



# NAVAL HOSPITAL BEAUFORT, SC

## PHARMACY FORMULARY

Last updated: 19 JUN 2017

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, faxed and electronically prescribed 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:

- Nexium has gone non-formulary as of 1 April 2017. Have your provider write a new prescription for another equivalent such as Prilosec (Omeprazole) or Protonix (Pantoprazole). We also carry Pepcid (Famotidine). Tricare delivery is also an option.
- Naval Hospital Beaufort now has an Urgent Care Clinic, open Monday-Friday from 3pm-11pm and Weekends and Holidays from 8am-7pm.

### 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 60-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 by contacting your providers nurse or by using TricareOnline. 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](http://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; 500MG  
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 & 875 TAB;

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

**APIXABAN (ELIQUIS):** 2.5MG & 5MG TAB

**ARIPIRAZOLE (ABILIFY):**

10MG, 15MG, 20MG, 30MG TAB

**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

**DULOXETINE (CYMBALTA):** 20MG, 30MG & 60MG CAPS

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

**ESCITALOPRAM (LEXAPRO):** 10MG & 20MG TAB

**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):** 20MG & 40MG TABS;

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)

**FEXOFENIDINE (ALLEGRA):** 180MG TAB

**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 (APRESOLINE):**

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, 137MCG, 150MCG, & 200MCG TAB  
**LIBRAX (CHLORDIAZEPOXIDE/CLIDINIUM):**  
5MG/2.5MG CAP  
**LIDOCAINE, VISCOSUS:** 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  
**LOTENSIN HCT (BENZAEPRIIL/HCTZ):**  
10/12.5MG, 20/12.5MG, & 20/25MG TAB  
**LOTREL (AMLODIPINE/BENZAEPRIIL):**  
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  
**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:**  
(ZOFRAN): 4MG & 8MG TAB;  
(ZOFRAN 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  
**PREDNISONE:** 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 & 300MG 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)

## INJECTIONS

**ADALIMUMAB (HUMIRA):** 40MG/0.8ML SYR  
(2 PENS / BOX; ORDER BY BOX)  
**ALBIGLUTIDE (TANZEUM-ONCE A WEEK):**  
30MG & 50MG PEN  
**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*  
**EXENATIDE\* (BYDUREON-ONCE A WEEK):**  
2MG PEN (4/BOX)  
*\*Requires Prior Authorization Form*  
**GLUCAGON 1ML KIT**  
**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)  
**SUMATRIPTAN (IMITREX):** STATdose SYSTEM  
(6MG/0.5ML SYR; 2 SYR / BOX; ORDER BY BOX)  
(LIMIT: 8 SYR / 30 DAYS)

## DIABETIC SUPPLIES

**ALCOHOL PADS (200/BOX)**  
**INSULIN SYRINGES:** 1/2 ML & 1 ML (100SYR/BOX)  
**LANCETS (100/BOX)**  
**MONITOR, GLUCOSE (FREESTYLE LITE)**  
**NEEDLES, INSULIN 31GX1/4" (NOVOFINE)**  
**TEST STRIPS – FREESTYLE LITE (50/BOX)**  
**TEST STRIPS – PRECISION EXTRA (100/BOX)**

## 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  
*\*Requires medical necessity for. Must fail  
Adderall/Methylphenidate products)*  
**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 & 10/325 TAB  
**PHENOBARBITAL (LUMINAL):** 64.8MG & 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  
-DEPO-PROVERO (MEDROXYPROGESTERONE)  
-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-CYCLEN  
-ORTHO EVRA PATCH  
-ORTHO-NOVUM 1+35  
-ORTHO-NOVUM 1+50  
-ORTHO-NOVUM 7/7/7  
-ORTHO TRI-CYCLEN  
-ORTHO TRI-CYCLEN LO  
-PLAN B NEXT CHOICE (1 TAB DOSE)  
-SEASONALE (91 TAB PACK)  
-TRIPHASIL  
-YASMIN  
-YAZ

## **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)  
**ZOLMITRIPTAN NASAL SPRAY (ZOMIG NASAL SPRAY):**  
5MG (LIMIT 1 BOX OF 6 / 30 DAYS)

## 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  
**CLINDAMYCIN PHOS/BENZOYL PEROXIDE GEL  
(DUAC):** 1.2%/5% (45 GM TUBE)  
**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  
**ESTRADIOL (ESTRACE):**  
0.01MG/GM CRM  
**ESTROGENS, CONJUGATED (PREMARIN):**  
0.625MG/GM CRM  
**EUCERIN (ABSORBASE):** CRM (454GM JAR)  
**FLEET'S ENEMA:** SALINE & MINERAL OIL (PEDS/ADULT)  
**FLUCINONIDE (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  
**LICE KILLING SHAMPOO:** 4 FL OZ BOTTLE  
(REPLACES NIX)  
**LIDOCAINE:** 2% JELLY & 5% PATCH (LIDODERM)  
**LOTRISONE (CLOTRIMAZOLE/BETAMETHASONE):**  
1%-0.05% CRM  
**MESALAMINE (CANASA):** 1,000MG SUPP

**METRONIDAZOLE (METROGEL):** 0.75% GEL (45 GM  
TUBE FOR FACE)  
**METRONIDAZOLE (METROGEL/VANADAZOLE):** 0.75%  
GEL (70 GM TUBE FOR VAGINAL USE)  
**MICONAZOLE (MONISTAT):** 2% VAG CRM  
**MOMETASONE (ELOCON):** 0.1% CRM & OINT  
**MUPIROCI (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  
**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.

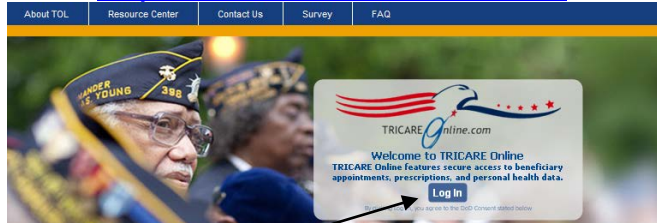
### Request Prescription refills from TMOP

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](http://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:

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:

- **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.

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## 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	
<b>MTF</b> Up to 90 day supply	\$0	\$0	Not Applicable
<b>Mail Order Pharmacy</b> Up to 90 day Supply	\$0	\$20	\$49
<b>Retail Network Pharmacy</b> 30 Day Supply	\$10	\$24	\$50
<b>Savings by choosing Express Scripts vs. Retail Network for a 90 day supply</b>	<b>\$10</b>	<b>\$25</b>	<b>\$99</b>

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](http://pec.ha.osd.mil/formulary_search.php).

Visit [Express-Scripts.com/Mobile](http://Express-Scripts.com/Mobile)

To download the Express Scripts mobile app.