DEPARTMENT OF THE AIR FORCE

HEADQUARTERS, 55TH WING (ACC)
OFFUTT AIR FORCE BASE, NEBRASKA

May 2001

Memorandum for All Civilian Practitioners

Subject: Abbreviated Version of the Ehrling Bergquist Hospital Formulary

From: 55th Medical Support Squadron/SGSAP
2501 Capehart Road
Offutt AFB NE 68113-2160

1. Attached is an abbreviated version of the Ehrling Bergquist Hospital Formulary. We have attempted to simplify the listing to cover the major categories in an easy to read format.

2. The most frequently asked question is "Why do we carry the drugs that we do?" The Air Force permits each facility to determine its own formulary, as well as carry medications that the PharmacoEconomic Center (PEC) recommends. Therefore, the Ehrling Bergquist formulary reflects the best agents from each drug class as determined by the provider staff and the PEC, which is subject to change.

3. Due to the dynamic nature of the closed formulary system, we may request occasional changes to your patient's drug therapies. Of course, it is your option to accept or decline these changes, but we do ask, when possible, that you be flexible and work with us to provide rational, cost-effective healthcare.

4. Our phone numbers are (402) 294-7322/7323, available Monday through Friday, 8:00 a.m. to 5:00 p.m. If you would like to speak with one of our pharmacists regarding the formulary selections or would like to make a suggestion or comment, please give us a call.

//signed//

JOSHUA W. DEVINE, Capt, USAF, BSC
Acting Chief, Pharmacy Services

PATIENTS AND PHYSICIANS CAN NOW SEARCH THE 55 MDG FORMULARY ON THE INTERNET AT
http://www.offutt.af.mil/services/hospital/supservices/pharmacy/default.asp

CATEGORY #	ALPHABETIZED LIST OF DRUG CATEGORIES
1.	ANGIOTENSIN CONVERTING ENZYME INHIBITORS
2.	ANGIOTENSIN II RECEPTOR BLOCKERS
3.	ANTIBIOTICS/ANTIFUNGALS/ANTHELMINTICS
4.	ANTICOAGULANTS
5.	ANTICONVULSANTS
6.	ANTIDEPRESSANTS/ANTIANXIETY AGENTS
7.	ANTIGLAUCOMA AGENTS
8.	ANTIGOUT AGENTS
9.	ANTIHISTAMINES
10.	ANTIHISTAMINE/DECONGESTANT COMBINATIONS
11.	ANTILIPIDEMIC AGENTS
12.	ANTIPARKINSON AGENTS
13.	ANTIPSYCHOTIC AGENTS
14.	ANTITHYROID AGENTS
15.	ANTIVIRAL AGENTS
16.	ASTHMA AGENTS (Also see Inhalers)
17.	BETA-BLOCKERS
18.	BIRTH CONTROL PILLS
19.	CALCIUM CHANNEL BLOCKERS
20.	CARDIAC AGENTS
21.	CHEMOTHERAPEUTIC AGENTS
22.	DECONGESTANTS/COUGH & COLD
23.	DENTAL AGENTS
24.	DIABETIC AGENTS
25.	DIURETICS & Combinations
26.	GI AGENTS Peptic Ulcer Agents Other Agents/Nausea
27.	HORMONES
28.	HYPOTENSIVE AGENTS
29.	INHALERS/ASTHMA AGENTS--Beta Agonists Corticosteroids-Oral Inhalers Corticosteroids-Nasal Inhalers Other
30.	LIQUIDS
31.	MALARIA AGENTS
32.	MIGRAINE HEADACHE AGENTS
33.	MISCELLANEOUS AGENTS
34.	MUSCLE RELAXANTS

35. NARCOTIC AGENTS
- **Sedative/Hypnotics**
- **Other Controlled Medications**

36. NITROGLYCERIN

37. NON-STEROIDAL ANTI-INFLAMMATORY DRUGS /PAIN RELIEVERS

38. OPHTHALMICS

39. OTIC PREPARATIONS

40. POTASSIUM REPLACEMENT

41. RECTAL PREPARATIONS

42. STEROIDS (ORAL)

43. THEOPHYLLINE PREPARATIONS

44. THYROID PREPARATIONS

45. TOPICAL PREPARATIONS
- **Antifungals**
- **Creams/Ointments/Solutions**
- **Lotions**
- **Shampoos**

46. TUBERCULOSIS AGENTS

47. URINARY AGENTS

48. VAGINAL PREPARATIONS

49. VITAMINS/MINERALS

PROVIDERS: Please write out full patient instructions on prescription – not "Take as directed".

- Prescriptions must be dated by the prescriber on the date they are written
- The pharmacist(s) reserves the right to adjust jar or tube size to better serve the customers and to minimize waiting time
- Telephoned or faxed prescriptions are not accepted at this facility
- DEA # and prescriber name must be identifiable prior to dispensing controlled substances
- Schedule III-V medications can be refilled a maximum of 5 times or up to six months from date written

Products are listed by category and by generic name. Trade name appears in ( ). Relative costs are listed alongside each medication. Please consider the most inexpensive product possible.

$ = $10 per month or less
$$ = $11-$19 per month
$$$ = $20-$39 per month
$$$$ = $40 or more per month

CATEGORIES:	**Relative Cost**
1. ANGIOTENSIN CONVERTING ENZYME INHIBITORS	
Captopril (Capoten) 25mg, 50mg tablets	$
Fosinopril (Monopril) 10mg, 20mg, 40mg tablets	$
Lisinopril (Zestril) 5mg, 10mg, 20mg, 40mg tablets	$
Ramipril (Altace) 1.25mg, 2.5mg, 5mg, and 10mg capsules	$
2. ANGIOTENSIN II RECEPTOR BLOCKERS	
Irbesartan (Avapro) 150 mg & 300 mg tablets	$$
Irbesartan/HCTZ (Avalide) tablets, 150/12.5 & 300/12.5	$$
Losartan (Cozaar) 50mg & 100mg tablets	$$
Losartan (Hyzaar) 50mg/12.5mg & 100mg/25mg tablets	$$
3. ANTIBIOTICS/ANTIFUNGALS/ANTHELMINTICS	
Amoxicillin 250mg, 500mg caps & 125mg/5ml, 250mg/5ml susp	$
Augmentin 250mg, 500mg, & 875mg tablets	$$$$
200mg/5ml suspension (100ml)	$$
400mg/5ml suspension (100ml)	$$$
Azithromycin (Zithromax) 250mg tablets (Z-Pak), 100mg/5ml suspension, 200mg/5ml suspension	$$$
Cefpodoxime (Vantin) 100mg & 200mg tablets	$$$$
Cefpodoxime suspension 50mg/5ml, & 100mg/5ml	$$$
Cephalexin (Keflex) 250mg & 500mg capsules	$
Cephalexin250mg/5ml suspension	$$
Ciprofloxacin (Cipro) 250mg, 500mg, & 750mg tablets	$$$
Clarithromycin (Biaxin) 250mg & 500mg tablets	$$$$
Clarithromycin (Biaxin) 125mg/5ml & 250mg/5ml suspension	$$$
Clindamycin (Cleocin) 150mg capsules & 75mg/5ml suspension	$$
Clindamycin (Cleocin) Vaginal cream 2%	$$
Co-Trimoxazole (Septra/Bactrim) suspension 200/40/5ml	$
Co-Trimoxazole (Septra DS/Bactrim DS) tablets	$
Dicloxacillin 250mg capsules, 62.5mg/5ml suspension	$
Doxycycline (Vibramycin) 100mg tablets	$
Erythromycin 250mg tablets, 200mg chewable tablets, 200mg/5ml suspension	$

Erythromycin ethylsuccinate (E.E.S.) 400mg tablets	$
Fluconazole (Diflucan) 100mg & 150mg tablets	$$$$
Fluconazole (Diflucan) suspension 10mg/ml (35ml bottle)	$$$$
Gatifloxacin (Tequin) 200mg & 400mg tablets	$$$
Griseofulvin (Gris-peg) 125mg tablets, 125mg/5ml suspension	$$
Levofloxacin (Levaquin) 250mg & 500mg tablets	$$$
Mebendazole (Vermox) 100mg tablets	$
Metronidazole 250mg tablets	$
Minocycline (Minocin) 50mg & 100mg capsules	$$
Neomycin 500mg tablets	$
Nitrofurantoin (Macrodantin) 25mg & 50mg capsules and 25mg/5ml suspension	$$
Nitrofurantoin (Macrobid) 100mg capsules	$$
Nystatin 500,000 units tablets & 100,000 units/ml suspension	$
Pediazole 200/600 suspension	$$
Penicillin (Pen-V-K) 250mg & 500mg tablets & 250mg/5ml suspension	$
Sulfisoxazole (Gantrisin) 500mg tablets & 500mg/5ml susp	$
Terbinafine (Lamisil) 250mg tablets *(see pulse dosing & mandatory prescribing guidelines at end of formulary)*	$$$$
Tetracycline 250mg capsules	$
Trimethoprim (Proloprim) 100mg tablets	$

4. ANTICOAGULANTS

Enoxaparin (Lovenox) 30mg/0.3ml, 40mg/0.4ml, & 100mg/1ml injection	$$$$
Warfarin (Coumadin) 2mg, 2½ mg, & 5mg tablets	$$

5. ANTICONVULSANTS

Carbamazapine (Tegretol) 100mg & 200mg tablets	$$
Carbamazapine (Tegretol **XR**) 100mg, 200mg, & 400mg tablets	$$
Divalproex (Depakote) 125mg & 250mg tablets	$$
Divalproex (Depakote) 125mg sprinkles	$$
Ethosuxamide (Zarontin) 250mg/5ml suspension, 250mg capsules	$
Gabapentin (Neurontin) 100mg, 300mg, & 400mg capsules, & 600mg & 800mg tablets	$$$$
Phenytoin (Dilantin) 50mg, 100mg, 125mg/5ml suspension	$
Primidone (Mysoline) 50mg & 250mg tablets	$
Valproic Acid (Depekene) 250/5ml suspension	$

6. ANTIDEPRESSANTS/ANTIANXIETY AGENTS

Amitriptyline (Elavil) 10mg, 25mg, 50mg tablets	$
Buproprion (Wellbutrin) 75mg & 100mg tablets	$$$
Buproprion (Wellbutrin-SR) 100mg & 150mg tablets	$$$$
Buspirone (Buspar) 5mg & 10mg tablets	$$$$
Citalopram (Celexa) 20mg & 40mg tablets	$$$
Desipramine (Norpramine) 25mg, 50mg, 75mg tablets	$
Doxepin (Sinequan) 10mg, 25mg, 75mg capsules	$
Fluoxetine (Prozac) 10mg and 20mg capsules, & 20mg/5ml liquid	$$$
Imipramine (Tofranil) 10mg, 25mg, 50mg tablets	$
Lithium (Eskalith) 300mg & 450mg tablets	$
Nefazodone (Serzone) 100mg, 150mg, 200mg, and 250mg tablets	$$$
Nortriptyline (Pamelor) 25mg, 75mg capsules	$$
Paroxtine (Paxil) 20mg tablets	$$$
Sertraline (Zoloft) 100mg tablets	$$$

Trazadone (Desyrel) 50mg, 100mg tablets	$$
Venlafaxine XR (Effexor XR) 37.5 mg, 75 mg, & 150 mg capsules	$$$

7. ANTIGLAUCOMA AGENTS

Acetazolamide (Diamox) 250mg tablets & 500mg capsules	$
Betaxolol (Betoptic-S) 0.25% ophthalmic soln 10ml	$$
Carteolol (Ocupress) 1% ophthalmic soln	$$$
Dipivefrin (Propine) 0.1% ophthalmic soln 10ml	$$
Dorzolamide (Trusopt) 2% ophthalmic soln 10ml	$$
Latanoprost (Xalatan) 0.005% ophthalmic solution 2.5ml	$$$
Pilocarpine (Pilogel HS) ophthalmic gel 4gm	$$$
Pilocarpine drops 1%, 2%, and 4% ophthalmic soln 15ml	$
Timolol (Timoptic) 0.5% ophthalmic soln	$$
Timolol (Timoptic XE) 0.5% ophthalmic soln	$$

8. ANTIGOUT AGENTS

Allopurinol (Zyloprim) 100mg & 300mg tablets	$
Colchicine 0.6mg tablets	$
Probenecid (Benemid) 500mg tablets	$

9. ANTIHISTAMINES

Cetirizine (Zyrtec) 10mg tablets	$$$
Cetirizine (Zyrtec) syrup 5mg/5ml	$$$
Chlorpheniramine (Chlor-trimeton) 4mg tablets, 2mg/5cc syrup	$
Cyproheptadine (Periactin) 4mg tablets	$
Clemastine (Tavist) 2.68mg tablets, 0.67mg/5ml syrup	$
Diphenhydramine (Benadryl) 50mg capsules, 25mg capsules, 12.5mg/5cc elixir	$
Fexofenadine (Allegra) 60mg & 180mg tablets	$$$
Hydroxyzine (Atarax) 10mg, 25mg tablets, 10mg/5ml syrup	$
Hydroxyzine Pamoate (Vistaril) 50mg capsules	$
Loratadine (Claritin) syrup 1mg/1ml	$$$
Meclizine (Antivert) 25mg tablets	$

10. ANTIHISTAMINE/DECONGESTANT COMBINATIONS

Chlorpheniramine/Pseudoephedrine (Klerist-D) tablets	$
Dexchlorpheniramine/Pseudoephedrine (Deconamine SR) capsules	$
Loratadine/pseudoephedrine (Claritin D-12 & Claritin D-24-)	$$$
Triprolidine/Pseudoephedrine (Actifed) tablets	$

11. ANTILIPIDEMIC AGENTS

Cerivastatin (Baycol) 0.2mg, 0.3mg. 0.4mg, & 0.8mg tablets	$
Cholesteramine resin (Questran Lite) powder 42 scoop cans, Prevalite packets	$$
Colestipol (Colestid) 1gm tablets	$$
Gemfibrozil (Lopid) 600mg tablets	$
Nicotinic acid (Niacin) 50mg & 500mg tablets	$
Simvastatin (Zocor) 5mg tablets, 10mg tablets	$$
Simvastatin (Zocor) 20mg, 40mg & 80mg tablets	$$$

12. ANTIPARKINSON AGENTS

Amantadine (Symmetrel) 100mg capsules	$$
Benztropine (Cogentin) 0.5mg & 2mg tablets	$

Bromocriptine (Parlodel) 2.5mg tablets	$$$
Levodopa/Carbodopa (Sinemet) 25/100 tablets	$$

13. ANTIPSYCHOTIC AGENTS

Chlorpromazine (Thorazine) 25mg	$
Haloperidol (Haldol) 1mg & 5mg tablets	$
Thioridazine (Mellaril) 10mg & 25mg tablets	$
Thiothixene (Navane) 5mg capsules	$
Trifluoperazine (Stelazine) 1mg & 5mg tablets	$

14. ANTITHYROID AGENTS

Methimazole (Tapazole) 5mg tablets	$$
Propylthiouricil 50mg tablets	$

15. ANTIVIRAL AGENTS

Acyclovir (Zovirax) 200mg capsules	$$
Valcyclovir (Valtrex) 1,000mg tablets	$$$$

16. ASTHMA AGENTS (ORAL) – (Also see Inhalers)

Albuterol (Proventil/Ventolin) 4mg tablets & 2mg/5ml syrup	$
Metaproterenol (Alupent) 10mg/5ml syrup	$
Montelukast (Singulair) 4 mg chewable & 5 mg chewable tablets	$$$$
Montelukast (Singulair) 10 mg tablets	$$$$

17. BETA-BLOCKERS

Atenolol (Tenormin) 25mg & 50mg tablets	$
Metoprolol (Lopressor) 50mg & 100mg tablets	$
Propranolol (Inderal) 10mg & 40mg tablets	$
Propranolol (Inderal) LA 80mg caps	$$

18. BIRTH CONTROL PILLS

Alesse-28	$
Ortho-Cyclen	$
Orthocept/Desogen 28s	$
Loestrin 1/20 & 1.5/30 (28s)	$
Lo-Ovral 28’s	$
Micronor 28’s	$$
Ortho-Novum 1/35 , 1/50, & 7/7/7 28’s	$
Ortho-Tricyclen 28’s	$
Ovral 28’s	$$
Tri-levlin/Triphasil 28’s	$

19. CALCIUM CHANNEL BLOCKERS

Amlodipine (Norvasc) 5mg & 10mg tablets	$$$
Amlodipine/Benazepril (Lotrel) 5/10 and 5/20 capsules	$$$
Diltiazem 60mg tablets-short acting	$
Diltiazem XR (Tiazac XR), 120 mg, 180 mg, 240 mg, 300mg, & 360 mg capsules	$
Felodipine (Plendil) 2.5mg, 5mg & 10mg tablets	$
Nifedipine (Adalat-CC) 30mg, 60mg, 90mg tablets - long acting	$
Verapamil (Calan, Isoptin) 80mg & 120mg tablets - short acting	$
Verapamil (Calan SR) 180mg & 240mg tablets- long acting	$

20. CARDIAC AGENTS

Amiodarone (Cordarone) 200mg tablets	$
Digoxin (Lanoxin) 0.125mg & 0.25mg tablets	$
Disopyramide (Norpace) 100mg & 150mg capsules	$
Isosorbide (Isordil) 10mg & 40mg XR	$
Isosorbide mononitrate (Imdur) 30mg & 60mg tablets	$$$
Mexiletine (Mexitil) 150mg capsules	$$$
Procainamide (Procan SR) 250mg & 500mg extended release tablets	$$
Quinidine Gluconate (Quinaglute) 324mg tablets	$
Quinidine Sulfate (Quinidine) 200mg tablets	$

21. CHEMOTHERAPEUTIC AGENTS

Azathioprine (Imuran) 50mg tablets	$$$
Megesterone (Megace) 40mg tablets	$$$$
Methotrexate 2.5mg tablets	$$$
Nilutamide (Nilandron) 50mg tablets	$$$$
Tamoxifen (Nolvadex) 10mg tablets	$$$$

22. DECONGESTANTS/COUGH & COLD

Guafenesin (Humabid LA) 600mg tablets	$
Pseudoephedrine 120mg/guaifenesin600mg (Entex PSE)	$
Pseudoephedrine (Sudafed) 30mg & 60mg tablets	$
Pseudoephedrine (Sudafed) liquid 30 mg/5 ml	$

23. DENTAL AGENTS

Chlorhexidine (Peridex) 0.12% rinse 240ml	$
Stannous Flouride (GelKam) 0.4% gel	$

24. DIABETIC AGENTS

Glimepiride (Amaryl) 1 mg, 2 mg, & 4 mg tablets	$
Glipizide 10mg tablets	$
Glipizide XL (Glucotrol XL) 5mg & 10mg tablets	$$
Glyburide (Micronase) 2.5mg & 5mg tablets	$
Glyburide (Glynase) Prestab 3 mg & 6 mg	$
Glyburide/metformin HCl (Glucovance) 1.25mg/250mg tablets	$$
Glyburide/metformin HCl (Glucovance) 2.5mg/500mg; & 5mg/500mg tablets	$$
Insulin 10ml injection	$
Novolin Regular – Human	
Lente – Pork	
Novolin NPH – Human	
Novolin L-Human	
Ultra lente – Human	
Novolin 70/30 – Human	
Lispro (Humalog) insulin 100 units/ml; 10ml vial	$$
Metformin (Glucophage) 500mg, 850mg, & 1,000mg tablets	$$$
Metformin (Glucophage-**XR**) 500mg tablets	$$$
Accu-Chek test strips (box of 50s)	$$$$
Precision QID test strips, 50s	$$$$
Soft Clix lancets (box of 100)	$
Syringe, Insulin 0.3ml, 0.5ml & 1ml 100's	$$

25. DIURETICS

Furosemide (Lasix) 40mg tablets	$
Hydrochlorothiazde (HCTZ, Oretic) 25mg & 50mg tablets	$
Metolazone (Zaroxylyn) 5mg tablets	$$
Spironolactone (Aldactone) 25mg tablets	$
Combinations	
Hydrochlorothiazide/Spironolactone (Aldactazide 25/25) tablets	$
Hydrochlorothiazide/Triamterene (Maxzide 50/75) tablets	$

26. GI AGENTS

Peptic Ulcer Agents	
Cimetidine (Tagamet) 400mg tablets	$
Chlordiazopoxide/atropine (Librax) capsules	$
Omeprazole (Prilosec) 10mg, 20mg, & 40mg capsules	$$$$
*****Limited to 8-week course of therapy -see mandatory prescribing guidelines at end of formulary*****	
Ranitidine (Zantac) 150mg tablets	$
Ranitidine (Zantac) 15mg/ml syrup	$$$
Sucralfate (Carafate) 1gm tablets	$$
Other Agents/Nausea	
Belladonna /Phenobarbital (Donnatol) tablets and elixir	$
Dicyclomine (Bentyl) 20mg tablets,*10mg/5cc syrup*	$$
Loperamide (Immodium) 2mg capsules	$
*****Limited to quantity of 12 with 0 refills*****	
Metoclopramide (Reglan) 10mg tablets	$
Metoclopramide (Reglan) syrup 5mg/5ml	$
Pancrease capsules	$$
Prochlorperazine (Compazine) 5mg tablets & 25mg suppositories	$
Promethazine (Phenergan) 25mg tablets & 25mg suppositories, *6.25/5cc syrup*	$
Trimethobenzamide (Tigan) 250mg capsules	$
Trimethobenzamide (Tigan) 200mg suppositories	$$
Diphenyoxylate/Atropine (Lomotil) 2.5mg tablets (Sch V narcotic)	$

27. HORMONES

Clomiphene (Clomid) 50mg tablets	$$$
Conjugated Estrogens (Premarin) 0.3mg, 0.625mg, 0.9mg, & 1.25mg tablets	$
Conjugated Estrogens (Premarin) Vaginal cream 42gm tube	$$
Estradiol (Estrace) 1mg & 2mg tablets	$
Estrogen with Methyltestosterone (Estratest HS) 0.625mg/1.25mg tablets	$$
Estrogen with Methyltestosterone (Estratest) 1.25mg/2.5mg tablets	$$
Estrogen with Medroxyprogesterone (PremPro) 0.625mg/2.5mg tablets	$$
Estrogen with Medroxyprogesterone (PremPro 5) 0.625mg/5mg tablets	$$
Estrogen with Medroxyprogesterone (PremPhase) 0.625mg/5mg tablet	$$
Femhrt 1/5	$$
Medroxyprogesterone (Provera) 2.5mg & 10mg tablets	$
Norethindrone (Norlutate) 5mg tablets	$$

28. HYPOTENSIVE AGENTS

Clonidine (Catapres) 0.1mg & 0.2mg tablets	$
Clonidine (Catapres TTS) 0.1mg/24hr, 0.2mg/24hr & 0.3mg/24hr patches	$$$
Doxazosin (Cardura), 2mg, 4mg, & 8mg tablets	$$
Hydralazine (Apresoline) 25mg tablets	$
Methyldopa (Aldomet) 250mg & 500mg tablets	$
Minoxidil (Loniten) 10mg tablets	$$
Prazosin (Minipress) 1mg, 2mg & 5mg capsules	$
Terazosin (Hytrin) 1mg, 2mg, 5mg & 10mg capsules	$$

29. INHALERS/ASTHMA AGENTS

Beta Agonists

Albuterol (Proventil/Ventolin) MDI & 0.5% nebulizer solution (20 ml)	$
Metaproterenol (Alupent) MDI and 5% nebulizer solution	$
Salmeterol (Serevent) oral inhaler	$$$

Corticosteroids-Oral Inhalers

Beclomethasone (Vanceril) MDI	$
Beclomethasone (Vanceril DS) double-strength MDI	$
Flunisolide (Aerobid) MDI (Aerobid M)	$
Fluticasone (Flovent) 44 mcg, 110mcg & 220mcg MDI	$$$$
Triamcinolone (Azmacort) MDI	

Combination Oral Inhalers

Fluticasone/Salmeterol (Advair) oral inhaler 100/50mcg; 250/50mcg; & 500/50mcg	$$$$

Corticosteroids-Inhalation Suspensions

Budesonide Inhalation Suspension (Pulmicort Inhaled Respules) 0.25mg & 0.5mg	$$$$

Corticosteroids-Nasal Inhalers

Fluticasone (Flonase) nasal spray	$$
Nometasone (Nasonex) nasal spray	$$

Other

Cromolyn Sodium (Intal) MDI & 10mg/ml nebulizer sol (60 ampules/box)	$$
Cromolyn (Nasalcrom) nasal spray	$$
Ipratropium (Atrovent) MDI	$$
Ipratropium (Atrovent) sol for inhalation (25 vials/box)	$$$
Nedocromil (Tilade) MDI	$$$
Normal Saline (Deep-Sea) nasal spray	$
Sodium Chloride 0.9% solution 5ml vials (100 vials/box)	$

30. LIQUIDS

Dimetapp liquid (new formluation without phenylpropanolamine)	$$
Rondec syrup	$
Rondec oral drops 30 ml with dropper	$
Lactulose oral solution (Kristalose) 10gm/packet (box of 30 packets)	$$
Lidocaine Viscous 100ml	$
Sodium Polysteramine (Kayexelate) 15gm/60ml susp	$
Triaminic Drops	$
Vitamin, multiple (Pediaflor & Tri-vi-flor) drops	$

31. MALARIA AGENTS

Chloroquine Phosphate (Aralen) 500mg tablets	$$$
Chloroquine/Primaquine tablets	$$$
Mefloquine (Larium) 250mg tablets	$$$

Primaquine 26.3mg tablets	$$

32. MIGRAINE HEADACHE AGENTS

Bellergal S tablets	$$
Butalbital/Aspirin/Caffeine (Fiorinal) tablets	$$
Cafergot rectal suppositories	$$
Ergotamine Tartrate/Caffeine (Ercaf) tablets	$
Fioricet tablets	$$
Imitrex injection, box of 2	$$$$
Isometheptane (Midrin) capsules	$$
Dihydroergotamine mesylate (Migranal) nasal spray	$$$
Rizatriptan (Maxalt) 5mg & 10mg tablets, & 10mg MLT (limited to 12 tabs/month)	$$$$
Sumatriptan (Imitrex) 25mg, 50mg, & 100mg tablets (limited to 18 tabs/month)	$$$$
Divalproex (Depakote ER) 500mg tabs	$$$

33. MISCELLANEOUS AGENTS

Alendronate (Fosamax) 5mg &10mg tablets	$$$
Alendronate (Fosamax) 70mg (once-weekly) tablets	$$$
Bethanechol (Urecholine) 10mg & 25mg tablets	$$
Calcitonin-salmon (Miacalcin) nasal spray, 2, 2ml vials	$$$
Clopidogrel (Plavix) 75mg tablets	$$$$
Dapsone 100mg tablets	$$
Dipyridamole (Persantine) 25mg & 75mg tablets	$
Disulfiram (Antabuse) 250mg tablets	$
Docusate (Colace) 100mg capsules	$
Etidronate (Didronel) 200mg tablets	$$$$
Finasteride (Proscar) 5mg tablets	$$$$
Hydroxychloroquine (Plaquenil) 200mg tablets	$$$$
Insect Sting kit (Anakit)	$$
***** Mesalamine (Asacol) 400mg tablets (***** only for patients intolerant to sulfalazine)	$$$$
Methazolamide (Neptazane) 50mg tablets	$$
Methylergonovine (Methergine) 0.2mg tablets	$
Penicillamine (Cupramine) 250mg capsules	$$$
Pentoxyfylline (Trental) 400mg tablets	$$$
Pyridostigmine (Mestinon) 180mg tablets	$$$
Sulfasalzine (Azulfidine) 500mg tablets	$$
Tamerlosin (Flomax) 0.4mg capsules	$$$
Terbutaline (Brethine) 5mg tablets	$
Yohimbine (Yohimex) 5.4mg tablets	$

34. MUSCLE RELAXANTS

Baclofen (Lioresal) 10mg tablets	$
Cyclobenzaprine (Flexeril) 10mg tablets	$
Methocarbamol (Robaxin) 500mg tablets	$

35. NARCOTIC AGENTS

Acetaminophen/Codeine (Tylenol #3) tablets & 120mg/12mg/5ml liquid	$
Codeine 30mg tablets	$
Hydrocodone/acetaminophen (Vicodin) 5/500mg tablets	$
Hydromorphone (Dilaudid) 2mg tablets	$$
Meperidine (Demerol) 50mg tablets	$

Methadone (Dolophin) 10mg tablets	$
Morphine Sulfate 30mg tablets & (MS CONTIN) 30mg tablets	$
Oxycodone/Acetaminophen (Percocet) tablets and liquid (Roxicet)	$
Oxycodone 5mg tablets	$
Oxycodone (OxyContin) 10mg & 20mg tablets	$$$
Propoxyphene (Darvocet-N-100) tablets	$
Sedative/Hypnotics	
Chlordiazepoxide (Librium) 10mg & 25mg capsules	$
Clonazepam (Klonopin) 0.5mg tablets	$$
Diazepam (Valium) 2mg & 5mg tablets	$$
Lorazepam (Ativan) 1mg tablets	$
Temazepam (Restoril) 15mg capsules	$
Triazolam (Halcion) 0.25mg tablets	$
Other Controlled Medications	
Adderall 5mg, & 10mg tablets	$$$
Adderall 20mg & 30mg tablets	$$$$
Chloral Hydrate (Noctec) 500mg/5ml susp	$
Dextroamphetamine (Dexedrine) 5mg tablets & 10mg extended release capsules	$$
Fluoxymesterone 10mg tablets	$$
Guafenesin/Codeine (Robitussin with Codeine) 120ml liquid	$
Methylphenidate (Ritalin) 5mg, 10mg tablets & 20mg extended release tablets	$$
Methylphenidate Long Acting (Concerta) 18mg	$$$$
Methylphenidate Long Acting (Concerta) 36mg	$$$$
Pemoline (Cylert) 37.5mg tablets	$$
Phenobarbital 15mg & 30mg tablets & 20mg/5ml elixir	$
Promethazine/Codeine (Phenergan with Codeine) syrup 120ml	$
Secobarbital (Seconal) 100mg capsules	$

36. NITROGLYCERIN

Nitroglycerin (Nitrostat) SL 0.3mg, 0.4mg & 0.6mg tablets	$
Nitroglycerin (Nitrobid) 6.5mg SR capsules	$
Nitroglycerin 5mg/24hr (Transderm Nitro) patches	$
Nitroglycerin spray (Nitrolingual)	$$

37. NON-STEROIDAL ANTI-INFLAMMATORY DRUGS /PAIN RELIEVERS

Acetaminophen 10% drops & 160mg/5ml solution	$
Celexocib (Celebrex) 100mg & 200mg capsules *(see mandatory prescribing guidelines at end of formulary)*	$$$$
Flurbiprofen (Ansaid) 100mg tablets	$
Ibuprofen (Motrin) 400mg & 800mg tablets & 100mg/5ml suspension	$
Indomethacin (Indocin) 25mg capsules	$
Naproxen Sodium (Anaprox DS) 550mg tablets	$
Naproxen (Naprosyn) 500mg tablets	$
Piroxicam (Feldene) 20mg capsules	$
Rofexocib (Vioxx) 12.5mg & 25mg tablets *(see mandatory prescribing guidelines at end of formulary)*	$$$$
Salsalate (Disalcid) 500mg tablets	$

38. OPHTHALMICS

Atropine 1% soln	$
Apraclonidine (Iopidine), .5% soln	$$$

Bacitracin ophthalmic oint	$
Betaxolol (Betoptic) .5%	$$$
Betaxolol (Betoptic) S .25%	$$$
Blephamide soln & oint	$$
Brimonidine (Alphagan) 0.2% soln	$$
Chloramphenichol (Chloroptic) 0.5% soln	$
Carbachol (Isopto-Carbachol) 3% soln	$$
Carteolol (Ocupres) 1% ophthalmic soln	$$$
Cortisporin susp & oint	$
Cosopt ophthalmic soln, 5ml	$$
Cyclopentolate (Cyclogyl) 1% & 2% soln	$
Dexamethasone 0.1% soln	$
Dipivefrin (Propine) .1% soln	$
Dorzolamide (Trusopt) soln	$$
Erythromycin (Ilotycin) oint	$
Flurbiprofen (Ocufen) 0.03% soln	$
Fluorometholone (FML) 0.1% soln	$
Gentamycin (Garamycin) 0.3% soln & oint	$
Levocabastine (Livostin) 0.05% susp	$$
Levobunolol (Betagan) 0.5% soln	$
Lodoxamide (Alomide) 0.1% soln	$$
Naphazoline HCl 0.025%/Pheniramine Maleate 0.3% (Naphcon-A) soln	$
Neomycin/Polymixin B/Dexamethasone (Maxitrol) susp & oint	$
Neosporin soln & oint	$
Ofloxacin (Ocuflox) drops	$$
Pilocarpine 1%, 2%, 4% sol/4% gel	$
Polytrim soln	$
Prednisolone (Pred-Forte) 1% susp	$
Prednisolone (Pred-Mild) 0.12% soln	$
Scopolomine (Hycocine) 0.25% soln	$
Sulfacetamide 10% oint, 10% soln & 15% soln	$
Timolol (Timoptic) .5% ophthalmic soln	$
Timolol (Timoptic XE) .5% ophthalmic soln	$$$
Tobramycin/Dexamethasone (Tobradex) soln & oint	$$
Tobramycin (Tobrex) 0.3% oint & 0.3% soln	$
Trifluridine (Viroptic) 1% soln	$$$

39. OTIC PREPARATIONS

Auralgan otic 10ml	$
HC/Neomycin/Polymixin B (Cortisporin) otic susp & soln	$
HC/Acetic acid (Vo-Sol HC) otic 15ml	$

40. POTASSIUM REPLACEMENT

Potassium Bicarbonate (K-Lyte) 25meq effervescent tablets	$$
Potassium Chloride (Klorvess/K-Lor) 20meq effervescent tablets	$
Potassium Chloride (Slow-K) 8mEq, 10mEq, and 20mEq tablets	$
Potassium Chloride 10% (20meq/15ml) liquid	$

41. RECTAL PREPARATIONS

Hemmorroidal HC suppositories (Anusol HC)	$
Hemmorroidal HC cream, 2.5%	$

Hydrocortisone (Cortenema) enemas	$$$
Pramoxine/HC (Proctofoam HC) rectal foam	$$

42. STEROIDS (ORAL)

Cortisone (Cortone) 5mg & 25mg tablets	$$
Dexamethasone (Decadron) 0.5mg, 0.75mg & 4mg tablets	$$
Fludrocortisone (Florinef) 0.1mg tablets	$$
Hydrocortisone (Cortef) 5mg & 20mg tablets	$
Methylprednisone (Medrol) 4mg tablets/dose packs	$
Prednisolone sodium phosphate (Orapred) 20.2mg/5ml	$$$
Prednisolone (Pediapred) 5mg/5ml liquid	$
Prednisolone (Prelone) 15mg/5ml liquid	$
Prednisone (Deltasone) 1mg, 5mg & 20mg tablets	$

43. THEOPHYLLINE PREPARATIONS

Aminophylline 100mg & 200mg tablets	$
Theophylline (Slow-Bid) 50mg, 100mg, 200mg & 300mg capsules	$
Theophylline (Theo-Dur) 100mg, 200mg & 300mg tablets	$
Theophylline (Theolair) 80mg/5ml liquid	$

44. THYROID PREPARATIONS

Levothyroxine (Synthroid) 0.025mg, 0.05mg, 0.075mg, 0.088mg, 0.1mg, 0.112 mg, 0.125mg, 0.15mg & 0.2mg tablets	$
Liothyronine (Cytomel) 25mcg tablets	$
Thyroid Extract 1/2 grain (30mg) & 1 grain (60mg) tablets	$

45. TOPICAL PREPARATIONS

Antifungals

Benzamycin topical gel	$$$
Clotrimazole (Mycelex/Lotrimin) 1% cream 30gm & 1% solution 15ml	$
Ketoconazole (Nizoral) 2% cream 30gm	$$
Nystatin (Mycostatin) cream 15gm	$

Creams/Ointments/Solutions

Adalapene (Differin) 1% gel, 15gm	$$
Aluminum Chloride (Drysol) 20% liquid 20ml	$
Amcinonide (Cyclocort) 0.1% cream 60gm	$$
Betamethasone (Diprosone) 0.05% oint 45gm	$$$
Calcipotriene (Dovonex) 0.005% cream and ointment 60gm	$$$$
Clindamycin (Cleocin-T) 1% soln 60ml	$
Clobetasol (Temovate) 0.05% soln 25ml	$$$
Erythromycin 2% topical soln 60ml	$
Fluocinolone (Synalar) 0.025% cream & 0.01% soln 20ml	$
Fluocinolone in Oil (Derma-Smoothe/FS) 120ml	$
Fluocinonide (Lidex) 0.05% cream 15gm, 0.05% oint 15gm & 60gm	$$
Fluorouracil (Efudex) 5% cream 30gm	$$$
Halobetasol Proprionate (Ultravate) 15gm cream	$$
50gm cream	$$$
15gm ointment	$$
50gm ointment	$$$
Hydrocortisone 1% oint 30gm, 1% cream 30gm	$
Hydrocortisone Valerate (Westcort) 0.2% cream 15gm, 45gm	$
0.2% oint 15gm	$
Hydroquinone (Eldoquin Forte) 4% cream	$$
Imiquimod (Aldara) cream	$$$$

Lidocaine (Xylocaine) 5% oint	$
Lindane (Kwell) 1% lotion	$
Metronidazole (Metrogel) 0.75% gel	$$$
Mupirocin (Bactroban) 2% oint 15gm	$$
Mycolog II oint 15gm	$
Permethrine (Elimite) 5% cream 60gm	$
Permethrine (Nix) 0.1% cream rinse 60ml	$
Tretinoin (Retin-A) 0.01% gel, 0.025% gel	$$
0.025% cream, 0.05% cream, & 0.1% cream	$$
Triamcinolone (Kenalog) 0.025% & 0.1% cream 15gm & 80gm	$
0.025% & 0.1% ointment 15gm & 80gm	$
spray 63gm	$$
Lotions	
Ammonium Lactate (Lac-Hydrin) 12% cream 5oz	$$
Shampoos	
Chloroxine (Capitrol) 2% 85gm	$
Fluocinolone (D-Smooth FS) 0.1%	$
Lindane (Kwell) 1%	$
Selenium Sulfide (Selsun)	$

46. TUBERCULOSIS AGENTS

Ethambutal (Myambutol) 400mg tablets	$$$$
Isoniazid (INH) 100mg & 300mg tablets	$
Pyrazinamide 500mg tablets	$$
Rifampin (Rifadin) 300mg capsules	$$

47. URINARY AGENTS

Flavoxate (Urispas) 100mg tablets	$$
Oxybutynin (Ditropan) 5mg tablets/syrup 5mg/5ml	$$
Phenazopyridine (Pyridium) 100mg & 200mg tablets	$
Tolterodine tartrate (Detrol) 2mg tablets	$$$$
Tolterodine tartrate (Detrol LA), 2mg & 4mg capsules	$$$$

48. VAGINAL PREPARATIONS

Clindamycin (Cleocin) 2% vaginal cream	$$
Clotrimazole (Gyne-Lotrimin) 100mg vaginal tablets 7's	$
Conjugated Estrogens (Premarin) Vaginal cream 42gm tube	$$
Metronidazole (Metrogel) 0.75% vaginal gel 45gm	$$
Miconazole (Monistat) 200mg vaginal suppositories/cream combination pack	$$

49. VITAMIN/MINERAL

Folic Acid 1mg tablets	$
Prenatal Vitamins	$
Ferrous sulfate 325mg	$

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Tamerlosin (Flomax)	33
Tamoxifen (Nolvadex)	21
Temazepam (Restoril)	35
Terazosin (Hytrin)	28
Terbinafine (Lamisil) (prescribing guidelines apply)	3
Terbutaline (Brethine)	33
Tetracycline	3
Theophylline	43
Thioridazine (Mellaril)	13
Thiothixene (Navane)	13
Thyroid Extract	44
Timolol (Timoptic XE) ophthalmic	7 & 38
Tobramycin (Tobrex)	38
Tobramycin/Dexamethasone (Tobradex)	38
Tolterodine tartrate (Detrol)	47
Trazadone (Desyrel)	6
Tretinoin (Retin-A)	45
Triamcinolone (Azmacort) MDI	29
Triamcinolone (Kenalog)	45
Triaminic Drops	30
Triazolam (Halcion)	35
Trifluoperazine (Stelazine)	13
Trifluridine (Viroptic)	38
Tri-levlin/Triphasil 28's	18
Trimethobenzamide (Tigan)	26
Trimethoprim (Proloprim)	3
Triprolidine/Pseudoephedrine (Actifed)	10
Trovafloxin (Trovan)	3
Valcyclovir (Valtrex)	15
Valproic Acid (Depekene)	5
Venlafaxine XR (Effexor XR)	6
Verapamil	19
Vitamin, multiple (Pediaflor & Tri-vi-flor)	30
Warfarin (Coumadin)	4
Yohimbine (Yohimex)	33

55th MEDICAL GROUP (EHRLING BERGQUIST HOSPITAL)
LAMISIL® (terbinafine)
PRESCRIBING GUIDELINES AND POLICY PROTOCOL

"Privacy Act Statement"
AUTHORITY: 10 U.S.C. 3012
PRINCIPLE PURPOSE(S): To collect information regarding patient diagnosis and to gain access to patient medical record to conduct Medication Use Evaluation.
ROUTINE USE(S): Used by medical and pharmacy staffs to determine patient diagnosis and to conduct Medication Use Evaluation.
VOLUNTARY: Disclosure is voluntary, however, refusal to do so may preclude dispensing medication.

TO BE COMPLETED BY PHYSICIAN

Patient's Name: _____ Date: _____

Lamisil® (terbinafine) will only be dispensed by the 55th Medical Group Pharmacy for the diagnoses and indications listed below. For approval, the directions must be **"Take one tablet by mouth twice a day for one week of each month for 3 (or 4) months"**. Prescriptions written any other way will not be filled.

TREATMENT OF ONYCHOMYCOSIS WILL BE APPROVED ONLY UNDER THE FOLLOWING CIRCUMSTANCES (PLEASE INDICATE PATIENT'S DIAGNOSIS):

- ☐ Onychomycosis causing severely damaged nails with associated pain
- ☐ Paronychias
- ☐ Increased risk of infection, in the presence of peripheral vascular insufficiency, i.e. diabetes
- ☐ Patient is immunosuppressed, i.e. HIV, chronic steroid use, etc.
- ☐ Physical dysfunction as a result of onychomycosis

I hereby certify this is a current diagnosis reflected in the patient's medical record maintained in my office.

_____ _____
Physician's Printed Name Physician's Signature

_____ _____
Physician's DEA Number Physician's Office Phone Number

PLEASE NOTE PATIENT MEDICAL RECORD RELEASE INFORMATION ON REVERSE SIDE

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
(To be completed by patient on presenting prescription at Ehrling Bergquist Pharmacy)

1. I request and authorize the office of Dr. _____

to furnish to the 55th Medical Group, Chief of Medical Staff, a copy of the outpatient

record for _____, SSN (sponsor's) _____

who was/is under your care from _____ to _____

2. The requested information will be used for Drug Utilization Evaluation.

AUTHORIZED SIGNATURE	**RELATIONSHIP TO PATIENT**	**DATE**
PATIENT'S HOME ADDRESS	**PATIENT'S HOME PHONE**	**DUTY PHONE**
WITNESS	**SIGNATURE**	**DATE**

(This form is subject to the privacy act of 1974)

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55TH MEDICAL GROUP
PRIOR AUTHORIZATION CRITERIA FOR COX-2 INHIBITORS
CELECOXIB (CELEBREXÒ) and ROFECOXIB (VIOXXÒ)
(Please note Patient Medical Record Release Information on reverse side)

"Privacy Act Statement"
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TO BE COMPLETED BY PHYSICIAN

Celexocib (Celebrex) will only be dispensed at the 55th Medical Group Pharmacy as a 4-week supply. If further treatment is required, please supply the patient diagnosis below, and send a new prescription, to justify the extension.

Patient's Name: _____ Date: _____

Family Member Prefix/SSAN: _____

Diagnosis/Indication for use of Celebrex or Vioxx: New patient requiring NSAID for ≥ 21 days with:

☐ Osteoarthritis **OR** ☐ Rheumatoid Arthritis

Criteria for use: (must have an additional box checked from below criteria)
☐ Chronic oral steroid use
☐ History of PUD or GI bleed
☐ Age ≥ 65 years
☐ Concurrent use of anticoagulants or anti-platelet therapy
☐ Presence of a hereditary or acquired coagulation defect
☐ Concurrent methotrexate therapy
☐ Patient experienced gastrointestinal intolerance to a trial of at least two different NSAIDs
☐ Chronic pain

General Prescribing Guidelines for use of Cox-2 inhibitors:
Celebrex 100mg by mouth twice a day
Celebrex 200mg by mouth once a day
Celebrex 200mg by mouth twice a day (for RA)
Vioxx 12.5mg by mouth once a day
Vioxx 25mg by mouth once a day

I hereby certify this is a current diagnosis reflected in the patient's medical record maintained in my office.

_____ _____
Physician's Printed Name Physician's Signature

_____ _____
Physician's DEA Number Physician's Office Phone Number

PLEASE NOTE PATIENT MEDICAL RECORD RELEASE INFORMATION ON REVERSE SIDE

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
(To be completed by patient on presenting prescription at Ehrling Bergquist Pharmacy)

1. I request and authorize the office of Dr. _____ to furnish to the 55th Medical Group, Chief of Medical Staff, a copy of the outpatient record for:

_____, SSN (sponsor's) _____

who was/is under your care from _____ to _____.

2. The requested information will be used for Drug Utilization Evaluation.

AUTHORIZED SIGNATURE	***RELATIONSHIP TO PATIENT***	***DATE***
PATIENT'S HOME ADDRESS	***PATIENT'S HOME PHONE***	**DUTY PHONE**
WITNESS	***SIGNATURE***	**DATE**

(This form is subject to the privacy act of 1974)

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55th MEDICAL GROUP (EHRLING BERGQUIST HOSPITAL)
PRILOSEC PRESCRIBING GUIDELINES AND POLICY

"Privacy Act Statement"
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TO BE COMPLETED BY PHYSICIAN

Patient's Name:_____ Date:_____

Omeprazole (Prilosec) will only be dispensed at the 55th Medical Group Pharmacy as a 4 week supply with 1 refill. If further treatment is required, please supply the patient diagnosis below, and send a new prescription, to justify the extension.

PLEASE INDICATE YOUR PATIENT'S DIAGNOSIS

☐ SEVERE Gastro-esophageal reflux disease (Grade III or IV)

☐ Erosive esophagitis

☐ Hypersecretory disorders (i.e. - Zollinger-Ellison, multiple endocrine adenomas, etc.)

☐ Additional 4-week course for Active Duodenal Ulcer.

I hereby certify this is a current diagnosis reflected in the patient's medical record maintained in my office.

_____ _____
(Physician's Signature) (Printed Name)

_____ _____
(Physician's DEA Number) (Physician's Office Phone Number)

PLEASE NOTE PATIENT MEDICAL RECORD RELEASE INFORMATION ON REVERSE SIDE

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
(TO BE COMPLETED BY PATIENT UPON PRESENTATION TO OFFUTT AFB PHARMACY)

1. I request and authorize the office of Dr._____ to

furnish to 55th Medical Group, Chief of Medical Staff, a copy of the outpatient

record for _____, SSN (sponsor's), _____

who was/is under your care from _____ to _____.

2. The requested information will be used for Drug Utilization Evaluation.

AUTHORIZED SIGNATURE	**RELATIONSHIP TO PATIENT**	**DATE**
PATIENT'S HOME ADDRESS	**PATIENT'S HOME PHONE**	**DUTY PHONE**
WITNESS	**SIGNATURE**	**DATE**

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