



EDWARD M. BIRN  
Director (Direktot)  
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Deputy Director (Sigundo Direktot)

**DEPARTMENT OF  
ADMINISTRATION**  
DIPATTAMENTON ATMENESTRASION  
GENERAL SERVICES AGENCY DIVISION  
(Ahension Setbision Hinirat)  
Telephone (Telifon): (671) 475-1705/1712/1713



LOURDES A. LEON GUERRERO  
Governor (Maga'håga)  
JOSHUA F. TENORIO  
Lt. Governor (Sigundo Maga'låhi)

August 20, 2024

Invitation for Bid  
GSA-023-24

**AMENDMENT #1**  
Medication(s) and Supplies

- 1.) Amend page 3 of 60.

**From:**

This bid shall be submitted in duplicate and sealed to the issuing office above no later than (Time) **10:00a.m.**, Date: **08/28/2024** and shall be publicly opened. Bid submitted after the time and date specified above shall be rejected. See attached General Terms and Conditions, and Sealed Bid Solicitation for details.

**To now read:**

This bid shall be submitted in duplicate and sealed to the issuing office above no later than (Time) **10:00a.m.**, Date: **09/04/2024** and shall be publicly opened. Bid submitted after the time and date specified above shall be rejected. See attached General Terms and Conditions, and Sealed Bid Solicitation for details.

- 2.) Amend page 4 of 60.

**From:**

This bid shall be submitted in duplicate and sealed to the issuing office above no later than (Time) **10:00a.m.**, Date: **08/28/2024** and shall be publicly opened. Bid submitted after the time and date specified above shall be rejected. See attached General Terms and Conditions, and Sealed Bid Solicitation for details.

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This bid shall be submitted in duplicate and sealed to the issuing office above no later than (Time) **10:00a.m.**, Date: **09/04/2024** and shall be publicly opened. Bid submitted after the time and date specified above shall be rejected. See attached General Terms and Conditions, and Sealed Bid Solicitation for details.

- 3.) Amend page 2 of 60.

**From:**

Thirty (30) days upon receipt of purchase order. Schedule time and quantity will be coordinated between the successful bidder and requesting department on an as needed basis.

**To now read:**

Forty-five (45) – Sixty (60) days upon receipt of purchase order. Schedule time and quantity will be coordinated between the successful bidder and requesting department on an as needed basis.

4.) Amend page 4 of 60.

**From:**

**REQUIRED DELIVERY DATE: 30 Days Upon Receipt of Purchase Order. For a Period of one (1) year on an as needed basis upon availability of funds. This is an indefinite quantity bid.**

**To now read:**

**REQUIRED DELIVERY DATE: 45 – 60 Days Upon Receipt of Purchase Order. For a Period of one (1) year on an as needed basis upon availability of funds. This is an indefinite quantity bid.**

5.) Amend and replace pages 40 – 60 with the attached “Revised pages 40 – 60” dated 8/20/24.

All others remain unchanged.



Andriana Quitugua  
Acting Chief Procurement Officer

**Please Print  
Acknowledgement Copy (Email to GSA)**

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Email to: [gsaprocurement@gsa.gov](mailto:gsaprocurement@gsa.gov)

Item No.	Description	Qty.	UOM	Unit Cost	Total
1.	14-PANEL URINE DRUG TEST CUP 25s (Marijuana, cocaine, methamphetamine, opiates, PCP, amphetamine, ecstasy, TCA, barbiturates, Benzodiazepine, methadone, oxycodone, propoxyphene, buprenorphine) Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	PK	\$ _____	\$ _____
2.	14-PANEL SALIVA DRUG TEST 25s (Marijuana, cocaine, methamphetamine, opiates, PCP, amphetamine, ecstasy, TCA, barbiturates, Benzodiazepine, methadone, oxycodone, propoxyphene, buprenorphine) Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	PK	\$ _____	\$ _____
3.	ALLOPURINOL 100MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
4.	ALLOPURINOL 300MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
5.	ALUMINUM HYD/MAGNESIUM/SIMETHICONE (MYLANTA) LIQ 12 OZ. Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
6.	AMANTADINE 100MG CAPSULES 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
7.	AMITRIPTYLINE (ELAVIL) 25MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
8.	AMITRIPTYLINE (ELAVIL) 50MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____

Item No.	Description	Qty.	UOM	Unit Cost	Total
9.	AMLODIPINE BESYLATE 5MG TABLETS 90s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
10.	AMLODIPINE BESYLATE 10MG TABLETS 90s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
11.	AMOXICILLIN 500MG CAPSULES 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
12.	ARIPIRAZOLE (ABILIFY) 5MG TABLETS 30s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
13.	ARIPIRAZOLE (ABILIFY) 10MG TABLETS 30s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
14.	ARIPIRAZOLE (ABILIFY) 15MG TABLETS 30s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
15.	ARIPIRAZOLE (ABILIFY) 20MG TABLETS 30s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
16.	ARIPIRAZOLE (ABILIFY) 30MG TABLETS 30s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
17.	ASPIRIN 81MG TABLETS 120s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____

Item No.	Description	Qty.	UOM	Unit Cost	Total
18.	ATOMOXETINE HCL 25MG CAPSULES 30s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
19.	ATOMOXETINE HCL 40MG CAPSULES 30s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
20.	ATOMOXETINE HCL 60MG CAPSULES 30s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
21.	ATORVASTATIN CALCIUM 20MG TABLETS 90s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
22.	ATORVASTATIN CALCIUM 40MG TABLETS 90s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
23.	AZITHROMYCIN 250MG (ZPAK) TABLETS 6's Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BX	\$ _____	\$ _____
24.	BENZTROPINE (COGENTIN) 0.5MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
25.	BENZTROPINE (COGENTIN) 1MG TABLETS 1000s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
26.	BENZTROPINE (COGENTIN) 2MG TABLETS 1000s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____

Item No.	Description	Qty.	UOM	Unit Cost	Total
27.	BENZTROPINE 2 MG/2ML INJECTION 5x2ML Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BOX	\$ _____	\$ _____
28.	BISMUTH SUBSALICYLATE (PEPTO BISMOL) 525MG/30ML SUSPENSION 12 FL. OZ. Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
29.	BREATHALYZER TUBES DISPOSABLE BREATH ALCOHOL TUBES (DETECTION LEVEL -0.02%/BOX) Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	PK	\$ _____	\$ _____
30.	BUPROPION HCL 75MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
31.	BUPROPION HCL 100MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
32.	BUPROPION HCL ER 150MG TABLETS 500s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
33.	BUSPIRONE HCL (BUSPAR) 5MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
34.	BUSPIRONE HCL (BUSPAR) 10MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
35.	CARBAMAZEPINE (TEGRETOL) 100MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____

Item No.	Description	Qty.	UOM	Cost	Unit Total
36.	CARBAMAZEPINE (TEGRETOL) 200MG TABLETS 1000s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
37.	CEPHALEXIN 500MG CAPSULES 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
38.	CHLORPROMAZINE HCL 25MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
39.	CHLORPORMAZINE HCL 100MG TABS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
40.	CIPROFLOXACIN 500MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
41.	CITALOPRAM HBR (CELEXA) 10MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
42.	CITALOPRAM HBR (CELEXA) 20MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
43.	CLINDAMYCIN HCL 150MG CAPSULES 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
44.	CLONIDINE HCL 0.1MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____

Item No.	Description	Qty.	UOM	Unit Cost	Total
45.	CLONIDINE HCL 0.2MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
46.	CLONIDINE HCL 0.3MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
47.	DESVENLAFAXINE ER 50MG TABLETS 30s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
48.	DIPHENHYDRAMINE HCL (BENADRYL) 25MG CAPSULES 1000s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
49.	DIPHENHYDRAMINE HCL (BENADRYL) 50MG CAPSULES 1000s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
50.	DIPHENHYDRAMINE HCL 50MG/ML INJECTION 25x1ML Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BOX	\$ _____	\$ _____
51.	DIVALPROEX SODIUM DR (DEPAKOTE) 250 MG TABLETS 500s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
52.	DIVALPROEX SODIUM DR (DEPAKOTE) 500 MG TABLETS 500s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____



Item No.	Description	Qty.	UOM	Unit Cost	Total
53.	DIVALPROEX SODIUM ER (DEPAKOTE ER) 250 MG TABLETS 500s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
54.	DOCUSATE SODIUM 100MG CAPSULES 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
55.	DOXEPIN HCL 25MG CAPSULES 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
56.	DOXEPIN HCL 50MG CAPSULES 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
57.	DULOXETINE DR 20MG CAPSULES 60s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
58.	DULOXETINE DR 30MG CAPSULES 60s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
59.	EPINEPHRINE INJECTION 0.15MG AUTO-INJECTORS 2/Pack Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	KT	\$ _____	\$ _____
60.	EPINEPHRINE INJECTION 0.3MG AUTO-INJECTORS 2/Pack Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	KT	\$ _____	\$ _____
61.	ESCITALOPRAM (LEXAPRO) 10MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____

Item No.	Description	Qty.	UOM	Unit Cost	Total
62.	ESCITALOPRAM (LEXAPRO) 20MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
63.	FERROUS SULFATE (FEROSUL) 325MG TABS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
64.	FISH OIL 1000MG CAPSULES 120s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
65.	FLUCONAZOLE 150MG TABLETS UNIT DOSE 12s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BX	\$ _____	\$ _____
66.	FLUOXETINE (PROZAC) 10MG CAPSULES 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
67.	FLUOXETINE (PROZAC) 10MG CAPSULES 1000s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
68.	FLUOXETINE (PROZAC) 20MG CAPSULE 1000s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
69.	FLUPHENAZINE DEC. 125MG/5ML INJ. MDV 5MLs Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	VI	\$ _____	\$ _____
70.	FUROSEMIDE 20MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____

Item No.	Description	Qty.	UOM	Unit Cost	Total
71.	GABAPENTIN (NEURONTIN) 300MG CAPSULES 500s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
72.	GLIPIZIDE 5MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
73.	GLIPIZIDE 10MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
74.	GUANFACINE (TENEX) 1MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
75.	GUANFACINE ER (INTUNIV) 1MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
76.	HALOPERIDOL (HALDOL) 0.5MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
77.	HALOPERIDOL (HALDOL) 1MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
78.	HALOPERIDOL (HALDOL) 2MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
79.	HALOPERIDOL (HALDOL) 5MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____

Item No.	Description	Qty.	UOM	Unit Cost	Total
80.	HALOPERIDOL (HALDOL) 10MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
81.	HALOPERIDOL DEC. 100MG/ML INJ. SDV Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	VI	\$ _____	\$ _____
82.	HALOPERIDOL DEC. 50MG/ML INJ. SDV Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	VI	\$ _____	\$ _____
83.	HALOPERIDOL LAC 5MG/ML INJ. SDV 25x1 Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BX	\$ _____	\$ _____
84.	HYDRALAZINE 25MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
85.	HYDROXYZINE HCL 25MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
86.	HYDROXYZINE HCL 50MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
87.	IBUPROFEN 200MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
88.	IBUPROFEN 400MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____

Item No.	Description	Qty.	UOM	Unit Cost	Total
89.	IBUPROFEN 600MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
90.	IBUPROFEN 800MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
91.	LAMOTRIGINE (LAMICTAL) 25MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
92.	LAMOTRIGINE (LAMICTAL) 100MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
93.	LANTUS SOLOSTAR 100U/ML INJECTION 5X3ML Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BX	\$ _____	\$ _____
94.	LEVETIRACETAM 500MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
95.	LEVOTHYROXINE SODIUM 25MCG TABLETS 90s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
96.	LEVOTHYROXINE SODIUM 100MCG TABLETS 90s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
97.	LICE TREATMENT SHAMPOO 2 FL. OZ (PERMETHRIN 280MG (1%)) Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____

Item No.	Description	Qty.	UOM	Unit Cost	Total
98.	LISINOPRIL 10MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
99.	LISINOPRIL 20MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
100.	LITHIUM CARBONATE (ESKALITH) 300MG CAPSULES 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
101.	LOSARTAN POTASSIUM 25MG TABLETS 90s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
102.	LOSARTAN POTASSIUM 50MG TABLETS 90s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
103.	LURASIDONE HCL 40MG TABLETS 30s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
104.	LURASIDONE HCL 80MG TABLETS 30s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
105.	MAGNESIUM OXIDE 400MG TABLETS 120s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
106.	MELATONIN 5MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____

Item No.	Description	Qty.	UOM	Unit Cost	Total
107.	METFORMIN HCL 500MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
108.	METHOCARBAMOL 750MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
109.	METOPROLOL SUCCINATE ER 25MG TABS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
110.	METOPROLOL SUCCINATE ER 50MG TABS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
111.	METOPROLOL TARTRATE 25MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
112.	METOPROLOL TARTRATE 50MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
113.	MILK OF MAGNESIA LIQ 12 OZ Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
114.	NALTREXONE HCL 50MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
115.	NALOXONE HCL (NARCAN) 4MG NASAL SPRAY <b>OTC ONLY</b> 2s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	PK	\$ _____	\$ _____

Item No.	Description	Qty.	UOM	Unit Cost	Total
116.	NICOTINE TRANSDERM 7MG PATCH 14s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BX	\$ _____	\$ _____
117.	NICOTINE TRANSDERM 14MG PATCH 14s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BX	\$ _____	\$ _____
118.	NICOTINE TRANSDERM 21MG PATCH 14s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BX	\$ _____	\$ _____
119.	NORTRIPTYLINE HCL 25MG CAPSULES 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
120.	OMEPRAZOLE DR 20MG CAPSULES 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>MAKE:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
121.	ONDANSETRON ODT 4MG TABLETS 30s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BX	\$ _____	\$ _____
122.	OXCARBAZEPINE 300MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
123.	PANTOPRAZOLE SODIUM DR 40MG TABS 90s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
124.	PAROXETINE (PAXIL) 10MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____



Item No.	Description	Qty.	UOM	Unit Cost	Total
125.	PAROXETINE (PAXIL) 20MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
126.	POTASSIUM CHLORIDE ER 10mEq (750MG) TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
127.	PRAZOSIN 1MG CAPSULES 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
128.	HCG URINE PREGNANCY TEST KIT 25s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BX	\$ _____	\$ _____
129.	PROPRANOLOL HCL 10MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
130.	PROPRANOLOL HCL 20MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
131.	MIRTAZAPINE (REMERON) 15 MG TABLETS 500s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
132.	MIRTAZAPINE (REMERON) 30 MG TABLETS 500s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
133.	RAMELTEON 8MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____

Item No.	Description	Qty.	UOM	Unit Cost	Total
134.	RISPERDAL CONSTA 25MG INJ 1s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	KT	\$ _____	\$ _____
135.	RISPERDAL CONSTA 50MG INJ 1s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	KT	\$ _____	\$ _____
136.	RISPERIDONE (RISPERDAL) 0.5MG TABS 500s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
137.	RISPERIDONE (RISPERDAL) 1MG TABS 500s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
138.	RISPERIDONE (RISPERDAL) 2MG TABS 500s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
139.	RISPERIDONE (RISPERDAL) 3MG TABS 500s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
140.	RISPERIDONE (RISPERDAL) 4MG TABS 500s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
141.	SEROQUEL (QUETIAPINE) 25 MG TABLETS 1000s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
142.	SEROQUEL (QUETIAPINE) 50 MG TABLETS 1000s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____

Item No.	Description	Qty.	UOM	Unit Cost	Total
143.	SEROQUEL (QUETIAPINE) 100 MG TABLETS 1000s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
144.	SEROQUEL (QUETIAPINE) 200 MG TABLETS 1000s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
145.	SEROQUEL (QUETIAPINE) 300 MG TABLETS 1000s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
146.	SERTRALINE 25 MG TABLETS 500s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
147.	SERTRALINE 50 MG TABLETS 500s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
148.	SERTRALINE 100 MG TABLETS 500s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
149.	SODIUM BICARBONATE 650MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
150.	SULFAMETHOXAZOLE/TRIMETHOPRIM (BACTRIM DS) 800MG/160MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
151.	TETRABENAZINE 25MG TABLETS 112s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____

Item No.	Description	Qty.	UOM	Unit Cost	Total
152.	TOPAMAX (TOPIRAMATE) 25 MG TABLETS 60s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
153.	TOPAMAX (TOPIRAMATE) 50 MG TABLETS 60s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
154.	TOPAMAX (TOPIRAMATE) 100 MG TABLETS 60s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
155.	TRAZADONE (DESYREL) 50 MG TABLETS 500s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
156.	TRAZADONE (DESYREL) 100 MG TABLETS 500s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
157.	TRIHXYPHENIDYL HCL (ARTANE) 2 MG TABS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
158.	TRIHXYPHENIDYL HCL (ARTANE) 5 MG TABS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
159.	TRIHXYPHENIDYL HCL (ARTANE) 5 MG TABLETS 1000s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
160.	TUBERCULIN, PPD (TUBERSOL) 5 TU/0.1ML SOLUTION 10 TESTS/1ML Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	EA	\$ _____	\$ _____

Item No.	Description	Qty.	UOM	Unit Cost	Total
161.	TYLENOL (ACETAMINOPHEN) 325 MG TABLETS 1000s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
162.	TYLENOL (ACETAMINOPHEN) 500 MG TABS 1000s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
163.	VALPROIC ACID (DEPAKENE) 250 MG CAPSULES 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
164.	VENLAFAXINE HCL (EFFEXOR) 75MG TABS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
165.	VENLAFAXINE HCL (EFFEXOR) 100MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
166.	VENLAFAXINE HCL ER (EFFEXOR XR) 75 MG CAPSULES 90s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
167.	VITAMIN B 1 (THIAMINE) 100 MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
168.	VITAMIN C 500 MG TABLETS 100s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____

Item No.	Description	Qty.	UOM	Unit Cost	Total
169.	VITAMIN D3 400 IU TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
170.	VITAMIN D3 2000 IU TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
171.	VITAMIN E 400 IU CAPSULES 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
172.	ADULT MULTI-VITAMIN TABLETS 1000s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
173.	ZINC 50 MG TABLETS 100s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
174.	ZIPRASIDONE (GEODON) 60MG CAPSULES 60s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
175.	ZIPRASIDONE (GEODON) 80 MG CAPSULES 60s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
176.	ZYPREXA (OLANZAPINE) 2.5 MG TABLETS 30s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____
177.	ZYPREXA (OLANZAPINE) 5 MG TABLETS 1000s Expiration no less than 12 mos. Bidding on: Manufacturer: _____ Make: _____ Date of Delivery: _____	1	BTL	\$ _____	\$ _____

<b>Item No.</b>	<b>Description</b>	<b>Qty.</b>	<b>UOM</b>	<b>Unit Cost</b>	<b>Total</b>
178.	ZYPREXA (OLANZAPINE) 10 MG TABLETS 1000s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
179.	ZYPREXA (OLANZAPINE) 15 MG TABLETS 30s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
180.	ZYPREXA (OLANZAPINE) 15 MG TABLETS 500s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
181.	ZYPREXA (OLANZAPINE) 20 MG TABLETS 500s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
182.	BUPRENORPHINE 8MG (SUBUTEX) TABLETS 30s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____
183.	BUPRENORPHINE/NALOXONE (SUBOXONE) 8MG/2MG TABLETS 30s Expiration no less than 12 mos. <b>Bidding on:</b> <b>Manufacturer:</b> _____ <b>Make:</b> _____ <b>Date of Delivery:</b> _____	1	BTL	\$ _____	\$ _____

**GENERALS:**

- A. Meet the requirements of manufacturing legislation and regulation of pharmaceuticals and medical products.
- B. Conform to all specifications contained herein.
- C. Have remaining shelf life of at least 80 % of the stipulated shelf life at the time of manufacture.

These specifications were developed by Quenie-Mei Fisher, Pharmacist, certified by Debbie M. Paulino, Certifying Officer, and approved by Carissa Pangelinan, Deputy Director and Theresa Arriola, Director.