56th MEDICAL GROUP FORMULARY
Main Pharmacy: 0730-1630
Satellite: 0730-1630 *Thursdays open at 0830*

(Closed weekends, holidays, and down-days call 623-856-3969 and listen for expected closures)
Contact Pharmacy 623-856-2273
Refill line 623-856-3969
Fax # 623-856-3616
You can find a copy of this formulary on: http://www.luke.af.mil/units/56thmedicalgroup.asp
For detailed medication information please visit http://www.fda.gov/Drugs/DrugSafety/ucm085729.htm

Find us on Facebook @ AFMS Luke 56 Medical Group Pharmacy for important information

CURRENT AS OF July 2012

PHARMACY POLICIES AND PROCEDURES

Refills called in before 1000 will be filled the following duty day.
Refills called in after 0700 prior to weekends and holidays will be ready the following duty day.

PICK-UP OPTIONS--Satellite pharmacy, BX ScriptCenter, & Scottsdale

You may request refill pick up at the Satellite pharmacy, BX Scriptcenter, which is located in the Base Exchange mall across from the Barber Shop. BX hours are Mon-Sat 7am-8pm/ Sun 8am-6pm. Check BX extended hours during the holidays. You may now pick up your prescriptions at our new **Scottsdale** location. 7301 East Osborn Road Scottsdale, AZ 85251.
For general inquiry about Scottsdale call: 480-882-5472
For security reasons, we are unable to fill controlled substances at the Scottsdale location

If you have bulky, refrigerated or controlled items you will not be able to use the Scriptcenter and must pick them up at the Satellite pharmacy

In order to use this service, you must have 1) a prescription number of a refill that was called in, 2) an ID code and 3) a PIN number. The ID code and PIN number are created by the patient; suggestions are the first four letters of your last name and the last four letters of your social security number.

WALK-IN REFILLS

There is a mandatory call-in policy. Walk-in refills for emergency medications are done at the satellite pharmacy on a case-by-case basis.
If you do not know your prescription number, call 623-856-2273 to request the information.

TRANSFERRING PRESCRIPTIONS FROM OTHER PHARMACIES

Refills from other military facilities and retail pharmacies may be transferred providing we stock the medication, refills are on formulary at the Luke AFB pharmacy. This process may take 1-3 working days.

PRESCRIPTION PICK UP POLICY

Patients who are 18 or older must have their military ID card and 3rd party insurance (blue) card – Blue card not required for active duty.
If you are picking up for a family member who is under 18 years of age, you must have your military ID card and the patient's blue card.
If you are picking up for someone 18 years of age and older, you must have their military ID, blue card & signed permission from the patient

ALTERNATIVE METHODS FOR DROPPING OFF PRESCRIPTIONS—Please allow a 24 hour turn-around

1) Use the drop box outside the satellite pharmacy lobby.
2) Prescriptions may be faxed to 623-856-3616 from your provider's office with the patient's name, date of birth & last four numbers of social security number. Prescriptions for Schedule II medications and time-sensitive medications (e.g. Accutane) will not be accepted via fax. Prescriptions are held for 14 days once they have been filled.

NON-FORMULARY MEDICATIONS

You have several options:
1) You may contact your prescriber's office to have the prescription changed to a medication that is stocked.
2) You may have the medication filled at a retail pharmacy at a cost dependent upon the medication. This fee may increase due to your insurance's policies concerning non-formulary medications.
3) You may use the DOD Mail-in pharmacy – you must pay a co-pay to use this program. Please drop by any pharmacy to get information concerning this program.

PLEASE NOTE.

All Schedule II prescriptions are restricted to a maximum of 30 days supply. Some chronic use items such as ADDERALL, ADDERALL XR, CONCERTA and RITALIN may be written for up to a 90-days supply.
Prescriptions for Schedule II medications will not filled after 60 days from they were written. Please note that Schedule 3, 4 and 5 prescriptions will expire 6 months after the date they were written.

ALPHABETICAL LISTING OF AVAILABLE MEDICATIONS
Look-alike/sound-alike medications are in TallMAN lettering

(B) BOLD item is listed are in the Department of Defense Basic Core Formulary

ALLERGIES

Azelastine (Astelin) 137mcg nasal spray (B)
Cetirizine **(zyrTEC)** 5, 10mg tabs
1mg/ml (5mg/5ml) syrup
Cyproheptadine (Periactin) 4mg (B)
2mg/5ml syrup (B)
DiphenhydrAMINE 25, 50mg caps
12.5mg/5ml oral sol
Fexofenadine (Allegra) 180 mg
Fluticasone (Flonase) 50mcg nasal spray
hydrOXYzine HCL (Atarax) 10, 25, 50mg
10mg/5ml syrup (B)
Loratidine (Claritin) 10mg tabs &
5mg/5ml syrup
Mometasone (Nasonex) nasal spray
Montelukast (Singulair) (B)
4, 5mg chewtabs (B)
5, 10 mg tabs (B)

ANTIBIOTICS/ANTIFUNGALS/ ANTIVIRALS/ANTIMALARIA

Acyclovir 200, 800mg & 200mg/5ml Susp (B)
Amoxicillin 250, 500mg caps (B)
125mg/5ml, 250mg/5ml oral susp
200, 400mg chew tabs
875 mg
Amoxicillin/clavulanate (Augmentin) (B)
250/125 tabs
500, 875mg tabs
200/5, 400/5 susp
600/5 susp
Azithromycin 250, 500mg (B)
1 gram single dose packet (B)
100/5 (B), 200/5 oral susp
Cefdinir (Omnicef) 125mg/5ml, 250mg/5ml oral susp
Cefprozil (Cefzil) 250, 500mg tabs
125/5, 250/5 oral susp
Cephalexin (Keflex) 250, 500mg caps (B)
125/5, 250/5 oral susp (B)
Chloroquine (Aralen) 500mg
Ciprofloxacin (Cipro) 100, 250, 500, 750mg (B)
5g/100ml susp (B)
Clarithromycin (Biaxin) 250, 500mg IR tabs
125/5, 250/5 oral susp
500mg ext rel tabs (Biaxin XL)
Clindamycin (Cleocin) 150mg caps (B)
75mg/5ml oral solution
Dicloxacillin 250, 500mg tabs (B)
Fluconazole (Diflucan) 150mg (B)
100, 200mg tabs
Doxycycline 100mg (B)
Doxycylcine Hyclate 100mg Caps (B)
Erythromycin Ethyl 200mg/5ml susp (B)
Erythromycin base 250mg (B)
333mg tabs
Ethambutal 100, 400mg (B)
GANTRISIN oral susp
Griseofulvin (GrisPeg) (B)
125mg tabs, 250mg Ultramicrosize tabs (B)
125mg/5ml oral susp (B)
Ketoconazole (Nizoral) 200mg tabs
2% cream, shampoo
Isoniazid 100, 300mg tabs (B)
50mg/5ml oral sol
Levofloxacin (Levaquin) 250, 500, 750mg(B)
25mg/ml solution (B)
Mefloquine (Lariam) 250mg
MetroNIDAZOLE (Flagyl) 250, 500mg (B)
Minocycline (Minocin) 50, 100 mg
Moxifloxacin (Avelox) 400mg
Neomycin 500mg
Nitrofurantoin (Macrobid) 50mg (B)
100mg sus rel (B)
Nystatin 500,000u tabs (B)
100,000u oral susp
100,000u cream, oint (B)
Topical powder (B)
Penicillin V 250, 500mg (B)
250mg/5ml oral susp (B)
Primaquine 26.3mg
Pyrazinamide 500mg (B)
Rifampin 300mg (B)
500mg *ER*
Sulfamethoxazole/trimethoprim (B)
400/80mg tabs (Bactrim)
800/160mg tabs (Bactrim DS)
200/40mg oral susp (B)
Sulfisoxalole 500mg/5ml oral sus
Terbinafine (LamISIL) 250mg
Tetracycline 250, 500mg (B)
TRI-PAK 500mg
ValACYclovir 500mg, 1 gm
Zidovudine 100mg

ANTICOAGULANTS

Dabigatran (Pradaxa) 75, 150mg
Enoxaparin (Lovenox) 30, 40, 60, 80, 100, 120mg injection
Warfarin (Coumadin) 1, 2, 2.5, 3,4, 5, 6, 7.5, 10mg (B)

ASTHMA/COPD

Advair (Fluticasone/salmeterol)
100/50, 250/50, 500/50mg oral inhaler
Advair HFA (Fluticasone/Salmeterol)
45, 115, 230, 250mg (B)
Albuterol oral inh (B)
0.083% solution in NS for nebulizer (B)
0.5% inhalant sol
2mg/5ml syrup
Budesonide (Pulmicort) 0.25mg, 0.5mg (B)
Combivent (Albuterol/ipratropriumora) inh (B
Fluticasone (Flovent HFA) 44, 110, 220mcg oral inhaler (B)
Flovent Diskus 50, 100, 250mcg
Ipratroprium (Atrovent) 0.02% sol for Nebulizer in NS (B)
17 mcg oral inhaler (B)
0.03% nasal spray
Levalbuterol inhalant sol (Xopenex)
0.31mg/3ml; 0.63mg/3ml; 1.25mg/3ml
(Xopenex HFA) 45mcg oral inhaler
Mometasone (Asmanex)
110, 220mg oral inhalation (B)
Mometasone/formoterol (Dulera) 100/5mcg, 200/5 mcg
Montelukast (Singulair) (B)
4, 5mg chewtabs
5, 10 mg tabs
Salmeterol (Serevent) discus (B)
Symbicort (Budesonide/formaterol)
80/4.5, 160/4.5 oral inhalant
Terbutaline (Brethine) 5 mg
Tiotroprium (Spiriva) 18mcg cap for inhal
Theophylline 125, 200, 300, 400mg ext rel (B)
80mg/15ml Oral sol (B)

CHOLESTEROL

BE ADVISED: The FDA has released specific guidelines for the use of Simvastatin with amlodopine, diltiazem, gemfibrozil, nifedipine and verapamil – these guidelines will be strictly followed.
Atorvastatin (Lipitor) 10, 20, 40, 80 mg (B)
Cholestyramine resin light (Questran)
Colestipol (Colestid) 1 gm tabs
Powder for oral use
Ezetimibe (**Zetia**) 10mg
Fenofibrate (Lofibra) 67, 134mg
Fenofibrate (Tricor) 48, 145mg
Fenofibrate Mic (Triglide) 40, 120mg (B)
Gemfibrozil (Lopid) 600mg (B)
Lovastatin (Mevacor) – all strengths *Cannot exceed 20 mg dosing when prescribed with fenofibrate*
Pravastatin (Pravachol)
10, 20, 40, 80mg (B)
Rosuvastatin (Crestor) – all strengths
Simvastatin (Zocor) 5, 10, 20, 40, 80mg (B)
Vytorin (Simvastatin/ezetimibe)
10/20, 10/40, 10/80mg (B)

COUGH, COLD and FLU

Amantadine 100mg (B) 100mg/5ml oral sol
Benzonatate (Tessalon) 100mg
Chlorpheniramine 4mg immed release
Codeine/guaiFENesin elix (RobAC) (B)
GuaiFENesin/dextromethor (RobDM)
GuaiFENesin/pseudoeph (Mucinex D) ext rel
M – 18/RX
Oseltamivir (Tamiflu) 75mg caps
Call for restrictions

Oxymetazoline (AFRIN) nasal spray
M – 1/rx – no refills
Promethazine/codeine syrup *R1*
Promethazine/dextromet syrup (PhenerganDM)
Pseudoephedrine 30mg tabs *M – 30/rx – no refill*
30mg/5ml syrup *M – 1 bot/rx – no refill*
Pseudoephedrine/triprolidine (Actifed) tabs
Sodium chloride 0.65% spray (Ocean)
Saline nasal spray

DENTAL
Chlorhexidine oral rinse (B)
Fluoride, sodium 1.1% paste (Clinpro5000, Prevident 5000 Plus)
2.2mg chewtabs
Pediaflor- 0.5mg/ml oral sol
Triamcinolone dental paste

DIABETES
ACCU-CHEK AVIVA Monitor
ACCU-CHEK AVIVA strips, 100's
ACCU-CHEK Soft Clix lancets, 200's
ACCU-CHEK MULTICLIX lancets, 102's
Exenatide (Byetta) 5, 10mcg
Exenatide long-acting (Bydureon)
FREESTYLE lancets
Glimepiride 1, 2, 4mg
glipiZIDE 5, 10mg immed rel (B)
5, 10mg ext rel
GLUCAGON emergency kit
MetFORMIN 500, 850, 1000mg (Glucophage) immed rel (B)
500, 750mg ext rel (Glucophage XL) (B)
glyBURIDE (Micronase) 1.25, 1.5mg, 2.5, 5mg (B)
GlyBURIDE micronized (Glynase) 3, 6mg (B)
GlyBURIDE/metFORMIN (Glucovance)
1.25/250, 2.5/500, 5/500
Insulin, aspart (B) vials only
Insulin detimir (Levemir) vials only
Insulin, glargine (Lantus) (B)
Insulin, lispro (HumaLOG) (B)
Insulin, lispro (Novolog)
Insulin, mixture 70/30 (NovoLIN) (B)
Insulin, NPH (NovoLIN) (B)
Insulin, Regular (NovoLIN) (B)
Lancet - FREESTYLE lancets (for Precision Xtra)
Lancets, ACCU-CHEK AVIVA
Nateglinide (Starlix) 60, 120mg
Pioglitazone (Actos) 15, 30, 45mg
PRECISION XTRA monitors (B)
PRECISION XTRA test strips, 100s
PRECISION XTRA lancets
SitaGLIPtin (Januvia) 25, 50, 100 mg (B)
SitaGLIPtin/MetFORMIN (Janumet) 50/100, 50/500mg (B)
SYRINGES, 1cc, U-100, 29G1/2 (B)
SYRINGES, LO-DOSE 1/2cc, U-100, 29G1/2 (B)
SYRINGES, BD, 3/10, 31g, 100s
SYRINGES, BD, Ultra-fine 3/10cc 30G
SYRINGES, BD, Ultra-fine III, 31g, 100s

EAR HEALTH
Acetic acid/HC otic sol
Antipyrine/benzocaine (Auralgan) otic sol (B)
Carbamide peroxide otic sol
Ciprofloxacin/HC otic sol
Cortisporin (Neomycin/polymyx/HC) otic susp (B), sol

EYE HEALTH
AcetaZOLAMIDE (Diamox) 500mg
Atropine 1% ophth oint & solution
Bacitracin ophth oint
Bimatropost 0.03% ophth sol, 7.5ml
Betaxolol (Betoptic S) 0.25% ophth sol
Brimonidine (Alphagan-P)
0.1%, 0.15%, 0.2% ophth sol (B)
Carboxymethylcellulose (Refresh Plus)
Cortisporin (Neo/Polymyx B Sulf/Dex) opth oint
Cromolyn (Crolom) 4% ophth sol
CycloSPORINE (Restasis) 0.05% ophth sol
Dexameth/neomy/polymyx ophth oint
Dexameth/tobramycin (Tobradex) ophth sol, oint
Dorzolamide (Trusopt) 2% ophth sol
Dorzolamide/timolol (Cosopt) ophth sol
Erythromycin ophth oint (B)
Fluoromethalone (FML) 0.1% ophth sol
Gatifloxacin 0.3% ophth sol
Gentamicin 0.3% ophth sol, oint (B)
Homatropine 5% ophth sol
Ketorolac Tromethamine (Acular & LS) 0.4%, 0.5% ophth sol
Latanoprost (Xalatan) 0.005% ophth sol (B)
M – 1/28; 3/84
Methazolamide 50mg
Moxifloxacin (Avelox) 0.5% ophth sol
Neosporin (Gramicidin/Neo/Poly) soln (B)
Nepafenac (Nevanac) 0.1% ophth
Ofloxacin (Ocuflox) 0.3% otic sol
0.3% ophth sol
Olopatadine (Patanol) ophth sol (B)
OPCON-A ophth sol
OPTICROM 4% ophth sol
Pilocarpine 1, 2, 4% eye solution (B)
4% Gel (B)
Phenylephrine (Neo-synephrine) 2.5% opth
Polymyxin B/trimeth ophth sol (B)
POLYSPORIN –*Bacit/polymyxin*
POLYTRIM – *Polymyxin B/trimeth soln* (B)
Polyvinyl alcohol (Artificial Tears) 1.4%
PrednisoLONE (Pred-Forte) 0.12% & 1% sol (B)
Sodium chloride 2%, 5% ophth sol
Spacers for inhalers (B)
Sulfacetamide ophth sol(B)
Timolol 0.25, 0.5% ophth sol (B)
(TIMOPTIC XE) 0.25, 0.5% gel (B)
Tobramycin 0.3% ophth sol
Trifluridine (Viroptic) 1% ophth sol
Trusopt (Timolol/dorzolamine) ophth sol

GASTROINTENSTINAL HEALTH
Belladonna/PB tabs, elix
Bisacodyl (Dulcolax) 5mg tab, 10mg supp
Bismuth subsal (Pepto-Bismol) 262mg
Sucralfate (Carafate) 1 gm
Citrate of magnesia oral sol
CO-LYTE electrolyte sol
Dicyclomine 10, 20 mg, 10mg/5ml soln (B)
Diphenoxylate/atropine (Lomotil) tabs
Docusate (Colace) 100mg caps
Esomeprazole (nexIUM) 20, 40 mg (B)
FLEET ENEMA adult and pediatric
FLEET PHOSPHO SODA
FLEET PREP KIT
GOLYTELY electrolyte sol
Hyoscyamine 0.125mg oral./sublingual
Lactulose (B)
10mg/15ml oral sol
Lansoprazole (Prevacid) 15, 30mg soltab *Pediatric use only*
Loperamide (Imodium) 2mg (B)
Magnesium citrate oral solution
Meclizine 25mg
Mesalamine (Asacol) 400mg
Metoclopramide (Reglan) 5, 10mg tabs (B)
5mg/5ml syrup
NULYTELY electrolyte sol
Omeprazole (PriLOSEC) 10, 20mg (B)
Ondansetron 4, 8mg (ZOFRAN)
4, 8mg (ZOFRAN ODT)
Oxybutynin (Ditropan) 5mg immed rel
5, 10, 15mg ext rel (B)
QUESTRAN LIGHT – *See Cholestyramine*
Prochlorperazine (Compazine) 5, 10mg tabs
25mg supps
Polyethylene glycol electrolyte sol (COLYTE, GOLYTELY, NULYTELY)
Promethazine (Phenergan) 25mg tabs (B)
12.5, 25mg supps (B)
6.25mg/5ml syrup (B)
Ranitidine (Zantac) 150mg tabs (B)
15mg/ml liq
Sodium phosphate enema, adult & pediatric
SulfaSALAzine 500mg (not EC) (B) & 500mg EC

HEART HEALTH/BLOOD PRESSURE/CIRCULATION
Aggrenox (Dipyridamole/ASA) 25/250
Aliskeren (Tekturna) 150, 300mg
Amiodarone (Cordarone) 200mg (B)
AmLODIPine (Norvasc) 2.5, 5, 10 mg (B)
AmLODIPine/benazepril (B)
2.5/10, 5/10, 5/20, 5/40, 10/20, 10/40 mg
Atenolol 25, 50, 100mg (B)
Benazepril (Lotensin) 5, 10, 20, 40mg
Benazepril /amLODIPine
Benazepril/hctz 5/6.25,
10/12.5, 20/12.5, 20/25
Candasartan (Atacand) 4, 8, 16, 32 mg
Candesartan/hctz (Atacand HCT)
16/12.5, 32/12.5 mg
Captopril (Capoten) 12,5, 25, 50mg (B)
Carvediol (Coreg) immed rel (B)
3.125, 6.25, 12.5, 25mg
Chlorthalidone (Hygroton)10, 25, 50mg (B)
Cilostazol (Pletal) 50, 100mg
CloNIDine 0.1, 0.2, 0.3 mg tabs (B)
0.1, 0.2, 0.3mg patches

Clopidogrel (Plavix) 75mg (B)
Digoxin 0.125, 0.25mg tabs (B)
0.05mg/5mg elix
Diltiazem 60mg immed rel
(Tiazac) 120, 180, 240, 300, 360, (B)
420mg sus rel (B)
Dipyridamole (Pesantine) 25, 75mg
Donepezil (Aricept) 5, 10mg (B)
Doxazosin (Cardura) 1, 2, 4, 8mg
10mg/ml concentrate
Enalapril (Vasotec) 2.5, 5, 10, 20mg
Felodipine 2.5, 5, 10mg
Fosinopril (Monopril) 10, 20, 40mg
Furosemide (Lasix) 20, 40mg (B)
10mg/ml solution (B)
HydrALAZINE 10, 25, 50, (B) 100mg
Hydrochlorothiazide 12.5, 25, 50 mg (B)
Isosorbide dinitrate
5, 10, 20, 30, 40mg immed rel (B)
40mg sus rel (B)
Isosorbide mononitrate 30, 60, 120mg (B)
Labetolol (Trandate) 100, 200 mg
Lisinopril (Zestril) 5, 10, 20, 40mg (B)
Lisinopril/HCTZ (Zestoretic) tabs (B)
Losartan (Cozaar) 25, 50, 100mg (B)
Losartan/hctz 50/12.5,
100/12.5, 100/25mg (B)
Maxzide (Triamterene/hctz)
37.5/25, 75/50 tabs (B)
not a substitute for Dyazide
Methyldopa (Aldomet) 250, 500mg
Metolazone (Zaroxyln) 2.5, 5, 10mg
Metoprolol tartrate (Lopressor) 25, 50, 100mg imm rel (B)
Metoprolol succinate (Toprol XL)25, 50, 100, 200mg ext rel (B)
NIFEdipine(Adalat) 30, 60, 90mg sus rel (B)
Nisoldipine (Sular) 10, 20, 30, 40mg
Nitroglycerin 0.4mg sublin tabs 25's, 100's (B)
0.1, 0.2, 0.3, 0.4, 0.6, 0.8mg patches (B)
2.5, 6.5mg caps
Sublingual spray (B)
Pentoxifylline (TRENtal) 400mg
Propafenone (Rythmol) 150, 225, 300mg
(Rythmol SR) 225, 325, 425mg
Propranolol (Inderal) 10, 20, 40mg imm rel
60, 80, 120mg sus rel
QuiNIDine gluconate (Quinaglute) 324mg
QuiNIDine sulfate 200mg
Ramipril (Altace) 1.25, 2.5, 5, 10mg (B)
Spironalactone (Aldactone) 25mg (B)
Telmisartan (Micardis) 20, 40, 80mg (B)
Telmisartan/HCTZ (Micardis HCT) (B)
40/12.5, 80/12.5, 80/25
Terazosin (Hytrin) 1, 2, 5, 10mg (B)
Trandolapril (Mavik) 1, 2, 4mg
Valsartan (Diovan) 40, 80, 160, 320mg (B)
Valsartan/HCTZ (Diovan HCT) 12.5/160mg, 12.5/320mg, 25/160mg, 25/320mg (B)
Verapamil (Calan) 80mg immed rel
180, 240mg sus rel (B)
120mg XR

HORMONE REPLACEMENT

Progesterone 100, 200mg
Testosterone 200mg/ml inj, 1 ml
As cypionate
Testosterone (Androderm) 4mg
Testosterone (Androgel) 1% 2.5gm, 5gm

MENTAL/NUEROLOGICAL HEALTH

ALPRAZolam (Xanax) - 0.25, 0.5, 1mg *R1*
Amitriptyline (Elavil) 10, 25, 50, 75mg (B)
Amphetamine salts, mixed (B)
5, 10, 15, 20 mg immed rel *(Adderall)*
5, 10, 15, 20, 30mg ext rel *(Adderall XR)*
ARIPipazole(Abilify) 2, 5, 10, 20, 30mg tabs
Atomexitine (Strattera) 10, 18, 25, 40, 60, 80, 100mg
BuPROPrion 75mg immed rel (B)
Extended rel (Welbutrin XL) – all strengths
100, 150mg sus rel (B)
100mg *Plain* (B)
BusPIRone (Buspar) 5, 10, 15mg (B)
CarBAMazepine (TEGretol) (B)
100, 200 mg tabs (B)
400mg Extended release (B)
100mg/5ml oral susp (B)
Citalopram (celeXA) 10, 20, 40mg (B)
10mg/5ml solution (B)
ClonazePAM 0.5, (B) 1mg
Dextroamphetamine
5, 10 mg immed rel (Dexedrine)
10, 15mg sus rel (Dexedrine SR)
Diazepam (Valium) 2, 5mg (B)
Divalproex 250mg, 250/5 susp (B)
125 sprinkles (B)
250, 500mg sus rel (B)
250, 500mg ext rel (B)
50mg/5ml oral sol
Doxepin (SINEquan) 10, 25, 50, 75, (B) 100mg
10mg/ml concentrate (B)
FLUoxetine (PROzac) 10, 20mg, 40 mg (B)
20mg/5ml (B)
Gabapentin (Neurontin) 100, 300, 400, 600, 800mg (B)
Guanfacine (Intuniv) 1, 2mg
Imipramine 10, 25, 50mg (B)
Pamoate 75mg (B)
LamoTRIgine(laMICtal) 25, 100, 150, 200mg
LevETIRAcetam (Keppra) 250, 500, 750, 1000mg
100mg/ml oral sol
Lithium 150, 300mg immed rel (B)
8meq/5ml solution (B)
LORazepam (Ativan) 0.5, 1, 2mg tabs
Melatonin 3mg
Melatonin CR 3mg
Memantine (Namenda) 5, 10mg
Methylphenidate
5, 10mg, 20mg immed rel (B) (Ritalin)
20mg sus rel (Ritalin SR)
18, 27, 36, 54mg ext rel (Concerta) (B)
Mirtazapine (Remeron) 30 mg tabs, soltabs
Nortriptyline (Pamelor) 10, 25mg
10mg/5ml Solution
OLANzapine (zyPREXA) 2.5, 5, 7.5, 10mg
PARoxetine (Paxil) 10, 20mg immed rel
PHENobarbital 15mg 30, 60, 100mg (B)
20mg/5ml elix
May be dispensed for 90 days supply for seizure control
Phenytoin (Dilantin)30, 100mg caps (B)
50mg chewtabs (B)
125mg/5ml oral susp (B)
Prazosin (Minipress) 1, 2, 5mg
QUEtiapine (SERoquel) 25, 50, 100, 200, 300, 400mg (B)
50, 150, 200, 300, 400 mg ext rel (B)
RisperiDONE (risperDAL) 0.25, 0.5, 1, 2, 3, 4mg (B)
1mg/ml oral sol (B)
Sertraline (Zoloft) 25, 50, 100mg (B)
20mg/ml solution (B)
Venlafaxine (Effexor) 37.5, 75, 150mg ext rel
Temazepam (Restoril) (B)
15, 30mg immed rel
Topiramate (Topamax) 25, 50, 100mg
TraZODone 50, 100, 150, 300mg (B)
Trihexphenidyl (Artane) 2mg tabs (B)
0.4mg/ml elixir (B)
Zolpidem (Ambien) 5, 10mg immed rel (B)

OSTEOPOROSIS

Alendronate (Fosomax) 5, 10mg (B)
35, 70mg weekly dose (B)
70mg/75ml solution (B)
Fosomax D (Alendrondate/ergocalciferol)
70/2800, 70/5600 weekly dose (B)
Ibandronate (Boniva) 150mg tabs (B)
Raloxiphene (Evista) 60mg (B)
15mg/5ml syrup

PAIN/ARTHRITIS/MUSCLE RELAXANTS

Acetaminophen (Tylenol) 325mg tabs
80mg/0.8 ml drops
160mg/5ml oral sol
120 mg suppository.
Acetaminophen/codeine tablets
(Tylenol #3) (B)
Acetaminophen/codeine elixir *(B)*
Allopurinal (Zyloprim) 100, 300mg (B)
Aspirin, enteric coated 81m*g*, 325mg
Baclofen (Lioresal) 10mg
Butalbital/APAP/caffeine tabs (Fioricet) (B)
Butalbital/ASA/caffeine tabs (Fiorinal)
Carisprodal (Soma) 350mg
Celecoxib (CeleBREX) 100, 200, 400mg
Codeine 30mg
Codeine/acetaminophen
30/300 tabs, 12/120 elix (B)
Cyclobenzaprine (Flexeril) 5, 10 mg (B)
Diclofenac (Voltaren) 25, 50, 75mg
0.1% ophth sol
Ergotamine/caffeine tabs
FentaNYL (Duragesic) 25, 50, 75, 100mcg
*restricted to 30 days supply – oncologists or pain management specialists only – 72 hour dosing only
Gabapentin (Neurontin) (B) – all strengths
HYDROcodone/acet 5/500 (Vicodin) (B)
7.5/500, 7.5/750 (Vicodin ES)
5/500, 10/500 (Lortab)
5/325 (Norco)
HYDROmorphone 4 mg
Ibuprofen (Motrin) 400, 600, 800mg (B)

100mg/5ml oral susp
Indomethacin (Indocin) 25, 50mg (B)
Ketorolac (Toradol) 10mg *M – 20/30 – no refills*
Lidocaine (Lidoderm) 2% jelly
2% viscous oral sol
5% transdermal patch
Meloxicam (Mobic) 7.5, 15mg (B)
Metaxolone (Skelaxin) 800mg
Methadone 5mg
Methocarbamol (Robaxin)
500mg (B), 750mg
Methotrexate 2.5mg (B)
Morphine 30mg immed rel (B)
15, 30, 60mg ext rel (B) (MS Contin)
30, 60, 90, 120mg 24 hr rel caps (Avinza)
Naproxen (Naprosyn) 375, 500mg (B)
125mg/5ml suspension (B)
OxyCODONE 5, 30mg immed rel
10, 20, 40, 60mg cont rel (OxyCONTIN)
OxyCODONE/acet 5/325mg (B) (Percocet)
2.5/325, 7.5/325, 7.5/500, 10/325, 10/650 (Percocet)
Piroxicam (Feldene) 20mg
Probenecid 500mg (B)
Rizatriptan 5, 10mg orally dissolving. Tabs (B) (Maxalt MLT)
Rizatriptan 5, 10mg (B) (Maxalt)
M – 12/30; 36/90
Salsalate 500, 750mg (B)
Sulindac (Clinoril) 150, 200 mg
SUMAtriptan (Imitrex) 6mg inj (B) *M -8/30; 24/90*
20 mg nasal spray *M – 12/30; 36/90*
TiZANidine (Zanaflex) 2 mg
TraMADol (Ultram) 50mg (B)
ZOLMitriptan 2.5, 5mg (Zomig)
2.5, 5mg (Zomig MLT)

PARKINSON'S
Benztropine (Cogentin) 0.5mg, 2mg (B)
Pramipexole (Mirapex)
0.125, 0.25, 0.5mg, 1, 1.5mg
Sinemet (Carbidopa/levadopa)
10/100, 25/100, 25/250 (B)

SKIN CONDITIONS
Acitrentin (Soriatane) 10, 25 mg
Adapalene 1% gel
Aluminum chloride top sol (Drysol)
Ammonium lactate 12% cream
(not a substitute for Lac-Hydrin)
Azelaic acid 2% cream
restricted to Dermatology
Bacitracin oint
Benzoyl peroxide 5, 10%
Betamethasone aug 0.05% cream
Betamethasone dipr 0.05% oint
Calcipotriene (Dovonex) cream, oint, sol
M – 900gm/ml/90
Clindamycin Phos 1% Soln (B)
Vaginal gel (B)
Clindamycin/benzoyl peroxide gel
Clobetasol (Temovate) 0.05% gel, oint, sol
Clotrimazole 10mg troches
1% cream, sol (B)
vaginal cream
Diclofenac (Voltaren) 1% gel *M – 1/30;3/90*
Diclofenac transdermal patches
EMLA (prilocaine & lidocaine)
Erythromycin 2% Topical Gel and Solution (B)
Fluocinolone (Synalar) 0.025% cream, sol
Fluocinolone (Derma-Smoothe) 0.01% oil
Fluocinonide (Lidex) 0.05% cream (B)
gel, oint
Fluorouracil (Efudex) 5% cream
Hydrocortisone 1% cream
2.5% rectal cream (B)
2.5mg topical cream
25mg suppositories (B)
Hydrocortisone valerate (Westcort)
0.2% cream, oint
Hydroquinolone 4% cream
Imiquimod (Aldara) 5% cream
ISOtretinoin (Accutane) 10, 20, 40mg
* may not be faxed
Ketoconazole (Nizoral) 200mg tabs
2% cream, shampoo
MetroNIDAZOLE
0.75% vaginal gel (B)
0.75% topical cream
Mupirocin (Bactroban) 2% oint (B)
Naftifine (Naftin) 1% cream
Nystatin 500,000u tabs (B)
100,000u oral susp (B)
100,000u cream, oint (B)
Topical powder
Permethrin (Elimite) 5% cream (B)
Pimecrolimus (Elidel) 1% cream (B)
Plexion (Sulfur/sulfacetamide) soln
Podifilox (Condylox) 0.5% gel
Proctofoam (Hydrocortisone/pramoxine) rectal foam
Selenium sulfide (Selsun) 2.5% lotion/shampoo (B)
Silver sulfadiazine cream (Silvadene) (B)
Tacrolimus (Protopic) 0.03%, 0.1% oint
Dermatology only
Terconazole (Terazol) 0.4% vag cream
60mg supps, 3's
Tretinoin (Retin-A) 0.025% cream (B)
A – 35 yrs or younger
0.025% gel
Tretinoin 0.05% cream (B)
A – 35 years or younger
Triamcinolone 0.1% cream (B)
0.1% oint,
63gm topical spray
Triamcinolone/nystatin cream

SMOKING CESSATION
Patients must present a certificate of enrollment in a smoking cessation program – call 623-856-3830 – no medications for Chantix will be dispensed without a certificate
CHANTIX starter packs
Maintenance packs
NICODERM
ZYBAN

STEROIDS
Dexamethasone 0.5, 0.75, 4mg
Fludrocortisone (Florinef) 0.1mg
MethylPREDNISolone (Medrol) 4 mg
4mg, 21's
PrednisoLONE (B) (Prelone)
15mg/5ml oral sol
20mg/5ml oral sol
(Pred-Forte) 0.12% & 1% ophth sol
PredniSONE 1, 5, 10, 20, 50mg (B)

THYROID CONDITIONS
Levothyroxine (Levoxyl) 25, 50, 75, 88, 100, 112, 125, 137, 150, 175, 200mcg *Levoxyl brand name*
Levothyroxine (Synthroid) (B) 25, 50, 75, 88, 100, 112, 125, 137, 150, 175, 200, 300mcg *Synthroid brand name*
Liothyronine (Cytomel) 5, 25mcg
Propylthiouracil 50mg (B)

URINARY HEALTH
Alfuzosin (Uroxatral) 10mg (B)
Calcitriol 0.25mcg
Desmopressin (DDAVP) 100mg/ml nasal spray
Finasteride (Proscar) 5mg (B)
Phenazopyridine (Pyridium)100, 200mg (B)
Serdenafil (Viagra) – all strengths (max of 6/30 days, 18/90 days)
Solifenacin (Vesicare) 5, 10 mg
Tolterodine (Deltrol) 2, 4mg ext rel (B)
Please note – Verdenagil (Levitra) is no longer on formulary – no new prescriptions will be accepted – refills must be converted to Viagra

VITAMINS/MINERALS
Cyanocobalamin (B-12) 1000u inj
Ergocalciferol (Vitamin D) 50,000u caps
Ferrous sulfate 325mg tabs (B)
25mg/ml oral sol
Folic acid 1mg (B)
Magnesium oxide 400mg
Multivitamins, prenatal *-females up to 45 yrs*
Multivitamins with fluoride sol
Multivitamins with iron sol
Niacin 50, 500 mg tabs
Niacin ext. rel. 500, 750, 1000 mg (B)
Phytonadione (Vit K) 5 mg
POLY VI FLOR oral sol
POLY VI SOL oral sol
PRENATAL VITAMINS (B)- *females 45 years or younger*
Pyridoxine (B6) 50mg

WOMEN'S HEALTH

Anastrozole (Arimedex) 1 mg tabs
ClomiPHENE (Clomid) 50mg
Conjugated estrogens (B) (Premarin)
0.3, 0.45, 0.625, 0.9, 1.25 mg
0.625mg vag cream (B)
Conjugated est/medroxyprog (B) (Prempro)
0.625/2.5, 0.625/5, 0.45/1.5, 0.3/1.5 mg
Estradiol (Estrace) 0.5, 1, 2mg tabs
0.01 mg vaginal cream
(Climara) 0.025, 0.05, 0.06, 0.075, 0.1, 37.5mg patch (B) *Climara only*
Desogen
Nuvaring
MedroxyPROGESTERone (Provera)
2.5, 5, 10mg (B)
DEMULEN 1/35
JOLESSA
LOESTRIN FE 1/20 (B)
LOESTRIN FE 1.5/30 (B)
LO/OVRAL
Nor-QD 0.35mg
ORTHO-CEPT
ORTHO-CYCLEN
ORTHO-EVRA patches
ORTHO TRI-CYCLEN (B)
ORTHO TRI-CYCLEN LO
SRONYX
Tamoxifen 10, 20 mg (B)
TRI-LEVLEN
TRI-NESSA
YASMIN (B)
YAZ tabs
PRENATAL VITAMINS (B)
A –females 45 years or younger
Terconazole (Terazol) 0.4% vag cream
60mg supps, 3's

MISC

Disulfuram (Antabuse) 250 mg
EPINEPHrine 1:1000 inj (B)
1:2000 inj
EPI-PEN 1:1000 inj (B)
EPI-PEN JR 1:2000 inj (B)
Hydroxychloroquine (Plaquenil) 200mg
KETO-DIASTIX reagent strips
Methylergonovine (Methergine) 0.2mg
Potassium chloride 10, 20mEq ext rel (B)
10meq Capsules
20meq Packets (B)
20mEq/15ml oral sol (B)