



**BID TABULATION**

**BID #08-003D**

PRESCRIPTION DRUGS,

**PURCHASING DEPARTMENT**

**89 19 GOVERNMENT DRIVE**

**NEW PORT RICHEY , FL 34654-5598**

**WEDNESDAY OCTOBER 24,2007**

ANNUAL AWARD

ALBERTSONS LLC  
TAMPA, FL

KASH N KARRY  
TAMPA, FL

ITEM			
	PREFERRED DOSAGE	100 EA	NON-RESPONSIVE
COMFORT CURVES	PREFERRED QUANTITY	100EA	
TEST STRIPS	MG./ML. PROVIDED		
ACCU-CHEK	QUANTITY PROVIDED	100	
	TOTAL PRICE	\$88.40	
	PREFERRED DOSAGE	250 MCG/50 MCG	
DISKUS-ENHALER	PREFERRED QUANTITY	60 PUFFS	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	1	
	TOTAL PRICE	\$183.53	
	PREFERRED DOSAGE	500 MG/20 MG	
ADVICOR	PREFERRED QUANTITY	30	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	30	
	TOTAL PRICE	\$78.50	
	PREFERRED DOSAGE	75 ML	
ALBUTEROL	PREFERRED QUANTITY	375	
NEBULES	MG./ML. PROVIDED	375	
	QUANTITY PROVIDED	5	
	TOTAL PRICE	\$70.70	
	PREFERRED DOSAGE	5 MG	
ALTACE (RAMIPRIL)	PREFERRED QUANTITY	30	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	30	
	TOTAL PRICE	\$49.93	
	PREFERRED DOSAGE	875 MG/125 MG	
AMOXI/CLAV	PREFERRED QUANTITY	20	
(AUGMENTIN)	MG./ML. PROVIDED		
	QUANTITY PROVIDED	20	
	TOTAL PRICE	\$46.72	
	PREFERRED DOSAGE	4 MG	
CLARITHROMYCIN	PREFERRED QUANTITY	30	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED		
	TOTAL PRICE	N/A	
	PREFERRED DOSAGE	500 MG	
CLARITHROMYC	PREFERRED QUANTITY	20	
(BIAXIN)	MG./ML. PROVIDED		
	QUANTITY PROVIDED	20	
	TOTAL PRICE	\$108.06	
	PREFERRED DOSAGE	150 MG	
CLINDAMYCIN	PREFERRED QUANTITY	21	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	21	
	TOTAL PRICE	\$17.34	
	PREFERRED DOSAGE	6.25 MG	
CARVEDILOL	PREFERRED QUANTITY	60	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	60	
	TOTAL PRICE	\$58.88	
	PREFERRED DOSAGE	25 MG	
CARVEDILOL	PREFERRED QUANTITY	60	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	60	
	TOTAL PRICE	\$30.07	
	PREFERRED DOSAGE	12.5 MG	
CARVEDILOL	PREFERRED QUANTITY	60	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	60	
	TOTAL PRICE	\$58.94	

		ALBERTSONS LLC TAMPA, FL	KASH N KARRY TAMPA, FL
ITEM			
	PREFERRED DOSAGE	3.125 MG	
CARVEDILOL	PREFERRED QUANTITY	60	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	60	
	TOTAL PRICE	\$58.88	
	PREFERRED DOSAGE	10 MG	
CYCLOBENZAPRINE (FLEXERIL)	PREFERRED QUANTITY	30	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	30	
	TOTAL PRICE	\$12.71	
	PREFERRED DOSAGE	500 MG	
DEPAKOTE	PREFERRED QUANTITY	90	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	90	
	TOTAL PRICE	\$137.67	
	PREFERRED DOSAGE	.5 ML/3.0 ML	
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE INHALATION SOLUTION	PREFERRED QUANTITY		
	MG./ML. PROVIDED	375	
	QUANTITY PROVIDED	5	
	TOTAL PRICE	\$186.05	
	PREFERRED DOSAGE	20 MG	
FAMOTIDINE	PREFERRED QUANTITY	60	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	60	
	TOTAL PRICE	\$37.77	
	PREFERRED DOSAGE	60 MG	
GEMFIBROZIL	PREFERRED QUANTITY	60	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	60	
	TOTAL PRICE	\$33.31	
	PREFERRED DOSAGE	500 MG	
GLUCOPHAGE METFORMIN	PREFERRED QUANTITY	90	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	90	
	TOTAL PRICE	\$23.44	
	PREFERRED DOSAGE	4 MG	
GLIMEPIRIDE (AMARYL)	PREFERRED QUANTITY	30	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	30	
	TOTAL PRICE	\$14.16	
	PREFERRED DOSAGE	10 MG	
GLIPIZIDE	PREFERRED QUANTITY	60	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	60	
	TOTAL PRICE	\$12.92	
	PREFERRED DOSAGE	10 ML	
HUMALOG INSULIN	PREFERRED QUANTITY	40	
	MG./ML. PROVIDED	40	
	QUANTITY PROVIDED	4	
	TOTAL PRICE	\$322.77	
	PREFERRED DOSAGE	25 MG	
HYDRALAZIANE	PREFERRED QUANTITY	90	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	90	
	TOTAL PRICE	\$17.23	
	PREFERRED DOSAGE	50 MG	
IMITREX	PREFERRED QUANTITY	9	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	9	
	TOTAL PRICE	\$184.28	
	PREFERRED DOSAGE	10 ML	
LANTUS VIAL INJ AVE	PREFERRED QUANTITY	3	
	MG./ML. PROVIDED	30	
	QUANTITY PROVIDED	3	
	TOTAL PRICE	\$226.22	
	PREFERRED DOSAGE	5%	
LIDODERM PATCH	PREFERRED QUANTITY	30	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	30	
	TOTAL PRICE	\$178.83	
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		ALBERTSONS LLC TAMPA, FL	KASH N KARRY TAMPA, FL
ITEM			
	PREFERRED DOSAGE	1,000 MG	
METFORMIN	PREFERRED QUANTITY	90	
(GLUOPHAGE)	MG./ML. PROVIDED		
HCL	QUANTITY PROVIDED	90	
	TOTAL PRICE	\$46.90	
	PREFERRED DOSAGE	40/ 12.5 MG	
MICARDIS HCT	PREFERRED QUANTITY	30	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	30	
	TOTAL PRICE	\$60.50	
	PREFERRED DOSAGE	10 MG/100 MG	
MYTUSSIN AC	PREFERRED QUANTITY	120 ML/4 OZ	
(ROBITUSSIN)	MG./ML. PROVIDED	120 ML	
	QUANTITY PROVIDED		
	TOTAL PRICE	\$3.81	
	PREFERRED DOSAGE	40 MG	
NEXIUM	PREFERRED QUANTITY	30	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	30	
	TOTAL PRICE	\$29.17	
	PREFERRED DOSAGE	30 MG/60 MG	
NIFEDIPINE ER	PREFERRED QUANTITY	30	
(MEDFED)	MG./ML. PROVIDED		
	QUANTITY PROVIDED	30	
	TOTAL PRICE	\$18.82	
	PREFERRED DOSAGE	5 MG/10 MG	
AMLODIPINE	PREFERRED QUANTITY	30	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	30	
	TOTAL PRICE	\$24.63	
	PREFERRED DOSAGE	20 MG	
OMEPRAZOLE	PREFERRED QUANTITY	30	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	30	
	TOTAL PRICE	\$57.30	
	PREFERRED DOSAGE	100 MG	
PHENYTOIN SODIUM	PREFERRED QUANTITY	90	
EXTENDED RELEASE	MG./ML. PROVIDED		
CAPSULES (DILANTIN)	QUANTITY PROVIDED	90	
	TOTAL PRICE	\$14.98	
	PREFERRED DOSAGE	75 MG	
PLAVIX	PREFERRED QUANTITY	30	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	30	
	TOTAL PRICE	\$123.95	
	PREFERRED DOSAGE	20 MEQ	
POTASSIUM CLORIDE	PREFERRED QUANTITY	60	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	60	
	TOTAL PRICE	\$14.96	
	PREFERRED DOSAGE	20 MG	
PRAVASTATIN	PREFERRED QUANTITY	30	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	30	
	TOTAL PRICE	\$83.58	
	PREFERRED DOSAGE	40 MG	
PROTONIX	PREFERRED QUANTITY	30	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	30	
	TOTAL PRICE	\$115.81	
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		ALBERTSONS LLC TAMPA, FL	KASH N KARRY TAMPA, FL
ITEM			
QUINAPRIL (ACCUPRIL)	PREFERRED DOSAGE	20 MG	
	PREFERRED QUANTITY	60	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	60	
	TOTAL PRICE	\$34.24	
RANITIDINE (ZANTAC)	PREFERRED DOSAGE	150 MG	
	PREFERRED QUANTITY	60	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	60	
	TOTAL PRICE	\$34.01	
REQUIP	PREFERRED DOSAGE	1 MG	
	PREFERRED QUANTITY	30	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	30	
	TOTAL PRICE	\$143.43	
SIMVASTATIN	PREFERRED DOSAGE	20 MG	
	PREFERRED QUANTITY	30	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	30	
	TOTAL PRICE	\$67.67	
SINGULIAR	PREFERRED DOSAGE	10 MG	
	PREFERRED QUANTITY	30	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	30	
	TOTAL PRICE	\$97.67	
SPIRONOLACTONE	PREFERRED DOSAGE	50 MG	
	PREFERRED QUANTITY	90	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	90	
	TOTAL PRICE	\$34.34	
TORSEMIDE (DEMADEX)	PREFERRED DOSAGE	20 MG	
	PREFERRED QUANTITY	60	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	60	
	TOTAL PRICE	\$42.61	
TRAMADO ACETEMIODIAN (ULTRACET)	PREFERRED DOSAGE	37.5 MG/305/MG	
	PREFERRED QUANTITY	40	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	40	
	TOTAL PRICE	\$42.25	
VYTORIN	PREFERRED DOSAGE	10 MG/20 MG	
	PREFERRED QUANTITY	30	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	30	
	TOTAL PRICE	\$92.05	
WARFARIN SODIUM	PREFERRED DOSAGE	5MG	
	PREFERRED QUANTITY	30	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	30	
	TOTAL PRICE	8.33	
ZETIA	PREFERRED DOSAGE	10 MG	
	PREFERRED QUANTITY	30	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	30	
	TOTAL PRICE	\$100.77	
SIMVASTATIN	PREFERRED DOSAGE	80 MG	
	PREFERRED QUANTITY	30	
	MG./ML. PROVIDED		
	QUANTITY PROVIDED	30	
	TOTAL PRICE	\$67.31	
STOMAHESIVE PASTE	PREFERRED DOSAGE	N/A	
	PREFERRED QUANTITY		
	MG./ML. PROVIDED		
	QUANTITY PROVIDED		
	TOTAL PRICE		
WAFERS (401-575) COLOSTOMY	PREFERRED DOSAGE	N/A	
	PREFERRED QUANTITY		
	MG./ML. PROVIDED		
	QUANTITY PROVIDED		
	TOTAL PRICE		
PAGE 4	GRAND TOTAL	\$3,596.40	NON-RESPONSIVE