



The medications listed below are all available in the clinic at little or no cost to you and your family with clinic use. Because we are not a pharmacy, all medications must be prescribed by the Activate Healthcare provider. If your physician has been prescribing one of these drugs and you want to take advantage of the drugs available at the clinic, please schedule an appointment with one of the providers. If appropriate, they will write you a new prescription and be able to provide the medication to you.

MEDICATION LIST

Generic Name	Package Qty	Form
ALBUTEROL 0.083% INHAL SOLN	75	2.5MG/3ML VIAL 75 ML
AMLODIPINE BESYLATE	90	5MG TAB #90
AMOXICILLIN	30	500MG CAP #30
AMOXICILLIN/POTASSIUM CLAV	20	875-125MG TAB #20
ATORVASTATIN CALCIUM	90	20MG TAB #90
ATORVASTATIN CALCIUM	90	40MG TAB #90
AZITHROMYCIN	6	250MG TAB #6
BENZONATATE	30	200MG CAP #30
BLOOD-GLUCOSE METER	1	KIT #1
BLOOD-GLUCOSE STRIPS	50	STRI #50
BUPROPION SR	60	150MG TAB #60
CEFTRIAXONE SODIUM	1	500MG VIAL #1
CEPHALEXIN	30	500MG CAP #30
CIPROFLOXACIN	20	500MG TAB #20
CLOTRIMAZOLE-BETAMETH	15	1%/0.05% CRM 15 GM
CYCLOBENZAPRINE	30	10MG TAB #30
DEXAMETHASONE SODIUM PHOSPHATE	1	4MG/ML VIAL 1 ML
DIPHENHYDRAMINE HCL	1	50MG/ML VIAL 1 ML
EPINEPHRINE	1	1MG/ML(1) KIT #1
ESCITALOPRAM OXALATE	90	20MG TAB #90
FLUCONAZOLE	1	150MG TAB #1
FLUOXETINE HCL	90	20MG CAP #90
HYDROCHLOROTHIAZIDE	90	25MG TAB #90
HYDROCHLOROTHIAZIDE	90	12.5MG CAP #90
IBUPROFEN	30	800MG TAB #30
KETOROLAC TROMETHAMINE	1	30MG/ML(1) VIAL 1 ML
LANCETS	100	28 GAUGE EACH #100
LIDOCAINE HCL INJ 1%	20	10MG/ML - 20ML VIAL 20 ML
LIDOCAINE HCL/EPINEPHRINE	20	1%-1:100K VIAL 20 ML
LISINOPRIL	90	20MG TAB #90
MECLIZINE HCL	30	25MG TAB #30

MEDICATION LIST

Generic Name	Package Qty	Form
MELOXICAM	30	15MG TAB #30
METFORMIN HCL	90	1000MG TAB #90
METFORMIN HCL	90	500MG TAB #90
METHYLPREDNISOLONE	21	4MG TAB #21
METOPROLOL SUCCINATE	90	50MG TAB #90
MUPIROCIN	22	2% OINT 22 GM
NAPROXEN	30	500MG TAB #30
NEOMYCIN/POLYMYXIN B/HYDROCORT	10	3.5-10K-1 SOL 10 ML
NITROFURANTOIN MONOHYD/M-CRYST	14	100MG CAP #14
OFLOXACIN	5	0.3 % DROP 5 ML
POLYMYXIN B SULF/TRIMETHOPRIM	10	10000-1/ML DROP 10 ML
PREDNISONE	15	20MG TAB #15
PROMETHAZINE HCL	1	25MG/ML VIAL 1 ML
PROMETHAZINE HCL	30	25MG TAB #30
SERTRALINE HCL	90	50MG TAB #90
SIMVASTATIN	90	40MG TAB #90
SULFAMETHOXAZOLE/TRIMETHOPRIM	14	800-160MG TAB #14
SUMATRIPTAN SUCCINATE	9	50MG TAB #9
TETRACAINE HCL	15	0.5 % DROP 15 ML
TRIAMCINOLONE ACETONIDE	1	40MG/ML VIAL 1 ML
TRIAMCINOLONE ACETONIDE	15	0.1% OINT 15 GM
TRIAMCINOLONE CREAM	30	30 X 0.1% CREA CRE 30 GM
Ventolin HFA	1	
Lisinopril	90	5MG TAB #90
Olmesartan	90	20mg TAB #90
LOSARTAN/HCTZ TAB	90	100/12.5MG #90
Citalopram	90	10mg TAB #90