



NAVAL HOSPITAL BEAUFORT, SC

PHARMACY FORMULARY

Last updated: 22 SEP 2015

Please note that the pharmacy dispenses FDA generically equivalent alternatives in order to maximize limited health care resources. Listing of a particular brand name does not indicate endorsement of a particular product, nor is that the particular brand stocked. If a prescription is written as "BRAND NAME ONLY", we MAY NOT BE ABLE TO DISPENSE the medication, as we cannot guarantee branded product availability.



HOURS OF OPERATION

	NAVAL HOSPITAL MAIN PHARMACY	DRIVE-THRU REFILL SITE
MON-FRI	0730-1900	0800-1700
SAT-SUN	CLOSED	CLOSED
HOLIDAYS	CLOSED	CLOSED



Please Note: The Pharmacy accepts written and faxed prescriptions.

ID POLICY: Prescriptions will not be dispensed until the patient's Military ID card is presented for ages 10 years and older. A picture or copy of the ID card is accepted, as is a valid Power of Attorney.

Recent News:

- Humira, Lyrica, and Vyvanse are now stocked. All require a Prior Authorization form. Other additions: Keppra, Pletal, & Xarelto.
- Did you receive a statement from Tricare about a Brand Name medication you receive from retail? NHB may carry these medications, although we may have the Generic form. If you require Brand name and it is not stocked, you will have to request it from Express Scripts. Please give us a call if you have any questions.

Questions or concerns? Contact Us:

Refill Call-in Number: (843) 228-5402
 Main Pharmacy: (843) 228-5408
 Drive-thru Refill Site: (843) 228-5583
 Fax: (843) 228-5272

Quantity Limits

**** PLEASE NOTE:** THE FOLLOWING GUIDELINES ARE GENERAL. SOME SPECIFIC MEDICATIONS MAY HAVE STRICTER LIMITS. THE PHARMACY WILL ADVISE PATIENTS OF THESE ADDITIONAL LIMITS ON A PRESCRIPTION – BY – PRESCRIPTION BASIS **

C-II Controlled Substances: The Pharmacy will dispense up to a 90-day supply for ADHD medications only, and up to 30 days for any other CII medication. All CII prescriptions **MUST** be filled within 30-days of the date written. No refills are authorized.

CIII – CV Controlled Substances: The Pharmacy will dispense up to a 90-day supply, with one-refill. The Pharmacy will not adjust the quantity, dosage, or refills for CII-CV prescriptions. All CIII – CV prescriptions are valid for 180 days (6 months) after the date written.

All Other Medications: The pharmacy will dispense up to a 90-day supply, with three refills. Prescriptions are valid for one-year from the date written.

Prescription Refills

All prescription refills must be requested via phone or web refill service. Please allow 2 full business days to process your refill.

For refill service, call (843) 228-5402

For web refill service, go to www.tricareonline.com. Further instructions are located on the last page.

The formulary is by sorted by category then alphabetically by Generic Name. For medications that contain multiple active ingredients, the agent is listed by a commonly known Brand Name (i.e. Trimethoprim 160mg and Sulfamethoxazole 800mg is listed under Septra).

ORAL MEDICATIONS

ACETAMINOPHEN (TYLENOL): 325MG TAB;
80MG CHEWTAB; 160MG/5ML ELIX (120ML BTL)

ACETAZOLAMIDE (DIAMOX):

250MG TAB; 500MG SR CAP

ACYCLOVIR (ZOVIRAX): 400MG & 800MG TAB;
200MG/5ML SUSP

ALDACTAZIDE (HCTZ/SPIRONOLACTONE):
25MG/25MG TAB

ALENDRONATE (FOSAMAX): 35MG & 70MG TAB

ALFUZOSIN (UROXATRAL): 10MG TAB

ALISKERIN (TEKTURNA): 150MG & 300MG TAB

ALLOPURINOL (ZYLOPRIM): 100MG & 300MG TAB

AMANTADINE (SYMMETREL):

100MG CAP; 10MG/ML SOLN

AMIODARONE (CORDARONE): 200MG TAB

AMITRIPTYLINE (ELAVIL): 10MG & 25MG TAB

AMLODIPINE (NORVASC): 2.5MG, 5MG, & 10MG TAB

AMOXICILLIN: 250MG & 500MG CAP;

125MG/5ML, 250MG/5ML, & 400MG/5ML SUSP

ASPIRIN (E.C. ONLY): 81MG & 325MG TBEC

ATENOLOL (TENORMIN): 25MG & 50MG TAB

ATOMOXETINE (STRATTERA): 10MG, 18MG, 25MG,

40MG, 60MG, 80MG, & 100MG CAP

ATORVASTATIN (LIPITOR):

10MG, 20MG, 40MG, & 80MG TAB

AUGMENTIN (AMOXICILLIN/CLAVULANATE):

500MG & 875MG TAB;

200MG/5ML, 400MG/5ML, & 600MG/5ML SUSP

AZATHIOPRINE (IMURAN): 50MG TAB

AZITHROMYCIN (ZITHROMAX): 1GM POWDER PACKET;

250MG & 500MG TAB; Z-PAK (6 TAB CARD);

100MG/5ML & 200MG/5ML SUSP

BACLOFEN: 10MG TAB

BENAZEPRIL (LOTENSIN): 5MG, 10MG, 20MG,
& 40MG TAB

BENZONATATE (TESSALON): 100MG CAP

BENZTROPINE MESYLATE (COGENTIN):

0.5MG, 1MG, & 2MG TAB

BETHANECHOL (URECHOLINE): 25MG TAB

BICALUTAMIDE (CASODEX): 50MG TAB

BISACODYL (DULCOLAX): 5MG TAB

BISMUTH SUBSALICYLATE (PEPTO-BISMOL):

262MG CHEWTAB

BROMOCRIPTINE (PARLODEL): 2.5MG TAB

BUMETANIDE (BUMEX): 1MG TAB

BUPROPION (WELLBUTRIN): 75MG & 100MG TAB;

SR (12HR):100MG, 150MG, & 200MG TABSR

XL (24HR): 150MG & 300MG TABXL

BUSPIRONE (BUSPAR): 5MG & 10MG TAB

CAPTOPRIL (CAPOTEN): 25MG TAB

CARBAMAZEPINE (TEGRETOL):

100MG CHEWTAB; 200MG TAB

CARVEDILOL (COREG):

3.125MG, 6.25MG, 12.5MG, & 25MG TAB

CEFDINIR (OMNICEF): 300MG CAP;

125MG/5ML & 250MG/5ML SUSP

CEFPROZIL (CEFZIL): 125MG/5ML & 250MG/5ML SUSP

CEFUROXIME (CEFTIN): 250MG TAB; 250MG/5ML SUSP

CEPACOL (BENZOCAINE/MENTHOL): LOZG (18/BOX)

CEPHALEXIN (KEFLEX): 250MG & 500MG CAP;

250MG/5ML SUSP

CETIRIZINE (ZYRTEC): 5MG & 10MG TAB; 1MG/ML SUSP

CHLORHEXIDINE (PERIDEX): 0.12% SOLN (480ML BTL)

CHLORPHENIRAMINE (CTM): 4MG TAB

CHLORTHALIDONE (HYGROTON): 25MG TAB

CHOLESTYRAMINE (PREVALITE):

4GM POWDER PACKETS (42 PACKETS/JAR)

CILOSTAZOL (PLETAL):

100MG TAB

CIPROFLOXACIN (CIPRO):

250MG, 500MG, & 750MG TAB

CITALOPRAM (CELEXA): 20MG & 40MG TAB

CLARITHROMYCIN (BIAXIN): 500MG TAB

CLINDAMYCIN (CLEOCIN): 150MG & 300MG CAP;

75MG/5ML SOLN

CLOMIPHENE (CLOMID): 50MG TAB

CLONIDINE (CATAPRES): 0.1MG & 0.2MG TAB

CLOPIDOGREL (PLAVIX): 75MG TAB

COLCHICINE (COLCHICINE): 0.6MG TAB

CORTISONE ACETATE (CORTISONE): 5MG TAB

CYCLOBENZAPRINE (FLEXERIL): 5MG & 10MG TAB

CYPROHEPTADINE (PERIACTIN):

4MG TAB; 2MG/5ML SOLN

DEXAMETHASONE (DECADRON):

0.5MG, 0.75MG, & 4MG TAB

DICLOFENAC (VOLTAREN): 75MG TABDR

DICLOXACILLIN (DYNAPEN): 250MG & 500MG CAP

DICYCLOMINE (BENTYL): 10MG CAP; 20MG TAB;

10MG/5ML SOLN

DIGOXIN (LANOXIN): 0.125MG & 0.25MG TAB

DILTIAZEM (TIAZAC – Not bioequivalent to Cardizem):

(PLAIN): 30MG TAB

(ER): 120MG, 180MG, 240MG, & 300MG CAPSR

DIMAPHEN (BROMPHENIRAMINE/PHENYLEPHRINE):

1MG+2.5MG/5ML ELIXIR

DIMENHYDRINATE (DRAMAMINE): 50MG TAB

DIOVAN HCT (VALSARTAN/HCTZ):

80/12.5MG, 160/12.5MG, 160/25MG, 320/12.5MG, &

320/25 TAB

DIPHENHYDRAMINE (BENADRYL): 25 & 50MG CAP;

12.5MG/5ML ELIX (120ML BTL)

DIVALPROEX (DEPAKOTE): 125MG & 250MG TABDR;

500MG ER TAB

DOCUSATE SODIUM (COLACE): 100MG CAP;

10MG/ML LIQUID

DONEPEZIL (ARICEPT): 5MG & 10MG TAB

DOXAZOSIN (CARDURA): 1MG & 4MG TAB

DOXEPIN (SINEQUAN):

10MG, 25MG, & 100MG CAP

DOXYCYCLINE (VIBRAMYCIN): 20MG & 100MG TAB

ERYTHROMYCIN: 250MG TAB; 200MG/5ML SUSP

ESCITALOPRAM (LEXAPRO): 10MG & 20MG TAB

ESOMEPRAZOLE (NEXIUM): 20MG & 40MG CAP

ESTRADIOL (ESTRACE):

0.5MG, 1MG, & 2MG TAB

ESTROGENS, CONJUGATED (PREMARIN):

0.3MG, 0.45MG, 0.625MG, 0.9MG, & 1.25MG TAB

ETHAMBUTOL (MYAMBUTAL): 100MG & 400MG TAB

FAMOTIDINE (PEPCID): 40MG/5ML SUSP; 50ML BTL

FELODIPINE (PLENDIL): 2.5MG, 5MG, & 10MG TAB

FENOFIBRATE (TRICOR): 48MG & 145MG TAB

FERROUS SULFATE (IRON): 325MG TAB;

15MG/ML SOLN (50ML BOX)

FINASTERIDE (PROSCAR): 5MG TAB

FIORICET (TYLENOL/BUTALBITAL/CAFFEINE): TAB

FLECAINIDE (TAMBOCOR): 100MG TAB

FLUCONAZOLE (DIFLUCAN):

100MG, 150MG, & 200MG TAB

FLUDROCORTISONE (FLORINEF): 0.1MG TAB

FLUOXETINE (PROZAC): 10MG & 20MG CAP

FOSINOPRIL (MONOPRIL): 10MG & 20MG TAB

FUROSEMIDE (LASIX): 20MG & 40MG TAB

GABAPENTIN (NEURONTIN): 100MG & 300MG CAP

600MG & 800MG TAB

GEMFIBROZIL (LOPID): 600MG TAB

GLIPIZIDE:

(GLUCOTROL): 5MG & 10MG TAB

(GLUCOTROL XL): 2.5MG, 5MG, & 10MG TABSR

GLYBURIDE (MICRONASE): 2.5MG & 5MG TAB

GLYCOPYRROLATE (ROBINUL): 1MG TAB

GRISEOFULVIN (GRIS-PEG): 125MG TAB;

125MG/5ML SUSP

GUAIFENESIN (MUCINEX / ROBITUSSIN): 600MG TAB;

100MG/5ML SYRP

GUANFACINE (INTUNIV): 1MG, 2MG, 3MG, & 4MG TAB

HALOPERIDOL (HALDOL): 1MG & 5MG TAB

HYDRALAZINE (APPRESOLINE):

10MG, 25MG, 50MG, & 100MG TAB

HYDROCHLOROTHIAZIDE: 12.5MG, 25MG, & 50MG TAB

HYDROCORTISONE: 5MG, 10MG, & 20MG TAB

HYDROXYCHLOROQUINE (PLAQUENIL): 200MG TAB

HYDROXYUREA (HYDREA): 500MG CAP

HYDROXYZINE (ATARAX - Not bioequivalent to Vistaril):

10MG & 25MG TAB; 10MG/5ML SYRP

HYZAAR (LOSARTAN/HCTZ):

50/12.5MG, 100/12.5MG, & 100/25MG TAB

IBANDRONATE (BONIVA): 150MG TAB

IBUPROFEN (MOTRIN):

400MG, 600MG, & 800MG TAB; 100MG/5ML SUSP

IMIPRAMINE (TOFRANIL): 25MG TAB

INDOMETHACIN (INDOCIN): 25MG CAP
ISONIAZID (INH): 300MG TAB
ISOSORBIDE DINITRATE (ISORDIL): 10MG TAB;
40MG TABSR
ISOSORBIDE MONONITRATE (IMDUR):
30MG & 60MG TABSR
ITRACONAZOLE (SPORANOX): 100MG CAP
JANUMET (SITAGLIPTAN/METFORMIN):
50/500MG, & 50/1000MG TAB
KETOCONAZOLE (NIZORAL): 200MG TAB
KETOROLAC (TORADOL): 10MG TAB
LABETALOL (TRANDATE): 100MG TAB
LACTULOSE (CEPHULAC): 10GM/15ML SYRP
LAMOTRIGINE (LAMICTAL):
25MG, 100MG, 150MG, & 200MG TABS
LEUCOVORIN: 5MG TAB
LEVETIRACETAM (KEPPRA):
250MG, 500MG, & 1,000MG TABS
LEVOFLOXACIN (LEVAQUIN):
250MG, 500MG, & 750MG TAB
LEVOTHYROXINE (SYNTHROID BRAND ONLY):
25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG,
125MCG, 150MCG, & 200MCG TAB
LIBRAX (CHLORDIAZEPOXIDE/CLIDINIUM):
5MG/2.5MG CAP
LIDOCAINE, VISCOSU: 2% SOLN (100ML BTL)
LISINAPRIL (ZESTRIL):
5MG, 10MG, 20MG, & 40MG TAB
LITHIUM CARBONATE (Not bioequivalent to Lithobid):
300MG CAP IMMEDIATE RELEASE
LOPERAMIDE (IMODIUM): 2MG CAP
LORATIDINE (CLARITIN): 10MG TAB; 1MG/ML SYRP
LOSARTAN (COZAAR): 25MG, 50MG, & 100MG TAB
LOTREL (AMLODIPINE/BENAZEPRIL):
5/10MG, 5/20MG, 5/40MG, 10/20MG, & 10/40MG CAP
LUBIPROSTONE (AMITIZA): 8MCG & 24MCG CAP
MAGNESIUM:
(SLOW-MAG): 64MG TABSR
(MAG-OXIDE): 400MG TAB
MAGNESIUM CITRATE: 296ML (10oz) BTL
MAXZIDE (HCTZ/TRIAMTERENE): 50MG/75MG TAB
MECLIZINE (ANTIVERT): 12.5MG TAB; 25MG CHEWTAB
MEDROXYPROGESTERONE (PROVERA):
2.5MG, 5MG, & 10MG TAB
MEGESTROL (MEGACE): 40MG TAB;
MELOXICAM (MOBIC): 7.5MG & 15MG TAB
MEMANTINE (NAMENDA): 5MG & 10MG TAB
MESALAMINE:
1.2GM TABDR (LIALDA)
METFORMIN:
(GLUCOPHAGE): 500MG, 850MG, & 1000MG TAB
(GLUCOPHAGE XR): 500MG TABSR
METHIMAZOLE (TAPAZOLE): 2.5MG & 5MG TAB
METHOCARBAMOL (ROBAXIN): 500MG & 750MG TAB

METHOTREXATE (FOLEX): 2.5MG TAB
METHYLDOPA (ALDOMET): 250MG & 500MG TAB
METHYLERGONOVINE (METHERGINE): 0.2MG TAB
METHYLPREDNISOLONE (MEDROL):
4MG DOSEPAK (21 TABS/6 DAYS)
METOCLOPRAMIDE (REGLAN): 10MG TAB;
METOLAZONE (ZAROXOLYN): 2.5MG & 5MG TAB
METOPROLOL:
-LOPRESSOR (METOPROLOL TARTRATE):
25MG, 50MG, & 100MG TAB
-TOPROL XL (24HR) (METOPROLOL SUCCINATE):
25MG, 50MG, 100MG, & 200MG TAB
METRONIDAZOLE (FLAGYL): 250MG & 500MG TAB
MICARDIS HCT (TELMISARTAN/HCTZ):
40/12.5MG, 80/12.5MG, 80/25MG TAB (30/BOX)
MILK OF MAGNESIA: 1,200MG/15ML SUSP (355ML BTL)
MINERAL OIL (480ML BTL)
MINOCYCLINE (MINOCIN): 50MG, 100MG CAP
MIRTAZEPINE (REMERON): 15MG, 30MG, 45MG TAB
MISOPROSTOL (CYTOTEC): 100MCG & 200MCG TAB
MONTELUKAST SODIUM (SINGULAIR):
4MG & 5MG CHEWTAB; 10MG TAB
MOXIFLOXACIN (AVELOX): 400MG TAB
MUCINEX D (GUAFENISIN/PSEUDOEPHEDRINE):
600/60MG ER TAB (18/BOX)
NAPROXEN (NAPROSYN): 250MG & 500MG TAB
NEOMYCIN: 500MG TAB
NIACIN (NIASPAN): 500MG, 750MG, & 1000MG TABSR
NICOTINE (NICORETTE): 2MG & 4MG GUM (50/BOX)
NIFEDIPINE (ADALAT): 10MG CAP;
30MG, 60MG, & 90MG TABSR
NITROFURANTOIN (MACROBID):
25MG, 50MG, & 100MG CAP (MACROCRYSTAL)
NITROGLYCERIN:
(NITRO-BID): 0.4MG TBSL (25 TABS/BTL)
(NITROLINGUAL): 0.4MG/SPRAY (200 SPRAYS/BTL)
NORTRIPTYLINE (PAMELOR):
10MG, 25MG, & 75MG CAP
NYSTATIN (MYCOSTATIN):
500,000U TAB; 100,000 UNITS/ML SUSP
OLANZAPINE (ZYPREXA):
2.5MG, 5MG, 7.5MG, 10MG, 15MG, & 20MG TAB
OMEPRAZOLE (PRILOSEC): 20MG & 40MG CAP
ONDANSETRON:
(ZOFTRAN): 4MG & 8MG TAB;
(ZOFTRAN ODT): 4MG & 8MG TAB
OXCARBAZEPINE (TRILEPTAL): 300MG/5ML SUSP;
150MG, 300MG, & 600MG TAB
OXYBUTYNIN:
(DITROPAN): 5MG TAB
(DITROPAN XL): 5MG, 10MG, 15MG TABSR
PANTOPRAZOLE (PROTONIX): 20MG & 40MG TAB
PAROXETINE (PAXIL): 20MG TAB

PENICILLIN V K (PEN V K): 250MG, 500MG TAB;
125MG/5ML & 250MG/5ML SOLN
PENTOXIFYLLINE (TRENTAL): 400MG ER TAB
PERPHENAZINE (TRIAVIL): 4MG TAB
PHENAZOPYRIDINE (PYRIDIUM): 200MG TAB
PHENYTOIN (DILANTIN): 100MG CAP; 125MG/5ML SUSP
PHYTONADIONE (MEPHYTON): 5MG TAB
POLYETHYLENE GLYCOL (MIRALAX) POWDER:
238GM & 510GM BTL
POLYETHYLENE GLYCOL (COLYTE): 4L BTL
POTASSIUM CHLORIDE (KLOR-CON):
8MEQ, 10MEQ, & 20MEQ ER TAB;
PRAMIPEXOLE (MIRAPEX): 0.125MG & 0.25MG TAB
PRAVASTATIN (PRAVACHOL):
10MG, 20MG, & 40MG TAB
PRAZOSIN (MINIPRESS): 1MG, 2MG, & 5MG CAP
PREDNISOLONE (ORAPRED): 15MG/5ML SOLN
PREDNISON: 1MG, 5MG, 10MG, & 20MG TAB
10MG TAB DOSEPAK (6 DAY THERAPY)
PREGABALIN (LYRICA):
25, 50, 75, 100, 150, 200, & 300MG TABS
PREMPRO (ESTROGENS/MEDROXYPROGESTERONE):
0.3/1.5MG, 0.45/1.5MG, 0.625/2.5MG, & 0.625/5MG TAB
PREVIDENT 5000 ORAL TOOTHPASTE (51GM)
PREVIDENT 5000 SENSITIVE (100ML)
PRIMAQUINE (PRIMAQUINE): 26.3MG TAB
PRIMIDONE (MYSOLINE): 50MG & 250MG TAB
PROBENECID (BENEMID): 500MG TAB
PROCHLORPERAZINE (COMPazine): 5MG TAB
PROMETHAZINE (PHENERGAN): 25MG TAB;
PROPRANOLOL:
(INDERAL): 10MG & 40MG TAB
(INDERAL LA): 60MG, 80MG, 120MG, 160MG CAPSR
PROPYLTHIOURACIL (PTU): 50MG TAB
PSEUDOEPHEDRINE (SUDAFED): 30MG/5ML SOLN;
30MG TAB; (24 TAB/BOX, LIMIT 2 BOX/MONTH)
PYRANTEL PAMOATE (PIN-X):
250MG (BASE) CHEWTAB; 50MG/ML (BASE) SUSP
PYRAZINAMIDE (PYRAZINAMIDE): 500MG TAB
PYRIDOSTIGMINE (MESTINON): 60MG TAB
QUETIAPINE:
(SEROQUEL): 25MG, 50MG, 100MG, & 200MG TAB
(SEROQUEL XR): 200MG & 300MG TAB
RALOXIFENE HCL (EVISTA): 60MG TAB
RAMIPRIL (ALTACE): 2.5MG & 5MG CAP
RANITIDINE (ZANTAC): 150MG TAB; 15MG/ML SYRP
RIFAMPIN (RIFADIN): 300MG CAP
RISPERIDONE (RISPERDAL):
0.25MG, 0.5MG, 1MG, & 2MG TAB
RIVAROXABAN (XARELTO): 10MG, 15MG, & 20MG TAB
RIZATRIPTAN (MAXALT – MLT not stocked):
5MG & 10MG TAB (LIMIT 12 TAB / 30 DAYS)
ROBITUSSIN DM (GUAIFENESIN/DM):
100MG+10MG/5ML SYRP

ROPINAROLE (REQUIP):

0.25MG, 0.5MG, 1MG, & 2MG TAB

ROSUVASTATIN (CRESTOR):

5MG, 10MG, 20MG, & 40MG TAB

SEPTRA (SMX/TMP): 800/160MG DS TAB;

200MG+40MG/5ML SUSP

SERTRALINE (ZOLOFT): 25MG, 50MG, 100MG TAB**SILDENAFIL (VIAGRA)*:** 25MG, 50MG, & 100MG TAB**Under 40 years old must have Prior Authorization form.***SIMETHICONE (MYLICON):** 80MG CHEWTAB;

20MG/0.3ML SUSP (30ML)

SIMVASTATIN (ZOCOR):

5MG, 10MG, 20MG, 40MG, & 80MG TAB

SINEMET (CARBIDOPA/LEVODOPA):

10/100MG, 25/100MG, 25/250MG TAB

SINEMET CR (CARBIDOPA/LEVODOPA CR):

25/100MG & 50/200MG ER TAB

SITAGLIPTAN (JANUVIA): 25MG, 50MG, & 100MG TAB**SODIUM BICARBONATE:** 650MG TAB**SODIUM FLUORIDE:** 0.5MG/ML (50ML BTL)**SODIUM POLYSTYRENE SULFONATE (SPS):**

15GM/60ML SUSP

SOTALOL (BETAPACE): 80MG TAB**SPIRONOLACTONE (ALDACTONE):** 25MG TAB**SUCRALFATE (CARAFATE):** 1GM TAB;

1GM/10ML SUSP

SULFASALAZINE (SULFAZINE): 500MG TAB**SULINDAC (CLINORIL):** 150MG TAB**SUMATRIPTAN (IMITREX):**

25MG, 50MG, & 100MG TAB (9/BOX)*

(LIMIT: 18 TAB/30 DAYS)*TAMOXIFEN (NOLVADEX):** 10MG TAB**TAMSULOSIN (FLOMAX):** 0.4MG CAP**TERAZOSIN (HYTRIN):** 1MG, 2MG, 5MG, & 10MG CAP**TERBINAFINE (LAMISIL):** 250MG TAB**TERBUTALINE (BRETHINE):** 5MG TAB**TOLTERODINE (DETROL LA):** 2MG & 4MG ER CAP**TOPIRAMATE (TOPAMAX):**

25MG, 50MG, 100MG, & 200MG TAB

TRAZODONE (DESYREL): 50MG TAB**TRIMETHOPRIM (PRIMSOL):** 100MG TABS**VALACYCLOVIR (VALTREX):** 500MG & 1GM TAB**VALPROIC ACID (DEPAKENE):** 250MG/5ML SOLN;

250MG CAP

VALSARTAN (DIOVAN):

40MG, 80MG, 160MG, 320MG TAB

VENLAFAXINE:

(EFFEXOR): 37.5MG & 75MG TAB

(EFFEXOR XR): 37.5MG, 75MG, 150MG CAPSR

VERAPAMIL (CALAN): 80MG TAB;

(CALAN SR): 180MG & 240MG TABSR

WARFARIN (COUMADIN BRAND ONLY):

1MG, 2MG, 2.5MG, 3MG, & 5MG TAB

ZESTORETIC (LISINAPRIL/HCTZ):

10/12.5MG, 20/12.5MG, & 20/25MG TAB

ZOLMITRIPTAN (ZOMIG – Only ZMT stocked):

2.5MG & 5MG TAB (LIMIT: 12 TAB/30 DAYS)

CONTROLLED SUBSTANCES***Strength ordered must match formulary.***ADDERALL:**

PLAIN: 5MG, 10MG, 20MG, & 30MG TAB

XR: 5MG, 10MG, 15MG, 20MG, 25MG, & 30MG CAP

ALPRAZOLAM (XANAX): 0.5MG & 1MG TAB**CHLORDIAXEPOXIDE (LIBRIUM):** 10MG CAP**CLONAZEPAM (KLONOPIN):** 0.5MG, 1MG, & 2MG TAB**CONCERTA:** 18MG, 27MG, 36MG, & 54MG TABSR**DIAZEPAM:** 5MG & 10MG TAB**FENTANYL (DURAGESIC):**

25MCG, 50MCG, 75MCG, & 100MCG PATCH

FIORINAL (ASPIRIN/BUTAL/CAFF): CAP**HYDROCODONE/ACETAMINOPHEN:**

HYCET ELIXIR: 7.5+325MG/15ML

NORCO: 5/325MG, 7.5/325MG, & 10/325MG TAB

HYDROMORPHONE (DILAUDID): 2MG & 4MG TAB**LISDEXAMFETAMINE (VYVANSE):**

20MG, 30MG, 40MG, 50MG, 60MG, & 70MG CAP

LOMOTIL (DIPHENOXYLATE/ATROPINE): TAB**LORAZEPAM (ATIVAN):** 0.5MG, 1MG, & 2MG TAB**MEPERIDINE (DEMEROL):** 50MG TAB**MORPHINE:** MS CONTIN 15MG & 30MG TABSR**OXYCODONE:**

IMMEDIATE RELEASE: 5MG & 15MG TAB

OXYCONTIN: 10MG, 20MG, & 40MG TABSR

PERCOCET: 5/325MG TAB**PHENOBARBITAL (LUMINAL):** 100MG TAB**RITALIN:**

PLAIN: 5MG & 10MG TAB

LA: 10MG, 20MG, & 30MG CAPSR

ROBITUSSIN AC (GUAIFENISIN W/ CODEINE):

100MG+10MG/5ML SYRUP (120ML BTL ONLY)

TEMAZEPAM (RESTORIL): 15MG & 30MG CAP**TESTOSTERONE (FORTESTA)*:** 2% (10MG/ACT) GEL

(120 ACTUATIONS/BOX)

Prior Authorization Form Required*TRAMADOL (ULTRAM):** 50MG TAB**TRIAZOLAM (HALCION):** 0.25MG TAB**TYLENOL W/ CODEINE (T3):**

300/30MG TAB;

120+12MG/5ML ELIXIR

ZOLPIDEM TARTRATE (AMBIEN): 5MG & 10MG TAB**VITAMINS & MINERALS:****CALCIUM W/ VITAMIN D:** 600MG/400U TAB**FERROUS SULFATE (IRON):** 325MG TAB;

15MG/ML SOLN (50ML BOX)

FOLIC ACID (FOLVITE): 1MG TAB**MULTIVITAMIN TAB****NIACIN (NIASPAN):** 500MG, 750MG, & 1000MG TABSR**PRENATAL VITAMINS****(POLY-VI-SOL):** SOLN (50ML BTL)**(POLY-VI-SOL w/ IRON):** SOLN (50ML BTL)**VITAMIN B-1 (THIAMINE):** 50MG TAB**VITAMIN B-6 (PYRIDOXINE):** 50MG TAB**VITAMIN D:** 50,000u CAP;

400u/ML SOLN (50ML BTL)

VITAMIN E: 400u CAP**BIRTH CONTROL AND EMERGENCY CONTRACEPTIVES****-ALESSE****-LOESTRIN FE 1/20 (FE 21 & FE 24 NOT STOCKED)****-LOESTRIN FE 1.5/30****-LO-OVRAL****-NORDETTE****-NOR-QD****-NUVARING****-OGESTREL 0.5/50****-ORTHO-CYCLLEN****-ORTHO EVRA PATCH****-ORTHO-NOVUM 1+35****-ORTHO-NOVUM 1+50****-ORTHO-NOVUM 7/7/7****-ORTHO TRI-CYCLLEN****-ORTHO TRI-CYCLLEN LO****-PLAN B NEXT CHOICE (1 TAB DOSE)****-SEASONALE (91 TAB PACK)****-TRIPHASIL****-YASMIN****-YAZ**

INJECTIONS

CYANOCOBALAMIN (VITAMIN B-12): 1,000MCG/1ML*

**Only vials are dispensed. Syringes not provided.*

ENOXAPARIN (LOVENOX): 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML, & 100MG/1ML SYR

EPINEPHRINE (EPIPEN & EPIPEN JR*): (2 PEN/BOX)

**JR RECOMMENDED FOR PATIENTS UNDER 65LBS*

GLUCAGON 1ML KIT

SUMATRIPTAN (IMITREX): STATdose SYSTEM

(6MG/0.5ML SYR; 2 SYR / BOX; ORDER BY BOX)

(LIMIT: 8 SYR / 30 DAYS)

DIABETIC INJECTIONS

EXENATIDE* (BYETTA): 5 & 10MCG PEN (60 DOSE/PEN)

**Requires Prior Authorization Form*

LANTUS (INSULIN GLARGINE):

VIALS: 100 UNITS/ML (10ML VIAL)

SOLOSTAR: 100 UNITS/ML; 3ML PEN (5 PEN/BOX)

NOVOLIN N: 100 UNITS/ML (10ML VIAL)

NOVOLIN R: 100 UNITS/ML (10ML VIAL)

NOVOLIN 70/30: 100 UNITS/ML (10ML VIAL)

NOVOLOG (Not bioequivalent to Humalog):

VIALS: 100 UNITS/ML (10ML VIAL)

FLEXPEN: 100 UNITS/ML; 3ML PEN (5 PEN/BOX)

DIABETIC SUPPLIES

ALCOHOL PADS (200/BOX)

INSULIN SYRINGES: 1/2 ML & 1 ML (100SYR/BOX)

LANCETS (100/BOX)

MONITOR, GLUCOSE (PRECISION XTRA):

(LIMIT 1 PER YEAR)

NEEDLES, INSULIN 31GX1/4" (NOVOFINE):

TEST STRIPS (PRECISION XTRA): (100/BOX)

OTIC

CARBAMIDE PEROXIDE (DEBROX): 6.5% SOLN

CIPRODEX (CIPRO/DEXAMETHASONE): SUSP

CORTISPORIN (NEOMYCIN / POLYMYXIN / HC):

SUSP & SOLN

OFLOXACIN (FLOXIN): 0.3% SOLN

OPHTHALMIC

APRACLONIDINE (IOPIDINE): 0.5% SOLN

ARTIFICIAL TEARS OINT (MINERAL OIL/PETROLATUM)

ATROPINE SULFATE (ISOPTO ATROPINE): 1% SOLN

BRIMONIDINE TARTRATE (ALPHAGAN P): 0.15% SOLN

CIPROFLOXACIN (CILOXAN): OINT

CYCLOPENTOLATE (CYCLOGYL): 1% SOLN

DICLOFENAC (VOLTAREN): 0.1% SOLN

DORZOLAMIDE (TRUSOPT): 2% SOLN

ERYTHROMYCIN (ILOTYCIN): 0.5% OINT

EYE IRRIGATING SOLN (DACRIOSE)

FLUOROMETHOLONE (FML): 0.1% SOLN

GATIFLOXACIN (ZYMAXID): 0.5% SOLN

GENTAMICIN (GENTAK): 0.3% OINT & SOLN

HOMATROPINE: 5% SOLN

KETOTIFEN (ZADITOR): 0.025% SOLN

LATANOPROST (XALATAN): 0.005% SOLN

LOTEPREDNOL ETABONATE (ALREX): 0.2% SUSP

MOXIFLOXACIN (VIGAMOX): 0.5% SOLN

NEOSPORIN (NEOMYCIN/POLYMYXIN/BACITRACIN): OINT

OFLOXACIN (OCUFLOX): 0.3% SOLN

OLOPTADINE:

0.1% SOLN (PATANOL)

0.2% SOLN (PATADAY) – ONCE A DAY

PHENYLEPHRINE (ALTAFRIN): 2.5% SOLN

POLYSPORIN (BACITRACIN/POLYMYXIN B): OINT

POLYTRIM (POLYMYXIN B/TRIMETHOPRIM): SOLN

POLYVINYL ALCOHOL (ARTIFICIAL TEARS): 1.4% LUBR

PREDNISOLONE:

(PRED MILD): 0.12% SUSP;

(PRED FORTE): 1% SUSP

PROPARACAINE (OPHTHAINE): 0.5% SOLN

SULFACETAMIDE (BLEPH-10): 10% SOLN

TETRACAINE (PONTOCAINE): 0.5% SOLN

TIMOLOL (TIMOPTIC): 0.5% SOLN;

0.5% GEL FORMING SOLN (GFS)

TOBRADEX (TOBRAMYCIN/DEXAMETHASONE):

OINT & SUSP

TOBRAMYCIN (TOBREX): 0.3% SOLN

TRIFLURIDINE (VIROPTIC): 1% SOLN

TROPICAMIDE (MYDRIACYL): 1% SOLN

INHALERS, NASAL SPRAYS, & DEVICES

ADVAIR DISKUS (FLUTICASONE/SALMETEROL):

100/50MCG, 250/50MCG, & 500/50MCG

(60 DOSES/INHALER)

ADVAIR HFA (FLUTICASONE/SALMETEROL):

45/21MCG, 115/21MCG, & 230/21MCG

(120 DOSES/INHALER)

AZELASTINE (ASTELIN):

137MCG/SPRAY NASAL SPRAY (200 SRPAYS/BTL)

ALBUTEROL (PROAIR):

90MCG HFA (200 DOSES/8.5GM)

0.083% (2.5MG/3ML) NEB (60/BOX)

0.042% (1.25MG/3ML) NEB (25/BOX)

AEROCHAMBER

AEROCHAMBER MASKS:

SM (FOR PEDS LESS THAN 8 WEEKS OLD)

MED (8 WEEKS – 6 YEARS)

LG (6+ YEARS)

BUDESONIDE (PULMICORT RESPULES):

0.25MG/2ML & 0.5MG/2ML NEB (30/BOX)

COMBIVENT RESPIMAT (ALBUTEROL/IPRATROPIUM):

100MCG+20MCG/ACTUATION (120ACT/4GM)

CROMOLYN SODIUM (NASALCROM):

40MG/ML NASAL SPRAY (200 SPRAYS/BTL)

FLUNISOLIDE (NASALIDE): 0.025% NASAL SPRAY

FLUTICASONE:

(FLONASE) 50MCG/ACTUATION (120SPRAYS/16GM)

(FLOVENT HFA): 44MCG; 110MCG & 220MCG

(120 DOSES/INHALER)

IPRATROPIUM (ATROVENT):

0.02% HFA (200 DOSES/12.9GM)

OXYMETAZOLINE (AFRIN):

0.05% NASAL SPRAY (15ML BTL)

SALMETEROL (SEREVENT DISKUS):

50MCG/ACTUATION (60 ACTUATIONS/BOX)

TIOTROPIUM (SPIRIVA HANDIHALER):

18MCG/CAP (30 CAPS/BOX)

**TOPICAL, RECTAL & VAGINAL
MEDICATIONS**

ACETAMINOPHEN: 120MG & 650MG SUPP
ALUMINUM CHLORIDE (DRYSOL): 20% TOP. SOLN
AMMONIUM LACTATE (LAC-HYDRIN): 12% LOTN
AQUAPHOR: OINT (454GM JAR)
BACITRACIN: 500U/GM OINT
BENZOYL PEROXIDE (DESQUAM-X):
5% & 10% GEL; 10% TOPICAL WASH
BETAMETHASONE VALERATE (VALISONE):
0.1% CRM & LOTN
BISACODYL: 10MG SUPP
CALAMINE: 8% LOTN
CARMOL (UREA): 20% CRM
CETAKLENZ (CETAPHIL): 473ML BTL
CHLORHEXIDINE (HIBICLENS): 4% TOP. SOLN
CLINDAMYCIN (CLEOCIN):
1% SOLN PLEDGETS (60/BOX) & 1% VAG CRM
CLOBETASOL (TEMOVATE): 0.05% CRM, OINT, & SOLN
CLONIDINE (CATAPRES):
0.1MG, 0.2MG, & 0.3MG PER DAY WEEKLY PATCH
CLOTRIMAZOLE (LOTRIMIN):
1% CRM, SOLN, & VAG CRM
DESONIDE (TRIDESILON): 0.05% CRM & OINT
DICLOFENAC (VOLTAREN):
1% GEL (100GM BOX W/APPLICATOR)
DOMEBORO (ALUMINUM SULFATE / CALCIUM ACE.):
POWDER PACKET
ESTROGENS, CONJUGATED (PREMARIN):
0.625MG/GM CRM
EUCERIN (ABSORBASE): CRM (454GM JAR)
FLEET'S ENEMA: SALINE & MINERAL OIL (PEDS/ADULT)
FLUOCINONIDE (LIDEX): 0.05% CRM & OINT
GLYCERIN SUPP: ADULT & PEDIATRIC
HYDROCORTISONE: 1% CRM & OINT;
0.2% HYDROCORTISONE VALERATE. CRM
2.5% CRM (PROCTOZONE)
25MG SUPP (ANUCORT HC)
IMIQUIMOD (ALDARA): 5% CRM PACKETS
KETOCONAZOLE (NIZORAL): 2% CRM & SHAMPOO
LIDOCAINE: 2% JELLY & 5% PATCH (LIDODERM)
LOTRISONE (CLOTRIMAZOLE/BETAMETHASONE):
1%-0.05% CRM
MESALAMINE (CANASA): 1,000MG SUPP
METRONIDAZOLE (METROGEL): 0.75% GEL & VAG GEL
MICONAZOLE (MONISTAT): 2% VAG CRM
MOMETASONE (ELOCON): 0.1% CRM & OINT
MUPIROCIN (BACTROBAN): 2% OINT
NICOTINE (HABITROL): 7MG, 14MG, & 21MG PATCH
NITROGLYCERIN (NITRO-BID): 2% OINT;
PATCHES: 0.1MG/HR, 0.2MG/HR, 0.4MG/HR & 0.6MG/HR
PERMETHRIN (NIX): 1% LIQ & 5% CRM

PIMECROLIMUS (ELIDEL): CRM
PODOFILOX (CONDYLOX): 0.5% SOLN & GEL
PRAMOSONE (HYDROCORTISONE/PRAMOXINE):
2.5%/1% CRM
SALICYLIC ACID (WART REMOVER): 17% SOLN
SELENIUM SULFIDE (SELSUN): 2.5% LOTN
SILVER SULFADIAZINE (SILVADENE): 1% CRM
TERCONAZOLE (TERAZOL 3): 0.8% VAG CRM
TRETINOIN (RETIN-A): 0.01% GEL; 0.025% GEL & CRM;
0.05% CRM; & 0.1% CRM
TRIAMCINOLONE (KENALOG):
0.025% CRM & OINT
0.1% CRM, OINT, & DENTAL PASTE
WITCH HAZEL (TUCKS): PADS
ZINC OXIDE: 20% OINT

FOR PHARMACY USE ONLY

We're sorry that we do not carry:

However, we recommend:

TRICARE Online Pharmacy Refill



Request Prescription Refills
Refills may be requested for one or more prescriptions, and the beneficiary will choose a pick-up location for their prescriptions.

Pick-up locations available include the Naval Hospital Refill Site, and Active Duty patients may pick up their prescriptions at the MCRD

Parris Island Pharmacy as well as the MCAS Beaufort Clinic, with the exception that refrigerated medications and controlled substances will not be sent to the MCAS.

Beneficiaries who fill original prescriptions at an MTF may refill it through TOL. When requesting a prescription the beneficiary will be asked to:

1. Confirm the last four (4) digits of your sponsor's SSN.
2. Select a pick-up location.
3. Enter the numeric portion of the prescription number(s) to be refilled.

Check Prescription Status

Beneficiaries may check the status of his/her prescription(s) to include when a refill has been requested. The user can check one Rx at a time by entering the last 4 digits of the sponsor's SSN, Rx number and pick-up location.

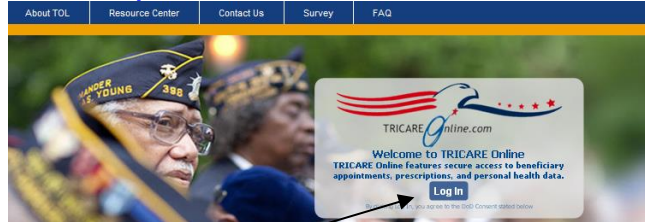
Request Prescription refills from TMOP

When requesting prescription refills from the TRICARE Mail Order Pharmacy (TMOP), TOL will actually take the beneficiary to the TMOP website where they will be asked to log in. From there, the refill can be requested directly through the website. The original TOL browser window will remain open and active in the background, so that when the TMOP refill request is completed, the beneficiary may choose to return to TOL.

For more information, please contact TOL customer service available 24/7 at 1-800-600-9332 or visit the website at www.tricareonline.com

How to Use TRICARE Online Pharmacy Refill

<http://www.tricareonline.com>



- Once registered with TRICARE Online, click the word "**Log-in**" on the website home page.



Rx Refill

Refill your prescriptions for MTF pick-up, check your prescription status, or access TRICARE Mail Order Pharmacy [TMOP].

- Then scroll down and look on the right hand side of the page and click "**Rx Refill**" link.

Refill Prescription Prescription Status TRICARE Mail Order Pharmacy

Refill Prescription

Your Primary MTF: **NH Jacksonville**
 Alternate MTF: [Select a Region] [Select an Alternate MTF]

Please complete all of the form steps to refill your prescription(s). First, enter up to 10 prescriptions which you would like to refill. Then, select the pharmacy where you would like to pick up your medications. Finally, click on the Submit button to process your request.

* Last 4 of Sponsor Social Security (SSN) Number:

If the displayed Sponsor SSN is incorrect, you may edit that field. This change will apply to this Pharmacy session only.

Step 1: * Numeric portion of your prescription number. Rx #1:

If you have more than one prescription to refill, use the additional fields below.

Rx #2: Rx #3: Rx #4:
 Rx #5: Rx #6: Rx #7:
 Rx #8: Rx #9: Rx #10:

If you have more prescriptions to refill, return to the page and enter the remainder of your prescriptions.

Step 2: * Choose a desired Pharmacy Location for the selected MTF. [Select a Pharmacy Location]

* Required Fields

- On this page you will select and fill out all appropriate information. (Make sure you fill out all items that have an asterisk.)
- Step 1: Only type in the numerical portion of the prescription number.
- Step 2: Make sure you choose the location that you wish to pick your refills up at.
- NOTE: Print out your conformation page!!

---The following information is for informational purposes only and is not endorsed by Naval Hospital Beaufort or its employed personnel.
 Express Scripts and Express Scripts Logo are registered trademarks of Express Scripts, Inc. All rights reserved.

TRICARE MAIL ORDER PHARMACY INFORMATION

You may register* and send new prescriptions to the Mail Order Pharmacy using any of the following options listed below:

- Online: <http://www.express-scripts.com>
- Telephone: 877-363-1303 (US Only)
866-275-4732 (Overseas)
- TDD/TTY: 877-540-6261
- Mail to: Express Scripts, Inc.
P.O. Box 52150
Phoenix, AZ 85072-9954
- Fax to: 877-895-1900 (with fax cover sheet)

* The "New Patient Home Delivery Form" and other forms can be downloaded at the website listed above.

Pharmacy costs are based on whether the prescription is considered a formulary generic, formulary brand, or non-formulary, and where you choose to have your prescription filled.

Pharmacy Copayments Chart

Type of Pharmacy	Formulary Drugs		Non-Formulary Drugs
	Generic	Brand	
MTF Up to 90 day supply	\$0	\$0	Not Applicable
Mail Order Pharmacy Up to 90 day Supply	\$0	\$16	\$46
Retail Network Pharmacy 30 Day Supply	\$8	\$20	\$47
Savings by choosing Express Scripts vs. Retail Network for a 90 day supply	\$24	\$44	\$95

Note: If you have other health insurance with a pharmacy benefit, you may not be eligible to use the Mail Order Pharmacy. Please refer to the TRICARE Pharmacy Program Handbook or visit <http://www.tricare.mil/Pharmacy.aspx> for more detailed information.

To search to see what your medication's current copayment prices are, visit http://pec.ha.osd.mil/formulary_search.php.

Visit Express-Scripts.com/Mobile

To download the Express Scripts mobile app.