



Notice of Request for Information

AHCCCS

Arizona Health Care Cost Containment System

701 East Jefferson, MD 5700

Phoenix, Arizona 85034

NO.: YH09-0041

PAGE
1

OF
7

Request For Information (RFI) Contact Person:

Jamey Schultz
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701 E. Jefferson, MD5700
Phoenix, Arizona 85034

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E-Mail: Jamey.Schultz@azahcccs.gov
Issue Date: April 22, 2009

LOCATION: ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM ADMINISTRATION (AHCCCS)
Contracts and Purchasing Section (First Floor)
701 E. Jefferson, MD5700
Phoenix, Arizona 85034

DESCRIPTION:

**340B Designated Pharmacy for Specialty Drug Product
Dispensing, Distribution and Care Coordination**

INFORMATION DUE
DATE:

May 28, 2009

AT 3:00 P.M. MST

QUESTIONS CONCERNING THIS REQUEST FOR INFORMATION (RFI) SHALL BE FORWARDED TO THE RFI CONTACT PERSON, AS NAMED ABOVE, EITHER VIA TELEFAX OF E-MAIL (PREFERRED). TELEPHONIC QUESTIONS SHALL NOT BE ACCEPTED.

Offers must be in the actual possession of AHCCCS on or prior to the time and date and at the location indicated above. **Late offers may not be considered.**

Offers must be submitted in a sealed envelope or package with the Request number and the offeror's name and address clearly indicated on the envelope or package. All offers must be completed in ink or typewritten. Additional instructions for preparing an offer are included in this request.

Offerors must realize that no Contract will result from your response to this request. Responding to this RFI will not prohibit the offeror from responding to any procurements.

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the appropriate Procurement Agency. Requests should be made as early as possible to allow time to arrange the accommodation. A person requiring special accommodations may contact the person responsible for this request as identified below.

OFFERORS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE RFI



Notice of Request for Information

NO.: YH09-0041

PAGE
2

Request for Information

OF
7

AHCCCS

Arizona Health Care Cost Containment
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1. AHCCCS OVERVIEW

The Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid Program. As of April 1, 2009, AHCCCS was providing health care coverage to over 1.19 million members, which is approximately 20% of Arizona's total population.

AHCCCS operates under an 1115 Research and Demonstration Waiver, which was granted by the Centers for Medicare and Medicaid Services (CMS) within the United States Department of Health and Human Services.

AHCCCS was created as a partnership between the state and private and public managed care health plans that mainstreamed Medicaid recipients into private physician offices. This arrangement opened up the private physician networks to Medicaid recipients and allowed AHCCCS members to choose a health plan and a primary care provider that coordinates and manages all aspects of medical care for a member.

AHCCCS Health Plans are paid a monthly capitation rate prospectively for each health plan enrolled member. AHCCCS utilizes a competitive bid process and provides regulatory oversight that includes operational and financial reviews of the contracted health plans and contract monitoring to ensure quality of care.

The medical care for approximately 5% of AHCCCS members is provided through a managed fee-for-service (FFS) program administered by the AHCCCS Division of Fee-for-Service Management (DFSM). These members are predominantly Native Americans who are eligible for care through the Indian Health Service and also eligible for care through AHCCCS (AHCCCS American Indian Health Program - AIHP). AHCCCS AIHP members may elect to receive health care from an IHS facility, an AHCCCS Health Plan or from an AHCCCS registered provider as part of the FFS Program.

A more detailed overview of the AHCCCS Program is available, including detailed enrollment statistics, at the AHCCCS website at www.ahcccs.state.us.

2. RFI PURPOSE

AHCCCS, Department of Pharmacy, is soliciting information from interested 340B designated pharmacies to participate in AHCCCS' Specialty Pharmacy Program to provide specific specialty drugs for the AHCCCS contracted health plans and the AHCCCS FFS enrolled members for the State of Arizona. The purpose of the Specialty Pharmacy Program will be to reduce medication costs while ensuring continued clinically appropriate access to specialty drugs.

3. RFI OVERVIEW

3.1 Background



Notice of Request for Information

NO.: YH09-0041

PAGE
3

Request for Information

OF
7

AHCCCS

Arizona Health Care Cost Containment
System

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Phoenix, Arizona 85034

The 340B Drug Pricing Program offers the lowest cost for pharmaceuticals and was established as part of the Veterans Health Care Act of 1992. Section 340B of the U.S. Public Law 102-585 (42 U.S.C. § 256b) limits the cost of drugs to federal purchasers and to certain grantees of federal agencies known as “340B qualified entities.” The Pharmacy Affairs Branch (PAB) of the Health Resources and Services Administration (HRSA) under the U.S. Department of Health and Human Services (HHS) administers the program. Pharmacies that do not qualify as a 340B entity may choose to explore opportunities for PAB-approved arrangements with qualified entities to access 340B pricing.

To the extent that the services described in this RFI are paid for by managed care entities under contract with the AHCCCS Administration, the provisions of the Medicaid Outpatient Drug Rebate Program (42 U.S.C. § 1396r-8) do not apply. This is explained in the next paragraph.

With respect to services paid for directly by the AHCCCS administration or through any Third Party Administrator under contract with AHCCCS Administration, the Secretary of the United States Department of Health and Human Services, through the exercise of the Secretary’s waiver authority under 42 U.S.C. § 1315, has exempted AHCCCS from participation in the Medicaid Outpatient Drug Rebate Program. In responding to this RFI, pharmacies should assume that neither the AHCCCS Administration nor its contractors will receive any payments from drug manufacturers, including rebates, when a drug has been dispensed by a designated 340B entity pharmacy.

For the purposes of this RFI, the AHCCCS Pharmacy Department defines specialty medications as a category of drugs created by advances in research, technology and design and generally include bioengineered proteins. These drugs typically are high cost and used to treat acute, chronic and complex illnesses. These drugs can be self-administered in the home or by a health care provider in the home or at a practitioner’s office and can include injectables, infusions and environmentally sensitive drugs that require very specific special handling, monitoring or registration paperwork.

Specialty drugs are often associated with complex drug regimens and require patient education, monitoring and clinical support. The AHCCCS Specialty Pharmacy Program will also include focused services that support patient adherence and persistence, as well as the coordination of specialty pharmacy care that will also ensure clinically appropriate utilization of the selected products.

In 2008, the AHCCCS Program spent over \$450M on pharmaceuticals. Of this pharmacy spend, the AHCCCS contracted health plans and the AHCCCS FFS Program paid approximately \$75M in specialty drug costs for more than 1.15M enrollees using specialty pharmacy drugs.

Specialty Drugs are prescription medications that may require special handling, administration or monitoring. Some of the chronic conditions utilizing these medications are:

Anemia

Asthma

Blood Dyscrasias / Hemophilia

Cancer



Notice of Request for Information

AHCCCS

Arizona Health Care Cost Containment System

NO.: YH09-0041

PAGE
4

701 East Jefferson, MD 5700

Request for Information

OF
7

Phoenix, Arizona 85034

Chronic Kidney Disease

Crohn's Disease

Hepatitis C

HIV/AIDS

Multiple Sclerosis

Organ Transplants

Osteoporosis

Gaucher & Fabry Disease

Connective Tissue Disorders/Arthritis/Psoriasis

Growth Hormone Deficiencies

A potential drug listing of specialty products being considered for the AHCCCS Specialty Pharmacy Program are listed on Attachment A. AHCCCS expects that this list will be modified over time as the program is implemented and new specialty products become available.

3.2 Key Features of the AHCCCS Specialty Pharmacy Program RFI

- 3.2.1 Specialty drug products will be priced at the 340B entity's pharmacy acquisition cost plus a fee. This "fee" should include the dispensing fee, costs for supplies to administer the medication and costs associated with the delivery of the medication to the patient or the prescribing clinician's office site.
- 3.2.2 Prescriptions will be direct billed to the AHCCCS contracted health plans (for patients enrolled with health plans) and to the AHCCCS Administration (for patients enrolled in the AHCCCS AIHP).
- 3.2.3 A timely and reliable drug dispensing and delivery system for enrollees and providers.
- 3.2.4 Clinical supportive services that are designed to:
 - 3.2.4.1 Optimize therapy management,
 - 3.2.4.2 Facilitate care coordination between the patient, provider and the 340B entity pharmacy to ensure a one-to-one relationship has been achieved between all parties, and
 - 3.2.4.3 Improve treatment adherence and persistency.
- 3.2.5 Monthly, quarterly, annual and ad hoc reporting to AHCCCS.
- 3.2.6 Member Satisfaction Survey.

3.3 Specific Contractor Tasks

The following are global tasks that the 340B entity pharmacy would be required to accomplish as a contractor to AHCCCS for the Specialty Pharmacy Program:

- 3.3.1 Pharmacy must be registered with AHCCCS and be located and licensed in the State of Arizona.
- 3.3.2 All pharmacists and technicians must be licensed with the Arizona State Board of Pharmacy.
- 3.3.3 Maintain an adequate inventory of specialty pharmacy drugs.
- 3.3.4 Coordinate and/or facilitate for the provisions of ancillary supplies and equipment and nursing services as required.
- 3.3.5 Develop, update and report to AHCCCS quarterly, a pricing schedule based on 340B acquisition cost for all contracted specialty products.
- 3.3.6 Ensure adequate staffing and availability 24 hours per day, 365 days per year.
- 3.3.7 Respond directly to member and provider telephone calls or electronic inquiries.
- 3.3.8 Implement and operate a statewide Specialty Pharmacy Dispensing and Delivery System, as follows:



Notice of Request for Information

AHCCCS

Arizona Health Care Cost Containment System

NO.: YH09-0041

PAGE
5

701 East Jefferson, MD 5700

Request for Information

OF
7

Phoenix, Arizona 85034

- 3.3.8.1 Process, dispense and submit electronic claims for payment for specialty drug prescriptions.
- 3.3.8.2 Contract with the AHCCCS contracted health plans and AHCCCS FFS to ensure electronic claims adjudication and payment.
- 3.3.8.3 Operate an efficient, accurate and responsive system for processing new & refill prescriptions and the delivery of these prescriptive medications.
- 3.3.9 Communicate with prescribers through ePrescribing software systems.
- 3.3.10 Implement and operate a Clinical Support Program for members and providers.
- 3.3.11 Respond to inquiries and complaints.
- 3.3.12 Develop, distribute and update Specialty Pharmacy policies and procedures.
- 3.3.13 Coordinate various activities and attend AHCCCS Administration meetings.
- 3.3.14 Develop a plan to ensure continuity of care for members transitioning to the Specialty Pharmacy from the contracted health plans or the AHCCCS FFS Program.
- 3.3.15 Perform quality assurance activities.
- 3.3.16 Develop and monitor performance standards and corrective action plans.
- 3.3.17 Provide utilization management reports as defined by AHCCCS Administration.
- 3.3.18 Develop a Work Plan.
- 3.3.19 Develop an Implementation Plan.
- 3.3.20 Develop and maintain a website which, at a minimum shall include:
 - 3.3.20.1 Educational information on the AHCCCS Specialty Pharmacy Program for the patient written at a fourth grade reading level.
 - 3.3.20.2 Descriptions of services provided by the Specialty Pharmacy.
 - 3.3.20.3 AHCCCS' Specialty Pharmacy Drug List.
 - 3.3.20.4 Instructions on how to contact the Specialty Pharmacy.
 - 3.3.20.5 Relevant information on diseases and disorders which relate to drugs that are provided by the Specialty Pharmacy.
 - 3.3.20.6 Other information as requested by AHCCCS Administration.

The above task list is provided from a global perspective for the purposes of this RFI.

4. CONTENTS OF YOUR RESPONSE

- 4.1 The name of the pharmacy and a brief description of the types of services currently provided in the State of Arizona.
- 4.2 A completed Attachment B, Offeror's Information, which includes contact information, including name, title, mailing address, email address, authorized signature, and phone number of the contact person for questions relating to the RFI.
- 4.3 The services described in Sections 3.2 and 3.3 that your organization can currently provide and those that will be available in the next six or twelve months.



Notice of Request for Information

NO.: YH09-0041

PAGE
6

Request for Information

OF
7

AHCCCS

Arizona Health Care Cost Containment
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Phoenix, Arizona 85034

- 4.4 A short summary (1,500 words or less) describing your experience with specialty pharmacy products.

5. HOW TO RESPOND

- 5.1 Submit 5 hard copies of not more than ten typed pages and 5 electronic copies on CD (Microsoft Word preferred).

- 5.2 Please submit your response no later than May 28, 2009, 3:00 p.m., MST.

- 5.3 Deliver the response or send it by mail to:

Jamey Schultz
AHCCCS Contracts and Purchasing
701 E. Jefferson St., MD 5700
Phoenix, AZ 85034

- 5.4 **Confidential Information:** If a respondent believes that portions of its RFI response should remain confidential, the respondent shall clearly identify those portions of its response it wishes to maintain as confidential and include a statement detailing the reasons why the information should not be disclosed. Such reasons shall describe the specific harm or prejudice that may arise. AHCCCS Contracts personnel shall determine whether the identified information should remain confidential.

- 5.5 **Reimbursement:** The AHCCCS Administration will not reimburse any respondent for the cost of preparing and submitting a response to the RFI.



Notice of Request for Information

NO.: YH09-0041

Request for Information

PAGE
7

OF
7

AHCCCS

Arizona Health Care Cost Containment
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ATTACHMENT B

OFFEROR'S CONTACT INFORMATION

Arizona Transaction (Sales) Privilege Tax License No.:

Federal Employer Identification No.:

E-Mail Address: _____

_____ Company Name

_____ Address

_____ City State Zip

For clarification of this offer, contact:

Name: _____

Phone: _____

Fax: _____

_____ Signature of Person Authorized to Sign Offer

_____ Printed Name

_____ Title

ATTACHMENT A SPECIALITY PHARMACY DRUG LIST

THERAPEUTIC CLASS CODE & DESCRIPTION

PRODUCT FULL NAME

M0E - ANTIHEMOPHILIC FACTORS	REFACTO 1,000 UNITS VIAL
M0E - ANTIHEMOPHILIC FACTORS	REFACTO 2,000 UNITS VIAL
M0E - ANTIHEMOPHILIC FACTORS	REFACTO 250 UNITS VIAL
M0E - ANTIHEMOPHILIC FACTORS	REFACTO 500 UNITS VIAL
M0F - FACTOR IX PREPARATIONS	BENEFIX 1,000 UNITS VIAL
M0F - FACTOR IX PREPARATIONS	BENEFIX 250 UNIT VIAL
M0F - FACTOR IX PREPARATIONS	BENEFIX 500 UNIT VIAL
M9K - HEPARIN AND RELATED PREPARATIONS	ARIXTRA 10 MG SYRINGE
M9K - HEPARIN AND RELATED PREPARATIONS	ARIXTRA 2.5 MG SYRINGE
M9K - HEPARIN AND RELATED PREPARATIONS	ARIXTRA 5.0 MG SYRINGE
M9K - HEPARIN AND RELATED PREPARATIONS	ARIXTRA 7.5 MG SYRINGE
M9K - HEPARIN AND RELATED PREPARATIONS	FRAGMIN 10,000 UNITS/ML VIAL
M9K - HEPARIN AND RELATED PREPARATIONS	FRAGMIN 2,500 UNITS SYRINGE
M9K - HEPARIN AND RELATED PREPARATIONS	FRAGMIN 25,000 UNITS/ML VIAL
M9K - HEPARIN AND RELATED PREPARATIONS	FRAGMIN 5,000 UNITS SYRINGE
M9K - HEPARIN AND RELATED PREPARATIONS	FRAGMIN 7,500 UNITS SYRINGE
M9K - HEPARIN AND RELATED PREPARATIONS	LOVENOX 100 MG PREFILLED SYR
M9K - HEPARIN AND RELATED PREPARATIONS	LOVENOX 120 MG PREFILLED SYR
M9K - HEPARIN AND RELATED PREPARATIONS	LOVENOX 150 MG PREFILLED SYR
M9K - HEPARIN AND RELATED PREPARATIONS	LOVENOX 30 MG PREFILLED SYRN
M9K - HEPARIN AND RELATED PREPARATIONS	LOVENOX 300 MG VIAL
M9K - HEPARIN AND RELATED PREPARATIONS	LOVENOX 40 MG PREFILLED SYRN
M9K - HEPARIN AND RELATED PREPARATIONS	LOVENOX 60 MG PREFILLED SYRN
M9K - HEPARIN AND RELATED PREPARATIONS	LOVENOX 80 MG PREFILLED SYRN
N1B - HEMATINICS,OTHER	ARANESP 100 MCG/0.5 ML SYR
N1B - HEMATINICS,OTHER	ARANESP 100 MCG/ML VIAL
N1B - HEMATINICS,OTHER	ARANESP 150 MCG/0.3 ML SYRINGE
N1B - HEMATINICS,OTHER	ARANESP 150 MCG/0.75 ML VIAL
N1B - HEMATINICS,OTHER	ARANESP 200 MCG/0.4 ML SYR
N1B - HEMATINICS,OTHER	ARANESP 200 MCG/ML VIAL
N1B - HEMATINICS,OTHER	ARANESP 25 MCG/0.42 ML SYRING
N1B - HEMATINICS,OTHER	ARANESP 25 MCG/ML VIAL
N1B - HEMATINICS,OTHER	ARANESP 300 MCG/0.6 ML SYR
N1B - HEMATINICS,OTHER	ARANESP 300 MCG/ML VIAL
N1B - HEMATINICS,OTHER	ARANESP 40 MCG/0.4 ML SYRINGE
N1B - HEMATINICS,OTHER	ARANESP 40 MCG/ML VIAL
N1B - HEMATINICS,OTHER	ARANESP 500 MCG/1 ML SYRINGE
N1B - HEMATINICS,OTHER	ARANESP 60 MCG/0.3 ML SYRINGE
N1B - HEMATINICS,OTHER	ARANESP 60 MCG/ML VIAL
N1B - HEMATINICS,OTHER	EPOGEN 10,000 UNITS/ML VIAL
N1B - HEMATINICS,OTHER	EPOGEN 20,000 UNITS/ML VIAL
N1B - HEMATINICS,OTHER	EPOGEN 3,000 UNITS/ML VIAL
N1B - HEMATINICS,OTHER	EPOGEN 4,000 UNITS/ML VIAL
N1B - HEMATINICS,OTHER	EPOGEN 2,000 UNITS/ML VIAL
N1B - HEMATINICS,OTHER	PROCRIT 10,000 UNITS/ML VIAL
N1B - HEMATINICS,OTHER	PROCRIT 2,000 UNITS/ML VIAL
N1B - HEMATINICS,OTHER	PROCRIT 20,000 UNITS/ML VIAL
N1B - HEMATINICS,OTHER	PROCRIT 3,000 UNITS/ML VIAL
N1B - HEMATINICS,OTHER	PROCRIT 4,000 UNITS/ML VIAL
N1B - HEMATINICS,OTHER	PROCRIT 40,000 UNITS/ML VIAL
N1C - LEUKOCYTE (WBC) STIMULANTS	LEUKINE 500 MCG/ML VIAL
N1C - LEUKOCYTE (WBC) STIMULANTS	NEULASTA 6 MG/0.6 ML SYRINGE
N1C - LEUKOCYTE (WBC) STIMULANTS	NEUPOGEN 300 MCG/0.5 ML SYR
N1C - LEUKOCYTE (WBC) STIMULANTS	NEUPOGEN 300 MCG/ML VIAL

ATTACHMENT A SPECIALITY PHARMACY DRUG LIST

THERAPEUTIC CLASS CODE & DESCRIPTION

PRODUCT FULL NAME

V1A - ALKYLATING AGENTS	IFEX 1 GM VIAL
V1A - ALKYLATING AGENTS	IFEX 3 GM VIAL
V1A - ALKYLATING AGENTS	IFOSFAMIDE 1 GM VIAL
V1A - ALKYLATING AGENTS	IFOSFAMIDE 3 GM VIAL
V1A - ALKYLATING AGENTS	PARAPLATIN 150 MG VIAL
V1A - ALKYLATING AGENTS	PARAPLATIN 150 MG/15 ML VIAL
V1A - ALKYLATING AGENTS	PARAPLATIN 450 MG VIAL
V1A - ALKYLATING AGENTS	PARAPLATIN 450 MG/45 ML VIAL
V1A - ALKYLATING AGENTS	PARAPLATIN 50 MG VIAL
V1A - ALKYLATING AGENTS	PARAPLATIN 50 MG/5 ML VIAL
V1A - ALKYLATING AGENTS	PARAPLATIN 600 MG/60 ML VIAL
V1A - ALKYLATING AGENTS	PLATINOL-AQ 1 MG/ML VIAL
V1A - ALKYLATING AGENTS	TEMODAR 100 MG CAPSULE
V1A - ALKYLATING AGENTS	TEMODAR 20 MG CAPSULE
V1A - ALKYLATING AGENTS	TEMODAR 250 MG CAPSULE
V1A - ALKYLATING AGENTS	TEMODAR 5 MG CAPSULE
V1B - ANTIMETABOLITES	ADRUCIL 50 MG/ML VIAL
V1B - ANTIMETABOLITES	ALIMTA 500 MG VIAL
V1B - ANTIMETABOLITES	CYTARABINE 100 MG VIAL
V1B - ANTIMETABOLITES	CYTARABINE 20 MG/ML VIAL
V1B - ANTIMETABOLITES	FLUDARABINE 50 MG VIAL
V1B - ANTIMETABOLITES	FLUOROURACIL 50 MG/ML VIAL
V1B - ANTIMETABOLITES	GEMZAR 1 GRAM VIAL
V1B - ANTIMETABOLITES	GEMZAR 200 MG VIAL
V1B - ANTIMETABOLITES	VIDAZA 100 MG VIAL
V1B - ANTIMETABOLITES	XELODA 150 MG TABLET
V1B - ANTIMETABOLITES	XELODA 500 MG TABLET
V1C - VINCA ALKALOIDS	NAVELBINE 10 MG/ML VIAL
V1C - VINCA ALKALOIDS	VINCRIStINE 1 MG/ML VIAL
V1C - VINCA ALKALOIDS	VINORELBINE 10 MG/ML VIAL
V1D - ANTIBIOTIC ANTINEOPLASTICS	ADRIAMYCIN 10 MG VIAL
V1D - ANTIBIOTIC ANTINEOPLASTICS	ADRIAMYCIN 2 MG/ML VIAL
V1D - ANTIBIOTIC ANTINEOPLASTICS	ADRIAMYCIN 50 MG VIAL
V1D - ANTIBIOTIC ANTINEOPLASTICS	ADRIAMYCIN RDF 150MG VIAL
V1D - ANTIBIOTIC ANTINEOPLASTICS	BLENOXANE 15U VIAL
V1D - ANTIBIOTIC ANTINEOPLASTICS	BLENOXANE 30 UNITS VIAL
V1D - ANTIBIOTIC ANTINEOPLASTICS	BLEOMYCIN SULFATE 15 UNITS VIA
V1D - ANTIBIOTIC ANTINEOPLASTICS	BLEOMYCIN SULFATE 30 UNITS VIA
V1D - ANTIBIOTIC ANTINEOPLASTICS	DOXIL 2 MG/ML VIAL
V1D - ANTIBIOTIC ANTINEOPLASTICS	DOXORUBICIN 2 MG/ML VIAL
V1D - ANTIBIOTIC ANTINEOPLASTICS	DOXORUBICIN 50MG VIAL
V1D - ANTIBIOTIC ANTINEOPLASTICS	ELLENCe 2 MG/ML VIAL
V1D - ANTIBIOTIC ANTINEOPLASTICS	MITOMYCIN 40 MG VIAL
V1F - ANTINEOPLASTICS,MISCELLANEOUS	ABRAXANE 100 MG VIAL
V1F - ANTINEOPLASTICS,MISCELLANEOUS	CAMPTOSAR 20 MG/ML VIAL
V1F - ANTINEOPLASTICS,MISCELLANEOUS	DACARBAZINE 200 MG VIAL
V1F - ANTINEOPLASTICS,MISCELLANEOUS	DTIC-DOME IV 200 MG VIAL
V1F - ANTINEOPLASTICS,MISCELLANEOUS	ELSPAR 10,000 UNITS VIAL
V1F - ANTINEOPLASTICS,MISCELLANEOUS	ETOPOSIDE 20 MG/ML VIAL
V1F - ANTINEOPLASTICS,MISCELLANEOUS	ETOPOSIDE 50 MG CAPSULE
V1F - ANTINEOPLASTICS,MISCELLANEOUS	HYCAMTIN 4 MG VIAL
V1F - ANTINEOPLASTICS,MISCELLANEOUS	NOVANTRONE 2 MG/ML VIAL
V1F - ANTINEOPLASTICS,MISCELLANEOUS	ONCASPAr 750 UNIT/ML VIAL
V1F - ANTINEOPLASTICS,MISCELLANEOUS	ONXOL 30 MG/5 ML VIAL

