

HISTORIC DESCRIPTION / DOSAGE / USAGE INFORMATION

“This is a representation of Cameron County usage during the month of November 2007”
 PRESCRIPTION DRUGS

Antibacterial Agents

			<u>Unit</u>	<u>Price</u>	<u>Total Price</u>
Ampicillin		250 mg cap	250 caps per month	0.07	17.50
Amoxicillin	P	250 mg cap	480 caps per month	0.07	33.12
Amoxicillin	P	500 mg cap	1440 caps per month	0.11	160.21
Azithromycin	P	250 mg cap	24 caps per month	2.26	54.13
Azithromycin	P	500 mg cap	10 per month	5.41	54.12
Bicillin LA		1.2 m units	400 per month	41.21	13.74
Cephalexin	P	500 mg cap	1680 capsules per month	0.36	597.26
Cipro	P	500 mg tab	350 tablets per month	0.35	122.50
Doxycycline	P	100 mg tab	150 tablets per month	0.33	49.55
Erythromycin		500 mg tab	350 per month	0.08	28.91
Metronidazole	P	250 mg tab	150 tablets per month	0.13	18.87
Microdantin		100 mg tablets	600 per month	0.54	323.41
Neomycin	P	500 mg tab	390 tablets per month	0.75	292.50
Phenazopyridine	P	200 mg tab	120 tablets per month	0.25	30.26
SMZ-TMP DS	P	800/160 mg	1500 tablets per month	0.62	931.51
Tetracycline	P	500 mg cap	765 capsules per month	0.03	19.81
Augmenton	P	500 mg tab	500 tab per month	1.10	548.83
Augmenton	P	875 mg tab	650 tab per month	1.46	952.21

Anticonvulsants

Carbamazepine	P	200 mg cap	500 capsules per month	0.08	41.67
Gabapentin	P	100 mg cap	1000 capsules per month	0.15	154.40
Gabapentin	P	300 mg cap	800 capsules per month	0.39	308.82
Phenytoin Sod. Ext	P	100 mg cap	2000 capsules per month	0.09	187.31
Valproic Acid	P	250 mg cap	2500 capsules per month	0.26	639.60

Psychiatric Agents

Abilify	P	5 mg	150 tablets per month	11.82	1772.32
Abilify	P	15 mg	120 tabletr per month	11.82	1417.86
Amitriptyline	P	50 mg tab	782 tablets per month	0.17	136.52
Benzatropine	P	2 mg tab	1000 tablets per month	0.07	66.95
Buperion	P	150 mg	300 tablets per month	0.56	168.35
Buperion	P	300 mg	180 tablets per month	1.38	249.05
Buspar		75 mg tabs	250 per month	0.01	2.50
Chlordiaepoxide	P	25 mg tab	180 tablets per month	0.07	12.69
Chlorpromazine	P	100 mg cap	200 capsules per month	1.73	346.97
Concerta	P	18 mg cap	90 capsules per month	3.27	294.34
Concerta	P	36 mg cap	240 capsules per month	3.46	829.91
Concerta	P	54 mg cap	240 capsules per month	3.76	903.07
Depakote ER	P	150 mg	500 capsules per month	1.25	625.00
Depakote ER	P	500 mg	1000 capsules per month	2.35	2348.19
Effexor XR	P	75 mg cap	120 capsules per month	3.45	413.68
Focalin XR	P	10 mg	60 per month	3.19	191.24
Focalin XR	P	15 mg	60 per month	3.28	196.68
Focalin XR	P	20 mg	120 per month	3.28	393.37
Geodon	P	20 mg cap	620 capsules per month	4.88	3027.76
Geodon	P	40 mg cap	600 capsules per month	4.88	2930.09
Haloperidol		5 mg tab	500 tabs per month	0.23	113.10
Haldol Dec.		50 mg. per ml.	20 vials per month	7.83	156.60

OVER THE COUNTER DRUGS

			<u>Unit Price</u>	<u>Total Price</u>
Acetaminophen	OTC	1000 per bottle	10.16	60.96
Actigen (Allerfrim:Sudafed)	OTC	500 per bottle	6.37	25.48
Analgesic Balm (BenGay)	OTC	1 lb bottle	4.83	96.60
Artificial Tears	OTC	15 ml bottle	1.50	18.00
Conoms		550 per month	0.25	137.50
Earwax Removal Drops	OTC	15 ml bottle	1.25	6.25
F-sol (Iron Tablets)		1500 pills per month	0.02	30.00
Inmodium (Loeramide)	OTC	12 caplets per box	1.45	43.50
Milk of Magnesia	OTC	12 oz bottle	1.25	31.25
Mylanta (alainmg)	OTC	12 oz bottle	4.03	32.24
Prenatal Vitamins		2500 per month	0.02	50.00
Rid	OTC	8 oz bottle	6.56	524.80
Robitussin or Wyetin Syrup	OTC	8 oz bottle	4.10	143.50
Tinactin	OTC	1/2 oz tube	1.35	270.00
Visine	OTC	15 ml bottle	1.25	25.00
Hydrocortisone Cream	OTC	1 lb bottle	2.70	54.00
Chlorpheniramine/maleate	OTC	1000 per bottle	4.86	29.16
Ibuprofen (200 mg)	OTC	500 per bottle	7.35	58.80
Pepto Bismol	OTC	12 oz	2.25	56.25
Permethrin - 5%	OTC	60 gram tube	7.89	157.80

TOTAL MONTHLY PRICE \$ 101,206.64

Dispensings: 3,600 approx average per / month (Jail / Detention County Inmates 1,800 & Federal Inmates 1,500 Health & Juvenile 300).

X \$ _____ (unit price) = TOTAL DISPENSING FEE per/month
SEE NEXT PAGE
All other Miscellaneous (currently in your catalog) prescription items not listed, County will receive cost plus _____% or AWP minus _____%

All other Miscellaneous (not in your catalog as yet) prescription items not listed, County will receive cost plus _____% or AWP minus _____%

Or Flat monthly rate for Specific monthly dosages (please specify dosages per month).

All prices must include all pharmacist's services as well as all delivery fees.



Proposed Cost of Services

The price of services for the provision of this contract will be as follows:

Prescription Cost	Proposed Fee
\$0.00 to \$9.99	Acquisition Cost + 16%
\$10.00 to \$29.99	Acquisition Cost + 13%
\$30.00 to \$99.99	Acquisition Cost + 11%
\$100.00 and up	Acquisition Cost + 8%

Example, a \$2.00 Cost Prescription would sell for \$2.32.

Example, a \$10.00 Cost Prescription would sell for \$11.30

This bid pricing is all-inclusive and contains all services with no extra charges for the forms, packaging, or the other services that will be provided by Westwood Pharmacy during the life of the contract.