State of New York Executive Department
Office Of General Services
Procurement Services Group
Corning Tower Building - 38th Floor
Empire State Plaza
Albany, New York 12242
http://www.ogs.state.ny.us

CONTRACT AWARD NOTIFICATION

Title	:	**Group 10200 - PHARMACEUTICALS (New York State Dept. of Correctional Services, Central Pharmacy)** **Classification Code(s): 51**
Award Number	:	**C-01880 (Replaces C-00714)**
Contract Period	:	**May 1, 2002 through April 30, 2003**
Bid Opening Date	:	**April 12, 2002**
Date of Issue	:	**June 27, 2002**
Specification Reference	:	**As Incorporated In The Request for Quotation**
Contractor Information	:	**Appears on Page 2 of this Award**

Address Inquiries To:

State Agencies & Vendors		
Name	:	James A. Gelston
Title	:	Purchasing Officer I
Phone	:	518-474-6705
Fax	:	518-474-1563
E-mail	:	james.gelston@ogs.state.ny.us

The Procurement Services Group values your input.
Complete and return "Contract Performance Report" at end of document.

Description

Various product lines of pharmaceuticals for delivery to Dept. of Correctional Services Central Distribution Facility in Rome, NY.

PR # 01880

(continued)

NOTE: See individual contract items to determine actual awardees.

CONTRACT #	CONTRACTOR & ADDRESS	TELEPHONE #	FED.IDENT.#
PC59449	AMGEN USA, INC. One Amgen Center Drive Thousand Oaks, CA 91320-1799	800-232-9997 ext. 72191 805-447-2191 Karen Biancalana Fax: 805-375-8675 Website: www.amgen.com	953540776
PC59450	AVENTIS PASTEUR, INC. Discovery Drive Swiftwater, PA 18370	800-822-2463 570-839-4445 Tami M. Binder Fax: 800-561-1216 Fax: 570-839-7235 E-mail: tami.binder@aventis.com Website: www.aventis.com	980033013
PC59451	CLAY-PARK LABS, INC. 1625 Bathgate Avenue Bronx, NY 10457	800-933-5550 ext. 837 718-960-0137 Lou Dretchen, RPh Fax: 718-960-0122 E-mail: Ldretchen@aol.com	133785453
PC59452 SB WBE	GERITREX CORPORATION 144 Kings Bridge Rd. East Mount Vernon, NY 10550 Disc.: 2% 15 Days 1% 30 Days	800-736-3437 ext. 108 914-668-4003 ext. 108 John R Gwynne Fax: 914-668-4047 E-mail: geritrex@aol.com Website: www.geritrex.com	133428053
PC59453	MORTON GROVE PHARMACEUTICALS, INC. 8120 Lehigh Ave. Morton Grove, IL 60053 Disc.: 1% 30 Days	800-346-6854 847-967-5600 Carol J. Englen Fax: 847-967-5607 E-mail: cenglen@ris.net Website: www.mgp-online.com	364049160
PC59454	SMITHKLINE BEECHAM CORPORATION d/b/a Glaxo Smithkline Three Franklin Plaza PO Box 13619 Philadelphia, PA 19101	800-366-8900 215-751-7264 Kathleen Dynan Black Fax: 215-751-3063 Website: www.gsk.com	231099050
PC59455	VERSAPHARM INCORPORATED 1775 West Oak Parkway Suite 800 Marietta, GA 30062	800-548-0700 770-499-8100 R. Joe Ware Fax: 770-499-0058 E-mail: RJWare@versapharm.com Website: www.versapharm.com	582146739

(continued)

Cash Discount, If Shown, Should be Given Special Attention.
INVOICES MUST BE SENT DIRECTLY TO THE ORDERING AGENCY FOR PAYMENT.
(See "Contract Payments" and "Electronic Payments" in this document.)

AGENCIES SHOULD NOTIFY THE PROCUREMENT SERVICES GROUP PROMPTLY IF THE CONTRACTOR FAILS TO MEET DELIVERY OR OTHER TERMS OF THIS CONTRACT. PRODUCTS OR SERVICES WHICH DO NOT COMPLY WITH THE SPECIFICATIONS OR ARE OTHERWISE UNSATISFACTORY TO THE AGENCY SHOULD ALSO BE REPORTED TO THE PROCUREMENT SERVICES GROUP.

SMALL, MINORITY AND WOMEN-OWNED BUSINESSES:

The letters SB listed under the Contract Number indicate the contractor is a NYS small business. Additionally, the letters MBE and WBE indicate the contractor is a Minority-owned Business Enterprise and/or Woman-owned Business Enterprise.

RECYCLED, REMANUFACTURED AND ENERGY EFFICIENT PRODUCTS:

The Procurement Services Group supports and encourages the purchase of recycled, remanufactured, energy efficient and "energy star" products. If one of the following codes appears as a suffix in the Award Number or is noted under the individual Contract Number(s) in this Contract Award Notification, please look at the individual awarded items for more information on products meeting the suffix description.

RS, RP, RA	Recycled
RM	Remanufactured
SW	Solid Waste Impact
EE	Energy Efficient
E*	EPA Energy Star
ES	Environmentally Sensitive

NOTE TO ALL CONTRACT USERS:

The terms and conditions of the bid solicitation which apply to the award appear at the end of this document. We strongly advise all contract users to familiarize themselves with all terms and conditions before issuing a purchase order.

PRICE:

Price includes all customs duties and charges and is net F.O.B. Destination, NY State Dept. of Correctional Services, Central Pharmacy, 6100 School Road, Storehouse, Bldg. 55, Rome, NY 13440 including inside dock delivery.

(continued)

PRODUCT LINE: **AMGEN**

NDC No.	Item	Size and Strength		Form	Contract Price
55513-0177-07	Anakinra	0.67MLx7	100MG/0.67	Disp. Syrin.	$226.38
55513-0013-04	Darbepoetin Alfa in Albumn Sol	1MLx4	100MCG/ML	Vial	$1484.28
55513-0014-01	Darbepoetin Alfa in Albumn Sol	1MLx4	200MCG/ML	Vial	$742.14
55513-0010-04	Darbepoetin Alfa in Albumn Sol	1MLx4	25MCG/ML	Vial	$371.07
55513-0011-04	Darbepoetin Alfa in Albumn Sol	1MLx4	40MCG/ML	Vial	$593.71
55513-0012-04	Darbepoetin Alfa in Albumn Sol	1MLx4	60MCG/ML	Vial	$890.57
55513-0144-10	Epoetin Alfa	1MLx10	10MU/ML	Vial	$1047.12
55513-0283-10	Epoetin Alfa	2MLx10	10MU/ML	Vial	$2094.23
55513-0478-10	Epoetin Alfa	1MLx10	20MU/ML	Vial	$2209.47
55513-0126-10	Epoetin Alfa	1MLx10	2MU/ML	Vial	$209.42
55513-0267-10	Epoetin Alfa	1MLx10	3MU/ML	Vial	$314.18
55513-0823-10	Epoetin Alfa	1MLx10	40MU/ML	Vial	$4418.93
55513-0148-10	Epoetin Alfa	1MLx10	4MU/ML	Vial	$418.85
55513-0924-10	Filgrastim	0.5MLx10	300MCG/0.5	Disp. Syrin.	$1701.28
55513-0530-10	Filgrastim	1MLx10	300MCG/ML	Vial	$1550.36
55513-0209-10	Filgrastim	0.8MLx0.8	480MCG/0.8	Disp. Syrin.	$2709.70
55513-0546-10	Filgrastim	1.6MLx10	480MCG/1.6	Vial	$2470.58
55513-0190-01	Pegfilgrastim	.6ML x 1	6MG/0.6	Disp. Syrin.	$2312.80

Manufacturer: Amgen USA, Inc.

Guaranteed Delivery: 7 Days A/R/O

Electronic Access Ordering (EDI): Contractor offers Electronic Access Ordering (EDI).

Person to contact for expediting New York State contract orders:
Kim Giorgio
Supervisor Customer Service
800-282-6436
805-447-6877
Fax: 805-376-8545
E-mail: kgiorgio@amgen.com

Person to contact in the event of an emergency occurring after business hours or on weekends/holidays:
Normal Business Hours: M-F 7:00 AM - 4:00 PM
Kim Giorgio
Supervisor Customer Service
805-447-6877
Fax: 805-376-8545
Pager: 877-AMGEN-70 or 805-359-0312
Cellular: 855-796-6877
E-mail: kgiorgio@amgen.com

CONTRACTOR: **AMGEN, INC.**

(continued)

Product Line: **Aventis Pasteur**

NDC No.	Item	Size and Strength	Contract Price
49281-0880-01	BCG VACCINE 81MG VIAL	1EA x 1	$144.41
49281-0298-10	DIPHTH, PERTUSS (ACELL), TET PED 6.7-46.8-5 VIAL	.5ML x 10	$154.48
49281-0597-05	DP(A)T PED/HIB CONJ-TET KIT	5EA x 1	$162.53
49281-0545-05	HAEMOPH B POLYSAC CONJ-TET TOX VIAL	5EA x 1	$72.64
49281-0680-20	JAPANESE ENCEPHALITIS VACCINE VIAL	1EA x 1	$652.14
49281-0680-30	JAPANESE ENCEPHALITIS VACCINE VIAL	3EA x 1	$241.95
49281-0489-01	MENINGOCOCCAL VAC A,C,Y,W-135 VIAL	1EA x 1	$64.27
49281-0489-05	MENINGOCOCCAL VAC A,C,Y,W-135 VIAL	5EA x 1	$292.44
49281-0240-10	MUMPS SKIN TEST ANTIGEN	1ML x 1	$110.63
49281-0860-52	POLIOMYELITIS VAC, KILLED DISP SYRIN	0.5ML x 10	$233.10
49281-0860-10	POLIOMYELITIS VAC, KILLED VIAL	5ML x 1	$200.58
49281-0190-10	RABIES IMMUNE GLOBULIN 150U/ML VIAL	10ML x 1	$638.60
49281-0190-20	RABIES IMMUNE GLOBULIN 150U/ML VIAL	2ML x 1	$127.72
49281-0250-10	RABIES VACCINE, HUMAN DIPLOID 2.5U VIAL	1EA x 1	$109.18
49281-0800-83	TETANUS TOXOID, ADSORBED 5LFU/0.5ML VIAL	5ML x 1	$71.58
49281-0812-84	TETANUS TOXOID, FLUID VIAL	7.5ML x 1	$107.37
49281-0271-10	TETANUS,DIPHTHERIA TOXOID 5-2LFU DISP SYRIN	0.5ML x 10	$93.39
49281-0271-83	TETANUS,DIPHTHERIA TOXOID 5-2LFU VIAL	5ML x 1	$77.80
49281-0275-10	TETANUS,DIPHTHERIA TOXOID PED 5-6.6LFU VIAL	5ML x 1	$77.80
49281-0752-21	TUBERCULIN,PURIF.PROT.DERIV. 5TU/0.1ML VIAL	1ML x 1	$17.61
49281-0752-22	TUBERCULIN,PURIF.PROT.DERIV. 5TU/0.1ML VIAL	5ML x 1	$57.81
49281-0790-01	TYPHOID VACC VI CAPSU POLYSACC 25MCG/.5ML DISP SYR	0.5ML x 1	$38.15
49281-0790-20	TYPHOID VACC VI CAPSU POLYSACC 25MCG/.5ML VIAL	10ML x 1	$686.70
49281-0915-01	YELLOW FEVER VACCINE VIAL	1EA x 5	$302.30
49281-0915-05	YELLOW FEVER VACCINE VIAL	1EA x 1	$241.84

Manufacturer: Aventis Pasteur, Inc.

Guaranteed Delivery: 14 Days A/R/O

Contractor has catalog available on the internet website www.vaccineshoppe.com and offers Electronic Access Ordering (EDI).

Contractor accepts the New York State Procurement Card for orders up to $2,500.00.

Overnight Delivery: Prices shown are F.O.B. destination however, should agency require overnight delivery, agency shall be liable for overnight delivery charge. Contact contractor for details.

Person to contact for expediting New York State contract orders and in the event of an emergency:
Customer Account Management
800-822-2463
570-839-5000
Fax: 800-561-1216
Fax: 570-839-0949

CONTRACTOR: **AVENTIS PASTEUR, INC.**

(continued)

Product Line: **Clay - Park Labs**

NDC No.	Item	Size and Strength	Contract Price
45802-0497-56	EAR DROPS 6.5%	15ML x 1	$0.90
45802-0002-03	HYDROCORTISONE 0.5% CREAM	30GM x 1	$0.70
45802-0004-03	HYDROCORTISONE 2.5% CREAM	30GM x 1	$1.80
45802-0410-60	NASAL RELIEF SPRAY	15ML x 1	$0.60
45802-0059-35	NYSTATIN 100000U/GM CREAM	15GM x 1	$0.75
45802-0048-35	NYSTATIN 100000U/GM OINT	15GM x 1	$0.75
45802-0040-64	SELENIUM SULF 2.5% SHAMPOO	120ML x 1	$1.40
45802-0032-03	TOLNAFTATE 1% CREAM	30GM x 1	$0.95
45802-0033-85	TOLNAFTATE 1% SOLUTION	10ML x 1	$0.75
00414-0064-36	TRIAMCINOLONE 0.1% CREAM	80GM x 1	$1.25
45802-0064-35	TRIAMCINOLONE 0.1% CREAM	15GM x 1	$0.52
00414-0055-36	TRIAMCINOLONE 0.1% OINTMENT	80GM x 1	$1.35
45802-0055-35	TRIAMCINOLONE 0.1% OINTMENT	15GM x 1	$0.60
45802-0061-01	TRIPLE ANTIBIOTIC OINTMENT	15GM x 1	$0.70
45802-0061-03	TRIPLE ANTIBIOTIC OINTMENT	30GM x 1	$0.90
45802-0070-10	VITAMIN A & D OINTMENT	60GM x 1	$0.60
45802-0070-44	VITAMIN A & D OINTMENT	120GM x 1	$1.00
45802-0092-25	WHITE PERTOLATUM JELLY	454GM x 1	$2.50

Manufacturer: Clay - Park Labs, Inc.

Guaranteed Delivery: 10 Days A/R/O

Electronic Access Ordering (EDI): Contractor offers Electronic Access Ordering (EDI).

New York State Procurement Card: Contractor accepts the New York State Procurement Card for orders up to $2,500.00 (no additional discount offered).

Person to contact for expediting New York State contract orders and in the event of an emergency occurring after business hours or on weekends/holidays:

Normal Business Hours: M-F 9:00 AM - 5:00 PM
Lou Dretchen
VP Pharmaceutical Operations
718-960-0137
Fax: 718-960-0122
E-mail: Ldretchen@aol.com

CONTRACTOR: **CLAY - PARK LABS, INC.**

(continued)

Product Line: **Geritrex**

NDC No.	Item	Size and Strength	Contract Price
54162-0100-04	BENZOIN COMPOUND TINCTURE	120ML x 24	$74.16
54162-0100-02	BENZOIN COMPOUND TINCTURE	60ML x 24	$37.92
54162-0200-06	COAL TAR SHAMPOO	180ML x 72	$206.64
54162-0250-04	COAL TAR 0.5% SHAMPOO	114ML x 1	$2.08
54162-0670-16	HYDROPHILIC OINTMENT OINT (GM)	473GM x 24	$153.60
54162-0596-16	LANOLIN, ANHYDROUS OINT (GM)	454GM x 24	$148.80
54162-0300-08	LANOLIN/MINERAL OIL	240ML x 48	$60.00
54162-0550-07	MENTHOL/CAMPHOR 0.5-0.5% LOTION	222ML x 1	$2.65
54162-0900-08	MIN OIL/PETROLAT, WHT/CO/H2O LOTION	240ML x 48	$21.60
54162-0620-08	MINERAL OIL/I-PROP MYR/WATER LOTION	240ML x 1	$2.00
54162-0620-16	MINERAL OIL/I-PROP MYR/WATER LOTION	118ML x 1	$3.10
54162-0500-01	MINERAL OIL/PET HY-PHL OINT (GM)	454GM x 24	$124.32
54162-0500-02	MINERAL OIL/PET HY-PHL OINT (GM)	100GM x 24	$57.60
54162-0800-16	MINERAL OIL/PETROLAT, WHT/WATER LOTION	480ML x 24	$48.00
54162-0600-02	MINERAL OIL/PETROLATUM, WHITE CREA M (GM)	120GM x 24	$39.60
54162-0750-01	SKIN CLEANSER	480ML x 1	$2.60
54162-0810-16	SOD CHLORIDE/LAN/MO/PET,WH LOTION	473ML x 24	$41.28
54162-0700-01	SORBITOL SOLUTION 70% SOLUTION	3840ML x 4	$77.00

Manufacturer: Geritrex Corp.

Guaranteed Delivery: 3-5 Days A/R/O

Contractor has catalog available on internet at www.geritrex.com.

New York State Procurement Card: Contractor accepts NY State Procurement Card for orders up to $2,500.00 (no additional discount offered).

Person to contact for expediting New York State contract orders:
Tanya Nunn
Customer Service Rep.
800-736-3437
914-668-4003 ext. 109
E-mail: geritrex@aol.com

Person to contact in the event of an emergency occurring after business hours or on weekends/holidays:
Normal Business Hours: M-F 8:30 AM - 5:00 PM
Anthony Madaio
President
Must call 800-736-3437 first then contact emergency number.
914-961-2740

CONTRACTOR: **GERITREX CORP.**

(continued)

Product Line: **Glaxo SmithKline**

NDC No.	Item	Size and Strength	Contract Price
00173-0664-00	ABACAVIR SULFATE 20MG/ML SOLUTION	240ML x 1	$89.31
00173-0661-01	ABACAVIR SULFATE 300MG TABLET	60EA x 1	$339.75
00173-0661-00	ABACAVIR SULFATE 300MG TABLET	UD60EA x 1	$339.75
00173-0953-96	ACYCLOVIR 200MG/5ML ORAL SUSP	473ML x 1	$100.44
00173-0463-00	ALBUTEROL 90MCG AEROSOL	6.8GM x 1	$13.98
00173-0672-00	AMPRENAVIR/VITAMIN E 150MG CAPSULE	240EA x 1	$294.22
00173-0679-00	AMPRENAVIR/VITAMIN E 50MG CAPSULE	480EA x 1	$196.14
00173-0687-00	AMPRENAVIR/VITAMIN E/PROP GLY 15MG/ML SOLUTION	240ML x 1	$29.42
00173-0547-00	ATOVAQUONE 750MG/5ML ORAL SUSP	UD5ML x 42	$557.15
00173-0675-01	ATOVAQUONE/PROGUANIL HCL 250-100MG TABLET	100EA x 1	$388.08
00173-0676-01	ATOVAQUONE/PROGUANIL HCL 62.5-25MG TABLET	100EA x 1	$143.55
00173-0947-55	BUPROPION HCL 100MG TABLET SA	60EA x 1	$81.28
00173-0135-55	BUPROPION HCL 150MG TABLET SA	60EA x 1	$87.11
00173-0556-02	BUPROPION HCL 150MG TABLET SA	60EA x 1	$87.11
00173-0713-25	BUSULFAN 2MG TABLET	25EA x 1	$43.09
00173-0380-32	CEFTAZIDIME PENTAHYDRATE 1G VIAL	10EA x 1	$91.17
00173-0378-35	CEFTAZIDIME PENTAHYDRATE 1G VIAL	25EA x 1	$222.29
00173-0435-00	CEFTAZIDIME PENTAHYDRATE 2G VIAL	10EA x 1	$180.83
00173-0379-34	CEFTAZIDIME PENTAHYDRATE 2G VIAL	10EA x 1	$177.83
00173-0381-32	CEFTAZIDIME PENTAHYDRATE 2G VIAL	10EA x 1	$180.08
00173-0377-31	CEFTAZIDIME PENTAHYDRATE 500MG VIAL	25EA x 1	$111.15
00173-0382-37	CEFTAZIDIME PENTAHYDRATE 6G VIAL	6EA x 1	$310.50
00173-0418-00	CEFTAZIDIME P-HYD/ARGININE 10G VIAL	6EA x 1	$514.19
00173-0416-00	CEFTAZIDIME P-HYD/ARGININE 1G PIGGYBACK	10EA x 1	$90.58
00173-0412-00	CEFTAZIDIME SODIUM/DEX-WATER 1G/50ML FROZ.PIGG	50ML x 24	$253.90
00173-0413-00	CEFTAZIDIME SODIUM/DEX-WATER 2G/50ML FROZ.PIGG	50ML x 24	$467.30
00173-0353-32	CEFUROXIME SODIUM 750MG INFUS. BTL	10EA x 1	$32.58
00173-0424-00	CEFUROXIME SODIUM/DEX-WATER 750MG/50ML FROZ.PI	50ML x 24	$104.10
00173-0425-00	CEFUROXIME SODIUM/WATER 1.5G/50ML FROZ.PIGGY	50ML x 24	$177.74
00173-0635-35	CHLORAMBUCIL 2MG TABLET	50EA x 1	$74.62
00173-0272-55	DIGOXIN 100MCG CAPSULE	100EA x 1	$24.26
00173-0262-10	DIGOXIN 100MCG/ML AMPUL	1ML x 10	$55.11
00173-0242-75	DIGOXIN 125MCG TABLET	1000EA x 1	$140.65
00173-0242-55	DIGOXIN 125 MCG TABLET	100EA x 1	$18.30
00173-0242-56	DIGOXIN 125MCG TABLET	UD100EA x 1	$25.55
00173-0274-55	DIGOXIN 200MCG CAPSULE	100EA x 1	$28.22
00173-0249-75	DIGOXIN 250MCG TABLET	1000EA x 1	$140.65
00173-0249-55	DIGOXIN 250MCG TABLET	100EA x 1	$18.30
00173-0249-56	DIGOXIN 250MCG TABLET	UD100EA x 1	$25.55
00173-0270-55	DIGOXIN 50MCG CAPSULE	100EA x 1	$22.24
00173-0230-44	DIGOXIN IMMUNE FAB 38MG VIAL	1EA x 1	$600.52
00173-0509-00	FLUTICASONE PROPIONATE 100MCG DISK W/DEV	60EA x 1	$43.98
00173-0494-00	FLUTICASONE PROPIONATE 110 MCG AER W/ADAP	13GM x 1	$58.23
00173-0498-00	FLUTICASONE PROPIONATE 110MCG AER W/ADAP	7.9GM x 1	$40.44
00173-0495-00	FLUTICASONE PROPIONATE 220MCG AER W/ADAP	13GM x 1	$90.45
00173-0499-00	FLUTICASONE PROPIONATE 220MCG AER W/ADAP	7.9GM x 1	$64.00

(continued)

Product Line: **Glaxo SmithKline (cont'd)**

NDC No.	Item	Size and Strength	Contract Price
00173-0504-00	FLUTICASONE PROPIONATE 250MCG DISK W/DEV	60EA x 1	$61.16
00173-0491-00	FLUTICASONE PROPIONATE 44MCG AER W/ADAP	13GM x 1	$41.89
00173-0497-00	FLUTICASONE PROPIONATE 44MCG AER W/ADAP	7.9GM x 1	$31.42
00173-0511-00	FLUTICASONE PROPIONATE 50MCG DISK W/DEV	60EA x 1	$31.27
00173-0453-01	FLUTICASONE PROPIONATE 50MCG SPRAY	16GM x 1	$49.03
00173-5000-01	INHALER, ASSIST DEVICES EACH	1EA x 1	$3.47
00173-0662-00	LAMIVUDINE 100MG TABLET	60EA x 1	$252.83
00173-0471-00	LAMIVUDINE 10MG/ML SOLUTION	240ML x 1	$67.43
00173-0470-01	LAMIVUDINE 150MG TABLET	60EA x 1	$252.83
00173-0663-00	LAMIVUDINE 25MG/5ML SOLUTION	240ML x 1	$50.56
00173-0642-55	LAMOTRIGINE 100MG TABLET	100EA x 1	$220.58
00173-0643-60	LAMOTRIGINE 150MG TABLET	60EA x 1	$139.09
00173-0644-60	LAMOTRIGINE 200MG TABLET	60EA x 1	$145.79
00173-0527-00	LAMOTRIGINE 25MG TAB DISPER	100EA x 1	$205.65
00173-0633-02	LAMOTRIGINE 25MG TABLET	100EA x 1	$207.80
00173-0526-00	LAMOTRIGINE 5MG TAB DISPER	100EA x 1	$196.37
00173-0045-35	MELPHALAN 2MG TABLET	50EA x 1	$103.31
00173-0130-93	MELPHALAN HCL 50MG VIAL	1EA x 1	$347.45
00173-0807-65	MERCAPTOPURINE 50MG TABLET	250EA x 1	$716.27
00173-0807-25	MERCAPTOPURINE 50MG TABLET	25EA x 1	$75.19
00173-0561-00	NARATRIPTAN HCL 1MG TABLET	9EA x 1	$137.07
00173-0562-00	NARATRIPTAN HCL 2.5MG TABLET	9EA x 1	$137.07
00173-0461-00	ONDANSET HCL/DEXTROSE 5%-WATER 32MG/50ML PLAS	50ML x 1	$805.10
00173-0569-00	ONDANSETRON 4MG TAB DIS LN	UD30EA x 1	$429.60
00173-0570-04	ONDANSETRON 8MG TAB DIS LN	UD10EA x 1	$238.52
00173-0570-00	ONDANSETRON 8MG TAB DIS LN	UD30EA x 1	$715.57
00173-0680-00	ONDANSETRON HCL 24MG TABLET	UD1EA x 1	$71.55
00173-0442-00	ONDANSETRON HCL 2MG/ML VIAL	20ML x 1	$167.73
00173-0442-02	ONDANSETRON HCL 2MG/ML VIAL	2ML x 5	$83.87
00173-0446-00	ONDANSETRON HCL 4MG TABLET	30EA x 1	$429.60
00173-0446-04	ONDANSETRON HCL 4MG TABLET	3EA x 1	$42.97
00173-0446-02	ONDANSETRON HCL 4MG TABLET	UD100EA x 1	$1431.76
00173-0489-00	ONDANSETRON HCL 4MG/5ML SOLUTION	50ML x 1	$145.94
00173-0447-00	ONDANSETRON HCL 8MG TABLET	30EA x 1	$715.57
00173-0447-04	ONDANSETRON HCL 8MG TABLET	3EA x 1	$71.55
00173-0447-02	ONDANSETRON HCL 8MG TABLET	UD100EA x 1	$2385.17
00173-0201-55	PYRIMETHAMINE 25MG TABLET	100EA x 1	$43.95
00173-0451-01	RANITIDINE HCL 150MG PACKET	60EA x 1	$91.49
00173-0427-02	RANITIDINE HCL 150MG TABLET EFF	60EA x 1	$91.49
00173-0383-54	RANITIDINE HCL 15MG/ML SYRUP	480ML x 1	$178.59
00173-0362-38	RANITIDINE HCL 25MG/ML VIAL	2ML x 10	$19.09
00173-0363-00	RANITIDINE HCL 25MG/ML VIAL	40ML x 1	$30.69
00173-0363-01	RANITIDINE HCL 25MG/ML VIAL	6ML x 1	$5.07
00173-0393-47	RANITIDINE HCL 300MG TABLET	UD100EA x 1	$286.55
00173-0441-00	RANITIDINE DCLNACL 0.45% 50MG/50ML PIGGYBACK	50ML x 24	$85.46
00173-0695-02	SALMET XINAFT/FLUTIC PROPIN 50-100MCG DISK W/DEV	28EA x 1	$59.62
00173-0695-00	SALMET XINAFT/FLUTIC PROPIN 50-100MCG DISK W/DEV	60EA x 1	$88.33
00173-0696-02	SALMET XINAFT/FLUTIC PROPIN 50-250MCG DISK W/DEV	28EA x 1	$72.82

(continued)

Product Line: **Glaxo SmithKline (cont'd)**

NDC No.	Item	Size and Strength	Contract Price
00173-0696-00	SALMET XINAFT/FLUTIC PROPIN 50-250MCG DISK W/DEV	60EA x 1	$110.67
00173-0697-02	SALMET XINAFT/FLUTIC PROPIN 50-500MCG DISK W/DEV	28EA x 1	$95.11
00173-0697-00	SALMET XINAFT/FLUTIC PROPIN 50-500MCG DISK W/DEV	60EA x 1	$141.26
00173-0465-00	SALMETEROL XINAFOATE 21MCG AER REFILL	13GM x 1	$61.04
00173-0464-00	SALMETEROL XINAFOATE 21MCG AER W/ADAP	13GM x 1	$63.23
00173-0467-00	SALMETEROL XINAFOATE 21MCG AER W/ADAP	6.5GM x 1	$39.47
00173-0520-00	SALMETEROL XINAFOATE 50MCG DISK W/DEV	28EA x 1	$40.92
00173-0521-00	SALMETEROL XINAFOATE 50MCG DISK W/DEV	60EA x 1	$66.01
00173-0071-95	SUCCINYCHOLINE CHLORIDE 20MG/ML VIAL	10ML x 12	$37.10
00173-0523-00	SUMATRIPTAN 20MG SPRAY	6EA x 1	$113.55
00173-0524-00	SUMATRIPTAN 5MG SPRAY	6EA x 1	$113.55
00173-0450-03	SUMATRIPTAN SUCCINATE 100MG TABLET	9EA x 1	$122.41
00173-0460-02	SUMATRIPTAN SUCCINATE 25MG TABLET	9EA x 1	$131.03
00173-0459-00	SUMATRIPTAN SUCCINATE 50MG TABLET	9EA x 1	$122.41
00173-0479-00	SUMATRIPTAN SUCCINATE 6MG/0.5ML KIT	1EA x 1	$94.77
00173-0478-00	SUMATRIPTAN SUCCINATE 6MG/0.5ML KIT REFILL	1EA x 1	$89.76
00173-0449-01	SUMATRIPTAN SUCCINATE 6MG/0.5ML KIT REFILL	1EA x 1	$89.76
00173-0449-02	SUMATRIPTAN SUCCINATE 6MG/0.5ML VIAL	0.5ML x 5	$221.06
00173-0880-25	THIOGUANINE 40MG TABLET	25EA x 1	$95.48
00173-0565-02	VALACYCLOVIR HCL 1000MG TABLET	21EA x 1	$107.17
00173-0933-03	VALACYCLOVIR HCL 500MG TABLET	42EA x 1	$134.06
00173-0933-56	VALACYCLOVIR HCL 500MG TABLET	UD100EA x 1	$326.12
00173-0656-01	VINORELBINE TARTRATE 10MG/ML VIAL	1ML x 1	$82.77
00173-0656-44	VINORELBINE TARTRATE 10MG/ML VIAL	5ML x 1	$413.88
00173-0681-01	ZANAMIVIR 5MG DISK W/DEV	20EA x 1	$41.60
00173-0108-55	ZIDOVUDINE 100MG CAPSULE	100EA x 1	$164.12
00173-0108-56	ZIDOVUDINE 100MG CAPSULE	UD100EA x 1	$164.12
00173-0113-18	ZIDOVUDINE 10MG/ML SYRUP	240ML x 1	$39.39
00173-0107-93	ZIDOVUDINE 10MG/ML VIAL	20ML x 1	$177.53
00173-0501-00	ZIDOVUDINE 300MG TABLET	60EA x 1	$295.42
00173-0595-00	ZIDOVUDINE/LAMIVUDINE 300-150MG TABLET	60EA x 1	$548.22
00173-0595-02	ZIDOVUDINE/LAMIVUDINE 300-150MG TABLET	UD120EA x 1	$1096.44
00173-0691-00	ZIDOVUDINE/LAMIVUDINE/ABACAVIR 300-150MG TABLET	60EA x 1	$887.97
00029-6085-23	AMOX TR/POTASSIUM CLAVULANATE 125-31.25 SUSP RE	100ML x 1	$22.59
00029-6085-22	AMOX TR/POTASSIUM CLAVULANATE 125-31.25 SUSP RE	150ML x 1	$33.23
00029-6085-39	AMOX TR/POTASSIUM CLAVULANATE 125-31.25 SUSP RE	75ML x 1	$16.96
00029-6073-47	AMOX TR/POTASSIUM CLAVULANATE 125-31.25 TAB CHE	30EA x 1	$33.23
00029-6087-29	AMOX TR/POTASSIUM CLAVULANATE 200-28.5/5 SUSP RE	50ML x 1	$16.40
00029-6087-39	AMOX TR/POTASSIUM CLAVULANATE 200-28.5/5 SUSP RE	75ML x 1	$21.89
00029-6071-12	AMOX TR/POTASSIUM CLAVULANATE 200-28.5MG TAB CH	20EA x 1	$32.15
00029-6075-27	AMOX TR/POTASSIUM CLAVULANATE 250-125MG TABLET	30EA x 1	$68.58
00029-6075-31	AMOX TR/POTASSIUM CLAVULANATE 250-125 MG TABLET	UD100EA x 1	$234.27
00029-6090-22	AMOX TR/POTASSIUM CLAVULANATE 250-62.5/5 SUSP RE	150ML x 1	$63.38
00029-6090-39	AMOX TR/POTASSIUM CLAVULANATE 250-62.5/5 SUSP RE	75ML x 1	$32.32
00029-6074-47	AMOX TR/POTASSIUM CLAVULANATE 250-62.5MG TAB CH	30EA x 1	$63.38
00029-6072-12	AMOX TR/POTASSIUM CLAVULANATE 400-57MG TAB CHE	20EA x 1	$61.27
00029-6092-51	AMOX TR/POTASSIUM CLAVULANATE 400-57MG/5 SUSP	100ML x 1	$61.27
00029-6092-29	AMOX TR/POTASSIUM CLAVULANATE 400-57MG/5 SUSP	50ML x 1	$31.24

(continued)

Product Line: **Glaxo SmithKline (cont'd)**

NDC No.	Item	Size and Strength	Contract Price
00029-6092-39	AMOX TR/POTASSIUM CLAVULANATE 400-57MG/5 SUSP	75ML x 1	$41.62
00029-6080-12	AMOX TR/POTASSIUM CLAVULANATE 500-125MG TABLET	20EA x 1	$67.28
00029-6080-31	AMOX TR/POTASSIUM CLAVULANATE 500-125MG TABLET	UD100EA x 1	$344.73
00029-6094-51	AMOX TR/POTASSIUM CLAVULANATE 600-42.9/5 SUSP RE	100ML x 1	$41.62
00029-6094-22	AMOX TR/POTASSIUM CLAVULANATE 600-42.9/5 SUSP RE	150ML x 1	$61.27
00029-6094-29	AMOX TR/POTASSIUM CLAVULANATE 600-42.9/5 SUSP RE	50ML x 1	$31.24
00029-6094-39	AMOX TR/POTASSIUM CLAVULANATE 600-42.9/5 SUSP RE	75ML x 1	$31.24
00029-6086-12	AMOX TR/POTASSIUM CLAVULANATE 875-125MG TABLET	20EA x 1	$89.81
00029-6086-21	AMOX TR/POTASSIUM CLAVULANATE 875-125MG TABLET	UD100EA x 1	$460.16
00029-6008-22	AMOXICILLIN TRIHYDRATE 125MG/5ML SUSP RECON	150ML x 1	$1.30
00029-6048-59	AMOXICILLIN TRIHYDRATE 200MG/5ML SUSP RECON	100ML x 1	$8.10
00029-6048-54	AMOXICILLIN TRIHYDRATE 200MG/5ML SUSP RECON	50ML x 1	$4.06
00029-6049-59	AMOXICILLIN TRIHYDRATE 400MG/5ML SUSP RECON	100ML x 1	$8.70
00029-6049-54	AMOXICILLIN TRIHYDRATE 400MG/5ML SUSP RECON	50ML x 1	$4.35
00029-6049-55	AMOXICILLIN TRIHYDRATE 400MG/5ML SUSP RECON	75ML x 1	$6.52
00029-6049-18	AMOXICILLIN TRIHYDRATE 400MG/5ML SUSP RECON	UD5ML x 1	$2.00
00029-6038-39	AMOXICILLIN TRIHYDRATE 50MG/ML DROP RECON	30ML x 1	$2.62
00766-0741-52	CALCIUM CARBONATE 500MG TAB CHEW	150EA x 24	$76.80
00088-1010-05	CARBAMIDE PEROXIDE 10% SOLUTION	15ML x 1	$85.44
00007-5071-03	CHLORPROMAZINE HCL 100MG SUPP RECT	12EA x 1	$47.80
00007-5072-44	CHLORPROMAZINE HCL 10MG/5ML SYRUP	118ML x 1	$23.28
00007-5070-03	CHLORPROMAZINE HCL 25MG SUPP RECT	12EA x 1	$37.75
00007-5060-11	CHLORPROMAZINE HCL 25MG/ML AMPUL	1ML x 10	$77.08
00007-5601-11	CHLORPROMAZINE HCL 25MG/ML AMPUL	2ML x 10	$108.87
00007-5062-01	CHLORPROMAZINE HCL 25MG/ML VIAL	10ML x 1	$50.14
00007-5063-15	CHLORPROMAZINE HCL 30MG CAPSULE SA	50EA x 1	$47.64
00766-5016-06	CIMETIDINE 200MG TABLET	6EA x 1	$2.40
00007-3513-20	D-AMPHETAMINE SULFATE 10MG CAPSULE SA	100EA x 1	$87.44
00007-3514-20	D-AMPHETAMINE SULFATE 15MG CAPSULE SA	100EA x 1	$111.82
00007-3512-20	D-AMPHETAMINE SULFATE 5MG CAPSULE SA	100EA x 1	$70.20
00007-3519-20	D-AMPHETAMINE SULFATE 5MG TABLET	100EA x 1	$29.36
58160-0840-11	DIPHTH,PERTUSS(ACELL), TET PED 25-58-10 VIAL	0.5ML x 10	$118.30
49692-0942-20	FERROUS SULFATE 200MG TABLET	100EA x 72	$447.12
58160-0850-35	HEP B VIR RECOMB/HEP A VIR 20MCG-720U DISP SYRIN	1ML x 5	$191.15
58160-0850-01	HEP B VIR RECOMB/HEP A VIR 20MCG-720U VIAL	1ML x 1	$39.23
58160-0850-11	HEP B VIR RECOMB/HEP A VIR 20MCG-720U VIAL	1ML x 10	$379.30
58160-0850-46	HEP B VIR RECOMB/HEP A VIR 20MCG-720U VIAL	1ML x 5	$191.15
58160-0856-57	HEP B VIR VACC RECOMB 10MCG/.5ML DISP SYRIN	.5ML x 25	$269.25
58160-0856-58	HEP B VIR VACC RECOMB 10MCG/.5ML DISP SYRIN	.5ML x 25	$269.25
58160-0856-26	HEP B VIR VACC RECOMB 10MCG/.5ML DISP SYRIN	0.5ML x 25	$262.75
58160-0856-27	HEP B VIR VACC RECOMB 10MCG/.5ML DISP SYRIN	0.5ML x 25	$262.75
58160-0856-35	HEP B VIR VACC RECOMB 10MCG/.5ML DISP SYRIN	0.5ML x 5	$52.55
58160-0856-36	HEP B VIR VACC RECOMB 10MCG/.5ML DISP SYRIN	0.5ML x 5	$52.55
58160-0856-01	HEP B VIR VACC RECOMB 10MCG/.5ML VIAL	0.5ML x 1	$11.77
58160-0856-11	HEP B VIR VACC RECOMB 10MCG/.5ML VIAL	0.5ML x 10	$102.50
58160-0857-26	HEP B VIR VACC RECOMB 20MCG/ML DISP SYRIN	1ML x 25	$616.25
58160-0857-35	HEP B VIR VACC RECOMB 20MCG/ML DISP SYRIN	1ML x 5	$123.25

(continued)

Product Line: **Glaxo SmithKline (cont'd)**

NDC No.	Item	Size and Strength	Contract Price
58160-0856-46	HEP B VIR VACC RECOMB 20MCG/ML SYRINGE	0.5ML x 5	$52.55
58160-0856-50	HEP B VIR VACC RECOMB 20MCG/ML SYRINGE	0.5ML x 25	$262.75
58160-0857-46	HEP B VIR VACC RECOMB 20MCG/ML SYRINGE	1ML x 5	$123.25
58160-0860-16	HEP B VIR VACC RECOMB 20MCG/ML SYRINGE	1ML x 25	$616.25
58160-0857-50	HEP B VIR VACC RECOMB 20MCG/ML SYRINGE	1ML x 25	$616.25
58160-0857-01	HEP B VIR VACC RECOMB 20MCG/ML VIAL	1ML x 1	$25.65
58160-0857-16	HEP B VIR VACC RECOMB 20MCG/ML VIAL	1ML x 25	$609.75
58160-0835-32	HEPATITIS A VIRUS VACCINE 1.44MU/ML DISP SYRIN	1ML x 1	$18.50
58160-0835-35	HEPATITIS A VIRUS VACCINE 1.44MU/ML DISP SYRIN	1ML x 5	$92.50
58160-0835-01	HEPATITIS A VIRUS VACCINE 1.44MU/ML VIAL	1ML x 1	$19.50
58160-0837-58	HEPATITIS A VIRUS VACCINE 720U/0.5ML DISP SYRIN	.5ML x 25	$333.50
58160-0837-26	HEPATITIS A VIRUS VACCINE 720U/0.5ML DISP SYRIN	0.5ML x 25	$327.00
58160-0837-35	HEPATITIS A VIRUS VACCINE 720U/0.5ML DISP SYRIN	0.5ML x 5	$65.40
58160-0835-41	HEPATITIS A VIRUS VACCINE 720U/0.5ML SYRINGE	1ML x 1	$18.50
58160-0835-46	HEPATITIS A VIRUS VACCINE 720U/0.5ML SYRINGE	1ML x 5	$92.50
58160-0837-46	HEPATITIS A VIRUS VACCINE 720U/0.5ML SYRINGE	0.5ML x 5	$65.40
58160-0837-50	HEPATITIS A VIRUS VACCINE 720U/0.5ML SYRINGE	0.5ML x 25	$327.00
58160-0837-01	HEPATITIS A VIRUS VACCINE 720U/0.5ML VIAL	0.5ML x 1	$14.34
58160-0837-11	HEPATITIS A VIRUS VACCINE 720U/0.5ML VIAL	0.5ML x 10	$128.20
00007-4010-20	LITHIUM CARBONATE 450MG TABLET SA	100EA x 1	$41.55
00088-1174-47	MG TRISILICATE/ALH/NAHCO3/AA 265MG TAB CHEW	100EA x 12	$70.80
00029-1525-44	MUPIROCIN 2% OINT (GM)	22GM x 1	$34.47
00029-1527-22	MUPIROCIN CALCIUM 2% CREAM (GM)	15GM x 1	$23.75
00029-1527-25	MUPIROCIN CALCIUM 2% CREAM (GM)	30GM x 1	$40.27
00029-1526-11	MUPIROCIN CALCIUM 2% OINT (GM)	UD1GM x 10	$44.45
00029-4851-20	NABUMETONE 500MG TABLET	100EA x 1	$119.90
00029-4851-21	NABUMETONE 500MG TABLET	UD100EA x 1	$119.90
00029-4852-20	NABUMETONE 750MG TABLET	100EA x 1	$141.60
00766-1460-20	NICOTINE 14MG/24HR PATCH TD24	14EA x 1	$37.93
00766-1450-20	NICOTINE 21MG/24HR PATCH TD24	14EA x 1	$37.93
00766-1470-12	NICOTINE 7MG/24HR PATCH TD24	14EA x 1	$37.93
00766-0045-08	NICOTINE POLACRILEX 2MG GUM	108EA x 1	$37.93
00766-0047-08	NICOTINE POLACRILEX 4MG GUM	108EA x 1	$42.68
00766-0047-48	NICOTINE POLACRILEX 4MG GUM	48EA x 1	$24.77
00766-0045-48	NICOTINE POLACRILEX REFILL 2MG GUM	48EA x 1	$22.01
00029-3210-13	PAROXETINE HCL 10MG TABLET	30EA x 1	$64.95
00029-3215-48	PAROXETINE HCL 10MG/5ML ORAL SUSP	250ML x 1	$108.07
00029-3211-20	PAROXETINE HCL 20MG TABLET	100EA x 1	$225.95
00029-3211-13	PAROXETINE HCL 20MG TABLET	30EA x 1	$67.77
00029-3211-21	PAROXETINE HCL 20MG TABLET	UD100EA x 1	$230.56
00029-3212-13	PAROXETINE HCL 30MG TABLET	30EA x 1	$69.82
00029-3213-13	PAROXETINE HCL 40MG TABLET	30EA x 1	$73.75

(continued)

Product Line: **Glaxo SmithKline (cont'd)**

NDC No.	Item	Size and Strength	Contract Price
00007-3363-44	PROCHLORPERAZINE EDISYLATE 5MG/5ML SYRUP	118ML x 1	$19.43
00007-3343-01	PROCHLORPERAZINE EDISYLATE 5MG/ML VIAL	10ML x 1	$35.48
00007-3352-16	PROCHLORPERAZINE EDISYLATE 5MG/ML VIAL	2ML x 25	$183.08
00007-3344-15	PROCHLORPERAZINE MALEATE 10MG CAPSULE SA	50EA x 1	$53.96
00007-3346-15	PROCHLORPERAZINE MALEATE 15MG CAPSULE SA	50EA x 1	$80.20
00007-3360-03	PROCHLORPERAZINE MALEATE 2.5MG SUPP RECT	12EA x 1	$25.54
00007-3361-03	PROCHLORPERAZINE MALEATE 5MG SUPP RECT	12EA x 1	$28.37
00007-4890-20	ROPINIROLE HCL 0.25MG TABLET	100EA x 1	$92.21
00007-4890-14	ROPINIROLE HCL 0.25MG TABLET	UD30EA x 1	$24.40
00007-4891-20	ROPINIROLE HCL 0.5MG TABLET	100EA x 1	$92.21
00007-4892-20	ROPINIROLE HCL 1MG TABLET	100EA x 1	$92.21
00007-4892-14	ROPINIROLE HCL 1MG TABLET	UD30EA x 1	$24.40
00007-4893-20	ROPINIROLE HCL 2MG TABLET	100EA x 1	$92.21
00007-4893-14	ROPINIROLE HCL 2MG TABLET	UD30EA x 1	$24.40
00007-4895-20	ROPINIROLE HCL 3MG TABLET	100EA x 1	$172.58
00007-4896-20	ROPINIROLE HCL 4MG TABLET	100EA x 1	$172.58
00007-4894-20	ROPINIROLE HCL 5MG TABLET	100EA x 1	$172.58
00029-3158-18	ROSIGLITAZONE MALEATE 2MG TABLET	60EA x 1	$95.91
00029-3159-20	ROSIGLITAZONE MALEATE 4MG TABLET	100EA x 1	$213.41
00029-3159-13	ROSIGLITAZONE MALEATE 4MG TABLET	30EA x 1	$64.02
00029-3159-18	ROSIGLITAZONE MALEATE 4MG TABLET	60EA x 1	$128.04
00029-3160-20	ROSIGLITAZONE MALEATE 8MG TABLET	100EA x 1	$394.87
00029-3160-13	ROSIGLITAZONE MALEATE 8MG TABLET	30EA x 1	$118.48
00029-6571-40	TICARCILLIN/K CLAVULANATE 3.1G VIAL	1EA x 1	$12.81
00029-6571-26	TICARCILLIN/K CLAVULANATE 3.1G VIAL	1EA x 1	$12.56
00029-6571-31	TICARCILLIN/K CLAVULANATE 3.1G/0.1L FROZ PIGGY	100ML x 12	$174.47
00029-6579-21	TICARCILLIN/K CLAVULANATE 31G VIAL	1EA x 1	$125.34
00007-4471-20	TRANYLCYPROMINE SULFATE 10MG TABLET	100EA x 1	$52.52
00108-4901-42	TRIFLUOPERAZINE HCL 10MG/ML ORAL CONC	60ML x 1	$114.69
00108-4902-01	TRIFLUOPERAZINE HCL 2MG/ML VIAL	10ML x 1	$52.65

Manufacturer: SmithKline Beecham

Guaranteed Delivery: 10 Days A/R/O

Contractor catalog is available on the Internet.

Electronic Access Ordering (EDI): Contractor offers Electronic Access Ordering (EDI).

(continued)

Product Line: Glaxo SmithKline (cont'd)

Person to contact for expediting New York State contract orders:

Kathleen Dynan Black
Sr. Mgr., Government Contracts
800-366-8900
215-751-7264
Fax: 215-751-3063
E-mail: kathleen.d.black@gsk.com
E-mail: wanda.1.velazquez@gsk.cm

Person to contact in the event of an emergency occurring after business hours or on weekends/holidays:

Normal Business Hours: M-F 8:00 AM - 8:00 PM
Customer Response Center
1-888-825-5249
E-mail: www.gsk.TradeSalesUs.com

CONTRACTOR: **SMITHKLINE BEECHAM CORPORATION D/B/A GLAXO SMITHKLINE**

(continued)

Product Line: **Morton Grove Pharmaceuticals**

NDC No.	Item	Size and Strength	Contract Price
60432-0009-04	BELLADONNA ALKALOIDS/PHENOBARB 16.2MG/5ML ELIXI	120ML x 1	$1.27
60432-0009-16	BELLADONNA ALKALOIDS/PHENOBARB 16.2MG/5ML ELIXI	480ML x 1	$2.75
60432-0533-16	CHLORAL HYDRATE 500MG/5ML SYRUP	480ML x 1	$4.78
60432-0693-30	CLINDAMYCIN PHOSPHATE 1% SOLUTION	30ML x 1	$2.45
60432-0693-60	CLINDAMYCIN PHOSPHATE 1% SOLUTION	60ML x 1	$3.45
60432-0466-08	DIXAMETHASONE 0.5MG/5ML ELIXIR	240ML x 1	$4.00
60432-0033-08	DIPHENHYDRAMINE HCL 12.5MG/5ML LIQUID	240ML x 1	$1.40
60432-0033-04	DIPHENHYDRAMINE HCL 12.5MG/5ML LIQUID	120ML x 1	$0.85
60432-0613-60	FUROSEMIDE 10MG/ML SOLUTION	60ML x 1	$2.95
60432-0613-04	FUROSEMIDE 10MG/ML SOLUTION	120ML x 1	$4.95
60432-0048-16	GUAIFENESIN/D-METHORPHAN HB 100-10/5ML LIQUID	480ML x 1	$2.58
60432-0150-16	HYDROXYZINE HCL 10MG/5ML SYRUP	480ML x 1	$4.25
60432-0103-15	HYOSCYAMINE SULFATE 0.125MG/ML DROPS	15ML x 1	$2.74
60432-0037-08	LACTULOSE 10G/15ML SYRUP	240ML x 1	$2.20
60432-0037-32	LACTULOSE 10G/15ML SYRUP	960ML x 1	$6.85
60432-0038-16	LACTULOSE 10G/15ML SYRUP	480ML x 1	$3.65
60432-0546-16	LINDANE 1% LOTION	480ML x 1	$19.00
60432-0546-60	LINDANE 1% LOTION	60ML x 1	$2.95
60432-0547-60	LINDANE 1% SHAMPOO	60ML x 1	$2.95
60432-0547-16	LINDANE 1% SHAMPOO	480ML x 1	$20.00
60432-0676-30	METAPROTERENOL SULFATE 50MG/ML SOLUTION	30ML x 1	$15.00
60432-0676-01	METAPROTERENOL SULFATE 50MG/ML SOLUTION	10ML x 1	$8.20
60432-0537-16	NYSTATIN 100MU/ML ORAL SUSP	480ML x 1	$9.50
60432-0537-60	NYSTATIN 100MU/ML ORAL SUSP	60ML x 1	$2.05
60432-0560-60	TRIAMCINOLONE ACETONIDE 0.025% LOTION	60ML x 1	$13.95
60432-0561-60	TRIAMCINOLONE ACETONIDE 0.1% LOTION	60ML x 1	$3.95
60432-0651-04	DOXEPIN 10MG/ML ORAL CONC	120ML x 1	$4.49
60432-0621-16	VALPROIC ACID 250MG/5ML SYR	480ML x 1	$7.50

Manufacturer: Morton Grove Pharmaceuticals

Guaranteed Delivery: 5 Days A/R/O

Electronic Access Ordering (EDI): Contractor offers Electronic Access Ordering (EDI).

Person to contact for expediting New York State Contract order and in the event of an emergency occurring after business hours or on weekends/holidays:

Normal Business Hours: M-F 8:00 AM - 5:00 PM
Carol J. Englen
Manager, Government Sales
800-346-6854
847-967-5600
Fax: 847-967-5607
E-mail: cenglen@ris.net

CONTRACTOR: **MORTON GROVE PHARMACEUTICALS, INC.**

(continued)

Product Line: **VersaPharm**

NDC No.	Item	Size and Strength	Contract Price
61748-0044-16	AMINOCAPROIC ACID 250MG/ML SYRUP	473ML x 1	$319.90
61748-0045-01	AMINOCAPROIC ACID 500MG TABLET	100EA x 1	$128.18
61748-0011-01	ETHAMBUTOL HCL 100MG TABLET	100EA x 1	$41.31
61748-0014-10	ETHAMBUTOL HCL 400MG TABLET	1000EA x 1	$976.40
61748-0014-11	ETHAMBUTOL HCL 400MG TABLET	UD100EA x 1	$101.88
61748-0014-01	ETHAMBUTOL HCL 400MG TABLET	100EA x 1	$97.64
61748-0014-06	ETHAMBUTOL HCL 400MG TABLET	60EA x 1	$58.58
61748-0014-09	ETHAMBUTOL HCL 400MG TABLET	90EA x 1	$87.88
61748-0012-05	PYRAZINAMIDE 500MG TABLET	500EA x 1	$417.90
61748-0012-06	PYRAZINAMIDE 500MG TABLET	60EA x 1	$50.15
61748-0012-09	PYRAZINAMIDE 500MG TABLET	90EA x 1	$75.22
61748-0012-01	PYRAZINAMIDE 500MG TABLET	100EA x 1	$83.58
61748-0012-11	PYRAZINAMIDE 500MG TABLET	UD100EA x 1	$86.58
61748-0092-30	PYRIDOXINE HCL 25MG TABLET	30EA x 1	$1.00
61748-0015-30	RIFAMPIN 150MG CAPSULE	30EA x 1	$17.90
61748-0018-01	RIFAMPIN 300MG CAPSULE	100EA x 1	$49.90
61748-0018-60	RIFAMPIN 300MG CAPSULE	60EA x 1	$29.82
61748-0018-30	RIFAMPIN 300MG CAPSULE	30EA x 1	$14.90
61748-0054-16	TRIHEXYPHENIDYL HCL 25MG/5ML ELIXIR	473ML x 1	$14.00

Manufacturer: VersaPharm

Guaranteed Delivery: 5 - 7 Days A/R/O

Contractor has catalog available on the Internet, company web site www.versapharm.com.

Person to contact for expediting New York State contract orders and in the event of an emergency occurring after business hours or on weekends/holidays:

Normal Business Hours: M-F 8:30 AM - 5:00 PM
Diane Hudson
Office Manager
800-548-0700
770-499-8100
Fax: 770-499-0058
E-mail: dhudson@versapharm.com

CONTRACTOR: **VERSAPHARM, INC.**

(continued)

REQUEST FOR CHANGE:

Any request by the agency or contractor regarding changes in any part of the contract must be made in writing to the Office of General Services, Procurement Services Group, prior to effectuation.

CONTRACT PAYMENTS:

Payments cannot be processed by State facilities until the contract products have been delivered in satisfactory condition or services have been satisfactorily performed. Payment will be based on any invoice used in the supplier's normal course of business. However, such invoice must contain sufficient data including but not limited to contract number, description of product or service, quantity, unit and price per unit as well as federal identification number.

State facilities are required to forward properly completed vouchers to the Office of the State Comptroller for audit and payment. All facilities are urged to process every completed voucher expeditiously giving particular attention to those involving cash discounts for prompt payment.

If the contract terms indicate political subdivisions and others authorized by law are allowed to participate, those entities are required to make payments directly to the contractor. Prior to processing such payment, the contractor may be required to complete the ordering non-State agency's own voucher form.

See "Contract Billings" in Appendix B, OGS General Specifications.

ELECTRONIC PAYMENTS:

The Office of the State Comptroller (OSC) offers an "electronic payment" option in lieu of issuing checks. Contact OSC to obtain an information packet at 518-474-4032 or e-mail to epunit@osc.state.ny.us or visit their website at www.osc.state.ny.us.

NOTE TO CONTRACTOR:

This Contract Award Notification is not an order. Do not take any action under this contract except on the basis of purchase order(s) from the agency or agencies.

(continued)

State of New York
Office of General Services
PROCUREMENT SERVICES GROUP
Contract Performance Report

Please take a moment to let us know how this contract award has measured up to your expectations. If reporting on more than one contractor or product, please make copies as needed. This office will use the information to improve our contract award, where appropriate. **Comments should include those of the product's end user.**

Contract No.:_____ **Contractor**._____

Describe Product* Provided (Include Item No., if available):_____

***Note**: "**Product**" is defined as a deliverable under any Bid or Contract, which may include commodities (including printing), services and/or technology. The term "Product" includes Licensed Software.

	Excellent	Good	Acceptable	Unacceptable
• Product meets your needs				
• Product meets contract specifications				
• Pricing				

CONTRACTOR

	Excellent	Good	Acceptable	Unacceptable
• Timeliness of delivery				
• Completeness of order (fill rate)				
• Responsiveness to inquiries				
• Employee courtesy				
• Problem resolution				

Comments:_____

_____

_____(over)

Agency:_____ Prepared by:_____

Address:_____ Title:_____

_____ Date:_____

_____ Phone:_____

_____ E-mail:_____

Please detach or photocopy this form & return by FAX to 518/474-2437 or mail to:

OGS PROCUREMENT SERVICES GROUP
Customer Services, Room 3711
Corning 2nd Tower - Empire State Plaza
Albany, New York 12242
* * * * *

(continued)