DEPARTMENT OF THE AIR FORCE
19TH MEDICAL GROUP (AMC)

1 Jul 2010

Dear Beneficiaries,

The Little Rock AFB Pharmacy has attached, for your convenience, a list of all current medications stocked on our formulary. Our formulary system is designed to provide the most therapeutic and cost-effective medications. Please note that our formulary "can" change as often as every 3 months. The formulary is posted on the Little Rock Air Force Base website at http://www.littlerock.af.mil/ under "Community Interest" in the bottom right hand side of the page.

Medications identified with * indicates Basic Core Formulary medications that are available at all military treatment facilities throughout the Department of Defense (Army, Navy and Air Force Military Treatment Facilities), allowing continuity of care. Some medications are to be considered as ***Preferred Agents*** and should be tried before selecting another drug in the same class while others have quantity limits or restrictions associated with them. We can dispense up to a 90-day supply of maintenance medications. A small number of medications are restricted to 30 or 60 day supply (i.e., controlled substances). Please ask your primary care manager (PCM) to write for 90 days supply when possible.

As a reminder, the pharmacy hours of operation are 0730-1630 hours. We will accept off base prescriptions from 0730-1130 and 1300-1600 hours. Prescriptions may be dropped off between 1130-1300 and can be picked up after 1400. **All written prescriptions** must be signed with an original signature by your provider; we **will not** accept electronic signatures, stamped, or faxed prescriptions. Also, we **do not accept** prescriptions over the phone. It is **mandatory** that all refills are called into the refill pharmacy, (501) 987-7457 or 1-877-329-5762.

We want to be sure that you receive the best quality of care and service. Please ask for Patient Advocate, TSgt Patterson, if you have any questions and/or concerns. If you have any questions about our formulary medications or policies please contact a pharmacy staff member at (501) 987-7446.

Sincerely,

//SIGNED//
NICHOLAS A. MILAZZO, Maj, USAF, BSC
Pharmacy Flight Commander
Director of Pharmacy

COUGH & COLD PRODUCTS

COUGH & CHEST CONGETSION

BENZONATATE (TESSALON) PERLES 100mg & 200mg CAP
GUAIFENESIN (MUCINEX) 600mg TAB
GUAIFENESIN/DM (MUCINEX-DM) 600mg/30mg TAB
GUAIFENESIN/PSE (MUCINEX-D) 600mg/60mg TAB
GUAIFENESIN (ROBITUSSIN) 100mg/5ml, 120ml
(Qty limit: 1 bottle w/1 refill or 2 bottle w/0 refills)
GUAIFENESIN w/CODEINE (ROBITUSSIN AC) 100mg-10mg/5ml, 120ml/btl
(No refills allowed; Max quantity of 30 days)
GUAIFEN/DEXTROM (ROBITUSSIN DM) 10mg/100mg/5ml, 120ml
(Qty limit: 1 bottle w/1 refill or 2 bottle w/0 refills)
PROMETH/CODEINE (PHENERGAN w/CODEINE), 10mg-6.25mg/5ml, 120ml/btl
(No refills allowed; Max quantity of 30 days)

ANTIHISTAMINES & DECONGESTANTS

CETIRIZINE (ZYRTEC) 10mg TAB
CETIRIZINE (ZYRTEC) 5mg/5ml SYRUP, 120ml
CETIRIZINE/PSE (ZYRTEC-D) 5mg/120mg TAB
CHLORPHEN/PSE (DECONAMINE SR) 8mg/120mg CAP*
(Manufacturer production problems/discontinued)
CHLORPHENIRAMINE (CTM) 4mg TAB
CHLORPHENIRAMINE/PHEN (RONDEC) DROPS, 30ml*
CYPROHEPTADINE (PERIACTIN) 4mg TAB*
CYPROHEPTADINE (PERIACTIN) 2mg/5ml SYRUP*
DIPHENHYDRAMINE (BENADRYL) 12.5mg/5ml ELIX, 120ml
(Qty limit: 1 bottle w/1 refill or 2 bottle w/0 refills)
DIPHENHYDRAMINE (BENADRYL) 25mg CAP
FEXOFENADINE (ALLEGRA) 180mg TAB
FEXOFENADINE (ALLEGRA) 30mg/5ml SUSP, 300ml
HYDROXYZINE (ATARAX) 10mg, 25mg & 50mg TAB *
HYDROXYZINE (ATARAX) 10mg/5ml ELIX *
LORATADINE (CLARITIN) 10mg TAB
(Preferred Agent)
LORATADINE (CLARITIN) 1mg/ml ELIX, 120ml
(Preferred Agent)
MECLIZINE (ANTIVERT) 25mg TAB
PSEUDOEPHEDRINE (SUDAFED) LIQ, 120ml
(Qty limit: 1 bottle w/1 refill or 2 bottle w/0 refills)
PSEUDOEPHEDRINE (SUDAFED) 30mg TAB
(Qty limit: 24 tabs w/1 refill or 48 tabs w/0 refill)

NASAL (NOSE) PRODUCTS

AZELASTINE (ASTELIN) SPRAY, 30ml
(High Cost Item; maximum of 6 bottles/90 days)
FLUTICASONE (FLONASE) SPRAY, 16g *
(Preferred Agent, Maximum of 3 bottles/90 days)
MOMETASONE (NASONEX) SPRAY, 17g
(Maximum of 6 bottles/90 days)
NEILMED SINUS RINSE STARTER KIT*
(includes irrigation bottle and 50 saline packets)
NEILMED SINUS RINSE REFILL KIT
(includes 100 saline packets)
OXYMETAZOLINE (AFRIN) SPRAY, 15ml
PHENYLEPHRINE (NEO-SYNEPHRINE) SPRAY 0.25%, 15ml

THROAT PRODUCTS

LIDOCAINE (XYLOCAINE VISCOUS) 2% SOL, 100ml

ANAPHYLACTIC/ EMERGENCY AGENTS

EPINEPHRINE (TWINJECT) 0.15mg & 0.3mg, Single and Two Pack *
(LRAFB does not carry Epi-Pen or Epi-Pen Jr)

ANALGESIC (PAIN & INFLAMMATION) MEDICATIONS

ACETAMINOPHEN (TYLENOL) 160mg/5mL ELIX, 120ml
(Qty limit: 1 bottle w/1 refill or 2 bottle w/0 refills)
ACETAMINOPHEN (TYLENOL) 80mg/0.8ml DROPS, 15ml
(Qty limit: 1 bottle w/1 refill or 2 bottle w/0 refills)
ACETAMINOPHEN (TYLENOL) 325mg TAB
(Qty Limit: 100 tabs w/1 refill)
GABAPENTIN (NEURONTIN) 100mg, 300mg, 400mg, 600mg & 800mg *

STEROIDS

METHYLPREDNISOLONE (MEDROL DOSEPAK) 4mg TAB
PREDNISOLONE (ORAPRED) 15mg/5ml *
PREDNISONE (DELTASONE) 1mg, 5mg, 10mg & 20mg TAB *
PREDNISONE (DELTASONE) 5mg/5ml SOLN*
PREDNISONE (STERAPRED) 5mg, 6-day & 12-day DOSEPAKS
PREDNISONE (STERAPRED DS) 10mg, 6-day & 12-day DOSEPAKS

NON-STEROIDALs (NSAIDs)—MILD PAIN

ASPIRIN (ECOTRIN) 81mg & 325mg EC TAB
CELECOXIB (CELEBREX) 100mg & 200mg CAP
(High Cost Item)
DICLOFENAC (VOLTAREN) 50mg & 75mg TAB
IBUPROFEN (MOTRIN) 100mg/5ml, 120ml *
(Qty limit: 1 bottle w/1 refill or 2 bottle w/0 refills)
IBUPROFEN (MOTRIN) 400mg, 600mg & 800mg TAB *
INDOMETHACIN (INDOCIN) 25mg & 50mg CAP *
MELOXICAM (MOBIC) 7.5mg & 15mg TABS *
NAPROXEN (NAPROSYN) 250mg, 500mg TAB *
NAPROXEN (NAPROSYN) 125mg/5ml SUSP*
NAPROXEN SODIUM (ANAPROX) 275mg & 550mg TAB
PHENAZOPYRIDINE (PYRIDIUM) 100mg & 200mg TAB *
PIROXICAM (FELDENE) 20mg CAP
SALSALATE (DISALCID) 500mg & 750mg TAB *
SULINDAC (CLINORIL) 150mg & 200mg TAB

CONTROLLED SUBSTANCES—MODERATE TO SEVERE PAIN

(No refills allowed; Max quantity of 30 days)
APAP/CODEINE (TYLENOL w/CODEINE) 120mg-12mg/5ml ELIXIR *
APAP/CODEINE (TYLENOL #3) 300mg/30mg TAB *
HYDROCODONE/APAP, 5/325mg, 5/500mg*, 7.5mg/500mg, 10/500mg
7.5/650mg, 7.5/750mg, 10/325mg, 10/650mg TAB
MEPERIDINE (DEMEROL) 50mg TAB
MORPHINE SULFATE (MS CONTIN) 15mg, 30mg & 60mg SR TAB *
MORPHINE SULFATE (*Immediate Release)* 15mg & 30mg TAB *
OXYCODONE/APAP (PERCOCET) 5mg/325mg* & 10/325mg TAB
OXYCODONE/APAP (TYLOX) 5mg/500mg CAP
PROPOXYPHENE-NAP/APAP (DARVOCET-N-100) 100mg/650mg TAB
TRAMADOL *Immediate Release* (ULTRAM) 50mg TAB *
(LRAFB does not carry "Ultram ER" or "Ultracet" tablets)
(Maximum of 240 tabs/30 days)

SKELETAL MUSCLE RELAXANTS

CARISOPRODOL (SOMA) 350mg TAB
(No refills allowed; Max quantity of 30 days)
CYCLOBENZAPRINE (FLEXERIL) 5mg & 10mg TAB *
METHOCARBAMOL (ROBAXIN) 500mg & 750mg TAB *
DIAZEPAM (VALIUM) 5mg & 10mg TAB *
(No refills allowed; Max quantity of 30 days)
TIZANIDINE (ZANAFLEX) 2mg & 4mg TAB

GOUT AGENTS

ALLOPURINOL (ZYLOPRIM) 100mg & 300mg TAB *
COLCHICINE 0.6mg TAB
PROBENECID 500mg TAB *

HEADACHE & MIGRAINE MEDICATIONS

BUTALBITAL/ACETAMINOPHEN/CAFFEINE (FIORICET) TAB *
ERGOTAMINE/CAFFEINE (CAFERGOT) 1mg/100mg TAB
ISOMETHEPTENE/APAP/DICHLORALPHENAZONE (MIDRIN) CAP
(No refills allowed; Max quantity of 30 days)
RIZATRIPTAN (MAXALT-PLAIN) 5mg, 10mg TAB, 12 tabs/box *
(Preferred Agent, Maximum of 36 tabs/90 days)
RIZATRIPTAN (MAXALT-MLT) 5mg, 10mg TAB, 12 tabs/box *
(Preferred Agent, Maximum of 36 tabs/90 days)
SUMATRIPTAN (IMITREX) 25mg, 50mg & 100mg (9 tabs/box) TAB
(Maximum: 54 tabs/90 days-25 & 50mg / 27 tabs/90 days-100mg)
SUMATRIPTAN (IMITREX) AUTO-INJECTOR 6mg/0.5ml *
(Maximum 8 injections/30 days or 24 injections/90 days)
SUMATRIPTAN (IMITREX) NASAL, 5mg & 20mg SPRAY, (6 units/box)
(Maximum 18 units/90 days)
SUMATRIP/NAPROXEN (TREXIMET) 85mg/500mg (9 tabs/box) TAB
(Maximum: 27 tabs/90 days)
ZOLMITRIPTAN (ZOMIG) 2.5mg (6 tabs/box) & 5mg (3 tabs/box) TAB
(Maximum: 36 tabs/90 days)

DIABETIC SUPPLIES & MEDICATIONS

ALCOHOL PREP PADS, 100/box
GLUCAGON EMERGENCY KIT
INSULIN SYRINGES, LO DOSE (0.5 cc), 100/box *
(Maximum of 200 syringes/30 days or 600 syringes/90 day)
INSULIN SYRINGES, HIGH DOSE (1cc), 100/box *
(Maximum of 200 syringes/30 days or 600 syringes/90 day)
LANCETS, 100/box
NOVOFINE PEN NEEDLE 30 GAUGE, 100/box (for use with flexpens)
(Maximum of 200 needles/30 days or 600 needles//90 day)

DIABETIC SUPPLIES & MEDICATIONS (cont)

PRECISION XTRA MONITOR *
PRECISION XTRA GLUCOSE TEST STRIPS, 100/box *
(Maximum of 200 strips/30 days or 600 strips/90 days)

INSULINS

INSULIN GLARGINE (LANTUS) VIAL, 10 ml *
INSULIN GLARGINE (LANTUS SOLOSTAR), (5 x 3ml) *
(300 units/pen; prescribe the number of pens desired)
INSULIN ASPART (NOVOLOG) VIAL, 10 ml *
INSULIN ASPART (NOVOLOG) FLEX PEN, (5 x 3ml)
(300 units/flex pen; prescribe the number of flex pens desired)
INSULIN ASPART (NOVOLOG 70/30) VIAL, 10ml
INSULIN ASPART (NOVOLOG 70/30) FLEX PEN, (5 x 3ml)
(300 units/flex pen; prescribe the number of flex pens desired)
INSULIN DETEMIR (LEVEMIR) VIAL, 10 ml
INSULIN (NOVOLIN-70/30) VIAL, 10ml *
INSULIN (NOVOLIN-NPH) VIAL, 10ml *
INSULIN (NOVOLIN-REG) VIAL, 10ml *

ORAL DIABETIC AGENTS

GLIPIZIDE (GLUCOTROL) 5mg & 10mg TAB *
GLIPIZIDE (GLUCOTROL XL) 2.5mg, 5mg & 10mg XL TAB
GLYBURIDE (MICRONASE) 1.25mg, 2.5mg & 5mg TAB *
METFORMIN (GLUCOPHAGE) 500mg, 850mg & 1,000mg TAB *
METFORMIN (GLUCOPHAGE XR) 500mg & 750mg XR TAB
METF/GLYBURIDE (GLUCOVANCE) 1.25/250mg, 2.5/500mg & 5/500mg TAB
MICRONIZED GLYBURIDE (GLYNASE) 1.5mg, 3mg & 6mg TAB *
PIOGLITAZONE (ACTOS) 15mg, 30mg & 45mg TAB
PIOGLIT/METFORMIN (ACTOPLUS MET) 15mg/500mg & 15mg/850mg TAB
ROSIGLITAZONE (AVANDIA) 2mg, 4mg & 8mg TAB *
ROSIGLIT/METF (AVANDAMET) 2/500, 4/500, 2/1000 & 4/1000mg TAB
SITAGLIPTIN (JANUVIA) 50mg & 100mg TAB
SITAGLIPTIN/METFORMIN (JANUMET) 50/500mg & 50/1,000mg TAB

ANTIHYPERTENSIVES (BLOOD PRESSURE AGENTS)

ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS

CAPTOPRIL (CAPOTEN) 12.5mg, 25mg, 50mg, 100mg TAB *
LISINOPRIL (ZESTRIL) 2.5mg, 5mg, 10mg, 20mg, 30mg & 40mg TAB *
LISIN/HCTZ (ZESTORETIC) 10mg/12.5mg, 20mg/12.5mg & 20mg/25mg TAB *

ALPHA-ADRENERGIC AGONIST

CLONIDINE (CATAPRES) 0.1mg, 0.2mg & 0.3mg TAB *

ALPHA-BLOCKERS

ALFUZOSIN (UROXATROL) 10mg TAB
DOXAZOSIN (CARDURA) 2mg, 4mg & 8mg TAB
PRAZOSIN (MINIPRESS) 1mg, 2mg & 5mg CAP
TERAZOSIN (HYTRIN) 1mg, 2mg, 5mg & 10mg CAP *

ANGIOTENSIN RECEPTOR BLOCKERS (ARBs)

TELMISARTAN (MICARDIS) 20mg, 40mg & 80mg TAB *
(Preferred Agent, 30 tabs/box)
TELM/HCTZ (MICARDIS HCT) 40/12.5mg, 80/12.5mg & 80/25mg TAB *
(Preferred Agent, 30 tabs/box)
LOSARTAN (COZAAR) 25mg, 50mg & 100mg TAB
LOSARTAN/HCTZ (HYZAAR) 50/12.5mg, 100/12.5mg & 100/25mg TAB

BETA-BLOCKERS

ATENOLOL (TENORMIN) 25mg, 50mg & 100mg TAB *
ATENOLOL/CHLORTHALIDONE (TENORETIC) 50/25mg & 100/25mg TAB
METOPROLOL (LOPRESSOR) 25mg, 50mg & 100mg TAB *
METOPROLOL (TOPROL XL) 25mg, 50mg, 100mg & 200mg TAB
PROPRANOLOL (INDERAL) 10mg, 20mg, 40mg & 80mg TAB
PROPRANOLOL (INDERAL-LA) 60mg, 80mg, 120mg & 160mg CAP

BETA-BLOCKER WITH ALPHA-BLOCKING ACTIVITY

CARVEDILOL (COREG) 3.125mg, 6.25mg, 12.5mg & 25mg IR TAB *
CARVEDILOL (COREG CR) 10mg, 20mg, 40mg & 80mg CAP

CALCIUM CHANNEL BLOCKERS (CCBs)

AMLODIPINE (NORVASC) 2.5mg, 5mg & 10mg TAB *
AMLODIPINE/BENZ (LOTREL) (all strengths) CAP *
DILTIAZEM 60mg TAB
DILTIAZEM XR (TIAZAC) 120mg, 180mg, 240mg, 300mg, 360mg & 420mg CAP*
(This brand only, not equivalent to Cardizem CD)
NIFEDIPINE (ADALAT CC) 30mg, 60mg & 90mg TAB *
(This brand only, not equivalent to Procardia XL)
VERAPAMIL (CALAN) 80mg TAB
VERAPAMIL (CALAN SR) 120mg, 180mg & 240mg TAB *

CHOLESTEROL LOWERING AGENTS

ATORVASTATIN (LIPITOR) 10mg, 20mg, 40mg & 80mg TAB *
COLESTIPOL (COLESTID) 1 GRAM TAB *
EZETIMIBE (ZETIA) 10mg TAB
FENOFIBRATE (FENOGLIDE) 40mg & 120mg *
(This brand only, not equivalent to Triglide or Tricor)
GEMFIBROZIL (LOPID) 600mg TAB *
NIACIN (NIASPAN-ER) 500mg, 750mg & 1000mg ER TAB *
PRAVASTATIN (PRAVACHOL) 10mg, 20mg, 40mg & 80mg TAB *
SIMVASTATIN (ZOCOR) (all strengths) TAB *
SIMVASTATIN/EZETIMIBE (VYTORIN) (all strengths) TAB *

DIURETICS ("WATER PILLS")

CHLORTHALIDONE (HYGROTON) 25mg & 50mg *
FUROSEMIDE (LASIX) 20mg, 40mg & 80mg TAB *
FUROSEMIDE (LASIX) 10mg/ml Oral Solution, 60ml *
HYDROCHLOROTHIAZIDE (HCTZ) 25mg & 50mg *
INDAPAMIDE (LOZOL) 1.25mg & 2.5mg TAB
METOLAZONE (ZAROXOLYN) 2.5mg & 5mg TAB

POTASSIUM-SPARING DIURETICS ("WATER PILLS")

SPIRONOLACTONE (ALDACTONE) 25mg & 50mg TAB *
TRIAMTERENE/HCTZ (MAXZIDE) 37.5/25mg & 75/50mg TAB *
TRIAMTERENE/HCTZ (DYAZIDE) 37.5/25mg CAP *

VASODILATING AGENTS

HYDRALAZINE (APRESOLINE) 10mg, 25mg & 50mg TAB *
ISOSORBIDE MONONITRATE (IMDUR) 30mg, 60mg & 120mg *
ISOSORBIDE MONONITRATE (ISMO) 20mg *
ISORSORBIDE DINITRATE (ISORDIL) 5mg, 10mg, 20mg & 30mg TAB *
ISORSORBIDE DINITRATE-SR (ISORDIL TEMBID) 40mg SR TAB
NITROGLYCERIN (NITRO-DUR) 0.1, 0.2, 0.3, 0.4, 0.6 & 0.8mg/h PATCHES*
NITROGLYCERIN (NITROQUICK 0.3mg, 0.4mg & 0.6mg SL TAB *
NITROGLYCERIN SUBLINGUAL SPRAY 400mcg/spray, 12g *

MISC CARDIAC DRUGS

AMIODARONE (CORDARONE) 200mg TAB *
DIGOXIN (LANOXIN) 0.125mg & 0.25mg TAB *
DIGOXIN (LANOXIN) 0.05mg/ml Oral Solution, 60ml
QUINIDINE GLUCONATE (QUINAGLUTE) 324mg SR TAB
QUINIDINE SULFATE (QUINIDEX) 300mg ER TAB

REPLACEMENT ION THERAPY

POTASSIUM CHLORIDE (KLOR-CON) 8mEq, 10mEq & 20mEq TAB *
POTASSIUM CHLORIDE (KLOR-CON) 20mEq Powder, 100 packets/box *
POTASSIUM CHLORIDE 20mEq/15ml oral solution *

ANTICOAGULATION (BLOOD THINNING) AGENTS

WARFARIN (COUMADIN) (all strengths) TAB *
(Brand name only; generic brands not stocked)
CLOPIDOGREL (PLAVIX) 75mg TAB *
ENOXAPARIN (LOVENOX) (all strengths), 10 SYRINGES/BOX *

ANTI-CONVULSANTS (SEIZURE) MEDICATIONS

CARBAMAZEPINE (TEGRETOL) 100mg CHEWTAB
CARBAMAZEPINE (TEGRETOL) 200mg TAB *
CARBAMAZEPINE (TEGRETOL XR) 400mg TAB *
DIVALPROEX (DEPAKOTE ER) 250mg & 500mg TAB *
DIVALPROEX (DEPAKOTE) 125mg, 250mg & 500mg TAB *
DIVALPROEX (DEPAKOTE SPINKLE) 125mg CAP *
ETHOSUXIMIDE (ZARONTIN) 250mg/5ml SUSP, 473ml
GABAPENTIN (NEURONTIN) 100mg, 300mg, 400mg, 600mg & 800mg *
PHENOBARBITAL 15mg, 32.4mg, 60mg & 100mg TAB *
(Up to 5 refills allowed-Rx must state "for seizures"; Max 30 day supply)
PHENOBARBITAL 20mg/5ml ELIX *
(Up to 5 refills allowed-Rx must state "for seizures"; Max 30 day supply)
PHENYTOIN (DILANTIN) 100mg CAP *
PHENYTOIN (DILANTIN INFATAB) 50mg TAB *
PHENYTOIN (DILANTIN) 125mg/5ml SUSP, 240ml
PRIMIDONE (MYSOLINE) 50mg & 250mg TAB
TOPIRAMATE (TOPAMAX) 25mg, 50mg, 100mg, 200mg TAB
VALPROIC ACID (DEPAKENE) 250mg/5ml SOL

RESPIRATORY (BREATHING) AGENTS

ANTICHOLINERGICS

TIOTROPIUM (SPIRIVA) HANDIHALER 18mcg, 30 capsules/box
(Maximum of 90 capsules/90 days)
IPRATROPIUM (ATROVENT) 0.02% VIAL, 25 units/box *
(Maximum of 540 units/90 days)
IPRATROPIUM (ATROVENT) 17mcg INHALER, 14g *
(Maximum of 6 inhalers/90 days)

COMBINATION PRODUCTS

ALBUTEROL/IPRATROPIUM (COMBIVENT) INHALER, 14.7g *
BUDESONIDE/FORMOTEROL (SYMBICORT) 80mcg/4.5mcg & 160mcg/4.5mcg INH
(Maximum of 3 inhalers/90 days)
FLUTIC/SALMETER (ADVAIR DISKUS) (all strengths) INHALER, 60 puffs/box *
(High Cost Item, Maximum of 1 puff twice a day; 3 boxes/90 days)
FLUTIC/SALMETER (ADVAIR HFA) (all strengths) 120 puffs/inhaler*

INHALED CORTICOSTEROIDS

BUDESONIDE RESPULES (PULMICORT) 0.25mg/2ml VIAL, 30 units/box *
(Maximum of 360 units/90 days)

INHALED CORTICOSTEROIDS (cont.)

BUDESONIDE RESPULES (PULMICORT) 0.5mg/2ml VIAL, 30 units/box *
(Maximum of 180 units/90 days)
FLUTICASONE (FLOVENT) 44mcg, 110mcg & 220mcg INHALER, 12g*
(High Cost Item, Maximum of 6 inhalers/90 days)
FLUTICASONE (FLOVENT DISKUS) 50mcg, 100mcg, & 250mcg*
(Maximum of 3 inhalers/90 days)
MOMETASONE (ASMANEX) 110mcg INHALER, 30 doses/box
(Maximum of 6 inhalers/90 days)
MOMETASONE (ASMANEX) 220mcg INHALER, 30, 60 & 120 doses/box
(Maximum of 360 inhalations/90 days)

LEUKOTRIENE RECEPTOR ANTAGONISTS

MONTELUKAST (SINGULAIR) 4mg PACKETS *
MONTELUKAST (SINGULAIR) 4mg & 5mg CHEWTAB *
MONTELUKAST (SINGULAIR) 10mg TAB *

LONG ACTING BETA-AGONISTS (LABAs)

SALMETEROL (SEREVENT DISKUS) 50mcg INHALER, 60 puffs/box *
(Maximum dose of 1 puff twice a day; 3 boxes/90 days)

SHORT ACTING BETA-AGONISTS (SABAs)-RESCUE INHALERS

ALBUTEROL (PROVENTIL) 0.083% NEB SOL, 25 units/box *
(Maximum of 550 units/90 days)
ALBUTEROL (PROVENTIL) 0.5% INHALATION SOL, 20ml/bottle *
(Maximum of 180ml (9 bottles)/90 days)
ALBUTEROL HFA (PROVENTIL HFA) 90mcg INHALER, 6.7g
(Maximum of 6 inhalers/90 days)
ALBUTEROL HFA (VENTOLIN HFA) 90mcg INHALER, 18g *
(Maximum of 6 inhalers/90 days)
ALBUTEROL (PROVENTIL) 2mg/5ml SYRUP, 473ml
LEVALBUTEROL HFA (XOPENEX) 45mcg INHALER, 15g
(Maximum of 6 inhalers/90 days)
LEVALBUTEROL (XOPENEX) 0.63mg/3ml & 1.25mg/3ml VIAL, 24 units/box
(Maximum of 360 vials/90 days)

MISC RESPIRATORY AGENTS

AEROCHAMBER SPACER DEVICE (Z-Stat Plus) *
AEROCHAMBER (Z-Stat Plus) w/ PEDIATRIC MASK
(Small, medium, and large sizes)
NORMAL SALINE 0.9% BULLETS (3ml), 100 units/box
TERBUTALINE (BRETHINE) 5mg TAB
THEOPHYLLINE (THEO-DUR) 100mg, 200mg & 300mg SR TAB *
THEOPHYLLINE (THEO-24) 300mg, 400mg CAP *
THEOPHYLLINE (UNIPHYL) 400mg TAB *
THEOPHYLLINE LIQUID 80mg/5ml, 473ml *

ANTIBIOTIC/ANTIFUNGAL ORAL TABLETS & CAPSULES

PENICILLINS

AMOX/CLAV (AUGMENTIN) 250mg, 500mg & 875mg TAB *
AMOXICILLIN/CLAVULANIC (AUGMENTIN) 400mg CHEWTAB *
AMOXICILLIN (AMOXIL) 250mg & 500mg CAP *
AMOXICILLIN (AMOXIL) 875mg TAB *
DICLOXICILLIN (DYNAPEN) 250mg & 500mg CAP *
PENICILLIN VK (PEN-VEE K) 250mg & 500mg TAB *

CEPHALOSPORINS

CEFDINIR (OMNICEF) 300mg CAP
CEFPROZIL (CEFZIL) 250mg & 500mg TAB
CEFUROXIME (CEFTIN) 250mg & 500mg TAB
CEPHALEXIN (KEFLEX) 250mg & 500mg CAP *

MACROLIDES

AZITHROMYCIN (ZITHROMAX) 250mg & 500mg TAB *
AZITHROMYCIN (Z-PAK) 250mg, 6 tabs/pack *
AZITHROMYCIN (TRI-PAK) 500mg, 3 tabs/pack *
AZITHROMYCIN (ZITHROMAX) 1g, single dose packet oral solution *
CLARITHROMYCIN (BIAXIN) 500mg TAB
(LRAFB does not carry Biaxin"XL")
ERYTHROMYCIN (ERY-TAB) 250mg TAB *
ERYTHROMYCIN STEARATE (ERYTHROCIN) 250mg FILMTAB*

FLUOROQUINOLONES

CIPROFLOXACIN (CIPRO) 100mg, 250mg, 500mg & 750mg TAB *
(LRAFB does not carry Cipro "XR")
LEVOFLOXACIN (LEVAQUIN) 250mg, 500mg & 750mg TAB *

ANTI-FUNGAL AGENTS

CLOTRIMAZOLE (MYCELEX) TROCHES 10mg TAB
FLUCONAZOLE (DIFLUCAN) 100mg, 150mg * & 200mg TAB *
GRISEOFULVIN (GRIS-PEG) 125mg & 250mg TAB *
KETOCONAZOLE (NIZORAL) 200mg TAB
NYSTATIN (MYCOSTATIN) 500,000 UNITS / TAB *

SULFA-BASED AGENTS

SULFAMETHOXAZOLE/TMP (BACTRIM DS) 800mg/160mg TAB *
SULFAMETHOXAZOLE/TMP (BACTRIM) 400mg/80mg TAB

ANTI-VIRAL AGENTS

ACYCLOVIR (ZOVIRAX) 200mg CAP, 400mg & 800mg TAB *
ACYCLOVIR (ZOVIRAX) 200mg/5ml SUSP, 473ml
AMANTIDINE (SYMMETREL) 100mg CAP *
AMANTIDINE (SYMMETREL) 50mg/ml SYRP *
VALCYCLOVIR (VALTREX) 500mg & 1,000mg TAB

ANTI-TUBERCULAR (TB) AGENTS

ETHAMBUTOL (MYAMBUTAL) 100mg & 400mg TAB *
ISONIAZID (INH) 100mg & 300mg TAB *
ISONIAZID (INH) 50mg/5mL LIQ, 473ml *
PYRAZINAMIDE 500mg TAB *
RIFAMPIN (RIFADIN) 300mg CAP *

MISC ORAL ANTIBIOTIC AGENTS

CLINDAMYCIN (CLEOCIN) 150mg & 300mg CAP *
DAPSONE 25mg & 100mg TAB
DOXYCYCLINE (VIBRA-TABS) 100mg TAB *
DOXYCYCLINE (VIBRAMYCIN) 100mg CAP *
MEBENDAZOLE (VERMOX) 100mg CHEWTAB *
METRONIDAZOLE (FLAGYL) 250mg & 500mg TAB *
MINOCYCLINE (MINOCIN) 50mg & 100mg CAP
NITROFURANTOIN (MACROBID) 100mg CAP
NITROFURANTOIN (MACRODANTIN) 50mg & 100mg CAP *
TETRACYCLINE (SUMYCIN) 250mg & 500mg CAP *

ANTIBIOTIC & ANTIFUNGAL SUSPENSIONS

PENICILLINS

AMOXICILLIN (AMOXIL) 125/5ml (100ml, 150 ml), 250/5ml (150ml) & 400mg/5ml (100ml)*
AMOX/CLAV (AUGMENTIN) 125mg/5ml, 200/5ml, 250mg/5ml & 400mg/5ml (100ml)*
AMOX/CLAV (AUGMENTIN ES) 600mg/5ml, 125ml *
PENICILLIN VK (PEN-VEE K) 250mg/5ml, 200ml *

CEPHALOSPORINS

CEFDINIR (OMNICEF) 125mg & 250mg/5ml SUSP, 60ml & 100ml
CEFIXIME (SUPRAX) 100mg/5mL SUSP, 100ml
CEFPROZIL (CEFZIL) 125mg/5mL & 250mg/5mL SUSP, 100ml
CEFUROXIME (CEFTIN) 250mg/5mL SUSP, 50ml
CEPHALEXIN (KEFLEX) 250mg/5mL SUSP, 200ml *

MACROLIDES

AZITHROMYCIN (ZITHROMAX) 100mg/5ml SUSP, 15ml *
AZITHROMYCIN (ZITHROMAX) 200mg/5ml SUSP, 15ml & 30ml *
CLARITHROMYCIN (BIAXIN) 125mg/5ml SUSP, 50ml & 100ml
CLARITHROMYCIN (BIAXIN) 250mg/5ml SUSP, 50ml & 100ml
ERYTHROMYCIN ETHYLSUCCINATE (E.E.S.) 200mg/5ml, 473ml *
(***discontinued by manufacturer)***

ANTI-FUNGALS
FLUCONAZOLE (DIFLUCAN) 10mg/ml & 40mg/ml SUSP, 35ml
GRISEOFULVIN (GRIFULVIN V) 125mg/5ml, 120ml *
NYSTATIN (NILSTAT) 100,000U/ml SUSP, 473ml *
SULFA BASED AGENTS
SULFAMETH/TMP (BACTRIM) 200-40mg/5ml SUSP, 100ml & 473ml *
MISC LIQUID ANTIBIOTIC AGENTS
CLINDAMYCIN (CLEOCIN) 75mg/5mL SUSP, 100ml
NITROFURANTOIN (FURADANTIN) 25mg/5ml, 473ml
CIPROFLOXACIN (CIPRO) 250mg/5ml SUSP, 100 ml *
LEVOFLOXACIN (LEVAQUIN) 25mg/ml SOLN, 480ml *

OTIC (EAR) PRODUCTS
ANTIPYRINE/BENZOCAINE (AURALGAN) 54mg/14mg SOL, 15ml *
CARBAMIDE PEROXIDE (DEBROX) 6.5% SOL, 15ml
CIPROFLOXACIN/DEXAMETH (CIPRODEX) 0.3%/0.1% SUSP, 7.5ml
CIPROFLOXACIN-HC (CIPRO-HC) 0.2%/1% SUSP, 10ml
NEOMYCIN/POLYMYXIN B/HC (CORTISPORIN) SUSP, 10ml *
OFLOXACIN (FLOXIN) 0.3% SOL, 5ml

ANTI-ANXIETY MEDICATIONS
BUSPIRONE (BUSPAR) 5mg, 10mg, 15mg & 30mg TAB *
CONTROLLED SUBSTANCES
(No refills allowed; Max quantity of 30 days)
ALPRAZOLAM (XANAX) 0.25mg, 0.5mg & 1mg TAB
(LRAFB does not carry "Xanax XR")
CLONAZEPAM (KLONOPIN) 0.5mg & 1mg TAB *
DIAZEPAM (VALIUM) 5mg & 10mg TAB *
LORAZEPAM (ATIVAN) 0.5mg & 1mg TAB

ANTI-DEPRESSANT MEDICATIONS
ALPHA-2 ANTAGONIST
MIRTAZAPINE (REMERON) 15mg, 30mg & 45mg TAB (30 tabs/btl)
DOPAMINE REUPTAKE INHIBITOR
BUPROPION (WELLBUTRIN SR) 100mg, 150mg & 200mg TAB*
(Not authorized for smoking cessation)
BUPROPION (WELLBUTRIN XL) 150mg, 300mg TAB
(Not authorized for smoking cessation)
BUPROPION (WELLBUTRIN IR) 75mg & 100mg TAB
(Not authorized for smoking cessation)
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRI's)
CITALOPRAM (CELEXA) 10mg, 20mg & 40mg TAB *
CITALOPRAM (CELEXA) 10mg/5ml SOLN *
FLUOXETINE (PROZAC) 10mg, 20mg & 40mg CAP *
FLUOXETINE (PROZAC) 20mg/5ml SOLN *
PAROXETINE (PAXIL) 20mg, 30mg & 40mg TAB *
SERTRALINE (ZOLOFT) 25mg, 50mg & 100mg TAB *
SERTRALINE (ZOLOFT) 20mg/ml CONC *
TRICYCLIC ANTIDEPRESSANTS (TCA's)
AMITRIPTYLINE (ELAVIL) 10mg, 25mg, 50mg, 75mg & 100mg TAB *
DOXEPIN (SINEQUAN) 10mg, 25mg, 50mg & 75mg CAP *
DOXEPIN (SINEQUAN) 10mg/ml CONC *
IMIPRAMINE (TOFRANIL) 10mg, 25mg & 50mg TAB *
IMIPRAMINE PAMOATE (TOFRANIL-PM) 75mg CAP *
NORTRIPTYLINE (PAMELOR) 10mg, 25mg & 50mg CAP *
NORTRIPTYLINE (PAMELOR) 10mg/5ml SOLN *
MISC ANTIDEPRESSANTS
TRAZODONE (DESYREL) 50mg, 100mg, 150mg & 300mg TAB *
VENLAFAXINE (EFFEXOR XR) 37.5mg, 75mg & 150mg CAP
(High Cost Item)
VENLAFAXINE (EFFEXOR) 50mg, 75mg & 100mg TAB

ADD/ADHD MEDICATIONS
ATOMOXETINE (STRATTERA) 10mg, 18mg, 25mg, 40mg, 60mg, 80mg & 100mg CAP
CONTROLLED SUBSTANCES
(No refills allowed; Max quantity of 60 days)
AMPHETAMINE SALTS (ADDERALL) 5mg, 10mg, 20mg & 30mg TAB
AMPHET SALTS (ADDERALL XR) 5mg, 10mg, 15mg, 20mg, 25mg & 30mg CAP *
METHYLPHENIDATE (CONCERTA) 18mg, 27mg, 36mg & 54mg ER TAB *
DEXTROAMPHETAMINE (DEXEDRINE) 5mg TAB
METHYLPHENIDATE (RITALIN) 5mg & 10mg TAB *
METHYLPHENIDATE (RITALIN SR) 20mg SR TAB

GASTROINTESTINAL (GI) MEDICATIONS
ACID REFLUX AGENTS (H-2 ANTAGONISTS)
CIMETIDINE (TAGAMET) 400mg TAB
CIMETIDINE (TAGAMET) 300mg/5ml SOLN
NIZATIDINE (AXID) 15mg/ml SOLN, 480ml
RANITIDINE (ZANTAC) 150mg & 300mg TAB *
RANITIDINE (ZANTAC) 15mg/ml ELIX *
ACID REFLUX AGENTS (PROTON PUMP INHIBITORS-PPI'S)
ESOMEPRAZOLE (NEXIUM) 20mg & 40mg CAP *
ESOMEPRAZOLE (NEXIUM) 20mg & 40mg Oral Solution
OMEPRAZOLE (PRILOSEC) 10mg & 20mg CAP *
Preferred agent

ANTI-EMETICS (NAUSEA & VOMITING)
ONDANSETRON (ZOFRAN) 4mg & 8mg TAB
(Qty limit: 60 tabs/30 days or 180 tabs/90days)
ONDANSETRON ODT (ZOFRAN ODT) 4mg & 8mg TAB
(Qty limit: 60 tabs/30 days or 180 tabs/90days)
PROMETHAZINE (PHENERGAN) 25mg TAB
PROMETHAZINE (PHENERGAN) 12.5mg, 25mg & 50mg SUPP, 12/box *
PROMETHAZINE (PHENERGAN) 6.25mg/5ml SYRP *
LAXATIVES & BOWEL PREP AGENTS
GOLYTELY (unflavored)
HALFLYTELY (w/Flavor Packs) & BISACODYL Bowel Prep KIT
MIRALAX POWDER, 255gm & 527gm/container
TRILYTE (w/Flavor Packs)
ANTI-DIARRHEAL AGENTS
DIPHENOXYLATE/ATROPINE (LOMOTIL) 2.5mg/0.025mg TAB
(No refills allowed; Max quantity of 30 days)
LOPERAMIDE (IMODIUM) 2mg CAP *
MISC GASTROINTESTINAL AGENTS
BELLADONNA ALKALOIDS/PHENOBARBITAL (DONNATAL) ELIX, 473ml
BISACODYL (DULCOLAX) 5mg EC TAB
BISMUTH SUBSAL (PEPTO-BISMOL) 262mg CHEW TAB, 48 tabs/box
DOCUSATE (COLACE) 100mg CAP
DICYCYLOMINE (BENTYL) 10mg CAP & 20mg TAB
HYOSCYAMINE (LEVSIN SL) 0.125mg TAB
HYOSCYAMINE (LEVSINEX) 0.375mg TAB
LACTULOSE (CEPHALAC) 10gm/15mL SYR *
MESALAMINE (ASACOL) 400mg TAB
METOCLOPRAMIDE (REGLAN) 5mg & 10mg TAB *
METOCLOPRAMIDE (REGLAN) 5mg/5ml SYRUP *
SIMETHICONE (GAS-X) 80mg TAB
SCOPOLAMINE (SCOPACE) 0.4mg TAB
SULFASALAZINE (AZULFIDINE) 500mg TAB *
SULFASALAZINE (SULFAZINE EC) 500mg TAB *

BIRTH CONTROL MEDICATIONS
PROGESTIN ONLY
NORETHINDRONE (MICRONOR/NOR-QD), 28-day pack *
LEVONORGESTREL (PLAN B) TAB, 2 tabs/pack
TRANSDERMAL SYSTEM PRODUCTS
NORETHIN/ETH EST (ORTHO EVRA) TDRM 150-20/24, 4 patches/box
ORTHO EVRA REPLACEMENT TDRM, 1 patch/box
MONOPHASICS
ALESSE (LESSINA) TAB, 28-day pack *
DEMULEN (ZOVIA) 1-35 TAB, 28-day pack *
DESOGESTREL/ETH ESTRADIOL (MIRCETTE), 28-day pack *
ETHINYL ESTRADIOL/DROSPIRENONE (YASMIN), 28-day pack *
ETHINYL ESTRADIOL/DROSPIRENONE (YAZ), 28-day pack *
ETONOGESTREL/ETH ESTRADIOL (NUVARING), 3 rings/box
LO/OVRAL (LOW-OGESTREL) 28 TAB, 28-day pack *
LEVLEN/NORDETTE (LEVORA), 28-day pack *
NORETH/ETH ESTRADIOL (LOESTRIN FE) 1.5/30 TAB, 28-day pack *
NORETH/ETH ESTRADIOL (LOESTRIN FE) 1/20 TAB, 28-day pack *
NORGEST/ETH ESTRADIOL (ORTHO CYLEN) TAB, 28-day pack
ORTHO-CEPT (APRI) 28 TAB, 28-day pack *
ORTHO-NOVUM (NORINYL) 1-35 TAB, 28-day pack *
OVRAL (OGESTREL) TAB, 28-day pack *
TRIPHASICS
NORETH/ETH EST (ORTHO NOVUM 7/7/7) TAB, 28-day pack *
NORETH/ETH EST (ORTHO TRI-CYCLEN) TAB, 28-day pack *
NORETH/ETH EST (ORTHO TRI-CYCLEN LO) TAB, 28-day pack *
TRI-LEVLEN/TRIPHASIL (TRIVORA) TAB, 28-day pack *

FERTILITY AGENTS
CLOMIPHENE (CLOMID) 50mg TAB

HORMONAL REPLACEMENT THERAPY (HRT)
ESTROGENS
ESTRADIOL (CLIMARA) 0.025, 0.0375, 0.05, 0.06, 0.075 & 0.1mg PATCH *
ESTROGEN/METHYLTEST (ESTRATEST) 1.25mg/2.5mg TAB
ESTROGEN/METHYLTEST (ESTRATEST-HS) 0.625mg/1.25mg TAB
ESTRADIOL (ESTRACE) 0.5mg, 1mg & 2mg TAB
CONJ ESTROGEN (PREMARIN) 0.3mg, 0.45mg, 0.625mg, 0.9mg & 1.25mg TAB *
CONJ ESTROGEN (PREMARIN VAG) CREAM 0.625mg/G, 42.5gm/tube *
CONJ ESTROGEN/MEDROXYPROGESTRONE (PREMPRO) (all strengths) TAB *
ESTROGENS & PROGESTIN
NORETHIN/ETH ESTRADIOL (FEMHRT) 0.5mg/2.5mcg & 1mg/5mcg TAB
NORETHIN/ETH ESTRADIOL (COMBI PATCH) 0.05/0.14mg & 0.05/0.25mg PATCH

PROGESTERONE
MEDROXYPROGESTERONE (PROVERA) 2.5mg, 5mg & 10mg TAB *
SELECTIVE ESTROGEN RECEPTOR MODULATOR (SERM)
RALOXIFENE (EVISTA) 60mg TAB *
TESTOSTERONE REPLACEMENT AGENTS
(No refills allowed; Max quantity of 30 days)
TESTOSTERONE (ANDROGEL) 2.5g & 5g (1%) GEL
TESTOSTERONE (ANDRODERM) 2.5g & 5g PATCH, 30 patch/box
TESTOST CYPION (DEPO-TESTOSTERONE) 200mg/ml INJ, 1ml vial
TESTOSTERONE (ANDROGEL) 1.25g/pump (1%) GEL, 2 x 75g bottles/box
THYROID-RELATED MEDICATIONS
PROPYLTHIOURACIL (PTU) 50mg TAB
LEVOTHYROXINE (SYNTHROID) (all strengths) TABS *
(Brand name only; generic brands not stocked)

BISPHOSPHONATES (OSTEOPOROSIS) MEDICATIONS
ALENDRONATE (FOSAMAX) 5mg, 10mg, 35mg & 70mg TAB*
ALENDRONATE (FOSAMAX) 70mg/75ml SOLN *
ALEN/VIT-D (FOSAMAX-D) 70mg/2800 IU & 70mg/5600 IU TAB *
IBANDRONATE (BONIVA) 2.5mg ***(production problems)*** & 150mg TAB *

VAGINAL PREPARATIONS
CLINDAMYCIN (CLEOCIN VAGINAL) 2% CREAM, 40g *
METRONIDAZOLE (METROGEL VAGINAL) 0.75% CREAM, 70g *
MICONAZOLE (MONISTAT-7) 2% VAGINAL CREAM, 45g
CONJ ESTROGEN (PREMARIN VAGINAL) CREAM 0.625mg/G, 42.5gm/tube *
TERCONAZOLE (TERAZOL-7) 0.4% CREAM, 45g ***(LRAFB does not carry Terazol-3)***

RECTAL PRODUCTS
ACETAMINOPHEN (TYLENOL) 120mg SUPP, 12/box
ACETAMINOPHEN (TYLENOL) 650mg SUPP, 12/box
BISACODYL ENEMA/SODIUM PHOSPHATE (FLEET PREP KIT#3)
HYDROCORTISONE (ANUSOL HC) 25mg SUPP, 24/box *
HYDROCORTISONE HC (ANUSOL HC) 2.5% RECTAL CREAM, 30g *
PRAMOXINE/HYDROCORTISONE (PROCTOFOAM HC) FOAM, 10g
PROMETHAZINE (PHENERGAN) 12.5mg, 25mg & 50mg SUPP, 12/box *

URINARY AGENTS (BLADDER CONTROL/PROSTATE)
ALFUZOSIN (UROXATRAL) 10mg TAB
DESMOPRESSIN ACETATE (DDAVP) 0.1% SPRAY, 5ml/bottle
DESMOPRESSIN ACETATE (DDAVP) 0.2mg TAB
FINASTERIDE (PROSCAR) 5mg TAB
OXYBUTYNIN (DITROPAN) 5mg TAB *
OXYBUTYNIN (DITROPAN XL) 5mg, 10mg & 15mg TAB *
TOLTERODINE (DETROL LA) 2mg & 4mg CAP *
(LRAFB does not carry Detrol "plain" tablets)

ERECTILE DYSFUNCTION (ED) AGENTS
VARDENAFIL (LEVITRA) 5mg, 10mg & 20mg TAB *
(Must be at least 40 years or older to fill at LRAFB)
(Maximum of 6 "doses"/30 days or 18 "doses"/90 days)

SLEEPING AGENTS
DIPHENHYDRAMINE (BENADRYL) 25mg CAP
TEMAZEPAM (RESTORIL) 15mg & 30mg CAP *
(No refills allowed; Max quantity of 30 days)
TRAZODONE (DESYREL) 50mg, 100mg, 150mg & 300mg TAB *
ZOLPIDEM *Immediate Release* (AMBIEN) 5mg & 10mg TAB *
(No refills allowed; Max quantity of 30 days)

ALZHEIMER'S MEDICATIONS
DONEPEZIL (ARICEPT) 5mg & 10mg TAB
MEMANTINE (NAMENDA) 5mg & 10mg TAB

RESTLESS LEG SYNDROME (RLS) MEDICATIONS
ROPINIROLE (REQUIP) 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg & 5mg TAB

PARKINSON'S MEDICATIONS
AMANTADINE (SYMMETREL) 100 mg CAP *
AMANTADINE (SYMMETREL) 50mg/ml SYRP *
BENZTROPINE (COGENTIN) 0.5mg, 1mg & 2mg TAB *
CARB/LEVODOPA (SINEMET) 10/100mg, 25/100mg & 25/250mg TAB *
CARB/LEVODOPA (SINEMET CR) 50/200mg TAB
TRIHEXYPHENIDYL (ARTANE) 2mg & 5mg TAB *

ANTI-PSYCHOTIC MEDICATIONS
HALOPERIDOL (HALDOL) 0.5mg, 2mg & 5mg TAB
LITHIUM CARBONATE (ESKALITH) 150mg & 300mg CAP *
LITHIUM CARBONATE 300mg TAB *
LITHIUM CITRATE 8mEq/5ml SYRP*
PHENELZINE (NARDIL) 15mg TAB
QUETIAPINE (SEROQUEL) 25mg, 50mg, 100mg, 200mg, 300mg & 400mg *
QUETIAPINE (SEROQUEL XR) 50mg, 100mg, 200mg, 300mg & 400mg
RISPERIDONE (RISPERDAL) 0.25mg, 0.5mg, 1mg, 2mg, 3mg, & 4mg TAB *
(LRAFB does not carry Risperdal M-tablets)
RISPERIDONE (RISPERDAL) 1mg/ml SOLN, 30ml *

OPHTHALMIC (EYE) PRODUCTS
OPHTH ANTIBIOTICS
BACITRACIN OPH OINT, 3.5g ***(production problems)***
ERYTHROMYCIN (ILOTYCIN) 5mg/g OINT, 3.5g *
GATIFLOXACIN (ZYMAR) 0.3% SOL, 5ml
GENTAMICIN (GARAMYCIN) 0.3% OINT, 3.5g & 3mg/ml SOL, 5ml *
MOXIFLOXACIN (VIGAMOX) 0.5% SOL, 3ml
NEOMYCIN/POLY B/DEXAMETHASONE (MAXITROL) OINT, 3.5g
NEOMYCIN/POLYMYXIN B/GRAMICIDIN (NEOSPORIN) SOL, 10ml *
NEOMYCIN/POLYMYXIN B/HYDROCORT (CORTISPORIN) SOL, 7.5ml
OFLOXACIN (OCUFLOX) 0.3% SOL, 5ml
SULFACETAMIDE (BLEPH-10) 10% SUSP, 5ml & 15ml *
TOBRAMYCIN (TOBREX) 0.3% OINT, 3.5g
TOBRAMYCIN (TOBREX) 0.3% SOL, 5ml
TOBRAMYCIN/DEXAMETHASONE (TOBRADEX) 0.3%/0.1% OINT, 3.5g
TOBRAMYCIN/DEXAMETHASONE (TOBRADEX) 0.3%/0.1% SOL, 5ml
TRIMETHOPRIM/POLYMYXIN-B (POLYTRIM) 1mg/10000 Units/ml SOL, 10ml *
OPHTH STEROIDS (INFLAMMATION/SWELLING)
DICLOFENAC (VOLTAREN) 0.1% SOL, 5ml
KETOROLAC (ACULAR) 0.5% SOL, 10ml
KETOROLAC (ACULAR LS) 0.4% SOL, 5ml
FLUOROMETHOLONE (FML) 0.1% SOL, 10ml
PREDNISOLONE (PRED FORTE) 1% SUSP, 5ml *
PREDNISOLONE (PRED MILD) 0.12% SUSP, 5 ml *
OPHTH ANTI-HISTAMINES (ALLERGIES)
OLOPATADINE (PATANOL) 0.1% SOL, 5ml
NAPHAZOLINE/PHENIRAMINE (NAPHCON A) 0.025%/0.3% SOL, 15ml
NAPHAZOLINE HCL (VASOCON) 0.1% SOL, 15ml
GLAUCOMA AGENTS
BETAXOLOL (BETOPTIC-S) 0.25% SUSP, 10ml
BRIMONIDINE (ALPHAGAN-P) 0.1%, 0.15% & 0.2%, 5ml *
CYCLOPENTOLATE (CYCLOGYL) 1% SOL, 15ml
DORZOLAMIDE (TRUSOPT) 2% SOL, 5ml
DORZOLAMIDE/TIMOLOL (COSOPT) 2%/0.5% SOL, 5ml
DIPIVEFRIN (PROPINE) 0.1% SOL, 10ml
HOMATROPINE (ISOPTO-HOMATROPINE) 5% SOL, 5ml
LATANOPROST (XALATAN) 0.005% SOL, 2.5ml *
PHENYLEPHRINE 2.5% OPH SOL, 2ml
PILOCARPINE (SALAGEN) 0.5% SOL, 15ml *
PILOCARPINE (ISOPTO-CARPINE) 1% SOL, 15ml *
PILOCARPINE (ISOPTO-CARPINE) 2% SOL, 15ml *
PILOCARPINE (ISOPTO-CARPINE) 4% SOL, 15ml *
PILOCARPINE HS (PILOPINE HS) 4% OPH GEL, 4g *
TIMOLOL (TIMOPTIC) 0.25% SOL, 15ml *
TIMOLOL (TIMOPTIC) 0.5% SOL, 15ml *
TIMOLOL (TIMOPTIC-XE) 0.25% SOL, 5ml *
TIMOLOL (TIMOPTIC-XE) 0.5% SOL, 5ml *

MISC OPHTH AGENTS
ATROPINE (ISOPTO-ATROPINE) 1% SOL, 5ml
POLYVINYL ALCOHOL (TEARS NATURAL), 15ml

TOPICAL MEDICATIONS (CREAMS, OINTMENTS, LOTIONS, ETC)
ANTI-VIRALS
ACYCLOVIR (ZOVIRAX) 5% OINT, 15g
ACYCLOVIR (ZOVIRAX) 5% CREAM, 2g
PENCICLOVIR (DENAVIR) 1% CREAM, 1.5g
SELENIUM SULFATE (SELSUN) 2.5% SHAMPOO, 4 oz *
ANTI-INFECTIVES
BACITRACIN OINT, 28.4g
CLINDAMYCIN (CLEOCIN) 1% SOL, 60ml *
CLINDAMYCIN (CLEOCIN) 1% GEL, 30g
ERYTHROMYCIN (STATICIN) 2% SOL, 60ml *
ANTI-INFECTIVES (cont)
ERYTHROMYCIN (ERYGEL) 2% GEL, 30g *
MUPIROCIN (BACTROBAN) 2% OINT, 22g *
MUPIROCIN (BACTROBAN) 2% CREAM, 15g
ANTI-FUNGALS
CLOTRIMAZOLE (LOTRIMIN) 1% CREAM, 15g
CLOTRIMAZOLE AF (LOTRIMIN-AF) 1% SOL, 10ml
CLOTRIMAZOLE/BETAMETHASONE (LOTRISONE) CREAM, 15g
CLOTRIMAZOLE/BETAMETHASONE (LOTRISONE) CREAM, 45g
CLOTRIMAZOLE/BETAMETHASONE (LOTRISONE) LOTION, 30ml
KETOCONAZOLE (NIZORAL) 2% CREAM, 15g
KETOCONAZOLE (NIZORAL) 2% SHAMPOO, 4 oz
MICONAZOLE (MONISTAT-DERM) 2% CREAM, 30g
NYSTATIN (NILSTAT) 100,000 U/GM CREAM & POWDER, 15g *
NYSTATIN (NILSTAT) 100,000 U/GM OINT, 30g *
TERBINAFINE (LAMISIL) 1% CREAM, 12g
ACNE
ADAPALENE (DIFFERIN) 0.1% GEL & CREAM, 45g
BENZOYL PEROXIDE (DESQUAM-X) 10% GEL, 42.5g
CLINDAMYCIN/BENZOYL PEROXIDE (DUAC CS) TOP GEL, 45g
TRETINOIN (RETIN-A) 0.025% & 0.05% CREAM, 20g *
(For acne only; dx required on script for patients over 36)
TRETINOIN (RETIN-A MICRO) 0.1% GEL, 20g *
(For acne only; dx required on script for patients over 36)
STEROIDS
CLOBETASOL (TEMOVATE) 0.05% CREAM, OINT & GEL, 30g
CLOTRIMAZOLE/BETAMETHASONE (LOTRISONE) CREAM, 15g & 45g
CLOTRIMAZOLE/BETAMETHASONE (LOTRISONE) LOTION, 30ml
DESONIDE (DESOWEN) 0.05% CREAM & OINT, 15g & 60g
FLUOCINOLONE (DERMA-SMOOTHE) 0.01% TOP OIL, 120ml
FLUOCINONIDE (LIDEX) 0.05% OINT & CRM *, 15g & 60g
FLUOCINONIDE (LIDEX) 0.05% GEL, 15g
HYDROCORTISONE VALERATE (WESTCORT) 0.2% CREAM & OINT, 15g
HYDROCORTISONE (CORTAID) 1% CREAM & OINT, 30g
TRIAMCINOLONE (KENALOG) 0.1% CREAM, 15g, 80g & 454g*
TRIAMCINOLONE (KENALOG) 0.1% OINT, 15g, 80g & 454g
MISC TOPICAL AGENTS
ALUMINUM CHLORIDE (DRYSOL w/APP) 20%, 37.5ml
AMMONIUM LACTATE (LAC-HYDRIN) 12% LOTION, 225g
AQUAPHOR HEALING OINT, 1.75oz & 3.5oz
CALCIPOTRIENE (DOVONEX) 0.005% TOP SOL, 60ml
(Maximum of 900ml/90 days)
CERAMIDES (CERAVE) CREAM, 16 OZ
CERAMIDES (CERAVE) LOTIOIN, 12 OZ
EUCERIN CREAM, 454g JAR
FLUOROURACIL (EFUDEX) 5% CREAM, 40g
HYDROQUINONE (ELDOQUIN FORTE) 4% CREAM, 28.35g
IMIQUIMOD (ALDARA) 5% CREAM, 24 Unit Dose/Box
(High Cost Item; prescribe the number of unit doses desired)
(Maximum of 12 packets/30 days or 36 packets/90 days)
LIDOCAINE (XYLOCAINE) 2% JELLY, 30ml
LIDOCAINE (XYLOCAINE) 5% OINT, 35.4g
LIDOCAINE/PRILOCAINE (EMLA) 2.5% CREAM, 30g
METRONIDAZOLE (METROGEL) 1% TOP GEL, 60g
PERMETHRIN (ELIMITE) 5% CREAM, 60g *
(Rx needed for each patient)
PIMECROLIMUS (ELIDEL) 1%, 30gm & 100gm *
PODOFILOX (CONDYLOX) 6.5% SOL, 3.5g
SILVER SULFADIAZINE (SSD) CREAM, 25g & 400g *

ANTI-MALARIAL AGENTS
CHLOROQUINE PHOSPHATE (ARALEN) 500mg TAB
HYDROXYCHLOROQUINE (PLAQUENIL) 200mg TAB
MEFLOQUINE (LARIAM) 250mg TAB
PRIMAQUINE PHOSPHATE 26.2mg TAB

DENTAL PRODUCTS
CHLORHEXIDINE (PERIOGARD) 0.12% ORAL RINSE, 473ml *
TRIAMCINOLONE (KENALOG) IN ORABASE DENTAL PASTE, 5g
SODIUM FLUORIDE (PREVIDENT) 1.1%, 2oz
SODIUM FLUORIDE (PREVIDENT 5000 PLUS), 1.8oz Twin Pack
STANOUS FLUORIDE (GEL-KAM) 0.4%, 4.3oz
SOOTHE RX 1.5oz

ANTI-NEOPLASTIC (CANCER FIGHTING) AGENTS
GOSERELIN (ZOLADEX) 3.6mg & 10.8mg INJ *
METHOTREXATE (RHEUMATREX) 2.5mg TAB *
TAMOXIFEN (NOLVADEX) 10mg, 20mg TAB *

VITAMINS/ REPLACEMENT AGENTS
CALCIUM CARBONATE/VIT D (OSCAL D) 500MG/200U TABS
CYANOCOBALAMIN (VIT B-12) 1000mcg/ml (1ml Unit Dose) INJ
ERGOCALCIFEROL (VITAMIN D) 50,000 units (1.25mg) CAPS
FERROUS SULFATE (FEOSOL) 325mg TAB *
FERROUS SULFATE (FER-GEN-SOL) 15mg/0.6mL DROPS
FOLIC ACID (FOLVITE) 1mg TAB *
MULTI-VITAMIN (POLY-VI-SOL) DROP, 50ml
MULTI-VITAMIN (POLY-VI- SOL with IRON) DROP, 50ml
NIACIN 100mg TAB *
PYRIDOXINE (VIT B6) 50mg TAB
VITAMINS, PRENATAL (contains 1mg of folic acid) TABS *
(Limited to women up to and including age 45)