

OREGON STATE TB DRUG ORDER FORM

Routine Monthly Date Emergency Drugs Needed _____

DRUG	State of Oregon Cost Per Unit*	STRENGTH & PILLS PER BOTTLE	QUANTITY NEEDED	LOT NUMBER (HS USE ONLY)	EXPIRATION DATE (HS USE ONLY)
Vitamin B6 (Pyridoxine)	1.02ea	25mg/100			
Vitamin B6 (Pyridoxine)	.92ea	50mg/100			
EMB (Ethambutol, Myambutol)	24.41ea	100mg/100			
EMB (Ethambutol, Myambutol)	75.19ea	400mg/100			
INH (Isoniazid)	2.51ea	100mg/100			
INH (Isoniazid)	.73ea	300mg/30			
INH (Isoniazid)	16.67ea	SYRUP 50mg/5ml			
PZA (Pyrazinamide)	46.63ea	500mg/100			
RM (Rifampin, Rifadin)	42.20ea	150mg/30			
RM (Rifampin, Rifadin)	104.75ea	150mg/100			
RM (Rifampin, Rifadin)	28.02ea	300mg/60			
RM (Rifampin, Rifadin)	46.68ea	300mg/100			

SHIP ORDER TO: _____ **COUNTY** _____

Address: _____

City, State, Zip _____

ATTN: _____

Ph: _____ Fax: _____

Comments: _____

Health Services Use Only:
 Filled by: _____
 Date: _____

Oregon DHS/HST/TB
800 NE Oregon St., Ste. 1105
Portland, OR 97232
Ph: 971-673-0174
Fx: 971-673-0178

*For your Information only. While the state TB program will provide these drugs to the LHDs without cost, we wanted to provide this information about the cost differentials between drugs so that the LHDs could assist the state TB program in controlling medication expenditures.



OREGON STATE TB DRUG ORDER FORM

SPECIAL ORDER DRUGS (NOT KEPT IN STOCK--Allow extra time to order from supplier)

DRUG	State of Oregon Cost Per Unit*	STRENGTH & PILLS PER BOTTLE	QUANTITY NEEDED	LOT NUMBER (HS USE ONLY)	EXPIRATION DATE (HS USE ONLY)
AK (Amikacin)	36.34/ 10VL	2ml VIALS			
CM (Capreomycin, Capastat)	17.89/VL	1g VIALS			
CS (Cycloserine)	198.00ea	250mg/40			
ETH (Ethionamide, Trecator)	224.59ea	250mg/100			
KM (Kanamycin)	77.13/ 10 VL	3ml Vial			
LOF (Levofloxacin, Levaquin)	229.82ea	250mg/50			
LOF (Levofloxacin, Levaquin)	271.18ea	500mg/50			
OF (Ofloxacin)	66.23ea	300mg/50			
OF (Ofloxacin)	114.72ea	300mg/100			
OF (Ofloxacin)	88.80ea	400mg/100			
MOX (Moxifloxacin, Avelox)	135.98ea	400mg/30			
PAS (Aminosalicylic Acid)	88.81ea	4g/30 Packet			
RBT (Rifabutin, Mycobutin)	274.05ea	150mg/100			
RIFAMATE/ISONARIF (RM+INH)	75.95ea	300/150mg - 60 Tabs			
RIFATER (RM+INH+PZA)	97.47ea	120/50/300 mg - 60 Tabs			
SM (Streptomycin)	56.76/ 10VL	1g VIALS			
Other					

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