

SAMPLE PRIMARY CARE FORMULARY

ITEM #	# TO ORDER	ORDER SIZE	PRODUCT DESCRIPTION AS SUPPLIED
100145		10 PER TRAY	ACET W/HYDROCODONE 325/5MG 30 TAB CII *AMNEAL*
108829		10 PER TRAY	ACETAMINOPHEN W/COD #3 (300MG/30MG) 30 TAB
108890		10 PER TRAY	AMOXICILLIN 500MG 30 CAP *CITRON*
305705		EACH	AMOXICILLIN SUSP 250MG/5ML 150ML *TEVA*
308535		EACH	AMOXICILLIN SUSP 400MG/5ML 100ML *SANDOZ*
100129		10 PER TRAY	AMOXIL/CLAV 875MG 20 TAB *TEVA/NOVOPHARM*
301839		EACH	ANASTROZOLE 1MG 30 TAB *BRECKENRIDGE*
304137		EACH	ANTIPYRINE & BENZ OTIC 10ML 5.4%-1.4% *B&L*
104571		10 PER TRAY	AZITHROMYCIN 250MG 4 TAB *SANDOZ*
309574		EACH	AZITHROMYCIN 250MG 1X6 TAB SINGLE CARD *TEVA*
304200		EACH	AZITHROMYCIN OS 200MG/5ML 30ML *GREENSTONE*
103182		10 PER TRAY	BENZONATATE 100MG 20 CAP *ASCEND/INTERGEL*
108755		10 PER TRAY	CEPHALEXIN 500MG 28 CAP *ASCEND*
105300		10 PER TRAY	CEPHALEXIN 500MG 40 CAP *ASCEND*
308539		EACH	CIPROFLOXACIN 0.3% OPHT SOL 5ML *SANDOZ*
108800		10 PER TRAY	CIPROFLOXACIN 500MG 20 TAB *CARLSBAD*
105426		10 PER TRAY	CYCLOBENZAPRINE HCL 10MG 20 TAB *KVK*
103358		10 PER TRAY	CYCLOBENZAPRINE HCL 10MG 21 TAB ^^KVK*
103359		10 PER TRAY	CYCLOBENZAPRINE HCL 10MG 30 TAB ^^KVK*
222115		10 PER TRAY	DIAZEPAM 5MG 4 TAB (STARTER PAC) *WATSON*
105414		10 PER TRAY	DOXYCYCLINE MONOHD 100MG 14 CAP *WATSON*
309569		EACH	EAR WAX DROPS 6.5% (CARBAMIDE) 15ML *SHEFFIELD PHARMA*
305108		EACH	FLUCONAZOLE 150MG 1 TAB SINGLE CARD *GLENMARK*
301412		EACH	FLUTICASONE NASAL (50MCG) 120 DOSE 16G *WOCKHARDT*
300123		EACH	GENTAMICIN OPHT SOL 0.3% 5ML *P-P*
304452		EACH	GUAIFENESIN W/CODEINE 100-10MG/5ML 4OZ AF *PMA*
300405		EACH	GUAIFENESIN W/DM SYRUP AF 4OZ *QLT*
103266		10 PER TRAY	HCTZ 25MG 30 TAB *QUALITEST*
100142		10 PER TRAY	IBUPROFEN 600MG 30 TAB *AMNEAL*
100140		10 PER TRAY	IBUPROFEN 800MG 30 TAB *AMNEAL*
303048		EACH	LIDOCAINE VISC 2% 100ML EACH
104692		10 PER TRAY	LISINOPRIL 20MG 30 TAB *LUPIN*
104319		10 PER TRAY	MELOXICAM 15MG 30 TAB *CARLSBAD*
104727		10 PER TRAY	METHOCARBAMOL 750MG 30 TAB *QUALITEST*
300168		EACH	METHYLPREDNISOLONE 4MG 21 DOSPAK *CADISTA*
100555		10 PER TRAY	METRONIDAZOLE 500MG 14 TAB *TEVA/PLIVA*
308284		EACH	MUCINEX D (GFN/PSE 600MG/60MG) 18 TAB
308632		EACH	MUCINEX DM 20 TAB
304250		EACH	MUPIROCIN OINT 2% 22 GM *CLAY-PARK*
101330		10 PER TRAY	NAPROXEN 500MG 20 TAB *AMNEAL*
103526		10 PER TRAY	OMEPRAZOLE DR 20MG 30 CAP *APOTEX*
222191		10 PER TRAY	ONDANSETRON 4MG ODT 2 TAB U/D BOX *SANDOZ*
222193		10 PER TRAY	ONDANSETRON 4MG ODT 4 TAB U/D BOX *SANDOZ*
108874		10 PER TRAY	ONDANSETRON 4MG ODT 6 TAB U/D BOX *SANDOZ*
106070		10 PER TRAY	OXYCODONE/ACET 5/325MG 20 TAB C-II *AMNEAL*
104714		10 PER TRAY	PENICILLIN VK 500MG 30 TAB *DAVA*
302532		EACH	POLYMYXIN B SULF/TMP OPHT DROP 1% 10ML *B&L*
103623		10 PER TRAY	PREDNISONE 5MG 21 TAB *QUALITEST*
104673		10 PER TRAY	PREDNISONE 10MG 21 TAB *QUALITEST*

104674		10 PER TRAY	PREDNISONONE 10MG 30 TAB *QUALITEST*
104502		10 PER TRAY	PREDNISONONE 20MG 20 TAB *WATSON*
104501		10 PER TRAY	PREDNISONONE 20MG 21 TAB *WATSON*
400199		EACH	PRESCRIPTION BAGS LARGE EACH #12 (7X10)
400200		EACH	PRESCRIPTION BAGS SMALL EACH #21 (3.5X1.5X10)
104393		10 PER TRAY	PROMETHAZINE 25MG 10 TAB *AMNEAL*
300723		EACH	PROMETHAZINE DM 15-6.25MG/5ML SYRUP 120ML
300229		EACH	PROMETHAZINE W/COD 6.25-10MG/5ML SYR 120ML *QUALITEST*
100596		10 PER TRAY	SMX-TMP DS 800/160MG 14 TAB *AMNEAL*
100241		10 PER TRAY	SMX-TMP DS 800/160MG 20 TAB *AMNEAL*
608778		EACH	TESTOSTERONE CYPIONATE 200MG/ML 10ML MDV *WESTWARD*
102988		10 PER TRAY	TRAMADOL HCL 50MG 20 TAB *AMNEAL*
100116		10 PER TRAY	TRAMADOL HCL 50MG 30 TAB *AMNEAL*
303385		EACH	TRIAMCINOLONE CREAM 0.1% 15GM *ASCEND*
303374		EACH	TRIAMCINOLONE CREAM 0.1% 80GM *ASCEND*
300508		EACH	TRIAMCINOLONE OINT 0.1% 15GM *FOUGERA*
306276		EACH	VENTOLIN HFA 90 MCG 8 GM/60 INHALER
103261		10 PER TRAY	ZOLPIDEM TARTRATE 5MG 3 TAB *VINTAGE/QUALITEST*
103669		10 PER TRAY	ZOLPIDEM TARTRATE 10MG 30 TAB *QUALITEST* ^