH AVENUE NORTH
NASHVILLE, TENNESSEE 37243-0465
OFFICE (615) 253-8139 • Fax (615) 532-8281

September 26, 2018

The Honorable Ken Yager, Chairman
Fiscal Review Committee
774 Cordell Hull Building
Nashville, TN 37243

Dear Chairman Yager:

The Tennessee Department of Correction (TDOC) wishes to amend its current contract for the provision of inmate behavioral health services.

It is necessary to amend the current contract with Corizon, LLC for the vendor to continue to provide inmate behavioral health services at TDOC facilities. The proposed amendment extends the current term of the contract an additional six (6) months in order to allow the Department time to complete the upcoming RFP. The maximum liability remains unchanged.

TDOC Legal staff finds no records concerning allegations of fraudulent activity by this vendor.

An amendment request with all required supporting documentation to permit the amendment was submitted to the Commissioner of General Services and the Comptroller of the Treasury simultaneously with this submission to the Fiscal Review Committee.

Please advise if you have any questions or concerns.

Sincerely,

A handwritten signature in blue ink, appearing to read "Tony Parker".

Tony Parker

TP:LSC

pc: The Honorable Mark White, Vice-Chairman
Krista Lee, Fiscal Review Committee Director
Debbie Inglis, Deputy Commissioner/General Counsel
Wes Landers, Deputy Commissioner/Chief Financial Officer
Torrey Grimes, Legislative Liaison/Staff Attorney
Priscilla Wainwright, Director of Contracts

Supplemental Documentation Required for
Fiscal Review Committee

| | | | |
|--|--|------------------------------------|--------------------|
| *Contact Name: | Priscilla Wainwright | *Contact Phone: | 615-253-5571 |
| *Presenter's name(s): | Wes Landers, Deputy Commissioner & CFO | | |
| Edison Contract Number: <i>(if applicable)</i> | 49374 | RFS Number: <i>(if applicable)</i> | 32901-31264 |
| *Original Contract Begin Date: | April 1, 2016 | * Proposed End Date: | September 30, 2019 |
| Current Request Amendment Number: <i>(if applicable)</i> | 1 | | |
| Proposed Amendment Effective Date: <i>(if applicable)</i> | April 1, 2019 | | |
| *Department Submitting: | Tennessee Department of Correction | | |
| *Division: | Fiscal Services | | |
| *Date Submitted: | September 27, 2018 | | |
| *Submitted Within Sixty (60) days: | Yes | | |
| <i>If not, explain:</i> | NA | | |
| *Contract Vendor Name: | Corizon, LLC | | |
| *Current Maximum Liability: | \$55,832,460.40 | | |
| *Estimated Total Spend for Commodities: | NA | | |
| *Current Contract Allocation by Fiscal Year: (as Shown on Most Current Fully Executed Contract Summary Sheet) | | | |
| FY:16 | FY:17 | FY:18 | FY:19 |
| \$4,471,735.80 | \$18,041,670.80 | \$18,619,306.10 | \$14,339,747.70 |
| *Current Total Expenditures by Fiscal Year of Contract: (attach backup documentation from Edison) | | | |
| FY:16 | FY:17 | FY:18 | FY:19 |
| \$3,286,114.74 | \$13,635,025.47 | \$14,635,659.53 | \$1,333,255.12 |
| IF Contract Allocation has been greater than Contract Expenditures, please give the reasons and explain where surplus funds were spent: | NA | | |
| IF surplus funds have been carried forward, please give the reasons and provide the authority for the carry forward provision: | NA | | |
| IF Contract Expenditures exceeded Contract Allocation, please give the reasons and explain how funding was acquired to pay the overage: | NA | | |
| *Contract Funding Source/Amount: | | | |
| State: | \$55,472,460.40 | Federal: | |

Supplemental Documentation Required for
Fiscal Review Committee

| | | | |
|--|--|--|--|
| | | | |
| <i>Interdepartmental:</i> | \$360,000.00 | <i>Other:</i> | |
| If “ <i>other</i> ” please define: | | | |
| If “ <i>interdepartmental</i> ” please define: | | Grant | |
| Dates of All Previous Amendments or Revisions: <i>(if applicable)</i> | Brief Description of Actions in Previous Amendments or Revisions: <i>(if applicable)</i> | | |
| | | | |
| | | | |
| | | | |
| Method of Original Award: <i>(if applicable)</i> | | RFP | |
| *What were the projected costs of the service for the entire term of the contract prior to contract award? How was this cost determined? | | \$55,832,460.40 Calculated using inmate population projections and the successful proposer’s cost proposal. | |
| *List number of other potential vendors who could provide this good or service; efforts to identify other competitive procurement alternatives; and the reason(s) a sole-source contract is in the best interest of the State. | | This extension will allow the Department time to complete the RFP process and award a new contract for these services. It is in the best interest of the State to extend this contract to ensure necessary service continue. | |

Payments against a Cd 2

| Unit | Sum Merchandise Amt | Edison Contract ID | Vendor ID | Vendor Name | PO ID | Voucher ID | Invoice | Date | Fiscal Year |
|--------------------|-----------------------|---------------------------|------------|-------------|------------|------------|--------------|-----------|-------------|
| 32901 | \$1,068,933.21 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000021877 | 00057688 | CZN000019140 | 7/1/2016 | 2016 |
| 32901 | \$1,128,282.80 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000021885 | 00058031 | CZN000019313 | 7/13/2016 | 2016 |
| 32901 | \$1,088,898.73 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000022049 | 00058656 | CZN000019483 | 7/29/2016 | 2017 |
| Total FY 16 | \$3,286,114.74 | | | | | | | | |

| Unit | Sum Merchandise Amt | Edison Contract ID | Vendor ID | Vendor Name | PO ID | Voucher ID | Invoice | Date | Fiscal Year |
|--------------------|------------------------|---------------------------|------------|-------------|------------|------------|---------------|------------|-------------|
| 32901 | \$72,282.36 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000023264 | 00063862 | CZN000020057A | 12/27/2016 | 2017 |
| 32901 | \$1,021,662.89 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000023868 | 00066672 | CZN000020574 | 3/24/2017 | 2017 |
| 32901 | \$1,072,560.71 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000023066 | 00063060 | CZN000020057 | 12/7/2016 | 2017 |
| 32901 | \$1,093,722.90 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000022806 | 00061659 | CZN000019902 | 10/26/2016 | 2017 |
| 32901 | \$1,100,138.87 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000023281 | 00064013 | CZN000020230 | 1/12/2017 | 2017 |
| 32901 | \$1,126,929.27 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000022632 | 00061053 | CZN000019769 | 10/7/2016 | 2017 |
| 32901 | \$1,134,259.24 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000022333 | 00059941 | CZN000019606 | 9/9/2016 | 2017 |
| 32901 | \$1,148,051.99 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000023682 | 00065993 | CZN000020409 | 3/3/2017 | 2017 |
| 32901 | \$1,148,526.47 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000023454 | 00064962 | CZN000020326 | 1/31/2017 | 2017 |
| 32901 | \$1,160,049.38 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000024143 | 00068222 | CZN000020659 | 5/4/2017 | 2017 |
| 32901 | \$1,168,091.21 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000024289 | 00069299 | CZN000020829 | 6/8/2017 | 2017 |
| 32901 | \$1,175,820.13 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000024558 | 00070987 | CZN000020980 | 8/4/2017 | 2017 |
| 32901 | \$1,212,930.05 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000024465 | 00069952 | CZN000020885 | 6/20/2017 | 2017 |
| Total FY 17 | \$13,635,025.47 | | | | | | | | |

| Unit | Sum Merchandise Amt | Edison Contract ID | Vendor ID | Vendor Name | PO ID | Voucher ID | Invoice | Date | Fiscal Year |
|--------------------|------------------------|---------------------------|------------|-------------|------------|------------|--------------|------------|-------------|
| 32901 | \$1,090,315.36 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000026333 | 00080725 | CZN000021861 | 3/28/2018 | 2018 |
| 32901 | \$1,098,525.44 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000025475 | 00075200 | CZN000021322 | 11/9/2017 | 2018 |
| 32901 | \$1,201,188.41 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000025705 | 00076663 | CZN000021544 | 12/26/2017 | 2018 |
| 32901 | \$1,207,792.05 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000024911 | 00072383 | CZN000021146 | 8/30/2017 | 2018 |
| 32901 | \$1,218,704.84 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000025161 | 00073619 | CZN000021260 | 9/26/2017 | 2018 |
| 32901 | \$1,219,843.20 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000026067 | 00078994 | CZN000021750 | 2/28/2018 | 2018 |
| 32901 | \$1,222,402.57 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000026551 | 00081813 | CZN000021924 | 4/24/2018 | 2018 |
| 32901 | \$1,227,350.72 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000025550 | 00075667 | CZN000021474 | 11/24/2017 | 2018 |
| 32901 | \$1,229,260.28 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000025884 | 00077774 | CZN000021657 | 2/8/2018 | 2018 |
| 32901 | \$1,282,460.56 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000026907 | 00085022 | CZN000022189 | 7/12/2018 | 2018 |
| 32901 | \$1,314,710.02 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000026901 | 00084072 | CZN000022124 | 6/20/2018 | 2018 |
| 32901 | \$1,323,106.08 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000026741 | 00082869 | CZN000022063 | 5/24/2018 | 2018 |
| Total FY 18 | \$14,635,659.53 | | | | | | | | |

| Unit | Sum Merchandise Amt | Edison Contract ID | Vendor ID | Vendor Name | PO ID | Voucher ID | Invoice | Date | Fiscal Year |
|--------------------|-----------------------|---------------------------|------------|-------------|------------|------------|--------------|-----------|-------------|
| 32901 | \$1,333,255.12 | 0000000000000000000049374 | 0000046610 | Corizon Inc | 0000027347 | 00086162 | CZN000022305 | 8/17/2018 | 2019 |
| Total FY 19 | \$1,333,255.12 | | | | | | | | |

Total Payment \$32,890,054.86

| | | |
|---------------------------|---------------|--------------------|
| Liquidated Damages | Oct-16 | \$21,500.00 |
|---------------------------|---------------|--------------------|

Amendment Request

This request form is not required for amendments to grant contracts. Route a completed request, as one file in PDF format, via e-mail attachment sent to: AgSprs.AgsprS@tn.gov

APPROVED

**Kevin C. Bartels for
Michael F. Perry**

Digitally signed by Kevin C. Bartels for Michael F. Perry
DN: cn=Kevin C. Bartels for Michael F. Perry, o=CPO, ou,
email=Kevin.C.Bartels@tn.gov, c=US
Date: 2018.09.24 09:59:38 -05'00'

CHIEF PROCUREMENT OFFICER

DATE

| | | |
|--|--|--|
| Agency request tracking # | 32901-31264 | |
| 1. Procuring Agency | Tennessee Department of Correction | |
| 2. Contractor | Corizon, LLC | |
| 3. Edison contract ID # | 49374 | |
| 4. Proposed amendment # | 1 | |
| 5. Contract's Original Effective Date | April 1, 2016 | |
| 6. Current end date | March 31, 2019 | |
| 7. Proposed end date | September 30, 2019 | |
| 8. Current Maximum Liability | \$ 55,832,460.40 | |
| 9. Proposed Maximum Liability | \$ 55,832,460.40 | |
| 10. Strategic Technology Solutions Pre-Approval Endorsement Request <i>- information technology service (N/A to THDA)</i> | <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Attached | |
| 11. eHealth Pre-Approval Endorsement Request <i>- health-related professional, pharmaceutical, laboratory, or imaging</i> | <input type="checkbox"/> Not Applicable <input type="checkbox"/> Attached | |
| 12. Human Resources Pre-Approval Endorsement Request <i>- state employee training service</i> | <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Attached | |
| 13. Explain why the proposed amendment is needed | <p>The amendment is necessary to add term extension language to the current contract in order for the Department to extend the contract an additional six months. This extension will allow time for the RFP process to be completed and a new contract awarded.</p> | |
| 14. If the amendment involves a change in Scope, describe efforts to identify reasonable, competitive, procurement alternatives to amending the contract. | <p>No change in Scope due to the amendment.</p> | |

Agency request tracking #

32901-31264

Signature of Agency head or authorized designee, title of signatory, and date (the authorized designee may sign his or her own name if indicated on the Signature Certification and Authorization document)

Wesley J. Ford

9/28/18



CONTRACT AMENDMENT COVER SHEET

| | | | | | |
|--|---------------------------|-------------------------------------|----------------------------------|--------------|------------------------------|
| Agency Tracking # 32901-31264 | Edison ID 49374 | Contract # 49374 | Amendment # 1 | | |
| Contractor Legal Entity Name Corizon, LLC | | | Edison Vendor ID 46610 | | |
| Amendment Purpose & Effect(s) Add term extension language to the current contract; extend the contract term for an additional six months to complete the RFP process; and revise the payment methodology to reflect the rate for the extension period. | | | | | |
| Amendment Changes Contract End Date: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | End Date: September 30, 2019 | | | |
| TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A): | | | \$ NA | | |
| Funding — | | | | | |
| FY | State | Federal | Interdepartmental | Other | TOTAL Contract Amount |
| 2016 | \$4,471,735.80 | | \$40,000.00 | | \$4,511,735.80 |
| 2017 | \$18,041,670.80 | | \$160,000.00 | | \$18,201,670.80 |
| 2018 | \$18,619,306.10 | | \$160,000.00 | | \$18,779,306.10 |
| 2019 | \$14,339,747.70 | | \$0.00 | | \$14,339,747.70 |
| | | | | | |
| TOTAL: | \$55,472,460.40 | | \$360,000.00 | | \$55,832,460.40 |
| American Recovery and Reinvestment Act (ARRA) Funding: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations. | | | <i>CPO USE</i> | | |
| Speed Chart (optional) | | Account Code (optional) | | | |

**AMENDMENT ONE
OF CONTRACT 49374**

This Amendment is made and entered by and between the State of Tennessee, Department of Correction hereinafter referred to as the "State" and Corizon, LLC, hereinafter referred to as the "Contractor." For good and valuable consideration, the sufficiency of which is hereby acknowledged, it is mutually understood and agreed by and between said, undersigned contracting parties that the subject contract is hereby amended as follows:

1. Contract Section B is deleted in its entirety and replaced with the following:

B.1. This Contract shall be effective on April 1, 2016 ("Effective Date") and extend for a period of forty-two (42) months after the Effective Date ("Term"). The State shall have no obligation for good or services provided by the Contractor prior to the Effective Date.

B.2. Renewal Options. This Contract may be renewed upon satisfactory completion of the Term. The State reserves the right to execute up to number (#) renewal options under the same terms and conditions for a period not to exceed twelve (12) months each by the State, at the State's sole option. In no event, however, shall the maximum Term, including all renewals or extensions, exceed a total of sixty (60) months.

B.3. Term Extension. The State may extend the Term an additional period of time, not to exceed one hundred-eighty (180) days beyond the expiration date of this Contract, under the same terms and conditions, at the State's sole option. In no event, however, shall the maximum Term, including all renewals or extensions, exceed a total of sixty (60) months.

2. Contract Subsection C.3.b. is deleted in its entirety and replaced with the following:

C.3. Payment Methodology. The Contractor shall be compensated based on the payment methodology for goods or services authorized by the State in a total amount as set forth in Section C.1.

b. The Contractor shall be compensated based upon the following payment methodology:

| Goods or Services Description | Amount (per compensable increment) | | | |
|-------------------------------|---------------------------------------|------------------------------|------------------------------|------------------------------|
| | YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 |
| Behavioral Health Services | \$2.86/per inmate per day | \$2.95/per inmate per day | \$3.03/per inmate per day | \$3.03/per inmate per day |

Required Approvals. The State is not bound by this Amendment until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this contract, said officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

Amendment Effective Date. The revisions set forth herein shall be effective April 1, 2019. All other terms and conditions of this Contract not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF,

CORIZON, LLC:

LB



1/22/19

SIGNATURE

DATE

Steve Rector CEO

PRINTED NAME AND TITLE OF SIGNATORY (above)

TENNESSEE DEPARTMENT OF CORRECTION:



1/31/19

TONY PARKER, COMMISSIONER

DATE



E-Health Pre-Approval Endorsement Request E-Mail Transmittal

TO : Office of e-Health Initiatives
Department of Finance & Administration
E-mail: office.eHealth@tn.gov

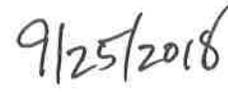
FROM : Priscilla Wainwright
E-mail: Priscilla.wainwright@tn.gov

DATE : September 19, 2018

RE : Request for eHealth Pre-Approval Endorsement

Applicable RFS # 32901-31264

Office of e-Health Initiatives Endorsement Signature & Date:

Office of e-Health Initiatives

Office of e-Health Initiatives (eHealth) pre-approval endorsement is required pursuant to procurement regulations pertaining to contracts with medical/mental health-related professional, pharmaceutical, laboratory, or imaging type services as a component of the scope of service. This request seeks to ensure that eHealth is aware of and has an opportunity to review the procurement detailed below and in the attached document(s). This requirement applies to any procurement method regardless of dollar amount.

Please indicate eHealth endorsement of the described procurement (with the appropriate signature above), and return this document via e-mail at your earliest convenience.

| | |
|--|---|
| Contracting Agency | Tennessee Department of Correction |
| Agency Contact (name, phone, e-mail) | Priscilla Wainwright 615-253-5571 Priscilla.wainwright@tn.gov |
| Attachments Supporting Request (as applicable – copies without signatures acceptable) | |
| <input type="checkbox"/> Solicitation Document <input type="checkbox"/> Special Contract Request <input checked="" type="checkbox"/> Amendment Request <input checked="" type="checkbox"/> Proposed contract or amendment | |
| Subject Medical/Mental Health-Related Service Description (Brief summary of eHealth services involved. As applicable, identify the contract and solicitation sections related to eHealth services.) | |
| The vendor currently provides behavioral health services at all the TDOC correctional facilities. | |

Applicable RFS # 32901-31264

This amendment extends the current contract an additional six months in order to allow the Department time to complete the RFP process and award a new contract.



HR Pre-Approval Endorsement Request E-Mail Transmittal

TO : Department of Human Resources
E-mail : DOHR.Contracts@tn.gov

FROM : Priscilla Wainwright
E-mail : Priscilla.wainwright@tn.gov

DATE : September 19, 2018

RE : Request for Human Resources Pre-Approval Endorsement

| |
|--|
| Applicable RFS # 32901-31264 |
| Human Resources Endorsement Signature & Date: |
| <hr/> Department of Human Resources |

Department of Human Resources (HR) pre-approval endorsement is required pursuant to procurement regulations pertaining to contracts with an individual; contracts that involve training State employees (except training pursuant to an information technology system procurement); or services relating to the employment of current or prospective state employees (interviewing, screening, evaluating, *et cetera*). This request seeks to ensure that HR is aware of and has an opportunity to review the procurement detailed below and in the attached document(s). This requirement applies to any procurement method regardless of dollar amount.

Please indicate HR endorsement of the described procurement (with the appropriate signature above), and return this document via e-mail at your earliest convenience.

| | |
|--|--|
| Contracting Agency | Tennessee Department of Correction |
| Agency Contact (name, phone, e-mail) | Priscilla Wainwright 615-253-5571 Priscilla.wainwright@tn.gov |
| Attachments Supporting Request (as applicable – copies without signatures acceptable) | |
| <input type="checkbox"/> Solicitation Document <input type="checkbox"/> Special Contract Request <input checked="" type="checkbox"/> Amendment Request <input checked="" type="checkbox"/> Proposed contract or amendment | |
| Subject HR Service Description (Brief summary of HR services involved. As applicable, identify the contract and solicitation sections related to the HR services.) | |
| The vendor currently provides behavioral health services at all the TDOC correctional facilities. | |
| This amendment extends the current contract an additional six months in order to allow the | |

| |
|--|
| Applicable RFS # 32901-31264 |
|--|

| |
|---|
| Department time to complete the RFP process and award a new contract. |
|---|



CONTRACT

(fee-for-goods or services contract with an individual, business, non-profit, or governmental entity of another state)

| | | | |
|------------------------------------|-----------------------------------|---|----------------------------------|
| Begin Date April 1, 2016 | End Date March 31, 2019 | Agency Tracking # 32901-31264 | Edison Record ID 49374 |
|------------------------------------|-----------------------------------|---|----------------------------------|

| | |
|---|----------------------------------|
| Contractor Legal Entity Name Corizon, LLC | Edison Vendor ID 46610 |
|---|----------------------------------|

Goods or Services Caption (one line only)
Behavioral Health Services

| | |
|---|---------------|
| Subrecipient or Contractor <input type="checkbox"/> Subrecipient <input checked="" type="checkbox"/> Contractor | CFDA # |
|---|---------------|

| Funding — | | | | | |
|---------------|-------------------------|---------|----------------------|-------|-------------------------|
| FY | State | Federal | Interdepartmental | Other | TOTAL Contract Amount |
| 2016 | \$ 4,471,735.80 | | \$ 40,000.00 | | \$ 4,511,735.80 |
| 2017 | \$ 18,041,670.80 | | \$ 160,000.00 | | \$ 18,201,670.80 |
| 2018 | \$ 18,619,306.10 | | \$ 160,000.00 | | \$ 18,779,306.10 |
| 2019 | \$ 14,339,747.70 | | \$ 0.00 | | \$ 14,339,747.70 |
| | | | | | |
| TOTAL: | \$ 55,472,460.40 | | \$ 360,000.00 | | \$ 55,832,460.40 |

Contractor Ownership Characteristics:

- Minority Business Enterprise (MBE): African American, Asian American, Hispanic American, Native American
- Woman Business Enterprise (WBE)
- Tennessee Service Disabled Veteran Enterprise (SDVBE)
- Tennessee Small Business Enterprise (SBE): \$10,000,000.00 averaged over a three (3) year period or employs no more than ninety-nine (99) employees.
- Other:

Selection Method & Process Summary (mark the correct response to confirm the associated summary)

- Competitive Selection | RFP
- Other

Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.

Wesley O. Smith

Speed Chart (optional) | **Account Code (optional)**



**CONTRACT
BETWEEN THE STATE OF TENNESSEE,
TENNESSEE DEPARTMENT OF CORRECTION
AND
CONTRACTOR NAME**

This Contract, by and between the State of Tennessee, TENNESSEE DEPARTMENT OF CORRECTION ("State") and Corizon, LLC ("Contractor"), is for the provision of BEHAVIORAL HEALTH SERVICES,, as further defined in the "SCOPE." State and Contractor may be referred to individually as a "Party" or collectively as the "Parties" to this Contract.

The Contractor is a For-Profit Corporation
Contractor Place of Incorporation or Organization: St. Louis, Missouri
Contractor Edison Registration ID # 46610

A. SCOPE:

- A.1. The Contractor shall provide all goods or services and deliverables as required, described, and detailed below and shall meet all service and delivery timelines as specified by this Contract.

The Contractor understands and accepts the TDOC Director of Behavioral Health Services or designee as the final authority for behavioral health services provided under terms of this contract.

The Scope of Services in this contract is mandatory and must be provided at State facilities, unless otherwise specified. The State shall be the final authority in matters of disagreement between the Contractor and the TDOC over provisions of these services.

- A.2.a. The Contractor is obligated to provide the services described herein to inmates incarcerated at the following institutions, as more fully defined in **ATTACHMENT EIGHT**, and on the Departments website at <http://state.tn.us/correction/>

1. Charles B. Bass Correctional Complex (CBCX) – Facility scheduled for closure in 2015 with inmates absorbed in remainder of the system or moved to Private Institutions.
2. Lois M. DeBerry Special Needs Facility (DSNF)
3. Mark H. Luttrell Correctional Center (MLCC)
4. Morgan County Correctional Complex (MCCX)
5. Northeast Correctional Complex (NECX)
6. Northwest Correctional Complex (NWCX)
7. Riverbend Maximum Security Institution (RMSI)
8. Bledsoe County Correctional Complex (BCCX)
9. Tennessee Prison for Women (TPFW)
10. Turney Center Industrial Complex & Annex (TCIX) – (Main – Hickman County, and Annex – Wayne County)
11. West Tennessee State Penitentiary (WTSP)

Operating capacities for aforementioned institutions are found in **ATTACHMENT SEVEN**.

A.3. GENERAL REQUIREMENTS

- a. All services rendered or required pursuant to this contract shall conform to the following standards. All behavioral health care services must, at a minimum, meet the generally accepted standards of mental health care. All care provided shall be constitutionally adequate and designed to meet accreditation standards promulgated by the American Correctional Association. All clinical activity will be conducted in accordance with nationally identified standards and those of State Boards of Licensure. All mental health



care must also conform with any applicable federal, state and local laws, court decisions, court orders, consent agreements, and Tennessee Department of Correction (TDOC) policies whether currently existing or as may be enacted, rendered issued or amended during the term of the contract. Current TDOC policies are posted at <http://www.tn.gov/correction/policies/poly.html>. If any applicable TDOC policy or procedure establishes a higher standard than the national standard then the TDOC policy and procedure will take precedence.

- b. The Contractor's service system shall provide a uniform and consistent continuum of quality mental health service delivery statewide. The Contractor shall work in concert with existing TDOC mental health and medical professionals, and other contract entities, if applicable in providing mental health care.

The Contractor and staff will provide services within the programmatic format defined by the TDOC Director of Behavioral Health Services or designee. The Contractor shall evaluate and diagnose in accordance with the current Diagnostic and Statistical Manual of Mental Disorder.

The Contractor shall provide consultation to the Director of Behavioral Health Services or designee as required.

The Contractor shall provide clinical recommendations and assist with the coordination of referrals of patients to DeBerry Special Needs Facility, Tennessee Prison for Women, or other specialized TDOC treatment units or community-based treatment providers as appropriate within the guidelines of TDOC and clinical standards.

Upon expiration or early termination of this Contract, the Contractor agrees to cooperate with any treatment successor to effect an orderly and therapeutically efficient transition for those patients actively receiving care.

A.4 **ADDITIONAL REQUIREMENTS**

- a. The Contractor will be responsible for providing services at the eleven (11) state managed facilities. The Department defines services according to the following definition: interventions which provide for the detection, diagnosis, treatment and referral of offenders with mental health problems and the provision of a supportive environment when deemed clinically necessary, as well as those services or programs that by policy, statute, or patient need necessitate clinical intervention. Services include but may not be limited to, psychological/psychiatric assessment and evaluation, intake diagnosis, treatment plan development, pharmacological management, behavioral management, individual and/or group therapy, crisis management and case management. Services are time sensitive.

For examples of services see ATTACHMENT SIX – LEVELS OF MENTAL HEALTH CARE AND EXAMPLES OF SERVICES

- b. The Contractor shall, when applicable, provide specialized training and develop mental health programming for the treatment of special populations to include women, juveniles, sex offenders, and trauma victims. The Contractor shall provide appropriately credentialed and trained staff to provide these services and follow the program philosophy and design standards as presented by the State. Providers who deliver sex offender treatment services to offenders will be required to complete all mandated training in accordance with certification as determined by the Sex Offender Treatment Board.



- c. Upon request, the Contractor shall provide technical assistance to the Director of Behavioral Health Services or designee or field personnel in developing the following programs: telepsychiatry, treatment for self-injurious behavior, behavior modification, sex offender treatment, trauma-informed care, unit-based programs for the seriously mentally ill, and any other programs deemed necessary by TDOC for the mental health care of offenders.
- c. The Contractor should anticipate purchasing any additional equipment or furnishings that they determine are needed; e.g., treatment program curricula, psychological test materials, recreational supplies, upgrades to phone/computer systems that the Contractor wishes to have and are approved by the State.

A.5. **TELEPSYCHIATRY.**

- a. The Contractor shall maximize the use of telepsychiatry equipment to reduce the need for off-site consultations in scenarios where doing so does not impede the level of care. This technology shall also expedite the distribution of time sensitive training programs and help reduce travel expenses associated with multi-site meetings. Telepsychiatric video equipment must be standards-based, utilize IP transport and fully interact with TDOC's current videoconferencing systems
- b. The Contractor shall be responsible for the cost incurred on any additional equipment for telepsychiatry. The Contractor shall additionally be responsible for the cost and installation of any special lines installed by the Contractor required for telepsychiatry, and equipment such as scanners and/or facsimile for transmission of required documentation for telepsychiatry services. Additional equipment for telepsychiatry services must be authorized by the State prior to installation. The Contractor shall be responsible for maintenance of any additional equipment.

A.6. **MENTAL HEALTH COVERAGE.** The Contractor shall provide accessibility for twenty-four (24) hours per day, seven (7) days per week per calendar year for emergency consultation with the mental health and medical staff. Such availability may be by telephone or video conferencing systems unless circumstances necessitate on-site delivery. The Contractor will comply with all TDOC policies related to response to emergency calls.

A.7. **PHYSICIAN/ADVANCE PRACTICAL NURSE (APN) COVERAGE WITH SPECIALIZED TRAINING IN PSYCHIATRY.** The Contractor shall provide on-site physician coverage as specified in the approved Minimum Staffing Requirements, **ATTACHMENT FIVE**, and provide supervision of APN and mid-level providers and consultation to nursing staff. Physician/APN coverage shall include psychiatric services for inmates in crisis stabilization units or cells. The Contractor shall provide an on-call physician and/or APN to ensure 24-hour, seven days per week, emergency coverage with telephone response being required within 30 minutes of a notification call from each facility. When deemed necessary, a video call may be used for a more timely response. A physician and/or APN shall determine whether his/her presence is required, give verbal orders and a treatment plan to nursing staff, and provide on-site treatments for mental health crisis intervention required on a 24-hour basis.

A.8. **NURSING PROTOCOLS.** The Contractor is required to submit nursing protocols to the TDOC Director of Behavioral Health Services or designee for written approval by the TDOC Medical Director within the first 30 days of the contract start date and annually thereafter. Such nursing protocols shall be consistent with TDOC nursing protocols and require the prior written approval of the TDOC Medical Director. Any changes to said protocols shall require written approval by the State.

A.9. **CLINICAL SUPERVISION.** The Contractor's licensed staff shall supervise all non-licensed providers in accordance with the Tennessee Health Related Boards Rules and Regulations.



- A.10. **SUPERVISION OF INTERNS.** When applicable, upon approval of the TDOC Director of Behavioral Health Services or designee, the appropriately licensed contract clinician will provide supervision to internship or practicum students. Each psychologist or other licensed clinician can be requested by the State to supervise at least two interns. The Contractor's providers shall be available for teaching purposes and providing training as requested by the State.
- A.11. **DOCUMENTATION.** Contractor's staff shall complete each inmate's medical record with appropriate legible entries in Simple Object Access Protocol (SOAP) format using only standard forms approved by TDOC. All non-standard forms placed in the medical record will require specific approval by the Director of Behavioral Health Services or designee before placing the form in the record.
- A.12. **SECURITY CONSIDERATION.** Due to the nature of correctional facilities, the Contractor must adhere to all security rules of the TDOC. The Contractor shall work with security staff to develop alternatives when particular clinical orders cause particular security concerns with the institution(s).
- A.13. **SCHEDULING OF SERVICES.** In consultation with the case manager coordinator, the Contracted Mental Health Administrator and/or designee at each TDOC site is required to coordinate all inmate mental health appointments with the affected institution(s) and Central Transportation. The Contractor shall provide to the TDOC Central Office, Central Transportation, and affected institution(s) an electronic weekly schedule of all inmates' mental health trips no later than Friday of the preceding week. To promote efficiency, video calls can be used for appointments. The schedule shall include the inmates' names, TDOC numbers, type of movement (temporary/permanent), and location of the move.
- A.14. **RESPONSES TO GRIEVANCES.** The Contractor shall provide assistance for response to inmate complaints and other inquiries regarding any aspect of the mental health care delivery system. The Contractor shall designate a regional staff member to serve as its liaison in addressing inmate complaints and correspondence concerning mental health services associated with the Contractor's service and/or providers. The Contractor shall, within the time-frame specified by the request, provide timely written responses to all requests regarding grievances, family/inmate complaints and third party complaints regarding the delivery of mental health services. A monthly electronic report will be provided to the State summarizing the month-to-date and year-to-date inquiries, resolutions and status of the resolutions.

Complaints regarding the plan of treatment shall be subject to review by the TDOC Director of Behavioral Health Services or such other physician authority designated in accordance with the circumstances of the disputed care. Based upon such clinical review, the State reserves the right to direct the provision of care in disputed cases, and in such event, the Contractor shall comply with the State's directive for mental health care.

For any matter of litigation arising from the delivery of mental health services pursuant to this contract, upon request by the State or its attorneys, the Contractor shall additionally provide all information, consultation, case review, and related documentation that the State may seek in review of such claims. The Contractor shall furnish all such information within such reasonable time-frame as the State shall specify in making a request pursuant to this part.

- A.15. **LEADERSHIP STRUCTURE.** At the institutional level, the Contractor's clinicians (including APN's and psychiatrists) and Clinical Director shall administratively report to the Mental Health Administrator. Leadership at each facility shall consist of a Mental Health Administrator and a Clinical Director. The Clinical Director shall be responsible for the type and quality of clinical services/programming being provided by his/her mental health staff.



- A. 16. **QUALITY IMPROVEMENT.** The Contractor shall comply with the State's quality improvement initiatives in accordance with TDOC policy. The Contractor shall provide the State with a plan for developing a quality improvement program which outlines the reporting mechanisms which will support quality improvement initiatives.
- a. The Contractor shall monitor and measure various clinical, and when applicable, programmatic mental health outcomes. For example, the Contractor shall monitor and evaluate patient responses to prescribed psychiatric medications, i.e., the increase or decrease in positive and negative symptoms. The State, in a cooperative effort, shall assist in the development of additional outcome measures.
 - b. The Contractor shall abide by the following schedule for the development, standardization, and reporting requirements of the outcome measures.
 - 1) 90 days after Contract Commencement Date: The Contractor shall propose in writing to the Director of Behavioral Health Services the standardized outcome measures to be utilized statewide.
 - 2) 120 days after Contract Commencement Date: The Contractor shall have developed, in consultation with the Director of Behavioral Health Services, draft standardization performance measurement instruments that can be used statewide. The instruments may vary based upon the treatment mission and geographical location (e.g., Inpatient Special Needs Facility), but the instruments must be universal enough to yield meaningful information. A reasonable reporting schedule for service outcome data shall be determined within four (4) months of the Contract effective date, based upon the type of service being measured (but not less often than quarterly).
 - c. The Contractor shall report to the Director of Behavioral Health Services the results of any approved and functional performance/outcome measures. The information may be provided in both electronic and hard copy formats as requested by the State. The results will be utilized for service delivery comparisons such as, but not limited to, effectiveness of service delivery. During the development period, a distinction will be made as to whether the performance measure is determining the outcome of a specific program intervention or the expectation of the Contractor.
 - d. Upon approved written consent, the Contractor shall conduct or participate in the development of research studies in conjunction with State and/or any other professional entity deemed appropriate by the State.
 - e. The Contractor will actively participate, when applicable, with the State's Quality Improvement program as it relates to mental health delivery. The Contractor shall have in a place a Quality Improvement Coordinator (QIC) who will work full time in Central Office under the direction of the TDOC Director of Behavioral Health Services. The Contractor's QIC is involved in the ongoing development of Quality Improvement indicators and studies to develop, implement and oversee clinical guidelines, services, and practices to enhance quality and support continuity of care throughout the TDOC mental health delivery system. This individual will participate in the Statewide Quality Improvement Committee as a member and assist in the education and participation of institutional and contract staff in the Continuous Quality Improvement (CQI) Program. All CQI studies require the approval of the Statewide CQI Committee.
 - f. **Peer Review:** Annually, the work of all licensed mental health providers shall be reviewed jointly by the Contractor and appropriate TDOC staff. In an effort to assure clinical performance enhancement, the Contractor shall have a peer review program that is approved in writing, by the TDOC Director of Behavioral Health Services for the



approval of the Statewide CQI Committee within sixty (60) days of the contract execution and annually thereafter, no later than January 1 of each calendar year. The program must either meet or exceed the State's Policy. The State shall be notified of all peer review actions and results of the peer review shall be shared with the State's Peer Review Chairperson and Director of Behavioral Health Services. The State shall review reports and approve the Contractor's plan of corrective action for peer review deficiencies.

- g. The Contractor shall not publish any outcomes based on data obtained from the operation of this Contract without prior written consent of the TDOC.

A.17. **CONTRACT MONITORING.**

- a. The Contractor is required to meet the performance measures listed in **ATTACHMENT THREE** of this contract. To evaluate and assess that all standards are being met and that the Contractor is in full compliance with the Contractor's proposal and this contractual agreement, the TDOC shall utilize the services of Contract Monitors. The Contractor's activities shall be subject to monitoring and evaluation by the State. To accomplish this objective the Contractor shall cooperate fully with all monitoring activity and ensure that the Contract Monitors have full access to all corporate files including but not limited to, personnel records, payroll records, licensure certification, employee evaluations, or any other contract entered into by the Contractor for purposes of carrying out the requirements of the contract. This method of review and reporting shall be ongoing, comprehensive, and expeditious.
- b. The Contract Monitors shall perform, but are not limited to, the following tasks:
 - (1) Review of service levels, quality of care, and administrative practices as specified in the contract
 - (2) Meet on a regular basis with the Contractor and TDOC officials to address contractual issues.
 - (3) Assist in the development of contractual changes (amendments) as needed
 - (4) Review the Contractor's documentation to ensure compliance with contractual obligations
 - (5) Review of the Contractor's personnel work schedules, time sheets, personnel records, and wage forms to ensure compliance with staffing levels and contractual obligations
 - (6) Review of all files, records, and reports pertinent to the provision of inmate mental health care
 - (7) Conduct site visits, interviews, and inspections as required.
To ensure that the quality and timely delivery of services are in compliance with the TDOC's policies and other organizational standards in the provision of mental health care, the Contract Monitors will operate independently of the Contractor. The Contract Monitors shall submit a monthly report of provider services and fulfillment of contractual obligations to the TDOC contact person. Based on these reports, the State may require that the Contractor take specified corrective action.
- c. The Contractor shall adhere to the specific performance measures outlined in **ATTACHMENT THREE**. The State shall reserve the right to expand upon existing performance measures or create new ones. The State's expectation is that the Contractor will comply with the new performance measures no later than 30 days after being notified of any new measure(s).
- d. The State's Director of Behavioral Health Services shall review mental health performance measures to determine compliance. If services designated to the



Contractor are deemed non-compliant, the State's Director of Behavioral Health Services shall submit to the Contractor a notice of non-compliance citing the specific non-compliant issue(s). The Contractor will have 15 calendar days to respond regarding the interpretation of the findings. In the event the Director of Behavioral Health Services determines, after receiving the Contractor's response or if no response is received after the 15th calendar day, that the findings of deficiency are valid, liquidated damages shall apply as detailed in **ATTACHMENT FOUR** – Liquidated Damages Schedule. The Contractor's payment shall be reduced by the amount of any accrued assessment of liquidated damages beginning thirty (30) days after the date of the notice of non-compliance. The TDOC may request the Contractor to provide recommendations to improve the areas found to be of concern to the Department and determine a date to obtain the recommendations. A plan of action with a progress report from the Contractor may be required if such action is requested by the Department.

If the State's Director of Behavioral Health Services, at the Director's sole discretion, shall determine that the specific non-compliant issue(s) constitute an emergency situation, the Contractor will have 48 hours to respond regarding the interpretation of the findings. In the event the Director of Behavioral Health Services determines, after receiving the Contractor's response or if no response is received after the 48 hours, that the findings of deficiency remain valid and uncorrected, liquidated damages shall apply as detailed in **ATTACHMENT FOUR** – Liquidated Damages Schedule.

- e. The Contractor shall distribute on a semi-annual basis, no later than April 1 and October 1 of each calendar year, a questionnaire addressing the existing satisfaction of services. This questionnaire shall be forwarded to each facility for response. The questionnaire should target the mental health personnel, as well as key administrative and medical personnel. The summary of findings will be submitted to the Director of Behavioral Health Services. The TDOC may request the Contractor to provide recommendations to improve the areas found to be of concern to the Department and determine a date to obtain the recommendations. A plan of action with a progress report from the Contractor may be required if such action is requested by the Department.
- A.18. **INNOVATION INITIATIVES:** The State will entertain proposals from the Contractor for initiatives that reduce costs and/or improve services. The Contractor shall submit to the TDOC Director of Behavioral Health Services any such proposal in writing, outlining in detail the initiative, service improvement and/or cost reduction. Implementation of such proposal requires the prior written approval of the State.
- A.19. **REENTRY AND MENTAL HEALTH TRANSITIONAL SERVICES.**
- The Contractor is responsible for assisting in the coordination of mental health services for inmates' pre-release planning in accordance with TDOC policy. In addition, the Contractor is responsible for issuing inmates the balance of their medications upon their release. In accordance with Policy # 113.70, the supply shall be a minimum of 14-days and shall not exceed 30 days. The Contractor must comply with the State's medication policies.
- A.20. **LITIGATION ISSUES.** The Contractor shall cooperate fully with the State in all matters of litigation arising from the Contractor's delivery of mental health services pursuant to this contract. The Contractor shall be required to furnish all evidence and to provide all general and expert testimony requested by the State in connection with inmate litigation. The Contractor shall notify the State whenever an agent, affiliate, independent sub-contractor, or any person performing services under this contract is asked to testify or provide an opinion or evidence in any litigation involving the TDOC, its staff, or any inmate.
- A.21. **CONTRACT MANAGEMENT:** During the course of this contract the State recognizes that service issues may arise. Issues may be facility specific, while others may affect multiple



facilities. The Contractor shall retain, at a minimum, the following personnel onsite in Tennessee to coordinate and manage the scope of services of this contract.

- a. **Administrator.** The Contractor shall designate a local individual with the overall administrative responsibility for this contract. Candidates for this position will be presented to the TDOC Director of Behavioral Health Services or designee for interview and approval prior to hire. This person shall be available to consult and coordinate daily operations of service delivery with the State's Director of Behavioral Health Services and/or designated State officials. The administrator is a full time position and a focus of this contract is the sole duty of this individual. In the event the administrator is absent, TDOC will be notified and receive notification of the individual who will perform this function until the administrator returns.
- b. **Clinical Director.** The Contractor shall designate a Clinical Director who will be a licensed psychologist with a Health Service Provider designation in the State of Tennessee, and who has experience in managing the clinical aspects of clinical mental health operations. This individual will serve as the clinical liaison for the Contractor to the TDOC Medical and Behavioral Health Services Directors. This individual should have designated clinical duties as well as administrative time adequate to meet the requirements of the Department. This individual is responsible for communication of clinical information from TDOC to contract providers. The Director of Behavioral Health Services may request that the Clinical Director work in Central Office.
- c. **Psychiatric Director.** The Contractor shall designate a Psychiatric Director who will be a board certified psychiatrist in the State of Tennessee and has experience managing psychiatric aspects of clinical mental health operations. This individual will work under the direct oversight of the Director of Behavioral Health Services and will serve as the psychiatric liaison for the Contractor to the TDOC Medical and Behavioral Health Services Directors. This individual should have designated clinical duties as well as administrative time adequate to meet the needs of the Department. This individual is responsible for communication of clinical information from TDOC to contract psychiatric providers and shall work in Central Office if requested by the Director of Behavioral Health Services. This individual is additionally responsible for developing protocols to ensure the appropriate use of psychotropics within a larger behavioral health approach to addressing inmates' mental health needs. The Administrator, Clinical Director, and Psychiatric Director will serve as the point of contact for the Director of Behavioral Health Services and/or designee on all contract related issues, attend scheduled meetings, and respond to requests for information as needed.
- d. **Case Management Coordinator.** The Contractor shall designate a full time Statewide Case Manager Coordinator (CMC) who will be assigned to work in the Central Office. This individual will work under the direction of the TDOC Director of Behavioral Health Services and will serve as the coordinator for mental health case management throughout TDOC in conjunction with institution case managers. This individual will be responsible for coordination of transitional services for those individuals who will be in leaving TDOC custody and who will be in need of mental health services upon release.
- e. **Substance Use Program Director.** The Contractor will designate a full-time Licensed Alcohol and Drug Abuse Counselor with a Qualified Clinical Supervisor endorsement to be the State Substance Use Program Director. This individual will be assigned to work out of Central Office but will not be a State employee. This individual will be responsible for ensuring all substance use disorder treatment services are delivered in a timely manner consistent with generally accepted standards of care with a focus towards improved outcome measures. This individual will be expected to visit all TDOC institutions and to communicate any issues related to the delivery of substance use disorder treatment to the TDOC Director of Behavioral Health Services or designee. The



Substance Use Program Director will review clinical needs of inmates and specialty consultation information as determined by and in conjunction with the TDOC Director of Behavioral Health or designee, which may include a daily discussion of the status of program, contract compliance with review, approval, denial, or alternative treatment recommendations for other specialty programs by institutional program managers.

- f. **Continuous Quality Improvement Coordinator.** The State requires the Contractor to designate a full time continuous quality improvement coordinator who shall be responsible with the Director of Behavioral Health Services or designee for developing and implementing a mental health Continuous Quality Improvement Program. The CQI Coordinator will assist in the development of clinical guidelines and enhance the quality of the State's behavioral health operations. The CQI Coordinator will work in Central Office and will visit all facilities frequently to survey the CQI program to ensure compliance with ACA Standards and TDOC policies.
- g. **Clerical Staff.** The Contractor shall have adequate clerical staff to carry out the functions detailed in this contract.
- A.22. **STAFFING REQUIREMENTS.** Notwithstanding any provision contained herein to the contrary, the Contractor shall provide adequate and qualified staff to fulfill its obligations under this contract. Staffing shall, at a minimum, be in accordance with the staffing plans in the Contractor's bid proposal. The Contractor is to utilize the State's approved minimum staffing plan for each institution. In the event of vacant positions, the Contractor is required to provide adequate coverage to meet all required services. Any staffing plan changes during the term of the contract shall require the State's written approval. The Contractor shall submit monthly staffing reports on or before the fifteenth (15th) of each month demonstrating the preceding month's actual staffing compared to the staffing plan for each institution. If a change in circumstances calls for a modification in those requirements, the Contractor and the State will review those changed circumstances and a formal review will determine any changes in staffing requirements at the sole discretion of the State. The State reserves the right to remove from an institution or prohibit entry to an institution any of the Contractor's employees or subcontractors if necessary. Minimum staffing requirements are delineated in **ATTACHMENT FIVE**.
- a. **Pre-Employment Screening.** The Contractor, at a minimum, shall include the following in its pre-employment review:
- (1) Current licensure certification verification (if applicable)
 - (2) Drug testing
- b. **Background Investigations.** The Contractor shall not hire ex-felons or relatives of felons currently incarcerated in Tennessee. Prior to employment with the Contractor, applicants shall be subjected to a thorough background investigation. Criminal and employment histories must go back a minimum of five (5) years. Said background investigations shall be available to the State upon request. The Contractor shall immediately cause a "Criminal History Request" from the National Crime Information Center (NCIC) to be completed on each individual hired at a facility. The request shall be forwarded to the State and processed in accordance with procedures established by the Commissioner of the TDOC. In no instance may an employee begin work in a facility until the NCIC check has been completed; however, the employee may participate in pre-service training while the check is in process. The State shall notify the Contractor whether or not the employee is cleared for further consideration of employment.

In addition to the initial background checks, the State, at its discretion, may request criminal history record checks on any of the Contractor's employees or subcontractors. If requested by the State, the Contractor must submit copies of driver's licenses and/or social security cards to be on file with the State.



- c. Personnel Files. Personnel files of all subcontractors and contract employees shall be on file at the facility. The files shall be made available to the facility warden or designee.
- d. Bilingual Personnel. The Contractor shall make best efforts to ensure that a sufficient number of staff are bilingual in English and Spanish. The Contractor shall provide translation services to meet the needs of the inmate population. Inmates shall not be utilized as translators for clinical staff.
- e. Employee Uniforms. The Contractor shall require all of its employees to comply with the TDOC policy concerning uniforms. The Contractor is responsible for the expense of purchasing uniforms.
- f. Approval of Key Staff: The State reserves the right to approve or disapprove any individual or business entity whether it is an independent contractor or subcontractor that the Contractor seeks to utilize. The TDOC Director of Clinical Services and/or Director of Behavioral Health Services shall interview certain key prospective employees of the Contractor prior to their assignment to the contract. The Contractor shall not assign these key personnel until written approval is received from the State. The Contractor shall request and receive written approval from the State for the following prior to their assignment to the contract:
- (1) The Contractor's personnel with overall responsibility for this contract with the exception of clerical staff (See Section A.21)
 - (2) All Mental Health Administrators assigned to any TDOC institution(s)
 - (3) All licensed providers.
 - (4) The Contractor shall consult the State for input and recommendations before hiring, dismissing, or changing a location of a site Mental Health Administrator or Clinical Director.
- g. Employee Orientation and Training. The Contractor shall ensure that all its full-time employees assigned to TDOC institutions participate in the TDOC's pre-service training program regarding State policies and procedures and security considerations as defined in TDOC policy. Current contract employees who transition to the Contractor are exempt from this requirement providing the aforementioned transition takes place in the same institution where they currently work. Training may be delivered using video conferencing systems if deemed necessary and practical.
- (1) General Requirements. The Contractor shall develop and submit for the State's approval the Contractor's plan for initial orientation and training of the Contractor's staff. The Contractor shall be responsible for salaries/wages and travel expenses of its employees while in training. The State shall waive orientation for the Contractor's employees who have completed TDOC's orientation within the preceding two (2) years as TDOC employees or employees of a predecessor contractor and are assigned to the same institution. Each year thereafter, the Contractor shall provide a minimum of forty (40) additional hours of job-related training for all its employees. The training is to include at least eight (8) hours of update training on TDOC policies.
 - (2) Staff Training Curriculum. Within the first sixty (60) days of the commencement of the contract, the Contractor shall develop and submit for the State's approval the Contractor's training curriculum.
 - (3) In-Service Training. The Contractor shall provide in-service training/staff development to its employees. The Contractor shall submit a calendar of



managerial and clinical in-service topics to the State for approval in June of each year. At a minimum, the in-service training provided by the Contractor shall meet the ACA standards for staff work.

- (4) Additional Training. The Director of Behavioral Services may request the Contractor to conduct additional training for contracted employees on topics related to the delivery of mental health services to an offender population. The Contractor will be responsible for costs associated with training, including travel, lodging, and per diem. If outside presenters are used to conduct training, the Contractor may be asked to cover the cost associated with the use of such presenters.
- (4) Training of Other Staff. The Contractor shall develop and deliver a training program at each institution for all non-behavioral health staff. Such training shall consist of four (4) hours of classroom time annually. The training shall include, but be limited to:
 - (a) Mental health crisis intervention
 - (b) Conflict de-escalation techniques
 - (c) The use of interpersonal skills in the management of offenders

h. Staff Vacancies. When a mental health professional leaves the Contractor's service, the Contractor will have thirty-one (31) days to secure a replacement.

i. Staff Coverage. The Contractor shall assure that adequate backup replacement coverage is in place to address the clinical needs of any State facility in the absence of contract staff regardless of cause for the absence. The TDOC has the authority to determine the time the individual providers are expected to be on site. Any deviation from the determined time requires approval of the TDOC Director of Behavioral Health Services or designee. The Contractor shall provide a back up plan for the provision of holiday and emergency deliveries. The plan must be approved by the State within thirty (30) days of the contract implementation date.

- (1) Adequate relief time should be built into the proposed staffing plans to ensure coverage during orientation/training, leave, and holidays. At any time, the Contractor may request written approval from the State to adjust any facility's staffing plan as necessary to better meet the clinical obligations of the health delivery system.
- (2) The State may require the Contractor to modify staffing provisions if, upon review, the provision of services is deemed unacceptable in meeting the clinical or program needs at any given TDOC facility.

A.23. **TENNESSEE OFFENDER MANAGEMENT INFORMATION SYSTEM (TOMIS)**.

The Contractor shall at all times honor the security of the TDOC Tennessee Offender Management Information System (TOMIS) information and shall not misuse, abuse, alter or attempt to alter the information contained within TOMIS, except as it pertains to the use and data entry requirements necessary to fulfill the Contractor's obligations under the terms of this contract. The Contractor shall enter specific mental health classification information, diagnostic codes, levels of service, service delivery information and any other information as requested by the Director of Behavioral Health Services or required by TDOC policy into TOMIS. Training and access to the equipment shall be provided by the State.

A.24. **PSYCHIATRIC SERVICES**



- a. Licensed physicians who are board certified or eligible in psychiatry in the State of Tennessee shall provide psychiatric services. Under protocols approved by the supervising psychiatrist, the appropriately trained and credentialed Advanced Practical Nurse (APN) may provide the delivery of psychiatric services. The Contractor shall ensure that the institutional health services and mental health administrators have a copy of the protocol and signed agreement between the psychiatrist and the APN onsite. Standards of practice shall be according to those of the community and in compliance with State and federal laws. The credentials of psychiatrists and APN's will be presented to the TDOC Director of Behavioral Health Services for review and approval prior to hire. The TDOC Director of Behavioral Health Services reserves the right to request that the candidates be reviewed by the TDOC Director of Health Services or designee.
- b. The Contractor shall complete psychiatric evaluations/assessments as necessary and provide an individual treatment plan specific for those patients requiring psychiatric intervention to include medication. The psychiatrist/APN may be requested to perform 30-day and/or 90-day reviews for inmates in restrictive housing.
- c. The Contractor shall provide a direct assessment to a patient within seventy-two (72) hours from the time a telephone order was given for cases involving restrictive therapeutic dispositions. The Contractor shall provide a direct assessment to inmates placed in therapeutic restraints for 24 continuous hours.
- d. Patients shall have a documented physical assessment prior to the prescribing of a psychotropic medication. Documentation of the evaluation shall be placed in the medical record.
- e. All medications shall be reviewed, and orders renewed if necessary, at least every ninety (90) days. Review of non-physician provider records will be done in accordance with Tennessee laws and applicable professional credentialing organizations.
- f. Patients receiving psychotropic medications shall receive a direct assessment from an approved prescribing mental health provider prior to ninety (90) days elapsing.
- g. The Contractor shall provide an appropriate level of psychiatric monitoring of patients requiring psychotropic medication intervention.
- h. Upon request by the TDOC Director of Behavioral Health Services and/or institutional Mental Health Administrator, the Contractor shall assess and follow established TDOC guidelines for clinical placement in TDOC contracted Transition Centers and/or release centers.
- i. The Contractor shall develop clinical protocols for drug testing inmates on psychotropic medications. The Contractor shall submit such protocols to the TDOC Director of Behavioral Health Services or designee for review and approval no later than thirty (30) days after the contract commencement date.
- j. The Contractor will provide psychiatric services either on-site or through telepsychiatry for the Women's Transition Center in Chattanooga. These inmates are medically cleared and need minimal psychiatric services during their time there. The purpose of this service is to avoid transportation of inmates from Chattanooga back to a TDOC facility for medication issues that can be handled locally. The provider will communicate with the Mental Health Administrator at the TDOC facility at which the inmate was housed prior to transfer to Chattanooga. The provider can be a psychiatrist or an Advanced Practice Nurse who is supervised by one of the Contractor's psychiatrists.

A.25. **PHARMACEUTICAL RESPONSIBILITIES**



- a. The Contractor will be responsible for the costs of all psychiatric medications prescribed by the Contractor's providers. The State shall reimburse the Contractor for fifty percent (50%) of the cost of all psychiatric medications as further detailed in the Payment Methodology at Section C.3.
- b. The Contractor shall utilize expert-based guidelines for the delivery of psychiatric medications under the direction of the Contractor's Psychiatric Director. The Contractor shall submit such guidelines to the TDOC Director of Behavioral Health Services or designee for review and approval no later than thirty (30) days after the contract commencement date. Any future revisions shall be approved by the State prior to implementation by the Contractor.
- c. Prior to or upon the start of services under this contract, and annually thereafter in accordance with TDOC policy, the Contractor shall provide a universal stock list of psychiatric medications for approval by the TDOC Pharmacy and Therapeutics Committee. Stock medications shall be provided at each site and made available for administration by medical staff.
- d. The Contractor shall assign a qualified staff person to participate as a member of the State's Pharmacy and Therapeutics Committee, which meets regularly.
- e. The Contractor is responsible for collaborating with and utilizing the Department of Correction's pharmacy vendor. The Contractor shall assign a qualified person as the primary liaison between the Contractor and the pharmaceutical company as it pertains to delivering services described in this contract. The Contractor will provide the pharmacy with a list of all prescribing providers subcontracted or employed by the Contractor for purposes of prescription approval and billing purposes within one working day of the provider's start of provision of services.
- f. The Contractor shall submit a copy of the formulary to the TDOC Pharmacy and Therapeutics Committee for written approval prior to the start of the contract and then annually, no later than July 1st of each year, if any changes are made in the content of the formulary. The formulary will include an acceptable range of psychiatric medications that encompasses clinically appropriate medications including generic equivalents, when applicable. The State and/or Contractor, through the utilization of the Pharmacy and Therapeutics Committee, can recommend the inclusion of other medications when clinically justified. All changes to the formulary require the approval of the Pharmacy and Therapeutics Committee and must be signed by the Chairperson of the Committee. The Contractor shall identify the process for approval of non-formulary requests and assure that all non-formulary requests are dealt with in an expedient manner to ensure that no delay will have an adverse impact on patient outcome. The Contractor agrees to use pharmaceutical services approved by the TDOC.

A.26. PSYCHOLOGICAL SERVICES

- a. The delivery of psychological services shall be provided by Psychologists with Health Service Provider designation, Senior Psychological Examiners (SPE), Licensed Clinical Social Workers (LCSW), Psychological Examiners (PE) who are licensed by the State of Tennessee or who have legal reciprocity to practice in the State of Tennessee, or Masters level staff under the supervision of a licensed provider. Standards of practice shall be in accordance with those of the community and with State and federal laws.
- b. The Contractor shall complete psychological evaluations/assessments as requested and provide an individual treatment plan specific for those patients requiring psychological and/or psychotropic intervention(s).



- c. Upon request by the TDOC Director of Behavioral Health Services and the institutional Mental Health Administrator, the psychologist shall provide Special Education Evaluations. The Contractor may utilize an appropriate trained educator provide the education testing portion of these services.
- d. The Psychologist/SPE/LCSW/PE or a Masters level provider under the clinical supervision of a Psychologist/SPE/LCSW will provide group therapy when indicated. Therapy groups will be designed to target symptoms identified with the mental health treatment plan.
- e. The Psychologist/SPE/LCSW/PE or a Masters level provider under the clinical supervision of a Psychologist/SPE/LCSW will provide in-cell programs to inmates in restrictive housing or use video conferencing systems when appropriate.
- f. The Psychologist/SPE/LCSW/PE will provide individual therapy only when indicated and, after twelve (12) individual sessions, will present justification for continuing individual therapy in writing in a copy of the treatment plan to the institution's Clinical Director. Every reasonable effort will be made to incorporate individuals on the mental health caseload into group therapy.
- g. The Contractor's Clinical Director at each institution will review a representative sample of treatment team documentation and shall participate in the treatment team reviews as necessary.
- h. The Contractor's Clinical Director at each comprehensive site shall provide clinical supervision and/or consultation to institutional mental health staff. In addition, the Clinical Director or designee shall provide consultation on inmate-related care issues to other staff working within the TDOC.
- i. The Contractor shall complete 72-hour, 30-day, and 90-day mental health assessments on inmates in restrictive housing as policy dictates.
- j. Upon request by the TDOC Director of Behavioral Health Services and/or institutional Mental Health Administrator, the Contractor shall provide or assist in providing a mental health education program to other institutional staff that shall include, but not be limited to, the following:
 - 1. Early detection of potential mental health problems, i.e., signs and symptoms of mental illness, intellectual disorders, developmental disorders, and substance disorders.
 - 2. Crisis intervention/suicide prevention.Said services may be provided in written format, audio/visual presentation, role-play, teleconferencing, etc.

A.27. NORTHWEST CORRECTIONAL COMPLEX (NWCX) SPECIAL EDUCATION PROGRAM

- a. Upon request of the TDOC Director of Behavioral Health Services, the Contractor will administer appropriate evaluations for eligible inmates to determine learning disability, intellectual disability, emotionally disturbed, attention deficit disorder, or multi-handicapping conditions.



- b. The Contractor shall provide services on-site at the state prison. The Program location may change as the Department's Mission changes. Services must be provided within fifteen (15) days of the initial request.
- c. The Contractor shall write an integrated psychosocial report with eligibility documentation. The report should be sufficient in scope to develop an Individual Education Plan (IEP).
- d. The Contractor shall provide individual and group meetings as requested. The Contractor will also attend IEP (Individual Education Plan) meetings as requested.

A.28. **CASE MANAGEMENT SERVICES.**

Case management services shall be provided by case managers with a Bachelor's Degree in behavioral science with experience in inmate/offender mental health care. Upon commencement of this agreement, the Contractor shall provide and/or assist with the mental health case management services for inmates with a mental illness. These services include efforts to coordinate and provide continuity of mental health care for offenders upon entry, by coordinating for the provision of adequate level of care during incarceration, by coordinating referrals to DeBerry Special Needs Facility, Tennessee Prison for Women, or other specialized TDOC treatment units for inmates with a mental illness and at risk of needing a higher level of care, and community services upon release. The Contractor's case management procedures require the approval of the State within the first ninety (90) days of the effective date of the contract and annually, no later than April 1 of each year.

- a. **Guidelines.** The procedures shall provide written guidelines for the provision of efficient and quality case management services. The State may mandate changes to the Contractor's case management procedures at any time it deems necessary to serve the mental health interests of inmates or the best interest of the State. Required elements of case management services include:
 - 1. Coordination of referrals to DeBerry Special Needs Facility, Tennessee Prison for Women or other specialized TDOC treatment units within thirty (30) days from the time the provider makes the request. Delivery of care services is required within the time limits specific by the performance measures listed in **ATTACHMENT THREE** of this contract.
 - 2. Development and implementation of an effective method to coordinate with the TDOC classification and transportation departments for inmate transfers and movement.
 - 3. The Contractor shall provide clinical recommendations/consultations and assistance with coordination of patient referrals to other specialized TDOC programs, or designated contract hospitals or community based treatment programs as applicable.
 - 4. Development of aftercare plans for inmates with medical and/or mental health needs to facilitate successful reentry into the community.
 - 5. Assisting inmates in applying to the Social Security Administration, the Veterans Administration and other governmental agencies in order that they may receive benefits upon release to which they may be entitled.
 - 6. Communication with Forensic Social Workers in the community to facilitate continuity of care during the inmate's transition from incarceration to the community.
 - 7. Establishment of designated staff to be responsible for case management services.



A.29. THERAPEUTIC RECREATIONAL ACTIVITY SERVICES

Therapeutic recreational activity services shall be provided by Recreation Therapists with a Bachelor's degree in recreational therapy or closely related field (NCCAP certification preferred). The Contractor shall provide therapeutic activity services utilizing activities as a form of active treatment to improve the physical, cognitive, emotional, and social functioning and to increase independence in life activities. Therapeutic Recreational Activity therapists shall be distributed among the MH units/programs according to need and upon approval of the Director of Behavioral Health Services. The highest needs are found at Therapeutic Units, Level III and Level IV Supportive Living Units.

The Contractor shall provide therapeutic recreational activity staff as part of the interdisciplinary treatment. The Activity Therapist will provide, but not to be limited to, the following duties:

- a. Conducting activity therapy assessments
- b. Attend mental health staff meetings
- c. Participate in treatment team meetings
- d. Plan and organize group and individual activities
- e. Establish goals and objectives for each activity to meet inmate needs
- f. Conduct group and individual programs
- g. Maintain required documentation
- h. Maintain and order supplies
- i. Supervise volunteers/student interns
- j. Leisure counseling/education

A.30. SUBSTANCE USE DISORDER TREATMENT

- a. The Contractor shall be responsible for recruiting, training, and supervising all contract and counseling staff in the delivery of substance use treatment services. Each program manager must currently be and maintain Licensed Alcohol and Drug Abuse Counselor (LADAC) licensure, International Certification & Reciprocity Consortium-Advanced/Regular Alcohol and Other Drug Counselor (ICRC-A/AODAC) certification or National Association of Alcohol and Drug Abuse Counselors-Certified Addiction Counselor (NCAC I, II or Master) certification. All other staff must be licensed or working toward licensure with one of these organizations.
- b. The Contractor shall develop and implement an in-prison, comprehensive cognitive behavioral, Substance Use Disorder (SUD) Treatment Program established on a Modified Therapeutic Community (MTC) model for incarcerated felony drug offenders, which will require all inmate participants to complete within nine (9) to twelve (12) months of program admission.
- c. The Contractor shall develop and implement an Intensive Substance Use Disorder (SUD) Group Therapy Program that is evidence-based and addresses inmate's criminogenic needs. Intensive Substance Use Disorder Group Therapy Programs shall be provided at



minimum 150 hours and not to exceed 180 hours. The caseload ratio for each program will be determined by the Director of Behavioral Health Services or designee.

- d. The Substance Use Disorder Treatment Programs will be located at the following facilities:

Bledsoe County Correctional Complex

124 Beds (104 Male MTC beds, 20 Intensive SUD Group Therapy beds)

Required Contractor Staffing: One (1) Licensed Alcohol and Drug Abuse Counselor and four (4) Non-licensed alcohol and drug abuse counselor interns (full time positions or their equivalents working standard week of 37.5 hours).

Lois M. DeBerry Special Needs Facility

32 Beds (32 Male MTC beds)

Required Contractor Staffing: One (1) Licensed Alcohol and Drug Abuse Counselor (full time position or the equivalent working standard week of 37.5 hours) and one (1) Non-licensed alcohol and drug abuse counselor intern (full time positions or their equivalents working standard week of 37.5 hours).

Morgan County Correctional Complex

193 Beds (124 MTC beds, 69 Intensive SUD Group Therapy beds)

Required Contractor Staffing: Two (2) Licensed Alcohol and Drug Abuse Counselors and six (6) Non-licensed alcohol and drug abuse counselor intern (full time positions or their equivalents working standard week of 37.5 hours).

Mark L. Luttrell Correctional Complex

52 Beds (32 MTC beds, 20 Intensive SUD Group Therapy beds)

Required Contractor Staffing: One (1) Licensed Alcohol and Drug Abuse Counselor and two (2) Non-licensed alcohol and drug abuse counselor intern (full time positions or their equivalents working standard week of 37.5 hours).

Northeast Correctional Complex

20 Beds (20 Intensive SUD Group Therapy beds)

Required Contractor Staffing: One (1) Licensed Alcohol and Drug Abuse Counselor (full time position or the equivalent working standard week of 37.5 hours).

Northwest Correctional Complex

176 Beds (161 MTC beds, 15 Intensive SUD Group Therapy beds)

Required Contractor Staffing: Two (2) Licensed Alcohol and Drug Abuse Counselor and four (4) Non-licensed alcohol and drug abuse counselor intern (full time positions or their equivalents working standard week of 37.5 hours).

Riverbend Maximum Security Institution

20 Beds (20 Intensive SUD Group Therapy beds)



Required Contractor Staffing: One (1) Licensed Alcohol and Drug Abuse Counselor (full time position or the equivalent working standard week of 37.5 hours).

Tennessee Prison for Women

64 Beds (49 MTC beds, 15 Intensive SUD Group Therapy beds)

Required Contractor Staffing: One (1) Licensed Alcohol and Drug Abuse Counselor and three (3) Non-licensed alcohol and drug abuse counselor intern (full time positions or their equivalents working standard week of 37.5 hours).

Turney Center Industrial Prison Complex (TCIX Annex 2-Wayne County, Clifton Tennessee)

358 Beds (193 MTC beds, 15 Intensive SUD Group Therapy beds), 50 Parole Technical Violator Program Intensive SUD Group Therapy beds, 50 Probation Technical Violator Program Intensive SUD, 50 Boot Camp Intensive SUD Group Therapy)

Required Contractor Staffing: Three (3) Licensed Alcohol and Drug Abuse Counselor and eight (8) Non-licensed alcohol and drug abuse counselor intern (full time positions or their equivalents working standard week of 37.5 hours).

West Tennessee State Prison

20 Beds (20 Intensive SUD Group Therapy beds)

e. Required Contractor Staffing: One (1) Licensed Alcohol and Drug Abuse Counselor. The Contractor shall design and implement a treatment program consistent with the staffing in ATTACHMENT FIVE that shall include the following treatment elements:

1. Classic Cognitive-Based Modified Therapeutic Community Structure:

- Screening and Assessment
- Pre-testing designed to evaluate the inmate participant's cognition, psychological functioning, and social orientation at intake.
- Post-testing designed to evaluate the program's effect on change in the inmate participant's cognitive, psychological functioning and social orientation upon program completion.
- TC roles and job functions
- Cognitive-based curriculum including one or a combination of the following:
 - Cognitive Behavioral Therapy (CBT)
 - Rational Emotive Therapy (RET)
 - Rational Emotive Behavioral Therapy (REBT)
- Utilization of Motivational Interviewing skills set
- Utilization of Transtheoretical Model of Change Theory (Stages of Change) skills set
- Program rules that govern TC participation
- Community dynamics including but not limited to: Push-ups, pull-ups, mentor system, role modeling, awareness sessions, accountability process, peer support/interaction, peer hierarchy, learning experiences, etc.
- Program incentives to recognize pro-social behavior changes



- Community meetings
- 2. Integrity/Accountability Group
- 3. Cognitive Restructuring and Conflict Resolution/Anger Management
- 4. Problem solving Training
- 5. Identifying Anti-Social and Reinforcing Pro-Social Thinking Patterns
 - Criminal Thinking Errors
 - Rational Thinking Errors
- 6. Substance Use Treatment
- 7. Pro-Social Leisure and Positive Recreation Outlet Planning
- 8. Family and Positive Companion Planning
- 9. In House Mentoring Program
- 10. Individual and Group Counseling
- 11. Victims Impact
- 12. Job Readiness
- 13. Re-entry Planning
- 14. Drug Testing in collaboration with TDOC.
- 15. On-site aftercare once a week for participants who complete programming and are released back to the general prison population. Contractor will also be responsible for communication between the clinical treatment staff: substance use program managers, mental health administrators, and medical administrators, classification, and the Institutional Parole Officer.

Additionally, programming with female offenders will include all the above as well as, but not limited to, the items listed below:

- 1. Children and families
 - 2. Trauma
 - 3. Orientation to co-occurring disorders
 - 4. Victim's Stance issues/Violence Prevention
 - 5. Establishing a safe environment for counseling.
- f. The Contractor shall design and implement a SUD Intensive Group Therapy Treatment Program that shall include the following treatment elements:
- 1. SUD individual and group counseling
 - 2. Cognitive Behavioral Therapy
 - 3. Criminal Thinking Error Awareness
 - 4. Individual Counseling
 - 5. Relapse Prevention Skills Building
 - 6. Victim Impact
 - 7. Re-entry Planning
 - 8. Anger Management
- g. The Contractor shall provide SUD Treatment Services for a minimum of 1,059 beds (SUD MTC and Intensive SUD Group Therapy) on an annual basis. All treatment services shall be conducted in accordance with TDOC Policy 513.07 (*incorporated herein by reference*). Contractor must conform to any applicable federal, state and local laws, court decisions, court orders, consent agreements, and TDOC policies whether currently existing or as may be enacted, rendered, issued or amended during the term of the contract. Current TDOC policies are accessible at each TDOC facility and available to



the Contractor. Any revisions in the TDOC Policy will be sent to the Contractor at the email address provided in Special Terms and Conditions, of the contract. Prior to implementation of every required program, the Contractor must submit proposed program to the Director of Behavioral Health Services or designee for approval. The Contractor's SUD MTC Treatment Program will include the following phases and associated treatment components.

1. **Phase I (Orientation and Identifying Anti-Social Thinking Patterns)** - During this phase of treatment participants will be oriented to the rules and regulations of the MTC. An individualized treatment plan will be developed within the first thirty (30) days upon entry into the program. This phase is highly structured and should last a minimum of ninety (90) days. Each participant will be involved in, at a minimum, fifteen (15) hours of therapeutic activities per week. During Phase I, staff must develop a therapeutic relationship with program participants that will motivate them in identifying their anti-social actions and help them come to a personal decision that their behaviors need to change. Therapeutic activities may be divided between Getting Motivated to Change, cognitive behavioral therapy sessions designed to identify and address anti-social thinking patterns, cognitive behavioral drug treatment, MTC related journal work groups, parenting classes and in-prison community service-work.
2. **Phase II (Main Treatment: Substance Use Counseling and Pro-Social Skill Development)** - This will be the most intensive phase of the treatment program in that each participant will be involved in (15) fifteen hours (minimum) of therapeutic activities per week. Participants in Phase II should already understand the anti-social aspects of their past behavior and have made the personal decision to change those behaviors. During this phase of treatment participants may be involved in a combination of the following activities; cognitive behavioral drug treatment through journaling, modeling and role plays, individual counseling, cognitive behavioral group counseling dealing with rational thinking errors, MTC related groups, community service work, parenting and family skills, Victim's Impact, Victim's Stance (Women), anger management, and healthy lifestyle classes. Participants may progress through this phase at their own pace. This phase may last a minimum of three (three) to a maximum of six (6) months based in each participant's individual progress.
3. **Phase III (Transition, Reintegration, Relapse Prevention and Giving Back)** - This phase of the treatment program will focus primarily on issues relating to community re-integration, general population reentry, relapse prevention and assisting others who are new to the Modified Therapeutic Community. This phase may last a minimum of two (2) to a maximum of four (4) months. During this phase each program participant must develop a re-entry plan as specified in Policy 513.07. Re-entry plans should have specific goals, specific steps to reach the goals, and specific time frames for completion of goals for all aspects of the participant's re-entry (i.e., identification, family/spousal relationships, transportation, housing, employment, etc.). Each participant shall receive, at a minimum, nine (9) hours of documented therapeutic activities per week. Services will include a combination of the following; relapse prevention, cognitive behavioral group counseling dealing with criminal thinking errors, pro-social leisure and positive recreational outlets, employment readiness, and introduction to Twelve Step Fellowship meetings (non-mandatory). Program participants will be referred to the pre-release program for ancillary community services prior to their release from the institution, if appropriate and time permitting.
4. **Mentoring Program** - Additionally, all facilities will implement an in-house mentoring program. Participants in Phase III and individuals who have successfully completed the program and are still at the facility will be selected based on evaluations by and



interviews with the treatment team. Mentors will be able to hold this position as a job and be paired with Phase I participants. Mentor's responsibilities will be to explain what is expected of a TC Participant, to be available for questions or concerns of the new participant, to be able to relate personal experiences and outcomes, and to be able to motivate participants to succeed in the program and acquire the pro-social skills necessary to be successful upon re-entry.

5. **Aftercare** – Aftercare will be broken down into three different components, based on how the individual is released upon completion of the program, as follows:

- (a) **Released to General Population** – Participants returned to general population will have both the option to apply to be a program mentor as described in A.30.g.4., as well as receive continuing care program that can provide substance use aftercare once weekly after individuals successfully complete the program for a period of six (6) months.
 - (b) **Released to Parole** – Each institution has an Institutional Parole Officer (IPO) provided by TDOC. Treatment staff will provide a discharge summary to the IPO pertaining to any continued services recommended for individuals being released. Additionally, each BOP facility has a Forensic Social Worker (FSW), who will assist in obtaining services for all participants released to BOP.
 - (c) **Expired Sentence** – Although participants cannot be required to attend services from community providers, as part of the reentry plan, individualized recommendations and referrals will be given to each participant. Participants will be strongly encouraged to attend. Each facility will constantly work to develop relationships with local providers.
- h. In concert with the Director of Behavioral Health Services or designee, the Contractor shall develop clear, distinct, and documented criteria for movement from one phase to the next. This will include both quantitative work required in each phase as well as qualitative goals that will be evaluated by the treatment team.
- i. In providing Substance Use Disorder Treatment, the Contractor shall implement the following protocols:
1. The Contractor shall use the TDOC Intake Assessment form as well as a pre and post test process, which will evaluate criminal thinking, psychological functioning and social desirability to assess participants' needs and facilitate treatment plan development. All pre-post test evaluations shall be approved by the Director of Behavioral Health or designee.
 2. The Contractor shall address the following issues when developing the treatment plan: addiction severity, drug use, personal motivation for change, criminogenic needs, and other relevant social and health related information. All program participants shall have an individualized treatment plan within thirty (30) days of being admitted to the treatment program. All treatment plans shall be reviewed and updated at each phase progression or as needed.
 3. The Contractor shall conduct a follow-up assessment within four (4) weeks of program release on each program participant to measure change over time. The assessment instruments to be used must be approved by the State's Director of Behavioral Health Services or designee.
 4. The Contractor shall be responsible for providing all approved daily treatment and programming activities within the TC. The Contractor shall provide therapeutic



activities at least five (5) days per week, except on approved State holidays, and shall provide TC related community processes seven (7) days per week, regardless of State holidays.

5. Treatment programming shall be designed for the gender of the offender being treated and shall focus on areas such as, but not limited to, the disease concept of addiction, rational thinking skills, criminal thinking errors, guilt/shame, wellness, sexually transmitted diseases, anger/domestic violence, abuse, co-dependency, responsibility, fulfillment and self-actualization, dysfunctional relationships, pro-social peer relations, family/marital relationships, self-image parenting, leisure time planning, spirituality, nutrition, victims' awareness, and pro-social decision making.
 6. The Contractor shall identify when, and how, it will implement group therapy so that all participants are able to contribute and receive an equal opportunity to benefit from treatment.
 7. Cognitive Restructuring shall include classroom instruction on thinking errors, criminal behavior problem identification, drugs use, its effects, and consequences of continued use.
 8. The Contractor shall offer programming that includes cognitive behavioral skills development. Programming shall be designed to meet the participants' specific criminogenic needs.
 9. The Contractor shall encourage and incorporate into the treatment program an in-house peer support system and role modeling.
 10. The Contractor shall provide opportunities for program participants to be involved with weekly structured mutual-help group meetings.
 11. The Contractor shall also offer weekly follow-up or aftercare session to provide support for program graduates.
 12. The Contractor shall provide programming which meets the unique needs and concerns of racial or ethnic minority individuals, including such factors as cultural orientations, beliefs, and value systems relevant to the population served.
 13. The contractor shall provide a discharge summary for all participants prior to release or termination from the program.
- j. Urinalysis testing shall be used as part of the treatment program as a tool for monitoring program compliance and to identify problems.
1. All program-related drug screens shall be conducted in accordance with TDOC Policy 506.21 and TDOC Policy 513.07.
 2. All program participants shall receive an initial drug screen, random screens, as well as exits screens through the treatment program. All positive screens shall be confirmed through the use of a second methodology.
 3. Initial screens are meant as a way for treatment staff to gauge addiction severity and withdrawal possibilities. A failure of the initial drug screen will not result in program dismissal. Any failure of a random, reasonable suspicion, or exit drug screen once in the program will result in immediate termination.
 4. All drug testing will be paid for by the Tennessee Department of Correction.



5. The Contractor shall comply with the State's policy and procedures regarding urinalysis testing, chain of custody and sanctions for positive drug screens (Policy 506.21).

A.31. **REPORTING REQUIREMENTS**

- a. The Contractor must utilize a management information system which will provide necessary cost and statistics information on a statewide basis for the TDOC to monitor performance. Vendor shall be required to have a database that is capable of storing information in a way that allows for the creation of monthly Excel spreadsheets that contain TDOC designated categories to be submitted by the 15th day of every month. The Contractor shall submit monthly, quarterly, and annual Utilization/Prevalence reports to the TDOC Director of Behavioral Health Services or designee, detailing patient care statistics and the history of requests for specialty consultations and procedures. Reports should be delivered to the TDOC Director of Behavioral Health Services no later than the 15th day of the month after the data is collected. The reports required by this part shall be submitted in an electronic format acceptable by the State and shall at a minimum provide aggregate and individualized reports by physician, mid-level, inmate, service type, institution, etc. Clinical, administrative, and supervisory services shall be clearly labeled and reported separately. The Contractor shall use appropriate coding, e.g., Diagnostic and Statistics Manual of Mental Disorders, International Classification of Diseases. The facility and responsible mental health provider shall categorize information utilizing a standard format approved by the Director of Mental Health Services. The Contractor shall provide the following reports:
 1. TDOC daily inpatient/residential census with key data elements; and inpatient/residential days per month
 2. Inpatient/residential days per month by diagnosis, and Average Daily Census (ADC)/Average Length of Stay (ALS)
 3. Active Mental Health Caseload and services by facility and provider that includes:
Inmate number, diagnostic code, medication prescribed, dosage(s), level of care and Serious Mental Illness (SMI), Serious and Persistent Mental Illness (SPMI) designation
 7. Outliers, Variance/Variability
 8. Drug costs by facility and provider
 6. Specialty consultations with key data elements
- b. **Monthly Operating Report.** Within the first sixty (60) days of the effective start date of the contract, the Contractor shall work with the State to design a monthly reporting template which will be most useful to the State. Beginning in the third month of the contract, the Contractor shall provide a monthly narrative report delineating the status of the mental health care operations occurring in the prior month. At a minimum, the monthly report shall include: utilization review, caseload statistics, and all other monthly reporting requirements delineated under the scope of services of this contract or required by TDOC policy. Said report will be due on or before the 15th business day of each month and shall identify successes and potential problems and discuss their resolutions.



- c. **Annual Review.** In February of each year, on or before the 15th, the Contractor shall complete and present an annual report of utilization statistics, a narrative summary delineating accomplishments, barriers to implementation, and recommendations.
- d. **Data Management Automation.** It is the intent of the State to acquire an Electronic Health Record (EHR) System and refine its data collection for analysis, trending, and tracing purposes, which shall enhance its health care delivery system. The Contractor shall be required to participate and link to the State's automated system. The Contractor shall provide any additional statistical data as requested by the State.

When the State converts to an EHR system, the Contractor's subcontractors, such as laboratory, pharmacy, telemedicine, etc., shall be required to link to the State's automated hardware/software. The State's Management Information System (MIS) and Office of Information Resources (OIR) divisions shall handle coordination for compatibility.

- e. As supporting documentation, the Contractor shall submit to the institutional Warden or designee a copy of the encounter log. A summary of encounters categorized by institution and as a statewide aggregate will be provided to the TDOC Director of Behavioral Health Services or designee on a monthly basis by the 15th day of the month following the month contained in the report.

A.32. **DIRECT SECURE MESSAGING**

- a) If reports, spreadsheets or other documents, prepared by the Contractor, include Patient Health Information (PHI), the Contractor is required to use DIRECT Secure e-mail using a DIRECT accredited Health Information Service Provider (HISP) to transport those documents to the Procuring State Agency Staff.
- b) If the Contractor subcontracts services to external mental health providers and PHI is transported from these external mental health providers to the Contractor or PHI is transported from external mental health providers to the Procuring State Agency, the PHI shall be transported via DIRECT Secure e-mail using a DIRECT accredited Health Information Service Provider (HISP).

A.32. **LABORATORY SERVICES.** Currently the Medical Services Contractor is responsible for the costs of Mental Health laboratory studies ordered by the Mental Health Contractor.

A.33. **CREDENTIALING.** The Contractor shall have a written policy and procedure regarding the providers' credentialing process approved, in writing, by the State within thirty (30) days of contract execution. The Department of Correction shall have access to and may copy any such credentialing records. Upon expiration or termination of the contract these credentialing files become the property of the State. Representatives of the State shall conduct periodic audits of the Contractor's credentialing files. Copies of all files shall be maintained in the Contractor's Tennessee office. Each physician's credential file shall contain at a minimum the following documents:

- a. Copy of current Tennessee license
- b. Copy of application for initial or renewal registration
- c. Copy of Drug Enforcement Administration (DEA) registration
- d. Evidence of malpractice insurance with claims and/or pending lawsuits
- e. Copies of verified medication education including internship, residency and fellowship programs, and specialty certification(s)
- f. Copy of current BCLS or CPR certification. Certification must be achieved prior to the individual providing services at any TDOC institution
- g. Employment history



- h. Evidence of reasonable inquiring into employment history with emphasis on assessment of clinical skills
- i. Signed release of information form
- j. Information regarding any criminal proceedings

A.34. Warranty. Contractor represents and warrants that throughout the Term of this Contract ("Warranty Period"), the goods or services provided under this Contract shall conform to the terms and conditions of this Contract. Any nonconformance of the goods or services to the terms and conditions of this Contract shall constitute a "Defect" and shall be considered "Defective." If Contractor receives notice of a Defect during the Warranty Period, then Contractor shall correct the Defect, at no additional charge.

Contractor represents and warrants that all goods or services provided under this Contract shall be provided in a timely and professional manner, by qualified and skilled individuals, in conformity with standards generally accepted in Contractor's industry.

If Contractor fails to provide the goods or services as warranted, then Contractor will re-provide the goods or services at no additional charge. If Contractor is unable or unwilling to re-provide the goods or services as warranted, then the State shall be entitled to recover the fees paid to Contractor for the Defective goods or services.

A.35. Inspection and Acceptance. The State shall have the right to inspect all goods or services provided by Contractor under this Contract. If, upon inspection, the State determines that the goods or services are Defective, the State shall notify Contractor, and Contractor shall re-deliver the goods or provide the services at no additional cost to the State. If after a period of thirty (30) days following delivery of goods or performance of services the State does not provide a notice of any Defects, the goods or services shall be deemed to have been accepted by the State.

A.36. **EMPLOYEE TRANSITION PROCESS:**

There are TDOC employees currently in the positions who meet the professional qualifications in **ATTACHMENT FIVE**, and whose positions appear in **ATTACHMENT TEN**. The Contractor shall offer these state employees a position as an employee of the contractor. Said offer shall be at least 120% of employees' current base salary. Benefits will be the contractors' standard package.

- a. The effect on the maximum liability is outlined in section C.3.c. State staff may choose to remain as employees of the TDOC or transfer to another state position.
- b. Those employees who remain with TDOC will continue to provide mental health services within the scope of services delineated in the contract. This specifically does not include those positions identified in **ATTACHMENT TEN**. Should those employees in **ATTACHMENT TEN** elect to remain with the State they will be reassigned to duties associated with their Description and Classification. The Contractor will assume responsibility for staffing the appropriate position in the Staffing Plan in **ATTACHMENT FIVE**. The TDOC Director of Behavioral Health Services and/or designee will provide supervision and participate in the annual evaluation process of these individuals.
- c. Upon award of the Contract all vacant mental health state positions will be designated contract positions. Any state position that is vacated for any reason will be designated as a contract position immediately.



B. TERM OF CONTRACT:

This Contract shall be effective on April 1, 2016 ("Effective Date") and extend for a period of of thirty six (36) months after the Effective Date ("Term"). The State shall have no obligation for goods or services provided by the Contractor prior to the Effective Date.

C. PAYMENT TERMS AND CONDITIONS:

C.1. Maximum Liability. In no event shall the maximum liability of the State under this Contract exceed Fifty Five Million Eight Hundred Thirty Two Thousand Four Hundred Sixty Dollars and Forty Cents (\$55,832,460.40) ("Maximum Liability"). This Contract does not grant the Contractor any exclusive rights. The State does not guarantee that it will buy any minimum quantity of goods or services under this Contract. Subject to the terms and conditions of this Contract, the Contractor will only be paid for goods or services provided under this Contract after a purchase order is issued to Contractor by the State or as otherwise specified by this Contract.

C.2. Compensation Firm. The payment methodology in Section C.3. of this Contract shall constitute the entire compensation due the Contractor for all goods or services provided under this Contract regardless of the difficulty, materials or equipment required. The payment methodology includes all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Contractor.

C.3. Payment Methodology. The Contractor shall be compensated based on the payment methodology for goods or services authorized by the State in a total amount as set forth in Section C.1.

- a. The Contractor's compensation shall be contingent upon the satisfactory provision of goods or services as set forth in Section A.
- b. The Contractor shall be compensated based upon the following payment methodology:

| Service Description | Amount (per compensable increment) | | |
|----------------------------|---------------------------------------|------------------------------|------------------------------|
| | YEAR 1 | YEAR 2 | YEAR 3 |
| Behavioral Health Services | \$ 2.86 / per Inmate per day | \$ 2.95 / per Inmate per day | \$ 3.03 / per Inmate per day |

- c. The Contractor shall be compensated for said units, milestones, or increments of service based upon the average daily population (in-house count at 10:30 p.m. plus inmates temporarily out to medical) times the number of days in the month times the per inmate per day rate.
- d. The State shall reimburse the Contractor for fifty percent (50%) of the cost of all psychiatric medications prescribed by the Contractor's providers (See Section A.25.). Reimbursement does not include administrative charges for items such as processing, handling, etc. The Contractor shall submit documentation, in form and substance, acceptable to the State, prior to any reimbursement.
- e. Should employees decline the Contractor's job offer and remain state employees, the amount billed to TDOC per month will be reduced by 140% of those employee's salaries



as listed in ATTACHMENT TEN. This reflects employee's base salary plus estimated benefits.

- C.4. Travel Compensation. The Contractor shall not be compensated or reimbursed for travel time, travel expenses, meals, or lodging.
- C.5. Invoice Requirements. The Contractor shall invoice the State only for goods delivered and accepted by the State or services satisfactorily provided at the amounts stipulated in Section C.3., above. Contractor shall submit invoices and necessary supporting documentation, no more frequently than once a month, and no later than thirty (30) days after goods or services have been provided to the following address:

TENNESSEE DEPARTMENT OF CORRECTION
6TH FLOOR RACHEL JACKSON BUILDING
320 6TH AVENUE NORTH
NASHVILLE, TENNESSEE 37243-0465

- a. Each invoice, on Contractor's letterhead, shall clearly and accurately detail all of the following information (calculations must be extended and totaled correctly):
- (1) Invoice number (assigned by the Contractor);
 - (2) Invoice date;
 - (3) Contract number (assigned by the State);
 - (4) Customer account name: TENNESSEE DEPARTMENT OF CORRECTION, ACCOUNTS PAYABLE
 - (5) Customer account number (assigned by the Contractor to the above-referenced Customer);
 - (6) Contractor name;
 - (7) Contractor Tennessee Edison registration ID number;
 - (8) Contractor contact for invoice questions (name, phone, or email);
 - (9) Contractor remittance address;
 - (10) Description of delivered goods or services provided and invoiced, including identifying information as applicable;
 - (11) Number of delivered or completed units, increments, hours, or days as applicable, of each good or service invoiced;
 - (12) Applicable payment methodology (as stipulated in Section C.3.) of each good or service invoiced;
 - (13) Amount due for each compensable unit of good or service; and
 - (14) Total amount due for the invoice period.
- b. Contractor's invoices shall:
- (1) Only include charges for goods delivered or services provided as described in Section A and in accordance with payment terms and conditions set forth in Section C;
 - (2) Only be submitted for goods delivered or services completed and shall not include any charge for future goods to be delivered or services to be performed;
 - (3) Not include Contractor's taxes, which includes without limitation Contractor's sales and use tax, excise taxes, franchise taxes, real or personal property taxes, or income taxes; and
 - (4) Include shipping or delivery charges only as authorized in this Contract.
- c. The timeframe for payment (or any discounts) begins only when the State is in receipt of an invoice that meets the minimum requirements of this Section C.5.



- C.6. Payment of Invoice. A payment by the State shall not prejudice the State's right to object to or question any payment, invoice, or other matter. A payment by the State shall not be construed as acceptance of goods delivered, any part of the services provided, or as approval of any amount invoiced.
- C.7. Invoice Reductions. The Contractor's invoice shall be subject to reduction for amounts included in any invoice or payment that is determined by the State, on the basis of audits conducted in accordance with the terms of this Contract, to not constitute proper compensation for goods delivered or services provided.
- C.8. Deductions. The State reserves the right to deduct from amounts, which are or shall become due and payable to the Contractor under this or any contract between the Contractor and the State of Tennessee, any amounts that are or shall become due and payable to the State of Tennessee by the Contractor.
- C.9. Prerequisite Documentation. The Contractor shall not invoice the State under this Contract until the State has received the following, properly completed documentation.
- a. The Contractor shall complete, sign, and present to the State an "Authorization Agreement for Automatic Deposit Form" provided by the State. By doing so, the Contractor acknowledges and agrees that, once this form is received by the State, all payments to the Contractor, under this or any other contract the Contractor has with the State of Tennessee, shall be made by automated clearing house.
 - b. The Contractor shall complete, sign, and present to the State a "Substitute W-9 Form" provided by the State. The taxpayer identification number in the Substitute W-9 Form must be the same as the Contractor's Federal Employer Identification Number or Tennessee Edison Registration ID.

D. MANDATORY TERMS AND CONDITIONS:

- D.1. Required Approvals. The State is not bound by this Contract until it is duly approved by the Parties and all appropriate State officials in accordance with applicable Tennessee laws and regulations. Depending upon the specifics of this Contract, this may include approvals by the Commissioner of Finance and Administration, the Commissioner of Human Resources, the Comptroller of the Treasury, and the Chief Procurement Officer. Approvals shall be evidenced by a signature or electronic approval.
- D.2. Communications and Contacts. All instructions, notices, consents, demands, or other communications required or contemplated by this Contract shall be in writing and shall be made by certified, first class mail, return receipt requested and postage prepaid, by overnight courier service with an asset tracking system, or by email or facsimile transmission with recipient confirmation. All communications, regardless of method of transmission, shall be addressed to the respective Party at the appropriate mailing address, facsimile number, or email address as stated below or any other address provided in writing by a Party.

The State:

DR. MARK SIMPSON
TENNESSEE DEPARTMENT OF CORRECTION
4TH FLOOR RACHEL JACKSON BUILDING
Mark.simpson@tn.gov
Telephone # 615.741.1000 Ext. 8163
FAX # 615.532.3065

The Contractor:



Scott Bowers, President & Chief Operating Officer
Corizon, LLC
103 Powell Court
scott.bowers@corizonhealth.com
Telephone # 615.660.6754

All instructions, notices, consents, demands, or other communications shall be considered effective upon receipt or recipient confirmation as may be required.

- D.3. **Modification and Amendment.** This Contract may be modified only by a written amendment signed by all Parties and approved by all applicable State officials.
- D.4. **Subject to Funds Availability.** The Contract is subject to the appropriation and availability of State or federal funds. In the event that the funds are not appropriated or are otherwise unavailable, the State reserves the right to terminate this Contract upon written notice to the Contractor. The State's exercise of its right to terminate this Contract shall not constitute a breach of Contract by the State. Upon receipt of the written notice, the Contractor shall cease all work associated with the Contract. If the State terminates this Contract due to lack of funds availability, the Contractor shall be entitled to compensation for all conforming goods requested and accepted by the State and for all satisfactory and authorized services completed as of the termination date. Should the State exercise its right to terminate this Contract due to unavailability of funds, the Contractor shall have no right to recover from the State any actual, general, special, incidental, consequential, or any other damages of any description or amount.
- D.5. **Termination for Convenience.** The State may terminate this Contract for convenience without cause and for any reason. The State shall give the Contractor at least thirty (30) days written notice before the termination date. The Contractor shall be entitled to compensation for all conforming goods delivered and accepted by the State or for satisfactory, authorized services completed as of the termination date. In no event shall the State be liable to the Contractor for compensation for any goods neither requested nor accepted by the State or for any services neither requested by the State nor satisfactorily performed by the Contractor. In no event shall the State's exercise of its right to terminate this Contract for convenience relieve the Contractor of any liability to the State for any damages or claims arising under this Contract.
- D.6. **Termination for Cause.** If the Contractor fails to properly perform its obligations under this Contract in a timely or proper manner, or if the Contractor materially violates any terms of this Contract ("Breach Condition"), the State shall have the right to immediately terminate the Contract and withhold payments in excess of compensation for completed services or provided goods. Notwithstanding the above, the Contractor shall not be relieved of liability to the State for damages sustained by virtue of any Breach Condition and the State may seek other remedies allowed at law or in equity for breach of this Contract.
- D.7. **Assignment and Subcontracting.** The Contractor shall not assign this Contract or enter into a subcontract for any of the goods or services provided under this Contract without the prior written approval of the State. Notwithstanding any use of the approved subcontractors, the Contractor shall be the prime contractor and responsible for compliance with all terms and conditions of this Contract. The State reserves the right to request additional information or impose additional terms and conditions before approving an assignment of this Contract in whole or in part or the use of subcontractors in fulfilling the Contractor's obligations under this Contract.
- D.8. **Conflicts of Interest.** The Contractor warrants that no part of the Contractor's compensation shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Contractor in connection with any work contemplated or performed under this Contract.



The Contractor acknowledges, understands, and agrees that this Contract shall be null and void if the Contractor is, or within the past six (6) months has been, an employee of the State of Tennessee or if the Contractor is an entity in which a controlling interest is held by an individual who is, or within the past six (6) months has been, an employee of the State of Tennessee.

- D.9. Nondiscrimination. The Contractor hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Contract or in the employment practices of the Contractor on the grounds of handicap or disability, age, race, creed, color, religion, sex, national origin, or any other classification protected by federal or state law. The Contractor shall, upon request, show proof of nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.
- D.10. Prohibition of Illegal Immigrants. The requirements of Tenn. Code Ann. § 12-3-309 addressing the use of illegal immigrants in the performance of any contract to supply goods or services to the state of Tennessee, shall be a material provision of this Contract, a breach of which shall be grounds for monetary and other penalties, up to and including termination of this Contract.
- a. The Contractor agrees that the Contractor shall not knowingly utilize the services of an illegal immigrant in the performance of this Contract and shall not knowingly utilize the services of any subcontractor who will utilize the services of an illegal immigrant in the performance of this Contract. The Contractor shall reaffirm this attestation, in writing, by submitting to the State a completed and signed copy of the document at Attachment ONE, semi-annually during the Term. If the Contractor is a party to more than one contract with the State, the Contractor may submit one attestation that applies to all contracts with the State. All Contractor attestations shall be maintained by the Contractor and made available to State officials upon request.
 - b. Prior to the use of any subcontractor in the performance of this Contract, and semi-annually thereafter, during the Term, the Contractor shall obtain and retain a current, written attestation that the subcontractor shall not knowingly utilize the services of an illegal immigrant to perform work under this Contract and shall not knowingly utilize the services of any subcontractor who will utilize the services of an illegal immigrant to perform work under this Contract. Attestations obtained from subcontractors shall be maintained by the Contractor and made available to State officials upon request.
 - c. The Contractor shall maintain records for all personnel used in the performance of this Contract. Contractor's records shall be subject to review and random inspection at any reasonable time upon reasonable notice by the State.
 - d. The Contractor understands and agrees that failure to comply with this section will be subject to the sanctions of Tenn. Code Ann. § 12-3-309 for acts or omissions occurring after its effective date.
 - e. For purposes of this Contract, "illegal immigrant" shall be defined as any person who is not: (i) a United States citizen; (ii) a Lawful Permanent Resident; (iii) a person whose physical presence in the United States is authorized; (iv) allowed by the federal Department of Homeland Security and who, under federal immigration laws or regulations, is authorized to be employed in the U.S.; or (v) is otherwise authorized to provide services under the Contract.
- D.11. Records. The Contractor shall maintain documentation for all charges under this Contract. The books, records, and documents of the Contractor, for work performed or money received under this Contract, shall be maintained for a period of five (5) full years from the date of the final payment and shall be subject to audit at any reasonable time and upon reasonable notice by the



State, the Comptroller of the Treasury, or their duly appointed representatives. The financial statements shall be prepared in accordance with generally accepted accounting principles.

- D.12. Monitoring. The Contractor's activities conducted and records maintained pursuant to this Contract shall be subject to monitoring and evaluation by the State, the Comptroller of the Treasury, or their duly appointed representatives.
- D.13. Progress Reports. The Contractor shall submit brief, periodic, progress reports to the State as requested.
- D.14. Strict Performance. Failure by any Party to this Contract to require, in any one or more cases, the strict performance of any of the terms, covenants, conditions, or provisions of this Contract shall not be construed as a waiver or relinquishment of any term, covenant, condition, or provision. No term or condition of this Contract shall be held to be waived, modified, or deleted except by a written amendment signed by the Parties.
- D.15. Independent Contractor. The Parties shall not act as employees, partners, joint venturers, or associates of one another. The Parties are independent contracting entities. Nothing in this Contract shall be construed to create an employer/employee relationship or to allow either Party to exercise control or direction over the manner or method by which the other transacts its business affairs or provides its usual services. The employees or agents of one Party are not employees or agents of the other Party.
- D.16. Patient Protection and Affordable Care Act. The Contractor agrees that it will be responsible for compliance with the Patient Protection and Affordable Care Act ("PPACA") with respect to itself and its employees, including any obligation to report health insurance coverage, provide health insurance coverage, or pay any financial assessment, tax, or penalty for not providing health insurance. The Contractor shall indemnify the State and hold it harmless for any costs to the State arising from Contractor's failure to fulfill its PPACA responsibilities for itself or its employees.
- D.17. Limitation of State's Liability. The State shall have no liability except as specifically provided in this Contract. In no event will the State be liable to the Contractor or any other party for any lost revenues, lost profits, loss of business, decrease in the value of any securities or cash position, time, money, goodwill, or any indirect, special, incidental, punitive, exemplary or consequential damages of any nature, whether based on warranty, contract, statute, regulation, tort (including but not limited to negligence), or any other legal theory that may arise under this Contract or otherwise. The State's total liability under this Contract (including any exhibits, schedules, amendments or other attachments to the Contract) or otherwise shall under no circumstances exceed the Maximum Liability. This limitation of liability is cumulative and not per incident.
- D.18. Limitation of Contractor's Liability. In accordance with Tenn. Code Ann. § 12-3-701, the Contractor's liability for all claims arising under this Contract shall be limited to an amount equal to two (2) times the Maximum Liability amount detailed in Section C.1. and as may be amended, PROVIDED THAT in no event shall this Section limit the liability of the Contractor for intentional torts, criminal acts, fraudulent conduct, or omissions that result in personal injuries or death.
- D.19. Hold Harmless. The Contractor agrees to indemnify and hold harmless the State of Tennessee as well as its officers, agents, and employees from and against any and all claims, liabilities, losses, and causes of action which may arise, accrue, or result to any person, firm, corporation, or other entity which may be injured or damaged as a result of acts, omissions, or negligence on the part of the Contractor, its employees, or any person acting for or on its or their behalf relating to this Contract. The Contractor further agrees it shall be liable for the reasonable cost of attorneys for the State to enforce the terms of this Contract.

In the event of any suit or claim, the Parties shall give each other immediate notice and provide



all necessary assistance to respond. The failure of the State to give notice shall only relieve the Contractor of its obligations under this Section to the extent that the Contractor can demonstrate actual prejudice arising from the failure to give notice. This Section shall not grant the Contractor, through its attorneys, the right to represent the State in any legal matter, as the right to represent the State is governed by Tenn. Code Ann. § 8-6-106.

D.20. HIPAA Compliance. The State and Contractor shall comply with obligations under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Health Information Technology for Economic and Clinical Health ("HITECH") Act and any other relevant laws and regulations regarding privacy (collectively the "Privacy Rules"). The obligations set forth in this Section shall survive the termination of this Contract.

- a. Contractor warrants to the State that it is familiar with the requirements of the Privacy Rules, and will comply with all applicable requirements in the course of this Contract.
- b. Contractor warrants that it will cooperate with the State, including cooperation and coordination with State privacy officials and other compliance officers required by the Privacy Rules, in the course of performance of the Contract so that both parties will be in compliance with the Privacy Rules.
- c. The State and the Contractor will sign documents, including but not limited to business associate agreements, as required by the Privacy Rules and that are reasonably necessary to keep the State and Contractor in compliance with the Privacy Rules. This provision shall not apply if information received or delivered by the parties under this Contract is NOT "protected health information" as defined by the Privacy Rules, or if the Privacy Rules permit the parties to receive or deliver the information without entering into a business associate agreement or signing another document.
- d. The Contractor will indemnify the State and hold it harmless for any violation by the Contractor or its subcontractors of the Privacy Rules. This includes the costs of responding to a breach of protected health information, the costs of responding to a government enforcement action related to the breach, and any fines, penalties, or damages paid by the State because of the violation.

D.21. Tennessee Consolidated Retirement System. Subject to statutory exceptions contained in Tenn. Code Ann. §§ 8-36-801, *et seq.*, the law governing the Tennessee Consolidated Retirement System ("TCRS"), provides that if a retired member of TCRS, or of any superseded system administered by TCRS, or of any local retirement fund established under Tenn. Code Ann. §§ 8-35-101, *et seq.*, accepts State employment, the member's retirement allowance is suspended during the period of the employment. Accordingly and notwithstanding any provision of this Contract to the contrary, the Contractor agrees that if it is later determined that the true nature of the working relationship between the Contractor and the State under this Contract is that of "employee/employer" and not that of an independent contractor, the Contractor, if a retired member of TCRS, may be required to repay to TCRS the amount of retirement benefits the Contractor received from TCRS during the Term.

D.22. Tennessee Department of Revenue Registration. The Contractor shall comply with all applicable registration requirements contained in Tenn. Code Ann. §§ 67-6-601 – 608. Compliance with applicable registration requirements is a material requirement of this Contract.

D.23. Debarment and Suspension. The Contractor certifies, to the best of its knowledge and belief, that it, its current and future principals, its current and future subcontractors and their principals:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal or state department or agency;



- b. have not within a three (3) year period preceding this Contract been convicted of, or had a civil judgment rendered against them from commission of fraud, or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;
- c. are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed in section b. of this certification; and
- d. have not within a three (3) year period preceding this Contract had one or more public transactions (federal, state, or local) terminated for cause or default.

The Contractor shall provide immediate written notice to the State if at any time it learns that there was an earlier failure to disclose information or that due to changed circumstances, its principals or the principals of its subcontractors are excluded or disqualified.

- D.24. Force Majeure. "Force Majeure Event" means fire, flood, earthquake, elements of nature or acts of God, wars, riots, civil disorders, rebellions or revolutions, acts of terrorism or any other similar cause beyond the reasonable control of the Party except to the extent that the non-performing Party is at fault in failing to prevent or causing the default or delay, and provided that the default or delay cannot reasonably be circumvented by the non-performing Party through the use of alternate sources, workaround plans or other means. A strike, lockout or labor dispute shall not excuse either Party from its obligations under this Contract. Except as set forth in this Section, any failure or delay by a Party in the performance of its obligations under this Contract arising from a Force Majeure Event is not a default under this Contract or grounds for termination. The non-performing Party will be excused from performing those obligations directly affected by the Force Majeure Event, and only for as long as the Force Majeure Event continues, provided that the Party continues to use diligent, good faith efforts to resume performance without delay. The occurrence of a Force Majeure Event affecting Contractor's representatives, suppliers, subcontractors, customers or business apart from this Contract is not a Force Majeure Event under this Contract. Contractor will promptly notify the State of any delay caused by a Force Majeure Event (to be confirmed in a written notice to the State within one (1) day of the inception of the delay) that a Force Majeure Event has occurred, and will describe in reasonable detail the nature of the Force Majeure Event. If any Force Majeure Event results in a delay in Contractor's performance longer than forty-eight (48) hours, the State may, upon notice to Contractor: (a) cease payment of the fees until Contractor resumes performance of the affected obligations; or (b) immediately terminate this Contract or any purchase order, in whole or in part, without further payment except for fees then due and payable. Contractor will not increase its charges under this Contract or charge the State any fees other than those provided for in this Contract as the result of a Force Majeure Event.
- D.25. State and Federal Compliance. The Contractor shall comply with all applicable state and federal laws and regulations in the performance of this Contract.
- D.26. Governing Law. This Contract shall be governed by and construed in accordance with the laws of the State of Tennessee. The Tennessee Claims Commission or the state or federal courts in Tennessee shall be the venue for all claims, disputes, or disagreements arising under this Contract. The Contractor acknowledges and agrees that any rights, claims, or remedies against the State of Tennessee or its employees arising under this Contract shall be subject to and limited to those rights and remedies available under Tenn. Code Ann. §§ 9-8-101 - 407.
- D.27. Entire Agreement. This Contract is complete and contains the entire understanding between the Parties relating to its subject matter, including all the terms and conditions of the Parties'



agreement. This Contract supersedes any and all prior understandings, representations, negotiations, and agreements between the Parties, whether written or oral.

- D.28. Severability. If any terms and conditions of this Contract are held to be invalid or unenforceable as a matter of law, the other terms and conditions of this Contract shall not be affected and shall remain in full force and effect. The terms and conditions of this Contract are severable.
- D.29. Headings. Section headings of this Contract are for reference purposes only and shall not be construed as part of this Contract.
- D.30. Incorporation of Additional Documents. Each of the following documents is included as a part of this Contract by reference. In the event of a discrepancy or ambiguity regarding the Contractor's duties, responsibilities, and performance under this Contract, these items shall govern in order of precedence below:
- a. any amendment to this Contract, with the latter in time controlling over any earlier amendments;
 - b. this Contract with any attachments or exhibits (excluding the items listed at subsections c. through f., below);
 - c. any clarifications of or addenda to the Contractor's proposal seeking this Contract;
 - d. the State solicitation, as may be amended, requesting responses in competition for this Contract;
 - e. any technical specifications provided to proposers during the procurement process to award this Contract; and,
 - f. the Contractor's response seeking this Contract.

E. SPECIAL TERMS AND CONDITIONS:

- E.1. Conflicting Terms and Conditions. Should any of these special terms and conditions conflict with any other terms and conditions of this Contract, the special terms and conditions shall be subordinate to the Contract's other terms and conditions.
- E.2. Performance Bond. The Contractor shall provide to the State a performance bond guaranteeing full and faithful performance of all undertakings and obligations under this Contract and in the amount equal to **ONE MILLION DOLLARS (\$1,000,000.00)**. The Contractor shall submit the bond no later than the day immediately preceding the Contract start date and in the manner and form prescribed by the State (at Attachment **TWO** hereto), and the bond shall be issued through a company licensed to issue such a bond in the state of Tennessee. The performance bond shall guarantee full and faithful performance of all undertakings and obligations under this Contract for:
- a. the Contract term and all extensions thereof; or
 - b. the first, calendar year of the Contract (ending December 31st following the Contract start date) in the amount of **ONE MILLION DOLLARS (\$1,000,000.00)** and, thereafter, a new performance bond in the amount of **ONE MILLION DOLLARS (\$1,000,000.00)** covering each subsequent calendar year of the contract period. In which case, the Contractor shall provide such performance bonds to the State no later than each December 10th preceding the calendar year period covered beginning on January 1st of each year.

Failure to provide to the State the performance bond(s) as required herein prior to the Contract start date and, as applicable, no later than December 10th preceding each calendar year period covered beginning on January 1st of each year, shall result in contract termination. The Contractor understands that the stated amount of the performance bond required hereunder shall not be reduced during the contract period for any reason.

- E.3. Insurance. The Contractor shall carry adequate liability and other appropriate forms of insurance.



- a. The Contractor shall maintain, at minimum, the following insurance coverage:
- (1) Workers' Compensation/ Employers' Liability (including all states coverage) with a limit not less than the relevant statutory amount or one million dollars (\$1,000,000) per occurrence for employers' liability whichever is greater.
 - (2) Comprehensive Commercial General Liability (including personal injury & property damage, premises/operations, independent contractor, contractual liability and completed operations/products) with a bodily injury/property damage combined single limit not less than one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) aggregate.
 - (3) Automobile Coverage (including owned, leased, hired, and non-owned vehicles) with a bodily injury/property damage combined single limit not less than one million dollars (\$1,000,000) per occurrence.
 - (4) Professional Malpractice Liability with a limit of not less than One Million Dollars (\$1,000,000) per claim and Three Million Dollars (\$3,000,000) aggregate.
- c. The Contractor shall provide a valid Certificate of Insurance naming the State as an additional insured and detailing Coverage Description; Insurance Company & Policy Number; Exceptions and Exclusions; Policy Effective Date; Policy Expiration Date; Limit(s) of Liability; and Name and Address of Insured. Contractor shall obtain from Contractor's insurance carrier(s) and will deliver to the State waivers of the subrogation rights under the respective policies. Failure to provide required evidence of insurance coverage shall be a material breach of this Contract.

E.4. Prison Rape Elimination (PREA). Contractor will comply with the Prison Rape Elimination Act of 2003, 42. U.S.C. 15601 et seq., [PREA] and with all applicable PREA Standards for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse in the performance of the Contract. Contractor acknowledges that, in addition to self-monitoring requirements imposed by such laws and standards, the State will conduct announced or unannounced compliance monitoring to include on-site monitoring. Failure to comply with PREA and PREA Standards may result in termination of the contract.

IN WITNESS WHEREOF,

CONTRACTOR LEGAL ENTITY NAME: CORIZON, LLC

3/24/16

CONTRACTOR SIGNATURE

DATE

Scott Bowers, President & Chief Operating Officer

PRINTED NAME AND TITLE OF CONTRACTOR SIGNATORY (above)



ATTACHMENT ONE

ATTESTATION RE PERSONNEL USED IN CONTRACT PERFORMANCE

| | |
|--|--------------|
| SUBJECT CONTRACT NUMBER: | 32901-31264 |
| CONTRACTOR LEGAL ENTITY NAME: | Corizon, LLC |
| FEDERAL EMPLOYER IDENTIFICATION NUMBER: (or Social Security Number) | [REDACTED] |

The Contractor, identified above, does hereby attest, certify, warrant, and assure that the Contractor shall not knowingly utilize the services of an illegal immigrant in the performance of this Contract and shall not knowingly utilize the services of any subcontractor who will utilize the services of an illegal immigrant in the performance of this Contract.

CONTRACTOR SIGNATURE

NOTICE: This attestation MUST be signed by an individual empowered to contractually bind the Contractor. If said individual is not the chief executive or president, this document shall attach evidence showing the individual's authority to contractually bind the Contractor.

Scott Bowers, President + COO

PRINTED NAME AND TITLE OF SIGNATORY

3/24/16

DATE OF ATTESTATION



ATTACHMENT TWO

BOND NO. _____

PERFORMANCE BOND (Sample)

KNOW ALL MEN BY THESE PRESENTS: that We,

Contractor _____
Contractor Address _____
Contractor Address 2 _____
Contractor Telephone _____

(hereinafter called the "Principal"), whose principal business address and telephone number is as stated above; and

(Surety) _____
Surety Address _____
Surety Address 2 _____
Surety Phone _____

(hereinafter called the "Surety"), whose principal address and telephone number is as stated above, a surety insurer chartered and existing under the laws of the State of _____ and authorized to do business in the State of Tennessee;

are held and firmly bound unto the State of Tennessee Department of General Services Central Procurement Office ("State"), whose principal address is 312 Rosa L. Parks Avenue, 3rd Floor, Nashville, TN 37243, and whose principal telephone number is 615-741-1035 in the penal sum of _____ (\$ _____) for payment of which we bond ourselves, our heirs, our personal representatives, our successors and our assignees, jointly and severally.

WHEREAS, Principal has entered into a contract with State for _____ [Solicitation Name] Solicitation No. _____ (the "Contract") in accordance with the scope of work (the "Scope") set forth in Section ____ of the Contract.

THE CONDITION OF THIS BOND is that if Principal:

1. Performs the Contract at the times and in the manner prescribed in the Contract; and



- 2. Pays State any and all losses, damages, costs and attorneys' fees, including appellate proceedings, that State sustains because of any default by Principal under the Contract, including, but not limited to, all delay damages, whether liquidated or actual, incurred by State; and

ATTACHMENT TWO continued

- 3. Performs, to the satisfaction of State the Scope under the Contract for the time specified in the Contract;

then this bond is void; otherwise it remains in full force.

The Surety, for value received, hereby stipulates and agrees that no changes, extensions of time, alterations or additions to the terms of the Contract or other work to be performed hereunder, or the specifications referred to in the Contract shall in anyway affect its obligation under this bond. The Surety waives notice of any such changes, extensions of time, alterations or additions to the terms of the Contract or to the Scope.

It is expressly understood the time provision under T.C.A. § 12-3-502 shall apply to this bond. Bond must be received within fourteen (14) calendar days of receipt of request by the State or a Delegated State Agency.

By execution of this bond, the Surety acknowledges that it has read the Surety qualifications and obligations imposed by the Contract and hereby satisfies those conditions.

IN WITNESS WHEREOF, the above bounded parties have executed this instrument this _____ day of _____, 20____, the name of each party being affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

Signed, sealed and delivered
In the presence of:

PRINCIPAL:

(Contractor Name)

By: _____
(Contractor Principal)

(Printed Name)

(Title)



(Contractor's Address)

ATTACHMENT TWO continued

STATE OF TENNESSEE
COUNTY OF _____

On this _____ day of _____, 20 _____, before me personally appeared _____, to me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that such person (or persons) executed the same as such person (or person's) free act and deed.

Notary Public
Printed Name: _____
Commission Expires: _____

Signed, sealed and delivered
In the presence of:

SURETY:

(SURETY Name)

By: _____
(Authorized Signature)

(Printed Name)

(Title)

(Business Address)

STATE OF TENNESSEE
COUNTY OF _____

On this _____ day of _____, 20 _____, before me personally appeared _____, to me known to be the person (or



persons) described in and who executed the foregoing instrument, and acknowledged that such person (or persons) executed the same as such person (or person's) free act and deed.

Notary Public

Printed Name: _____

Commission Expires: _____





PERFORMANCE MEASURES

INTRODUCTION

INTENT

It is the active intent of the Tennessee Department of Correction (TDOC) to monitor the Contractor's performance in a continuous and ongoing effort to ensure that all contractual requirements are being fully met in accordance with policy and standards. These expectations are based on the specific terms of the Tennessee Code Annotated, the current standards of the American Correctional Association (ACA), the RFP specifications and the current TDOC Policies and Procedures. Primary responsibility for this monitoring effort will reside with the Clinical Services Division of the TDOC. Monitors will conduct audits at each institution to assess the adequacy and timeliness of healthcare services. Monitors will be trained in conducting the audit. Audits will systematically assess the Contractor's performance by means of medical record reviews and direct observations of medical/mental health records, logs, manuals, Contractor Operations Reports and other appropriate sources. Observed performance will be compared with pre-established performance measures as found in The Performance Measures Instrument. These criteria, along with the parameters for measuring the Contractor's degree of success in achieving them, are the subject of the attached documents.

AUDIT PROCESS

Each audit may be performed as often as necessary at each institution, shall be scheduled in advance, and may last for several days. The performance level of the Individual Institution may affect the frequency of the audits. The Contractor shall provide access to the Behavioral Health Services Provider staff and Quality Assurance/Internal staff as required. All medical/dental/mental health records, logbooks, staffing charts, time reports, inmate grievances, and other requested documents required to assess Contractor performance shall also be made available. Such activities may be conducted in the institution's clinic but will be conducted in a manner so as not to disrupt the routine provision of inmate mental health care. When necessary, TDOC custody and/or administrative records will be utilized to establish facts or corroborate other information.

All audits are designed and performed in accordance with the following standards:

- Applicable state, federal and local laws
- Tennessee Department of Correction's Policy and Procedures
- The RFP and current Behavioral Health Care Contract
- American Correctional Association Standards (ACA)

General requirements applicable to all inmates will be assessed via a data review of a 5%-20% sample of the inmate's mental health records at an institution, selected randomly. Other requirements, relevant to a segment of the inmate population, may be monitored by a higher percentage (up to 100%) of the records of a sub-population (e.g., emergency phone call reviews, therapeutic isolation reviews, 30 day segregation reviews etc.). Areas in which performance deficiencies have been found may be re-examined in the subsequent quarter or follow up period as designated by the TDOC in order to gauge progress towards satisfactory performance.

At the conclusion of an audit, the monitors will share the preliminary results with the institution's mental health administrator. Prior to the monitor leaving the facility, an exit interview shall be held with the mental health administrator, and the warden and/or designee (when available) regarding the audit results. The Contractor shall provide all documents necessary to dispute audit results at the exit interview.

Copies of completed audits may be forwarded to the Contractor's corporate office and the TDOC's administration. The Contractor may dispute the findings via appeal to the Director of Behavioral Health Services. The Contractor must specifically address each disputed finding and justification for appealing such. The TDOC will render a final decision on the appeal to the contractor within ten days of receipt.

For each item reviewed, an adjustment to compensation has been specified as liquidated damages for each non-compliant occurrence. The State may withhold the monetary amount from the Contractor's compensation for substandard performance in the designated audit areas in accordance with Section E. 16. of the Contract. The Contractor will be notified in writing and the appropriate deduction will be made in the next monthly payment following the expiration of the appeal deadline.

The manual of Objective Performance Criteria outlines the Contractor's compensation areas that are subject to adjustment. Objective Performance Criteria are subject to change at the discretion of the State. The Contractor shall be given a 30-day notice to prepare for any new or changed criterion. Audits will begin effective October 1, 2015. The results compiled from the period July – September 2015 time period will be informational only and will not result in an adjustment to compensation. Adjustments to compensation will be effective with the audits performed beginning January 1, 2016.



PERFORMANCE MEASURES INSTRUMENT

| Item # | Contract Requirement | Monitoring Process | Reporting Frequency | Date | Compliant Y/N |
|--------|---|--|---------------------|------|---------------|
| 1 | 90% of surveyed TDOC staff at this site rated their experience with contract personnel to be good to excellent. This equates to ratings of 4 and 5 on a 5 point Likert scale, with 5 being the most favorable. | Reviews surveys from institutions | Semi - Annually | | |
| 2 | At least 100% of the time, the psychiatrists/APNs respond to emergency inquiries within one (1) hour. | Review logs from answering service. Check charts at facilities for verification purposes. | Semi-Annually | | |
| 3 | At least 100% of psychiatrists/APNs providing emergency phone consultation will provide a direct assessment within a 72 hour period from the time of the original phone order. All applicable sections of CR-3082 will be completed by the psychiatrist/APN. All verbal orders by the psychiatrist/APN are documented on CR-1892 in accordance with TDOC Policy 113.50, Health Records. | All applicable CR-3082's will be reviewed. | Quarterly | | |
| 4 | If an inmate is placed in therapeutic restraints for a period of 24 hours, the Contractor shall provide a direct assessment of the inmate. | All applicable CR-3082's will be reviewed. | Quarterly | | |
| 5 | At least 100% of referrals to psychiatry of a specially nature shall be seen within a 14 day time period. | Review of patient medical file. | Quarterly | | |
| 6 | At least 100% of routine referrals to the psychologist shall be seen within a 14 day time period. | Review of medical charts. | Quarterly | | |
| 7 | At least 95% of all psychiatric patients warranting a treatment plan will have been reviewed, signed and dated by the psychiatrist/APN. Any applicable diagnoses will have been assigned to each patient. Treatment plans are revised as needed but no less than every six (6) months. Rationale for continued treatment is clearly documented. | Review a sample of medical charts of patients receiving psychotropic medications or counseling. | Quarterly | | |
| 8 | At least 95% of Informed Consent Forms are completed prior to providing an inmate psychotropic medication in accordance with TDOC policy. Informed consents are shall remain effective for one year from the date of the inmate's signature after which time a new consent form needs to be signed. | Review a random sample of charts of inmates who are receiving psychiatric services. | Quarterly | | |
| 9 | At least 95% of patients who are discontinued from psychotropic medications after receiving services will have clearly written discharge summaries. | Review of progress notes. | Quarterly | | |
| 10 | At least 75% of the time a psychiatrist, APN or psychologist will participate in treatment team meetings. | Review treatment team minutes at the facility. | Quarterly | | |
| 11 | At least 95% of patients prescribed psychotropic medications will have met directly with a psychiatrist or APN every 90 days. | Pull psychotropic medication list and review a sample of medical charts. | Quarterly | | |
| 12 | Review a minimum of 12 charts from the APN caseload Ensure each patient was directly assessed by a psychiatrist within the past year. | Pull psychotropic medication list and review 12 random charts. | Quarterly | | |
| 13 | The psychological provider(s) at each facility will provide individual counseling when clinically indicated. Each file shall contain current treatment plans. Any applicable diagnoses will have been assigned to each patient. Rationale for continued treatment is clearly documented. Discharge summaries will be available for those clients no longer receiving services. After twelve (12) individual sessions, the respective provider will present justification for continuing individual therapy in writing in a copy of the treatment plan to the Director of Mental Health. | Pull charts of patients as listed as receiving individual and/or group therapy. Check medical files to ensure documentation and rationale for treatment. | Quarterly | | |



ATTACHMENT THREE
PERFORMANCE MEASURES (CONTINUED)

| Item # | Contract Requirement | Monitoring Process | Reporting Frequency | Date | Compliant Y/N |
|--------|---|--|------------------------|------|---------------|
| 14 | Upon request by the TDOC Mental Health Director and Institutional Mental Health Administrator, the psychologist shall provide Special Education Evaluations. Services must be provided within 15 days of the original request. | Review requests from the files of the Mental Health Administrator. Ensure that evaluations were completed within 15 days of the original request. | Quarterly | | |
| 15 | At least 100% of the time, the psychologist, psychiatrist and /or APN shall participate in the Quality Improvement Review (QIR) process which is to be completed within 14 days following a completed suicide or clinically justified suicidal gesture. Copies of all QIRs have been forwarded to the Director of Mental Health | Review all available QIR reports at the institution. | Quarterly | | |
| 16 | At least 100% of inmates referred for placement at DeBerry Special Needs Facility, Tennessee Prison For Women or other specialized TDOC treatment units shall have their transfers completed within 30 days of the original referral. | From the Mental Health Administrator's files, ask to review all applicable referrals for the past quarter. | Quarterly | | |
| 17 | At least 95% of the time, a psychologist/psychiatrist/APN personally interviews all inmates placed in segregation status within 30 days of initial placement. At least every 90 days thereafter this screening is performed by a licensed mental health professional. (Use CR-2629 for documentation purposes.) | Review list of segregated inmates maintained by the Mental Health Administrator. Review medical files to ensure 30 and 90 day evals are being completed. Ensure psychologist has reviewed and approved the 90 day reviews when applicable. | Quarterly | | |
| 18 | At least 90% of the time, the Contractor shall enter specific mental health classification information, diagnostic codes, levels of service, service delivery information and any other information as requested by the Director of Mental Health into the Tennessee Offender Management Information System (TOMIS) | Of charts reviewed during the audit, ensure that all appropriate entries have been made into the TOMIS system based upon the contact notes, Level of Service designation and diagnosis in the medical record. | Quarterly | | |
| 19 | All contract practitioners will have valid and current State of Tennessee licenses that provides for them to practice under the scope of law. Psychiatrists shall possess a valid DEA number. | Review licenses of each contract provider at the institution where they are employed. | Quarterly | | |
| 20 | When a mental health professional leaves the Contractor's service, the Contractor will have thirty-one (31) days to secure a replacement. | When vacancies occur, review the date of the departing practitioner and the date of the newly hired, or replaced practitioner, and ensure that no more than 31 days has passed. | Daily beginning day 32 | | |
| 21 | At least 95% of the time, the most current mental health diagnosis for the patient is recorded on CR-1894, Major Medical Conditions Problem List. | Review CR-1894 in the medical chart. | Quarterly | | |



| Item # | Mandates | Contract Requirement | Monitoring Process | Reporting Frequency | Date | Compliant Y/N |
|--------|----------------|---|---|------------------------|------|---------------|
| 21 | A.3.a 113.2 | At least 95% of the time, the most current mental health diagnosis for the patient is recorded on CR-1894, Major Medical Conditions Problem List. | Review CR-1894 in the medical chart. | Quarterly | | |
| 22 | A.23.a | Vacancies in mental health professional positions shall be filled within 31 days. | Review of reports, observations, other. | Daily beginning day 32 | | |



KEY PERFORMANCE INDICATORS MANUAL

LIQUIDATED DAMAGES SCHEDULE PER OCCURRENCE

The following is a summary of the liquidated damages amounts for Objective Performance Criteria. This listing does not represent the complete description of Contractor responsibility of the stated criteria; details are provided in the Performance Criteria and Critical Indicators section of this Manual. The amounts indicated are the adjustment (deduction) to compensation amounts assessed to the Contractor as liquidated damages for substandard performance per occurrence in the audit areas. The defining document for assessing liquidated damages is the monthly report described in Section A.17.b.(7) which identifies the deficiency identification process. Each new monthly report initiates a new damages assessment period.

| CRITERIA | INDICATORS – MENTAL HEALTH SERVICES | AMOUNT PER INDIVIDUAL OCCURRENCE |
|--|--|---|
| Staffing | 1. Clinical vacancies filled within 31 days | \$250 |
| | 2. All other positions filled within 31 days | \$200 |
| | 3. Contractor's key management staff positions which require approval of TDOC | \$500 |
| Performance Improvement Plans (PIP) | 1. PIP submitted to TDOC within 7 business day | \$50 |
| CR-3082 | 1. 3082's complete, legible, and submitted timely as per current contract or applicable amendment | \$75 |
| Answering Service | 1. Answering service in place to ensure 24-hour, 7-day per week psychiatric coverage | \$200 |
| Emergency On-Call | 1. The Psychiatrist/APN must respond to emergency calls within 30 minutes. Damages per 15-minute increment after deadline has passed. | \$100 |
| Tele-psychiatry | 1. Tele-psychiatry is available for the delivery of psychiatric services when on-site psychiatric services are not available | \$200 |
| Assessment | 1. Psychiatrist/APN will provide a direct assessment within 72-hours following a phone order for Suicide Precaution/Mental Health Seclusion | \$500 |
| | 2. A Licensed Independence Mental Health Practitioner (LIMHP) will clinically assess an inmate within three working days of initial placement in restrictive housing | \$500 |
| | 2. A LIMHP will clinically assess an inmate who is in restrictive housing for 30 consecutive days within 30-days of initial placement in restrictive housing | \$500 |
| | 3. A LIMHP will clinically assess an inmate in restrictive housing at 90 day intervals thereafter | \$500 |
| Repeat Deficiencies | 1. Indicators found to be deficient upon two (2) or three (3) consecutive performance reviews | \$500 |
| | 2. Indicators found to be deficient upon four (4) consecutive performance reviews | \$800 |



| CRITERIA | INDICATORS – SUBSTANCE USE TREATMENT SERVICES | AMOUNT |
|---------------------------------|---|--|
| Treatment Modality | Failure to implement and provide required treatment modality as described in contract. | \$500 |
| Assessments | Failure to provide approved pre and post assessments prior to release. | \$50 |
| Treatment Plans | Failure to provide appropriate individual treatment plan for each participant within thirty (30) days of admittance into program. | \$50 |
| Program Services | Failure to provide services at least five (5) days per week per contract requirements. | \$250 |
| Program Content | Failure to provide treatment programming content as outlined in contract. | \$250 |
| Re-entry Plan/ Discharge | Failure to provide re-entry plan/discharge summary prior to release. | \$100 |
| Urinalysis Testing | Failure to follow urinalysis testing as outlined in policy 506.21 and 113.95. | \$25 |
| Clinical Files | 1. Failure to complete clinical files for all participants as outlined in policy 113.95. | \$50 |
| | 2. Failure to maintain clinical files per federal regulations 42.CFR.Part 2. | \$50 |
| | 3. Failure to | |
| Repeat Deficiencies | 1. Indicators found to be deficient upon two (2) or three (3) consecutive performance reviews | \$500 |
| | 2. Indicators found to be deficient upon four (4) consecutive performance reviews | \$800 |
| Emergency Deficiencies | 1. Indicators found to be deficient 48 hours after notification to Contractor. | \$1,000 |
| | 2. Additional assessment if deficiency not cured after initial 48 hour period. | \$1,000 at the end of each additional 48 hour period |

Consideration for imposing adjustments to compensation:

- ACA ACCREDITATION-** Required for accreditation by the American Correctional Association
 - TDOC POLICIES-** Required per TDOC policy and procedures
 - RISK MANAGEMENT-** Required to avoid, or defend, the State in litigation regarding the health delivery system
- When a deficient fits more than one category, the State shall select which deficiency level to apply



**ATTACHMENT FOUR
KEY PERFORMANCE INDICATORS MANUAL
*continued***

**CRITICAL INDICATOR
STAFFING**

Definition and Purpose of Auditing This Criterion:

According to TDOC Policy/Procedures and ACA standards, the Contractor shall provide adequate staffing for each facility according to the approved staffing plan.

Elements of the Criterion:

The Contractor is to utilize the State's approved minimum staffing plan for each institution. In the event of vacant positions, the Contractor is required to provide adequate coverage to met all required services.

Indicators/Methodology/Acceptable Standard

Indicators: The Contractor shall fill all vacancies in a timely manner:

- a. Clinical vacancies shall be filled within 31 days
- b. All other vacancies shall be filled within 31 days
- c. Contractor's key management staff positions require prior approval of the TDOC

Methodology: Verification of compliance through contract monitoring and proper notification to the TDOC for key management staff.

Acceptable Standard: Threshold 100%

Amount per occurrence: **\$250** per clinical position per day not filled within 31 days
 \$200 per non-clinical position per day not filled within 31 days
 \$500 for appointing key management staff without the approval of
 the TDOC

**CRITICAL INDICATOR
PERFORMANCE IMPROVEMENT PLANS (PIP)****Definition and Purpose of Auditing This Criterion:**

The Contractor is responsible for providing a plan of corrective action in response to deficiencies identified in the monitoring process. The Performance Improvement Plan (PIP) is the format by which corrective action is identified and measured.

Elements of the Criterion:

The Contractor is to submit to TDOC a Performance Improvement Plan in response to each deficiency identified through the monitoring process.

Indicators/Methodology/Acceptable Standard

Indicators: In response to a deficiency, the Contractor shall submit a PIP to Central Office in a timely manner:

- a. The PIP shall be submitted to TDOC within 7 business days of being informed of a deficiency

Methodology: Verification of compliance through CQI monitors.

Acceptable Standard: Threshold 100%

Amount per occurrence: **\$50 per PIP document per day late**



ATTACHMENT FOUR
KEY PERFORMANCE INDICATORS MANUAL
continued

CRITICAL INDICATOR
CR-3082

Definition and Purpose of Auditing This Criterion:

According to TDOC Policy/Procedures, the Contractor shall document orders to place an inmate under Mental Health Seclusion or Suicide Precaution using the CR-3082. The CR-3082 is the official record for documenting the circumstances under which an inmate is placed in observation status, and is included in the inmate's medical chart.

Elements of the Criterion:

The Contractor must clearly document on the CR-3082 the decision to place an inmate on Mental Health Seclusion or Suicide Precaution. The CR-3082 must also clearly document the decision to release the inmate from this status.

Indicators/Methodology/Acceptable Standard

Indicators: The Contractor completes a CR-3082 for each inmate placed in Mental Health Seclusion or Suicide Precaution:

- a. The CR-3082 will be complete
- b. The CR-3082 will be legible
- c. The CR-3082 will be submitted to Central Office by the 15th day of the month following the inmate's placement in observation status

Methodology: Verification of compliance through contract monitoring.

Acceptable Standard: Threshold 100%

Amount per occurrence: **\$75 per CR-3082 that is either incomplete, illegible or late in submission to Central Office**



ATTACHMENT FOUR
KEY PERFORMANCE INDICATORS MANUAL
continued

CRITICAL INDICATOR
ANSWERING SERVICE

Definition and Purpose of Auditing This Criterion:

The Contractor is responsible for maintaining an answering service to ensure 24-hour, 7-day per week psychiatric coverage. According to TDOC Policy/Procedures and ACA standards, the Contractor shall provide adequate staffing for each facility according to the approved staffing plan.

Elements of the Criterion:

The Contractor shall maintain an answering service that provides emergency 24-hour, 7 days a week access to psychiatric/APN services.

Indicators/Methodology/Acceptable Standard

Indicators: The Contractor shall maintain an answering service that is accessible by phone to institution staff:

- a. The answering machine shall be operable 24-hours a day, 7 days per week.

Methodology: Verification of compliance through contract monitoring.

Acceptable Standard: Threshold 100%

Amount per occurrence: \$200 per clinical incident in which the answering service is not available



**CRITICAL INDICATOR
EMERGENCY ON-CALL**

Definition and Purpose of Auditing This Criterion:

The Contractor is responsible for ensuring that emergency phone calls are returned 24 hours, 7 days a week within 30 minutes of notification call from each facility.

Elements of the Criterion:

The Contractor shall provide an on-call answering service log indicating date and time of notification. On-site mental health staff or nurses will document in progress notes the date and time of emergency call response..

Indicators/Methodology/Acceptable Standard

Indicators:

- a. Progress note will reflect the date and time of the emergency call
- b. The Physician/APN must respond to emergency calls within 30 minutes
- c. Progress note will reflect date and time of response by mental health provider/attending Nurse

Methodology: Review of progress notes and review of answering service log.

Acceptable Standard: Threshold 100%

Amount per occurrence: \$100 assessed for every 15 minute increments of non-compliance



**CRITICAL INDICATOR
TELE-PSYCHIATRY**

Definition and Purpose of Auditing This Criterion:

The Contractor is responsible for tele-psychiatry to efficiently manage costs and provide patient care when psychiatric services are not otherwise available.

Elements of the Criterion:

The Contractor is to use tele-psychiatry to reduce the need for off-site consultations where doing so does not impeded patient care.

Indicators/Methodology/Acceptable Standard

Indicators: The Contractor shall provide tele-psychiatry for the delivery of psychiatric services:

- a. Tele-psychiatry shall be available at facilities when onsite psychiatric services is unavailable
- b. Tele-psychiatry equipment will be fully operational

Methodology: Verification of compliance through contract monitoring and proper notification to the TDOC for key management staff.

Acceptable Standard: Threshold 100%

Amount per occurrence: **\$250 per clinical incident**



ATTACHMENT FOUR
KEY PERFORMANCE INDICATORS MANUAL
continued

CRITICAL INDICATOR
ASSESSMENT

Definition and Purpose of Auditing This Criterion:

According to TDOC Policy/Procedures and ACA standards, the Contractor shall provide a direct clinical assessment within 72 hours following an inmate's placement in mental health seclusion or suicide precaution. A direct clinical assessment shall be conducted within 72 hours of initial placement in restrictive housing. Inmates who are placed in restrictive housing for 30 consecutive days will be afforded a clinical assessment within the initial 30 days of placement, and every 90 days thereafter.

Elements of the Criterion:

Following a phone order in which an inmate is placed in mental health seclusion or suicide precaution, a direct clinical assessment is required by a psychiatrist/psychologist/APN within 72 hours of the initial placement. Following an inmate's placement in restrictive housing, a direct clinical assessment shall be conducted by a licensed mental health provider within 72 hours of initial placement. An inmate who is placed in restrictive housing for 30 consecutive days will be afforded a clinical assessment within 30 days of initial placement, and every 90 days thereafter.

Indicators/Methodology/Acceptable Standard

Indicators: The Contractor shall conduct a direct clinical assessment of inmates:

- a. Within 72 hours of initial placement in mental health seclusion or suicide precaution
- b. Within 72 hours of initial placement in restrictive housing
- c. Within 30 days of initial placement in restrictive housing
- d. Every 90 days following the initial 30-day review
- e. Assessments shall be conducted by the properly credentialed mental health professional

Methodology: Verification of compliance through contract monitoring.

Acceptable Standard: Threshold 100%

Amount per occurrence: **\$500 per late assessment**
 \$500 per assessment conducted by unqualified personnel



MINIMUM STAFFING REQUIREMENTS

| MH Case Load | Facility | APN FTE | Psychiatrist FTE | PHD FTE | SPE/LCSW FTE | MDC FTE | TRT FTE | BSC FTE | MHA FTE | Cle FTE | CM FTE | LADAC FTE | NLADAC FTE |
|--------------|----------|---------|------------------|---------|--------------|---------|---------|---------|---------|---------|--------|-----------|------------|
| 215 | DSNF | 1.20 | 1.20 | 1.00 | 5.50 | 4.00 | 1.00 | - | 1.00 | 1.00 | 1.00 | 1.00 | - |
| 137 | RMSI | 0.40 | 0.20 | 1.00 | 2.00 | 2.00 | 0.50 | - | 1.00 | 1.00 | 1.00 | 1.00 | - |
| 486 | TPW | 1.40 | 0.40 | 2.00 | 5.00 | 3.00 | 1.00 | - | 1.00 | 1.00 | 1.00 | 1.00 | 3.00 |
| 531 | MCCX | 1.50 | 0.40 | 1.00 | 3.00 | 7.00 | 1.00 | - | 1.00 | 1.00 | 1.00 | 1.00 | 6.00 |
| 701 | WTSP | 2.00 | 0.40 | 2.00 | 3.00 | 2.00 | 1.00 | 1.00 | 2.00 | 1.00 | 1.00 | 2.00 | 2.00 |
| 31 | NWCX | 0.50 | 0.40 | 1.00 | 1.00 | 4.00 | - | - | 1.00 | 1.00 | 1.00 | 2.00 | 5.00 |
| 281 | MLCC | - | - | 1.00 | 1.00 | 1.00 | - | - | - | 1.00 | 1.00 | 1.00 | - |
| 50 | TCIX | - | 0.20 | - | 1.00 | 1.00 | - | 1.00 | 1.00 | 0.50 | 1.00 | 3.00 | 6.00 |
| 588 | BCCX | 2.00 | 0.60 | 2.00 | 3.00 | 6.00 | 0.50 | 1.00 | 1.00 | 2.00 | 1.00 | 1.00 | 5.00 |
| 533 | NECX | 1.00 | 0.20 | 1.00 | 2.00 | 5.00 | - | - | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| Total | | 10.00 | 4.00 | 12.00 | 26.50 | 35.00 | 5.00 | 3.00 | 10.00 | 10.50 | 10.00 | 14.00 | 28.00 |

APN: Advance Practice Nurse
PHD: Psychologist with Health Service Provider Designation
SPE/LCSW: Senior Psychological Examiner and/or Licensed Clinical Social Worker
MDC: Master's Degree in Behavioral Science Counselor
TRT: Therapeutic Recreational Therapist
BSC: Behavioral Specialist Counselor Credentials: Certified Psychological Assistant who has met requirements for the Behavior Analyst Certification
MHA: Mental Health Administrator: Credentials: Master's Degree in Behavioral Science with experience in Health Administration
Clerks: Credentials to be determined by Vendor by Contractor
Regional Case Manager: Credentials: Bachelor's Degree in Behavioral Science with one year full time experience providing case managers services social, psychological or correctional case management services
LADAC: Licensed Alcohol and Drug Abuse Counselor
NLADAC: Non-Licensed Alcohol and Drug Abuse Counselor Intern



LEVELS OF MENTAL HEALTH CARE AND EXAMPLES OF SERVICES

LEVELS OF MENTAL HEALTH CARE

Level I - No need for Mental Health (MH) Treatment

Level II - Outpatient Services

Level III - Supportive Living Unit Services

Level III services are indicated when an inmate ability to function in general population is moderately impaired due to mental illness. The inmate has a serious mental illness as defined above and as a result of the SMI has experienced significant impairment in his/her ability to adjust and function satisfactorily within the general prison population, as determined by the number, intensity and frequency of mental health services needed, or the inmate has stabilized at a higher level of care and can now function within the Level III Unit.

Level IV - Supportive Living Unit Services

At this level inmates are unable to attend most treatment or recreational groups in traditional settings and thus require ancillary services to be provided in the residential unit.

Level V - Crisis Stabilization Placement

EXAMPLES OF SERVICES

SERVICES

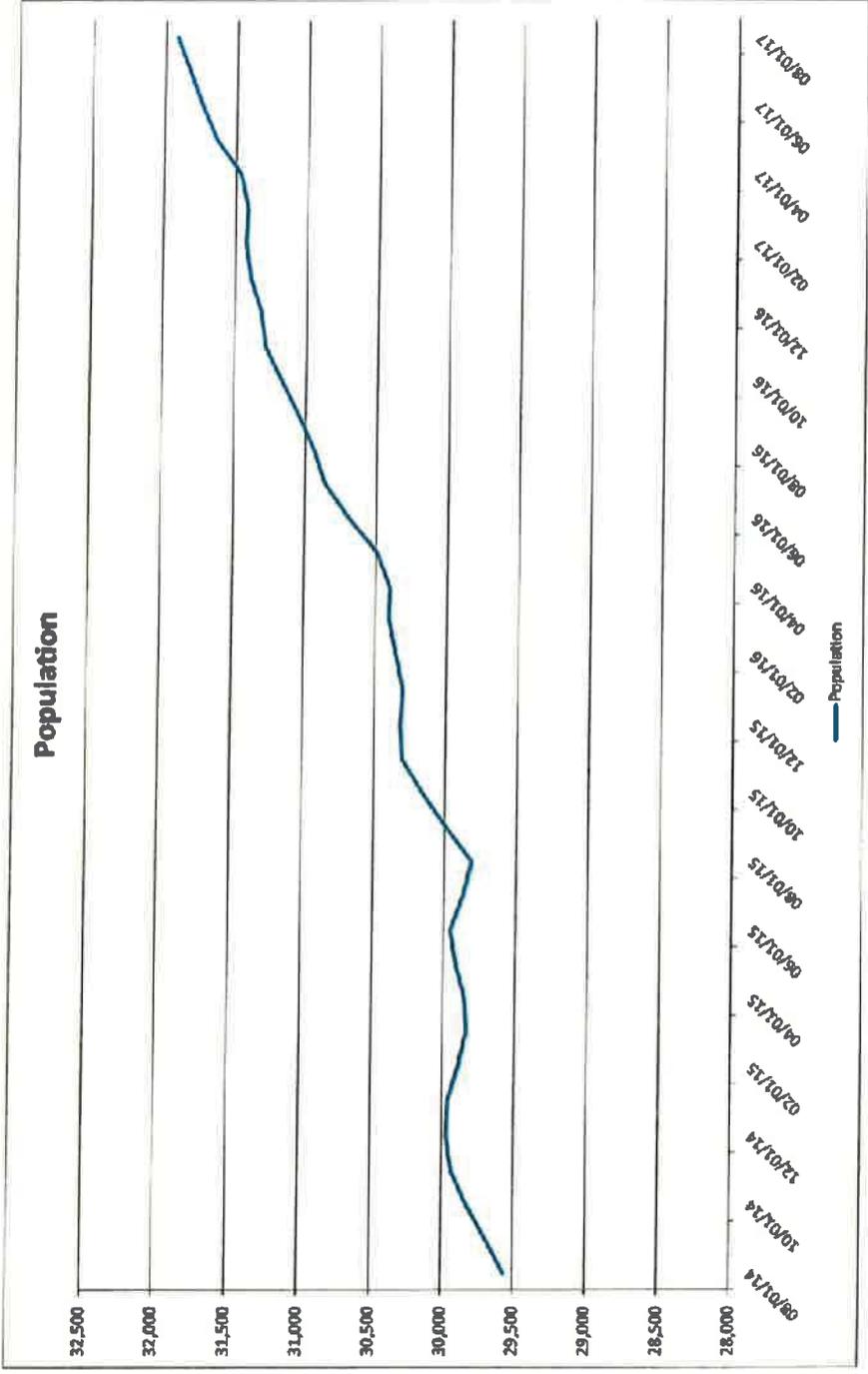
- Triage – records and chart reviews
- Assessment, screening and Evaluation:
 - Classification
 - Mental Health Intake
 - Segregation Evaluations (30/90 days review)
 - Involuntary Medication
 - 72 hrs seclusion
 - Crisis Intervention
 - Minimum Custody, Transition Center placement
- Medication management
- Therapy
 - Behavior Modification
 - Group
- Individual
 - Case specific consultation and education, for inmates and/or correctional staff.
 - Psychological Testing to include special education testing.
 - Treatment planning and Treatment team
 - Liaison Services, referral to other institutions and/or community services.
 - Continuous Quality Improvement, collecting data and interpreting monthly reports.
 - Suicide Reviews, Intervention with suicidal and potentially suicidal inmates
 - Telemedicine
 - Incorporation of directed mental health programs into treatment plan
 - On-call duties.
 - Maintain required documentation
 - Case management as needed.
 - Clinical Supervision
 - Data Entry TOMIS

Reference 113.81.1 Mental Health Encounter Logs



ATTACHMENT SEVEN

Population



Population (Cont'd)

| | |
|--------|--------|
| Sep-17 | 32,024 |
| Oct-17 | 32,086 |
| Nov-17 | 32,079 |
| Dec-17 | 32,118 |
| Jan-18 | 32,119 |
| Feb-18 | 32,098 |
| Mar-18 | 32,113 |
| Apr-18 | 32,154 |
| May-18 | 32,185 |
| Jun-18 | 32,207 |
| Jul-18 | 32,295 |
| Aug-18 | 32,377 |
| Sep-18 | 32,388 |
| Oct-18 | 32,363 |
| Nov-18 | 32,397 |
| Dec-18 | 32,419 |
| Jan-19 | 32,360 |
| Feb-19 | 32,370 |
| Mar-19 | 32,419 |
| Apr-19 | 32,407 |

| | |
|--------|--------|
| Aug-14 | 29,564 |
| Sep-14 | 29,690 |
| Oct-14 | 29,827 |
| Nov-14 | 29,933 |
| Dec-14 | 29,971 |
| Jan-15 | 29,962 |
| Feb-15 | 29,891 |
| Mar-15 | 29,839 |
| Apr-15 | 29,849 |
| May-15 | 29,913 |
| Jun-15 | 29,955 |
| Jul-15 | 29,867 |
| Aug-15 | 29,909 |
| Sep-15 | 29,990 |
| Oct-15 | 30,158 |
| Nov-15 | 30,304 |
| Dec-15 | 30,318 |
| Jan-16 | 30,302 |
| Feb-16 | 30,352 |
| Mar-16 | 30,401 |
| Apr-16 | 30,400 |
| May-16 | 30,490 |
| Jun-16 | 30,690 |
| Jul-16 | 30,855 |
| Aug-16 | 30,935 |
| Sep-16 | 31,046 |
| Oct-16 | 31,163 |
| Nov-16 | 31,280 |
| Dec-16 | 31,312 |
| Jan-17 | 31,389 |
| Feb-17 | 31,423 |
| Mar-17 | 31,410 |
| Apr-17 | 31,461 |
| May-17 | 31,629 |
| Jun-17 | 31,736 |
| Jul-17 | 31,824 |
| Aug-17 | 31,916 |



ATTACHMENT SEVEN

Inmate Population For FY '15 TDOC July '14 - June '15

| State Operated Institutions | | | | | |
|-----------------------------|-----------------|-----------------------|--------------------|--------------------------------|---------------|
| Location | FY'15 Actual | % of Beds Budgeted | FY'15 Estimated | 96% Budgeted Capacity FY'15 | FY'16 Base |
| TPFW | 772 | 95.90% | 805 | 773 | 805 |
| TCIX ¹ | 1,559 | 87.98% | 1,772 | 1,701 | 1,772 |
| MLCC | 424 | 96.36% | 440 | 422 | 440 |
| CBCX ² | 663 | 62.55% | 1,060 | 1,016 | 1,060 |
| BCCX | 2,372 | 94.09% | 2,521 | 2,420 | 2,521 |
| WTSP | 2,423 | 93.84% | 2,582 | 2,479 | 2,582 |
| RMSI | 598 | 81.25% | 736 | 707 | 736 |
| NECX | 1,766 | 95.15% | 1,856 | 1,782 | 1,856 |
| NWCX | 2,370 | 97.73% | 2,425 | 2,328 | 2,425 |
| SPND | 701 | 87.63% | 800 | 768 | 800 |
| MCCX ³ | 2,202 | 96.12% | 2,291 | 2,199 | 2,291 |
| State Total | 15,850 | 91.66% | 17,288 | 16,597 | 17,288 |



| Privately Operated Facilities | | | | | |
|-------------------------------|--------------|--------------------|-----------------|-----------------------------|--------------|
| Location | FY'14 | % of Beds Budgeted | FY'15 Estimated | 98% Budgeted Capacity FY'14 | FY'16 Base |
| HCCF | 1,982 | 97.72% | 2,016 | 1,976 | 2,016 |
| WCFA | 1,488 | 97.40% | 1,536 | 1,505 | 1,536 |
| SCCF | 1,639 | 97.20% | 1,676 | 1,642 | 1,676 |
| Private Total | 5,099 | 97.53% | 5,228 | 5,123 | 5,228 |

| | | | | | |
|--------------------|---------------|---------------|---------------|---------------|---------------|
| Grand Total | 20,948 | 93.04% | 22,516 | 21,720 | 22,516 |
|--------------------|---------------|---------------|---------------|---------------|---------------|

¹ TCIX Wayne County Annex 200 bed expansion

² Reduced by 50 beds due to annex closure

³ Reduced by 150 beds due to the boot camp being replaced by the Morgan County Drug Court

** Bledsoe Expansion began filling beds March 2013, the FY13 population has been adjusted to reflect loading the prison. FY14 is increased by the full 1,540 beds from expansion.



ATTACHMENT EIGHT

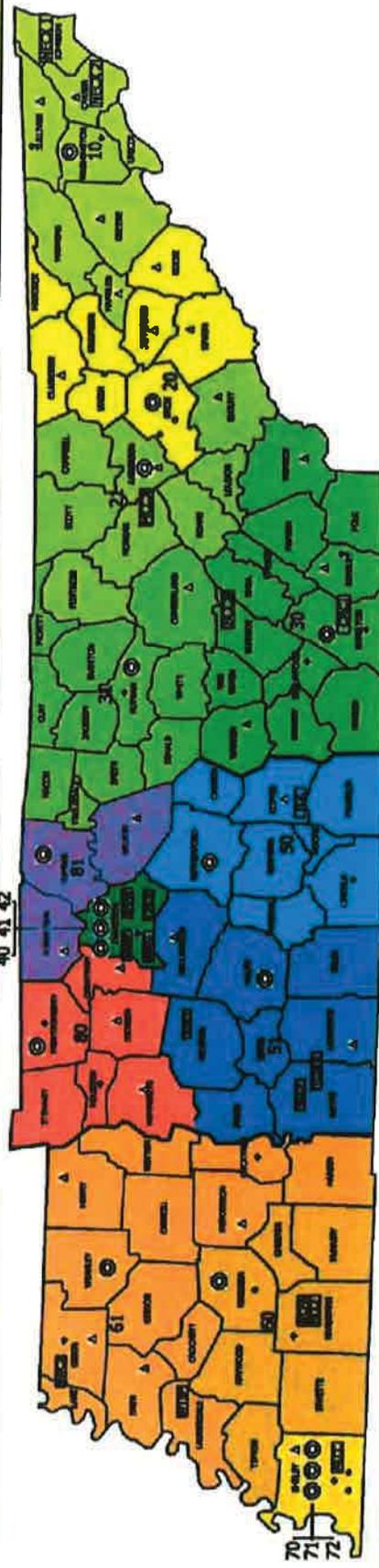
Tennessee Department of Correction Facilities and Offices

| | |
|--|---|
| TDOC Prison 8520 West Leland Correctional Center | |
| 70 | Probation & Parole District 70 District Office One Field Office One |
| 71 | Probation & Parole District 71 District Office One Field Office One |
| 72 | Probation & Parole District 72 District Office One Field Office One |
| • Community Correction Offices | |

| | |
|---|---|
| TDOC Prisons 8200 183 - Central State Correctional Complex 8200 184 - Central State Correctional Complex 8200 185 - Central State Correctional Complex 8200 186 - Central State Correctional Complex 8200 187 - Central State Correctional Complex 8200 188 - Central State Correctional Complex 8200 189 - Central State Correctional Complex 8200 190 - Central State Correctional Complex 8200 191 - Central State Correctional Complex 8200 192 - Central State Correctional Complex 8200 193 - Central State Correctional Complex 8200 194 - Central State Correctional Complex 8200 195 - Central State Correctional Complex 8200 196 - Central State Correctional Complex 8200 197 - Central State Correctional Complex 8200 198 - Central State Correctional Complex 8200 199 - Central State Correctional Complex 8200 200 - Central State Correctional Complex | |
| 40 | Probation & Parole District 40 District Office One Field Office One |
| 41 | Probation & Parole District 41 District Office One Field Office One |
| 42 | Probation & Parole District 42 District Office One Field Office One |
| • Community Correction Offices | |

| | |
|--|---|
| Probation & Parole District 80 District Office One Field Office One | |
| 81 | Probation & Parole District 81 District Office One Field Office One |
| • Community Correction Offices | |

| | |
|---|---|
| TDOC Prisons 8500 South East Correctional Complex 8500 South East Correctional Complex 8500 South East Correctional Complex | |
| 10 | Probation & Parole District 10 District Office One Field Office One |
| • Community Correction Offices | |



| | |
|---|---|
| TDOC Prisons 8500 Hamilton County Correctional Facility 8500 Hamilton County Correctional Facility | |
| 60 | Probation & Parole District 60 District Office One Field Office One |
| • Community Correction Offices | |

| | |
|--|---|
| TDOC Prison 8500 Tennessee Correctional Facility | |
| 50 | Probation & Parole District 50 District Office One Field Office One |
| • Community Correction Offices | |

| | |
|--|--|
| Probation & Parole District 20 District Office One Field Office One | |
| • Community Correction Offices | |

| | |
|---|---|
| TDOC Prisons 8500 L-1 & 2 - North County Correctional Complex 8500 L-3 & 4 - North County Correctional Complex | |
| 30 | Probation & Parole District 30 District Office One Field Office One |
| • Community Correction Offices | |

| | |
|---|---|
| TDOC Prisons 8500 6.1 - West Tennessee State Prison | |
| 61 | Probation & Parole District 61 District Office One Field Office One |
| • Community Correction Offices | |

| | |
|--|---|
| TDOC Prisons 8500 North County Correctional Facility 8500 North County Correctional Facility 8500 North County Correctional Facility | |
| 51 | Probation & Parole District 51 District Office One Field Office One |
| • Community Correction Offices | |

| | |
|---|---|
| TDOC Prison 8500 Morgan County Correctional Complex | |
| 21 | Probation & Parole District 21 District Office One Field Office One |
| • Community Correction Offices | |

| | |
|--|--|
| Probation & Parole District 31 District Office One Field Office One | |
| • Community Correction Offices | |



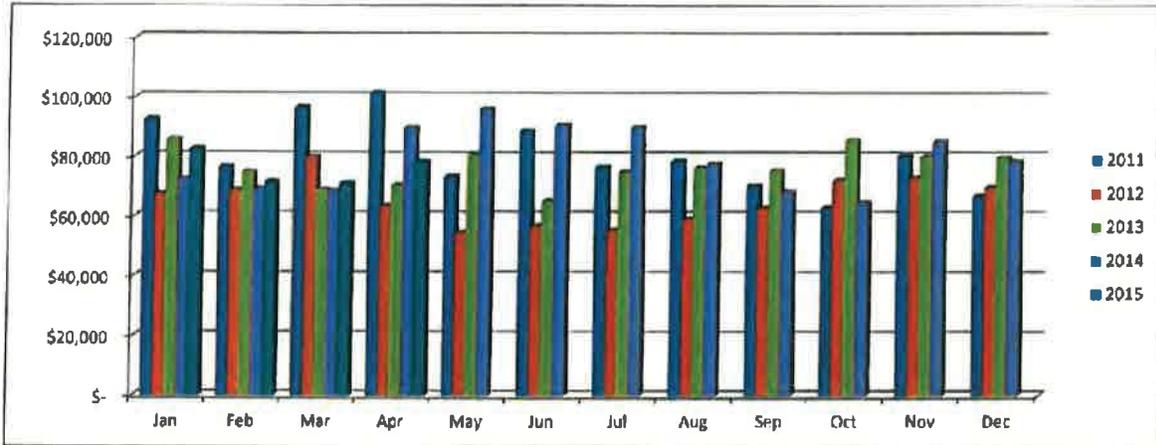
Tennessee Department of Correction Mental Health- Pharmacy Utilization Report

ATTACHMENT NINE

| | Inmate Census | Total MH Orders | # IM on MH RX | % IM on MH RX | # MH RX/IM | # MH RX/IM on MH | MH Total Costs | MH PMPM | MH cost/IM on RX |
|----------------|---------------|-----------------|---------------|---------------|-------------|------------------|-------------------|----------------|------------------|
| Jan-15 | 15,583 | 7,307 | 2,858 | 18% | 0.47 | 2.56 | \$ 82,672 | \$ 5.31 | \$ 28.93 |
| Feb-15 | 15,531 | 6,586 | 2,702 | 17% | 0.42 | 2.44 | \$ 71,662 | \$ 4.61 | \$ 26.52 |
| Mar-15 | 15,485 | 6,663 | 2,737 | 18% | 0.43 | 2.43 | \$ 71,240 | \$ 4.60 | \$ 26.03 |
| Apr-15 | 15,298 | 6,950 | 2,796 | 18% | 0.45 | 2.49 | \$ 78,484 | \$ 5.13 | \$ 28.07 |
| May-15 | | | | | | | | | |
| Jun-15 | | | | | | | | | |
| Jul-15 | | | | | | | | | |
| Aug-15 | | | | | | | | | |
| Sep-15 | | | | | | | | | |
| Oct-15 | | | | | | | | | |
| Nov-15 | | | | | | | | | |
| Dec-15 | | | | | | | | | |
| Average | 15,474 | 6,877 | 2,773 | 18% | 0.44 | 2.48 | \$ 76,015 | \$ 4.91 | \$ 27.39 |
| YTD | 61,897 | 27,506 | | | | | \$ 304,058 | | |



Mental Health Pharmacy Costs



Mental Health Pharmacy Costs

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|------|-----------|-----------|-----------|------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 2011 | \$ 92,432 | \$ 76,664 | \$ 96,506 | \$ 101,385 | \$ 73,416 | \$ 88,790 | \$ 76,654 | \$ 78,587 | \$ 70,316 | \$ 63,020 | \$ 80,491 | \$ 66,871 |
| 2012 | \$ 67,385 | \$ 68,637 | \$ 79,919 | \$ 61,507 | \$ 54,553 | \$ 56,926 | \$ 55,484 | \$ 59,198 | \$ 62,891 | \$ 72,221 | \$ 72,965 | \$ 69,851 |
| 2013 | \$ 85,784 | \$ 74,892 | \$ 69,024 | \$ 70,363 | \$ 80,457 | \$ 65,231 | \$ 74,910 | \$ 76,334 | \$ 75,343 | \$ 85,646 | \$ 80,024 | \$ 78,678 |
| 2014 | \$ 72,529 | \$ 69,255 | \$ 68,706 | \$ 88,709 | \$ 95,975 | \$ 90,498 | \$ 89,756 | \$ 77,457 | \$ 68,387 | \$ 64,753 | \$ 85,154 | \$ 78,423 |
| 2015 | \$ 82,872 | \$ 71,682 | \$ 71,240 | \$ 78,484 | | | | | | | | |

of Inmates on Therapy

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2011 | 2,050 | 1,887 | 2,034 | 2,008 | 2,261 | 2,390 | 2,380 | 2,437 | 2,386 | 2,380 | 2,380 | 2,312 |
| 2012 | 2,270 | 2,301 | 2,332 | 2,327 | 2,335 | 2,321 | 2,269 | 2,420 | 2,504 | 2,657 | 2,518 | 2,508 |
| 2013 | 2,758 | 2,770 | 2,889 | 2,557 | 2,612 | 2,502 | 2,456 | 2,424 | 2,616 | 2,547 | 2,599 | 2,842 |
| 2014 | 2,621 | 2,691 | 2,686 | 2,975 | 2,982 | 2,616 | 2,724 | 2,686 | 2,694 | 2,753 | 2,651 | 2,738 |
| 2015 | 2,858 | 2,702 | 2,737 | 2,795 | | | | | | | | |

2011 YTD Average Montly Cost per INM \$ 5.38
 2011 YTD Average Montly INM on Therapy 2,242
 2011 YTD Average Montly Cost per INM on Therapy \$ 35.87
 2011 YTD Average Montly Cost \$ 80,434
 2011 YTD Total Cost \$ 965,212

2012 YTD Average Montly Cost per INM \$ 4.45
 2012 YTD Average Montly INM on Therapy 2,397
 2012 YTD Average Montly Cost per INM on Therapy \$ 27.25
 2012 YTD Average Montly Cost \$ 65,311
 2012 YTD Total Cost \$ 783,734

2013 YTD Average Montly Cost per INM \$ 5.05
 2013 YTD Average Montly INM on Therapy 2,632
 2013 YTD Average Montly Cost per INM on Therapy \$ 29.06
 2013 YTD Average Montly Cost \$ 76,474
 2013 YTD Total Cost \$ 917,689

2014 YTD Average Montly Cost per INM 4.99
 2014 YTD Average Montly INM on Therapy 2,726
 2014 YTD Average Montly Cost per INM on Therapy \$ 29.07
 2014 YTD Average Montly Cost \$ 79,220
 2014 YTD Total Cost \$ 950,642

2015 YTD Average Montly Cost per INM \$ 4.91
 2015 YTD Average Montly INM on Therapy 2,773
 2015 YTD Average Montly Cost per INM on Therapy \$ 27.41
 2015 YTD Average Montly Cost \$ 76,015
 2015 YTD Total Cost \$ 304,058



PHARMACORR

Formulary Drug List - Tennessee DOC Formulary

6/12/2015

The attached Formulary includes symbols representing pharmaceutical acquisition costs.

Products which are typically dispensed as individual, solid, oral dosage forms are priced per unit (e.g. capsules, tablets).

Products which are not solid, oral dosage forms and are dispensed as one counted unit will be priced as such (e.g. one tube of cream, one individual injection or vial, one inhaler, one oral liquid bottle).

Products which are typically dispensed as packages are priced per package (e.g. oral contraceptives, manufactured kits, multi-syringe or vial packs).

If you have any questions regarding pharmaceutical pricing, please contact PharmaCorr for clarification.

5705 Camille St, Oklahoma City, OK 73149
Toll Free: 888-321-7774 Local: 405-670-1400 Fax: 866-200-7774

6002 Corporate Way, Corporate Ctr North II, B, Indianapolis, IN 46278
Toll Free: 800-259-3067 Local: 317-299-3420 Fax: 800-256-3068



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Formulary Drug List - Tennessee DOC Formulary

* price per tab/cap or mg package

1. Analgesics and Anti-Inflammatories

Acetaminophen Agents (01.01)

| | |
|---------------------------------------|---------|
| APAP - BOX /24 PROTOCOL 325 MG TABLET | TYLENOL |
| APAP 325 MG TABLET | TYLENOL |

Anti-Gout Agents (01.02)

| | |
|---------------------------|----------|
| ALLOPURINOL 100 MG TABLET | ZYLOPRIM |
| ALLOPURINOL 300 MG TABLET | ZYLOPRIM |
| PROBENECID 500 MG TABLET | BENEMID |

Anti-Migraine Agents (01.03)

| | |
|------------------------------------|-------------------|
| APAP/ASA/CAFF 250-250-65 MG TABLET | EXCEDRIN MIGRAINE |
|------------------------------------|-------------------|

Narcotic Analgesics / Antagonists (01.04)

| | |
|-------------------------------------|------------------|
| CODEINE/APAP 30-300 MG TABLET | TYLENOL #3 |
| CODEINE/APAP 60-300 MG TABLET | TYLENOL #4 |
| CODEINE/APAP 60-300 MG TABLET | TYLENOL W/COD #4 |
| CODEINE/APAP STOCK 30-300 MG TABLET | TYLENOL #3 |
| HYDROCOD BIT/APAP 10-325 MG TABLET | NORCO |
| HYDROCODONE/APAP 10-325 MG TABLET | NORCO |
| HYDROCODONE/APAP 5-325 MG TABLET | NORCO |
| TRAMADOL HCL 50 MG TABLET | ULTRAM |

Neuropathic Pain Agents (01.05)

| | |
|---------------------------------|---------|
| NORTRIPTYLINE HCL 10 MG CAPSULE | PAMELOR |
| NORTRIPTYLINE HCL 25 MG CAPSULE | PAMELOR |
| NORTRIPTYLINE HCL 50 MG CAPSULE | PAMELOR |
| NORTRIPTYLINE HCL 75 MG CAPSULE | PAMELOR |
| VENLAFAXINE HCL 100 MG TABLET | EFFEXOR |
| VENLAFAXINE HCL 25 MG TABLET | EFFEXOR |
| VENLAFAXINE HCL 37.5 MG TABLET | EFFEXOR |
| VENLAFAXINE HCL 50 MG TABLET | EFFEXOR |
| VENLAFAXINE HCL 75 MG TABLET | EFFEXOR |

Non-Steroidal Anti-Inflammatory Drugs (NSAIDS) (01.06)

| | |
|---|-------------|
| IBUPROFEN 200 MG TABLET | ADVIL |
| IBUPROFEN 200MG 200 MG TABLET | ADVIL |
| IBUPROFEN BOX/24 PROTOCOL 200 MG TABLET | ADVIL |
| KETOROLAC TROMETH VL 15 MG/ML INJECTION | TORADOL INJ |
| KETOROLAC TROMETH VL 30 MG/ML INJECTION | TORADOL INJ |
| MELOXICAM 15 MG TABLET | MOBIC |
| MELOXICAM 7.5 MG TABLET | MOBIC |
| NAPROXEN 250 MG TABLET | NAPROSYN |
| NAPROXEN 375 MG TABLET | NAPROSYN |
| NAPROXEN 500 MG TABLET | NAPROSYN |

Salicylates (01.07)

| | |
|-----------------------------------|---------|
| ASA 325 MG TABLET | ASA |
| ASPIRIN - FILM COAT 325 MG TABLET | ASA FC |
| ASPIRIN EC 81 MG TAB EC | ECOTRIN |



1. Analgesics and Anti-Inflammatories

ASPIRIN FC BOX/24 PROTOCOL 325 MG TABLET

ASPIRIN

Skeletal Muscle Relaxants (01.08)

CHLORZOXAZONE 500 MG TABLET

PARAFON FORTE

Other Analgesics and Anti-Inflammatories (01.09)

HYDROXYCHLOROQUINE 200 MG TABLET

PLAQUENIL



Formulary Drug List - Tennessee DOC Formulary

* price per tab/cap or mfg package

2. Antihistamines / Decongestants / Antitussives / Expectorants

1st Generation Antihistamines (02.01)

| | |
|---|------------------|
| CHLORPHENIRAMINE 4 MG TABLET | CHLORTRIMETON |
| CHLORPHENIRAMINE BOX/24 PROTOC 4 MG TABLET | CHLORTRIMETON |
| CHLORPHENIRAMINE MAL 4 MG TABLET | CHLORTRIMETON |
| CHLORPHENIRAMINE MAL 4 MG TABLET | CHLORTRIMETON UD |
| CYPROHEPTADINE 4 MG TABLET | PERIACTIN |
| DIPHENHYDRAMINE 25 MG CAPSULE | BENADRYL |
| DIPHENHYDRAMINE 50 MG CAPSULE | BENADRYL |
| DIPHENHYDRAMINE AF 12.5 MG/5 ML ELIXIR | BENADRYL A/F |
| DIPHENHYDRAMINE CARPUJEC 50 MG/ML INJECTION | BENADRYL |
| DIPHENHYDRAMINE VIAL 50 MG/ML INJECTION | BENADRYL |
| HYDROXYZINE HCL 10 MG TABLET | ATARAX |
| HYDROXYZINE HCL 10 MG/5 ML SYRUP | ATARAX SYRUP |
| HYDROXYZINE HCL 25 MG TABLET | ATARAX |
| HYDROXYZINE HCL 50 MG TABLET | ATARAX |
| HYDROXYZINE HCL VIAL 25 MG/ML INJECTION | VISTARIL INJ |
| HYDROXYZINE HCL VIAL 50 MG/ML INJECTION | VISTARIL |
| HYDROXYZINE HCL VIAL 50 MG/ML INJECTION | VISTARIL INJ |
| HYDROXYZINE PAMOATE 100 MG CAPSULE | VISTARIL |
| HYDROXYZINE PAMOATE 25 MG CAPSULE | VISTARIL |
| HYDROXYZINE PAMOATE 50 MG CAPSULE | VISTARIL |

2nd Generation Antihistamines (02.02)

| | |
|-----------------------------|----------|
| CETIRIZINE HCL 10 MG TABLET | ZYRTEC |
| CETIRIZINE HCL 5 MG TABLET | ZYRTEC |
| LORATADINE 10 MG TABLET | CLARITIN |

Antitussives (02.03)

Expectorants (02.04)

| | |
|-------------------------------|------------------|
| GUAIFENESIN 100 MG/5 ML SYRUP | ROBITUSSIN PLAIN |
| GUAIFENESIN 200 MG TABLET | ROBITUSSIN |

Decongestants (02.05)

Combination Products (02.06)

| | |
|--------------------------------------|---------------|
| GUAIFENESIN-DM 100-10/5 ML SYRUP | ROBITUSSIN DM |
| GUAIFENESIN-DM S-F 100-10/5 ML SYRUP | ROBITUSSIN DM |



Formulary Drug List - Tennessee DOC Formulary

* price per tablet or mg package

3. Anti-Infectives

Aminoglycosides (03.01)

GENTAMICIN VIAL 40 MG/ML INJECTION

GARAMYCIN INJ

Antifungals (03.02)

FLUCONAZOLE 100 MG TABLET

DIFLUCAN

FLUCONAZOLE 200 MG TABLET

DIFLUCAN

KETOCONAZOLE 200 MG TABLET

NIZORAL

NYSTATIN 100,000 U/ML SUSPENSION

MYCOSTATIN

TERBINAFINE HCL 250 MG TABLET

LAMISIL

Anthelmintics (03.03)

Antimalarials (03.04)

Antituberculars (03.05)

ETHAMBUTOL HCL 100 MG TABLET

MYAMBUTOL

ETHAMBUTOL HCL 400 MG TABLET

MYAMBUTOL

ISONIAZID 100 MG TABLET

INH

ISONIAZID 300 MG TABLET

INH

PYRAZINAMIDE 600 MG TABLET

PYRAZINAMIDE

RIFAMPIN 160 MG CAPSULE

RIFADIN

RIFAMPIN 300 MG CAPSULE

RIFADIN

Antivirals (non-HIV) (03.06)

ACYCLOVIR 200 MG CAPSULE

ZOVIRAX

ACYCLOVIR 400 MG TABLET

ZOVIRAX

ACYCLOVIR 800 MG TABLET

ZOVIRAX

AMANTADINE HCL 100 MG CAPSULE

SYMMETREL

AMANTADINE HCL 50 MG/5 ML SYRUP

SYMMETREL

FOSCARNET SOD 24 MG/ML INJECTION

FOSCAVIR

GANCICLOVIR VIAL 500 MG INJECTION

CYTOVENE INJ

Cephalosporins (03.07)

CEFAZOLIN SOD 1GM INJECTION

ANCEF

CEFAZOLIN SOD VIAL 1GM INJECTION

ANCEF

CEFAZOLIN SOD VIAL 500 MG INJECTION

KEFZOL

CEFOTAXIME SOD 1GM INJECTION

CLAFORAN

CEFOTAXIME SOD 2GM INJECTION

CLAFORAN

CEFTAZIDIME 1GM INJECTION

FORTAZ INJ

CEFTAZIDIME 2GM INJECTION

FORTAZ INJ

CEFTRIAXONE SOD 1GM INJECTION

ROCEPHIN

CEFTRIAXONE SOD 2GM INJECTION

ROCEPHIN

CEFTRIAXONE SOD VIAL 1GM INJECTION

ROCEPHIN INJ

CEFTRIAXONE SOD VIAL 250 MG INJECTION

ROCEPHIN INJ

CEFTRIAXONE SOD VIAL 2GM INJECTION

ROCEPHIN INJ

CEFTRIAXONE SOD VIAL 500 MG INJECTION

ROCEPHIN INJ

CEFUROXIME 1.5 GM INJECTION

ZINACEF



3. Anti-Infectives

| | |
|--|-------------|
| CEFUROXIME AXETIL 250 MG TABLET | CEFTIN |
| CEFUROXIME AXETIL 600 MG TABLET | CEFTIN |
| CEFUROXIME SOD 750 MG INJECTION | ZINACEF |
| CEFUROXIME SOD VIAL 750 MG INJECTION | ZINACEF INJ |
| CEPHALEXIN 250 MG CAPSULE | KEFLEX |
| CEPHALEXIN 500 MG CAPSULE | KEFLEX |
| CEPHALEXIN SUSP 250 MG/5 ML SUSPENSION | KEFLEX SUSP |

Fluoroquinolones (03.08)

| | |
|---------------------------------|----------|
| CIPROFLOXACIN 500 MG TABLET | CIPRO |
| CIPROFLOXACIN HCL 250 MG TABLET | CIPRO |
| CIPROFLOXACIN HCL 500 MG TABLET | CIPRO |
| CIPROFLOXACIN HCL 750 MG TABLET | CIPRO |
| LEVOFLOXACIN 500 MG TABLET | LEVAQUIN |
| LEVOFLOXACIN 750 MG TABLET | LEVAQUIN |

HIV Agents - Fusion Inhibitors (03.09.01)

| | |
|---------------------------------|-----------|
| ENFUMIRTIDE KIT 90 MG INJECTION | FUZEON |
| MARAVIROC 150 MG TABLET | SELZENTRY |
| MARAVIROC 300 MG TABLET | SELZENTRY |

HIV Agents - Integrase Inhibitors (03.09.02)

| | |
|---------------------------|------------|
| RALTEGRAVIR 400 MG TABLET | ISENTRRESS |
|---------------------------|------------|

HIV Agents - Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs) (03.09.03)

| | |
|---------------------------------------|---------------|
| DELAVIRDINE MESYLATE 200 MG TABLET | RESCRIPTOR |
| EFAVIRENZ 200 MG CAPSULE | SUSTIVA |
| EFAVIRENZ 600 MG TABLET | SUSTIVA |
| ETRAVIRINE 100 MG TABLET | INTELENCE |
| ETRAVIRINE 200 MG TABLET | INTELENCE |
| NEVIRAPINE 200 MG TABLET | VIRAMUNE |
| NEVIRAPINE 50 MG/ML SUSPENSION | VIRAMUNE ORAL |
| NEVIRAPINE XR TAB 400 MG TAB 8R 24 HR | VIRAMUNE XR |

HIV Agents - Nucleos(t)ide Reverse Transcriptase Inhibitors (NRTIs) (03.09.04)

| | |
|----------------------------------|----------------|
| ABACAVIR 300 MG TABLET | ZIAGEN |
| DIDANOSINE 125 MG CAP DELAY-REL | VIDEX EC |
| DIDANOSINE 200 MG CAP DELAY-REL | VIDEX EC |
| DIDANOSINE 250 MG CAP DELAY-REL | VIDEX EC |
| DIDANOSINE 400 MG CAP DELAY-REL | VIDEX EC |
| EMTRICITABINE 200 MG CAPSULE | EMTRIVA |
| LAMIVUDINE 150 MG TABLET | EPIVIR |
| LAMIVUDINE 150MG TABLET | EPIVIR |
| LAMIVUDINE 300 MG TABLET | EPIVIR |
| LAMIVUDINE- 10 MG/ML SOLUTION | EPIVIR |
| STAVUDINE 15 MG CAPSULE | ZERIT |
| STAVUDINE 20 MG CAPSULE | ZERIT |
| STAVUDINE 30 MG CAPSULE | ZERIT |
| STAVUDINE 40 MG CAPSULE | ZERIT |
| TELBIVUDINE 600 MG TABLET | TYZEKA |
| TENOFOVIR DISOPROX 300 MG TABLET | VIREAD |
| ZIDOVUDINE 10 MG/ML SYRUP | RETROVIR SYRUP |



3 Anti-Infectives

| | |
|---------------------------|----------|
| ZIDOVUDINE 100 MG CAPSULE | RETROVIR |
| ZIDOVUDINE 300 MG TABLET | RETROVIR |
| ZIDOVUDINE 300MG TABLET | RETROVIR |

HIV Agents - Protease Inhibitors (03.09.05)

| | |
|--|--------------|
| ATAZANAVIR SULFATE 150 MG CAPSULE | REYATAZ |
| ATAZANAVIR SULFATE 200 MG CAPSULE | REYATAZ |
| ATAZANAVIR SULFATE 300 MG CAPSULE | REYATAZ |
| DARUNAVIR ETHANOLATE 800 MG TABLET | PREZISTA |
| DARUNAVIR ETHANOLATE 800 MG TABLET | PREZISTA |
| FOSAMPRENAVIR CA 700 MG TABLET | LEXIVA |
| INDINAVIR 200 MG CAPSULE | CRIVAN |
| INDINAVIR 400 MG CAPSULE | CRIVAN |
| LOPINAVIR/RITONAVIR TAB 200/50 MG TABLET | KALETRA TAB |
| LOPINAVIR/RITON 400-100/5 ML SOLUTION | KALETRA SUSP |
| NELFINAVIR MESYLATE 250 MG TABLET | VIRACEPT |
| NELFINAVIR MESYLATE 625 MG TABLET | VIRACEPT |
| RITONAVIR 100 MG TABLET | NORVIR |
| RITONAVIR 80 MG/ML SOLUTION | NORVIR |
| SAQUINAVIR*INVIRASE 200 MG CAPSULE | INVIRASE |
| SAQUINAVIR*INVIRASE 500 MG TABLET | INVIRASE |
| TIPRANAVIR 250 MG CAPSULE | APTIVUS |

HIV Agents - Combination Products (03.09.06)

| | |
|--|----------|
| EFAVIR/EMTRICIT/TENOFOV 600-200-300 MG TABLET | ATRIPLA |
| EMTRICITAB-RILPVRINE-TENOVO 200-25-300 MG TABLET | COMPLERA |
| EMTRICTABINE/TENOFOVIR 200-300 MG TABLET | TRUVADA |
| LAMVUDINE/ZIDOVUDINE 150/300 MG TABLET | COMBIVIR |

HIV Agents - Supportive Agents (03.09.07)

| | |
|--------------------------------------|-----------|
| AZITHROMYCIN 600 MG TABLET | ZITHROMAX |
| DAPSONE 100 MG TABLET | DAPSONE |
| DAPSONE 25 MG TABLET | DAPSONE |
| PENTAMIDINE ISETH INH 300 MG INHALER | NEBUPENT |

Macrolides / Azalides / Lincosamides / Oxazolidinones (03.10)

| | |
|--|-----------------|
| AZITHROMYCIN 250 MG TABLET | ZITHROMAX |
| AZITHROMYCIN 600 MG TABLET | ZITHROMAX |
| AZITHROMYCIN Z-PAK 250 MG TABLET | ZITHROMAX Z-PAK |
| CLINDAMYCIN HCL 150 MG CAPSULE | CLEOCIN |
| CLINDAMYCIN HCL 300 MG CAPSULE | CLEOCIN |
| CLINDAMYCIN MPB 300 MG INJECTION | CLEOCIN |
| CLINDAMYCIN MPB 600 MG INJECTION | CLEOCIN MPB |
| CLINDAMYCIN MPB 900 MG INJECTION | CLEOCIN |
| CLINDAMYCIN PHOS ADV 600 MG/4 ML INJECTION | CLEOCIN |
| CLINDAMYCIN PHOS VL 150 MG/ML INJECTION | CLEOCIN INJ |
| ERYTHROMYCIN 250 MG TAB EC | ERY-TAB |
| ERYTHROMYCIN 333 MG TAB EC | ERY-TAB |
| ERYTHROMYCIN 500 MG TABLET | ERY-TAB |

Penicillins (03.11)

| | |
|----------------------------|--------|
| AMOXICILLIN 250 MG CAPSULE | AMOXIL |
|----------------------------|--------|



3. Anti-Infectives

| | |
|--|------------------|
| AMOXICILLIN 250 MG/5 ML SUSPENSION | AMOXIL |
| AMOXICILLIN 500 MG CAPSULE | AMOXIL |
| AMOXICILLIN TRIHYD 875 MG TABLET | AMOXIL |
| AMOXICILLIN/CLAV 500-125 MG TABLET | AUGMENTIN |
| AMOXICILLIN/CLAV 875-125 MG TABLET | AUGMENTIN |
| AMPICILLIN 500 MG INJECTION | AMPICILLIN |
| AMPICILLIN ADVANTAGE 2GM INJECTION | AMPICILLIN |
| AMPICILLIN VIAL 1GM INJECTION | AMPICILLIN |
| AMPICILLIN VIAL 2GM INJECTION | AMPICILLIN |
| DICLOXACILLIN 250 MG CAPSULE | DYNAPEN |
| DICLOXACILLIN 500 MG CAPSULE | DYNAPEN |
| NAFCILLIN SOD ADVANTAGE VL 1GM INJECTION | NAFCIL |
| NAFCILLIN SOD ADVANTAGE VL 2GM INJECTION | NAFCIL |
| NAFCILLIN SOD VIAL 1GM INJECTION | NAFCIL |
| NAFCILLIN SOD VIAL 2GM INJECTION | NAFCIL |
| OXACILLIN NA VIAL 1 GM INJECTION | OXACILLIN |
| OXACILLIN NA VIAL 2 GM INJECTION | OXACILLIN |
| PENIC-G BENZATHINE 1.2 MILLION UNITS INJECTION | BIGILLIN LA |
| PENIC-G BENZATHINE 2.4 MILLION UNITS INJECTION | BIGILLIN LA |
| PENICILLIN V-K 250 MG TABLET | PEN-VK |
| PENICILLIN V-K 500 MG TABLET | PEN-VK |
| PENICILLIN VK SUSP 250MG/5 ML SOLUTION | PEN-VK ORAL SUSP |
| PENICILLIN-G POTASSIUM VI 5MU INJECTION | PENICILLIN INJ |
| PIPERACILITAZO VL 3-0.375GM INJECTION | ZOSYN INJ |

Sulfonamides (03.12)

| | |
|--|------------------------|
| SULFAMETH-TRIMETH 800-160 MG TABLET | BACTRIM DS |
| SULFAMETH-TRIMETH 800-160 MG TABLET | BACTRIM DS / SEPTRA DS |
| SULFAMETH/TRIMETH VL 80-16 MG/ML INJECTION | BACTRIM INJ |
| SULFAMETH/TRI 200-40 MG/5 ML SUSPENSION | BACTRIM/SEPTRA |

Tetracyclines (03.13)

| | |
|--------------------------------|---------|
| MINOCYCLINE HCL 100 MG CAPSULE | MINOCIN |
| MINOCYCLINE HCL 50 MG CAPSULE | MINOCIN |

Other Anti-Infectives (03.14)

| | |
|--------------------------------------|---------------|
| IMIPENEM/CILAST VL 250 MG INJECTION | PRIMAXIN *IV* |
| IMIPENEM/CILAST VL 500 MG INJECTION | PRIMAXIN *IV* |
| IMIPENEM/CILASTATIN 500 MG INJECTION | PRIMAXIN |
| METRONIDAZOLE 250 MG TABLET | FLAGYL |
| METRONIDAZOLE 500 MG TABLET | FLAGYL |
| VANCOMYCIN HCL 1GM INJECTION | VANCOCIN |
| VANCOMYCIN HCL 500 MG INJECTION | VANCOCIN |
| VANCOMYCIN HCL 750 MG INJECTION | VANCOCIN |
| VANCOMYCIN HCL VIAL 1GM INJECTION | VANCOCIN |
| VANCOMYCIN HCL VIAL 500 MG INJECTION | VANCOCIN |
| VANCOMYCIN HCL VIAL 750 MG INJECTION | VANCOCIN |



Formulary Drug List - Tennessee DOC Formulary

** price per tab/cap or mfg package*

4. Cancer-Related Agents

Antineoplastics (04.01)

HYDROXYUREA 500 MG CAPSULE
TAMOXIFEN CITRATE 10 MG TABLET
TAMOXIFEN CITRATE 20 MG TABLET

HYDREA
NOLVADEX
NOLVADEX



Formulary Drug List - Tennessee DOC Formulary

* price per tab/cap or mg package

5. Cardiovascular Agents

Alpha-adrenergic Blockers (05.01)

| | |
|-----------------------------|----------|
| PRAZOSIN HCL 1 MG CAPSULE | MINIPRES |
| PRAZOSIN HCL 2 MG CAPSULE | MINIPRES |
| PRAZOSIN HCL 5 MG CAPSULE | MINIPRES |
| TERAZOSIN HCL 1 MG CAPSULE | HYTRIN |
| TERAZOSIN HCL 10 MG CAPSULE | HYTRIN |
| TERAZOSIN HCL 2 MG CAPSULE | HYTRIN |
| TERAZOSIN HCL 6 MG CAPSULE | HYTRIN |

Angiotensin-Converting Enzyme Inhibitors (ACE) (05.02)

| | |
|---------------------------------|-----------------|
| BENAZEPRIL HCL 10 MG TABLET | LOTENSIN |
| BENAZEPRIL HCL 20 MG TABLET | LOTENSIN |
| BENAZEPRIL HCL 40 MG TABLET | LOTENSIN |
| BENAZEPRIL HCL 5 MG TABLET | LOTENSIN |
| ENALAPRIL MALEATE 10 MG TABLET | VASOTEC |
| ENALAPRIL MALEATE 2.5 MG TABLET | VASOTEC |
| ENALAPRIL MALEATE 20 MG TABLET | VASOTEC |
| ENALAPRIL MALEATE 5 MG TABLET | VASOTEC |
| LISINOPRIL 10 MG TABLET | ZESTRIL/PRINMIL |
| LISINOPRIL 2.5 MG TABLET | ZESTRIL/PRINMIL |
| LISINOPRIL 20 MG TABLET | ZESTRIL/PRINMIL |
| LISINOPRIL 30 MG TABLET | ZESTRIL |
| LISINOPRIL 40 MG TABLET | ZESTRIL/PRINMIL |
| LISINOPRIL 5 MG TABLET | ZESTRIL/PRINMIL |

Angiotensin Receptor Blockers (ARBs) (05.03)

| | |
|----------------------------------|--------|
| LOSARTAN POTASSIUM 100 MG TABLET | COZAAR |
| LOSARTAN POTASSIUM 25 MG TABLET | COZAAR |
| LOSARTAN POTASSIUM 50 MG TABLET | COZAAR |

Antidysrhythmics - Type 1a (05.04.01)

| | |
|---------------------------------|-----------------|
| QUINIDINE 300 MG TAB CR | QUINIDEX EXTENT |
| QUINIDINE SULFATE 200 MG TABLET | QUINIDINE 504 |

Antidysrhythmics - Type 1b (05.04.02)

Antidysrhythmics - Type 1c (05.04.03)

Antidysrhythmics - Type III (05.04.04)

| | |
|-----------------------------------|-----------|
| AMIODARONE HCL 50 MG/ML INJECTION | CORDARONE |
|-----------------------------------|-----------|

Antilipidemics - HMG-Coenzyme A Reductase Inhibitors (05.05.01)

| | |
|--------------------------|-------|
| SIMVASTATIN 10 MG TABLET | ZOCOR |
| SIMVASTATIN 20 MG TABLET | ZOCOR |
| SIMVASTATIN 40 MG TABLET | ZOCOR |
| SIMVASTATIN 6 MG TABLET | ZOCOR |
| SIMVASTATIN 80 MG TABLET | ZOCOR |



5, Cardiovascular Agents

| | |
|---|----------------|
| Antilipidemics - Other Antilipidemics (05.05.02) | |
| CHOLESTYRAMINE/ASPAR POWDER | QUESTRAN LIGHT |
| CHOLESTYRAMINE/ASPARTAME PACK | QUESTRAN LIGHT |
| GEMFIBROZIL 600 MG TABLET | LOPID |
| NIACIN 100 MG TABLET | NIACIN |
| NIACIN 250 MG TABLET | NIACIN |
| NIACIN 50 MG TABLET | NIACIN |
| NIACIN 500 MG TABLET | NIACIN |
| Beta-Adrenergic Blockers - Selective Agents (05.06.01) | |
| ATENOLOL 100 MG TABLET | TENORMIN |
| ATENOLOL 25 MG TABLET | TENORMIN |
| ATENOLOL 50 MG TABLET | TENORMIN |
| METOPROLOL TART 100 MG TABLET | LOPRESSOR |
| METOPROLOL TART 25 MG TABLET | LOPRESSOR |
| METOPROLOL TART 50 MG TABLET | LOPRESSOR |
| Beta-Adrenergic Blockers - Non-Selective Agents (05.06.02) | |
| PROPRANOLOL HCL 10 MG TABLET | INDERAL |
| PROPRANOLOL HCL 20 MG TABLET | INDERAL |
| PROPRANOLOL HCL 40 MG TABLET | INDERAL |
| PROPRANOLOL HCL 60 MG TABLET | INDERAL |
| PROPRANOLOL HCL 80 MG TABLET | INDERAL |
| Beta-Adrenergic Blockers - α,β Antagonists (05.06.03) | |
| CARVEDILOL 12.5 MG TABLET | COREG |
| CARVEDILOL 25 MG TABLET | COREG |
| CARVEDILOL 3.125 MG TABLET | COREG |
| CARVEDILOL 6.25 MG TABLET | COREG |
| Calcium Channel Blockers - Dihydropyridine (05.07.01) | |
| AMLODIPINE BESYLATE 10 MG TABLET | NORVASC |
| AMLODIPINE BESYLATE 2.5 MG TABLET | NORVASC |
| AMLODIPINE BESYLATE 5 MG TABLET | NORVASC |
| Calcium Channel Blockers - Non-Dihydropyridine (05.07.02) | |
| Cardiac Glycosides (05.08) | |
| DIGOXIN 0.125 MG TABLET | LANOXIN |
| DIGOXIN 0.25 MG TABLET | LANOXIN |
| DIGOXIN AMP 0.25 MG/ML INJECTION | LANOXIN INJ |
| Centrally-Acting Antihypertensives (05.09) | |
| CLONIDINE HCL 0.1 MG TABLET | CATAPRES |
| CLONIDINE HCL 0.2 MG TABLET | CATAPRES |
| Diuretics (05.10) | |
| ACETAZOLAMIDE 250 MG TABLET | DIAMOX |
| FUROSEMIDE 20 MG TABLET | LASIX |
| FUROSEMIDE 40 MG TABLET | LASIX |



5: Cardiovascular Agents

| | |
|--|-------------|
| FUROSEMIDE 80 MG TABLET | LASIX |
| FUROSEMIDE VIAL 100 MG/10 ML INJECTION | LASIX |
| FUROSEMIDE VIAL 20 MG/2 ML INJECTION | LASIX |
| FUROSEMIDE VIAL 40 MG/4 ML INJECTION | LASIX |
| HYDROCHLOROTHIAZIDE 12.5 MG CAPSULE | HCTZ |
| HYDROCHLOROTHIAZIDE 25 MG TABLET | HCTZ |
| HYDROCHLOROTHIAZIDE 25 MG TABLET | HYDRODIURIL |
| HYDROCHLOROTHIAZIDE 50 MG TABLET | HYDRODIURIL |
| SPIRONOLACTONE 100 MG TABLET | ALDACTONE |
| SPIRONOLACTONE 25 MG TABLET | ALDACTONE |
| SPIRONOLACTONE 50 MG TABLET | ALDACTONE |
| TRIAMTERENE/HCTZ 37.5-25 MG TABLET | MAXZIDE-25 |
| TRIAMTERENE/HCTZ 75-50 MG TABLET | MAXZIDE |

Hemorrhologic Agents (05.11)

| | |
|---|----------|
| ENOXAPARIN SYRG 100 MG/1 ML INJECTION | LOVENOX |
| ENOXAPARIN SYRG 120 MG/0.8 ML INJECTION | LOVENOX |
| ENOXAPARIN SYRG 150 MG/1 ML INJECTION | LOVENOX |
| ENOXAPARIN SYRG 30 MG/0.3 ML INJECTION | LOVENOX |
| ENOXAPARIN SYRG 40 MG/0.4 ML INJECTION | LOVENOX |
| ENOXAPARIN SYRG 60 MG/0.6 ML INJECTION | LOVENOX |
| ENOXAPARIN SYRG 80 MG/0.8 ML INJECTION | LOVENOX |
| ENOXAPARIN VIAL 100 MG/ML INJECTION | LOVENOX |
| HEPARIN SODIUM SYG 5,000 U/ML INJECTION | HEPARIN |
| HEPARIN SODIUM VL 1,000 U/ML INJECTION | HEPARIN |
| HEPARIN SODIUM VL 10 U/ML INJECTION | HEP-LOCK |
| HEPARIN SODIUM VL 100 U/ML INJECTION | HEP-LOCK |
| HEPARIN SODIUM VL 5,000 U/ML INJECTION | HEPARIN |
| WARFARIN SOD 1 MG TABLET | JANTOVEN |
| WARFARIN SOD 10 MG TABLET | JANTOVEN |
| WARFARIN SOD 2 MG TABLET | JANTOVEN |
| WARFARIN SOD 2.6 MG TABLET | JANTOVEN |
| WARFARIN SOD 3 MG TABLET | JANTOVEN |
| WARFARIN SOD 4 MG TABLET | JANTOVEN |
| WARFARIN SOD 5 MG TABLET | JANTOVEN |
| WARFARIN SOD 6 MG TABLET | JANTOVEN |
| WARFARIN SOD 7.5 MG TABLET | JANTOVEN |

Vasodilators - Nitrates (05.12.01)

| | |
|---|-----------|
| ISOSORBIDE-MONONIT 10 MG TABLET | MONOKET |
| ISOSORBIDE-MONONIT 120 MG TAB SR 24 HR | IMDUR |
| ISOSORBIDE-MONONIT 20 MG TABLET | MONOKET |
| ISOSORBIDE-MONONIT 30 MG TAB SR 24 HR | IMDUR |
| ISOSORBIDE-MONONIT 60 MG TAB SR 24 HR | IMDUR |
| NITROGLYCERIN SL 1/150 (0.4MG) TAB SUBL | NITROSTAT |

Vasodilators - Non-Nitrates (05.12.02)

| | |
|-------------------------------|------------|
| GUANFACINE 1 MG TABLET | TENEX |
| GUANFACINE 2 MG TABLET | TENEX |
| HYDRALAZINE HCL 10 MG TABLET | APRESOLINE |
| HYDRALAZINE HCL 100 MG TABLET | APRESOLINE |
| HYDRALAZINE HCL 25 MG TABLET | APRESOLINE |



5. Cardiovascular Agents

HYDRALAZINE HCL 50 MG TABLET

APRESOLINE

Combination Agents (05.13)

Other CV Agents (05.14)



Formulary Drug List - Tennessee DOC Formulary

* price per tablet or mg package

6. Psychiatric Agents

Antidepressants - Tricyclic Antidepressants (06.01.01)

| | |
|--|-----------|
| CLOMIPRAMINE HCL 25 MG CAPSULE | ANAFRANIL |
| CLOMIPRAMINE HCL 50 MG CAPSULE | ANAFRANIL |
| CLOMIPRAMINE HCL 75 MG CAPSULE | ANAFRANIL |
| DOXEPIN HCL 10 MG CAPSULE | SINEQUAN |
| DOXEPIN HCL 100 MG CAPSULE | SINEQUAN |
| DOXEPIN HCL 150 MG CAPSULE | SINEQUAN |
| DOXEPIN HCL 25 MG CAPSULE | SINEQUAN |
| DOXEPIN HCL 50 MG CAPSULE | SINEQUAN |
| DOXEPIN HCL 75 MG CAPSULE | SINEQUAN |
| DOXEPIN ORAL SOLN 10 MG/ML CONCENTRATE | SINEQUAN |
| IMIPRAMINE HCL 10 MG TABLET | TOFRANIL |
| IMIPRAMINE HCL 25 MG TABLET | TOFRANIL |
| IMIPRAMINE HCL 50 MG TABLET | TOFRANIL |
| NORTRIPTYLINE HCL 10 MG CAPSULE | PAMELOR |
| NORTRIPTYLINE HCL 25 MG CAPSULE | PAMELOR |
| NORTRIPTYLINE HCL 50 MG CAPSULE | PAMELOR |
| NORTRIPTYLINE HCL 75 MG CAPSULE | PAMELOR |

Antidepressants - Serotonin +/- Norepinephrine Reuptake Inhibitors (SSRI / SNRI) (06.01.02)

| | |
|---|------------------|
| CITALOPRAM 10 MG TABLET | CELEXA |
| CITALOPRAM 20 MG TABLET | CELEXA |
| CITALOPRAM 40 MG TABLET | CELEXA |
| CITALOPRAM ORAL 10 MG/5 ML SOLUTION | CELEXA ORAL SOLN |
| FLUOXETINE 10 MG CAPSULE | PROZAC |
| FLUOXETINE 20 MG CAPSULE | PROZAC |
| FLUOXETINE SOLN 20 MG/5 ML LIQUID | PROZAC |
| PAROXETINE HCL 10 MG TABLET | PAXIL |
| PAROXETINE HCL 20 MG TABLET | PAXIL |
| PAROXETINE HCL 30 MG TABLET | PAXIL |
| PAROXETINE HCL 40 MG TABLET | PAXIL |
| SERTRALINE HCL 100 MG TABLET | ZOLOFT |
| SERTRALINE HCL 25 MG TABLET | ZOLOFT |
| SERTRALINE HCL 50 MG TABLET | ZOLOFT TABLET |
| SERTRALINE ORAL CONC 20 MG/ML CONCENTRATE | ZOLOFT ORAL CONC |
| VENLAFAXINE HCL 100 MG TABLET | EFFEXOR |
| VENLAFAXINE HCL 25 MG TABLET | EFFEXOR |
| VENLAFAXINE HCL 37.5 MG TABLET | EFFEXOR |
| VENLAFAXINE HCL 50 MG TABLET | EFFEXOR |
| VENLAFAXINE HCL 75 MG TABLET | EFFEXOR |

Antidepressants - Other Antidepressants (06.01.03)

| | |
|-----------------------------|---------|
| MIRTAZAPINE 15 MG TABLET | REMERON |
| MIRTAZAPINE 30 MG TABLET | REMERON |
| MIRTAZAPINE 45 MG TABLET | REMERON |
| TRAZODONE HCL 100 MG TABLET | DESYREL |
| TRAZODONE HCL 150 MG TABLET | DESYREL |
| TRAZODONE HCL 50 MG TABLET | DESYREL |



6. Psychiatric Agents

Antipsychotic Agents - 1st Generation Agents (06.02.01)

| | |
|--|-----------------|
| CHLORPROMAZINE- 25 MG/ML INJECTION | THORAZINE |
| CHLORPROMAZINE- 50 MG/2 ML INJECTION | THORAZINE |
| FLUPHENAZINE 0.5 MG/ML ELIXIR | PROLIXIN ELIXIR |
| FLUPHENAZINE 5 MG/ML CONCENTRATE | PROLIXIN ORAL |
| FLUPHENAZINE DECON VL 25 MG/ML INJECTION | PROLIXIN INJ |
| FLUPHENAZINE HCL 1 MG TABLET | PROLIXIN |
| FLUPHENAZINE HCL 10 MG TABLET | PROLIXIN |
| FLUPHENAZINE HCL 2.5 MG TABLET | PROLIXIN |
| FLUPHENAZINE HCL 5 MG TABLET | PROLIXIN |
| FLUPHENAZINE HCL VL 2.5 MG/ML INJECTION | PROLIXIN INJ |
| HALOPERIDOL 0.5 MG TABLET | HALDOL |
| HALOPERIDOL 1 MG TABLET | HALDOL |
| HALOPERIDOL 10 MG TABLET | HALDOL |
| HALOPERIDOL 2 MG TABLET | HALDOL |
| HALOPERIDOL 20 MG TABLET | HALDOL |
| HALOPERIDOL 5 MG TABLET | HALDOL |
| HALOPERIDOL DEC VL 100 MG/ML INJECTION | HALDOL |
| HALOPERIDOL DEC VL 50 MG/ML INJECTION | HALDOL |
| HALOPERIDOL LACT 5 MG/ML INJECTION | HALDOL |
| HALOPERIDOL LACTATE VL 5 MG/ML INJECTION | HALDOL |
| HALOPERIDOL ORAL 2 MG/ML CONCENTRATE | HALDOL |
| LOXAPINE SUCCINATE 10 MG CAPSULE | LOXITANE |
| LOXAPINE SUCCINATE 25 MG CAPSULE | LOXITANE |
| LOXAPINE SUCCINATE 5 MG CAPSULE | LOXITANE |
| LOXAPINE SUCCINATE 50 MG CAPSULE | LOXITANE |
| TRIFLUOPERAZINE HCL 1 MG TABLET | STELAZINE |
| TRIFLUOPERAZINE HCL 10 MG TABLET | STELAZINE |
| TRIFLUOPERAZINE HCL 2 MG TABLET | STELAZINE |
| TRIFLUOPERAZINE HCL 5 MG TABLET | STELAZINE |

Antipsychotic Agents - 2nd Generation Agents (06.02.02)

| | |
|--|----------------|
| CLOZAPINE 100 MG TABLET | CLOZARIL |
| CLOZAPINE 25 MG TABLET | CLOZARIL |
| RISPERIDONE 0.25 MG TABLET | RISPERDAL |
| RISPERIDONE 0.5 MG TABLET | RISPERDAL |
| RISPERIDONE 1 MG / ML SOLUTION | RISPERDAL SOLN |
| RISPERIDONE 1 MG TABLET | RISPERDAL |
| RISPERIDONE 2 MG TABLET | RISPERDAL |
| RISPERIDONE 3 MG TABLET | RISPERDAL |
| RISPERIDONE 4 MG TABLET | RISPERDAL |
| ZIPRASIDONE HCL 20 MG CAPSULE | GEODON |
| ZIPRASIDONE HCL 40 MG CAPSULE | GEODON |
| ZIPRASIDONE HCL 60 MG CAPSULE | GEODON |
| ZIPRASIDONE HCL 80 MG CAPSULE | GEODON |
| ZIPRASIDONE MESY VIAL 20 MG/ML INJECTION | GEODON INJ |

Barbiturates (06.03)

| | |
|------------------------------|---------------|
| PHENOBARBITAL 16.2 MG TABLET | PHENOBARBITAL |
| PHENOBARBITAL 32.4 MG TABLET | PHENOBARBITAL |
| PHENOBARBITAL 64.8 MG TABLET | PHENOBARBITAL |
| PHENOBARBITAL 97.2 MG TABLET | PHENOBARBITAL |



6: Psychiatric Agents

PHENOBARBITAL- VIAL 130 MG/ML INJECTION

PHENOBARBITAL

Cerebral Stimulants (06.04)

Mood Stabilizers (06.05)

DIVALPROEX SODIUM 125 MG TAB EC

DEPAKOTE

DIVALPROEX SODIUM 250 MG TAB EC

DEPAKOTE

DIVALPROEX SODIUM 500 MG TAB EC

DEPAKOTE

LAMOTRIGINE 100 MG TABLET

LAMICTAL

LAMOTRIGINE 150 MG TABLET

LAMICTAL

LAMOTRIGINE 200 MG TABLET

LAMICTAL

LAMOTRIGINE 25 MG TABLET

LAMICTAL

LITHIUM CARBONATE 150 MG CAPSULE

ESKALITH

LITHIUM CARBONATE 300 MG CAPSULE

ESKALITH

LITHIUM CARBONATE SA 300 MG TAB CR

LITHOBID

LITHIUM CARBONATE SA 450 MG TAB CR

ESKALITH CR

VALPROIC ACID 250 MG CAPSULE

DEPAKENE

Sedatives / Hypnotics - Benzodiazepine (06.05.01)

LORAZEPAM VIAL 2 MG/ML INJECTION

ATIVAN

Sedatives / Hypnotics - Other Agents (06.05.02)

BUSPIRONE HCL 10 MG TABLET

BUSPAR

BUSPIRONE HCL 15 MG TABLET

BUSPAR

BUSPIRONE HCL 5 MG TABLET

BUSPAR

BUSPIRONE HCL 7.5 MG TABLET

BUSPAR

Anxiolytic (06.08)

Other CNS Agents (06.99)

BENZTROPINE MES 0.5 MG TABLET

COGENTIN

BENZTROPINE MES 1 MG TABLET

COGENTIN

BENZTROPINE MES 2 MG TABLET

COGENTIN

BENZTROPINE MES VIAL/AMP 1 MG/ML INJECTION

COGENTIN INJ

TRIHEXYPHENIDYL HCL 2 MG TABLET

ARTANE

TRIHEXYPHENIDYL HCL 6 MG TABLET

ARTANE



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** price per tablet/cap or mfg package*

7. Dental Agents

Dental Agents (07.01)

LIDOCAINE VISC 2% SOLUTION
LIDOCAINE VISCOUS 2% SOLUTION
THROAT LOZENGES LOZENGE

XYLOCAINE VISC
XYLOCAINE VISC
CEPACOL



Formulary Drug List - Tennessee DOC Formulary

* prices per tab/cap or mg package

8. Dermatological Agents

Anti-Acne Products (08.01)

| | |
|----------------------------------|------------------|
| BENZOYL PEROXIDE 10% GEL (JELLY) | BENZAGEL |
| BENZOYL PEROXIDE 10% GEL (JELLY) | PERSAGEL |
| BENZOYL PEROXIDE 6% GEL (JELLY) | BENZAGEL |
| ERYTHROMYCIN TOPICAL 2% SOLUTION | ERYMAX / ERYDERM |

Antifungals (08.02)

| | |
|-------------------------------|------------------|
| CLOTRIMAZOLE 1% CREAM | LOTRIMIN/MYCELEX |
| CLOTRIMAZOLE 1% SOLUTION | LOTRIMIN/MYCELEX |
| MICONAZOLE TOPICAL 2% CREAM | MONISTAT-DERM |
| NYSTATIN 100,000U/GM CREAM | MYCOSTATIN |
| NYSTATIN 100,000U/GM OINTMENT | MYCOSTATIN |
| TOLNAFTATE 1% CREAM | TINACTIN |
| TOLNAFTATE 1% POWDER | TINACTIN POWDER |
| TOLNAFTATE 1% SOLUTION | TINACTIN A-F |

Anti-Infectives (08.03)

| | |
|----------------------------------|------------|
| BACITRACIN 600U/G OINTMENT | BACITRACIN |
| BACITRACIN PKT 500U/G OINTMENT | BACITRACIN |
| BACITRACIN/POLYMYXIN B OINTMENT | POLYSPORIN |
| BACITRACIN/POLYSPORIN OINTMENT | POLYSPORIN |
| GENTAMICIN SULFATE 0.1% CREAM | GARAMYCIN |
| GENTAMICIN SULFATE 0.1% OINTMENT | GARAMYCIN |
| SILVER SULFADIAZINE 1% CREAM | SILVADENE |

Antipsoriatics (08.04)

| | |
|--------------------------|-------------------|
| COAL TAR SHAMPOO SHAMPOO | DOAK TAR/TERA-GEL |
|--------------------------|-------------------|

Antipruritics & Local Anesthetics (08.05)

| | |
|--------------------|----------|
| CALAMINE 8% LOTION | CALAMINE |
|--------------------|----------|

Moisturizing and Barrier Agents (08.06)

| | |
|-------------------------|-----------|
| ABSORBASE CREAM | EUCERIN |
| THERADERM LOTION LOTION | THERADERM |

Scabicides (08.07)

| | |
|------------------------------|---------------------|
| PERMETHRIN 5% CREAM | ELIMITE/ACTICIN |
| PYRETHRINS/PIPERONYL SHAMPOO | LICE TREATMENT/ RID |

Steroid Anti-Inflammatories - Very High Potency (08.08.01)

| | |
|----------------------------|--------------|
| BETAMETHASONE- 0.05% CREAM | DIPROLENE AF |
|----------------------------|--------------|

Steroid Anti-Inflammatories - High Potency (08.08.02)

| | |
|----------------------------|--------------|
| BETAMETHASONE- 0.05% CREAM | DIPROLENE AF |
| TRIAMCINOLONE 0.025% CR | KENALOG |
| TRIAMCINOLONE 0.025% LOT | KENALOG |
| TRIAMCINOLONE 0.025% ONT | KENALOG |
| TRIAMCINOLONE 0.1% CR | KENALOG |
| TRIAMCINOLONE 0.1% LOT | KENALOG |



8. Dermatological Agents

| | |
|-------------------------|---------|
| TRIAMCINOLONE 0 1% OINT | KENALOG |
| TRIAMCINOLONE 0 5% CR | KENALOG |
| TRIAMCINOLONE 0 5% OINT | KENALOG |

Steroid Anti-Inflammatories - Medium Potency (08.08.03)

| | |
|----------------------------------|----------|
| FLUOCINOLONE 0.01% CREAM | SYNALAR |
| FLUOCINOLONE 0.01% SOLUTION | SYNALAR |
| FLUOCINOLONE 0.025% CREAM | SYNALAR |
| FLUOCINOLONE 0.025% OINTMENT | SYNALAR |
| FLUTICASONE PROP 0.005% OINTMENT | CUTIVATE |
| TRIAMCINOLONE 0 025% CR | KENALOG |
| TRIAMCINOLONE 0 025% LOT | KENALOG |
| TRIAMCINOLONE 0 025% OINT | KENALOG |
| TRIAMCINOLONE 0 1% CR | KENALOG |
| TRIAMCINOLONE 0 1% LOT | KENALOG |
| TRIAMCINOLONE 0 1% OINT | KENALOG |
| TRIAMCINOLONE 0 5% CR | KENALOG |
| TRIAMCINOLONE 0 5% OINT | KENALOG |

Steroid Anti-Inflammatories - Low Potency (08.08.04)

| | |
|------------------------------|---------|
| FLUOCINOLONE 0.01% CREAM | SYNALAR |
| FLUOCINOLONE 0.01% SOLUTION | SYNALAR |
| FLUOCINOLONE 0.025% CREAM | SYNALAR |
| FLUOCINOLONE 0.025% OINTMENT | SYNALAR |
| HYDROCORTISONE 2.5% CREAM | HYTONE |
| HYDROCORTISONE CR 1% | HYTONE |
| HYDROCORTISONE CR 1% CREAM | HYTONE |

Other Derm Agents (08.09)

| | |
|---------------------------------------|------------------|
| ANALGESIC BALM OINTMENT | ANALGESIC BALM |
| BENZOIN TINCTURE TINCTURE | BENZOIN |
| CALCIUM ACET/ALUM SO4 PACK | DOMEBORO |
| FERRIC SUBSULF SOLUTION | MONSELS SOLUTION |
| PODOPHYLLUM RESIN 25% SOLUTION | PODODERM |
| SALICYLIC ACID PLASTER 40% | MEDIPLAST PATCH |
| SELENIUM SULFIDE 1% SHAMPOO | SELSUN BLUE |
| SELENIUM SULFIDE 2.5% SHAMPOO | SELSUN-RX LOTION |
| SULFUR/SALICYLIC ACID SHAMPOO | SEBEX/SEBULEX |
| THERADERM LOTION LOTION | THERADERM |
| TRICHLOROACETIC ACID SOLN (15M LIQUID | TRI-CHLOR |



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* price per tab/cap or mfg package

9, Diagnostics and Supplies

Diagnostics and Supplies (09.01)

| | |
|---|---------------------|
| CARPUJECT HOLDER MISCELLANEOUS | CARPUJECT |
| DEXTROSE -WATER 5% INJECTION | D5-W 250ML |
| DEXTROSE -WATER 5% INJECTION | D5-W 1000ML |
| DEXTROSE -WATER 5% INJECTION | D5-W ADVANTAGE |
| DEXTROSE -WATER SYRINGE 50% INJECTION | D-50W |
| DEXTROSE -WATER VIAL 50% INJECTION | D50-W |
| DEXTROSE-NACL 5%-0.45% INJECTION | D5-1/2NS 1000ML |
| DEXTROSE-NACL 5%-0.9% INJECTION | D5-NS 1000ML |
| DEXTROSE-WATER 5% INJECTION | D5-W 100ML |
| DEXTROSE-WATER 5% INJECTION | D5-W 500ML |
| DEXTROSE-WATER 5% INJECTION | D5-W ADVANTAGE |
| LACTATED RINGERS INJECTION | LACTATED RINGERS |
| SOD CHL BACTERIOSTAT VL 0.9% INJECTION | NORMAL SALINE |
| SOD CHL PRESERV-FREE VL 0.9% INJECTION | NORMAL SALINE |
| SOD CHLORIDE ADV BAG 0.9% INJECTION | NORMAL SALINE |
| SOD CHLORIDE IV 0.9 % INJECTION | NORMAL SALINE |
| SOD CHLORIDE IV BAG 0.9% INJECTION | NORMAL SALINE |
| TUBERSOL 5 TU/ 0.1ML INJECTION | TUBERSOL |
| TUBERSOL 5 TU/0.1ML INJECTION | TUBERSOL |
| WATER INJECTION | WATER FOR INJECTION |
| WATER-BACTERIOSTATIC VL INJECTION | WATER FOR INJ |
| WATER-PRESERVATIVE-FREE VL 20 INJECTION | STERILE WATER |



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*price per tab/cap or mfg package

10. Emergency Medications

Emergency Medications (10.01)

| | |
|--|------------------------|
| AMIODARONE HCL 50 MG/ML INJECTION | CORDARONE |
| ATROPINE SYRINGE 0.1 MG/ML INJECTION | ATROPINE SULFATE |
| ATROPINE VIAL 0.4 MG/ML INJECTION | ATROPINE INJ |
| ATROPINE VIAL 0.4 MG/ML INJECTION | ATROPINE SULFATE |
| CALCIUM GLUCONATE VL 10% INJECTION | CA GLUCONATE |
| CHARCOAL + SORBITOL 50 GM/240 ML SUSPENSION | CHARCOAL |
| CHARCOAL 50GM LIQUID | CHARCOAL |
| CHLORPROMAZINE- 25 MG/ML INJECTION | THORAZINE |
| CHLORPROMAZINE- 50 MG/2 ML INJECTION | THORAZINE |
| DEXAMETHASONE VIAL 4 MG/ML INJECTION | DECADRON INJ |
| DIPHENHYDRAMINE CARPUJEC 50 MG/ML INJECTION | BENADRYL |
| DIPHENHYDRAMINE VIAL 50 MG/ML INJECTION | BENADRYL |
| EPINEPHRINE AMP 1:1000 INJECTION | ADRENALIN |
| EPINEPHRINE VIAL 1:1000 INJECTION | ADRENALIN |
| FLUPHENAZINE 0.5 MG/ML ELIXIR | PROLIXIN ELIXIR |
| FLUPHENAZINE 5 MG/ML CONCENTRATE | PROLIXIN ORAL |
| FLUPHENAZINE HCL VL 2.5 MG/ML INJECTION | PROLIXIN INJ |
| FOSPHENYTOIN SOD VIAL 50 MG/ML INJECTION | CEREBYX INJ |
| FOSPHENYTOIN SOD VIAL 500 MG/10 ML INJECTION | CEREBYX |
| FUROSEMIDE VIAL 100 MG/10 ML INJECTION | LASIX |
| FUROSEMIDE VIAL 20 MG/2 ML INJECTION | LASIX |
| FUROSEMIDE VIAL 40 MG/4 ML INJECTION | LASIX |
| GLUCAGON SYRINGE 1 MG INJECTION | GLUCAGON EMERGENCY KIT |
| HALOPERIDOL LACT 5 MG/ML INJECTION | HALDOL |
| HALOPERIDOL LACTATE VL 5 MG/ML INJECTION | HALDOL |
| KETOROLAC TROMETH VL 15 MG/ML INJECTION | TORABOL INJ |
| KETOROLAC TROMETH VL 30 MG/ML INJECTION | TORADOL INJ |
| LIDOCAINE 1% SYRG 10 MG/ML INJECTION | XYLOCAINE |
| LORAZEPAM VIAL 2 MG/ML INJECTION | ATIVAN |
| MAGNESIUM SO4 50% VL 4 MEQ/ML INJECTION | MGSO4 INJ |
| METHYLPRED ACETATE VL 40 MG/ML INJECTION | DEPO-MEDROL |
| METHYLPRED SOD SUCC VL (EA 1GM INJECTION | SOLU-MEDROL |
| METHYLPRED SOD SUCC VL 125 MG INJECTION | SOLU-MEDROL |
| METHYLPRED SOD SUCC VL 40 MG INJECTION | SOLU-MEDROL |
| METHYLPRED SOD SUCC VL 500 MG INJECTION | SOLU-MEDROL |
| NALOXONE HCL SYRINGE 0.4 MG/ML SOLUTION | NARGAN INJ |
| NALOXONE HCL VIAL 0.4 MG/ML INJECTION | NARGAN |
| NALOXONE SYRINGE 2 MG/2 ML INJECTION | NARGAN |
| NITROGLYCERIN SL 1/150 (0.4MG) TAB SUBL | NITROSTAT |
| PHENYTOIN SOD VIAL 100 MG/2 ML INJECTION | DILANTIN |
| PHENYTOIN SOD VIAL 50 MG/ML INJECTION | DILANTIN |
| POTASSIUM CL IVPB 20 MEQ/100 ML INJECTION | POTASSIUM CHLORIDE |
| POTASSIUM CL VL 40MEQ INJECTION | KCL |
| SOD POLYSTY SULF 1 LB POWDER | KAYEXALATE PWDR |
| SOD POLYSTY SULF 15GM/60 ML SUSPENSION | KAYEXALATE SUSP |
| ZIPRASIDONE MESY VIAL 20 MG/ML INJECTION | GEODON INJ |



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* price per tab/cap or mfg package

11. Endocrine - Metabolic Agents

Androgens (11.01)

Estrogens - Progestins (11.02)

| | |
|------------------------------------|-----------------|
| ESTROGENS ESTERIFY 0.3 MG TABLET | ESTRATAB/MENEST |
| ESTROGENS ESTERIFY 0.625 MG TABLET | ESTRATAB/MENEST |
| ESTROGENS ESTERIFY 1.25 MG TABLET | ESTRATAB/MENEST |
| MEDROXYPROGESTERONE 10 MG TABLET | PROVERA |
| MEDROXYPROGESTERONE 2.5 MG TABLET | PROVERA |
| MEDROXYPROGESTERONE 5 MG TABLET | PROVERA |

Insulins (11.03)

| | |
|---|---------------|
| INSULIN HUM 70/30 VL 100 U/ML INJECTION | HUMULIN 70/30 |
| INSULIN HUM NPH VL 100 U/ML INJECTION | HUMULIN NPH |
| INSULIN HUM REG VL 100 U/ML INJECTION | HUMULIN REG |
| INSULIN*HUMALOG*LISPRO 100 U/ML INJECTION | HUMALOG |

Hypoglycemics - Sulfonylureas (11.04.01)

| | |
|---------------------------|-----------|
| GLIMEPIRIDE 1 MG TABLET | AMARYL |
| GLIMEPIRIDE 2 MG TABLET | AMARYL |
| GLIMEPIRIDE 4 MG TABLET | AMARYL |
| GLIPIZIDE 10 MG TABLET | GLUCOTROL |
| GLIPIZIDE 5 MG TABLET | GLUCOTROL |
| TOLBUTAMIDE 500 MG TABLET | ORINASE |

Hypoglycemics - Biguanides (11.04.02)

| | |
|------------------------------|------------|
| METFORMIN HCL 1000 MG TABLET | GLUCOPHAGE |
| METFORMIN HCL 500 MG TABLET | GLUCOPHAGE |
| METFORMIN HCL 850 MG TABLET | GLUCOPHAGE |

Hypoglycemics - Thiazolidinediones (11.04.03)

Hypoglycemics - Incretin Mimetics (11.04.04)

Hypoglycemics - Combination Agents (11.04.05)

Hypoglycemics - Other Agents (11.04.06)

| | |
|---------------------------|---------|
| REPAGLINIDE 0.5 MG TABLET | PRANDIN |
| REPAGLINIDE 1 MG TABLET | PRANDIN |
| REPAGLINIDE 2 MG TABLET | PRANDIN |

Thyroid Agents (11.05)

| | |
|-----------------------------------|-----------|
| LEVOTHYROXINE SOD 0.025 MG TABLET | SYNTHROID |
| LEVOTHYROXINE SOD 0.05 MG TABLET | SYNTHROID |
| LEVOTHYROXINE SOD 0.075 MG TABLET | SYNTHROID |
| LEVOTHYROXINE SOD 0.088 MG TABLET | SYNTHROID |



11. Endocrine – Metabolic Agents

| | |
|-----------------------------------|-----------|
| LEVOTHYROXINE SOD 0.1 MG TABLET | SYNTHROID |
| LEVOTHYROXINE SOD 0.112 MG TABLET | SYNTHROID |
| LEVOTHYROXINE SOD 0.125 MG TABLET | SYNTHROID |
| LEVOTHYROXINE SOD 0.137 MG TABLET | SYNTHROID |
| LEVOTHYROXINE SOD 0.15 MG TABLET | SYNTHROID |
| LEVOTHYROXINE SOD 0.175 MG TABLET | SYNTHROID |
| LEVOTHYROXINE SOD 0.2 MG TABLET | SYNTHROID |
| LEVOTHYROXINE SOD 0.3 MG TABLET | SYNTHROID |
| PROPYLTHIOURACIL 50 MG TABLET | PTU |

Adrenal Corticosteroids (11.06)

| | |
|--|-------------|
| PREDNISONE 1 MG TABLET | DELTASONE |
| PREDNISONE 10 MG TABLET | DELTASONE |
| PREDNISONE 2.5 MG TABLET | DELTASONE |
| PREDNISONE 20 MG TABLET | DELTASONE |
| PREDNISONE 5 MG TABLET | DELTASONE |
| PREDNISONE 50 MG TABLET | DELTASONE |
| PREDNISONE DOSEPAK 10 MG TABLET | PREDNISONE |
| PREDNISONE DOSEPAK 5 MG TABLET | PREDNISONE |
| PREDNISONE- 10 MG TABLET | DELTASONE |
| PREDNISONE- 20 MG TABLET | DELTASONE |
| PREDNISONE- 5 MG TABLET | DELTASONE |
| TRIAMCINOLONE ACET VL 40 MG/ML INJECTION | KENALOG |
| TRIAMCINOLONE ACET VL 40 MG/ML INJECTION | KENALOG INJ |

Osteoporosis Agents (11.07)

| | |
|---------------------------------|---------|
| ALENDRONATE SODIUM 35 MG TABLET | FOSAMAX |
| ALENDRONATE SODIUM 70 MG TABLET | FOSAMAX |

Other Endocrine -Metabolic Agents (11.08)

| | |
|--------------------------------------|------------|
| CALCITRIOL 0.25 MCG CAPSULE | ROCALTROL |
| CALCITRIOL 0.5 MCG CAPSULE | ROCALTROL |
| CALCITRIOL AMP 1 MCG/ML INJECTION | CALCITRIOL |
| DOXERCALCIFEROL 2 MCG/ML INJECTION | HECTOROL |
| GLUCOSE 4 GRAM TAB CHEW | GLUCOSE |
| GLUCOSE 40% GEL (JELLY) | GLUTOSE |
| PARICALCITOL VIAL 2 MCG/ML INJECTION | ZEMPLAR |
| PARICALCITOL VIAL 5 MCG/ML INJECTION | ZEMPLAR |



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* price per tab/cap or mfg package

12 Gastrointestinal Agents

Aminosalicylates (12.01)

BALSALAZIDE DISODIUM 750 MG CAPSULE
SULFASALAZINE 500 MG TABLET

COLAZAL
AZULFIDINE

Antacids (12.02)

CALCIUM CARB 500 MG TAB CHEW
MAG/ALUM HYD/SIMETH TAB CHEW
SIMETHICONE 125 MG TAB CHEW
SIMETHICONE 80 MG TAB CHEW
SIMETHICONE 80 MG TAB CHEW
SIMETHICONE PROTOCOL 125 MG TAB CHEW

TUMS
MYLANTA/MINTOX
GAS-X EXTRA STRENGTH
GAS-X/MYLICON
MYLANTA GAS
MYLANTA GAS

Anti-Diarrheals (12.03)

LOPERAMIDE 2 MG CAPSULE

IMODIUM

Anti-Emetics (12.04)

ONDANSETRON HCL 4 MG TABLET
ONDANSETRON HCL 8 MG TABLET
ONDANSETRON HCL VIAL 2 MG/ML INJECTION
ONDANSETRON HCL VIAL 2 MG/ML INJECTION
PROCHLORPERAZINE 10 MG TABLET
PROCHLORPERAZINE 5 MG TABLET
PROCHLORPERAZINE MAL 25 MG SUPPOSITORY

ZOFRAN
ZOFRAN
ZOFRAN MDV 40MG
ZOFRAN SDV 4MG
COMPAZINE
COMPAZINE
COMPAZINE

Cathartics / Laxatives (12.05)

BISACODYL 10 MG SUPPOSITORY
BISACODYL 5 MG TAB EC
BISACODYL 5 MG TABLET
CALCIUM POLYCARB 625 MG TABLET
DOCUSATE SOD 100 MG CAPSULE
DOCUSATE SOD PROTOCOL 100 MG CAPSULE
LACTULOSE 10GM/15 ML SOLUTION
MAGNESIUM CITRATE SOLUTION
MILK OF MAG SUSP 80MEQ/30 ML SUSPENSION
MILK OF MAGNESIA 80MEQ/30 ML SUSPENSION
MINERAL OIL OIL
PEG/ELECTROLYTE SOLUTION
SOD PHOS/BIPHOS ORAL SOLUTION

DULCOLAX SUPP
DULCOLAX
DULCOLAX
FIBERNORM
COLACE
COLACE
CHRONULAC
CITRATE OF MAG
MOM
MOM
MINERAL OIL
GOLYTELY
FLEET PHOSPHA-SODA

Digestive Enzymes (12.06)

PANCRELIPASE 6-17-27 CAP DELAY-REL

ZENPEP 5000

GI Motility Agents (12.07)

DICYCLOMINE HCL 10 MG CAPSULE
DICYCLOMINE HCL 20 MG TABLET

BENTYL
BENTYL

Hepatitis Medications - Hepatitis B Agents (12.08.01)



12. Gastrointestinal Agents

Hepatitis Medications - Hepatitis C Agents (12.08.02)

Histamine-2 Receptor Antagonists (H2RAs) (12.09)

Proton Pump Inhibitors (PPIs) (12.10)

Other GI Agents (12.11)

SIMETHICONE 125 MG TAB CHEW
SIMETHICONE 80 MG TAB CHEW
SIMETHICONE 80 MG TAB CHEW
SIMETHICONE PROTOCOL 125 MG TAB CHEW

GAS-X EXTRA STRENGTH
GAS-X/MYLICON
MYLANTA GAS
MYLANTA GAS

Hemorrhoidal Agents (12.12)

DIBUCAINE 1% OINTMENT
HEMORRHOIDAL PLAIN SUPPOSITORY
HYDROCORTISONE 2.5% CREAM
HYDROCORTISONE CR 1%
HYDROCORTISONE CR 1% CREAM

NUPERCAINAL
ANUSOL/VERSAL
HYTONE
HYTONE
HYTONE



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** price per tablet/cap or mg package*

13. Genitourinary Agents

Benign Prostatic Hypertrophy Agents (13.01)

| | |
|-----------------------------|--------|
| TERAZOSIN HCL 1 MG CAPSULE | HYTRIN |
| TERAZOSIN HCL 10 MG CAPSULE | HYTRIN |
| TERAZOSIN HCL 2 MG CAPSULE | HYTRIN |
| TERAZOSIN HCL 5 MG CAPSULE | HYTRIN |

Other GU Agents (13.02)

| | |
|-----------------------------------|-----------------|
| BETHANECHOL 10 MG TABLET | URECHOLINE |
| BETHANECHOL 25 MG TABLET | URECHOLINE |
| BETHANECHOL 5 MG TABLET | URECHOLINE |
| BETHANECHOL 50 MG TABLET | URECHOLINE |
| CALCIUM ACETATE 667 MG TABLET | PHOSLO/ ELIPHOS |
| OXYBUTYNIN CHLORIDE 5 MG TABLET | DITROPAN |
| PHENAZOPYRIDINE HCL 100 MG TABLET | PYRIDIUM |
| PHENAZOPYRIDINE HCL 200 MG TABLET | PYRIDIUM |



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** price per tab/cap or mfg package*

14. Hematological Agents

Hematological Agents (14.01)

| | |
|--|---------|
| DARBEPOETIN ALFA 100 MCG/ML INJECTION | ARANESP |
| DARBEPOETIN ALFA 200 MCG/ML INJECTION | ARANESP |
| DARBEPOETIN ALFA 200MCG/0.4ML SYRG INJECTION | ARANESP |
| DARBEPOETIN ALFA 60 MCG/ML INJECTION | ARANESP |
| DARBEPOETIN SYRG 150 MCG/0.3ML INJECTION | ARANESP |
| DARBEPOETIN ALFA 100MCG/0.5ML SYRG INJECTION | ARANESP |
| DARBEPOETIN ALFA 25 MCG/ML INJECTION | ARANESP |
| DARBEPOETIN ALFA 40 MCG/ML INJECTION | ARANESP |
| DARBEPOETIN ALFA 60MCG/0.3ML SYRG INJECTION | ARANESP |



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** price per tab/cap or mg package*

15. Immunosuppressants

Immunosuppressants (15.01)

AZATHIOPRINE 50 MG TABLET

IMURAN



Formulary Drug List - Tennessee DOC Formulary

* price per tab/cap or mfg package

16. Neurological Agents

Alzheimer's Agents (16.01)

Anticonvulsants (16.02)

| | |
|---|------------------|
| DIVALPROEX SODIUM 125 MG TAB EC | DEPAKOTE |
| DIVALPROEX SODIUM 250 MG TAB EC | DEPAKOTE |
| DIVALPROEX SODIUM 500 MG TAB EC | DEPAKOTE |
| LAMOTRIGINE 100 MG TABLET | LAMICTAL |
| LAMOTRIGINE 150 MG TABLET | LAMICTAL |
| LAMOTRIGINE 200 MG TABLET | LAMICTAL |
| LAMOTRIGINE 25 MG TABLET | LAMICTAL |
| LEVETIRACETAM 1000 MG TABLET | KEPPRA |
| LEVETIRACETAM 250 MG TABLET | KEPPRA |
| LEVETIRACETAM 500 MG TABLET | KEPPRA |
| LEVETIRACETAM 750 MG TABLET | KEPPRA |
| PHENOBARBITAL 16.2 MG TABLET | PHENOBARBITAL |
| PHENOBARBITAL 32.4 MG TABLET | PHENOBARBITAL |
| PHENOBARBITAL 64.8 MG TABLET | PHENOBARBITAL |
| PHENOBARBITAL 97.2 MG TABLET | PHENOBARBITAL |
| PHENOBARBITAL- VIAL 130 MG/ML INJECTION | PHENOBARBITAL |
| PHENYTOIN 125 MG/5 ML SUSPENSION | DILANTIN-125 |
| PHENYTOIN 50 MG TABLET | DILANTIN INFATAB |
| PHENYTOIN SOD *EXT* 100 MG CAPSULE | DILANTIN |
| PHENYTOIN SOD *EXT* 30 MG CAPSULE | DILANTIN |
| VALPROIC ACID 250 MG CAPSULE | DEPAKENE |
| VALPROIC ACID 250 MG/5 ML SYRUP | DEPAKENE SYRUP |

Anti-Parkinsons Agents (16.03)

| | |
|--|--------------|
| AMANTADINE HCL 100 MG CAPSULE | SYMMETREL |
| AMANTADINE HCL 50 MG/5 ML SYRUP | SYMMETREL |
| BENZTROPINE MES 0.6 MG TABLET | COGENTIN |
| BENZTROPINE MES 1 MG TABLET | COGENTIN |
| BENZTROPINE MES 2 MG TABLET | COGENTIN |
| BENZTROPINE MES VIAL/AMP 1 MG/ML INJECTION | COGENTIN INJ |
| BROMOCRIPTINE MESY 2.5 MG TABLET | PARLODEL |
| BROMOCRIPTINE MESYLATE 5 MG CAPSULE | PARLODEL |
| CARBIDOPA/LEVODOPA 10-100 MG TABLET | SINEMET |
| CARBIDOPA/LEVODOPA 25-100 MG TABLET | SINEMET |
| CARBIDOPA/LEVODOPA 25-250 MG TABLET | SINEMET |

Multiple Sclerosis Agents (16.04)

Other Neuro Agents (16.05)

| | |
|---------------------------------|----------------|
| MECLIZINE HCL 12.5 MG TABLET | ANTIVERT |
| MECLIZINE HCL 25 MG TABLET | ANTIVERT |
| VALPROIC ACID 250 MG/5 ML SYRUP | DEPAKENE SYRUP |



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* price per tab/cap or mfg package

17. Obstetric - Gynecologic Agents

Contraceptives (17.01)

NORETH/ESTRAD 1-0.035 MG TABLET
NORETH/MESTRAN 1-0.050 MG TABLET

ORTHO-NOVUM 1/35
ORTHO-NOVUM 1/50

Anti-Infectives (17.02)

CLOTRIMAZOLE VAGINAL 1% CREAM
METRONIDAZOLE-VAGINAL 0.75% GEL (JELLY)
MICONAZOLE VAGINAL 100 MG SUPPOSITORY
MICONAZOLE-VAGINAL 2% CREAM

GYNE LOTRIMIN
METROGEL VAGINAL
MONISTAT 7
MONISTAT-7

Other OB Agents (17.03)



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* price per tab/cap or mfg package

18. Otic - Ophthalmic Preparations

Anti-Glaucoma Agents (18.01)

BRIMONIDINE SOLN 0.2% OPHTHALMIC
DORZOLAMIDE O/S 2% OPHTHALMIC
LATANOPROST O/S 0.005% OPHTHALMIC
LEVOBUNOLOL HCL O/S 0.25% OPHTHALMIC
LEVOBUNOLOL HCL O/S 0.5% OPHTHALMIC
METIPRANOLOL O/S 0.3% OPHTHALMIC
PILOCARPINE HCL O/S 1% OPHTHALMIC
PILOCARPINE HCL O/S 2% OPHTHALMIC
PILOCARPINE HCL O/S 4% OPHTHALMIC
TIMOLOL MAL SOLN 0.25% OPHTHALMIC
TIMOLOL MAL SOLN 0.5% OPHTHALMIC

ALPHAGAN
TRUSOPT OPHTH
XALATAN
BETAGAN OPHTH
BETAGAN OPHTH
OPTIPRANOLOL OPH
ISOPTO CARPINE
ISOPTO CARPINE
ISOPTO CARPINE
TIMOPTIC
TIMOPTIC

Antihistamines / Decongestants (18.02)

KETOTIFEN O/S 0.025% OPHTHALMIC
NAPHAZOLINE/PHENIR O/S OPHTHALMIC

ZADITOR OPHTH
VISINE-A / NAPHCN-A

Anti-Infective Agents (18.03)

ERYTHROMYCIN EYE 0.5% OINTMENT
GENTAMICIN O/S 0.3% OPHTHALMIC
GENTAMICIN OPHTH 0.3% OINTMENT
NEOMY/BAC/POLY EYE OINTMENT
NEOMY/POLY B/GRAM SOL OPHTHALMIC
NEOMY/POLYMYX/DEX EYE OINTMENT
NEOMY/POLYMYX/DEX O/S OPHTHALMIC
OFLOXACIN EYE DROPS 0.3% OPHTHALMIC
TOBRAMYCIN EYE DROPS 0.3% OPHTHALMIC

ILOTYCIN OPHTH
GARAMYCIN EYE DROPS
GARAMYCIN OPHTH
NEOSPORIN OPHTH
NEOSPORIN
MAXITROL OPHTH
MAXITROL/DEXACID
OCUFLOX OPHTH
TOBEX OPHTH

Anti-Inflammatory Agents (18.04)

PREDNISOLONE ACET O/S 1% OPHTHALMIC
PREDNISOLONE NA PHOS O/S 1% OPHTHALMIC

PRED FORTE SUSP
INFLAMMASE FORTE

Otic Preparations (18.05)

ACETIC ACID/AL ACET OTIC 2% OTIC
ANTIPYRINE/BENZO OTIC
ANTIPYRINE/BENZO OTIC
CARBAMIDE PEROXIDE OTIC 6.5% OTIC
NEOMY/POLYMX/HG SOLN OTIC
NEOMY/POLYMX/HG SUSP OTIC
OFLOXACIN EAR DROPS 0.3% OTIC

DOMEBORO OTIC
AURALGAN/ AURODEX
AURALGAN/AURODEX
DEBROX EAR DROPS
CORTISPORIN OTIC
CORTISPORIN OTIC
FLOXIN OTIC

Other Otic-Ophthalmic Agents (18.06)

ARTIFICIAL TEARS 1.4% OPHTHALMIC
EYE WASH IRRG OPHTHALMIC
FLUORESCEIN NAVBENOX O/S OPHTHALMIC
FLUORESCEIN SOD STRIP 1 MG STRIP
HOMATROPINE HBR O/S 5% OPHTHALMIC
PROPARACAINE HCL O/S 0.5% OPHTHALMIC
TROPICAMIDE EYE DROPS 0.5% OPHTHALMIC

LIQUIFILM TEARS
DACRIOSE
FLURESS
FUL-GLO
ISOPTO HOMATROPINE
OPHTHETIC
MYDRIACYL



18. Otic – Ophthalmic Preparations

TROPICAMIDE EYE DROPS 1% OPHTHALMIC
WHITE PETROLATUM O/O 83% OPHTHALMIC
WHITE PETROLATUM OPHTH OINTMENT
WHITE PETROLATUM OPHTH OINTMENT

MYDRIACYL OPHTH
REFRESH PM
LACRI-LUBE
LACRI-LUBE/ REFRESH PM



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* price per tab/cap or mfg package

19. Respiratory Agents

Anticholinergics (19.01)

IPRATROPIUM BROM 17 MCG INHALER
IPRATROPIUM INH 0.02% INHALER

ATROVENT HFA
ATROVENT SOLN

Beta Agonists (19.02)

ALBUTEROL HFA-PROAIR 90 MCG INHALER
ALBUTEROL INH SOL 0.083% NEBULIZE SOLN
ALBUTEROL INH SOL NEB 0.5% INHALER
DOBUTAMINE HCL VL 12.5 MG/ML INJECTION
EPINEPHRINE AMP 1:1000 INJECTION
EPINEPHRINE VIAL 1:1000 INJECTION

PROAIR
PROVENTIL
PROVENTIL
DOBUTREX INJ
ADRENALIN
ADRENALIN

Inhaled Oral Steroids (19.03)

CICLESONIDE 80 MCG INHALER
CICLESONIDE INHALER 180 MCG INHALER

ALVESCO
ALVESCO

Nasal Sprays (19.04)

CROMOLYN NASAL SPRAY 4% AEROSOL
SOD CHL NASAL SPRAY 0.65%

NASALCROM
OCEAN/DEEP SEA

Combination Products (19.05)

Other Respiratory Agents (19.06)

MONTELUKAST 10 MG TABLET
THEOPHYLLINE 200 MG TAB SR 12 HR

SINGULAIR
THEO-DUR



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** price per tab/cap or mfg package*

20. Vaccines

Vaccines - Exposure Immune Globulin (20.01)

| | |
|--|-------------------|
| HEPATITIS B VACC PF VL 10 MCG/ML INJECTION | RECOMBIVAX HB PED |
| HEPATITIS-A VACC SYG 50 U/ML INJECTION | VAQTA |
| HEPATITIS-A VACC VL 50 U/ML INJECTION | VAQTA |
| INFLUENZA SYRG 2014-2015 INJECTION | FLUARIX |
| INFLUENZA VAC SYG PF 2013-2014 INJECTION | FLUZONE |
| INFLUENZA VACCINE 2012 - 2013 INJECTION | FLUVIRIN |
| INFLUENZA VACCINE 2012-2013 INJECTION | FLULAVAL |
| INFLUENZA VACCINE 2013-2014 INJECTION | AFLURIA |
| PNEUMOCOCCAL VACC SDV INJECTION | PNEUMOVAX |
| TETANUS DIPHTHERIA TOX INJECTION | DECAVAC/TENIVAC |



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* price per tablet/cap or mfg package

21. Vitamins - Minerals - Dietary Supplements

Vitamins - Minerals - Dietary Supplements (21.01)

| | |
|---|--------------------|
| CALCIUM CARBONATE 1260 MG TABLET | OSCAL |
| CALCIUM GLUCONATE VL 10% INJECTION | CA GLUCONATE |
| CHOLECALCIFEROL 1,000 IU TABLET | VITAMIN D |
| FERROUS SULFATE 325 MG TAB EC | FESO4 (65MG FE) |
| FOLIC ACID 1 MG TABLET | FOLIC ACID |
| MULTIVITAMIN TABLET | ONE-A-DAY VIT |
| POTASSIUM CL 10 MEQ TAB CR | K-DUR |
| POTASSIUM CL 20MEQ PACK | K-LOR POWD PKT |
| POTASSIUM CL 20MEQ TAB CR | KLOR-CON M20 |
| POTASSIUM CL 40MEQ/15 ML LIQUID | KAON-CL |
| POTASSIUM CL IVPB 20 MEQ/100 ML INJECTION | POTASSIUM CHLORIDE |
| POTASSIUM CL VL 40MEQ INJECTION | KCL |
| PYRIDOXINE HCL 100 MG TABLET | VITAMIN B-6 |
| PYRIDOXINE HCL 25 MG TABLET | VITAMIN B-6 |
| PYRIDOXINE HCL 50 MG TABLET | VITAMIN B-6 |
| VITAMIN E 100 IU CAPSULE | VITAMIN E |
| VITAMIN E 1000 IU CAPSULE | VITAMIN E |
| VITAMIN E 200 IU CAPSULE | VITAMIN E |
| VITAMIN E 400 IU CAPSULE | VITAMIN E |



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* price per tab/cap or mg package

22. Miscellaneous and Unclassified Agents

Miscellaneous and Unclassified Agents (22.01)

BUPIVACAINE HCL VL 0.25% INJECTION
BUPIVACAINE HCL VL 0.5% INJECTION
BUPIVACAINE HCL/EPI VL 0.5% INJECTION
DISULFIRAM 250 MG TABLET
LIDOCAINE 1% VIAL 10 MG/ML INJECTION
LIDOCAINE 1%+EPI VIAL INJECTION
LIDOCAINE 2% VL 20 MG/ML INJECTION
LIDOCAINE 2% W/EPI 20MG/ML INJECTION
LIDOCAINE 2% W/EPI VL 20 MG/ML INJECTION

MARCAINE
MARCAINE
MARCAINE EPI
ANTABUSE
XYLOCAINE
XYLOCAINE WEPI
XYLOCAINE
XYLOCAINE WEPI
XYLOCAINE WEPI



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| Product Name | Equivalent Brand Name | Therapy Section |
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| ABACAVIR 300 MG TABLET | ZIAGEN | 03.09.04 |
| ABSORBASE CREAM | EUCERIN | 08.08 |
| ACETAZOLAMIDE 250 MG TABLET | DIAMOX | 06.10 |
| ACETIC ACID/AL ACET OTIC 2% OTIC | DOMEBORO OTIC | 18.05 |
| ACYCLOVIR 200 MG CAPSULE | ZOVIRAX | 03.08 |
| ACYCLOVIR 400 MG TABLET | ZOVIRAX | 03.06 |
| ACYCLOVIR 800 MG TABLET | ZOVIRAX | 03.06 |
| ALBUTEROL HFA-PROAIR 90 MCG INHALER | PROAIR | 19.02 |
| ALBUTEROL INH SOL 0.083% NEBULIZE SOLN | PROVENTIL | 19.02 |
| ALBUTEROL INH SOL NEB 0.5% INHALER | PROVENTIL | 19.02 |
| ALENDRONATE SODIUM 35 MG TABLET | FOSAMAX | 11.07 |
| ALENDRONATE SODIUM 70 MG TABLET | FOSAMAX | 11.07 |
| ALLOPURINOL 100 MG TABLET | ZYLOPRIM | 01.02 |
| ALLOPURINOL 300 MG TABLET | ZYLOPRIM | 01.02 |
| AMANTADINE HCL 100 MG CAPSULE | SYMMETREL | 03.06 |
| AMANTADINE HCL 100 MG CAPSULE | SYMMETREL | 16.03 |
| AMANTADINE HCL 50 MG/5 ML SYRUP | SYMMETREL | 03.06 |
| AMANTADINE HCL 50 MG/5 ML SYRUP | SYMMETREL | 16.03 |
| AMIODARONE HCL 50 MG/ML INJECTION | CORDARONE | 05.04.04 |
| AMIODARONE HCL 50 MG/ML INJECTION | CORDARONE | 10.01 |
| AMLODIPINE BESYLATE 10 MG TABLET | NORVASC | 05.07.01 |
| AMLODIPINE BESYLATE 2.5 MG TABLET | NORVASC | 05.07.01 |
| AMLODIPINE BESYLATE 5 MG TABLET | NORVASC | 05.07.01 |
| AMOXICILLIN 250 MG CAPSULE | AMOXIL | 03.11 |
| AMOXICILLIN 250 MG/5 ML SUSPENSION | AMOXIL | 03.11 |
| AMOXICILLIN 500 MG CAPSULE | AMOXIL | 03.11 |
| AMOXICILLIN TRIHYD 875 MG TABLET | AMOXIL | 03.11 |
| AMOXICILLIN/CLAV 500-125 MG TABLET | AUGMENTIN | 03.11 |
| AMOXICILLIN/CLAV 875-125 MG TABLET | AUGMENTIN | 03.11 |
| AMPICILLIN 500 MG INJECTION | AMPICILLIN | 03.11 |
| AMPICILLIN ADVANTAGE 2GM INJECTION | AMPICILLIN | 03.11 |
| AMPICILLIN VIAL 1GM INJECTION | AMPICILLIN | 03.11 |
| AMPICILLIN VIAL 2GM INJECTION | AMPICILLIN | 03.11 |
| ANALGESIC BALM OINTMENT | ANALGESIC BALM | 08.09 |
| ANTIPYRINE/BENZO OTIC | AURALGAN/AURODEX | 18.05 |
| ANTIPYRINE/BENZO OTIC | AURALGAN/AURODEX | 18.05 |
| APAP - BOX /24 PROTOCOL 325 MG TABLET | TYLENOL | 01.01 |
| APAP 325 MG TABLET | TYLENOL | 01.01 |
| APAP/ASA/CAFF 250-250-65 MG TABLET | EXCEDRIN MIGRAINE | 01.03 |
| ARTIFICIAL TEARS 1.4% OPHTHALMIC | LIQUIFILM TEARS | 18.06 |
| ASA 325 MG TABLET | ASA | 01.07 |
| ASPIRIN - FILM COAT 325 MG TABLET | ASA FC | 01.07 |
| ASPIRIN EC 81 MG TAB EC | ECOTRIN | 01.07 |
| ASPIRIN FC BOX/24 PROTOCOL 325 MG TABLET | ASPIRIN | 01.07 |
| ATAZANAVIR SULFATE 150 MG CAPSULE | REYATAZ | 03.09.05 |
| ATAZANAVIR SULFATE 200 MG CAPSULE | REYATAZ | 03.09.05 |
| ATAZANAVIR SULFATE 300 MG CAPSULE | REYATAZ | 03.09.05 |
| ATENOLOL 100 MG TABLET | TENORMIN | 05.06.01 |
| ATENOLOL 25 MG TABLET | TENORMIN | 05.06.01 |
| ATENOLOL 50 MG TABLET | TENORMIN | 05.06.01 |
| ATROPINE SYRINGE 0.1 MG/ML INJECTION | ATROPINE SULFATE | 10.01 |



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|--|-----------------------|-----------------|
| ATROPINE VIAL 0.4 MG/ML INJECTION | ATROPINE INJ | 10.01 |
| ATROPINE VIAL 0.4 MG/ML INJECTION | ATROPINE SULFATE | 10.01 |
| AZATHIOPRINE 50 MG TABLET | IMURAN | 15.01 |
| AZITHROMYCIN 250 MG TABLET | ZITHROMAX | 03.10 |
| AZITHROMYCIN 600 MG TABLET | ZITHROMAX | 03.08.07 |
| AZITHROMYCIN 600 MG TABLET | ZITHROMAX | 03.10 |
| AZITHROMYCIN Z-PAK 250 MG TABLET | ZITHROMAX Z-PAK | 03.10 |
| BACITRACIN 500U/G OINTMENT | BACITRACIN | 08.03 |
| BACITRACIN PKT 500U/G OINTMENT | BACITRACIN | 08.03 |
| BACITRACIN/POLYMYXIN B OINTMENT | POLYSPORIN | 08.03 |
| BACITRACIN/POLYSPORIN OINTMENT | POLYSPORIN | 08.03 |
| BALSALAZIDE DISODIUM 750 MG CAPSULE | COLAZAL | 12.01 |
| BENAZEPRIL HCL 10 MG TABLET | LOTENSIN | 05.02 |
| BENAZEPRIL HCL 20 MG TABLET | LOTENSIN | 05.02 |
| BENAZEPRIL HCL 40 MG TABLET | LOTENSIN | 05.02 |
| BENAZEPRIL HCL 5 MG TABLET | LOTENSIN | 05.02 |
| BENZOIN TINCTURE TINCTURE | BENZOIN | 08.08 |
| BENZOYL PEROXIDE 10% GEL (JELLY) | BENZAGEL | 08.01 |
| BENZOYL PEROXIDE 10% GEL (JELLY) | PERSAGEL | 08.01 |
| BENZOYL PEROXIDE 5% GEL (JELLY) | BENZAGEL | 08.01 |
| BENZTROPINE MES 0.5 MG TABLET | COGENTIN | 06.99 |
| BENZTROPINE MES 0.5 MG TABLET | COGENTIN | 16.03 |
| BENZTROPINE MES 1 MG TABLET | COGENTIN | 06.99 |
| BENZTROPINE MES 1 MG TABLET | COGENTIN | 16.03 |
| BENZTROPINE MES 2 MG TABLET | COGENTIN | 06.99 |
| BENZTROPINE MES 2 MG TABLET | COGENTIN | 16.03 |
| BENZTROPINE MES VL/AMP 1 MG/ML INJECTION | COGENTIN INJ | 06.99 |
| BENZTROPINE MES VL/AMP 1 MG/ML INJECTION | COGENTIN INJ | 16.03 |
| BETAMETHASONE- 0.05% CREAM | DIPROLENE AF | 08.08.01 |
| BETAMETHASONE- 0.05% CREAM | DIPROLENE AF | 08.08.02 |
| BETHANECHOL 10 MG TABLET | URECHOLINE | 13.02 |
| BETHANECHOL 26 MG TABLET | URECHOLINE | 13.02 |
| BETHANECHOL 5 MG TABLET | URECHOLINE | 13.02 |
| BETHANECHOL 50 MG TABLET | URECHOLINE | 13.02 |
| BISACODYL 10 MG SUPPOSITORY | DULCOLAX SUPP | 12.05 |
| BISACODYL 5 MG TAB EC | DULCOLAX | 12.05 |
| BISACODYL 5 MG TABLET | DULCOLAX | 12.05 |
| BRIMONIDINE SOLN 0.2% OPHTHALMIC | ALPHAGAN | 18.01 |
| BROMOCRIPTINE MESY 2.5 MG TABLET | PARLODEL | 16.03 |
| BROMOCRIPTINE MESYLATE 5 MG CAPSULE | PARLODEL | 16.03 |
| BUPIVACAINE HCL VL 0.25% INJECTION | MARCAINE | 22.01 |
| BUPIVACAINE HCL VL 0.5% INJECTION | MARCAINE | 22.01 |
| BUPIVACAINE HCL/EPI VL 0.5% INJECTION | MARCAINE EPI | 22.01 |
| BUSPIRONE HCL 10 MG TABLET | BUSPAR | 06.06.02 |
| BUSPIRONE HCL 15 MG TABLET | BUSPAR | 06.06.02 |
| BUSPIRONE HCL 5 MG TABLET | BUSPAR | 06.06.02 |
| BUSPIRONE HCL 7.5 MG TABLET | BUSPAR | 06.06.02 |
| CALAMINE 8% LOTION | CALAMINE | 08.05 |
| CALCITRIOL 0.25 MCG CAPSULE | ROCALTROL | 11.08 |
| CALCITRIOL 0.5 MCG CAPSULE | ROCALTROL | 11.08 |
| CALCITRIOL AMP 1 MCG/ML INJECTION | CALCITRIOL | 11.08 |



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| CALCIUM ACET/ALUM SO4 PACK | OCMEBORO | 08.09 |
| CALCIUM ACETATE 667 MG TABLET | PHOSLO/ ELIPHOS | 13.02 |
| CALCIUM CARB 500 MG TAB CHEW | TUMS | 12.02 |
| CALCIUM CARBONATE 1250 MG TABLET | OSCAL | 21.01 |
| CALCIUM GLUCONATE VL 10% INJECTION | CA GLUCONATE | 10.01 |
| CALCIUM GLUCONATE VL 10% INJECTION | CA GLUCONATE | 21.01 |
| CALCIUM POLYCARB 825 MG TABLET | FIBERNORM | 12.05 |
| CARBAMIDE PEROXIDE OTIC 6.5% OTIC | DEBROX EAR DROPS | 18.05 |
| CARBIDOPA/LEVODOPA 10-100 MG TABLET | SINEMET | 16.03 |
| CARBIDOPA/LEVODOPA 25-100 MG TABLET | SINEMET | 16.03 |
| CARBIDOPA/LEVODOPA 25-250 MG TABLET | SINEMET | 16.03 |
| CARPUJECT HOLDER MISCELLANEOUS | CARPUJECT | 09.01 |
| CARVEDILOL 12.5 MG TABLET | COREG | 05.06.03 |
| CARVEDILOL 25 MG TABLET | COREG | 05.06.03 |
| CARVEDILOL 3.125 MG TABLET | COREG | 05.06.03 |
| CARVEDILOL 8.25 MG TABLET | COREG | 05.06.03 |
| CEFAZOLIN SOD 1GM INJECTION | ANCEF | 03.07 |
| CEFAZOLIN SOD VIAL 1GM INJECTION | ANCEF | 03.07 |
| CEFAZOLIN SOD VIAL 500 MG INJECTION | KEFZOL | 03.07 |
| CEFOTAXIME SOD 1GM INJECTION | CLAFORAN | 03.07 |
| CEFOTAXIME SOD 2GM INJECTION | CLAFORAN | 03.07 |
| CEFTAZIDIME 1GM INJECTION | FORTAZ INJ | 03.07 |
| CEFTAZIDIME 2GM INJECTION | FORTAZ INJ | 03.07 |
| CEFTRIAXONE SOD 1GM INJECTION | ROCEPHIN | 03.07 |
| CEFTRIAXONE SOD 2GM INJECTION | ROCEPHIN | 03.07 |
| CEFTRIAXONE SOD VIAL 1GM INJECTION | ROCEPHIN INJ | 03.07 |
| CEFTRIAXONE SOD VIAL 250 MG INJECTION | ROCEPHIN INJ | 03.07 |
| CEFTRIAXONE SOD VIAL 2GM INJECTION | ROCEPHIN INJ | 03.07 |
| CEFTRIAXONE SOD VIAL 500 MG INJECTION | ROCEPHIN INJ | 03.07 |
| CEFUROXIME 1.5 GM INJECTION | ZINACEF | 03.07 |
| CEFUROXIME AXETIL 250 MG TABLET | CEFTIN | 03.07 |
| CEFUROXIME AXETIL 500 MG TABLET | CEFTIN | 03.07 |
| CEFUROXIME SOD 750 MG INJECTION | ZINACEF | 03.07 |
| CEFUROXIME SOD VIAL 750 MG INJECTION | ZINACEF INJ | 03.07 |
| CEPHALEXIN 250 MG CAPSULE | KEFLEX | 03.07 |
| CEPHALEXIN 500 MG CAPSULE | KEFLEX | 03.07 |
| CEPHALEXIN SUSP 250 MG/5 ML SUSPENSION | KEFLEX SUSP | 03.07 |
| CETIRIZINE HCL 10 MG TABLET | ZYRTEC | 02.02 |
| CETIRIZINE HCL 5 MG TABLET | ZYRTEC | 02.02 |
| CHARCOAL + SORBITOL 80 GM/240 ML SUSPENSION | CHARCOAL | 10.01 |
| CHARCOAL 50GM LIQUID | CHARCOAL | 10.01 |
| CHLORPHENIRAMINE 4 MG TABLET | CHLORTRIMETON | 02.01 |
| CHLORPHENIRAMINE BOX/24 PROTOC 4 MG TABLET | CHLORTRIMETON | 02.01 |
| CHLORPHENIRAMINE MAL 4 MG TABLET | CHLORTRIMETON | 02.01 |
| CHLORPHENIRAMINE MAL 4 MG TABLET | CHLORTRIMETON UD | 02.01 |
| CHLORPROMAZINE- 25 MG/ML INJECTION | THORAZINE | 06.02.01 |
| CHLORPROMAZINE- 25 MG/ML INJECTION | THORAZINE | 10.01 |
| CHLORPROMAZINE- 50 MG/2 ML INJECTION | THORAZINE | 06.02.01 |
| CHLORPROMAZINE- 50 MG/2 ML INJECTION | THORAZINE | 10.01 |
| CHLORZOAZONE 500 MG TABLET | PARAFON FORTE | 01.06 |
| CHOLECALCIFEROL 1,000 IU TABLET | VITAMIN D | 21.01 |



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| CHOLESTYRAMINE/ASPAR POWDER | QUESTRAN LIGHT | 05.05.02 |
| CHOLESTYRAMINE/ASPARTAME PACK | QUESTRAN LIGHT | 05.05.02 |
| CICLESONIDE 80 MCG INHALER | ALVESCO | 19.03 |
| CICLESONIDE INHALER 160 MCG INHALER | ALVESCO | 19.03 |
| CIPROFLOXACIN 500 MG TABLET | CIPRO | 03.08 |
| CIPROFLOXACIN HCL 250 MG TABLET | CIPRO | 03.08 |
| CIPROFLOXACIN HCL 500 MG TABLET | CIPRO | 03.08 |
| CIPROFLOXACIN HCL 750 MG TABLET | CIPRO | 03.08 |
| CITALOPRAM 10 MG TABLET | CELEXA | 06.01.02 |
| CITALOPRAM 20 MG TABLET | CELEXA | 06.01.02 |
| CITALOPRAM 40 MG TABLET | CELEXA | 06.01.02 |
| CITALOPRAM ORAL 10 MG/5 ML SOLUTION | CELEXA ORAL SOLN | 06.01.02 |
| CLINDAMYCIN HCL 150 MG CAPSULE | CLEOCIN | 03.10 |
| CLINDAMYCIN HCL 300 MG CAPSULE | CLEOCIN | 03.10 |
| CLINDAMYCIN IVPB 300 MG INJECTION | CLEOCIN | 03.10 |
| CLINDAMYCIN IVPB 800 MG INJECTION | CLEOCIN IVPB | 03.10 |
| CLINDAMYCIN IVPB 900 MG INJECTION | CLEOCIN | 03.10 |
| CLINDAMYCIN PHOS ADV 800 MG/4 ML INJECTION | CLEOCIN | 03.10 |
| CLINDAMYCIN PHOS VL 150 MG/ML INJECTION | CLEOCIN INJ | 03.10 |
| CLOMIPRAMINE HCL 25 MG CAPSULE | ANAFRANIL | 06.01.01 |
| CLOMIPRAMINE HCL 50 MG CAPSULE | ANAFRANIL | 06.01.01 |
| CLOMIPRAMINE HCL 75 MG CAPSULE | ANAFRANIL | 06.01.01 |
| CLONIDINE HCL 0.1 MG TABLET | CATAPRES | 05.09 |
| CLONIDINE HCL 0.2 MG TABLET | CATAPRES | 05.09 |
| CLOTRIMAZOLE 1% CREAM | LOTRIMIN/MYCELEX | 08.02 |
| CLOTRIMAZOLE 1% SOLUTION | LOTRIMIN/MYCELEX | 08.02 |
| CLOTRIMAZOLE VAGINAL 1% CREAM | GYNE LOTRIMIN | 17.02 |
| CLOZAPINE 100 MG TABLET | CLOZARIL | 06.02.02 |
| CLOZAPINE 25 MG TABLET | CLOZARIL | 06.02.02 |
| COAL TAR SHAMPOO SHAMPOO | DOAK TAR/TERA-GEL | 08.04 |
| CODEINE/APAP 30-300 MG TABLET | TYLENOL #3 | 01.04 |
| CODEINE/APAP 60-300 MG TABLET | TYLENOL #4 | 01.04 |
| CODEINE/APAP 60-300 MG TABLET | TYLENOL W/COD #4 | 01.04 |
| CODEINE/APAP STOCK 30-300 MG TABLET | TYLENOL #3 | 01.04 |
| CROMOLYN NASAL SPRAY 4% AEROSOL | NASALCROM | 19.04 |
| CYPROHEPTADINE 4 MG TABLET | PERIACTIN | 02.01 |
| DAPSONE 100 MG TABLET | DAPSONE | 03.09.07 |
| DAPSONE 25 MG TABLET | DAPSONE | 03.09.07 |
| DARBEPOETIN ALFA 100 MCG/ML INJECTION | ARANESP | 14.01 |
| DARBEPOETIN ALFA 200 MCG/ML INJECTION | ARANESP | 14.01 |
| DARBEPOETIN ALFA 200MCG/0.4ML SYRG INJECTION | ARANESP | 14.01 |
| DARBEPOETIN ALFA 60 MCG/ML INJECTION | ARANESP | 14.01 |
| DARBEPOETIN SYRG 150 MCG/0.3ML INJECTION | ARANESP | 14.01 |
| DARBEPOIETIN ALFA 100MCG/0.5ML SYRG INJECTION | ARANESP | 14.01 |
| DARBEPOIETIN ALFA 25 MCG/ML INJECTION | ARANESP | 14.01 |
| DARBEPOIETIN ALFA 40 MCG/ML INJECTION | ARANESP | 14.01 |
| DARBEPOIETIN ALFA 60MCG/0.3ML SYRG INJECTION | ARANESP | 14.01 |
| DARUNAVIR ETHANOLATE 600 MG TABLET | PREZISTA | 03.09.05 |
| DARUNAVIR ETHANOLATE 800 MG TABLET | PREZISTA | 03.09.05 |
| DELAVIRDINE MESYLATE 200 MG TABLET | RESCRIPTOR | 03.09.03 |
| DEXAMETHASONE VIAL 4 MG/ML INJECTION | DECADRON INJ | 10.01 |



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| DEXTROSE -WATER 5% INJECTION | D5-W 1000ML | 09.01 |
| DEXTROSE -WATER 5% INJECTION | D5-W ADVANTAGE | 09.01 |
| DEXTROSE -WATER SYRINGE 50% INJECTION | D-50W | 09.01 |
| DEXTROSE -WATER VIAL 50% INJECTION | D50-W | 09.01 |
| DEXTROSE-NAACL 5%-0.45% INJECTION | D5-1/2NS 1000ML | 09.01 |
| DEXTROSE-NAACL 5%-0.8% INJECTION | D5-NS 1000ML | 09.01 |
| DEXTROSE-WATER 5% INJECTION | D5-W 100ML | 09.01 |
| DEXTROSE-WATER 5% INJECTION | D5-W 500ML | 09.01 |
| DEXTROSE-WATER 5% INJECTION | D5-W ADVANTAGE | 09.01 |
| DIBUCAINE 1% OINTMENT | NUPERCAINAL | 12.12 |
| DICLOXACILLIN 250 MG CAPSULE | DYNAPEN | 03.11 |
| DICLOXACILLIN 500 MG CAPSULE | DYNAPEN | 03.11 |
| DICYCLOMINE HCL 10 MG CAPSULE | BENTYL | 12.07 |
| DICYCLOMINE HCL 20 MG TABLET | BENTYL | 12.07 |
| DIDANOSINE 125 MG CAP DELAY-REL | VIDEX EC | 03.09.04 |
| DIDANOSINE 200 MG CAP DELAY-REL | VIDEX EC | 03.09.04 |
| DIDANOSINE 250 MG CAP DELAY-REL | VIDEX EC | 03.09.04 |
| DIDANOSINE 400 MG CAP DELAY-REL | VIDEX EC | 03.09.04 |
| DIGOXIN 0.125 MG TABLET | LANOXIN | 05.08 |
| DIGOXIN 0.25 MG TABLET | LANOXIN | 05.08 |
| DIGOXIN AMP 0.25 MG/ML INJECTION | LANOXIN INJ | 05.08 |
| DIPHENHYDRAMINE 25 MG CAPSULE | BENADRYL | 02.01 |
| DIPHENHYDRAMINE 50 MG CAPSULE | BENADRYL | 02.01 |
| DIPHENHYDRAMINE AF 12.5 MG/5 ML ELIXIR | BENADRYL A/F | 02.01 |
| DIPHENHYDRAMINE CARPUJEC 50 MG/ML INJECTION | BENADRYL | 02.01 |
| DIPHENHYDRAMINE CARPUJEC 50 MG/ML INJECTION | BENADRYL | 10.01 |
| DIPHENHYDRAMINE VIAL 50 MG/ML INJECTION | BENADRYL | 02.01 |
| DIPHENHYDRAMINE VIAL 50 MG/ML INJECTION | BENADRYL | 10.01 |
| DISULFIRAM 250 MG TABLET | ANTABUSE | 22.01 |
| DIVALPROEX SODIUM 125 MG TAB EC | DEPAKOTE | 06.06 |
| DIVALPROEX SODIUM 125 MG TAB EC | DEPAKOTE | 16.02 |
| DIVALPROEX SODIUM 250 MG TAB EC | DEPAKOTE | 06.06 |
| DIVALPROEX SODIUM 250 MG TAB EC | DEPAKOTE | 16.02 |
| DIVALPROEX SODIUM 500 MG TAB EC | DEPAKOTE | 06.06 |
| DIVALPROEX SODIUM 500 MG TAB EC | DEPAKOTE | 16.02 |
| DOBUTAMINE HCL VL 12.5 MG/ML INJECTION | DOBUTREX INJ | 19.02 |
| DOCUSATE SOD 100 MG CAPSULE | COLACE | 12.05 |
| DOCUSATE SOD PROTOCOL 100 MG CAPSULE | COLACE | 12.05 |
| DORZOLAMIDE O/S 2% OPHTHALMIC | TRUSOPT OPHTH | 18.01 |
| DOXEPIN HCL 10 MG CAPSULE | SINEQUAN | 06.01.01 |
| DOXEPIN HCL 100 MG CAPSULE | SINEQUAN | 06.01.01 |
| DOXEPIN HCL 150 MG CAPSULE | SINEQUAN | 06.01.01 |
| DOXEPIN HCL 25 MG CAPSULE | SINEQUAN | 06.01.01 |
| DOXEPIN HCL 50 MG CAPSULE | SINEQUAN | 06.01.01 |
| DOXEPIN HCL 75 MG CAPSULE | SINEQUAN | 06.01.01 |
| DOXEPIN ORAL SOLN 10 MG/ML CONCENTRATE | SINEQUAN | 06.01.01 |
| DOXERCALCIFEROL 2 MCG/ML INJECTION | HECTOROL | 11.08 |
| EFAVIR/EMTRICIT/TENOFOV 800-200-300 MG TABLET | ATRIPLA | 03.09.06 |
| EFAVIRENZ 200 MG CAPSULE | SUSTIVA | 03.09.03 |
| EFAVIRENZ 600 MG TABLET | SUSTIVA | 03.09.03 |



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| EMTRICITABINE 200 MG CAPSULE | EMTRIVA | 03.08.04 |
| EMTRICITABINE/TENOFOVIR 200-300 MG TABLET | TRUVADA | 03.09.06 |
| ENALAPRIL MALEATE 10 MG TABLET | VASOTEC | 05.02 |
| ENALAPRIL MALEATE 2.5 MG TABLET | VASOTEC | 05.02 |
| ENALAPRIL MALEATE 20 MG TABLET | VASOTEC | 05.02 |
| ENALAPRIL MALEATE 5 MG TABLET | VASOTEC | 05.02 |
| ENFLUVIRTIDE KIT 80 MG INJECTION | FUZEON | 03.08.01 |
| ENOXAPARIN SYRG 100 MG/1 ML INJECTION | LOVENOX | 05.11 |
| ENOXAPARIN SYRG 120 MG/0.8 ML INJECTION | LOVENOX | 05.11 |
| ENOXAPARIN SYRG 150 MG/1 ML INJECTION | LOVENOX | 05.11 |
| ENOXAPARIN SYRG 30 MG/0.3 ML INJECTION | LOVENOX | 05.11 |
| ENOXAPARIN SYRG 40 MG/0.4 ML INJECTION | LOVENOX | 05.11 |
| ENOXAPARIN SYRG 60 MG/0.6 ML INJECTION | LOVENOX | 05.11 |
| ENOXAPARIN SYRG 80 MG/0.8 ML INJECTION | LOVENOX | 05.11 |
| ENOXAPARIN VIAL 100 MG/ML INJECTION | LOVENOX | 05.11 |
| EPINEPHRINE AMP 1:1000 INJECTION | ADRENALIN | 10.01 |
| EPINEPHRINE AMP 1:1000 INJECTION | ADRENALIN | 19.02 |
| EPINEPHRINE VIAL 1:1000 INJECTION | ADRENALIN | 10.01 |
| EPINEPHRINE VIAL 1:1000 INJECTION | ADRENALIN | 19.02 |
| ERYTHROMYCIN 250 MG TAB EC | ERY-TAB | 03.10 |
| ERYTHROMYCIN 333 MG TAB EC | ERY-TAB | 03.10 |
| ERYTHROMYCIN 500 MG TABLET | ERY-TAB | 03.10 |
| ERYTHROMYCIN EYE 0.5% OINTMENT | ILOTYCIN OPTH | 18.03 |
| ERYTHROMYCIN TOPICAL 2% SOLUTION | ERYMAX / ERYDERM | 08.01 |
| ESTROGENS ESTERIFY 0.3 MG TABLET | ESTRATAB/MENEST | 11.02 |
| ESTROGENS ESTERIFY 0.825 MG TABLET | ESTRATAB/MENEST | 11.02 |
| ESTROGENS ESTERIFY 1.25 MG TABLET | ESTRATAB/MENEST | 11.02 |
| ETHAMBUTOL HCL 100 MG TABLET | MYAMBUTOL | 03.05 |
| ETHAMBUTOL HCL 400 MG TABLET | MYAMBUTOL | 03.05 |
| ETRAVIRINE 100 MG TABLET | INTELENCE | 03.09.03 |
| ETRAVIRINE 200 MG TABLET | INTELENCE | 03.09.03 |
| EYE WASH IRRG OPTHALMIC | DACRIOSE | 18.08 |
| FERRIC SUBSULF SOLUTION | MONSELS SOLUTION | 08.09 |
| FERROUS SULFATE 325 MG TAB EC | FESO4 (65MG FE) | 21.01 |
| FLUCONAZOLE 100 MG TABLET | DIFLUCAN | 03.02 |
| FLUCONAZOLE 200 MG TABLET | DIFLUCAN | 03.02 |
| FLUOCINOLONE 0.01% CREAM | SYNALAR | 08.08.03 |
| FLUOCINOLONE 0.01% CREAM | SYNALAR | 08.08.04 |
| FLUOCINOLONE 0.01% SOLUTION | SYNALAR | 08.08.03 |
| FLUOCINOLONE 0.01% SOLUTION | SYNALAR | 08.08.04 |
| FLUOCINOLONE 0.025% CREAM | SYNALAR | 08.08.03 |
| FLUOCINOLONE 0.025% CREAM | SYNALAR | 08.08.04 |
| FLUOCINOLONE 0.025% OINTMENT | SYNALAR | 08.08.03 |
| FLUOCINOLONE 0.025% OINTMENT | SYNALAR | 08.08.04 |
| FLUORESCEIN N/BENOX O/S OPTHALMIC | FLURESS | 18.08 |
| FLUORESCEIN SOD STRIP 1 MG STRIP | FUL-GLO | 18.06 |
| FLUOXETINE 10 MG CAPSULE | PROZAC | 06.01.02 |
| FLUOXETINE 20 MG CAPSULE | PROZAC | 06.01.02 |
| FLUOXETINE SOLN 20 MG/5 ML LIQUID | PROZAC | 06.01.02 |
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| FLUPHENAZINE 5 MG/ML CONCENTRATE | PROLIXIN ORAL | 06.02.01 |
| FLUPHENAZINE 5 MG/ML CONCENTRATE | PROLIXIN ORAL | 10.01 |
| FLUPHENAZINE DECON VL 25 MG/ML INJECTION | PROLIXIN INJ | 06.02.01 |
| FLUPHENAZINE HCL 1 MG TABLET | PROLIXIN | 06.02.01 |
| FLUPHENAZINE HCL 10 MG TABLET | PROLIXIN | 06.02.01 |
| FLUPHENAZINE HCL 2.5 MG TABLET | PROLIXIN | 06.02.01 |
| FLUPHENAZINE HCL 5 MG TABLET | PROLIXIN | 05.02.01 |
| FLUPHENAZINE HCL VL 2.5 MG/ML INJECTION | PROLIXIN INJ | 06.02.01 |
| FLUPHENAZINE HCL VL 2.5 MG/ML INJECTION | PROLIXIN INJ | 10.01 |
| FLUTICASONE PROP 0.005% OINTMENT | CUTIVATE | 08.08.03 |
| FOLIC ACID 1 MG TABLET | FOLIC ACID | 21.01 |
| FOSAMPRENAVIR CA 700 MG TABLET | LEXIVA | 03.08.05 |
| FOSCARNET SOD 24 MG/ML INJECTION | FOSCAVIR | 03.06 |
| FOSPHENYTOIN SOD VIAL 50 MG/ML INJECTION | CEREBYX INJ | 10.01 |
| FOSPHENYTOIN SOD VIAL 500 MG/10 ML INJECTION | CEREBYX | 10.01 |
| FUROSEMIDE 20 MG TABLET | LASIX | 05.10 |
| FUROSEMIDE 40 MG TABLET | LASIX | 05.10 |
| FUROSEMIDE 80 MG TABLET | LASIX | 05.10 |
| FUROSEMIDE VIAL 100 MG/10 ML INJECTION | LASIX | 05.10 |
| FUROSEMIDE VIAL 100 MG/10 ML INJECTION | LASIX | 10.01 |
| FUROSEMIDE VIAL 20 MG/2 ML INJECTION | LASIX | 05.10 |
| FUROSEMIDE VIAL 20 MG/2 ML INJECTION | LASIX | 10.01 |
| FUROSEMIDE VIAL 40 MG/4 ML INJECTION | LASIX | 05.10 |
| FUROSEMIDE VIAL 40 MG/4 ML INJECTION | LASIX | 10.01 |
| GANCICLOVIR VIAL 500 MG INJECTION | CYTOVENE INJ | 03.08 |
| GEMFIBROZIL 600 MG TABLET | LOPID | 05.05.02 |
| GENTAMICIN O/S 0.3% OPHTHALMIC | GARAMYCIN EYE DROPS | 18.03 |
| GENTAMICIN OPHTH 0.3% OINTMENT | GARAMYCIN OPHTH | 18.03 |
| GENTAMICIN SULFATE 0.1% CREAM | GARAMYCIN | 08.03 |
| GENTAMICIN SULFATE 0.1% OINTMENT | GARAMYCIN | 08.03 |
| GENTAMICIN VIAL 40 MG/ML INJECTION | GARAMYCIN INJ | 03.01 |
| GLIMEPIRIDE 1 MG TABLET | AMARYL | 11.04.01 |
| GLIMEPIRIDE 2 MG TABLET | AMARYL | 11.04.01 |
| GLIMEPIRIDE 4 MG TABLET | AMARYL | 11.04.01 |
| GLIPIZIDE 10 MG TABLET | GLUCOTROL | 11.04.01 |
| GLIPIZIDE 5 MG TABLET | GLUCOTROL | 11.04.01 |
| GLUCAGON SYRINGE 1 MG INJECTION | GLUCAGON EMERGENCY KIT | 10.01 |
| GLUCOSE 4 GRAM TAB CHEW | GLUCOSE | 11.08 |
| GLUCOSE 40% GEL (JELLY) | GLUTOSE | 11.08 |
| GUAIFENESIN 100 MG/5 ML SYRUP | ROBITUSSIN PLAIN | 02.04 |
| GUAIFENESIN 200 MG TABLET | ROBITUSSIN | 02.04 |
| GUAIFENESIN-DM 100-10/5 ML SYRUP | ROBITUSSIN DM | 02.06 |
| GUAIFENESIN-DM S-F 100-10/5 ML SYRUP | ROBITUSSIN DM | 02.06 |
| GUANFACINE 1 MG TABLET | TENEX | 05.12.02 |
| GUANFACINE 2 MG TABLET | TENEX | 05.12.02 |
| HALOPERIDOL 0.5 MG TABLET | HALDOL | 06.02.01 |
| HALOPERIDOL 1 MG TABLET | HALDOL | 06.02.01 |
| HALOPERIDOL 10 MG TABLET | HALDOL | 06.02.01 |
| HALOPERIDOL 2 MG TABLET | HALDOL | 06.02.01 |
| HALOPERIDOL 20 MG TABLET | HALDOL | 06.02.01 |



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| HALOPERIDOL DEC VL 100 MG/ML INJECTION | HALDOL | 06.02.01 |
| HALOPERIDOL DEC VL 50 MG/ML INJECTION | HALDOL | 08.02.01 |
| HALOPERIDOL LACT 5 MG/ML INJECTION | HALDOL | 08.02.01 |
| HALOPERIDOL LACT 5 MG/ML INJECTION | HALDOL | 10.01 |
| HALOPERIDOL LACTATE VL 5 MG/ML INJECTION | HALDOL | 08.02.01 |
| HALOPERIDOL LACTATE VL 5 MG/ML INJECTION | HALDOL | 10.01 |
| HALOPERIDOL ORAL 2 MG/ML CONCENTRATE | HALDOL | 08.02.01 |
| HEMORRHOIDAL PLAIN SUPPOSITORY | ANUSOL/VERSAL | 12.12 |
| HEPARIN SODIUM SYG 5,000 U/ML INJECTION | HEPARIN | 05.11 |
| HEPARIN SODIUM VL 1,000 U/ML INJECTION | HEPARIN | 05.11 |
| HEPARIN SODIUM VL 10 U/ML INJECTION | HEP-LOCK | 05.11 |
| HEPARIN SODIUM VL 100 U/ML INJECTION | HEP-LOCK | 05.11 |
| HEPARIN SODIUM VL 5,000 U/ML INJECTION | HEPARIN | 05.11 |
| HEPATITIS B VACC PF VL 10 MCG/ML INJECTION | RECOMBIVAX HB PED | 20.01 |
| HEPATITIS-A VACC SYG 50 U/ML INJECTION | VAQTA | 20.01 |
| HEPATITIS-A VACC VL 50 U/ML INJECTION | VAQTA | 20.01 |
| HOMATROPINE HBR O/S 5% OPHTHALMIC | ISOPTO HOMATROPINE | 18.06 |
| HYDRALAZINE HCL 10 MG TABLET | APRESOLINE | 05.12.02 |
| HYDRALAZINE HCL 100 MG TABLET | APRESOLINE | 06.12.02 |
| HYDRALAZINE HCL 25 MG TABLET | APRESOLINE | 05.12.02 |
| HYDRALAZINE HCL 50 MG TABLET | APRESOLINE | 05.12.02 |
| HYDROCHLOROTHIAZIDE 12.5 MG CAPSULE | HCTZ | 05.10 |
| HYDROCHLOROTHIAZIDE 25 MG TABLET | HCTZ | 05.10 |
| HYDROCHLOROTHIAZIDE 25 MG TABLET | HYDRODIURIL | 05.10 |
| HYDROCHLOROTHIAZIDE 50 MG TABLET | HYDRODIURIL | 06.10 |
| HYDROCOD BIT/APAP 10-325 MG TABLET | NORCO | 01.04 |
| HYDROCODONE/APAP 10-325 MG TABLET | NORCO | 01.04 |
| HYDROCODONE/APAP 5-325 MG TABLET | NORCO | 01.04 |
| HYDROCORTISONE 2.6% CREAM | HYTONE | 08.08.04 |
| HYDROCORTISONE 2.5% CREAM | HYTONE | 12.12 |
| HYDROCORTISONE CR 1% | HYTONE | 08.08.04 |
| HYDROCORTISONE CR 1% | HYTONE | 12.12 |
| HYDROCORTISONE CR 1% CREAM | HYTONE | 08.08.04 |
| HYDROCORTISONE CR 1% CREAM | HYTONE | 12.12 |
| HYDROXYCHLOROQUINE 200 MG TABLET | PLAQUENIL | 01.09 |
| HYDROXYUREA 500 MG CAPSULE | HYDREA | 04.01 |
| HYDROXYZINE HCL 10 MG TABLET | ATARAX | 02.01 |
| HYDROXYZINE HCL 10 MG/5 ML SYRUP | ATARAX SYRUP | 02.01 |
| HYDROXYZINE HCL 25 MG TABLET | ATARAX | 02.01 |
| HYDROXYZINE HCL 50 MG TABLET | ATARAX | 02.01 |
| HYDROXYZINE HCL VIAL 25 MG/ML INJECTION | VISTARIL INJ | 02.01 |
| HYDROXYZINE HCL VIAL 50 MG/ML INJECTION | VISTARIL | 02.01 |
| HYDROXYZINE HCL VIAL 50 MG/ML INJECTION | VISTARIL INJ | 02.01 |
| HYDROXYZINE PAMOATE 100 MG CAPSULE | VISTARIL | 02.01 |
| HYDROXYZINE PAMOATE 25 MG CAPSULE | VISTARIL | 02.01 |
| HYDROXYZINE PAMOATE 50 MG CAPSULE | VISTARIL | 02.01 |
| IBUPROFEN 200 MG TABLET | ADVIL | 01.06 |
| IBUPROFEN 200MG 200 MG TABLET | ADVIL | 01.06 |
| IBUPROFEN BOX/24 PROTOCOL 200 MG TABLET | ADVIL | 01.06 |
| IMIPENEM/CILAST VL 250 MG INJECTION | PRIMAXIN *IV* | 03.14 |



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| IMIPRAMINE HCL 10 MG TABLET | TOFRANIL | 05.01.01 |
| IMIPRAMINE HCL 25 MG TABLET | TOFRANIL | 05.01.01 |
| IMIPRAMINE HCL 50 MG TABLET | TOFRANIL | 05.01.01 |
| INDINAVIR 200 MG CAPSULE | CRIXIVAN | 03.09.05 |
| INDINAVIR 400 MG CAPSULE | CRIXIVAN | 03.09.05 |
| INFLUENZA SYRG 2014-2015 INJECTION | FLUARIX | 20.01 |
| INFLUENZA VAC SYG PF 2013-2014 INJECTION | FLUZONE | 20.01 |
| INFLUENZA VACCINE 2012 - 2013 INJECTION | FLUVIRIN | 20.01 |
| INFLUENZA VACCINE 2012-2013 INJECTION | FLULAVAL | 20.01 |
| INFLUENZA VACCINE 2013-2014 INJECTION | AFLURIA | 20.01 |
| INSULIN HUM 70/30 VL 100 U/ML INJECTION | HUMULIN 70/30 | 11.03 |
| INSULIN HUM NPH VL 100 U/ML INJECTION | HUMULIN NPH | 11.03 |
| INSULIN HUM REG VL 100 U/ML INJECTION | HUMULIN REG | 11.03 |
| INSULIN*HUMALOG*LISPRO 100 U/ML INJECTION | HUMALOG | 11.03 |
| IPRATROPIUM BROM 17 MCG INHALER | ATROVENT HFA | 19.01 |
| IPRATROPIUM INH 0.02% INHALER | ATROVENT SOLN | 19.01 |
| ISONIAZID 100 MG TABLET | INH | 03.05 |
| ISONIAZID 300 MG TABLET | INH | 03.05 |
| ISOSORBIDE-MONONIT 10 MG TABLET | MONOKET | 05.12.01 |
| ISOSORBIDE-MONONIT 120 MG TAB SR 24 HR | IMDUR | 05.12.01 |
| ISOSORBIDE-MONONIT 20 MG TABLET | MONOKET | 05.12.01 |
| ISOSORBIDE-MONONIT 30 MG TAB SR 24 HR | IMDUR | 05.12.01 |
| ISOSORBIDE-MONONIT 60 MG TAB SR 24 HR | IMDUR | 05.12.01 |
| KETOCONAZOLE 200 MG TABLET | NIZORAL | 03.02 |
| KETOROLAC TROMETH VL 15 MG/ML INJECTION | TORADOL INJ | 01.06 |
| KETOROLAC TROMETH VL 15 MG/ML INJECTION | TORADOL INJ | 10.01 |
| KETOROLAC TROMETH VL 30 MG/ML INJECTION | TORADOL INJ | 01.06 |
| KETOROLAC TROMETH VL 30 MG/ML INJECTION | TORADOL INJ | 10.01 |
| KETOTIFEN O/S 0.025% OPHTHALMIC | ZADITOR OPHTH | 18.02 |
| LACTATED RINGERS INJECTION | LACTATED RINGERS | 09.01 |
| LACTULOSE 10GM/15 ML SOLUTION | CHRONULAC | 12.05 |
| LAMIVUDINE 150 MG TABLET | EPIVIR | 03.09.04 |
| LAMIVUDINE 150MG TABLET | EPIVIR | 03.09.04 |
| LAMIVUDINE 300 MG TABLET | EPIVIR | 03.09.04 |
| LAMIVUDINE- 10 MG/ML SOLUTION | EPIVIR | 03.09.04 |
| LAMIVUDINE/ZIDOVUDINE 150/300 MG TABLET | COMBIVIR | 03.09.06 |
| LAMOTRIGINE 100 MG TABLET | LAMICTAL | 06.05 |
| LAMOTRIGINE 100 MG TABLET | LAMICTAL | 16.02 |
| LAMOTRIGINE 150 MG TABLET | LAMICTAL | 06.05 |
| LAMOTRIGINE 150 MG TABLET | LAMICTAL | 16.02 |
| LAMOTRIGINE 200 MG TABLET | LAMICTAL | 06.05 |
| LAMOTRIGINE 200 MG TABLET | LAMICTAL | 16.02 |
| LAMOTRIGINE 25 MG TABLET | LAMICTAL | 06.05 |
| LAMOTRIGINE 25 MG TABLET | LAMICTAL | 16.02 |
| LATANOPROST O/S 0.005% OPHTHALMIC | XALATAN | 18.01 |
| LEVETIRACETAM 1000 MG TABLET | KEPPRA | 16.02 |
| LEVETIRACETAM 250 MG TABLET | KEPPRA | 16.02 |
| LEVETIRACETAM 500 MG TABLET | KEPPRA | 16.02 |
| LEVETIRACETAM 750 MG TABLET | KEPPRA | 16.02 |



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| LEVOBUNOLOL HCL O/S 0.25% OPHTHALMIC | BETAGAN OPHTH | 18.01 |
| LEVOBUNOLOL HCL O/S 0.5% OPHTHALMIC | BETAGAN OPHTH | 18.01 |
| LEVOFLOXACIN 500 MG TABLET | LEVAQUIN | 03.08 |
| LEVOFLOXACIN 750 MG TABLET | LEVAQUIN | 03.08 |
| LEVOTHYROXINE SOD 0.025 MG TABLET | SYNTHROID | 11.05 |
| LEVOTHYROXINE SOD 0.05 MG TABLET | SYNTHROID | 11.06 |
| LEVOTHYROXINE SOD 0.075 MG TABLET | SYNTHROID | 11.05 |
| LEVOTHYROXINE SOD 0.088 MG TABLET | SYNTHROID | 11.05 |
| LEVOTHYROXINE SOD 0.1 MG TABLET | SYNTHROID | 11.05 |
| LEVOTHYROXINE SOD 0.112 MG TABLET | SYNTHROID | 11.05 |
| LEVOTHYROXINE SOD 0.125 MG TABLET | SYNTHROID | 11.05 |
| LEVOTHYROXINE SOD 0.137 MG TABLET | SYNTHROID | 11.05 |
| LEVOTHYROXINE SOD 0.15 MG TABLET | SYNTHROID | 11.05 |
| LEVOTHYROXINE SOD 0.175 MG TABLET | SYNTHROID | 11.05 |
| LEVOTHYROXINE SOD 0.2 MG TABLET | SYNTHROID | 11.05 |
| LEVOTHYROXINE SOD 0.3 MG TABLET | SYNTHROID | 11.05 |
| LIDOCAINE 1% SYRG 10 MG/ML INJECTION | XYLOCAINE | 10.01 |
| LIDOCAINE 1% VIAL 10 MG/ML INJECTION | XYLOCAINE | 22.01 |
| LIDOCAINE 1%+EPI VIAL INJECTION | XYLOCAINE W/EPI | 22.01 |
| LIDOCAINE 2% VL 20 MG/ML INJECTION | XYLOCAINE | 22.01 |
| LIDOCAINE 2% W/EPI 20MG/ML INJECTION | XYLOCAINE W/EPI | 22.01 |
| LIDOCAINE 2% W/EPI VL 20 MG/ML INJECTION | XYLOCAINE W/EPI | 22.01 |
| LIDOCAINE VISC 2% SOLUTION | XYLOCAINE VISC | 07.01 |
| LIDOCAINE VISCOUS 2% SOLUTION | XYLOCAINE VISC | 07.01 |
| LISINAPRIL 10 MG TABLET | ZESTRIL/PRINIVIL | 06.02 |
| LISINAPRIL 2.6 MG TABLET | ZESTRIL/PRINIVIL | 05.02 |
| LISINAPRIL 20 MG TABLET | ZESTRIL/PRINIVIL | 06.02 |
| LISINAPRIL 30 MG TABLET | ZESTRIL | 05.02 |
| LISINAPRIL 40 MG TABLET | ZESTRIL/PRINIVIL | 05.02 |
| LISINAPRIL 5 MG TABLET | ZESTRIL/PRINIVIL | 05.02 |
| LITHIUM CARBONATE 150 MG CAPSULE | ESKALITH | 06.05 |
| LITHIUM CARBONATE 300 MG CAPSULE | ESKALITH | 06.05 |
| LITHIUM CARBONATE SA 300 MG TAB CR | LITHOBID | 06.05 |
| LITHIUM CARBONATE SA 450 MG TAB CR | ESKALITH CR | 06.05 |
| LOPERAMIDE 2 MG CAPSULE | IMODIUM | 12.03 |
| LOPINAVIR/RITONAVIR TAB 200/50 MG TABLET | KALETRA TAB | 03.09.05 |
| LOPINAVIR/RITON 400-100/5 ML SOLUTION | KALETRA SUSP | 03.09.05 |
| LORATADINE 10 MG TABLET | CLARITIN | 02.02 |
| LORAZEPAM VIAL 2 MG/ML INJECTION | ATIVAN | 08.06.01 |
| LORAZEPAM VIAL 2 MG/ML INJECTION | ATIVAN | 10.01 |
| LOSARTAN POTASSIUM 100 MG TABLET | COZAAR | 05.03 |
| LOSARTAN POTASSIUM 25 MG TABLET | COZAAR | 05.03 |
| LOSARTAN POTASSIUM 50 MG TABLET | COZAAR | 05.03 |
| LOXAPINE SUCCINATE 10 MG CAPSULE | LOXITANE | 06.02.01 |
| LOXAPINE SUCCINATE 25 MG CAPSULE | LOXITANE | 06.02.01 |
| LOXAPINE SUCCINATE 5 MG CAPSULE | LOXITANE | 06.02.01 |
| LOXAPINE SUCCINATE 50 MG CAPSULE | LOXITANE | 06.02.01 |
| MAG/ALUM HYD/SIMETH TAB CHEW | MYLANTA/MINTOX | 12.02 |
| MAGNESIUM CITRATE SOLUTION | CITRATE OF MAG | 12.05 |
| MAGNESIUM SO4 50% VL 4 MEQ/ML INJECTION | MGSO4 INJ | 10.01 |
| MARAVIROC 150 MG TABLET | SELZENTRY | 03.09.01 |



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| MECLIZINE HCL 12.5 MG TABLET | ANTIVERT | 16.05 |
| MECLIZINE HCL 25 MG TABLET | ANTIVERT | 16.05 |
| MEDROXYPROGESTERONE 10 MG TABLET | PROVERA | 11.02 |
| MEDROXYPROGESTERONE 2.5 MG TABLET | PROVERA | 11.02 |
| MEDROXYPROGESTERONE 5 MG TABLET | PROVERA | 11.02 |
| MELOXICAM 15 MG TABLET | MOBIC | 01.06 |
| MELOXICAM 7.5 MG TABLET | MOBIC | 01.06 |
| METFORMIN HCL 1000 MG TABLET | GLUCOPHAGE | 11.04.02 |
| METFORMIN HCL 500 MG TABLET | GLUCOPHAGE | 11.04.02 |
| METFORMIN HCL 850 MG TABLET | GLUCOPHAGE | 11.04.02 |
| METHYLPRED ACETATE VL 40 MG/ML INJECTION | DEPO-MEDROL | 10.01 |
| METHYLPRED SOD SUCC VL (EA 1GM INJECTION | SOLU-MEDROL | 10.01 |
| METHYLPRED SOD SUCC VL 125 MG INJECTION | SOLU-MEDROL | 10.01 |
| METHYLPRED SOD SUCC VL 40 MG INJECTION | SOLU-MEDROL | 10.01 |
| METHYLPRED SOD SUCC VL 500 MG INJECTION | SOLU-MEDROL | 10.01 |
| METIPRANOLOL O/S 0.3% OPHTHALMIC | OPTIPRANOLOL OPH | 18.01 |
| METOPROLOL TART 100 MG TABLET | LOPRESSOR | 05.06.01 |
| METOPROLOL TART 25 MG TABLET | LOPRESSOR | 05.06.01 |
| METOPROLOL TART 50 MG TABLET | LOPRESSOR | 05.06.01 |
| METRONIDAZOLE 250 MG TABLET | FLAGYL | 03.14 |
| METRONIDAZOLE 500 MG TABLET | FLAGYL | 03.14 |
| METRONIDAZOLE-VAGINAL 0.75% GEL (JELLY) | METROGEL VAGINAL | 17.02 |
| MICONAZOLE TOPICAL 2% CREAM | MONISTAT-DERM | 08.02 |
| MICONAZOLE VAGINAL 100 MG SUPPOSITORY | MONISTAT 7 | 17.02 |
| MICONAZOLE- VAGINAL 2% CREAM | MONISTAT-7 | 17.02 |
| MILK OF MAG SUSP 80MEQ/30 ML SUSPENSION | MOM | 12.05 |
| MILK OF MAGNESIA 80MEQ/30 ML SUSPENSION | MOM | 12.05 |
| MINERAL OIL OIL | MINERAL OIL | 12.05 |
| MINOCYCLINE HCL 100 MG CAPSULE | MINOCIN | 03.13 |
| MINOCYCLINE HCL 50 MG CAPSULE | MINOCIN | 03.13 |
| MIRTAZAPINE 15 MG TABLET | REMERON | 06.01.03 |
| MIRTAZAPINE 30 MG TABLET | REMERON | 06.01.03 |
| MIRTAZAPINE 45 MG TABLET | REMERON | 06.01.03 |
| MONTELUKAST 10 MG TABLET | SINGULAIR | 19.06 |
| MULTIVITAMIN TABLET | ONE-A-DAY VIT | 21.01 |
| NAFCILLIN SOD ADVANTAGE VL 1GM INJECTION | NAFCIL | 03.11 |
| NAFCILLIN SOD ADVANTAGE VL 2GM INJECTION | NAFCIL | 03.11 |
| NAFCILLIN SOD VIAL 1GM INJECTION | NAFCIL | 03.11 |
| NAFCILLIN SOD VIAL 2GM INJECTION | NAFCIL | 03.11 |
| NALOXONE HCL SYRINGE 0.4 MG/ML SOLUTION | NARCAN INJ | 10.01 |
| NALOXONE HCL VIAL 0.4 MG/ML INJECTION | NARCAN | 10.01 |
| NALOXONE SYRINGE 2 MG/2 ML INJECTION | NARCAN | 10.01 |
| NAPHAZOLINE/PHENIR O/S OPHTHALMIC | VISINE-A / NAPHCN-A | 18.02 |
| NAPROXEN 250 MG TABLET | NAPROSYN | 01.06 |
| NAPROXEN 375 MG TABLET | NAPROSYN | 01.06 |
| NAPROXEN 500 MG TABLET | NAPROSYN | 01.06 |
| NELFINAVIR MESYLATE 250 MG TABLET | VIRACEPT | 03.09.05 |
| NELFINAVIR MESYLATE 625 MG TABLET | VIRACEPT | 03.09.05 |
| NEOMY/BAC/POLY EYE OINTMENT | NEOSPORIN OPTH | 18.03 |
| NEOMY/POLY B/GRAM SOL OPHTHALMIC | NEOSPORIN | 18.03 |



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| NEOMY/POLYMYX/DEX EYE OINTMENT | MAXITROL OPHTH | 18.03 |
| NEOMY/POLYMYX/DEX O/S OPHTHALMIC | MAXITROL/DEXACID | 18.03 |
| NEOMY/POLYMX/HC SUSP OTIC | CORTISPORIN OTIC | 18.06 |
| NEVIRAPINE 200 MG TABLET | VIRAMUNE | 03.09.03 |
| NEVIRAPINE 50 MG/ML SUSPENSION | VIRAMUNE ORAL | 03.09.03 |
| NEVIRAPINE XR TAB 400 MG TAB SR 24 HR | VIRAMUNE XR | 03.09.03 |
| NIACIN 100 MG TABLET | NIACIN | 05.06.02 |
| NIACIN 250 MG TABLET | NIACIN | 05.06.02 |
| NIACIN 50 MG TABLET | NIACIN | 05.06.02 |
| NIACIN 500 MG TABLET | NIACIN | 05.06.02 |
| NITROGLYCERIN SL 1/160 (0.4MG) TAB SUBL | NITROSTAT | 05.12.01 |
| NITROGLYCERIN SL 1/150 (0.4MG) TAB SUBL | NITROSTAT | 10.01 |
| NORETH/ESTRAD 1-0.036 MG TABLET | ORTHO-NOVUM 1/35 | 17.01 |
| NORETH/MESTRAN 1-0.050 MG TABLET | ORTHO-NOVUM 1/50 | 17.01 |
| NORTRIPTYLINE HCL 10 MG CAPSULE | PAMELOR | 01.05 |
| NORTRIPTYLINE HCL 10 MG CAPSULE | PAMELOR | 06.01.01 |
| NORTRIPTYLINE HCL 25 MG CAPSULE | PAMELOR | 01.05 |
| NORTRIPTYLINE HCL 25 MG CAPSULE | PAMELOR | 06.01.01 |
| NORTRIPTYLINE HCL 50 MG CAPSULE | PAMELOR | 01.05 |
| NORTRIPTYLINE HCL 50 MG CAPSULE | PAMELOR | 06.01.01 |
| NORTRIPTYLINE HCL 60 MG CAPSULE | PAMELOR | 01.05 |
| NORTRIPTYLINE HCL 75 MG CAPSULE | PAMELOR | 01.05 |
| NORTRIPTYLINE HCL 76 MG CAPSULE | PAMELOR | 06.01.01 |
| NYSTATIN 100,000 U/ML SUSPENSION | MYCOSTATIN | 03.02 |
| NYSTATIN 100,000U/GM CREAM | MYCOSTATIN | 08.02 |
| NYSTATIN 100,000U/GM OINTMENT | MYCOSTATIN | 08.02 |
| OFLOXACIN EAR DROPS 0.3% OTIC | FLOXIN OTIC | 18.05 |
| OFLOXACIN EYE DROPS 0.3% OPHTHALMIC | OCUFLOX OPHTH | 18.03 |
| ONDANSETRON HCL 4 MG TABLET | ZOFRAN | 12.04 |
| ONDANSETRON HCL 8 MG TABLET | ZOFRAN | 12.04 |
| ONDANSETRON HCL VIAL 2 MG/ML INJECTION | ZOFRAN MDV 40MG | 12.04 |
| ONDANSETRON HCL VIAL 2 MG/ML INJECTION | ZOFRAN SDV 4MG | 12.04 |
| OXACILLIN NA VIAL 1 GM INJECTION | OXACILLIN | 03.11 |
| OXACILLIN NA VIAL 2 GM INJECTION | OXACILLIN | 03.11 |
| OXYBUTYRIN CHLORIDE 5 MG TABLET | DITROPAN | 13.02 |
| PANCRELIPASE 6-17-27 CAP DELAY-REL | ZENPEP 5000 | 12.08 |
| PARICALCITOL VIAL 2 MCG/ML INJECTION | ZEMPLAR | 11.08 |
| PARICALCITOL VIAL 5 MCG/ML INJECTION | ZEMPLAR | 11.08 |
| PAROXETINE HCL 10 MG TABLET | PAXIL | 06.01.02 |
| PAROXETINE HCL 20 MG TABLET | PAXIL | 06.01.02 |
| PAROXETINE HCL 30 MG TABLET | PAXIL | 06.01.02 |
| PAROXETINE HCL 40 MG TABLET | PAXIL | 06.01.02 |
| PEG/ELECTROLYTE SOLUTION | GOLYTELY | 12.05 |
| PENIC-G BENZATHINE 1.2 MILLION UNITS INJECTION | BICILLIN LA | 03.11 |
| PENIC-G BENZATHINE 2.4 MILLION UNITS INJECTION | BICILLIN LA | 03.11 |
| PENICILLIN V-K 250 MG TABLET | PEN-VK | 03.11 |
| PENICILLIN V-K 500 MG TABLET | PEN-VK | 03.11 |
| PENICILLIN VK SUSP 250MG/5 ML SOLUTION | PEN-VK ORAL SUSP | 03.11 |
| PENICILLIN-G POTASSIUM VI 5MU INJECTION | PENICILLIN INJ | 03.11 |
| PENTAMIDINE ISETH INH 300 MG INHALER | NEBUPENT | 03.09.07 |
| PERMETHRIN 5% CREAM | ELIMITE/ACTICIN | 08.07 |



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| PHENAZOPYRIDINE HCL 200 MG TABLET | PYRIDIUM | 13.02 |
| PHENOBARBITAL 16.2 MG TABLET | PHENOBARBITAL | 06.03 |
| PHENOBARBITAL 16.2 MG TABLET | PHENOBARBITAL | 16.02 |
| PHENOBARBITAL 32.4 MG TABLET | PHENOBARBITAL | 06.03 |
| PHENOBARBITAL 32.4 MG TABLET | PHENOBARBITAL | 16.02 |
| PHENOBARBITAL 64.8 MG TABLET | PHENOBARBITAL | 06.03 |
| PHENOBARBITAL 64.8 MG TABLET | PHENOBARBITAL | 16.02 |
| PHENOBARBITAL 97.2 MG TABLET | PHENOBARBITAL | 06.03 |
| PHENOBARBITAL 97.2 MG TABLET | PHENOBARBITAL | 16.02 |
| PHENOBARBITAL- VIAL 130 MG/ML INJECTION | PHENOBARBITAL | 06.03 |
| PHENOBARBITAL- VIAL 130 MG/ML INJECTION | PHENOBARBITAL | 16.02 |
| PHENYTOIN 125 MG/5 ML SUSPENSION | DILANTIN-125 | 16.02 |
| PHENYTOIN 50 MG TABLET | DILANTIN INFATAB | 16.02 |
| PHENYTOIN SOD *EXT* 100 MG CAPSULE | DILANTIN | 16.02 |
| PHENYTOIN SOD *EXT* 30 MG CAPSULE | DILANTIN | 16.02 |
| PHENYTOIN SOD VIAL 100 MG/2 ML INJECTION | DILANTIN | 10.01 |
| PHENYTOIN SOD VIAL 50 MG/ML INJECTION | DILANTIN | 10.01 |
| PILOCARPINE HCL O/S 1% OPHTHALMIC | ISOPTO CARPINE | 18.01 |
| PILOCARPINE HCL O/S 2% OPHTHALMIC | ISOPTO CARPINE | 18.01 |
| PILOCARPINE HCL O/S 4% OPHTHALMIC | ISOPTO CARPINE | 18.01 |
| PIPERACILITAZO VL 3-0.375GM INJECTION | ZOSYN INJ | 03.11 |
| PNEUMOCOCCAL VACC SDV INJECTION | PNEUMOVAX | 20.01 |
| PODOPHYLLUM RESIN 25% SOLUTION | PODODERM | 08.09 |
| POTASSIUM CL 10 MEQ TAB CR | K-DUR | 21.01 |
| POTASSIUM CL 20MEQ PACK | K-LOR POWD PKT | 21.01 |
| POTASSIUM CL 20MEQ TAB CR | KLOR-CON M20 | 21.01 |
| POTASSIUM CL 40MEQ/15 ML LIQUID | KAON-CL | 21.01 |
| POTASSIUM CL IVPB 20 MEQ/100 ML INJECTION | POTASSIUM CHLORIDE | 10.01 |
| POTASSIUM CL IVPB 20 MEQ/100 ML INJECTION | POTASSIUM CHLORIDE | 21.01 |
| POTASSIUM CL VL 40MEQ INJECTION | KCL | 10.01 |
| POTASSIUM CL VL 40MEQ INJECTION | KCL | 21.01 |
| PRazosin HCL 1 MG CAPSULE | MINIPRES | 05.01 |
| PRazosin HCL 2 MG CAPSULE | MINIPRES | 05.01 |
| PRazosin HCL 5 MG CAPSULE | MINIPRES | 05.01 |
| PREDNISOLONE ACET O/S 1% OPHTHALMIC | PRED FORTE SUSP | 18.04 |
| PREDNISOLONE NA PHOS O/S 1% OPHTHALMIC | INFLAMMASE FORTE | 18.04 |
| PREDNISONE 1 MG TABLET | DELTASONE | 11.06 |
| PREDNISONE 10 MG TABLET | DELTASONE | 11.06 |
| PREDNISONE 2.5 MG TABLET | DELTASONE | 11.06 |
| PREDNISONE 20 MG TABLET | DELTASONE | 11.06 |
| PREDNISONE 5 MG TABLET | DELTASONE | 11.06 |
| PREDNISONE 50 MG TABLET | DELTASONE | 11.06 |
| PREDNISONE DOSEPAK 10 MG TABLET | PREDNISONE | 11.06 |
| PREDNISONE DOSEPAK 5 MG TABLET | PREDNISONE | 11.06 |
| PREDNISONE- 10 MG TABLET | DELTASONE | 11.06 |
| PREDNISONE- 20 MG TABLET | DELTASONE | 11.06 |
| PREDNISONE- 5 MG TABLET | DELTASONE | 11.06 |
| PROBENECID 500 MG TABLET | BENEMID | 01.02 |
| PROCHLORPERAZINE 10 MG TABLET | COMPAZINE | 12.04 |
| PROCHLORPERAZINE 5 MG TABLET | COMPAZINE | 12.04 |



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| PROPARACAINE HCL O/S 0.5% OPHTHALMIC | OPHTHETIC | 18.08 |
| PROPRANOLOL HCL 10 MG TABLET | INDERAL | 05.06.02 |
| PROPRANOLOL HCL 20 MG TABLET | INDERAL | 05.06.02 |
| PROPRANOLOL HCL 40 MG TABLET | INDERAL | 05.06.02 |
| PROPRANOLOL HCL 60 MG TABLET | INDERAL | 05.06.02 |
| PROPRANOLOL HCL 80 MG TABLET | INDERAL | 05.06.02 |
| PROPYLTHIOURACIL 50 MG TABLET | PTU | 11.05 |
| PYRAZINAMIDE 500 MG TABLET | PYRAZINAMIDE | 03.05 |
| PYRETHRINS/PIPERONYL SHAMPOO | LICE TREATMENT/ RID | 08.07 |
| PYRIDOXINE HCL 100 MG TABLET | VITAMIN B-6 | 21.01 |
| PYRIDOXINE HCL 25 MG TABLET | VITAMIN B-6 | 21.01 |
| PYRIDOXINE HCL 50 MG TABLET | VITAMIN B-6 | 21.01 |
| QUINIDINE 300 MG TAB CR | QUINIDEX EXTENT | 05.04.01 |
| QUINIDINE SULFATE 200 MG TABLET | QUINIDINE SO4 | 05.04.01 |
| RALTEGRAVIR 400 MG TABLET | ISENTRESS | 03.09.02 |
| REPAGLINIDE 0.5 MG TABLET | PRANDIN | 11.04.06 |
| REPAGLINIDE 1 MG TABLET | PRANDIN | 11.04.06 |
| REPAGLINIDE 2 MG TABLET | PRANDIN | 11.04.06 |
| RIFAMPIN 150 MG CAPSULE | RIFADIN | 03.05 |
| RIFAMPIN 300 MG CAPSULE | RIFADIN | 03.05 |
| RISPERIDONE 0.25 MG TABLET | RISPERDAL | 06.02.02 |
| RISPERIDONE 0.5 MG TABLET | RISPERDAL | 06.02.02 |
| RISPERIDONE 1 MG / ML SOLUTION | RISPERDAL SOLN | 06.02.02 |
| RISPERIDONE 1 MG TABLET | RISPERDAL | 06.02.02 |
| RISPERIDONE 2 MG TABLET | RISPERDAL | 06.02.02 |
| RISPERIDONE 3 MG TABLET | RISPERDAL | 06.02.02 |
| RISPERIDONE 4 MG TABLET | RISPERDAL | 06.02.02 |
| RITONAVIR 100 MG TABLET | NORVIR | 03.09.05 |
| RITONAVIR 80 MG/ML SOLUTION | NORVIR | 03.09.05 |
| SALICYLIC ACID PLASTER 40% | MEDIPLAST PATCH | 08.09 |
| SAQUINAVIR*INVIRASE 200 MG CAPSULE | INVIRASE | 03.09.05 |
| SAQUINAVIR*INVIRASE 500 MG TABLET | INVIRASE | 03.09.05 |
| SELENIUM SULFIDE 1% SHAMPOO | SELSUN BLUE | 08.09 |
| SELENIUM SULFIDE 2.5% SHAMPOO | SELSUN-RX LOTION | 08.09 |
| SERTRALINE HCL 100 MG TABLET | ZOLOFT | 06.01.02 |
| SERTRALINE HCL 25 MG TABLET | ZOLOFT | 06.01.02 |
| SERTRALINE HCL 50 MG TABLET | ZOLOFT TABLET | 06.01.02 |
| SERTRALINE ORAL CONC 20 MG/ML CONCENTRATE | ZOLOFT ORAL CONC | 06.01.02 |
| SILVER SULFADIAZINE 1% CREAM | SILVADENE | 08.03 |
| SIMETHICONE 125 MG TAB CHEW | GAS-X EXTRA STRENGTH | 12.02 |
| SIMETHICONE 125 MG TAB CHEW | GAS-X EXTRA STRENGTH | 12.11 |
| SIMETHICONE 80 MG TAB CHEW | GAS-X/MYLICON | 12.02 |
| SIMETHICONE 80 MG TAB CHEW | GAS-X/MYLICON | 12.11 |
| SIMETHICONE 80 MG TAB CHEW | MYLANTA GAS | 12.02 |
| SIMETHICONE 80 MG TAB CHEW | MYLANTA GAS | 12.11 |
| SIMETHICONE PROTOCOL 125 MG TAB CHEW | MYLANTA GAS | 12.02 |
| SIMETHICONE PROTOCOL 125 MG TAB CHEW | MYLANTA GAS | 12.11 |
| SIMVASTATIN 10 MG TABLET | ZOCOR | 05.05.01 |
| SIMVASTATIN 20 MG TABLET | ZOCOR | 05.05.01 |
| SIMVASTATIN 40 MG TABLET | ZOCOR | 05.05.01 |



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| SIMVASTATIN 80 MG TABLET | ZOCOR | 05.05.01 |
| SOD CHL BACTERIOSTAT VL 0.9% INJECTION | NORMAL SALINE | 09.01 |
| SOD CHL NASAL SPRAY 0.65% | OCEAN/DEEP SEA | 19.04 |
| SOD CHL PRESERV-FREE VL 0.9% INJECTION | NORMAL SALINE | 09.01 |
| SOD CHLORIDE ADV BAG 0.9% INJECTION | NORMAL SALINE | 09.01 |
| SOD CHLORIDE IV 0.9 % INJECTION | NORMAL SALINE | 09.01 |
| SOD CHLORIDE IV BAG 0.9% INJECTION | NORMAL SALINE | 09.01 |
| SOD PHOS/BIPHOS ORAL SOLUTION | FLEET PHOSPHA-SODA | 12.05 |
| SOD POLYSTY SULF 1 LB POWDER | KAYEXALATE PWDR | 10.01 |
| SOD POLYSTY SULF 15GM/50 ML SUSPENSION | KAYEXALATE SUSP | 10.01 |
| SPIRONOLACTONE 100 MG TABLET | ALDACTONE | 05.10 |
| SPIRONOLACTONE 25 MG TABLET | ALDACTONE | 05.10 |
| SPIRONOLACTONE 50 MG TABLET | ALDACTONE | 05.10 |
| STAVUDINE 15 MG CAPSULE | ZERIT | 03.09.04 |
| STAVUDINE 20 MG CAPSULE | ZERIT | 03.09.04 |
| STAVUDINE 30 MG CAPSULE | ZERIT | 03.09.04 |
| STAVUDINE 40 MG CAPSULE | ZERIT | 03.09.04 |
| SULFAMETH-TRIMETH 800-160 MG TABLET | BACTRIM DS | 03.12 |
| SULFAMETH-TRIMETH 800-160 MG TABLET | BACTRIM DS / SEPTRA DS | 03.12 |
| SULFAMETH/TRIMETH VL 80-16 MG/ML INJECTION | BACTRIM INJ | 03.12 |
| SULFAMETHTRI 200-40 MG/5 ML SUSPENSION | BACTRIM/SEPTRA | 03.12 |
| SULFASALAZINE 500 MG TABLET | AZULFIDINE | 12.01 |
| SULFUR/SALICYLIC ACID SHAMPOO | SEBEX/SEBULEX | 06.09 |
| TAMOXIFEN CITRATE 10 MG TABLET | NOLVADEX | 04.01 |
| TAMOXIFEN CITRATE 20 MG TABLET | NOLVADEX | 04.01 |
| TELBIVUDINE 600 MG TABLET | TYZEKA | 03.09.04 |
| TENOFOVIR DISOPROX 300 MG TABLET | VIREAD | 03.09.04 |
| TERAZOSIN HCL 1 MG CAPSULE | HYTRIN | 05.01 |
| TERAZOSIN HCL 1 MG CAPSULE | HYTRIN | 13.01 |
| TERAZOSIN HCL 10 MG CAPSULE | HYTRIN | 05.01 |
| TERAZOSIN HCL 10 MG CAPSULE | HYTRIN | 13.01 |
| TERAZOSIN HCL 2 MG CAPSULE | HYTRIN | 05.01 |
| TERAZOSIN HCL 2 MG CAPSULE | HYTRIN | 13.01 |
| TERAZOSIN HCL 5 MG CAPSULE | HYTRIN | 05.01 |
| TERAZOSIN HCL 5 MG CAPSULE | HYTRIN | 13.01 |
| TERBINAFINE HCL 250 MG TABLET | LAMISIL | 03.02 |
| TETANUS DIPHTHERIA TOX INJECTION | DECAVAC/TENIVAC | 20.01 |
| THEOPHYLLINE 200 MG TAB SR 12 HR | THEO-DUR | 19.06 |
| THERADERM LOTION LOTION | THERADERM | 08.06 |
| THERADERM LOTION LOTION | THERADERM | 08.09 |
| THROAT LOZENGES LOZENGE | CEPACOL | 07.01 |
| TIMOLOL MAL SOLN 0.25% OPHTHALMIC | TIMOPTIC | 18.01 |
| TIMOLOL MAL SOLN 0.5% OPHTHALMIC | TIMOPTIC | 18.01 |
| TIPRANAIVIR 250 MG CAPSULE | APTIVUS | 03.09.05 |
| TOBRAMYCIN EYE DROPS 0.3% OPHTHALMIC | TOBEX OPHTH | 18.03 |
| TOLBUTAMIDE 500 MG TABLET | ORINASE | 11.04.01 |
| TOLNAFTATE 1% CREAM | TINACTIN | 08.02 |
| TOLNAFTATE 1% POWDER | TINACTIN POWDER | 08.02 |
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| TRAMADOL HCL 50 MG TABLET | ULTRAM | 01.04 |



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| TRAZODONE HCL 150 MG TABLET | DESYREL | 08.01.03 |
| TRAZODONE HCL 50 MG TABLET | DESYREL | 06.01.03 |
| TRIAMCINOLONE 0.025% CR | KENALOG | 08.08.02 |
| TRIAMCINOLONE 0.025% CR | KENALOG | 08.08.03 |
| TRIAMCINOLONE 0.025% LOT | KENALOG | 08.08.02 |
| TRIAMCINOLONE 0.025% LOT | KENALOG | 08.08.03 |
| TRIAMCINOLONE 0.025% ONT | KENALOG | 08.08.02 |
| TRIAMCINOLONE 0.025% ONT | KENALOG | 08.08.03 |
| TRIAMCINOLONE 0.1% CR | KENALOG | 08.08.02 |
| TRIAMCINOLONE 0.1% CR | KENALOG | 08.08.03 |
| TRIAMCINOLONE 0.1% LOT | KENALOG | 08.08.02 |
| TRIAMCINOLONE 0.1% LOT | KENALOG | 08.08.03 |
| TRIAMCINOLONE 0.1% OINT | KENALOG | 08.08.02 |
| TRIAMCINOLONE 0.1% OINT | KENALOG | 08.08.03 |
| TRIAMCINOLONE 0.5% CR | KENALOG | 08.08.02 |
| TRIAMCINOLONE 0.5% CR | KENALOG | 08.08.03 |
| TRIAMCINOLONE 0.5% OINT | KENALOG | 08.08.02 |
| TRIAMCINOLONE 0.5% OINT | KENALOG | 08.08.03 |
| TRIAMCINOLONE ACET VL 40 MG/ML INJECTION | KENALOG | 11.06 |
| TRIAMCINOLONE ACET VL 40 MG/ML INJECTION | KENALOG INJ | 11.06 |
| TRIAMTERENE/HCTZ 37.5-25 MG TABLET | MAXZIDE-25 | 05.10 |
| TRIAMTERENE/HCTZ 75-50 MG TABLET | MAXZIDE | 05.10 |
| TRICHLOROACETIC ACID SOLN (15M) LIQUID | TRI-CHLOR | 08.09 |
| TRIFLUOPERAZINE HCL 1 MG TABLET | STELAZINE | 06.02.01 |
| TRIFLUOPERAZINE HCL 10 MG TABLET | STELAZINE | 06.02.01 |
| TRIFLUOPERAZINE HCL 2 MG TABLET | STELAZINE | 06.02.01 |
| TRIFLUOPERAZINE HCL 5 MG TABLET | STELAZINE | 06.02.01 |
| TRIHEXYPHENIDYL HCL 2 MG TABLET | ARTANE | 06.99 |
| TRIHEXYPHENIDYL HCL 5 MG TABLET | ARTANE | 06.99 |
| TROPICAMIDE EYE DROPS 0.5% OPHTHALMIC | MYDRIACYL | 18.06 |
| TROPICAMIDE EYE DROPS 1% OPHTHALMIC | MYDRIACYL OPHTH | 18.06 |
| TUBERSOL 5 TU/ 0.1ML INJECTION | TUBERSOL | 09.01 |
| TUBERSOL 5 TU/0.1ML INJECTION | TUBERSOL | 09.01 |
| VALPROIC ACID 250 MG CAPSULE | DEPAKENE | 06.05 |
| VALPROIC ACID 250 MG CAPSULE | DEPAKENE | 16.02 |
| VALPROIC ACID 250 MG/5 ML SYRUP | DEPAKENE SYRUP | 16.02 |
| VALPROIC ACID 250 MG/5 ML SYRUP | DEPAKENE SYRUP | 16.05 |
| VANCOMYCIN HCL 1GM INJECTION | VANCOCIN | 03.14 |
| VANCOMYCIN HCL 500 MG INJECTION | VANCOCIN | 03.14 |
| VANCOMYCIN HCL 750 MG INJECTION | VANCOCIN | 03.14 |
| VANCOMYCIN HCL VIAL 1GM INJECTION | VANCOCIN | 03.14 |
| VANCOMYCIN HCL VIAL 500 MG INJECTION | VANCOCIN | 03.14 |
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| VENLAFAXINE HCL 37.5 MG TABLET | EFFEXOR | 01.05 |
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| VITAMIN E 100 IU CAPSULE | VITAMIN E | 21.01 |
| VITAMIN E 1000 IU CAPSULE | VITAMIN E | 21.01 |
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| WARFARIN SOD 2 MG TABLET | JANTOVEN | 05.11 |
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| ZIDOVUDINE 300MG TABLET | RETROVIR | 03.08.04 |
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| ZIPRASIDONE HCL 80 MG CAPSULE | GEODON | 06.02.02 |
| ZIPRASIDONE MESY VIAL 20 MG/ML INJECTION | GEODON INJ | 06.02.02 |
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| SPIRONOLACTONE 25 MG TABLET | ALDACTONE | 05.10 |
| SPIRONOLACTONE 50 MG TABLET | ALDACTONE | 05.10 |
| BRIMONIDINE SOLN 0.2% OPHTHALMIC | ALPHAGAN | 18.01 |
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| AMOXICILLIN 500 MG CAPSULE | AMOXIL | 03.11 |
| AMOXICILLIN TRIHYD 875 MG TABLET | AMOXIL | 03.11 |
| AMPICILLIN 500 MG INJECTION | AMPICILLIN | 03.11 |
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| CLOMIPRAMINE HCL 25 MG CAPSULE | ANAFRANIL | 06.01.01 |
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| HYDRALAZINE HCL 100 MG TABLET | APRESOLINE | 05.12.02 |
| HYDRALAZINE HCL 25 MG TABLET | APRESOLINE | 05.12.02 |
| HYDRALAZINE HCL 50 MG TABLET | APRESOLINE | 05.12.02 |
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| DARBEPOETIN ALFA 60 MCG/ML INJECTION | ARANESP | 14.01 |
| DARBEPOETIN SYRG 150 MCG/0.3ML INJECTION | ARANESP | 14.01 |
| DARBEPOETIN ALFA 100MCG/0.5ML SYRG INJECTION | ARANESP | 14.01 |
| DARBEPOETIN ALFA 25 MCG/ML INJECTION | ARANESP | 14.01 |
| DARBEPOETIN ALFA 40 MCG/ML INJECTION | ARANESP | 14.01 |
| DARBEPOETIN ALFA 60MCG/0.3ML SYRG INJECTION | ARANESP | 14.01 |
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| HYDROXYZINE HCL 10 MG TABLET | ATARAX | 02.01 |
| HYDROXYZINE HCL 25 MG TABLET | ATARAX | 02.01 |
| HYDROXYZINE HCL 50 MG TABLET | ATARAX | 02.01 |
| HYDROXYZINE HCL 10 MG/5 ML SYRUP | ATARAX SYRUP | 02.01 |
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| LORAZEPAM VIAL 2 MG/ML INJECTION | ATIVAN | 10.01 |
| EFAVIR/EMTRICIT/TENOFOV 600-200-300 MG TABLET | ATRIPLA | 03.09.06 |
| ATROPINE VIAL 0.4 MG/ML INJECTION | ATROPINE INJ | 10.01 |
| ATROPINE SYRINGE 0.1 MG/ML INJECTION | ATROPINE SULFATE | 10.01 |
| ATROPINE VIAL 0.4 MG/ML INJECTION | ATROPINE SULFATE | 10.01 |
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| AMOXICILLIN/CLAV 875-125 MG TABLET | AUGMENTIN | 03.11 |
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| BACITRACIN 500U/G OINTMENT | BACITRACIN | 08.03 |
| BACITRACIN PKT 500U/G OINTMENT | BACITRACIN | 08.03 |
| SULFAMETH-TRIMETH 800-160 MG TABLET | BACTRIM DS | 03.12 |
| SULFAMETH-TRIMETH 800-160 MG TABLET | BACTRIM DS / SEPTRA DS | 03.12 |
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| SULFAMETHTRI 200-40 MG/5 ML SUSPENSION | BACTRIM/SEPTRA | 03.12 |
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| DIPHENHYDRAMINE 50 MG CAPSULE | BENADRYL | 02.01 |
| DIPHENHYDRAMINE CARPUJEC 50 MG/ML INJECTION | BENADRYL | 02.01 |
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| DIPHENHYDRAMINE VIAL 50 MG/ML INJECTION | BENADRYL | 02.01 |
| DIPHENHYDRAMINE VIAL 50 MG/ML INJECTION | BENADRYL | 10.01 |
| DIPHENHYDRAMINE AF 12.5 MG/5 ML ELIXIR | BENADRYL A/F | 02.01 |
| PROBENECID 500 MG TABLET | BENEMID | 01.02 |
| DICYCLOMINE HCL 10 MG CAPSULE | BENTYL | 12.07 |
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| BENZOYL PEROXIDE 10% GEL (JELLY) | BENZAGEL | 08.01 |
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| BENZOIN TINCTURE TINCTURE | BENZOIN | 08.08 |
| LEVOBUNOLOL HCL O/S 0.25% OPHTHALMIC | BETAGAN OPHTH | 18.01 |
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| PENIC-G BENZATHINE 1.2 MILLION UNITS INJECTION | BICILLIN LA | 03.11 |
| PENIC-G BENZATHINE 2.4 MILLION UNITS INJECTION | BICILLIN LA | 03.11 |
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| BUSPIRONE HCL 15 MG TABLET | BUSPAR | 06.06.02 |
| BUSPIRONE HCL 5 MG TABLET | BUSPAR | 06.06.02 |
| BUSPIRONE HCL 7.5 MG TABLET | BUSPAR | 06.06.02 |
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| CEFUROXIME AXETIL 250 MG TABLET | CEFTIN | 03.07 |
| CEFUROXIME AXETIL 500 MG TABLET | CEFTIN | 03.07 |
| CITALOPRAM 10 MG TABLET | CELEXA | 06.01.02 |
| CITALOPRAM 20 MG TABLET | CELEXA | 06.01.02 |
| CITALOPRAM 40 MG TABLET | CELEXA | 06.01.02 |
| CITALOPRAM ORAL 10 MG/5 ML SOLUTION | CELEXA ORAL SOLN | 06.01.02 |
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| FOSPHENYTOIN SOD VIAL 60 MG/ML INJECTION | CEREBYX INJ | 10.01 |
| CHARCOAL + SORBITOL 50 GM/240 ML SUSPENSION | CHARCOAL | 10.01 |
| CHARCOAL 50GM LIQUID | CHARCOAL | 10.01 |
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| CHLORPHENIRAMINE BOX/24 PROTOC 4 MG TABLET | CHLORTRIMETON | 02.01 |
| CHLORPHENIRAMINE MAL 4 MG TABLET | CHLORTRIMETON | 02.01 |
| CHLORPHENIRAMINE MAL 4 MG TABLET | CHLORTRIMETON UD | 02.01 |
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| CIPROFLOXACIN HCL 250 MG TABLET | CIPRO | 03.08 |
| CIPROFLOXACIN HCL 500 MG TABLET | CIPRO | 03.08 |
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| CLINDAMYCIN HCL 300 MG CAPSULE | CLEOCIN | 03.10 |
| CLINDAMYCIN IVPB 300 MG INJECTION | CLEOCIN | 03.10 |
| CLINDAMYCIN IVPB 900 MG INJECTION | CLEOCIN | 03.10 |
| CLINDAMYCIN PHOS ADV 600 MG/4 ML INJECTION | CLEOCIN | 03.10 |
| CLINDAMYCIN PHOS VL 150 MG/ML INJECTION | CLEOCIN INJ | 03.10 |
| CLINDAMYCIN IVPB 600 MG INJECTION | CLEOCIN IVPB | 03.10 |
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| CLOZAPINE 25 MG TABLET | CLOZARIL | 06.02.02 |
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| BENZTROPINE MES 1 MG TABLET | COGENTIN | 16.03 |
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| DOCUSATE SOD PROTOCOL 100 MG CAPSULE | COLACE | 12.05 |
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| AMIODARONE HCL 50 MG/ML INJECTION | CORDARONE | 10.01 |
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| CARVEDILOL 25 MG TABLET | COREG | 05.06.03 |
| CARVEDILOL 3.125 MG TABLET | COREG | 05.06.03 |
| CARVEDILOL 6.25 MG TABLET | COREG | 05.06.03 |
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| NEOMY/POLYMX/HC SUSP OTIC | CORTISPORIN OTIC | 18.05 |
| LOSARTAN POTASSIUM 100 MG TABLET | COZAAR | 05.03 |
| LOSARTAN POTASSIUM 25 MG TABLET | COZAAR | 05.03 |
| LOSARTAN POTASSIUM 50 MG TABLET | COZAAR | 05.03 |
| INDINAVIR 200 MG CAPSULE | CRIXIVAN | 03.09.05 |
| INDINAVIR 400 MG CAPSULE | CRIXIVAN | 03.09.05 |
| FLUTICASONE PROP 0.005% OINTMENT | CUTIVATE | 08.08.03 |
| GANCICLOVIR VIAL 500 MG INJECTION | CYTOVENE INJ | 03.06 |
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| DEXTROSE-NACL 5%-0.9% INJECTION | D5-NS 1000ML | 09.01 |
| DEXTROSE-WATER 5% INJECTION | D5-W 100ML | 09.01 |
| DEXTROSE -WATER 5% INJECTION | D5-W 250ML | 09.01 |
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| DAPSONE 25 MG TABLET | DAPSONE | 03.09.07 |
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| PREDNISONE 10 MG TABLET | DELTASONE | 11.06 |
| PREDNISONE 2.5 MG TABLET | DELTASONE | 11.06 |
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| PREDNISONE 50 MG TABLET | DELTASONE | 11.06 |
| PREDNISONE- 10 MG TABLET | DELTASONE | 11.06 |
| PREDNISONE- 20 MG TABLET | DELTASONE | 11.06 |
| PREDNISONE- 5 MG TABLET | DELTASONE | 11.06 |
| VALPROIC ACID 250 MG CAPSULE | DEPAKENE | 06.05 |
| VALPROIC ACID 250 MG CAPSULE | DEPAKENE | 16.02 |
| VALPROIC ACID 250 MG/5 ML SYRUP | DEPAKENE SYRUP | 16.02 |
| VALPROIC ACID 250 MG/5 ML SYRUP | DEPAKENE SYRUP | 16.05 |
| DIVALPROEX SODIUM 125 MG TAB EC | DEPAKOTE | 06.05 |
| DIVALPROEX SODIUM 125 MG TAB EC | DEPAKOTE | 16.02 |
| DIVALPROEX SODIUM 250 MG TAB EC | DEPAKOTE | 06.05 |
| DIVALPROEX SODIUM 250 MG TAB EC | DEPAKOTE | 16.02 |
| DIVALPROEX SODIUM 500 MG TAB EC | DEPAKOTE | 06.05 |
| DIVALPROEX SODIUM 500 MG TAB EC | DEPAKOTE | 16.02 |



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| TRAZODONE HCL 150 MG TABLET | DESYREL | 08.01.03 |
| TRAZODONE HCL 50 MG TABLET | DESYREL | 08.01.03 |
| ACETAZOLAMIDE 250 MG TABLET | DIAMOX | 05.10 |
| FLUCONAZOLE 100 MG TABLET | DIFLUCAN | 03.02 |
| FLUCONAZOLE 200 MG TABLET | DIFLUCAN | 03.02 |
| PHENYTOIN SOD *EXT* 100 MG CAPSULE | DILANTIN | 16.02 |
| PHENYTOIN SOD *EXT* 30 MG CAPSULE | DILANTIN | 16.02 |
| PHENYTOIN SOD VIAL 100 MG/2 ML INJECTION | DILANTIN | 10.01 |
| PHENYTOIN SOD VIAL 50 MG/ML INJECTION | DILANTIN | 10.01 |
| PHENYTOIN 50 MG TABLET | DILANTIN INFATAB | 16.02 |
| PHENYTOIN 125 MG/5 ML SUSPENSION | DILANTIN-125 | 16.02 |
| BETAMETHASONE- 0.05% CREAM | DIPROLENE AF | 08.08.01 |
| BETAMETHASONE- 0.05% CREAM | DIPROLENE AF | 08.08.02 |
| OXYBUTYNIN CHLORIDE 5 MG TABLET | DITROPAN | 13.02 |
| COAL TAR SHAMPOO SHAMPOO | DOAK TAR/TERA-GEL | 08.04 |
| DOBUTAMINE HCL VL 12.5 MG/ML INJECTION | DOBUTREX INJ | 19.02 |
| CALCIUM ACET/ALUM SO4 PACK | DOMEBORO | 08.09 |
| ACETIC ACID/AL ACET OTIC 2% OTIC | DOMEBORO OTIC | 18.05 |
| BISACODYL 5 MG TAB EC | DULCOLAX | 12.05 |
| BISACODYL 5 MG TABLET | DULCOLAX | 12.05 |
| BISACODYL 10 MG SUPPOSITORY | DULCOLAX SUPP | 12.05 |
| DICLOXACILLIN 250 MG CAPSULE | DYNAPEN | 03.11 |
| DICLOXACILLIN 500 MG CAPSULE | DYNAPEN | 03.11 |
| ASPIRIN EC 81 MG TAB EC | ECOTRIN | 01.07 |
| VENLAFAXINE HCL 100 MG TABLET | EFFEXOR | 01.05 |
| VENLAFAXINE HCL 100.MG TABLET | EFFEXOR | 06.01.02 |
| VENLAFAXINE HCL 25 MG TABLET | EFFEXOR | 01.05 |
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| VENLAFAXINE HCL 37.5 MG TABLET | EFFEXOR | 01.05 |
| VENLAFAXINE HCL 37.5 MG TABLET | EFFEXOR | 06.01.02 |
| VENLAFAXINE HCL 50 MG TABLET | EFFEXOR | 01.05 |
| VENLAFAXINE HCL 50 MG TABLET | EFFEXOR | 06.01.02 |
| VENLAFAXINE HCL 75 MG TABLET | EFFEXOR | 01.05 |
| VENLAFAXINE HCL 75 MG TABLET | EFFEXOR | 06.01.02 |
| PERMETHRIN 5% CREAM | ELIMITE/ACTICIN | 08.07 |
| EMTRICITABINE 200 MG CAPSULE | EMTRIVA | 03.09.04 |
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| LAMIVUDINE 150MG TABLET | EPIVIR | 03.09.04 |
| LAMIVUDINE 300 MG TABLET | EPIVIR | 03.09.04 |
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| ERYTHROMYCIN 250 MG TAB EC | ERY-TAB | 03.10 |
| ERYTHROMYCIN 333 MG TAB EC | ERY-TAB | 03.10 |
| ERYTHROMYCIN 500 MG TABLET | ERY-TAB | 03.10 |
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| LITHIUM CARBONATE 150 MG CAPSULE | ESKALITH | 06.05 |
| LITHIUM CARBONATE 300 MG CAPSULE | ESKALITH | 06.05 |
| LITHIUM CARBONATE SA 450 MG TAB CR | ESKALITH CR | 06.05 |
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| FERROUS SULFATE 325 MG TAB EC | FESO4 (65MG FE) | 21.01 |
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| METRONIDAZOLE 250 MG TABLET | FLAGYL | 03.14 |
| METRONIDAZOLE 500 MG TABLET | FLAGYL | 03.14 |
| SOD PHOS/BIPHOS ORAL SOLUTION | FLEET PHOSPHA-SODA | 12.05 |
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| INFLUENZA VACCINE 2012-2013 INJECTION | FLULAVAL | 20.01 |
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| INFLUENZA VACCINE 2012 - 2013 INJECTION | FLUVIRIN | 20.01 |
| INFLUENZA VAC SYG PF 2013-2014 INJECTION | FLUZONE | 20.01 |
| FOLIC ACID 1 MG TABLET | FOLIC ACID | 21.01 |
| CEFTAZIDIME 1GM INJECTION | FORTAZ INJ | 03.07 |
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| ALENDRONATE SODIUM 70 MG TABLET | FOSAMAX | 11.07 |
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| GENTAMICIN SULFATE 0.1% OINTMENT | GARAMYCIN | 08.03 |
| GENTAMICIN O/S 0.3% OPHTHALMIC | GARAMYCIN EYE DROPS | 18.03 |
| GENTAMICIN VIAL 40 MG/ML INJECTION | GARAMYCIN INJ | 03.01 |
| GENTAMICIN OPHTH 0.3% OINTMENT | GARAMYCIN OPHTH | 18.03 |
| SIMETHICONE 125 MG TAB CHEW | GAS-X EXTRA STRENGTH | 12.02 |
| SIMETHICONE 125 MG TAB CHEW | GAS-X EXTRA STRENGTH | 12.11 |
| SIMETHICONE 80 MG TAB CHEW | GAS-X/MYLICON | 12.02 |
| SIMETHICONE 80 MG TAB CHEW | GAS-X/MYLICON | 12.11 |
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| ZIPRASIDONE HCL 40 MG CAPSULE | GEODON | 06.02.02 |
| ZIPRASIDONE HCL 60 MG CAPSULE | GEODON | 06.02.02 |
| ZIPRASIDONE HCL 80 MG CAPSULE | GEODON | 06.02.02 |
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| GLUCOSE 40% GEL (JELLY) | GLUTOSE | 11.08 |
| PEG/ELECTROLYTE SOLUTION | GOLYTELY | 12.05 |
| CLOTRIMAZOLE VAGINAL 1% CREAM | GYNE LOTRIMIN | 17.02 |
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| HALOPERIDOL 1 MG TABLET | HALDOL | 08.02.01 |
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| HALOPERIDOL LACT 5 MG/ML INJECTION | HALDOL | 06.02.01 |
| HALOPERIDOL LACT 5 MG/ML INJECTION | HALDOL | 10.01 |
| HALOPERIDOL LACTATE VL 5 MG/ML INJECTION | HALDOL | 06.02.01 |
| HALOPERIDOL LACTATE VL 5 MG/ML INJECTION | HALDOL | 10.01 |
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| DOXERCALCIFEROL 2 MCG/ML INJECTION | HECTOROL | 11.08 |
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| HEPARIN SODIUM VL 100 U/ML INJECTION | HEP-LOCK | 05.11 |
| HEPARIN SODIUM SYG 5,000 U/ML INJECTION | HEPARIN | 05.11 |
| HEPARIN SODIUM VL 1,000 U/ML INJECTION | HEPARIN | 05.11 |
| HEPARIN SODIUM VL 5,000 U/ML INJECTION | HEPARIN | 05.11 |
| INSULIN*HUMALOG*LISPRO 100 U/ML INJECTION | HUMALOG | 11.03 |
| INSULIN HUM 70/30 VL 100 U/ML INJECTION | HUMULIN 70/30 | 11.03 |
| INSULIN HUM NPH VL 100 U/ML INJECTION | HUMULIN NPH | 11.03 |
| INSULIN HUM REG VL 100 U/ML INJECTION | HUMULIN REG | 11.03 |
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| HYDROCHLOROTHIAZIDE 25 MG TABLET | HYDRODIURIL | 05.10 |
| HYDROCHLOROTHIAZIDE 50 MG TABLET | HYDRODIURIL | 05.10 |
| HYDROCORTISONE 2.5% CREAM | HYTONE | 08.08.04 |
| HYDROCORTISONE 2.5% CREAM | HYTONE | 12.12 |
| HYDROCORTISONE CR 1% | HYTONE | 08.08.04 |
| HYDROCORTISONE CR 1% | HYTONE | 12.12 |
| HYDROCORTISONE CR 1% CREAM | HYTONE | 08.08.04 |
| HYDROCORTISONE CR 1% CREAM | HYTONE | 12.12 |
| TERAZOSIN HCL 1 MG CAPSULE | HYTRIN | 05.01 |
| TERAZOSIN HCL 1 MG CAPSULE | HYTRIN | 13.01 |
| TERAZOSIN HCL 10 MG CAPSULE | HYTRIN | 05.01 |
| TERAZOSIN HCL 10 MG CAPSULE | HYTRIN | 13.01 |
| TERAZOSIN HCL 2 MG CAPSULE | HYTRIN | 05.01 |
| TERAZOSIN HCL 2 MG CAPSULE | HYTRIN | 13.01 |
| TERAZOSIN HCL 5 MG CAPSULE | HYTRIN | 05.01 |
| TERAZOSIN HCL 5 MG CAPSULE | HYTRIN | 13.01 |
| ERYTHROMYCIN EYE 0.5% OINTMENT | ILOTYCIN OPHTH | 18.03 |
| ISOSORBIDE-MONONIT 120 MG TAB SR 24 HR | IMDUR | 05.12.01 |
| ISOSORBIDE-MONONIT 30 MG TAB SR 24 HR | IMDUR | 05.12.01 |
| ISOSORBIDE-MONONIT 60 MG TAB SR 24 HR | IMDUR | 05.12.01 |
| LOPERAMIDE 2 MG CAPSULE | IMODIUM | 12.03 |
| AZATHIOPRINE 50 MG TABLET | IMURAN | 15.01 |
| PROPRANOLOL HCL 10 MG TABLET | INDERAL | 05.06.02 |
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| PROPRANOLOL HCL 40 MG TABLET | INDERAL | 05.06.02 |
| PROPRANOLOL HCL 60 MG TABLET | INDERAL | 05.06.02 |
| PROPRANOLOL HCL 80 MG TABLET | INDERAL | 05.06.02 |
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| ETRAVIRINE 200 MG TABLET | INTELENCE | 03.09.03 |
| SAQUINAVIR*INVIRASE 200 MG CAPSULE | INVIRASE | 03.09.05 |
| SAQUINAVIR*INVIRASE 500 MG TABLET | INVIRASE | 03.09.05 |
| RALTEGRAVIR 400 MG TABLET | ISENTRISS | 03.09.02 |
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| PILOCARPINE HCL O/S 2% OPHTHALMIC | ISOPTO CARPINE | 18.01 |
| PILOCARPINE HCL O/S 4% OPHTHALMIC | ISOPTO CARPINE | 18.01 |
| HOMATROPINE HBR O/S 5% OPHTHALMIC | ISOPTO HOMATROPINE | 18.06 |
| WARFARIN SOD 1 MG TABLET | JANTOVEN | 05.11 |
| WARFARIN SOD 10 MG TABLET | JANTOVEN | 05.11 |
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| WARFARIN SOD 2.5 MG TABLET | JANTOVEN | 05.11 |
| WARFARIN SOD 3 MG TABLET | JANTOVEN | 05.11 |
| WARFARIN SOD 4 MG TABLET | JANTOVEN | 05.11 |
| WARFARIN SOD 6 MG TABLET | JANTOVEN | 05.11 |
| WARFARIN SOD 6 MG TABLET | JANTOVEN | 05.11 |
| WARFARIN SOD 7.5 MG TABLET | JANTOVEN | 05.11 |
| POTASSIUM CL 10 MEQ TAB CR | K-DUR | 21.01 |
| POTASSIUM CL 20MEQ PACK | K-LOR POWD PKT | 21.01 |
| LOPINAVIR/RITON 400-100/5 ML SOLUTION | KALETRA SUSP | 03.09.05 |
| LOPINAVIR/RITONAVIR TAB 200/50 MG TABLET | KALETRA TAB | 03.09.05 |
| POTASSIUM CL 40MEQ/15 ML LIQUID | KAON-CL | 21.01 |
| SOD POLYSTY SULF 1 LB POWDER | KAYEXALATE PWDR | 10.01 |
| SOD POLYSTY SULF 15GM/50 ML SUSPENSION | KAYEXALATE SUSP | 10.01 |
| POTASSIUM CL VL 40MEQ INJECTION | KCL | 10.01 |
| POTASSIUM CL VL 40MEQ INJECTION | KCL | 21.01 |
| CEPHALEXIN 250 MG CAPSULE | KEFLEX | 03.07 |
| CEPHALEXIN 500 MG CAPSULE | KEFLEX | 03.07 |
| CEPHALEXIN SUSP 250 MG/5 ML SUSPENSION | KEFLEX SUSP | 03.07 |
| CEFAZOLIN SOD VIAL 500 MG INJECTION | KEFZOL | 03.07 |
| TRIAMCINOLONE 0 025% CR | KENALOG | 08.08.02 |
| TRIAMCINOLONE 0 025% CR | KENALOG | 08.08.03 |
| TRIAMCINOLONE 0 025% LOT | KENALOG | 08.08.02 |
| TRIAMCINOLONE 0 025% LOT | KENALOG | 08.08.03 |
| TRIAMCINOLONE 0 025% ONT | KENALOG | 08.08.02 |
| TRIAMCINOLONE 0 025% ONT | KENALOG | 08.08.03 |
| TRIAMCINOLONE 0 1% CR | KENALOG | 08.08.02 |
| TRIAMCINOLONE 0 1% CR | KENALOG | 08.08.03 |
| TRIAMCINOLONE 0 1% LOT | KENALOG | 08.08.02 |
| TRIAMCINOLONE 0 1% LOT | KENALOG | 08.08.03 |
| TRIAMCINOLONE 0 1% OINT | KENALOG | 08.08.02 |
| TRIAMCINOLONE 0 1% OINT | KENALOG | 08.08.03 |
| TRIAMCINOLONE 0 5% CR | KENALOG | 08.08.02 |
| TRIAMCINOLONE 0 5% CR | KENALOG | 08.08.03 |
| TRIAMCINOLONE 0 5% OINT | KENALOG | 08.08.02 |
| TRIAMCINOLONE 0 5% OINT | KENALOG | 08.08.03 |
| TRIAMCINOLONE 0 6% OINT | KENALOG | 08.08.02 |
| TRIAMCINOLONE ACET VL 40 MG/ML INJECTION | KENALOG | 11.06 |
| TRIAMCINOLONE ACET VL 40 MG/ML INJECTION | KENALOG INJ | 11.06 |
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| POTASSIUM CL 20MEQ TAB CR | KLOR-CON M20 | 21.01 |
| WHITE PETROLATUM OPHTH OINTMENT | LACRI-LUBE | 16.06 |
| WHITE PETROLATUM OPHTH OINTMENT | LACRI-LUBE/ REFRESH PM | 16.06 |
| LACTATED RINGERS INJECTION | LACTATED RINGERS | 09.01 |
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| LAMOTRIGINE 100 MG TABLET | LAMICTAL | 16.02 |
| LAMOTRIGINE 150 MG TABLET | LAMICTAL | 06.05 |
| LAMOTRIGINE 150 MG TABLET | LAMICTAL | 16.02 |
| LAMOTRIGINE 200 MG TABLET | LAMICTAL | 06.05 |
| LAMOTRIGINE 200 MG TABLET | LAMICTAL | 16.02 |
| LAMOTRIGINE 25 MG TABLET | LAMICTAL | 06.05 |
| LAMOTRIGINE 25 MG TABLET | LAMICTAL | 16.02 |
| TERBINAFINE HCL 250 MG TABLET | LAMISIL | 03.02 |
| DIGOXIN 0.125 MG TABLET | LANOXIN | 05.08 |
| DIGOXIN 0.25 MG TABLET | LANOXIN | 05.08 |
| DIGOXIN AMP 0.25 MG/ML INJECTION | LANOXIN INJ | 05.08 |
| FUROSEMIDE 20 MG TABLET | LASIX | 05.10 |
| FUROSEMIDE 40 MG TABLET | LASIX | 05.10 |
| FUROSEMIDE 80 MG TABLET | LASIX | 05.10 |
| FUROSEMIDE VIAL 100 MG/10 ML INJECTION | LASIX | 05.10 |
| FUROSEMIDE VIAL 100 MG/10 ML INJECTION | LASIX | 10.01 |
| FUROSEMIDE VIAL 20 MG/2 ML INJECTION | LASIX | 05.10 |
| FUROSEMIDE VIAL 20 MG/2 ML INJECTION | LASIX | 10.01 |
| FUROSEMIDE VIAL 40 MG/4 ML INJECTION | LASIX | 05.10 |
| FUROSEMIDE VIAL 40 MG/4 ML INJECTION | LASIX | 10.01 |
| LEVOFLOXACIN 500 MG TABLET | LEVAQUIN | 03.08 |
| LEVOFLOXACIN 750 MG TABLET | LEVAQUIN | 03.08 |
| FOSAMPRENAVIR CA 700 MG TABLET | LEXIVA | 03.09.05 |
| PYRETHRINS/PIPERONYL SHAMPOO | LICE TREATMENT/RID | 08.07 |
| ARTIFICIAL TEARS 1.4% OPHTHALMIC | LIQUIFILM TEARS | 16.06 |
| LITHIUM CARBONATE SA 300 MG TAB CR | LITHOBID | 06.05 |
| GEMFIBROZIL 600 MG TABLET | LOPID | 05.06.02 |
| METOPROLOL TART 100 MG TABLET | LOPRESSOR | 05.06.01 |
| METOPROLOL TART 25 MG TABLET | LOPRESSOR | 05.06.01 |
| METOPROLOL TART 50 MG TABLET | LOPRESSOR | 05.06.01 |
| BENAZEPRIL HCL 10 MG TABLET | LOTENSIN | 05.02 |
| BENAZEPRIL HCL 20 MG TABLET | LOTENSIN | 05.02 |
| BENAZEPRIL HCL 40 MG TABLET | LOTENSIN | 05.02 |
| BENAZEPRIL HCL 5 MG TABLET | LOTENSIN | 05.02 |
| CLOTRIMAZOLE 1% CREAM | LOTRIMIN/MYCELEX | 08.02 |
| CLOTRIMAZOLE 1% SOLUTION | LOTRIMIN/MYCELEX | 08.02 |
| ENOXAPARIN SYRG 100 MG/1 ML INJECTION | LOVENOX | 05.11 |
| ENOXAPARIN SYRG 120 MG/0.8 ML INJECTION | LOVENOX | 05.11 |
| ENOXAPARIN SYRG 150 MG/1 ML INJECTION | LOVENOX | 05.11 |
| ENOXAPARIN SYRG 30 MG/0.3 ML INJECTION | LOVENOX | 05.11 |
| ENOXAPARIN SYRG 40 MG/0.4 ML INJECTION | LOVENOX | 05.11 |
| ENOXAPARIN SYRG 60 MG/0.6 ML INJECTION | LOVENOX | 05.11 |
| ENOXAPARIN SYRG 80 MG/0.8 ML INJECTION | LOVENOX | 05.11 |



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| LOXAPINE SUCCINATE 25 MG CAPSULE | LOXITANE | 06.02.01 |
| LOXAPINE SUCCINATE 5 MG CAPSULE | LOXITANE | 06.02.01 |
| LOXAPINE SUCCINATE 60 MG CAPSULE | LOXITANE | 06.02.01 |
| BUPIVACAINE HCL VL 0.25% INJECTION | MARCAINE | 22.01 |
| BUPIVACAINE HCL VL 0.5% INJECTION | MARCAINE | 22.01 |
| BUPIVACAINE HCL/EPI VL 0.5% INJECTION | MARCAINE EPI | 22.01 |
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| TRIAMTERENE/HCTZ 75-50 MG TABLET | MAXZIDE | 05.10 |
| TRIAMTERENE/HCTZ 37.5-25 MG TABLET | MAXZIDE-25 | 05.10 |
| SALICYLIC ACID PLASTER 40% | MEDIPLAST PATCH | 08.09 |
| METRONIDAZOLE-VAGINAL 0.75% GEL (JELLY) | METROGEL VAGINAL | 17.02 |
| MAGNESIUM SO4 50% VL 4 MEQ/ML INJECTION | MGSO4 INJ | 10.01 |
| MINERAL OIL OIL | MINERAL OIL | 12.05 |
| PRAZOSIN HCL 1 MG CAPSULE | MINIPRES | 05.01 |
| PRAZOSIN HCL 2 MG CAPSULE | MINIPRES | 05.01 |
| PRAZOSIN HCL 5 MG CAPSULE | MINIPRES | 05.01 |
| MINOCYCLINE HCL 100 MG CAPSULE | MINOCIN | 03.13 |
| MINOCYCLINE HCL 50 MG CAPSULE | MINOCIN | 03.13 |
| MELOXICAM 15 MG TABLET | MOBIC | 01.06 |
| MELOXICAM 7.5 MG TABLET | MOBIC | 01.06 |
| MILK OF MAG SUSP 80MEQ/30 ML SUSPENSION | MOM | 12.05 |
| MILK OF MAGNESIA 80MEQ/30 ML SUSPENSION | MOM | 12.05 |
| MICONAZOLE VAGINAL 100 MG SUPPOSITORY | MONISTAT 7 | 17.02 |
| MICONAZOLE- VAGINAL 2% CREAM | MONISTAT-7 | 17.02 |
| MICONAZOLE TOPICAL 2% CREAM | MONISTAT-DERM | 08.02 |
| ISOSORBIDE-MONONIT 10 MG TABLET | MONOKET | 05.12.01 |
| ISOSORBIDE-MONONIT 20 MG TABLET | MONOKET | 05.12.01 |
| FERRIC SUBSULF SOLUTION | MONSELS SOLUTION | 08.09 |
| ETHAMBUTOL HCL 100 MG TABLET | MYAMBUTOL | 03.05 |
| ETHAMBUTOL HCL 400 MG TABLET | MYAMBUTOL | 03.05 |
| NYSTATIN 100,000 U/ML SUSPENSION | MYCOSTATIN | 03.02 |
| NYSTATIN 100,000U/GM CREAM | MYCOSTATIN | 08.02 |
| NYSTATIN 100,000U/GM OINTMENT | MYCOSTATIN | 08.02 |
| TROPICAMIDE EYE DROPS 0.5% OPHTHALMIC | MYDRIACYL | 18.06 |
| TROPICAMIDE EYE DROPS 1% OPHTHALMIC | MYDRIACYL OPHTH | 18.06 |
| SIMETHICONE 80 MG TAB CHEW | MYLANTA GAS | 12.02 |
| SIMETHICONE 80 MG TAB CHEW | MYLANTA GAS | 12.11 |
| SIMETHICONE PROTOCOL 125 MG TAB CHEW | MYLANTA GAS | 12.02 |
| SIMETHICONE PROTOCOL 125 MG TAB CHEW | MYLANTA GAS | 12.11 |
| MAG/ALUM HYD/SIMETH TAB CHEW | MYLANTAMINTOX | 12.02 |
| NAFCILLIN SOD ADVANTAGE VL 1GM INJECTION | NAFCIL | 03.11 |
| NAFCILLIN SOD ADVANTAGE VL 2GM INJECTION | NAFCIL | 03.11 |
| NAFCILLIN SOD VIAL 1GM INJECTION | NAFCIL | 03.11 |
| NAFCILLIN SOD VIAL 2GM INJECTION | NAFCIL | 03.11 |
| NAPROXEN 250 MG TABLET | NAPROSYN | 01.06 |
| NAPROXEN 375 MG TABLET | NAPROSYN | 01.06 |
| NAPROXEN 500 MG TABLET | NAPROSYN | 01.06 |
| NALOXONE HCL VIAL 0.4 MG/ML INJECTION | NARCAN | 10.01 |



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| NALOXONE SYRINGE 2 MG/2 ML INJECTION | NARCAN | 10.01 |
| NALOXONE HCL SYRINGE 0.4 MG/ML SOLUTION | NARCAN INJ | 10.01 |
| CROMOLYN NASAL SPRAY 4% AEROSOL | NASALCROM | 19.04 |
| PENTAMIDINE ISETH INH 300 MG INHALER | NEBUPENT | 03.09.07 |
| NEOMY/POLY B/GRAM SOL OPHTHALMIC | NEOSPORIN | 18.03 |
| NEOMY/BAC/POLY EYE OINTMENT | NEOSPORIN OPHTH | 18.03 |
| NIACIN 100 MG TABLET | NIACIN | 05.05.02 |
| NIACIN 250 MG TABLET | NIACIN | 05.05.02 |
| NIACIN 50 MG TABLET | NIACIN | 05.05.02 |
| NIACIN 500 MG TABLET | NIACIN | 05.05.02 |
| NITROGLYCERIN SL 1/150 (0.4MG) TAB SUBL | NITROSTAT | 05.12.01 |
| NITROGLYCERIN SL 1/150 (0.4MG) TAB SUBL | NITROSTAT | 10.01 |
| KETOCONAZOLE 200 MG TABLET | NIZORAL | 03.02 |
| TAMOXIFEN CITRATE 10 MG TABLET | NOLVADEX | 04.01 |
| TAMOXIFEN CITRATE 20 MG TABLET | NOLVADEX | 04.01 |
| HYDROCOD BIT/APAP 10-325 MG TABLET | NORCO | 01.04 |
| HYDROCODONE/APAP 10-325 MG TABLET | NORCO | 01.04 |
| HYDROCODONE/APAP 5-325 MG TABLET | NORCO | 01.04 |
| SOD CHL BACTERIOSTAT VL 0.9% INJECTION | NORMAL SALINE | 09.01 |
| SOD CHL PRESERV-FREE VL 0.9% INJECTION | NORMAL SALINE | 09.01 |
| SOD CHLORIDE ADV BAG 0.9% INJECTION | NORMAL SALINE | 09.01 |
| SOD CHLORIDE IV 0.9 % INJECTION | NORMAL SALINE | 09.01 |
| SOD CHLORIDE IV BAG 0.9% INJECTION | NORMAL SALINE | 09.01 |
| AMLODIPINE BESYLATE 10 MG TABLET | NORVASC | 05.07.01 |
| AMLODIPINE BESYLATE 2.5 MG TABLET | NORVASC | 05.07.01 |
| AMLODIPINE BESYLATE 5 MG TABLET | NORVASC | 05.07.01 |
| RITONAVIR 100 MG TABLET | NORVIR | 03.09.06 |
| RITONAVIR 80 MG/ML SOLUTION | NORVIR | 03.09.05 |
| DIBUCAINE 1% OINTMENT | NUPERCAINAL | 12.12 |
| SOD CHL NASAL SPRAY 0.65% | OCEAN/DEEP SEA | 19.04 |
| OFLOXACIN EYE DROPS 0.3% OPHTHALMIC | OCUFLOX OPHTH | 18.03 |
| MULTIVITAMIN TABLET | ONE-A-DAY VIT | 21.01 |
| PROPARGICAMINE HCL O/S 0.5% OPHTHALMIC | OPHTHETIC | 18.06 |
| METIPRANOLOL O/S 0.3% OPHTHALMIC | OPTIPRANOLOL OPH | 18.01 |
| TOLBUTAMIDE 500 MG TABLET | ORINASE | 11.04.01 |
| NORETH/ESTRAD 1-0.035 MG TABLET | ORTHO-NOVUM 1/35 | 17.01 |
| NORETH/MESTRAN 1-0.050 MG TABLET | ORTHO-NOVUM 1/50 | 17.01 |
| CALCIUM CARBONATE 1250 MG TABLET | OSCAL | 21.01 |
| OXACILLIN NA VIAL 1 GM INJECTION | OXACILLIN | 03.11 |
| OXACILLIN NA VIAL 2 GM INJECTION | OXACILLIN | 03.11 |
| NORTRIPTYLINE HCL 10 MG CAPSULE | PAMELOR | 01.05 |
| NORTRIPTYLINE HCL 10 MG CAPSULE | PAMELOR | 06.01.01 |
| NORTRIPTYLINE HCL 25 MG CAPSULE | PAMELOR | 01.05 |
| NORTRIPTYLINE HCL 25 MG CAPSULE | PAMELOR | 06.01.01 |
| NORTRIPTYLINE HCL 50 MG CAPSULE | PAMELOR | 01.05 |
| NORTRIPTYLINE HCL 50 MG CAPSULE | PAMELOR | 06.01.01 |
| NORTRIPTYLINE HCL 75 MG CAPSULE | PAMELOR | 01.05 |
| NORTRIPTYLINE HCL 75 MG CAPSULE | PAMELOR | 06.01.01 |
| CHLORZOXAZONE 500 MG TABLET | PARAFON FORTE | 01.08 |
| BROMOCRIPTINE MESY 2.5 MG TABLET | PARLODEL | 16.03 |
| BROMOCRIPTINE MESYLATE 5 MG CAPSULE | PARLODEL | 16.03 |



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| PAROXETINE HCL 20 MG TABLET | PAXIL | 06.01.02 |
| PAROXETINE HCL 30 MG TABLET | PAXIL | 06.01.02 |
| PAROXETINE HCL 40 MG TABLET | PAXIL | 06.01.02 |
| PENICILLIN V-K 250 MG TABLET | PEN-VK | 03.11 |
| PENICILLIN V-K 500 MG TABLET | PEN-VK | 03.11 |
| PENICILLIN VK SUSP 250MG/5 ML SOLUTION | PEN-VK ORAL SUSP | 03.11 |
| PENICILLIN-G POTASSIUM VI 6MU INJECTION | PENICILLIN INJ | 03.11 |
| CYPROHEPTADINE 4 MG TABLET | PERIACTIN | 02.01 |
| BENZOYL PEROXIDE 10% GEL (JELLY) | PERSAGEL | 08.01 |
| PHENOBARBITAL 16.2 MG TABLET | PHENOBARBITAL | 06.03 |
| PHENOBARBITAL 16.2 MG TABLET | PHENOBARBITAL | 16.02 |
| PHENOBARBITAL 32.4 MG TABLET | PHENOBARBITAL | 06.03 |
| PHENOBARBITAL 32.4 MG TABLET | PHENOBARBITAL | 16.02 |
| PHENOBARBITAL 64.8 MG TABLET | PHENOBARBITAL | 06.03 |
| PHENOBARBITAL 64.8 MG TABLET | PHENOBARBITAL | 16.02 |
| PHENOBARBITAL 97.2 MG TABLET | PHENOBARBITAL | 06.03 |
| PHENOBARBITAL 97.2 MG TABLET | PHENOBARBITAL | 16.02 |
| PHENOBARBITAL- VIAL 130 MG/ML INJECTION | PHENOBARBITAL | 06.03 |
| PHENOBARBITAL- VIAL 130 MG/ML INJECTION | PHENOBARBITAL | 16.02 |
| CALCIUM ACETATE 867 MG TABLET | PHOSLO/ ELIPHOS | 13.02 |
| HYDROXYCHLOROQUINE 200 MG TABLET | PLAQUENIL | 01.09 |
| PNEUMOCOCCAL VACC SDV INJECTION | PNEUMOVAX | 20.01 |
| PODOPHYLLUM RESIN 25% SOLUTION | PODODERM | 08.09 |
| BACITRACIN/POLYMYXIN B OINTMENT | POLYSPORIN | 06.03 |
| BACITRACIN/POLYSPORIN OINTMENT | POLYSPORIN | 06.03 |
| POTASSIUM CL IVPB 20 MEQ/100 ML INJECTION | POTASSIUM CHLORIDE | 10.01 |
| POTASSIUM CL IVPB 20 MEQ/100 ML INJECTION | POTASSIUM CHLORIDE | 21.01 |
| REPAGLINIDE 0.5 MG TABLET | PRANDIN | 11.04.06 |
| REPAGLINIDE 1 MG TABLET | PRANDIN | 11.04.08 |
| REPAGLINIDE 2 MG TABLET | PRANDIN | 11.04.08 |
| PREDNISOLONE ACET O/6 1% OPHTHALMIC | PRED FORTE SUSP | 16.04 |
| PREDNISON DOSEPAK 10 MG TABLET | PREDNISON | 11.06 |
| PREDNISON DOSEPAK 5 MG TABLET | PREDNISON | 11.06 |
| DARUNAVIR ETHANOLATE 600 MG TABLET | PREZISTA | 03.09.05 |
| DARUNAVIR ETHANOLATE 600 MG TABLET | PREZISTA | 03.09.05 |
| IMPENEM/CILASTATIN 500 MG INJECTION | PRIMAXIN | 03.14 |
| IMPENEM/CILAST VL 250 MG INJECTION | PRIMAXIN "IV" | 03.14 |
| IMPENEM/CILAST VL 500 MG INJECTION | PRIMAXIN "IV" | 03.14 |
| ALBUTEROL HFA-PROAIR 90 MCG INHALER | PROAIR | 19.02 |
| FLUPHENAZINE HCL 1 MG TABLET | PROLIXIN | 06.02.01 |
| FLUPHENAZINE HCL 10 MG TABLET | PROLIXIN | 06.02.01 |
| FLUPHENAZINE HCL 2.5 MG TABLET | PROLIXIN | 06.02.01 |
| FLUPHENAZINE HCL 5 MG TABLET | PROLIXIN | 06.02.01 |
| FLUPHENAZINE 0.5 MG/ML ELIXIR | PROLIXIN ELIXIR | 06.02.01 |
| FLUPHENAZINE 0.5 MG/ML ELIXIR | PROLIXIN ELIXIR | 10.01 |
| FLUPHENAZINE DECON VL 25 MG/ML INJECTION | PROLIXIN INJ | 06.02.01 |
| FLUPHENAZINE HCL VL 2.5 MG/ML INJECTION | PROLIXIN INJ | 06.02.01 |
| FLUPHENAZINE HCL VL 2.5 MG/ML INJECTION | PROLIXIN INJ | 10.01 |
| FLUPHENAZINE 5 MG/ML CONCENTRATE | PROLIXIN ORAL | 06.02.01 |
| FLUPHENAZINE 5 MG/ML CONCENTRATE | PROLIXIN ORAL | 10.01 |



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| ALBUTEROL INH SOL NEB 0.5% INHALER | PROVENTIL | 19.02 |
| MEDROXYPROGESTERONE 10 MG TABLET | PROVERA | 11.02 |
| MEDROXYPROGESTERONE 2.5 MG TABLET | PROVERA | 11.02 |
| MEDROXYPROGESTERONE 5 MG TABLET | PROVERA | 11.02 |
| FLUOXETINE 10 MG CAPSULE | PROZAC | 06.01.02 |
| FLUOXETINE 20 MG CAPSULE | PROZAC | 06.01.02 |
| FLUOXETINE SOLN 20 MG/5 ML LIQUID | PROZAC | 06.01.02 |
| PROPYLTHIOURACIL 60 MG TABLET | PTU | 11.05 |
| PYRAZINAMIDE 500 MG TABLET | PYRAZINAMIDE | 03.05 |
| PHENAZOPYRIDINE HCL 100 MG TABLET | PYRIDIUM | 13.02 |
| PHENAZOPYRIDINE HCL 200 MG TABLET | PYRIDIUM | 13.02 |
| CHOLESTYRAMINE/ASPAR POWDER | QUESTRAN LIGHT | 05.05.02 |
| CHOLESTYRAMINE/ASPARTAME PACK | QUESTRAN LIGHT | 05.05.02 |
| QUINIDINE 300 MG TAB CR | QUINIDEX EXTENT | 05.04.01 |
| QUINIDINE SULFATE 200 MG TABLET | QUINIDINE SO4 | 05.04.01 |
| HEPATITIS B VACC PF VL 10 MCG/ML INJECTION | RECOMBIVAX HB PED | 20.01 |
| WHITE PETROLATUM Q/O 83% OPTHALMIC | REFRESH PM | 18.06 |
| MIRTAZAPINE 15 MG TABLET | REMERON | 06.01.03 |
| MIRTAZAPINE 30 MG TABLET | REMERON | 06.01.03 |
| MIRTAZAPINE 45 MG TABLET | REMERON | 06.01.03 |
| DELAVIRDINE MESYLATE 200 MG TABLET | RESCRIPTOR | 03.09.03 |
| ZIDOVUDINE 100 MG CAPSULE | RETROVIR | 03.08.04 |
| ZIDOVUDINE 300 MG TABLET | RETROVIR | 03.08.04 |
| ZIDOVUDINE 300MG TABLET | RETROVIR | 03.08.04 |
| ZIDOVUDINE 10 MG/ML SYRUP | RETROVIR SYRUP | 03.09.04 |
| ATAZANAVIR SULFATE 150 MG CAPSULE | REYATAZ | 03.08.05 |
| ATAZANAVIR SULFATE 200 MG CAPSULE | REYATAZ | 03.09.05 |
| ATAZANAVIR SULFATE 300 MG CAPSULE | REYATAZ | 03.09.05 |
| RIFAMPIN 150 MG CAPSULE | RIFADIN | 03.05 |
| RIFAMPIN 300 MG CAPSULE | RIFADIN | 03.05 |
| RISPERIDONE 0.25 MG TABLET | RISPERDAL | 06.02.02 |
| RISPERIDONE 0.5 MG TABLET | RISPERDAL | 06.02.02 |
| RISPERIDONE 1 MG TABLET | RISPERDAL | 06.02.02 |
| RISPERIDONE 2 MG TABLET | RISPERDAL | 06.02.02 |
| RISPERIDONE 3 MG TABLET | RISPERDAL | 06.02.02 |
| RISPERIDONE 4 MG TABLET | RISPERDAL | 06.02.02 |
| RISPERIDONE 1 MG / ML SOLUTION | RISPERDAL SOLN | 06.02.02 |
| GUAIFENESIN 200 MG TABLET | ROBITUSSIN | 02.04 |
| GUAIFENESIN-DM 100-10/5 ML SYRUP | ROBITUSSIN DM | 02.06 |
| GUAIFENESIN-DM S-F 100-10/5 ML SYRUP | ROBITUSSIN DM | 02.06 |
| GUAIFENESIN 100 MG/5 ML SYRUP | ROBITUSSIN PLAIN | 02.04 |
| CALCITRIOL 0.25 MCG CAPSULE | ROCALTROL | 11.08 |
| CALCITRIOL 0.5 MCG CAPSULE | ROCALTROL | 11.08 |
| CEFTRIAXONE SOD 1GM INJECTION | ROCEPHIN | 03.07 |
| CEFTRIAXONE SOD 2GM INJECTION | ROCEPHIN | 03.07 |
| CEFTRIAXONE SOD VIAL 1GM INJECTION | ROCEPHIN INJ | 03.07 |
| CEFTRIAXONE SOD VIAL 250 MG INJECTION | ROCEPHIN INJ | 03.07 |
| CEFTRIAXONE SOD VIAL 2GM INJECTION | ROCEPHIN INJ | 03.07 |
| CEFTRIAXONE SOD VIAL 500 MG INJECTION | ROCEPHIN INJ | 03.07 |
| SULFUR/SALICYLIC ACID SHAMPOO | SEBEX/SEBULEX | 08.09 |



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| SELENIUM SULFIDE 2.5% SHAMPOO | SELSUN-RX LOTION | 08.09 |
| MARAVIROC 150 MG TABLET | SELZENTRY | 03.09.01 |
| MARAVIROC 300 MG TABLET | SELZENTRY | 03.09.01 |
| SILVER SULFADIAZINE 1% CREAM | SILVADENE | 08.03 |
| CARBIDOPA/LEVODOPA 10-100 MG TABLET | SINEMET | 16.03 |
| CARBIDOPA/LEVODOPA 25-100 MG TABLET | SINEMET | 16.03 |
| CARBIDOPA/LEVODOPA 25-250 MG TABLET | SINEMET | 16.03 |
| DOXEPIN HCL 10 MG CAPSULE | SINEQUAN | 06.01.01 |
| DOXEPIN HCL 100 MG CAPSULE | SINEQUAN | 06.01.01 |
| DOXEPIN HCL 150 MG CAPSULE | SINEQUAN | 06.01.01 |
| DOXEPIN HCL 25 MG CAPSULE | SINEQUAN | 06.01.01 |
| DOXEPIN HCL 50 MG CAPSULE | SINEQUAN | 06.01.01 |
| DOXEPIN HCL 75 MG CAPSULE | SINEQUAN | 06.01.01 |
| DOXEPIN ORAL SOLN 10 MG/ML CONCENTRATE | SINEQUAN | 06.01.01 |
| MONTELUKAST 10 MG TABLET | SINGULAIR | 19.08 |
| METHYLPRED SOD SUCC VL (EA 1GM INJECTION | SOLU-MEDROL | 10.01 |
| METHYLPRED SOD SUCC VL 125 MG INJECTION | SOLU-MEDROL | 10.01 |
| METHYLPRED SOD SUCC VL 40 MG INJECTION | SOLU-MEDROL | 10.01 |
| METHYLPRED SOD SUCC VL 500 MG INJECTION | SOLU-MEDROL | 10.01 |
| TRIFLUOPERAZINE HCL 1 MG TABLET | STELAZINE | 06.02.01 |
| TRIFLUOPERAZINE HCL 10 MG TABLET | STELAZINE | 06.02.01 |
| TRIFLUOPERAZINE HCL 2 MG TABLET | STELAZINE | 06.02.01 |
| TRIFLUOPERAZINE HCL 6 MG TABLET | STELAZINE | 06.02.01 |
| WATER-PRESERVATIVE-FREE VL 20 INJECTION | STERILE WATER | 09.01 |
| EFAVIRENZ 200 MG CAPSULE | SUSTIVA | 03.09.03 |
| EFAVIRENZ 600 MG TABLET | SUSTIVA | 03.09.03 |
| AMANTADINE HCL 100 MG CAPSULE | SYMMETREL | 03.06 |
| AMANTADINE HCL 100 MG CAPSULE | SYMMETREL | 16.03 |
| AMANTADINE HCL 50 MG/5 ML SYRUP | SYMMETREL | 03.06 |
| AMANTADINE HCL 50 MG/5 ML SYRUP | SYMMETREL | 16.03 |
| FLUOCINOLONE 0.01% CREAM | SYNALAR | 08.08.03 |
| FLUOCINOLONE 0.01% CREAM | SYNALAR | 08.08.04 |
| FLUOCINOLONE 0.01% SOLUTION | SYNALAR | 08.08.03 |
| FLUOCINOLONE 0.01% SOLUTION | SYNALAR | 08.08.04 |
| FLUOCINOLONE 0.025% CREAM | SYNALAR | 08.08.03 |
| FLUOCINOLONE 0.025% CREAM | SYNALAR | 08.08.04 |
| FLUOCINOLONE 0.025% OINTMENT | SYNALAR | 08.08.03 |
| FLUOCINOLONE 0.025% OINTMENT | SYNALAR | 08.08.04 |
| LEVOTHYROXINE SOD 0.025 MG TABLET | SYNTHROID | 11.05 |
| LEVOTHYROXINE SOD 0.05 MG TABLET | SYNTHROID | 11.05 |
| LEVOTHYROXINE SOD 0.075 MG TABLET | SYNTHROID | 11.05 |
| LEVOTHYROXINE SOD 0.088 MG TABLET | SYNTHROID | 11.05 |
| LEVOTHYROXINE SOD 0.1 MG TABLET | SYNTHROID | 11.05 |
| LEVOTHYROXINE SOD 0.112 MG TABLET | SYNTHROID | 11.05 |
| LEVOTHYROXINE SOD 0.125 MG TABLET | SYNTHROID | 11.05 |
| LEVOTHYROXINE SOD 0.137 MG TABLET | SYNTHROID | 11.05 |
| LEVOTHYROXINE SOD 0.15 MG TABLET | SYNTHROID | 11.05 |
| LEVOTHYROXINE SOD 0.175 MG TABLET | SYNTHROID | 11.05 |
| LEVOTHYROXINE SOD 0.2 MG TABLET | SYNTHROID | 11.05 |
| LEVOTHYROXINE SOD 0.3 MG TABLET | SYNTHROID | 11.05 |



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| ATENOLOL 100 MG TABLET | TENORMIN | 05.06.01 |
| ATENOLOL 25 MG TABLET | TENORMIN | 05.06.01 |
| ATENOLOL 50 MG TABLET | TENORMIN | 05.06.01 |
| THEOPHYLLINE 200 MG TAB SR 12 HR | THEO-DUR | 19.06 |
| THERADERM LOTION LOTION | THERADERM | 08.06 |
| THERADERM LOTION LOTION | THERADERM | 08.09 |
| CHLORPROMAZINE- 25 MG/ML INJECTION | THORAZINE | 06.02.01 |
| CHLORPROMAZINE- 25 MG/ML INJECTION | THORAZINE | 10.01 |
| CHLORPROMAZINE- 50 MG/2 ML INJECTION | THORAZINE | 06.02.01 |
| CHLORPROMAZINE- 50 MG/2 ML INJECTION | THORAZINE | 10.01 |
| TIMOLOL MAL SOLN 0.25% OPHTHALMIC | TIMOPTIC | 18.01 |
| TIMOLOL MAL SOLN 0.5% OPHTHALMIC | TIMOPTIC | 18.01 |
| TOLNAFTATE 1% CREAM | TINACTIN | 08.02 |
| TOLNAFTATE 1% SOLUTION | TINACTIN A-F | 08.02 |
| TOLNAFTATE 1% POWDER | TINACTIN POWDER | 08.02 |
| TOBRAMYCIN EYE DROPS 0.3% OPHTHALMIC | TOBREX OPHTH | 18.03 |
| IMIPRAMINE HCL 10 MG TABLET | TOFRANIL | 06.01.01 |
| IMIPRAMINE HCL 25 MG TABLET | TOFRANIL | 06.01.01 |
| IMIPRAMINE HCL 50 MG TABLET | TOFRANIL | 06.01.01 |
| KETOROLAC TROMETH VL 15 MG/ML INJECTION | TORADOL INJ | 01.06 |
| KETOROLAC TROMETH VL 15 MG/ML INJECTION | TORADOL INJ | 10.01 |
| KETOROLAC TROMETH VL 30 MG/ML INJECTION | TORADOL INJ | 01.06 |
| KETOROLAC TROMETH VL 30 MG/ML INJECTION | TORADOL INJ | 10.01 |
| TRICHLOROACETIC ACID SOLN (15M LIQUID | TRI-CHLOR | 08.09 |
| DORZOLAMIDE O/S 2% OPHTHALMIC | TRUSOPT OPHTH | 18.01 |
| EMTRICTABINE/TENOFOVIR 200-300 MG TABLET | TRUVADA | 03.09.06 |
| TUBERSOL 5 TU/ 0.1ML INJECTION | TUBERSOL | 09.01 |
| TUBERSOL 5 TU/0.1ML INJECTION | TUBERSOL | 09.01 |
| CALCIUM CARB 600 MG TAB CHEW | TUMS | 12.02 |
| APAP - BOX /24 PROTOCOL 325 MG TABLET | TYLENOL | 01.01 |
| APAP 325 MG TABLET | TYLENOL | 01.01 |
| CODEINE/APAP 30-300 MG TABLET | TYLENOL #3 | 01.04 |
| CODEINE/APAP STOCK 30-300 MG TABLET | TYLENOL #3 | 01.04 |
| CODEINE/APAP 60-300 MG TABLET | TYLENOL #4 | 01.04 |
| CODEINE/APAP 60-300 MG TABLET | TYLENOL W/COD #4 | 01.04 |
| TELBIVUDINE 600 MG TABLET | TYZEKA | 03.09.04 |
| TRAMADOL HCL 50 MG TABLET | ULTRAM | 01.04 |
| BETHANECHOL 10 MG TABLET | URECHOLINE | 13.02 |
| BETHANECHOL 25 MG TABLET | URECHOLINE | 13.02 |
| BETHANECHOL 5 MG TABLET | URECHOLINE | 13.02 |
| BETHANECHOL 60 MG TABLET | URECHOLINE | 13.02 |
| VANCOMYCIN HCL 1GM INJECTION | VANCOCIN | 03.14 |
| VANCOMYCIN HCL 600 MG INJECTION | VANCOCIN | 03.14 |
| VANCOMYCIN HCL 750 MG INJECTION | VANCOCIN | 03.14 |
| VANCOMYCIN HCL VIAL 1GM INJECTION | VANCOCIN | 03.14 |
| VANCOMYCIN HCL VIAL 600 MG INJECTION | VANCOCIN | 03.14 |
| VANCOMYCIN HCL VIAL 750 MG INJECTION | VANCOCIN | 03.14 |
| HEPATITIS-A VACC SYG 50 U/ML INJECTION | VAQTA | 20.01 |
| HEPATITIS-A VACC VL 50 U/ML INJECTION | VAQTA | 20.01 |



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| ENALAPRIL MALEATE 20 MG TABLET | VASOTEC | 05.02 |
| ENALAPRIL MALEATE 5 MG TABLET | VASOTEC | 05.02 |
| DIDANOSINE 125 MG CAP DELAY-REL | VIDEX EC | 03.09.04 |
| DIDANOSINE 200 MG CAP DELAY-REL | VIDEX EC | 03.09.04 |
| DIDANOSINE 250 MG CAP DELAY-REL | VIDEX EC | 03.09.04 |
| DIDANOSINE 400 MG CAP DELAY-REL | VIDEX EC | 03.09.04 |
| NELFINAVIR MESYLATE 250 MG TABLET | VIRACEPT | 03.09.05 |
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| NEVIRAPINE 200 MG TABLET | VIRAMUNE | 03.09.03 |
| NEVIRAPINE 50 MG/ML SUSPENSION | VIRAMUNE ORAL | 03.09.03 |
| NEVIRAPINE XR TAB 400 MG TAB SR 24 HR | VIRAMUNE XR | 03.09.03 |
| TENOFOVIR DISOPROX 300 MG TABLET | VIREAD | 03.09.04 |
| NAPHAZOLINE/PHENIR O/S OPHTHALMIC | VISINE-A / NAPHCN-A | 18.02 |
| HYDROXYZINE HCL VIAL 50 MG/ML INJECTION | VISTARIL | 02.01 |
| HYDROXYZINE PAMOATE 100 MG CAPSULE | VISTARIL | 02.01 |
| HYDROXYZINE PAMOATE 25 MG CAPSULE | VISTARIL | 02.01 |
| HYDROXYZINE PAMOATE 50 MG CAPSULE | VISTARIL | 02.01 |
| HYDROXYZINE HCL VIAL 25 MG/ML INJECTION | VISTARIL INJ | 02.01 |
| HYDROXYZINE HCL VIAL 50 MG/ML INJECTION | VISTARIL INJ | 02.01 |
| PYRIDOXINE HCL 100 MG TABLET | VITAMIN B-6 | 21.01 |
| PYRIDOXINE HCL 25 MG TABLET | VITAMIN B-6 | 21.01 |
| PYRIDOXINE HCL 50 MG TABLET | VITAMIN B-6 | 21.01 |
| CHOLECALCIFEROL 1,000 IU TABLET | VITAMIN D | 21.01 |
| VITAMIN E 100 IU CAPSULE | VITAMIN E | 21.01 |
| VITAMIN E 1000 IU CAPSULE | VITAMIN E | 21.01 |
| VITAMIN E 200 IU CAPSULE | VITAMIN E | 21.01 |
| VITAMIN E 400 IU CAPSULE | VITAMIN E | 21.01 |
| WATER-BACTERIOSTATIC VL INJECTION | WATER FOR INJ | 09.01 |
| WATER INJECTION | WATER FOR INJECTION | 09.01 |
| LATANOPROST O/S 0.005% OPHTHALMIC | XALATAN | 18.01 |
| LIDOCAINE 1% SYRG 10 MG/ML INJECTION | XYLOCAINE | 10.01 |
| LIDOCAINE 1% VIAL 10 MG/ML INJECTION | XYLOCAINE | 22.01 |
| LIDOCAINE 2% VL 20 MG/ML INJECTION | XYLOCAINE | 22.01 |
| LIDOCAINE VISC 2% SOLUTION | XYLOCAINE VISC | 07.01 |
| LIDOCAINE VISCOUS 2% SOLUTION | XYLOCAINE VISC | 07.01 |
| LIDOCAINE 1%+EPI VIAL INJECTION | XYLOCAINE W/EPI | 22.01 |
| LIDOCAINE 2% W/EPI 20MG/ML INJECTION | XYLOCAINE W/EPI | 22.01 |
| LIDOCAINE 2% W/EPI VL 20 MG/ML INJECTION | XYLOCAINE W/EPI | 22.01 |
| KETOTIFEN O/S 0.025% OPHTHALMIC | ZADITOR OPHTH | 18.02 |
| PARICALCITOL VIAL 2 MCG/ML INJECTION | ZEMPLAR | 11.08 |
| PARICALCITOL VIAL 5 MCG/ML INJECTION | ZEMPLAR | 11.08 |
| PANCRELIPASE 6-17-27 CAP DELAY-REL | ZENPEP 5000 | 12.06 |
| STAVUDINE 15 MG CAPSULE | ZERIT | 03.09.04 |
| STAVUDINE 20 MG CAPSULE | ZERIT | 03.09.04 |
| STAVUDINE 30 MG CAPSULE | ZERIT | 03.09.04 |
| STAVUDINE 40 MG CAPSULE | ZERIT | 03.09.04 |
| LISINAPRIL 30 MG TABLET | ZESTRIL | 05.02 |
| LISINAPRIL 10 MG TABLET | ZESTRIL/PRINIVIL | 05.02 |
| LISINAPRIL 2.5 MG TABLET | ZESTRIL/PRINIVIL | 05.02 |



Formulary Drug List - Tennessee DOC Formulary

- Index - by Equiv. Brand

| Product Name | Equivalent Brand Name | Therapy Section |
|---|-----------------------|-----------------|
| LISINAPRIL 20 MG TABLET | ZESTRIL/PRINIVIL | 05.02 |
| LISINAPRIL 40 MG TABLET | ZESTRIL/PRINIVIL | 05.02 |
| LISINAPRIL 5 MG TABLET | ZESTRIL/PRINIVIL | 06.02 |
| ABACAVIR 300 MG TABLET | ZIAGEN | 03.09.04 |
| CEFUROXIME 1.5 GM INJECTION | ZINACEF | 03.07 |
| CEFUROXIME SOD 750 MG INJECTION | ZINACEF | 03.07 |
| CEFUROXIME SOD VIAL 750 MG INJECTION | ZINACEF INJ | 03.07 |
| AZITHROMYCIN 250 MG TABLET | ZITHROMAX | 03.10 |
| AZITHROMYCIN 600 MG TABLET | ZITHROMAX | 03.09.07 |
| AZITHROMYCIN 600 MG TABLET | ZITHROMAX | 03.10 |
| AZITHROMYCIN Z-PAK 250 MG TABLET | ZITHROMAX Z-PAK | 03.10 |
| SIMVASTATIN 10 MG TABLET | ZOCOR | 06.05.01 |
| SIMVASTATIN 20 MG TABLET | ZOCOR | 06.05.01 |
| SIMVASTATIN 40 MG TABLET | ZOCOR | 06.05.01 |
| SIMVASTATIN 5 MG TABLET | ZOCOR | 06.05.01 |
| SIMVASTATIN 80 MG TABLET | ZOCOR | 06.05.01 |
| ONDANSETRON HCL 4 MG TABLET | ZOFRAN | 12.04 |
| ONDANSETRON HCL 8 MG TABLET | ZOFRAN | 12.04 |
| ONDANSETRON HCL VIAL 2 MG/ML INJECTION | ZOFRAN MDV 40MG | 12.04 |
| ONDANSETRON HCL VIAL 2 MG/ML INJECTION | ZOFRAN SDV 4MG | 12.04 |
| SERTRALINE HCL 100 MG TABLET | ZOLOFT | 06.01.02 |
| SERTRALINE HCL 26 MG TABLET | ZOLOFT | 06.01.02 |
| SERTRALINE ORAL CONC 20 MG/ML CONCENTRATE | ZOLOFT ORAL CONC | 06.01.02 |
| SERTRALINE HCL 50 MG TABLET | ZOLOFT TABLET | 06.01.02 |
| PIPERACILITAZO VL 3-0.375GM INJECTION | ZOSYN INJ | 03.11 |
| ACYCLOVIR 200 MG CAPSULE | ZOVIRAX | 03.06 |
| ACYCLOVIR 400 MG TABLET | ZOVIRAX | 03.06 |
| ACYCLOVIR 800 MG TABLET | ZOVIRAX | 03.06 |
| ALLOPURINOL 100 MG TABLET | ZYLOPRIM | 01.02 |
| ALLOPURINOL 300 MG TABLET | ZYLOPRIM | 01.02 |
| CETIRIZINE HCL 10 MG TABLET | ZYRTEC | 02.02 |
| CETIRIZINE HCL 5 MG TABLET | ZYRTEC | 02.02 |



ATTACHMENT TEN

Current State Positions Requiring Contractor Job Offers

These positions will become a part of the RFP and ALL staff will have the option to go with the Vendor or stay with the State.

| INSTITUTION | DESC | POSITION # | FILLED | CODE | COUNTY | SALARY/MO. | SALARY/YEAR | 120% |
|-------------|-----------------------------|------------|--------|------|-------------------|-------------|--------------|--------------|
| TPPW | PSYCHOLOGICAL EXAMINER 2 | 104987 | Filled | 19 | Davidson County | \$ 4,517.00 | \$ 54,204.00 | \$ 65,044.80 |
| TPPW | PSYCHIATRIC SOCIAL WORKER 1 | 117591 | Filled | 19 | Davidson County | \$ 3,298.00 | \$ 39,576.00 | \$ 47,491.20 |
| TPPW | IMH PROGRAM SPECIALIST 2* | 117680 | Filled | 19 | Davidson County | \$ 3,021.00 | \$ 36,252.00 | \$ 43,502.40 |
| TPPW | PSYCHOLOGICAL EXAMINER 2 | 102773 | Vacant | 19 | Davidson County | \$ 4,877.00 | \$ 58,524.00 | \$ 70,228.80 |
| TOX | PSYCHOLOGICAL EXAMINER 2 | 77827 | Filled | 41 | Hickman County | \$ 4,876.87 | \$ 58,522.46 | \$ 70,226.96 |
| MLCC | PSYCHOLOGICAL EXAMINER 2 | 67193 | Filled | 79 | Shelby County | \$ 5,927.38 | \$ 71,128.51 | \$ 85,354.21 |
| WTSP | PSYCHOLOGIST | 101384 | Filled | 49 | Lauderdale County | \$ 6,891.61 | \$ 82,699.34 | \$ 99,239.21 |
| RAMSI | PSYCHOLOGICAL EXAMINER 2 | 117243 | Filled | 19 | Davidson County | \$ 5,035.00 | \$ 60,420.00 | \$ 72,504.00 |
| INEC | PSYCHOLOGICAL EXAMINER 2 | 103222 | Filled | 46 | Johnson County | \$ 5,030.00 | \$ 60,360.00 | \$ 72,432.00 |
| INEC | PSYCHOLOGICAL EXAMINER 2 | 120047 | Filled | 46 | Johnson County | \$ 5,850.94 | \$ 70,211.23 | \$ 84,253.48 |
| DSNF | PSYCHOLOGICAL EXAMINER 2 | 104986 | Filled | 19 | Davidson County | \$ 4,866.00 | \$ 58,392.00 | \$ 70,070.40 |
| DSNF | CORRECTIONAL PROGRAM DNR 1 | 103824 | Filled | 19 | Davidson County | \$ 5,667.00 | \$ 68,004.00 | \$ 81,604.80 |
| MCCX | PSYCHIATRIC SOCIAL WORKER 2 | 130508 | Filled | 65 | Morgan County | \$ 3,976.00 | \$ 47,712.00 | \$ 57,254.40 |
| MCCX | PSYCHOLOGICAL EXAMINER 2 | 130545 | Filled | 65 | Morgan County | \$ 4,678.00 | \$ 56,136.00 | \$ 67,563.20 |
| MCCX | PSYCHOLOGICAL EXAMINER 2 | 103233 | Vacant | 65 | Morgan County | \$ 5,108.38 | \$ 61,300.51 | \$ 73,560.61 |

These positions and their functions are assumed by the Vendor in the RFP. Staff will have the option of staying with the State or going with the Vendor. Should Staff choose to remain with the State they will do so with duties appropriate to their class!

| INSTITUTION & FUNCTION | DESCRIPTION & CLASSIFICATION | POSITION # | FILLED | CODE | COUNTY | SALARY/MO. | SALARY/YEAR | 120% |
|------------------------|------------------------------|------------|--------|------|-----------------|-------------|--------------|--------------|
| DSNF Unit Management | CORRECTIONAL COUNSELOR 3 | 1000233 | Filled | 19 | Davidson County | \$ 3,978.00 | \$ 47,736.00 | \$ 57,283.20 |
| DSNF PSW | PSYCHIATRIC SOCIAL WORKER 1 | 129684 | Filled | 19 | Davidson County | \$ 3,913.00 | \$ 46,956.00 | \$ 56,347.20 |
| WWCX Drug and Alcohol | CORRECTIONAL COUNSELOR 3 | 116204 | Filled | 48 | Lake County | \$ 3,564.00 | \$ 42,768.00 | \$ 51,321.60 |
| WWCX Drug and Alcohol | CORRECTIONAL COUNSELOR 3 | 126230 | Filled | 48 | Lake County | \$ 3,770.00 | \$ 45,240.00 | \$ 54,288.00 |