

QUALIFIED PRODUCT LIST  
OF  
PRODUCTS QUALIFIED UNDER DOC SPECIFICATION  
FOR  
**OVER THE COUNTER MEDICATIONS**  
**QPL-2011-011**

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This list has been prepared for use by and for the Missouri Department of Corrections in the acquisition of **house brand** products covered by the subject specification and such listing of a product is not intended to and does not connote endorsement of the product by the Missouri Department of Corrections. All products listed herein have been qualified under the requirements for the product listed on the included specification sheet. This list is subject to change without notice; revisions of this list will be issued as necessary.

Suppliers/manufacturers may submit samples it wishes to be included for future bidding opportunities. A letter verifying the samples sent meet all the requirements listed on the included specification sheet, in addition to a request the samples sent be tested for qualification must also be submitted. **The required numbers of samples needed for a product to be considered on this QPL are listed with each product.** All samples shall be at no cost to the Missouri Department of Corrections. Submit samples to:

MISSOURI DEPARTMENT OF CORRECTIONS, DIVISION OF HUMAN SERVICES,  
FMU/PURCHASING, 2729 PLAZA DRIVE, JEFFERSON CITY, MO 65109.

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**ACETAMINOPHEN TABLETS**

**Brand:** Rejuvilife  
Qualified January 2015

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**IBUPROFEN TABLETS**

**Brand:** Health A2Z  
Qualified December 2011  
Requalified January 2015

**Brand:** Rejuvilife  
Qualified 2015

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**ASPIRIN TABLETS**

**Brand:** Rejuvilife  
Qualified January 2015

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**DECONGESTANT TABLETS**

**Brand:** NewDay  
Qualified December 2011  
Requalified January 2015

**Brand:** Health A2Z  
Qualified January 2015

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**ACNE TREATMENT CREAM**

**Brand:** Family Care  
Qualified December 2011  
Requalified January 2015

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**ANTI-FUNGAL CREAM**

**Brand:** Family Care  
Qualified December 2011  
Requalified January 2015

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**ANTI-FUNGAL POWDER**

**Brand:** Dr. Foot  
Qualified December 2011  
Requalified January 2015

**Brand:** Heritage  
Qualified January 2015

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**MUSCLE RUB**

**Brand:** Family Care  
Qualified December 2011  
Requalified January 2014

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**EYE LUBRICANT DROPS**

No house brands qualified

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**HEMORROIDAL OINTMENT**

No house brands qualified

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**VAPOR RUB/CHEST RUB**

**Brand:** Personal Care  
Qualified December 2011  
Requalified January 2015

**Brand:** CareAll  
Qualified January 2015

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**MANDATORY SPECIFICATIONS**

1. **All over the counter medications offered must not include any of the following active ingredients:**

Advair Fluticasone/salmeterol Afrin (oxymetazoline) Bactrim for Prophylaxis w/HIV Bentyl (dicyclomine) Clindamycin Clonidine Coumadin (warfarin) Depakote (Divalproex) Diphenhydramine Ditropan (oxybutynin) Ensure Ethambutol	Isoniazid (INH), Vitamin B6 & Rifampin Lidoderm patch (Lidocaine) Keppra (levetiracetam) Magnesium Citrate Meclizine Neurontin (gabapentin) Phenergan (promethazine) Serevent (salmeterol) Sudafed (pseudoephedrine) Tegretol (carbamazepine) Valproic Acid Vistaril and Atrax (hydroxyzine)
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2. All items must be of retail quality. Outdated or short dated products will not be accepted.
3. **Labeling** – because all items are for resale, each item must be individually bar-coded.
  - a. The label must bear the name of the item, ingredients, net weight, and the date of expiration.
    - 1) The Department prefers expiration/freshness dating to be in month and year format; however, Julian date codes will be acceptable. If an item expresses a Julian date code, the supplier/manufacturer **must** provide the formula to decode the Julian date **along with the sample**. In addition, if the Julian date code is **not** an expiration/freshness date, the supplier/manufacturer **should provide with the sample** the manufacturer’s recommended shelf life in order to determine the expiration/freshness date from the Julian date code.
  - b. There shall be no alteration of **national** brand manufacturer’s labeling for any item. Manufacturer’s bulk packaged items shall not be re-labeled for individual resale. Relabeled items and items that indicate “not for individual resale” are not acceptable.
  - c. Labels or packaging shall not be pre-priced.
  - d. Labeling, including trademarks, logos, graphics, etc., shall not depict violence, weapons, full or partial nudity, or illegal substances.
4. **Size** - Size shall be as specified or within the range listed. Items falling outside the requested size or size range will not be considered.
  - a. Unless otherwise stated, items should come in **box** counts of six (6), ten (10), twelve (12), or twenty-four (24) items **per box**. **Cases of boxes are not acceptable.**

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**MANDATORY SPECIFICATIONS (Cont.)**

5. **Packaging** - All items shall be individually packaged for resale. Select items may be specified as “clear” and/or “resealable” for security and sanitation reasons. **Glass containers are not acceptable.** There shall be no metal on any container.
- a. Acetaminophen, Ibuprofen, Aspirin, and Decongestant tablets must be packaged in plastic bottles (preferably clear), blister packs, or single dose packets.
  - b. Acne treatment cream, anti-fungal cream, muscle rub, hemorrhoidal ointment, vapor/chest rub must be packaged in either **single** barrel plastic jars or plastic tubes.
6. **Item Changes** - The contractor must **immediately notify** the Department prior to the discontinuation of any item, change in packaging, size, ingredients, nutrition facts, or labeling (i.e. **UPC**) of a QPL item.
- a. No material change shall be made on any qualified item without written approval by the Department. The vendor must submit documentation from the manufacturer or supplier to verify any material change.
  - b. Samples for testing shall be submitted if requested by the Department.

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**ONE SAMPLE IS REQUIRED FOR EACH ITEM TO BE CONSIDERED**

**ACETAMINOPHEN TABLETS - 325 MG.**

Clear Plastic Bottle (if available), Blister Pack, or single dose packets  
10 to 30 tablets per bottle/blister pack/box of packets

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**IBUPROPHEN TABLETS - 200 MG.**

Clear Plastic Bottle (if available), Blister Pack, or single dose packets  
10 to 30 tablets per bottle/blister pack/box of packets

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**ASPIRIN TABLETS - 325 MG.**

*Caffeine free/sodium free*

Clear Plastic Bottle (if available), Blister Pack, or single dose packets  
10 to 30 tablets per bottle/blister pack/box of packets

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**DECONGESTANT TABLETS**

**Chlorpheniramine Maleate based products only**

***PRODUCTS CONTAINING PSEUDOEPHEDRINE HYDROCHLORIDE ARE NOT PERMITTED***

Clear Plastic Bottle (if available), Blister Pack, or single dose packets  
10 to 24 tablets per bottle/blister pack/box of packets

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**ACNE TREATMENT CREAM**

10% Benzoyl Peroxide  
1 oz. to 2 oz. plastic tube or single barrel jar

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**MANDATORY SPECIFICATIONS (Cont.)**

**ANTI-FUNGAL CREAM**

Tolnaftate USP 1%

0.5 oz. to 1.5 oz. plastic tube or single barrel jar

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**ANTI-FUNGAL POWDER**

Tolnaftate USP 1%

2 oz. to 4 oz. plastic bottle

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**MUSCLE RUB**

Topical Analgesic

2 oz. to 4 oz. plastic tube or single barrel jar

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**EYE LUBRICANT DROPS**

For dry eye relief

Natural artificial tears formula

0.5 oz. to 1 oz. plastic bottle

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**HEMORRHOIDAL OINTMENT**

For internal **and** external use

1 oz. to 4 oz. plastic tube or single barrel jar

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**VAPOR RUB/CHEST RUB**

2 oz. to 5 oz. plastic tube or single barrel jar

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