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,

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: (*if applicable*)	49374	RFS Number: (*if applicable*)	32901-31264
*Original Contract Begin Date:	April 1, 2016	* Proposed End Date:	September 30, 2019
Current Request Amendment Number: (*if applicable*)		1	
Proposed Amendment Effective Date: (*if applicable*)		April 1, 2019	
*Department Submitting:		Tennessee Department of Correction	
*Division:		Fiscal Services	
*Date Submitted:		September 27, 2018	
*Submitted Within Sixty (60) days:		Yes	
If not, explain:		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

Interdepartmental:	$360,000.00	*Other*:	
If "*other*" please define:			
If "*interdepartmental*" please define:		Grant	

Dates of All Previous Amendments or Revisions: (*if applicable*)	Brief Description of Actions in Previous Amendments or Revisions: (*if applicable*)

Method of Original Award: (*if applicable*)	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 Co	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**

cy18-11890

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 *– information technology service (N/A to THDA)*	☒ **Not Applicable** ☐ **Attached**
11. eHealth Pre-Approval Endorsement Request *– health-related professional, pharmaceutical, laboratory, or imaging*	☐ **Not Applicable** ☐ **Attached**
12. Human Resources Pre-Approval Endorsement Request *– state employee training service*	☒ **Not Applicable** ☐ **Attached**

13. Explain why the proposed amendment is needed

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.

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
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)	

9/24/18

CONTRACT AMENDMENT COVER SHEET

Agency Tracking #	Edison ID	Contract #	Amendment #
32901-31264	49374	49374	1

Contractor Legal Entity Name	Edison Vendor ID
Corizon, LLC	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: ☒ YES ☐ 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**		**$55,472,460.40**

American Recovery and Reinvestment Act (ARRA) Funding: ☐ YES ☐ 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.

CPO USE

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:

SIGNATURE **DATE**

PRINTED NAME AND TITLE OF SIGNATORY (above)

TENNESSEE DEPARTMENT OF CORRECTION:

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: 9/25/2018
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) ☐ Solicitation Document ☐ Special Contract Request ☒ Amendment Request ☒ 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:
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)

- ☐ Solicitation Document
- ☐ Special Contract Request
- ☒ Amendment Request
- ☒ 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	End Date	Agency Tracking #	Edison Record ID
April 1, 2016	March 31, 2019	32901-31264	49374

Contractor Legal Entity Name	Edison Vendor ID
Corizon, LLC	46610

Goods or Services Caption (one line only)

Behavioral Health Services

Subrecipient or Contractor	CFDA #
☐ Subrecipient ☒ Contractor	

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.

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 of 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 of 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 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)

Required Contractor Staffing: One (1) Licensed Alcohol and Drug Abuse Counselor.

e. 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 recognizes 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, stuff 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 byTDOC). 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)

TENNESSEE DEPARTMENT OF CORRECTION:

Derrick D. Schofield CT — 30 MAR 16

DERRICK D. SCHOFIELD, COMMISSIONER — DATE

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:

_____

CENTRAL PROCUREMENT OFFICE

ATTACHMENT THREE

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.

CENTRAL PROCUREMENT OFFICE

ATTACHMENT THREE
continued

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 specialty 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 rational for treatment.	Quarterly		

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		

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 2. All other positions filled within 31 days 3. Contractor's key management staff positions which require approval of TDOC	$250 $200 $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 2. A Licensed Independence Mental Health Practitioner (LIMHP) will clinically assess an inmate within three working days of initial placement in restrictive housing 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 3. A LIMHP will clinically assess an inmate in restrictive housing at 90 day intervals thereafter	$500 $500 $500 $500
Repeat Deficiencies	1. Indicators found to be deficient upon two (2) or three (3) consecutive performance reviews 2. Indicators found to be deficient upon four (4) consecutive performance reviews	$500 $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. 2. Failure to maintain clinical files per federal regulations 42.CFR.Part 2. 3. Failure to	$50 $50
Repeat Deficiencies	1. Indicators found to be deficient upon two (2) or three (3) consecutive performance reviews 2. Indicators found to be deficient upon four (4) consecutive performance reviews	$500 $800
Emergency Deficiencies	1. Indicators found to be deficient 48 hours after notification to Contractor. 2. Additional assessment if deficiency not cured after initial 48 hour period.	$1,000 $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

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 on 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**

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

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

ATTACHMENT I

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

ATTACHMENT SIX

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

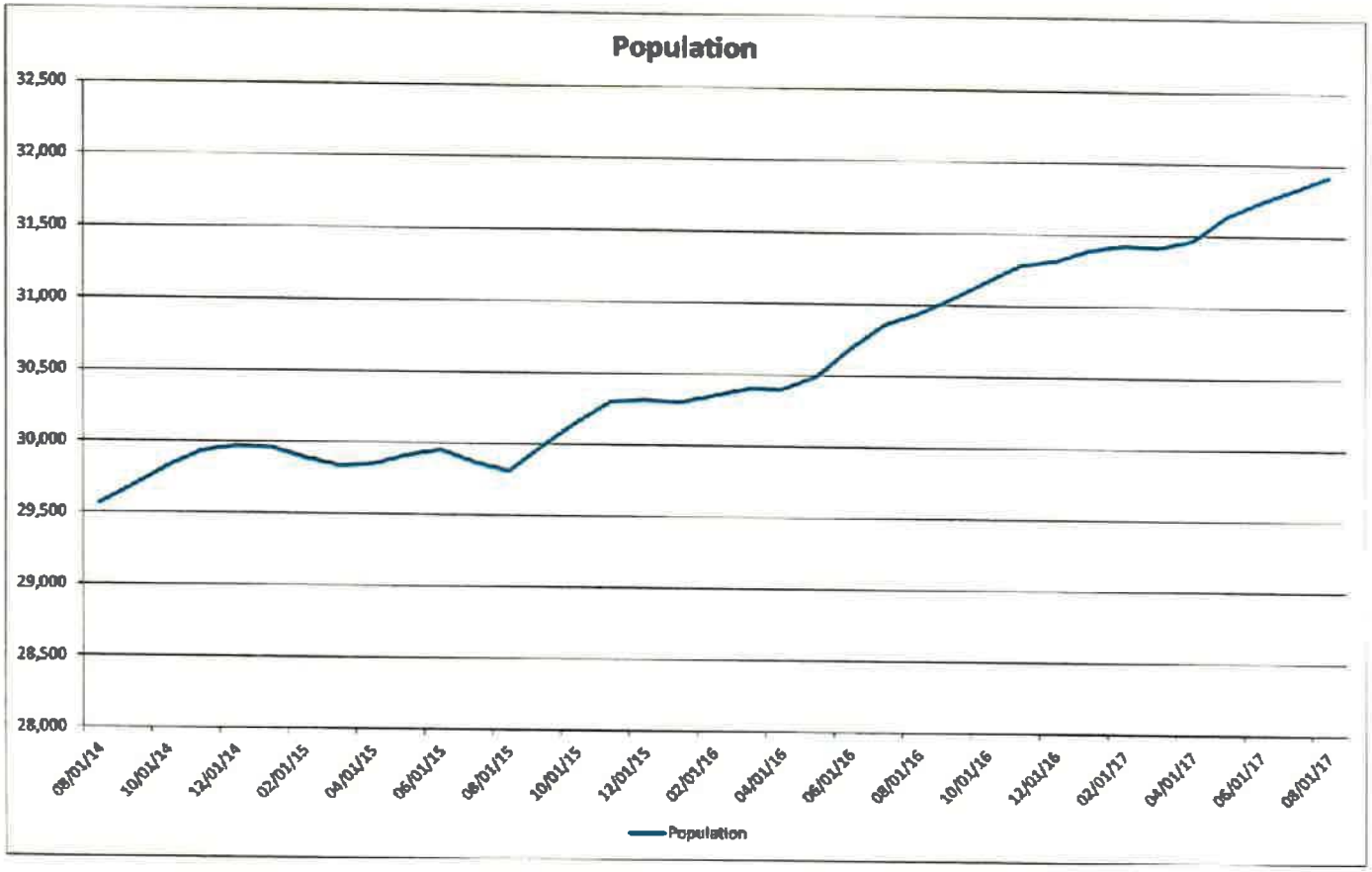
- Triage – records and chart reviews
- Assessment, screening and Evaluation:
  - Classification
  - Mental Health Intake
  - Segregation Evaluations (30/90 days review)
  - Involuntary Medication
  - 72 hrs seclusion
  - Crisis Intervention
  - Minimum Custody, Transition Center placement
- Medication 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	
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	29,809
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

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



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	1,018	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	91.68%	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	1,962	97.72%	2,016	1,976	2,016
WCFA	1,498	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
Fort Luttrell Correctional Center

70 — Probation & Parole District 70
District Office: One Commerce
Field Office: Knight Arnold

71 — Probation & Parole District 71
District Office: Overton Crossing

72 — Probation & Parole District 72
District Office: Cromo

• Community Correction Offices

TDOC Prisons
1 & 3 - Charles Bass Correctional Complex
Lois Dickerson Special Needs Facility
Riverbend Maximum Security Institution
Tennessee Prison for Women

40 — Probation & Parole District 40
District Office: Division 1

41 — Probation & Parole District 41
District Office: Division 2

42 — Probation & Parole District 42
District Office: Plus Park

• Community Correction Offices

80 — Probation & Parole District 80
District Office: Clarksville
Field Office: Dickson
Field Office: Waverly
Field Office: Ashland City

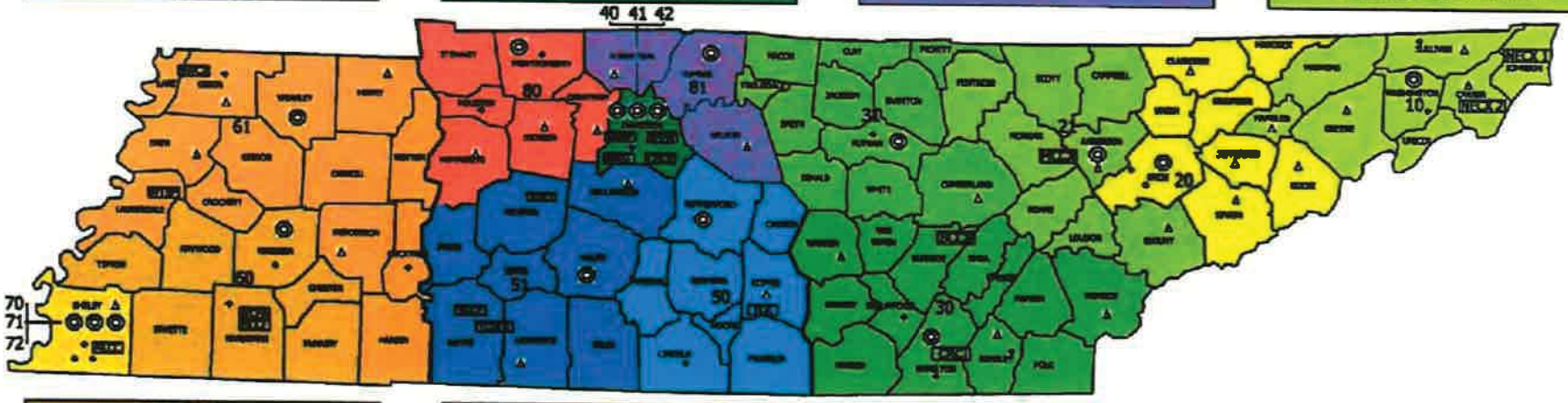
• Community Correction Offices

81 — Probation & Parole District 81
District Office: Gallatin
Field Office: Lebanon
Field Office: Springfield

TDOC Prisons
Mark Bast Correctional Complex
Mark Bast Correctional Complex Annex

10 — Probation & Parole District 10
District Office: Johnson City
Field Offices: Mountain City, Greenville, Morristown and Elizabethton

• Community Correction Offices



West Tennessee

TDOC Prisons
Henderson County Correctional Facility
Whiteville Correctional Facility

60 — Probation & Parole District 60
District Office: Jackson

• Community Correction Offices

TDOC Prisons
1 & 2 - West Tennessee State Prison

61 — Probation & Parole District 61
District Office: Dresden
Field Offices: Dyersburg, Lexington-Hillsboro, Union City & Paris

• Community Correction Offices

Middle Tennessee

TDOC Prison
Tennessee Correctional Academy

50 — Probation & Parole District 50
District Office: Hartsemore
Field Office: Tullahoma

• Community Correction Offices

TDOC Prisons
Turney Center Industrial Complex
Turney Center Industrial Complex
South Central Correctional Facility

51 — Probation & Parole District 51
District Office: Clarksville
Field Office: Franklin, Lawrenceburg

East Tennessee

20 — Probation & Parole District 20
District Office: Knoxville
Field Office: Jefferson City
Field Office: Newport
Field Office: Sevierville
Field Office: New Tazewell / Tazewell

• Community Correction Offices

TDOC Prison
Morgan County Correctional Complex

21 — Probation & Parole District 21
District Office: Clinton
Field Office: Jacksboro, Maryville

• Community Correction Offices

TDOC Prisons
1, 2 & 3 - Bledsoe County Correctional Complex
Chattanooga Release Center

30 — Probation & Parole District 30
District Office: Chattanooga
Field Office: Cleveland, McMinnville, Hardeville

• Community Correction Offices

31 — Probation & Parole District 31
District Office: Crossville
Field Office: Crossville

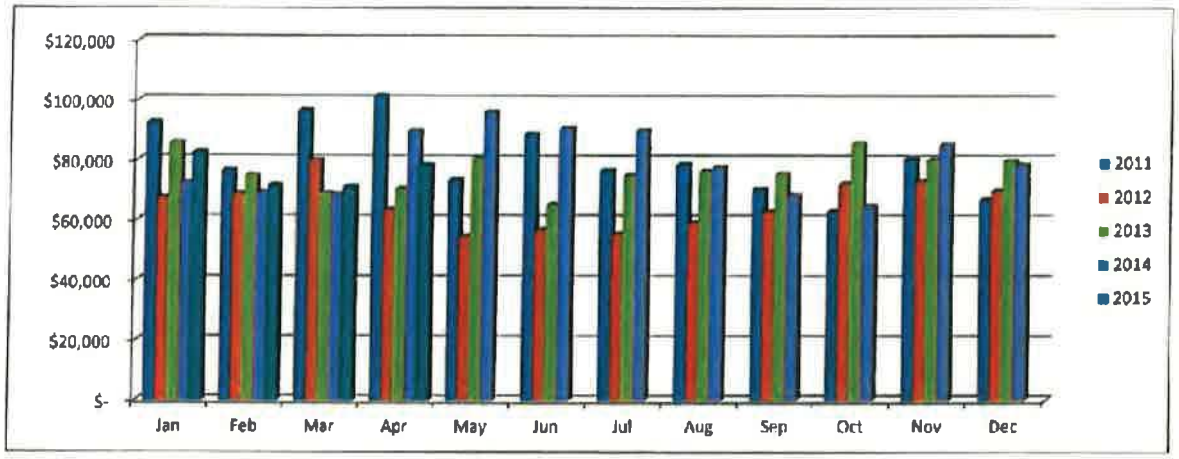
• Community Correction Offices

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	$ 96,586	$ 101,385	$ 73,416	$ 88,790	$ 76,654	$ 78,587	$ 70,316	$ 63,020	$ 80,491	$ 66,873
2012	$ 67,385	$ 68,637	$ 79,919	$ 63,507	$ 54,553	$ 56,926	$ 55,494	$ 59,198	$ 62,891	$ 72,221	$ 72,965	$ 60,853
2013	$ 85,784	$ 74,892	$ 69,024	$ 70,363	$ 80,457	$ 65,233	$ 74,910	$ 76,334	$ 75,343	$ 85,646	$ 80,024	$ 79,678
2014	$ 72,529	$ 69,255	$ 68,706	$ 88,708	$ 95,975	$ 90,498	$ 89,756	$ 77,457	$ 68,387	$ 64,753	$ 85,154	$ 78,423
2015	$ 82,672	$ 71,662	$ 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	2,899	2,557	2,612	2,502	2,456	2,424	2,616	2,547	2,589	2,842
2014	2,621	2,691	2,686	2,975	2,982	2,616	2,724	2,686	2,634	2,753	2,651	2,738
2015	2,858	2,707	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

CORIZON HEALTH

PHARMACORR

Formulary Drug List - Tennessee DOC Formulary

5/12/2015

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: 800-259-3066

Formulary Drug List - Tennessee DOC Formulary

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Formulary Drug List - Tennessee DOC Formulary

** price per tab/cap or mfg 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 tab/cap or mfg 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

Antihelmintics (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 500 MG TABLET	PYRAZINAMIDE
RIFAMPIN 150 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 500 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 (03.06)

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)

ENFUVIRTIDE 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	ISENTRESS

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 SR 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

CENTRAL PROCUREMENT OFFICE

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 600 MG TABLET	PREZISTA
DARUNAVIR ETHANOLATE 800 MG TABLET	PREZISTA
FOSAMPRENAVIR CA 700 MG TABLET	LEXIVA
INDINAVIR 200 MG CAPSULE	CRIXIVAN
INDINAVIR 400 MG CAPSULE	CRIXIVAN
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-RILPIVIRINE-TENOVO 200-25-300 MG TABLET	COMPLERA
EMTRICTABINE/TENOFOVIR 200-300 MG TABLET	TRUVADA
LAMIVUDINE/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 IVPB 300 MG INJECTION	CLEOCIN
CLINDAMYCIN IVPB 600 MG INJECTION	CLEOCIN IVPB
CLINDAMYCIN IVPB 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	BICILLIN LA
PENIC-G BENZATHINE 2.4 MILLION UNITS INJECTION	BICILLIN 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
PIPERACIL\TAZO 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	HYDREA
TAMOXIFEN CITRATE 10 MG TABLET	NOLVADEX
TAMOXIFEN CITRATE 20 MG TABLET	NOLVADEX

Formulary Drug List - Tennessee DOC Formulary

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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 5 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/PRINIVIL
LISINOPRIL 2.5 MG TABLET	ZESTRIL/PRINIVIL
LISINOPRIL 20 MG TABLET	ZESTRIL/PRINIVIL
LISINOPRIL 30 MG TABLET	ZESTRIL
LISINOPRIL 40 MG TABLET	ZESTRIL/PRINIVIL
LISINOPRIL 5 MG TABLET	ZESTRIL/PRINIVIL

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 SO4

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 5 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 - a,ß 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

Hemorrheologic 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 2.5 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

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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 (06.06.01)

LORAZEPAM VIAL 2 MG/ML INJECTION	ATIVAN

Sedatives / Hypnotics - Other Agents (06.06.02)

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 VL/AMP 1 MG/ML INJECTION	COGENTIN INJ
TRIHEXYPHENIDYL HCL 2 MG TABLET	ARTANE
TRIHEXYPHENIDYL HCL 5 MG TABLET	ARTANE

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7. Dental Agents

Dental Agents (07.01)

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

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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 500U/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 6% 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% ONT	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

Formulary Drug List - Tennessee DOC Formulary

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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	TORADOL 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	NARCAN INJ
NALOXONE HCL VIAL 0.4 MG/ML INJECTION	NARCAN
NALOXONE SYRINGE 2 MG/2 ML INJECTION	NARCAN
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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12. Gastrointestinal Agents

Aminosalicylates (12.01)	
BALSALAZIDE DISODIUM 750 MG CAPSULE	COLAZAL
SULFASALAZINE 500 MG TABLET	AZULFIDINE
Antacids (12.02)	
CALCIUM CARB 500 MG TAB CHEW	TUMS
MAG/ALUM HYD/SIMETH TAB CHEW	MYLANTA/MINTOX
SIMETHICONE 125 MG TAB CHEW	GAS-X EXTRA STRENGTH
SIMETHICONE 80 MG TAB CHEW	GAS-X/MYLICON
SIMETHICONE 80 MG TAB CHEW	MYLANTA GAS
SIMETHICONE PROTOCOL 125 MG TAB CHEW	MYLANTA GAS
Anti-Diarrheals (12.03)	
LOPERAMIDE 2 MG CAPSULE	IMODIUM
Anti-Emetics (12.04)	
ONDANSETRON HCL 4 MG TABLET	ZOFRAN
ONDANSETRON HCL 8 MG TABLET	ZOFRAN
ONDANSETRON HCL VIAL 2 MG/ML INJECTION	ZOFRAN MDV 40MG
ONDANSETRON HCL VIAL 2 MG/ML INJECTION	ZOFRAN SDV 4MG
PROCHLORPERAZINE 10 MG TABLET	COMPAZINE
PROCHLORPERAZINE 5 MG TABLET	COMPAZINE
PROCHLORPERAZINE MAL 25 MG SUPPOSITORY	COMPAZINE
Cathartics / Laxatives (12.05)	
BISACODYL 10 MG SUPPOSITORY	DULCOLAX SUPP
BISACODYL 5 MG TAB EC	DULCOLAX
BISACODYL 5 MG TABLET	DULCOLAX
CALCIUM POLYCARB 625 MG TABLET	FIBERNORM
DOCUSATE SOD 100 MG CAPSULE	COLACE
DOCUSATE SOD PROTOCOL 100 MG CAPSULE	COLACE
LACTULOSE 10GM/15 ML SOLUTION	CHRONULAC
MAGNESIUM CITRATE SOLUTION	CITRATE OF MAG
MILK OF MAG SUSP 80MEQ/30 ML SUSPENSION	MOM
MILK OF MAGNESIA 80MEQ/30 ML SUSPENSION	MOM
MINERAL OIL OIL	MINERAL OIL
PEG/ELECTROLYTE SOLUTION	GOLYTELY
SOD PHOS/BIPHOS ORAL SOLUTION	FLEET PHOSPHA-SODA
Digestive Enzymes (12.06)	
PANCRELIPASE 5-17-27 CAP DELAY-REL	ZENPEP 5000
GI Motility Agents (12.07)	
DICYCLOMINE HCL 10 MG CAPSULE	BENTYL
DICYCLOMINE HCL 20 MG TABLET	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	GAS-X EXTRA STRENGTH
SIMETHICONE 80 MG TAB CHEW	GAS-X/MYLICON
SIMETHICONE 80 MG TAB CHEW	MYLANTA GAS
SIMETHICONE PROTOCOL 125 MG TAB CHEW	MYLANTA GAS

Hemorrhoidal Agents (12.12)

DIBUCAINE 1% OINTMENT	NUPERCAINAL
HEMORRHOIDAL PLAIN SUPPOSITORY	ANUSOL/VERSAL
HYDROCORTISONE 2.5% CREAM	HYTONE
HYDROCORTISONE CR 1%	HYTONE
HYDROCORTISONE CR 1% CREAM	HYTONE

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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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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
DARBEPOIETIN ALFA 100MCG/0.5ML SYRG INJECTION	ARANESP
DARBEPOIETIN ALFA 25 MCG/ML INJECTION	ARANESP
DARBEPOIETIN ALFA 40 MCG/ML INJECTION	ARANESP
DARBEPOIETIN ALFA 60MCG/0.3ML SYRG INJECTION	ARANESP

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15. Immunosuppressants

Immunosuppressants (15.01)

AZATHIOPRINE 50 MG TABLET	IMURAN

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* 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 0.5 MG TABLET	COGENTIN
BENZTROPINE MES 1 MG TABLET	COGENTIN
BENZTROPINE MES 2 MG TABLET	COGENTIN
BENZTROPINE MES VL/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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17. Obstetric – Gynecologic Agents

Contraceptives (17.01)

NORETH/ESTRAD 1-0.035 MG TABLET	ORTHO-NOVUM 1/35
NORETH/MESTRAN 1-0.050 MG TABLET	ORTHO-NOVUM 1/50

Anti-Infectives (17.02)

CLOTRIMAZOLE VAGINAL 1% CREAM	GYNE LOTRIMIN
METRONIDAZOLE-VAGINAL 0.75% GEL (JELLY)	METROGEL VAGINAL
MICONAZOLE VAGINAL 100 MG SUPPOSITORY	MONISTAT 7
MICONAZOLE- VAGINAL 2% CREAM	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	ALPHAGAN
DORZOLAMIDE O/S 2% OPHTHALMIC	TRUSOPT OPHTH
LATANOPROST O/S 0.005% OPHTHALMIC	XALATAN
LEVOBUNOLOL HCL O/S 0.25% OPHTHALMIC	BETAGAN OPHTH
LEVOBUNOLOL HCL O/S 0.5% OPHTHALMIC	BETAGAN OPHTH
METIPRANOLOL O/S 0.3% OPHTHALMIC	OPTIPRANOLOL OPH
PILOCARPINE HCL O/S 1% OPHTHALMIC	ISOPTO CARPINE
PILOCARPINE HCL O/S 2% OPHTHALMIC	ISOPTO CARPINE
PILOCARPINE HCL O/S 4% OPHTHALMIC	ISOPTO CARPINE
TIMOLOL MAL SOLN 0.25% OPHTHALMIC	TIMOPTIC
TIMOLOL MAL SOLN 0.5% OPHTHALMIC	TIMOPTIC
Antihistamines / Decongestants (18.02)	
KETOTIFEN O/S 0.025% OPHTHALMIC	ZADITOR OPHTH
NAPHAZOLINE/PHENIR O/S OPHTHALMIC	VISINE-A / NAPHCON-A
Anti-Infective Agents (18.03)	
ERYTHROMYCIN EYE 0.5% OINTMENT	ILOTYCIN OPHTH
GENTAMICIN O/S 0.3% OPHTHALMIC	GARAMYCIN EYE DROPS
GENTAMICIN OPHTH 0.3% OINTMENT	GARAMYCIN OPHTH
NEOMY/BAC/POLY EYE OINTMENT	NEOSPORIN OPHTH
NEOMY/POLY B/GRAM SOL OPHTHALMIC	NEOSPORIN
NEOMY/POLYMYX/DEX EYE OINTMENT	MAXITROL OPHTH
NEOMY/POLYMYX/DEX O/S OPHTHALMIC	MAXITROL/DEXACID
OFLOXACIN EYE DROPS 0.3% OPHTHALMIC	OCUFLOX OPHTH
TOBRAMYCIN EYE DROPS 0.3% OPHTHALMIC	TOBREX OPHTH
Anti-Inflammatory Agents (18.04)	
PREDNISOLONE ACET O/S 1% OPHTHALMIC	PRED FORTE SUSP
PREDNISOLONE NA PHOS O/S 1% OPHTHALMIC	INFLAMMASE FORTE
Otic Preparations (18.05)	
ACETIC ACID/AL ACET OTIC 2% OTIC	DOMEBORO OTIC
ANTIPYRINE/BENZO OTIC	AURALGAN/ AURODEX
ANTIPYRINE/BENZO OTIC	AURALGAN/AURODEX
CARBAMIDE PEROXIDE OTIC 6.5% OTIC	DEBROX EAR DROPS
NEOMY/POLYMX/HC SOLN OTIC	CORTISPORIN OTIC
NEOMY\POLYMX\HC SUSP OTIC	CORTISPORIN OTIC
OFLOXACIN EAR DROPS 0.3% OTIC	FLOXIN OTIC
Other Otic-Ophthalmic Agents (18.06)	
ARTIFICIAL TEARS 1.4% OPHTHALMIC	LIQUIFILM TEARS
EYE WASH IRRG OPHTHALMIC	DACRIOSE
FLUORESCEIN NA/BENOX O/S OPHTHALMIC	FLURESS
FLUORESCEIN SOD STRIP 1 MG STRIP	FUL-GLO
HOMATROPINE HBR O/S 5% OPHTHALMIC	ISOPTO HOMATROPINE
PROPARACAINE HCL O/S 0.5% OPHTHALMIC	OPHTHETIC
TROPICAMIDE EYE DROPS 0.5% OPHTHALMIC	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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19. Respiratory Agents

Anticholinergics (19.01)

IPRATROPIUM BROM 17 MCG INHALER	ATROVENT HFA
IPRATROPIUM INH 0.02% INHALER	ATROVENT SOLN

Beta Agonists (19.02)

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

Inhaled Oral Steroids (19.03)

CICLESONIDE 80 MCG INHALER	ALVESCO
CICLESONIDE INHALER 160 MCG INHALER	ALVESCO

Nasal Sprays (19.04)

CROMOLYN NASAL SPRAY 4% AEROSOL	NASALCROM
SOD CHL NASAL SPRAY 0.65%	OCEAN/DEEP SEA

Combination Products (19.05)

Other Respiratory Agents (19.06)

MONTELUKAST 10 MG TABLET	SINGULAIR
THEOPHYLLINE 200 MG TAB SR 12 HR	THEO-DUR

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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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21. Vitamins – Minerals – Dietary Supplements

Vitamins – Minerals – Dietary Supplements (21.01)

CALCIUM CARBONATE 1250 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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22. Miscellaneous and Unclassified Agents

Miscellaneous and Unclassified Agents (22.01)

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

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Product Name	Equivalent Brand Name	Therapy Section
ABACAVIR 300 MG TABLET	ZIAGEN	03.09.04
ABSORBASE CREAM	EUCERIN	08.06
ACETAZOLAMIDE 250 MG TABLET	DIAMOX	05.10
ACETIC ACID/AL ACET OTIC 2% OTIC	DOMEBORO OTIC	18.05
ACYCLOVIR 200 MG CAPSULE	ZOVIRAX	03.06
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	03.09.07
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	08.09
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 25 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	DOMEBORO	06.09
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 625 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 6.25 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 50 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	05.02.01
CHLORPROMAZINE- 25 MG/ML INJECTION	THORAZINE	10.01
CHLORPROMAZINE- 50 MG/2 ML INJECTION	THORAZINE	05.02.01
CHLORPROMAZINE- 50 MG/2 ML INJECTION	THORAZINE	10.01
CHLORZOXAZONE 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 600 MG INJECTION	CLEOCIN IVPB	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
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 250ML	09.01
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-NACL 5%-0.45% INJECTION	D5-1/2NS 1000ML	09.01
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 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	06.05
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
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 600-200-300 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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EMTRICITAB-RILPIVIRINE-TENOVO 200-25-300 MG TABLET	COMPLERA	03.09.06
EMTRICITABINE 200 MG CAPSULE	EMTRIVA	03.09.04
EMTRICTABINE/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
ENFUVIRTIDE KIT 90 MG INJECTION	FUZEON	03.09.01
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 OPHTH	18.03
ERYTHROMYCIN TOPICAL 2% SOLUTION	ERYMAX / ERYDERM	08.01
ESTROGENS ESTERIFY 0.3 MG TABLET	ESTRATAB/MENEST	11.02
ESTROGENS ESTERIFY 0.625 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 OPHTHALMIC	DACRIOSE	18.06
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 NA/BENOX O/S OPHTHALMIC	FLURESS	18.06
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
FLUPHENAZINE 0.5 MG/ML ELIXIR	PROLIXIN ELIXIR	06.02.01

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FLUPHENAZINE 0.5 MG/ML ELIXIR	PROLIXIN ELIXIR	10.01
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	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
FLUTICASONE PROP 0.005% OINTMENT	CUTIVATE	08.08.03
FOLIC ACID 1 MG TABLET	FOLIC ACID	21.01
FOSAMPRENAVIR CA 700 MG TABLET	LEXIVA	03.09.05
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	03.06
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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Product Name	Equivalent Brand Name	Therapy Section
HALOPERIDOL 5 MG TABLET	HALDOL	08.02.01
HALOPERIDOL DEC VL 100 MG/ML INJECTION	HALDOL	05.02.01
HALOPERIDOL DEC VL 50 MG/ML INJECTION	HALDOL	08.02.01
HALOPERIDOL LACT 5 MG/ML INJECTION	HALDOL	05.02.01
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	05.02.01
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	05.12.02
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	05.10
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 2.5% 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
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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IMIPENEM/CILAST VL 500 MG INJECTION	PRIMAXIN "IV"	03.14
IMIPENEM/CILASTATIN 500 MG INJECTION	PRIMAXIN	03.14
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
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	11.05
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
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
LISINOPRIL 10 MG TABLET	ZESTRIL/PRINIVIL	05.02
LISINOPRIL 2.5 MG TABLET	ZESTRIL/PRINIVIL	05.02
LISINOPRIL 20 MG TABLET	ZESTRIL/PRINIVIL	05.02
LISINOPRIL 30 MG TABLET	ZESTRIL	05.02
LISINOPRIL 40 MG TABLET	ZESTRIL/PRINIVIL	05.02
LISINOPRIL 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	06.06.01
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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MARAVIROC 300 MG TABLET	SELZENTRY	03.09.01
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 / NAPHCON-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 OPHTH	18.03
NEOMY/POLY B/GRAM SOL OPHTHALMIC	NEOSPORIN	18.03

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NEOMY/POLYMX/HC SOLN OTIC	CORTISPORIN OTIC	18.06
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	05.05.02
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
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
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
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
OXYBUTYNIN CHLORIDE 5 MG TABLET	DITROPAN	13.02
PANCRELIPASE 5-17-27 CAP DELAY-REL	ZENPEP 5000	12.06
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 100 MG TABLET	PYRIDIUM	13.02
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
PIPERACIL\TAZO 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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Product Name	Equivalent Brand Name	Therapy Section
PROCHLORPERAZINE MAL 25 MG SUPPOSITORY	COMPAZINE	12.04
PROPARACAINE HCL O/S 0.5% OPHTHALMIC	OPHTHETIC	18.06
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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Product Name	Equivalent Brand Name	Therapy Section
SIMVASTATIN 5 MG TABLET	ZOCOR	05.05.01
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/60 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
SULFAMETH/TRI 200-40 MG/5 ML SUSPENSION	BACTRIM/SEPTRA	03.12
SULFASALAZINE 500 MG TABLET	AZULFIDINE	12.01
SULFUR/SALICYLIC ACID SHAMPOO	SEBEX/SEBULEX	08.09
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
TIPRANAVIR 250 MG CAPSULE	APTIVUS	03.09.05
TOBRAMYCIN EYE DROPS 0.3% OPHTHALMIC	TOBREX OPHTH	18.03
TOLBUTAMIDE 500 MG TABLET	ORINASE	11.04.01
TOLNAFTATE 1% CREAM	TINACTIN	08.02
TOLNAFTATE 1% POWDER	TINACTIN POWDER	08.02
TOLNAFTATE 1% SOLUTION	TINACTIN A-F	08.02
TRAMADOL HCL 50 MG TABLET	ULTRAM	01.04

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Product Name	Equivalent Brand Name	Therapy Section
TRAZODONE HCL 100 MG TABLET	DESYREL	06.01.03
TRAZODONE HCL 150 MG TABLET	DESYREL	06.01.03
TRAZODONE HCL 50 MG TABLET	DESYREL	06.01.03
TRIAMCINOLONE 0 025% CR	KENALOG	08.06.02
TRIAMCINOLONE 0 025% CR	KENALOG	08.06.03
TRIAMCINOLONE 0 025% LOT	KENALOG	08.06.02
TRIAMCINOLONE 0 025% LOT	KENALOG	08.06.03
TRIAMCINOLONE 0 025% ONT	KENALOG	08.06.02
TRIAMCINOLONE 0 025% ONT	KENALOG	08.06.03
TRIAMCINOLONE 0 1% CR	KENALOG	08.06.02
TRIAMCINOLONE 0 1% CR	KENALOG	08.06.03
TRIAMCINOLONE 0 1% LOT	KENALOG	08.06.02
TRIAMCINOLONE 0 1% LOT	KENALOG	08.06.03
TRIAMCINOLONE 0 1% OINT	KENALOG	08.06.02
TRIAMCINOLONE 0 1% OINT	KENALOG	08.06.03
TRIAMCINOLONE 0 5% CR	KENALOG	08.06.02
TRIAMCINOLONE 0 5% CR	KENALOG	08.06.03
TRIAMCINOLONE 0 5% OINT	KENALOG	08.06.02
TRIAMCINOLONE 0 5% OINT	KENALOG	08.06.03
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
VANCOMYCIN HCL VIAL 750 MG INJECTION	VANCOCIN	03.14
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
VENLAFAXINE HCL 25 MG TABLET	EFFEXOR	06.01.02
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

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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
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
WARFARIN SOD 1 MG TABLET	JANTOVEN	05.11
WARFARIN SOD 10 MG TABLET	JANTOVEN	05.11
WARFARIN SOD 2 MG TABLET	JANTOVEN	05.11
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 5 MG TABLET	JANTOVEN	05.11
WARFARIN SOD 6 MG TABLET	JANTOVEN	05.11
WARFARIN SOD 7.5 MG TABLET	JANTOVEN	05.11
WATER INJECTION	WATER FOR INJECTION	09.01
WATER-BACTERIOSTATIC VL INJECTION	WATER FOR INJ	09.01
WATER-PRESERVATIVE-FREE VL 20 INJECTION	STERILE WATER	09.01
WHITE PETROLATUM O/O 83% OPHTHALMIC	REFRESH PM	18.06
WHITE PETROLATUM OPHTH OINTMENT	LACRI-LUBE	18.06
WHITE PETROLATUM OPHTH OINTMENT	LACRI-LUBE/ REFRESH PM	18.06
ZIDOVUDINE 10 MG/ML SYRUP	RETROVIR SYRUP	03.09.04
ZIDOVUDINE 100 MG CAPSULE	RETROVIR	03.09.04
ZIDOVUDINE 300 MG TABLET	RETROVIR	03.09.04
ZIDOVUDINE 300MG TABLET	RETROVIR	03.09.04
ZIPRASIDONE HCL 20 MG CAPSULE	GEODON	06.02.02
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
ZIPRASIDONE MESY VIAL 20 MG/ML INJECTION	GEODON INJ	06.02.02
ZIPRASIDONE MESY VIAL 20 MG/ML INJECTION	GEODON INJ	10.01

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Product Name	Equivalent Brand Name	Therapy Section
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
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
INFLUENZA VACCINE 2013-2014 INJECTION	AFLURIA	20.01
SPIRONOLACTONE 100 MG TABLET	ALDACTONE	05.10
SPIRONOLACTONE 25 MG TABLET	ALDACTONE	05.10
SPIRONOLACTONE 50 MG TABLET	ALDACTONE	05.10
BRIMONIDINE SOLN 0.2% OPHTHALMIC	ALPHAGAN	18.01
CICLESONIDE 80 MCG INHALER	ALVESCO	19.03
CICLESONIDE INHALER 160 MCG INHALER	ALVESCO	19.03
GLIMEPIRIDE 1 MG TABLET	AMARYL	11.04.01
GLIMEPIRIDE 2 MG TABLET	AMARYL	11.04.01
GLIMEPIRIDE 4 MG TABLET	AMARYL	11.04.01
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
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
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
ANALGESIC BALM OINTMENT	ANALGESIC BALM	08.09
CEFAZOLIN SOD 1GM INJECTION	ANCEF	03.07
CEFAZOLIN SOD VIAL 1GM INJECTION	ANCEF	03.07
DISULFIRAM 250 MG TABLET	ANTABUSE	22.01
MECLIZINE HCL 12.5 MG TABLET	ANTIVERT	16.06
MECLIZINE HCL 25 MG TABLET	ANTIVERT	16.06
HEMORRHOIDAL PLAIN SUPPOSITORY	ANUSOL/VERSAL	12.12
HYDRALAZINE HCL 10 MG TABLET	APRESOLINE	05.12.02
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
TIPRANAVIR 250 MG CAPSULE	APTIVUS	03.09.05
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
TRIHEXYPHENIDYL HCL 2 MG TABLET	ARTANE	06.99
TRIHEXYPHENIDYL HCL 5 MG TABLET	ARTANE	06.99

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ASA 325 MG TABLET	ASA	01.07
ASPIRIN - FILM COAT 325 MG TABLET	ASA FC	01.07
ASPIRIN FC BOX/24 PROTOCOL 325 MG TABLET	ASPIRIN	01.07
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
LORAZEPAM VIAL 2 MG/ML INJECTION	ATIVAN	05.06.01
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
IPRATROPIUM BROM 17 MCG INHALER	ATROVENT HFA	19.01
IPRATROPIUM INH 0.02% INHALER	ATROVENT SOLN	19.01
AMOXICILLIN/CLAV 500-125 MG TABLET	AUGMENTIN	03.11
AMOXICILLIN/CLAV 875-125 MG TABLET	AUGMENTIN	03.11
ANTIPYRINE/BENZO OTIC	AURALGAN/ AURODEX	18.05
ANTIPYRINE/BENZO OTIC	AURALGAN/AURODEX	18.05
SULFASALAZINE 500 MG TABLET	AZULFIDINE	12.01
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
SULFAMETH/TRIMETH VL 80-16 MG/ML INJECTION	BACTRIM INJ	03.12
SULFAMETH/TRI 200-40 MG/5 ML SUSPENSION	BACTRIM/SEPTRA	03.12
DIPHENHYDRAMINE 25 MG CAPSULE	BENADRYL	02.01
DIPHENHYDRAMINE 50 MG CAPSULE	BENADRYL	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
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
DICYCLOMINE HCL 20 MG TABLET	BENTYL	12.07
BENZOYL PEROXIDE 10% GEL (JELLY)	BENZAGEL	08.01
BENZOYL PEROXIDE 5% GEL (JELLY)	BENZAGEL	08.01
BENZOIN TINCTURE TINCTURE	BENZOIN	08.09
LEVOBUNOLOL HCL O/S 0.25% OPHTHALMIC	BETAGAN OPHTH	18.01
LEVOBUNOLOL HCL O/S 0.5% OPHTHALMIC	BETAGAN OPHTH	18.01
PENIC-G BENZATHINE 1.2 MILLION UNITS INJECTION	BICILLIN LA	03.11
PENIC-G BENZATHINE 2.4 MILLION UNITS INJECTION	BICILLIN LA	03.11
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
CALCIUM GLUCONATE VL 10% INJECTION	CA GLUCONATE	10.01
CALCIUM GLUCONATE VL 10% INJECTION	CA GLUCONATE	21.01
CALAMINE 8% LOTION	CALAMINE	08.05
CALCITRIOL AMP 1 MCG/ML INJECTION	CALCITRIOL	11.08

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CARPUJECT HOLDER MISCELLANEOUS	CARPUJECT	09.01
CLONIDINE HCL 0.1 MG TABLET	CATAPRES	05.09
CLONIDINE HCL 0.2 MG TABLET	CATAPRES	05.09
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
THROAT LOZENGES LOZENGE	CEPACOL	07.01
FOSPHENYTOIN SOD VIAL 500 MG/10 ML INJECTION	CEREBYX	10.01
FOSPHENYTOIN SOD VIAL 50 MG/ML INJECTION	CEREBYX INJ	10.01
CHARCOAL + SORBITOL 50 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
LACTULOSE 10GM/15 ML SOLUTION	CHRONULAC	12.05
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
MAGNESIUM CITRATE SOLUTION	CITRATE OF MAG	12.05
CEFOTAXIME SOD 1GM INJECTION	CLAFORAN	03.07
CEFOTAXIME SOD 2GM INJECTION	CLAFORAN	03.07
LORATADINE 10 MG TABLET	CLARITIN	02.02
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 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
CLOZAPINE 100 MG TABLET	CLOZARIL	06.02.02
CLOZAPINE 25 MG TABLET	CLOZARIL	06.02.02
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
DOCUSATE SOD 100 MG CAPSULE	COLACE	12.05
DOCUSATE SOD PROTOCOL 100 MG CAPSULE	COLACE	12.05
BALSALAZIDE DISODIUM 750 MG CAPSULE	COLAZAL	12.01
LAMIVUDINE/ZIDOVUDINE 150/300 MG TABLET	COMBIVIR	03.09.06
PROCHLORPERAZINE 10 MG TABLET	COMPAZINE	12.04
PROCHLORPERAZINE 5 MG TABLET	COMPAZINE	12.04
PROCHLORPERAZINE MAL 25 MG SUPPOSITORY	COMPAZINE	12.04

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EMTRICITAB-RILPIVIRINE-TENOVO 200-25-300 MG TABLET	COMPLERA	03.09.06
AMIODARONE HCL 50 MG/ML INJECTION	CORDARONE	05.04.04
AMIODARONE HCL 50 MG/ML INJECTION	CORDARONE	10.01
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 6.25 MG TABLET	COREG	05.06.03
NEOMY/POLYMX/HC SOLN OTIC	CORTISPORIN OTIC	18.05
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
DEXTROSE -WATER SYRINGE 50% INJECTION	D-50W	09.01
DEXTROSE-NACL 5%-0.45% INJECTION	D5-1/2NS 1000ML	09.01
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
DEXTROSE-WATER 5% INJECTION	D5-W 500ML	09.01
DEXTROSE -WATER 5% INJECTION	D5-W 1000ML	09.01
DEXTROSE -WATER 5% INJECTION	D5-W ADVANTAGE	09.01
DEXTROSE-WATER 5% INJECTION	D5-W ADVANTAGE	09.01
DEXTROSE -WATER VIAL 50% INJECTION	D50-W	09.01
EYE WASH IRRG OPHTHALMIC	DACRIOSE	18.06
DAPSONE 100 MG TABLET	DAPSONE	03.09.07
DAPSONE 25 MG TABLET	DAPSONE	03.09.07
CARBAMIDE PEROXIDE OTIC 6.5% OTIC	DEBROX EAR DROPS	18.05
DEXAMETHASONE VIAL 4 MG/ML INJECTION	DECADRON INJ	10.01
TETANUS DIPHTHERIA TOX INJECTION	DECAVAC/TENIVAC	20.01
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- 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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METHYLPRED ACETATE VL 40 MG/ML INJECTION	DEPO-MEDROL	10.01
TRAZODONE HCL 100 MG TABLET	DESYREL	06.01.03
TRAZODONE HCL 150 MG TABLET	DESYREL	06.01.03
TRAZODONE HCL 50 MG TABLET	DESYREL	06.01.03
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
VENLAFAXINE HCL 25 MG TABLET	EFFEXOR	06.01.02
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
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
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 TOPICAL 2% SOLUTION	ERYMAX / ERYDERM	08.01
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
ESTROGENS ESTERIFY 0.3 MG TABLET	ESTRATAB/MENEST	11.02
ESTROGENS ESTERIFY 0.625 MG TABLET	ESTRATAB/MENEST	11.02

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ESTROGENS ESTERIFY 1.25 MG TABLET	ESTRATAB/MENEST	11.02
ABSORBASE CREAM	EUCERIN	08.06
APAP/ASA/CAFF 250-250-65 MG TABLET	EXCEDRIN MIGRAINE	01.03
FERROUS SULFATE 325 MG TAB EC	FESO4 (65MG FE)	21.01
CALCIUM POLYCARB 625 MG TABLET	FIBERNORM	12.06
METRONIDAZOLE 250 MG TABLET	FLAGYL	03.14
METRONIDAZOLE 500 MG TABLET	FLAGYL	03.14
SOD PHOS/BIPHOS ORAL SOLUTION	FLEET PHOSPHA-SODA	12.05
OFLOXACIN EAR DROPS 0.3% OTIC	FLOXIN OTIC	18.05
INFLUENZA SYRG 2014-2015 INJECTION	FLUARIX	20.01
INFLUENZA VACCINE 2012-2013 INJECTION	FLULAVAL	20.01
FLUORESCEIN NA/BENOX O/S OPHTHALMIC	FLURESS	18.06
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
CEFTAZIDIME 2GM INJECTION	FORTAZ INJ	03.07
ALENDRONATE SODIUM 35 MG TABLET	FOSAMAX	11.07
ALENDRONATE SODIUM 70 MG TABLET	FOSAMAX	11.07
FOSCARNET SOD 24 MG/ML INJECTION	FOSCAVIR	03.06
FLUORESCEIN SOD STRIP 1 MG STRIP	FUL-GLO	18.06
ENFUVIRTIDE KIT 90 MG INJECTION	FUZEON	03.09.01
GENTAMICIN SULFATE 0.1% CREAM	GARAMYCIN	08.03
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
ZIPRASIDONE HCL 20 MG CAPSULE	GEODON	06.02.02
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
ZIPRASIDONE MESY VIAL 20 MG/ML INJECTION	GEODON INJ	06.02.02
ZIPRASIDONE MESY VIAL 20 MG/ML INJECTION	GEODON INJ	10.01
GLUCAGON SYRINGE 1 MG INJECTION	GLUCAGON EMERGENCY KIT	10.01
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
GLUCOSE 4 GRAM TAB CHEW	GLUCOSE	11.08
GLIPIZIDE 10 MG TABLET	GLUCOTROL	11.04.01
GLIPIZIDE 5 MG TABLET	GLUCOTROL	11.04.01
GLUCOSE 40% GEL (JELLY)	GLUTOSE	11.08
PEG/ELECTROLYTE SOLUTION	GOLYTELY	12.05
CLOTRIMAZOLE VAGINAL 1% CREAM	GYNE LOTRIMIN	17.02
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

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HALOPERIDOL 20 MG TABLET	HALDOL	06.02.01
HALOPERIDOL 5 MG TABLET	HALDOL	06.02.01
HALOPERIDOL DEC VL 100 MG/ML INJECTION	HALDOL	06.02.01
HALOPERIDOL DEC VL 50 MG/ML INJECTION	HALDOL	06.02.01
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
HALOPERIDOL ORAL 2 MG/ML CONCENTRATE	HALDOL	06.02.01
HYDROCHLOROTHIAZIDE 12.5 MG CAPSULE	HCTZ	05.10
HYDROCHLOROTHIAZIDE 25 MG TABLET	HCTZ	05.10
DOXERCALCIFEROL 2 MCG/ML INJECTION	HECTOROL	11.08
HEPARIN SODIUM VL 10 U/ML INJECTION	HEP-LOCK	05.11
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
HYDROXYUREA 500 MG CAPSULE	HYDREA	04.01
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
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
PREDNISOLONE NA PHOS O/S 1% OPHTHALMIC	INFLAMMASE FORTE	18.04
ISONIAZID 100 MG TABLET	INH	03.05

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ETRAVIRINE 100 MG TABLET	INTELENCE	03.09.03
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	ISENTRESS	03.09.02
PILOCARPINE HCL O/S 1% OPHTHALMIC	ISOPTO CARPINE	16.01
PILOCARPINE HCL O/S 2% OPHTHALMIC	ISOPTO CARPINE	16.01
PILOCARPINE HCL O/S 4% OPHTHALMIC	ISOPTO CARPINE	16.01
HOMATROPINE HBR O/S 5% OPHTHALMIC	ISOPTO HOMATROPINE	16.06
WARFARIN SOD 1 MG TABLET	JANTOVEN	05.11
WARFARIN SOD 10 MG TABLET	JANTOVEN	05.11
WARFARIN SOD 2 MG TABLET	JANTOVEN	05.11
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 5 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/60 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% OINT	KENALOG	08.08.02
TRIAMCINOLONE 0 025% OINT	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
LEVETIRACETAM 1000 MG TABLET	KEPPRA	16.02

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LEVETIRACETAM 500 MG TABLET	KEPPRA	16.02
LEVETIRACETAM 750 MG TABLET	KEPPRA	16.02
POTASSIUM CL 20MEQ TAB CR	KLOR-CON M20	21.01
WHITE PETROLATUM OPHTH OINTMENT	LACRI-LUBE	18.06
WHITE PETROLATUM OPHTH OINTMENT	LACRI-LUBE/ REFRESH PM	18.06
LACTATED RINGERS INJECTION	LACTATED RINGERS	09.01
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
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	18.06
LITHIUM CARBONATE SA 300 MG TAB CR	LITHOBID	06.05
GEMFIBROZIL 600 MG TABLET	LOPID	05.05.02
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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ENOXAPARIN VIAL 100 MG/ML INJECTION	LOVENOX	05.11
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
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
NEOMY/POLYMYX/DEX EYE OINTMENT	MAXITROL OPHTH	18.03
NEOMY/POLYMYX/DEX O/S OPHTHALMIC	MAXITROL/DEXACID	18.03
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	MYLANTA/MINTOX	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	03.09.05
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
PROPARACAINE 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 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
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
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 667 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	08.03
BACITRACIN/POLYSPORIN OINTMENT	POLYSPORIN	08.03
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	11.04.06
REPAGLINIDE 2 MG TABLET	PRANDIN	11.04.06
PREDNISOLONE ACET O/6 1% OPHTHALMIC	PRED FORTE SUSP	18.04
PREDNISONE DOSEPAK 10 MG TABLET	PREDNISONE	11.06
PREDNISONE DOSEPAK 5 MG TABLET	PREDNISONE	11.06
DARUNAVIR ETHANOLATE 600 MG TABLET	PREZISTA	03.09.05
DARUNAVIR ETHANOLATE 800 MG TABLET	PREZISTA	03.09.05
IMIPENEM/CILASTATIN 500 MG INJECTION	PRIMAXIN	03.14
IMIPENEM/CILAST VL 250 MG INJECTION	PRIMAXIN "IV"	03.14
IMIPENEM/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 0.083% NEBULIZE SOLN	PROVENTIL	19.02
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 50 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 O/O 83% OPHTHALMIC	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	03.09.04
ZIDOVUDINE 300 MG TABLET	RETROVIR	03.09.04
ZIDOVUDINE 300MG TABLET	RETROVIR	03.09.04
ZIDOVUDINE 10 MG/ML SYRUP	RETROVIR SYRUP	03.09.04
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
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 1% SHAMPOO	SELSUN BLUE	08.09
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 5 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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GUANFACINE 1 MG TABLET	TENEX	05.12.02
GUANFACINE 2 MG TABLET	TENEX	05.12.02
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	08.05
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 500 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 50 MG TABLET	URECHOLINE	13.02
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
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 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
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
NELFINAVIR MESYLATE 625 MG TABLET	VIRACEPT	03.09.05
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 / NAPHCON-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 5-17-27 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
LISINOPRIL 30 MG TABLET	ZESTRIL	05.02
LISINOPRIL 10 MG TABLET	ZESTRIL/PRINIVIL	05.02
LISINOPRIL 2.5 MG TABLET	ZESTRIL/PRINIVIL	05.02

Formulary Drug List - Tennessee DOC Formulary

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Product Name	Equivalent Brand Name	Therapy Section
LISINOPRIL 20 MG TABLET	ZESTRIL/PRINIVIL	05.02
LISINOPRIL 40 MG TABLET	ZESTRIL/PRINIVIL	05.02
LISINOPRIL 5 MG TABLET	ZESTRIL/PRINIVIL	05.02
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	05.05.01
SIMVASTATIN 20 MG TABLET	ZOCOR	05.05.01
SIMVASTATIN 40 MG TABLET	ZOCOR	05.05.01
SIMVASTATIN 5 MG TABLET	ZOCOR	05.05.01
SIMVASTATIN 80 MG TABLET	ZOCOR	05.05.01
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 25 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
PIPERACIL\TAZO 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

Current State Positions Requiring Contractor Job Offers **ATTACHMENT TEN**

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	DESCR	POSITION_N	FILLED	CODE	COUNTY	SALARY/MO.	SALARY/YEAR	120%
TPFW	PSYCHOLOGICAL EXAMINER 2	104987	Filled	19	Davidson County	$ 4,517.00	$ 54,204.00	$ 65,044.80
TPFW	PSYCHIATRIC SOCIAL WORKER 1	117591	Filled	19	Davidson County	$ 3,298.00	$ 39,576.00	$ 47,491.20
TPFW	IMH PROGRAM SPECIALIST 2*	117680	Filled	19	Davidson County	$ 3,021.00	$ 36,252.00	$ 43,502.40
TPFW	PSYCHOLOGICAL EXAMINER 2	102773	Vacant	19	Davidson County	$ 4,877.00	$ 58,524.00	$ 70,228.80
TCIX	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
RMSI	PSYCHOLOGICAL EXAMINER 2	117243	Filled	19	Davidson County	$ 5,035.00	$ 60,420.00	$ 72,504.00
NECX	PSYCHOLOGICAL EXAMINER 2	103222	Filled	46	Johnson County	$ 5,030.00	$ 60,360.00	$ 72,432.00
NECX	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 DIR 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	$ 67,363.20
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 classi

INSTITUTION & FUNCTION	DESCRIPTION & CLASSIFICATION	POSITION_N	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
NWCX Drug and Alcohol	CORRECTIONAL COUNSELOR 3	116204	Filled	48	Lake County	$ 3,564.00	$ 42,768.00	$ 51,321.60
NWCX Drug and Alcohol	CORRECTIONAL COUNSELOR 3	126230	Filled	48	Lake County	$ 3,770.00	$ 45,240.00	$ 54,288.00