BOARD OF COMMISSIONERS
SARPY COUNTY, NEBRASKA
RESOLUTION AWARDING BID FOR PHARMACEUTICALS FOR PRISONERS IN THE LEC AND JJC FOR THE SHERIFF'S OFFICE

WHEREAS, pursuant to Neb. Rev. Stat. §23-104(6) (Reissue 2007), the County has the power to do all acts in relation to the concerns of the County necessary to the exercise of its corporate powers; and,

WHEREAS, pursuant to Neb. Rev. Stat.§23-103 (Reissue 2007), the powers of the County as a body are exercised by the County Board; and,

WHEREAS, bids for pharmaceuticals for prisoners have been solicited, made, opened and reviewed pursuant to applicable Nebraska State Statutes; and,

WHEREAS, based on those proceedings, and after a public hearing, this Board has duly deliberated and considered the bids received; and,

WHEREAS, this Board desires to proceed forthwith in order to expedite and facilitate service to the citizens of Sarpy County.

NOW, THEREFORE, BE IT RESOLVED BY THIS BOARD OF COUNTY COMMISSIONERS THAT:

(1) The low bid of *Diamond Drugs, Inc.* for *Pharmaceuticals for Prisoners in the LEC and JJC* in the amount of *1.5% Brand and 81% Generic off Wholesale Acquisition Cost* is accepted, ratified, and confirmed.

(2) This Board's Chairman, Clerk, and Attorney are hereby authorized and directed to execute such ancillary documents as may be required to evidence the contract and take any and all steps necessary or required in order to carry out the terms of such contract after said documents have been reviewed by the Attorney, Fiscal Administrator, and County Administrator.

The above resolution was approved by a vote of the Sarpy County Board of Commissioners at a public meeting duly held in accordance with applicable law on the 15 day of May, 2012.

DEBRA L. HOUGHTALING, COUNTY CLERK
SEAL
SARPY COUNTY, NEBRASKA

ATTEST:

Sarpy County Board Chairman

Sarpy County Clerk

Deb Houghtaling

Fred Uhe
Chief Deputy

Sarpy County Clerk

Renee Lansman
Assistant Chief Deputy

1210 Golden Gate Drive • Papillion, Nebraska 68046-2895
Phone: 402-593-2105 • Fax: 402-593-4471 • Website www.Sarpy.com • Email: Clerk@sarpy.com

May 3, 2012

Mark Zilner
Diamond Drugs, Inc.
645 Kolter Drive
Indiana, PA 15701

RE: Bid Award Pharmaceuticals for Sarpy County Sheriff LEC and JJC

Action by the Sarpy County Board of Commissioners, at the meeting of May 1, 2012, is as follows:

Public Hearing and Resolution 2012-131: Award bid for pharmaceuticals for prisoners in the LEC and JJC for the Sheriff's Office. Beth Garber, Purchaser

MOTION: After a public hearing, Thompson resolved, seconded by Richards, to approve the resolution and accept the low bid of Diamond Drugs, Inc. for pharmaceuticals for prisoners in the Law Enforcement Center and Juvenile Justice Center in the amount of 1.5% Brand and 81% Generic off Wholesale Acquisition Cost. Ayes: Hike, Thompson, Richards, Nekuda & Warren. Nays: None.

Enclosed are **two originals** of the contract agreement. Please have them **signed and attested** by a representative of your company and **return ONE** to this office.

PLEASE NOTE: If required by specifications, please provide any bonds, insurance certificates or other referenced documentation along with the fully executed agreement prior to beginning work under this agreement.

Mail or return to:

Sarpy County Clerk
Attn: Chris Vance
1210 Golden Gate Drive
Papillion, NE 68046-2895

Sincerely,

Deb Houghtaling

Deb Houghtaling
Sarpy County Clerk

Enclosures (2)
DH/cv

AGREEMENT

This Agreement is entered into by and between the County of Sarpy, in the State of Nebraska, a body politic and corporate, and hereinafter "County", and Diamond Drugs, Inc., hereinafter "Vendor".

WHEREAS, County is desirous of contracting for Pharmaceuticals for Prisoners in the LEC & JJC for the Sarpy County Sheriff's Office; and,

WHEREAS, the Vendor has been awarded this Agreement as a result of the bid made by Vendor in response to the Specifications and Request for Proposals prepared by County;

NOW, THEREFORE, for and in consideration of the declarations and mutual promises and covenants contained herein, the County and Vendor agree as follows:

I. DUTIES OF VENDOR:

A. Services to be rendered by Vendor under this Agreement shall be all those services necessary and proper for the installation and materials for Pharmaceuticals for Prisoners in the LEC & JJC in conformity with each and every term, condition, specification, and requirement of the Bid Specifications and the Bid submitted by the Vendor.

B. All provisions of each document and item referred to in Paragraph A above shall be strictly complied with the same as if rewritten herein, and in the event of conflict among the provisions of said documents, the provisions most favorable to the County shall govern.

C. Prior to the commencement of any work, Vendor will place on file with the Sarpy County Clerk, the required certificates of insurance, if applicable.

D. The Vendor agrees to comply with the residency verification requirements of Neb. Rev. Stat. §4-108 through §4-114. The Vendor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of new employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of a newly hired employee.

If the Vendor is an individual or sole proprietorship, the following applies:

1. The Vendor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at www.das.state.ne.us.

2. If the Vendor indicates on such attestation form that he or she is a qualified alien, the Vendor agrees to provide the U.S. Citizenship and Immigration Services documentation required to verify the Vendor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.

3. The Vendor understands and agrees that lawful presence in the United States is required and the Vendor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. Sect. 4-108.

E. Vendor will submit an invoice to County for work completed based on the amounts specified in Vendor's bid. Such invoices shall be submitted to:

Sarpy County Sheriff's Office
1210 Golden Gate Drive
Papillion, NE 68046

F. The County and Vendor hereto specifically acknowledge, stipulate and agree that each and every term of the Bid Specifications and the Vendor's bid constitutes an essential term of this Agreement, and that, therefore, any violation of any term, condition, provision, or requirement constitutes a material breach hereunder, for which County shall have every right under the law to terminate this Agreement, and obtain any and all relief necessary.

II. DUTIES OF COUNTY:

In return for full, faithful and diligent rendering of services set forth above, County agrees to pay to Vendor the amount specified in Vendor's bid upon submission of the required invoice and satisfactory completion of all required work.

III. BREACH:

Should Vendor breach, violate, or abrogate any term, condition, clause or provision of this agreement, the County shall notify Vendor in writing that such an action has occurred. If satisfactory provision does not occur within ten (10) days from such written notice, the County may, at its option, terminate this agreement and obtain an alternate provider to provide all required materials. This provision shall not preclude the pursuit of other remedies for breach of contract as allowed by law.

IV. SAVINGS CLAUSE:

This Agreement shall be interpreted, construed and enforced under the laws of the State of Nebraska. It is understood and agreed by the County and Vendor hereto that if any part, term, condition, or provision of this Agreement is held to be illegal or in conflict with any law of the State of Nebraska or of the United States, the validity of the remaining parts, terms, conditions, or provisions shall not be affected, and the rights and obligations of the County and Vendor shall be construed and enforced as if the Agreement did not contain the particular part, term, condition, or provision held to be invalid.

V. SCOPE OF AGREEMENT

This Agreement, along with the Bid Specifications, and Bid by Vendor contains the entire Agreement between the County and Vendor, and there are no other written or oral promises, contracts or warrants which may affect it. This Agreement cannot be amended except by written agreement of both the County and Vendor. Notice to the County and Vendor shall be given in writing to the agents for each party named below:

County: Ms. Debra Houghtaling
Clerk of Sarpy County
1210 Golden Gate Drive
Papillion, NE 68046

Vendor: Mr. Mark Zilner
Diamond Drugs, Inc.
645 Kolter Drive
Indiana, PA 15701

IN WITNESS WHEREOF, we the contracting parties, by our respective and duly authorized agents, hereto affix our signatures and seals in duplicate this 18 day of May, 2012.

(Seal)

COUNTY OF SARPY, NEBRASKA,
A body Politic and Corporate

DEBRA L. HOUGHTALING, COUNTY CLERK
SEAL
SARPY COUNTY, NEBRASKA

ATTEST:

Sarpy County Clerk

5/1/2012
Chairperson
Sarpy County Board of Commissioners

Approved as to form and content:

Deputy County Attorney

Vendor: Diamond Pharmacy Services

By: Mark S. Zilner

Title: Chief Operating Officer

Attest:

Witness

Courtney M. Adams

Pharmaceuticals for Prisoners
for the
LEC and JJC

2:00 p.m.
Thursday, April 19, 2012

	Diamond Drugs, Inc.	HyVee Pharmacy	U Save Pharmacy	Kohll's Pharmacy
WAC	-1.5% Brand -81% Generic	+6%	+5% and $4	+7%
FUL	N/A	N/A	N/A	0% + $2

COMPANY NAME: Diamond Drugs, Inc.

Sarpy County, Nebraska
Pharmaceuticals for Prisoners in the LEC & JJC
Bid Form

Wholesale Acquisition Costs (WAC):

WAC: + n/a **%**

OR

WAC: - 1.5% Brand and 81 **%** Generics. Medications will not be sold below cost

Federal Upper Limit (FUL):

FUL: + n/a **%**

OR

FUL: - 0 **%** Medications will not be sold below cost.

***Prices are to be F.O.B. - 1208 Golden Gate Drive, Papillion, NE 68046**

Please refer to submitted bid sheet.

Company Information:

Years in business:	41 years
# of employees	720
Total sales last 3 years	2011 - $211,804,761
	2010 - $197,606,169
	2009 - $215,202,251

References:

Company Name: Douglas County Department of Corrections
Address: 710 South 17th Street, Omaha, NE 68105
Contact Name: Valerie Jass, HSA Phone Number: 402-599-2311
Fax Number: 402-599-2351 Date of Purchase: 3/1/2008
Email: vjass@correctcaresolutions.com

Company Name: Lancaster County Corrections Department
Address: 605 South 10th Street, Lincoln, NE 68508
Contact Name: Carrie Cropp, HSA Phone Number: 402-441-8904
Fax Number: 402-441-6035 Date of Purchase: June 1, 2011
Email: sCropp@correctcaresolutions.com

Company Name: Scotts Bluff County Adult and Juvenile Detention Center
Address: 2522 7th Street, Gering, NE 69341
Contact Name: Martha E Stricker, RN, Manager Phone Number: 308-630-1559
Fax Number: 308-633-1856 Date of Purchase: June 1, 2011
Email: mstricker@scottsbluffcounty.org

I certify that this bid is submitted in accordance with the specifications issued by Sarpy County.

I acknowledge receipt of the following addenda (if applicable):

Addendum #1 April 16, 2012
Addendum #2 _____

Attachments:

1. **License**
2. **Pharmacy Location & Hours**
3. **Price Verification Procedure**
4. **Ordering Process**
5. **Delivery Schedule**
6. **Return Policy**

Diamond Drugs, Inc.	Mark J. Zilner
Company Name	Company Representative (Please print)
	800.882.6337 x1003
Authorized Signature	Telephone Number
645 Kolter Drive	724.349-2604
Address	Fax Number
Indiana, PA 15701	mzilner@diamondpharmacy.com
City, State & Zip	E-Mail Address

NOTE: Sarpy County is tax exempt and will provide the proper form upon request.

Sarpy County Purchasing Department

SARPY COUNTY COURTHOUSE
1210 GOLDEN GATE DRIVE
PAPILLION, NE 68046

Brian Hanson, Purchasing Agent
(402) 593-2349
Debby Peoples, Asst. Purchasing Agent
(402) 593-4164
Beth Garber, Senior Buyer/Contract Administrator
(402) 593-4476
Lois Spethman, Supply Clerk/Purchaser
(402) 593-2102

Memo

To: Sarpy County Board of Commissioners

From: Beth Garber

Re: Pharmaceuticals for Inmates

On April 19, 2012, four (4) bids were opened for Pharmaceuticals for prisoners in the Law Enforcement Center and juveniles in the Juvenile Justice Center. After review it is recommended the bid be awarded to the low bidder, Diamond Drugs, for 1.5% off the published Wholesale Acquisition Cost (WAC) for brand name drugs and 81% off the published WAC for generic drugs. The County will require generic drugs, when available.

Diamond Drugs is our current vendor and the jail has been very pleased with their services. This has been placed on the May 1, 2012 Board agenda for recommended approval. Please contact me at bgarber@sarpy.com with any questions.

April 24, 2012

Beth Garber

Cc: Deb Houghtaling
Mark Wayne
Scott Bovick
Brian Hanson
Capt. Williamson
Sharon Boehmer

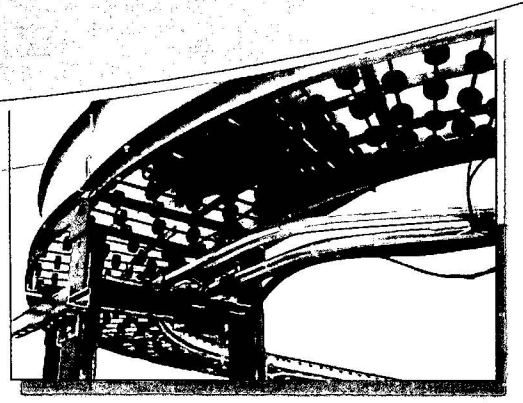
DIAMOND
PHARMACY SERVICES

PHARMACY COMPARISON CHECKLIST

LISTING OF SERVICES PROVIDED	DIAMOND PHARMACY SERVICES	OTHER PHARMACY
Number Of States Serviced	44	
Years Servicing Institutional Facilities	41	
Number Of Employees	720	
Number Of Correctional Facilities Serviced	>900	
Family Owned & Operated	✓	
Specialized In Correctional Pharmacy	✓	
Online Ordering Program	✓	
Pre-Printed MAR's Sent Monthly	✓	
In-House Customer Service Department	✓	
Comprehensive Pharmacy Services, Including IV	✓	
Complete Line Of Medical Supplies	✓	
Overnight Delivery Of Medications	✓	
Local Pharmacy For Emergency Orders	✓	
Blister Pack Medication Cards	✓	
Open 24 Hours A Day, 7 Days A Week	✓	
Pharmacists On Site 24 Hours A Day, 7 Days A Week	✓	
JCAHO Accredited In Pharmacy, IV & Medical Supply	✓	
Credit On Returns	✓	
Formulary Implementation And Management	✓	
Educational Video Library Available	✓	
HIV Discharge Program- Free Medications	✓	
Paperless MAR Program	✓	
Online Reporting Program	✓	
Electronic Order Check-In Program	✓	
Pedigree Papers Provided For Stock Medications	✓	
Monthly Formulary Management Reports	✓	
Policy & Procedure Manual	✓	
Comply With NCCHC & ACA Guidelines	✓	
Commissary Items	✓	
IV Nurses On Staff	✓	
Respiratory Therapists On Staff	✓	
Dedicated Pharmacist Managing Your Account	✓	
Dedicated Order Entry Technician	✓	
Licensed Wholesaler	✓	
Licensed Mail-Order Pharmacy	✓	

DIAMOND

PHARMACY SERVICES



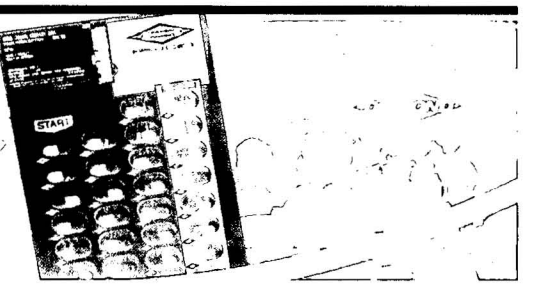
SEALED BID - PHARMACEUTICALS FOR PRISONERS IN THE LEC AND JJC

APRIL 19, 2012 - 2:00 PM

645 Kolter Drive • Indiana, PA 15701 • 1. 800.882.6337 • www.diamondpharmacy.com

DIAMOND

PHARMACY SERVICES



April 18, 2012

Sarpy County Clerk's Office
Deb Houghtaling
1210 Golden Gate Drive
Papillion, NE 68046

Dear Ms. Houghtaling;

I appreciate the opportunity to submit this proposal for the provision of pharmaceutical services and supplies. Enclosed is relevant information regarding our company, its values, services and products as well as an extremely competitive pricing proposal.

Diamond Pharmacy Services, the **Nation's Largest Correctional Pharmacy Provider,** is a full-service pharmaceutical and medical supply provider that has been providing reliable and dependable service to Sarpy County since 2000. We currently fill prescriptions for 1 out of every 5 inmates in the nation and are servicing nearly 900 correctional facilities in 44 states from our family owned, closed-door institutional pharmacy that allows us to dispense nearly 7,000,000 prescriptions annually. In terms of pricing, we are able to bid very competitively because we purchase in large volume from the nation's largest wholesalers and directly from manufacturers.

With nearly 29 years of experience within the correctional pharmacy industry, our large volume purchasing power, comprehensive pharmacy services and state of the art technology, we will continue to provide efficient and cost effective services to your facility that are unmatched. To ensure you receive the highest levels of quality service, we have over 700 dedicated employees on-site in our 135,000 square foot pharmacy to complement our state-of-the-art automated facility that utilizes barcode workflow software, conveyor belts, automated sorting and picking devices as well as automated packing systems. All of which allows us to control costs so greater savings can be forwarded directly to our customers. We follow all NCCHC, ACA and Joint Commission (formerly JCAHO) regulations. We are the only correctional pharmaceutical supplier to be Joint Commission and a Verified Accredited Wholesale Distributor (VAWD.)

Our proposal details the solutions we will provide to Sarpy County in the areas of: timely delivery, medication ordering, medication returns, technology solutions, formulary management and the use of local subcontractor(s) for the provision of emergency medication needs. Diamond goes far beyond just filling prescriptions, we help ensure Sarpy County is operating in compliance with local and federal requirements as well as the many Nebraska specific statutes in regard to: pedigree compliance, stock medication compliance, unit dose packaging requirements for credit and wholesaler requirements to properly provide stock medications to your facilities. Diamond has outlined several technological solutions that will be provided free of charge to Sarpy County for electronic order entry, electronic order reconciliation, electronic inventory management, electronic medication administration recording as well as the ability to receive reporting and invoicing through our web file manager.

Diamond works hard each and every day to provide the highest levels of service to Sarpy County and we hope to continue providing pharmacy service to the Sarpy County correctional and juvenile facilities. We have detailed several ways in which we provide cost containment and when it comes to experience, Diamond is the industry leader. Our nearly three (3) decades in the correctional pharmacy industry will provide unmatched knowledge and experience to the pharmaceutical management of your facilities.

Please review our entire proposal. We appreciate the opportunity to have served Sarpy County for the past 12 years, and we hope to continue providing services into the future. If you should have any questions regarding any aspects of our proposal or services, don't hesitate to contact me at 1.800.882.6337 x1003.

Sincerely,

Mark J. Zilner, R.Ph.
Owner and Chief Operating Officer
mzilner@diamondpharmacy.com

DIAMOND

REQUIRED FORMS 1

HISTORY AND EXPERIENCE 2

ORDERING PROCESS 3

DELIVERY SCHEDULE 4

RETURN POLICY 5

SPECIFICATIONS 6

EXHIBITS 7

BLANK 8

COMPANY NAME: Diamond Drugs, Inc.

Sarpy County, Nebraska
Pharmaceuticals for Prisoners in the LEC & JJC
Bid Form

Wholesale Acquisition Costs (WAC):

WAC: + n/a **%**

OR

WAC: - 1.5% Brand and 81 **%** Generics. Medications will not be sold below cost

Federal Upper Limit (FUL):

FUL: + n/a **%**

OR

FUL: - 0 **%** Medications will not be sold below cost.

***Prices are to be F.O.B. - 1208 Golden Gate Drive, Papillion, NE 68046**

Please refer to submitted bid sheet.

Company Information:

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# of employees	720
Total sales last 3 years	2011 - $211,804,761
	2010 - $197,606,169
	2009 - $215,202,251

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Address: 710 South 17th Street, Omaha, NE 68105
Contact Name: Valerie Jass, HSA Phone Number: 402-599-2311
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Email: vjass@correctcaresolutions.com

Company Name: Lancaster County Corrections Department
Address: 605 South 10th Street, Lincoln, NE 68508
Contact Name: Carrie Cropp, HSA Phone Number: 402-441-8904
Fax Number: 402-441-6035 Date of Purchase: June 1, 2011
Email: sCropp@correctcaresolutions.com

Company Name: Scotts Bluff County Adult and Juvenile Detention Center
Address: 2522 7th Street, Gering, NE 69341
Contact Name: Martha E Stricker, RN, Manager Phone Number: 308-630-1559
Fax Number: 308-633-1856 Date of Purchase: June 1, 2011
Email: mstricker@scottsbluffcounty.org

I certify that this bid is submitted in accordance with the specifications issued by Sarpy County.

I acknowledge receipt of the following addenda (if applicable):

Addendum #1 April 16, 2012
Addendum #2 _____

Attachments:

1. **License**
2. **Pharmacy Location & Hours**
3. **Price Verification Procedure**
4. **Ordering Process**
5. **Delivery Schedule**
6. **Return Policy**

Diamond Drugs, Inc.	Mark J. Zilner
Company Name	Company Representative (Please print)
[signature]	800.882.6337 x1003
Authorized Signature	Telephone Number
645 Kolter Drive	724.349-2604
Address	Fax Number
Indiana, PA 15701	mzilner@diamondpharmacy.com
City, State & Zip	E-Mail Address

NOTE: Sarpy County is tax exempt and will provide the proper form upon request.

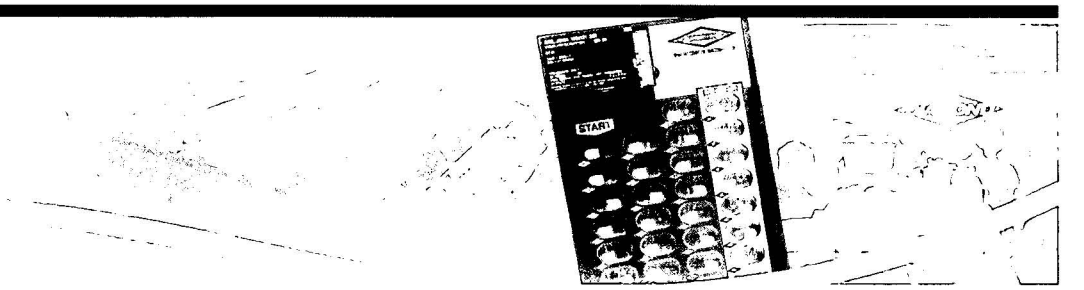
UPDATED Exhibit B
Medication List

		Brand Name Medication					
Medication	**Quantity**	**WAC Unit Price**	**WAC % Discount**	**Extended Total WAC - w/Discount Applied**	**FUL Unit Price**	**FUL % Discount**	**Extended Total FUL - w/Discount Applied**
SEROquel 300mg Tablet	300	$15.7060	1.5%	$4,641.12	N/A	N/A	N/A
Zyprexa 10mg Tablet	200	$18.4400	1.5%	$3,632.68	N/A	N/A	N/A
Symbyax 12-50mg Capsule	100	$20.2100	1.5%	$1,990.69	N/A	N/A	N/A
Divalproex *ER* 500mg Tab	1100	$3.4370	1.5%	$3,723.99	N/A	N/A	N/A
SEROquel 200mg Tablet	200	$11.9786	1.5%	$2,359.78	N/A	N/A	N/A
Plavix 75mg Tablet	200	$6.4455	1.5%	$1,269.76	N/A	N/A	N/A
Abilify 20mg Tablet	100	$25.7897	1.5%	$2,540.28	N/A	N/A	N/A
Risperidone 2mg Tablet	300	$9.8637	1.5%	$2,914.71	N/A	N/A	N/A
Citalopram 20mg Tablet	800	$3.9402	1.5%	$3,104.88	N/A	N/A	N/A
Abilify 10mg Tablet	100	$18.2370	1.5%	$1,796.34	N/A	N/A	N/A
Lipitor 20mg Tab	200	$5.3460	1.5%	$1,053.16	N/A	N/A	N/A
Ranexa 1000mg Tablet	200	$6.1910	1.5%	$1,219.63	N/A	N/A	N/A
ZyPREXA 15mg Tablet	100	$27.6600	1.5%	$2,724.51	N/A	N/A	N/A
Risperidone 1mg Tablet	300	$5.9022	1.5%	$1,744.09	N/A	N/A	N/A
amLODIPine 10mg Tablet	600	$3.3067	1.5%	$1,954.24	N/A	N/A	N/A
Simvastatin 20mg Tablet	300	$5.2436	1.5%	$1,549.47	N/A	N/A	N/A
Gabapentin 600mg Tablet	500	$3.9893	1.5%	$1,964.73	N/A	N/A	N/A
Citalopram 40mg Tablet	500	$4.1118	1.5%	$2,025.06	N/A	N/A	N/A
Simvastatin 10mg Tablet	400	$2.5068	1.5%	$987.67	N/A	N/A	N/A
Lipitor 40mg Tab	100	$5.3460	1.5%	$526.58	N/A	N/A	N/A
Risperidone 3mg Tablet	100	$11.5853	1.5%	$1,141.16	N/A	N/A	N/A
FLUoxetine 20mg Capsule	600	$6.6300	1.5%	$3,918.33	N/A	N/A	N/A
Geodon 40mg Capsule	100	$8.2995	1.5%	$817.50	N/A	N/A	N/A
Invega 3mg Tab	100	$15.8767	1.5%	$1,563.85	N/A	N/A	N/A
SEROquel 400mg Tablet	100	$18.4581	1.5%	$1,818.12	N/A	N/A	N/A
Pantoprazole 40mg Tablet	200	$5.8488	1.5%	$1,152.21	N/A	N/A	N/A
Levetiracetam 500mg Tab	300	$5.2189	1.5%	$1,542.19	N/A	N/A	N/A
Tricor 145mg Tablet	100	$5.0042	1.5%	$492.92	N/A	N/A	N/A
metFORMIN 1000mg Tab	500	$1.9186	1.5%	$944.91	N/A	N/A	N/A
Creon 6000unit Capsule	400	$0.9154	1.5%	$360.68	N/A	N/A	N/A
	TOTAL			**$57,475.26**			**$0.00**

UPDATED Exhibit B
Medication List

		Generic Medication					
Medication	**Quantity**	**WAC Unit Price**	**WAC % Discount**	**Extended Total WAC - w/Discount Applied**	**FUL Unit Price**	**FUL % Discount**	**Extended Total FUL - w/Discount Applied**
SEROquel 300mg Tablet	300	$2.6600	81%	$151.62	N/A	N/A	N/A
Zyprexa 10mg Tablet	200	$18.2551	81%	$1,611.48	N/A	N/A	N/A
Symbyax 12-50mg Capsule	100	N/A	N/A	N/A	N/A	N/A	N/A
Divalproex *ER* 500mg Tab	1100	$0.8911	81%	$195.91	N/A	N/A	N/A
SEROquel 200mg Tablet	200	$0.0000	81%	$50.42	N/A	N/A	N/A
Plavix 75mg Tablet	200	N/A	N/A	N/A	N/A	N/A	N/A
Abilify 20mg Tablet	100	N/A	N/A	N/A	N/A	N/A	N/A
Risperidone 2mg Tablet	300	$1.5127	81%	$86.23	$2.5358	0%	$760.74
Citalopram 20mg Tablet	800	$0.1659	81%	$25.21	$0.1725	0%	$138.00
Abilify 10mg Tablet	100	N/A	N/A	N/A	N/A	N/A	N/A
Lipitor 20mg Tab	200	$4.7656	81%	$601.18	N/A	N/A	N/A
Ranexa 1000mg Tablet	200	N/A	N/A	N/A	N/A	N/A	N/A
ZyPREXA 15mg Tablet	100	$27.3826	81%	$1,208.65	N/A	N/A	N/A
Risperidone 1mg Tablet	300	$1.1012	81%	$62.77	$1.5173	0%	$455.19
amLODIPine 10mg Tablet	600	$0.1248	81%	$14.23	$0.1782	0%	$106.92
Simvastatin 20mg Tablet	300	$0.5771	81%	$32.89	$0.2100	0%	$63.00
Gabapentin 600mg Tablet	500	$0.9769	81%	$102.35	$0.9738	0%	$486.90
Citalopram 40mg Tablet	500	$0.1689	81%	$22.35	$0.1755	0%	$87.75
Simvastatin 10mg Tablet	400	$0.3166	81%	$24.06	$0.1750	0%	$70.00
Lipitor 40mg Tab	100	$4.7656	81%	$300.59	N/A	N/A	N/A
Risperidone 3mg Tablet	100	$1.5127	81%	$28.74	$2.9783	0%	$297.83
FLUoxetine 20mg Capsule	600	$0.0581	81%	$10.08	$0.1454	0%	$87.24
Geodon 40mg Capsule	100	$8.2163	81%	$282.20	N/A	N/A	N/A
Invega 3mg Tab	100	N/A	N/A	N/A	N/A	N/A	N/A
SEROquel 400mg Tablet	100	$7.4842	81%	$142.20	N/A	N/A	N/A
Pantoprazole 40mg Tablet	200	$0.1530	81%	$11.64	N/A	N/A	N/A
Levetiracetam 500mg Tab	300	$0.7121	81%	$40.59	$0.5271	0%	$158.13
Tricor 145mg Tablet	100	N/A	N/A	N/A	N/A	N/A	N/A
metFORMIN 1000mg Tab	500	$0.1800	81%	$17.10	$0.1658	0%	$82.90
Creon 6000unit Capsule	400	$0.9154	81%	$360.68	N/A	N/A	N/A
	TOTAL			**$5,383.17**			**$2,794.60**

PHARMACY SERVICES



DIAMOND PHARMACY SERVICES
BID TO THE
SARPY COUNTY LAW ENFORCEMENT CENTER
AND JUVENILE CENTER

APRIL 19, 2012

Each prescription will be billed as follows:

Brand Name and Single Source Medications = WAC less 1.5%
Generic Multi-Source Medications = WAC less 81%

There will be **no minimum** prescription price.

The above bid includes all services including forms, MAR's, consulting, in-services, telephone consulting, medication carts, computerized reports, etc. outlined in the proposal; your facilities will only be charged for the price of the prescriptions, there are no extra charges. Prescriptions will not be sold below cost.

WAC – Wholesale Acquisition Cost as published by Medispan

Any interface or transmission fees charged by an EHR/EMR company will be billed as a pass through.

Maintenance medications are dispensed in a routine thirty (30) day supply. If your facility requires a lower routine days supply, a higher rate may be negotiated. All medications and OTCs must be purchased from Diamond except for emergency medications.

Backup pharmacy services will be billed at the contracted backup pharmacy's rate as billed through the Pharmacy Benefit Management (PBM) company plus backup's delivery or on call charge, taxi or courier charge, if applicable.

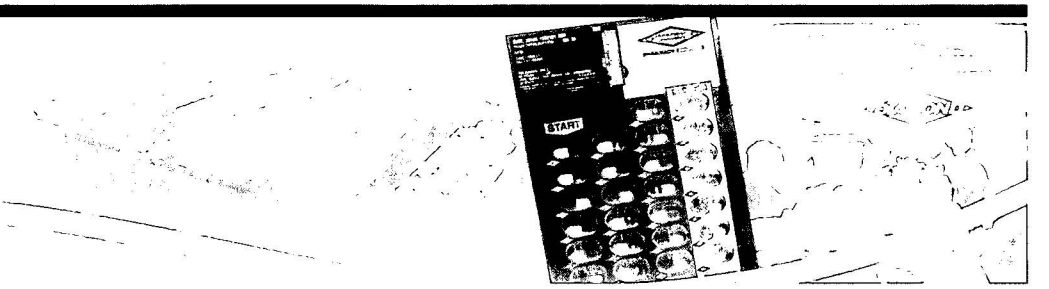
Diamond will retain and reserves all rights, title, use, control, interest in and ownership of its assets including, but not limited to, its software, reporting packages and user documentation; operations, procedures and strategies; formulary and clinical services; manufacturer, wholesaler, group purchasing and vendor contracts and resultant data and information; patient, claims and drug utilization information; trade marks and service marks.

Credit - Credit will be issued on **full or partial** cards at 100% of the amount billed less $1.95 processing fee per card. Credit will be issued on returned, non-controlled tablets or capsules remaining in the original 30 dose blister cards provided they are returned prior to three (3) months of expiration, not originally labeled as keep on person (KOP), have not been released to the inmate population and are

permitted for return by the State Board of Pharmacy and FDA. Control medications and open partial stock medications cannot be credited per federal regulations. Credits are issued on medications that Diamond currently stocks and can be redistributed to other clients for administration prior to expiration. Credits are issued on medications based upon the professional judgment of a Diamond Pharmacist and current market value of the medication. Upon termination of this agreement credit will be applied to medications returned to Diamond within 30 days of the termination date. Some pharmacies only offer credit on SELECT doses which THEY decide to label on each bubble. By accepting one of these options, you will lose a significant amount on returned medications.

NOTE: Diamond offers credit on full and partial, non-adulterated blister cards, several pharmacies do not offer credit on partial cards, which would amount to a significant loss for your facility. Nationally, 62.4% of medications being returned are in partial cards. Selecting a pharmacy not offering credit on partial cards would result in a significant loss for your facility.

Over 60% of returned medications are in partial cards. You may lose a significant amount of money if you select a pharmacy that does not offer credit on partial cards.



DIAMOND PHARMACY SERVICES
BID TO THE
SARPY COUNTY LAW ENFORCEMENT CENTER
AND JUVENILE CENTER

APRIL 19, 2012

Each prescription will be billed as follows:

Brand Name and Single Source Medications = FUL less 0%
Generic Multi-Source Medications = FUL less 0%

There will be **no minimum** prescription price.

The above bid includes all services including forms, MAR's, consulting, in-services, telephone consulting, medication carts, computerized reports, etc. outlined in the proposal; your facilities will only be charged for the price of the prescriptions, there are no extra charges. Prescriptions will not be sold below cost.

FUL – Federal Upper Limit as published by Medispan

Diamond has submitted a primary bid sheet reflecting WAC minus a discount percentage for brand and generic medications as well as this bid sheet reflecting FUL pricing. FUL pricing is only applicable to multi source generic products. With the release of newer generic entities, the FUL pricing is not readily available from published sources. When submitting your requested Excel spread sheet of medications for pricing, FUL pricing is simply not available for branded products which prevent the submission of a bid related to FUL pricing to be comprehensive. Our WAC minus a percentage discount pricing provides a competitive bid offering versus what we can offer via a discount to FUL pricing. We hope that Sarpy County will review our primacy WAC proposed bid rate favorably when making a contract award. Should there be any questions in regard to our pricing proposals, feel free to contact Mark Zilner RPh, Owner and Chief Operating Officer at 1.800.882.6337 x 1003 or at mzilner@diamondpharmacy.com for any clarification.

Any interface or transmission fees charged by an EHR/EMR company will be billed as a pass through.

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Diamond will retain and reserves all rights, title, use, control, interest in and ownership of its assets including, but not limited to, its software, reporting packages and user documentation; operations, procedures and strategies; formulary and clinical services; manufacturer, wholesaler, group purchasing and vendor contracts and resultant data and information; patient, claims and drug utilization information; trade marks and service marks.

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Over 60% of returned medications are in partial cards. You may lose a significant amount of money if you select a pharmacy that does not offer credit on partial cards.

State of Nebraska

Department of Health and Human Services
Division of Public Health

Mail Service Pharmacy Permit

This is to certify that **Diamond Pharmacy Services**
Is hereby issued License No. **244** to operate a Mail Service Pharmacy at:
645 Kolter Dr Indiana PA 157013570
John J. Avolio, RP in Charge

Board of Pharmacy

Kevin C. Bowles, RP
Chairperson

Patricia J. Kollner RP
Vice-Chairperson

Ken Saunders, RP
Secretary

Given under the name and Seal of the Department of Health and Human Services Division of Public Health of the State of Nebraska at Lincoln on **05/09/2000.**

Expiration Date: 05/09/2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES
STATE OF
SEAL
NEBRASKA
EST. JULY 1, 2007

Joann Schaefer MD. Chief Medical Officer, Director
Division of Public Health, Department of Health and Human Services

State of Nebraska

Department of Health and Human Services
Division of Public Health

Wholesale Drug Distributor -

This is to certify that **Diamond Pharmacy Services**
Is hereby issued License No. **658** to operate as a Wholesale Drug Distributor at:

665 Kolter Drive, Indiana PA 15701,
Mark Zilner, Designated Rep

Given under the name and Seal of the Department of Health and Human Services Division of Public Health of the State of Nebraska at Lincoln on **12/28/2009.**

Amendment Date: 05/23/2011
Expiration Date:. 07/01/2012

Board of Pharmacy

Kevin C. Bonka, RP
Chairperson

Patricia J. Gollnick RP
Vice-Chairperson

Ken Saunders, RP
Secretary

DEPARTMENT OF HEALTH AND HUMAN SERVICES
STATE OF
SEAL
NEBRASKA
EST. JULY 1, 2007

Joann Schaefer, MD, Chief Medical Officer, Director
Division of Public Health, Department of Health and Human Services

State of Nebraska

Department of Health and Human Services
Division of Public Health

Lic Type: **Pharmacist**

License No. 12365 Status: Active

Mark Joseph Zilner, RP
531 Edgewood Ave
Indiana PA 15701

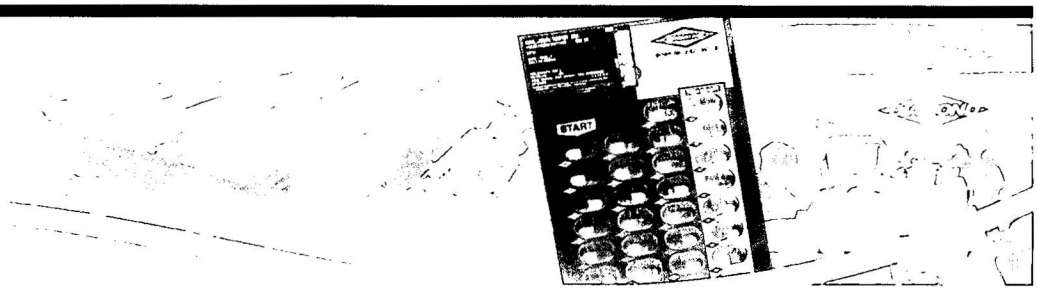
Expires: 01/01/2014

SEAL

Administrator, Licensure Unit

Signature

PHARMACY SERVICES



PHARMACY SERVICES PROPOSAL
FOR THE
SARPY COUNTY DETENTION CENTER AND
JUVENILE FACILITY

APRIL 19, 2012

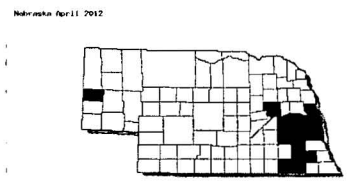
PHARMACEUTICALS AND PHARMACY SERVICES

Background and Experience

Diamond Drugs, Inc. dba Diamond Pharmacy Services, appreciates the opportunity to submit this proposal for pharmaceutical services in response to your RFP. As the Nation's Largest Correctional Pharmacy Provider, Diamond services nearly 900 correctional facilities in 44 states, as well as being the incumbent pharmacy provider for Sarpy County since 2000. Most of the facilities we service are adult detention centers, but we also service numerous juvenile facilities, female facilities, intake centers, alcohol and drug detox centers, large and small state departments of corrections as well as privately owned correctional facilities. We recognize that the most important patients to you are those within your facilities. Whether it's a 10 bed facility or a 10,000 bed institution, a single county facility or a statewide network covering multiple locations, we customize our services to fit your needs and deliver the same quality care and attention. Once you review our response to your RFP, you will realize that Diamond has the ability to continue meeting, as well as exceeding, all your requirements and expectations. Others may boast or speak of their correctional industry experience as being unmatched and unrivaled, but our confidence is based upon our nearly **three (3) decades** of experience within the correctional pharmacy industry. Our dependable delivery model in conjunction with superior customer service has allowed us to forge lasting partnerships with our customers to become the industry leader. We are proud to have established our relationship with Sarpy County over the past 12 years and many customers have been with Diamond longer than some of our competition has been in business. As we continue to develop and provide you with our industry leading technologies, clinical programs, formulary management, program management and cost saving initiatives, we hope to gain your trust and secure the privilege of continued service to Sarpy County.

Currently we:

- Service 15 facilities in 13 Counties in the state of Nebraska ranging from a capacity of 10 to over 1,400
- Supply cost-effective care for over 450,000 correctional patients nationally
- Fill nearly 7,000,000 prescriptions annually
- Are the only national correctional pharmaceutical supplier with Joint



Commission and Verified-Accredited Wholesale Distributor (VAWD)accreditation

- Provide full time customer care including access to a regularly scheduled registered pharmacist 24 hours a day, **every day** of the year.
- Provide technology such as web based barcode scanning and order reconciliation, web based online reporting program, web file manager data reporting and a web based electronic order entry and medication administration program. Access to all programs are provided **free of charge** to your facility.
- Provide clinical and disease management programs through our registered and doctoral licensed clinical pharmacists, AAHIVE certified HIV specialist, Certified Diabetes Educator and Anticoagulation Specialist at no charge to any of our customers
- Develop and support CQI and error prevention programs on-site

Our philosophy at Diamond is to be an active partner with Sarpy County and take the lead in helping to ensure your facilities will be in compliance with state inspectors and regulatory agencies. We are in a partnership with you to provide complete services and Diamond goes far beyond just filling prescriptions as part of our comprehensive pharmacy management system. In the twelve (12) years we have partnered with Sarpy County, we are not aware of any facility receiving any deficiencies during an accreditation or being subjected to any fines or disciplinary actions. Be confident, Diamond works diligently every day to ensure Sarpy County operates in full compliance with pharmacy regulation at the local, state and Federal levels.

Diamond is the industry leader when it comes to understanding the Prescription Drug Marketing Act as well as FDA and Nebraska statutes in regard to the proper enforcement and regulations surrounding a stock medication program. Diamond has taken the extra step of voluntarily becoming a Verified Accredited Wholesale Distributor (VAWD) so we can ensure we operate and hold ourselves to the highest levels of accountability in this discipline. We did not have to become VAWD, but we chose to become a VAWD. Our knowledge and ongoing work with Pedigree law gives you an expert in the field as part of our normal value added services. Diamond has invested significant resources in labeling of stock cards as true unit dose packaging and we have committed the resources to establish a wholly owned subsidiary, Remedy Repack, to ensure we comply fully with all regulations when repacking stock from a bulk bottle into a manageable thirty (30) count blister card packaging.

Diamond has risen to the forefront of the correctional pharmacy industry through word of mouth, excellent pricing, superior services, family based morals and ethics, hard work, a family of long tenured and dedicated employees and the loyalty of our current customer base. We do not take our current status for granted and we will continue to work hard each and every day to exceed the needs of Sarpy County. Many of our competitors will try to distinguish themselves from Diamond by highlighting aspects of their pharmacy program as being unique, but when it comes down to it, many of the distinguishing features of their programs are staples of our current comprehensive pharmacy management plan and vision. Our comprehensive pharmacy program and vision incorporates and embodies the principles of:

- Industry leading knowledge from our **three decades** of correctional pharmacy experience
- Site level as well as corporate level management of the pharmacy program devised specific to Sarpy County that ensures full compliance with regulatory as well as accreditation agencies.
- Clinical excellence through formulary management, reporting, drug utilization reviews, disease management and therapeutic monitoring

- A highly trained and knowledgeable in house support staff that has worked exclusively within the correctional setting to understand the needs and provide solutions in regard to Information Technology, Programming, Specialized Services and Legal Consultation. These disciplines are part of our corporate structure and do not need to be outsourced.
- Efficiency within our operational wing through the use of industry leading technology for order entry, reconciliation, inventory control, electronic ordering and medication administration
- A solid and comprehensive Quality Assurance program and subsequent monitoring

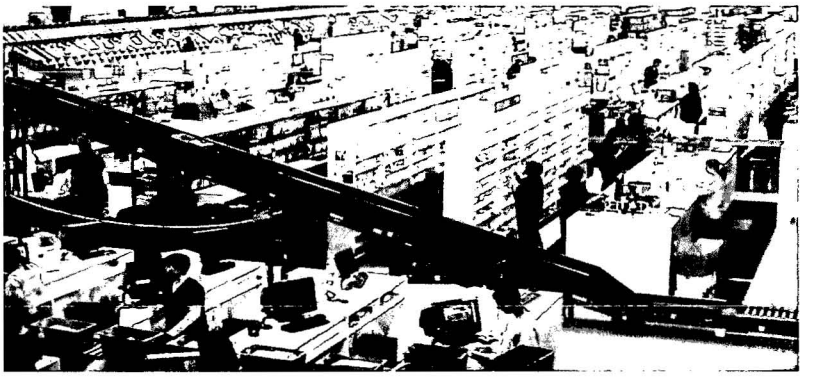
History and Profile

In 1970, pharmacists Gilbert and Joan Zilner opened their first retail pharmacy in the community of Indiana, PA. Little did they realize back then that Diamond Pharmacy Services was destined to employ over 700 dedicated individuals; including over 50 Registered Pharmacists and Doctors of Pharmacy, Clinical Pharmacists, Certified HIV Specialists, LPNs, RNs, a Registered Nurse Practitioner, Quality Assurance Technicians, Customer Service Representatives, Certified Skilled Technicians, IT Developers, Programmers, Certified IV Nurses, Registered Respiratory Therapists, On-site Legal Counsel and a Committed Administrative Staff.

Company Profile

Experience:	**29 years**
Facilities Served:	**900**
Correctional Patients:	**450,000**
Geographic Coverage:	**44 states**
# Prescriptions/yr:	**7,000,000**
Total Employees:	**720**
Pharmacists on Staff:	**52**
Accreditations:	**VAWD**
	Joint Commission

Gilbert and Joan's son, Mark, graduated with a pharmacy degree and joined the family business in 1991. Mark Zilner R.Ph. took the company's efforts at servicing correctional and long-term care facilities to another level. Since 1990, the number of correctional patients under the company's care has grown over twenty-fold from less than 20,000 to over 450,000.

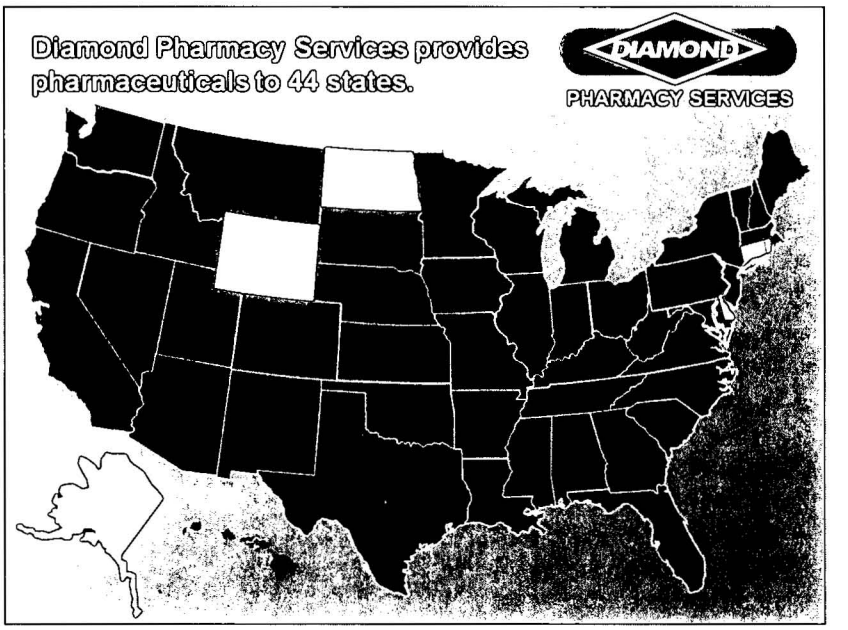


Initially operating out of our small retail pharmacy, Diamond quickly outgrew the space. To accommodate a growing list of institutional customers, Diamond built a 135,000 square foot facility in 1996, two miles from the location of the Zilner family's original retail pharmacy in Indiana, PA.

By 2001, Diamond had become the Nation's Largest Correctional Pharmacy Services Provider. Today, our privately held, family-owned corporation provides correctional institutions, long-term care facilities and two retail pharmacies with patient specific medications, accurate and secure patient records, stock pharmaceuticals, custom compounding, respiratory services along with IV infusion and medical supplies.

Diamond's primary focus is on the correctional pharmacy industry and our remarkable growth has been a direct result of competitive pricing, dependable and reliable delivery, loyal and long tenured employees in vital operational areas of the business and exceptional customer service. We have never changed our name, pursued financing from venture capitalists or outside investors or purchased any business from a competitor. All growth has been internal and organic and our enviable record of consistent annual growth sets us apart from the competition.

Current Service Area
(Areas shaded in red represent states where Diamond provides services)



As our client list grows and industry demands change, our extensive knowledge of the correctional pharmacy industry dictated that we must grow and meet these demands accordingly. During the past five years Diamond has expanded even further by establishing several wholly owned subsidiaries: RemedyRepack, SapphireHealth and InnovaHealth. These subsidiaries enable Diamond to meet the full range of pharmaceutical services necessary for comprehensive institutional pharmacy care. RemedyRepack is a vital component that allows Diamond to legally repack stock medications into blister cards and eliminates our dependency on outside agencies to fulfill these requirements. SapphireHealth is our technology division supporting our Sapphire eMAR and other software and InnovaHealth's InnovaScript is a retail mail order servicing employer prescription programs as well as indigent and retail customers.

Onsite Legal Department

To help ensure regulatory compliance, we have onsite legal counsel that monitors the rules, regulations and laws that govern the correctional pharmacy industry and the customers we service. It is our commitment and obligation to our customers to ensure we can provide proper guidance on clinical and operational programs. As the industry leader, we must keep our customers, as well as ourselves up to date on industry

changes as well as local, state and federal changes in regulation and legislation. Diamond is very connected to these changes and the impact they may have within the industry. In addition to in-house council, we have access and retain the services of legal experts in several other pharmacy and regulatory disciplines for consultation when needed.

Onsite IT Staff and Support

Our exponential growth over the years has dictated the need for a fully staffed IT and programming department available 24 hours a day to provide not only in house support of our systems, but availability to our customers as well that are in need of technological support for systems we have deployed on site. This group of 25 professionals is a company within a company and shows our dedication to our customers to have a secure, reliable and efficient IT infrastructure as well as a programming arm to meet the requests and needs of our customer base. This group is responsible for items such as: hardware management, software design, data management, network support, interfacing with customers, network design, phone and fax systems, as well as managing our entire system infrastructure.

Onsite Quality Assurance Department

Quality assurance and error prevention are of the highest priorities at Diamond. We have a dedicated staff on hand that reports directly to company ownership. The department is headed by our Chief Financial Officer and the primary role of the department is to audit our internal processes to ensure we are following our own policies and procedures. The department has expanded its role to actively participate in the daily operation by auditing every aspect of the prescription processing, filling and shipping areas of our distribution center. Additionally, members of the QA team will investigate any reported prescription incidents to establish a root cause analysis and will apply changes to our operation to prevent a recurrence of an incident. A detailed description of our complete QA process is outlined later in the proposal.

Onsite IV Specialists and Department

Growth and expansion dictated the need for a fully staffed department of eight IV specialists to provide a full complement of IV services to your facility. Every IV order received will be assigned to a member of our IV team to follow the patient's order through completion. Each day an IV certified registered nurse will call your facility to check on the IV status of the patient and note any order changes and request any lab work or monitoring information to conduct a thorough patient assessment. IV solutions and mixtures, including IV medications, IV antibiotics, IV pain medications, TPN's, PPN's and IV hydration which are:

- Compounded by a registered pharmacist, IV certified nurse or IV certified pharmacy technician with appropriate training following USP Chapter 797, The Joint Commission and aseptic techniques
- Compounded in Diamond's certified class 10,000 clean room under a class 100 laminar flow hood which is certified annually to ensure the hood and compounding room creates a sterile work environment
- Mixed, labeled and shipped ready to hang
- Supported with administration sets, pumps, equipment and educational services

Compounding Specialist

Diamond has on staff, a certified non sterile compounding specialist that is fully trained and certified to provide compounded pharmaceutical agents. Sherry Sowers R.Ph., has completed a course of study that certified her abilities and knowledge of regulations surrounding the preparation, storage, dispensing and

licensing requirements needed to provide comprehensive compounding services to our customers. Her certification once again shows that Diamond fully embraces employees and opportunities to exceed the highest standards within the correctional pharmacy industry.

AAHIVE Clinical Experts Onsite

Diamond Pharmacy Services currently has on staff two American Academy of HIV Experts (AAHIVE) Certified HIV Pharmacists available to our facilities. They are actively involved on a daily basis providing HIV/Hepatitis B-C education and training to our staff pharmacists and the providers and nurses at the facilities whom we service. These experts are available to answer any questions as related to the treatment of HIV, Hepatitis B/C, and or HIV-Hepatitis Co-infected patients as well as questions relating to drug–drug, drug-disease state interactions. In order to maintain their HIV certification, every 24 months our HIV pharmacists are required to complete a minimum of 30 HIV-related CE/CME credits, which must be completed prior to sitting for the Bi-Yearly AAHIV national exam. In addition, one of our HIV pharmacists has also completed traineeships sponsored by American Society of Consultant Pharmacists (ASCP)/ HIV Clinical Pharmacists at Johns Hopkins Moore Clinic in Baltimore Maryland, and the University at Buffalo HIV Pharmaceutical Care Specialist program.

Our HIV pharmacists also publish /co-edit the Diamond HIV-Hepatitis Quarterly Journal. The journal includes important clinical information on recent data, trials and drug updates related to the treatment of HIV and Hepatitis B/C. Facilities are encouraged to use Diamond's HIV Patient Assistance Program which may not only decrease costs related to the patient's discharge medications but encourages the importance of discharge planning and the continuity of care. Discharge planning greatly reduces the cost of inmates' care upon readmission to prisons. With recidivism rates in excess of 50%, this is crucial to containing cost.

In addition to education, training and consultations our HIV pharmacists review daily HIV reports for our facilities making sure the patient has been placed on an appropriate Highly Active Antiretroviral Treatment (HAART) plan based on the current DHHS HIV guidelines, and communicate any issues with a patient's therapy directly to the provider. The reviews our HIV pharmacists do is important. Not only do the medications have to be individually dosed appropriately according their respected package insert, it is crucial that a patient's total HIV therapy regimen is in accordance to the HIV guidelines. Having a patient on a non-recommended/preferred regimen could not only be detrimental to the patient thus quite possibly setting them up to fail a regimen but could also increase your cost. Having the patient on the best preferred regimen from the start will help reduce the chance of a bad outcome and reduce the dollars wasted on HIV medications that no longer work, laboratory dollars and possibly outpatient consultations/hospitalizations. Our HIV pharmacists help the providers individualize therapy for each patient as many patients have co-morbidities that have to be taken into account when constructing their HIV regimen. They are available every day for your providers assistance should they need expert consultation and guidance.

Diamond Employees

Diamond and our employees observe all rules and regulations of your facility to the fullest extent while on the premises. Should any clearance be needed to access your locations, these will be obtained in advance of any visit or inspection. Diamond and our employees are independent contractors, not employees or agents of the facility.

Qualified candidates for employment are selected based on required competency and qualifications defined within the job description for that position. Once hired, reviews and training are not a one-time occurrence at Diamond. It's an ongoing process as the following Diamond HR policies attest:

- Diamond verifies the education, experience and competence through thorough reference checks
- Licensure or certification is verified with the issuing authority at hire, annually on the anniversary of hire and upon expiration of the license
- All new employees complete a comprehensive general orientation program which includes but is not limited to:
  - √ Organizational policies and procedures
  - √ Safety policies, sexual harassment, drug free workplace/substance abuse
  - √ Standards of practice used by the organization
  - √ Prevention and control of infection
  - √ Ethics and conflict of interest, confidentiality, emergency preparedness
  - √ Medicare Part D fraud
  - √ Waste and abuse
  - √ Violence in the workplace and terrorism training
- Employees are refreshed annually on the key training elements
- Once the employee completes the general orientation they are trained on the specific tasks required to provide exceptional customer care to our contracted facilities; this is a ninety (90) day orientation period
- Employees are given an evaluation after ninety (90) days
- Error rates are continuously monitored and if they are not in a desirable range additional training is implemented; if the employee continues to have a high error rate disciplinary action may be warranted
- An employee who is unable to achieve the desired competency level is either reassigned to a position that may better suit their abilities or terminated
- Each year on their anniversary of hire, employees are given a competency test and an annual evaluation
- Competency is assessed in several ways including but not limited to various forms of testing, visual observation and actual demonstration of the task
- Job descriptions, competency tests and evaluations are continuously updated

Diamond is proud to say that during its most recent Joint Commission review of employee files, the inspector said one word, "Perfect". At Diamond, Customer Care is a priority. It is a philosophy that is instilled in all

company employees from their first day on the job and throughout their Diamond career. As a consequence, Diamond customers can expect that:

- Before any Diamond customer care representative speaks to you, they have received a minimum of two weeks orientation and up to ninety days of extensive training
- Licensed and board certified pharmacists and technicians are assigned to your specific account as a permanent resource to provide valuable consultative services and a continuity of care
- Long-tenured staff deliver greater professional expertise and more extensive familiarity with Diamond Pharmacy operations
- Trained, professional Customer Service Representatives provide you personal assistance with a variety of services including account profile changes, customer updates, internal resource identification, processing of medication request to backup pharmacies and more.

A Legacy of Leadership and Accreditation

Since opening our first retail location four decades ago, the company has been dedicated to exceeding customer expectations. As a result, Diamond has earned numerous national awards, citations and accreditations including:

- The Joint Commission (formerly JCAHO) 1996 – present
- Verified-Accredited Wholesale Distributor (VAWD) 2009 - present
- Council of State Governments "Innovations in State Government", National Award, 2006
- Inc. 5000 America's fastest growing privately held companies, 2007, 2008 and 2009
- Inc. 500 America's fastest growing privately held companies, 2002 and 2003

In addition to these prestigious national accolades, Diamond is proud to be recognized by our home state as:

- Pennsylvania Business Central's "Top 100 Businesses in Pennsylvania"
- Pennsylvania Business Central's "Largest Private Employer"
- Indiana University of Pennsylvania's "Family Business of the Year"
- Indiana County Business and Professional Women's " Employer of the Year"
- Indiana County Supported Employment Advisory Council's "Outstanding Employer of the Year"
- The owners of Diamond, Joan, Gilbert and Mark, have each been recognized in Pennsylvania Business Central's "Top 100 Business People in PA"

These tributes and Diamond's exceptional growth have been the result of the company's unwavering commitment to quality, service and value.

A Legacy of Teaching and Caring

Diamond is a local leader in the area of philanthropy and giving back to the community. Reaching out to the community is not only seen corporately, but also individually through our family of employees that give of

their time and money to the local community. In addition, we regularly serve as a preceptor location for three Schools of Pharmacy and other health care schools. Below are a few of the organizations Diamond supports.

- United Way
- American Red Cross
- University of Pittsburgh School of Pharmacy
- Duquesne School of Pharmacy
- Lake Erie College of Pharmacy
- Indiana University of Pennsylvania School of Nursing

A Legacy of Regulatory Compliance

Diamond meets or exceeds the quality standards, rules and regulations of all applicable State and Federal Laws as well as the State Board of Pharmacy. Diamond follows the guidelines established by;

- Food and Drugs Administration (FDA)
- Drug Enforcement Agency (DEA)
- American Correctional Association (ACA)
- National Commission on Correctional Health Care (NCCHC)
- The Joint Commission (JCAHO)
- Nebraska Statutes
- Verified Accredited Wholesale Distributors (VAWD)
- Health Insurance Portability and Accountability Act (HIPAA)

The Joint Commission seal is your independent assurance of excellence.

Diamond Pharmacy is the first correctional pharmaceutical supplier accredited by The Joint Commission, previously known as JCAHO (Joint Commission on Accreditation of Healthcare Organizations). This accreditation covers Pharmacy Dispensing Services, Clinical/Consultant Pharmacist Services, Long Term Care Pharmacy Services, Home Medical Equipment Services, IV Therapy Services and Respiratory Services. The Joint Commission is the highest level of accreditation typically found only in hospitals. The Joint Commission on Accreditation of Healthcare Organizations certified that Diamond's standards are among the most rigorous in the industry. In fact, Diamond is the only correctional pharmaceutical company that has been so recognized by The Joint Commission. Others may be aware of the requirements for Joint Commission certification, but no others, except Diamond, have voluntarily submitted to inspection and received accreditation.

During the certification process, The Joint Commission reviewed Diamond's entire operation including medication management systems, infection control, performance improvement, human resources, information management, leadership and more. Diamond remains the only provider within the industry to have passed the test.

Ultimately, because Diamond holds itself to a higher standard, Diamond customers receive superior service and its patients receive industry leading top-quality care.

Diamond has been accredited as a Verified-Accredited Wholesale Distributor (VAWD) by the National Association of Boards of Pharmacy. This accreditation ensures that a Distributor meets the highest standards in licensure, facility, personnel and recordkeeping. In addition, a VAWD-accredited facility maintains, enforces and adheres to policies and procedures for managing and securing all inventories according to strict guidelines.

Diamond strictly complies and adheres to the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and all applicable regulation promulgated thereunder. In accordance with HIPAA, Diamond keeps secure and private all information that may be considered Individually Identifiable Health Information (IIHI) Diamond provides a detailed action plan to ensure compliance with HIPAA regulations and assists correctional facilities with planning, developing and adhering to these requirements.

Diamond is licensed in good standing with the State Pharmacy Boards in accordance with the standards of the Commonwealth of Pennsylvania and State of Nebraska as a non-resident pharmacy and with the Federal Drug Enforcement Agency to dispense controlled substances in Schedules II through V.

As required by Nebraska statute 71-7444, Diamond is a Licensed Wholesaler in both Nebraska and Pennsylvania and is an FDA Certified Repacker **(as required by Nebraska statute 71-7443)** for stock medication. Failure to partner with a vendor that is properly licensed may subject your facility to fines and disciplinary action. Please independently verify all vendors are properly licensed to protect the interests of your facility.

Diamond complies with all Pedigree requirements as outlined by the FDA as well as **Nebraska statute 71-7455/56.**

IIHI and Other Records

Diamond retains as confidential all records of the facility. The company maintains all appropriate documentation, including but not limited to prescription records, prescribing patterns and usage, inventory records, medication destruction, controlled medication perpetual inventory, patient profiles, copies of all prescriptions, etc.

All documentation relating to Diamond's performance is maintained in an orderly fashion and is readily retrievable. These records are open for review by the appropriate prison staff or appointed designee.

Diamond retains all records regarding your facility in a safe, secure and redundant environment for a period of at least seven (7) years.

A Policy of Non-Discrimination

Diamond does not discriminate against any patient and provides all patients in your facility with exceptional pharmaceutical care.

Diamond is an Equal Opportunity Employer and provides equal employment opportunity based on objective

standards of recruitment, selection, promotion, classification, compensation performance evaluations and management relations for all employees. Diamond does not use discriminatory employment practices or requirements such as those based upon race, color, creed, national origin, religious affiliation or non-affiliation, sex, sexual orientation, marital status, age (over forty), disability, medical condition (including, but not limited to, AIDS, ARC, HIV positive diagnosis, or cancer), political affiliation, veteran status or union membership.

The company adheres to all provisions of the Title II of the Americans with Disabilities Act of 1990.

Diamond's Affirmative Action Plan is available upon request.

Liability Coverage

Diamond maintains general and professional liability insurance coverage in the amount of $1,000,000 for each occurrence and $3,000,000 aggregate through Columbia Casualty Company. In addition, Diamond carries umbrella and excess liability insurance protection in the amount of $8,000,000 through the same carrier.

The underlying liability insurance is general, professional, automobile and workers' compensation. Columbia Casualty Company carries a rating of "A" and a Financial Size Category of XV ($2 Billion or more) as published in the current Best Key Rating Guide (A. M. Best Company, Inc.). Therefore there is not any residual risk to your facility. Documentation of said coverage is enclosed. Upon being awarded the contract, Diamond lists your department as an additional insured (by endorsement) and provides you copies of said coverage. Diamond indemnifies and holds harmless your facility from and against all loss or costs rising out of Diamond's gross negligence, criminal negligence or willful or wanton or intentional misconduct.

Diamond maintains other public liability insurance against all other bodily injury, property damage and personal and advertising injury exposures including: on and off premises operations liability, personal injury liability insurance, independent contractor liability and completed operations and products liability.

Diamond maintains workers' compensation insurance for all employees employed by the company including supervisors, administration and management personnel. Diamond's insurance complies with all current workers' compensation and occupational disease laws in the Commonwealth of Pennsylvania and, if applicable, conforms to the laws of your state's workers' compensation and occupational disease insurance requirements.

Diamond maintains $1,000,000 combined single limit business automobile liability insurance coverage for all vehicles used in providing company services including owned, non-owned and hired motor vehicles in the amount required by law.

Business Classification

Diamond Drugs, Inc. dba Diamond Pharmacy Services is a privately held corporation incorporated on December 3, 1979. The primary officers and owners are:

- Joan Zilner, President
- Gilbert Zilner, Vice President
- Mark Zilner, Secretary and Chief Operating Officer

Federal Tax Identification Number: 25-1378278

Hours of Operation

Routine and emergency consultations regarding all phases of Diamond's institutional pharmacy operation are provided continuously by a regularly scheduled Registered Pharmacist 24 hours a day, 365 days a year. A pharmacist can always be easily reached, directly via phone by dialing 1.800.882.6337 or via Diamond's after-hours answering service.

With the pharmacy open 24 hours a day, Diamond staff is always available to view patient profiles and the databases necessary to ensure safe and efficacious therapeutic decisions. Having staff on site and readily available 24/7/365 is much safer and more convenient than locating someone or waking them in the middle of the night. Your questions will be answered in real time and immediately. There is no need to submit a clinical concern or operational question through a web site, or have to awaken an on call pharmacist through a pager. It would be nice if all questions and concerns happened during business hours, but we know this simply is not the case. Our commitment to our customers is a commitment to have staff scheduled around the clock to be available as questions arise for immediate resolution and attention. With Diamond, you never have to wait for someone to call you back if you have an emergency. A registered pharmacist is ready to answer your call 24/7/365.

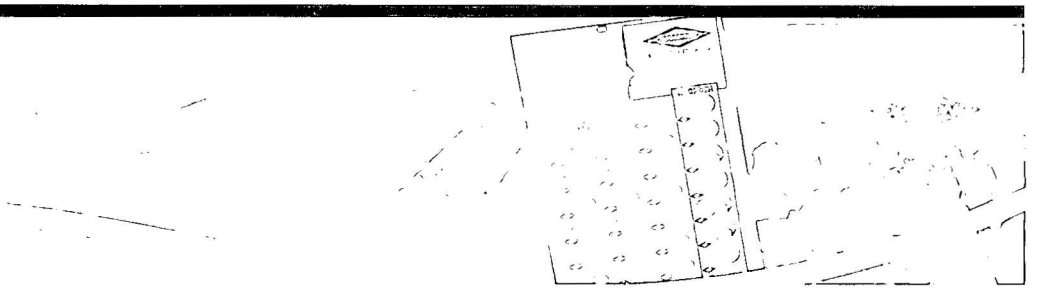
Summary

Becoming the industry leader of correctional pharmacy services has been a journey of hard work and tireless effort by company ownership and our family of dedicated staff. Our stellar reputation for honesty and integrity, competitive pricing, superior customer service and fulfilling our customer promises has allowed for Diamond to flourish and continually grow over the past three decades. The knowledge and experience we have obtained along the way is unrivaled and will continue to be an invaluable commodity to Sarpy County. Our comprehensive pharmacy services program that is driven by (1) Unmatched industry knowledge (2) Superior Program Management (3) Clinical Excellence (4) dedicated in house staff and support personnel (5)Operational efficiencies (6) Industry leading technology (7) and Quality Assurance Programs that better enables you to operate in conformity with applicable local, state and federal regulations and laws. Our program will provide cost savings, staff efficiencies, the latest technologies and quality clinical services for the patients at your facility.

We are independently and family owned and this allows for us to offer facilities the friendliest, most accurate, most cost-effective service within the correctional pharmacy industry. We do not need to report to shareholders or cut corners to meet obligations of a publically traded company. Our focus is you, Sarpy County, Diamond is committed to ensuring that you continue receiving reliable, dependable, comprehensive, cost-effective pharmacy services supporting your staff and patients.

After reviewing our response to your RFP, we hope you will agree that Diamond Pharmacy Services is the logical choice for exceeding the pharmaceutical service needs of Sarpy County and be awarded the honor of continued service to your facilities. Thank you for your time and consideration of our proposal.

PHARMACY SERVICES



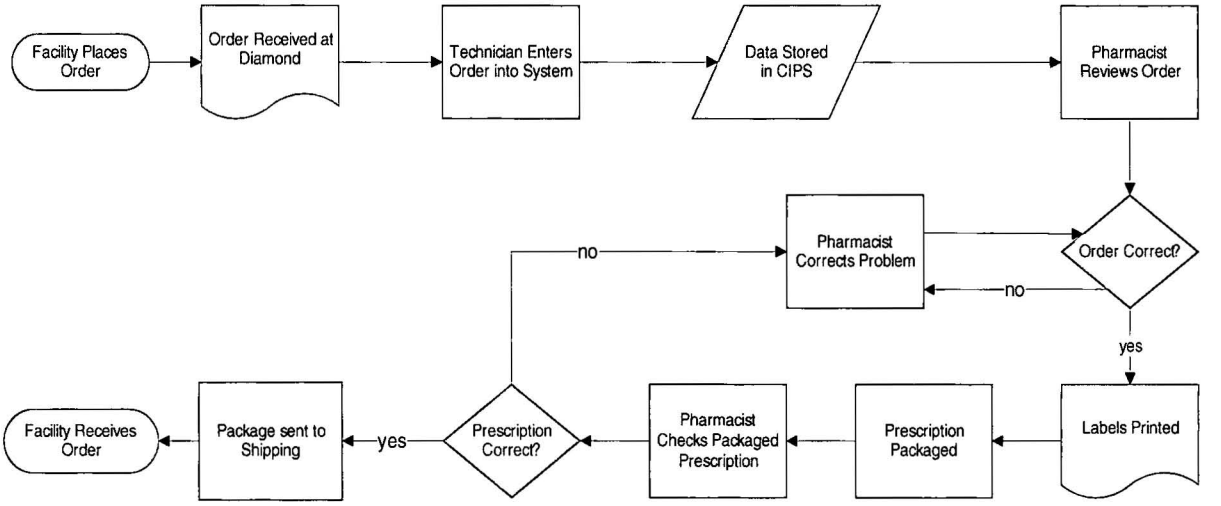
ORDERING

The successful vendor will enter into an agreement (attached as Exhibit A) and agree to supply medications (both prescription and non-prescription) and medical supplies as may be requested by Sarpy County through the Sarpy County Law Enforcement Center and Juvenile Justice Center.

We will enter into an agreement to supply medications (both prescription and non-prescription) and medical supplies as may be requested by Sarpy County through the Sarpy County Law Enforcement Center and Juvenile Justice Center.

Sarpy County shall order medications (both new prescriptions and refills and OTC medications) and medical supplies through an online ordering process, as needed, to the pharmacy. Vendor to describe ordering process within proposal.

Medication Ordering Process



Diamond's Prescription Fulfillment Process

When it comes to ordering medications, Diamond offers unsurpassed flexibility. Customers can order in the traditional manner (i.e., through phone or fax) OR electronically through Sapphire eMAR, a proprietary web-based Medication Management System developed by SapphireHealth LLC, a wholly owned Diamond subsidiary. Details of our Sapphire Technology Solution are provided below.

Orders may be faxed or phoned into Diamond Pharmacy Services toll free 24 hours a day, seven days a week. Physician's orders may be faxed directly without the need to transcribe the order as long as it is complete

and legible.

Diamond will provide a plain paper fax machine, if requested, for the transmission and receipt of information between your facility and ours. The fax machine provided will be programmed specifically for your facility with our toll free speed dial number. Our fax machines will be programmed to provide a fax confirmation sheet on every transmission. Your facility will have the option to purchase fax cartridges on your own or through Diamond. Fax machines will be provided on loan for the duration of the agreement when faxing all medication orders to Diamond.

Emergency orders may be faxed directly to Diamond's toll free STAT FAX LINE, which is a dedicated server staffed 24 hours a day, 365 days a year. These emergency orders are handled on a priority basis and, depending upon account-specific policies and procedures, can be delivered by courier directly to your facility.

With our internal fax system, we receive our orders primarily via fax servers, not fax machines. With fax servers, orders will be faxed from a standard fax machine provided by Diamond; however, orders will be received at Diamond on our computerized internal fax server and converted to a digital image. Once received at Diamond, the images will automatically route to the designated technician's desktop placed in today's work flow if faxed before your order cutoff time or in tomorrow's work flow if faxed after your cutoff. Digital images prevent the possibility of a misplaced fax paper and allow for quick retrieval of an order at a later time should it be requested. A fax confirmation will be sent automatically to each facility's fax machine documenting the actual number of pages and time we received your fax.

Your facility will have one primary Diamond Technician and a backup technician designated to process the orders for your facility. This enables your facility to talk to the same person every day as your main point of contact. This technician will be aware of your facility's usual requirements and needs. In the event this technician is away from his or her desk when you call, you have the option to leave them a voice mail or speak with a team partner who will be cross trained to process your facility's orders effectively.

Traditional orders are processed and updated on a daily basis. This includes all changes and discontinues maintaining the most up to date and accurate patient profiles. It also ensures accurate and timely drug interaction screening. If using Sapphire eMAR, these updates occur automatically at the time an order is processed. Regardless of which method you choose, Diamond differs from most pharmacies, because we process all updates as they are received.

Electronic Ordering through Sapphire eMAR

Diamond is offering a proprietary web-based software application, Sapphire eMAR, which provides a professional, easy-to-use, cutting edge medication order entry system. As a home grown system, it can offer many benefits to you, such as:

- Not being locked into a system through a contract
- Diamond takes full responsibility of product and support
- Diamond can make modifications to software on site through one of our eight (8) on-site programmers and seventeen (17) professionals from our IT department

- One point of contact versus use of multiple vendors to provide solutions
- e-Mar integration that is specifically designed to work with our pharmacy applications.
- Ability and capability to interface with other Electronic Health Record Systems to complement our order entry and eMAR system
- Customization to meet your needs and specifications versus being forced into a " cookie cutter" product that would require fees for upgrades and enhancements that are standard with Sapphire.
- Sapphire is a product we offer to our customers **free of charge** if submitting all orders to Diamond.

Sapphire's comprehensive online ordering program is a bi-directional system through a secure Internet server and is fully HIPAA compliant. The features and benefits of ordering online through this user-friendly software include:

- The ability to order new prescriptions or stock orders more quickly by utilizing drop down screens and order refill buttons; all medications are easily reordered, extended or discontinued utilizing these same easy-to-use features
- Increased accuracy as a result of the reduction in transcribing errors and clarity issues that may result from faxed order sheets
- With orders being transmitted in real time as written, more orders will be received by Diamond prior to the cut time which will result in timelier delivery
- Reduced incidents with non-formulary orders because your staff knows immediately if a medication is not on your approved list; non-formulary alerts are automatically sent to the prescriber's queue where he/she can easily complete the non-formulary process online and forward it to Diamond Pharmacy with the order
- OTCs, stock and emergency medications are all easily initiated and documented
- Savings from the elimination of paper physician order sheet, which are no longer needed
- The ability to view patient profiles and determine when a medication was last filled prior to transmitting the order
- Password-protected access for approved practitioners to patient profiles, medication orders and history from any web based computer located on or off site
- At the time of ordering, the system alerts you of the most common directions utilized by your facility for specific medications
- Automated prescription reorder and medication refill processes providing you with full documentation
- Simple order refills through the click of a button, no peel-off labels or scanning needed
- Maintenance of all patient specific and stock medications inventories with automatic notification of which medications are needed based upon actual administration
- Tracking and documentation of patient allergies and/or drug interactions

- An allergy database at time of order entry- currently reviewed at Diamond
- Diagnosis per medication
- Duplicate therapy warnings at time of order entry, also currently reviewed at Diamond
- Advanced medication taper schedule
- Electronic emergency stock order templates
- Medication inventory program and much more

In summary, Sapphire eMAR enables Sarpy County to quickly, accurately and conveniently order new medications, reorder medications, view entire patient profiles and medication histories, maintain patient profiles, change orders, self-medication (KOP) status, notify staff if the medication ordered is a non-formulary medication, print a variety of utilization, administration and management reports, print paper copies of all prescriptions and activities for each patient's chart.

Electronic Reconciliation of Medication Delivery, Electronic Return Processing and e-Refills

Our electronic reconciliation system is driven completely by bar code scanning yet also has a manual option to enter required data into the selected fields. For order reconciliation, the process works as follows. Each day, as your orders are processed at Diamond, orders flow through our workflow management system until they are prepared for shipping. Once an item has been processed through the final work station, the tracking of that medication order begins through our electronic reconciliation program. Every order processed by Diamond is assigned a prescription number. To further track every piece of product shipped, each piece of product has a unique identifier embedded into the bar code label. These pieces of information are fed to the reconciliation program as your daily shipment builds at Diamond. Your access to the reconciliation program will allow you to see your order building each day with what orders are being shipped, but also with what orders are not being sipped due to reasons such as: refill is too soon, order does not have a refill, medication on manufacture backorder, order is in need of non-formulary approval, etc. **This ability to view your daily order allows your facilities to proactively manage your medication orders.** Once your order arrives at the facility, your staff will log onto the system through secure user ID and password to access the reconciliation process. By tracking reconciliation of orders, as well as credits, through electronic user ID and password, this will minimize diversion of both medications received as well as returned as each session is captured electronically. Each item of your delivery will be scanned by bar code until the entire order is reconciled. At the end of the process, a report will be generated of all items billed to your facility and any exceptions that are noted from the actual reconciliation at facility level. Any shortages incurred will be resolved within 24 hours of your order reconciliation. The person at your facility scanning in each bar code will have their user ID information as well as the exact date in time the order was scanned in at facility level to acknowledge receipt of that item. If an item is not scanned into your system, it will show on an exception report and if no further action is taken by your staff within 24 hours, a Diamond supervisor will call your facility with follow up actions to close out the exception. All reconciliation information is stored perpetually in our system to allow for an easy search of all medications historically reconciled by prescription number, date shipped and medication name.

Each month, Diamond will provide your invoices in an electronic format through excel spreadsheet which will allow you to electronically compare all items billed to your facilities versus all items you have electronically reconciled at your facilities. Any exception that may be noted will be reported to our billing department for immediate follow-up and resolution.

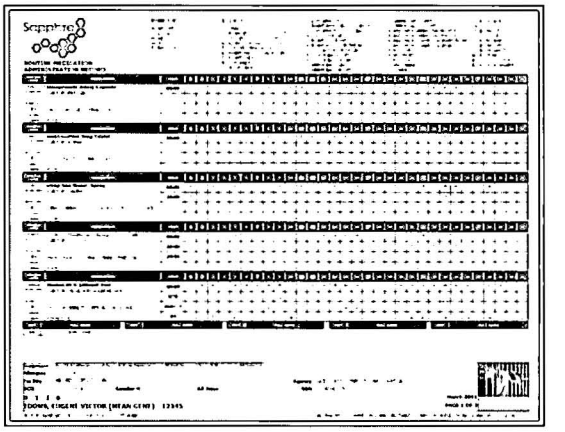
The medication return process works in exactly the same manner and is driven by the scanning of our bar coded label. When it comes time for the return of medications for credit or disposition, your staff simply opens that function in the reconciliation program and begins scanning in each piece of product that you are sending back to Diamond for credit or disposition. Our system captures the information and will provide you an electronic record of all items being processed under that particular medication return session. This information is stored perpetually in the system and the data can also be exported to an excel spreadsheet so you have a hard copy document for your records as well. Each month our credit report is sent electronically to your facility via excel spreadsheet and this will be electronically compared to the electronic file you have in place that recorded the return of the medications. By having all medication reconciliation and returns handled electronically, your facilities will have a complete audit trail of all medication received at facility level as well a complete accountability of all medication returned for processing and/or disposition.

Our electronic reconciliation program also affords the option to submit refills electronically by simply scanning the bar coded label. The system eliminates the traditional peel and fax system to allow for a quicker transmission of refill requests along with an immediate adjudication response as to whether the order is able to be refilled or is need of additional action by the nurse submitting the order.

A comprehensive user manual will be provided that details every aspect of the program's functionality.

Sapphire eMAR

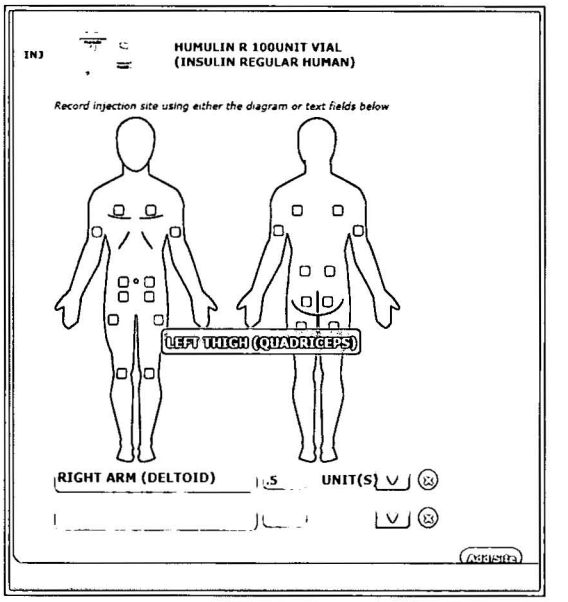
Sapphire eMAR is a paperless electronic medication administration record that enables your nursing staff to efficiently administer and track all medication administration functions. This software has extensive capabilities and is a significant upgrade to current paper MAR programs. It is offered at no charge when your facility transmits all orders via the system.



The software has the capability to display patients by an entire population (e.g., all patients using Prozac, all patients on cell block C, etc.), alphabetically by patient name or by location. All medications due for a selected med pass will display on the screen. This function eliminates the need for nursing staff to search for the appropriate paper MAR in a binder and locate the proper medications or schedule.

Other medication recording features of this easy-to-use Medication Management System include:

- Via a bar code scan of the medication and the patient's wristband or badge, an electronic recording of actual medication administration date, time and nurse's initials
- For specialty units such as a psych unit that houses patients without wristbands or badges, the system allows for manual entry of a patient's number
- Charting capability for injection location
- KOP charting for the duration of the prescription with custom KOP policies for your facility to keep staff informed regarding which medications should be administered as KOP and which are ineligible, e.g., muscle relaxers and psychotropics
- Capability to print a paper med pass list alphabetized by patient and unit in an easy to use grid format, providing all medications and administration times (Note: this is an especially efficient way to inform the security staff of patients who need to report to the med line for stock medications)



- A list of missed patients during regularly scheduled med pass making it easy to identify which patients need to be called down to receive their medications
- Your staff is also able to indicate the reasons that a medication was not administered, e.g., patient refused or dropped, patient no shows, out to court, etc.
- Throughout med pass process, the system informs you what percentage of the med pass is complete by entire population and by individual cell block
- For remote med pass or in areas without WIFI, you can work off-line with your laptop and synchronize later when you have access to an Internet connection
- The ability to archive 24 hours of previous med pass information in cases of power outage, internet down times, etc.

This system can be an integral part of your QA process. With it, you monitor compliance levels customized by your preference across any parameters or timeframes. For example, you could examine a list of patients who missed three (3) doses in the last month, the reasons they missed med pass and their location.

Diamond's Sapphire eMAR Medication Management System will save you and your staff a significant amount of time. This software eliminates the month end MAR change over because all medication ordering and changes are automatically updated throughout the month. Several of Diamond's facilities have experienced at least a 50% reduction in med pass time and have completely eliminated the time devoted to monthly MAR changeovers. With Sapphire eMAR, it simply isn't necessary to review MARs for accuracy or to arrange them in new binders at the end of every month.

Sapphire eMAR eliminates end of month MAR changeovers, saving you time and money.

Diamond's system also provides the ability to easily display the last three (3) administrations of each medication with documentation, point and click injection documentation, the ability to document the number of PRN doses administered, the ability to link medications to vital signs which need to be taken prior to medication administration and much more.

As new inmates arrive and in the case of an emergency, Sarpy County will order medications via telephone or another agreed upon method. A hard copy will follow any telephone order as specified by law.

Emergency medications not found in either the emergency medication kit, the starter packs or unavailable from Diamond are provided to your facility in a minimum quantity by a local back-up pharmacy in your immediate area. Due to Diamond's size and volume, we have very aggressive national contracts with most chain pharmacies and are willing to negotiate with any pharmacies of your choice that are not in our network. As a family owned business, we fully embrace the entrepreneurial spirit of local independent pharmacies and we make every attempt to contract with independent pharmacies whenever possible. This helps to provide economic benefit to your local community by supporting local businesses. We propose to continue using the same backups in place, or we can find additional backups if these locations have not served you adequately in the past.

When your facility needs an emergency prescription, your staff calls, faxes or electronically transmits your prescription through Diamond's specific STAT FAX LINE which is staffed and available 24 hours a day, 365 days a year. Upon order receipt, Diamond contacts the back-up pharmacy and arranges for the emergency prescription.

Hours of Operation

Routine and emergency consultations regarding all phases of Diamond's institutional pharmacy operation are provided continuously by a regularly scheduled Registered Pharmacist 24 hours a day, 365 days a year. A pharmacist can always be easily reached, directly via phone by dialing 1.800.882.6337 or via Diamond's after-hours answering service.

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Emergency Kits

Diamond provides lockable emergency medication kits primarily containing medications for injection that are used for immediate administration to alleviate pain, infection, modify dangerous behavior, or to preserve a life.

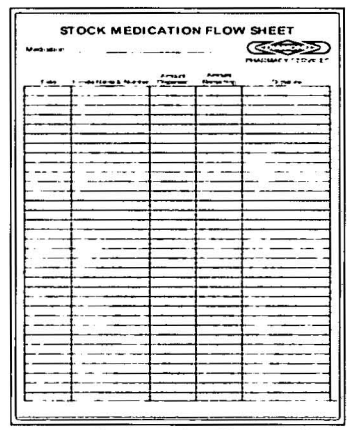
- Medications and stock quantities are determined in conjunction with your facility's Medical Director
- All contents are listed on the sealed lockable kit
- There are accountability sheets within each kit or cabinet that are utilized to document inventory, administered doses and destruction
- For sites with controlled substances in their emergency kit, Diamond provides prescription order forms in the emergency box so providers may write an order to account for used medications

Stock Cards for Stat/Emergency Administrations

Diamond carries a complete line of both prescription and over the counter medications. Prior to the contract initiation and in conjunction with the purchasing agent, a sufficient stock inventory is established based on the current products and amounts utilized. Appropriate stock quantities are maintained via the following process:

- Diamond develops a customized order form for your facility that lists all the stock items used by the facility. Each form contains an alphabetized item listing with the complete description and package size. To order, your staff simply needs to indicate the quantity needed next to each item and then submit to Diamond.

- Within three months of contract inception, Diamond will have sufficient data to assist your site in developing specific par levels from reportable data housed in our pharmacy system
- Access to medications should be limited to only authorized personnel and be kept secure at all times.



Stock cards of certain medications needed for immediate administration are provided and quantities are determined in conjunction with the Medical Director. Stock card doses are packaged in tamperproof blister packs. OTC and legend items are packed in a blue blister card and any controlled substances dispensed for stock will be in a red card to allow for differentiation by your staff and serves as a means to limit and/or prevent diversion.

It is very important to have a system of accountability. Inventory flow sheets for reconciliation of all doses are provided to record and document each dose administered from the stock card. The completed accountability sheets should be faxed to Diamond pharmacy (for reconciliation of doses) when stock is depleted. The medication, however, may be reordered when needed by submitting the peel-off reorder label to Diamond via fax/electronically or by utilizing the stock order forms. Our system of accountability complies with all NCCHC and ACA guidelines.

Before a stock item for a controlled substance is dispensed, Diamond requires that a member of nursing department as well as the prescriber sign the order form as a means to prevent possible diversion.

Stock Drug Pedigree Requirements

Global counterfeiting and diversion of pharmaceutical products is estimated at over $38 billion annually. Independent organizations identified over 1,700 product security incidents in 2007 alone. Estimates suggest roughly 30 million U.S. prescriptions annually contain tainted or counterfeit drugs.

2	DIAMOND DRUG, INC.	Sale	Remedy Repack	20091119DNRR	19 Aug 2009

Seller: DIAMOND DRUG, INC.
665 KOLTER DRIVE, INDIANA, PA
15701 USA

Buyer: Remedy Repack
655 Kolter Drive, Indiana, PA 15701 US

Transaction Identifier: 20091119DNRR InvoiceNumber
19 Nov 2009

Authentication Contact: DIAMOND DRUGS, INC
CUSTOMER SERVICE
800-882-6337
info@diamondpharmacy.com
www.diamondpharmcy.com

Certified By: Joan Zdner
Fri Nov 20 07:41:01 GMT 2009

ITEMS IN TRANSACTION

Lot JD4270 Expiration 28 Feb 2012 Quantity 2

http diamond.rxsafeguard.com nexus epedigree search_pedigree pedigree-detail html? 11 20 2009

As a consequence, the FDA, working with industry stakeholders, proposed the creation of a standard record called a pedigree. A pedigree is a statement of origin that traces the drug from the point of manufacture and contains information about all transactions that the product undergoes until it reaches the end user. Today, 32 states, including Nebraska have laws pending or on the books requiring drug pedigrees.

Diamond strictly complies with all pedigree requirements. We offer the option of electronic pedigrees, which eliminates any extra work on the part of your staff and does not require any storage space. Diamond's web-based software provides pedigrees via a secure password-protected site so your staff can log in from any web based computer to view. Diamond can also provide paper copies, if requested.

Required Licenses

Medications dispensed as stock are required to be dispensed by a Nebraska Licensed Drug Wholesaler. Diamond strictly complies with all wholesaling and repackaging requirements and is a Licensed Wholesaler in Pennsylvania and Nebraska.

Further, guidelines require that only an FDA Certified Repacker can repackage stock medications into blister cards. Diamond's wholly-owned subsidiary, RemedyRepack is an FDA certified Repacker, which permits us to legally dispense stock medications in blister packs as opposed to bulk bottles.

Blister cards save your facility a significant amount of dispensing time and money. Regarding the latter, Diamond passes through the savings which result from creating blister cards from larger count pill bottles as opposed to the 500, or 1000 count bottle size.

Ultimately, your department needs to ensure that your selected contractor is a Nebraska Licensed Drug Wholesaler, an FDA Certified Repackager and provides Pedigree Papers for every stock medication distributed. By law, both your facility and the wholesaler need to comply with stock medication regulations.

Diamond is the only National Correctional Provider within the industry to obtain a Verified-Accredited Wholesale Distributor (VAWD) designation which is required in some states to distribute stock medication.

Formulary Management

Diamond enforces formulary compliance, if requested. Through a predetermined process, we require the use of special request forms for non-formulary medications. If a non-formulary medication is ordered without a completed request form, an alert is sent to the facilities listing the medication name and strength, patient name and prescriber. The process requests that the prescriber change the medication or complete a special medication request form justifying the selection of a non-formulary item.

If, after a predetermined amount of time, the prescription has not changed or the completed form has not been received, Diamond provides two options.

1. Diamond can dispense a small quantity of the non-formulary medication

2. We can simply wait until it receives the completed form or the prescriber changes the prescription

The utilization of the formulary with strict compliance in correctional facilities has been shown to significantly decrease total monthly pharmacy invoices

Recalls and Backorders

Diamond has four dedicated staff pharmacists to address manufacturer recalls and medication backorders. When Diamond is notified of recalls, the team immediately reviews Diamond's current inventory and removes items identified in the recall. In addition, our software systems provide reports of patients who have received recalled medications. Diamond's quality assurance team then notifies all relevant prescribers and personnel according to pre-established protocols and procedures. In all situations where a recall is issued, Diamond Pharmacy notifies all customer facilities via fax and email.

Our pharmacists also check backordered items on a daily basis. Pharmacists investigate alternative supply lines if the backorder appears to be lengthy. In addition, alternative medications are presented to the prescriber. Backorder memos are automatically sent to your facility. This documentation serves as a guide to alert the prescriber of the backorder status and any available alternatives prior to writing new prescriptions.

Cost Containment

One of Diamond's main goals is to keep your cost per patient within budget while providing quality care. Generic medication substitution, formulary implementation/management, clinical services management, Diamond's monthly statistical reports, operational efficiencies and improvements, backup pharmacy control and our unsurpassed purchasing power and discounts are all important tools to be utilized in reducing your costs yet improving patient outcomes through pharmaceutical care. As our industry has evolved and changed over time, more and more pharmacies participate in buying groups and purchase organizations to lower cost. Diamond is a member of several purchasing affiliations and negotiates directly with manufacturers. More purchasing options for Diamond enables us to selectively pick the most price-competitive contract supplier. This, in turn, helps ensure that your facility is receiving the lowest price available. Our large volume purchasing affords Diamond additional discounts and favorable pricing compared to others within the industry. Even an additional savings of 3 or 4 percent over the course of a

year can yield dramatic saving to your facility over time. Our purchasing manager has been with Diamond for over 20 years and has a complete and thorough knowledge of the correctional pharmacy industry. Our massive volume and purchasing power allows for him to negotiate and dictate the best prices we pass on to you.

Measures that Diamond takes to reduce your costs include:

- The lowest cost generic or brand name drugs are automatically substituted for a therapeutically equivalent A Rated product unless requested otherwise by the prescribers

- Diamond clinical pharmacists are well versed in making cost effective recommendations and developing drug formularies; Diamond pharmacists are always available to answer any questions in regard to cost effective therapy and may be contacted through your account representative or 24/7/365 via toll free phone at 1.800.882.6337.

- Diamond's monthly formulary management and statistical reports show usage trends and the prescribers history as a tool in identifying areas in which to save money; for sites wishing to utilize our proprietary online reporting system, this information can be obtained real time 24/7/365

- Diamond automatically splits tablets of certain higher priced medications that have similar costs for various strengths. Tablet splitting is performed in accordance with the FDA requirements for prescription drug compounding. For example: an order for "Abilify 10mg by mouth once daily" would be sent and labeled as " Abilify 20mg, Take ½ tablet (10mg) by mouth once daily" and the split tablet would be packaged for you. Splitting tablets yields up to a 48% savings without compromising or clinically affecting the patient. We currently split doses for the following medications: Latuda, Livalo, Abilify, Crestor, Lexapro, Seroquel

- There are certain medications where it is more cost effective to utilize two doses of a lower strength rather than a single dose of the requested strength; Diamond automatically combines these doses, such as combining two (2) pediatric Hepatitis B doses to equal an adult dose

- Diamond accepts drug coupons and vouchers from pharmaceutical companies (for a free supply)

- Diamond has implemented an HIV Discharge Program allowing your facility the ability to obtain certain HIV medications at no charge to your department for eligible inmates released from your facility; Diamond works in conjunction with your in-house discharge planner to facilitate this program; sites can also access drug companies that assist with medication costs by viewing www.needymeds.com

- Diamond directly invoices medical assistance, private health insurances, ADAP, the Federal Government, ICE, US Marshall's, or other sources of payment whenever the patient is eligible. Our ability to invoice directly takes the cost of these medications off your budget so you realize the cost savings immediately.

- Participation in buying groups as well as direct purchasing from manufacturers and generic companies to provide you very competitive pricing.

- Only pharmacy invested in an initiative to provide true unit dose blister card packaging that ensures the highest levels of allowable credits. This is often overlooked by our customers as this attention to detail is taken for granted when partnering with Diamond **but is required under Nebraska statute 71-2453-2-b**. We have made the substantial financial commitment and personnel resources to ensure all medications sent to your facilities have each bubble of a blister card individually labeled with medication name and strength, NDC number, manufacture name, lot and expiration date. This packing is required in states such as Nebraska, Pennsylvania, New York, Maryland and Indiana before medications can even be considered for return for subsequent credit. Diamond is the industry leader and these are the little things you may not notice that make all the difference in the world when keeping your facilities compliant with regulatory agencies and state inspectors. We provide unit dose labeling on all packaging and not just those medications that are convenient to label in this manner. This affords you credit availability on a wider spectrum of medications returned.

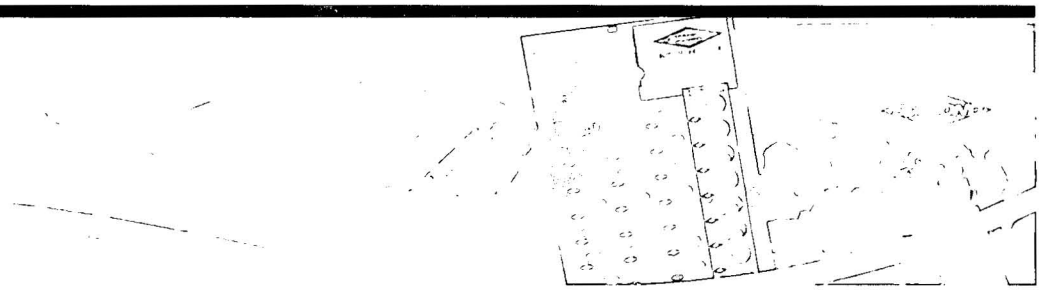
Generic Medications

A generic medication is the bioequivalent of a brand name counterpart. Generic forms of drugs can be produced once the original patent has expired. Generics have the same active ingredient, strength and dosage as the more expensive brand name version of the medication. To put it simply, generics save you money without sacrificing the appropriate benefits of the medication.

In an effort to reduce your pharmaceutical costs, Diamond encourages the use of generic medications in accordance with the provisions of state law and the prescriber's therapeutic objectives. Diamond pharmacists select a therapeutically equivalent, FDA approved A-Rated generic medication (comparable bioavailability and/or bioequivalence) and substitute it for a brand name medication in accordance with the provisions of state law, unless the prescriber specifically states otherwise. If the prescriber chooses, he or she can indicate "Brand Medically Necessary" and our pharmacists will honor that order. Diamond's online ordering program automatically converts the medication to the generic equivalent unless the prescriber indicates otherwise.

Diamond will automatically notify your facility via memo as new generic products are released. Unlike some of our competition, we will begin using a generic product as soon as it becomes available through our wholesalers rather than continuing to use existing brand product, passing on the savings to you immediately.

PHARMACY SERVICES



DELIVERY

Vendor must have the capability for one (1) delivery a day (late morning or early afternoon) six (6) days a week, and a second delivery in the evening Monday through Friday. Orders shall be delivered within 24 hours of placing the order. There shall be unlimited emergency deliveries for life threatening situations. Vendor shall have the ability to render emergency service within a four (4) hour time frame. Delivery time frames to be stated on Bid Form.

Delivery

New orders submitted by 1:00 p.m. MT and **any additional late order(s) that are needed after the order cut off time** may be phoned in directly to your technician by **6:00 p.m. ET**. Emergency or STAT orders, will be provided the same day through an arrangement with a predetermined local backup pharmacy. Later fax cutoff times may be negotiated, if needed. Items not found in your emergency starter stock or emergency kits that are determined to be needed as part of a second daily delivery (Monday through Friday) will be provided through your locally contracted backup pharmacy.

Delivery Schedule Routine Orders	
Submitted by:	3:00 pm ET
Phoned by:	6:00 pm ET
Shipped:	Overnight

Since refills can be filled 5-7 days prior to running out, we request a two day turn around on refills as an ample supply will be available on site to prevent the order from being depleted. We are staffed 24/7/365 to process orders. By listening to the needs of our customers, we decided to maintain a 24 hour operation in which refills can be processed "off hours." The ability to manage our workflow, without compromising medication delivery allows Diamond to boast of the industry's lowest error rate and provide all refill requests in advance of the medication running out. It is not our intent to rush and get everything out the door and invite errors; rather, we prefer a **systematic approach** to processing new and refill prescriptions in the safest manner operationally. Our commitment to a 24/7 operation is a commitment to the overall safe dispensing to your patients. This is just one of the many ways Diamond has adjusted over the years to exceed our customer needs. If a situation arises in which you need a refill to be accommodated for next day delivery, we will always accommodate the request and have it there for you the next day. The provision a "refill due date" directly on your prescription label increases efficiency at your facility and actually will decrease the need to use a local backup for refill medications. Efficiency is seen through effective operational management here at Diamond as well as at your facility. **Our time tested model with prescription refills ensures continuity of care and prevents lapses in medication therapy while simplifying the process for your staff.**

Orders are shipped six days a week, Monday through Saturday for next day delivery excluding Sundays and some nationally recognized holidays (New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas).

All new medication orders have a next day guaranteed delivery time of 10:30 am during the week and 12:00 pm on Saturdays. The contracted local back up pharmacy processes all emergency orders that need to be delivered on Sunday.

All medications are delivered by the guaranteed time the following day unless a medication is on national backorder or in the rare event Diamond is out of stock. In that unlikely event, the medications are usually delivered the following day or a backup source may be used. All notifications of a medication on a national backorder or out of stock are communicated to your facility on each delivery manifest, or if using our electronic reconciliation, **it is noted online PRIOR to your shipment leaving Diamond.**

Diamond has shipping contracts with all three leading next day delivery services (FedEx, UPS and the USPS). If for some reason one carrier is not working adequately for your facility, Diamond has the ability to select another. All shipments are sent requiring a signature at the facility.

Medications are packaged so that they are maintained at the manufacturers recommended specifications. All medications that require refrigeration are shipped in either insulated expander packs or Styrofoam® coolers with a cold pack to ensure proper temperatures are maintained. Outer boxes containing refrigerated items are labeled "Refrigerated Items Enclosed" on a fluorescent orange sticker. Refrigerated items are not shipped for weekend delivery unless requested.

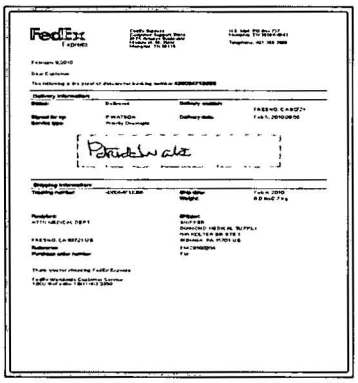
All packages containing medications are clearly marked for the Medical Department. Diamond does not mark shipping boxes as containing medications since Diamond utilizes third party shipping services.

Every medication shipment contains a detailed computerized delivery manifest containing the following information: Diamond's name, patient name, patient identification number, prescription number, medication name, strength, manufacturer, quantity dispensed, date dispensed, facility name and pricing. If any additional information is needed on the delivery manifest, we will make every effort to accommodate your request. Controlled medications are packaged in a separate bag containing their own delivery manifest. In addition to a paper delivery manifest, facilities that desire to reconcile their orders electronically can review a pending delivery before it arrives at the site. Delivery reports are sorted in any manner you request including: alphabetically by patient name, patient identification number, patient location, medication, etc.

If an ordered item is not part of the current shipment (i.e. too soon to fill, order past cut date, non-formulary medication, etc.), the item and the reason for its absence is clearly indicated on the exception report section of the delivery sheets. For sites reconciling their orders electronically, this information is automatically included in Diamond's reconciliation program and can be reviewed daily. Items that would need action by a nurse or provider prior to being shipped can be reviewed before the order ships from Diamond, thus allowing your facility to be proactive and prevent medication delays. Any shortages are corrected within 24 hours.

Delivery Tracking

All orders are tracked to ensure the timeliness and accuracy of deliveries. Diamond shipping software tracks packages at every destination point. It provides estimates and confirmations of scheduled/actual delivery times as well as the names and signatures of delivery recipients.



If requested, Diamond automatically e-mails your facility the FedEx or UPS tracking information including tracking number and a link to the shipping company's website. Diamond can also establish a special FedEx account for your facility enabling them to view the delivery status of all packages scheduled for their facility. In addition and if requested, Diamond can provide reference numbers with facility codes and dates enabling your facility to track packages over the telephone rather than online.

Delivery of STAT and Emergency Medications

Emergency prescriptions for STAT orders are provided through Diamond's emergency kit/starter packs or by a pre-arranged subcontracted local back-up pharmacy of your preference.

Emergency medications not found in either the emergency medication kit, the starter packs or unavailable from Diamond are provided to your facility in a minimum quantity by a local back-up pharmacy in your immediate area. Due to Diamond's size and volume, the company has very aggressive national contracts with most chain pharmacies and is willing to negotiate with any pharmacies of your choice that are not in our network. As a family owned business, we fully embrace the entrepreneurial spirit of local independent pharmacies and we make every attempt to contract with independent pharmacies whenever possible. This helps to provide economic benefit to your local community by supporting local businesses.

When your facility needs an emergency prescription, your staff faxes or electronically transmits your prescription through Diamond's specific STAT FAX LINE which is staffed and available 24 hours a day, 365 days a year. Upon order receipt, Diamond contacts the back-up pharmacy and arranges for the emergency prescription within four (4) hours. We propose using Walgreens as your backup pharmacy.

By submitting STAT/Emergency orders to Diamond, you can be sure to receive these prescriptions in the agreed-upon quantities at the agreed-upon contracted rate. Diamond's ability to provide direct electronic claim transmission from the local backup helps keep your costs to a minimum as well as ensuring that your facility does not incur a charge if picking up the emergency orders.

Emergency prescriptions may also be delivered directly to your facility by utilizing the local pharmacy's delivery service or by a prearranged taxi or courier service that has been pre-arranged by Diamond, at your request.

If phoning Diamond with emergency orders, your staff is transferred to a dedicated Customer Service Technician or a pharmacist immediately so they can expedite your emergency/STAT need. If phoning after hours, Diamond's answering service patches your call through to an on-site pharmacist on duty 24 hours a day.

The back-up pharmacy invoices Diamond and Diamond invoices your facility. The amount of the charge includes

your normal Diamond contracted rate plus any additional charges from the local pharmacy. These additional charges are simply passed through at Diamond's cost without any margin or mark-up. These may include but are not limited to the cost of the local pharmacy's prescription, if above Diamond's contract price, plus any delivery or on-call charges, taxi or courier charges, etc. Detailed reports of all emergency prescriptions are provided with Diamond's invoice.

Diamond realizes how important it is to receive emergency medications in a timely fashion and does everything within its power to expedite processing, filling and delivery. We also realize that emergency situations are very costly both in terms of the patient's well-being and the expense of providing emergency care. As a consequence and on an ongoing basis, Diamond works in collaboration with your Medical Director to utilize to determine which medications need to be added to the stock supply list to help minimize future emergency orders.

To decrease the need for backup utilization, Diamond works with your medical director to provide emergency starter stock cards as well as the maintenance of emergency medication kits. Our ability to provide comprehensive reporting of stock and backup utilization allows for us to recommend appropriate par levels of medications as the need to rely on a backups is decreased by having proper levels on hand in your medication room or medication cart.

Emergency Kits

Diamond provides lockable emergency medication kits primarily containing medications for injection that are used for immediate administration to alleviate pain, infection, modify dangerous behavior, or to preserve a life.

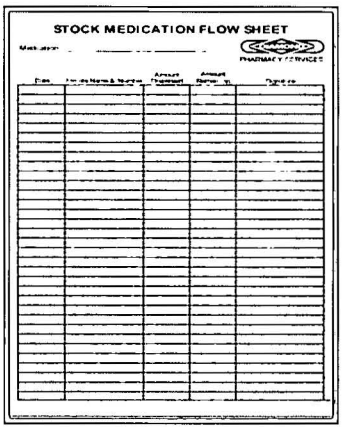
- Medications and stock quantities are determined in conjunction with your facility's Medical Director
- All contents are listed on the sealed lockable kit
- There are accountability sheets within each kit or cabinet that are utilized to document inventory, administered doses and destruction
- For sites with controlled substances in their emergency kit, Diamond provides prescription order forms in the emergency box so providers may write an order to account for used medications

Stock Cards for Stat/Emergency Administrations

Diamond carries a complete line of both prescription and over the counter medications. Prior to the contract initiation and in conjunction with the purchasing agent, a sufficient stock inventory is established based on the current products and amounts utilized. Appropriate stock quantities are maintained via the following process:

- Diamond develops a customized order form for your facility that lists all the stock items used by the facility. Each form contains an alphabetized item listing with the complete description and package size. To order, your staff simply needs to indicate the quantity needed next to each item and then submit to Diamond.

- Within three months of contract inception, Diamond will have sufficient data to assist your site in developing specific par levels from reportable data housed in our pharmacy system
- Access to medications should be limited to only authorized personnel and be kept secure at all times.


STOCK MEDICATION FLOW SHEET

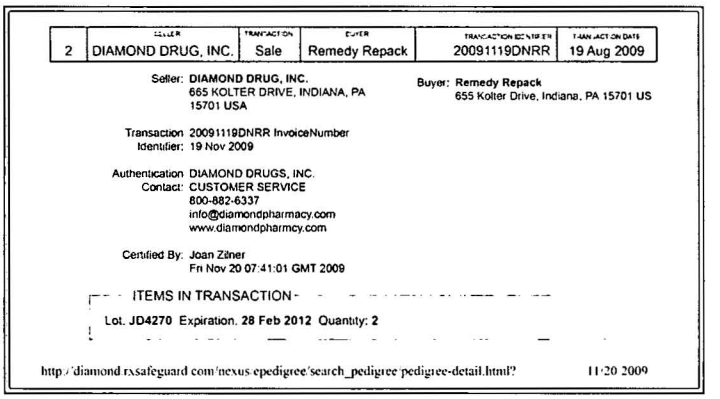
Stock cards of certain medications needed for immediate administration are provided and quantities are determined in conjunction with the Medical Director. Stock card doses are packaged in tamperproof blister packs. OTC and legend items are packed in a blue blister card and any controlled substances dispensed for stock will be in a red card to allow for differentiation by your staff and serves as a means to limit and/or prevent diversion.

It is very important to have a system of accountability. Inventory flow sheets for reconciliation of all doses are provided to record and document each dose administered from the stock card. The completed accountability sheets should be faxed to Diamond pharmacy (for reconciliation of doses) when stock is depleted. The medication, however, may be reordered when needed by submitting the peel-off reorder label to Diamond via fax/electronically or by utilizing the stock order forms. Our system of accountability complies with all NCCHC and ACA guidelines.

Before a stock item for a controlled substance is dispensed, Diamond requires that a member of nursing department as well as the prescriber sign the order form as a means to prevent possible diversion.

Stock Drug Pedigree Requirements

Global counterfeiting and diversion of pharmaceutical products is estimated at over $38 billion annually. Independent organizations identified over 1,700 product security incidents in 2007 alone. Estimates suggest roughly 30 million U.S. prescriptions annually contain tainted or counterfeit drugs.



	SELLER	TRANSACTION	BUYER	TRANSACTION IDENTIFIER	TRANSACTION DATE
2	DIAMOND DRUG, INC.	Sale	Remedy Repack	20091119DNRR	19 Aug 2009

Seller: DIAMOND DRUG, INC.
665 KOLTER DRIVE, INDIANA, PA
15701 USA

Buyer: Remedy Repack
655 Kolter Drive, Indiana, PA 15701 US

Transaction Identifier: 20091119DNRR InvoiceNumber
19 Nov 2009

Authentication Contact: DIAMOND DRUGS, INC.
CUSTOMER SERVICE
800-882-6337
info@diamondpharmacy.com
www.diamondpharmcy.com

Certified By: Joan Zäner
Fri Nov 20 07:41:01 GMT 2009

ITEMS IN TRANSACTION

Lot. JD4270 Expiration. 28 Feb 2012 Quantity: 2

http://diamond.rx.safeguard.com/nexus-epedigree/search_pedigree/pedigree-detail.html? 11/20/2009

As a consequence, the FDA, working with industry stakeholders, proposed the creation of a standard record called a pedigree. A pedigree is a statement of origin that traces the drug from the point of manufacture and contains information about all transactions that the product undergoes until it reaches the end user. Today, 32 states have laws pending or on the books requiring drug pedigrees, including Nebraska.

Diamond strictly complies with all pedigree requirements and Nebraska statute 71-7455/56. We offer the option of electronic pedigrees, which eliminates any extra work on the part of your staff and does not require any storage space. Diamond's web-based software provides pedigrees via a secure password-protected site so your staff can log in from any web based computer to view. Diamond can also provide paper copies, if requested.

Medications dispensed as stock are required to be dispensed by a Licensed Drug Wholesaler as defined in Nebraska statute 71-7444. Diamond strictly complies with all wholesaling and repackaging requirements and is a Licensed Wholesaler in Pennsylvania and Nebraska.

Further, federal guidelines as well as Nebraska 71-7443, require that only an FDA Certified Repacker can repackage stock medications into blister cards. Diamond's wholly-owned subsidiary, RemedyRepack is an FDA certified Repacker, which permits us to legally dispense stock medications in blister packs as opposed to bulk bottles.

Blister cards save your facility a significant amount of dispensing time and money. Regarding the latter, Diamond passes through the savings which result from creating blister cards from larger count pill bottles as opposed to the 500 or 1000 count bottle size.

Ultimately, your department needs to ensure that your selected contractor is a _ Licensed Drug Wholesaler, an FDA Certified Repackager and provides Pedigree Papers for every stock medication distributed. By law, both your facility and the wholesaler need to comply with stock medication regulations.

Diamond is the only National Correctional Provider within the industry to obtain a Verified-Accredited Wholesale Distributor (VAWD) designation which is required in some states to distribute stock medication.

The Vendor shall be required to maintain, or have available, an inventory sufficient to deliver requested items on a daily basis. If, for any reason, a product is not available through normal ordering procedures, the Vendor must notify the County in writing, by email. This type of situation should rarely occur as the provider is expected to provide most pharmaceuticals the same day. Any shortage must be corrected within twenty-four (24) hours.

As the leader in the correctional pharmacy industry, and through our volume purchasing power, Diamond has a multi-million dollar comprehensive inventory on hand at all times. We also have contracts and arrangements with specialty pharmacies, compounding pharmacies and chemotherapeutic compounding pharmacies to meet all of you pharmaceutical needs. In most cases, we have the items on hand versus the need to special order, allowing Diamond to provide the medications when ordered for a timely delivery to your facility. In fact, a recent in house Quality Assurance study showed that Diamond has a 99.6% first fill rate. After the second day, that rate goes to 99.8%. Our in house IV department has an extensive inventory of hard to find injectable items and our storage capacity for refrigeration and freezer items cannot be matched. Diamond will provide you prompt and reliable delivery of medications within 24 hours of order receipt.

Reconciliation and Inventory Management

Diamond reconciliation and inventory management software solutions rely upon bar code scanning to track orders as the shipment builds each day to when the shipment is received at your facility. Scanning is the most efficient and accurate method of product reconciliation. Other pharmaceutical suppliers require your staff to manually review their orders on a paper delivery sheet as they simply may not have electronic reconciliation available. Manual order reconciliation and review is extremely labor intensive and more prone to error. We estimate you can decrease the amount of time spent on order reconciliation by 75% by simply using our web based electronic system.

Our Reconciliation Program offers the capability for your staff to quickly reconcile medication order

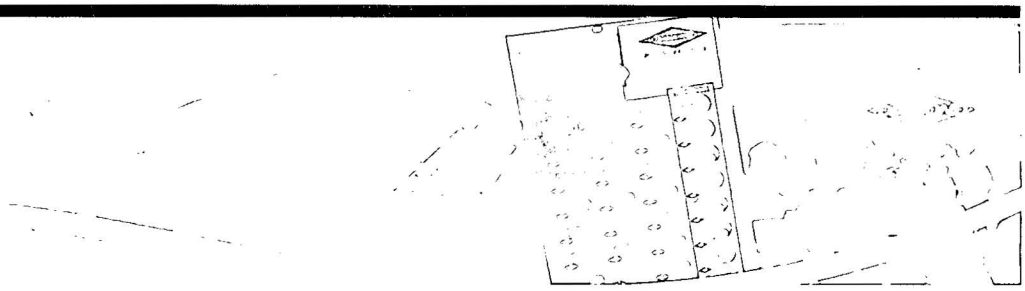
shipments utilizing barcode technologies **as well as requesting/tracking refills and managing returns online.** Our system also offers the ability to export order information in various file formats such as Excel, PDF or Word. The program is simpler, quicker and more accurate than manually checking individual orders on a paper delivery sheet.

Once scanning has been completed, the software automatically notifies your staff of any missing items. The software adds the missing items to a discrepancy log, which may be printed for further processing. Diamond stores your reconciliation data on an in house server perpetually. Should you ever need to return to a prior reconciliation session, or search for a specific order, it can be easily retrieved by doing a simple search that is launched from within the program. To get started, all you need is internet access and a tethered barcode scanner.

The ability to review your shipment as it builds each day is an added bonus built into our program that allows your staff to place new and refill orders only when truly needed. Our system also provides you information as to why an item will not be shipped, such as: refills that have been sent to a cut date, medications in need of a non-formulary approval, refills that are too soon, medications that need a controlled substance hard copy, etc. By providing this information BEFORE your order ever leaves Diamond, your staff can proactively manage these issue to prevent delays in medication shipment and administration. Any shortages are corrected within 24 hours of notification.

Our current delivery model is in place at nearly 900 facilities nationally and has been proven to be very reliable and dependable in exceeding the needs of our correctional customer base.

PHARMACY SERVICES



PRODUCT RETURNS

Products ordered or delivered in error (Vendor or County) are to be credited 100% upon their return within a seven (7) day time frame.

Diamond will offer 100% credit on products ordered or delivered in error if they are returned within seven (7) days.

All damaged products received by the County are to be credited 100% upon return within a seven (7) day time frame.

Diamond will offer 100% credit on damaged products received by the county if they are returned within seven (7) days.

Manufacturer recalls are to be credited 100% upon return within a seven (7) day time frame.

Diamond has four dedicated staff pharmacists to address manufacturer recalls and medication backorders. When Diamond is notified of recalls, the team immediately reviews Diamond's current inventory and removes items identified in the recall. In addition, our software systems provide reports of patients who have received recalled medications. Diamond's quality assurance team then notifies all relevant prescribers and personnel according to pre-established protocols and procedures. In all situations where a recall is issued, Diamond Pharmacy notifies all customer facilities via fax and email.

Our pharmacists also check backordered items on a daily basis. Pharmacists investigate alternative supply lines if the backorder appears to be lengthy. In addition, alternative medications are presented to the prescriber. Backorder memos are automatically sent to your facility. This documentation serves as a guide to alert the prescriber of the backorder status and any available alternatives prior to writing new prescriptions.

Diamond will offer 100% credit on manufacture recalled products received by the county if they are returned within seven (7) days of recall notification.

Outdated, discontinued and otherwise unusable goods are to be returned, subject to the manufacturer's return policy. Contractor is to provide pharmaceuticals that can be reasonable used prior to their expiration date. Products delivered that are not current will be returned for a 100% credit upon return within a seven (7) day time frame. Vendor to state the return policy for all unused, discounted, outdated or otherwise unusable goods.

Due to our tremendous volume purchasing and quick turn of inventory, we are able to provide our customers with extended shelf dating of dispensed patient specific as well as emergency stock starter cards. Diamond follows all packaging requirements set forth by the FDA in full compliance with the Prescription Drug Marketing

Act. The use of our Class-B blister card packaging provides a safe and sanitary dispensing system to allow for medications to be stored in a humidity free and light resistant manner.

Credit on Returns

Due to inmate turnover, medication changes and the rising cost of medications, Diamond realizes the importance of issuing credit on returned medications. Credit will be issued on **full or partial** blister cards at 100% of the amount billed less $1.95 processing fee per card. Non-creditable medications or medications that the inmates brought into the facility may also be returned for disposal / destruction at no charge.

Acting as your partner in helping to reduce the amount of waste and cost per inmate per month, Diamond offers credit on **full and partial blister card** medications, in compliance with Nebraska 71-2453-2.b, returned to Diamond where permitted by the State Board of Pharmacy and the FDA that:

- Remain in their original sealed blister packs
- Have been stored under proper conditions
- Are not within three (3) months of expiration
- Have not been released to the inmate population or labeled/dispensed as "Keep on Person"
- Are not controlled substances
- Have not been billed to a private insurance or Medicaid

The Pennsylvania State Board of Pharmacy, as well as Nebraska statute, has strict requirements for returning medications for credit with which Diamond rigorously complies. The State Board requires that each bubble contain the medication name, manufacturer, lot and expiration date. When medications are returned, the medication is not permitted to be punched out and reused. For this reason, medications that are packaged with multiple units/bubble in a blister card or in multi-dose strip packaging must be destroyed upon return and thus would not qualify for credit. The actual individual bubble can only be redispensed in its original intact packaged piece. Diamond has made a substantial investment in designing a system that enable us to reuse these individual intact bubbles to credit medications so our customers are receiving the highest amount of credit allowable. Pharmacies offering credit on partial cards without such a system may be in violation of State Board Regulations.

Be wary of vendors that do not conform to these regulations yet still offer you credit for items they would need to legally destroy. It is clearly not a typical practice for a vendor in the correctional industry to offer you credit on an item they simply discard. They would not be able to stay in business if having to discard high priced HIV, biological, chemo-therapeutic, antipsychotic or hematological agents that they have given credit and choose not to reclaim. Our policy rigidly complies with regulations, but we are very upfront and straightforward in what we are allowed and not allowed to credit. We will not jeopardize or sacrifice our stellar integrity that has been earned over the past three decades.

Diamond offers credit on full and partial cards.

Diamond is responsible for the shipping cost of all returned medications and provides your facility with prepaid preaddressed FedEx PRP or UPS ARS labels. These labels simply need to be affixed to the return box

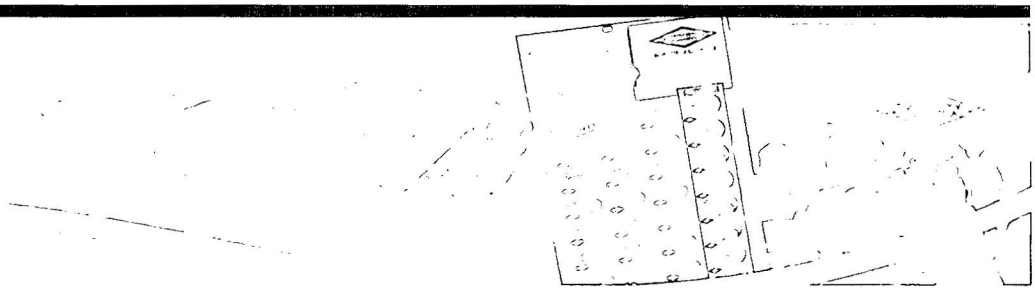
and handed to the express delivery personnel on their normal delivery to your facility.

In 2011, Diamond provided $13,636,352 in credit to our customers

Several pharmacies do not offer, or are legally prohibited to offer credit on all full or partial cards per several State Boards of Pharmacy. Nationally, 62.4% of medications that are returned are in partial cards. Selecting a pharmacy that does not offer credit or is not legally permitted to issue credit on partial cards would result in a **significant loss of revenue** for your facility.

Vendor shall handle and dispose of pharmaceuticals in accordance to all Federal, state and local regulations.

Diamond will oversee the disposal of all unusable medications. We will destroy any requested medications (including controls) on site during inspections where allowable by law. Non-controlled medications may be returned to Diamond for destruction regardless of the source and if permitted by state and local regulations.



SPECIFICATIONS

Pharmaceuticals shall be FDA approved generic whenever possible. Vendor shall notify the Jail Nurse via email when generic drugs could possibly be substituted for name brand drugs.

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- Diamond clinical pharmacists are well versed in making cost effective recommendations and developing drug formularies; Diamond pharmacists are always available to answer any questions in regard to cost effective therapy and may be contacted through your account representative or 24/7/365 via toll free phone at 1.800.882.6337.

- Diamond's monthly formulary management and statistical reports show usage trends and the prescribers history as a tool in identifying areas in which to save money; for sites wishing to utilize our proprietary online reporting system, this information can be obtained real time 24/7/365

- Diamond automatically splits tablets of certain higher priced medications that have similar costs for various strengths. Tablet splitting is performed in accordance with the FDA requirements for prescription drug compounding. . For example: an order for "Abilify 10mg by mouth once daily" would be sent and labeled as " Abilify 20mg, Take ½ tablet (10mg) by mouth once daily" and the split tablet would be packaged for you. Splitting tablets yields up to a 48% savings without compromising or clinically affecting the patient. We currently split doses for the following medications: Latuda, Livalo, Abilify, Crestor, Lexapro, Seroquel

- There are certain medications where it is more cost effective to utilize two doses of a lower strength rather than a single dose of the requested strength; Diamond automatically combines these doses, such as combining two (2) pediatric Hepatitis B doses to equal an adult dose

- Diamond accepts drug coupons and vouchers from pharmaceutical companies (for a free supply)

- Diamond has implemented an HIV Discharge Program allowing your facility the ability to obtain certain HIV medications at no charge to your department for eligible inmates released from your facility; Diamond works in conjunction with your in-house discharge planner to facilitate this program; sites can also access drug companies that assist with medication costs by viewing www.needymeds.com

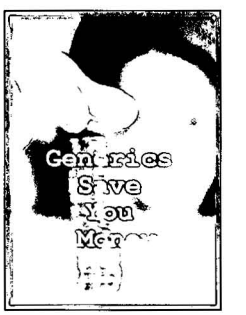
- Diamond directly invoices medical assistance, private health insurances, ADAP, the Federal Government, ICE, US Marshall's, or other sources of payment whenever the patient is eligible. Our ability to invoice directly takes the cost of these medications off your budget so you realize the cost savings immediately.

- Participation in buying groups as well as direct purchasing from manufacturers and generic companies to provide you very competitive pricing.

- Only pharmacy invested in an initiative to provide true unit dose blister card packaging that ensures the highest levels of allowable credits. This is often overlooked by our customers as this attention to detail is taken for granted when partnering with Diamond. We have made the substantial financial commitment and personnel resources to ensure all medications sent to your facilities have each bubble of a blister card individually labeled with medication name and strength, NDC number, manufacture name, lot and expiration date. This packing is required in states such as Pennsylvania, New York, Maryland and Indiana before medications can even be considered for return for subsequent credit. Diamond is the industry leader and these are the little things you may not notice that make all the difference in the world when keeping your facilities compliant with regulatory agencies and state inspectors. We provide unit dose labeling on all packaging and not just those medications that are convenient to label in this manner. This affords you credit availability on a wider spectrum of medications returned.

Generic Medications

A generic medication is the bioequivalent of a brand name counterpart. Generic forms of drugs can be produced once the original patent has expired. Generics have the same active ingredient, strength and dosage as the more expensive brand name version of the medication. To put it simply, generics save you money without sacrificing the appropriate benefits of the medication.



In an effort to reduce your pharmaceutical costs, Diamond encourages the use of generic medications in accordance with the provisions of state law and the prescriber's therapeutic objectives. Diamond pharmacists select a therapeutically equivalent, FDA approved A-Rated generic medication (comparable bioavailability and/or bioequivalence) and substitute it for a brand

name medication in accordance with the provisions of state law, unless the prescriber specifically states otherwise. If the prescriber chooses, he or she can indicate "Brand Medically Necessary" and our pharmacists will honor that order. Diamond's online ordering program automatically converts the medication to the generic equivalent unless the prescriber indicates otherwise.

Diamond will automatically notify your facility via memo as new generic products are released. Unlike some of our competition, we will begin using a generic product as soon as it becomes available through our wholesalers rather than continuing to use existing brand product, passing on the savings to you immediately.

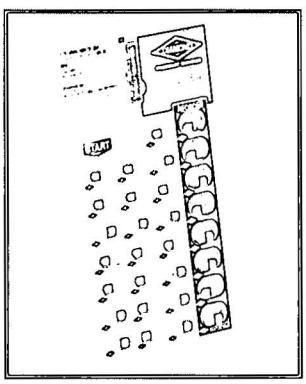
Mode:

The Sarpy County Law Enforcement Center currently uses a 30-day blister pack system for all non-liquid medications (except medical supplies). Liquid medicine will be issued in standard prescription bottles. If it is anticipated that an inmate needs less than a 30-day supply, a 7-day supply will be ordered. Vendor may submit with their proposal optional programs that would provide more cost savings to Sarpy County.

Medication Packaging

Diamond offers a specialized filling system for safe, efficient and cost effective medication distribution. Prescription and non-prescription medications are dispensed in your choice of tamper-proof USP Class B unit-dose blister cards, original manufacturer's pill bottles, conventional prescription bottles, stock cards where allowable, or numerous other systems, as requested in the quantity ordered by your prescriber(s)for both "DOT" and "KOP" medications.

Maintenance medications are routinely dispensed in a thirty (30) day supply unless otherwise requested. Solid medications are typically dispensed in thirty (30) count blister cards with one (1) unit per bubble. Blister cards provide a sanitary delivery system as compared to bulk bottles that may become contaminated with repetitive opening and closing. Nurses enjoy the protection, accountability and ease of delivery offered by blister cards. We can also save you money by dispensing in blister cards as inventory can be controlled more closely. You will no longer need to purchase a large volume stock bottle that will significantly increase your inventory dollars. Not all pharmacies can provide your facility FDA approved, true unit dose stock packaging.



Blister cards for legend and OTC items will be packaged in a blue blister card and scheduled controlled substances, Tramadol and pseudoephedrine products will be packaged in a red blister card for ease of differentiation and as a means of preventing diversion.

Discharge medications are dispensed to your facility in the quantity requested. All discharge medications are dispensed in a child proof container, unless otherwise requested. These medications are labeled appropriately with all directions and auxiliary warning labels in compliance with all applicable regulations.

OTC medications are sent in bulk original manufacturer's packaging, except when ordered by the prescriber for individual patients or prohibited by law or board regulation. If not sent in bulk, these medications are dispensed in blister packs or prescription bottles, as requested.

Liquid medications are provided in unit of use containers as written. Eardrops and liquids are provided in the original manufacturer container or repackaged from the original glass containers into plastic, if requested and when permitted by FDA.

Diamond Pharmacy provides creams and ointments in the original manufacturer's container or in plastic jars, if requested and when permitted by FDA.

Along with our medications, Diamond provides samples of the proper accounting and documentation sheets to record administration and counts of controlled, non-controlled, sharps items and OTC medications.

IV mixtures are shipped compounded, labeled and ready to administer or dispensed in Mini-Bag Plus packaging for easy on-site self-mixing, when requested by the facility.

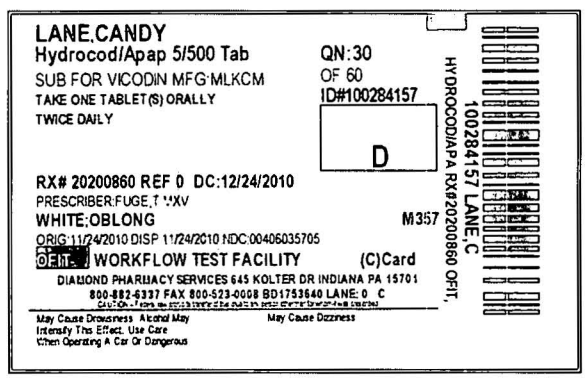
If operating a KOP or a self-medication system, Diamond will work in conjunction with the facility staff to help coordinate the KOP Program, an area in which we have years of experience. Our software enables the company to customize KOP preferences for your facility. Diamond has years of experience in coordinating KOP programs. Our paperless eMAR software indicates during med-pass, which medications should be administered as KOP. The software properly records the administration based upon how the medication was ordered.

The preparation, labeling and packaging of all medications shall be performed in accordance with all applicable Federal and State laws and regulations.

Medication Labeling

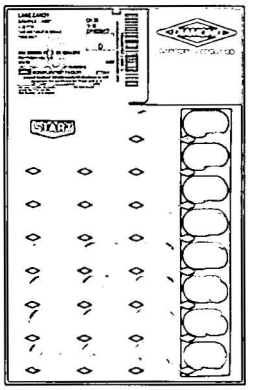
Each prescription is properly dispensed and labeled patient-specific or as stock in complete compliance with all state and federal laws, rules, regulations and provisions in accordance to all labeling regulations. Each label includes the following information:

- Pharmacy name and address
- Inmate name
- Inmate identification number (if requested)
- Cell block (if applicable)
- Medication name and strength
- Medication imprint, shape and color for proper identification
- Dosage form
- Generic interchange information
- Quantity dispensed
- Manufacturer's name
- Lot number
- Medication expiration date
- Date on refill label indicating when medications may be refilled
- Route and times of administration



- Directions for use (Spanish available, if requested)
- Prescription number
- Prescriber name
- Original date
- Dispense date
- Discontinue date (stop date) and/or refill information
- Dispensing pharmacist's initials
- Cautions and alerts

Warning/auxiliary labels are placed on each prescription for safe and effective medication use describing reactions, cautions, warnings, interactions, dietary instructions such as; take with food, may cause drowsiness, shake well, etc.



Controlled medications (Schedule 3-5) are marked with a red letter "C" and are packaged in a red blister card for easy identification. A Scheduled II controlled substance (C-2) will also be dispensed in a red blister card and each label with have two (2) red "C"s to allow further differentiation by your staff.

Medications contain a thermal bar code label with a peel off refill tab in clear, large type. The tabbed refill labels are supplied on every medication order. Each refill tab contains the patient name and number, medication name, quantity, number of refills, prescriber, prescription number, unique card identification and date next refill is due. This easy reference enables the nursing staff to properly identify the information on each reorder tab. Medications are easily refilled by peeling the tab off of the prescription label and placing it on a refill form. The form can be faxed to Diamond or scanned into the Sapphire eMAR system for electronic refill submission.

Each label's barcode is recognizable by Diamond's ePrescribing and Sapphire eMAR software and any in-house computer software your facility may utilize. The barcode can also be accommodated to contain any specific prescription information that may be requested by your facility as spacing permits.

In addition to detailed label information, each pill bubble of the blister card contains the medication name, lot, expiration date and manufacturer ID which makes our cards true unit dose packaging that allows for credit on returned medications.

Service:

It is preferred that the Vendor maintain an online ordering site with the following features:
The site and its necessary passwords will be available to the County at no additional charge.
Requested WAC and FUL pricing updates provided electronically on a monthly basis, minimum.

Electronic Ordering through Sapphire eMAR

Diamond is offering a proprietary web-based software application, Sapphire eMAR, which provides a professional, easy-to-use, cutting edge medication order entry system. As a home grown system, it can offer many benefits to you, such as:

- Not being locked into a system through a contract
- Diamond takes full responsibility of product and support
- Diamond can make modifications to software on site through one of our eight (8) on-site programmers and seventeen (17) professionals from our IT department
- One point of contact versus use of multiple vendors to provide solutions
- e-Mar integration that is specifically designed to work with our pharmacy applications.
- Ability and capability to interface with other Electronic Health Record Systems to complement our order entry and eMAR system
- Customization to meet your needs and specifications versus being forced into a "cookie cutter" product that would require fees for upgrades and enhancements that are standard with Sapphire.
- Sapphire is a product we offer to our customers free of charge if submitting all orders to Diamond.

Sapphire's comprehensive online ordering program is a bi-directional system through a secure Internet server and is fully HIPAA compliant. The features and benefits of ordering online through this user-friendly software include:

- The ability to order new prescriptions or stock orders more quickly by utilizing drop down screens and order refill buttons; all medications are easily reordered, extended or discontinued utilizing these same easy-to-use features
- Increased accuracy as a result of the reduction in transcribing errors and clarity issues that may result from faxed order sheets
- With orders being transmitted in real time as written, more orders will be received by Diamond prior to the cut time which will result in timelier delivery
- Reduced incidents with non-formulary orders because your staff knows immediately if a medication is not on your approved list; non-formulary alerts are automatically sent to the prescriber's queue where he/she can easily complete the non-formulary process online and forward it to Diamond Pharmacy with the order
- OTCs, stock and emergency medications are all easily initiated and documented
- Savings from the elimination of paper physician order sheet, which are no longer needed

- The ability to view patient profiles and determine when a medication was last filled prior to transmitting the order
- Password-protected access for approved practitioners to patient profiles, medication orders and history from any web based computer located on or off site
- At the time of ordering, the system alerts you of the most common directions utilized by your facility for specific medications
- Automated prescription reorder and medication refill processes providing you with full documentation
- Simple order refills through the click of a button, no peel-off labels or scanning needed
- Maintenance of all patient specific and stock medications inventories with automatic notification of which medications are needed based upon actual administration
- Tracking and documentation of patient allergies and/or drug interactions
- An allergy database at time of order entry- currently reviewed at Diamond
- Diagnosis per medication
- Duplicate therapy warnings at time of order entry, also currently reviewed at Diamond
- Advanced medication taper schedule
- Electronic emergency stock order templates
- Medication inventory program and much more

In summary, Sapphire eMAR enables your facility to quickly, accurately and conveniently order new medications, reorder medications, view entire patient profiles and medication histories, maintain patient profiles, change orders, self-medication (KOP) status, notify staff if the medication ordered is a non-formulary medication, print a variety of utilization, administration and management reports, print paper copies of all prescriptions and activities for each patient's chart.

WAC and FUL pricing is updated monthly through our Medispan licensing agreement.

The ordering site allows the person placing the order to see the on-hand quantity of the drug to ensure that it is in stock.

This requirement has been removed by answers to submitted questions.

Vendor to provide historical data on items ordered, preferable through the ordering site for a period of at least twenty four (24) months from the date of the order.

Overview of Online Reporting Program...

Online Reporting (ORP) is a robust web-based patient profile reporting tool offered by Diamond Pharmacy Services. Overall, the goal of ORP is to provide you with a simplified means which will enable immediate access to an accurate patient data retrieval system. As a user, you will have various reporting options, as well as multiple ways to view, sort, and print the dispensed data based on specified parameters.

Concentrated Data

ORP provides the ability to create customizable reports, showing strictly the data you want to review. In addition, advanced sort and search options are guaranteed to display the pertinent data in the format of your choice. ORP provides the option to perform the functions:

- Review multiple facilities individually or collectively
- Select a user specified date range for billed data
- Review multiple therapeutic classes individually or collectively
- Select all prescription classes, OTCs, or Controls
- Filter the report by individual or multiple patients, medications, or prescribers
- Select activity by insurance scenarios, no insurance, or insurance only
- View by formulary, non-formulary, or both
- Filter by stock, patient specific, or both
- Select to view brand name medications, generics, or both
- Ability to group data by your specification
- Ability to sort data ascending and descending within a grouping
- Ability to show only a specific number or percentage of records

Data Security

Eligible users are given access to ORP by means of a specific username and an auto-generated password. In addition, users are only granted the ability to view data which they are entitled to. Likewise, the data being transmitted from our servers to your local computer is strictly confidential and HIPAA compliant. ORP is equipped with 128-bit secure socket layer (SSL) which ensures encryption of the data as it is passed from our server to the client.

Accessibility

Our reports are available when you need them. ORP was designed as an online distributed system to provide you with access 24/7. The system only requires a connection to the internet and an internet enabled browser, therefore no additional software is needed to operate ORP.

Search Options

You have the ability to filter a report further by individual or multiple patients, medications, and prescribers. In order to give you added control, the search feature can further be limited by the date range and the facility you choose. Only the patients, medications, and prescribers which have had activity in the date range

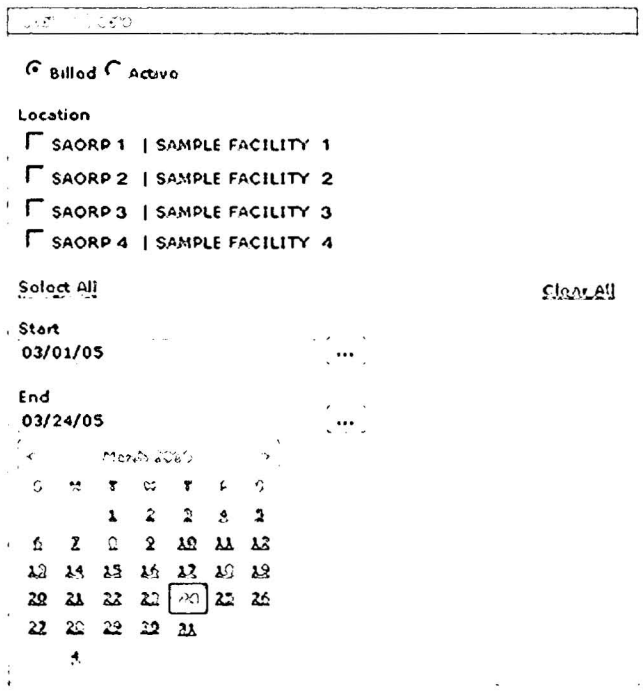
at the facility will be returned to your search results. Furthermore, advanced search options are provided and explained in order to return more exact query results.

Customization Options

The customization screen is divided into four categories: location/date, medication groups, filter by, and group/sort. Below is a view of each category:

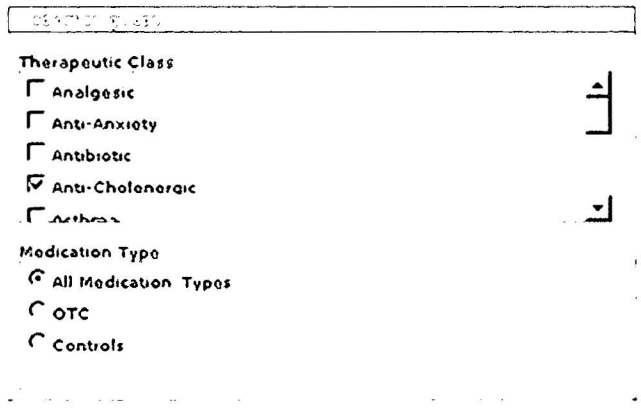
Location / Date

This category allows you to choose multiple or individual facilities which will be included in the generated report. Also, you can choose whether the report will include prescriptions which are actually billed or profiled. In addition, a date range must be selected.



Medication Groups

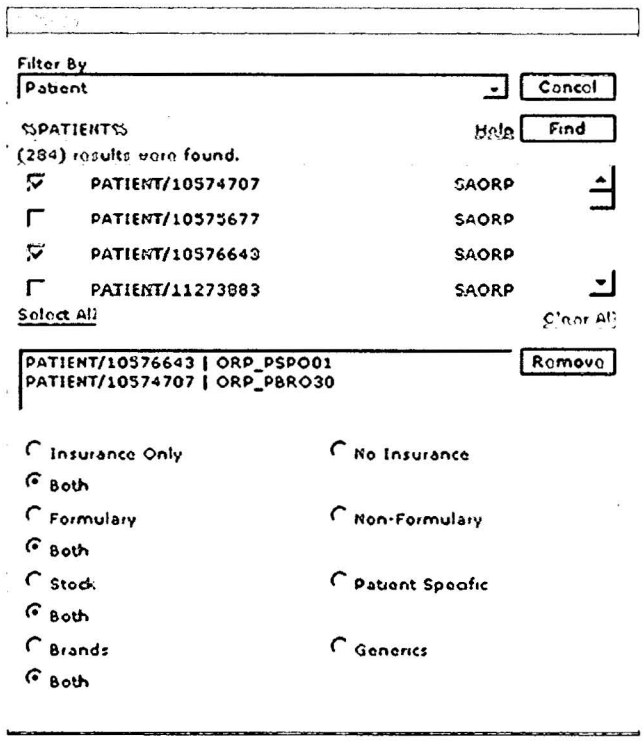
This category allows you to choose multiple or individual therapeutic classes which will be included in the generated report. Also, you can choose to view activity for all medication types or only by OTC's or controls.



Customization Options (continued)

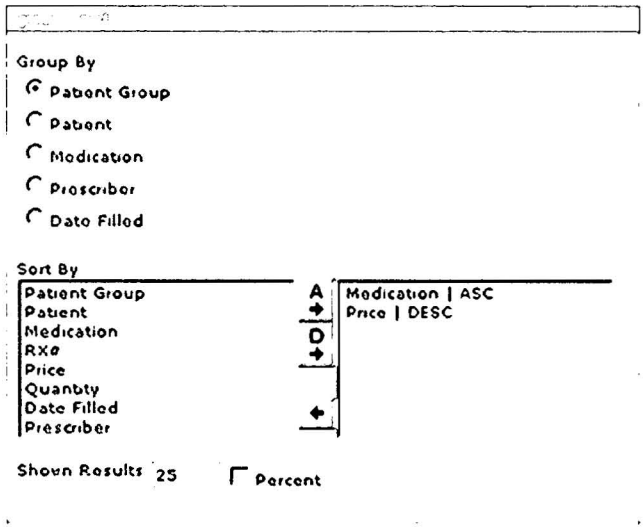
Filter By

This category allows for a wide range of flexibility in your report. After choosing a search option (patient, medication or prescriber), you can query the data to produce results that have activity for the selected facilities and within the specified date range. In addition you can filter the report by multiple or individual selections from your search result set. This category also includes insurance, formulary and non-formulary, stock and patient specific, and brand and generic options.



Group / Sort

This category allows the report to be grouped and totaled by patient group, patient, medication, prescriber or date filled. Also, within the grouping, you can sort each individual field on the report ascending or descending. In addition, this category allows the option to show only a number or percentage of records.



User Friendly

One of the main focuses of ORP is the ability to easily utilize and navigate the website. The main functionality of ORP has been placed on a single screen. The customize screen is sectioned into four categories to simplify ORP navigation. In addition, after you have generated a report, your custom options will be saved until you run another report. This feature will allow you to quickly run the same report without selecting the same options over and over again. The focus of ORP has been placed on retrieving data quickly and simply.

Report Preview

The report preview feature is an easy way to simply view on screen or to preview prior to exporting. The most recent report you generate will be saved until the next report is ran.

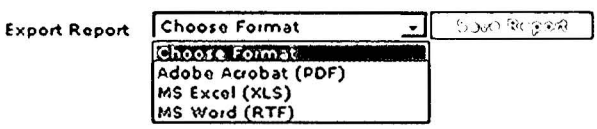
Below is a sample report with data which is grouped by patient name descending and then by price ascending. Each grouping is subtotaled to show the group name, with the total quantity and cost. Entire report totals are included at the end of each report, as well as a summary of the customization options you selected.

RX#	Patient Name	Medication	Qty	Price	Date Filled	Patient Group	Prescriber Name
909491	JONES, TOM	ALBUTEROL 90MCG	30	$2.00	3/5/05	SAOR	DR. SMITH
		* **JONES, TOM**	**30**	**$2.00**			
943932	DOE, JOHN	ACETAMINOPHEN 500MG	20	$0.25	3/10/05	SAOR	DR. ROBERTS
943932	DOE, JOHN	ACETAMINOPHEN 500MG	20	$0.25	3/18/05	SAOR	DR. ROBERTS
943960	DOE, JOHN	DOXYCYCLINE 100MG	20	$9.45	3/10/05	SAOR	DR. ROBERTS
		* **DOE, JOHN**	**60**	**$9.95**			
938938	BELL, WILLIAM	BENZOYL PEROXIDE 10%	45	$3.85	3/10/05	SAOR	DR. MARCUS
938933	BELL, WILLIAM	CEPHALEXIN 500MG	90	$8.00	3/10/05	SAOR	DR. MARCUS
		* **BELL, WILLIAM**	**135**	**$11.85**			

Export Options

ORP quickly builds your report dynamically allowing you to share the generated data in the format you desire. The supported export options are shown below:

Reports can be exported and viewed in Adobe Acrobat Reader, Microsoft Excel and Microsoft Word. The available export formats are PDF (portable document file), XLS (Excel spreadsheet), and RTF (rich-text file).



RX Search
In addition to generating reports, users can also perform on-screen script searches and view such fields as: RX#, price, quantity dispensed, date filled, patient name, directions (sig), and more.

Vendor's pharmacist and staff shall provide:

Vendor to provide information/consultation regarding products ordered by the County, as requested. This service shall be available to the County twenty four (24) hours per day.

Routine and emergency consultations regarding all phases of the institution's pharmacy operation are provided continuously, 24 hours a day, 365 days a year by a **regularly scheduled pharmacist** on site at our facility. Our pharmacy is open 24 hours a day, 365 days a year; therefore, a pharmacist can be reached easily and directly via phone or through our answering service after normal business hours. Your questions will be answered in real time and immediately. There is no need to submit a clinical concern or operational question through a web site, or have to awaken an on call pharmacist that has a pager. It would be nice if all questions and concerns happened during business hours, but we know this simply is not the case. Our commitment to our customers is a commitment to have staff scheduled around the clock to be available as questions arise for immediate resolution and attention. Diamond pharmacists serve as a standing and active member of the clinical team providing consultations to the prescribing physicians and nurses regarding pharmaceutical therapy and cost recommendations.

A clinical pharmacist fully versed in all aspects of the correctional pharmacy industry is an invaluable resource as part of you multidisciplinary team. Medication and clinical service needs seen within a correctional facility are different than that seen within the community and private sector. Our pharmacists are experienced in correctional medicine and mental health management and understand the complexities associated with correctional medicine. We have become the industry leader through the work of the industry leaders we employ. Our staff is highly qualified to respond to all your clinical needs.

Vendor shall provide for appropriate disposal of excess medication on a monthly basis in accordance with State of Nebraska regulations.

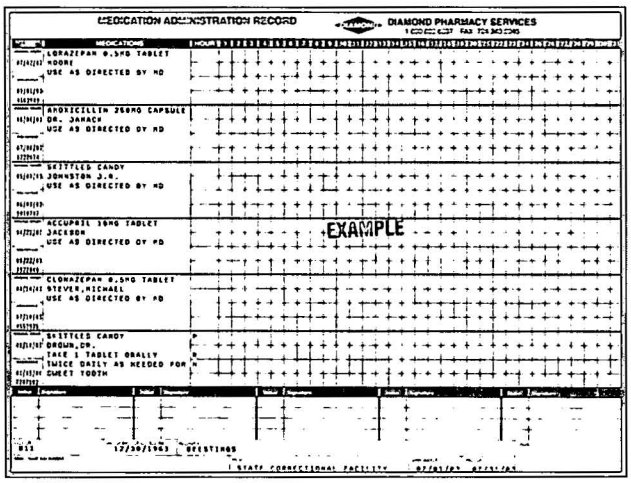
Diamond will oversee the disposal of all unusable medications. We will destroy any requested medications (including controls) on site during inspections where allowable by law. Non-controlled medications may be returned to Diamond for destruction regardless of the source and if permitted by state and local regulations.

Vendor will provide to the Jail Nurse, or designee, medication administration records listing each inmate's name, medication, directions and dosing times.

Provide written instructions for Jail Nurse to administer medications.

Diamond Pharmacy supplies all facilities with adequate supplies of MARs to serve as a legal and medical record of the drugs and/or therapy administered to the patients within your facility. These forms are pre-

drilled with larger holes and printed on heavier stock to withstand repeated use and abuse. Details of our Sapphire eMAR program are provided later in the proposal.

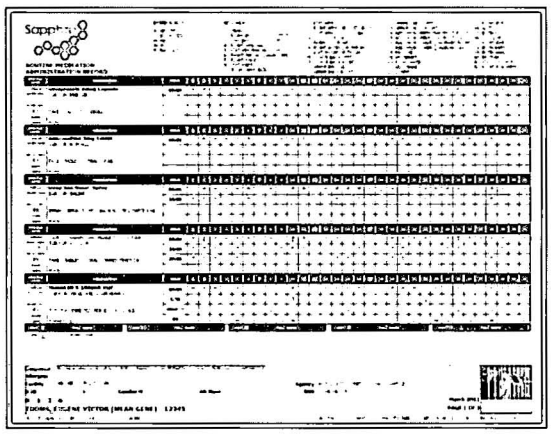


Each form contains adequate space for:

- Patient name, identification number, date of birth and location
- Facility name and/or number
- Charting dates
- Medication name, brand, prescriber and directions
- Original order and discontinue dates
- Hour and date of med-pass
- Initial and signature of individual administering medication
- Room for medication notes including injection sites, results observed and any reasons for non-administration

Sapphire eMAR

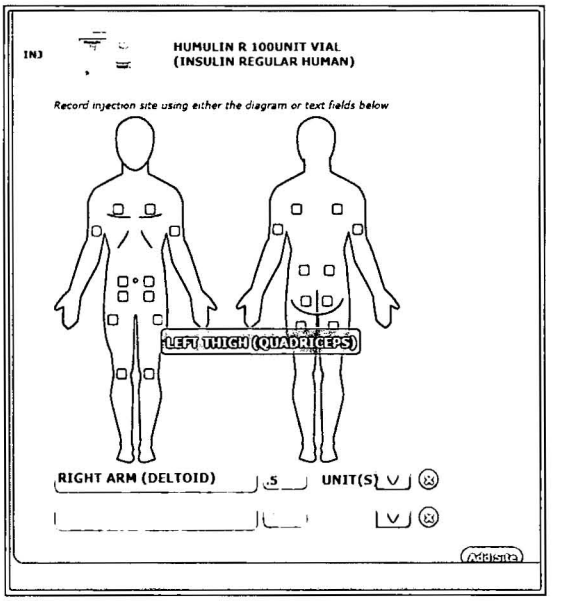
Sapphire eMAR is a paperless electronic medication administration record that enables your nursing staff to efficiently administer and track all medication administration functions. This software has extensive capabilities and is a significant upgrade to current paper MAR programs. It is offered at no charge when your facility transmits all orders via the system.



The software has the capability to display patients by an entire population (e.g., all patients using Prozac, all patients on cell block C, etc.), alphabetically by patient name or by location. All medications due for a selected med pass will display on the screen. This function eliminates the need for nursing staff to search for the appropriate paper MAR in a binder and locate the proper medications or schedule.

Other medication recording features of this easy-to-use Medication Management System include:

- Via a bar code scan of the medication and the patient's wristband or badge, an electronic recording of actual medication administration date, time and nurse's initials
- For specialty units such as a psych unit that houses patients without wristbands or badges, the system allows for manual entry of a patient's number
- Charting capability for injection location
- KOP charting for the duration of the prescription with custom KOP policies for your facility to keep staff informed regarding which medications should be administered as KOP and which are ineligible, e.g., muscle relaxers and psychotropics
- Capability to print a paper med pass list alphabetized by patient and unit in an easy to use grid format, providing all medications and administration times (Note: this is an especially efficient way to inform the security staff of patients who need to report to the med line for stock medications)



- A list of missed patients during regularly scheduled med pass making it easy to identify which patients need to be called down to receive their medications
- Your staff is also able to indicate the reasons that a medication was not administered, e.g., patient refused or dropped, patient no shows, out to court, etc.
- Throughout med pass process, the system informs you what percentage of the med pass is complete by entire population and by individual cell block
- For remote med pass or in areas without WIFI, you can work off-line with your laptop and synchronize later when you have access to an Internet connection
- The ability to archive 24 hours of previous med pass information in cases of power outage, internet down times, etc.

This system can be an integral part of your QA process. With it, you monitor compliance levels customized by your preference across any parameters or timeframes. For example, you could examine a list of patients who missed three (3) doses in the last month, the reasons they missed med pass and their location.

Diamond's Sapphire eMAR Medication Management System will save you and your staff a significant amount of time. This software eliminates the month end MAR change over because all medication ordering and changes are automatically updated throughout the month. Several of Diamond's facilities have experienced at least a 50% reduction in med pass time and have completely eliminated the time devoted to monthly MAR

changeovers. With Sapphire eMAR, it simply isn't necessary to review MARs for accuracy or to arrange them in new binders at the end of every month.

Sapphire eMAR eliminates end of month MAR changeovers, saving you time and money.

Diamond's system also provides the ability to easily display the last three (3) administrations of each medication with documentation, point and click injection documentation, the ability to document the number of PRN doses administered, the ability to link medications to vital signs which need to be taken prior to medication administration and much more.

Provide review of each inmate patient's prescriptions to prevent adverse interactions or doubling of medications. An immediate written report should be submitted to the Jail Nurse or designee regarding any adverse interaction or doubling of medication.

Medication Monitoring

Diamond clinical pharmacists thoroughly screen each inmate's complete computerized medication profile to ensure safe and therapeutic medication administration prior to filling each order. Our pharmacists also screen interactions, allergies and other potential issues such as non-formulary medications that may need to be addressed with your staff prior to dispensing the order. Diamond maintains a current version of the Medi-Span® database as a consultative resource. This database is the most authoritative, comprehensive and up-to-date drug interaction and drug allergy-screening reference tool available. It equips Diamond pharmacists and technicians with timely and clinically relevant information on both prescription and OTC medications, enabling them to measurably improve patient outcomes through effective drug therapy hazard monitoring.

In addition, Diamond screens patient prescription profiles for:

- Duplicate therapy from medications in the same therapeutic class
- Medication interactions and incompatibilities (including drug-drug, drug-order and drug-age interactions)
- Excessive/sub-therapeutic dosages
- Appropriateness of medication therapy
- Medications which are refilled too soon, based on your facility specific established parameters
- Medications ordered past the designated stop date
- Clinical abuse or misuse
- Medications that are to be administered as DOT only
- Medications that are to be administered from stock only

We will contact your facility PRIOR to filling and shipping expensive medications so that you may consider alternatives or request a lesser supply in the event a patient is to be released. Our policy is to alert your

providers BEFORE dispensing a prescription should there be any: medication orders with an inappropriate strength, duplicate orders with existing medications on a patient profile, potential drug-drug interactions deemed to be clinically significant and medically justifiable and any medication that triggers a documented allergy in our pharmacy system.

Medications are reviewed to ensure they fall into proper therapeutic ranges as defined by our Medispan software and Non Formulary medications are reviewed for duration of therapy. Additionally, psychotropic medications are reviewed for possible dose reductions where clinically justifiable. Our dynamic and robust online reporting system is available through web based connectivity 24 hours a day as a consultative resource when conducting drug regimen reviews. Our reporting system filters over 400 parameters that can be filtered by medication, patient and prescriber. Ad hoc poly pharmacy reporting can be created specific to your facility needs to allow our clinical pharmacist to target specific medication therapeutic classes to ensure your clinical outcomes are achieved.

Audit:

Sarpy County reserves the right to request invoices or other such records for verification of supply prices charged to the County under this agreement. Vendor shall make available and retain all records and cost information related to this agreement for a period of two years beyond the agreement expiration date.

Diamond records/invoices are available for review as an audit of our costs. Diamond retains as confidential all records of the facility. The company maintains all appropriate documentation, including but not limited to prescription records, prescribing patterns and usage, inventory records, medication destruction, controlled medication perpetual inventory, patient profiles, copies of all prescriptions, etc.

Diamond retains all records regarding your facility in a safe, secure and redundant environment for a period of at least seven (7) years.

The vendor shall retain as completely confidential all information relating to the policies, procedures and records of the inmates consistent with all laws regulating the disclosure of public record.

Diamond strictly complies and adheres to the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and all applicable regulation promulgated thereunder. In accordance with HIPAA, Diamond keeps secure and private all information that may be considered Individually Identifiable Health Information (IIHI) Diamond provides a detailed action plan to ensure compliance with HIPAA regulations and assists correctional facilities with planning, developing and adhering to these requirements.

DIAMOND

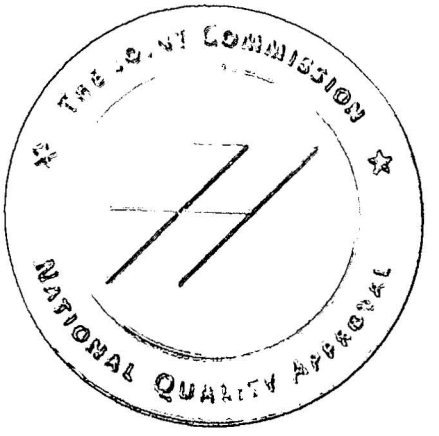
PHARMACY SERVICES

PROPOSAL BOOK
EXHIBITS

Diamond Drugs Inc.

Indiana, PA

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Home Care Accreditation Program

October 8, 2009

Accreditation is customarily valid for up to 39 months.

David L. Nahrwold, M.D
Chairman of the Board

Organization ID #125941
Print/Reprint Date: 12/9/09

Mark Chassin, M.D.
President

The Joint Commission is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

PHARMACY SERVICES

AWARDS & RECOGNITION

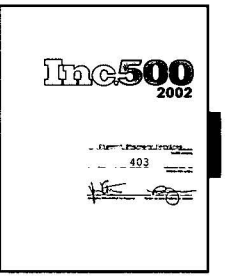
NATIONAL

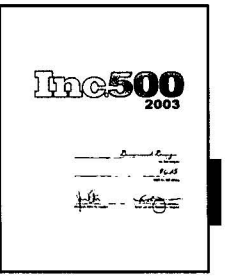
JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS

Accredited under Home Care for Home Medical Equipment Services, Long Term Care Pharmacy Services, Pharmacy Dispensing Services, and Clinical/Consultant Pharmacy Services

INC. MAGAZINE

"Top 500 Fastest Growing Independently Owned Companies" 2002 & 2003
"Top 5000 Fastest Growing Independently Owned Companies" 2007 & 2008





STATE

PENNSYLVANIA BUSINESS CENTRAL

"Top 100 Organizations In Pennsylvania" 2009

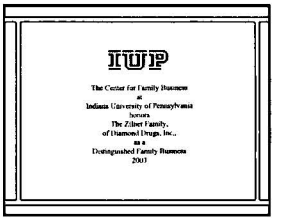
PENNSYLVANIA BUSINESS CENTRAL

"Top 100 People"

LOCAL

INDIANA UNIVERSITY OF PENNSYLVANIA

"Family Business Of The Year"



INDIANA COUNTY BUSINESS AND PROFESSIONAL WOMEN

"Employer Of The Year"

INDIANA COUNTY SUPPORTED EMPLOYMENT ADVISORY COUNCIL

FROM THE LIST THAT BROUGHT YOU

Zappos, Intuit, GoDaddy, Under Armour, Jamba Juice, Qualcomm, Timberland, XCOR Aerospace, Princeton Review, Clif Bar, Microsoft, Patagonia, American Girl, American Apparel, Oracle & hundreds of other powerhouses

Inc.

SPECIAL ISSUE

500

Meet This Year's Fastest-Growing Private Companies

Senior Whole Health: 31,525% three-year growth
Stallion Oilfield Services: 2,673 employees
Vizio: $1.9 billion in revenue

$4.99US $5.99Canada

09

0 71486 02768 3

How I Did It

24 CEOs on their ride to the top

Inc.500 | Inc.500

AWARDS COMMITTEE

NEW YORK

AUGUST 2008

Joanne Zilner
Diamond Pharmacy Services
645 Kolter Dr
Indiana, PA 15701-3570

Dear Joanne:

On behalf of *Inc.*, I am delighted to recognize your accomplishment in earning the rank of **4805** on the 2008 Inc. 5000, which celebrates the fastest-growing private companies in America.

For more than 27 years, the Inc. 5000 has served as a benchmark for the most innovative, dynamic, and successful companies in the nation. As an Inc. 5000 honoree, **Diamond Pharmacy Services** is now a member of the most influential business club in America. The company you keep is notable, as Inc. 5000 alumni include Bill Gates of Microsoft, Larry Ellison of Oracle, and many more.

The entire team at *Inc.* commends you on your success and recognizes the commitment that has gone into building your company into what it is today.

Congratulations to you and your team.

Sincerely,

John Koten
Editor in Chief and CEO
Mansueto Ventures
Publisher of Inc.

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

10 0634836

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

License Type

Pharmacy

License Status

Active

Initial License Date

02/17/1989

DIAMOND PHARMACY SERVICES
JOHN JOSEPH AVOLIO
645 KOLTER DRIVE
INDIANA PA 15701

License Number

PP414152L

Expiration Date

08/31/2013

Katie Tree

Acting Commissioner of Professional and Occupational Affairs

Signature

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 PA.C.S.A. 4911

DIAMOND PHARMACY SERVICES

PENNSYLVANIA PHARMACY LICENSE

DRUG ENFORCEMENT AGENCY LICENSE

PHARMACY SERVICES

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BD1753540	06-30-2013	Paid

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	RETAIL PHARMACY	05-03-2010

DIAMOND PHARMACY SERVICE,
645 KOLTER DRIVE
INDIANA, PA 15701

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE

Form DEA 223 (06-04)

Certificate of Registration

Certificate No. 3000006389
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Drug & Device Registration
132 Kline Plaza
Suite A
Harrisburg, PA 17104
(717) 783-1379

Category:

Distributor (Prescription)

DIAMOND PHARMACY SERVICES
665 KOLTER DRIVE
INDIANA, PA 15701

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: October 01, 1994
Expiration Date: The Last Day of September, 2012

Melanie Waters
Melanie Waters, RN
Acting Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Eli N. Avila
Eli N. Avila, MD, JD, MPH, FCLM
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

DIAMOND
PHARMACY SERVICES

DISTRIBUTOR LICENSE

U.S. Food and Drug Administration

Drug Firm Annual Registration Status

Search Results on RemedyRepack

Firm Name	Facility Establishment Identifier	Data Universal Numbering System Number	Address	Current Registration Year
RemedyRepack Inc.	3005841768	829572556	655 Kolter Dr, Indiana, PA 15701, USA	2011

National Association of Boards of Pharmacy
Verified-Accredited Wholesale Distributors
1600 Feehanville Drive, Mount Prospect, IL 60056

The National Association of Boards of Pharmacy® hereby awards

Verified-Accredited Wholesale Distributors® Accreditation

to

Diamond Drugs, Inc dba Diamond Pharmacy Services

located at

665 Kolter Dr, Indiana, PA 15701

This facility has met all the Verified-Accredited Wholesale Distributors criteria requirements set in place by the National Association of Boards of Pharmacy.

17557-48665

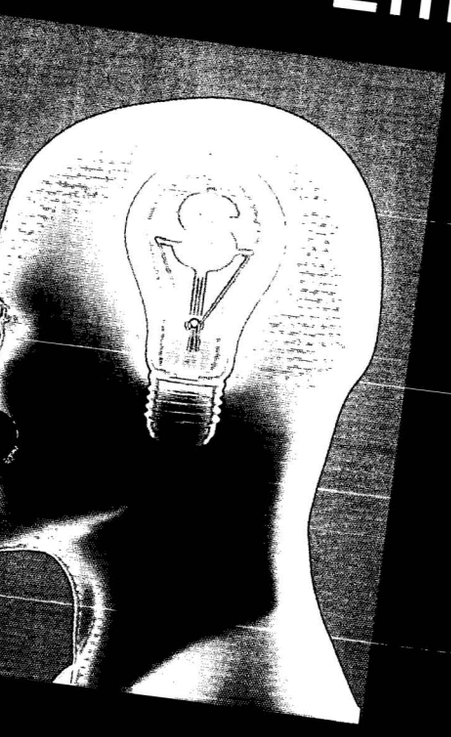
VAWD® Unique Identifier

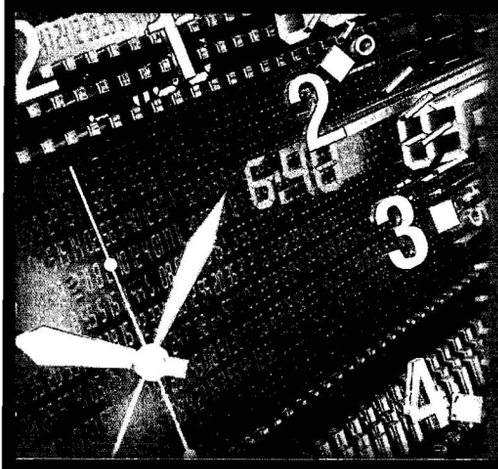
09/14/2009 - 09/14/2012

Period of Accreditation

Carmen A. Catizone, Executive Director/Secretary

Efficient. Paperless. Smart.

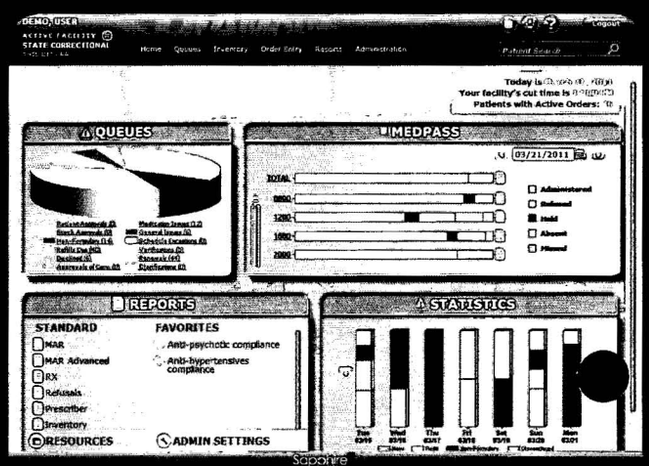




Sapphire eMAR

Introducing an e-MAR that does it all.

Sapphire eMAR is a comprehensive online solution, completely eliminating all paper pharmacy processes.



EASY TO USE

Sapphire eMAR has been designed with the user in mind. The design makes it simple to navigate with numerous parameters which may be customized specifically for each facility. Additional user features include an online help system, dashboard alerts (new products, enhancements, procedures, etc.), quick links to additional programs, and printable records.

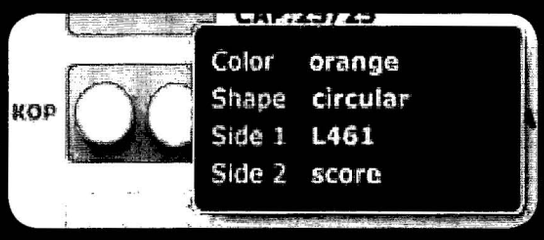
SECURE

Sapphire eMAR is fully HIPAA compliant, and contains enhanced security features. Additionally, your data is secure with a clustered server architecture which enables immediate recovery in the event of a Diamond server hardware failure. Data is also stored off site at an additional backup location. The MedPass feature of Sapphire continuously stores all information to prevent any sort of data loss.

CUSTOMIZED TO YOUR NEEDS

Sapphire allows your facility to set custom user roles and permissions, allowing even greater control over security. Medications may be set up and categorized as controlled, OTC or Keep On Person, and your default HOA schedules can be customized to meet your facility's needs.

Sapphire also gives your staff the ability to set up custom reasons for PRNs, inventory adjustments, non-formulary selections and discontinued orders as well as medpass refusals or absences. Settings may also be adjusted to require secondary credentials for destroying non-controlled stock or non-controlled and controlled patient medications.



Also, Sapphire offers the option to view medication images during MedPass, which further assists in accuracy. Options to set a default days supply of medications, designate patients as KOP, and split and merge patient charts also add to the efficiency Sapphire offers.

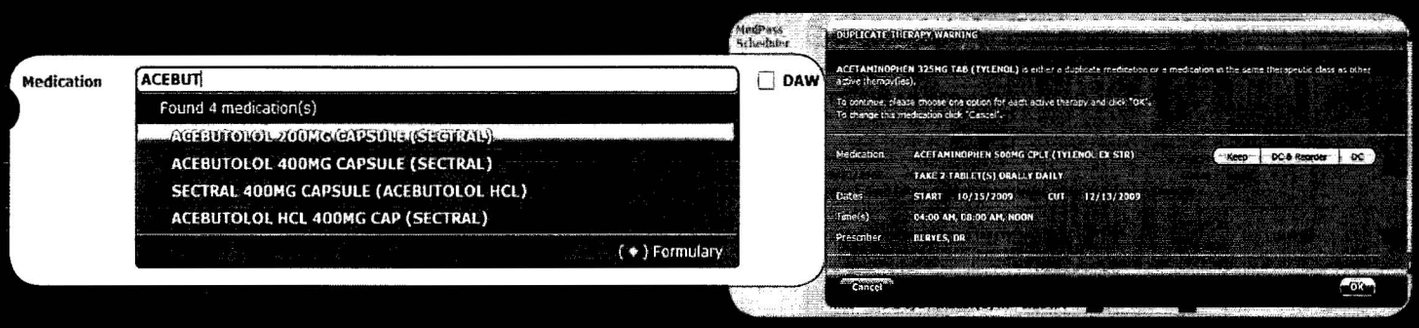
Offering order entry, medpass, reporting, inventory management, reconciliation and much more, Sapphire will assist your medical staff to operate more efficiently.

ORDER ENTRY

Sapphire's order entry is comprehensive and includes several features to help eliminate any ordering errors. Utilizing drop down menus, you can easily order medications and select prescribers. From there, Sapphire features a custom direction builder with the ability to associate vitals and/or labs as well as diagnoses and distribution type (staff administered vs. KOP).

The patient chart provides all necessary information such as currently and previously prescribed medications, start and end dates, prescriber and staff activity, refill/reorder dates, doses administered and individual MARs. Changes are easy to make in the patient's profile and in the order status.

For ease of use, Diamond's entire medication inventory is displayed for selection. Brand, generic and synonym-name searches will also assist your staff in selecting the appropriate medication. Medication selections auto-complete, and automatic generic conversions are utilized for cost containment. For your facility, medication selections are broken down into most commonly prescribed per specific patient and most commonly prescribed per facility.



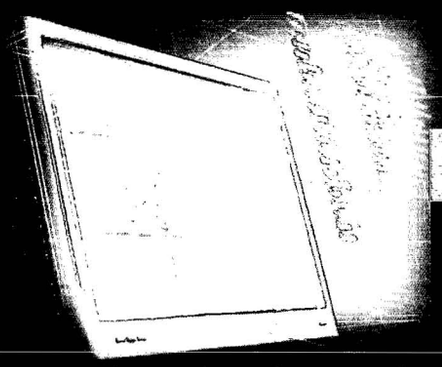
Sapphire also provides a variety of safety features including a display of allergies that may be associated with each patient, and duplicate therapy warnings are issued.

Once orders are received utilizing our reconciliation program, they are automatically populated to the MAR.

ADDITIONAL ORDERING FEATURES:

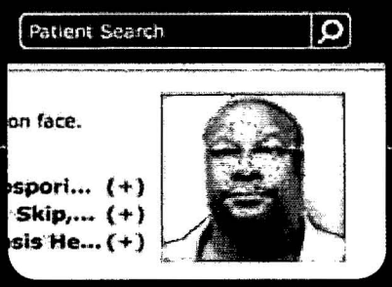
- **Ability to Select Diagnosis for Patient and Medication**
- **Vitals and Labs May be Linked to Specific Medication Orders**
- **Advanced Tapered Dosing Capabilities**
- **STAT Dosing Documentation**
- **Non-Formulary Requests Completed and Approved Online**

AND MUCH MORE...



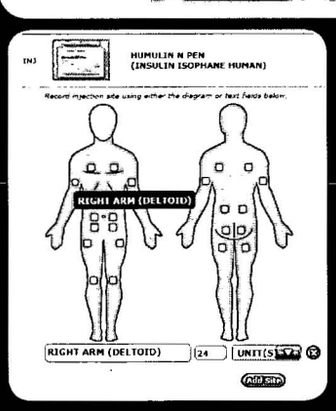
MEDPASS

The MedPass function of Sapphire is versatile and enables your facility to efficiently administer and record medication utilizing a barcode scanner. A prep list may be printed prior to MedPass, and it can be sorted by time, by location or alphabetically. MedPass can also be sorted by name or location. Barcode scanning ability ensures that the right patient is receiving the right medication at the right time. Sapphire's MedPass records the proper administration date, time and initials of the staff administering.



During each MedPass, Sapphire allows you to see which medications were not administered. The status bar that displays during MedPass shows your staff the MedPass statistics.

Notes may be added during any MedPass administration while compliance is tracked. In keeping with HIPAA compliance, there is a hide and lock screen function to ensure patient information security. Sapphire's in depth patient profile for MedPass may be set to include enhanced patient lookup and patient photos.



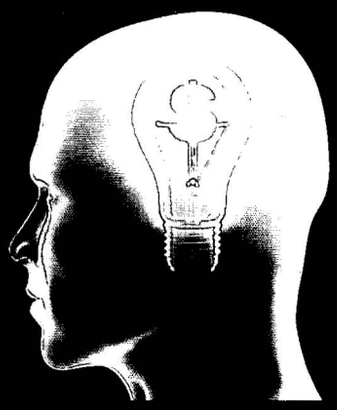
Sapphire has options in MedPass to ensure the proper medication is received utilizing a barcode scanner. Medication displays list both brand and generic names as well as medication images which include shape, color and imprints.

If medication is administered via injection, Sapphire features point and click documentation of injection sites.

ADDITIONAL MEDPASS FEATURES:

- **MedPass Time Elapsed Display**
- **Scan Stock Only Medications for Patient Distribution**
- **Document Amount of PRN Doses**
- **Customized Absence Selections**
- **View Medications Received, Refused, Placed On Hold and for Inmate Absences**

AND MUCH MORE...



RETURNS

With Sapphire, returning medications has never been easier. Simply scan the barcode and notate the amount of medication being returned. You may then print the report and include it with your medication returns. In addition, all returned information will be archived.

DEMO, USER
ACTIVE FACILITY
STATE CORRECTIONAL

RETURNS

Logout

Home Queues Inventory Order Entry Reports Administration

Scan barcode or enter barcode ID : 000008482 Enter

All controls for destruction must be returned to a reverse distributor. Destroying on site is a violation of law or institutional policy.

Returns

Page 1 of 1

ID	RX	DATE DISPENSED	MEDICATION	RECEIVED QTY	RETURNED QTY	PATIENT	DESTROY	CONTROLS
000008482	37496000	07/19/2010	SERTRALINE 50MG TABLET (ZOLOFT)	30	30	SMITH, JOHN	☐	☐
000008475	37496004	07/19/2010	CETIRIZINE 5MG TABLET (ZYRTEC)	30	30	SMITH, JOHN	☐	☐
000008473	37496008	07/19/2010	COZAAR 25MG TABLET (LOSARTAN POTASSIUM)	30	30	SMITH, JOHN	☐	☐
000008472	37496011	07/19/2010	IBUPROFEN 400MG TABLET (MOTRIN)	360	360	SMITH, JOHN	☐	☐
000008466	37928648	07/19/2010	LOWILA SOAP 3.75OZ	1	1	SMITH, JANE	☐	☐
000000062	37500417	07/19/2010	DIPHENHYDRAMINE 25MG CAP (BENADRYL)	30	30	SMITH, JANE	☐	☐
000000061	37500421	07/19/2010	CETIRIZINE 5MG TABLET (ZYRTEC)	30	30	SMITH, JANE	☐	☐
000000014	37495995	07/19/2010	TRAZODONE 150MG TABLET (DESYREL)	30	30	SMITH, JANE	☐	☐
000000013	37495992	07/19/2010	ACETAMINOPHEN 325MG TAB (TYLENOL)	90	90	DOE, JOHN	☐	☐
000000012	36549997	07/19/2010	VENTOLIN HFA INHALER (ALBUTEROL)	1	1	DOE, JOHN	☐	☐
000000011	37928648	07/19/2010	SERTRALINE 50MG TABLET (ZOLOFT)	30	30	DOE, JOHN	☐	☐
000000007	37830518	07/19/2010	CETIRIZINE 5MG TABLET (ZYRTEC)	30	30	DOE, JANE	☐	☐
000000006	37830493	07/19/2010	LISINOPRIL 10MG TABLET (PRINIVIL)	30	30	DOE, JANE	☐	☐
000000004	37830410	07/19/2010	IBUPROFEN 200MG TABLET (MOTRIN)	360	360	DOE, JANE	☐	☐
000000003	37830376	07/19/2010	LOWILA SOAP 3.75OZ	1	1	DOE, JANE	☐	☐

Sapphire

Complete

Returns Report

Sapphire eMAR

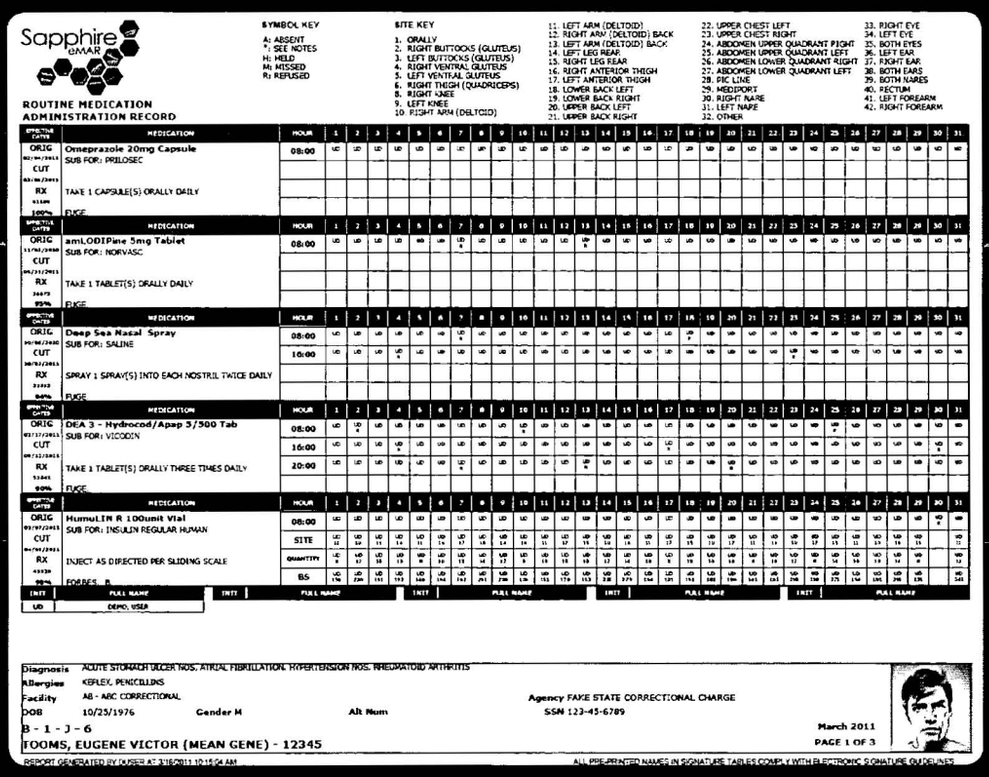
Sapphire Health
1.800.882.6337 FAX: 1.800.523.0008

FACILITY	PATIENT	LABEL_ID	MEDICATION	DIRECTIONS	RETURNED_QTY	RETURNED_BY	RETURNED_AT
OF - STATE CORRECTIONAL	2702339 - SMITH, JOHN	102811054	Ibuprofen 400mg Tablet (MOTRIN)	TAKE 1 TABLET(S) ORALLY TWICE DAILY	30.0000	SMITH, MICHAEL	03/14/2011
OF - STATE CORRECTIONAL	2702339 - SMITH, JOHN	102891017	metFORMIN 500mg Tab (GLUCOPHAGE)	TAKE 1 TABLET(S) ORALLY TWICE DAILY	30.0000	SMITH, MICHAEL	03/14/2011
OF - STATE CORRECTIONAL	2702339 - SMITH, JOHN	102932352	Aspirin-low 81mg EC tablet (BAYER LOW STRENGTH)	TAKE 1 TABLET(S) ORALLY DAILY	30.0000	SMITH, MICHAEL	03/10/2011
OF - STATE CORRECTIONAL	2702339 - SMITH, JOHN	102821458	PARoxetine 20mg Tablet (PAXIL)	TAKE 1 TABLET(S) ORALLY BEDTIME	19.0000	SMITH, MICHAEL	03/17/2011
OF - STATE CORRECTIONAL	2702339 - SMITH, JOHN	102827886	Docusate Sod 100mg Cap (COLACE)	TAKE 1 CAPSULE(S) ORALLY TWICE DAILY	13.0000	SMITH, MICHAEL	03/17/2011
OF - STATE CORRECTIONAL	2702339 - SMITH, JOHN	102827892	Fiber-Lax 625mg Tablet (FIBERCON)	TAKE 1 TABLET(S) ORALLY TWICE DAILY	25.0000	SMITH, MICHAEL	03/17/2011
OF - STATE CORRECTIONAL	2502032 - SMITH, JOHN	101957990	Sulfatrim DS Tablet (BACTRIM DS)	TAKE 1 TABLET(S) ORALLY TWICE DAILY	30.0000	SMITH, MICHAEL	03/15/2011
OF - STATE CORRECTIONAL	2702339 - SMITH, JOHN	102665602	Metoprolol 25mg Tablet (LOPRESSOR)	TAKE 1 TABLET(S) ORALLY TWICE DAILY	30.0000	SMITH, MICHAEL	03/15/2011
OF - STATE CORRECTIONAL	2702339 - SMITH, JOHN	102665603	Furosemide 20mg Tab (LASIX)	TAKE 1 TABLET(S) ORALLY TWICE DAILY	30.0000	SMITH, MICHAEL	03/15/2011
OF - STATE CORRECTIONAL	2702339 - SMITH, JOHN	102130577	Mirtazapine 45mg Tablet (REMERON)	TAKE 1 TABLET(S) ORALLY AT BEDTIME	30.0000	SMITH, MICHAEL	03/17/2011
OF - STATE CORRECTIONAL	2702339 - SMITH, JOHN	102928816	Citalopram 20mg Tablet (CELEXA)	TAKE 1 TABLET(S) ORALLY DAILY	30.0000	SMITH, MICHAEL	03/15/2011
OF - STATE CORRECTIONAL	2702339 - SMITH, JOHN	102834430	Acetaminophen 500mg Cplt (TYLENOL EX STR)	TAKE 2 TABLET(S) ORALLY TWICE DAILY	20.0000	SMITH, MICHAEL	03/14/2011
OF - STATE CORRECTIONAL	2702339 - SMITH, JOHN	102834421	Methocarbamol 750mg Tab (ROBAXIN)	TAKE 2 TABLET(S) ORALLY TWICE DAILY	18.0000	SMITH, MICHAEL	03/14/2011
OF - STATE CORRECTIONAL	2702339 - SMITH, JOHN	102834790	Penicillin VK 500mg Tab (VEETIDS)	TAKE 1 TABLET(S) ORALLY TWICE DAILY	12.0000	SMITH, MICHAEL	03/17/2011
OF - STATE CORRECTIONAL	2702339 - SMITH, JOHN	102861881	HydrOXYZine Pam 50mg Cap (VISTARIL)	TAKE 1 CAPSULE(S) ORALLY AT BEDTIME	17.0000	SMITH, MICHAEL	03/16/2011
OF - STATE CORRECTIONAL	2702339 - SMITH, JOHN	102727414	Doxepin 100mg Capsule (SINEQUAN)	TAKE 1 CAPSULE(S) ORALLY AT BEDTIME	28.0000	SMITH, MICHAEL	03/17/2011
OF - STATE CORRECTIONAL	2702339 - SMITH, JOHN	100854727	Gemfibrozil 600mg Tablet (LOPID)	TAKE 1 TABLET(S) ORALLY TWICE DAILY	27.0000	SMITH, MICHAEL	03/15/2011

REPORTING

Sapphire's reporting function can generate numerous reports to measure compliance, user activity, therapeutic class reports and much more. It has the ability to generate a refill/reorder report that will alert staff to all medication orders that are due for a refill or reorder based on the administration. Compliance reports can be generated based on administration percentages or doses missed. Refusal reports can also be generated that will show any patient who has refused their medications within a certain date parameter. KOP reports will populate all patients who are currently taking KOP medications. Prescription reports can display all medications ordered within certain dates. These can be medication specific or in general. Reports may even be generated for a specific site or grouped by a region of sites.

Paper MARs may be printed at the end of each month for inclusion into the patient's physical chart.



Sapphire eMAR

ROUTINE MEDICATION ADMINISTRATION RECORD

SYMBOL KEY
A: ABSENT
*: SEE NOTES
H: HELD
M: MISSED
R: REFUSED

SITE KEY
1. ORALLY
2. RIGHT BUTTOCKS (GLUTEUS)
3. LEFT BUTTOCKS (GLUTEUS)
4. RIGHT VENTRAL GLUTEUS
5. LEFT VENTRAL GLUTEUS
6. RIGHT THIGH (QUADRICEPS)
8. RIGHT KNEE
9. LEFT KNEE
10. RIGHT ARM (DELTOID)
11. LEFT ARM (DELTOID)
12. RIGHT ARM (DELTOID) BACK
13. LEFT ARM (DELTOID) BACK
14. LEFT LEG REAR
15. RIGHT LEG REAR
16. RIGHT ANTERIOR THIGH
17. LEFT ANTERIOR THIGH
18. LOWER BACK LEFT
19. LOWER BACK RIGHT
20. UPPER BACK LEFT
21. UPPER BACK RIGHT
22. UPPER CHEST LEFT
23. UPPER CHEST RIGHT
24. ABDOMEN UPPER QUADRANT RIGHT
25. ABDOMEN UPPER QUADRANT LEFT
26. ABDOMEN LOWER QUADRANT RIGHT
27. ABDOMEN LOWER QUADRANT LEFT
28. PIC LINE
29. MIDEPORT
30. RIGHT NARE
31. LEFT NARE
32. OTHER
33. RIGHT EYE
34. LEFT EYE
35. BOTH EYES
36. LEFT EAR
37. RIGHT EAR
38. BOTH EARS
39. BOTH NARES
40. RECTUM
41. LEFT FOREARM
42. RIGHT FOREARM

EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ORIG 02/06/2011	Omeprazole 20mg Capsule	08:00	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD
CUT 03/06/2011	SUB FOR: PRILOSEC																																
RX 61149	TAKE 1 CAPSULE(S) ORALLY DAILY																																
100%	FUGE																																

EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ORIG 11/02/2010	amLODIPine 5mg Tablet	08:00	UD	UD	UD	UD	HD	UD	UD*	UD	UD	UD	UD	UD	UD*	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	HD	UD	UD	UD	UD	UD	UD	UD
CUT 05/21/2011	SUB FOR: NORVASC																																
RX 36073	TAKE 1 TABLET(S) ORALLY DAILY																																
95%	FUGE																																

EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ORIG 05/06/2010	Deep Sea Nasal Spray	08:00	UD	UD	UD	UD	UD	UD	UD*	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD*	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD
CUT 06/03/2011	SUB FOR: SALINE	16:00	UD	UD	UD	UD*	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD*	HD	HD	HD	HD	UD	UD	HD	HD
RX 32492	SPRAY 1 SPRAY(S) INTO EACH NOSTRIL TWICE DAILY																																
84%	FUGE																																

EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ORIG 07/17/2011	DEA 3 - Hydrocod/Apap 5/500 Tab	08:00	UD	UD*	UD	UD	UD	UD	UD	UD	UD	UD*	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD*	UD	UD	UD	UD	UD	UD
CUT 08/12/2011	SUB FOR: VICODIN	16:00	UD	UD	UD	UD*	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD*	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD*	UD
RX 53045	TAKE 1 TABLET(S) ORALLY THREE TIMES DAILY	20:00	UD	UD	UD	UD	UD	UD	UD*	UD	UD	UD	UD	UD	UD*	UD	UD	UD	UD	UD	UD	UD*	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD
90%	FUGE																																

EFFECTIVE DATES	MEDICATION	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ORIG 03/07/2011	HumuLIN R 100unit Vial	08:00	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD	UD*	HD
CUT 04/04/2011	SUB FOR: INSULIN REGULAR HUMAN	SITE	UD 12	UD 10	UD 11	UD 14	UD 11	UD 16	UD 17	UD 18	UD 14	UD 11	UD 17	UD 15	UD 16	UD 11	UD 17	UD 15	UD 16	UD 17	UD 11	UD 11	UD 11	UD 16	UD 17	UD 15	UD 11	UD 15	UD 16	UD 15		UD 12
RX 45930	INJECT AS DIRECTED PER SLIDING SCALE	QUANTITY	UD 2	UD 12	UD 13	UD 15	HD 0	UD 10	UD 11	UD 14	UD 7	UD 5	UD 13	UD 15	UD 15	UD 17	UD 14	UD 16	UD 5	UD 15	UD 15	UD 8	UD 7	UD 12	HD 0	UD 14	UD 14	UD 13	UD 12	UD 0		UD 12
95%	FOERES, B	BS	UD 176	UD 220	UD 151	UD 153	UD 144	UD 142	UD 241	UD 230	UD 136	UD 151	UD 175	UD 153	UD 228	UD 275	UD 154	UD 121	UD 142	UD 180	UD 196	UD 141	UD 243	UD 248	HD 230	UD 275	UD 150	UD 145	UD 248	UD 135		HD 245

INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME	INIT	FULL NAME
UD	DEMO, USER								

Diagnosis: ACUTE STOMACH ULCER NOS, ATRIAL FIBRILLATION, HYPERTENSION NOS, RHEUMATOID ARTHRITIS
Allergies: KEFLEX, PENICILLINS
Facility: AB - ABC CORRECTIONAL
DOB: 10/25/1976 Gender M Alt Num
Agency: FAKE STATE CORRECTIONAL CHARGE
SSN: 123-45-6789
B - 1 - J - 6
TOOMS, EUGENE VICTOR (MEAN GENE) - 12345
March 2011
PAGE 1 OF 3

REPORT GENERATED BY DUSER AT 3/16/2011 10:15:54 AM
ALL PRE-PRINTED NAMES IN SIGNATURE TABLES COMPLY WITH ELECTRONIC SIGNATURE GUIDELINES

ADDITIONAL REPORTING FEATURES:

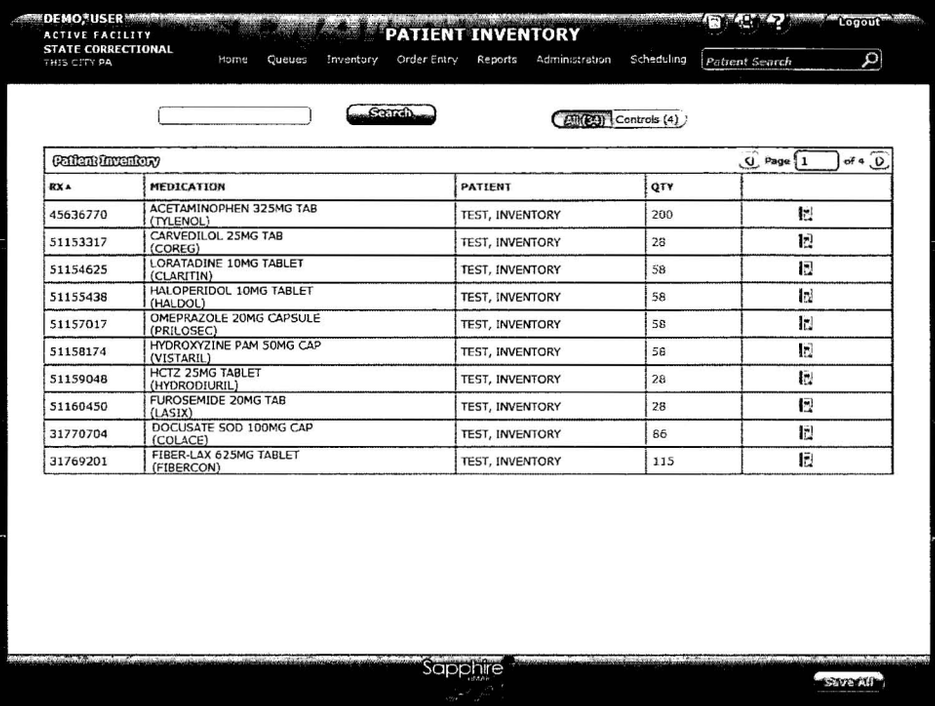
- **Available reports include MAR, Advanced MAR, Medication Compliance, Medication Refusals, Inventory, Shipping Information, User Activity, Therapeutic Class Report, etc...**
- **Ability to Set Filtering Criteria and Save into Report Favorites**
- **Categories for Filtering Include Medications, Non-Formulary, Prescribers, Med Pass Schedule and Results, Compliance Percent, Therapeutic Class, etc...**

AND MUCH MORE...

INVENTORY

PATIENT STOCK AND CONTROLLED STOCK

Inventory for controlled medications, stock medications and patient-specific medications can be managed with great ease and accuracy using Sapphire.



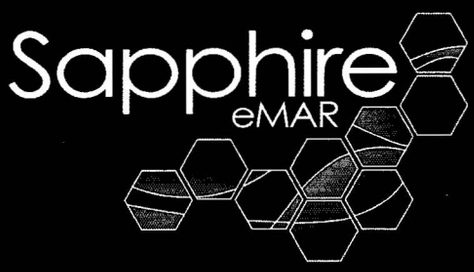
RX	MEDICATION	PATIENT	QTY
45636770	ACETAMINOPHEN 325MG TAB (TYLENOL)	TEST, INVENTORY	200
51153317	CARVEDILOL 25MG TAB (COREG)	TEST, INVENTORY	28
51154625	LORATADINE 10MG TABLET (CLARITIN)	TEST, INVENTORY	58
51155438	HALOPERIDOL 10MG TABLET (HALDOL)	TEST, INVENTORY	58
51157017	OMEPRAZOLE 20MG CAPSULE (PRILOSEC)	TEST, INVENTORY	58
51158174	HYDROXYZINE PAM 50MG CAP (VISTARIL)	TEST, INVENTORY	58
51159048	HCTZ 25MG TABLET (HYDRODIURIL)	TEST, INVENTORY	28
51160450	FUROSEMIDE 20MG TAB (LASIX)	TEST, INVENTORY	28
31770704	DOCUSATE SOD 100MG CAP (COLACE)	TEST, INVENTORY	86
31769201	FIBER-LAX 625MG TABLET (FIBERCON)	TEST, INVENTORY	115

With Sapphire, your facility will be able to manage all controlled medications utilizing an online double verification for all control counts. Any count discrepancies will need to be documented and a reason must be given. This ensures not only accuracy but also accountability.

Sapphire assists you in maintaining medication inventory. Maximum and minimum stock quantities are able to be entered, and Sapphire will notify you when your supply is running low. This feature enables your facility to quickly assess your remaining stock supply and easily reorder the medication.

Medication inventory is based on actual administrations. As you scan orders in and as you administer doses, your inventory count will automatically adjust, and Sapphire has the ability to account for any dropped or damaged doses. We've also incorporated the ability to alert users when refills are due and to initiate the process with the click of a button, eliminating the need for manually tracking refills and reorders.

TO LEARN MORE ABOUT THE FULL CAPABILITIES OF SAPPHIRE OR TO REQUEST A DEMO, PLEASE CONTACT:
Toll Free: 1.877.532.2345 E-mail: info@sapphire-health.com



1.877.532.2345
www.sapphire-health.com

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.2945

EFFECTIVE DATES	MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ORIGINAL ORDER 09/05/06 REF:0 DISCONTINUE 10/05/06 30048908	**TRAZODONE HCL 150MG TAB** TAKE ONE TABLET(S) ORALLY AT NOON SEYMOUR SMITH, MD	NOON																															
ORIGINAL ORDER 09/05/06 REF:0 DISCONTINUE 10/05/06 30048909	**LISINOPRIL 10MG TAB** TAKE ONE TABLET(S) ORALLY TWICE DAILY SEYMOUR SMITH, MD	10AM																															
		2PM																															
ORIGINAL ORDER 09/05/06 REF:0 DISCONTINUE 10/05/06 30048911	**DIPHENHYDRAMINE HCL 25MG CAP** TAKE ONE CAPSULE(S) ORALLY ONCE DAILY SEYMOUR SMITH, MD	NOON																															
ORIGINAL ORDER 09/05/06 REF:0 DISCONTINUE 10/05/06 30048916	**IBUPROFEN 400MG TAB** TAKE ONE TABLET(S) ORALLY THREE TIMES DAILY AS NEEDED SEYMOUR SMITH, MD	PRN																															
ORIGINAL ORDER 09/05/06 REF:0 DISCONTINUE 10/05/06 30048917	**ALBUTEROL 90MCG AER** INHALE ONE PUFF(S) ORALLY FOUR TIMES DAILY SEYMOUR SMITH, MD	8AM																															
		NOON																															
		5PM																															
		BEDTIME																															
ORIGINAL ORDER 09/05/06 REF:0 DISCONTINUE 10/05/06 30048918	**ACETAMINOPHEN 325MG TAB** TAKE ONE TABLET(S) ORALLY THREE TIMES DAILY SEYMOUR SMITH, MD	8AM																															
		NOON																															
		5PM																															

SAMPLE

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature

LOCATION	DATE OF BIRTH OR SOC. SEC. NO.	ALLERGIES	DIAGNOSIS
	5/5/1955		N/A

INMATE NAME AND NUMBER	FACILITY	CHARTING FOR	THROUGH
LANE,CANDY 4242425	STATE CORRECTIONAL	09/01/2006	09/30/2006

MEDICATION NOTES

Instructions:

- INITIAL APPROPRIATE BOX WHEN MEDICATION OR TREATMENT IS GIVEN.
- CIRCLE INITIALS WHEN MEDICATION OR TREATMENT IS REFUSED.
- STATE REASON FOR REFUSAL UNDER MEDICATION NOTES.
- STATE REASON AND RESULT FOR PRN MEDICATION OR TREATMENT.
- INDICATE INJECTION SITE WITH APPROPRIATE CODE.

Injection Site Codes:

1. ABDOMEN LEFT
2. ABDOMEN RIGHT
3. ARM (DELTOID) LEFT
4. ARM (DELTOID) RIGHT
5. BUTTOCKS (GLUTEUS) LEFT
6. BUTTOCKS (GLUTEUS) RIGHT
7. THIGH (QUADRICEPS) LEFT
8. THIGH (QUADRICEPS) RIGHT
9. UPPER BACK LEFT
10. UPPER BACK RIGHT
11. UPPER CHEST LEFT
12. UPPER CHEST RIGHT

Result Codes:

A. EFFECTIVE
B. SLIGHTLY EFFECTIVE
C. INEFFECTIVE
D. NO EFFECT OBSERVED

Non Administered Medication Reason Codes:

1. REFUSED BY INMATE
2. INMATE DID NOT SHOW
3. INMATE NOT IN CELL
4. SECURITY LOCKDOWN
5. MEDICATION HELD (STATE REASON)
6. MEDICATION OUT OF STOCK

Date	Time	Init.	Medication - Dose	Route	Reason	Result	Date	Time	Init.	Medication - Dose	Route	Reason	Result

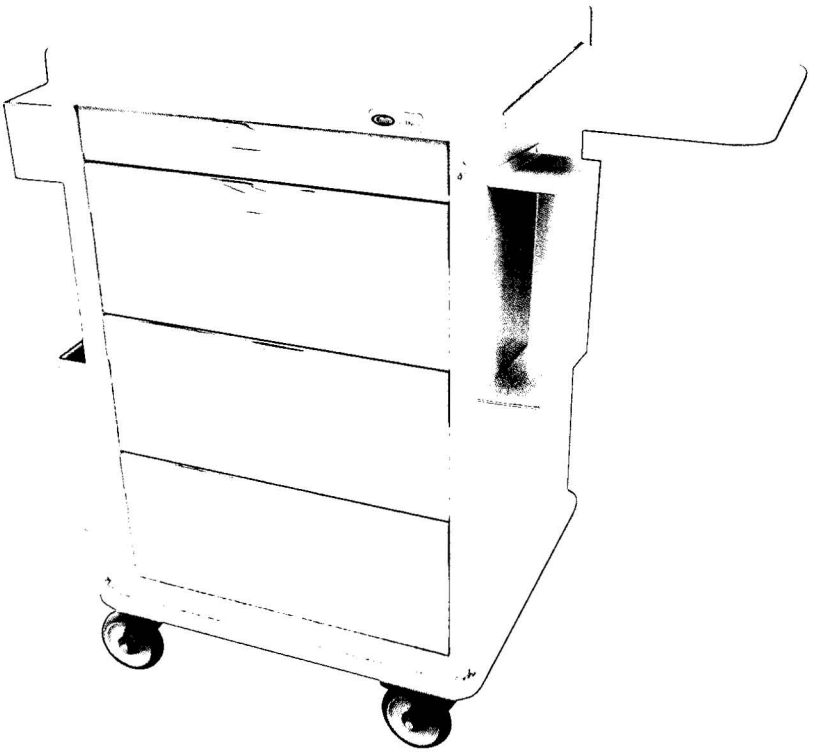
MEDICATION CARTS

THE FOCAL SERIES

DIAMOND

PHARMACY SERVICES

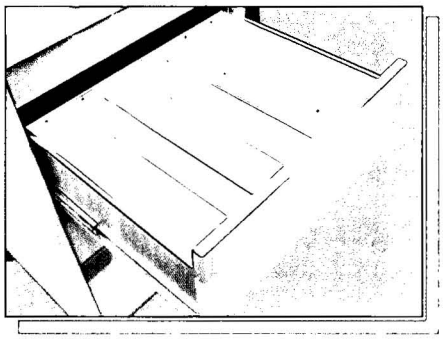
Focusing On What is Really Important for the Correctional Environment



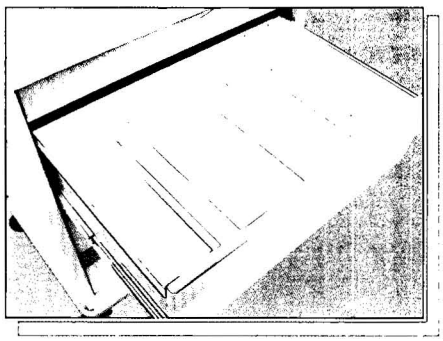
THE FOCAL SERIES

DIAMOND PHARMACY CARTS INCLUDE AS STANDARD:

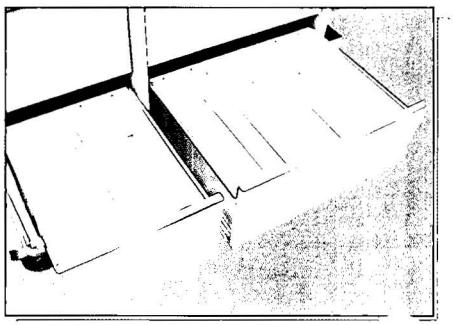
- Best® Lock with Removable Core
- Spring Loaded Narcotic Box
- Pull Out Writing Surface
- Chart Holder
- 3 Compartment Cup and Tray Organizer
- Waste Container
- Card Row Dividers with Sub-Dividers
- Heavy Duty Caster with Brake
- Self Closing Accuride Slides
- Aluminum Shell with Vinyl Coating Insures the Ultimate Balance of Durability and Endurance
- Extended Base for Maximum Stability
- Preplaced Inserts for Flexible Placement of Accessories



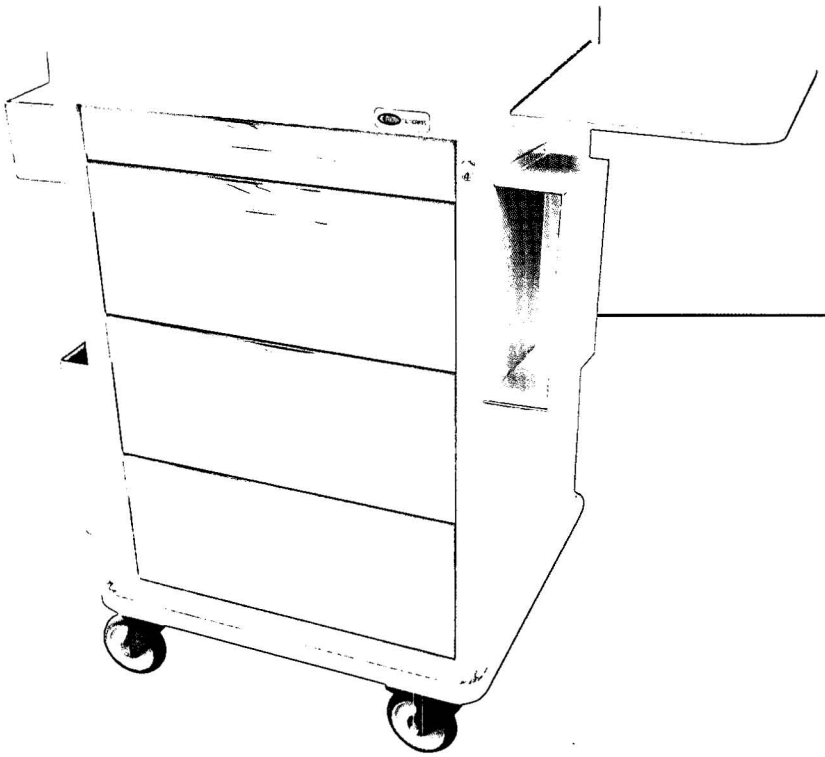
F3 MODEL - 9 Bin Capacity
Holds up to 450 Punch Cards



F4 MODEL - 12 Bin Capacity
Holds up to 600 Punch Cards



F5 MODEL - 15 Bin Capacity
Holds up to 750 Punch Cards



F3 MODEL

9 BIN CAPACITY UP TO 450 PUNCH CARDS

CART SPECIFICATIONS

Cart Base 24 ¾"D X 28"W
Cart Height 43 ⅝"
Work Surface 22"D X 26"W
Slide Out Shelf 16"D X 13 ½"W

DRAWER SPECIFICATIONS

One Small Drawer
18 ¾"D X 23"W X 3 ½"H
Three Large Drawers
18"D X 23"W X 9 ⅞"H

- *Large Capacity Without the Large Cart Size*
- *Proven and Reliable Locking System with Best® Lock with Removable Core Standard and Master Lock® Narcotic Lock*
- *Lightweight and Durable*
- *The Longest Lasting Cart in the Industry*

F4 MODEL

12 BIN CAPACITY UP TO 600 PUNCH CARDS

CART SPECIFICATIONS

Cart Base 24 ¾"D X 34 ¾"W
Cart Height 43 ⅝"
Work Surface 22"D X 32"W
Slide Out Shelf 16"D X 13 ½"W

DRAWER SPECIFICATIONS

One Small Drawer
18 ¾"D X 29 ⅝"W X 3 ½"H
Three Large Drawers
18"D X 29 ⅝"W X 9 ⅞"H

F5 MODEL

15 BIN CAPACITY UP TO 750 PUNCH CARDS

CART SPECIFICATIONS

Cart Base 24 ¾" D X 43 ⅝"W
Cart Height 43 ½"
Work Surface 22"D X 39"W
Slide Out Shelf 16"D X 13 ½"W

DRAWER SPECIFICATIONS

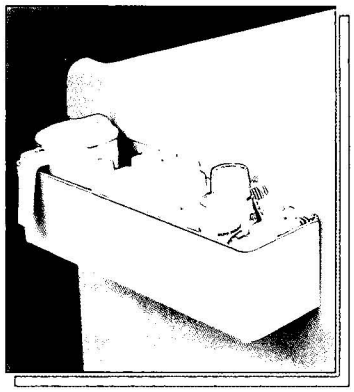
Left Side

18 ¾"D X 14 ⅛"W X 3 ½"H
18" D X 14 ⅛"W X 9 ⅞"H

Right Side

One Small Drawer
18 ¾" D X 23"W X 3 ½"H
Three Large Drawers
18"D X 23"W X 9 ⅞"H

STANDARD FEATURES



All Purpose Organizer Tray

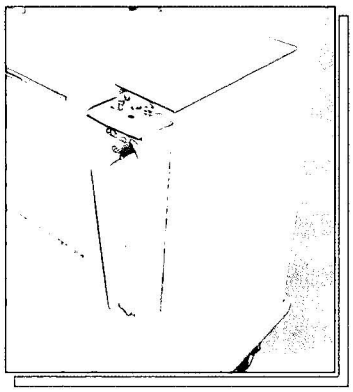
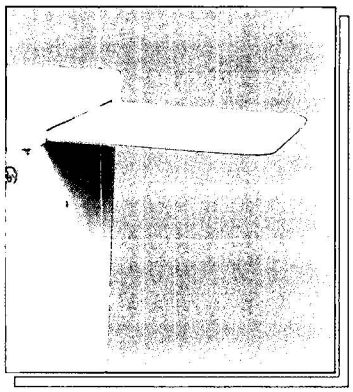
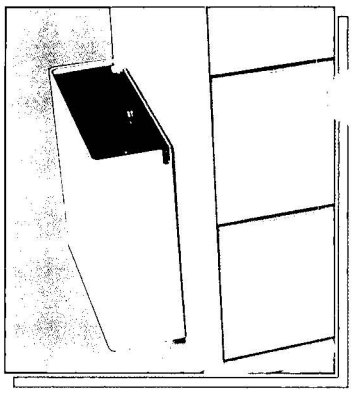


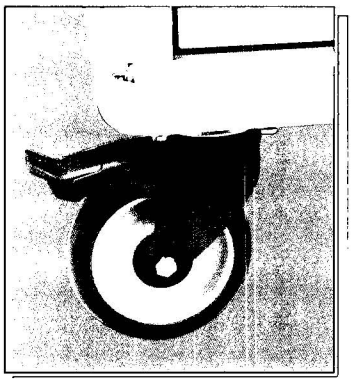
Chart Holder



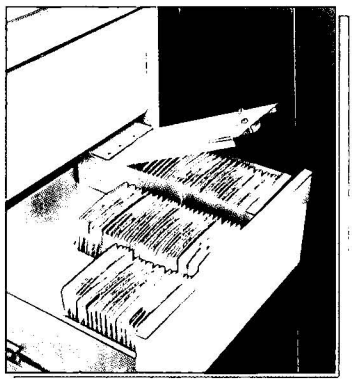
Pull-Out Shelf



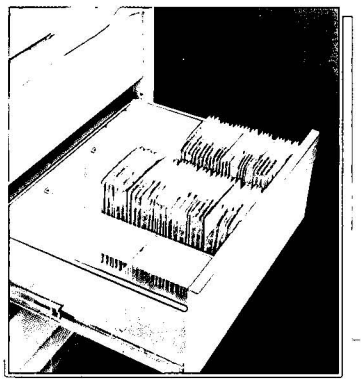
Waste Container



5" Polyurethane Wheels
with Heavy Duty Casters

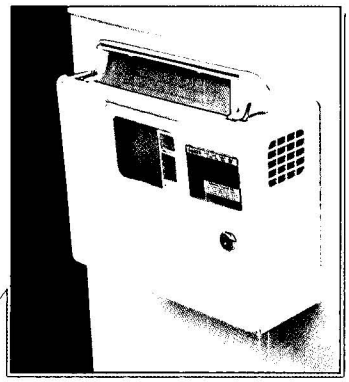


Spring Loaded Narcotic Box

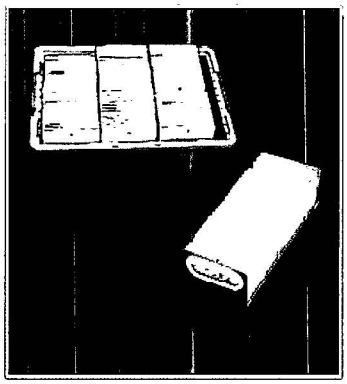


Card Row Dividers
Heavy Duty Sub-Dividers

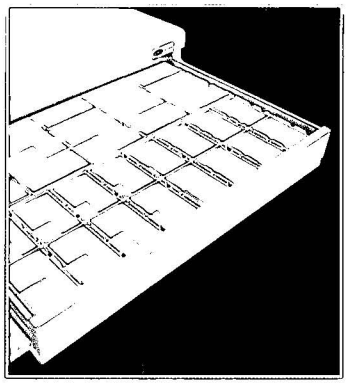
OPTIONAL FEATURES



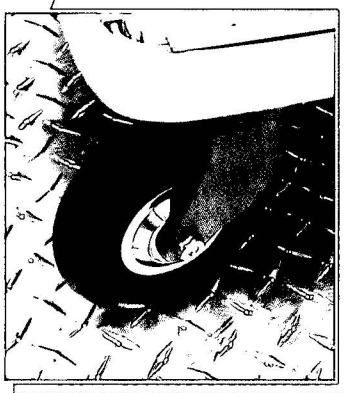
Sharps Container Holder



One and Three Row
Exchange Bins

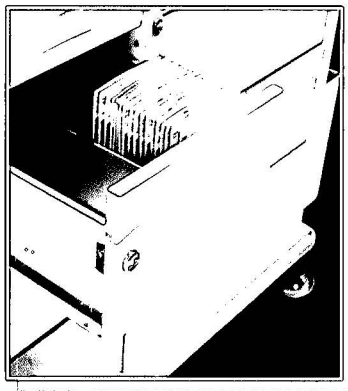


Divider System



5" Rubber Cushion Wheels

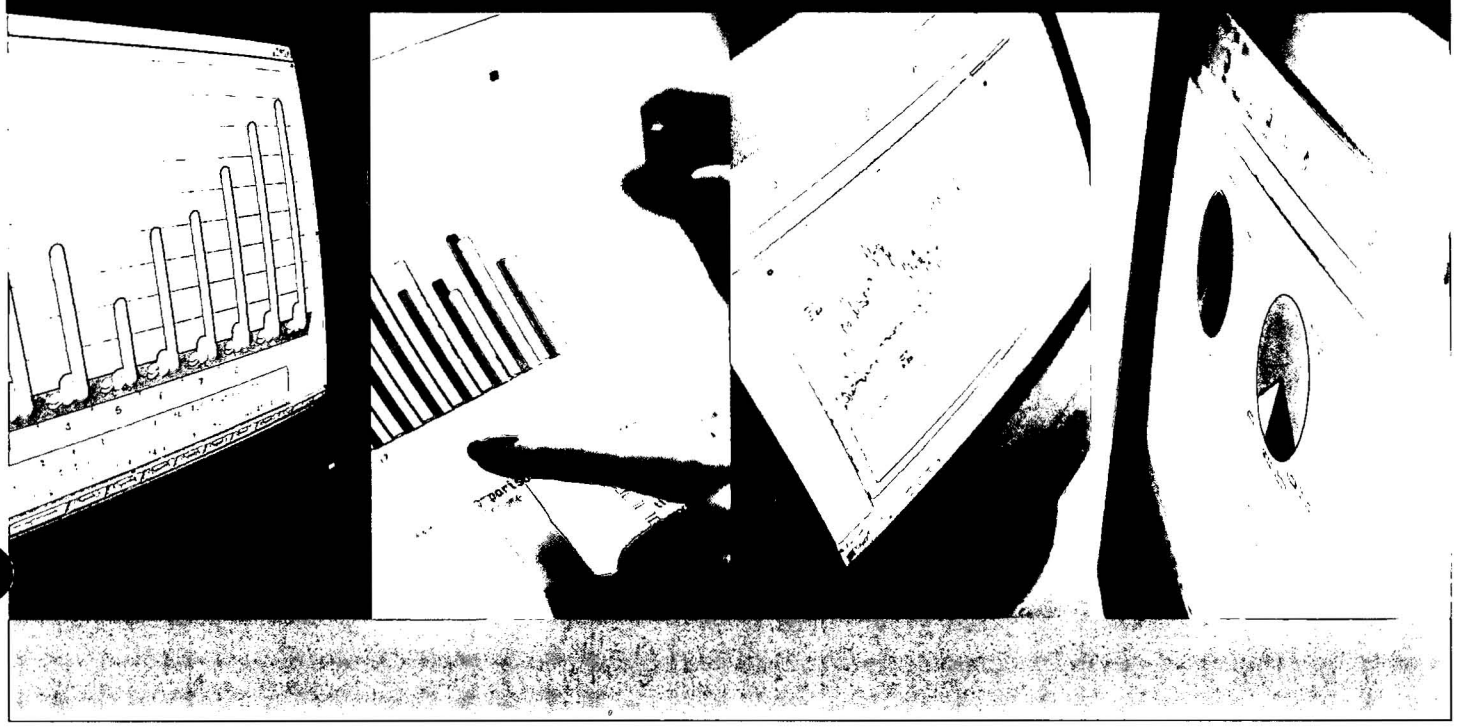
DIAMOND
PHARMACY SERVICES
645 Kolter Drive Indiana, PA 15701
800.882.6337 fax 877.234.7050
www.diamondpharmacy.com



Double Row Narcotic Drawer with
Best® Lock. - Available on the F5 Model

PHARMACY SERVICES

MONTHLY FORMULARY MANAGEMENT REPORTS



Prepared for:
YOUR FACILITY
JANUARY 1, 2012- JANUARY 31, 2012

Prepared by:

DIAMOND PHARMACY SERVICES
645 Kolter Drive
Indiana, PA 15701
1.800.882.6337

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PATIENT NAMES AND PRESCRIBER NAMES HAVE BEEN REMOVED IN THIS SAMPLE REPORT TO PROTECT CONFIDENTIALITY. ANY NAMES THROUGHOUT THIS DOCUMENT ARE FOR ILLUSTRATIVE PURPOSES ONLY.

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SUMMARY
FORMULARY MANAGEMENT REPORT

	INMATE CENSUS	TOTAL RX ORDERS	NEW RX ORDERS	NF NEW RX ORDERS	REFILL RX ORDERS	STOCK MEDS	NF RX'S	PSYCH RX'S	NF PSYCH RX'S	CONTROL RX'S	OTC ORDERS	HEP B RX'S	ATYP ANTI PSYCH RX'S	NF ATYP ANTI PSYCH RX'S	# INM ON RX'S	% INM ON RX'S	# RX'S/INM
FEB-11	12170	20,549	7,707	305	12,842	397	835	4,319	119	198	2,547	14	125	71	5,241	43.06%	1.69
MAR-11	12046	22,408	8,299	373	14,109	507	971	4,581	151	198	2,831	14	247	55	5,376	44.63%	1.86
APR-11	12033	21,788	8,403	314	13,385	409	879	4,816	101	212	2,689	15	321	49	5,377	44.69%	1.81
MAY-11	12097	21,741	8,212	382	13,529	451	909	4,649	82	207	2,703	12	367	49	5,368	44.37%	1.80
JUN-11	12086	23,555	8,671	369	14,884	465	965	5,115	89	261	3,080	13	421	49	5,593	46.28%	1.95
JUL-11	12102	22,861	8,152	328	14,709	466	943	5,074	90	231	2,886	13	452	52	5,502	45.46%	1.89
AUG-11	12116	23,855	8,144	269	15,711	433	971	5,285	91	215	3,198	9	522	54	5,607	46.28%	1.97
SEP-11	12148	22,775	8,276	326	14,499	534	964	5,270	109	231	3,209	11	534	65	5,384	44.32%	1.87
OCT-11	12111	23,339	7,887	315	15,452	527	973	5,094	94	224	3,310	13	584	62	5,406	44.64%	1.93
NOV-11	11339	22,013	7,549	353	14,464	461	968	4,680	85	168	3,224	6	473	58	5,247	46.27%	1.94
DEC-11	11341	23,159	7,652	358	15,507	377	989	4,842	91	214	3,381	10	534	56	5,351	47.18%	2.04
JAN-12	11299	22,634	7,920	353	14,714	502	973	4,913	104	190	3,269	6	502	61	5,241	46.38%	2.00
% CHAN PQ	-2.57%	-0.89%	2.91%	3.22%	-2.82%	10.33%	-0.38%	0.84%	15.56%	-5.94%	-1.09%	-37.93%	-5.34%	3.98%	-1.76%	0.77%	1.68%
% CHAN PY	-5.55%	0.38%	-2.06%	5.17%	1.74%	9.85%	3.24%	0.59%	3.81%	-11.40%	8.78%	-49.23%	20.57%	8.23%	-3.03%	2.62%	6.20%
AVG PQ	11,597.00	22,837.00	7,696.00	342.00	15,141.00	455.00	976.67	4,872.00	90.00	202.00	3,305.00	9.67	530.33	58.67	5,334.67	46.03%	1.97
Y-T-D	142888	270,677	96,872	4,045	173,805	5,529	11,340	58,638	1,206	2,549	36,327	136	5,082	681	64,693		

	# RX'S/PATIENTS TREATED	# RX'S/INM LESS STOCK	% STOCK ORDERS	% NF RX'S	% NF PSYCH RX'S	# INM ON PSYCHS	# INM ON PSYCHS(A)	% INM ON PSYCHS	# INM ON ATYP ANTIPSYCH(A)	% INM ON PSYCHS/INM ON RXS	# INM ON ATYP ANTIPSY	# INM ON TYP ANTIPSY	# INM ON ATYP TO TYP	# PSYCH RXS/INM	# PSYCH RX'S/PSYCH PATIENT	# RX'S/INM LESS PSYCHS	% INM ON MEDS LESS PSYCHS
Feb-11	3.92	1.66	1.93%	4.06%	0.58%	2,075	0	0.00%	0	39.59%	103	528	1:5	0.35	0.00	1.33	43.06%
Mar-11	4.17	1.82	2.26%	4.33%	0.67%	2,096	0	0.00%	0	38.99%	192	530	1:3	0.38	0.00	1.48	44.63%
Apr-11	4.05	1.78	1.88%	4.03%	0.46%	2,210	0	0.00%	0	41.10%	259	531	1:2	0.40	0.00	1.41	44.69%
May-11	4.05	1.76	2.07%	4.18%	0.38%	2,178	0	0.00%	0	40.57%	285	476	3:5	0.38	0.00	1.41	44.37%
Jun-11	4.21	1.91	1.97%	4.10%	0.38%	2,291	0	0.00%	0	40.96%	315	528	3:5	0.42	0.00	1.53	46.28%
Jul-11	4.16	1.85	2.04%	4.12%	0.39%	2,270	0	0.00%	0	41.26%	338	514	2:3	0.42	0.00	1.47	45.46%
Aug-11	4.25	1.93	1.82%	4.07%	0.38%	2,314	0	0.00%	0	41.27%	399	509	7:9	0.44	0.00	1.53	46.28%
Sep-11	4.23	1.83	2.34%	4.23%	0.48%	2,347	2,827	23.27%	0	43.59%	398	461	6:7	0.43	1.86	1.44	21.05%
Oct-11	4.32	1.88	2.26%	4.17%	0.40%	2,260	2,742	22.64%	0	41.81%	421	445	1:1	0.42	1.86	1.51	22.00%
Nov-11	4.20	1.90	2.09%	4.40%	0.39%	2,190	2,745	24.21%	0	41.74%	374	430	7:8	0.41	1.70	1.53	22.07%
Dec-11	4.33	2.01	1.63%	4.27%	0.39%	2,165	2,639	23.27%	0	40.46%	389	422	1:1	0.43	1.83	1.62	23.91%
Jan-12	4.32	1.96	2.22%	4.30%	0.46%	2,186	3,591	31.78%	0	41.71%	384	430	8:9	0.43	1.37	1.57	14.60%
% CHAN PQ	0.90%	1.44%	11.26%	0.46%	16.64%	-0.86%	32.57%	35.98%	0.00%	0.91%	-2.70%	-0.54%		3.50%	-23.96%	1.18%	-35.55%
% CHAN PY	3.54%	5.99%	9.41%	2.86%	3.00%	-1.43%	260.64%	274.34%	0.00%	1.65%	21.62%	-11.98%		6.47%	107.25%	6.13%	-60.22%
AVG PQ	4.28	1.93	1.99%	4.28%	0.39%	2,205.00	2,708.67	23.37%	0.00	41.33%	394.67	432.33		0.42	1.80	1.55	22.66%
Y-T-D						26,582	14,544		0		3,857	5,804					

	# INM ON GEODON	# INM ON RISPERDAL	# INM ON ZYPREXA	# INM ON ABILIFY	# INM ON SEROQUEL	# INM ON HEP C	# INM ON HEP B	HEP C RX'S	COST OF HEP C	COST OF HEP B	COST OF HEP C/INM ON HEP C	COST OF HEP B/INM ON HEP B	# INM ON HIV	HIV RX'S	HIV TOTAL COST	HIV COST/INM ON HIV	NET COST OF MEDS
Feb-11	7	58	12	5	22	42	9	82	$68,985.33	$6,647.99	$1,642.51	$738.67	64	161	$92,449.27	$1,444.52	$522,273.20
Mar-11	8	152	12	5	17	33	9	69	$54,202.14	$6,011.81	$1,642.49	$667.98	72	183	$102,075.72	$1,417.72	$552,510.59
Apr-11	4	227	9	4	17	32	8	65	$54,990.32	$7,663.55	$1,718.45	$957.94	69	179	$96,670.56	$1,401.02	$553,431.57
May-11	7	258	3	7	13	35	9	69	$52,545.03	$5,030.95	$1,501.29	$558.99	78	193	$109,148.89	$1,399.34	$569,993.73
Jun-11	7	282	8	6	14	37	9	77	$65,701.31	$5,000.07	$1,775.71	$555.56	77	217	$121,863.28	$1,582.64	$631,075.90
Jul-11	5	303	9	6	16	40	7	84	$61,642.14	$4,580.51	$1,541.05	$654.36	72	206	$124,800.34	$1,733.34	$625,655.52
Aug-11	5	362	8	6	19	37	7	76	$60,218.72	$3,747.24	$1,627.53	$535.32	70	198	$112,897.31	$1,612.82	$565,300.36
Sep-11	7	356	11	5	22	28	8	63	$44,781.85	$4,307.72	$1,599.35	$538.47	71	202	$113,965.64	$1,605.15	$604,807.95
Oct-11	7	380	10	7	21	27	8	61	$43,040.16	$4,857.54	$1,594.08	$607.19	72	200	$119,776.59	$1,663.56	$588,863.00
Nov-11	6	332	11	6	23	25	4	51	$28,024.92	$2,778.66	$1,121.00	$694.67	71	185	$114,618.45	$1,614.34	$522,499.89
Dec-11	6	348	10	7	21	25	7	53	$41,121.00	$4,070.10	$1,644.84	$581.44	75	191	$118,650.07	$1,582.00	$600,338.14
Jan-12	6	346	10	7	18	24	4	61	$44,153.53	$2,735.24	$1,839.73	$683.81	66	171	$105,219.51	$1,594.24	$584,850.73
% CHAN PQ	-5.26%	-2.08%	-3.23%	5.00%	-16.92%	-6.49%	-36.84%	10.91%	18.07%	-29.90%	26.59%	8.93%	-9.17%	-10.94%	-10.59%	-1.59%	2.50%
% CHAN PY	-4.35%	24.46%	6.80%	20.31%	-3.41%	-26.87%	-48.24%	-10.53%	-15.57%	-44.99%	16.25%	6.08%	-8.22%	-11.06%	-5.66%	2.81%	1.52%
AVG PQ	6.33	353.33	10.33	6.67	21.67	25.67	6.33	55.00	$37,395.36	$3,902.10	1,453.31	627.77	72.67	192.00	$117,681.70	$1,619.97	$570,567.01
Y-T-D	75	3,404	113	71	223	385	89		$619,406.45	$57,431.38			857	2,286	$1,332,135.63		$6,921,600.58

	TOTAL MONTHLY COST	TOTAL COST/INM	COST/INM ON RXS	CREDITS	TOTAL COST LESS CREDITS	TOTAL COST/INM LESS CREDITS	NF TOTAL COST	NF COST/INM	FORM TOTAL COST	HB 191 TOTAL COST	FORM COST/INM	PSYCH COST	PSYCH COST/INM	FORM PSYCH COST	NF PSYCH COST	NF PSYCH COST/INM	ATYP ANTIPSY COST
Feb-11	$522,273.20	$42.91	$99.65	$20,137.86	$502,135.34	$41.26	$130,525.63	$10.73	$391,747.57	$16,439.75	$32.19	$78,539.53	$6.45	$45,253.65	$33,285.88	$2.74	$31,384.49
Mar-11	$552,510.59	$45.87	$102.77	$17,034.16	$535,476.43	$44.45	$146,743.31	$12.18	$405,767.28	$7,327.46	$33.68	$76,645.43	$6.36	$46,329.93	$30,315.50	$2.52	$29,519.89
Apr-11	$553,431.57	$45.99	$102.93	$21,096.42	$532,335.15	$44.24	$156,039.98	$12.97	$397,391.59	$11,812.61	$33.03	$76,333.62	$6.34	$48,570.96	$27,762.66	$2.31	$28,105.57
May-11	$569,993.73	$47.12	$106.18	$15,420.68	$554,573.05	$45.84	$173,563.68	$14.35	$396,430.05	$12,044.15	$32.77	$70,261.48	$5.81	$46,735.00	$23,526.48	$1.94	$24,945.87
Jun-11	$631,075.90	$52.22	$112.83	$15,402.65	$615,673.25	$50.94	$173,744.59	$14.38	$457,331.31	$17,413.93	$37.84	$88,951.75	$7.36	$61,560.30	$27,391.45	$2.27	$28,030.88
Jul-11	$625,655.52	$51.70	$113.71	$20,683.92	$604,971.60	$49.99	$171,504.95	$14.17	$454,150.57	$25,738.90	$37.53	$91,539.07	$7.56	$62,908.33	$28,630.74	$2.37	$29,550.68
Aug-11	$565,300.36	$46.66	$100.82	$26,594.02	$538,706.34	$44.46	$135,187.51	$11.16	$430,112.85	$30,641.04	$35.50	$80,881.76	$6.68	$52,329.81	$28,551.95	$2.36	$30,245.02
Sep-11	$604,807.95	$49.79	$112.33	$26,270.19	$578,537.76	$47.62	$202,616.49	$16.68	$402,191.46	$8,821.58	$33.11	$90,293.16	$7.43	$50,475.30	$39,817.86	$3.28	$42,149.60
Oct-11	$588,863.00	$48.62	$108.93	$23,069.72	$565,793.28	$46.72	$163,458.95	$13.50	$425,404.05	$12,100.19	$35.13	$86,700.94	$7.16	$49,413.31	$37,287.63	$3.08	$40,646.68
Nov-11	$522,499.89	$46.08	$99.58	$38,711.39	$483,788.50	$42.67	$147,544.02	$13.01	$374,955.87	$10,568.93	$33.07	$83,827.81	$7.39	$44,788.08	$39,039.73	$3.44	$40,802.26
Dec-11	$600,338.14	$52.94	$112.19	$18,452.22	$581,885.92	$51.31	$173,395.99	$15.29	$426,942.15	$9,364.34	$37.65	$86,952.42	$7.67	$47,386.14	$39,566.28	$3.49	$41,719.55
Jan-12	$584,850.73	$51.76	$111.59	$21,998.04	$562,852.69	$49.81	$171,514.59	$15.18	$413,336.14	$11,862.28	$36.58	$87,368.28	$7.73	$47,683.45	$39,684.83	$3.51	$41,833.79
% CHAN PQ	2.50%	5.18%	4.39%	-17.75%	3.50%	6.22%	6.22%	8.95%	1.04%	11.09%	3.69%	1.80%	4.40%	1.03%	2.73%	5.26%	1.89%
% CHAN PY	1.52%	7.45%	4.74%	-0.37%	1.60%	7.55%	6.33%	12.51%	-0.34%	-19.59%	5.48%	5.50%	11.59%	-5.62%	22.91%	29.73%	25.35%
AVG PQ	$570,567.01	$49.21	$106.90	$26,744.44	$543,822.57	$46.90	$161,466.32	$13.93	$409,100.69	$10,677.82	$35.28	$85,827.06	$7.41	$47,195.84	$38,631.21	$3.34	$41,056.16
Y-T-D	$6,921,600.58			$264,871.27	$6,656,729.31		$1,945,839.69		$4,975,760.89	$174,135.16		$998,295.25		$603,434.26	$394,860.99		$408,934.28

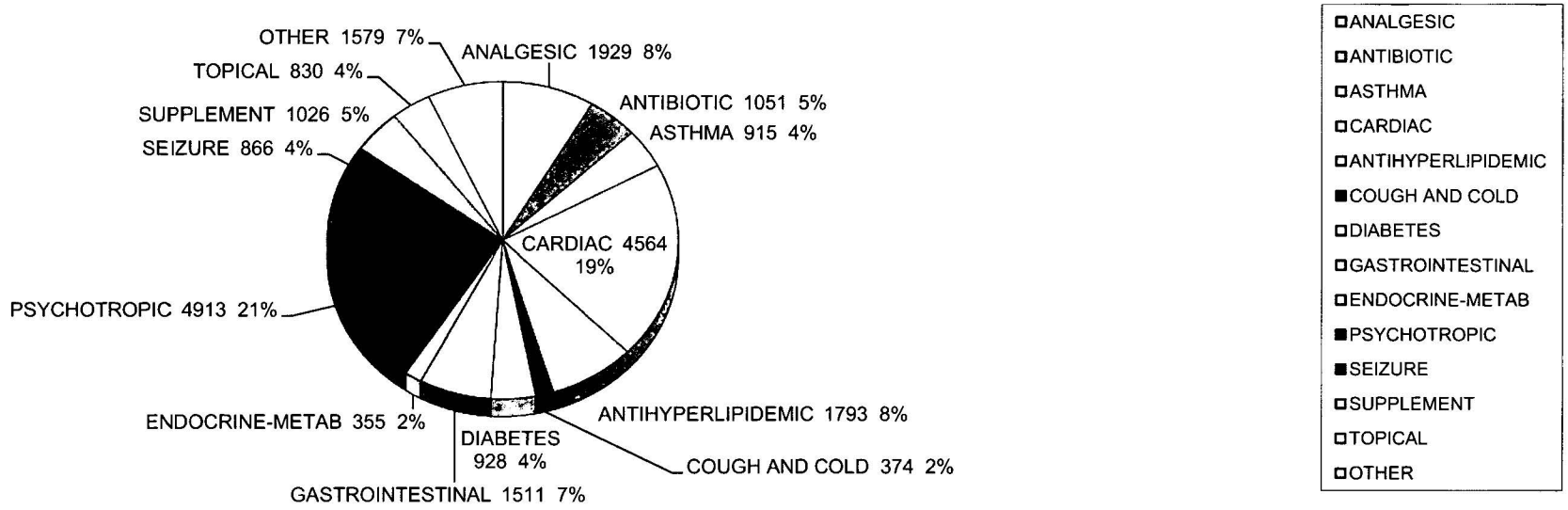
	COST/INM ON ATYP ANTIPSY	ATYP ANTIPSY COST/INM	ATYP ANTIPSY COST/PSYCH INM(A)	OTC TOTAL COST	OTC COST/INM	OTC STOCK COST	STOCK INSULIN COST	STOCK VACCINE COST	OTC INSULIN COST	TOTAL INSULIN COST	OTC COST LESS OTC INSULIN	RX STOCK COST	TOTAL COST OF STOCK	HEP B COST	HEP B COST/INM	VACCINE COST	STOCK - STOCK INSULIN & VACCINE
Feb-11	$304.70	$2.58	$0.00	$25,033.64	$2.06	$3,027.42	$58.04	$7,450.18	$12,453.29	$23,902.43	$12,580.35	$17,231.59	$20,259.01	$6,647.99	$0.55	$8,194.16	$12,750.79
Mar-11	$153.75	$2.45	$0.00	$26,857.90	$2.23	$4,095.98	$1,247.78	$9,193.93	$13,100.81	$24,669.83	$13,757.09	$18,150.79	$22,246.77	$6,011.81	$0.50	$9,523.57	$11,805.06
Apr-11	$108.52	$2.34	$0.00	$24,056.75	$2.00	$2,150.91	$261.16	$6,460.79	$11,610.14	$22,913.43	$12,446.61	$14,377.38	$16,528.29	$7,663.55	$0.64	$7,305.68	$9,806.34
May-11	$87.53	$2.06	$0.00	$22,225.15	$1.84	$1,617.87	$29.02	$17,179.81	$9,768.21	$22,482.65	$12,456.94	$29,029.94	$30,647.81	$5,030.95	$0.42	$17,920.07	$13,438.98
Jun-11	$88.99	$2.32	$0.00	$30,658.56	$2.54	$4,624.03	$1,915.19	$6,057.15	$15,844.37	$30,975.93	$14,814.19	$14,863.95	$19,487.98	$5,000.07	$0.41	$6,370.99	$11,515.64
Jul-11	$87.43	$2.44	$0.00	$25,449.49	$2.10	$3,756.85	$1,230.68	$6,422.95	$11,609.00	$22,547.29	$13,840.49	$17,325.91	$21,082.76	$4,580.51	$0.38	$7,121.90	$13,429.13
Aug-11	$75.80	$2.50	$0.00	$29,699.40	$2.45	$2,250.81	$804.47	$5,274.13	$15,625.25	$31,790.13	$14,074.15	$12,290.90	$14,541.71	$3,747.24	$0.31	$6,176.57	$8,463.11
Sep-11	$105.90	$3.47	$14.91	$29,957.35	$2.47	$4,336.61	$1,846.02	$7,221.10	$15,205.23	$28,524.26	$14,752.12	$18,343.51	$22,680.12	$4,307.72	$0.35	$8,431.05	$13,613.00
Oct-11	$96.55	$3.36	$14.82	$29,537.55	$2.44	$4,296.63	$1,846.02	$9,255.87	$13,499.04	$27,351.67	$16,038.51	$27,813.20	$32,109.83	$4,857.54	$0.40	$9,666.13	$21,007.94
Nov-11	$109.10	$3.60	$14.86	$24,397.00	$2.15	$1,922.18	$283.70	$4,582.95	$8,995.40	$23,437.73	$15,401.60	$14,711.13	$16,633.31	$2,778.66	$0.25	$4,809.04	$11,766.66
Dec-11	$107.25	$3.68	$15.81	$28,032.06	$2.47	$3,109.44	$4,345.08	$10,676.92	$11,104.71	$29,705.93	$16,927.35	$18,190.36	$21,299.80	$4,070.10	$0.36	$11,312.43	$6,277.80
Jan-12	$108.94	$3.70	$11.65	$25,979.86	$2.30	$3,269.39	$334.29	$4,233.84	$9,562.12	$24,073.72	$16,417.74	$14,834.77	$18,104.16	$2,735.24	$0.24	$5,291.71	$13,536.03
% CHAN PQ	4.45%	4.46%	-23.18%	-4.91%	-2.33%	5.14%	-84.51%	-48.19%	-14.62%	-10.28%	1.83%	-26.70%	-22.46%	-29.90%	-27.74%	-38.44%	3.98%
% CHAN PY	-9.59%	32.28%	112.14%	-3.42%	2.22%	2.20%	-73.48%	-48.12%	-24.23%	-8.15%	14.96%	-19.35%	-16.16%	-44.99%	-41.59%	-39.89%	11.22%
AVG PQ	$104.30	$3.54	$15.17	$27,322.20	$2.35	$3,109.42	$2,158.27	$8,171.91	$11,199.72	$26,831.78	$16,122.49	$20,238.23	$23,347.65	$3,902.10	$0.34	$8,595.87	$13,017.47
Y-T-D				$321,884.71		$38,458.12	$14,201.45	$94,009.62	$148,377.57	$312,375.00	$173,507.14	$217,163.43	$255,621.55	$57,431.38		$102,123.30	$147,410.48

	GEODON COST	RISPERDAL COST	ZYPREXA COST	ABILIFY COST	SEROQUEL COST	MED SUPPLY COST	EMED COST	ADDTL CHARGES	INVOICE TOTAL	% ATYP ANTIPSYCH COST/TOTAL COST	% HIV COST/TOTAL COST	% PSYCH COST/TOTAL COST	% NF COST/TOTAL COST	% HEP B COST/TOTAL COST	% HEP C COST/TOTAL COST	PSYCH COST/PSYCH INM(A)	ATYP COST/ATYP INM(A)
Feb-11	$3,892.55	$710.96	$8,549.03	$2,929.46	$15,302.49	$0.00	$525.93	$35.04	$502,696.31	6.01%	17.70%	15.04%	24.99%	1.27%	13.21%	$0.00	$0.00
Mar-11	$3,787.75	$1,803.30	$8,761.17	$3,251.30	$11,916.37	$0.00	$377.48	$9,104.85	$544,958.76	5.34%	18.47%	13.87%	26.56%	1.09%	9.81%	$0.00	$0.00
Apr-11	$1,852.46	$2,403.36	$7,742.24	$1,866.83	$14,240.68	$0.00	$550.51	$70.97	$532,956.63	5.08%	17.47%	13.79%	28.19%	1.38%	9.94%	$0.00	$0.00
May-11	$4,746.86	$2,850.47	$2,897.48	$5,358.15	$9,092.91	$0.00	$455.50	$3,171.70	$558,200.25	4.38%	19.15%	12.33%	30.45%	0.88%	9.22%	$0.00	$0.00
Jun-11	$2,996.22	$3,149.98	$7,100.39	$4,259.63	$10,524.66	$0.00	$847.66	$1,070.82	$617,591.73	4.44%	19.31%	14.10%	27.53%	0.79%	10.41%	$0.00	$0.00
Jul-11	$3,415.44	$3,359.84	$6,210.67	$3,178.18	$13,054.76	$0.00	$2,081.42	$9,320.23	$616,373.25	4.72%	19.95%	14.63%	27.41%	0.73%	9.85%	$0.00	$0.00
Aug-11	$3,032.91	$4,158.81	$7,022.81	$2,744.50	$12,954.20	$0.00	$1,402.28	$6,871.46	$546,980.08	5.35%	19.97%	14.31%	23.91%	0.66%	10.65%	$0.00	$0.00
Sep-11	$3,431.70	$4,667.85	$11,707.02	$3,771.89	$18,239.35	$0.00	$827.76	$496.50	$579,862.02	6.97%	18.84%	14.93%	33.50%	0.71%	7.40%	$31.94	$0.00
Oct-11	$3,593.82	$5,539.71	$11,216.16	$5,746.74	$14,218.46	$0.00	$939.27	$804.50	$567,537.05	6.90%	20.34%	14.72%	27.76%	0.82%	7.31%	$31.62	$0.00
Nov-11	$3,977.44	$5,191.02	$10,145.52	$6,407.96	$15,080.32	$0.00	$434.71	$418.82	$484,642.03	7.81%	21.94%	16.04%	28.24%	0.53%	5.36%	$30.54	$0.00
Dec-11	$3,529.42	$5,542.44	$10,602.12	$5,835.23	$16,210.34	$0.00	$950.18	$3,135.88	$585,971.98	6.95%	19.76%	14.48%	28.88%	0.68%	6.85%	$32.95	$0.00
Jan-12	$3,860.83	$7,097.79	$9,768.35	$7,454.30	$13,652.52	$0.00	$824.95	$18.59	$563,696.23	7.15%	17.99%	14.94%	29.33%	0.47%	7.55%	$24.33	$0.00
% CHAN PQ	4.34%	30.85%	-8.32%	24.31%	-10.00%	0.00%	6.48%	-98.72%	3.23%	-0.93%	-13.00%	-0.96%	3.65%	-31.04%	16.01%	-23.26%	0.00%
% CHAN PY	11.01%	98.27%	16.85%	80.81%	-0.44%	0.00%	-3.39%	-99.41%	1.02%	23.03%	-7.05%	3.84%	4.93%	-46.20%	-16.97%	110.65%	0.00%
AVG PQ	$3,700.23	$5,424.39	$10,654.60	$5,996.64	$15,169.71	$0.00	$774.72	$1,453.07	$546,050.35	7.22%	20.68%	15.08%	28.29%	0.68%	6.51%	$31.70	$0.00
Y-T-D	$42,117.40	$46,475.53	$101,722.96	$52,804.17	$164,487.06	$0.00	$10,217.65	$34,519.36	$6,701,466.32								

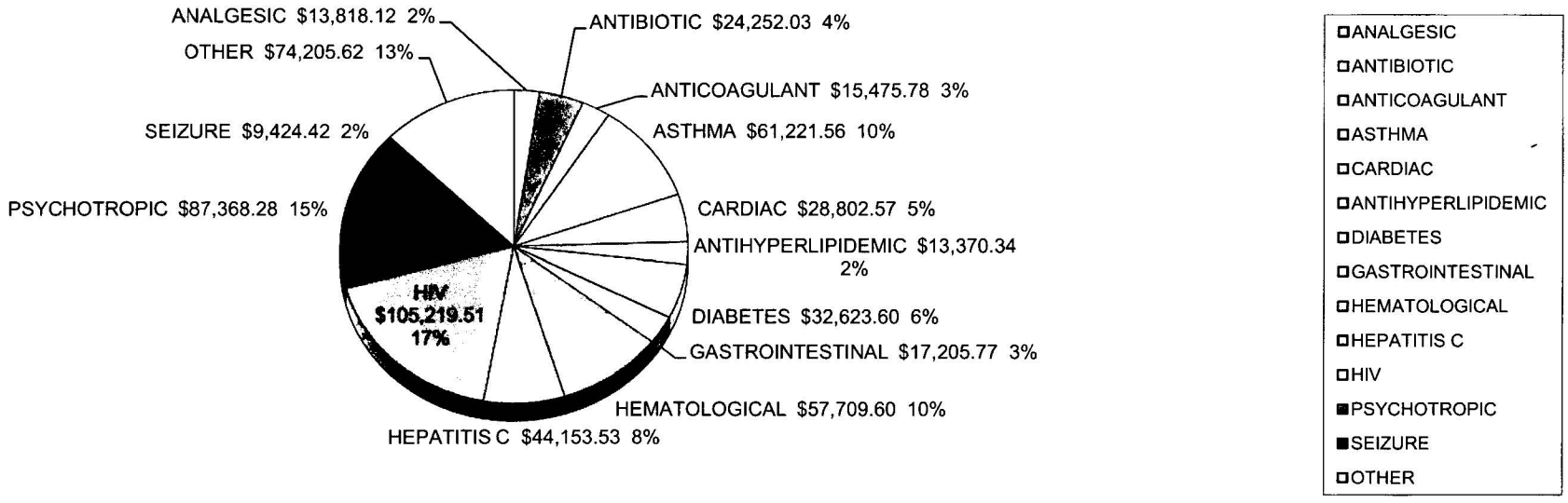
SUMMARY
THERAPEUTIC CLASS REPORT
JANUARY 1, 2012 THRU JANUARY 31, 2012

	AUG-11	SEP-11	OCT-11	NOV-11	DEC-11	JAN-12	CHANGE	% OF TOTAL
ANALGESIC	2107	2018	1997	1871	2039	1929	-5.39%	[illegible]
	$14,348.89	$12,188.71	$12,011.19	$15,004.22	$17,734.30	$13,818.12	-22.08%	
	125546	139129	139750	130158	128556	135539	5.43%	9.79%
ANTIBIOTIC	1117	1236	1203	1047	1108	1051	-5.14%	4.64%
	$9,559.52	$15,164.03	$18,731.30	$12,108.68	$9,859.68	$24,252.03	145.97%	4.15%
	43406	55018	57397	38854	50734	39650	-21.85%	2.86%
ASTHMA	959	895	1016	882	975	915	-6.15%	4.04%
	$56,923.28	$55,681.28	$64,628.06	$54,717.90	$60,046.37	$61,221.56	1.96%	10.47%
	20204	21136	24277	20291	20226	21423	5.92%	1.55%
CARDIAC	5030	4418	4758	4557	4729	4564	-3.49%	20.16%
	$31,588.11	$28,497.09	$28,600.20	$27,847.88	$28,813.94	$28,802.57	-0.04%	4.92%
	190577	170072	179698	173798	180559	174153	-3.55%	12.58%
ANTIHYPERLIPIDEMIC	2086	1794	1887	1898	1864	1793	-3.81%	7.92%
	$15,817.46	$13,569.75	$13,984.31	$14,517.63	$13,652.61	$13,370.34	-2.07%	2.29%
	80004	69517	72330	72034	70597	68523	-2.94%	4.95%
COUGH AND COLD	239	357	368	324	358	374	4.47%	1.65%
	$1,396.59	$2,125.32	$1,890.14	$1,736.33	$2,266.04	$1,890.39	-16.58%	0.32%
	11439	19492	23024	15502	24332	22344	-8.17%	1.61%
DIABETES	1155	1059	1030	940	988	928	-6.07%	4.10%
	$38,125.89	$37,029.40	$35,165.59	$32,188.22	$37,250.02	$32,623.60	-12.42%	5.58%
	50472	48897	51865	42093	53049	46082	-13.13%	3.33%
GASTROINTESTINAL	1474	1421	1454	1433	1533	1511	-1.44%	6.68%
	$15,028.94	$16,632.80	$16,937.19	$15,711.30	$17,701.07	$17,205.77	-2.80%	2.94%
	213410	185710	214474	218224	201998	226489	12.12%	16.36%
HEPATITIS C	76	63	61	51	53	61	15.09%	
	$60,218.72	$44,781.85	$43,040.16	$28,024.92	$41,121.00	$44,153.53	7.37%	7.[illegible]%
	2354	2087	1937	1892	1664	1953	17.37%	0.14%
HIV	198	202	200	185	191	171	-10.47%	0.76%
	$112,897.31	$113,965.64	$119,776.59	$114,618.45	$118,650.07	$105,219.51	-11.32%	17.99%
	8881	8556	9433	8324	8562	8655	1.09%	0.63%
OPTHALMIC AND OTIC	267	225	238	230	242	251	3.72%	1.11%
	$8,060.49	$7,824.05	$8,714.17	$8,432.61	$8,821.84	$8,581.55	-2.72%	1.47%
	7156	6087	3657	3656	5596	4394	-21.48%	0.32%
PSYCHOTROPIC	5285	5270	5094	4680	4842	4913	1.47%	21.71%
	$80,881.76	$90,293.16	$86,700.94	$83,827.81	$86,952.42	$87,368.28	0.48%	14.94%
	289845	289099	281492	253070	266105	267754	0.62%	19.34%
SEIZURE	740	785	781	790	821	866	5.48%	3.83%
	$7,858.98	$8,393.91	$8,266.23	$8,373.97	$9,127.06	$9,424.42	3.26%	1.61%
	67684	68343	69444	67916	70875	73459	3.65%	5.31%
TOPICAL	683	677	744	800	808	830	2.72%	3.67%
	$8,679.53	$8,386.05	$8,146.22	$10,190.54	$10,027.70	$8,385.34	-16.38%	1.43%
	111436	118353	127059	157979	127365	141955	11.46%	10.25%
OTHER	2439	2355	2508	2325	2608	2477	-5.02%	10.94%
	$103,914.89	$150,274.91	$122,270.71	$95,199.43	$138,314.02	$128,533.72	-7.07%	21.98%
	118410	156063	135487	134032	141930	151889	7.02%	10.97%
TOTAL	23855	22775	23339	22013	23159	22634	-2.27%	
	$565,300.36	$604,807.95	$588,863.00	$522,499.89	$600,338.14	$584,850.73	-2.58%	
	1340824	1357559	1391324	1337823	1352148	1384262	2.38%	

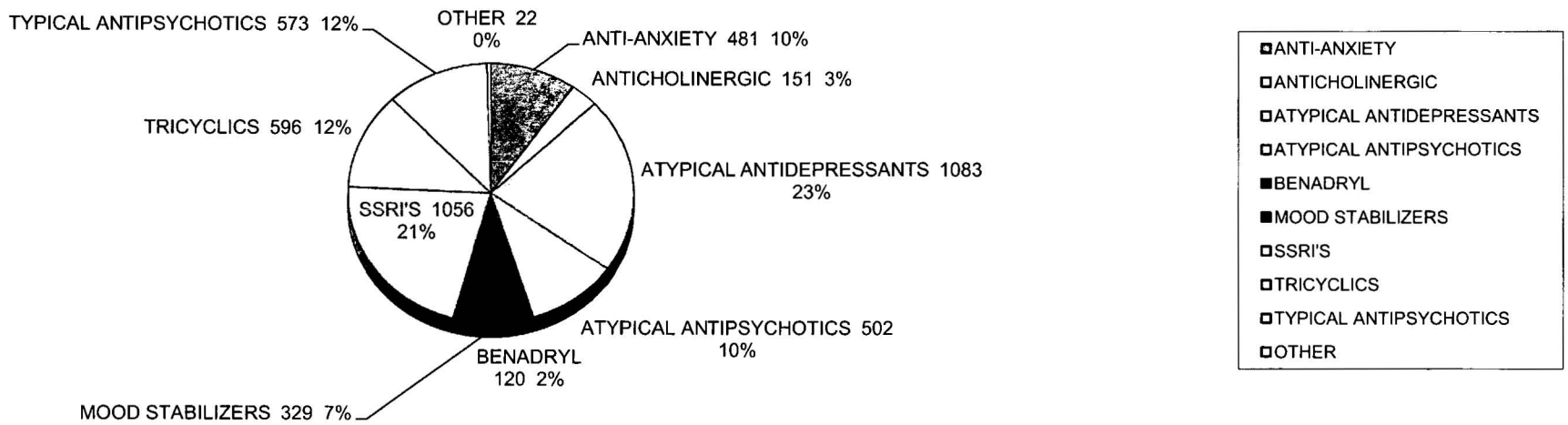
THERAPEUTIC CLASS PRESCRIPTIONS
ONE MONTH USAGE



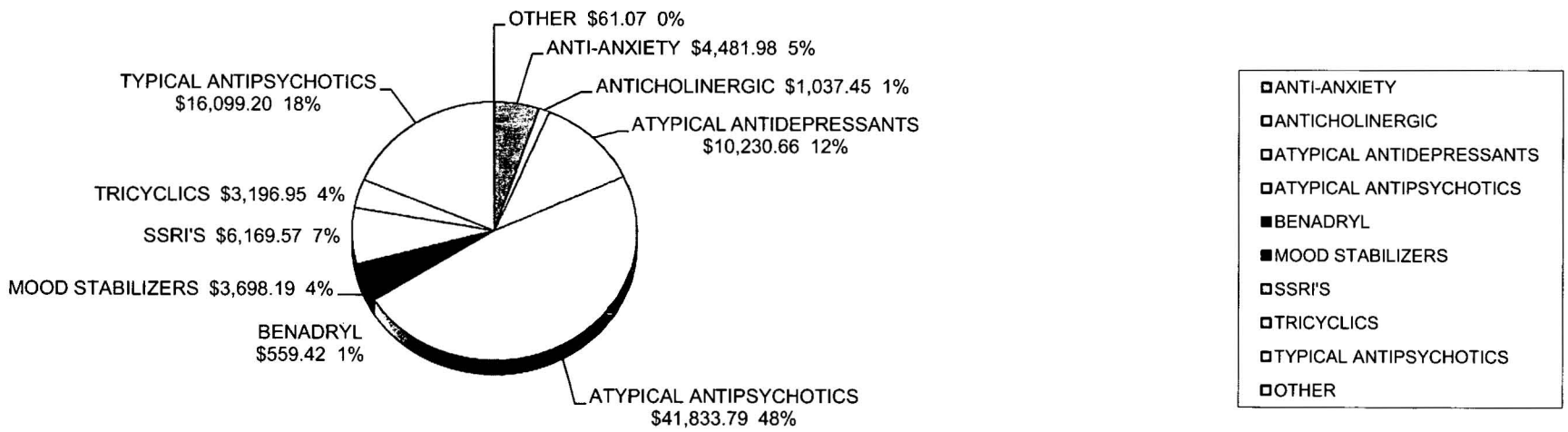
KENTUCKY DEPARTMENT OF CORRECTIONS - SUMMARY
THERAPEUTIC CLASS EXPENDITURES
ONE MONTH USAGE



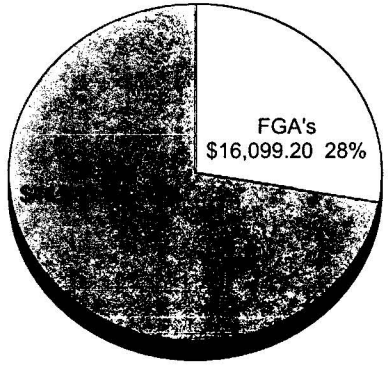
KENTUCKY DEPARTMENT OF CORRECTIONS - SUMMARY
PSYCHOTROPIC MEDICATION PRESCRIPTIONS
ONE MONTH USAGE



KENTUCKY DEPARTMENT OF CORRECTIONS - SUMMARY
PSYCHOTROPIC MEDICATION EXPENDITURES
ONE MONTH USAGE

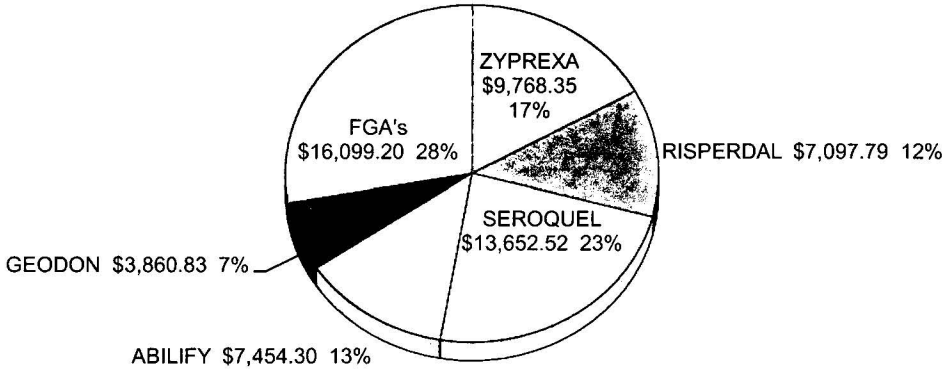


KENTUCKY DEPARTMENT OF CORRECTIONS - SUMMARY
FGA VS SGA MEDICATION EXPENDITURES
ONE MONTH USAGE



FGA's
SGA's

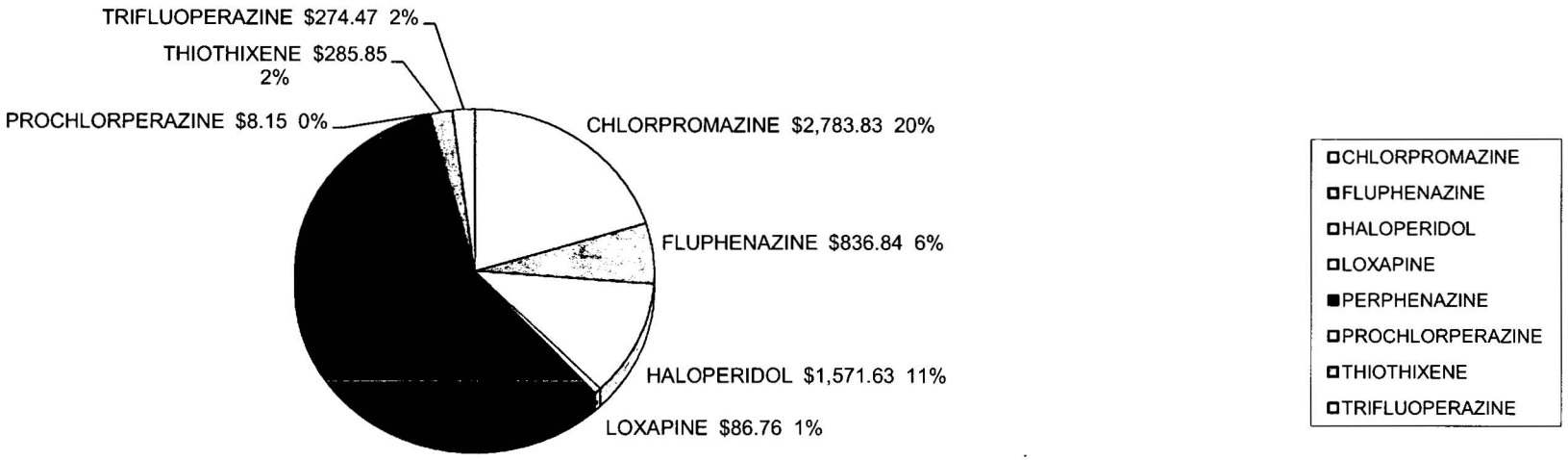
KENTUCKY DEPARTMENT OF CORRECTIONS - SUMMARY
FGA VS SGA (DETAIL) MEDICATION EXPENDITURES
ONE MONTH USAGE



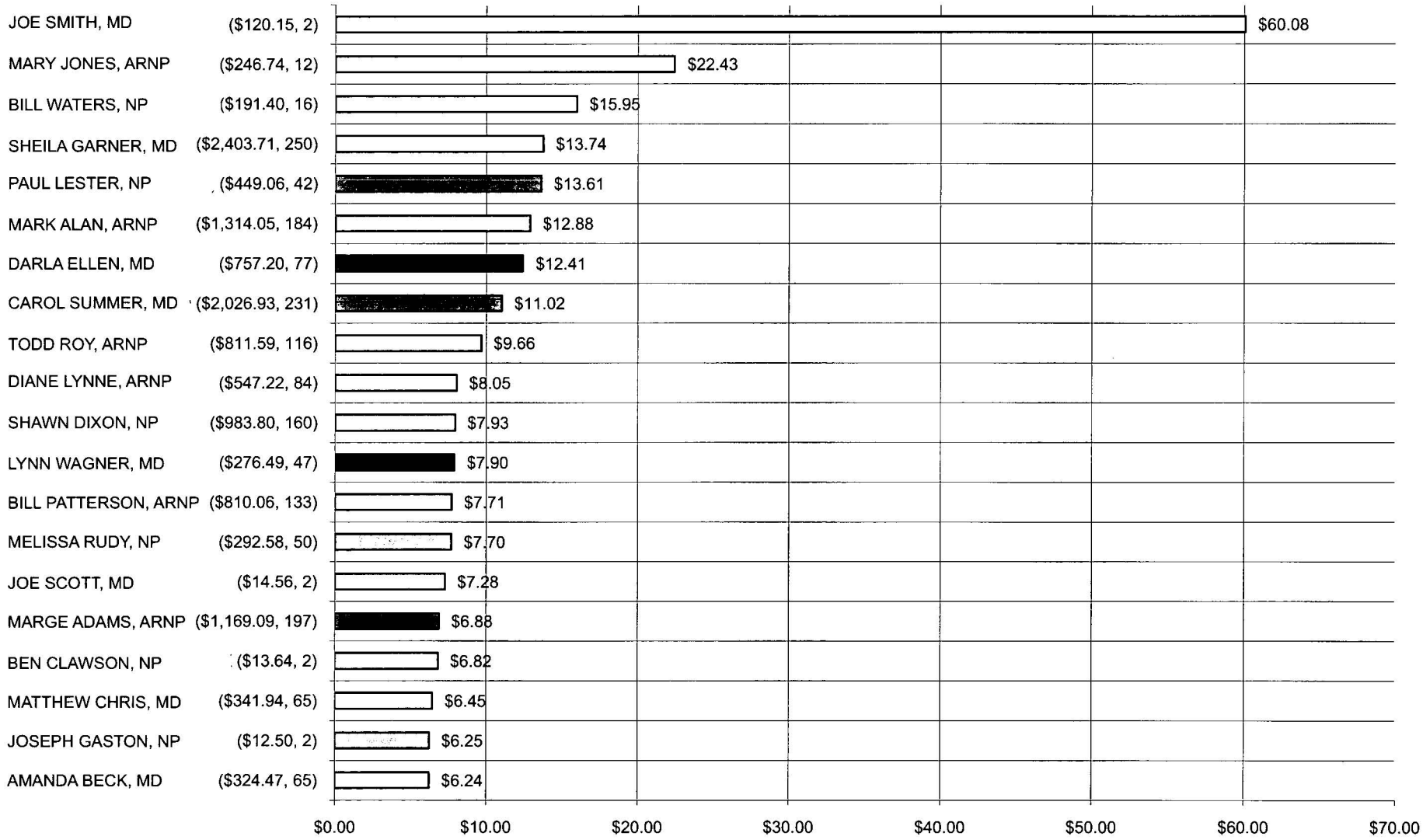
ZYPREXA
RISPERDAL
SEROQUEL
ABILIFY
GEODON
FGA's

KENTUCKY DEPARTMENT OF CORRECTIONS - SUMMARY
SGA (DETAIL) MEDICATION EXPENDITURES
ONE MONTH USAGE

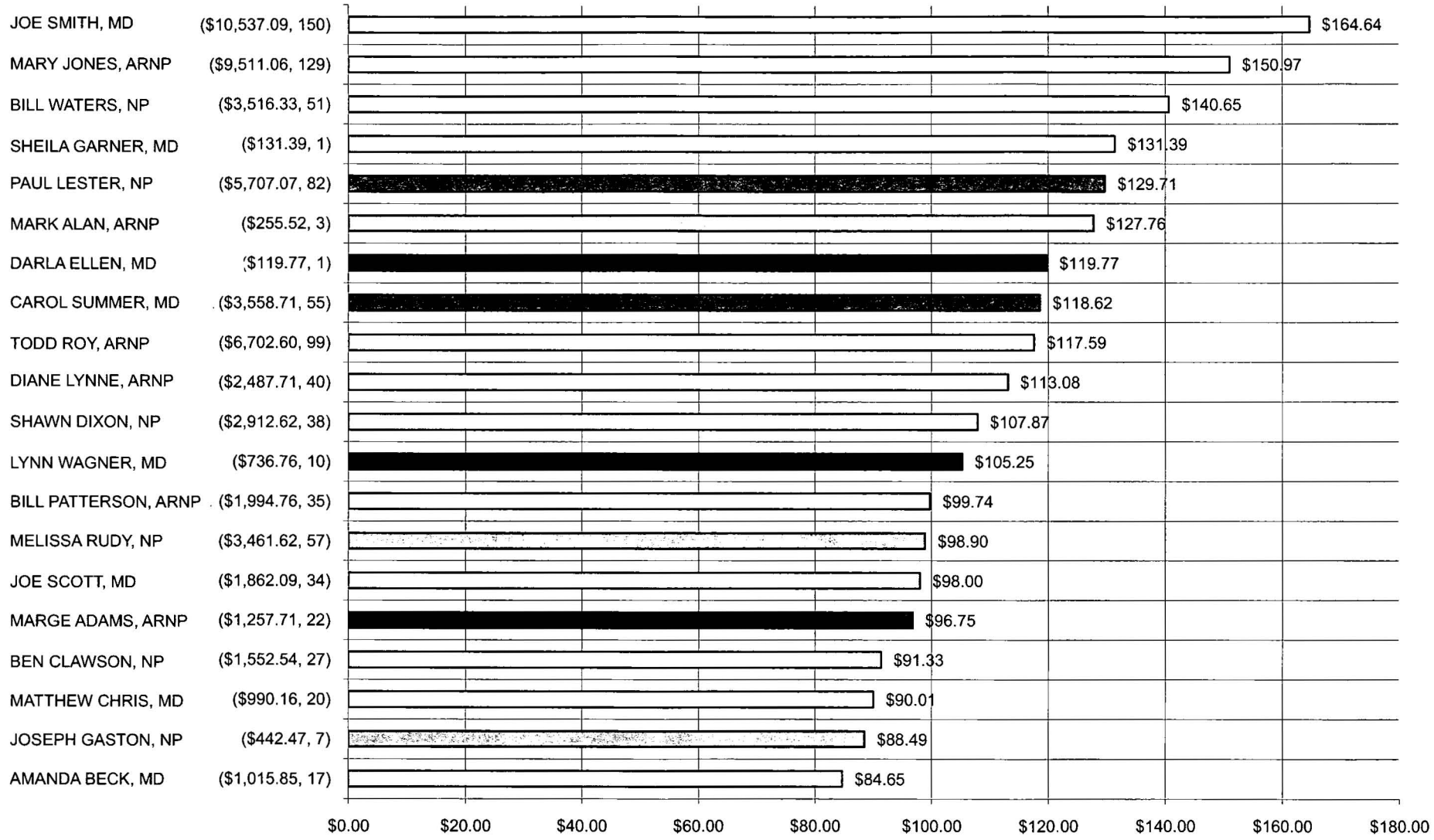
KENTUCKY DEPARTMENT OF CORRECTIONS - SUMMARY
FGA (DETAIL) MEDICATION EXPENDITURES
ONE MONTH USAGE



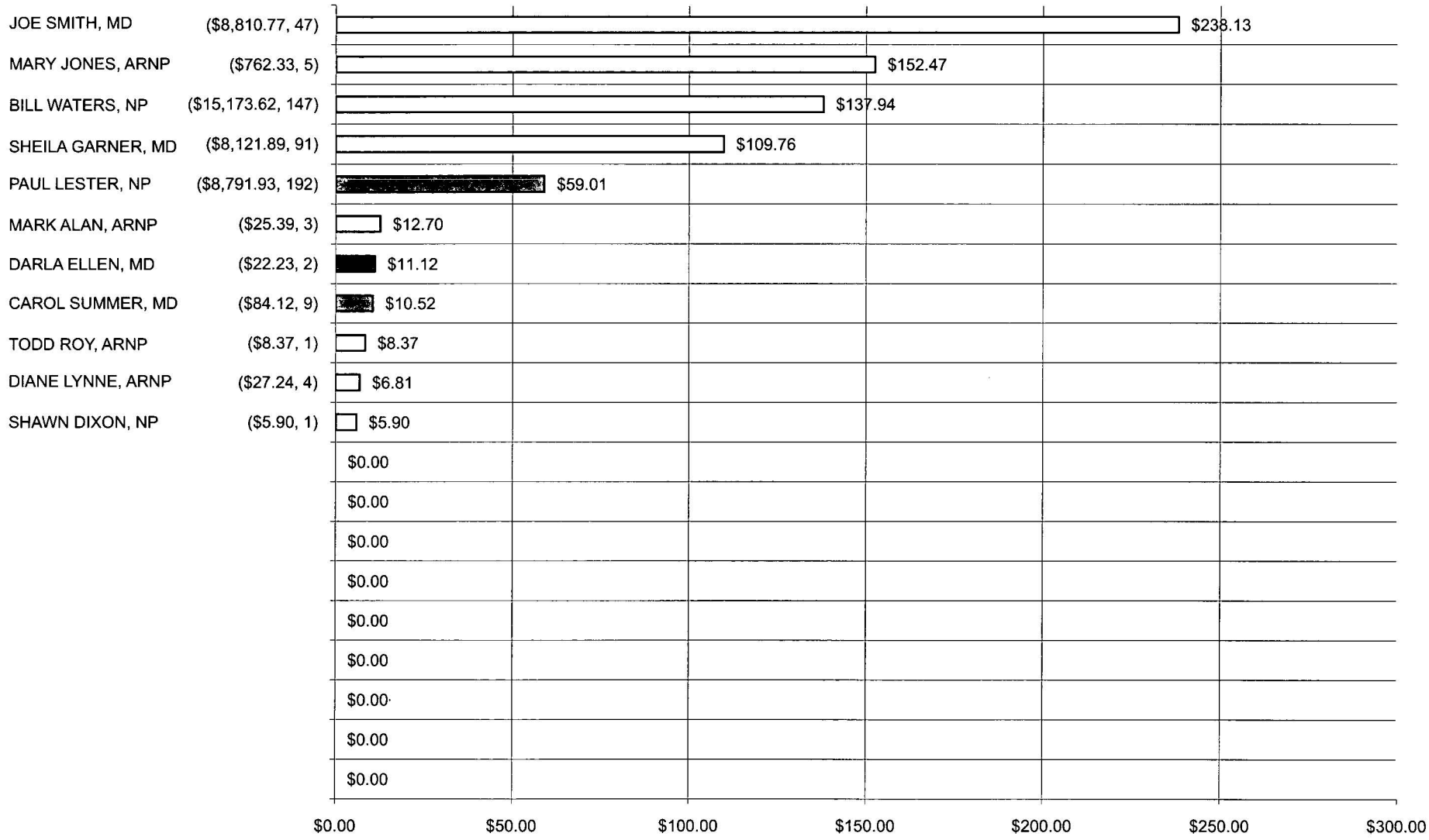
KENTUCKY DEPARTMENT C ORRECTIONS - SUMMARY
ANTIHYPERLIPIDEMIC
TOP PRESCRIBER EXPENDITURES PER INMATE (PER THERAPEUTIC CATEGORY)



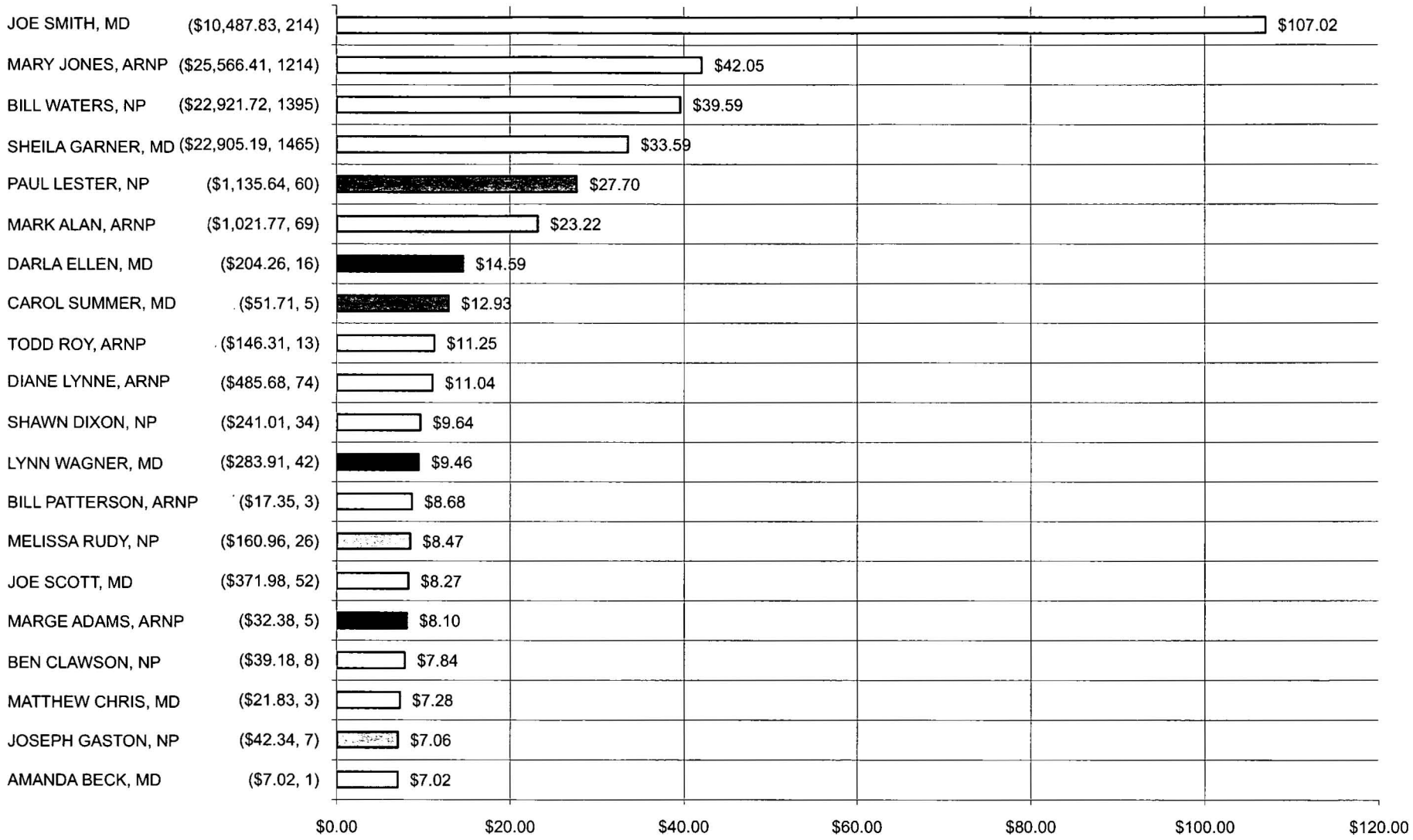
KENTUCKY DEPARTMENT OF CORRECTIONS - SUMMARY
ASTHMA
TOP PRESCRIBER EXPENDITURES PER INMATE (PER THERAPEUTIC CATEGORY)



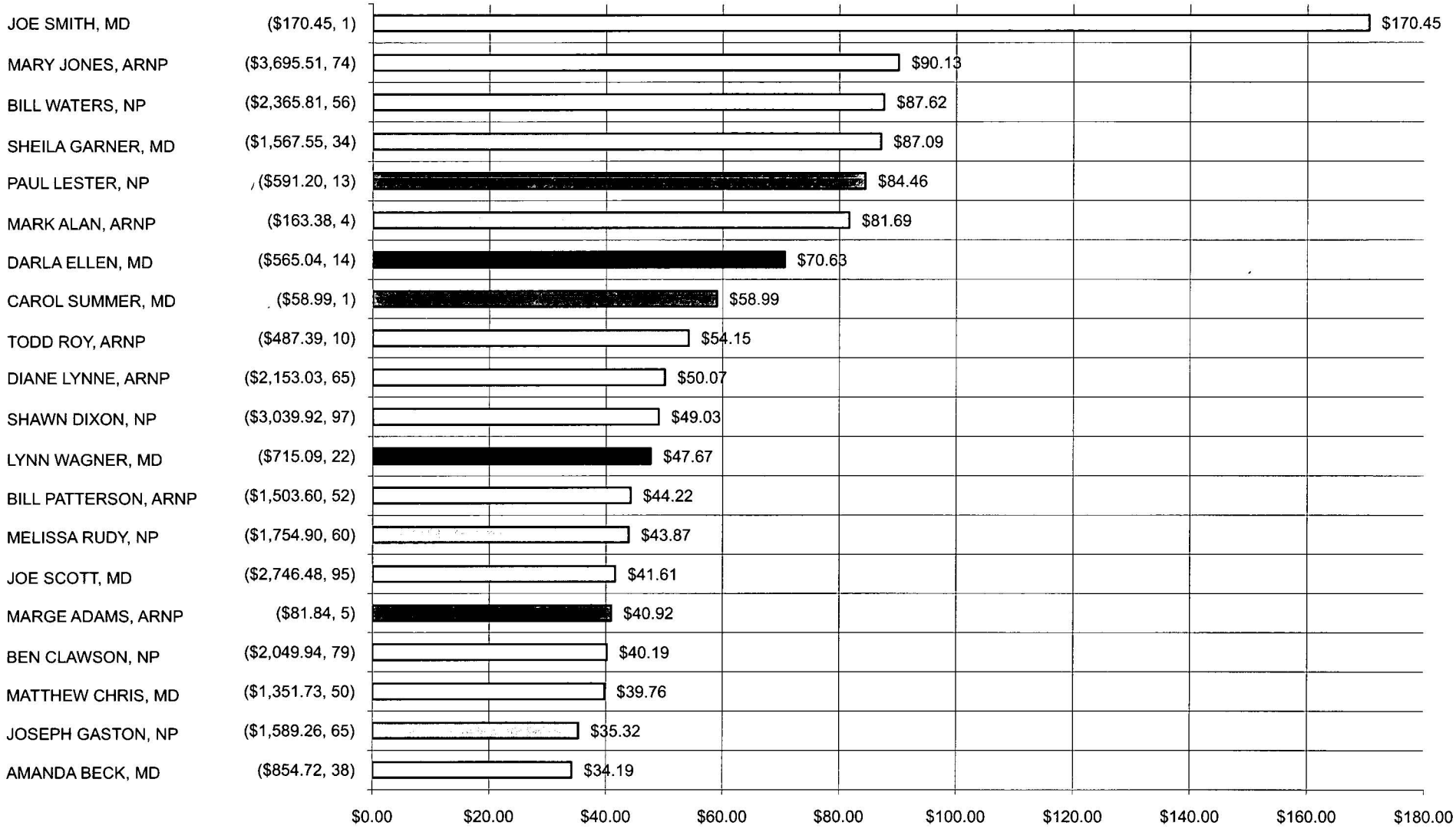
ATYPICAL ANTIPSYCH
TOP PRESCRIBER EXPENDITURES PER INMATE (PER THERAPEUTIC CATEGORY)



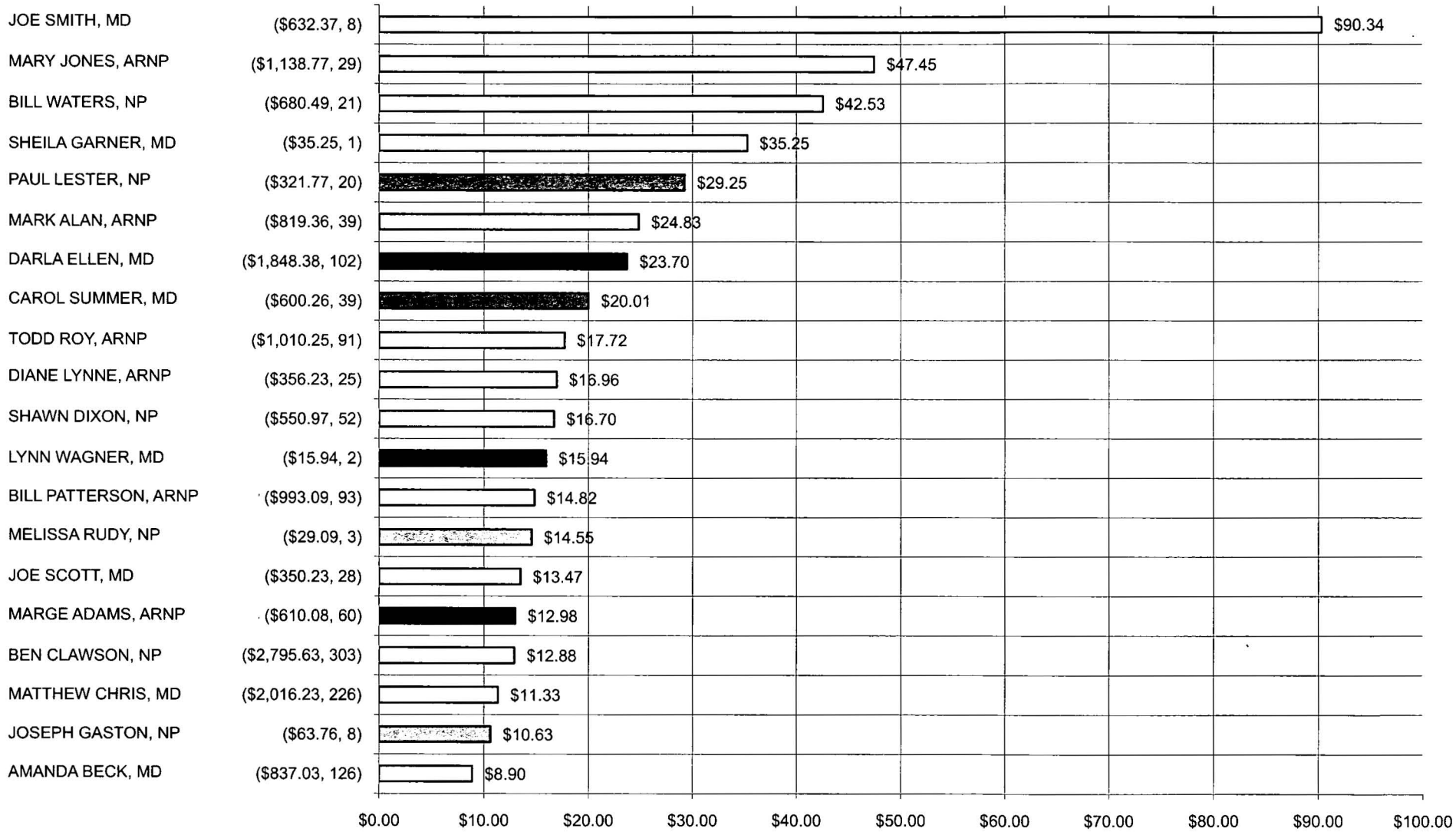
PSYCHOTROPIC
TOP PRESCRIBER EXPENDITURES PER INMATE (PER THERAPEUTIC CATEGORY)



DIABETES
TOP PRESCRIBER EXPENDITURES PER INMATE (PER THERAPEUTIC CATEGORY)



KENTUCKY DEPARTMENT OF CORRECTIONS - SUMMARY
GASTROINTESTINAL
TOP PRESCRIBER EXPENDITURES PER INMATE (PER THERAPEUTIC CATEGORY)



TOP NON-FORMULARY PRESCRIPTION COST BY PRESCRIBER
JANUARY 1, 2012 THRU JANUARY 31, 2012

PRESCRIBER NAME	MEDICATION	# OF RXS	QUANTITY	COST	TOTAL
OE SMITH, MD	RECOMBINATE 1020AHF INJ	1	21800	$25,113.60	
	AMBISOME 50MG INJ	1	40	$6,138.01	
	PENICILLIN G POTASSIUM 5MU INJ	2	180	$5,871.72	
	OXYCONTIN 20MG CR TAB	2	504	$1,610.30	
	LOVENOX 30MG/0.3ML INJ	1	18	$1,253.55	
	OXYCONTIN 40MG CR TAB	1	168	$951.81	
	ITRACONAZOLE 100MG CAP	1	120	$826.41	
	FAMCICLOVIR 250MG TAB	1	90	$303.42	
	VANCOMYCIN 1GM VIAL 1GM INJ	1	40	$190.61	
	CALCITRIOL 0.5MCG CAP	1	120	$150.41	
	FENTANYL 75MCG/HR DIS	1	10	$150.21	
	FLAVOXATE HCL 100MG TAB	1	180	$146.09	
	PANTOPRAZOLE SOD 40MG TAB	1	60	$143.60	
	CYCLOPHOSPHAMIDE 50MG TAB	1	60	$110.20	
	RANEXA 500MG TAB	1	20	$69.12	
	OXYCODONE HCL 30MG TAB	1	168	$60.75	
	MORPHINE SULFATE 20MG/5ML SOLO	1	900	$59.82	
	FENTANYL 25MCG/HR DIS	1	10	$56.93	
	MISOPROSTOL 100MCG TAB	1	120	$43.22	
	GABAPENTIN 600MG TAB	2	180	$32.52	
	OXYCODONE HCL 5MG/5ML SOLO	1	840	$28.66	
	FINASTERIDE 5MG TAB	1	30	$20.46	
	CALCIUM CARBONATE 1250/5ML SUS	1	1200	$18.98	
	GABAPENTIN 800MG TAB	1	90	$17.72	
	GABAPENTIN 300MG CAP	1	90	$16.13	
	ONDANSETRON HCL 8MG TAB	1	90	$13.62	
	AZATHIOPRINE 50MG TAB	1	60	$11.44	
	SODIUM CHLORIDE 1GM TAB	1	60	$8.30	
	LORAZEPAM 1MG TAB	1	90	$4.96	
	DIAZEPAM 5MG TAB	1	49	$4.04	$43,426.61
ANN JONES, MD	ABILIFY 20MG TAB	3	180	$3,574.67	
	ZYPREXA 15MG TAB	3	120	$2,304.29	
	ABILIFY 30MG TAB	3	75	$1,493.81	
	SEROQUEL XR 400MG TAB	2	120	$1,272.20	
	SEROQUEL 300MG TAB	1	120	$1,259.69	
	SEROQUEL 400MG TAB	2	90	$1,113.90	
	SEROQUEL XR 300MG TAB	2	120	$1,083.46	
	RISPERDAL CONSTA 37.5MG INJ	1	2	$729.17	
	ZYPREXA 10MG INJ	3	25	$684.97	
	GEODON 80MG CAP	1	60	$446.89	
	LEXAPRO 20MG TAB	2	90	$247.36	
	GEODON 60MG CAP	1	30	$225.62	
	VENLAFAXINE HCL 37.5MG TAB	5	367	$109.71	
	DIVALPROEX **ER** 500MG ER TAB	1	120	$56.00	
	GABAPENTIN 800MG TAB	3	270	$53.16	
	GABAPENTIN 300MG CAP	1	270	$41.96	
	NEFAZODONE HCL 100MG TAB	1	90	$31.92	
	GABAPENTIN 600MG TAB	2	150	$28.17	
	GABAPENTIN 400MG CAP	2	125	$14.00	
	GABAPENTIN 100MG CAP	1	42	$5.31	$14,776.26
ENNIFER HART, MD	LOVENOX 80/0.8ML INJ	2	99.2	$7,250.01	
	NEULASTA 6MG/0.6M INJ	1	0.6	$3,164.69	
	XELODA 500MG TAB	1	28	$652.78	

PRESCRIBER NAME	MEDICATION	# OF RXS	QUANTITY	COST	TOTAL
	LOVENOX 40/0.4ML INJ	1	5.6	$411.63	
	ASACOL 400MG DR TAB	1	270	$402.77	
	FLOMAX 0.4MG CAP	3	90	$347.53	
	NOVOLOG 100/ML INJ	4	40	$308.66	
	COZAAR 50MG TAB	2	120	$252.78	
	LIPITOR 80MG TAB	2	60	$231.15	
	RANEXA 500MG TAB	1	60	$200.95	
	LEVETIRACETAM 1000MG TAB	3	195	$175.97	
	GABAPENTIN 300MG CAP	7	630	$112.91	
	LEVAQUIN 500MG TAB	1	7	$95.51	
	VANCOMYCIN 500MG INJ 500MG INJ	1	30	$79.65	
	MERCAPTOPURINE 50MG TAB	1	75	$70.83	
	XENADERM OIN	1	60	$50.60	
	VANCOMYCIN 1GM VIAL 1GM INJ	1	10	$50.06	
	MARYS MAGIC POTION 20MG/ML SUS	1	1350	$36.42	
	GABAPENTIN 600MG TAB	2	150	$28.17	
	RESERPINE 0.25MG TAB	1	29	$24.99	
	LEVETIRACETAM 500MG TAB	1	60	$20.79	
	FINASTERIDE 5MG TAB	1	30	$20.46	
	LEVETIRACETAM (30) 500MG TAB	1	60	$19.76	
	ONDANSETRON HCL 8MG TAB	1	90	$13.62	
	GABAPENTIN 100MG CAP	2	180	$11.68	
	TICLOPIDINE HCL 250MG TAB	1	60	$11.15	
	CILOSTAZOL 100MG TAB	1	60	$10.22	
	ACETIC ACID 0.25%IRR SOLT	2	2	$10.02	
	ZINC SULFATE 220MG CAP	2	60	$7.54	
	CALTRATE 600 PLUS-VIT D TAB	1	30	$5.85	
	ALOE VESTA BODYWASH/SHP SHA	1	240	$4.31	$14,083.46
MARY GRAY, MD	AVONEX 30MCG INJ	2	8	$4,853.80	
	LOVENOX 40/0.4ML INJ	1	24.4	$1,698.03	
	HUMIRA (2 INJECTIONS PER KIT) 40MG/	1	2	$1,496.70	
	LOVENOX 30MG/0.3ML INJ	1	18	$1,316.07	
	ASACOL 400MG DR TAB	2	300	$450.37	
	LEVETIRACETAM 500MG TAB	10	993	$323.05	
	GABAPENTIN 800MG TAB	17	1558	$305.73	
	GABAPENTIN 600MG TAB	16	1282	$237.26	
	AMITIZA 24MCG CAP	1	60	$208.48	
	LEVAQUIN 750MG TAB	1	7	$176.49	
	COZAAR 50MG TAB	1	56	$118.18	
	FLOMAX 0.4MG CAP	1	30	$115.75	
	LIPITOR 40MG TAB	1	30	$115.72	
	GABAPENTIN 300MG CAP	9	579	$112.00	
	SINGULAIR 10MG TAB	1	30	$110.66	
	DIOVAN 40MG TAB	1	60	$106.45	
	XENADERM OIN	2	120	$101.20	
	BACTROBAN 2% CRE	1	30	$73.18	
	LUMIGAN 0.03% SOL	1	2.5	$72.27	
	GABAPENTIN 400MG CAP	9	651	$68.39	
	LEVETIRACETAM 1000MG TAB	1	60	$54.39	
	COZAAR 25MG TAB	1	30	$49.01	
	SPIRONOLACTONE 100MG TAB	1	60	$30.76	
	HYDROXYCHLOROQUINE SULFATE 200I	3	180	$29.05	
	FLUTICASONE PROPIONATE 50MCG SP	2	32	$17.50	

PRESCRIBER NAME	MEDICATION	# OF RXS	QUANTITY	COST	TOTAL
	NIFEDIPINE CR OSMOTIC 30MG ER TAB	1	30	$16.68	
	SLO-NIACIN 250MG CR TAB	3	90	$16.26	
	NIFEDIPINE CC 30MG CC TAB	1	30	$16.19	
	MAGTAB 84MG SR TAB	1	60	$12.32	
	GABAPENTIN 100MG CAP	1	180	$12.21	
	ALENDRONATE SODIUM 70MG TAB	2	8	$10.34	
	ONDANSETRON HCL 8MG TAB	1	60	$10.15	
	PRAVASTATIN SODIUM 80MG TAB	1	30	$9.42	
	MUPIROCIN 2% OIN	1	22	$9.34	
	SOTALOL HCL 80MG TAB	1	60	$8.21	
	ACTOS 15MG TAB	1	1	$7.55	
	RANITIDINE 75MG TAB	1	60	$5.74	
	MEN-PHOR LOT	1	222	$5.71	$12,380.61
	COPAXONE 20MG/ML INJ	1	1	$2,700.70	
	REBIF 44/0.5 INJ	1	6.5	$2,633.90	
	COZAAR 50MG TAB	5	254	$527.55	
	FLOMAX 0.4MG CAP	3	90	$348.68	
	CANASA 1000MG SUP	1	30	$281.29	
	ASACOL 400MG DR TAB	1	180	$269.58	
	DOVONEX 0.005% CRE	1	60	$210.46	
	NIFEDIAC CC 90MG ER TAB	3	120	$193.03	
	BYSTOLIC 5MG TAB	1	120	$183.34	
	COZAAR 100MG TAB	1	60	$171.00	
	SEREVENT DISKUS 50MCG AER	1	60	$138.56	
	CRESTOR 20MG TAB	2	30	$117.38	
	DETROL LA 4MG CAP	1	30	$115.60	
	VESICARE 10MG TAB	1	30	$113.03	
	GABAPENTIN 600MG TAB	7	570	$105.13	
	XENADERM OIN	2	120	$101.32	
	GABAPENTIN 300MG CAP	6	480	$88.16	
	DIOVAN 160MG TAB	1	30	$69.56	
	POLYETHYLENE GLYCOL 3350 3350 NF	4	2108	$67.59	
	QVAR 40MCG AER	1	7.3	$64.45	
	LEVETIRACETAM 1000MG TAB	1	60	$54.39	
	PRAVASTATIN SODIUM 80MG TAB	5	150	$47.10	
	GABAPENTIN 800MG TAB	2	210	$40.27	
	FINASTERIDE 5MG TAB	2	38	$28.27	
	PRAVASTATIN SODIUM 40MG TAB	4	120	$27.84	
	NIFEDIPINE CR OSMOTIC 60MG ER TAB	1	30	$26.29	
	GABAPENTIN 400MG CAP	3	240	$24.19	
	HYDROXYUREA 500MG CAP	1	90	$23.62	
	METRONIDAZOLE 0.75% GEL	1	45	$22.77	
	LEVETIRACETAM 500MG TAB	1	60	$20.79	
	VITAMIN D 50000UNT CAP	3	11	$19.45	
	VENLAFAXINE HCL 37.5MG TAB	1	60	$18.52	
	COENZYME Q-10 50MGCAP CAP	1	60	$17.53	
	NIFEDIPINE CC 30MG CC TAB	1	30	$16.19	
	FLECAINIDE ACETATE 100MG TAB	1	30	$9.68	
	LAMOTRIGINE 25MG TAB	1	60	$9.11	
	FLUTICASONE PROPIONATE 50MCG SP	1	16	$8.75	
	RANITIDINE 75MG TAB	1	60	$5.74	
	ABC PLUS TAB	1	30	$4.49	
	KETOROLAC SINGLE VIAL 30MG/ML INJ	1	1	$3.79	$8,929.09
				TOTAL:	**$93,596.03**
				% OF NET COST:	**16.00%**

TOP 10 MOST EXPENSIVE PATIENT PROFILES
JANUARY 1, 2012 THRU JANUARY 31, 2012

'ATIENT NAME	MEDICATION	COST	TOTAL
:EVIN MARKS 887654	Recombinate 801-1240 Unit	$25,113.60	
	Acet/Codeine 30mg Tablet	$6.90	$25,120.50
'AUL JOHNSON 998765	Ambisome 50mg Inj	$6,138.01	
	Penicillin G Pot 5mmu Via	$5,871.72	
	Itraconazole 100mg Caps	$826.41	
	Omeprazole 20mg Capsule	$13.56	
	SulfaSALAZINE 500mg Tab	$11.83	
	Azathioprine 50mg Tab	$11.44	$12,872.97
OSH ADAMS 665432	Copaxone 20mg Inj.30/kit	$5,164.67	
	Cyclobenzaprine 10mg Tab	$3.92	$5,168.59
ASON JONES 654321	Avonex 30mcg inj	$4,853.80	
	Bupropion 100mg Tablet	$15.45	
	Chlorpromazine 100mg Tab	$6.77	
	Lovastatin 20mg Tab	$4.83	$4,880.85
:ICK SMITH 765432	Fuzeon Convenience Kit	$2,431.19	
	Truvada 200-300mg Tablet	$916.25	
	Prezista 600mg Tablet	$903.34	
	Gabapentin 800mg Tab	$18.99	
	Prenatal 19 tab chw	$9.56	
	Pravastatin 40mg Tablet	$6.96	
	Gabapentin 400mg Capsule	$5.03	$4,291.32
)AN HIGGINS 876543	Pegasys 180mcg/ml Vial	$3,089.46	
	Neupogen 300mcg/1ml Vial	$876.19	
	Ribasphere 600mg Tablet	$141.42	
	Ribasphere 400mg Tablet	$33.21	
	Triamcinolone 0.1% Crea	$6.06	
	Doxazosin 2mg Tablet	$4.32	
	Ranitidine 150mg Tablet	$4.29	
	Metformin 500mg Tab	$3.37	
	Furosemide 40mg Tab	$3.30	$4,161.62
MARK JACKSON 987654	Pegasys 180mcg/ml Vial	$3,085.54	
	Neupogen 300mcg/1ml Vial	$876.19	
	Ribasphere 600mg Tablet	$93.21	
	Cyproheptadine 4mg Tab	$11.82	
	Formulation R Ointment	$8.62	
	Ranitidine 150mg Tablet	$8.58	
	Docusate Sod 100mg Cap	$4.94	
	Hydrocortisone 1% Oint	$4.03	$4,092.93
MICHAEL JOHNSON 654321	Lovenox 80mg/0.8ml Syr	$3,683.42	
	Bactroban 2% Cream	$73.18	
	Levetiracetam 1000mg Tab	$54.39	
	Xenaderm Ointment	$50.60	
	Phenytoin 100mg Cap	$31.34	
	Ceftriaxone 1gm Vial	$24.24	
	Gabapentin 800mg Tab	$17.72	
	Gemfibrozil 600mg Tablet	$7.28	
	Ferrous Sulfate 325mg Tab	$6.98	
	Dakin's 0.125% (1/4 Strg	$5.99	
	Amitriptyline 150mg Tab	$5.55	
	Acetaminophen 325mg Tab	$4.18	
	Furosemide 20mg Tab	$3.46	$3,968.33
AY SMITH 123456	Lovenox 30mg/0.3ml Syr	$1,253.55	
	RENVELA 800mg Tab	$905.55	

ATIENT NAME	MEDICATION	COST	TOTAL
	Procrit 20,000unit/ml V	$837.43	
	Calc ACETATE 667mg Caps	$187.39	
	Novolog 100u/ml Vial	$154.24	
	Heparin Sod 5000unit/ml	$131.63	
	Lantus (insulin Glargin)	$93.30	
	Humulin R 100unit Vial	$31.10	
	HYDRALazine 50mg Tablet	$11.97	
	HYDRALazine 25mg Tablet	$10.30	
	Hydrocod/Apap 5/500 Tab	$9.11	
	Risperidone 1mg Tablet	$8.37	
	Lisinopril 5mg Tablet	$7.34	
	Haloperidol 2mg Tablet	$7.26	
	Isosorbide DN 20mg Tab	$6.39	
	Renal Caps Softgel	$6.29	
	Carvedilol 25mg Tab	$5.05	
	Simvastatin 40mg Tab	$4.72	
	Acetaminophen 325mg Tab	$4.18	
	Amlodipine 10mg Tablet	$4.00	
	Furosemide 40mg Tab	$3.90	
	Amlodipine 5mg Tablet	$3.79	
	Fluoxetine 20mg Capsule	$3.75	$3,690.61
EN BROWN 887765	Neulasta 6mg/0.6ml Syring	$3,164.69	
	Famciclovir 250mg Tablet	$303.42	
	Mercaptopurine 50mg Tab	$70.83	
	Venlafaxine 37.5mg Tablet	$49.15	
	Hydrocod/Apap 5/500 Tab	$11.94	
	Methotrexate 2.5mg Tablet	$11.58	
	Promethazine 25mg Tablet	$11.26	
	Omeprazole 20mg Capsule	$7.97	
	Acyclovir 400mg Tablet	$7.80	
	Furosemide 20mg Tab	$6.93	
	Sulfatrim DS Tablet	$4.06	
	Amlodipine 10mg Tablet	$4.00	
	Senna-Gen Tablet	$3.65	$3,657.28
		TOTAL:	**$71,905.00**
		% OF NET COST:	**12.29%**

TOP 10 MOST EXPENSIVE PATIENT PROFILES LESS PATS ON HEP C MEDS
JANUARY 1, 2012 THRU JANUARY 31, 2012

PATIENT NAME	MEDICATION	COST	TOTAL
RANDY JOE 321654	Recombinate 801-1240 Unit	$25,113.60	
	Acet/Codeine 30mg Tablet	$6.90	$25,120.50
AY MOORE 254698	Ambisome 50mg Inj	$6,138.01	
	Penicillin G Pot 5mmu Via	$5,871.72	
	Itraconazole 100mg Caps	$826.41	
	Omeprazole 20mg Capsule	$13.56	
	SulfaSALAZINE 500mg Tab	$11.83	
	Azathioprine 50mg Tab	$11.44	$12,872.97
MATTHEW TURNER 222546	Copaxone 20mg Inj.30/kit	$5,164.67	
	Cyclobenzaprine 10mg Tab	$3.92	$5,168.59
MARK CHAD 587946	Avonex 30mcg inj	$4,853.80	
	Bupropion 100mg Tablet	$15.45	
	Chlorpromazine 100mg Tab	$6.77	
	Lovastatin 20mg Tab	$4.83	$4,880.85
ACK JOHNS 546921	Fuzeon Convenience Kit	$2,431.19	
	Truvada 200-300mg Tablet	$916.25	
	Prezista 600mg Tablet	$903.34	
	Gabapentin 800mg Tab	$18.99	
	Prenatal 19 tab chw	$9.56	
	Pravastatin 40mg Tablet	$6.96	
	Gabapentin 400mg Capsule	$5.03	$4,291.32
PAUL SANDS 125469	Lovenox 80mg/0.8ml Syr	$3,683.42	
	Bactroban 2% Cream	$73.18	
	Levetiracetam 1000mg Tab	$54.39	
	Xenaderm Ointment	$50.60	
	Phenytoin 100mg Cap	$31.34	
	Ceftriaxone 1gm Vial	$24.24	
	Gabapentin 800mg Tab	$17.72	
	Gemfibrozil 600mg Tablet	$7.28	
	Ferrous Sulfate 325mg Tab	$6.98	
	Dakin's 0.125% (1/4 Strg	$5.99	
	Amitriptyline 150mg Tab	$5.55	
	Acetaminophen 325mg Tab	$4.18	
	Furosemide 20mg Tab	$3.46	$3,968.33
EFF GOODLIN 364987	Lovenox 30mg/0.3ml Syr	$1,253.55	
	RENVELA 800mg Tab	$905.55	
	Procrit 20,000unit/ml V	$837.43	
	Calc ACETATE 667mg Caps	$187.39	
	Novolog 100u/ml Vial	$154.24	
	Heparin Sod 5000unit/ml	$131.63	
	Lantus (insulin Glargin)	$93.30	
	Humulin R 100unit Vial	$31.10	
	HYDRALazine 50mg Tablet	$11.97	
	HYDRALazine 25mg Tablet	$10.30	
	Hydrocod/Apap 5/500 Tab	$9.11	
	Risperidone 1mg Tablet	$8.37	
	Lisinopril 5mg Tablet	$7.34	
	Haloperidol 2mg Tablet	$7.26	
	Isosorbide DN 20mg Tab	$6.39	
	Renal Caps Softgel	$6.29	
	Carvedilol 25mg Tab	$5.05	
	Simvastatin 40mg Tab	$4.72	
	Acetaminophen 325mg Tab	$4.18	

'ATIENT NAME	MEDICATION	COST	TOTAL
	Amlodipine 10mg Tablet	$4.00	
	Furosemide 40mg Tab	$3.90	
	Amlodipine 5mg Tablet	$3.79	
	Fluoxetine 20mg Capsule	$3.75	$3,690.61
)ANIEL VINCENT 301265	Neulasta 6mg/0.6ml Syring	$3,164.69	
	Famciclovir 250mg Tablet	$303.42	
	Mercaptopurine 50mg Tab	$70.83	
	Venlafaxine 37.5mg Tablet	$49.15	
	Hydrocod/Apap 5/500 Tab	$11.94	
	Methotrexate 2.5mg Tablet	$11.58	
	Promethazine 25mg Tablet	$11.26	
	Omeprazole 20mg Capsule	$7.97	
	Acyclovir 400mg Tablet	$7.80	
	Furosemide 20mg Tab	$6.93	
	Sulfatrim DS Tablet	$4.06	
	Amlodipine 10mg Tablet	$4.00	
	Senna-Gen Tablet	$3.65	$3,657.28
ESSE MOORE 997762	Lovenox 80mg/0.8ml Syr	$3,566.59	
	Promethazine 25mg Tablet	$9.25	
	Omeprazole 20mg Capsule	$7.97	
	Simvastatin 80mg Tab	$7.34	
	Clonidine 0.1mg Tab	$5.50	
	Warfarin Sod 5mg Tablet	$5.42	
	Carvedilol 3.125mg Tablet	$5.05	
	Enalapril 20mg Tablet	$4.23	
RY' ADAMS 451623	Aspirin 325mg Tablet	$3.33	$3,614.68
	Reyataz 200mg Capsule	$1,784.92	
	Epzicom 600/300mg Tab	$1,664.01	
	Loperamide 2mg Capsule	$24.80	
	Zidovudine 300mg Tab (azt	$22.76	
	Prenatal Plus Tablet	$10.14	$3,506.63
		TOTAL:	**$70,771.76**
		% OF NET COST:	**12.10%**

SUMMARY
TOP 50 STOCK MEDICATIONS BY PRICE
JANUARY 1, 2012 THRU JANUARY 31, 2012

		DISPENSED				COST		
	MEDICATION	# OF RXS	QUANTITY	MTHLY AVG	% CHANGE	PRICE	MTHLY AVG	% C E
1	Glucagen 1mg Vial	5	33	20.333333	62.30%	$2,504.70	$1,535.97	63.07%
2	Tubersol PPD~50~Test	4	70	93.333333	-25.00%	$1,504.43	$2,005.91	-25.00%
3	Recombivax HB 5mcg/0.5ml	3	50	22.5	122.22%	$1,198.34	$620.09	93.25%
4	Rifampin 300mg Capsule	12	780	636.666666	22.51%	$1,183.41	$974.24	21.47%
5	Insta-Glucose Gel	8	6231	4061	53.44%	$815.00	$502.91	62.06%
6	Domeboro Pwd Packet	2	1300	150	766.67%	$741.60	$85.79	764.49%
7	Blood Collection Bag Bax	5	9	5.5	63.64%	$736.46	$450.06	63.64%
8	Tobramycin/Dexameth Ophth	1	60	10	500.00%	$679.54	$113.26	499.98%
9	Ventolin HFA Inhaler	3	432	216	100.00%	$673.33	$336.02	100.38%
10	Qvar 80mcg Inhaler	3	43.8	94.9	-53.85%	$532.64	$1,121.01	-52.49%
11	Engerix-B 20mcg/ml Syring	1	10	30	-66.67%	$487.63	$1,394.25	-65.03%
12	Miconazole 3 200mg Vag	2	48	18	166.67%	$472.21	$177.08	166.66%
13	Combivir 150/300mg Tab	3	28	0	100.00%	$393.58	$0.00	100.00%
14	Tetanus Diph Tox SDV	3	11	16.5	-33.33%	$392.30	$588.78	-33.37%
15	Tetanus Toxoid Ads Sdv	3	7	15	-53.33%	$391.11	$706.23	-44.62%
16	Humulin R 100unit Vial	1	100	110	-9.09%	$334.29	$338.44	-1.22%
17	Combivent Inhaler	1	29.4	49	-40.00%	$282.00	$422.95	-33.33%
18	Epipen 0.3mg Auto-injecto	3	4	3.666666	9.09%	$273.24	$225.50	21.17%
19	BD Saf-glide 29g 1cc Syr	1	800	1466.666666	-45.45%	$259.51	$478.84	-45.80%
20	Erythromycin Ophth Oint	3	56	21	166.67%	$255.37	$96.03	165.93%
21	Brother LC51BK Cartridge	6	10	7.333333	36.36%	$219.90	$161.26	36.36%
22	Pneumovax 23*MDV	1	2.5	0	100.00%	$200.95	$0.00	100.00%
23	Chlorpromaz 25mg/ml Amp	1	25	0	100.00%	$178.75	$0.00	100.00%
24	Kaletra 200/50mg Tablet	1	28	0	100.00%	$176.92	$0.00	[illegible] %
25	Neo/poly/HC Otic Sol.	5	270	83.333333	224.00%	$171.08	$54.25	215.37%
26	Ibuprofen 200mg Tablet	22	13820	9390	47.18%	$162.80	$110.91	46.79%
27	Re-PB Hyos 16mg/5ml Elxir	2	1419	1419	0.00%	$138.11	$139.16	-0.75%
28	PERMETHRIN CREAM 5%	3	1560	5460	-71.43%	$134.42	$470.71	-71.44%
29	Azithromycin 250mg Tab	3	78	68	14.71%	$126.13	$109.96	14.71%
30	Ceftriaxone 1gm Vial	2	50	30	66.67%	$118.20	$79.91	47.91%
31	Triple Antib. Oint U/d	5	1440	1392	3.45%	$118.15	$114.42	3.26%
32	Hydroc/apap 5/500mg-30	18	2370	1560	51.92%	$79.98	$52.64	51.93%
33	Nitro. 0.4mg SL Tab 25's	5	275	233.333333	17.86%	$78.38	$66.51	17.85%
34	Amoxicillin 500mg Capsule	7	600	610	-1.64%	$73.41	$74.63	-1.63%
35	Hydrocortisone 1% U/d box	7	864	432	100.00%	$73.29	$36.70	99.72%
36	Depo-medrol 40mg/ml Vial	4	18	6.666666	170.00%	$69.70	$28.59	143.82%
37	Tubersol PPD~10~Test	2	2	23	-91.30%	$59.08	$681.88	-91.34%
38	Hydroxyzine 50mg/ml Mdv	1	60	0	100.00%	$56.10	$0.00	100.00%
39	Pink Bismuth Liq	6	11613	10981	5.76%	$55.52	$53.00	4.76%
40	Ciprofloxacin 500mg Tab	4	210	210	0.00%	$54.35	$49.55	9.69%
41	Albuterol Sulfate 0.083%	6	1125	375	200.00%	$54.13	$15.85	241.62%
42	Tolnaftate 1% Cream	3	1140	360	216.67%	$50.58	$13.33	279.44%
43	Amox/Clav 875mg Tablet	2	60	45	33.33%	$50.40	$37.80	33.33%
44	Mi-Acid Liquid	7	17040	15028.33333	13.39%	$50.23	$44.72	12.32%
45	Depo-medrol 80mg/ml Vial	4	7	10.5	-33.33%	$49.42	$74.60	-33.75%
46	Hydrocortisone 1% Cream	4	1512	886.666666	70.53%	$48.70	$28.56	70.54%
47	Guaifenesin 200mg Tablet	18	1530	1536.666666	-0.43%	$45.43	$45.83	-0.87%
48	Brother LC51C Cartridge	2	2	1	100.00%	$43.98	$21.99	1[illegible] %
49	Neom/poly HC Otic Susp	1	60	55	9.09%	$38.02	$34.85	[illegible]%
50	Lidocaine Hcl 1% Vial	4	420	575	-26.96%	$35.57	$49.00	-27.41%
	TOTALS:	**223**	**67712.7**	**57818.89999**	**17.11%**	**$16,922.37**	**$14,823.91**	**14.16%**
	% OF NET COST:					**2.89%**	**2.53%**	**0.36%**

SUMMARY
TOP 50 MEDICATIONS BY PRICE
JANUARY 1, 2012 THRU JANUARY 31, 2012

		DISPENSED				COST		
	MEDICATION	# OF RXS	QUANTITY	MTHLY AVG	% CHANGE	PRICE	MTHLY AVG	% CHANGE
1	Pegasys 180mcg/ml Vial	27	108	90.666666	19.12%	$41,674.39	$35,061.52	18.86%
2	Combivent Inhaler	208	3072.3	2915.5	5.38%	$26,953.25	$23,421.06	15.08%
3	Recombinate 801-1240 Unit	1	21800	11896.66667	83.24%	$25,113.60	$13,276.68	89.16%
4	Qvar 80mcg Inhaler	223	1649.8	1764.166666	-6.48%	$18,494.32	$19,478.21	-5.05%
5	Truvada 200-300mg Tablet	17	510	627.333333	-18.70%	$15,583.24	$19,210.96	-18.88%
6	Epzicom 600/300mg Tab	17	510	474	7.59%	$14,132.48	$13,166.20	7.34%
7	Lantus (insulin Glargin)	98	1390	1600	-13.13%	$12,482.04	$13,814.00	-9.64%
8	Plavix 75mg Tablet	83	2380	2385.666666	-0.24%	$11,469.89	$11,519.61	-0.43%
9	Procrit 20,000unit/ml V	13	41	23.333333	75.71%	$11,437.78	$6,508.70	75.73%
10	Ventolin HFA Inhaler	376	7164	7650	-6.35%	$11,254.71	$12,047.63	-6.58%
11	Atripla 200-300-600mg Tab	8	218	282.666666	-22.88%	$10,447.33	$13,299.78	-21.45%
12	Viread 300mg Tablet	16	455	356	27.81%	$9,565.10	$6,987.05	36.90%
13	Seroquel 400mg Tablet	13	675	595.333333	13.38%	$8,076.89	$6,592.91	22.51%
14	Lovenox 80mg/0.8ml Syr	2	99.2	50.4	96.83%	$7,250.01	$3,517.16	106.13%
15	Kaletra 200/50mg Tablet	11	1240	1284	-3.43%	$7,158.56	$7,412.00	-3.42%
16	Reyataz 200mg Capsule	8	480	497.333333	-3.49%	$7,087.82	$6,992.67	1.36%
17	Reyataz 300mg Capsule	8	240	414	-42.03%	$7,065.76	$11,645.56	-39.33%
18	Ambisome 50mg Inj	1	40	0	100.00%	$6,138.01	$0.00	100.00%
19	Penicillin G Pot 5mmu Via	2	180	0	100.00%	$5,871.72	$0.00	100.00%
20	Norvir 100mg Soft Gel Cap	18	660	766.666666	-13.91%	$5,606.92	$6,525.60	-14.08%
21	Omeprazole 20mg Capsule	603	19576	18084	8.25%	$5,337.40	$5,003.34	6.68%
22	Humulin 70/30 Vial	90	1760	2320	-24.14%	$5,292.02	$6,884.48	-23.13%
23	Copaxone 20mg Inj.30/kit	2	2	1	100.00%	$5,164.67	$2,463.97	109.61%
	Avonex 30mcg inj	2	8	4	100.00%	$4,853.80	$2,264.93	114.30%
25	Abilify 20mg Tablet	4	240	130	84.62%	$4,765.22	$2,441.68	95.16%
26	Sustiva 600mg Tablet	9	270	339.333333	-20.43%	$4,688.14	$5,613.54	-16.49%
27	Humira 40mg/0.8ml Syringe	3	6	5.333333	12.50%	$4,490.10	$4,001.36	12.21%
28	Perphenazine 8mg Tablet	72	5123	5685.333333	-9.89%	$3,919.19	$4,356.12	-10.03%
29	Humulin R 100unit Vial	94	1120	1063.333333	5.33%	$3,530.48	$3,288.90	7.35%
30	Neupogen 300mcg/1ml Vial	4	16	10	60.00%	$3,504.76	$2,196.59	59.55%
31	Asacol 400mg Tablet	11	2328	2777	-16.17%	$3,482.76	$3,863.19	-9.85%
32	Rifampin 300mg Capsule	71	2250	2194.333333	2.54%	$3,400.12	$3,346.05	1.62%
33	Viramune 200mg Tablet	8	434	373.333333	16.25%	$3,258.38	$2,809.08	15.99%
34	Neulasta 6mg/0.6ml Syring	1	0.6	2.6	-76.92%	$3,164.69	$13,360.11	-76.31%
35	Xalatan 0.005% Opth Sol	44	110	125	-12.00%	$3,113.82	$3,548.25	-12.24%
36	Zyprexa 20mg Tablet	3	120	185	-35.14%	$3,067.23	$4,741.88	-35.32%
37	Arixtra 7.5/0.6 Sol	1	18	0	100.00%	$2,937.45	$0.00	100.00%
38	Risperdal Cons 50mg Kit	3	6	0	100.00%	$2,913.57	$0.00	100.00%
39	Neupogen 480mcg/1.6ml Vl	2	12.8	0	100.00%	$2,786.88	$0.00	100.00%
40	Venlafaxine 75mg Tablet	125	8609	7653.666666	12.48%	$2,690.24	$2,370.96	13.47%
41	Abilify 30mg Tablet	5	135	125	8.00%	$2,689.08	$2,353.45	14.26%
42	Rebif 44mcg/0.5ml Syringe	1	6.5	6	8.33%	$2,633.90	$2,437.73	8.05%
43	Reyataz 150mg Capsule	3	180	160	12.50%	$2,626.65	$2,250.64	16.71%
44	Perphenazine 4mg Tablet	51	3914	4231.666666	-7.51%	$2,570.82	$2,801.50	-8.23%
45	Lovenox 30mg/0.3ml Syr	2	36	19.3	86.53%	$2,569.62	$1,349.40	90.43%
46	Glucagen 1mg Vial	5	33	20.333333	62.30%	$2,504.70	$1,535.97	63.07%
47	Fuzeon Convenience Kit	1	1	1.5	-33.33%	$2,431.19	$3,656.09	-33.50%
	Flomax 0.4mg Capsule	20	625	542.333333	15.24%	$2,414.78	$2,004.96	20.44%
	Epivir 150mg Tab (3tc)	8	400	721.666666	-44.57%	$2,381.56	$4,302.66	-44.65%
50	Zyprexa Zydis 20mg Tablet	2	88	120	-26.67%	$2,333.20	$3,188.99	-26.84%
	TOTALS:	**2400**	**90340.2**	**80574.79999**	**12.12%**	**$364,380.24**	**$328,913.12**	**10.78%**
	% OF NET COST:					**62.30%**	**56.24%**	**6.06%**

SUMMARY
TOP 50 NON-FORMULARY MEDICATIONS BY PRICE
JANUARY 1, 2012 THRU JANUARY 31, 2012

		DISPENSED				COST		
	MEDICATION	# OF RXS	QUANTITY	MTHLY AVG	% CHANGE	PRICE	MTHLY AVG	% C E
1	Recombinate 801-1240 Unit	1	21800	11896.66667	83.24%	$25,113.60	$13,276.68	89.16%
2	Seroquel 400mg Tablet	13	675	595.333333	13.38%	$8,076.89	$6,592.91	22.51%
3	Lovenox 80mg/0.8ml Syr	2	99.2	50.4	96.83%	$7,250.01	$3,517.16	106.13%
4	Ambisome 50mg Inj	1	40	0	100.00%	$6,138.01	$0.00	100.00%
5	Penicillin G Pot 5mmu Via	2	180	0	100.00%	$5,871.72	$0.00	100.00%
6	Copaxone 20mg Inj.30/kit	2	2	1	100.00%	$5,164.67	$2,463.97	109.61%
7	Avonex 30mcg inj	2	8	4	100.00%	$4,853.80	$2,264.93	114.30%
8	Abilify 20mg Tablet	4	240	130	84.62%	$4,765.22	$2,441.68	95.16%
9	Humira 40mg/0.8ml Syringe	3	6	5.333333	12.50%	$4,490.10	$4,001.36	12.21%
10	Neupogen 300mcg/1ml Vial	4	16	10	60.00%	$3,504.76	$2,196.59	59.55%
11	Asacol 400mg Tablet	11	2328	2777	-16.17%	$3,482.76	$3,863.19	-9.85%
12	Neulasta 6mg/0.6ml Syring	1	0.6	2.6	-76.92%	$3,164.69	$13,360.11	-76.31%
13	Zyprexa 20mg Tablet	3	120	185	-35.14%	$3,067.23	$4,741.88	-35.32%
14	Arixtra 7.5/0.6 Sol	1	18	0	100.00%	$2,937.45	$0.00	100.00%
15	Risperdal Cons 50mg Kit	3	6	0	100.00%	$2,913.57	$0.00	100.00%
16	Neupogen 480mcg/1.6ml Vl	2	12.8	0	100.00%	$2,786.88	$0.00	100.00%
17	Abilify 30mg Tablet	5	135	125	8.00%	$2,689.08	$2,353.45	14.26%
18	Rebif 44mcg/0.5ml Syringe	1	6.5	6	8.33%	$2,633.90	$2,437.73	8.05%
19	Lovenox 30mg/0.3ml Syr	2	36	19.3	86.53%	$2,569.62	$1,349.40	90.43%
20	Fuzeon Convenience Kit	1	1	1.5	-33.33%	$2,431.19	$3,656.09	-33.50%
21	Flomax 0.4mg Capsule	20	625	542.333333	15.24%	$2,414.78	$2,004.96	20.44%
22	Zyprexa Zydis 20mg Tablet	2	88	120	-26.67%	$2,333.20	$3,188.99	-26.84%
23	Zyprexa 15mg Tablet	3	120	100	20.00%	$2,304.29	$1,923.37	19.81%
24	Seroquel XR 400mg Tab	3	210	350	-40.00%	$2,277.28	$3,499.36	[illegible]%
25	Cozaar 50mg Tablet	25	1090	953	14.38%	$2,273.89	$1,945.98	16.85%
26	Seroquel 300mg Tablet	5	210	421	-50.12%	$2,214.89	$3,972.64	-44.25%
27	Lovenox 40mg/0.4ml Syr	2	30	32.8	-8.54%	$2,109.66	$2,295.35	-8.09%
28	Geodon 80mg Capsule	7	259	260	-0.38%	$1,938.05	$1,944.64	-0.34%
29	Oxycontin 20mg Tablet	2	504	732	-31.15%	$1,610.30	$2,273.73	-29.18%
30	Crestor 40mg Tablet	14	405	273.333333	48.17%	$1,534.75	$966.27	58.83%
31	Geodon 20mg Capsule	1	210	210	0.00%	$1,286.10	$1,286.10	0.00%
32	Imitrex 6mg/0.5ml Vial	3	7.5	25	-70.00%	$1,284.67	$4,155.60	-69.09%
33	Gabapentin 800mg Tab	77	6386	5096.666666	25.30%	$1,276.69	$1,016.40	25.61%
34	Gabapentin 600mg Tablet	83	6880	7380	-6.78%	$1,264.10	$1,360.16	-7.06%
35	Rapamune 2mg Tablet	1	60	0	100.00%	$1,150.99	$0.00	100.00%
36	Famciclovir 250mg Tablet	5	321	0	100.00%	$1,086.80	$0.00	100.00%
37	Seroquel XR 300mg Tab	2	120	60	100.00%	$1,083.46	$511.93	111.64%
38	Dovonex 0.005% Cream	5	300	300	0.00%	$1,053.36	$1,052.81	0.05%
39	Gabapentin 300mg Cap	56	6034	6673	-9.58%	$1,045.81	$910.93	14.81%
40	Actos 45mg Tablet	5	141	127.333333	10.73%	$1,027.93	$925.70	11.04%
41	Oxycontin 40mg Tablet	1	168	274	-38.69%	$951.81	$1,457.03	-34.67%
42	Lipitor 80mg Tab	8	240	263.666666	-8.98%	$924.02	$1,017.73	-9.21%
43	Ranexa 500mg Tab	5	260	252.666666	2.90%	$872.92	$786.55	10.98%
44	Levaquin 500mg Tablet	6	63	26	142.31%	$850.07	$350.12	142.79%
45	Cozaar 100mg Tablet	9	292	343	-14.87%	$833.74	$948.84	-12.13%
46	Itraconazole 100mg Caps	1	120	0	100.00%	$826.41	$0.00	100.00%
47	Pancrease Mt-20 Capsule	2	360	0	100.00%	$774.49	$0.00	100.00%
48	Singulair 10mg Tablet	7	210	179.666666	16.88%	$773.81	$664.91	[illegible]%
49	Zyprexa 10mg Tablet	2	60	30	100.00%	$771.80	$386.39	[illegible]%
50	Risperdal Cons 37.5mg K	1	2	4	-50.00%	$729.17	$1,462.02	-50.13%
	TOTALS:	**427**	**51505.6**	**40838.6**	**26.12%**	**$144,784.39**	**$110,825.64**	**30.64%**
	% OF NET COST:					**24.76%**	**18.95%**	**5.81%**

SUMMARY
TOP 50 PSYCHOTROPIC MEDICATIONS BY PRICE
JANUARY 1, 2012 THRU JANUARY 31, 2012

		DISPENSED				COST		
	MEDICATION	# OF RXS	QUANTITY	MTHLY AVG	% CHANGE	PRICE	MTHLY AVG	% CHANGE
1	Seroquel 400mg Tablet	13	675	595.333333	13.38%	$8,076.89	$6,592.91	22.51%
2	Abilify 20mg Tablet	4	240	130	84.62%	$4,765.22	$2,441.68	95.16%
3	Perphenazine 8mg Tablet	72	5123	5685.333333	-9.89%	$3,919.19	$4,356.12	-10.03%
4	Zyprexa 20mg Tablet	3	120	185	-35.14%	$3,067.23	$4,741.88	-35.32%
5	Risperdal Cons 50mg Kit	3	6	0	100.00%	$2,913.57	$0.00	100.00%
6	Venlafaxine 75mg Tablet	125	8609	7653.666666	12.48%	$2,690.24	$2,370.96	13.47%
7	Abilify 30mg Tablet	5	135	125	8.00%	$2,689.08	$2,353.45	14.26%
8	Perphenazine 4mg Tablet	51	3914	4231.666666	-7.51%	$2,570.82	$2,801.50	-8.23%
9	Zyprexa Zydis 20mg Tablet	2	88	120	-26.67%	$2,333.20	$3,188.99	-26.84%
10	Zyprexa 15mg Tablet	3	120	100	20.00%	$2,304.29	$1,923.37	19.81%
11	Seroquel XR 400mg Tab	3	210	350	-40.00%	$2,277.28	$3,499.36	-34.92%
12	Seroquel 300mg Tablet	5	210	421	-50.12%	$2,214.89	$3,972.64	-44.25%
13	Divalproex EC 500mg Tab	184	13249	12618.66667	5.00%	$2,213.06	$2,115.13	4.63%
14	Geodon 80mg Capsule	7	259	260	-0.38%	$1,938.05	$1,944.64	-0.34%
15	Buspirone 30mg Tablet	47	2677	2536.666666	5.53%	$1,549.18	$1,473.72	5.12%
16	Bupropion 75mg Tablet	99	10131	3838	163.97%	$1,398.41	$536.92	160.45%
17	Geodon 20mg Capsule	1	210	210	0.00%	$1,286.10	$1,286.10	0.00%
18	Bupropion 100mg Tablet	82	6749	6052.5	11.51%	$1,181.08	$1,070.31	10.35%
19	Perphenazine 16mg Tablet	25	1140	1379.666666	-17.37%	$1,155.37	$1,401.72	-17.57%
20	Fluoxetine 20mg Capsule	249	16962	17084	-0.71%	$1,104.60	$1,134.62	-2.65%
21	Chlorpromaz 25mg/ml Amp	5	168	16	950.00%	$1,102.41	$105.38	946.13%
22	Seroquel XR 300mg Tab	2	120	60	100.00%	$1,083.46	$511.93	111.64%
23	Hydroxyzine Pam 50mg Cap	155	11151	10779.33333	3.45%	$1,080.99	$1,043.48	3.59%
	Amitrip/Perphen 50-4 Tab	40	3260	2024.666666	61.01%	$1,036.41	$638.93	62.21%
25	Citalopram 20mg Tablet	228	12336	1818	578.55%	$1,028.60	$162.14	534.39%
26	Risperidone 2mg Tablet	158	5364	2527	112.27%	$988.41	$454.62	117.41%
27	Citalopram 40mg Tablet	211	7219	6669.666666	8.24%	$937.19	$876.76	6.89%
28	Mirtazapine 30mg Tablet	140	4928	7436	-33.73%	$919.21	$1,370.17	-32.91%
29	Risperidone 4mg Tablet	87	2850	2272	25.44%	$877.77	$713.59	23.01%
30	Amitriptyline 100mg Tab	178	7782	6769.333333	14.96%	$874.12	$739.54	18.20%
31	Hydroxyzine Pam 25mg Cap	159	8454	7715.666666	9.57%	$859.19	$782.77	9.76%
32	Zyprexa 10mg Tablet	2	60	30	100.00%	$771.80	$386.39	99.75%
33	Haloperidol 10mg Tablet	18	900	1409.666666	-36.16%	$747.97	$1,178.88	-36.55%
34	Risperdal Cons 37.5mg K	1	2	4	-50.00%	$729.17	$1,462.02	-50.13%
35	Mirtazapine 45mg Tablet	97	2936	2906	1.03%	$705.77	$700.67	0.73%
36	Zyprexa 10mg IM Vial	3	25	32	-21.88%	$684.97	$872.02	-21.45%
37	Chlorpromazine 100mg Tab	63	3942	4354.333333	-9.47%	$669.58	$733.45	-8.71%
38	Fluphenazine Dec 25mg/ml	15	90	80	12.50%	$665.91	$589.83	12.90%
39	Trazodone 100mg Tablet	130	5438	4564.666666	19.13%	$613.47	$514.57	19.22%
40	Amitrip/Perphen 25-2 Tab	31	4752	4880.333333	-2.63%	$609.56	$634.03	-3.86%
41	Zyprexa Zydis 15mg Tablet	1	30	40	-25.00%	$606.86	$809.15	-25.00%
42	Risperidone 3mg Tablet	52	2250	4472.833333	-49.70%	$580.17	$1,186.37	-51.10%
43	Buspirone 10mg Tablet	73	8977	10390.66667	-13.61%	$567.43	$668.02	-15.06%
44	Chlorpromazine 200mg Tab	46	2370	2229.333333	6.31%	$550.81	$525.14	4.89%
45	Sertraline 50mg Tablet	105	4316	4175.666666	3.36%	$532.71	$501.78	6.16%
46	Trazodone 150mg Tablet	93	3306.5	3210.333333	3.00%	$527.56	$502.68	4.95%
47	Risperidone 1mg Tablet	75	3328	4140	-19.61%	$526.83	$647.98	-18.70%
	Divalproex EC 250mg tab	47	5111	6128.666666	-16.61%	$506.69	$611.07	-17.08%
	Mirtazapine 15mg Tablet	92	2837	0	100.00%	$505.29	$0.00	100.00%
50	Mirtazapine 15mg Tab	86	2715	5305.333333	-48.83%	$503.17	$1,005.75	-49.97%
	TOTALS:	**3376**	**187844.5**	**170018**	**10.49%**	**$74,041.23**	**$70,135.12**	**5.57%**
	% OF NET COST:					**12.66%**	**11.99%**	**0.67%**

SUMMARY
TOP 50 PSYCHOTROPIC MEDICATIONS BY QUANTITY
JANUARY 1, 2012 THRU JANUARY 31, 2012

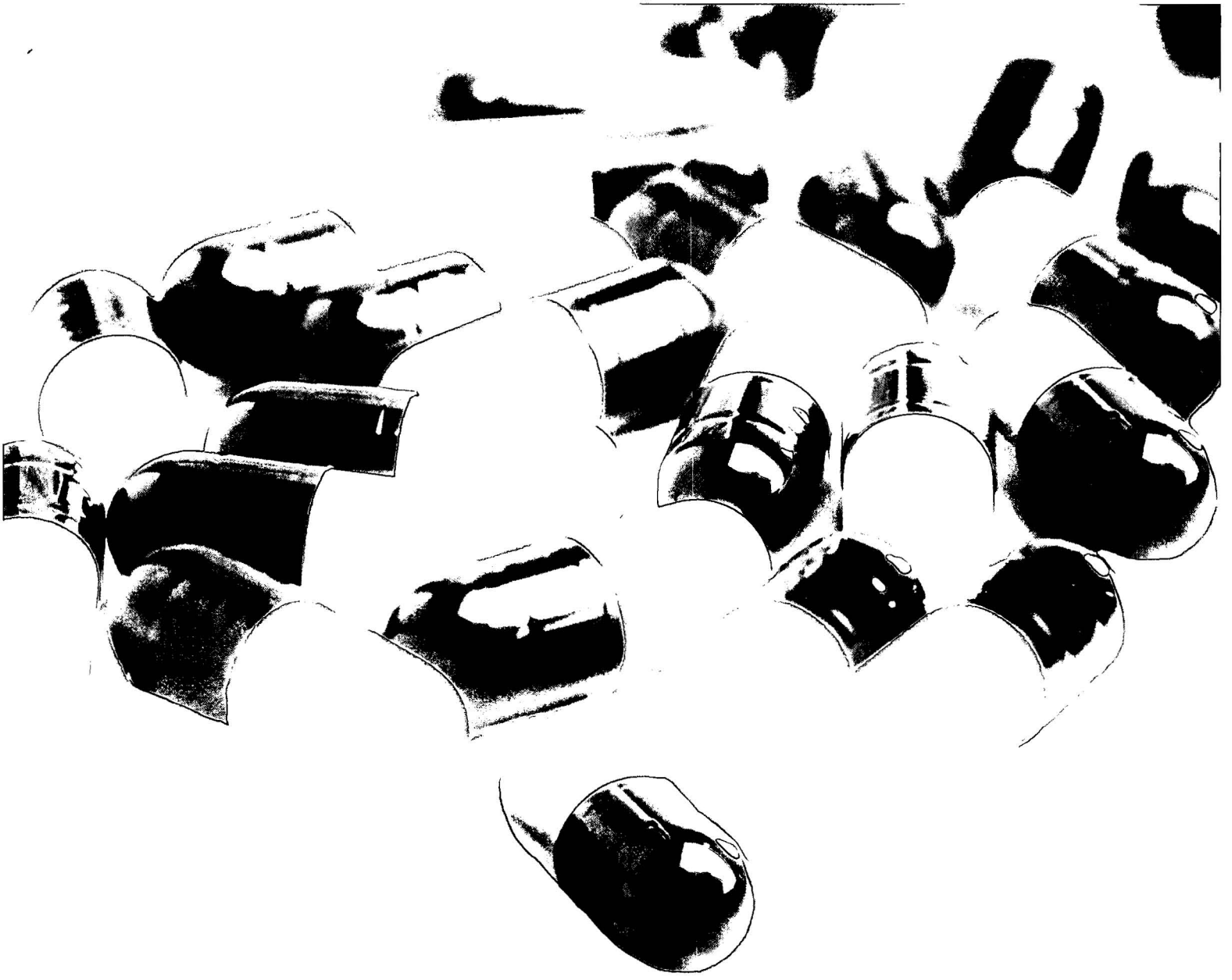
		DISPENSED				COST		
	MEDICATION	# OF RXS	QUANTITY	MTHLY AVG	% CHANGE	PRICE	MTHLY AVG	% C E
1	Fluoxetine 20mg Capsule	249	16962	17084	-0.71%	$1,104.60	$1,134.62	-2.65%
2	Divalproex EC 500mg Tab	184	13249	12618.66667	5.00%	$2,213.06	$2,115.13	4.63%
3	Citalopram 20mg Tablet	228	12336	1818	578.55%	$1,028.60	$162.14	534.39%
4	Hydroxyzine Pam 50mg Cap	155	11151	10779.33333	3.45%	$1,080.99	$1,043.48	3.59%
5	Bupropion 75mg Tablet	99	10131	3838	163.97%	$1,398.41	$536.92	160.45%
6	Buspirone 10mg Tablet	73	8977	10390.66667	-13.61%	$567.43	$668.02	-15.06%
7	Venlafaxine 75mg Tablet	125	8609	7653.666666	12.48%	$2,690.24	$2,370.96	13.47%
8	Hydroxyzine Pam 25mg Cap	159	8454	7715.666666	9.57%	$859.19	$782.77	9.76%
9	Amitriptyline 100mg Tab	178	7782	6769.333333	14.96%	$874.12	$739.54	18.20%
10	Citalopram 40mg Tablet	211	7219	6669.666666	8.24%	$937.19	$876.76	6.89%
11	Bupropion 100mg Tablet	82	6749	6052.5	11.51%	$1,181.08	$1,070.31	10.35%
12	Lithium Carb 300mg Cap	64	5922	5456.666666	8.53%	$379.68	$348.85	8.84%
13	Trazodone 100mg Tablet	130	5438	4564.666666	19.13%	$613.47	$514.57	19.22%
14	Risperidone 2mg Tablet	158	5364	2527	112.27%	$988.41	$454.62	117.41%
15	Perphenazine 8mg Tablet	72	5123	5685.333333	-9.89%	$3,919.19	$4,356.12	-10.03%
16	Divalproex EC 250mg tab	47	5111	6128.666666	-16.61%	$506.69	$611.07	-17.08%
17	Mirtazapine 30mg Tablet	140	4928	7436	-33.73%	$919.21	$1,370.17	-32.91%
18	Amitrip/Perphen 25-2 Tab	31	4752	4880.333333	-2.63%	$609.56	$634.03	-3.86%
19	Sertraline 50mg Tablet	105	4316	4175.666666	3.36%	$532.71	$501.78	6.16%
20	Chlorpromazine 100mg Tab	63	3942	4354.333333	-9.47%	$669.58	$733.45	-8.71%
21	Perphenazine 4mg Tablet	51	3914	4231.666666	-7.51%	$2,570.82	$2,801.50	-8.23%
22	Benztropine 2mg Tab	74	3624	3353.333333	8.07%	$400.62	$384.16	4.28%
23	Doxepin 100mg Capsule	66	3576	3778.666666	-5.36%	$497.90	$529.55	-5.98%
24	Risperidone 1mg Tablet	75	3328	4140	-19.61%	$526.83	$647.98	[illegible]%
25	Trazodone 150mg Tablet	93	3306.5	3210.333333	3.00%	$527.56	$502.68	4.95%
26	Amitrip/Perphen 50-4 Tab	40	3260	2024.666666	61.01%	$1,036.41	$638.93	62.21%
27	Doxepin 75mg Capsule	57	3201	3034	5.50%	$387.46	$362.17	6.98%
28	Sertraline 100mg Tablet	71	3016	3052	-1.18%	$386.47	$394.80	-2.11%
29	Mirtazapine 45mg Tablet	97	2936	2906	1.03%	$705.77	$700.67	0.73%
30	Amitriptyline 50mg Tab	81	2913	3400	-14.32%	$307.63	$340.24	-9.58%
31	Diphenhydramine 50mg Cap	66	2871	3018.333333	-4.88%	$242.60	$253.88	-4.44%
32	Risperidone 4mg Tablet	87	2850	2272	25.44%	$877.77	$713.59	23.01%
33	Mirtazapine 15mg Tablet	92	2837	0	100.00%	$505.29	$0.00	100.00%
34	Trihexyphenidyl 5mg Tab	32	2719	4138.5	-34.30%	$402.41	$600.71	-33.01%
35	Mirtazapine 15mg Tab	86	2715	5305.333333	-48.83%	$503.17	$1,005.75	-49.97%
36	Buspirone 30mg Tablet	47	2677	2536.666666	5.53%	$1,549.18	$1,473.72	5.12%
37	Amitrip/Perphen 25-4 Tab	23	2610	2856	-8.61%	$419.35	$458.32	-8.50%
38	Buspirone 15mg Tablet	41	2490	3125	-20.32%	$226.53	$270.00	-16.10%
39	Mirtazapine 30mg Tablet	69	2461	0	100.00%	$490.58	$0.00	100.00%
40	Amitriptyline 75mg Tab	72	2454	2424.666666	1.21%	$316.07	$308.62	2.42%
41	Chlorpromazine 50mg Tab	33	2430	1856.666666	30.88%	$343.81	$266.32	29.09%
42	Diphenhydramine 25mg Cap	48	2419	3125	-22.59%	$159.57	$200.81	-20.54%
43	Benztropine 1mg Tab	41	2415	2999.666666	-19.49%	$213.21	$273.47	-22.04%
44	Chlorpromazine 200mg Tab	46	2370	2229.333333	6.31%	$550.81	$525.14	4.89%
45	Risperidone 3mg Tablet	52	2250	4472.833333	-49.70%	$580.17	$1,186.37	-51.10%
46	Risperidone 3mg Tablet	56	2163	0	100.00%	$407.76	$0.00	100.00%
47	Amitriptyline 150mg Tab	65	2154	2464	-12.58%	$376.65	$437.22	-13.85%
48	Lithium Crb 300mg Tab	22	2124	1936	9.71%	$399.44	$371.42	[illegible]%
49	Paroxetine 40mg Tablet	48	1646	855	92.51%	$387.26	$194.95	[illegible]%
50	Trazodone 50mg Tablet	46	1517	1603	-5.36%	$175.47	$184.53	-4.91%
	TOTALS:	**4330**	**237761.5**	**216946.8333**	**9.59%**	**$39,547.98**	**$37,052.77**	**6.73%**
	% OF NET COST:					**6.76%**	**6.34%**	**0.43%**

SUMMARY
TOP 50 CONTROLLED MEDICATIONS BY QUANTITY
JANUARY 1, 2012 THRU JANUARY 31, 2012

		DISPENSED				COST		
	MEDICATION	# OF RXS	QUANTITY	MTHLY AVG	% CHANGE	PRICE	MTHLY AVG	% CHANGE
1	Hydrocod/Apap 5/500 Tab	90	7975	8785	-9.22%	$485.10	$571.40	-15.10%
2	Hydroc/apap 5/500mg-30	18	2370	1560	51.92%	$79.98	$52.64	51.93%
3	Re-PB Hyos 16mg/5ml Elxir	2	1419	1419	0.00%	$138.11	$139.16	-0.75%
4	Acet/Codeine 30mg Tablet	9	945	566.333333	66.86%	$67.64	$40.71	66.16%
5	Morphine 20mg/5ml Oral So	1	900	0	100.00%	$59.82	$0.00	100.00%
6	Oxycodone 5mg/5ml Sol	1	840	1380	-39.13%	$28.66	$48.35	-40.72%
7	Epidrin Capsule	9	506	706.666666	-28.40%	$188.24	$242.86	-22.49%
8	Oxycontin 20mg Tablet	2	504	732	-31.15%	$1,610.30	$2,273.73	-29.18%
9	Clonazepam 0.5mg Tablet	8	462	484.666666	-4.68%	$32.57	$33.97	-4.11%
10	PropoxN/apap 100-650 Tab	2	360	946	-61.95%	$18.12	$51.17	-64.59%
11	Hydrocod/Apap 7.5/500 Tab	2	360	240	50.00%	$19.05	$14.85	28.33%
12	Phenobarbital 60mg Tablet	7	336	287	17.07%	$25.00	$18.93	32.07%
13	Morphine ER 30mg Tablet	6	312	208	50.00%	$93.79	$64.80	44.74%
14	Clonazepam 1mg Tablet	6	292	70	317.14%	$25.13	$6.76	271.93%
15	Diphenox/Atrop. 2.5mg Tab	1	270	270	0.00%	$13.89	$16.03	-13.35%
16	Phenobarbital 30mg Tablet	4	270	178	51.69%	$13.84	$10.29	34.46%
17	Lorazepam 1mg Tab	2	240	0	100.00%	$11.08	$0.00	100.00%
18	Phenobarbital 100mg Tab	3	210	171.333333	22.57%	$11.85	$15.73	-24.65%
19	Diazepam 10mg Tablet	2	180	90	100.00%	$9.74	$4.88	99.59%
20	Clonazepam 2mg Tablet	3	180	90	100.00%	$14.38	$8.79	63.59%
21	Oxycodone 30mg Tablet	1	168	168	0.00%	$60.75	$63.56	-4.42%
22	Oxycontin 40mg Tablet	1	168	274	-38.69%	$951.81	$1,457.03	-34.67%
23	Phenobarbital 64.8mg Tab	2	120	60	100.00%	$7.38	$3.70	99.46%
	Lorazepam 2mg Tablet	1	90	115.5	-22.08%	$6.29	$10.38	-39.37%
25	Morphine ER 15mg Tablet	2	70	278.333333	-74.85%	$18.42	$61.61	-70.10%
26	Diazepam 5mg Tablet	1	49	0	100.00%	$4.04	$0.00	100.00%
27	Phenobarb 30mg Tab (30)	1	30	30	0.00%	$0.13	$0.13	0.00%
28	Lorazepam 2mg/ml SDV	1	20	25	-20.00%	$14.51	$19.25	-24.62%
29	Fentanyl 25mcg/hr Patch	1	10	14	-28.57%	$56.93	$81.80	-30.40%
30	Fentanyl 75mcg/hr Patch	1	10	0	100.00%	$150.21	$0.00	100.00%
	TOTALS:	**190**	**19666**	**19148.83333**	**2.70%**	**$4,216.76**	**$5,312.48**	**-20.63%**
	% OF NET COST:					**0.72%**	**0.91%**	**-0.19%**

SUMMARY
TOP 50 OTC MEDICATIONS BY PRICE
JANUARY 1, 2012 THRU JANUARY 31, 2012

		DISPENSED				COST		
	MEDICATION	# OF RXS	QUANTITY	MTHLY AVG	% CHANGE	PRICE	MTHLY AVG	% C E
1	Humulin 70/30 Vial	90	1760	2320	-24.14%	$5,292.02	$6,884.48	-23.13%
2	Humulin R 100unit Vial	94	1120	1063.333333	5.33%	$3,530.48	$3,288.90	7.35%
3	Vit.D 400int Unit Tab	223	27319	20300	34.58%	$1,368.50	$1,145.17	19.50%
4	Insta-Glucose Gel	8	6231	4061	53.44%	$815.00	$502.91	62.06%
5	Niacin 500mg SA Caps	151	9480	10129.33333	-6.41%	$799.63	$883.37	-9.48%
6	Aspir-low 81mg EC tablet	233	7851	7658.333333	2.52%	$784.03	$731.85	7.13%
7	Domeboro Pwd Packet	2	1300	150	766.67%	$741.60	$85.79	764.49%
8	Humulin N 100unit Vial	14	240	346.666666	-30.77%	$739.62	$1,026.34	-27.94%
9	Guaifenesin 200mg Tablet	155	9638	8668	11.19%	$704.15	$632.97	11.24%
10	Docusate Sod 100mg Cap	174	8834	9677.666666	-8.72%	$643.72	$715.27	-10.00%
11	Therapeutic Tar Shampoo	83	39259	38628.33333	1.63%	$531.20	$520.53	2.05%
12	Ammonium Lact 12% Crm	66	9240	8073.333333	14.45%	$515.72	$457.46	12.73%
13	Selenium Sulf 1% Shampoo	76	15732	15318	2.70%	$426.36	$405.51	5.14%
14	Ammonium Lact 12% Lot	51	12429	1966.666666	531.98%	$416.21	$67.85	513.46%
15	Senna PLUS TABLET	104	4553	4304	5.79%	$386.95	$378.71	2.18%
16	Aspirin 81mg Chew Tab	104	3124	3456.333333	-9.62%	$368.18	$408.35	-9.84%
17	Konsyl S/F Packet	29	1320	1035	27.54%	$332.89	$265.07	25.59%
18	Visine-A eye drops	44	675	610	10.66%	$327.54	$290.95	12.58%
19	Clotrimazole 1% Cream	69	2220	2690	-17.47%	$319.17	$397.63	-19.73%
20	Analgesic Balm Ointment	72	2755	2648.666666	4.01%	$308.70	$295.44	4.49%
21	Aspirin EC 325mg Tablet	86	2550	2746.333333	-7.15%	$289.67	$311.04	-6.87%
22	Aspirin 325mg Tablet	78	4346	5208.666666	-16.56%	$265.45	$246.89	7.52%
23	Ibuprofen 200mg Tablet	47	15864	11955	32.70%	$264.93	$232.59	13.90%
24	BD Saf-glide 29g 1cc Syr	1	800	1466.666666	-45.45%	$259.51	$478.84	%
25	Acetaminophen 325mg Tab	67	13602	11105	22.49%	$246.03	$248.20	-0.88%
26	Diphenhydramine 50mg Cap	66	2871	3018.333333	-4.88%	$242.60	$253.88	-4.44%
27	Vitamin E 400unit Capsule	48	1796	1503	19.49%	$224.29	$182.04	23.21%
28	Miconazole Nit 2% Cream	54	1789.2	2840	-37.00%	$222.39	$277.44	-19.84%
29	B-complex Vitamin Cap	55	1646	1711.666666	-3.84%	$222.09	$230.33	-3.58%
30	Acetaminophen 500mg Cplt	51	4943	11472.66667	-56.91%	$183.11	$306.59	-40.28%
31	Oyst-Cal 500mg Tablet	49	1431.5	1659	-13.71%	$169.70	$195.21	-13.07%
32	Vitamin B-6 50mg Tablet	49	1539	2188.333333	-29.67%	$169.09	$228.63	-26.04%
33	Diphenhydramine 25mg Cap	48	2419	3125	-22.59%	$159.57	$200.81	-20.54%
34	Ferrous Sulfate 325mg Tab	45	2642	2500.333333	5.67%	$156.77	$153.97	1.82%
35	Deep Sea Nasal Spray	37	2115	1755	20.51%	$139.57	$123.51	13.00%
36	Certagen Tablet	33	964	708	36.16%	$125.54	$90.37	38.92%
37	Oyst-Cal+D 500mg Tablet	33	2010	917	119.19%	$120.69	$54.90	119.85%
38	Liquitears Drops	30	510	595	-14.29%	$120.60	$130.40	-7.51%
39	Triple Antib. Oint U/d	5	1440	1392	3.45%	$118.15	$114.42	3.26%
40	Genaced EX Tablet	17	2436	2039.333333	19.45%	$103.05	$87.67	17.54%
41	Chlorpheniramine 4mg Tab	30	3906	4132	-5.47%	$92.67	$91.26	1.55%
42	Mi-Acid Liquid	14	23430	27216.66667	-13.91%	$89.88	$102.29	-12.13%
43	Oxymetazoline Nasal Spray	23	360	315	14.29%	$88.95	$73.21	21.49%
44	Slo Niacin 250mg Tablet	15	480	510	-5.88%	$83.50	$81.44	2.53%
45	Lac-hydrin 12% Lotion	2	450	525	-14.29%	$83.42	$97.32	-14.29%
46	Acetaminophen 500mg Cplt	14	4595	0	100.00%	$78.74	$0.00	100.00%
47	Senna-Gen Tablet	21	1290	1158.333333	11.37%	$76.87	$75.91	1.27%
48	Mytab Gas 80mg Chew Tab	17	1539	1424.666666	8.03%	$76.64	$65.50	%
49	Milk Of Mag Susp	16	19393	13619.33333	42.39%	$76.34	$55.91	[illegible]
50	Hydrocortisone 1% U/d box	7	864	432	100.00%	$73.29	$36.70	99.72%
	TOTALS:	**2900**	**289100.7**	**262344**	**10.20%**	**$23,974.77**	**$24,211.79**	**-0.98%**
	% OF NET COST:					**4.10%**	**4.14%**	**-0.04%**



DRUG FORMULARY

SAMPLE

2010

DIAMOND

PHARMACY SERVICES

DIAMOND PHARMACY SERVICES
DRUG FORMULARY

SAMPLE

CATEGORY LISTING

A. ANALGESIC AND ANTI-INFLAMMATORY AGENTS

1. ANTI-MIGRAINE

$ Isometheptene/Dichloralphenazone/APAP - I.D.A. (Midrin) Capsule
$$$$ Ergotamine/Caffeine (Cafergot) Tablet
Can cause severe peripheral ischemia. Avoid drugsthat inhibit the 3A4 enzyme ie. Erythromycin, statins, etc.

2. NARCOTIC ANALGESICS / ANTIPYRETICS

$ Acetaminophen/Codeine (Tylenol w/Codeine) #2, #3, #4 Tablet
$ Hydrocodone/Apap (Vicodin) 5/500mg Tablet (This Strength Only)
$ Propoxyphene Napsylate/APAP (Darvocet N-100) 100/650mg Tablet

3. NON-NARCOTIC ANALGESICS

NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

$ Ibuprofen (Motrin) 200, 400, 600, 800mg Tablet
$$ Indomethacin (Indocin) 25,50mg Capsule (Not SR)
$$ Etodolac (Lodine) 200, 300mg Capsule, 400, 500mg Tablet (Not XR)
$$ Naproxen (Naprosyn) 250,375,500mg Tablet (Not Anaprox)
$$$$$$ Piroxicam (Feldene) 10,20mg Capsule

SALICYLATES

$ Aspirin 81,325mg Tablet
$ Aspirin E.C. (Ecotrin) 81,325mg Tablet
$ Acetylsalicylic Acid (Baby Aspirin) 81mg Tablet
$$$$ Salsalate (Disalcid) 500,750mg Tablet

SKELETAL MUSCLE RELAXANTS

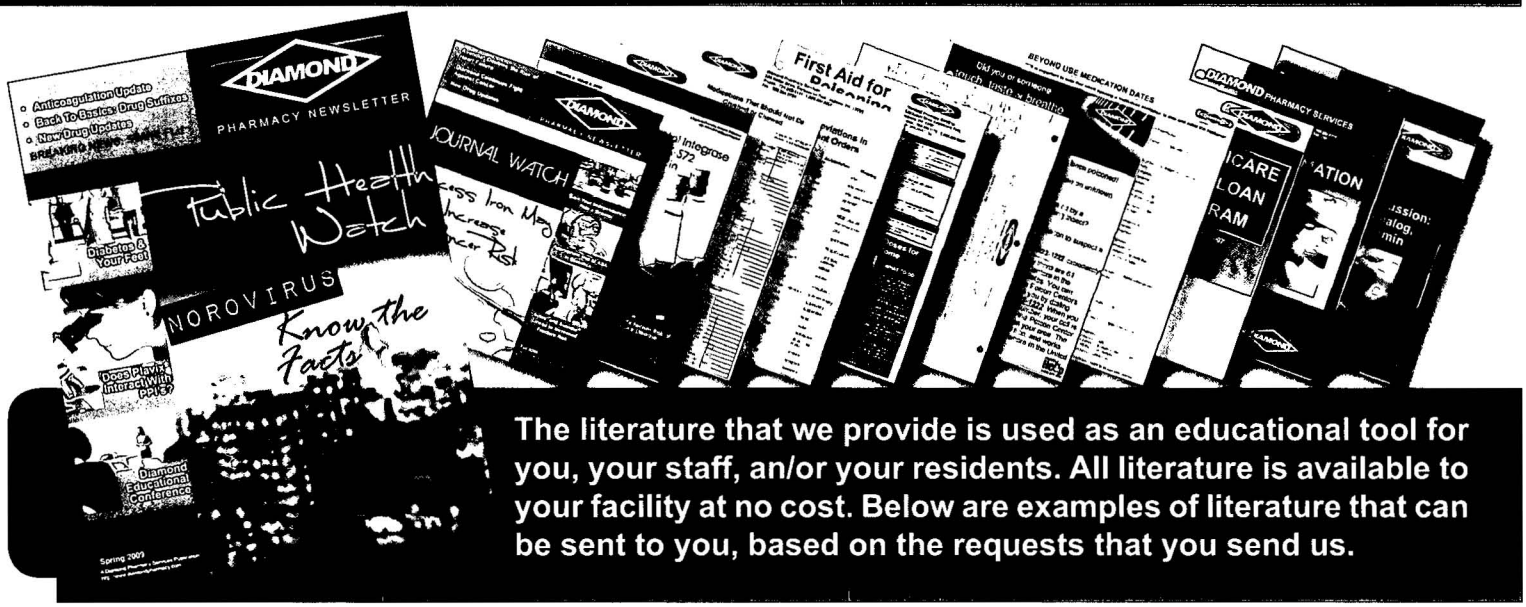
$ Cyclobenzaprine (Flexeril) 10mg Tablet
$$ Chlorzoxazone (Parafon Forte DSC) 500mg Tablet
$$ Methocarbamol (Robaxin) 500,750mg Tablet
$$$ Baclofen (Lioresal) 10, 20mg Tablet

MISCELLANEOUS AGENTS

$ Acetaminophen (Tylenol) 325,500mg Tablet
$ Acetaminophen (Tylenol) 650mg Suppository
$ Phenylgesic Tablet
$$ Butalbital/Apap/Caffeine (Fioricet) Tablet
$$$ Tramadol (Ultram) 50mg Tablets
Warning: This drug has abuse potential similar to hydrocodone (Vicodin). As little as 2-3 tablets as a single dose can induce an opioid euphoria.
$$$$ Nalbuphine (Nubain) 10mg/ml, 20mg/ml Injection
$$$$$ Butalbital/Aspirin/Caffeine (Fiorinal) Tablet

HEALTHCARE LITERATURE

All literature can be shipped at no cost to your facility



The literature that we provide is used as an educational tool for you, your staff, an/or your residents. All literature is available to your facility at no cost. Below are examples of literature that can be sent to you, based on the requests that you send us.

LITERATURE INCLUDES:

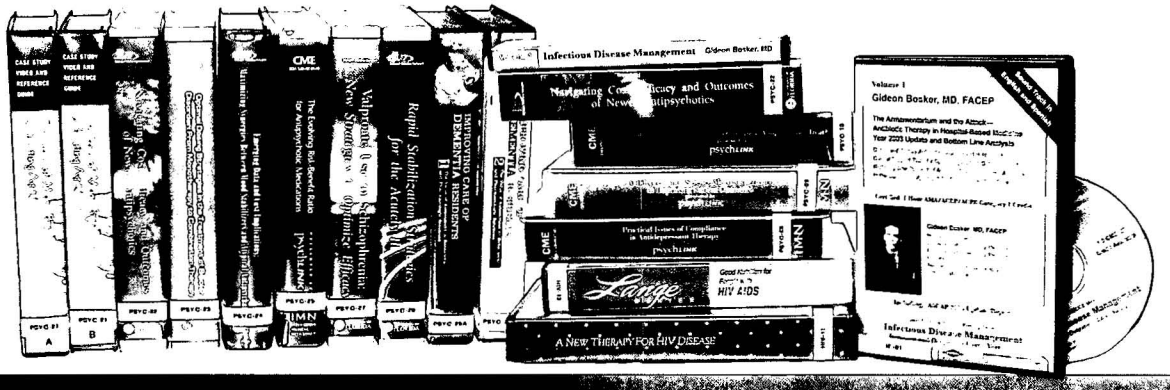
- Diamond Quarterly Newsletter
- HIV Newsletter
- List of Medications that Should Not be Crushed or Chewed
  - Gives a composite listing of Generic and Brand Name Medications
- List of Commonly Used Abbreviations in Medication and Treatment Orders
  - Provides an extensive list of Medication/Treatment Orders abbreviations in order to eliminate any confusion.
  - Also provides a list of abbreviations NOT to be used
- List of First Aid Poisoning
  - Provides a list of Common Substance and Possible Symptoms of an Overdose
  - Gives effects of some household cleaning agents
  - A list of Poisons and a How to, on what to do in case of an emergency
- List of Drugs That May Cause Photosensitivity
  - Gives an extensive listing of drugs that could be harmful if exposed to Photosensitive objects
- Listing of Poison Emergency Actions
  - List of Services
  - Poison Help Numbers
- Beyond Use Medication Dates
  - Listing of Medications, If you should refrigerate, and how long till they expire
- Our Healthcare Video Loan Program
  - Gives all facilities the chance at renting our healthcare videos at no cost
- Drug Information Packet
  - Provides an extensive list of Medications, their uses, the brand/generic names of each, and some information that is needed to know before taking the medications.
- Diabetes Discussion: Novolog, Humalog, Lantus, and Metformin Packet
  - Provides an overview of terms, and summary of all terms interacted with Diabetes.

FOR MORE INFORMATION PLEASE CONTACT:
MARK J. ZILNER, R.Ph.
DIRECTOR OF OPERATIONS

DIAMOND PHARMACY SERVICES
645 KOLTER DRIVE, INDIANA, PA 15701-3570
1.800.882.6337 x1003 1.877.234.7050 FAX
www.diamondpharmacy.com

HEALTHCARE VIDEO LOAN PROGRAM

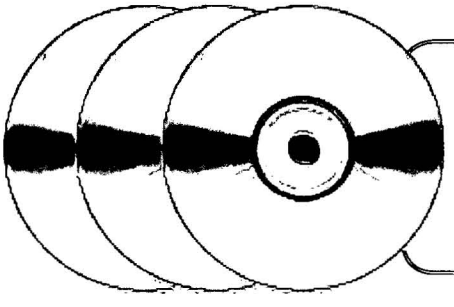
All videos are available to borrow at no cost to your facility.



The videos that we provide are used as an educational tool for you, your staff, and/or residents. All tapes are available to borrow at no cost to your facility. Video requests are sent via fax order forms, which we will provide for your facility. Once the request is received, the video will be sent with the next pharmacy/medical supply order. In order to make the videos available to all facilities, our policy is to limit videos to three titles at a time, for a maximum of a two week period. When you are finished viewing, you are to ship the video back to Diamond. Below is a listing of the health care video subjects available through Diamond Pharmacy Services.

VIDEO LIBRARY TOPICS

- Movement Disorders
- Asthma
- Alzheimer's
- Cardiovascular
- Continence Management
- Confidentiality
- Diabetes
- Dysphagia
- Hepatitis B
- HIV
- Infection Control
- Intravenous Therapy
- Intravenous Products In-Services
- Nursing Skills
- Osteoporosis
- Pain Management
- Pulmonary
- Psychosocial
- Self-Exams
- Seizure
- Shingles
- Skin Care
- Sport Injuries



We also offer CD-ROM Programs that can aid in educating and updating your facility. There is a wide variety of topics available, such as Dementia, Depression, Infectious Disease Management, etc.

FOR MORE INFORMATION PLEASE CONTACT:
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DIRECTOR OF OPERATIONS

DIAMOND PHARMACY SERVICES
645 KOLTER DRIVE, INDIANA, PA 15701-3570
1.800.882.6337 x1003 1.877.234.7050 FAX
www.diamondpharmacy.com

Billing Report
DIAP - DIAMOND PHARMACY SERVICES
Billing Date(s): 1/1/2010 - 1/31/2010

SORTED BY DATE

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
								01/02/10	
37748133		90	Ibuprofen 800mg Tablet	55111-0684-05	Yes	6.03	01/02/10	01/02/10	WILKINS
37749114		60	Fluoxetine 20mg Capsule	50111-0648-03	Yes	34.51	01/02/10	01/02/10	WILKINS
37749127		30	Hctz 12.5mg Tablet	00228-2820-11	Yes	5.44	01/02/10	01/02/10	WILKINS
37749144		60	Metformin 1000mg Tab	68382-0030-10	Yes	19.04	01/02/10	01/02/10	WILKINS
37749101		30	Oxybutynin 5mg Tab	50111-0456-03	Yes	3.48	01/02/10	01/02/10	WILKINS
37749098		30	Simvastatin 40mg Tab	65862-0053-99	No	32.37	01/02/10	01/02/10	WILKINS
37748066		30	Omeprazole 20mg Capsule	55111-0158-10	Yes	27.40	01/02/10	01/02/10	WILKINS
37749248		30	Loratadine 10mg Tablet	51660-0526-05	Yes	1.43	01/02/10	01/02/10	WILKINS
37749163		60	Senna PLUS TABLET	00904-5512-80	No	1.61	01/02/10	01/02/10	WILKINS
37748585		60	Fluoxetine 20mg Capsule	50111-0648-03	Yes	34.51	01/02/10	01/02/10	WILKINS
37748586		60	Topiramate 200mg Tablet	13668-0034-05	No	105.06	01/02/10	01/02/10	WILKINS
37753628		30	Aspirin 81mg Chew Tab	00904-4040-73	Yes	0.45	01/02/10	01/02/10	WILKINS
37748161		90	Ibuprofen 600mg Tablet	55111-0683-05	Yes	4.76	01/02/10	01/02/10	WILKINS
37748164		30	Promethazine 25mg Tablet	00591-5307-10	Yes	3.17	01/02/10	01/02/10	WILKINS
37749273		30	Lisinopril 20mg Tablet	00591-0408-10	Yes	6.95	01/02/10	01/02/10	WILKINS
37749188		90	Ibuprofen 800mg Tablet	55111-0684-05	Yes	6.03	01/02/10	01/02/10	WILKINS
37749023		30	Atenolol 50mg Tab	63304-0622-10	Yes	5.59	01/02/10	01/02/10	WILKINS
37749262		90	Gabapentin 600mg Tablet	60505-2551-05	No	50.03	01/02/10	01/02/10	WILKINS
37748196		30	Digoxin 0.25mg Tablet	00527-1325-10	Yes	3.66	01/02/10	01/02/10	WILKINS
7748192		120	Phenytoin 100mg Cap	64679-0720-02	Yes	11.25	01/02/10	01/02/10	WILKINS
748125		18	Ventolin HFA Inhaler	00173-0682-20	Yes	28.53	01/02/10	01/02/10	WILKINS
37430509		30	Citalopram 40mg Tablet	13668-0011-05	Yes	17.47	01/02/10	01/02/10	WILKINS
37748115		90	Ibuprofen 600mg Tablet	55111-0683-05	Yes	4.76	01/02/10	01/02/10	WILKINS
37748178		90	Lithium Carb 300mg Cap	00143-3189-10	Yes	3.18	01/02/10	01/02/10	WILKINS
37749314		30	Hctz 50mg Tablet	00527-1414-10	Yes	0.88	01/02/10	01/02/10	WILKINS
						417.59			
								01/04/10	
36627076		90	Ibuprofen 800mg Tablet	55111-0684-05	Yes	6.03	01/04/10	01/04/10	WILKINS
37756169		30	Metoprolol 25mg Tablet	00378-0018-05	No	1.60	01/04/10	01/04/10	WILKINS
37759575		60	Naproxen 500mg Tab	53746-0190-05	Yes	15.14	01/04/10	01/04/10	WILKINS
37323494		30	Levothyroxine 75mcg Tab	00781-5182-10	Yes	2.45	01/04/10	01/04/10	WILKINS
37759474		90	Gabapentin 300mg Cap	59762-5027-01	No	26.33	01/04/10	01/04/10	WILKINS
35571735		30	Atenolol 100mg Tab	63304-0623-10	Yes	8.26	01/04/10	01/04/10	WILKINS
35682356		90	Clonidine 0.3mg Tab	67253-0265-10	Yes	10.38	01/04/10	01/04/10	WILKINS
37759975		30	Fluoxetine 20mg Capsule	50111-0648-03	Yes	17.26	01/04/10	01/04/10	WILKINS
37758157		30	Citalopram 40mg Tablet	13668-0011-05	Yes	17.47	01/04/10	01/04/10	WILKINS
37757278		30	Atripla 200-300-600mg Tab	15584-0101-01	Yes	1408.24	01/04/10	01/04/10	WILKINS
37756181		30	Loratadine 10mg Tablet	51660-0526-05	Yes	1.43	01/04/10	01/04/10	WILKINS
37756178		90	Phenytoin 100mg Cap	64679-0720-02	Yes	8.44	01/04/10	01/04/10	WILKINS
37757886		30	Abilify 30mg Tablet	59148-0011-13	No	561.49	01/04/10	01/04/10	WILKINS
37757949		60	Bupropion 75mg Tablet	00781-1053-10	Yes	9.50	01/04/10	01/04/10	WILKINS
37757913		90	Ibuprofen 600mg Tablet	55111-0683-05	Yes	4.76	01/04/10	01/04/10	WILKINS
37758116		60	Ranitidine 150mg Tablet	53746-0253-05	Yes	21.45	01/04/10	01/04/10	WILKINS
757867		90	Trihexyphenidyl 5mg Tab	00143-1763-10	Yes	9.92	01/04/10	01/04/10	WILKINS
/020373		60	Glipizide 10mg Tablet	60505-0142-01	Yes	7.47	01/04/10	01/04/10	WILKINS
37391483		90	Ibuprofen 400mg Tablet	55111-0682-05	Yes	3.36	01/04/10	01/04/10	WILKINS
37468874		30	Levothyroxine 125mcg Tab	00781-5186-10	Yes	2.96	01/04/10	01/04/10	WILKINS

Billing Date(s): 1/1/2010 - 1/31/2010

SORTED BY DRUG

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
			Abilify 30mg Tablet						
37757886		30	Abilify 30mg Tablet	59148-0011-13	No	561.49	01/04/10	01/04/10	WILKINS
37888379		15	Abilify 30mg Tablet	59148-0011-13	No	296.84	01/18/10	01/18/10	WILKINS
37817093		30	Abilify 30mg Tablet	59148-0011-13	No	593.67	01/09/10	01/09/10	WILKINS
						1452.00			
			Acetaminophen 325mg Tab						
37758283		180	Acetaminophen 325mg Tab	16103-0353-11	Yes	0.97	01/04/10	01/04/10	WILKINS
						0.97			
			Actos 45mg Tablet						
37930144		30	Actos 45mg Tablet	64764-0451-26	No	215.06	01/22/10	01/22/10	WILKINS
						215.06			
			Amlodipine 10mg Tablet						
35498949		30	Amlodipine 10mg Tablet	00378-5210-77	No	15.66	01/20/10	01/20/10	WILKINS
36718684		30	Amlodipine 10mg Tablet	00378-5210-77	No	15.66	01/25/10	01/25/10	WILKINS
37663971		30	Amlodipine 10mg Tablet	00378-5210-77	No	15.66	01/07/10	01/07/10	WILKINS
36427348		30	Amlodipine 10mg Tablet	00378-5210-77	No	15.66	01/11/10	01/11/10	WILKINS
37767113		30	Amlodipine 10mg Tablet	00378-5210-77	No	15.66	01/05/10	01/05/10	WILKINS
38007981		30	Amlodipine 10mg Tablet	00378-5210-77	No	15.66	01/30/10	01/30/10	WILKINS
36261959		30	Amlodipine 10mg Tablet	00378-5210-77	No	15.66	01/20/10	01/20/10	WILKINS
						109.62			
			Amlodipine 10mg Tablet						
93388574		30	Amlodipine 10mg Tablet	49349-0160-02	No	15.68	01/29/10	01/29/10	WILKINS
						15.68			
			Amlodipine 5mg Tablet						
37888109		30	Amlodipine 5mg Tablet	00378-5209-05	No	11.41	01/18/10	01/18/10	WILKINS
37391146		30	Amlodipine 5mg Tablet	00378-5209-05	No	11.41	01/20/10	01/20/10	WILKINS
37917477		30	Amlodipine 5mg Tablet	00378-5209-05	No	11.41	01/21/10	01/21/10	WILKINS
						34.23			
			Aspir-low 81mg EC tablet						
36558670		30	Aspir-low 81mg EC tablet	00904-7704-80	Yes	0.15	01/08/10	01/08/10	WILKINS
37779893		30	Aspir-low 81mg EC tablet	00904-7704-80	Yes	0.15	01/06/10	01/06/10	WILKINS
37930146		30	Aspir-low 81mg EC tablet	00904-7704-80	Yes	0.15	01/22/10	01/22/10	WILKINS
						0.45			
			Aspirin 325mg Tablet						
35523157		30	Aspirin 325mg Tablet	00182-0444-10	Yes	0.12	01/04/10	01/04/10	WILKINS
37930360		30	Aspirin 325mg Tablet	00182-0444-10	Yes	0.12	01/22/10	01/22/10	WILKINS
37260755		30	Aspirin 325mg Tablet	00182-0444-10	Yes	0.12	01/09/10	01/09/10	WILKINS
						0.36			
			Aspirin 81mg Chew Tab						
37888185		11	Aspirin 81mg Chew Tab	00904-4040-73	Yes	0.17	01/18/10	01/18/10	WILKINS
35479062		30	Aspirin 81mg Chew Tab	00904-4040-73	Yes	0.45	01/22/10	01/22/10	WILKINS
37753628		30	Aspirin 81mg Chew Tab	00904-4040-73	Yes	0.45	01/02/10	01/02/10	WILKINS
35334943		30	Aspirin 81mg Chew Tab	00904-4040-73	Yes	0.45	01/12/10	01/12/10	WILKINS
37756188		30	Aspirin 81mg Chew Tab	00904-4040-73	Yes	0.45	01/04/10	01/04/10	WILKINS
37823646		60	Aspirin 81mg Chew Tab	00904-4040-73	Yes	0.90	01/11/10	01/11/10	WILKINS
35078883		30	Aspirin 81mg Chew Tab	00904-4040-73	Yes	0.45	01/09/10	01/09/10	WILKINS

Billing Date(s): 1/1/2010 - 1/31/2010

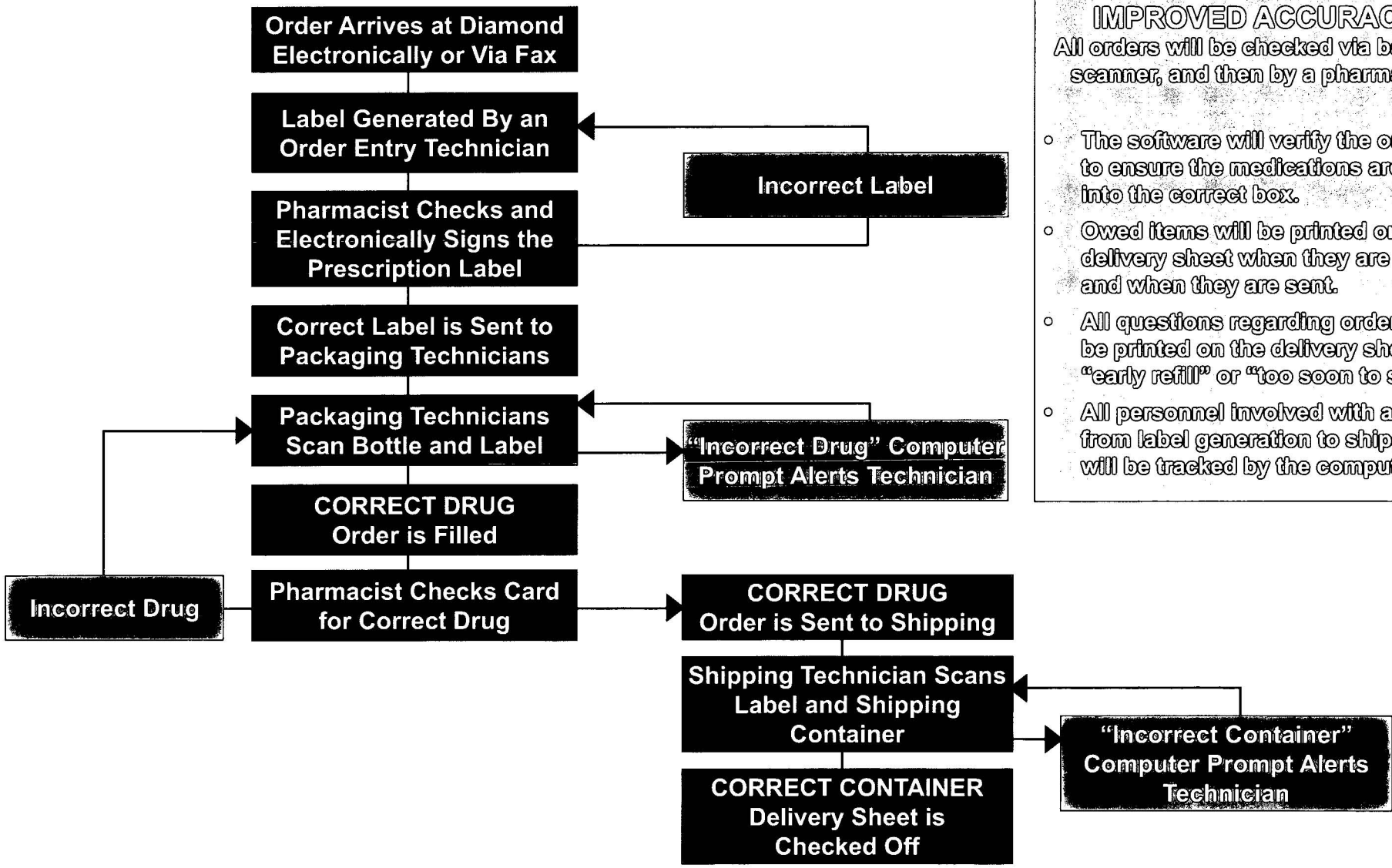
SORTED BY PATIENT-NAMES HAVE BEEN REMOVED TO PROTECT CONFIDENTIALITY

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
37748133		90	Ibuprofen 800mg Tablet	55111-0684-05	Yes	6.03	01/02/10	01/02/10	WILKINS
						6.03			
36884129		30	Atenolol 50mg Tab	63304-0622-10	Yes	5.59	01/22/10	01/22/10	WILKINS
37327218		30	HCTZ 25mg Tablet	00527-1413-10	Yes	0.52	01/14/10	01/14/10	WILKINS
36627076		90	Ibuprofen 800mg Tablet	55111-0684-05	Yes	6.03	01/04/10	01/04/10	WILKINS
36627076		90	Ibuprofen 800mg Tablet	55111-0684-05	Yes	6.03	01/26/10	01/26/10	WILKINS
37583113		30	One Daily Tablet	00536-3547-10	Yes	0.37	01/13/10	01/13/10	WILKINS
						18.54			
37888185		11	Aspirin 81mg Chew Tab	00904-4040-73	Yes	0.17	01/18/10	01/18/10	WILKINS
37888322		30	HCTZ 25mg Tablet	00527-1413-10	Yes	0.52	01/18/10	01/18/10	WILKINS
37888252		30	Lisinopril 20mg Tablet	00591-0408-10	Yes	6.95	01/18/10	01/18/10	WILKINS
37756169		30	Metoprolol 25mg Tablet	00378-0018-05	No	1.60	01/04/10	01/04/10	WILKINS
						9.24			
37583904		90	Lithium Crb 300mg Tab	00054-4527-31	Yes	13.93	01/25/10	01/25/10	WILKINS
37759575		60	Naproxen 500mg Tab	53746-0190-05	Yes	15.14	01/04/10	01/04/10	WILKINS
38007904		30	Piroxicam 10mg Capsule	00093-0756-01	Yes	9.29	01/30/10	01/30/10	WILKINS
						38.36			
35735890		30	Omeprazole 20mg Capsule	55111-0158-10	Yes	27.40	01/19/10	01/19/10	WILKINS
						27.40			
37749114		60	Fluoxetine 20mg Capsule	50111-0648-03	Yes	34.51	01/02/10	01/02/10	WILKINS
37749127		30	Hctz 12.5mg Tablet	00228-2820-11	Yes	5.44	01/02/10	01/02/10	WILKINS
37749144		60	Metformin 1000mg Tab	68382-0030-10	Yes	19.04	01/02/10	01/02/10	WILKINS
37749101		30	Oxybutynin 5mg Tab	50111-0456-03	Yes	3.48	01/02/10	01/02/10	WILKINS
37749098		30	Simvastatin 40mg Tab	65862-0053-99	No	32.37	01/02/10	01/02/10	WILKINS
						94.84			
37962353		30	Gabapentin 300mg Cap	59762-5027-01	No	8.78	01/26/10	01/26/10	WILKINS
37962337		30	Lisinopril 20mg Tablet	00591-0408-10	Yes	6.95	01/26/10	01/26/10	WILKINS
						15.73			
37947493		14.7	Combivent Inhaler	00597-0013-14	No	128.18	01/25/10	01/25/10	WILKINS
						128.18			
37323494		30	Levothyroxine 75mcg Tab	00781-5182-10	Yes	2.45	01/04/10	01/04/10	WILKINS
						2.45			
'888393		18	Ventolin HFA Inhaler	00173-0682-20	Yes	28.53	01/18/10	01/18/10	WILKINS
						28.53			

PHARMACY WORK FLOW
QUALITY ASSURANCE

DIAMOND
PHARMACY SERVICES

Diamond has taken steps to ensure the accuracy of your prescriptions.



IMPROVED ACCURACY:

All orders will be checked via barcode scanner, and then by a pharmacist.

- The software will verify the orders to ensure the medications are put into the correct box.
- Owed items will be printed on the delivery sheet when they are owed and when they are sent.
- All questions regarding orders will be printed on the delivery sheet, i.e. "early refill" or "too soon to send".
- All personnel involved with any step from label generation to shipping will be tracked by the computer.

All Medications From the Delivery Sheet are Scanned Into the Shipping Box, The FedEx Label is Generated, and the Delivery Sheet is Printed

BUREAU OF HEALTH CARE SERVICES *PENNSYLVANIA DEPARTMENT OF CORRECTIONS*

P.O. Box 598/2520 Lisburn Road Camp Hill, PA 17001-0598

Telephone Number: (717) 731-7031
Fax Number: (717) 731-7000

October 22, 2009

Karen J. Cook
Senior Procurement Specialist
Commonwealth of Virginia
Department of Corrections
Procurement and Risk Management, Room 2150
6900 Atmore Drive
Richmond, VA 23225

Dear Ms. Cook:

I have been informed that Diamond Pharmacy Services of Indiana, PA intends to participate in the Pharmaceutical Services RFP for [redacted]. We have been asked to provide a letter of recommendation for Diamond Pharmacy Services and are pleased in doing so.

I am the Director of the Bureau of Health Care Services for the Pennsylvania Department of Corrections. We currently provide comprehensive health care services to approximately 50,000 inmates in 27 state correctional institutions.

In September 2003, we established a contract to provide pharmacy services as a component the comprehensive health care system within the PA-DOC. This was done in an attempt to save pharmaceutical expenses and deal directly with the largest pharmacy services provider in the correctional industry, Diamond Pharmacy Services of Indiana, PA. A brief list of the benefits derived from our pharmacy contract includes:

1) Volume Buying Power for Pharmaceuticals
2) Level of Service Un-paralleled in the correctional environment
3) Monthly Pharmacy and Therapeutic Meetings
4) Cost Containment Saving Strategies
5) Formulary Design & Management
6) Exceptional Detailed Formulary Management Reports
7) Therapeutic Class Expenditure Evaluation

Prior to the Pharmacy contract with Diamond Pharmacy, the PA DOC estimated our monthly pharmaceutical expenses to be roughly $2,600,000. The historical data utilized to calculate this figure was derived from the previous health care vendor's total utilization across the state. Currently under the contract with Diamond Pharmacy the average monthly cost of pharmaceuticals is $2,118,000. This equates to roughly $5,800,000 in annual savings or (18-20%) below projected pharmacy expenditures.

This significant decrease also includes a lower number of Hepatitis C patients being treated within the PA DOC as a result of a modification to the Hepatitis C protocol.

The PA DOC has been extremely impressed with the dependability and level of service in the delivery of pharmaceuticals to all of our State Correctional Facilities. We have benefited directly by instituting many cost saving strategies recommended by Diamond such as alternative medication regimens, tablet spitting, design and management of a sound correctional formulary.

However, it is without question that the substantial reduction in the PA DOC pharmaceutical expenses is largely attributed to Diamond's inter-action with our physician staff, and formulary management. In addition, the enormous buying power that Diamond Pharmacy possesses as a result of being the nations largest pharmaceutical provider with nearly 425,000 inmates in 43 states is another contributing major factor in our cost savings.

Overall, we would unconditionally recommend Diamond Pharmacy Services as a highly competent, dependable, and customer oriented vendor to supply your entire Department of Corrections pharmaceutical requirements on a daily basis.

If you should have any questions please do not hesitate to contact me at the Pennsylvania Department of Corrections, Bureau of Health Care Services (717) 214-8447.

Sincerely,

Richard S. Ellers
Director
Bureau of Health Care Services
Pennsylvania Department of Corrections

RSE/em

JUSTICE AND PUBLIC SAFETY CABINET

Steven L. Beshear
Governor

Department of Corrections
P.O. Box 2400
Frankfort, Kentucky 40602
Phone (502) 564-4726
Fax (502) 564-5037
www.kentucky.gov

J. Michael Brown
Secretary

LaDonna H. Thompson
Commissioner

RE: Diamond Pharmacy Services

To Whom It May Concern:

The Kentucky Department of Corrections has enjoyed a long and successful partnership with Diamond Pharmacy Services. Over the last decade, the Department has utilized Diamond and one other vendor. In comparison, the cost-effectiveness and customer support provided by Diamond is far superior. The performance and customer service was the primary determinant of Kentucky's decision to extend our contract with Diamond for several more years.

Although all pharmaceutical vendors are able to supply the requested medications to their customers, we have found that Diamond does so with a unique attentiveness to the satisfaction of the customer and provides regular support to the end users in the institutions as well. In addition, to conducting regular inspections of the institutional pharmacy locations, Diamond staff has also provided training and support at all times to line level staff. The error rate from Diamond's dispensing is extraordinarily low and their responsiveness to correcting such errors has always been prompt.

Over the past four years, Diamond has worked tirelessly with the Department's electronic medical record vendor to ensure seamless communication between the medical record's electronic ordering capability and Diamond's pharmacy technicians. The result has been a paperless medication ordering system that has dramatically improved the efficiency and accuracy of provider prescriptions and ultimately, inmate care.

Although there are a number of attributes that I firmly believe are unique to Diamond Pharmacy, the most important to me and to our Department has been their organizational commitment to customer service and support. Working with Diamond has always been a pleasant and absolutely hassle-free experience. I would recommend them, without reservation, to any correctional system looking for a professional, competent, customer oriented pharmacy provider.

Sincerely,

Scott A. Haas, M.D.
Medical Director

Jeannette Quinton
Program Manager
Prison Health
Dept of Health
600 East Capitol
Pierre, South Dakota 57501

October 8, 2009

To Whom It May Concern:

I seldom write reference letters for anyone, but in the case of Diamond Pharmacy, I will make an exception.

I write as an Old healthcare nurse, who has been in the field for over 45years; 40 of those years were spent in Long Term Care.

My Prison Health opportunity came 5 years ago. Our system for pharmacy services was very simple and very difficult to manage. We decided to put out an RFP to see what was out there and were so impressed with Diamond Pharmacy, out of Pennsylvania.

Not only is their system terrific, so is the service and assistance from the staff. No one is to busy to help from the techs on the floor to the President, Mark Zilner. When they say service, they mean service. We only have 3,700 inmates in our small state, but that doesn't stop the help and personal attention from this company.

The money and time we save with Diamond Pharmacy certainly doesn't hurt either. We have to deal with our legislature for every dime in our budget. We are certainly unique in that we are another division of the state. With this in mind, we are constantly finding ways to cut budgets without sacrificing services. The Dept of Human Services handles our Mental Health, so the three depts. working together, with Diamond's consultation services, have saved us and continue to save us.

Would I recommend Diamond? I guess you have already figured that out.

Jeannette Quinton

ARIMER COUNTY SHERIFF'S OFFICE

Jim Alderden, Sheriff

January 12, 2009

HEADQUARTERS
2501 Midpoint Drive
Fort Collins, CO 80525
970 498-5100
970 498-9203 (FAX)

DETENTION CENTER
2405 Midpoint Drive
Fort Collins, CO 80525
970 498-5200
970 407-9034 (FAX)

ESTES PARK
1601 Brodie Avenue
Estes Park, CO 80517
970 577-2070

DIVISION COMMANDERS

Investigations:
Undersheriff
Erin Hudson

Support Services:
Major William Nelson

Detention:
Major James Wacker

Operations:
Major Justin Smith

Mark Zilner
Director of Operations
645 Kolter Drive
Indiana, PA 15701-3570

Dear Mark,

It is with great pleasure that I write this letter of recommendation for Diamond Pharmacy.

As you are aware, our previous contract with Diamond Pharmacy expired on July 31, 2008. We went out to competitive bid for a new Pharmaceutical contract and awarded to [redacted] Pharmacy out of [redacted]. Only a short time later did we come to fully realize the magnitude of the mistake we made by switching vendors. Upon terminating our contract with [redacted], less than six months into the contract, we were very relieved to know we would be back under the professionalism and support of Diamond Pharmacy. Diamond's willingness to move forward with their proposal and sign into contract with us again after 6 months without renegotiation was very generous and appreciated. We in Larimer County look forward to positive future together with Diamond Pharmacy.

Diamond strictly complies with all state and Federal drug regulations. Diamond has all the necessary licensing to provide the type and quantity of drugs requested. Diamond submits invoices and credits in a timely manner each month. Diamond provides comprehensive formulary management reports each month. Diamond has never been late or delayed in shipping medications as expected.

Diamond Pharmacy offers state of the art online ordering, reporting, reconciliation and paperless MAR programs. As the Nations largest Correctional Pharmacy Provider with over 25yrs of experience, Diamond rates heads and shoulders above the rest of the competition. Diamond Pharmacy provides a superior level of customer service and personal contact. They perform as expected and as promised. Little did we appreciate the level of accuracy, dependability, reliability and professionalism until it was gone!

Pharmaceutical service in the corrections field is a growing venue. Agencies seeking contracted pharmaceutical services should look no further than Diamond Pharmacy if they want a reliable, dependable and cost effective pharmacy provider. I would recommend them to any detention facility looking for a quality pharmaceutical provider without hesitation.

Please feel free to have any potential client contact me directly at (970) 498-5213 for further discussion.

Laurie Stolen,
Director of Contracts and Inmate Services

Major William Nelson,
Facility Administrator

CorrectCare
INTEGRATED HEALTH

October 14, 2009

To Whom It May Concern:
Virginia Department of Corrections

Re: Diamond Pharmacy

Dear Sir or Madam,

On behalf of CorrectCare – Integrated Health (CCIH), I would like to offer my highest recommendation to Diamond Pharmacy as a provider for your requested pharmacy services.

CorrectCare Integrated Health works with the University of Kentucky to provide comprehensive health care services to the Kentucky Department of Corrections. As part of our services, we were asked to assume responsibility for all contracted services.

Through a competitive bid process, we selected Diamond Pharmacy four years ago to provide pharmacy drugs and associated services for the Kentucky Department of Corrections. Not only do we feel that we receive the lowest price possible, but we also receive a higher level of service than the KYDOC received from other vendors. There has never been a time when I have not received a timely, if not immediate, response to any questions or concerns I have had. Diamond's staff are always professional and easy to work with. They continuously offer suggestions to help the KYDOC balance quality and cost savings.

In addition, Diamond Pharmacy personnel were extremely valuable in the successful implementation of an electronic prescribing interface with the Electronic Medical Record used by the KYDOC. Currently, we are working as a team to develop an electronic MAR for the same system.

CCIH has renewed its contract with Diamond Pharmacy several times, and I can foresee no reason to look for another vendor. Please feel free to contact me with any questions or for any additional information.

Sincerely,

Linda Goins, RN
Vice President

CorrectCare Integrated Health, Inc. 366 South Broadway Lexington, Kentucky 40508 Phone 859.225.7689 Facsimile 859.226.0089
www.correctcare.com

Sheriff J. R. "Jack" Parker

BREVARD COUNTY SHERIFF'S OFFICE ☆ www.BrevardSheriff.com

700 Park Avenue ☆ Titusville, Florida 32780-4095 ☆ (321) 264-5201 ☆ Fax (321) 264-5360

Member
Florida Sheriffs Association
National Sheriffs Association

Canaveral Precinct
111 Polk Avenue
Cape Canaveral, FL 32920
(321) 868-1113
(321) 784-8340 fax

Criminal Investigations
340 Gus Hipp Boulevard
Rockledge, FL 32955
(321) 633-8499
(321) 633-8403 fax

East Precinct
2575 N. Courtenay Pkwy.
Merritt Island, FL 32953
(321) 454-6652
(321) 454-6631 fax

Jail Complex
360 Camp Road
[illegible] 32927
(321) 690-1500
(321) 635-7800 fax

North Precinct
700 Park Avenue
Titusville, FL 32780
(321) 264-5208
(321) 264-5359 fax

South Precinct
1515 Sarno Rd., Bldg. B
Melbourne, FL 32935
(321) 253-6658
(321) 253-6666 fax

Special Operations
2575 N. Courtenay Pkwy.
Merritt Island, FL 32953
(321) 454-6643
(321) 454-6642 fax

West Precinct
2725 Judge Fran Jamieson
Way, Bldg. E
Viera, FL 32940
(321) [illegible]3-2123
(3[illegible]) [illegible]-1965 fax

January 5, 2011

Diamond Pharmacies
645 Kolter Drive
Indiana, PA 15701

Attention: Mr. Mark Zilner

To whom it may concern,

Please allow this letter to serve as an excellent reference for "Diamond Pharmacies" who have been and continue to provide a critical service for us at the Brevard County Jail Complex. The Brevard County Jail Complex is one of the largest jails in the State of Florida and has housed up to 2,000 inmates. Brevard County is currently the 8th largest county in Florida with over 540,000 residents. Regardless of our large inmate population, our facility continues to get exceptional ratings regarding the medical services we provide to those in our care. Diamond Pharmacies pays a major role in our success.

Diamond Pharmacies has been a reliable and dependable partner who has reduced the costs of inmate medications and has had a positive effect on our overall jail costs, which is very much appreciated as a result of today's tight budget dollars. Although they save us money, their quality of service is second to none.

Additionally, the representatives of Diamond Pharmacies have been very responsive to our needs and requests and are as concerned with our expenses and quality of service as we are. The Jail Commander advised me that although there are many things to be concerned about regarding the operation of a large correctional facility, she never has to be concerned about the services provided by Diamond Pharmacies…and that says it all.

We would highly recommend Diamond Pharmacies.

Sincerely,

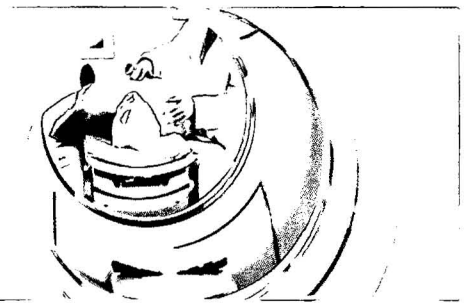
J.R. "Jack" Parker
Sheriff of Brevard County

IN THIS ISSUE:

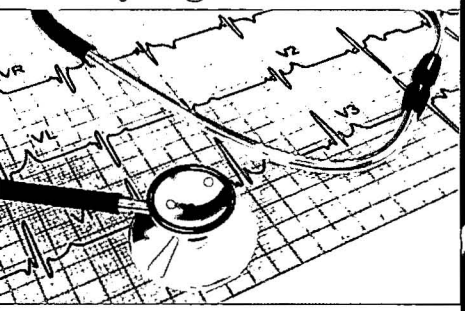
- Foods That May Help Cut Diabetes And Pre-Diabetes Risk
- Guidlines For the Prevention Of Cardiovascular Disease In Women
- Medication Management

DIAMOND

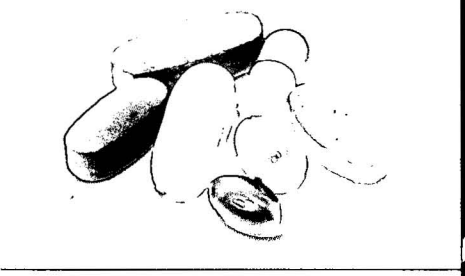
PHARMACY NEWSLETTER



Bisphosphonates - A Potential Link To Esophageal Cancer



FDA Advisory - Citalopram And Abnormal Heart Rhythms



New Drug Updates

MANAGEMENT OF BREAKTHROUGH PAIN

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Fall 2011

A Diamond Pharmacy Services Publication
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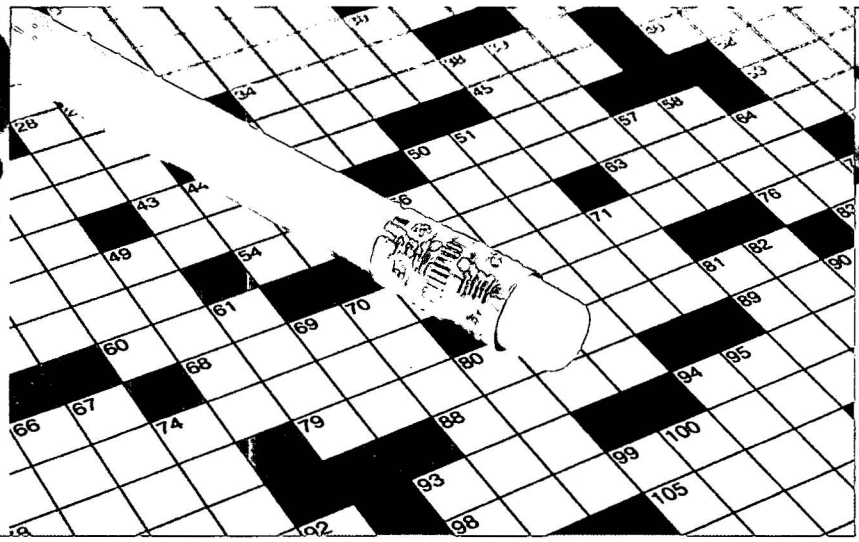

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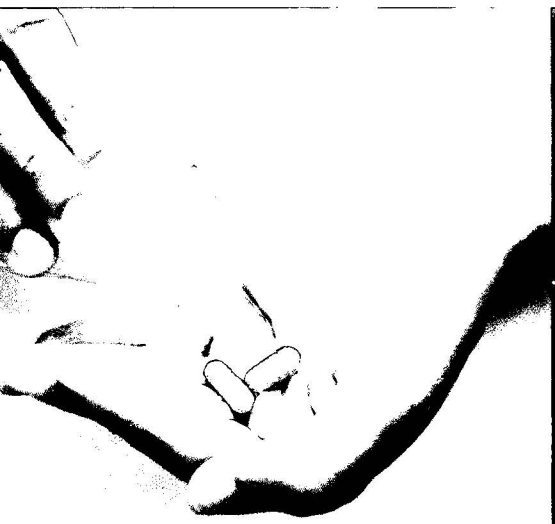
Fall 2011



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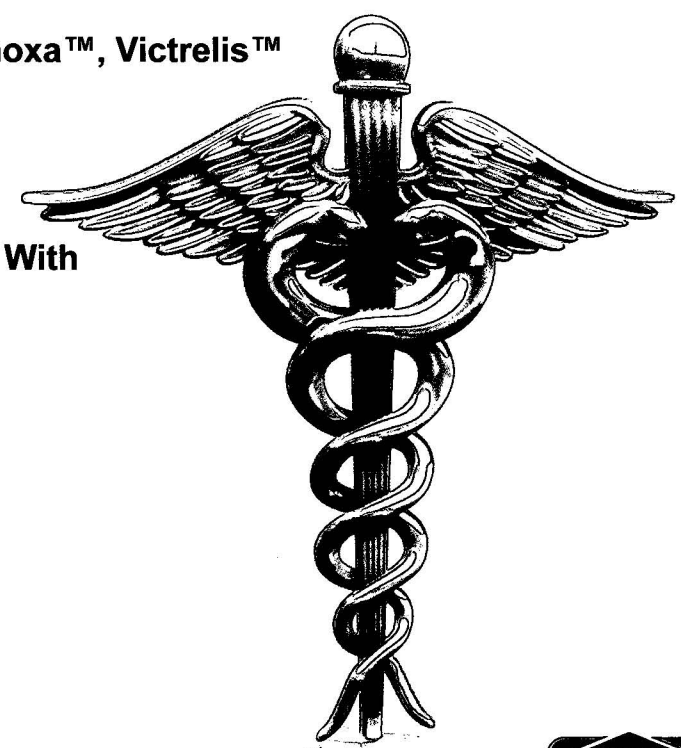

DIAMOND
PHARMACY NEWSLETTER

Diabetes Corner

Foods That May Help Cut Diabetes And Pre-Diabetes Risk

Megan Burley, Pharm D Candidate 2011
DIAMOND PHARMACY SERVICES

With diabetes being an enormous problem across the country, there has long been a debate over the best way to prevent it. TV and radio is covered with infomercials and advertisements trying to sell the best and newest fad (whether it be a pill or a "super-food") to help prevent diabetes. However, perhaps the answer can be found right in your own kitchen or grocery store. Certain foods hold a lot of power in preventing diabetes. The following table contains foods that may help lower diabetes and pre-diabetes risk:

Food	Dosage	Benefit
Almonds	20% of calories (ADA recommended diet) from almonds	Improved LDL cholesterol and measures of insulin sensitivity in people with pre-diabetes
Fiber	29.4g/day	Lower risk of dying from any cause
Pre-Biotic Fiber	N/A	May ↓ susceptibility to obesity and Type 2 diabetes later in life if consumed preadulthood
Whole grains	3 or more servings/day	↓ visceral adipose tissue or VAT, a type of body fat believed to trigger cardiovascular disease and Type 2 diabetes
Brown rice	Substituting brown for white rice	↓ risk of Type 2 diabetes
Spinach	200-300g/day	Counteracts components of metabolic syndrome; makes mitochondria more efficient
All green leafy vegetables	1.35 servings of green leafy vegetables/day	↓ risk of Type 2 diabetes
Magnesium	200mg per 1000cal	↓ diabetes risk 47%; may facilitate proper function in enzymes which process glucose; may be important for improving insulin sensitivity and reducing systemic inflammation
Vitamin K	N/A	20% less likely to get diabetes
Anti-oxidants	400-500mg of antioxidants/day	An antioxidant-rich diet helped to ↑ insulin sensitivity and enhance the effects of metformin
Coffee	4 cups/day	A protein called sex hormone-binding globulin (SHBG) may help ↓ risk of developing Type 2 diabetes
Vinegar	20g of apple cider vinegar, 49g of water, and 1 teaspoon of saccharine	60min glucose excursions were 35% lower than after placebo; energy consumption was ↓ by >300 calories for the rest of the day
Whole-fat milk and cheese	N/A	Inverse relationship between levels of trans-palmitoleate (a fatty acid found in whole-fat milk and cheese) and metabolic risk factors and a lower incidence of new-onset diabetes
Cinnamon	2g/day	Modest benefits for A1c and blood pressure have been shown
Fish oil	N/A	Omega-3 fatty acids have been found to activate a macrophage receptor, resulting in broad anti-inflammatory effects and improved systemic insulin sensitivity
Moderate wine	150mL (5oz) with dinner daily	Modest but significant reductions in fasting plasma glucose
High fat foods (bacon)	Fat-rich breakfast	Fat intake at the time of waking seems to turn on fat metabolism very efficiently and also turns on the ability to respond to different types of food later in the day

Reference:
1. Foods which may help prevent diabetes and pre-diabetes risk. Diabetes In Control. 2011. Available at http://www.diabetesincontrol.com. Accessed April 8, 2011.

DISEASE MANAGEMENT

MANAGEMENT OF BREAKTHROUGH PAIN

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DIAMOND PHARMACY SERVICES

In a previous issue of the Diamond Pharmacy Newsletter, featured was a review entitled "Pain Management in the Long-Term Care Setting". In this edition, we are going to look at another extremely important aspect of pain management, breakthrough pain (BTP). BTP, also known as episodic, incidental, or transient pain, was defined in 1990 by Portenoy and colleagues as "a transitory exacerbation of pain greater than moderate intensity and occurs in patients with otherwise controlled persistent pain." BTP affects 19% to 95% of all patients having persistent pain. BTP occurs in many chronic disorders with persistent pain as well as in some conditions involving intermittent pain. The prevalence of BTP during the course of cancer is estimated to be between 24% and 95%. BTP can be caused by a variety of factors, including disease, treatment, or other unrelated issues. There are three major subtypes of BTP: incident, idiopathic, and end-of-dose pain. Incident pain is the most common and occurs with movement or activity. Incident BTP can be further categorized into predictable or unpredictable. Predictable BTP can be initiated by usual day-to-day activities such as breathing or defecation, whereas unpredictable BTP is caused by unpredictable actions such as coughing, sneezing, or bladder spasms. Idiopathic pain generally has a longer duration than incident pain and does not have a known cause. Worsening of this type of BTP may be indicative of disease progression and is usually not caused by analgesic tolerance. End-of-dose pain occurs prior to a scheduled dose of around-the-clock (ATC) analgesic therapy and typically has a more gradual onset and longer duration than other types of BTP. The occurrence of this type of BTP suggests inadequate dosing or excessively long dosing intervals. A re-evaluation of the analgesic regimen for the baseline persistent pain should by strongly considered.

Some patients may experience only one type of BTP, while others may experience two or three distinct types. Volitional actions including standing, sitting, driving, and eating can precipitate BTP, however nonvolitional causes such as weather, stress or anxiety, spasms, and certain foods can precipitate BTP.

BTP can also be categorized by its quality and pathophysiology, which may or may not be the same as that of the baseline chronic pain. This is typically divided into somatic nociceptive, visceral nociceptive, or neuropathic pain depending both on the anatomic location of the pain and its causes. Somatic pain is caused by damage to the peripheral tissues. With somatic pain, the patient will experience constant throbbing and aching that is increased by movement. Visceral pain is a result of organ damage which arises from internal organs or lining of body cavities. It is often difficult to isolate the origin of pain which is characteristically deep, cramping, twisting, or tearing. Lastly, neuropathic pain is caused by dysfunction of, or damage to, the parts of the nervous system that regulate pain. The characteristics of neuropathic pain are shooting, burning, tingling, or electrical in nature.

In general, all pain, whether persistent or breakthrough, appears to be substantially undertreated. One survey of cancer patients discovered that only 35% of cancer patients receiving a scheduled opioid analgesic agent also received a BTP medication. Another study of hospice patients in Great Britain found that 43% of BTP patients receiving long-acting opioids for persistent pain did not receive BTP medication.

There are many barriers to appropriate management of BTP, including poor recognition and/or assessment of BTP, inadequate knowledge of its management, and regulatory and liability concerns regarding the use of opioids for BTP treatment. Patients may be hesitant to report BTP symptoms because of worries that this may indicate a worsening in their condition or because they do not want to burden anyone with their complaints. Patients may also have concerns about addiction to analgesics or potential adverse effects of medications. Additionally, the healthcare system presents its own challenges, including inadequate reimbursement policies, regulations and restrictions for controlled substances, and issues with access to treatment.

In 2005 the first American BTP consensus panel convened

to publish recommendations for the management of BTP. The panel emphasized that is it critical to differentiate BTP from persistent (chronic) pain since long-term treatment strategies differ. The panel recommended that BTP be clinically defined as pain that is abrupt in onset, intense, short-lived, and breaks through the ATC analgesia used to treat baseline persistent pain.

The most important source of information in diagnosing and assessing BTP is the patient. The pain management team must be aware that patients presenting with persistent pain, even when treated with ATC medication, are also susceptible to BTP and should be screened frequently and proactively. The following is a series of goals in evaluating BTP:

- Determine presence or absence of BTP
- Determine duration, onset, and intensity of BTP
- Identify characteristics, location, and pathophysiology (to differentiate between somatic, visceral, neuropathic, and mixed types which might affect the choice of analgesic regimen)
- Identify BTP subtype (i.e, idiopathic, incident, or end-of-dose pain) to help guide treatment selection
- Indentify impact on functional status and quality of life (helps to set goals for BTP therapy, which is unlikely to resolve pain completely)
- Review past and present BTP management strategies and their efficacy

Regular and ongoing pain assessments should be conducted and systematically documented to evaluate pain intensity and the efficacy of the BTP management plan. This should occur at scheduled intervals upon implementation of a pain management plan, with each new report of pain, and at an appropriate interval following each intervention (eg, one hour after administration of an oral analgesic). A simple visual analog or numeric rating scale may be used to reassess pain intensity. The degree to which pain interferes with function (which can be tested by the seven-item Interference Scale from the Brief Pain Inventory) and the extent to which relief is achieved also must be evaluated on reassessment of the management plan.

Unless BTP episodes are especially severe or frequent, the initial approach to treatment should involve nonpharmacologic interventions. A wide variety of nonpharmacologic options are available and should be selected based on individual patient and disease characteristics, patient preferences, and access to modalities. Nonpharmacologic strategies that should be considered in BTP management are listed in (Table1). Patients should be encouraged to remain active and participate in self-care when possible. Noninvasive physical and psychosocial modalities can be used concurrently with drugs and other interventions to manage pain during all phases of treatment. The effectiveness of these modalities depends on patient participation and communication of which methods best alleviate pain.

Table 1
Nonpharmacologic Strategies Useful in BTP Management. [5, 8, 9]

Lifestyle changes
- Altering pace of activities to reduce stress
- Exercise

Psychological strategies
- Hypnosis
- Relaxation, with or without imagery
- Cognitive-behavioral techniques
  - Distraction
  - Cognitive restructuring/reframing
  - Music therapy
  - Breathing exercises
- Supportive therapy

Physiatric techniques
- Heat/cold therapy
- Massage
- Acupuncture
- Chiropractic
- Positioning
- Transcutaneous electrical nerve stimulation (TENS)

As previously stated, persistent pain and BTP are distinct clinical entities that must be managed discretely. Baseline persistent pain should be regularly assessed to ensure effective control with ATC treatment; more than four episodes of BTP per day suggest that the cause and management of the baseline persistent pain should be reassessed, as it may be inadequately managed. However, it is important to recognize that there are cases in which BTP routinely occurs and it would not be appropriate to increase ATC treatment. If episodes of BTP are situational (i.e., caused by a specific trigger such as physical therapy on certain days), increasing the ATC dose every day of the week might prove to be excessive. Two options should be considered if end-of-dose BTP is identified: 1) increase the total daily dose of the ATC analgesic by 25% to 50% and then re-evaluate for a response (this approach may cause intolerable side effects such as drowsiness, particularly if the ATC analgesic is an opioid), or 2) shorten the dosing interval if the patient is already taking the maximally tolerated dose of the ATC analgesic. When control of the baseline persistent pain has been achieved, the next management goal is to decrease the frequency and intensity of BTP to reduce patient discomfort and disability. The subtype of BTP exhibited should determine the approach to this management goal. The pre-

emptive use of a hydrophilic immediate-release (IR) opioid 30 minutes before an anticipated BTP incident should be used for predictable incident pain. For unpredictable incident BTP, a trial of a hydrophilic IR opioid should be considered; likewise, a trial of a lipophilic IR opioid is recommended for idiopathic BTP (Table 2). In BTP with slow onset or long duration, acetaminophen or another nonopioid medication should be considered (Table 3).

Table 2
Characteristics of Immediate-Release Opioids Useful in BTP

Hydrophilic ↕ Lipophilic

Immediate-Release Opioid	Onset of Analgesia	Duration of Effect	Advantages (A) / Disadvantages (D)
Morphine (oral)	30-40 minutes	4 hours	A - available in multiple dosage forms, liquid concentrate D - slow onset of analgesia for idiopathic BTP
Oxymorphone (oral)	~45-60 minutes	4-8 hours	A - available in multiple dosage forms D - slow onset of analgesia for idiopathic BTP
Oxycodone (oral)	30 minutes	4 hours	Same as morphine
Hydromorphone (oral)	30 minutes	4 hours	D - no liquid concentrate, slow onset of analgesia for idiopathic BTP
Methadone (oral)	~10-15 minutes	4-6 hours	A - faster onset of analgesia in one small study D - complex pharmacology, pharmacokinetics
Fentanyl (transmucosal)	~5-10minutes	1-2 hours	A - fastest onset of analgesia D - requires ongoing patient cooperation in use
Fentanyl (buccal)	~15 minutes	1 hour	A - rapid onset of analgesia, discrete dosing D - requires ongoing patient cooperation in use

From Bennett D. Burton AW Fishman S. et al.Consensus Panel Recommendations for the Assessment and Management of Breakthrough Pain: Part 2-Management. P&T. 2005;30:354-361.

In light of the fact that no currently available pharmacologic agent is ideal, treatment should be selected with consideration of several factors to best meet the individual patient's needs: (1) chemical class of medication, (2) route of administration, (3) dosage, (4) setting (inpatient or outpatient), and (5) subtype of BTP. Additionally, an ongoing assessment of BTP should be employed utilizing the "four A's": 1) analgesia efficacy, 2) activities of daily living, 3) adverse events, and 4) aberrant drug-related behavior.

Nonopioid analgesics [i.e. acetaminophen (Tylenol®), etodolac (Lodine®), diclofenac (Voltaren®), meloxicam (Mobic®), nabumetone (Relafen®), celecoxib (Celebrex®)] theoretically should be good agents for the treatment of BTP. In practice, however, their use is complicated by dose-limiting toxicities, slow onset of action (30 minutes or more), and concerns about renal and cardiovascular morbidity. These drugs can perhaps best be appropriate adjuvant agents in combination with opioids to achieve effective analgesia while minimizing opioid-related side effects.

Adjuvant analgesics, or coanalgesics, are sometimes employed in persistent or acute pain, most commonly neuropathic pain. They are used independently or to potentiate the effects of nonopioids or opioids.Coanalgesics most commonly used are antidepressants [eg, amitriptyline

TABLE 3
Non-Opioid Analgesics Commonly Used in BTP[11]

Drug	Maximum Dosage	Dose Interval (hrs)	Possible Adverse Effects	Precautions
Acetaminophen	4000 mg/24 h (q 4-6 h dosing)	4-6	Toxic to liver if maximum dose exceeded	Avoid exceeding maximum recommended dose. Check liver function periodically In patients being treated for chronic pain
Aspirin	4000 mg/24 h (q 4-6 h dosing)	4-6	Gastric bleeding Abnormal platelet function	Avoid high doses for prolonged periods Check hematocrit and stools for occult blood periodically
NSAIDs				
Conventional				
Ibuprofen	2400 mg/24 h (q 6-8 h dosing)	4-6	Dose-dependent: - Gastric bleeding - Renal impairment - Abnormal platelet function Constipation, confusion and headaches may be more common in older patients	Avoid high doses for prolonged periods May be associated with CHF exacerbations Use with caution in patients with chronic renal failure
Naproxen	1000 mg/24 h (q 8-12 h dosing)	6-8	Similar to ibuprofen	Avoid high doses for prolonged periods
Choline magnesium trisalicylate	5500 mg/24 h (q 8-12 h dosing)	12	Prolonged half-life (8-12 h) Similar toxicity to ibuprofen Salicylate toxicity may develop at high dose	Periodic testing for salicylate levels may be necessary to avoid toxicity
COX-2 inhibitors				
Celecoxib	100-200 mg/24 h	12-24	Compared to conventional NSAIDs, lower but still not inconsequential risk of GI bleeding	
Tramadol	300 mg/24 h (q 4-6 h dosing)	4-6	2% protein-bound Half-life 6-7 h	May precipitate seizures, respiratory depression, dependency
Tramadol + acetaminophen	CrCl<30 ml/min: 50-100 mg q 12 h Cirrhosis: 50 mg q 12 h	4-6	Dizziness occurs in > 10%	Use with caution in patients taking drugs that lower seizure threshold and in patients with history of (or at high risk for) seizures

(Elavil®), nortriptyline (Pamelor®), desipramine (Norpramin®), venlafaxine (Effexor®), duloxetine(Cymbalta®)], anticonvulsants [eg, gabapentin (Neurontin®), pregabalin (Lyrica®), oxcarbazepine (Trileptal®), topiramate (Topamax®), lamotrigine (Lamictal®)], local anesthetics [eg, tizanidine (Zanaflex®), baclofen (Lioresal®), methocarbamol (Robaxin®)], and benzodiazepines [eg, diazepam (Valium®), lorazepam (Ativan®), clonazepam (Klonopin®)]. As with the nonopioids, there is little evidence to suggest that coanalgesics are effective in BTP.

Opioids are often prescribed for the management of chronic pain of both cancer and noncancer origins (Table 4). If opioid therapy is selected to treat breakthrough events, goals for therapy should be realistic and, if possible, discussed with the patient. ATC medication is the usual treatment of chronic baseline pain. The clinical characteristics of BTP usually warrant rescue doses in addition to ATC medications used to control baseline pain. BTP may be treated utilizing the following opioid therapy strategies:

- Increasing the dose of a long-acting opioid
- Increasing the frequency of a short-acting opioid
- Replacing a short-acting opioid with a long-acting opioid
- Adding a rapid-onset opioid to ATC medication

Long-acting opioids, prescribed for control of the persistent, baseline component of chronic pain, are characterized by a slow onset of action and a pharmacokinetic profile with minimal peaks and valleys that result in stable blood levels over the dose period. This class of opioids includes transdermal fentanyl (Duragesic®); morphine controlled–release (MS Contin®), sustained-release (Oramorph®), and extended-release (Avinza®, Kadian®); oxycodone controlled-release (OxyContin®); tramadol extended-release (Ultram ER®); and oxymorphone extended-release (Opana ER®).

Short-acting opioids, which include hydrocodone (Vicodin®), morphine immediate-release (MSIR®), oxycodone immediate-release (OxyIR®), tramadol (Ultram®), and oxymorphone immediate-release (Opana IR®), are generally recommended for the treatment of acute pain, however their onset of efficacy can take up to 30 minutes or more, whereas the median time to maximum intensity of BTP is approximately 10 minutes. To treat BTP more effectively, therefore more rapid-acting agents are needed. Short-acting, immediate–onset opioids are available for the management of BTP. The pharmacokinetic profile of these medications, which include formulations of fentanyl designed for rapid oral absorption, most closely mirrors the temporal pattern of BTP episodes.

Table 4

Opioid Analgesics Commonly Used in BTP

Drug Name	Usual Initial Dose and Dose Range	Indication(s)	Contraindications and Comments
Immediate-Release Single-Entity Agents			
Hydromorphone	Tablets: 2-4 mg; liquid: 2.5 - 10ml q 3-6 hr; tablets: 2-4 mg q 4-6 hr; daily max varies	Severe pain for which opioid use is appropriate	.
Methadone	Tablets/solution: (in opioid-naïve) 2.5 mg q 8-24 hr; 2.5-10 mg q 6 hr. Max dose not well established. Do not titrate more frequently than 5 to 7-day intervals	Severe acute or persistent pain, pain refractory to other opioids	Analgesic activity shorter than $t_{1/2}$; toxicity due to accumulation can occur within 3-5 days. Associated with QT prolongation or death in susceptible patients, especially with concomitant CYP3A4 inhibitors. Recommended for use only by practitioners familiar with methadone PK and drug interactions
Morphine, immediate-release	5-30 mg; 5-30 mg q 4-6 hr; oral forms given only after establishing daily opioid requirement; 1/2 daily requirement given q 12 hr	Moderate to severe pain when opioids are required for more than a few days	.
Oral transmucosal fentanyl citrate	200 µg; tirate to therapeutic response and minimal side effects according to special titration instructions in PI. Available in 200-1,600 µg lozenge units; daily max of 4 units per day	Breakthrough cancer pain in opioid-tolerant patients	Not for acute or post-operative pain; **contraindicated in opioid-nontolerant patients**
Fentanyl buccal tablets	100 µg; titrate to therapeutic response and minimal side effects according to special titration instructions in PI. Available in 100-800 µg tablets; daily max of 4 treated episodes per day	Breakthrough cancer pain in opioid-tolerant patients	Not for acute or post-operative pain; **contraindicated in opioid-nontolerant patients.*** Higher bioavailability than other oral fentanyl products. Concomitant use of moderate to strong P450 3A4 inhibitors may cause increased depressant effects
Oxycodone, immediate-release	5 mg; 5mg q 6 hr; regimen is individualized based on opioid and nonopioid requirements	Moderate to severe pain when opioids are required for more than a few days	.
Oxymorphone, immediate-release	10-20 mg q 4-6 hr depending on pain intensity	Moderate to severe pain for which opioid use is appropriate	.
Immediate-Release Combination Agents			
Hydrocodone/ acetaminophen	(1) 5mg/500mg to (2) 5mg/500mg tablets q 4-6 hr; daily dose of acetaminophen component 4 g (4,000 mg)	Moderate to moderately severe pain	Various amounts of hydrocodone (5-10 mg) with acetaminophen (325-750 mg) per tablet; doses vary by formulation; daily max 8-12 tablets in most formulations
Hydrocodone/ ibuprofen	7.5 mg/200 mg; 1 (7.5 mg/200 mg) tablet q 4-6 hr; daily max 5 tablets	Short-term (≤10days) moderate to severe acute pain	Risk of anaphylactic reaction; GI ulceration; bleeding; perforation*
Oxycodone/ acetaminophen	5 mg/325-500 mg; 1 (5 mg/325 mg) tablet q 6 hr; daily max 60 mg/4g	Moderate to moderately severe pain	.
Oxycodone/ aspirin	5 mg/325 mg; 1 tablet q 6 hr; daily max 3.9 g (3,900 mg) aspirin	Moderate to moderately severe pain	Risk of Reye's syndrome and GI bleeding associated with aspirin*
Tramadol/ acetaminophen	37.5 mg/325 mg; 2 (37.5 mg/ 325 mg) tablets q 4-6 hr; daily max 8 tablets	Short-term (≤5 days) pain management	Risk of seizure, especially with SSRIs, tricyclics, MAOIs, neuroleptics, other opioids*

*Class effects for opioids: may increase risk of one or more of the following: respiratory depression, severe asthma, paralytic ileus. Use caution with head injury, abdominal conditions, concomitant use of other CNS agents, use in older patients or those with renal or hepatic diease. Risk of serotonin syndrome when used with SSRIs, tricyclics, MAOIs, or neuroleptics. Risk of seizure when used with SNRIs, tricyclics, or neuroleptics.

Before deciding on a strategy for control of BTP, it is important to consider whether the opioid therapy being utilized to control the persistent component of chronic pain is adequate. In general, frequent episodes of BTP are probably indicative of inadequately treated persistent pain. As previously mentioned, when a patient experiences more

than four BTP episodes per day, reassessment of the cause of pain and/or approach to management of chronic pain is warranted. Effective treatment of BTP requires a strategy tailored for the individual patient that considers the cause and type of BTP episodes.

When a patient consistently reports occurrence of BTP episodes primarily at the end of the opioid dose period, end-of-dose failure should be suspected. In this subtype of BTP, the prescribed opioid is no longer sufficient for adequate analgesia of the baseline component of chronic pain. When this scenario occurs, there are four strategies that should be considered: (1) increase the dose of the long-acting opioid currently being used, (2) if unacceptable side effects occur at this higher dose, use a lower dose (split the higher dose) and administer more frequently, (3) if end-of-dose BTP is occurring near the end of a specific dose period (eg, the morning dose), asymmetric dosing may be of benefit – in this example, a higher dose would be administered in the morning verses evening, and (4) switch the patient to an alternate long-acting opioid and monitor BTP incidence.

Patients experiencing predictable BTP can often prevent an episode if the onset of pain is slow enough (about 30 minutes) by utilizing the administration of a short-acting opioid before an attack. Conversely, if BTP is unpredictable, the episode cannot be pretreated. Treatment of this type of BTP can be problematic and requires an agent with a very fast onset of action – even the short-acting opioids are unsuitable in this case, since their onset of action occurs in 15 to 20 minutes, peaks at 30 to 45 minutes, and lasting three to six hours, whereas BTP typically lasts 30 to 60 minutes.

There are two short-acting, rapid-onset opioids currently FDA-approved for the treatment of BTP: oral transmucosal fentanyl citrate (Actiq®) and fentanyl buccal tablet (Onsolis®). Fentanyl is highly lipophilic and rapidly crosses the buccal membrane and blood brain barrier, has a short half-life which mirrors the time course of BTP, and is orally administered. Actiq® is a formulation of fentanyl citrate embedded in a sweetened lozenge on a stick that dissolves in the mouth, delivering part of the dose through the sublingual and buccal mucosa. Onsolis® is designed to enhance the absorption through the buccal mucosa using an effervescent reaction that increases the rate of tablet dissolution and membrane permeation. The general properties of these two agents are compared in (Table 5).

Table 5
Comparison of OTFC and FBT

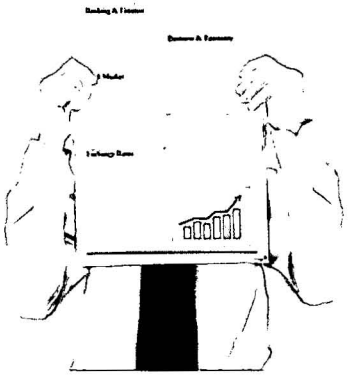
	OTFC	FBT
Route of use	Oral, mucosal	Oral, buccal
Dose range, mcg	200-1600	100-800
Time to peak plasma level, median, min	90.8*	46.8*
Half-life, * hr	6.4†	11.09*
Bioavailability, absolute, %	47 ± 10.5*	65 ± 20†
Time to significant decrease in pain intensity, min	10	10
Adverse events (≥5%) long-term treatment‡	Asthenia, headache, accidental injury, nausea, vomiting, constipation, dizziness, anxiety, somnolence, confusion, depression, insomnia, dyspnea, rash	Anemia, neutropenia, nausea, vomiting, constipation, diarrhea, abdominal pain, peripheral edema, asthenia, fatigue, pneumonia, decreased weight, dehydration, anorexia, hypokalemia, back pain, arthralgia, cancer pain, dizziness, headache, somnolence, confusion, depression, insomnia, cough, dyspnea

*400-mcg adjusted dose; †400-mcg dose; ‡ across dose range.
OTFC, oral transmucosal fentanyl citrate; FBT indicates fentanyl buccal tablet.

A number of investigational opioid- and nonopioid-based medications are at various stages of development for the treatment of BTP. Novel formulations of opioids that use various routes of administration are also under investigation, reinforcing the importance of treating BTP.

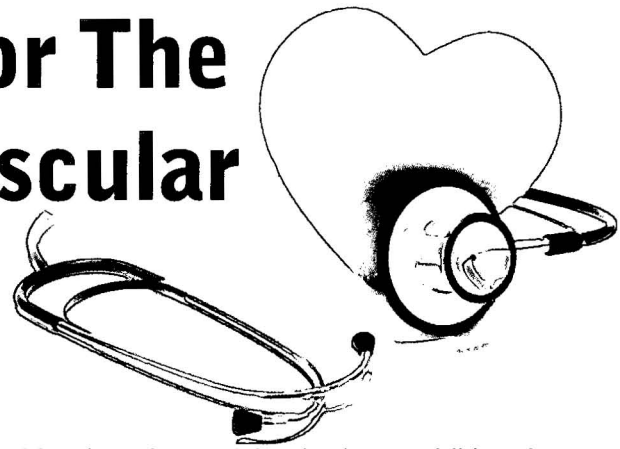
Effective therapies are available to treat BTP commonly suffered by patients treated for persistent chronic pain. It is important to indentify the subtype of BTP to determine the best strategy for treatment of an individual's pain and achieve improvement in the quality of life for these patients. Short-acting, immediate-release opioids, such as Onsolis® and Actiq®, are an important component of therapy for certain types of BTP, along with appropriate nonpharmacologic interventions.

References Available Upon Request



IN THE NEWS

New 2011 Guidelines For The Prevention Of Cardiovascular Disease In Women



Courtney Adams, Administration
DIAMOND PHARMACY SERVICES

In 1999, the American Heart Association (AHA) recognized the need for female-specific cardiovascular clinical studies and prevention recommendations by publishing "Evidence-Based Guidelines for Cardiovascular Disease in Women." Having not been updated since 2007, the complete 2011 Guidelines are extensive and 23 pages in length. The following review focuses specifically on one component - Guidelines for the Prevention of CVD in Women (adapted from Table 4). To access the entire report, please visit http://circ.ahajournals.org/content/123/11/1243.full.pdf.

Guidelines for the Prevention of Cardiovascular Disease (CVD) in Women

LIFESTYLE INTERVENTIONS

Cigarette smoking
Women should be advised not to smoke and to avoid environmental tobacco smoke. Provide counseling at each encounter, nicotine replacement, and other pharmacotherapy as indicated in conjunction with a behavioral program or formal smoking cessation program.

Physical activity
Women should be advised to accumulate at least 150 minutes/week of moderate exercise, 75 minutes/week of vigorous exercise, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Women should also be advised that additional cardiovascular benefits are provided by increasing moderate-intensity aerobic physical activity to five hours (300 minutes)/week, two and a half hours/week of vigorous-intensity physical activity, or an equivalent combination of both.

Women should be advised to engage in muscle-strengthening activities that involve all major muscle groups performed > 2 days/week.

Women who need to lose weight or sustain weight loss should be advised to accumulate a minimum of 60 to 90 minutes of at least moderate-intensity physical activity (eg, brisk walking) on most, and preferably all, days of the week.

Cardiac rehabilitation
A comprehensive CVD risk-reduction regimen such as cardiovascular or stroke rehabilitation or a physician-guided home- or community-based exercise training program should be recommended to women with a recent acute coronary syndrome or coronary revascularization, new-onset or chronic angina, recent cerebrovascular event, peripheral arterial disease, or current/prior symptoms of heart failure and an LVEF < 35%.

Dietary intake
Women should be advised to consume a diet rich in fruits and vegetables; to choose whole-grain, high-fiber foods; to consume fish, especially oily fish, at least twice a week; to limit intake of saturated fat, cholesterol, alcohol, sodium, and sugar; and to avoid

trans-fatty acids.
Note: Pregnant women should be counseled to avoid eating fish with the potential for the highest level of mercury contamination (eg, shark, swordfish, king mackerel, or tile fish).

Weight maintenance/reduction
Women should maintain or lose weight through an appropriate balance of physical activity, caloric intake, and formal behavioral programs when indicated to maintain or achieve an appropriate body weight (eg, BMI < 25 kg/m2 in US women), waist size (eg, < 35 inches), or other target metric of obesity.

Omega-3 fatty acids
Consumption of omega-3 fatty acids in the form of fish or in capsule form (eg, EPA 1800 mg/day) may be considered in women with hypercholesterolemia and/or hypertriglyceridemia for primary and secondary prevention.
Note: Fish oil dietary supplements may have widely variable amounts of EPA and DHA (likely the only active ingredients).

MAJOR RISK FACTOR INTERVENTIONS

Blood pressure: optimal level and lifestyle
An optimal blood pressure of < 120/80 mm Hg should be encouraged through lifestyle approaches such as weight control, increased physical activity, alcohol moderation, sodium restriction, and increased consumption of fruits, vegetables, and low-fat dairy products.

Blood pressure: pharmacotherapy
Pharmacotherapy is indicated when blood pressure is > 140/90 mm Hg (> 130/80 mm Hg in the setting of chronic kidney disease and diabetes mellitus). Thiazide diuretics should be part of the drug regimen for most patients unless contraindicated or if there are compelling indications for other agents in specific vascular diseases. Initial treatment of high-risk women with acute coronary syndrome or MI should be with beta-blockers and/or ACE inhibitors/ARBs, with addition of other drugs such as thiazides as needed to achieve goal blood pressure.
Note: ACE inhibitors are contraindicated in pregnancy and should be used with caution in women who may become pregnant.

Lipid and lipoprotein levels: optimal levels and lifestyle
The following levels of lipids and lipoproteins in women should be encouraged through lifestyle approaches: LDL-C < 100 mg/dL, HDL-C > 50 mg/dL, triglycerides < 150 mg/dL, and non–HDL-C (total cholesterol minus HDL) < 130 mg/dL.

Lipids: pharmacotherapy for LDL-C lowering, high-risk women
LDL-C–lowering drug therapy is recommended simultaneously with lifestyle therapy in women with CHD to achieve an LDL-C < 100 mg/dL and is also indicated in women with other atherosclerotic CVD or diabetes mellitus or 10-year absolute risk > 20%.

A reduction to < 70 mg/dL is reasonable in very-high-risk women (eg, those with recent ACS or multiple poorly controlled cardiovascular risk factors) with CHD and may require an LDL-lowering drug combination.

Lipids: pharmacotherapy for LDL-C lowering, other at-risk women
LDL-C–lowering with lifestyle therapy is useful if LDL-C level is > 130 mg/dL, there are multiple risk factors, and the 10-year absolute CHD risk is 10% to 20%.

LDL-C lowering is useful with lifestyle therapy if LDL-C level is > 160 mg/dL and multiple risk factors even if 10-year absolute CHD risk is < 10%. LDL-C lowering with lifestyle therapy is useful if LDL 190 mg/dL regardless of the presence or absence of other risk factors or CVD.

In women > 60 years of age and with an estimated CHD risk > 10%, statins could be considered if hsCRP is > 2 mg/dL after lifestyle modification and no acute inflammatory process is present.

Lipids: pharmacotherapy for low HDL-C or elevated non–HDL-C
Niacin or fibrate therapy can be useful when HDL-C is low (< 50 mg/dL) or non–HDL-C is elevated (> 130 mg/dL) in high-risk women after LDL-C goal is reached.

Diabetes mellitus
Lifestyle and pharmacotherapy can be useful in women with diabetes mellitus to achieve an HbA1C < 7% if this can be accomplished without significant hypoglycemia.

PREVENTIVE DRUG IINTERVENTIONS

Aspirin: high-risk women
Aspirin therapy (75–325 mg/day) should be used in women with CHD unless contraindicated.

Aspirin therapy (75–325 mg/day) is reasonable in women with diabetes mellitus unless contraindicated.

If a high-risk woman has an indication but is intolerant of aspirin therapy, clopidogrel (Plavix®) should be substituted.

Aspirin: other at-risk or healthy women
Aspirin therapy can be useful in women > 65 years of age (81 mg daily or 100 mg every other day) if blood pressure is controlled and benefit for ischemic stroke and MI prevention is likely to outweigh risk of gastrointestinal bleeding and hemorrhagic stroke and may be reasonable for women < 65 years of age for ischemic stroke prevention.

Aspirin: atrial fibrillation
Aspirin 75–325 mg should be used in women with chronic or paroxysmal atrial fibrillation with a contraindication to warfarin or at low risk of stroke (< 1%/year or CHADS2 score of < 2).

Warfarin: atrial fibrillation
For women with chronic or paroxysmal atrial fibrillation, warfarin (Coumadin®) should be used to maintain the INR at 2.0 to 3.0 unless they are considered to be at low risk for stroke (< 1%/year or high risk of bleeding).

Dabigatran: atrial fibrillation
Dabigatran (Pradaxa®) is useful as an alternative to warfarin for the prevention of stroke and systemic thromboembolism in patients with paroxysmal to permanent AF and risk factors for stroke or systemic embolization who do not have a prosthetic heart valve or hemodynamically significant valve disease, severe renal failure (creatinine clearance 15 mL or less/minute), or advanced liver disease (impaired baseline clotting function).

Beta blockers
Beta blockers should be used for up to 12 months or up to three years in all women after MI or ACS with normal left ventricular function, unless contraindicated.

Long-term beta blocker therapy should be used indefinitely for women with left ventricular failure unless contraindications are present.

Long-term beta blocker therapy may be considered in other women with coronary or vascular disease and normal left ventricular function.

ACE inhibitors/ARBs
ACE inhibitors should be used (unless contraindicated) in women after MI and in those with clinical evidence of heart failure, LVEF < 40%, or diabetes mellitus.

In women after MI and in those with clinical evidence of heart failure, an LVEF < 40%, or diabetes mellitus who are intolerant of ACE inhibitors, ARBs should be used instead.
Note: ACE inhibitors are contraindicated in pregnancy and should be used with caution in women who may become pregnant.

Aldosterone blockade
Use of aldosterone blockade (eg, spirololactone) after MI is indicated in women who do not have significant hypotension, renal dysfunction, or hyperkalemia who are already receiving therapeutic doses of an ACE inhibitor and beta blocker and have LVEF < 40% with symptomatic heart failure.

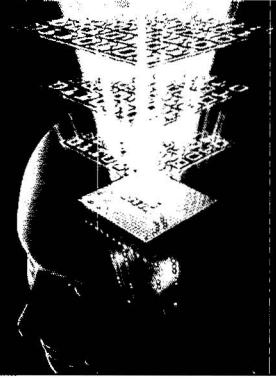
LVEF indicates left ventricular ejection fraction; BMI, body mass index; EPA, eicosapentaenoic acid; DHA, docosahexaenoic acid; ACE, angiotensin-converting enzyme; ARB, angiotensin receptor blocker; LDL-C, low-density lipoprotein cholesterol; HDL-C, high-density lipoprotein cholesterol; CHD, coronary heart disease; CVD, cardiovascular disease; ACS, acute coronary syndrome; hsCRP, high-sensitivity C-reactive protein; HbA1C, hemoglobin A1C; MI, myocardial infarction; CHADS2, Congestive Heart Failure, Hypertension, Age, Diabetes, Prior Stroke; and INR, international normalized ratio.

DID YOU KNOW?

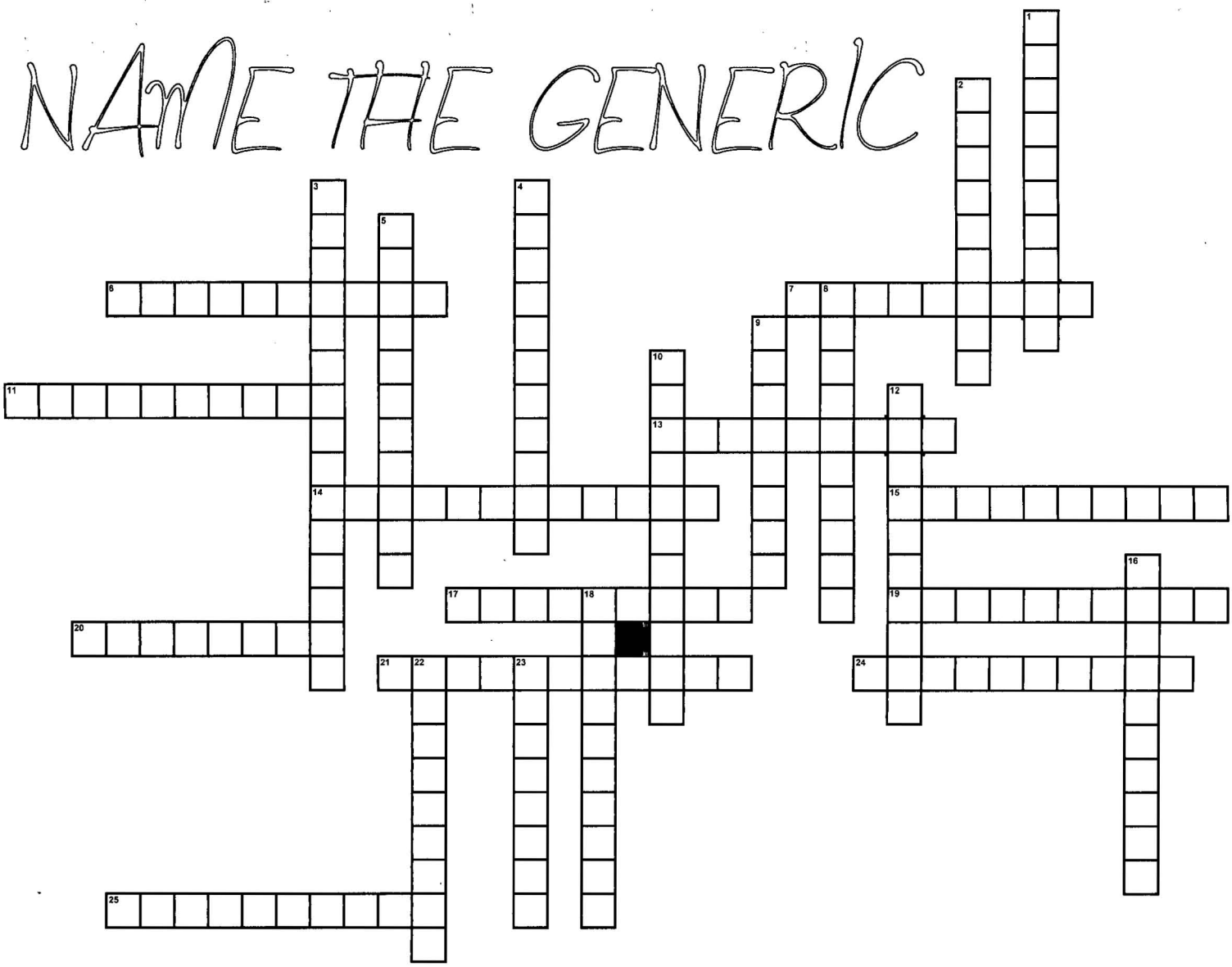
20 percent of the ailments for which Americans seek a doctor's care are related to anxiety disorders, such as panic attacks, that interfere with their ability to live normal lives.

Source: www.friendshospitalonline.org/facts.htm

TEST YOUR KNOWLEDGE



NAME THE GENERIC



Across
6. Zoloft®
7. Cardura®
11. Prozac®
13. Glucophage®
14. Zithromax®
15. Xanax®
17. Desyrel®
19. Zantac®
20. Naprosyn®
21. Remeron®
24. Keflex®
25. Paxil®

Down
1. Neurontin®
2. Dilantin®
3. Flexeril®
4. Inderal®
5. Effexor®
8. Prilosec®
9. Coumadin®
10. Lopid®
12. Depakote®
16. Zestril®
18. Zyprexa®
22. Motrin®
23. Tenormin®

Answers on Pg. 18

FDA Safety Announcement:

Bisphosphonates - A Potential Link To Esophageal Cancer

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DIAMOND PHARMACY SERVICES

On July 21st, 2011, the FDA released a safety announcement to patients and healthcare professionals stating that after a review of some published studies investigating a possible linkage of esophageal cancer to the use of bisphosphonates, a definite causal relationship remains unclear. The data amongst the studies is conflicting and insufficient to make an absolute recommendation concerning the safety of bisphosphonate use. The two largest studies reviewed by the FDA were from an extensive patient database in the U.K., the General Practice Research Database (GPRD). One of these studies found that there was no increase in cancer risk with the use of bisphosphonates. The other major study investigated by the FDA found that the risk for esophageal cancer doubled with the use of bisphosphonates in patients who had 10 or more prescriptions filled for the drugs or had taken bisphosphonates for more than three years.

Drugs of concern in the FDA's review include Fosamax® (alendronate), Actonel® (risedronate), Boniva® (ibandronate), Atelvia® (risedronate delayed-release), Didronel® (etidronate), and Skelid® (tiludronate). With the use of these drugs to treat osteoporosis and other bone disorders such as Paget's disease, one concern is whether the problems occurring with bisphosphonate use is due to the improper administration of the drugs. For example, some patients forget to take these medications with a full glass of water, first thing in the morning and to avoid lying down or eating/drinking for at least 30 to 60 minutes after taking the drug. These rules for administration apply to all the bisphosphonates with the exception of Atelvia®, which should be taken immediately after breakfast.

Along with the concerns of potential harm with the use of these drugs, the FDA also recognizes the fact that esophageal cancer is rare, especially in women. The currently available data is insufficient to recommend endoscopic screening of asymptomatic patients. Although the FDA has not made a conclusive decision about the potential for bisphosphonates to cause throat cancer, the organization feels that the benefits of taking these drugs outweigh the potential risks. Patients are advised to speak with their physicians about proper use of their medication and should carefully follow the directions for the use of their oral bisphosphonate therapy. The FDA also encourages healthcare providers to report adverse events involving bisphosphonates to the FDA MedWatch program. The FDA plans to continue its review and evaluate the data concerning the safety and effectiveness of bisphosphonates and will update the public when the information about the safety of bisphosphonate use is more lucid.

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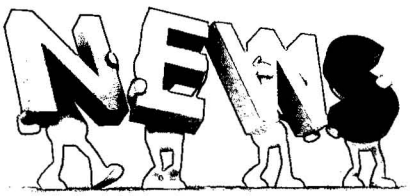

New And Noteworthy

NEW DRUG UPDATES

Lauren Lichtenfels, Pharm D Candidate 2014
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Horizant™ (gabapentin enacarbil)

GlaxoSmithKline and Xenoport have teamed together for the release of the once daily treatment of moderate to severe restless leg syndrome (RLS) medication Horizant™ (gabapentin enacarbil) extended-release tablets. Approved in April of 2011, Horizant™ is making a splash in the pharmaceutical market, providing a safer alternative to older agents used to treat RLS.

Horizant™
gabapentin enacarbil
extended-release tablets

RLS is classified as a neurological disorder involving the urge to alleviate unnatural sensations that occur in the legs and sometimes the arms. These sensations can include pain, tingling, creeping, crawling, itching, and burning, which can be temporarily relieved by movement of the offending limb or limbs. Symptoms of RLS tend to occur during periods of rest, namely evenings, nights, and early mornings. Stress can exacerbate these symptoms, often interrupting or preventing sleep. Although the cause is unknown, the incidence of RLS increases in those having a family history of the disease. Approximately ten percent of the population is thought to suffer from RLS, affecting women more than men. RLS increases in frequency and severity with age.

Following absorption, Horizant™ is converted in the body to gabapentin. Horizant™ exerts its effects by binding to specific calcium channels, however the exact mechanism of action for Horizant™ is unknown. Horizant™ is available as white to off-white, oval-shaped 600mg tablets. The recommended dose is one 600 mg tablet given with food at 5 pm daily. In two twelve-week clinical trials, 1200 mg daily dosages were not shown to be more effective, instead increasing the incidence of adverse effects. Dosing recommendations for patients having a creatinine clearance between 30 to 59 mL/minute is one 600mg tablet given on days one and three, followed by 600mg once daily thereafter. Horizant™ is not advisable for use in those patients having a creatinine clearance less than 30 mL/minute. The most common side effects associated with Horizant™ include somnolence, dizziness, and sedation. Horizant™ may also cause increased suicidal thoughts and behaviors. Horizant™ should not be used in patients who are pregnant, suffer from depression or take CNS depressants, or consume alcohol. It is important to note that Horizant™ is not interchangeable with other gabapentin products.

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Arbinoxa™ (carbinoxamine maleate)

Arbinoxa™ is a histamine-H1 receptor blocking agent indicated for the symptomatic treatment of seasonal and perennial allergic rhinitis, vasomotor rhinitis, and allergic conjunctivitis due to inhalent allergens and food. It can also be used for mild, uncomplicated allergic urticaria and angioedema. Arbinoxa™ additionally may be used as an adjunct therapy to epinephrine in the treatment of anaphylactic reactions once acute manifestations are controlled. The severity of allergic reactions to blood or plasma may also be minimized with the use of Arbinoxa™. The drug is not suitable to treat asthma and other lower respiratory tract symptoms.

Arbinoxa™ has both anticholinergic and sedative properties. Common adverse effects include sedation, sleepiness, dizziness, disturbed coordination, epigastric distress, thickening of bronchial secretions, and excitability in children. Arbinoxa™, like all

antihistamines, should be used with caution in patients with increased intraocular pressure, hyperthyroidism, cardiovascular disease, or hypertension. Arbinoxa™ is contraindicated in children younger than two years of age, nursing mothers, patients with hypersensitivity to the drug, and those who are on MAO inhibitor therapy. Caution should also be taken in patients having narrow angle glaucoma, stenosing peptic ulcer, symptomatic prostatic hypertrophy, bladder neck obstruction, and pyloroduodenal obstruction. Arbinoxa™ has additive effects with alcohol and other CNS depressants (e.g. alprazolam). The drug has potential to interact with MAO inhibitors (e.g. phenelzine), which may cause prolongation of and intensify the anticholinergic effects of the antistamine.

Arbinoxa™ is available in 4 mg tablets, as well as a 4mg/5mL bubble gum flavored solution. Usual dosing of Arbinoxa™ is as follows:

Tablets
Adult: 1 or 2 tablets (4 to 8 mg) three to four times daily
Children 6 to 11 years of age: ½ to 1 tablet (2 to 4 mg) three to four times daily
Solution
Adult: 1 or 2 teaspoonfuls (4 to 8 mg) three to four times daily
Children 6 to 11 years of age: ½ to 1 teaspoonful (2 to 4 mg) three to four times daily

Dosing for children two to five years of age should be based on weight whenever possible. This includes 0.2 to 0.4 mg/kg/day, divided into three or four daily doses for the tablets. This generally corresponds to ¼ to ½ teaspoonful (1 to 2 mg) three to four times a day for the oral solution.

Victrelis™ (boceprevir)

Victrelis™ is a hepatitis C virus NS3/4A protease inhibitor indicated for the treatment of chronic hepatitis C genotype 1 infection, in combination with peginterferon alfa and ribavirin in adult patients (18 years and older), with compensated liver disease, including cirrhosis, who are previously untreated or who have failed previous treatment with peginterferon alfa and ribavirin. The drug may not be used as monotherapy and must be used in combination with peginterferon alfa and ribavirin.
Dosing of Victrelis™ is 800mg (four 200mg capsules) administered orally three times daily with food. Therapy with Victrelis™ should be initiated at the start of week five (following four weeks of treatment with peginterferon alfa and ribavirin).
Common adverse effects include fatigue, anemia, nausea, headache, and taste distortion. Victrelis™ has the potential for drug-drug interactions, as it is a strong inhibitor of CYP3A4/5 and is partly metabolized by CYP3A4/5. The drug is contraindicated in pregnant women and men whose female partners are pregnant. Administration of Victrelis™ is contraindicated in patients taking drugs that are highly dependent on CYP3A4/5 for clearance (e.g. erythromycin, ketoconazole) and those taking potent CYP3A4/5 inducers (e.g. phenytoin, oxcarbazepine), which may significantly reduce the efficacy of Victrelis™.

Xarelto® (rivaroxaban)

Xarelto® was recently approved for the prophylaxis of deep vein thrombosis, which may lead to pulmonary embolism, in patients undergoing hip or knee replacement surgery. It is the first FDA-approved oral, selective inhibitor of Factor Xa and is available in the form of film-coated tablets. The drug is administered as a once daily oral dose of a 10 mg tablet with or without food and does not require INR monitoring or monitoring of other coagulation parameters. Trials show less incidence of VTE in patients taking Xarelto® vs those taking enoxaparin, while having a similar risk for bleeding.

Xarelto® is contraindicated in patients with hypersensitivity to the drug and patients with active major bleeding. Boxed warnings for the drug include spinal/epidural hematoma in the surgical setting, which can lead to long-term or permanent paralysis. Other contraindications include nursing mothers and patients with severe renal impairment (CrCl < 30 mL/min; caution with CrCl >30 and <50 mL/min). Use of Xarelto® should also be avoided in patients with moderate to severe (Child-Pugh B or C) hepatic disease or any liver disease involving coagulopathy.

The most common adverse effects related to the drug are bleeding complications. Warnings with use of the drug include risk of serious and fatal bleeding and pregnancy-related hemorrhage. Xarelto® is mainly

metabolized via CYP3A4/5, CYP2J2, and hydrolysis and has the potential for drug interactions with combined P-gp and strong CYP3A4 inhibitors (e.g. clarithromycin, cyclosporine, ketoconazole), as well as strong inducers of P-gp and CYP3A4 (e.g. carbamazepine). Xarelto® is not for concomitant use with other anticoagulants other than during therapeutic transition periods. Do not use Xarelto® with clopidogrel (Plavix®), unless the benefit outweighs the risks for bleeding. Due to an increased risk of bleeding, caution should be exercised in patients taking NSAIDS or aspirin while using Xarelto®.

Zytiga™ (abiraterone acetate)

Zytiga™ is an androgen biosynthesis inhibitor indicated for use with prednisone in men with metastatic castration-resistant prostate cancer (CRPC) who have received prior chemotherapy containing docetaxel. The drug is available as 250mg tablets. The proper dosage of Zytiga™ is 1,000 mg (four 250-mg tablets) given orally once daily in combination with 5 mg prednisone, which is taken orally twice daily. Zytiga™ must be given in the absence of food, being sure to avoid food two hours prior to administration and at least one hour after dosing.

Common adverse effects associated with Zytiga™ include joint swelling or discomfort, hypokalemia, edema, muscle discomfort, hot flash, diarrhea, urinary tract infection, cough, hypertension, arrhythmia, urinary frequency, nocturia, dyspepsia, and upper respiratory tract infection. Zytiga™ should be used with caution in patients having a history of cardiovascular disease. Zytiga™ may cause fetal harm, and women who are or may become pregnant should not handle the drug. Zytiga™ is a substrate of CYP3A4 and an inhibitor of CYP2D6. Co-administration should be avoided, or caution taken, with strong inhibitors/inducers of CYP3A4 and drugs having a narrow therapeutic index which are metabolized via CYP2D6 (e.g. haloperidol). Dose reduction is required in patients with mild to moderate hepatic impairment, and Zytiga™ should be avoided in patients with severe hepatic impairment (Child-Pugh Class C). Liver enzymes must be monitored to determine a potential need for drug interruption, dose modification, and/or discontinuation. Other necessary monitoring parameters include blood pressure, serum potassium, symptoms of fluid retention, and signs of adrenocortical insufficiency.

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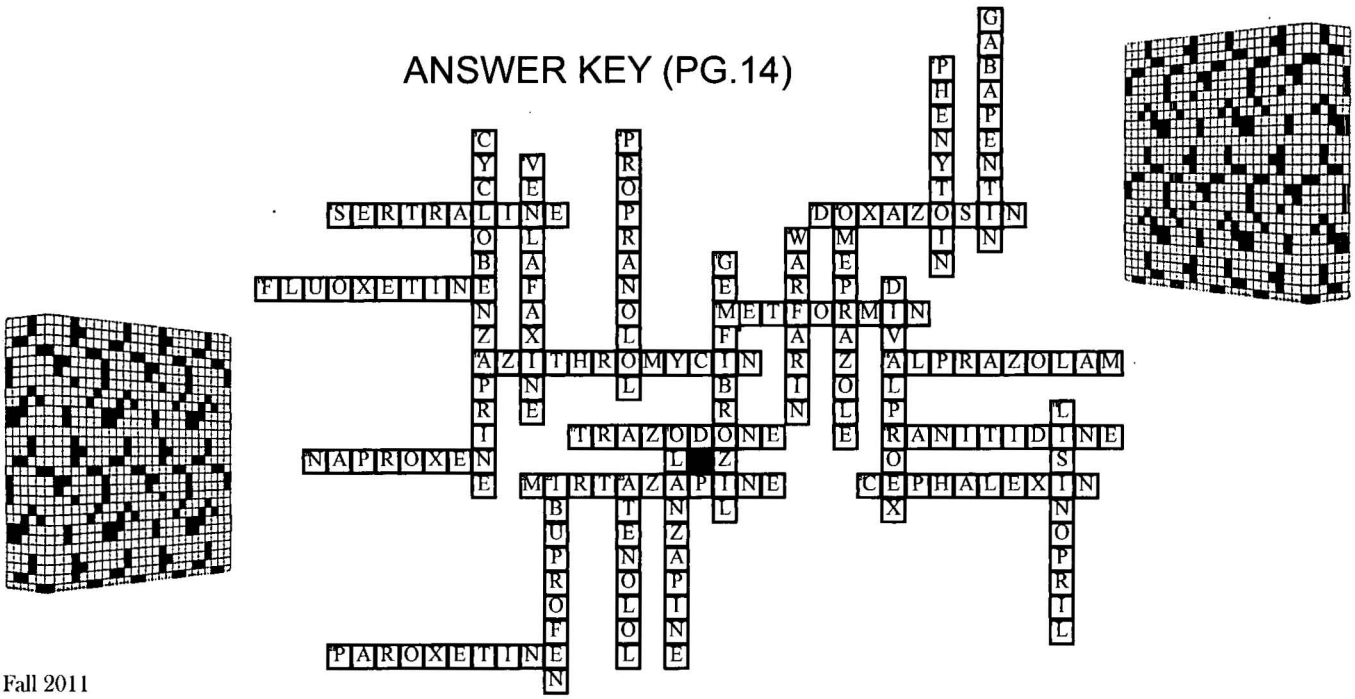
ANSWER KEY (PG.14)



MEDICATION SAFETY

FDA Advisories

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CITALOPRAM AND ABNORMAL HEART RHYTHMS

The FDA recently notified healthcare professionals and patients that the antidepressant citalopram hydrobromide (Celexa®) and its generic equivalents can cause abnormal changes in the heart's electrical activity and should no longer be prescribed/taken at doses greater than 40 mg per day. QT interval prolongation caused by citalopram is dose-dependent and may lead to Torsade de Pointes and other fatal arrhythmias. The patients with the most risk of developing such problems include those with previously existing heart conditions and those who have or are prone to developing hypokalemia and hypomagnesemia.

Studies show that daily doses of citalopram exceeding 40 mg daily add no additional benefit in treating depression. Although the drug label previously stated that some patients may require a 60 mg per day dose, the label has been revised to mention the new dosing recommendations and the risk for potentially lethal changes in the electrical activity of the heart.

Citalopram should be avoided in patients with congenital long QT syndrome, congestive heart failure, bradyarrhythmias, or predisposition to low levels of potassium or magnesium in the blood, as these patients are at an increased risk for developing Torsade de Pointes. Hypokalemia and hypomagnesemia should be corrected prior to administration of citalopram, and electrolytes should be monitored for changes. ECG monitoring should be more frequent in patients with CHF, having bradyarrhythmias, or taking other medications with the ability to prolong the QT interval. In patients with liver impairment, 60 years of age or older, CYP2C19 poor metabolizers, or concomitantly taking cimetidine, the maximum recommended dose is 20mg daily, because these factors lead to increased blood levels of citalopram, thus increasing the risk for heart abnormalities.

MULTAQ® AND PERMANENT ATRIAL FIBRILLATION

Within the past year, Sanofi-Aventis, the manufacturer of Multaq® (dronedarone), issued an advisory letter to healthcare professionals, as well as a modification of the Risk Evaluation and Mitigation Strategy (REMS) for the drug. The modification to REMS reflects information that was previously communicated regarding the potential for Multaq® to cause liver injury and even life-threatening acute liver failure. The FDA subsequently released its own advisory, stating that it is reviewing data from a clinical trial that studied the use of the drug in patients with permanent atrial fibrillation (AF).

Multaq® is indicated to reduce the risk of cardiovascular hospitalization in patients with paroxysmal or persistent AF or atrial flutter (AFL), with a recent episode of AF/AFL and associated cardiovascular risk factors, who are in sinus rhythm or who will be cardioverted. Cardiovascular risk factors include age over 70, hypertension, diabetes, prior cerebrovascular accident, left atrial diameter ≥50 mm, or left ventricular ejection fraction [LVEF] <40%.

Since the drug's approval in 2009, this is the fifth warning the FDA has issued concerning its use. The first warning involved the drug's potential to worsen

congestive heart failure in patients. The second warning involved linking of the drug to patients experiencing Torsade de Pointes. Third, the FDA released a warning that Multaq® had the potential to interfere with the anticoagulating effects of warfarin. Lastly, prior to the most recent advisory, the FDA released a report of the drug's potential to cause liver injury.

A clinical trial, PALLAS, was stopped prematurely when Multaq® was shown to cause a two-fold increase in the risk of death, stroke, and heart failure hospitalizations in patients with permanent AF. Consequently, the FDA suggests that physicians avoid prescribing Multaq® to patients with permanent AF. Healthcare professionals are advised to regularly monitor patients (at least every six months) to ensure that patients remain within the approved indication and do not progress to permanent AF or new/worsening heart failure. The FDA also currently recommends that patients speak with their healthcare providers about whether or not they should continue to take Multaq® for permanent AF.

5-ALPHA REDUCTASE INHIBITORS AND INCREASED RISK OF PROSTATE CANCER

A recent FDA review revealed the possible link between 5-alpha reductase inhibitor (5-ARI) use and prostate cancer. Medications posing potential risk in the 5-ARI class include finasteride (Proscar® and Propecia®), dutasteride (Avodart®), and dutasteride plus tamsulosin hydrochloride (Jalyn®). Proscar®, Avodart®, and Jalyn® are approved to treat the symptoms of benign prostatic hyperplasia (BPH); Proscar® and Avodart® are also approved to lower the risk of urinary retention or surgery related to an enlarged prostate gland. Propecia® is approved to treat male pattern hair loss.

The new safety precaution stems from the FDA's review of two large randomized controlled trials, the Prostate Cancer Prevention Trial (PCPT) and the Reduction by Dutasteride of Prostate Cancer Events (REDUCE) trial. Both studies showed a decreased incidence of low-risk forms of prostate cancer; however, both also observed an increased incidence of high-grade prostate cancer, the most serious form of prostate cancer. This potential link is of particular importance, as an estimated five million men received a prescription for a 5-ARI between the years of 2002 and 2009. In response to the findings of these studies, the FDA mandated a revision of the Warnings and Precautions section on the product labeling to include a statement that these drugs may cause high-grade prostate cancer, a more serious form of prostate cancer.

Additionally, the FDA recommends that prior to initiating 5-ARI therapy, healthcare providers should appropriately evaluate and rule out other urological conditions, including prostate cancer (which may mimic BPH). The FDA also reminds healthcare professionals that 5-ARI's are not approved for the prevention of prostate cancer, and that patients taking 5-ARIs may experience individual and varying increases in prostate-specific antigen (PSA) values. Therefore, an increase in PSA while receiving 5-ARI therapy could perhaps suggest prostate cancer and should be evaluated, even if that PSA is in the normal range of men without BPH who are not being treated.

LIMITATIONS FOR SIMVASTATIN-CONTAINING MEDICATIONS

The FDA recently released advisories concerning the drug Zocor® (simvastatin) and other simvastatin-containing drugs such as Vytorin® and Simcor®. These advisories address the potential for drug-drug interactions, new restrictions on the 80mg dose, new contraindications, and corresponding labeling changes. These safety notices were impelled by review of data from clinical trials and from the FDA's Adverse Event Reporting System, which tracks the safety of drugs once they are on the market. The FDA's reviews included the SEARCH trial (The Study of the Effectiveness of Additional Reductions in Cholesterol and Homocysteine) and additional data from the ongoing safety review of high-dose simvastatin.

Simvastatin is an important part of many patients' therapy for the prevention of heart attack and stroke by controlling LDL cholesterol. An estimated 2.1 million people were prescribed a product containing simvastatin 80 mg in the year 2010; therefore the FDA does not intend to remove the 80mg dose from the market outright, which could potentially endanger those patients successfully sustained on the 80mg dose. The organization plans to monitor prescription data throughout the next year to determine whether the labeling changes are successful in limiting the use of the 80 mg dose.

The FDA recommends restricting the use of simvastatin 80mg only to patients who have been on that particular dose for 12 months or longer without experiencing any adverse effects. The FDA's goal is to get doctors to cease prescribing the 80 mg dose as an initial dose and begin prescribing lower starting doses. Additionally, the new labeling changes for simvastatin and Vytorin® include the new restriction for the 80 mg dose. The FDA also recommends that patients who are not achieving LDL cholesterol goals on the 40 mg dose should be prescribed an alternative statin rather than receiving a new prescription for simvastatin 80 mg.

Labeling for simvastatin/Zocor®, Vytorin®, and Simcor® have all been updated to include new dosing instructions when used with other potentially interacting drugs. Drug-related myopathy can be caused by high dose simvastatin, drug-drug interactions with simvastatin, as well as genetic predisposition for simvastatin-related myopathy. Although the use of all statins involves a risk for experiencing myopathy, the risk is higher with an 80 mg dose of simvastatin, especially during the first year of treatment. The major concern with use of high dose simvastatin is its potential to cause rhabdomyolysis, a rare, debilitating form of myopathy, which may lead to kidney failure and death.

The new labeling for simvastatin includes contraindications for the use of the following drugs with any dose of simvastatin: itraconazole, ketoconazole, posaconazole, erythromycin, clarithromycin, telithromycin, HIV protease inhibitors, nefazodone, gemfibrozil, cyclosporine, and danazol. The new labeling changes also specify avoiding the use of certain drugs with particular doses of simvastatin in order to prevent drug-drug interactions. These changes include an indication to not exceed simvastatin 10 mg daily when taking amiodarone, verapamil, or diltiazem. Note that these drugs are all also contraindicated with any dose of Simcor®, as Simcor® is only available as containing either 20 mg or 40mg of simvastatin. New labeling updates also mention that simvastatin 20 mg daily should not be exceeded while taking either amlodipine (Norvasc®) or ranolazine (Ranexa®). Simvastatin labeling also continues to warn that large quantities of grapefruit juice (>one quart daily) should be avoided while taking simvastatin-containing drugs.

Within the advisory, the FDA additionally emphasizes that patients should never discontinue their statin prescriptions without consulting a physician; the benefits of taking the drugs far outweigh the potential risks. Patients are advised to contact their health care professional if they experience 1) muscle weakness or tenderness, 2) dark or red-colored urine, and/or 3) unexplained fatigue. The FDA continues to encourage health care providers and patients to report adverse events, side effects, or product quality problems through the FDA's Medwatch Safety Information and Adverse Event Reporting Program.

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KEEPING IT SAFE

Medication Management In Long-Term Care

Deborah Milito, Pharm D
DIAMOND PHARMACY SERVICES

Diamond Pharmacy Services' (DPS) Long-Term Care division has been accredited by the Joint Commission since 1996. Organizations seeking to maintain accreditation are surveyed once every three years. Whenever the Joint Commission conducts a survey, organizational systems and processes that drive care within the organization and affect the true-life experiences of the residents observed during an on-site evaluation are assessed. Medication management issues and topics are assessed as part of both the system and the individual.

A key focus is on high-risk processes across organizations. One high-risk area is patient safety - specifically, reducing resident harm with the use of anticoagulation therapy. Warfarin (Coumadin®) is on DPS's list of high-alert medications, since it is a medication that has a heightened risk of causing significant harm if used in error. The preferred source list of high-alert medications is the Institute for Safe Medication Practices (ISMP). This list is reviewed and updated annually and is distributed to our facilities and to our employees.

Warfarin, in particular, needs to be monitored correctly and effectively. An INR is required at baseline and periodically thereafter. DPS Consultant Pharmacists report any preventable Adverse Drug Reactions (ADR's) for warfarin at their respective facilities' quarterly Quality Assurance meetings. CHEST 2008 is a reference that is utilized for warfarin dosing guidelines, as well as for identifying the proper dosing of vitamin K for supratherapeutic INR's.

In summary, DPS Consultant Pharmacists are continuously educated and competency assessed for the proper utilization of anticoagulants using evidence-based guidelines, thus helping to ensure that your residents are receiving the most optimal and safest care possible.

DID YOU KNOW?

Almost 60,000 patients with end-stage renal disease die each year, making kidney disease America's ninth leading cause of death.

Source: *The National Kidney Foundation*

PRODUCT REFRESHER

Updated Acetaminophen Dosing Guidelines

Anna Avolio, Pharm D Candidate 2012
DIAMOND PHARMACY SERVICES

Acetaminophen is a component of more than 600 over-the-counter (OTC) and prescription medications including Tylenol®, NyQuil®, Percocet®, and Vicodin®, and thus accidental acetaminophen overdose is a major concern in the safety of unknowledgeable consumers.

Johnson & Johnson, the manufacturer of Tylenol®, is lowering the recommended maximum dose of Extra Strength Tylenol® from eight pills (4,000 mg) per day to six pills (3,000 mg) per day. The company went on to additionally update the dosing interval of Extra Strength Tylenol® from two caplets every four to six hours, to a safer two pills every six hours.

The changes being made are in light of the fact that many consumers are ingesting an amount of the drug that exceeds the maximum daily dose. These acetaminophen overdoses may be occurring because of patients' failure to read/follow dosing instructions or due to the unawareness that many OTC products that they take and combine include acetaminophen as a common ingredient.

The official changes to the Extra Strength Tylenol® product packages will be seen this fall. In 2012, the maximum daily dose for Regular Strength Tylenol® will also be lowered, in addition to other adult acetaminophen-containing products produced by Johnson & Johnson. The manufacturer is also working with makers of different acetaminophen-containing products to ensure consistency in product labeling and dosing instructions.

In addition to the recent labeling changes, Johnson & Johnson has started a patient education initiative on its Tylenol® website that includes an interactive acetaminophen product finder - a tool that allows patients to create a list of all the acetaminophen-containing products he/she uses, which can then be shared with the patient's doctor and pharmacist. Other packaging enhancements will be revealed in 2012, including a message imprinted directly on the bottle cap of Extra Strength Tylenol® reminding patients of the dosing instructions and to always read and follow the label.

To read the official press release, please visit: http://www.investor.jnj.com/releasedetail.cfm?ReleaseID=594876

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VOLUME 9, ISSUE 1, 2012

HIV AND HEPATITIS QUARTERLY JOURNAL

New Shorter Treatment for Latent TB Not Recommended for HIV+ People on ART

HEPATITIS C PATIENTS MAY HAVE INCREASED RISK OF STROKE

SUPPORTED BY:
Abbott Laboratories
Bristol-Myers Squibb
Gilead

DIAMOND
PHARMACY SERVICES

HIV AND HEPATITIS QUARTERLY JOURNAL

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COBICISTAT B AS WELL AS R 48 WEEKS

Press Release

Gilead Sciences this week announced the latest results from a Phase 3 trial of its experimental boosting agent cobicistat, which raises levels of other drugs processed by the same enzymes in the liver. The study found that cobicistat worked as well as ritonavir (Norvir) as a booster for atazanavir (Reyataz) over 48 weeks.

Cobicistat, which is not itself active against HIV, is expected to be a component of a new coformulation with atazanavir; the forthcoming 4-in-1 Quad pill; and another novel single-tablet regimen containing darunavir (Prezista), emtricitabine (Emtriva), and GS 740 (a tenofovir pro-drug).

Below is an edited excerpt from a Gilead press release describing the latest findings.

Gilead's Boosting Agent, Cobicistat, Meets 48-Week Primary Objective in Pivotal Phase 3 Study

- ***Cobicistat is a Component of Company's Quad Single-Tablet Regimen, Currently Being Reviewed by U.S. FDA***

Foster City, Calif. -- December 5, 2011 -- Gilead Sciences, Inc. (Nasdaq: GILD) today announced that a Phase 3 clinical trial (Study 114) of its pharmacoenhancing or "boosting" agent cobicistat, which increases blood levels of certain HIV medicines to allow for one pill once-daily dosing, met its 48-week primary objective of non-inferiority to ritonavir.

The Study 114 primary endpoint analysis indicated that after 48 weeks of treatment, 85 percent of patients taking a regimen of cobicistat-boosted atazanavir (a protease inhibitor) plus Truvada (emtricitabine and tenofovir disoproxil fumarate) achieved HIV RNA (viral load) of less than 50 copies/mL, compared to 87 percent of patients taking ritonavir-boosted atazanavir plus Truvada (95 percent CI for the difference: -7.4 percent to 3.0 percent). The predefined criterion for non-inferiority was a lower bound of a two-sided 95 percent CI of -12 percent. Discontinuation rates due to adverse events were 7.3 percent and 7.2 percent in the cobicistat and ritonavir arms of the study, respectively. Gilead plans to submit these data for presentation to a scientific conference in 2012.

"The majority of today's protease-based HIV treatment regimens depend on a boosting agent for optimal efficacy," said Norbert Bischofberger, PhD, Executive Vice President, Research and Development and Chief Scientific Officer, Gilead Sciences. "These results demonstrate that cobicistat may provide patients taking protease-based regimens with a much-needed alternative boosting agent. We are now working toward a second quarter 2012 U.S. regulatory filing for cobicistat."

Small increases in serum creatinine (a value used to

Matthew D. Risko, R.Ph., AAHIVE
Diamond Pharmacy

Stefan V. Beck, R.Ph., AAHIVE
Diamond Pharmacy

Matthew D. Risko, R.Ph. is an HIV Pharmaceutical Care Specialist for Diamond Pharmacy Services with over 13 years experience working in Corrections.

While at Diamond, he has furthered his education in AIDS treatment through the ASCP Foundation HIV/AIDS Pharmacotherapy Traineeship. Matthew has also recently been accredited by the American Academy of HIV Medicine (AAHIVM) as an HIV Expert.

He is also the managing director of the Diamond Pharmacy Services HIV Patient Assistance Program.

Stefan V. Beck, R.Ph. is an HIV Pharmacist for Diamond Pharmacy Services with over 12 years experience working in Corrections.

He has assisted in the development of Diamond's Therapeutics Department, which specializes in the treatment of HIV and other infectious disease.

Stefan was also recently accredited by the American Academy of HIV Medicine (AAHIVM) as an HIV Expert.

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For their continued support and provision of cutting-edge information fo the Diamond Pharmacy Services *HIV Quarterly Journal.*

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estimate kidney function) with resulting decreases in estimated creatinine clearance (by Cockroft-Gault) were observed in this study. At 48 weeks, the mean increase from baseline in serum creatinine was 0.14 mg/dL among cobicistat patients and 0.09 mg/dL among ritonavir patients. The increase in serum creatinine with cobicistat occurs within days of drug initiation and is reversible with values returning to baseline within days after cessation of cobicistat. Results from a separate Phase 1 renal study in healthy volunteers indicate that cobicistat does not affect actual glomerular filtration rates (GFR) as assessed by iohexol clearance (a true measure of kidney function).

About the Cobicistat Phase 3 Study

Study 114 is a randomized, double-blind, Phase 3 clinical trial comparing the efficacy and safety of cobicistat-boosted atazanavir versus ritonavir-boosted atazanavir, each administered with Truvada, over a 96-week period at more than 200 study sites in North America, South America, Europe and Asia Pacific. Eligible participants were HIV-infected treatment-naive adults with HIV RNA levels greater than or equal to 5,000 copies/mL. Trial participants were randomized (1:1) to receive a regimen of cobicistat 150 mg, atazanavir 300 mg and Truvada (n=344) or ritonavir 100 mg, atazanavir 300 mg and Truvada (n=348).

The primary endpoint of the study was the proportion of patients achieving HIV RNA levels of less than 50 copies/mL at 48 weeks of treatment, as determined by the FDA-defined snapshot analysis. Secondary objectives will evaluate the efficacy, safety and tolerability of the treatment regimens through 96 weeks of treatment. Additional information about the study can be found at www.clinicaltrials.gov.

About Cobicistat

Cobicistat is Gilead's proprietary potent mechanism-based inhibitor of cytochrome P450 3A (CYP3A), an enzyme that metabolizes drugs in the body. Cobicistat is an investigational product and its safety and efficacy have not yet been established.

About Gilead Sciences

Gilead Sciences is a biopharmaceutical company that discovers, develops and commercializes innovative therapeutics in areas of unmet medical need. The company's mission is to advance the care of patients suffering from life-threatening diseases worldwide. Headquartered in Foster City, California, Gilead has operations in North America, Europe and Asia Pacific.

For more information on Gilead Sciences, please visit the company's website at www.gilead.comor call Gilead Public Affairs at 1-800-GILEAD-5 or 1-650-574-3000. 12/6/11

Reference:
Gilead Sciences. Gilead's Boosting Agent, Cobicistat, Meets 48-Week Primary Objective in Pivotal Phase 3 Study. Press release, December 5, 2011.

Complete Therapy in One Single Tablet for Treatment-Naïve Adults With HIV-1[1]

Pill shown is not actual size.

Indication[1]

COMPLERA is indicated for use as a complete regimen for the treatment of HIV-1 infection in antiretroviral treatment-naïve adults.

This indication is based on Week 48 safety and efficacy analyses from 2 randomized, double-blind, active-controlled, Phase 3 trials in treatment-naïve subjects comparing rilpivirine to efavirenz.

The following points should be considered when initiating therapy with COMPLERA:

- More rilpivirine-treated subjects with HIV-1 RNA greater than 100,000 copies/mL at the start of therapy experienced virologic failure compared to subjects with HIV-1 RNA less than 100,000 copies/mL at the start of therapy
- The observed virologic failure rate in rilpivirine-treated subjects conferred a higher rate of overall treatment resistance and cross-resistance to the NNRTI class compared to efavirenz
- More subjects treated with rilpivirine developed lamivudine/emtricitabine associated resistance compared to efavirenz

COMPLERA is not recommended for patients less than 18 years of age.

Please see additional Important Safety Information for COMPLERA on following pages.

GILEAD

Important Safety Information[1]

BOXED WARNINGS: LACTIC ACIDOSIS/SEVERE HEPATOMEGALY WITH STEATOSIS and POST-TREATMENT ACUTE EXACERBATION OF HEPATITIS B

- **Lactic acidosis and severe hepatomegaly with steatosis, including fatal cases, have been reported with the use of nucleoside analogs, including tenofovir disoproxil fumarate, a component of COMPLERA, in combination with other antiretrovirals**
- **COMPLERA is not approved for the treatment of chronic hepatitis B virus (HBV) infection and the safety and efficacy of COMPLERA have not been established in patients coinfected with HBV and HIV-1. Severe acute exacerbations of hepatitis B have been reported in patients who are coinfected with HBV and HIV-1 and have discontinued EMTRIVA® (emtricitabine) or VIREAD® (tenofovir disoproxil fumarate), which are components of COMPLERA. Hepatic function should be monitored closely with both clinical and laboratory follow-up for at least several months in patients who are coinfected with HIV-1 and HBV and discontinue COMPLERA. If appropriate, initiation of anti-hepatitis B therapy may be warranted**

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Reference:
Gilead Sciences. Gilead's Boosting Agent, Cobicistat, Meets 48-Week Primary Objective in Pivotal Phase 3 Study. Press release, December 5, 2011.

COMPLERA® (emtricitabine 200 mg/rilpivirine 25 mg/tenofovir disoproxil fumarate 300 mg) tablets Brief Summary of full prescribing information. See full prescribing information. Rx Only.

WARNINGS: LACTIC ACIDOSIS/SEVERE HEPATOMEGALY WITH STEATOSIS and POST TREATMENT ACUTE EXACERBATION OF HEPATITIS B

Lactic acidosis and severe hepatomegaly with steatosis, including fatal cases, have been reported with the use of nucleoside analogs, including tenofovir disoproxil fumarate, a component of COMPLERA, in combination with other antiretrovirals *[See Warnings and Precautions]*.

COMPLERA is not approved for the treatment of chronic hepatitis B virus (HBV) infection and the safety and efficacy of COMPLERA have not been established in patients coinfected with HBV and HIV-1. Severe acute exacerbations of hepatitis B have been reported in patients who are coinfected with HBV and HIV-1 and have discontinued EMTRIVA or VIREAD, which are components of COMPLERA. Hepatic function should be monitored closely with both clinical and laboratory follow-up for at least several months in patients who are coinfected with HIV-1 and HBV and discontinue COMPLERA. If appropriate, initiation of anti-hepatitis B therapy may be warranted *[See Warnings and Precautions]*.

INDICATIONS AND USAGE

COMPLERA (emtricitabine/rilpivirine/tenofovir disoproxil fumarate) is indicated for use as a complete regimen for the treatment of HIV-1 infection in antiretroviral treatment-naive adults.

This indication is based on Week 48 safety and efficacy analyses from 2 randomized, double-blind, active controlled, Phase 3 trials in treatment-naive subjects comparing rilpivirine to efavirenz *[See Clinical Studies in Full Prescribing Information]*.

The following points should be considered when initiating therapy with COMPLERA:

- More rilpivirine-treated subjects with HIV-1 RNA greater than 100,000 copies/mL at the start of therapy experienced virologic failure compared to subjects with HIV-1 RNA less than 100,000 copies/mL at the start of therapy *[See Clinical Studies in Full Prescribing Information]*.
- The observed virologic failure rate in rilpivirine-treated subjects conferred a higher rate of overall treatment resistance and cross-resistance to the NNRTI class compared to efavirenz *[See Microbiology in Full Prescribing Information]*.
- More subjects treated with rilpivirine developed lamivudine/emtricitabine associated resistance compared to efavirenz *[See Microbiology in Full Prescribing Information]*.

COMPLERA is not recommended for patients less than 18 years of age *[See Use in Specific Populations]*.

DOSAGE AND ADMINISTRATION

Adults: The recommended dose of COMPLERA is one tablet taken orally once daily with a meal *[See Clinical Pharmacology in Full Prescribing Information]*.

Renal Impairment: Because COMPLERA is a fixed-dose combination, it should not be prescribed for patients requiring dose adjustment such as those with moderate or severe renal impairment (creatinine clearance below 50 mL per minute).

DOSAGE FORMS AND STRENGTHS

COMPLERA is available as tablets. Each tablet contains 200 mg of emtricitabine (FTC), 27.5 mg of rilpivirine hydrochloride (equivalent to 25 mg of rilpivirine) and 300 mg of tenofovir disoproxil fumarate (TDF, equivalent to 245 mg of tenofovir disoproxil).

The tablets are purplish-pink, capsule-shaped, film-coated, debossed with "GSI" on one side and plain-faced on the other side.

CONTRAINDICATIONS

COMPLERA should not be coadministered with the following drugs, as significant decreases in rilpivirine plasma concentrations may occur due to CYP3A enzyme induction or gastric pH increase, which may result in loss of virologic response and possible resistance to COMPLERA or to the class of NNRTIs *[See Drug Interactions and Clinical Pharmacology in Full Prescribing Information]*:

- the anticonvulsants carbamazepine, oxcarbazepine, phenobarbital, phenytoin
- the antimycobacterials rifabutin, rifampin, rifapentine
- proton pump inhibitors, such as esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole
- the glucocorticoid systemic dexamethasone (more than a single dose)
- St. John's wort (*Hypericum perforatum*)

WARNINGS AND PRECAUTIONS

Lactic Acidosis/Severe Hepatomegaly with Steatosis: Lactic acidosis and severe hepatomegaly with steatosis, including fatal cases, have been reported with the use of nucleoside analogs, including tenofovir disoproxil fumarate, a component of COMPLERA, in combination with other antiretrovirals. A majority of these cases have been in women. Obesity and prolonged nucleoside exposure may be risk factors. Particular caution should be exercised when administering nucleoside analogs to any patient with known risk factors for liver disease; however, cases have also been reported in patients with no known risk factors. Treatment with COMPLERA should be suspended in any patient who develops clinical or laboratory findings suggestive of lactic acidosis or pronounced hepatotoxicity (which may include hepatomegaly and steatosis even in the absence of marked transaminase elevations).

Patients Coinfected with HIV-1 and HBV: It is recommended that all patients with HIV-1 be tested for the presence of chronic hepatitis B virus before initiating antiretroviral therapy. COMPLERA is not approved for the treatment of chronic HBV infection and the safety and efficacy of COMPLERA have not been established in patients coinfected with HBV and HIV-1. Severe acute exacerbations of hepatitis B have been reported in patients who are coinfected with HBV and HIV-1 and have discontinued emtricitabine or tenofovir disoproxil fumarate, two of the components of COMPLERA. In some patients infected with HBV and treated with EMTRIVA, the exacerbations of hepatitis B were associated with liver decompensation and liver failure. Patients who are coinfected with HIV-1 and HBV should be closely monitored with both clinical and laboratory follow-up for at least several months after stopping treatment with COMPLERA. If appropriate, initiation of anti-hepatitis B therapy may be warranted.

New Onset or Worsening Renal Impairment: Renal impairment, including cases of acute renal failure and Fanconi syndrome (renal tubular injury with severe hypophosphatemia), has been reported with the use of tenofovir disoproxil fumarate *[See Adverse Reactions]*.

It is recommended that creatinine clearance be calculated in all patients prior to initiating therapy and as clinically appropriate during therapy with COMPLERA. Routine monitoring of calculated creatinine clearance and serum phosphorus should be performed in patients at risk for renal impairment, including patients who have previously experienced renal events while receiving HEPSERA.

COMPLERA should be avoided with concurrent or recent use of a nephrotoxic agent.

Emtricitabine and tenofovir are principally eliminated by the kidney; however, rilpivirine is not. Since COMPLERA is a combination product and the dose of the individual components cannot be altered, patients with creatinine clearance below 50 mL per minute should not receive COMPLERA.

Drug Interactions: Caution should be given to prescribing COMPLERA with drugs that may reduce the exposure of rilpivirine *[See Contraindications, Drug Interactions, and Clinical Pharmacology in Full Prescribing Information]*.

In healthy subjects, supratherapeutic doses of rilpivirine (75 mg once daily and 300 mg once daily) have been shown to prolong the QTc interval of the electrocardiogram *[See Drug Interactions and Clinical Pharmacology in Full Prescribing Information]*. COMPLERA should be used with caution when coadministered with a drug with a known risk of Torsade de Pointes.

Depressive Disorders: The adverse reaction depressive disorders (depressed mood, depression, dysphoria, major depression, mood altered, negative thoughts, suicide attempt, suicidal ideation) has been reported with rilpivirine. During the Phase 3 trials (N = 1368), the incidence of depressive disorders (regardless of causality, severity) reported among rilpivirine (N = 686) or efavirenz (N = 682) was 8% and 6%, respectively. Most events were mild or moderate in severity. The incidence of Grade 3 and 4 depressive disorders (regardless of causality) was 1% for both rilpivirine and efavirenz. The incidence of discontinuation due to depressive disorders among rilpivirine or efavirenz was 1% in each arm. Suicide attempt was reported in 2 subjects in the rilpivirine arm while suicide ideation was reported in 1 subject in the rilpivirine arm and in 3 subjects in the efavirenz arm. Patients with severe depressive symptoms should seek immediate medical evaluation to assess the possibility that the symptoms are related to COMPLERA, and if so, to determine whether the risks of continued therapy outweigh the benefits.

Decreases in Bone Mineral Density: Bone mineral density (BMD) monitoring should be considered for HIV-1 infected patients who have a history of pathologic bone fracture or are at risk for osteopenia. Although the effect of supplementation with calcium and Vitamin D was not studied, such supplementation may be beneficial for all patients. If bone abnormalities are suspected then appropriate consultation should be obtained.

Tenofovir Disoproxil Fumarate: In a 144 week study of HIV-1 infected treatment-naive adult subjects treated with tenofovir disoproxil fumarate (Study 903), decreases in BMD were seen at the lumbar spine and hip in both arms of the study. At Week 144, there was a significantly greater mean percentage decrease from baseline in BMD at the lumbar spine in subjects receiving tenofovir disoproxil fumarate + lamivudine + efavirenz (-2.2% ± 3.9) compared with subjects receiving stavudine + lamivudine + efavirenz (-1.0% ± 4.6). Changes in BMD at the hip were similar between the two treatment groups (-2.8% ± 3.5 in the tenofovir disoproxil fumarate group vs. -2.4% ± 4.5 in the stavudine group). In both groups, the majority of the reduction in BMD occurred in the first 24–48 weeks of the study and this reduction was sustained through 144 weeks. Twenty-eight percent of tenofovir disoproxil fumarate treated subjects vs. 21% of the comparator subjects lost at least 5% of BMD at the spine or 7% of BMD at the hip. Clinically relevant fractures (excluding fingers and toes) were reported in 4 subjects in the tenofovir disoproxil fumarate group and 6 subjects in the comparator group. Tenofovir disoproxil fumarate was associated with significant increases in biochemical markers of bone metabolism (serum bone-specific alkaline phosphatase, serum osteocalcin, serum C telopeptide, and urinary N telopeptide), suggesting increased bone turnover. Serum parathyroid hormone levels and 1,25 Vitamin D levels were also higher in subjects receiving tenofovir disoproxil fumarate.

The effects of tenofovir disoproxil fumarate-associated changes in BMD and biochemical markers on long-term bone health and future fracture risk are unknown. For additional information, please consult the VIREAD prescribing information.

Cases of osteomalacia (associated with proximal renal tubulopathy and which may contribute to fractures) have been reported in association with the use of VIREAD *[See Adverse Reactions]*.

Coadministration with Other Products: COMPLERA should not be administered concurrently with other medicinal products containing any of the same active components, emtricitabine, rilpivirine, or tenofovir disoproxil fumarate (EMTRIVA, EDURANT, VIREAD, TRUVADA, ATRIPLA), with medicinal products containing lamivudine (EPIVIR, EPIVIR-HBV, EPZICOM, COMBIVIR, TRIZIVIR), or with adefovir dipivoxil (HEPSERA).

Fat Redistribution: Redistribution/accumulation of body fat including central obesity, dorsocervical fat enlargement (buffalo hump), peripheral wasting, facial wasting, breast enlargement, and "cushingoid appearance" have been observed in patients receiving antiretroviral therapy. The mechanism and long-term consequences of these events are unknown. A causal relationship has not been established.

Immune Reconstitution Syndrome: Immune reconstitution syndrome has been reported in patients treated with combination antiretroviral therapy, including the components of COMPLERA. During the initial phase of combination antiretroviral treatment, patients whose immune system responds may develop an inflammatory response to indolent or residual opportunistic infections [such as *Mycobacterium avium* infection, cytomegalovirus, *Pneumocystis jiroveci* pneumonia (PCP), or tuberculosis], which may necessitate further evaluation and treatment.

ADVERSE REACTIONS

The following adverse drug reactions are discussed in other sections of the labeling:

- Lactic Acidosis/Severe Hepatomegaly with Steatosis *[See Boxed Warning, Warnings and Precautions]*.
- Severe Acute Exacerbations of Hepatitis B *[See Boxed Warning, Warnings and Precautions]*.
- New Onset or Worsening Renal Impairment *[See Warnings and Precautions]*.
- Depressive Disorders *[See Warnings and Precautions]*.
- Decreases in Bone Mineral Density *[See Warnings and Precautions]*.
- Immune Reconstitution Syndrome *[See Warnings and Precautions]*.

Adverse Reactions from Clinical Trials Experience: Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

Studies C209 and C215 – Treatment-Emergent Adverse Drug Reactions: The safety assessment of rilpivirine, used in combination with other antiretroviral drugs, is based on pooled data from 1368 patients in the Phase 3 trials TMC278-C209 (ECHO) and TMC278-C215 (THRIVE) in antiretroviral treatment-naive HIV-1 infected adult patients. A total of 686 patients received rilpivirine in combination with other antiretroviral drugs as background regimen; most (N= 550) received emtricitabine + tenofovir disoproxil fumarate as background regimen. The number of subjects randomized to the control arm efavirenz was 682, of which 546 received emtricitabine + tenofovir disoproxil fumarate as background regimen *[See Clinical Studies in Full Prescribing Information]*. The median duration of exposure for subjects in either treatment arm was 56 weeks.

Adverse drug reactions (ADR) observed in patients who received rilpivirine or efavirenz plus emtricitabine + tenofovir disoproxil fumarate as background regimen are shown in Table 1. The adverse drug reactions observed in this subset of patients were generally consistent with those seen for the overall patient population participating in these studies (refer to the prescribing information for EDURANT).

The proportion of subjects who discontinued treatment with rilpivirine or efavirenz + emtricitabine/tenofovir disoproxil fumarate due to ADR, regardless of severity, was 2% and 5%, respectively. The most common ADRs leading to discontinuation were psychiatric disorders: 8 (1.5%) subjects in the rilpivirine + emtricitabine/tenofovir disoproxil fumarate arm and 12 (2.2%) subjects in the efavirenz + emtricitabine/tenofovir disoproxil fumarate arm. Rash led to discontinuation in 1 (0.2%) subjects in the rilpivirine + emtricitabine/tenofovir disoproxil fumarate arm and 10 (1.8%) subjects in the efavirenz + emtricitabine/tenofovir disoproxil fumarate arm.

Common Adverse Drug Reactions

Clinical ADRs to rilpivirine or efavirenz of at least moderate intensity (≥ Grade 2) reported in at least 2% of adult subjects are shown in Table 1.

Table 1 Selected Treatment-Emergent Adverse Reactions[a] (Grades 2–4) Reported in ≥2% of Subjects Receiving Rilpivirine or Efavirenz in Combination with Emtricitabine/Tenofovir Disoproxil Fumarate in Studies C209 and C215 (Week 48 analysis)

	Rilpivirine + FTC/TDF N=550	Efavirenz + FTC/TDF N=546
Gastrointestinal Disorder		
Nausea	1%	2%
Nervous System Disorders		
Headache	2%	2%
Dizziness	1%	7%
Psychiatric Disorders		
Depressive disorders[b]	1%	2%
Insomnia	2%	2%
Abnormal dreams	1%	3%
Skin and Subcutaneous Tissue Disorders		
Rash	1%	5%

a. Frequencies of adverse reactions are based on all treatment-emergent adverse events, assessed to be related to study drug.

b. Includes adverse drug reactions reported as depressed mood, depression, dysphoria, major depression, mood altered, negative thoughts, suicide attempt, suicide ideation.

Rilpivirine: Treatment-emergent adverse drug reactions of at least moderate intensity (≥ Grade 2) that occurred in less than 2% of subjects treated with rilpivirine plus any of the allowed background regimen (N=686) in clinical studies C209 and C215 include (grouped by Body System): vomiting, diarrhea, abdominal discomfort, abdominal pain, fatigue, cholecystitis, cholelithiasis, decreased appetite, somnolence, sleep disorders, anxiety, glomerulonephritis membranous and glomerulonephritis mesangioproliferative.

Emtricitabine and Tenofovir Disoproxil Fumarate: The following adverse reactions were observed in clinical trials of emtricitabine or tenofovir disoproxil fumarate in combination with other antiretroviral agents:

The most common adverse drug reactions occurred in at least 10% of treatment-naive subjects in a phase 3 clinical trial of emtricitabine and tenofovir disoproxil fumarate in combination with another antiretroviral agent are diarrhea, nausea, fatigue, headache, dizziness, depression, insomnia, abnormal dreams, and rash. In addition, adverse drug reactions that occurred in at least 5% of treatment-experienced or treatment-naive subjects receiving emtricitabine or tenofovir disoproxil fumarate with other antiretroviral agents in clinical trials include abdominal pain, dyspepsia, vomiting, fever, pain, nasopharyngitis, pneumonia, sinusitis, upper respiratory tract infection, arthralgia, back pain, myalgia, paresthesia, peripheral neuropathy (including peripheral neuritis and neuropathy), anxiety, increased cough, and rhinitis.

Skin discoloration has been reported with higher frequency among emtricitabine-treated subjects; it was manifested by hyperpigmentation on the palms and/or soles and was generally mild and asymptomatic. The mechanism and clinical significance are unknown.

Laboratory Abnormalities: The percentage of subjects treated with rilpivirine + emtricitabine/tenofovir disoproxil fumarate or efavirenz + emtricitabine/tenofovir disoproxil fumarate in studies C209 and C215 with selected treatment-emergent laboratory abnormalities (Grade 1 to 4), representing worst grade toxicity are presented in Table 2.

Table 2 Selected Laboratory Abnormalities (Grades 1-4) Reported in Subjects Who Received Rilpivirine or Efavirenz in Combination with Emtricitabine/Tenofovir Disoproxil Fumarate in Studies C209 and C215 (Week 48 Analysis)

Laboratory Parameter Abnormality, (%)	DAIDS Toxicity Range	Rilpivirine + FTC/TDF N=550	Efavirenz + FTC/TDF N=546
BIOCHEMISTRY			
Increased Creatinine			
Grade 1	≥1.1-≤1.3 x ULN[a]	5%	<1%
Grade 2	>1.3-≤1.8 x ULN	<1%	1%
Increased AST			
Grade 1	≥1.25-≤2.5 x ULN	13%	16%
Grade 2	> 2.5-≤5.0 x ULN	3%	7%
Grade 3	>5.0-≤10.0 x ULN	2%	2%
Grade 4	>10.0 x ULN	<1%	1%
Increased ALT			
Grade 1	≥1.25-≤2.5 x ULN	16%	19%
Grade 2	>2.5-≤5.0 x ULN	4%	6%
Grade 3	>5.0-≤10.0 x ULN	1%	2%
Grade 4	>10.0 x ULN	1%	1%
Increased Total Bilirubin			
Grade 1	≥1.1-≤1.5 x ULN	5%	<1%
Grade 2	>1.5-≤2.5 x ULN	2%	<1%
Grade 3	>2.5-≤5.0 x ULN	<1%	<1%
Increased Total Cholesterol (fasted)			
Grade 1	5.18-6.19 mmol/L 200-239 mg/dL	13%	29%
Grade 2	6.20-7.77 mmol/L 240-300 mg/dL	4%	15%
Grade 3	>7.77 mmol/L >300 mg/dL	<1%	2%
Increased LDL Cholesterol (fasted)			
Grade 1	3.37-4.12 mmol/L 130-159 mg/dL	11%	25%
Grade 2	4.13-4.90 mmol/L 160-190 mg/dL	5%	11%
Grade 3	>4.91 mmol/L >191 mg/dL	1%	2%
Increased Triglycerides (fasted)			
Grade 2	5.65-8.48 mmol/L 500-750 mg/dL	1%	1%
Grade 3	8.49-13.56 mmol/L 751-1,200 mg/dL	<1%	1%

N = number of subjects per treatment group

a. ULN = Upper limit of normal value.

Note: Percentages were calculated versus the number of subjects in ITT population with emtricitabine + tenofovir disoproxil fumarate as background regimen.

Emtricitabine or Tenofovir Disoproxil Fumarate: The following laboratory abnormalities have been previously reported in subjects treated with emtricitabine or tenofovir disoproxil fumarate with other antiretroviral agents in other clinical trials: Grade 3 or 4 laboratory abnormalities of increased pancreatic amylase (>2.0 x ULN), increased serum amylase (>175 U/L), increased lipase (>3.0 x ULN), increased alkaline phosphatase (>550 U/L), increased or decreased serum glucose (<40 or >250 mg/dL), increased glycosuria (≥3+), increased creatine kinase (M: >990 U/L; F: >845 U/L), decreased neutrophils (<750/mm³) and increased hematuria (>75 RBC/HPF) occurred.

Adrenal Function: In the pooled Phase 3 trials of C209 and C215, in subjects treated with rilpivirine plus any of the allowed background regimen (N=686), at Week 48, the overall mean change from baseline in basal cortisol showed a decrease of -13.1 nmol/L in the rilpivirine group, and an increase of +9.0 nmol/L in the efavirenz group. At Week 48, the mean change from baseline in ACTH-stimulated cortisol levels was lower in the rilpivirine group (+16.5 ± 6.14 nmol/L) than in the efavirenz group (+58.1 ± 6.66 nmol/L). Mean values for both basal and ACTH-stimulated cortisol values at Week 48 were within the normal range. Overall, there were no serious adverse events, deaths, or treatment discontinuations that could clearly be attributed to adrenal insufficiency. Effects on adrenal function were comparable by background N(t)RTIs.

Serum Creatinine: In the pooled Phase 3 trials of C209 and C215 trials in subjects treated with rilpivirine plus any of the allowed background regimen (N=686), increases in serum creatinine occurred within the first four weeks of treatment and remained stable through 48 weeks. A mean change of 0.09 mg/dL (range: -0.20 mg/dL to 0.62 mg/dL) was observed after 48 weeks of treatment. In subjects who entered the trial with mild or moderate renal impairment, the serum creatinine increase observed was similar to that seen in subjects with normal renal function. These changes are not considered to be clinically relevant and no subject discontinued treatment due to increases in serum creatinine. Creatinine increases were comparable by background N(t)RTIs.

Serum Lipids: Changes from baseline in total cholesterol, LDL-cholesterol and triglycerides are presented in Table 3.

Table 3 Lipid Values Reported in Subjects Receiving Rilpivirine or Efavirenz in Combination with Emtricitabine/ Tenofovir Disoproxil Fumarate in Studies C209 and C215[a]

	Pooled Data from the C209 and C215 Trials							
	Rilpivirine + FTC/TDF N=550				Efavirenz + FTC/TDF N=546			
	N	Baseline	Week 48		N	Baseline	Week 48	
Mean		Mean (mg/dL)	Mean (mg/dL)	Mean Change[b] (mg/dL)		Mean (mg/dL)	Mean (mg/dL)	Mean Change[b] (mg/dL)
Total Cholesterol (fasted)	460	162	162	0	438	160	185	25
HDL-cholesterol (fasted)	459	42	45	3	437	40	49	9
LDL-cholesterol (fasted)	457	97	95	-2	436	95	109	13
Triglycerides (fasted)	460	122	111	-11	438	129	138	8

N = number of subjects per treatment group

a. Excludes subjects who received lipid lowering agents during the treatment period.

b. The change from baseline is the mean of within-patient changes from baseline for patients with both baseline and Week 48 values.

Subjects Coinfected with Hepatitis B and/or Hepatitis C Virus: In patients coinfected with hepatitis B or C virus receiving rilpivirine in studies C209 and C215, the incidence of hepatic enzyme elevation was higher than in subjects receiving rilpivirine who were not coinfected. The same increase was also observed in the efavirenz arm. The pharmacokinetic exposure of rilpivirine in coinfected subjects was comparable to that in subjects without coinfection.

Postmarketing Experience

The following adverse reactions have been identified during postapproval use of emtricitabine or tenofovir disoproxil fumarate. Because postmarketing reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Emtricitabine: No postmarketing adverse reactions have been identified for inclusion in this section.

Tenofovir Disoproxil Fumarate:

Immune System Disorders: allergic reaction, including angioedema

Metabolism and Nutrition Disorders: lactic acidosis, hypokalemia, hypophosphatemia

Respiratory, Thoracic, and Mediastinal Disorders: dyspnea

Gastrointestinal Disorders: pancreatitis, increased amylase, abdominal pain

Hepatobiliary Disorders: hepatic steatosis, hepatitis, increased liver enzymes (most commonly AST, ALT gamma GT)

Skin and Subcutaneous Tissue Disorders: rash

Musculoskeletal and Connective Tissue Disorders: rhabdomyolysis, osteomalacia (manifested as bone pain and which may contribute to fractures), muscular weakness, myopathy

Renal and Urinary Disorders: acute renal failure, renal failure, acute tubular necrosis, Fanconi syndrome, proximal renal tubulopathy, interstitial nephritis (including acute cases), nephrogenic diabetes insipidus, renal insufficiency, increased creatinine, proteinuria, polyuria

General Disorders and Administration Site Conditions: asthenia

The following adverse reactions, listed under the body system headings above, may occur as a consequence of proximal renal tubulopathy: rhabdomyolysis, osteomalacia, hypokalemia, muscular weakness, myopathy, hypophosphatemia.

DRUG INTERACTIONS

COMPLERA is a complete regimen for the treatment of HIV-1 infection; therefore, COMPLERA should not be administered with other antiretroviral medications. Information regarding potential drug-drug interactions with other antiretroviral medications is not provided. Please refer to the EDURANT, VIREAD and EMTRIVA prescribing information as needed.

There were no drug-drug interaction trials conducted with the fixed-dose combination tablet. Drug interaction studies were conducted with emtricitabine, rilpivirine, or tenofovir disoproxil fumarate, the components of COMPLERA. This section describes clinically relevant drug interactions with COMPLERA *[See Contraindications and Clinical Pharmacology in Full Prescribing Information]*.

Drugs Inducing or Inhibiting CYP3A Enzymes

Rilpivirine is primarily metabolized by cytochrome P450 (CYP) 3A, and drugs that induce or inhibit CYP3A may thus affect the clearance of rilpivirine *[See Clinical Pharmacology in Full Prescribing Information, Contraindications]*. Coadministration of rilpivirine and drugs that induce CYP3A may result in decreased plasma concentrations of rilpivirine and loss of virologic response and possible resistance to rilpivirine or to the class of NNRTIs. Coadministration of rilpivirine and drugs that inhibit CYP3A may result in increased plasma concentrations of rilpivirine.

Rilpivirine at a dose of 25 mg once daily is not likely to have a clinically relevant effect on the exposure of drugs metabolized by CYP enzymes.

Drugs Increasing Gastric pH

Coadministration of rilpivirine with drugs that increase gastric pH may decrease plasma concentrations of rilpivirine and loss of virologic response and possible resistance to rilpivirine or to the class of NNRTIs *[see Table 4]*.

Drugs Affecting Renal Function

Because emtricitabine and tenofovir are primarily eliminated by the kidneys through a combination of glomerular filtration and active tubular secretion, coadministration of COMPLERA with drugs that reduce renal function or compete for active tubular secretion may increase serum concentrations of emtricitabine, tenofovir, and/or other renally eliminated drugs. Some examples of drugs that are eliminated by active tubular secretion include, but are not limited to, acyclovir, adefovir dipivoxil, cidofovir, ganciclovir, valacyclovir, and valganciclovir.

QT Prolonging Drugs

There is limited information available on the potential for a pharmacodynamic interaction between rilpivirine and drugs that prolong the QTc interval of the electrocardiogram. In a study of healthy subjects, supratherapeutic doses of rilpivirine (75 mg once daily and 300 mg once daily) have been shown to prolong the QTc interval of the electrocardiogram *[See Clinical Pharmacology in Full Prescribing Information]*. COMPLERA should be used with caution when coadministered with a drug with a known risk of Torsade de Pointes.

Established and Other Potentially Significant Drug Interactions

Important drug interaction information for COMPLERA is summarized in Table 4. The drug interactions described are based on studies conducted with emtricitabine, rilpivirine, or tenofovir disoproxil fumarate as individual medications that may occur with COMPLERA or are potential drug interactions; no drug interaction studies have been conducted using COMPLERA (for pharmacokinetic data see *Clinical Pharmacology*, Tables 6-7 *in Full Prescribing Information)*. The tables include potentially significant interactions, but are not all inclusive.

Table 4 Established and Other Potentially Significant[a] Drug Interactions: Alteration in Dose or Regimen May Be Recommended Based on Drug Interaction Studies or Predicted Interaction

Concomitant Drug Class: Drug Name	Effect on Concentration[b]	Clinical Comment
Antacids: antacids (e.g., aluminium, magnesium hydroxide, or calcium carbonate)	↔ rilpivirine (antacids taken at least 2 hours before or at least 4 hours after rilpivirine) ↓ rilpivirine (concomitant intake)	The combination of COMPLERA and antacids should be used with caution as coadministration may cause significant decreases in rilpivirine plasma concentrations (increase in gastric pH). Antacids should only be administered either at least 2 hours before or at least 4 hours after COMPLERA.
Azole Antifungal Agents: fluconazole itraconazole ketoconazole posaconazole voriconazole	↑ rilpivirine[c,d] ↓ ketoconazole[c,d]	Concomitant use of COMPLERA with azole antifungal agents may cause an increase in the plasma concentrations of rilpivirine (inhibition of CYP3A enzymes). No dose adjustment is required when COMPLERA is coadministered with azole antifungal agents. Clinically monitor for breakthrough fungal infections when azole antifungals are coadministered with COMPLERA.
H_2-Receptor Antagonists: cimetidine famotidine nizatidine ranitidine	↔ rilpivirine[c,d] (famotidine taken 12 hours before rilpivirine or 4 hours after rilpivirine) ↓ rilpivirine[c,d] (famotidine taken 2 hours before rilpivirine)	The combination of COMPLERA and H_2-receptor antagonists should be used with caution as coadministration may cause significant decreases in rilpivirine plasma concentrations (increase in gastric pH). H_2-receptor antagonists should only be administered at least 12 hours before or at least 4 hours after COMPLERA.
Macrolide antibiotics: clarithromycin erythromycin troleandomycin	↑rilpivirine ↔ clarithromycin ↔ erythromycin ↔ troleandomycin	Concomitant use of COMPLERA with clarithromycin, erythromycin and troleandomycin may cause an increase in the plasma concentrations of rilpivirine (inhibition of CYP3A enzymes). Where possible, alternatives such as azithromycin should be considered.
Narcotic Analgesics: methadone	↓ R(−) methadone[c] ↓ S(+) methadone[c] ↔ rilpivirine[c] ↔ methadone[c] (when used with tenofovir)	No dose adjustments are required when initiating coadministration of methadone with COMPLERA. However, clinical monitoring is recommended as methadone maintenance therapy may need to be adjusted in some patients.

a. This table is not all inclusive.

b. Increase = ↑; Decrease = ↓; No Effect = ↔

c. The interaction was evaluated in a clinical study. All other drug-drug interactions shown are predicted.

d. This interaction study has been performed with a dose higher than the recommended dose for rilpivirine. The dosing recommendation is applicable to the recommended dose of rilpivirine 25 mg once daily.

Drugs with No Observed or Predicted Interactions with COMPLERA

No clinically significant drug interactions have been observed between emtricitabine and famciclovir or tenofovir disoproxil fumarate. Similarly, no clinically significant drug interactions have been observed between tenofovir disoproxil fumarate and entecavir, methadone, oral contraceptives, ribavirin, or tacrolimus in studies conducted in healthy subjects.

No clinically significant drug interactions have been observed between rilpivirine and acetaminophen, atorvastatin, chlorzoxazone, ethinylestradiol, norethindrone, sildenafil, and tenofovir disoproxil fumarate. No clinically relevant drug-drug interaction is expected when rilpivirine is coadministered with ribavirin.

USE IN SPECIFIC POPULATIONS

Pregnancy

Pregnancy Category B

Emtricitabine: The incidence of fetal variations and malformations was not increased in embryofetal toxicity studies performed with emtricitabine in mice at exposures (AUC) approximately 60 times higher and in rabbits at approximately 120 times higher than human exposures at the recommended daily dose.

Rilpivirine: Studies in animals have shown no evidence of embryonic or fetal toxicity or an effect on reproductive function. In offspring from rat and rabbit dams treated with rilpivirine during pregnancy and lactation, there were no toxicologically significant effects on developmental endpoints. The exposures at the embryo-fetal No Observed Adverse Effects Levels in rats and rabbits were respectively 15 and 70 times higher than the exposure in humans at the recommended dose of 25 mg once daily.

Tenofovir Disoproxil Fumarate: Reproduction studies have been performed in rats and rabbits at doses up to 14 and 19 times the human dose based on body surface area comparisons and revealed no evidence of impaired fertility or harm to the fetus due to tenofovir.

There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, COMPLERA should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Antiretroviral Pregnancy Registry: To monitor fetal outcomes of pregnant women exposed to COMPLERA, an Antiretroviral Pregnancy Registry has been established. Healthcare providers are encouraged to register patients by calling 1-800-258-4263.

Nursing Mothers

The Centers for Disease Control and Prevention recommend that HIV infected mothers not breastfeed their infants to avoid risking postnatal transmission of HIV. Studies in rats have demonstrated that tenofovir is secreted in milk. Studies in lactating rats and their offspring indicate that rilpivirine was present in rat milk. It is not known whether emtricitabine, rilpivirine, or tenofovir is excreted in human milk. Because of both the potential for HIV transmission and the potential for serious adverse reactions in nursing infants, **mothers should be instructed not to breastfeed if they are receiving COMPLERA.**

Pediatric Use

COMPLERA is not recommended for patients less than 18 years of age because not all the individual components of the COMPLERA have safety, efficacy and dosing recommendations available for all pediatric age groups *[See Clinical Pharmacology in Full Prescribing Information]*.

Geriatric Use

Clinical studies of emtricitabine, rilpivirine, or tenofovir disoproxil fumarate did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. In general, dose selection for the elderly patients should be cautious, keeping in mind the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy *[See Clinical Pharmacology in Full Prescribing Information]*.

Renal Impairment

Because COMPLERA is a fixed-dose combination, it should not be prescribed for patients requiring dosage adjustment such as those with moderate, severe or end stage renal impairment (creatinine clearance below 50 mL per minute) or that require dialysis *[See Warnings and Precautions, Clinical Pharmacology in Full Prescribing Information]*.

Hepatic Impairment

No dose adjustment of COMPLERA is required in patients with mild (Child-Pugh Class A) or moderate (Child-Pugh Class B) hepatic impairment. COMPLERA has not been studied in patients with severe hepatic impairment (Child-Pugh Class C) *[See Clinical Pharmacology in Full Prescribing Information]*.

OVERDOSAGE

If overdose occurs the patient must be monitored for evidence of toxicity. Treatment of overdose with COMPLERA consists of general supportive measures including monitoring of vital signs and ECG (QT interval) as well as observation of the clinical status of the patient.

Emtricitabine: Limited clinical experience is available at doses higher than the therapeutic dose of EMTRIVA. In one clinical pharmacology study, single doses of emtricitabine 1200 mg were administered to 11 subjects. No severe adverse reactions were reported. The effects of higher doses are not known.

Hemodialysis treatment removes approximately 30% of the emtricitabine dose over a 3-hour dialysis period starting within 1.5 hours of emtricitabine dosing (blood flow rate of 400 mL per minute and a dialysate flow rate of 600 mL per minute). It is not known whether emtricitabine can be removed by peritoneal dialysis.

Rilpivirine: There is no specific antidote for overdose with rilpivirine. Human experience of overdose with rilpivirine is limited. Since rilpivirine is highly bound to plasma protein, dialysis is unlikely to result in significant removal of rilpivirine.

If indicated, elimination of unabsorbed active substance may be achieved by gastric lavage. Administration of activated charcoal may also be used to aid in removal of unabsorbed active substance.

Tenofovir Disoproxil Fumarate: Limited clinical experience at doses higher than the therapeutic dose of VIREAD 300 mg is available. In one study, 600 mg tenofovir disoproxil fumarate was administered to 8 subjects orally for 28 days, and no severe adverse reactions were reported. The effects of higher doses are not known.

Tenofovir is efficiently removed by hemodialysis with an extraction coefficient of approximately 54%. Following a single 300 mg dose of VIREAD, a four-hour hemodialysis session removed approximately 10% of the administered tenofovir dose.

PATIENT COUNSELING INFORMATION

See FDA-Approved Patient Labeling (Patient Information)

A statement to patients and healthcare providers is included on the product's bottle label: **ALERT: Find out about medicines that should NOT be taken with COMPLERA from your healthcare provider.** A Patient Package Insert for COMPLERA is available for patient information.

Information for Patients

Patients should be advised that:

- Patients should remain under the care of a healthcare provider when using COMPLERA.
- Patients should be informed that COMPLERA is not a cure for HIV infection. Patients should stay on continuous HIV therapy to control HIV infection and decrease HIV-related illnesses. Patients should be told that sustained decreases in plasma HIV RNA have been associated with a reduced risk of progression to AIDS and death.
- Patients should be advised to continue to practice safer sex and to use latex or polyurethane condoms to lower the chance of sexual contact with any body fluids such as semen, vaginal secretions or blood. Patients should be advised never to re-use or share needles.
- It is important to take COMPLERA on a regular dosing schedule with a meal and to avoid missing doses. A protein drink does not constitute a meal. If the patient misses a dose of COMPLERA within 12 hours of the time it is usually taken, the patient should take COMPLERA with a meal as soon as possible and then take the next dose of COMPLERA at the regularly scheduled time. If a patient misses a dose of COMPLERA by more than 12 hours, the patient should not take the missed dose, but resume the usual dosing schedule. Inform the patient that he or she should not take more or less than the prescribed dose of COMPLERA at any one time.
- Lactic acidosis and severe hepatomegaly with steatosis, including fatal cases, have been reported. Treatment with COMPLERA should be suspended in any patients who develop clinical symptoms suggestive of lactic acidosis or pronounced hepatotoxicity (including nausea, vomiting, unusual or unexpected stomach discomfort, and weakness) *[See Warnings and Precautions]*.
- Patients with HIV-1 should be tested for hepatitis B virus (HBV) before initiating antiretroviral therapy. Severe acute exacerbations of hepatitis B have been reported in patients who are coinfected with HBV and HIV-1 and have discontinued EMTRIVA or VIREAD *[See Warnings and Precautions]*. COMPLERA should not be discontinued without first informing their healthcare provider.
- Renal impairment, including cases of acute renal failure and Fanconi syndrome, has been reported in association with the use of VIREAD. COMPLERA should be avoided with concurrent or recent use of a nephrotoxic agent *[See Warnings and Precautions]*.
- COMPLERA may interact with many drugs; therefore, patients should be advised to report to their healthcare provider the use of any other prescription or nonprescription medication or herbal products, including St. John's wort *[See Warnings and Precautions]*.
- COMPLERA should not be coadministered with the following drugs, as significant decreases in rilpivirine plasma concentrations may occur due to CYP3A enzyme induction or gastric pH increase, which may result in loss of virologic response and possible resistance to COMPLERA or to the class of NNRTIs: the anticonvulsants carbamazepine, oxcarbazepine, phenobarbital, phenytoin; the antimycobacterials rifabutin, rifampin, rifapentine; proton pump inhibitors, such as esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole; the glucocorticoid systemic dexamethasone (more than a single dose); or St. John's wort (*Hypericum perforatum*) *[See Contraindications]*.
- Patients should be informed that depressive disorders (depressed mood, depression, dysphoria, major depression, mood altered, negative thoughts, suicide attempt, suicidal ideation) have been reported with COMPLERA. If they experience depressive symptoms, they should seek immediate medical evaluation *[See Warnings and Precautions]*.
- Decreases in bone mineral density have been observed with the use of VIREAD. Bone monitoring should be considered in patients who have a history of pathologic bone fracture or other risk factors for osteoporosis or bone loss *[See Warnings and Precautions]*.
- COMPLERA should not be coadministered with ATRIPLA, TRUVADA, EMTRIVA, VIREAD or EDURANT; or with drugs containing lamivudine, including COMBIVIR, EPIVIR or EPIVIR-HBV, EPZICOM, or TRIZIVIR; or with HEPSERA *[See Warnings and Precautions]*.
- Redistribution or accumulation of body fat may occur in patients receiving antiretroviral therapy and that the cause and long-term health effects of these conditions are not known *[See Warnings and Precautions]*.
- In some patients with advanced HIV infection (AIDS), signs and symptoms of inflammation from previous infections may occur soon after anti-HIV treatment is started. It is believed that these symptoms are due to an improvement in the body's immune response, enabling the body to fight infections that may have been present with no obvious symptoms. Patients should be advised to inform their healthcare provider immediately of any symptoms of infection *[See Warnings and Precautions]*.

GILEAD

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New Shorter Treatment for Latent TB Not Recommended for HIV+ People on ART

Liz Highleyman
AIDSMAP.COM

Expert panels that put together the Department of Health and Human Services antiretroviral therapy (ART) guidelines have advised that the shorter and simpler combination regimen for latent tuberculosis (TB) recently recommended by the Centers for Disease Control and Prevention (CDC) is not suitable for people being treated for HIV.

Data from randomized controlled trials showed that a once-weekly regimen of the anti-TB drugs isoniazid and rifapentine taken as directly observed therapy (DOT) for 3 months is as effective as the standard 9-month daily regimen of isoniazid monotherapy in preventing latent TB infection from progressing to active disease. Based on these findings, the CDC recommended the short combination regimen for U.S. adults, as described in the December 9, 2011, *Morbidity and Mortality Weekly Report.*

This week, however, the DHHS adult and pediatric guidelines panels cautioned that the new short regimen is not recommended for people with HIV receiving ART, because adequate pharmacokinetic data on the interactions between these TB medications and antiretroviral agents are not yet available.

A study published this summer (July 7, 2011 New England Journal of Medicine) showed that the once-weekly isoniazid/ rifapentine regimen for 3 months worked as well as isoniazid monotherapy for 6 months in HIV positive people with latent TB infection in South Africa, but patients in that study had a relatively high CD4 T-cell count (median 484 cells/mm3) and were not yet taking ART.

The DHHS statement makes the following recommendations:

- HIV-infected patients receiving antiretroviral therapy SHOULD NOT receive the 3-month weekly isoniazid+ rifapentine regimen for treatment of latent TB infection, unless given in the context of a clinical trial.
- Patients receiving ART should receive latent TB treatment according to current recommendations in the guidelines for treatment and prevention of opportunistic infections.
- HIV-infected patients 12 years of age or older who are not receiving ART can be prescribed either a 9-month isoniazid regimen or the 3-month once-weekly isoniazid+ rifapentineDOT regimen as recommended in the new CDC guidelines, but data on the efficacy and safety of the latter regimen in HIV positive patients is limited.
- For HIV-infected children 2 to 11 years of age who are not receiving ART, the standard 9-month regimen of daily isoniazid monotherapy is preferable, but the 3-month isoniazid/rifapentineregimen can be considered on a case-by-case basis.
- The 3-month isoniazid/rifapentineregimen is not recommended for children younger than 2 years.

The full statement, "Short-Course (3-Month) Therapy with Weekly Isoniazid-Rifapentine Is NOT RECOMMENDED for HIV-Infected Patients Receiving Antiretroviral Therapy," is available online.

Reference:
Department of Health and Human Services. Short-Course (3-Month) Therapy with Weekly Isoniazid-Rifapentine Is NOT RECOMMENDED for HIV-Infected Patients Receiving Antiretroviral Therapy. December 20, 2011.

Increased Risk Of Anal Cancer For A Grou With H

Michael Carter
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Gay men are not the only group of HIV-positive patients who have an increased risk of anal cancer, according to North American research published in the online edition of Clinical Infectious Diseases. The researchers found that incidence of the cancer were also significantly higher in non-gay HIV-positive men as well as HIV-positive women when compared to individuals in the general population.

"We confirmed that HIV-infected MSM [men who have sex with men] experienced the greatest risk of anal cancer," write the authors. "We also found that both HIV-infected other men and women had substantially higher rates than HIV-uninfected men and women, and that HIV-infected other men and women had similar rates." They believe that their findings may have implications for anal cancer screening strategies.

Thanks to improvements in HIV treatment and care the prognosis of many HIV-positive patients is now near normal. However, HIV-positive patients appear more likely to develop certain malignancies, including anal cancer, compared to their HIV-negative peers.

Understanding the incidence of anal cancer in the different populations affected by HIV can help develop strategies to prevent the cancer.

Therefore investigators from the North American AIDS Cohort Collaboration on Research and Design (NA-ACCORD) analyzed findings from 13 US and Canadian studies. Their aim was to determine incidence of anal cancer in HIV-positive patients, who were divided into three categories – MSM, other men and women.

Rates of anal cancer in these HIV-positive patients were compared to those observed in HIV-negative men and women. Analyses were also conducted to see if there were temporal trends in anal cancer

incidence, and if any specific risk factors for the malignancy in HIV-positive patients could be identified.

A total of 34,000 HIV-positive patients (55% MSM, 19% other men, 26% women) and 110,000 HIV-negative controls (90% men) were included in the study.

Data gathered between 1996 (the year effective HIV therapy first became available) and 2007 were examined by the investigators.

Incidence of anal cancer in MSM was 131 per

100,000 patient years. Among HIV-positive other men incidence of the malignancy was 46 per

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100,000 years, and incidence in HIV-positive women was 30 per 100,000 person years. Incidence was therefore
significantly higher in HIV-positive MSM compared to other men ($p < 0.01$). However, incidence rates for HIV-positive other men and women did not differ significantly.

Over the same period, the incidence of anal cancer in HIV-negative men was just 2 per 100,000 person years. There were no cases of the malignancy in HIV-negative women.

The investigators calculated that the risk of anal cancer was 80-times higher for HIV-positive gay men compared to HIV-negative men (RR = 80.3; 95% CI, 42.7-151.1). HIV-positive other men were almost 27 times more likely to develop anal cancer compared to HIV-negative men (RR = 26.7; 95% CI, 11.5-61.7).

"Our finding of high anal cancer incidence rates in HIV-infected MSM, other men, and women suggests the need for enhanced primary and secondary prevention efforts among all HIV-infected persons, as opposed to a targeted approach," write the authors.

Incidence of anal cancer increased significantly in HIV-positive gay men between 1996-99 and 2000-2003 ($p < 0.03$). However, new cases of the malignancy then stabilized. A similar trend was observed in HIV-positive other men and women. The investigators suggest that the initial increase was a function of the improved prognosis of HIV-positive patients, which allowed long-term cell changes caused by high-risk strains of human papilloma virus to become cancerous. In contrast, the leveling of cancer rate was attributed to the beneficial effects of antiretroviral treatment on the immune system.

HIV-positive MSM were significantly more likely to develop anal cancer than other HIV-positive men (RR = 3.3; 95% CI, 1.8-6.0). The risk of the cancer was near identical for HIV-positive other men and women.

Other risk factors for the malignancy included older age (RR per additional ten years = 1.3; 95% CI, 1.1-1.5).

A higher baseline CD4 cell count was protective against the development of the cancer (RR CD4 cell count above 500 cells/mm3 vs. 200 cells/mm3 = 0.2; 95% CI, 0.1-0.3).

There is currently disagreement about the value of anal cancer screening for HIV-positive patients. However, the investigators suggest that this is likely to be cost effective. They note "the New York State AIDS Institute guidelines...recommend anal digital rectal examination for all patients, anal targeted anal cytology for MSM, for individuals with a history of anogenital warts, and for women with a history of abnormal cervical or vulvar histology."

Reference:
Silverberg MJ et al. Risk of anal cancer in HIV-infected and HIV-uninfected individuals in North America. Clin Infect Dis, online edition. DOI: 10.1093/cid/cir1012 (click here for the free abstract).

HIV/HBV COINFECTION PROGRESSION AND DEATH

Liz Highleyman
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Coinfection with hepatitis B virus (HBV) nearly doubled the risk of progression to AIDS or death among people recently infected with HIV, according to a study described in the December 5, 2011, advance online edition of the *Journal of Infectious Diseases.*

Due to overlapping risk factors (including shared drug injection equipment and sexual transmission), coinfection with HIV and HBV is common; an estimated 5%-10% of people with HIV have chronic hepatitis B, but as many as three-quarters or more show evidence of past infection that has since resolved.

A considerable body of research shows that HIV positive people with hepatitis B or C coinfection experience worse liver disease progression, but the effect of HBV on HIV disease progression is not well understood.

Helen Chun from the Uniformed Services University of the Health Sciences and colleagues retrospectively analyzed the impact of HBV coinfection on HIV-related disease progression in a cohort of 2352 military personnel with a known HIV seroconversion window during the past 3 years.

Within this group, 1732 people (73.6%) were HBV negative with no evidence of current or past infection, 474 (20.0%) had resolved hepatitis B, 82 (3.5%) had only antibodies against hepatitis B core antigen (HBcAb), and 64 (2.7%) had chronic hepatitis B. The resolved and HBcAb groups showed evidence of prior exposure to HBV but not chronic or persistent infection.

Results

- A total of 305 participants progressed to AIDS and 164 died during approximately 17,000 person-years of follow-up.
- People with chronic hepatitis B were more likely to progress to clinical AIDS or death than individuals with resolved HBV or isolated HBcAb, who in turn were more likely than people without evidence of HBV infection.
- In an unadjusted analysis, combined rates of clinical AIDS or death were as follows:
  1. HBV negative: 2.43;
  2. Resolved HBV infection: 3.27;
  3. Isolated HBcAb: 3.75;
  4. Chronic hepatitis B: 5.41.
- In a multivariate analysis controlling for confounding factors, risk of AIDS or death was significantly higher for people with chronic hepatitis B compared with the HBV negative group (hazard ratio [HR] 1.80, or nearly 2-fold higher risk).
- People with resolved HBV infection or isolated HBcAb also had a somewhat higher risk than uninfected individuals (HR 1.17 and 1.14, respectively), but the difference did not reach statistical significance.
- The risk of AIDS or death remained elevated after the advent of effective combination antiretroviral therapy, even though a majority of patients used drugs active against both HIV and HBV (e.g., lamivudine [Epivir], emtricitabine [Emtriva], tenofovir [Viread]).

HBV coinfection has a significant impact on HIV outcomes," the study authors summarized. "The hazard for an AIDS or death event is almost double for those with chronic hepatitis B compared, with HIV-monoinfected persons."

In an accompanying editorial, Philip Peters and Barbara Marston from the U.S. Centers for Disease Control and Prevention (CDC) concluded that this study "adds

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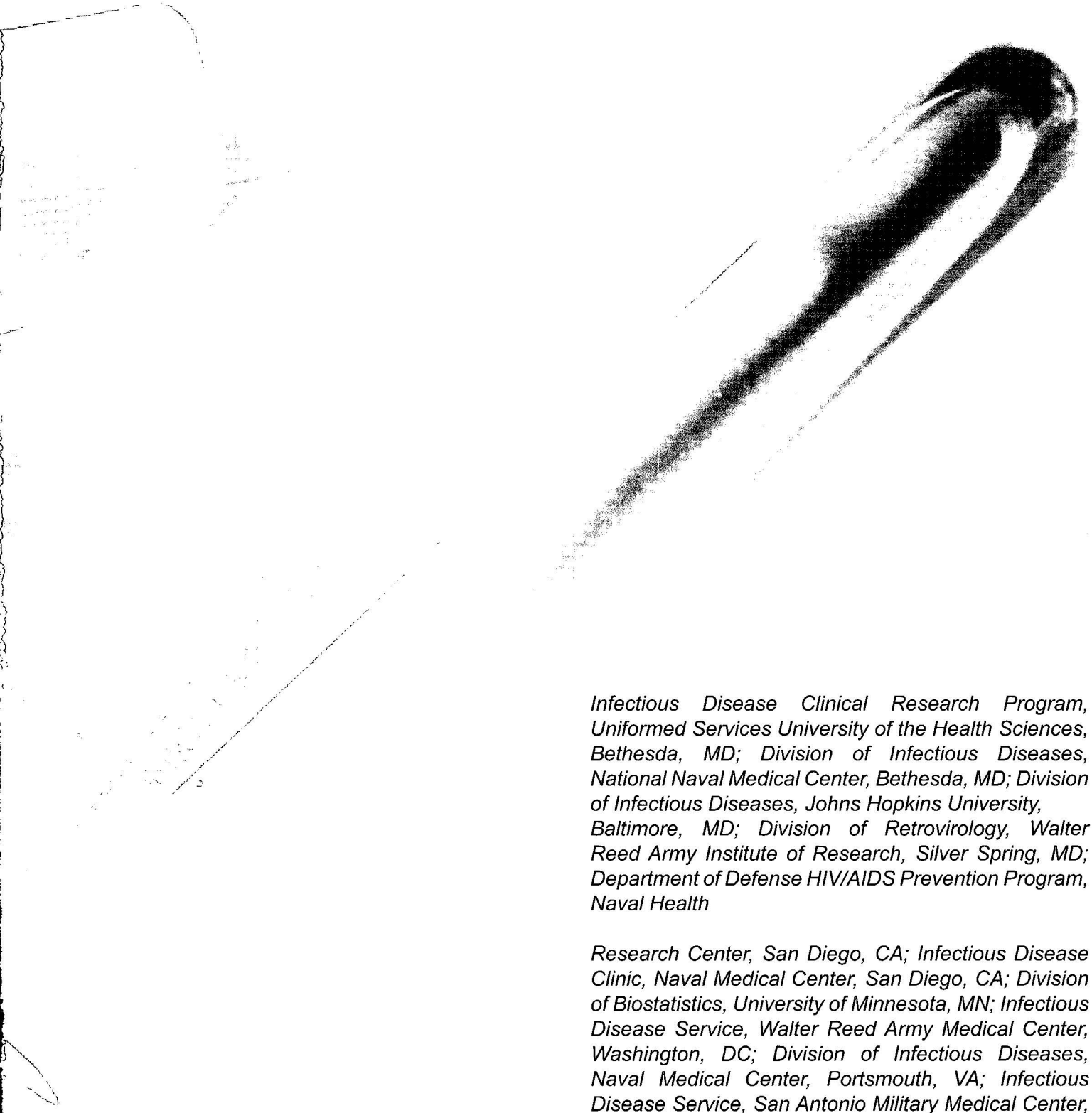
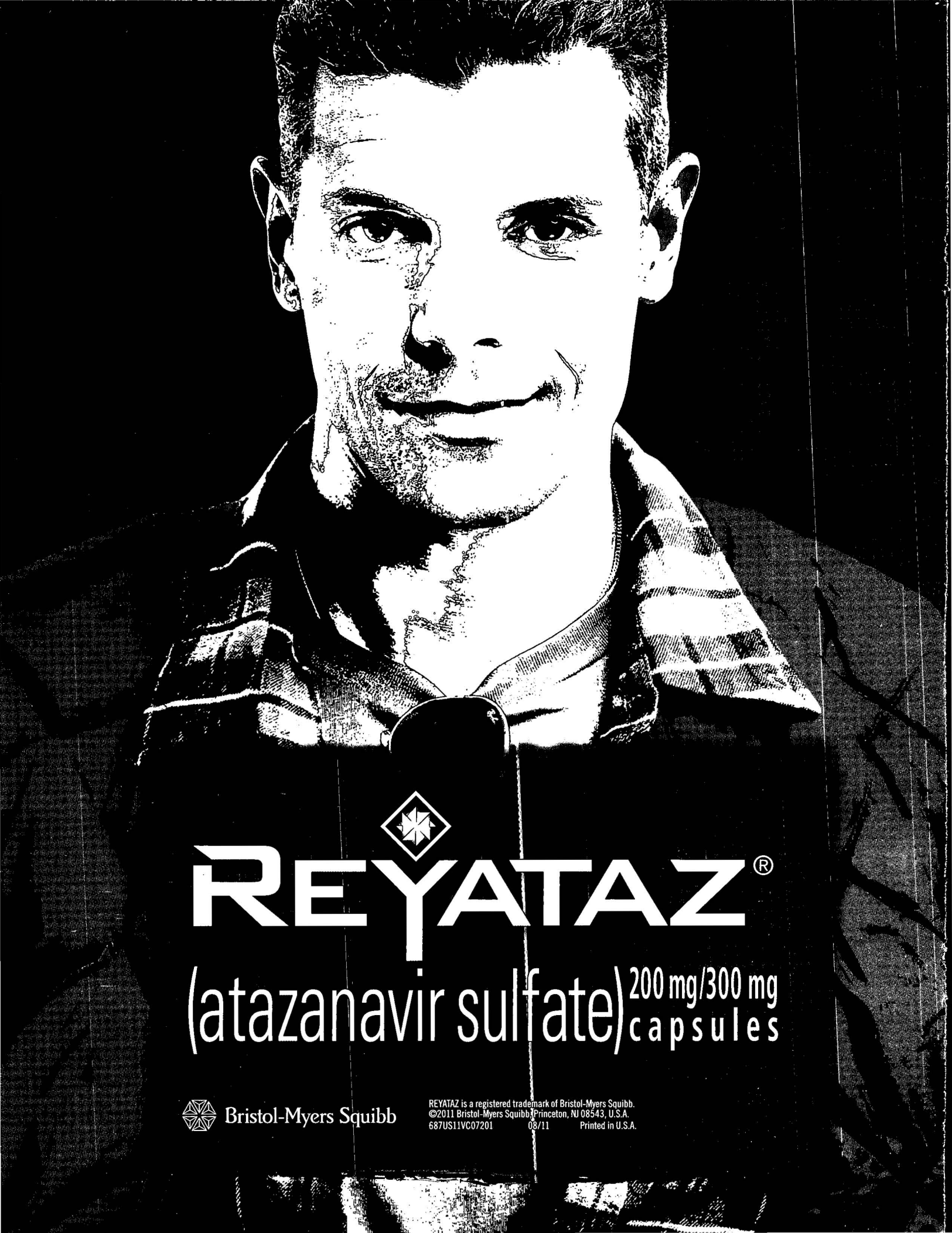


Infectious Disease Clinical Research Program, Uniformed Services University of the Health Sciences, Bethesda, MD; Division of Infectious Diseases, National Naval Medical Center, Bethesda, MD; Division of Infectious Diseases, Johns Hopkins University, Baltimore, MD; Division of Retrovirology, Walter Reed Army Institute of Research, Silver Spring, MD; Department of Defense HIV/AIDS Prevention Program, Naval Health

Research Center, San Diego, CA; Infectious Disease Clinic, Naval Medical Center, San Diego, CA; Division of Biostatistics, University of Minnesota, MN; Infectious Disease Service, Walter Reed Army Medical Center, Washington, DC; Division of Infectious Diseases, Naval Medical Center, Portsmouth, VA; Infectious Disease Service, San Antonio Military Medical Center, Fort Sam Houston, TX.

to the weight of evidence that coinfection is deleterious," emphasizing the need for "additional steps to combat hepatitis B now," including more extensive HBV screening and vaccination.

References:
HM Chun, MP Roediger, KH Hullsiek, et al. Hepatitis B Virus Coinfection Negatively Impacts HIV Outcomes in HIV Seroconverters. Journal of Infectious Diseases. December 5, 2011 (Epub ahead of print).
PJ Peters and BJ Marston. PreventingDeaths in Persons With HIV/Hepatitis B Virus Coinfection: A Call to Accelerate Prevention and Treatment Efforts. Journal of Infectious Diseases. December 5, 2011 (Epub ahead of print).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COMPANIES LOWER HIV DRUG PRICES FOR ADAP, BUT MANY PATIENTS STILL WAITING

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Four pharmaceutical companies recently agreed to discount their prices on antiretroviral drugs for AIDS Drug Assistance Programs (ADAPs), which are under increasing pressure due to the ongoing financial crisis. More than 4000 people with HIV are currently on ADAP waiting lists, most of them in the Southeast U.S.

According to the latest issue of ADAP Watch, produced by the National Alliance of State and Territorial AIDS Directors (NASTAD), there were 4387 people in 12 states on waiting lists as of December 21, 2011. Florida had the largest number of waiting patients (1163), followed by Virginia (1112), Georgia (1104), Louisiana (596), South Carolina (153), North Carolina (118), and Alabama (83). Some states outside the south also have waiting lists, ranging from 8 people in Montana to 27 in Utah.

Thanks to emergency ADAP funding for fiscal year 2011, these states were able to reduce the number of people on their lists, with Ohio eliminating its shortfall. This has helped decrease the total number of wait-listed patients in the U.S. from more than 9000 -- the highest level ever -- this past August.

Several of these states, as well as others currently without waiting lists, have implemented other cost-containment strategies -- such as raising financial eligibility criteria and reducing formularies (list of drugs approved for coverage) -- or have indicated that they plan to do so, according to ADAP Watch.

The Centers for Disease Control and Prevention (CDC) recently revealed that just 20% of the estimated 1.2 million people living with HIV in the U.S. know their status, and within this group only half were receiving ongoing medical care including antiretroviral therapy in 2010. Financial hardship was cited as one of several factors keeping people away from treatment.

"The current federal-state funding partnership is not viable when the states are struggling with rising ADAP enrollments and dropping tax revenues," argued an article in the National Association of People with AIDS (NAPWA) newsletter Positive Voices. "It may be time for the federal government to recognize the concentration of HIV in the same lower-income Americans who enroll in ADAPs as a national problem, make ADAP assistance available nationwide without waiting lists or unreasonable income eligibility ceilings, and assume the full cost of the program."

"That's going to be a very tough sell in today's economic and political climate," the article continued. "Consensus is growing that we have the tools to end the epidemic. Getting the ADAPs funded at levels that meet the real need may tell us whether what is scientifically possible is also politically possible."

Pharma Agrees to Lower Prices

Over the past month 4 pharmaceutical companies that collectively produce a majority of widely used modern antiretroviral drugs -- Gilead Sciences, Janssen/Tibotec, Bristol-Myers Squibb (BMS), and Merck -- reached agreements with NASTAD's ADAP Crisis Task Force to make their HIV medications available to ADAPs at reduced prices.

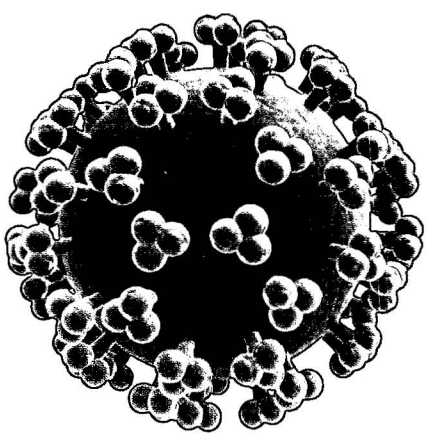
Gilead, which already offered ADAP discounts, agreed on the eve of World AIDS Day (December 1) to "extend additional voluntary discounts and rebates for most Gilead products," according to a Task Force press release. The agreement also continues an ADAP price freeze through 2013. Gilead's cooperation is critical as the company produces the best-selling coformulations Truvada (tenofovir/emtricitabine) and -- in cooperation with BMS -- Atripla (efavirenz/ tenofovir/emtricitabine).

The following week Janssen Therapeutics also agreed to additional voluntary discounts and rebates for all of its products purchased by ADAPs, which includes antiretrovirals formerly marketed by Tibotec. This enhanced agreement also continues a price freeze through 2013.

BMS and the Task Force announced an enhanced agreement on December 19.

"Bristol-Myers Squibb has a longstanding commitment to people living with HIV, and we have worked with the [ADAP Crisis Task Force] since its inception in 2002 to help ensure patient access to our HIV medications," Raymond Sacchetti, BMS senior vice president, U.S. Virology, said in a press release. "We are proud to continue our support of the ADAP Crisis Task Force, and we applaud its ongoing efforts in working with state and federal officials to secure the necessary funding to appropriately meet this critical public health challenge."

Finally, on December 21, Merck also announced a new agreement with the Task Force to improve ADAP access, including lowering and freezing the price of the sole approved HIV integrase inhibitor, raltegravir (Isentress).



"With our company's legacy in HIV over the last 25 years, we consider it our obligation to continue to work with the ADAPs on solutions that provide crucial support for uninsured and underserved people living with HIV," Chirfi Guindo, vice president and general manager of Merck's HIV Franchise, stated in a press release. "It is imperative to act now, given the ongoing ADAP funding crisis."

The ADAP Crisis Task Force had previously secured multi-year, voluntary discounts and rebates from all 8 manufacturers of antiretroviral drugs. The 4 recent enhanced agreements provide deeper discounts and longer price freezes. Earlier this year the Task Force also reached an enhanced agreement with Boehringer Ingelheim for additional voluntary discounts and rebates.

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National Alliance of State and Territorial AIDS Directors (NASTAD). ADAP Watch. December 22, 2011.
National Association of People with AIDS (NAPWA). ADAP Waiting Lists in an AIDS-Free America. Positive VoiceNo. 42. December 5, 2011.
National Alliance of State and Territorial AIDS Directors (NASTAD). ADAP Crisis Task Force Announces Enhanced Support from Gilead Sciences for ADAPs in the United States; Additional Federal and State Funding Critical. Press release. November 30, 2011.
National Alliance of State and Territorial AIDS Directors (NASTAD). ADAP Crisis Task Force Announces Enhanced Support from Janssen Therapeutics for ADAPs in the United States. Press release. December 8, 2011.
Bristol-Myers Squibb and NASTAD. Bristol-Myers Squibb and ADAP Crisis Task Force Announce Enhanced Multi-year Support for AIDS Drug Assistance Programs (ADAPs) and People Living with HIV/AIDS. Press release. December 19, 2011.
Merck and NASTAD. Merck and the ADAP Crisis Task Force Announce New Agreement to Improve Access and Care for People with HIV. December 21, 2011.

Experts Issue Provisional Guidance on New Hepatitis C Drugs for HIV/HCV Coinfected Patients

Liz Highleyman
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HIV and hepatitis C virus (HCV) experts have issued preliminary recommendations for the use of the new HCV protease inhibitors boceprevir (Victrelis) and telaprevir (Incivek) for HIV/HCV coinfected patients. Though not yet FDA-approved for this group, studies to date show that the drugs improve the likelihood of a cure for coinfected as well as HCV monoinfected people.

Approval of the first direct-acting antiviral agents (DAAs) for HCV have ushered in a new era of treatment, but they are not yet approved for some of the most difficult-to-treat patients, including HIV positive people. HIV/HCV coinfected individuals tend to experience more rapid liver diseases progression than those with HCV alone, and they do not respond as well to interferon-based hepatitis C treatment.

A group of prominent HIV and hepatitis C researchers developed guidance for the state of Maryland, to inform coverage by its AIDS Drug Assistance Program (ADAP); the recommendations were published in the *December 14, 2011, advance online edition of Clinical Infectious Diseases.*

The U.S. Food and Drug Administration (FDA) approved the 2 HCV protease inhibitors for hepatitis C monoinfected people this past May. Clinical trials of the drugs in HIV/HCV coinfected patients are underway.

Interim data reported last year show that coinfected people have higher virological response rates when they add boceprevir or telaprevir to pegylated interferon plus ribavirin, and adverse events were similar to those seen in people with HCV alone. Though not yet approved for this population, clinicians may prescribe drugs "off-label" as they deem appropriate.

Recommendations

- Pegylated interferon/ribavirin alone remains the standard of care for coinfected people with easier-to-treat HCV genotypes 2 or 3, or with genotype 4.

- Boceprevir or telaprevir for coinfected HCV genotype 1 patients should only be used in combination pegylated interferon/ribavirin, as monotherapy can lead to drug resistance.

- Though people with significant liver fibrosis have lower rates of response to hepatitis C therapy of any kind, they stand to benefit more from successful treatment.

- Coinfected people considering use of boceprevir or telaprevir should have well controlled HIV -- either with a CD4 T-cell count > 500 cells/mm3 and HIV viral load < 20,000 copies/mL if not yet on antiretroviral therapy (ART), or with undetectable HIV RNA (< 50 copies/mL) if on ART.

- Boceprevir or telaprevir should not be given to coinfected patients unless interactions with antiretroviral agents and other necessary drugs can be ruled out or safely managed.

- Coinfected patients taking boceprevir should either not be on ART or using a regimen containing raltegravir or a ritonavir-boosted HIV protease inhibitor -- preferably atazanavir (Reyataz) -- plus tenofovir/emtricitabine; boceprevir should not be used with NNRTIs.

- Coinfected patients taking telaprevir should either not be on ART or receiving a regimen containing raltegravir (Isentress), boosted atazanavir, or efavirenz (Sustiva) plus tenofovir/emtricitabine (Truvada); telaprevir dose should be increased to 1125 mg if taken with efavirenz.

- Boceprevir or telaprevir should be discontinued if HIV viral load increases by 1 log or more.

- All hepatitis C treatment should be discontinued if HCV viral load remains above 100 IU/mL at weeks 4 and 12, or is still detectable at week 24.

The authors of the recommendations stressed that decisions about the use of boceprevir or telaprevir should be made on a patient-by-patient basis, as "the benefits of including these medications will outweigh the risks for some individuals."

In conclusion, they recommended that HIV/HCV coinfected people should be included at earlier stages of drug development "so that practical guidance can be based more on data and less on expert opinion."
Investigator affiliations: Department of Medicine, Johns Hopkins School of Medicine, Baltimore, MD; Department of Medicine, University of California San Francisco School of Medicine, San Francisco, CA; Department of Medicine, University of Cincinnati School of Medicine, Cincinnati, OH.

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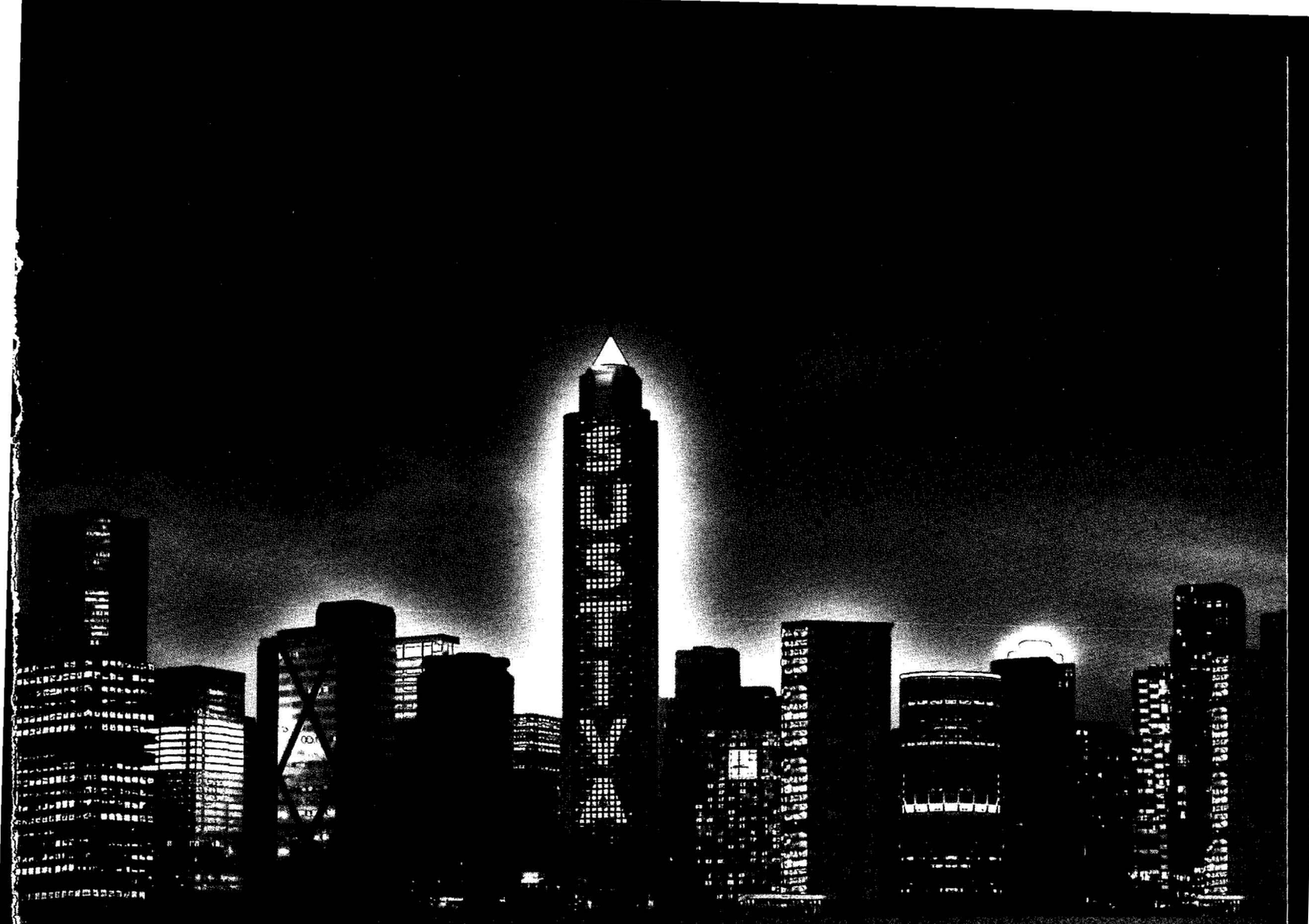
DL Thomas, JG Bartlett, MG Peters, et al. Provisional Guidance on the Use of Hepatitis C Virus Protease Inhibitors for Treatment of Hepatitis C in HIV-Infected Persons. Clinical Infectious Diseases. December 14, 2011 (Epub ahead of print).



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HEPATITIS C PATI
INCREASED RISK O

Liz Highleyman
AIDSMAP.COM

People with chronic hepatitis C virus (HCV) infection appear to have a higher likelihood of dying from strokes than uninfected individuals, according to research reported in the December 2010 issue of Stroke. Over 17 years of follow-up, nearly 3% of HCV seropositive people dieddue to cerebrovascular events, compared with 1% of HCV negative people; furthermore, the risk of stroke death rose with increasing HCV viral load.

Chronic hepatitis C has been linked to numerous co-existing conditions including metabolic abnormalities and cardiovascular disease. While researchers often include strokes when counting cardiovascular events, the association between HCV infection and stroke in particular has not been established.

Mei-Hsuan Lee from National Taiwan University and colleagues performed a study to assess the risk of lethal cerebrovascular diseases -- or problems related to blood flow in the brain -- associated with chronic HCV infection.

Strokes are caused by interruption of the brain's blood supply, either due to blockage (ischemic stroke) or bleeding (hemorrhagic stroke). Blockage can occur when blood clots triggered by atherosclerosis -- especially buildup of plaque in the carotid arteries that supply the brain -- break off and lodge in small blood vessels.

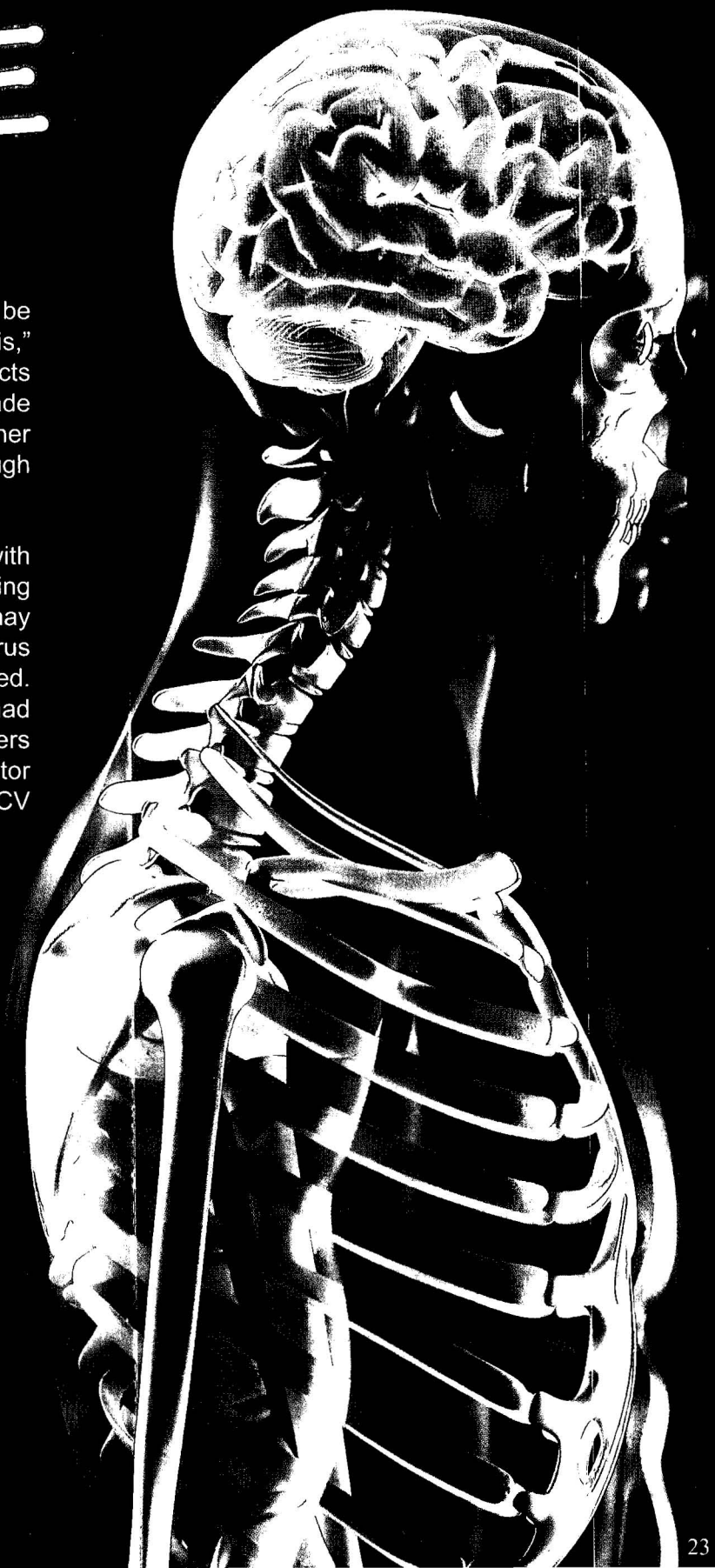
This community-based prospective cohort study enrolled 23,665 Taiwan residents age 30-65 during 1991-1992. Of these, 1307 people, or about 6%, were HCV seropositive. At the time of enrollment participants were interviewed in person using structured questionnaires and provided blood samples for testing. They were followed through 2008, and deaths due to cerebrovascular causes were confirmed using National Death Certification data.

Results

- A total of 255 cerebrovascular deaths were recorded during 382,011 person-years of follow-up.
- The cumulative risk of cerebrovascular deaths was 1.0% for HCV seropositive participants versus 2.7% for HIV seronegative individuals, a significant difference ($P < 0.001$).
- After adjusting for known stroke risk factors, the hazard ratio of cerebrovascular death for people with HCV was 2.18, or about twice the risk.
- Risk of stroke rose with higher HCV RNA levels:
    - Hazard ratio 1.40 for undetectable viral load;
    - Hazard ratio 2.36 for low viral load;
    - Hazard ratio 2.82 for high viral load.
- There was no significant association, however, between stroke risk and HCV genotype.

Based on these findings, the study authors concluded, "Chronic HCV infection is an independent risk predictor of cerebrovascular deaths showing a biological gradient of cerebrovascular mortality with increasing serum HCV RNA level."

ENTS MAY HAVE F STROKE



"The frequency and intensity of infection might be associated with the progression of atherosclerosis," they suggested in their discussion. "Infection affects atherothrombosis [clotting] by triggering a cascade of immune responses and inflammatory stimuli either locally within vascular tissue or systemically through inflammatory mediators."

"Elevated serum HCV RNA level was associated with an increased risk of cerebrovascular death, suggesting that individuals with an active HCV infection may trigger a stronger inflammation response by host-virus interaction leading to atherothrombosis," they continued. "Whether patients with persistent HCV infection had increased circulating levels of inflammation markers such as C-reactive protein or endothelial progenitor cells may provide insights on the mechanisms of HCV infection and cerebrovascular disease."

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Reference:
M-H Lee, H-I Yang, C-H Wang, and others. Hepatitis C virus infection and increased risk of cerebrovascular disease. Stroke41(12): 2894-2900 (abstract). December 2010.

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