

EXHIBIT F: MANAGER'S CHECKLIST FOR NON QUANTITATIVE REQUIREMENTS

Johnson & Johnson Health Care Systems Inc.
 Non-Market Share Based Performance Requirements Checklist (To Be Completed by OMNICARE Every Quarter)

Company Name: Omnicare, Inc.

Quarter: Second Quarter 2011

Number of Bids: _____

Formulary ID: _____

Please place an (X) in the appropriate column for all products that are in contract to signify compliance with contract terms.

Product Description	Formulary Status					No Active Intervention Program	General Active Intervention Program	Product Specific Active Intervention Program	Target List of "High" Prescribers of Competitive Agents to Supplier	Other (1)
	Equal	Exclusive	Formulary Assist	Preferred	Restricted					
DURAGESIC						X				
FLOXIN							X			
LEVADOLIN								X		
PROPLSID								X		
PROCRIT								X		
ACIPHEX								X		
RISPERDAL								X		
SPORANOX								X		
ULTAM								X		
WZORAL										

* Any other requirements specified in contract terms that are not listed herein.

Authorized Signature: _____

Name: Daniel J Massey

Date: 7/23/11

- Note:**
- This form must be filled out completely by Manager and sent to Supplier's Contract Administration group described on the cover page of this Agreement on a quarterly basis with rebate submissions. (If checklist is not received, no payments will be made.)
 - Mandatory Brand Interchange** - If contract specifies a Mandatory Brand Interchange for any product, the required documentation per contract terms must be supplied on a quarterly basis with rebate submissions.
 - Contract terms grant Supplier a specific amount of time from the time rebate submissions are received (i.e. 60 days) to make payments. The count does not begin until a complete rebate submission is received. Completeness is defined as all the proper report formats and the above stated requirement.

EXHIBIT F: MANAGER'S CHECKLIST FOR NON QUANTITATIVE REQUIREMENTS

Johnson & Johnson Health Care Systems Inc.
 Non-Market Share Based Performance Requirement Checklist (To Be Completed by OMNICARE Every Quarter)

Company Name: Omnicare, Inc.

Quarter: 2002 Q2

Number of Beds: _____

Formulary ID: _____

Please place an (X) in the appropriate column for all products that are on contract to signify compliance with contract terms.

Product Description	Formulary Status					No Active Intervention Program	General Active Intervention Program	Product Specific Active Intervention Program	Target List of "High" Prescribers of Competitive Agents to Supplier	Other (*)
	Equal	Exclusive	Formulary Access	Preferred	Restricted					
DURAGESIC	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>							
FLOXIN	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>							
LEVAQUIN			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
PROPLISID			<input checked="" type="checkbox"/>							
PROCRIT			<input checked="" type="checkbox"/>							
ACIPHEX		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
RISPERDAL			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
SPORANOX			<input checked="" type="checkbox"/>							
ULTRAM			<input checked="" type="checkbox"/>							

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 * Any other requirements specified in contract terms that are not listed herein.

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Authorized Signature: _____

Name: David H. Adger
 Date: 2/22/02

Note:

1. This form must be filled out completely by Manager and sent to Supplier's Contract Administration group described on the cover page of this Agreement on a quarterly basis with rebate submissions. If checklist is not received, no payments will be made.
2. **Mandatory Brand Interchange** - If contract specifies a Mandatory Brand Interchange for any product, the required documentation per contract terms must be supplied on a quarterly basis with rebate submissions.
3. Contract terms grant Supplier a specific amount of time from the time rebate submissions are received (i.e. 60 days) to make payments. The count does not begin until a complete rebate submission is received. Completeness is defined as all the proper report formats and the above stated requirement.