



Department of
Mental Health

Office of Support Services

Central Pharmacy Outpatient Manual

CENTRAL PHARMACY OUTPATIENT MANUAL

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CENTRAL PHARMACY PROGRAM OVERVIEW

Preface

Central Pharmacy Outpatient Section was established in 1972 upon the recommendations of Work Group #21 responsible for the "Development of Effective Methods of Distribution of Psychotropic Drugs to Needy Patients."

Central Pharmacy Outpatient was established to provide prescription services to needy individuals (medically indigent clients) that are being maintained as outpatients by community mental health agencies.

Community mental health agencies utilizing Central Pharmacy Outpatient services and/or accessing State Funding (GRF 335-419 Community Medication Subsidy) must adhere to the rules and regulations as outlined in this manual.

Mission and Values Statement

Central Pharmacy Outpatient's mission is the provision of cost effective and high quality mental health medications and services-complementing the services and missions of all community mental health stakeholders.

Central Pharmacy Outpatient's Core Values, also known as "CRAFT" are as follows:

Caring
Respectful
Attentive
Fair and Honest
Trustworthy

Program Overview

The program is designed to assist Community Mental Health Boards with the economic purchase and dispensing of psychotropic medications to needy clients meeting specific clinical and income eligibility criteria.

Community Mental Health Boards designate which Community Mental Health Centers will participate in the program and establish the clinical and income criteria to be followed when qualifying patients for the program.

Central Pharmacy Outpatient operates as a mail order pharmacy providing patients medication to each clinic by established commercial shippers (UPS, currently).

The following cost containment features are employed by Central Pharmacy Outpatient to assist community agencies and boards control expenditures and provide cost-effective services:

- State Wide Drug Contract Pricing
- Formulary Utilization
- Use of Generic Medications
- Medication Utilization Reviews-Concurrent and Retrospective
- Return of Medication for Credit (Special Exemption form State of Ohio Pharmacy Board)
- Detailed monthly budget reports

Central Pharmacy Outpatient Funding

Funding is provided by the State of Ohio through the Community Medication Subsidy Line (GRF 335-419).

The 419 community Medication Subsidy is provided each fiscal year to the Ohio Department of Mental Health. The subsidy is allocated among the Community Mental Health Boards utilizing an existing formula which considers past experience and population characteristics for each board.

When the appropriation levels do not fund all the medication costs of indigent persons, the Community Mental Health boards may provide additional funds to meet needs of their community.

Hours of Operation

Monday – Friday	8:30 AM to 5:00 PM
Saturday and Sunday	Closed

Holiday schedule

New Year’s Day	First Day of January
Martin Luther King’s Birthday	Third Monday of January
President’s Day	Third Monday of February
Memorial Day	Last Monday of May
Independence Day	Fifth Day of July
Labor Day	First Monday of September
Columbus Day	Second Monday of October

Veteran's Day
Thanksgiving Day
Christmas Day

Eleventh Day of November
Fourth Thursday of November
Twenty-Fifth Day of December

Pharmacy will be closed on above holidays

Contact Information

Ohio Department of Mental Health
Office of Support Services
Central Pharmacy Outpatient
2150 West Broad Street
Columbus, Ohio 43223-1200

The Central Pharmacy Outpatient staff may be contacted during regular business hours. For your convenience, all of the Central Pharmacy Outpatient staff has voicemail on the following numbers:

Prescription Delivery or Medication Pick-ups		(614) 752- 0150
Manager	Patrick Mascaro, R.Ph.	(614) 752- 0159
Supervisor	Tracie D. Taylor, PharmD	(614) 752- 0158
Pharmacist		(614) 752- 0166
Drug Information	Denise K. Nauman, R.Ph.	(614) 752- 0133
Field Consultation	Joni Wright, R.Ph.	(614) 752- 0143

Central Pharmacy Outpatient administration may also be contacted via e-mail at the following addresses:

Manager	Patrick Mascaro, R.Ph.	Pat.Mascaro@mh.ohio.gov
Supervisor	Tracie D. Taylor, PharmD	Tracie.Taylor@mh.ohio.gov

CENTRAL PHARMACY SERVICES

Patient Counseling via the Telephone

Pharmacists are available to provide patient medication counseling via the telephone from 8:30AM to 5:00PM Monday through Friday.

Patients may contact Central Pharmacy Outpatient toll free at 1-800-847-0688. Each patient will receive an offer to counsel statement with their prescription.

Delivery to the Agency's Door

Filled prescriptions will be sent directly to the agency's door via a commercial delivery service, currently UPS.

Observance of holidays will affect delivery schedules. Please refer to the Holiday section for list of state observed holidays.

Drug Information Services and Consultation

The Drug Information Pharmacist, Ms. Denise K. Nauman, R.Ph. will respond to any concerns and questions involving drug information and consultation.

Some examples of commonly addressed concerns may be, and are not limited to, questions pertaining to drug interactions, side effects, dosages, interactions, contraindications and warnings of specific medications.

Ms. Denise K. Nauman, R.Ph. may be contacted via e-mail at Denise.Nauman@mh.ohio.gov, or via telephone or U.S. mail. If interested in contacting her via the telephone or U.S. mail, please see the "Contact Information" section of this manual on page 3.

Clinical Pharmacokinetic Consultation

A clinical pharmacokinetic consultation service is provided for some commonly used medications. The purpose of this service is to assist in designing dosage regimens to assist in achieving therapeutic serum levels of the medications.

If interested in this service, please contact Ms. Denise K. Nauman, R.Ph. via e-mail at Denise.Nauman@mh.ohio.gov, or via telephone or U.S. mail. If interested in contacting her via the telephone or U.S. mail, please see the "Contact Information" section of this manual on page 3.

Orientation of Drug Distribution Methods

An orientation of Drug Distribution Methods may be conducted on site or by telephone.

This service provides an orientation for setting up the medication room and drug distribution and reconciliation services assuring compliance with State and Federal regulations.

If interested in this service, please contact Ms. Joni Wright R. Ph. via e-mail at Joni.Wright@mh.ohio.gov, or via telephone or U.S. mail. If interested in contacting her via the telephone or U.S. mail, please see the "Contact Information" section of this manual on page 3.

In-Service of Psychotropic Medications

In-Service on Psychotropic Medications for professional staff at the community Mental Health Centers may be arranged by contacting Ms. Denise K. Nauman R.Ph. via e-mail at Denise.Nauman@mh.ohio.gov, or via telephone or U.S. mail. If interested in contacting her via the telephone or U.S. mail, please see the "Contact Information" section of this manual on page 3.

Training in Policies and Procedures

Training on Central Pharmacy Outpatient policies and procedures is provided to each of the Community Mental Health Centers.

If interested in this service please contact Mr. Patrick Mascaro, R. Ph. via e-mail at Pat.Mascaro@mh.ohio.gov, via telephone, or by U.S. mail. If interested in contacting him via the telephone or U.S. mail, please see the "Contact Information" section of this manual on page 3.

Customized Management and Accounting Reports

In addition to the monthly billing documents sent to each Community Mental Health Center and Board, the Central Pharmacy Outpatient will provide customized management and accounting reports upon request.

Some examples may include, however are not limited to: medications with high dollar volume, medications with high usage, patient or physician profiling and utilization reports containing the most cost effective strength available for the medication prescribed.

If interested in this service, please contact Mr. Patrick Mascaro, R. Ph. via e-mail at Pat.Mascaro@mh.ohio.gov, via telephone, or by U.S. mail. If interested in contacting him via the telephone or U.S. mail, please see the "Contact Information" section of this manual on page 3.

Quarterly Pharmacy Newsletters

Quarterly Pharmacy Newsletters are available upon request, as well as, current articles from various psychiatric, medical, pharmacy, and nursing journals.

If interested in receiving the Newsletter or the journals, please contact Ms. Denise K. Nauman, R.Ph. at Denise.Nauman@mh.ohio.gov , via telephone or by U.S. mail. If interested in contacting her via the telephone or U.S. mail, please see the "Contact Information" section of this manual on page 3.

CENTRAL PHARMACY PROGRAM GUIDELINES

***Central Pharmacy Outpatient funding is limited and it is very important for the board and agencies to establish agreed upon eligibility guidelines that are consistent with the purpose of the funds, to support the psychotropic medication needs of indigent citizens of a community, to promote and support the recovery/resiliency of consumers, to reduce unnecessary hospitalization because of the inability to afford the required medication. Income eligibility should be re-determined every 6 months, or a mutually agreed upon time period between each board and its agencies, to make certain clients continue to meet the income guidelines.

The need for psychotropic medications exceeds available state resources and many Mental Health Boards contribute resources beyond the state subsidy. ODMH supports the efforts of Mental Health Boards and providers to maximize resources.***

Patient Eligibility Requirements

Patient eligibility is based on income and clinical characteristics. A suggested resource for viewing income eligibility guidelines is the **Federal Poverty Guideline (EXHIBIT 1)** published by the federal government though boards and local agencies may adopt another mutually agreed upon income eligibility guideline. In addition to meeting income eligibility, the client should be:

- An adult with a severe mental disability or a child/ adolescent with a severe emotional disturbance; or
- At risk of hospitalization if the medications were discontinued; or
- Recently released from a mental health inpatient facility (within a three-month period prior to eligibility determination).

The **Federal Poverty Guidelines** for the current year may be found on the Internet at the United States Department of Health & Human Services website at: <http://aspe.hhs.gov/poverty/>. Once on this website, select the current year's "HHS Poverty Guidelines."

Suggested Information to be Collected

The followings are examples of suggested information to be collected to provide an adequate picture of the patient's financial and clinical status:

- Monthly family gross income
- Number of persons in family unit, including all dependents
- Name of the person who is the principle source of income for the family

- Third party payment and public assistance – have all sources been investigated and depleted?
- Documentation of income
- Living expenses (rent, food, clothing allowance, etc.)
- If applicable, documentation of mental disability
- Are there unusual financial circumstances, which have placed the client or his or her family under financial hardship? The cost of the hardship may be deducted from the annual income to determine eligibility. Examples of such circumstances include major medical expenses (uncompensated by any other funding source), major disasters (fire, flood, and tornado), personal hardships such as an auto accident, death of close relative, educational expenses, etc.

Patients Generally NOT ELIGIBLE for Central Pharmacy Services

The Central Pharmacy Outpatient program should not be used if another payer is available to fund psychotropic medications for the patient. All income and payer sources must be investigated and depleted before a patient is eligible for the Central Pharmacy Outpatient program. Examples of other payers:

- Medicaid
- Third Party Insurance
- Managed Care Coverage
- Pharmaceutical Assistance Programs
- Ability to Pay
- Another source or individual

Patients may occasionally experience a delay in accessing other eligible payment sources. For instance, a patient may be placed in the “Medicaid Pending” category or experience a delay in receiving medications from a Pharmaceutical Assistance Program and thus be eligible for Central Pharmacy Services. For these patients, a 90 day eligibility review would be required.

Community Mental Health Center Enrollment

Community Mental Health Boards determine which mental health centers will participate in the Central Pharmacy Outpatient Program. Annually, Central Pharmacy Outpatient receives a list (**EXHIBIT 2**) of participating agencies and dollars allocated to the agency for participation in the program.

Terminal Distributor of Dangerous Drugs License (EXHIBIT 3)

The State Board of Pharmacy requires each Community Mental Health Center participating in the Central Pharmacy Outpatient program to have a **Terminal Distributor of Dangerous Drugs License**, also known as, a TD License.

The TD License authorizes a Community Mental Health Center to store medications overnight in a State Board of Pharmacy approved secure location (medication room) within the Community Mental Health Center.

If a Community Mental Health Center does not have a current TD License or special permission from the State Board of Pharmacy, Central Pharmacy Outpatient is not permitted to ship medications to the Community Mental Health Center.

The TD License will require a physician to become the "Responsible Person." The "Responsible Person" is required to be certain that the site operates in accordance with the rules and regulations of the Ohio State Board of Pharmacy.

Once a TD License is obtained, if for any reason a Community Mental Health Center's name, address, med-room location, or "Responsible Person" changes, it is important to contact the State Board of Pharmacy and Central Pharmacy Outpatient immediately in order to legally continue to receive medications in an efficient manner.

If a Community Mental Health Center is interested in obtaining a TD License, please contact the State Board of Pharmacy at (614) 466-4143, or visit the State Board of Pharmacy website at <http://pharmacy.ohio.gov/>. If one chooses to visit the website, one may reference the pharmacy rules and laws and this will link to summaries of the Ohio Revised Code and the Ohio Administrative Code. The requirements for issuance of license may be helpful and can be found in the Ohio Revised Code 4729.55. For further information regarding TD Licenses, an administrative representative of Central Pharmacy Outpatient may be contacted. Please see the "Contact Information" section of this manual to contact an administration representative of Central Pharmacy Outpatient.

Assignment of an Agency Number

Central Pharmacy Outpatient will assign an identification number for the Community Mental Health Center known as the agency number. The agency number will be provided to the Community Mental Health Center. This agency number should be used when communicating with Central Pharmacy Outpatient representatives.

A representative from Central Pharmacy Outpatient's administration will guide the Community Mental Health Center through all the necessary steps in getting started, as well as, obtain all the necessary information to keep the Community Mental Health Center well informed.

Clinic Information Sheet Form (EXHIBIT 4)

Central Pharmacy Outpatient will request the Community Mental Health Center complete a "**Clinic Information Sheet**," which will provide Central Pharmacy Outpatient with the basic information needed to establish a relationship with the Community Mental Health Center.

The Community Mental Health Center is responsible for keeping the data contained on the "Clinic Information Sheet" up-to-date and accurate. Please see the "Forms" section of this manual to review the "Clinic Information" form.

MEDICATION STORAGE/ACCOUNTABILITY/RESPONSIBILITY

Community Mental Health Center Storage Responsibility

The Community Mental Health Center is responsible for the proper and secure storage of the prescription blanks and medications provided by Central Pharmacy Outpatient.

The prescription blanks must be stored in a secure area with availability limited to only authorized professional individuals.

All medications must be stored in a secure area approved by the State Board of Pharmacy.

An example of a proper and secured storage area for medications include, however are not limited to an effective key control system (allowing for an extra key in case of an emergency) with appropriate lighting and temperature (not to exceed 77 degrees Fahrenheit).

The medication storage area(s) may be subject to inspection by representatives of the State Board of Pharmacy.

The State Board of Pharmacy views security issues stringently. The Community Mental Health Center may want to review the following Ohio Administrative Codes (OAC) and Ohio Revised Codes (ORC) addressing security and control of dangerous drugs:

- OAC 4729-5-29 Confidentiality of Patient Records
- OAC 4729-5-30 Manner of Issuance of a Prescription
- OAC 4729-5-10 Prescription Pick-Up Station
- OAC 4729-9-07 Procedure for Discontinuing Business as Terminal Distributor of Dangerous Drugs
- OAC 4729-9-22 Records of Dangerous Drugs
- OAC 4729-5-11 Responsible Person
- OAC 4729-9-04 Returned Drugs
- OAC 4729-9-05 Security of Prescription Blanks and DEA
- OAC 4729-9-09 Security of Prescription Blanks and DEA Controlled Substance Order Forms
- OAC 4729-9-11 Security and Control of Dangerous Drugs

Upon request, a Central Pharmacy Outpatient representative may conduct an orientation of Drug Distribution Methods either on site or via telephone. If interested in this service, please see the "services" section of this manual.

Community Mental Health Center Accountability Responsibilities

The Community Mental Health Center is responsible for the accountability of the medications and records received from Central Pharmacy Outpatient.

All medication transactions must be identified by the prescription number. The prescription number provides an accurate audit trail of the medication.

All Community Mental Health Centers will be responsible for implementing a medication accountability system. The medication accountability system should include at minimum the following information:

- Prescription number
- Patient name
- Date the prescription was written
- Date the prescription or refill was sent to Central Pharmacy Outpatient
- Date the medication was received from Central Pharmacy Outpatient
- Initials of the individual unpacking the received medications
- Date the medication was given to the client
- The initials of the individual issuing the medication to the patient/agent
- The patient/agent signature receiving the medication

Each medication will be distributed only to the patient for whom the medication was prescribed or an authorized agent and in accordance with the physician's directions.

Medications labeled for a patient by Central Pharmacy Outpatient may not be relabeled and reissued to another patient by any individual.

All medications not being distributed to the patient or authorized individual should be returned to Central Pharmacy Outpatient. Please see the "Return Policy" section of this manual.

Central Pharmacy Outpatient provides a **shipping report (Exhibit 5)** in each delivery containing the medications delivered to the Community Mental Health Center. (If not received, contact Central Pharmacy Immediately). Upon the receipt of the shipping report, it should be verified, signed and dated by the responsible health care provider (task may be performed by non-professional staff member, but must be overseen by licensed health care provider). If any discrepancies are found, Central Pharmacy Outpatient should be contacted immediately. Please see the "Contact Information" section of this manual. **(Records must be maintained for 3 years).**

Central Pharmacy Outpatient offers a form titled the "**Central Pharmacy Medication Record**" (**EXHIBIT 6**). The "Central Pharmacy Medication Record" may be used to assist with medication accountability. It reflects the flow of medication into an out of the agency by documentation of the order, receipt and issues dates of the Central Pharmacy medication. In addition, the Central Pharmacy Medication Record enables the agency to determine the amount and type of Central Pharmacy medication stored in the agency at any given time. The use of this form is optional, if you have another accountability procedure in place.

If the Community Mental Health Center wishes to request this form, please see the "Contact Information" section of this manual to contact a Central Pharmacy Outpatient representative.

Regulatory agencies must be notified in cases of loss or theft. If you experience a **theft or loss of medications or prescription blanks** at your agency or in transit, please contact Central Pharmacy immediately for forms and instructions.

If a damaged parcel is received in the agency order, please accept the package "as is" and note any damage on the delivery receipt signed. Do not return damaged packages to Central Pharmacy by the commercial carrier. Open the package immediately (saving all external wrappings) and have two individuals check delivery of medications against packing slips. If there is no packing slip inside or if there are discrepancies in the agency's order, call Central Pharmacy the day that the problem is discovered.

Upon request, the Central Pharmacy Outpatient Manager is available to assist Clinics in developing policies and procedures concerning medication handling, receipt, record keeping and storage of Central Pharmacy medications.

ENROLLMENT

Physician Enrollment

Each physician prescribing medication for patients eligible for the Central Pharmacy Outpatient program must complete the "**Health Care Provider Record**" form (**EXHIBIT 7**).

This form may be completed prior to writing prescriptions or submitted with the first prescription the physician writes for a patient eligible for the Central Pharmacy Outpatient program.

This form may also be used to make any changes to a physician's profile.

It is the responsibility of the Community Mental Health Center to keep the physician profiles accurate and up-to-date.

Patient Enrollment

Once the Community Mental Health Center deems a patient eligible for the Central Pharmacy Outpatient program, it is essential that a representative of the Community Mental Health Agency complete the "**Central Pharmacy Patient Enrollment Form**" (**EXHIBIT 8**) form and submit it along with the patient's prescription(s).

Per Ohio Administrative Code, Rule 4729-5-18, it is the responsibility of the pharmacy to maintain a patient profile for immediate retrieval of information regarding those patients receiving prescriptions from Central Pharmacy Outpatient.

For more information pertaining to this rule, please visit the Ohio State Board of Pharmacy web site at <http://pharmacy.ohio.gov>.

It is the responsibility of the Community Mental Health Center to assist Central Pharmacy Outpatient in keeping the patient profiles accurate and up-to-date.

The "Central Pharmacy Patient Medication Information" form may also be used to update patient information. Please see the "form section of this manual to review the "Central Pharmacy Patient Medication Information" form.

MEDICATION FORMULARY

Utilization of a Medication Formulary (EXHIBIT 9)

In an effort to lower the cost, Central Pharmacy Outpatient utilizes a formulary. Prescriptions are limited to antipsychotic, antidepressant, antimanic, anxiolytic, sedative hypnotic, anticonvulsant, and antidyskinetic drugs. The formulary consists of medications approved by Interdepartmental P&T Committee and the FDA.

The Interdepartmental P&T committee consists of representatives from the Ohio Department of Rehabilitation and Corrections, Department of Youth Services, Department of Mental Health, and Department of Job and Family Services.

The Interdepartmental P&T committee evaluates medications for efficacy and cost effectiveness, as well as, makes additions and deletions to the formulary based on product usage and physician request.

A **Health Care Provider** may request a medication be added to the formulary at any time. If interested in adding a medication to the formulary, please complete the **Request For Procurement & Stocking of Drugs Form (EXHIBIT 10)**, or see the "Contact Information" section of this manual to contact the manager of Central Pharmacy Outpatient to discuss this process.

The Interdepartmental P&T committee also evaluates medications with non-psychotropic FDA indications, as long as there is considerable amount of medical literature supporting the off label utilization.

Once on the market, any medication classified by the FDA as an antipsychotic, antidepressant, antimanic, anxiolytic, anticonvulsant, antidyskinetic and a sedative-hypnotic is automatically added to the formulary.

When a prescription is written for a non-formulary item or designated "DAW", a Central Pharmacy Outpatient pharmacist will contact the physician who wrote the prescription to discuss the situation, alternatives, and possibilities of adding the medication to the formulary.

PRESCRIPTION GUIDELINES AND PROCEDURES

Procedure for Clozaril (Clozapine) Prescriptions

Generic Clozapine or brand Clozaril is available with a one-day turnaround.

Prior to dispensing clozapine, the patient must be registered with the manufacturer's registry. Patients must also be assigned to a dispensing pharmacy and a treating physician.

Registration can be done online, by phone, fax, or mail. The following lists the registries that are available:

Manufacturer	Web Address	Telephone Number
Novartis (Clozaril® Brand)	www.clozarilcare.com	1-800-448-5938
Teva (generic)	www.clozaDineregistry.com	1-800-507-8334
Alamo (FazaClo® Brand)	www.fazacllo.com	1-877-329-2256
Mylan (generic)	www.mylan-clozapine.com	1-800-843-9915
Par (generic)	www.parclozapine.com	1-866-828-2892
Caraco (generic)	www.caracoclozapine.com	1-888-835-2237

Once a patient is registered and eligibility is confirmed, a one, two, or four week supply of Teva (current contracted company) brand clozapine can be dispensed depending on the patients monitoring frequency. **Prior to dispensing**, Central Pharmacy must receive a baseline White Blood Cell (WBC) and Absolute Neutrophil Counts (ANC) with acceptable results. Prior to initiation of therapy these lab findings must be measured and recorded within the time specified by the current contracted manufacturer (please refer to company web site listed above).

Prescription Guidelines

1. Prescriptions should be written on **Central Pharmacy Prescription Blanks** (DMH_PSC036) (**EXHIBIT 11**) which are available from Central Pharmacy. However, Central Pharmacy will accept agency computer generated prescriptions meeting regulatory requirements.
2. **Computer Generated Prescriptions** are also supplied to the clinic by Central Pharmacy Outpatient when the last refill is obtained from Central Pharmacy(**EXHIBIT 19**). The computer-generated prescription is intended

to make it easier to continue a patient on a maintenance medication. (The prescriber only has to date, mark refills, and sign).

3. Prescriptions may not be dispensed for the first time beyond 6 months from the date of issuance by a practitioner per Ohio State Board of Pharmacy rules. (e.g. Rx dated March 1, 2009, the prescription must be filled prior to September 1, 2009 to be valid for non-controlled or controlled medications).
4. Supply all the information requested on the prescription blank, being certain the information supplied is clearly written, printed or typed. Be certain to include the clinic's name and client number on each prescription blank. Please be consistent in recording client number. **Please indicate if any element such address is a change from original submission or send an updated patient profile with prescription.**
5. Please write only **one** medication per prescription blank.
6. The Central Pharmacy will accept prescriptions written for a 30-day or less supply of drugs for the client on most medications. (Larger day supplies may be approved for extenuating circumstances – please contact Central pharmacy for special consideration).
 - a. Quantities prescribed in excess of the 30-day supply will be adjusted to meet the 30 day requirement, unless it is part of the generic exception program.
 - b. Central Pharmacy will dispense the monthly quantity into bi-weekly quantities to accommodate the client's needs, only when indicated on the prescription. For example, Pamelor 50mg #30 with a notation to dispense bi-weekly would be sent as two bottles of Pamelor each containing 15 capsules. **(There is no additional charge for this service)**
 - c. New prescriptions (except for controlled substances) may be refilled up to one year from the date of issuance of the prescription as long as the prescription has been filled once within the first six months of the issuance date. The number of refills must be specified. **A prescription marked refills "prn" or some similar designation is NOT considered a valid refill authorization and will be treated as zero refills, in accordance with OAC 4729-5-30.**
 - d. Controlled substances in schedules III, IV or V may be refilled not more than 5 times in a six month period from the date of issuance of the prescription.
 - e. **Only originals of CII prescriptions may be filled** (no faxes or call in of prescription allowed). **CII prescriptions may not be refilled.**

- f. Part I (original) part of Central Pharmacy prescription or the original of the computer generated prescription should be submitted to: **Central Pharmacy Outpatient, 2150 West Broad Street, Columbus, Ohio 43223-1200 or Faxed (614-752-0151).**
7. **All prescriptions for controlled substances (i.e. Ritalin, Phenobarbital, Xanax, Dalmane, Librium Valium, etc.) must include the physician DEA number. All prescriptions for controlled substances must have the quantity written both numerically and alphabetically.**
8. Most oral psychotropic concentrates are only available in non-child-resistant packaging. Therefore, prescriptions for concentrates must have the following statement written on the body of the prescription to conform to the Poison Prevention Packaging Act of 1970: "I request this medication to be dispensed in non-child resistant packaging." Physician/Client Date_____. By law, only the physician or client can request non-compliant packaging.

Central Pharmacy prescription blanks (DMH-PSC-036) are to be used only for the medically indigent clients participating in the Central Pharmacy Program.

Faxed Prescriptions

For quicker turnaround, prescriptions may be faxed (**PREFERABLY**) or telephoned by the physician or physician's agent directly to Central Pharmacy.

All prescriptions can be legally faxed except those for controlled substance Class II medications (i.e. dextroamphetamine (Dexedrine), methylphenidate (Ritalin), etc.) which can **only** be mailed. All faxed prescriptions are required to have a header indicating where it originated from, example the name of the agency and fax or phone number.

CLEARLY MARK THE FAX AS TO WHEN THE PRESCRIPTIONS WILL BE NEEDED AT THE AGENCY. ANY FAXED PRESCRIPTIO OR REFILL REQUEST NOT INDICATING THE DATE NEEDED, WILL BE HANDLED AS A "REGULAR ORDER" AND WILL BE DELIVERED TO THE AGENCY WITHIN FIVE DAYS.

The physician or prescriber must sign prescriptions before they are faxed. Once the prescription is faxed, the faxed copy becomes the original for Central Pharmacy.

Only ONE prescription per faxed page will be accepted.

Do not mail the original prescription of the faxed prescription or any of the copies to Central pharmacy.

The original prescription (**must legally remain at the agency and attached to the patient's profile**) must be marked:

"Void faxed to Central Pharmacy"

Orally Transmitted/Phoned Prescription Orders

An authorized agent of the prescriber or the prescriber may phone verbal or oral prescription orders to the pharmacists at Central Pharmacy. The representative must give their full name, first and last, plus title to the pharmacist for the prescription to be filled. When verbal prescriptions are submitted, it is not necessary to send in the written prescription. Please record on the prescription that it was transmitted to Central Pharmacy, indicate time, date and name of pharmacist involved. Mark the prescription **"Void Telephoned to Central Pharmacy"** so that it cannot be diverted and illegally filled again.

Order Turnaround Times

1. Normal orders that we receive will be processed within 5 business days.
2. Clozaril prescriptions received by 1:30 PM will be shipped that day and received the next day generally.
3. Rushed prescriptions needed next day must be faxed or orally received by 11:30 AM (please restrict to true emergencies). If we are not able to meet the emergency request due to work backlog or volume of emergency requests the clinic will be contacted.
4. Shipping is generally not available on Saturday, Sunday, Holidays, the day after Thanksgiving, and certain days around Christmas or New Years.

Rush Orders

A community mental health agency may request a prescription to be **RUSHED**. The representative from the mental health center must write **RUSH REQUESTED** on the prescription, as well as, the **DATE** the prescription is needed or the quantity the patient has on hand. **To assure prompt delivery, the prescription(s) should be faxed, (see turnaround section)**. However, if the prescription is for a CII controlled substance, it must be mailed.

Ten Day Emergency / Community Prescriptions

Medications may be needed immediately for a client. Patients may be given an emergency 10 day supply prescription to fill at a community pharmacy to accommodate their immediate needs. **Patients are not to be maintained on the Emergency Prescription Program. Please follow options a and b below.**

- A. Two prescriptions can be written for the same medication: One for a maximum 10 day supply to be obtained from the local pharmacy; the second, for a one month supply, to be forwarded to the Central Pharmacy.
- B. Obtain the entire prescription using Central Pharmacy's **Rush** fax program. In this case, only one prescription would be faxed for a supply to be determined by the physician but not to exceed one month. This option will save the agency money. (For next day delivery the fax has to be received by 11:30 AM)

Emergency prescriptions may be obtained locally at a pharmacy that participates with Pharmacy Data Management, Inc. (Prescription processing pharmacy benefit management company). All pharmacies are eligible to participate. However, they must enroll with Pharmacy Data Management, Inc.

Enrollment of the pharmacy may be done by phone or mail:

Pharmacy Data Management, Inc.
1170 E. Western Reserve Road
Poland, Ohio 44514
Phone: 800-767-4226

1. Emergency prescriptions must be written on a Central Pharmacy prescription blank.
2. Only Central Pharmacy approved formulary medications will be reimbursed in the community.
3. Emergency prescriptions should not exceed a 10 day supply of medication.
4. Emergency prescriptions are not refillable
5. Summary sheet for pharmacy claim submission (**EXHIBIT 12**). Under the Pharmacy Billing information section is the information that the local pharmacy needs to process a claim.

If an agency is having difficulty locating a participating pharmacy, please contact Patrick J. Mascaro, R.Ph. Manager of Central Pharmacy at 614-752-0159 for assistance.

Returning Medication to Central Pharmacy for Credit

Medications (except for controlled substances) can be returned to Central Pharmacy for credit. Credit will be issued to the clinic when criteria listed in section #3 (below) are met. The credit issued will appear on the agency's Monthly Budget Report and Monthly Issues Listing.

1. Complete the **Medication Return Form** (DMH-PSC-015) (**EXHIBIT 13**) available from Central Pharmacy in duplicate (attached). Place the original copy with the package of returned medications. **Returns will not be credited without the original Medication Return Form.** If weekly or biweekly medication bottles are being returned, each bottle must be logged as a separate line entry on the Medication Return Form. Each completed return form(s) should be packaged with only its own corresponding medications.
2. **Controlled substances must be listed on a separate Medication Return Form.** (See section A below)
3. **Medication Return Criteria**
 - a. Medications must be received within four months of the dispensed date printed on the prescription label.
 - b. More than six months must remain before the manufacturer's expiration date.
 - c. Not a controlled substance.
 - d. Tamper evident packaging must be intact.
 - e. The patient must **never** have been in the possession of the medication.
4. It is advisable to review your medication storage facilities and return or destroy medications on a regular basis.
5. End of the year returns – Due to the number of clinics served to assure credit is received within the current fiscal year, all clinic returns must be in the possession of Central Pharmacy by the 15th of June. Every attempt will be made to credit returns received after the June 15 cut off-date, however, it cannot be guaranteed.
6. To request a medication pickup, send a letter or call Central Pharmacy (614-752-0150). You must know the number of boxes or bags and their weight. Central Pharmacy will authorize UPS/FED Ex pick-up at no cost to the clinic.

A. RETURN OF CONTROLLED SUBSTANCES TO CENTRAL PHARMACY:

1. Credit cannot be issued for controlled substances returned to Central Pharmacy.
2. Controlled substances which are patient labeled by Central Pharmacy and need to be destroyed may be returned to Central Pharmacy for destruction since agency personnel cannot legally destroy them.
- 3. Controlled substances must be separated from the other medications and be listed on their own Medication Return Form.**
4. Controlled substances can be identified by the letter C preceding the prescription number. (i.e. C24579)
5. Controlled substances and their original Medication Return Form can be packed in the same box as other drugs being returned as long as they are segregated in some manner (i.e. placed in separate bags).

B. MEDICATION DESTRUCTION

1. Non-controlled substances, not eligible for return, should be destroyed on site by agency staff. All destruction must be documented, including agency name, strength, quantity, and client name. All records of destruction should bear the signature and title of a physician or nurse and one witness. Records of destruction must be kept at the agency for at least three years.
2. Central Pharmacy labeled medications not eligible for credit may be returned to Central Pharmacy for destruction. No credit will be issued; however, Central Pharmacy will perform the necessary administrative task of recording and destroying the labeled medications.
- 3. *Central Pharmacy can only credit and/or destroy medications which have been dispensed by Central Pharmacy.***

HIPPA PRIVACY NOTICE (EXHIBIT 14)

Central Pharmacy is responsible for the privacy of all patients and their protected health information (**PHI**).

Each patient will receive a copy of our privacy notice which describes how their medical information may be used and disclosed as well as how the patient can access their information. It is imperative that the **PRIVACY NOTICE** be given to the patient.

If any changes are made to the **PRIVACY NOTICE**, a new copy will be distributed when the patient receives their next medication order.

MONTHLY CUSTOMER ACTIVITY AND ALLOCATION SUMMARY

Customer Monthly Activity Report (EXHIBIT 15)

Central Pharmacy provides a monthly summary of all medication purchases and returns. It is the responsibility of the community mental health agency to reconcile all packing slips (received with medication orders) with their Customer Activity Report which reflects the shipping date and total price.

The Customer Monthly Activity Report (**EXHIBIT 15**) lists the packing slips from Central Pharmacy Outpatient as: **CPOP ISSUES FROM PRO-PHARM 1** by ship date and dollar value.

The Customer Monthly Activity Report lists charges for 10 day Emergency Community Prescriptions as: **CPOP ISSUES FROM PDMI** by date and dollar value.

Credits are listed on the report as: **CPOP CREDITS FROM PRO-PHARM 1 AND CPO CREDITS FROM PDMI** if issued.

The net activity for the month is totaled and displayed at the end of the exhibit.

Each agency's respective board will receive monthly, quarterly, and yearly updates concerning sales, budgets, and allocation of resources. Example reports which are given to the boards can be found in (EXHIBIT 20**)**

SUMMARY

Please do not hesitate to contact Central Pharmacy with questions or concerns about the billing reports, allocation summary or other issues concerning the Central Pharmacy Program.

Program Mechanics and Miscellaneous forms

Central Pharmacy encourages open communications with all agencies. Understanding operational and personnel constraints, it is not always possible to communicate verbally with each other.

To facilitate our communications, Central Pharmacy includes a **Facility Log Report (EXHIBIT 16)** which informs the agency if a prescription is too soon to be processed, no refills remain, and/or medication has been discontinued. If the prescription can be processed in the future, the anticipated dispensing date is included and the agency will know when to expect the medication. This form is included in the order shipment and should be logged at the facility for their records.

When central Pharmacy staff cannot contact an agency contact person for clarification of an order, prescription or some other issue, an **Action Request Form (EXHIBIT 17)** may be utilized. The requested information may be returned by fax or by phone to one of our staff pharmacists.

We understand that our agencies rely on patient assistance and samples from manufactures. To assist, our pharmacy consultant has developed a samples -perpetual inventory log that may be utilized to assist with compliance with the handling of samples.

Obtaining Supplies

Central Pharmacy Outpatient provides all necessary forms. When needed, please call or send note with forms requested. Central Pharmacy will place the request in the next order, fax copy of form, or place in mail if needed immediately.

The prescription blanks and medication record cards cannot be faxed. Therefore, they will be shipped with order or sent by commercial carrier.

EXHIBIT 1

THE 2009 HHS POVERTY GUIDELINES

THE 2009 HHS POVERTY GUIDELINES

One Version of the [U.S.] Federal Poverty Measure

****Congress has taken action to keep the 2009 poverty guidelines in effect until at least May 31, 2010****

[[Federal Register Notice, January 23, 2009](#) — Full text]
[[Prior Poverty Guidelines and Federal Register References Since 1982](#)]
[[Frequently Asked Questions \(FAQs\)](#)]
[[Further Resources on Poverty Measurement, Poverty Lines, and Their History](#)]
[[Computations for the 2009 Poverty Guidelines](#)]

There are two slightly different versions of the federal poverty measure:

- The poverty thresholds, and
- The poverty guidelines.

The **poverty thresholds** are the original version of the federal poverty measure. They are updated each year by the **Census Bureau** (although they were [originally developed by Mollie Orshansky](#) of the Social Security Administration). The thresholds are used mainly for **statistical** purposes — for instance, preparing estimates of the number of Americans in poverty each year. (In other words, all official poverty population figures are calculated using the poverty thresholds, not the guidelines.) [Poverty thresholds since 1980](#) and [weighted average poverty thresholds since 1959](#) are available on the Census Bureau’s Web site. For an example of how the Census Bureau applies the thresholds to a family’s income to determine its poverty status, see “[How the Census Bureau Measures Poverty](#)” on the Census Bureau’s web site.

The **poverty guidelines** are the other version of the federal poverty measure. They are issued each year in the *Federal Register* by the **Department of Health and Human Services** (HHS). The guidelines are a simplification of the poverty thresholds for use for **administrative** purposes — for instance, determining financial eligibility for certain federal programs. The [Federal Register notice of the 2009 poverty guidelines](#) is available.

The poverty guidelines are sometimes loosely referred to as the “federal poverty level” (FPL), but that phrase is ambiguous and should be avoided, especially in situations (e.g., legislative or administrative) where precision is important.

Key differences between poverty thresholds and poverty guidelines are outlined in a table under [Frequently Asked Questions](#) (FAQs). See also the [discussion of this topic](#) on the Institute for Research on Poverty's web site.

2009 HHS Poverty Guidelines

Persons in Family or Household	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$10,830	\$13,530	\$12,460
2	\$14,570	\$18,210	\$16,760
3	\$18,310	\$22,890	\$21,060
4	\$22,050	\$27,570	\$25,360
5	\$25,790	\$32,250	\$29,660
6	\$29,530	\$36,930	\$33,960
7	\$33,270	\$41,610	\$38,260
8	\$37,010	\$46,290	\$42,560
For each additional person, add	\$3,740	\$4,680	\$4,300

SOURCE: *Federal Register*, Vol. 73, No.14, January 23, 2009, pp. 4199- 4201

The separate poverty guidelines for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966-1970 period. Note that the poverty thresholds - the original version of the poverty measure - have never had separate figures for Alaska and Hawaii. The poverty guidelines are not defined for Puerto Rico, the U.S. Virgin Islands, American Samoa, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, and Palau. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office which administers the program is responsible for deciding whether to use the contiguous-states-and-D.C. guidelines for those jurisdictions or to follow some other procedure.

The poverty guidelines apply to both aged and non-aged units. The guidelines have never had an aged/non-aged distinction; only the Census Bureau (statistical) poverty thresholds have separate figures for aged and non-aged one-person and two-person units.

Programs using the guidelines (or percentage multiples of the guidelines - for instance, 125 percent or 185 percent of the guidelines) in determining eligibility include Head Start, the Food Stamp Program, the National School Lunch Program, the Low-Income Home Energy Assistance Program, and the Children's Health Insurance Program. Note that in general, cash public assistance programs (Temporary Assistance for Needy Families and Supplemental Security Income) do NOT use the poverty guidelines in determining eligibility. The Earned Income Tax Credit program also does NOT use the poverty guidelines to determine eligibility. For a more detailed list of programs that do and don't use the guidelines, see the [Frequently Asked Questions](#) (FAQs).

The poverty guidelines (unlike the poverty thresholds) are designated by the year in which they are issued. For instance, the guidelines issued in January 2009 are designated the 2009 poverty guidelines. However, the 2009 HHS poverty guidelines only reflect price changes through

calendar year 2008; accordingly, they are approximately equal to the Census Bureau poverty thresholds for calendar year 2008. (The 2008 thresholds are expected to be issued in final form in August 2009; a preliminary version of the 2008 thresholds is now available from the Census Bureau.)

<http://aspe.hhs.gov/poverty/09poverty.shtml>

The [computations for the 2009 poverty guidelines](#) are available.

The poverty guidelines may be formally referenced as “the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).”

Go to [Further Resources](#) on Poverty Measurement, Poverty Lines, and Their history

Go to [Frequently Asked Questions](#) (FAQs).

Return to the main [Poverty Guidelines, Research, and Measurement](#) page.

Last Revised: February 27, 2009

<http://aspe.hhs.gov/poverty/09poverty.shtml>

EXHIBIT 2

**CENTRAL PHARMACY AGENCY
ALLOCATION**

EXHIBIT 3

SAMPLE – TERMINAL DISTRIBUTOR OF DANDGEROUS DRUGS LICENSE

State of Ohio
STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 ~ TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.state.oh.us

Be it known that the **TERMINAL DISTRIBUTOR OF DANGEROUS DRUGS** named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.54 & 4729.55) have been met, is duly licensed, and is entitled to conduct business in the state of Ohio until the expiration date of **DECEMBER 31, 2006**:

Identification Number: 02-0171800
SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

CENTRAL PHARMACY OUTPATIENT
PATRICK J. MASCARO RPH
2150 WEST BROAD STREET
COLUMBUS OH 43223

Patrick J. Mascaro
SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

IF OHIO DRUG CATEGORY IS LIMITED, THIS LICENSE IS INVALID IF NOT ACCOMPANIED BY AN OFFICIAL DRUG LIST ADDENDUM.

OHIO DRUG CATEGORY: THREE
CLASS: 05 RETAIL PHARMACY

If the Ohio Drug Category of this license is LIMITED, the licensee may only purchase & store dangerous drugs named on an official drug list addendum. This is a separate document. A copy of this list must be sent with a copy of the Certificate of Licensure as a Terminal Distributor of Dangerous Drugs in response to a wholesaler request for this information. A CHANGE in business name, address, ownership, or category requires RE-APPLICATION & FEE. In the event of an address change, notify the Board of Pharmacy BEFORE moving any dangerous drugs. [Sections 4729.51 and 4729.54, O.R.C.; Rule 4729-9-08, O.A.C.]
Notify the Board of Pharmacy of any new facilities, work or storage areas to be constructed or utilized for dangerous drugs, or any changes in operation of the registrant BEFORE being used or implemented. [Rule 4729-9-05, O.A.C.]
Notify the Board of Pharmacy in writing 14 days prior to discontinuing business, whether closing or selling. Written notice (Discontinuing Business form is available from the Board office) and state license must be mailed (return receipt requested) or hand-delivered to the Board office. [Section 4729.62, O.R.C.; Rule 4729-9-07, O.A.C.]

*** DO NOT RETURN UNLESS RESPONSIBLE PERSON PRINTED ON ABOVE LICENSE CHANGES ***
* * * WHEN USING, DETACH AND RETURN IN PERSON OR BY MAIL-RETURN RECEIPT REQUESTED * * *

State Board of Pharmacy • 77 South High Street, Room 1702 • Columbus, Ohio 43215-6126 • 614/466-4143

TERMINAL DISTRIBUTOR NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON
• • THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE NOTIFICATION IS OFFICIAL • •

Any change of responsible person must be reported within 30 days, and an inventory of all controlled substances shall be taken at the time of change with the new responsible person.

Terminal Distributor Name: _____ Identification No.: 02 - _____

Address: _____ County: _____

Section 4729.55(B) of the Revised Code requires that "a pharmacist, licensed health professional authorized to prescribe drugs, animal shelter licensed with the state board of pharmacy under section 4729.531 of the Revised Code, or a laboratory as defined in section 3719.01 of the Revised Code, will maintain supervision and control over the possession and custody of dangerous drugs that may be acquired by or on behalf of the applicant".

YES NO Do you, as the person accepting responsibility by signing this form, have charges pending or have a conviction of a felony or a misdemeanor other than a minor traffic violation (even if expunged or sealed)?

YES NO Have you, as the person accepting responsibility by signing this form, ever been the subject of disciplinary action by any state or federal agency?

If YES to either question above, has the explanation of charges already been filed with the Board?

YES NO (If NO, explain in detail, listing name(s) and address(es) of the court or government agency and dates such charges were filed, on a separate sheet of paper. If YES, it is not necessary to file again.)

I hereby agree to and do submit to the jurisdiction of the State Board of Pharmacy and to the laws and rules of Ohio for the purpose of the enforcement of Sections 4729.51 to 4729.62 of the Ohio Revised Code.

SIGNATURE of New Responsible Person: _____ Effective Date: _____

Name (Please PRINT Legibly): _____ Date of Birth: _____

Title: _____ Social Security No.: _____

R.Ph. M.D. D.O. D.D.S. D.V.M. Other: _____ Professional License No. (if applicable): _____

EXHIBIT 4

CLINIC INFORMATION SHEET

CLINIC INFORMATION SHEET

for

Central Pharmacy Outpatient

2150 West Broad Street
Columbus, OH 43223-1200

PHONE: (614) 752-0150 FAX: (614) 752-0151

INSTRUCTIONS

Please type or print to complete the following form and return to the above address.
Please send to the attention of the pharmacist (ATTN: PHARMACIST).

AGENCY NAME	AGENCY #
AGENCY ADDRESS	
AGENCY PHONE	AGENCY FAX
AGENCY E-MAIL ADDRESS	
NAME & TITLE OF EXECUTIVE DIRECTOR	

Please list the information below for all persons working with the Central Pharmacy program.

Name & Title	Days & Hrs Available	Phone #	E-Mail Address

Please list the name & DEA number of ALL prescribers associated with the Central Pharmacy Program.

Name	DEA #	Name	DEA#

ODMH-CPOP Orig 2-03

EXHIBIT 5

SHIPPING REPORT

2500 CHLOE LANE
 ANXIETY, OH 43200

Patient Date	NDC	Pat Num Controlled	Rx Num	Refill	Drug Manufacturer	Dispense Price	Fill Lot Exp.
DOE, JANE 11/03/09	63333-0111-01	200501972	500001	1 of 4	FLUPEHNAZINE DEC 5ML 25MG/M ABRA	1.0 EA 77.79	11/03/09
DOE, JOHN 11/03/09	60505-0248-01	200501972	500333	2 of 6	MIRTAZAPINE# 30 MG TABS APOT	30.0 EA 15.45	11/03/09
KLINE, SMITH 11/30/09	50111-0648-03	21157893	500465	0 of 5	FLUIXETINE# 20MG CAPS PLIV	30.0 EA 7.99	11/03/09
EA 11/30/09	60505-2655-01	11.36	500467	0 of 5	TRAZODONE# 150MG TABS APOT	30.0	11/03/09
PLIVA, LATTE EA	13668-0010-01	208588925	500395	3 of 4	CITALOPRAM# 20MG TABS	30.0 TORR	
EA	55111-0203-05	7.99	500261	5 of 5	RISPERIDONE (GENERIC) IMG TA DR. R	30.0	
RENT, TOR EA	13668-0010-01	210322598	500519	1 of 5	CITALOPRAM# 20MG TABS TORR	30.0	
TEVA, MISS EA	62756-0184-88	269457821	500520	0 of 5	OXCARBAZEPINE 300MG TABS SUN	120.0	
WATSON, ABRA EA	00781-1034-01	254354824	500005	3 of 3	TRIFUOPERAZINE 5MG TABS SAND	45.0	

Total Price 22 9.55

Record Count 9

Patient Count

EXHIBIT 6

CENTRAL PHARMACY MEDICATION CARD

EXHIBIT 7

HEALTH CARE PROVIDER FORM

HEALTH CARE PROVIDER RECORD

Ohio Department of Mental Health

Central Pharmacy Outpatient

2150 West Broad Street Phone 614-752-0150

Columbus, Ohio 43223-1200 Fax 614-752-0151

Prescriber Data Record

The pharmacy is required to maintain a means of identifying the signatures of prescribers as well as their Drug Enforcement Administration (DEA) numbers.

Please provide the information requested below and return this form to the pharmacy prior to or with the first written prescriptions by the prescriber.

NAME OF CLINIC _____

CLINIC NUMBER _____

Date form is mailed/faxed to pharmacy _____

Prescriber's Name _____
(and designation ex. MD, DO, CNP, etc) Please print legibly

Address _____
(office address) _____

Phone Number _____
(office)

Phone Number _____
(where you can be reached)

Fax Number _____
(if writing for a controlled substance)

DEA Number _____
(if writing for a controlled substance)

Sample _____
Signature

Date _____

Confidential Information: Pursuant to State law, the information that is being transmitted is confidential and it must not be reviewed by unauthorized parties. It must be immediately destroyed if it is not needed for the purpose for which it was transmitted.

EXHIBIT 8

CENTRAL PHARMACY PATIENT ENROLLMENT FORM

EXHIBIT 9

CENTRAL PHARMACY OUTPATIENT FORMULARY

**Central Pharmacy Outpatient
Formulary as of February 2010**

Name	Brand Name	Strength	Dosage
ACAMPROSATE	CAMPRAL	333MG	TABS
ALPRAZOLAM	XANAX	0.25 MG	TABS
ALPRAZOLAM	XANAX	0.5 MG	TABS
ALPRAZOLAM	XANAX	1 MG	TABS
ALPRAZOLAM	XANAX	2 MG	TABS
ALPRAZOLAM ORAL DISINTEGRATING	NIRAVAM	0.5 MG	TABS
ALPRAZOLAM ORAL DISINTEGRATING	NIRAVAM	1.0 MG	TABS
ALPRAZOLAM XR	XANAX XR	0.5 MG	TABS
ALPRAZOLAM XR	XANAX XR	1 MG	TABS
ALPRAZOLAM XR	XANAX XR	2 MG	TABS
ALPRAZOLAM XR	XANAX XR	3 MG	TABS
AMANTADINE	SYMMETREL	100 MG	CAPS
AMANTADINE SYR	SYMMETREL SYRUP	50 MG/5ML	SYRP
AMITRIP/CHLORD	LIMBITROL DS	25 /10 MG	TABS
AMITRIP/CHLORD	LIMBITROL	12.5 /5MG	TABS
AMITRIPTYLINE	ELAVIL	10 MG	TABS
AMITRIPTYLINE	ELAVIL	25 MG	TABS
AMITRIPTYLINE	ELAVIL	50 MG	TABS
AMITRIPTYLINE	ELAVIL	75 MG	TABS
AMITRIPTYLINE	ELAVIL	100 MG	TABS
AMITRIPTYLINE	ELAVIL	150 MG	TABS
AMOXAPINE	ASENDIN	150 MG	TABS
AMOXAPINE	ASENDIN	100 MG	TABS
AMOXAPINE	ASENDIN	50 MG	TABS
AMOXAPINE	ASENDIN	25 MG	TABS
AMPHETAMINE MIX	ADDERALL	10 MG	TABS
AMPHETAMINE MIX	ADDERALL	20 MG	TABS
AMPHETAMINE MIX	ADDERALL	5 MG	TABS
AMPHETAMINE MIX	ADDERALL	30 MG	TABS
AMPHETAMINE MIX	ADDERALL	7.5 MG	TABS
AMPHETAMINE MIX	ADDERALL	15 MG	TABS
AMPHETAMINE MIX XR	ADDERALL XR 10MG	10 MG	CAPS
AMPHETAMINE MIX XR	ADDERALL XR 20MG	20 MG	CAPS
AMPHETAMINE MIX XR	ADDERALL XR 30MG	30 MG	CAPS
AMPHETAMINE MIX XR	ADDERALL XR 15MG	15 MG	CAPS
AMPHETAMINE MIX XR	ADDERALL XR 25MG	25 MG	CAPS
AMPHETAMINE MIX XR	ADDERALL XR 5MG	5 MG	CAPS
ARIPIPRAZOLE ORAL SOLUTION	ABILIFY	1MG/ML	SOLN
ARIPIPRAZOLE	ABILIFY	2 MG	TABS
ARIPIPRAZOLE	ABILIFY	5 MG	TABS
ARIPIPRAZOLE	ABILIFY	10 MG	TABS
ARIPIPRAZOLE	ABILIFY	15 MG	TABS
ARIPIPRAZOLE	ABILIFY	20 MG	TABS
ARIPIPRAZOLE	ABILIFY	30 MG	TABS

ASENAPINE SUBLINGUAL TABLETS	SAPHRIS SUBLINGUAL	5MG	TABS
ASENAPINE SUBLINGUAL TABLETS	SAPHRIS SUBLINGUAL	10MG	TABS
ATENOLOL	TENORMIN	25 MG	TABS
ATENOLOL	TENORMIN	50 MG	TABS
ATENOLOL	TENORMIN	100 MG	TABS
ATOMOXETINE HCL	STRATTERA	10 MG	CAPS
ATOMOXETINE HCL	STRATTERA	18 MG	CAPS
ATOMOXETINE HCL	STRATTERA	25 MG	CAPS
ATOMOXETINE HCL	STRATTERA	40 MG	CAPS
ATOMOXETINE HCL	STRATTERA	60 MG	CAPS
ATOMOXETINE HCL	STRATTERA	80 MG	CAPS
ATOMOXOTINE HCL	STRATTERA	100 MG	CAPS
BENZTROPINE	COGENTIN	0.5 MG	TABS
BENZTROPINE	COGENTIN	1 MG	TABS
BENZTROPINE	COGENTIN	2 MG	TABS
BENZTROPINE MESYLATE	COGENTIN	2 MG/2 ML	SOLN
BUPROPION	WELLBUTRIN	75 MG	TABS
BUPROPION	WELLBUTRIN	100 MG	TABS
BUPROPION SR	WELLBUTRIN SR	100 MG	TABS
BUPROPION SR	WELLBUTRIN SR	150 MG	TABS
BUPROPION SR	WELLBUTRIN SR	200 MG	TABS
BUPROPION XL	WELLBUTRIN XL	150 MG	TABS
BUPROPION XL	WELLBUTRIN XL	300 MG	TABS
BUSPIRONE	BUSPAR	5 MG	TABS
BUSPIRONE	BUSPAR	10 MG	TABS
BUSPIRONE	BUSPAR	15 MG	TABS
BUSPIRONE	BUSPAR	30 MG	TABS
CARBAMAZEPINE	TEGRETOL	100 MG	CHEW
CARBAMAZEPINE	TEGRETOL	200 MG	TABS
CARBAMAZEPINE XR	TEGRETOL XR	400 MG	TABS
CARBAMAZEPINE XR	TEGRETOL XR	200 MG	TABS
CARBAMAZEPINE XR	TEGRETOL XR	100 MG	TABS
CARBAMAZEPINE-ER CAPS	CARBATROL	300 MG	CAPS
CARBAMAZEPINE-ER CAPS	CARBATROL	200 MG	CAPS
CARBAMAZEPINE-ER CAPS	CARBATROL	100MG	CAPS
CHLORAL HYDRATE SYRUP	NOCTEC	500MG/5ML	SOLN
CHLORDIAZEPOXIDE	LIBRIUM	10 MG	CAPS
CHLORDIAZEPOXIDE	LIBRIUM	25 MG	CAPS
CHLORDIAZEPOXIDE	LIBRIUM	5 MG	CAPS
CHLORPROMAZINE	THORAZINE	10 MG	TABS
CHLORPROMAZINE	THORAZINE	100 MG	TABS
CHLORPROMAZINE	THORAZINE	200 MG	TABS
CHLORPROMAZINE	THORAZINE	25 MG	TABS
CHLORPROMAZINE	THORAZINE	50 MG	TABS
CHLORPROMAZINE CONC	THORAZINE CONC.	30 MG/ML	CONC
CHLORPROMAZINE CONC	THORAZINE	100 MG/ML	CONC
CITALOPRAM	CELEXA	20 MG	TABS
CITALOPRAM	CELEXA	40 MG	TABS
CITALOPRAM	CELEXA	10MG	TABS
CITALOPRAM ORAL SOL	CELEXA ORAL SOLUTION	10 MG/5 ML	SOLN

CLOMIPRAMINE	ANAFRANIL	25 MG	CAPS
CLOMIPRAMINE	ANAFRANIL	50 MG	CAPS
CLOMIPRAMINE	ANAFRANIL	75 MG	CAPS
CLONAZEPAM	KLONOPIN	0.5 MG	TABS
CLONAZEPAM	KLONOPIN	1 MG	TABS
CLONAZEPAM	KLONOPIN	2 MG	TABS
CLONAZEPAM ORAL DISINTEGRATING	KLONOPIN	0.125 MG	TABS
CLONAZEPAM ORAL DISINTEGRATING	KLONOPIN	0.25 MG	TABS
CLONAZEPAM ORAL DISINTEGRATING	KLONOPIN	0.50 MG	TABS
CLONAZEPAM ORAL DISINTEGRATING	KLONOPIN	1 MG	TABS
CLONAZEPAM ORAL DISINTEGRATING	KLONOPIN	2 MG	TABS
CLONIDINE	CATAPRES	0.3 MG	TABS
CLONIDINE	CATAPRES	0.1 MG	TABS
CLONIDINE	CATAPRES	0.2 MG	TABS
CLONIDINE TRANSDER 4'S	CATAPRES TTS-3	0.3	TRAN
		MG/24HR	
CLONIDINE TRANSDER 4'S	CATAPRES TTS-1	0.1	TRAN
		MG/24HR	
CLONIDINE TRANSDER 4'S	CATAPRES-TTS-2	0.2	TRAN
		MG/24HR	
CLORAZEPATE DIPOTAS	TRANXENE	15 MG	TABS
CLORAZEPATE DIPOTAS	TRANXENE	3.75 MG	TABS
CLORAZEPATE DIPOTAS	TRANXENE	7.5 MG	TABS
CLOZAPINE DAW	CLOZARIL DAW	25 MG	TABS
CLOZAPINE DAW	CLOZARIL DAW	100 MG	TABS
CLOZAPINE GENERIC	CLOZARIL	100 MG	TABS
CLOZAPINE GENERIC	CLOZARIL	25 MG	TABS
CLOZAPINE ORAL DISINTEGRATING	FAZACLO	25 MG	TABS
CLOZAPINE ORAL DISINTEGRATING	FAZACLO	100 MG	TABS
DESIPRAMINE	NORPRAMIN	25 MG	TABS
DESIPRAMINE	NORPRAMIN	50 MG	TABS
DESIPRAMINE	NORPRAMIN	100 MG	TABS
DESIPRAMINE	NORPRAMIN	75 MG	TABS
DESIPRAMINE	NORPRAMIN	10 MG	TABS
DESIPRAMINE	NORPRAMIN	150 MG	TABS
DESVENLAFAXINE ER	PRISTIQ	50MG	TABS
DESVENLAFAXINE ER	PRISTIQ	100MG	TABS
DEXTROAMPHETAM SR	DEXEDRINE SPANSULE	10 MG	CAPS
DEXTROAMPHETAM SR	DEXEDRINE SPANSULES	5 MG	CAPS
DEXTROAMPHETAM SR	DEXEDRINE SPANSULE	15 MG	CAPS
DEXTROAMPHETAMINE	DEXEDRINE	5 MG	TABS
DEXTROAMPHETAMINE	DEXEDRINE	10 MG	TABS
DEXMETHYLPHENIDATE	FOCALIN	2.5MG	TABS
DEXMETHYLPHENIDATE	FOCALIN	5 MG	TABS
DEXMETHYLPHENIDATE	FOCALIN	10MG	TABS
DEXMETHYLPHENIDATE XR	FOCALIN XR	10 MG	CAPS
DEXMETHYLPHENIDATE XR	FOCALIN XR	15 MG	CAPS
DEXMETHYLPHENIDATE XR	FOCALIN XR	20 MG	CAPS
DEXMETHYLPHENIDATE XR	FOCALIN XR	5 MG	CAPS
DIAZEPAM	VALIUM	10 MG	TABS
DIAZEPAM	VALIUM	2 MG	TABS

DIAZEPAM	VALIUM	5 MG	TABS
DIPHENHYDRAMINE	BENADRYL	25 MG	CAPS
DIPHENHYDRAMINE	BENADRYL	50 MG	CAPS
DISULFIRAM	ANTABUSE	250 MG	TABS
DIVALPROEX	DEPAKOTE	250 MG	TABS
DIVALPROEX	DEPAKOTE	500 MG	TABS
DIVALPROEX	DEPAKOTE	125 MG	TABS
DIVALPROEX ER	DEPAKOTE ER	500 MG	TABS
DIVALPROEX ER	DEPAKOTE ER	250 MG	TABS
DIVALPROEX SPRIN	DEPAKOTE SPRINKLE	125 MG	CAPS
DOXEPIN	SINEQUAN	10 MG	CAPS
DOXEPIN	SINEQUAN	100 MG	CAPS
DOXEPIN	SINEQUAN	25 MG	CAPS
DOXEPIN	SINEQUAN	50 MG	CAPS
DOXEPIN	SINEQUAN	75 MG	CAPS
DOXEPIN	SINEQUAN	150 MG	CAPS
DOXEPIN CONC	SINEQUAN ORAL CONC.	10 MG/ML	CONC
DULOXETINE	CYMBALTA	20MG	CAPS
DULOXETINE	CYMBALTA	30MG	CAPS
DULOXETINE	CYMBALTA	60MG	CAPS
ESCITALOPRAM ORAL SOLUTION	LEXAPRO	5MG/5ML	SOLN
ESCITALOPRAM	LEXAPRO	10 MG	TABS
ESCITALOPRAM	LEXAPRO	20 MG	TABS
ESTAZOLAM	PROSOM	1 MG	TABS
ESTAZOLAM	PROSOM	2 MG	TABS
ESZOPICLONE	LUNESTA	1MG	TABS
ESZOPICLONE	LUNESTA	2MG	TABS
ESZOPICLONE	LUNESTA	3MG	TABS
ETHOSUXIMIDE	ZARONTIN	250 MG	CAPS
FLUOXETINE	PROZAC	20 MG	CAPS
FLUOXETINE CAPS	PROZAC	10 MG	CAPS
FLUOXETINE DEL REL	PROZAC WEEKLY	90 MG	CAPB
FLUOXETINE ORAL SOL	PROZAC	20 MG/5ML	LIQD
FLUOXETINE TABLET	PROZAC TABLET	10 MG	TABS
FLUPHENAZIN DECANOATE INJ. 5ML	PROLIXIN DEC	25 MG/ML	INJ
FLUPHENAZINE	PROLIXIN	1 MG	TABS
FLUPHENAZINE	PROLIXIN	10 MG	TABS
FLUPHENAZINE	PROLIXIN	2.5 MG	TABS
FLUPHENAZINE	PROLIXIN	5 MG	TABS
FLUPHENAZINE CONC.	PROLIXIN ORAL CONC	5 MG/CC	CONC
FLUPHENAZINE HCL ELIX	PROLIXIN ELIXIR	2.5 MG/5ML	ELIX
FLURAZEPAM	DALMANE	15 MG	CAPS
FLURAZEPAM	DALMANE	30 MG	CAPS
FLUVOXAMINE	LUVOX	50 MG	TABS
FLUVOXAMINE	LUVOX	100 MG	TABS
FLUVOXAMINE	LUVOX	25 MG	TABS
GABAPENTIN	NEURONTIN	100 MG	CAPS
GABAPENTIN	NEURONTIN	300 MG	CAPS
GABAPENTIN	NEURONTIN	400 MG	CAPS
GABAPENTIN	NEURONTIN	600 MG	TABS

GABAPENTIN	NEURONTIN	800 MG	TABS
GUANFACINE HCL	TENEX	1 MG	TABS
HALOPERIDOL	HALDOL	5 MG	TABS
HALOPERIDOL	HALDOL	0.5 MG	TABS
HALOPERIDOL	HALDOL	10 MG	TABS
HALOPERIDOL	HALDOL	2 MG	TABS
HALOPERIDOL	HALDOL	20 MG	TABS
HALOPERIDOL	HALDOL	1 MG	TABS
HALOPERIDOL CONC	HALDOL	2 MG/CC	CONC
HALOPERIDOL DECANOATE	HALDOL DEC	50 MG/CC	INJ
HALOPERIDOL DECANOATE	HALDOL DEC	100 MG/CC	INJ
HYDROXYZINE HCL	ATARAX	25 MG	TABS
HYDROXYZINE HCL	ATARAX	10 MG	TABS
HYDROXYZINE HCL	ATARAX	50 MG	TABS
HYDROXYZINE HCL SYRUP	ATARAX SYRUP	10MG/5ML	SYRUP
HYDROXYZINE PAM*	VISTARIL	25 MG	CAPS
HYDROXYZINE PAM*	VISTARIL	50 MG	CAPS
HYDROXYZINE PAM*	VISTARIL	100 MG	CAPS
IMIPRAMINE	TOFRANIL	25 MG	TABS
IMIPRAMINE	TOFRANIL	50 MG	TABS
IMIPRAMINE	TOFRANIL	10 MG	TABS
ISOCARBOXAZID	MARPLAN	10 MG	TABS
LAMOTRIGINE	LAMICTAL	25 MG	TABS
LAMOTRIGINE	LAMICTAL	100 MG	TABS
LAMOTRIGINE	LAMICTAL	200 MG	TABS
LAMOTRIGINE	LAMICTAL	150 MG	TABS
LAMOTRIGINE	LAMICTAL	5 MG	TABS
LAMOTRIGINE CHEWABLE	LAMICTAL	5MG	TABS
LAMOTRIGINE CHEWABLE	LAMICTAL	25MG	TABS
LEVETIRACETAM	KEPPRA	250 MG	TABS
LEVETIRACETAM	KEPPRA	500 MG	TABS
LEVETIRACETAM	KEPPRA	750MG	TABS
LEVOTHYROXINE	SYNTHROID	100 MCG	TABS
LEVOTHYROXINE	SYNTHROID	25 MCG	TABS
LEVOTHYROXINE	SYNTHROID	150 MCG	TABS
LEVOTHYROXINE	SYNTHROID	175MCG	TABS
LEVOTHYROXINE	SYNTHROID	50 MCG	TABS
LEVOTHYROXINE	SYNTHROID	200 MCG	TABS
LEVOTHYROXINE	SYNTHROID	75 MCG	TABS
LEVOTHYROXINE	SYNTHROID	125 MCG	TABS
LEVOTHYROXINE	SYNTHROID	112 MCG	TABS
LEVOTHYROXINE	SYNTHROID	88 MCG	TABS
LIOTHYRONINE	CYTOMEL	5 MCG	TABS
LIOTHYRONINE	CYTOMEL	25 MCG	TABS
LIOTHYRONINE	CYTOMEL	50 MCG	TABS
LISDEXAMFETAMINE DIMESYLATE	VYVANSE	20 MG	CAPS
LISDEXAMFETAMINE DIMESYLATE	VYVANSE	30 MG	CAPS
LISDEXAMFETAMINE DIMESYLATE	VYVANSE	40 MG	CAPS
LISDEXAMFETAMINE DIMESYLATE	VYVANSE	50 MG	CAPS
LISDEXAMFETAMINE DIMESYLATE	VYVANSE	70 MG	CAPS

LITH CARB C/R	ESKALITH CR	450 MG	TABS
LITH CARB S/R	LITHOBID	300 MG	TABS
LITHIUM CARB	ESKALITH	300 MG	CAPS
LITHIUM CARB	ESKALITH	150 MG	CAPS
LITHIUM CARB	ESKALITH	600 MG	CAPS
LITHIUM CARB	LITHOTABS	300 MG	TABS
LITHIUM CITRATE SYR	ESKALITH	8 MEQ/5ML	SYRP
LORAZEPAM	ATIVAN	1 MG	TABS
LORAZEPAM	ATIVAN	2 MG	TABS
LORAZEPAM	ATIVAN	0.5 MG	TABS
LOXAPINE	LOXITANE	10 MG	CAPS
LOXAPINE	LOXITANE	25 MG	CAPS
LOXAPINE	LOXITANE	5 MG	CAPS
LOXAPINE	LOXITANE	50 MG	CAPS
LOXAPINE CONC	LOXITANE CONCENTRATE	25 MG/CC	CONC
MAPROTILINE	LUDIOMIL	25 MG	TABS
MAPROTILINE	LUDIOMIL	50 MG	TABS
METHYLPHENIDATE	DAYTRANA	10MG/9 HR	PATCH
METHYLPHENIDATE	DAYTRANA	20MG/9 HR	PATCH
METHYLPHENIDATE	DAYTRANA	30MG/9 HR	PATCH
METHYLPHENIDATE	RITALIN	10 MG	TABS
METHYLPHENIDATE	RITALIN	20 MG	TABS
METHYLPHENIDATE	RITALIN	5 MG	TABS
METHYLPHENIDATE CD	METADATE CD	20 MG	CAPS
METHYLPHENIDATE CD	METADATE CD	30 MG	CAPS
METHYLPHENIDATE ER	METADATE ER	10 MG	TABS
METHYLPHENIDATE ER	CONCERTA ER	18 MG	TABS
METHYLPHENIDATE ER	CONCERTA ER	36 MG	TABS
METHYLPHENIDATE ER	CONCERTA ER	54 MG	TABS
METHYLPHENIDATE ER	CONCERTA ER	27 MG	TABS
METHYLPHENIDATE LA	RITALIN LA	40 MG	CAPS
METHYLPHENIDATE LA	RITALIN LA	20 MG	CAPS
METHYLPHENIDATE LA	RITALIN LA	30MG	CAPS
METHYLPHENIDATE S/R	RITALIN SR	20 MG	TABS
MIRTAZAPINE	REMERON	15 MG	TABS
MIRTAZAPINE	REMERON	30 MG	TABS
MIRTAZAPINE	REMERON	45 MG	TABS
MIRTAZAPINE SOLTAB	REMERON SOLTAB	15 MG	TABS
MIRTAZAPINE SOLTAB	REMERON SOLTAB	30 MG	TABS
MIRTAZAPINE SOLTAB	REMERON SOLTAB	45 MG	TABS
MOLINDONE	MOBAN	5 MG	TABS
MOLINDONE	MOBAN	50 MG	TABS
MOLINDONE	MOBAN	10 MG	TABS
MOLINDONE	MOBAN	25 MG	TABS
NADOLOL	CORGARD	40 MG	TABS
NADOLOL	CORGARD	20MG	TABS
NALTREXONE	REVIA	50 MG	TABS
NEFAZODONE	SERZONE	100 MG	TABS
NEFAZODONE	SERZONE	150 MG	TABS
NEFAZODONE	SERZONE	200 MG	TABS

NEFAZODONE	SERZONE	250 MG	TABS
NEFAZODONE	SERZONE	50 MG	TABS
NORTRIPTYLINE	PAMELOR	10 MG	CAPS
NORTRIPTYLINE	PAMELOR	25 MG	CAPS
NORTRIPTYLINE	PAMELOR	50 MG	CAPS
NORTRIPTYLINE	PAMELOR	75 MG	CAPS
NORTRIPTYLINE LIQUID	PAMELOR LIQUID	10 MG/5ML	SOLN
OLANZAPINE	ZYPREXA	5 MG	TABS
OLANZAPINE	ZYPREXA	7.5 MG	TABS
OLANZAPINE	ZYPREXA	10 MG	TABS
OLANZAPINE	ZYPREXA	2.5 MG	TABS
OLANZAPINE	ZYPREXA	20 MG	TABS
OLANZAPINE	ZYPREXA	15 MG	TABS
OLANZAPINE ZYDIS	ZYPREXA ZYDIS	10 MG	TABS
OLANZAPINE ZYDIS	ZYPREXA ZYDIS	5 MG	TABS
OLANZAPINE ZYDIS	ZYPREXA ZYDIS	20 MG	TABS
OLANZAPINE ZYDIS	ZYPREXA ZYDIS	15 MG	TABS
OLANZAPINE/FLUOXET	SYMBYAX	3/25MG	CAPS
OLANZAPINE/FLUOXET	SYMBYAX	6 /25MG	CAPS
OLANZAPINE/FLUOXET	SYMBYAX	6 /50MG	CAPS
OLANZAPINE/FLUOXET	SYMBYAX	12 /25MG	CAPS
OLANZAPINE/FLUOXET	SYMBYAX	12 /50MG	CAPS
OXAZEPAM	SERAX	10 MG	CAPS
OXAZEPAM	SERAX	15 MG	CAPS
OXAZEPAM	SERAX	30 MG	CAPS
OXCARBAZEPINE	TRILEPTAL	600 MG	TABS
OXCARBAZEPINE	TRILEPTAL	300 MG	TABS
OXCARBAZEPINE	TRILEPTAL	150 MG	TABS
PALIPERIDONE	INVEGA	1.5MG	TABS
PALIPERIDONE	INVEGA	3 MG	TABS
PALIPERIDONE	INVEGA	6 MG	TABS
PALIPERIDONE	INVEGA	9 MG	TABS
PALIPERIDONE PALMITATE INJ.KIT	SUSTENNA	39MG	SYRINGE
PALIPERIDONE PALMITATE INJ.KIT	SUSTENNA	78MG	SYRINGE
PALIPERIDONE PALMITATE INJ.KIT	SUSTENNA	117MG	SYRINGE
PALIPERIDONE PALMITATE INJ.KIT	SUSTENNA	156MG	SYRINGE
PALIPERIDONE PALMITATE INJ.KIT	SUSTENNA	234MG	SYRINGE
PAROXETINE	PAXIL	20 MG	TABS
PAROXETINE	PAXIL	30 MG	TABS
PAROXETINE	PAXIL	10MG	TABS
PAROXETINE	PAXIL	40 MG	TABS
PAROXETINE CR	PAXIL CR	37.5 MG	TABS
PAROXETINE CR	PAXIL CR	25 MG	TABS
PAROXETINE CR	PAXIL CR	12.5 MG	TABS
PAROXETINE SUSP	PAXIL	10MG/5ML	SUSP
PERPHEN/AMITRIPT	TRIAVIL	2 /25 MG	TABS
PERPHEN/AMITRIPT	TRIAVIL	2 /10 MG	TABS
PERPHEN/AMITRIPT	TRIAVIL	4 /10 MG	TABS
PERPHEN/AMITRIPT	TRIAVIL	4 /25 MG	TABS
PERPHEN/AMITRIPT	TRIAVIL	4 /50 MG	TABS

PERPHENAZINE	TRILAFON	16 MG	TABS
PERPHENAZINE	TRILAFON	2 MG	TABS
PERPHENAZINE	TRILAFON	4 MG	TABS
PERPHENAZINE	TRILAFON	8 MG	TABS
PERPHENAZINE CONC.	TRILAFON CONCENTRATE	16 MG/5CC	CONC
PHENELZINE SULFATE	NARDIL	15 MG	TABS
PHENOBARBITAL	PHENOBARBITAL	15 MG	TABS
PHENOBARBITAL	PHENOBARBITAL	30 MG	TABS
PHENOBARBITAL	PHENOBARBITAL	60 MG	TABS
PHENOBARBITAL	PHENOBARBITAL	100 MG	TABS
PHENYTOIN CHEW	DILANTIN CHEWABLE	50 MG	CHEW
PHENYTOIN SOD EXT	DILANTIN	100 MG	CAPS
PHENYTOIN SOD EXT	DILANTIN	30 MG	CAPS
PHENYTOIN SOD SUSP.	DILANTIN SUSPENSION	125 MG/5CC	SUSP
PIMOZIDE	ORAP	2 MG	TABS
PIMOZIDE	ORAP	1MG	TABS
PRIMIDONE	MYSOLINE	250 MG	TABS
PRIMIDONE	MYSOLINE	50 MG	TABS
PREGABALIN	LYRICA	25 MG	CAPS
PREGABALIN	LYRICA	50 MG	CAPS
PREGABALIN	LYRICA	75 MG	CAPS
PREGABALIN	LYRICA	100 MG	CAPS
PREGABALIN	LYRICA	150 MG	CAPS
PREGABALIN	LYRICA	200 MG	CAPS
PREGABALIN	LYRICA	225 MG	CAPS
PREGABALIN	LYRICA	300 MG	CAPS
PRIMIDONE SUSP.	MYSOLINE SUSPENSION	250 MG/5CC	SUSP
PROCHLORPERAZINE	COMPAZINE	5 MG	TABS
PROCHLORPERAZINE	COMPAZINE	10 MG	TABS
PROMETHAZINE	PHENERGAN	25 MG	TABS
PROPRANOLOL	INDERAL	10 MG	TABS
PROPRANOLOL	INDERAL	20 MG	TABS
PROPRANOLOL	INDERAL	40 MG	TABS
PROPRANOLOL	INDERAL	80 MG	TABS
PROPRANOLOL	INDERAL	60 MG	TABS
PROPRANOLOL S/R	INDERAL-LA	160 MG	CAPS
PROPRANOLOL S/R	INDERAL-LA	120 MG	CAPS
PROPRANOLOL S/R	INDERAL-LA	80 MG	CAPS
PROPRANOLOL S/R	INDERAL-LA	60 MG	CAPS
PROTRIPTYLINE	VIVACTIL	10 MG	TABS
PROTRIPTYLINE	VIVACTIL	5 MG	TABS
QUAZEPAM	DORAL	15 MG	TABS
QUAZEPAM	DORAL	7.5 MG	TABS
QUETIAPINE	SEROQUEL	25 MG	TABS
QUETIAPINE	SEROQUEL	50 MG	TABS
QUETIAPINE	SEROQUEL	200 MG	TABS
QUETIAPINE	SEROQUEL	300 MG	TABS
QUETIAPINE	SEROQUEL	400 MG	TABS
QUETIAPINE	SEROQUEL	100 MG	TABS

QUETIAPINE	SEROQUEL XR	50MG	TABS
QUETIAPINE	SEROQUEL XR	150MG	TABS
QUETIAPINE XR	SEROQUEL XR	200 MG	TABS
QUETIAPINE XR	SEROQUEL XR	300 MG	TABS
QUETIAPINE XR	SEROQUEL XR	400 MG	TABS
RAMELTEON	ROZEREM	8MG	TABS
RISPERIDONE	RISPERDAL	1 MG	TABS
RISPERIDONE	RISPERDAL	2 MG	TABS
RISPERIDONE	RISPERDAL	3 MG	TABS
RISPERIDONE	RISPERDAL	4 MG	TABS
RISPERIDONE	RISPERDAL	1 MG/ML	SOLN
RISPERIDONE	RISPERDAL	0.25 MG	TABS
RISPERIDONE	RISPERDAL	0.5 MG	TABS
RISPERIDONE 25MG INJ	RISPERDAL CONSTA	25 MG	INJ
RISPERIDONE 37.5MG INJ	RISPERIDONE CONSTA	37.5 MG	INJ
RISPERIDONE 50MG INJ	RISPERIDONE CONSTA	50MG	INJ
RISPERIDONE M ORAL DISINTEGRATING	RISPERDAL M-TAB	0.5 MG	TABS
RISPERIDONE M ORAL DISINTEGRATING	RISPERDAL M-TAB	1 MG	TABS
RISPERIDONE M ORAL DISINTEGRATING	RISPERDAL M-TAB	2 MG	TABS
RISPERIDONE M ORAL DISINTEGRATING	RISPERDAL M-TAB	3 MG	TABS
RISPERIDONE M	RISPERDAL M-TAB	4 MG	TABS
SERTRALINE	ZOLOFT	50 MG	TABS
SERTRALINE	ZOLOFT	100 MG	TABS
SERTRALINE	ZOLOFT	25 MG	TABS
SERTRALINE CONC	ZOLOFT	20MG/ML	CONC
TEMAZEPAM	RESTORIL	15 MG	CAPS
TEMAZEPAM	RESTORIL	30 MG	CAPS
TEMAZEPAM	RESTORIL	7.5 MG	CAPS
THIORIDAZINE	MELLARIL	10 MG	TABS
THIORIDAZINE	MELLARIL	15 MG	TABS
THIORIDAZINE	MELLARIL	100 MG	TABS
THIORIDAZINE	MELLARIL	150 MG	TABS
THIORIDAZINE	MELLARIL	200 MG	TABS
THIORIDAZINE	MELLARIL	25 MG	TABS
THIORIDAZINE	MELLARIL	50 MG	TABS
THIORIDAZINE HCL CONC	MELLARIL	100 MG/CC	CONC
THIORIDAZINE HCL CONC.	MELLARIL CONCENTRATE	30 MG/CC	CONC
THIORIDAZINE SUSP	MELLARIL-S	100 MG/5ML	SUSP
THIORIDAZINE SUSP.	MELLARIL-S	25 MG/5ML	SUSP
THIOTHIXENE	NAVANE	1 MG	CAPS
THIOTHIXENE	NAVANE	10 MG	CAPS
THIOTHIXENE	NAVANE	2 MG	CAPS
THIOTHIXENE	NAVANE	5 MG	CAPS
THIOTHIXENE CONC.	NAVANE ORAL CONCENTRATE	5 MG/CC	CONC
TIAGABINE	GABITRIL	4 MG	TABS
TIAGABINE	GABITRIL	12 MG	TABS

TIAGABINE	GABITRIL	16 MG	TABS
TIAGABINE	GABITRIL	2 MG	TABS
TOPIRAMATE	TOPAMAX	25 MG	TABS
TOPIRAMATE	TOPAMAX	100 MG	TABS
TOPIRAMATE	TOPAMAX	200 MG	TABS
TOPIRAMATE SPRINK CAP	TOPAMAX SPRINKLE CAPSULE	15 MG	CAPS
TRANLYCYPROMINE	PARNATE	10 MG	TABS
TRAZODONE	DESYREL	100 MG	TABS
TRAZODONE	DESYREL	50 MG	TABS
TRAZODONE	DESYREL	150 MG	TABS
TRIAZOLAM	HALCION	0.25 MG	TABS
TRIFLUOPERAZINE	STELAZINE	1 MG	TABS
TRIFLUOPERAZINE	STELAZINE	10 MG	TABS
TRIFLUOPERAZINE	STELAZINE	2 MG	TABS
TRIFLUOPERAZINE	STELAZINE	5 MG	TABS
TRIFLUOPERAZINE CONC	STELAZINE CONCENTRATE	10 MG/ML	CONC
TRIHEXYPHENIDYL	ARTANE	2MG/5ML	ELIX
TRIHEXYPHENIDYL HCL	ARTANE	2 MG	TABS
TRIHEXYPHENIDYL HCL	ARTANE	5 MG	TABS
TRIMIPRAMINE MALEATE	SURMONTIL	100 MG	CAPS
TRIMIPRAMINE MALEATE	SURMONTIL	25 MG	CAPS
TRIMIPRAMINE MALEATE	SURMONTIL	50 MG	CAPS
VALPROIC ACID (GENERIC)	DEPAKENE	250 MG	CAPS
VALPROIC ACID SYRUP	DEPAKENE SYRUP	250 MG/5ML	SYRP
VENLAFAXINE	EFFEXOR	25 MG	TABS
VENLAFAXINE	EFFEXOR	37.5 MG	TABS
VENLAFAXINE	EFFEXOR	50 MG	TABS
VENLAFAXINE	EFFEXOR	75 MG	TABS
VENLAFAXINE	EFFEXOR	100 MG	TABS
VENLAFAXINE XR	EFFEXOR XR	75 MG	CAPS
VENLAFAXINE XR	EFFEXOR XR	37.5 MG	CAPS
VENLAFAXINE XR	EFFEXOR XR	150 MG	CAPS
ZALEPLON	SONATA	10 MG	CAPS
ZALEPLON	SONATA	5 MG	CAPS
ZIPRASIDONE	GEODON	20 MG	CAPS
ZIPRASIDONE	GEODON	40 MG	CAPS
ZIPRASIDONE	GEODON	60 MG	CAPS
ZIPRASIDONE	GEODON	80 MG	CAPS
ZIPRASIDONE INJ	GEODON	20 MG/ML	INJ
ZOLPIDEM	AMBIEN	10 MG	TABS
ZOLPIDEM	AMBIEN	5 MG	TABS
ZOLPIDEM CR	AMBIEN CR	6.25 MG	TABS
ZOLPIDEM CR	AMBIEN CR	12.5 MG	TABS
ZONISAMIDE	ZONEGRAN	100 MG	CAPS

EXHIBIT 10

REQUEST FOR PROCUREMENT & STOCKING OF DRUGS FORM

For Use of Central Pharmacy and Therapeutics Committee Only

Similar Drugs Available at Center

Comments by Secretary of Central Pharmacy and Therapeutics Committee

Committee Action

Approved

Disapproved

Reason for Action

Signature of Secretary, Central Pharmacy and Therapeutics Committee

EXHIBIT 11

CENTRAL PHARMACY OUTPATIENT PRESCRIPTION

PART I

PART II

PART III

PATIENT #		PATIENT DATE OF BIRTH	MH2402704	Central Pharmacy Use Only
PATIENT NAME		FACILITY NUMBER		
PATIENT ADDRESS				
AGENCIES: If 10-day emergency Rx, keep pink copy, give Part I & II to client to fill at local contract pharmacy. REMEMBER TO STAMP <u>BACK</u> OF PARTS I & II		Send to: Central Pharmacy PART I 2150 W. Broad St., Columbus, OH 43223-1200 Phone: (614) 752-0150 Fax: (614) 752-0151		
WRITE <u>ONE</u> PRESCRIPTION PER Rx BLANK Rx			DATE WRITTEN	
REFILL X _____ <i>Must complete all shaded areas; required by Ohio Administrative Code & Central Pharmacy policy.</i>				
PRESCRIBER SIGNATURE		ADDRESS		
PRINTED NAME		PHONE		
DMH-0369 (REV. 2/05)		DMH-PSC-036		DEA #

PATIENT #	PATIENT DATE OF BIRTH	MH	INVALID RX FOR INFORMATIONAL PURPOSES ONLY
PATIENT NAME		FACILITY NUMBER	
PATIENT ADDRESS			
AGENCIES: If 10-day emergency Rx, keep pink copy, give Part I & II to client to fill at local contract pharmacy.		Send to: Central Pharmacy PART II 2150 W. Broad St., Columbus, OH 43223-1200 Phone: (614) 752-0150 Fax: (614) 752-0151	

PATIENT #	PATIENT DATE OF BIRTH	MH	INVALID RX FOR INFORMATIONAL PURPOSES ONLY
PATIENT NAME		FACILITY NUMBER	
PATIENT ADDRESS			
AGENCIES: If 10-day emergency Rx, keep pink copy, give Part I & II to client to fill at local contract pharmacy. REMEMBER TO STAMP BACK OF PARTS I & II		PART III	
THIS COPY REMAINS AT THE AGENCY AS PART OF THE CLIENT'S RECORD (For All Prescriptions).			DATE WRITTEN
R_x			
REFILL X _____			
<i>Must complete all shaded areas; required by Ohio Administrative Code & Central Pharmacy policy.</i>			
PRESCRIBER SIGNATURE		ADDRESS	
PRINTED NAME		PHONE	
DMH-0369 (REV. 2/05)	DMH-PSC-036	DEA #	

EXHIBIT 12

SUMMARY SHEET FOR PHARMACY CLAIM SUBMISSION

EXHIBIT 13

MEDICATION RETURN FORM

MEDICATION RETURN

DMH-PSC-015

Control Medications Non-Control Medications

All controlled substances must be listed on a separate Medication Return form.

Shaded Areas for Central Pharmacy Use Only		
Clinic No.	Processed By	Date Received at CP
All controlled drugs were returned.		
R.Ph. Signature		Date
Clinic Address		Clinic Terminal Distributor License No.
Nurse Signature		Date

Clinic Name	Clinic Terminal Distributor License No.
Clinic Address	Clinic Terminal Distributor License No.
Nurse Signature	Date

INSTRUCTIONS: Please place sticker from patient's prescription bottle on the boxes below.

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.	32.
33.	34.	35.	36.

Medications not eligible for credit destroyed.

Method of destruction: Garbage Disposal Incineration Other (specify) _____

Date	Pharmacist Signature	Witness Signature
------	----------------------	-------------------

Confidential Information: Pursuant to State law, the information that is being transmitted is confidential and it must not be reviewed by unauthorized parties. It must be immediately given to the person listed as the recipient. If this information has been transmitted to you in error, please immediately notify the sender.

EXHIBIT 14

CENTRAL PHARMACY OUTPATIENT NOTICE OF PRIVACY PRACTICES

OHIO DEPARTMENT OF MENTAL HEALTH
OFFICE OF SUPPORT SERVICES
CENTRAL PHARMACY OUTPATIENT
"Notice of Privacy Practices"

Published February 2010

I. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

II. OUR DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION.

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" ("PHI"). The Office of Support Services, Central Pharmacy Outpatient is required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure. We are required to follow the privacy practices described in this Notice, though **we reserve the right to change our privacy practices and the terms of this Notice at any time.** If we do so, we will post a new Notice at the **Office of Support Services website <http://www.mh.state.oh.us>**. You may also request a copy of the new notice in writing from the **Privacy Officer, Office of Support Services, Central Pharmacy Outpatient, 2150 W. Broad Street, Columbus, Ohio 43223 or call 614-752-0159.**

III. HOW MAY WE USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

We use and disclose PHI for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment or our health care operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following offers more description and some examples of our potential uses/disclosures of your PHI.
Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations. Generally, we may use or disclose your PHI as follows:

For treatment: If we are the entity filling your prescription, we may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health

care. For example, questions or concerns relating to your prescribed medications may be shared with treatment staff at your community agency.

To obtain payment: We may use/disclose your PHI in order to bill and collect payment for your prescription medications. For example, we may release portions of your PHI to the local ADAMH/CMH Board to get paid or process payment to another pharmacy for your prescription medications.

For health care operations: We may use/disclose your PHI in the course of operating our pharmacy. For example, we may use your PHI in evaluating the quality of services provided, or disclose your PHI to our accountant or attorney for audit purposes. Since we are an integrated system, we may disclose your PHI to designated staff in our central office or our Office of Support Services for similar purposes. **Uses and Disclosures Requiring Authorization:** For uses and disclosures beyond treatment, payment, and operation purposes, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization. **Uses and Disclosures of PHI from Mental Health Records Not Requiring Consent or Authorization:** The law provides that we may use/disclose your PHI from mental health records without consent or authorization in the following circumstances:

When required by law: We may disclose PHI when a law requires that we disclose information, for instance, reporting about dispensing controlled substances, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

For health oversight activities: PHI may be released to our central office, the protection and advocacy agency, the State Board of Pharmacy, the Food and Drug Administration or other health oversight agencies authorized by law, for audits; administrative actions or proceedings; or reporting of adverse events, product problems or defects, or biological product deviations.

For research purposes: In certain circumstances, and under supervision of a privacy board, we may disclose PHI to our central office research staff and their designees in order to assist medical/psychiatric research.

IV. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION.

You have the following rights relating to your protected health information:

To request restrictions on uses/disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but generally are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of you PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

To inspect and request a copy of your PHI: Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI upon your written request. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want paper copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied

and to have prior information on the cost of copying. If your record is available electronically, you may request a copy in electronic format to be delivered to you or a designated person or entity.

To request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (i) correct and complete; (ii) not created by us and/or not part of our records, or; (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

To find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure: for treatment, payment, and operations*; to you; or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or disclosures made before April, 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

To receive this notice: You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

To choose how we contact you: You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section VI Below. You also may file a written complaint with the Office of Civil Rights, US Department of Health and Human Services, 233 North Michigan Avenue, Suite 240, Chicago, Illinois 60601, voice (312) 886-2359, fax (312) 886- 1807, TDD (312) 353-5693 or the Secretary of the U.S. Department of Health and Human Services at 200 Independence Ave. SW, Washington, D.C. 20201 or by phone at 1-877-696-6775. We will take no retaliatory action against you if you make such complaints.

VI. CONTACT PERSON FOR INFORMATION, OR TO SUBMIT A COMPLAINT:

If you have questions about this Notice or any complaints about our privacy practices, please contact the statewide Clients Rights Advocate, at:

Ohio Department of Mental Health
Rhodes Tower: 30 East Broad Street, 8th Floor
Columbus, Ohio 43215-3430
Telephone: (614) 466-2333

VII. Effective Date:

This notice is effective on February 26, 2010

*In the future, disclosures of your PHI for treatment, payment, and operations purposes may be included in the accounting of PHI disclosures.

EXHIBIT 15

CUSTOMER MONTHLY ACTIVITY REPORT

Ohio Department of Mental Health, Office of Support Services
 prepared for Central Pharmacy Outpatient
 Customer Activity for September 2009

This is NOT a bill

Ship to Customer:

Bill to Board:

<u>INVOICE NO.</u>	<u>DESCRIPTION</u>	<u>SHIP DATE</u>	<u>TOTAL PRICE</u>
OSS000	CPO ISSUES FROM PDMI	09/21/2009	7.41
OSS000	CPO ISSUES FROM PDMI	09/21/2009	60.82
OSS000	CPO ISSUES FROM PDMI	09/21/2009	428.16
OSS000	CPO ISSUES FROM PDMI	09/21/2009	45.41
OSS000	CPO ISSUES FROM PDMI	09/08/2009	192.37
OSS000	CPO ISSUES FROM PDMI	09/08/2009	4.60
OSS000	CPO ISSUES FROM PDMI	09/08/2009	85.23
OSS000	CPO ISSUES FROM PDMI	09/08/2009	104.57
OSS000	CPOP ISSUES FROM PRO-PHARM 1	09/01/2009	988.61
OSS000	CPOP ISSUES FROM PRO-PHARM 1	09/02/2009	914.11
OSS000	CPOP ISSUES FROM PRO-PHARM 1	09/03/2009	598.69
OSS000	CPOP ISSUES FROM PRO-PHARM 1	09/04/2009	319.21
OSS000	CPOP ISSUES FROM PRO-PHARM 1	09/08/2009	835.72
OSS000	CPOP ISSUES FROM PRO-PHARM 1	09/11/2009	134.78
OSS000	CPOP ISSUES FROM PRO-PHARM 1	09/14/2009	587.49
OSS000	CPOP ISSUES FROM PRO-PHARM 1	09/16/2009	1,437.02
OSS000	CPOP ISSUES FROM PRO-PHARM 1	09/17/2009	1,064.12
OSS000	CPOP ISSUES FROM PRO-PHARM 1	09/18/2009	93.50
OSS000	CPOP ISSUES FROM PRO-PHARM 1	09/22/2009	658.36
OSS000	CPOP ISSUES FROM PRO-PHARM 1	09/23/2009	1,387.92
OSS000	CPOP ISSUES FROM PRO-PHARM 1	09/24/2009	774.95
OSS000	CPOP ISSUES FROM PRO-PHARM 1	09/29/2009	872.26
		CON	Total: 11,575.31

<u>Allocation Summary</u>	
Original Allocation:	27,036.00
minus purchases to date:	30,625.26
equals Remaining Allotment:	-3,589.26

Thank you for your business!

EXHIBIT 16

FACILITY LOG REPORT

Propharm One
2/5/2008

Facility Log Report
Log Dates: 2/5/2008 –2/5/2008
Facility: FAKE – FAKE-DON'T USE/BILL

Page 1
9:16:15 AM

Patient	Log Type	Reason
Drug	Note	
FAKE/PATIENT, JOHNNY FAKE BENZTROPINE 0.5MG TABS	General Message NO REFILLS – NEED NEW PRESCRIPTION	Facility Message
FAKE/PATIENT, JOHNNY FAKE ZYPREXA 10MG TABS	General Message REFILL TOO SOON – CAN BE FILLED 5/4/08	Facility Message

EXHIBIT 17

ACTION REQUEST FORM

Ohio Department of Mental Health – Office of Support Services
Central Pharmacy Outpatient 2150 W. Broad Street, Columbus, OH 43223-1200
PHONE: (614) 752-0150 FAX: (614) 752-0151

Date:

We have received a prescription request that was incomplete or requires additional information. Please contact our office between the hours of 8:30 a.m. and 5:00 p.m. (fax 614 –752-0151 or phone 614-752-0150). We will not be able to process the order until the missing information is received.

Patient name _____
Patient ID # _____

D.O.B. _____
Clinic Name/# _____

The following information is needed to process the request for the above patient:

___ D.O. B. _____ ___ Gender _____

___ Patient Name _____

___ Patient Address: _____

___ New Patient Information missing: ___ Allergy Information _____

___ Diagnosis: _____

___ Patient Received Brand Only in the Past (Please call with verbal for brand only, ohio law requires request for brand to be in physicians own handwriting. Form can not be pre-printed or stamped)

___ MD Signature Missing (please call with verbal or re-fax with signature)

___ Rx received was written on a security prescription blank and we are unable to read the faxed copy. Please re-send on a Central Pharmacy Rx blank, non-secure Rx blank, or call in prescription(s).

___ Control medications: Please remember Ohio law requires the quantity on ALL Control medication to be written alphabetically and numerically, (even when typed), and include the prescriber's DEA number

___ Other: _____

EXHIBIT 18

TEMPORARILY OUT OF STOCK FORM

CENTRAL PHARMACY OUTPATIENT COMMUNICATION

AGENCY:

PATIENT:

PLACE STICKER HERE OR

DATE:

FILL IN INFORMATION

ITEM:

TEMPORARILY OUT OF STOCK

The item listed above is temporarily out of stock. We will ship the item as soon as it is received. Please see the area above for patient and medication information. We are sorry for any inconvenience this may have caused.

Sincerely,

CPOP Staff

EXHIBIT 19

COMPUTER GENERATED PRESCRIPTON FORM

Send Only To: **CENTRAL PHARMACY OUTPATIENT**
2150 W. BROAD ST.
COLUMBUS, OH 43223
614-752-0159

CLINIC NO
PATIENT NO :
NAME C R
ADDRESS
DOB

CITY

GEODON **80MG** **CAPS** 90 **Ninety**
TAKE ONE CAPSULE(S) BY MOUTH EVERY MORNING X2DAYS,1 TWICE DAILY X2DAYS
THEN 1 EVERY MORNING AND 2 AT BEDTIME THEREAFTER

DATE _____ REFILL _____ PHYSICIAN X _____

DEA NO _____

Please Print: _____

CLINIC NAME
CLINIC
PHONE NO

CITY

EXHIBIT 20

EXAMPLE BOARD REPORT



Board
Customer

Ohio Department of Mental Health, Office of Support Services
CPO sales recap by Board by Institution as of June 2010
prepared for Central Pharmacy Outpatient

Page 1 of 2
Page Sequence #: 5
Run Date: 7/6/2010

ustomer

Bill To:

Board: ASHTABULA CTY ALCOHOL, DRUG ADDIC, & MH SV
Customer: THE NORTH COAST CENTER

		<u>CPOsales</u>	<u>CPOcredits</u>	<u>PDMIsales</u>	<u>PDMcredits</u>	<u>Comun.RX</u>	<u>Net Purchases</u>
	Jul	59.12	0.00	0.00	0.00	0.00	59.12
	Aug	1,193.29	0.00	5.18	0.00	0.00	1,198.47
Clas:	Sep	325.66	0.00	117.39	0.00	0.00	443.05
CPO	1st-QTR	1,578.07	0.00	122.57	0.00	0.00	1,700.64
Fund	Oct	1,291.74	-42.32	75.70	0.00	0.00	1,325.12
	Nov	228.83	0.00	56.95	0.00	0.00	285.78
	Dec	872.99	0.00	137.29	0.00	0.00	1,010.28
	2nd-QTR	2,393.56	-42.32	269.94	0.00	0.00	2,621.18
Payn	Jan	3,370.20	0.00	65.04	0.00	0.00	3,435.24
NET30	Feb	1,395.39	0.00	221.17	0.00	0.00	1,616.56
Item N	Mar	2,404.72	-26.08	175.86	0.00	0.00	2,554.50
Maste	3rd-QTR	7,170.31	-26.08	462.07	0.00	0.00	7,606.30
210	Apr	1,710.53	0.00	46.39	0.00	0.00	1,756.92
CPO	May	2,209.01	0.00	316.14	0.00	0.00	2,525.15
	Jun	2,942.98	0.00	671.51	0.00	0.00	3,614.49
Maste	4th-QTR	6,862.52	0.00	1,034.04	0.00	0.00	7,896.56
210							
CPO							
	total:	18,004.46	-68.40	1,888.62	0.00	0.00	19,824.68

Maste

210

CPO ISSUES FROM PDMI

Master # 120,

210

CPO ISSUES FROM PDMI

Ship Date: 9/8/2009

1 EA

Order Total: \$26.8600

\$53.06 53.0600

Order Total: \$53.0600

Master # 121,

210

CPOP ISSUES FROM PRO-PHARM 1

Ship Date: 9/2/2009

1 EA

\$189.41 189.4100

Order Total: \$189.4100

-----CONTINUED-----

Ohio Department of Mental Health, Office of Support Services
 CPO sales recap by Board by Institution as of June 2010
 prepared for Central Pharmacy Outpatient

Page 2 of 2
 Page Sequence #: 2
 Run Date: 7/6/2010

Board:

	<u>CPOsales</u>	<u>CPOcredits</u>	<u>PDMSales</u>	<u>PDMIcredits</u>	<u>Comun.RX</u>	<u>Net Purchases</u>
7/2009	7,445.79	0.00	528.98	0.00	0.00	7,974.77
8/2009	4,877.49	-1,608.30	771.62	0.00	0.00	4,040.81
9/2009	2,750.11	0.00	798.29	0.00	0.00	3,548.40
1st-QTR	15,073.39	-1,608.30	2,098.89	0.00	0.00	15,563.98
10/2009	8,669.57	0.00	1,580.46	0.00	0.00	10,250.03
11/2009	5,463.00	0.00	479.97	0.00	0.00	5,942.97
12/2009	5,135.54	0.00	691.15	-4.68	0.00	5,822.01
2nd-QTR	19,268.11	0.00	2,751.58	-4.68	0.00	22,015.01
1/2010	3,433.23	0.00	450.55	0.00	0.00	3,883.78
2/2010	6,571.76	-864.45	776.38	0.00	0.00	6,483.69
3/2010	0.00	0.00	847.31	0.00	0.00	847.31
3rd-QTR	10,004.99	-864.45	2,074.24	0.00	0.00	11,214.78
4/2010	30,138.09	-6,965.40	517.89	0.00	0.00	23,690.58
5/2010	5,860.59	0.00	294.92	0.00	0.00	6,155.51
6/2010	5,231.42	0.00	439.22	0.00	0.00	5,670.64
4th-QTR	41,230.10	-6,965.40	1,252.03	0.00	0.00	35,516.73
Board Total:	85,576.59	-9,438.15	8,176.74	-4.68	0.00	84,310.50

Allocation Summary for
Original Allocation: 80,888.00 plus Modifications of 0.00 equal adjusted Allocation 80,888.00
Calculated Remaining: 0.00

Report ID: 2

Department of Mental Health, Office of Support Services
Board Summary for September 2009
prepared for Central Pharmacy Outpatient

Page 1 of 1
Page Sequence #: 11
Prepared date: 10/5/2009

Please note this report is based on CPO sales being subtracted from the original allocation. It does not include any special adjustments made through the Fiscal office. The figures may not include credits waiting to be applied to future sales.

Board:

Customer:	Invoice	Invoice Date	CPOsales	CPOcredits	PDWsales	PDWcredits	Comm,RX	Total	Original Allocation	Sales To Date	Remaining Allocation
COM/	OSS00	09/30/2009	10,846.74	0.00	928.57	0.00	0.00	11,575.31	27,036.00	30,625.26	-3,589.26
COM/	Allocation Summary								10,000.00	592.70	9,407.30
COM	Allocation Summary								398,646.00	129,128.09	269,517.91
COM	OSS00	09/30/2009	42,062.77	-9,801.47	696.54	0.00	0.00	33,157.84			
COM	Allocation Summary										
Current Month Board Totals:			52,709.51	-9,801.47	1,625.11	0.00	0.00	44,733.15			
Fiscal Year to date Board Totals:			167,066.07	-10,250.34	3,511.32	0.00	0.00	160,346.05		160,346.05	