OKLAHOMA DEPARMENT OF CORRECTIONS

STOCK ORDER FORM

PRESCRIPTION

FAX: 1.888.200.7774

*****please use fax cover sheet when faxing order*****

CONTRACT PHARMACY VENDOR: _____

FACILITY NAME/CODE NAME: _____ **DATE:** _____

TABLETS OR CAPSULES (CARDS OF 30) Quantity on Hand & Quantity Requested cannot be greater than Maximum Inventory – NO EXCEPTIONS	MAX QUANTITY	QUANTITY ON HAND	# OF CARDS REQUESTED
Acyclovir 800 mg (Zovirax)			
Amlodipine 5 mg (Norvasc)			
Amoxicillin 500 mg			
Apixaban (Eliquis) 5mg	2 Cards		
Azithromycin (Zithromax) 250 mg			
Amoxicillin/Clavulanate 875-125 mg (Augmentin)			
Benztropine 1 mg (Cogentin)			
Carbamazepine 200 mg (Tegretol)			
Carvedilol 6.25 mg			
Carvedilol 12.5 mg			
Carvedilol 25 mg			
Cephalexin 500 mg (Keflex)			
Chlorpromazine 50 mg (Thorazine)			
Ciprofloxacin 500 mg (Cipro)			
Citalopram 10 mg (Celexa)			
Citalopram 20 mg (Celexa)			
Clindamycin 150 mg (Cleocin)			
Clindamycin 300 mg (Cleocin)			
Clonidine 0.1 mg (Catapres)			
Clopidogrel 75 mg (Plavix)			
Diflucan (Fluconazole) 150mg			
Digoxin 0.25 mg (Lanoxin)			
Diphenhydramine 25 mg (Benadryl)			
Doxepin 50 mg (Sinequan)			
Doxycycline 100 mg			
Erythromycin 250 mg (E-Mycin)			
Famotidine 20 mg			
Fluoxetine 20 mg (Prozac)			
Furosemide 20 mg (Lasix)			
Furosemide 40 mg (Lasix)			
Furosemide 80 mg (Lasix)			
Glipizide 5 mg (Glucotrol)			
Glyburide 2.5 mg (Diabeta)			
Haloperidol 1 mg (Haldol)			
Haloperidol 5 mg (Haldol)			
Hydrochlorothiazide 12.5 mg			
Hydrochlorothiazide 25 mg			
Ibuprofen 600 mg			
Isoniazid 300 mg (INH)			
Levofloxacin 500 mg (Levaquin)			
Lisinopril 10 mg (Zestril/Prinivil)			
Lisinopril 20 mg (Zestril/Prinivil)			
Lisinopril 40 mg (Zestril/Prinivil)			

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Lithium Carbonate 300 mg (Eskalith)			
Losartan 25 mg			
Losartan 50 mg			
Losartan 100 mg			
Minocycline 100 mg (Minocin)			
Meloxicam 7.5 mg (Mobic)			
Meloxicam 15 mg (Mobic)			
Metroprolol 25 mg (Lopressor)			
Metroprolol 50 mg (Lopressor)			
Metroprolol 100 mg (Lopressor)			
Metronidazole 250 mg (Flagyl)			
Naproxen 500 mg			
Nitrofurantoin 100 mg (Macrodantin)			
Nitroglycerin 0.4mg (#25) SL 1/150 grain		# btls	
Omeprazole 20 mg (Prilosec)			
Penicillin VK 500 mg			
Phenazopyridine 200 mg (Pyridium)			
Phenytoin Sod. 100 mg (Dilantin)			
Polyethylene Glycol (Golytely Liquid) 4,000 mL			
Potassium CL 10 mEq			
Potassium CL 20 mEq			
Prednisone 10 mg			
Promethazine 25 mg (Phenergan)			
Ranitidine 150 mg (Zantac)			
Risperidone 2 mg (Risperdal)			
Risperidone 4 mg (Risperdal)			
Sertraline (Zoloft) 50 mg			
Sulfa/Trimethoprim 800 mg/160 mg (Bactrim DS)			
Ticagrelor (Brilinta) 90 mg	1 Card		
Triamterene/HCTZ 37.5 mg/25 mg (Dyazide/Maxzide-25)			
Verapamil SR 240 mg (Calan SR)			
Warfarin U/D 1 mg (Coumadin)			
Warfarin U/D 2 mg (Coumadin)			
Warfarin U/D 5 mg (Coumadin)			
Xarelto 10 mg	1 Card		

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RX INHALERS	MAX. QUANTITY	QUANTITY ON HAND	NUMBER REQUESTED
Albuterol Inhaler (Proventil) 90Meq/puff MDI			
Albuterol Inhalation Solution 3 mL U/D 0.83% (25/box)			# boxes
Albuterol/Ipratropium (Combivent) 14.7 Gm MDI			
Beclomethasone (Qvar) 80 mg 8.7 Gm			
RX TOPICAL	**MAX. QUANTITY**	**QUANTITY ON HAND**	**NUMBER REQUESTED**
Permethrin 1% (Nix)			
Podophyllin Resin 25% 15 mL			
Silver Sulfadiazine Cr 25 Gm (Silvadene)			
Triamcinolone Cream 0.1%			
RX OPHTHALMIC/OTIC (EYE AND EAR)	**MAX QUANTITY**	**QUANTITY ON HAND**	**NUMBER REQUESTED**
Neo/Polymx/HC (Cortisporin) *OTIC DROPS*			
Neomy/Poly B/ Gram (Neosporin) O/S			
Prednisolone Sodium 1% (Pred Forte) O/S			
Proparacaine 0.5% (Ophthetic) O/S			
Tropicamide 1% (Mydriacyl)O/S			
RX RECTAL/VAGINAL	**MAX QUANTITY**	**QUANTITY ON HAND**	**NUMBER REQUESTED**
Promethazine 25 mg Supp each *REF*			

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INJECTABLE	MAX QUANTITY	QUANTITY ON HAND	QUANTITY REQUESTED
Atropine 0.1 mg/mL (10 mL) syringe			
Benztropine Inj. 2 mg/2 mL Ampule (Cogentin)			
Ceftriazone 1 Gm Vial (Rocephin)			
Dextrose 50% 5 mL syringe			
Diphenhydramine 50 mg/mL (Benadryl) 1 ml			
Epinephrine 1:1000 1 mL AMP			
Fluphenazine Decanoate 125 mg/5 mL Vial (Prolixin)			
Furosemide 40 mg/4 mL 4 mL Vial			
Gentamicin 80 mg/2 mL Vial			
Gentamicin/NS 80 mg/100 mL Pre-Mix Bag			
Glucagon Kit			
Haloperidol Decanoate 50 mg/mL 1mL vial (Haldol-D)			
Haloperidol Decanoate 100 mg/mL 1mL vial (Haldol-D)			
Haloperidol Lactate 5 mg/mL 1 mL vial (Haldol)			
Heparin Flush 100U/mL 1mL (#25/Box)			# boxes
Hydrocortisone Sod Succ 100 mg (Solu-Cortef)			
Hydrocortisone Sod Succ 250 mg (Solu-Cortef)			
Hydroxyzine HCL 50 mg/mL 1mL Vial (Vistaril)			
Insulin, NPH (Novolin) 10 mL vial			
Insulin, Regular (Novolin) 10 mL vial			
Insulin, 70/30 (Novolin) 10 mL vial			
Lidocaine 2% MDV 50 mL			
Lidocaine 2% with EPI MDV 50 mL			
Naloxone 0.4 mg/mL (Narcan)			
Phenytoin Sod 100 mg/2 mL (Dilantin) Vial			
Pneumococcal vaccine 0.5 mL (Pneumovax)			
Promethazine 50 mg/mL Amp (Phenergan)			
Sodium Chloride 0.9% PF 20 mL (#25/Box)			# boxes
Tetanus/Diptheria Adult Vial *Refrig* (5 mL)			
Tuberculin (Tubersol) 5 TU *Refrig* (5 mL)			
Water for Injection (Sterile) 20 mL (#25/Box)			# boxes

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OTC TABS/CAPS	MAX QUANTITY	QUANTITY ON HAND	QUANTITY REQUESTED
Acetaminophen 325 mg	**********	**********	**********
24 per box (NP)			# boxes
APAP/ASA/Caff (i.e.Excedrin Migraine, Pain Off)	*********	**********	**********
24 per box (NP)			# boxes
ASA Film Coated 325 mg	**********	**********	**********
24 per box (NP)			# boxes
Bisacodyl 5 mg (i.e Dulcolax)	**********	**********	**********
10 per box (NP)			# boxes
Pink Bismuth 262 mg (Diotame)	**********	**********	**********
30 per box			# boxes
Calcium Polycarbocil (FiberTabs)	**********	**********	**********
60 per box (NP)			# boxes
Calcium Carbonate (Maalox, Alcalak)	**********	**********	**********
24 per box (NP)			# boxes
Calcium Carbonate Chewable (Tums)	**********	**********	**********
150 per bottle (NP)			# boxes
Chlorpheniramine (CTM) 4 mg	**********	**********	**********
24 per box (NP)			# boxes
Halls Cough Drops			**********
30 per bag (NP)			# boxes
Ibuprofen 200 mg	**********	**********	**********
24 per box (NP)			# boxes
Loperamide 2 mg (i.e Imodium, Anti-Diahrrheal)	**********	**********	**********
6 per box			# boxes
Simethicone 125 mg (i.e Mylanta Chews)	**********	**********	**********
24 per box			# boxes
Psyllium (i.e. Metamucil, Fiber Tabs)	**********	**********	**********
60 per box (NP)			# boxes
Guaifensin	**********	**********	**********
4 oz bottle (NP)			# boxes
Guaifensin 400 mg	**********	**********	**********
30 per box (NP)			# boxes
Diphenhydramine (i.e Benadryl) 25 mg	**********	**********	**********
24 per box			# boxes

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OTC OPHTHALMIC/OTIC	MAX QUANTITY	QUANTITY ON HAND	QUANTITY REQUESTED
Artificial Tears 1.4% 15 mL (NP)			
Carbamide Peroxide (Debrox) 15 mL (plastic bottle) (NP)			
OTC TOPICALS	**MAX QUANTITY**	**QUANTITY ON HAND**	**QUANTITY REQUESTED**
Analgesic Balm 30 Gm (NP)			
Benzoyl Peroxide Gel 5% 45 Gm (NP)			
Hydrocortisone 1% Cr 30 Gm (NP)			
Tolnaftate powder (NP)			
Tolnaftate 1% Cr 15 Gm (NP)			
Polysporin (i.e.Bacitracin-Polymixin B) Oint 15 Gm tube (each) (NP)			
Pyrethins Lice Shampoo (60 mL) (plastic bottle) (NP)			
Diphenhydramine 2% cream 1 Oz (NP)			
A & D ointment (NP)			
Lubriderm Lotion (NP)			
Calamine Lotion (NP)			
Selenium Sulfide 1% (dandruff shampoo) (NP)			
OTC RECTAL/VAGINAL	**MAX QUANTITY**	**QUANTITY ON HAND**	**QUANTITY REQUESTED**
Acetaminophen 325 mg Supp (12/box) (NP)			# boxes
Bisacodyl 10 mg Supp (12/box) (NP)			# boxes
Sodium Phosphate Enema (Fleets) 133 mL			
Hemorrhoid Supp (i.e. Anusol) (NP)			
Hemorrhoid Oint 0.25-3% (NP)			
OTC LIQUIDS	**MAX QUANTITY**	**QUANTITY ON HAND**	**QUANTITY REQUESTED**
Antacid Plus (Mylanta) 360 mL bottles			# btls
*Antacid Plus (Mylanta) 360 mL (12/case)			# case
Magnesium Citrate			
Milk of Magnesia	**********	**********	**********
10 per tray (30 mL each u/d cup)			# trays
360 mL bottle			
Pink Bismuth (Pepto Bismol) 240 mL			

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(R 03/23)