Lyster Army Health Clinic *April* 2005

Drug Formulary

This listing does not include every medication. These are the more commonly used medications. If not listed, please contact the pharmacy. Medications are listed in the following format:

Drug Name (Brand Name) Generic name listed alone for drugs available as generic, **Underline = best economic choice**

Basic Core Formulary Item (available all MTFs)

Anti- Infectives

Cephalosporins

Cephalexin* Loracarbef (Lorabid)

Fluoroquinolones

Gatifloxacin* (Tequin) Ciprofloxacin *NOT XR*

Macrolides

Azithromycin* (Zithromax) Clindamycin*
Clarithromycin (Biaxin) *NOT XL* **Erythromycin***
Neomycin

Penicillins

Amoxicillin* Penicillin V Potassium*
Amoxicillin-clavulanate* (Augmentin, Augmentin ES, XR)
Dicloxacillin* Carbenicillin

Tetracyclines

Doxycycline* **Tetracycline***
Minocycline

Antivirals

Acyclovir* Amantadine

Antifungals

Fluconazole* **Griseofulvin***
Ketoconazole **Nystatin***

Antihelmintics

Mebendazole* Pyrantel pamoate (Antiminth)

Antimalarials

Chloroquine Chloroquine/primaquine
Hydroxychloroquine Mefloquine
Primaquine phosphate Quinine sulfate

Other Anti- Infectives

Trimethoprim Metronidazole*
Methenamine combo Isoniazid*
Nitrofurantoin macro crystal* Furazolidine susp.
Trimethoprim/Sulfa* Rifampin*
Sulfasoxazole susp. (Gantrisin) Pyrazinamide*
Nitrofurantoin mono (MacroBid)

Cardiovascular Agents

ACE Inhibitors

Lisinopril* (Zestril) Captopril*
Ramipril (Altace) Benazepril

Alpha Blockers

Doxazosin Terazosin* **Prazosin***
Tamsulosin (Flomax) **restricted to Urology**

Angiotensin II Antagonists

Reserve for patients with cough or angioedema from ACE inhibitor
Losartan (Cozaar) HCTZ- losartan (Hyzaar)

Beta Blockers

Atenolol* Propranolol ***NOT LA***
Metoprolol ****NOT XL***

Calcium Blockers

Amlodipine (Norvasc) Nifedipine CC (Adalat)*
Diltiazem, SR* **Verapamil, SR***

Diuretics

Acetazolamide Chlorthalidone*
Methazolamide Spironolactone*
Furosemide* **Hydrochlorothiazide***
HCTZ- triamterene*

Lipid Lowering Agents

Colestipol* (Colestid) Gemfibrozil*
Simvastatin* (Zocor) Niacin SR (Niaspan)*

Other Cardiac Agents

Amiodarone* Digoxin* (Lanoxin)
Disopyramide Flecainide
Quinidine Gluconate Hydralazine*
Methyldopa **Clonidine***
Isosorbide dinitrate* Nitroglycerin*
Isosorbide mononitrate Clopidogrel* (Plavix)
Amlodipine/benazepril (Lotrel) Procainamide

CNS Agents

Antianxiety Agents

Alprazolam C-III Diazepam* C-IV
Buspirone Clonazepam* C-IV
Lorazepam C-IV **Oxazepam** C-IV

Hypnotics

Temazepam C-IV
Zolpidem (Ambien) C-IV ***limited to 30 tablets, NO Refills*

Antidepressants

Amitriptyline* Trazodone* Nortriptyline*
Doxepin* **Fluoxetine*** **Imipramine***
Bupropion, SR, XL* Protriptylline
Citalopram* Paroxetine* ***NOT CR***
Sertraline* (Zoloft) Escitalopram (Lexapro)
Venlafaxine* (Effexor, XR)

Antipsychotics

Chlorpromazine Haloperidol
Fluphenazine Lithium
Thiothixene Trifluoperazine
Chlorpromazine Thioridazine
Prochlorperazine Quetiapine* (Seroquel)
Risperidone* (Risperdal)

Migraine Products

Isometheptene combo* (Midrin eq.) C-IV
Zolmitriptan* (Zomig) MLT Rizatriptan (Maxalt) MLT
Sumatriptan (Imitrex) Injection ONLY
ASA-butalbital-caffeine (Fiornal eq.) C-III

CNS Stimulants

Methylphenidate* (generic, Concerta) C-II
Amphetamine-dextroamphetamine* (Adderall, XR) C-II
Pemoline C-IV Dextroamphetamine C-II

Anti-Convulsants

Carbamazepine* Divalproex* (Depakote)
Gabapentin* Valproic acid
Phenytoin* (Dilantin) Primidone 250mg
Phenobarbital* C-IV

Other CNS

Methadone C-II Meperidine C-II
Codeine C-II Carbidopa/levodopa*
Trihexyphenidyl Benztropine
Donepezil* (Aricept)
Acetaminophen-butalbital* (Fiorcet eq.) (locally controlled)
Morphine extended release* (MS Contin eq) C-II

NSAIDs / Non- Narcotics

Aspirin (reg and enteric) **Ibuprofen***
Indomethacin* Naproxen*
Naproxen sodium* Piroxicam
Salsalate* Meloxicam* (Mobic)
Etodolac Tramadol
Diclofenac

Skeletal Muscle Relaxants

Baclofen Cyclobenzaprine*
Methocarbamol*

Other Analgesics

Acetaminophen **Acetaminophen-codeine*** C-III
Acetaminophen-hydrocodone (Lortab eq.) C-III
Acetaminophen-oxycodone* (Percocet 5/325 eq.) C-II
Acetaminophen-propoxyphene (Darvocet eq.) C-III

Antitussives / Expectorants

Benzonatate Guaifesin/codeine C-V
Guaifenesin-pseudoephedrine* (Entex PSE)
Guaifenesin-DM (Humabid DM)
Guaifenesin-DM syrup Guaifenesin syrup
Novahistine (eq) expectorant C-V

Gastrointestinal Agents

H2 Antagonists

Ranitidine*

Proton Pump Inhibitors

Omeprazole Rabeprazole* (Aciphex)
Lansoprazole* (Prevacid)

Miscellaneous GI

Metoclopramide* Sucralfate
Belladona-PB (Bellergal S eq) Mesalamine (rectal)
Bismuth subsalicylate Meclizine
Docusate sodium Loperamide*
Diphenoxylate-atropine C-V Donnatal eq
Creon-10 Propantheline
Dicyclomine* Bethanechol

Endocrine/ Metabolic Agents

Antidiabetics

Glipizide* ***NOT XL*** **Glyburide***
Glyburide* (Glynase) Glucagon
Rosiglitazone*(Avandia) Metformin (NOT XR)*
Avandamet*
Insulin – Novo insulin brand on formulary (N, R, 70/30) (Ultralente-Lilly brand)
Insulin aspart* (Novolog) Insulin glargine* (Lantus)
Accu-chek comfort curve, Precision Xtra* blood glucose test strips
Lancets (Softclix) Syringes 1/2cc, 1cc

Contraceptives

All contraceptives are listed by Trade Name.
Norinyl 1+ 35*, Alesse/Levlite, Desogen/Apri, **Loestrin Fe 1.5/30***; **1/20***, Lo/Ovral*, Yasmin, **Levlen/Nordette**, Micronor/Nor QD*, **Demulen/Zovia***, Norinyl 1+ 50, Ortho-Novum 7/ 7/ 7*, OrthoEvra, Ortho Tri-Cyclen, **Triphasil/Trilevlen***, NuvaRing

Miscellaneous Hormones

Alendronate* (Fosamax) Raloxifene* (Evista)
Esterified estrogens
Conjugated estrogens* (Premarin oral & cream)
Estrogen-medroxyprogesterone* (PremPro)
Ethinyl estradiol-norethindrone (FemHrt)
Estrogens-methyltestosterone (Estratest)
Estradiol topical*(Climara) Clomiphene
Medroxyprogesterone* Danazol
Thyroid Fluoxymesetrone C-III
Methyltestosterone C-III PTU*
Levothyroxine* (Synthroid)

Oral Steroids

Dexamethasone Fludrocortisone
Methylprednisolone Prednisolone*(Prelone)
Prednisolone sodium phosphate* (Pediapred eq)
Prednisone

Dental Agents

Chlorhexidine gluconate* Stannous fluoride
Triamcinolone dental paste

Miscellanous Agents

Miscellaneous Oral Agents

Potassium Chloride (8, 10mEq) Lactulose*
Folic Acid* Pyridoxine
Calcitriol Ergocalciferol
Vitamins, prenatal *(for pregnant/lactating patients only)*
Flavoxate Oxybutynin* **(NOT XL)**
Phenazopyridine* Tolterodine (Detrol LA)*
Isotretinoin (Accutane) *(restricted to dermatology)*

Antihistamines/ Decongestants

Chlorpheniramine
Diphenhydramine
Hydroxyzine
Rondec eq* drops
Cyproheptadine*
Pseudoephedrine
Promethazine*

Loratadine
CTM- pseudoephedrine (Deconamine SR)*
Cetirizine (Zyrtec)-***restricted to treatment failures with loratadine***

Respiratory Agents

Intranasal Steroids

Fluticasone* (Flonase)
Budesonide (Rhinocort AQ)

Inhaled Steroids

Fluticasone* (Flovent)
Fluticasone- salmeterol *(Advair)
Triamcinolone* (Azmacort)
Flunisolide (Aerobid)

Other Respiratory Inhalants

Albuterol*
Cromolyn
Albuterol-ipratropium* (Combivent)
Tiotropium (Spiriva)
Levalbuterol (Xopenex) *(restricted to pediatrics)*
Ipratropium (Atrovent)*
Salmeterol*(Serevent)

Respiratory, Misc.

Montelukast* (Singulair)
Theophylline ER
Terbutaline

Ophthalmic

Glaucoma

Timolol*, XE*
Betaxolol
Dorzolamide/Timolol (Cosopt)
Brimonidine P* (Alphagan P)
Latanoprost* (Xalatan)
Levobunolol
Dorzolamide (Trusopt)
Pilocarpine*
Acetylcholine

Allergy

Naphazoline
Ketotifen (Zaditor) *(restricted to ophthalmology)*
Cromolyn
Naphazoline/antazoline
Tetrahydrozaline

Antibiotics

Erythromycin oint*
Neosporin eq.*
Tobramycin
Maxitrol eq.
Sulfacetamide*
Polytrim eq.*
Ciprofloxacin oint (Ciloxan) *(restricted to ophthalmology)*
Gentamycin*
Ofloxacin (Ocuflox)
Blephamide eq.
Trifluridine (Viroptic)
Cortisporin eq.

Miscellaneous

Fluorometholone
Prednisolone*
Proparacaine
Atropine
Dipiverfrin
Phenylephrine
Sodium chloride
Dexamethasone
Artificial tears
Tetracaine
Cyclopentolate
Homatropine
Tropicamide

Otic

Ofloxin (Floxin)
Acetic acid
Carbamide peroxide
Cortisporin eq.*
Auralgan eq.*

Dermatologic (topicals)

Acne

Benzoyl Peroxide gel
Adapalene gel (Differin)
Tretinoin cream*

Anti- infectives

Erythromycin* (Erymax eq)
Metronidazole gel*
Mupirocin
Nystatin/triamcinolone
Ketoconazole cream, shampoo
Silver sulfadiazine
Clindamycin*
Clotrimazole
Nystatin
Miconazole
Tolnaftate
Miconazole vag. suppos

Anti- inflammatory

Very High Potency:
Clobetasol solution/cream
Amcinonide

Medium to High Potency:
Fluocinonide*
Betamethasone valerate
Hydrocortisone valerate
Triamcinolone*

Low Potency:
Hydrocortisone*
Fluocinolone solution

Miscellaneous

Fluorouracil 5%
Permethrin*
Chloroxine (Capitrol)
Zinc oxide
Salicylic acid plaster
Imiquimod (Aldara)
Pimecrolimus* (Elidel)
Calcipotriene oint.(Dovonex) *(restricted to dermatology)*
Selenium sulfide*
Lidocaine
Urea 20%
Aluminum chloride soln.
Coal tar (Estar eq)
Hydroquinone
Ammonium lactate 12% cream

These drugs are NOT available at LAHC. This listing provides alternatives available on our formulary that your physician may select if deemed appropriate for your care.

Non- Formulary Drugs

NOTE: generic drugs are not capitalized

Non- Formulary	*Formulary Alternatives*
Accolate	Singulair
Accupril	lisinopril, benazepril
Aclovate	hydrocortisone, fluocinolone
Actos	Avandia
AeroBid- M	Azmacort, Flovent, Aerobid
Allegra	loratadine
Amerge	Zomig, Maxalt
Atacand	ACE- I, Cozaar
Avapro	ACE- I, Cozaar
Avinza	MS Contin
Avelox	Tequin, ciprofloxacin
Axert	Zomig, Maxalt
Azelex	tretinoin, Differin
Bextra	etodolac, Mobic
Cardene	Norvasc, Adalat CC
Cardizem CD	Tiazac
Ceclor	amoxicillin, cephalexin
Cedax	cephalexin
Ceftin, Cefzil	cephalexin, Lorabid
Celebrex	etodolac, Mobic

Non- Formulary Drugs

NOTE: generic drugs are not capitalized

Non- Formulary	*Formulary Alternatives*
Chromagen, Forte	Ferrous sulfate
Clarinex	loratadine
Clinoril	ibuprofen, naproxen, piroxicam
Condylox	Aldara
Covera- HS	verapamil SR
Crestor	Zocor
Diovan/HCT	Cozaar/Hyzaar
Diprolene AF	clobetasol
Diprosone	amcinonide
Ditropan XL	oxybutynin, Detrol LA
Endal, HD syrup	Novahistine Expectorant
Estraderm	Climara
Estratab	esterified estrogens
Estrostep	Ortho Novum 7/7/7
Glucophage XR	metformin imm. release
Glucotrol XL	glipizide imm. release
Glucovance	metformin + glyburide
Halcion	temazepam
Humalog insulin	Novolog Insulin
Imitrex oral	Zomig, Maxalt
Ketek	Zithromax (Z-pak)
Mircette	Loestrin Fe 1.5/30; 1/20
Levaquin	Tequin, ciprofloxacin
Lipitor	Zocor
Lorcet, plus	Lortab (eq.)
Metadate CD	Concerta
Monopril	lisinopril, benazepril
Nasacort AQ	Flonase, Rhinocort AQ
Nasarel, Nasonex	Flonase, Rhinocort AQ
Nexium	omeprazole, Prevacid, Aciphex
Omnicef	Augmentin, amoxicillin
Ovcon	Norinyl 1/35, Loestrin Fe 1.5/30
Ortho-Cyclen	Alesse
Paxil CR	Paxil immediate release
Pepcid	ranitidine
Plendil	Adalat CC, verapamil, diltiazem
Pravachol	Zocor
Procardia XL	Adalat CC
Protonix	omeprazole, Prevacid, Aciphex
Pulmicort Inhaler	Azmacort, Flovent
Relenza	amantadine
Seasonale	Levlen/Nordette
Sudal	Entex PSE eq
Tagamet	ranitidine
Tamiflu	amantadine
Tarka	Lotrel
Tazorac	tretinoin cream, Differin
Tobradex	Tobramycin + Dexamethasone
Topicort	fluocinolone solution
Toprol XL	metoprolol immed. release
Travatan	Xalatan
Tricor	gemfibrozil
TriLyte	GoLytely, Colyte
Tri- Norinyl, Trivora	Tri-Levlen, Ortho Novum 7/7/7
Ultracet	tramadol + acetaminophen
Ultravate	clobetasol
Univasc	lisinopril, benazepril
Vancenase, AQ	Flonase, Rhinocort AQ
Vaseretic	lisinopril and HCTZ
Vantin	Lorabid
Verelan	verapamil ER
Vigamox	Ocuflox
Zyprexa	Seroquel, lithium

Some Pharmacy Facts:

The Prescription Drug Formulary
Safe and effective drugs reviewed and approved by the Pharmacy and Therapeutics (P& T) Committee, a committee of practicing physicians and pharmacists. Medications selected ensure that the safest and most effective (both for quality and cost) drug therapy is used.

Prescription Guidelines

Eligibility: All eligible Department of Defense beneficiaries, provided medication is on LAHC formulary.
Receipt of written prescriptions: Valid for 2 weeks after date written; three days for controlled substances. All prescriptions must contain the provider's signature in ink (stamped or computer generated signatures will not be accepted). In addition, the pharmacy at Ft. Rucker does not accept faxed or phone-in prescriptions.

Please provide patient name and sponsor's social security number on reverse of all prescriptions submitted. Patient address and phone number will be verified with information in pharmacy computer.

In addition, the valid ID card or a copy (front and back) for the patient receiving services (over 10 years of age) must be presented at time of service.
Filled prescriptions: Non-controlled substances are valid for 1 year after the date they are initially filled, regardless if any refills are remaining. Controlled substance prescriptions are only valid for 6 months.
Refills: All refills **must be** processed through our phone-in refill system at the following numbers: **334-255-7671** or toll free **1-877-520-1623**. Prescriptions will be ready for pick-up at the refill window, located across from the Blue Clinic (Family Care) at the date and time indicated by the call-in service.

Quantity Limits
Maximum Days Supply: 90 days
Controlled substances:
C-II: 30 days and no refills
(90 days for seizure control and ADHD meds)
C-III - V: 30 days and up to 5 refills
(unless specific quantity limits apply per medication)

Non-formulary medications may be obtained through the TRICARE Mail Order Pharmacy (TMOP) program or an authorized TRICARE network pharmacy for a co-pay.

A complete listing of all formulary items may be found at:
www.rucker.amedd.army.mil

Lyster Army Health Clinic
Department of Pharmacy
Bldg 301, Andrews Ave.
Ft. Rucker, AL 36362
Phone: (334) 255– 7178
Refills: (334)-255-7671 or
(toll free)1-877-520-1623