



Citizen Potawatomi Nation Health Services

Mail Order Pharmacy

Dear Citizen Potawatomi Nation member,

Welcome to the CPN Elders Mail Order Pharmacy Program.

Enclosed in this packet are:

1. Eligibility guidelines, and instructions on how to enroll in the program
2. Elders mail order pharmacy application
3. CPNHS Privacy Practices Notice (your copy), and privacy practices notice form stating you have read and understand the privacy notice (our copy)
4. Child Proof Prescription Bottle Lid waiver form
5. CPN contact information
6. CPN Drug Formulary

If we can help you with this enrollment process, please contact us.

Dakota Paxson, DPH
CPN Mail Order Pharmacist in Charge
866-900-5236 or 405-273-5236



Citizen Potawatomi Nation Health Services

Mail Order Pharmacy

CPN Mail Order Pharmacy Eligibility guidelines and Program Enrollment Instructions

Eligibility:

Citizen Potawatomi Nation members over sixty-three years of age and Citizen Potawatomi Nation members on Social Security disability. Citizen Potawatomi Nation members must also live outside of Pottawatomie County to be eligible for mail order.

****Please note that controlled medications cannot be mailed out of state****

Enrollment Instructions:

1. Fill out completely and sign the enclosed application form (PHARM-03) with attached copies of insurance cards
2. Send a copy of your tribal enrollment card
3. Send a copy of your driver's license, if you have one
4. Fill out, sign, and return the Privacy Protection Notice form (CLNOP-20)
5. Fill out, sign, and return the childproof prescription bottle lid waiver form if you want non childproof lids on your prescription lids on your prescription bottles. (PHARM-04). If not return this form unsigned.
6. If applicable, send a copy of your Social Security Disability Claim approval.
7. Mail the completed forms and card copies in the enclosed envelope back to the mail order pharmacy.

The Citizen Potawatomi Nation Health Services

Elders Mail Order Pharmacy Application

Citizen Potawatomi Nation Health Services

ATTN: Mail Order Pharmacy

2307 South Gordon Cooper Drive, Suite A

Shawnee, OK 74801

INSTRUCTIONS: Complete one copy of this form for each applicant, and mail the completed form(s) to the above address. Attach a Copy of the applicant's tribal enrollment card and driver's license.

Last name _____ First _____ MI _____

Street _____ Apt. or Unit # _____

City _____ State _____ Zip Code _____

Date of Birth _____ Tribal Roll # _____

Driver's License Number _____ State_SS# _____

Telephone # _____ Cell Phone # _____

Signature _____ Date _____

TRIBAL MEMBER INSURANCE INFORMATION

Name of Policy Holder _____ Relationship to Member _____

Address (Street, City, State, & Zip) _____

Policy Holders Date of Birth _____ SS# _____

Name of Insurance Company _____ Effective Date _____

Are Pharmacy Benefits included? ___ If Yes, is there a separate insurance card? ___

PRESCRIPTION INFORMATION

Drug Allergies _____



CITIZEN POTAWATOMI NATION HEALTH SERVICES (CPNHS) CPN EAST CLINIC and CPN WEST CLINIC PRIVACY PRACTICES NOTICE Effective August 10, 2011

The Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 require that you, our patient, be informed about how your protected health information (PHI) is used and disclosed by the CPNHS, and how you can get access to your individually identifiable health information (IIHI). **PLEASE READ THIS NOTICE CAREFULLY!**

THE CPNHS/CPN WEST COMMITMENT TO PROTECTING YOUR PRIVACY

CPNHS employees protect the privacy of your IIHI. In the normal course of providing your care we create records regarding you and the nature of your visits. We are required by law and bound by professional ethics to keep information about you confidential and private. This statement describes our obligations to you and the privacy practices we employ to protect your IIHI. We are ethically and legally bound to observe the terms of this notice or of subsequent Privacy Practices Notices which might replace it. We reserve the right to change this Privacy Practices Notice and any revision or amendment will be applicable to all records we create or maintain concerning you in the future. A copy of the current Notice will be posted in the reception area and you are welcome to a copy of your own. **If you have questions about this Notice, please contact the Privacy Officer by mail at 2307 S. Gordon Cooper Dr., Shawnee, OK 74801.**

CPNHS/CPN WEST USES AND DISCLOSURES OF YOUR IIHI

TREATMENT. Information gained from examinations and diagnostic tests will be used to diagnose and treat you. For example, we may ask you to have an X-ray made, and we may use the results to diagnose your injury or illness. We may disclose this information to others who are involved in your care and treatment including family members.

PAYMENT. We may use and disclose information about you in order to bill and collect payments from public and private healthcare insurers and payers for services rendered to you. For example, if you have health insurance, we may exchange information about your visits with your insurer in order to obtain reimbursement from them.

HEALTHCARE OPERATIONS. We may use and disclose data concerning you during the routine performance of functions related to our practice of medicine, dentistry, and public health activities. These functions include the peer review and quality assurance programs, practice management activities, financial management actions, and case management processes. For example, we may use information about you to call and remind you of an appointment, and we may discuss your IIHI to establish treatment plans and therapy options.

SPECIAL CIRCUMSTANCES INVOLVING YOUR IIHI

Under a limited number of specific circumstances, we may use or disclose your protected health information without your consent. These circumstances include:

PUBLIC HEALTH RISKS. The CPNHS may disclose your IIHI to public health authorities allowed by law to have the information for (a) maintaining vital records; (b) reporting cases of abuse, neglect, and abandonment; (c) preventing or controlling disease, injury, or disability; (d) notifying individuals of potential exposure to a communicable disease; (e) reporting adverse reactions to drugs or medical devices; (f) communicating with your employer concerning workplace-related illness or medical surveillance.

HEALTH OVERSIGHT ACTIVITIES. The CPNHS may disclose your IIHI to a health oversight agency with a legal right to have it. Oversight activities include (a) investigations; (b) inspections; (c) audits; (d) licensure and disciplinary actions; (e) civil, administrative, and criminal proceedings; and (f) activities necessary for monitoring government-sponsored programs, and (g) compliance with civil rights laws.

LAWSUITS AND SIMILAR PROCEEDINGS. The CPNHS may use and disclose your IIHI in response to court or administrative orders and subpoenas. We will always try to notify you of the request so that you can take whatever actions you deem appropriate. We may disclose your IIHI if asked to do so by a law enforcement official in connection with (a) a crime victim; (b) a death resulting from criminal conduct; (c) criminal conduct occurring at the CPNHS/CPN West facility; (d) identifying or locating a suspect, material witness, fugitive, or missing person; or (e) in an emergency to report a crime.

THREATS TO HEALTH OR SAFETY. The CPNHS may disclose or use your IIHI to reduce or prevent threats to your health or safety or the health and safety of another person or the general public.

MILITARY OR NATIONAL SECURITY. The CPNHS may disclose your IIHI if you are a member of the U.S. or foreign military forces if asked to do so by the appropriate authorities. We may also divulge your IIHI to federal officials for reasons related to the security of the nation, the protection of the President or other officials or foreign heads of state.

INCARCERATION. The CPNHS may disclose your IIHI to corrections officials if you are incarcerated (a) to assist the institution to provide health services to you; (b) for the safety of the institution; and to (c) protect the health and safety of other individuals in the institution.

WORKERS' COMPENSATION. The CPNHS may disclose IIHI to workers' compensation officials.

YOUR RIGHTS REGARDING YOUR IIHI

You have the following rights regarding the IIHI the CPNHS produces or maintains about you:

CONFIDENTIAL COMMUNICATION. You may request the CPNHS communicate with you in a particular manner or a specific location. For example, you may ask that we contact you at work rather than at home. You needn't give a reason for your request, and we will give you a CPNHS Form 700-9b for expressing your wishes. We will honor reasonable requests but you may have to pay if there are costs associated with your request.

RESTRICTIONS. You may request the CPNHS restrict the use or disclosure of your IIHI for treatment, payment, or other operations. For example, you can request that your IIHI not be released to certain individuals. Your request must be in writing and you can use the CPNHS Form 700-9b or a letter for your request. **We do not have to agree with your request,** but if we do agree, we will abide by our agreement.

RECORD COPIES AND INSPECTION. You have the right to view and obtain copies of your IIHI **except for psychotherapy notes.** Your request must be written and we ask that you use the CPNHS Form 700-4 to request a review of your records and the Form 700-3 to request copies. If we deny you access, you can ask for a review of the denial by a licensed healthcare professional of our choosing.

AMEND RECORDS. You may ask the CPNHS to amend your IIHI if you believe it is incorrect or incomplete. You must request the amendment in writing and we ask that you use the CPNHS Form 700-5 for this purpose. We may deny your request to amend your record if (a) the record is accurate and complete; (b) we don't have the records you want amended; (c) the record you want amended is not available for your review (i.e. psychotherapy notes); or (d) the record was not created by the CPNHS (unless the author is no longer available to amend the record).

DISCLOSURE EXPLANATION. You have the right to an accounting of certain non-routine disclosures the CPNHS has made of your IIHI for purposes other than treatment, payment, or other related operations. We are not required to document uses of your IIHI for routine patient care purposes. You must submit your request in writing and specify a time period not longer than six (6) years from the date of the disclosure and not earlier than April 14, 2003. One accounting is provided at no cost but we may charge you for additional requests during any 12-month period. We will inform you of the cost before we comply with your request and you may authorize us to continue or you may withdraw the request.

PERSONAL NOTICE. You have the right to a personal copy of this Notice. Ask the receptionist in the central reception area for a copy and it will be provided at no cost.

COMPLAINT. If you believe your privacy rights have been violated, you may complain to the Director, CPNHS or to the Secretary of the Department of Health and Human Services. Complaints to the CPNHS must be submitted in writing to the Privacy Officer, 2307 S. Gordon Cooper Drive, Shawnee, OK 74801. **You will not be penalized for filing a complaint.**

AUTHORIZATION. The CPNHS will obtain your written authorization for uses and disclosures of your IIHI which are not addressed by this Notice or permitted by law. You can revoke any authorization you give us at any time by submitting the revocation in writing to the CPNHS Privacy Officer.

ACKNOWLEDGEMENT OF PRIVACY PRACTICES NOTICE RECEIPT

Official use: Chart #

I have received and read a copy of the Citizen Potawatomi Nation Health Services **Privacy Practices Notice** outlining how my personal health information will be used and safeguarded, and my rights regarding the protection of my personal data.

I understand that the CPNHS *Privacy Practices Notice* was provided to me in accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996, and that if I have any questions about the content of the *Notice* I can contact the CPNHS Privacy Officer by mail at 2307 S. Gordon Cooper Dr, Shawnee, Ok 74801.

I have been told that if I decline to sign this acknowledgement, my refusal will have no bearing on my eligibility for treatment at the Citizen Potawatomi Nation Health Services facilities. I will continue to be treated based on my eligibility for benefits extended by the CPNHS.

_____, _____
Print Name of Patient Date of Birth

_____/_____
Signature of Patient, Parent, Legal Guardian Date

Print signers name if other than self: _____

Check one: Father ____, Mother ____, Legal Guardian ____,

Other with Minor Consent on file ____. Relationship to patient _____

1st Endorsement

Patient declined to sign the Acknowledgement of Privacy Practices Notice Receipt.

_____/_____
CPNHS Employee Date



**THE CITIZEN POTAWATOMI NATION HEALTH SERVICES
REQUEST FOR “EASY OPEN” MEDICATION CONTAINER**

Patient Name: _____ Date of Request: _____ Provider: _____

I have a physical impairment or condition which makes the use of safety lids on my medication containers extremely inconvenient for me. I request that “easy open” lids be used on my medication containers in place of the safety lids that are normally used. I understand the easy open lids do not provide tamper-proof features of the safety lids, and I will take extra measures to keep the containers out of the reach of children.

Patient’s Signature

Date

Pharmacist’s Signature

Date



Citizen Potawatomi Nation Health Services
Mail Order Pharmacy Contact Information

Health Care Provider Contact Information

Phone Number: Toll Free: 866-900-5236, (405) 273-5236 **Ext.** 3046, 3047, 3048, 3049

Fax Number: (405) 214-1122

eScripts address: CPN Mail Order Pharmacy (retail)

* If you have any questions feel free to give us a call.

CITIZEN POTAWATOMI NATION HEALTH SERVICES PHARMACY FORMULARY

Revised April 2023

I. DRUG FORMULARY*

A

Generic	Brand*
Acamprosate 333mg	Campral
Acarbose	Precose
Acebutolol	Sectral
Acetaminophen liquid, tabs, chew tabs	Tylenol
Acetaminophen ER	Tylenol arthritis
*Acetaminophen/codeine 300mg/30mg tab	Tylenol #3
*Acetaminophen/codeine solution 120-12/5	Tylenol w/cod liquid
Acetazolamide 500mg ER	Diamox sequels
Acetazolamide 250mg	Diamox
Acetic acid 2% ear solution	
Acyclovir	Zovirax
Aero chamber	Optichamber
Albuterol HFA	Proair/ventolin
Albuterol nebulas 0.083%	Accuneb
Alendronate	Fosamax
Alfuzosin ER 10mg	Uroxatral
Allopurinol	Zyloprim
Aloe gel	
Alogliptin	Nesina
Aluminum chloride 20% topical solution	Drysol
Amantadine	Symmetrel
Amiloride	Midamor
Amiodarone	Pacerone
Amitriptyline	Elavil
Amlodipine	Norvasc
Ammonium lactate 12% lotion	Amlactin 12%

Amoxicillin	Amoxil
Amoxicillin/clavulanic acid	Augmentin
Ampicillin 500mg	
Anastrozole 1mg	Arimidex
Antacid/anti-gas	Mylanta
Apixaban	Eliquis
Aripiprazole	Abilify
Aspirin	
Atenolol	Tenormin
Atomoxetine	Strattera
Atorvastatin	Lipitor
Atropine sulfate 1% eye drops	Isopto atropine
Azathioprine 50mg tablet	Imuran
Azelastine nasal spray	Astelin
Azithromycin tablets/susp	Zithromax

B

Generic	Brand*
Bacitracin/polymyxin eye ointment	Polycin / ak-poly-bac
Bacitracin ointment	
Baclofen	Lioresal
Bd Insulin syringe	
Benazepril	Lotensin
Benzonatate	Tessalon perles
Benzoyl peroxide gel 10%	
Benzoyl peroxide wash 10%	
Benzotropine	Cogentin
Betamethasone/clotrimazole 0.05%/1% cream	Lotrisone
Betamethasone valerate cream 0.1%	Luxiq cream

Betamethasone valerate ointment 0.1%	Luxiq ointment
Bethanechol	Urecholine
Bimatoprost	Lumigan
Biotene dry mouth oral rinse	Biotene dry mouth oral rinse
Biotene oral balance dry mouth gel	Biotene oral balance dry mouth gel
Bisacodyl 10mg suppository	Dulcolax suppository
Bisacodyl 5 mg tablet EC	Dulcolax
Bisoprolol	Zebeta
Brimonidine 0.2% eye drops	Alphagan p
Brinzolamide 1% eye drops	Azopt 1% eye drop
Budesonide suspension nebulas	Pulmicort
Bumetanide	Bumex
Bupropion	Wellbutrin
Bupropion SR	Wellbutrin SR
Bupropion XL	Wellbutrin XL
Buspiron	Buspar
*Butalbital /apap/caffeine tabs 50/325/40	Fioricet

C

Generic	Brand*
Cabergoline 0.5mg	Dostinex
Calcitonin spray 200/act	Miacalcin
Calcitriol 0.25mcg	Rocaltrol
Calcium carbonate	Tums
Calcium + vitamin D3	
Canagliflozin	Invokana

- **CONTROLLED MEDICATIONS CAN ONLY BE MAILED IN THE STATE OF OKLAHOMA.**
- **Brands are used for reference only. Generics will be substituted when and wherever available.**
- **Please allow 7 to 10 business days for the medication to arrive.**
- **Mailing restrictions may apply to large items and liquids for certain medications. Please contact pharmacy if you have any questions.**

CITIZEN POTAWATOMI NATION HEALTH SERVICES PHARMACY FORMULARY

Revised April 2023

Capsaicin cream 0.025%	Capsaicin cream
Captopril	Capoten
Carbamazepine	Tegretol
Carbamide peroxide 6.5% otic drops	Debrox
Carbidopa/levodopa	Sinemet
Carbidopa/levodopa CR	Sinemet CR
Carboxymethylcellulose sodium 1%	Refresh celluvisc
Carvedilol	Coreg
Cefdinir caps	Omnicef
Cefprozil caps	Cefzil
Cefuroxime tabs	Ceftin
Celecoxib	Celebrex
Cephalexin caps	Keflex
Cetaphil	Cetaphil
Cetirizine 10mg tabs	Zyrtec
Children's multivitamin tabs	
Chlordiazepoxide/clidinium	Librax
Chlorhexidine 4% solution	Betasept liquid 4%
Chlorhexidine oral rinse	Periogard 0.12%
Chlorpheniramine	Chlortrimeton
Chlorpheniramine/pe/dm	Nohist-dm
Chlorpromazine	Thorazine
Chlorthalidone	
Cholestyramine 4mg packets	Questran
Cilostazol	Pletal
Ciprofloxacin 0.3% eye drop	Cipro eye drop
Ciprofloxacin tabs	Cipro
Ciprofloxacin/dexamethasone	Ciprodex
Citalopram	Celexa

Clarithromycin tabs	Biaxin
Clindamycin 1% topical solution	Cleocin solution
Clindamycin caps	Cleocin
Clindamycin vaginal cream 2%	Cleocin vag cream
Clobetasol 0.05% cream/oint/susp	Tenovate
*Clonazepam	Klonopin
Clonidine tabs/patches	Catapres
Clopidogrel 75mg	Plavix
Clotrimazole 1% vaginal cream	
Clotrimazole 1% solution	
Clotrimazole 1% topical cream	Lotrimin af
Coal tar shampoo	
Colchicine	Colcrys
Cold & flu severe tabs	Tylenol cold and flu
Colestipol micronized 1gm	Colestid
Condom trojan enz	
Conjugated estrogen/medroxyprogesterone	Prempro
Conjugated estrogen	Premarin
Cranberry 425mg	
Cyclafem 1/35	Ortho-novum 1/35
Cyclafem 7/7/7	Ortho-novum 7/7/7
Cyclobenzaprine	Flexeril
Cyclopentolate 2% drops	Cyclogyl
Cyclosporine 0.05% eye drop	Restasis
Cyproheptadine	Periactin

D

Generic	Brand*
Desvenlafaxine	Pristiq
Dexamethasone	Decadron
*Diazepam	Valium
Diclofenac 50mg DR	Voltaren
Diclofenac gel 1%	Voltaren gel
Diclofenac solution 0.1% eye drops	Voltaren eye drops
Dicloxacillin 250mg	
Dicyclomine	Bentyl
Digoxin	Lanoxin
Diltiazem	Cardizem
Diltiazem ER	Cardizem LA
Diphenhydramine	Benadryl
Diphenhydramine zinc 2-0.1% cream	
Diphenoxylate/atropine	Lomotil
Divalproex DR	Depakote
Docusate sodium 100mg	Colace
Donepezil	Aricept
Dorzolamide/timolol 22.3-6.8mg/mL eye drops	Cosopt eye drops
Dorzolamide 2% eye drops	Trusopt
Doxazosin	Cardura
Doxepin	Silenor
Doxycycline mono 100mg	Vibramycin
Doxycycline sus 25mg/5ml	Vibramycin liquid
Doxylamine 25mg tablet	Unisom
Doxylamine/pyrodoxine	Diclegis
Duloxetine	Cymbalta

- **CONTROLLED MEDICATIONS CAN ONLY BE MAILED IN THE STATE OF OKLAHOMA.**
- **Brands are used for reference only. Generics will be substituted when and wherever available.**
- **Please allow 7 to 10 business days for the medication to arrive.**
- **Mailing restrictions may apply to large items and liquids for certain medications. Please contact pharmacy if you have any questions.**

CITIZEN POTAWATOMI NATION HEALTH SERVICES PHARMACY FORMULARY

Revised April 2023

E	
Generic	Brand*
Empagliflozin	Jardiance
Enalapril	Vasotec
Enoxaparin injection	Lovenox
Ensure liquid	
Epinephrine injection 0.3mg	Epi-pen
Erythromycin	Ery-tab 500mg EC
Erythromycin eye ointment	Iiotycin
Escitalopram	Lexapro
Esomeprazole	Nexium
Estradiol	Estrace
Estradiol patch	Climara patch
Estradiol vaginal cream 0.01%	Estrace cream
Estrostep fe	
Ethinyl estradiol/etonogestrel	Nuvaring
Exenatide	Bydureon/byetta
Eye irrigation solution	
Ezetimibe 10mg	Zetia

F	
Generic	Brand*
Famotidine 20mg	Pepcid
Febuxostat	Uloric
Fenofibric	Trilipix/tricor
Ferrous gluconate 324mg	
Ferrous sulfate 125mg/5ml	Novaferrum
Ferrous sulfate 140mg ER	Feosol
Ferrous sulfate 325mg	

Ferrous sulfate elixir	
Fexofenadine	Allegra
Fexofenadine/pse	Allegra-d
Fiber choice chew	
Finasteride	Propecia/proscar
Flanders buttocks ointment	Flanders buttocks ointment
Flecainide	Tambocor
Fleet enema	Fleet enema
Fleet enema pediatric	Fleet enema pediatric
Fluconazole	Diflucan
Fludrocortisone 0.1mg	Florinef
Fluocinonide 0.05% cream/gel	
Fluorometholone	Fml s.o.p. 0.1% ointment
Fluoxetine	Prozac
Fluticasone HFA inhaler	Flovent
Fluticasone 50mcg nasal spray	Flonase
Fluticasone/salmeterol diskus	Advair diskus
Fluticasone/salmeterol HFA	Advair HFA
Fluticasone/vilanterol	Breo ellipta
Folic acid 1000mcg	Folvite
Formoterol/mometasone inhaler	Dulera
Fosfomycin	Monurol
Furosemide	Lasix

G	
Generic	Brand*
*Gabapentin	Neurontin

Ganciclovir drops	Zirgan
Gatifloxacin	Zymaxid sol 0.5%
Gemfibrozil 600mg	Lopid
Gentamicin 3mg/ml eye drops	Garamycin
Gentian violet	Gentian violet
Gianvi 3-0.02mg	Yaz
Glimepiride	Amaryl
Glipizide	Glucotrol
Glipizide XL	Glucotrol XL
Glucagon	Gvoke hypokit
Glyburide	Diabeta
Glycerin, propylene glycol	Soothe eye drops
Golytely	Golytely
Griseofulvin	Grifulvin
*Guaifenesin/codeine Solution	Cheratussin AC
Guaifenesin DM liquid	Robitussin DM
Guaifenesin liquid	Robitussin
Guaifenesin/phenylephrine	Rescon gg
Guanfacine ER	Tenex (intuniv)

H	
Generic	Brand*
Haloperidol	Haldol
Hydralazine	Apresoline
Hydrocerin cream	
Hydrochlorothiazide	Microzide
Hydrocortisone 2.5% cream/lotion	

- **CONTROLLED MEDICATIONS CAN ONLY BE MAILED IN THE STATE OF OKLAHOMA.**
- **Brands are used for reference only. Generics will be substituted when and wherever available.**
- **Please allow 7 to 10 business days for the medication to arrive.**
- **Mailing restrictions may apply to large items and liquids for certain medications. Please contact pharmacy if you have any questions.**

CITIZEN POTAWATOMI NATION HEALTH SERVICES PHARMACY FORMULARY

Revised April 2023

Hydrocortisone 1% cream/lotion	
Hydrocortisone 2.5% rectal cream	Proctosol-hc 2.5% cream
Hydrocortisone 25mg suppository	Anucort-hc 25mg suppository
Hydroxychloroquine 200mg	Plaquenil
Hydroxyzine HCL	Atarax
Hydroxyzine Pamoate	Vistaril
Hyoscyamine 0.125mg	Levsin
Hyoscyamine SR 0.375mg	Levbid

I	Generic	Brand*
	Ibandronate	Boniva
	Ibuprofen	Advil/motrin
	Imipramine	Tofranil
	Imiquimod 5% cream	Aldara
	Indomethacin 25mg capsule	Indocin
	Insulin aspart flexpen	Novolog flexpen
	Insulin aspart vial	Novolog vial
	Insulin aspart/protamine	Novolog 70/30 flexpen
	Insulin detemir flexpen	Levemir flexpen
	Insulin detemir vial	Levemir vial
	Insulin glargine vial	Lantus vial
	Insulin glargine solostar pen	Lantus solostar
	Insulin NPH	Novolin NPH
	Insulin NPH/regular insulin	Novolin 70/30 vial
	Insulin Regular	Novolin R

Ipratropium bromide	Atrovent HFA inhaler
Ipratropium nasal spray 0.06%	Atrovent nasal spray
Ipratropium/albuterol solution	Duoneb
Ipratropium nebulizer solution	Atrovent nebules
Ipratropium/albuterol inhaler	Combivent respimat
Isoniazid	Nydrazid
Isosorbide dinitrate 10mg	Isordil
Isosorbide mononitrate ER	Imdur

J	Generic	Brand*
	Jolessa	
	Jolivette 0.35mg	

K	Generic	Brand*
	Ketoconazole 2% cream/shampoo	
	Ketorolac solution 0.5%	Acular
	Ketotifen fumarate 0.025% eye drops	Zaditor

L	Generic	Brand*
	Labetalol	Trandate
	Lactase enzyme	Lactase enzyme
	Lactulose 10gm/15ml	Generlac
	Lamotrigine	Lamictal
	Lansoprazole 15mg DR	Prevacid

Latanoprost 0.005% eye drops	Xalatan
Leflunomide	Arava
Levalbuterol inhaler	Xopenex inhaler
Levetiracetam	Keppra
Levofloxacin	Levaquin
Levora-28 0.15/30	
Levothyroxine	Synthroid
Lidocaine 2% viscous solution	Xylocaine
Lidocaine 4% cream	Lmx 4%
Lidocaine 5% patches	Lidoderm patches
Linagliptin	Tradjenta
Liothyronine	Cytomel
Liquitears eye drops	
Liraglutide injection	Victoza injection
Lisinopril	Prinivil
Lithium carbonate	Eskalith
Lithium carbonate ER	Lithobid
Loperamide	Immodium
Loratadine 10mg	Claritin
*Lorazepam	Ativan
Losartan	Cozaar
Lovastatin	Mevacor
Lubrifresh eye ointment p.m.	

M	Generic	Brand*
	Magnesium citrate solution	
	Magnesium oxide 400mg tab	
	Meclizine HCL 25 mg	
	Medihoney paste	Medihoney
	Medroxyprogesterone	Provera
	Megestrol	Megace

- **CONTROLLED MEDICATIONS CAN ONLY BE MAILED IN THE STATE OF OKLAHOMA.**
- **Brands are used for reference only. Generics will be substituted when and wherever available.**
- **Please allow 7 to 10 business days for the medication to arrive.**
- **Mailing restrictions may apply to large items and liquids for certain medications. Please contact pharmacy if you have any questions.**

CITIZEN POTAWATOMI NATION HEALTH SERVICES PHARMACY FORMULARY

Revised April 2023

Melatonin 5mg SL tab	
Meloxicam	Mobic
Memantine HCL	Namenda
Mesalamine	Pentasa
Metformin	Glucophage
Metformin ER	Glucophage XR
Methimazole	Tapazole
Methocarbamol	Robaxin
Methotrexate 2.5mg	
Methyldopa	Aldomet
Methylprednisolone dosepak 4mg	Medrol dosepack
Metoclopramide	Reglan
Metolazone	Zaroxolyn
Metoprolol succinate ER	Toprol XL
Metoprolol tartrate	Lopressor
Metronidazole cream 0.75%	Metrocream
Metronidazole 500mg tab	Flagyl
Metronidazole vaginal gel 0.75%	Metrogel
Miconazole 2% topical cream	
Miconazole 2% vaginal cream	
Microgestin 1.5/30	
Midodrine	Proamatine
Milk of magnesia suspension	Milk of magnesia
Mineral oil/petrolatum ointment	Refresh pm
Minocycline	Minocin
Minoxidil	Loniten
Mirtazapine	Remeron
Misoprostol	Cytotec
*Modafinil	Provigil
Mometasone	Asmanex
Mononessa	Orthocyclen
Montelukast	Singulair

Moxifloxacin	Avelox
Moxifloxacin solution 0.5%	Vigamox
Multi-vitamin	
Mupirocin 2% ointment	Bactroban
Mycophenolate	Cellcept
N	
Generic	Brand*
Nabumetone	Relafen
Naltrexone 50mg	Vivitrol
Naproxen	Naprosyn
Nebivolol	Bystolic
Necon 1/50 tabs 28	
Neo/poly/dex eye ointment 0.1%	Maxitrol
Neo/poly/hc 1% ear drops	Cortisporin
Neomycin/polymyxin/gramicidin eye drops	Neosporin ophthalmic
Niacin TR 500mg tab	Niaspan
Nifedipine ER/IR	Procardia
Nitrofurantoin 100mg	Macrobid
Nitrofurantoin macro 50mg	Macrodantin
Nitroglycerin SA	Nitro-time
Nitrostat 0.4mg tabs	Nitrostop
Noreth/ethin fe 1/20	
Normal saline nasal gel	Ayr
Normal saline nasal spray	Deep sea
Nortriptyline	Pamelor
Nystatin 100,000 cream/ointment/powder/suspension	Mycostatin/nystop

O	
Generic	Brand*
Ofloxacin 0.3% eye drops	Ocuflox
Olanzapine	Zyprexa
Olmесartan	Benicar
Olopatadine 0.1% eye drops	Patanol
Omega-3 1 gram	Lovaza
Omeprazole	Prilosec
Ondansetron 4mg ODT	Zofran
Orlistat	Xenical
Orphenadrine 100mg ER	Norflex
Orsythia	
Oseltamivir	Tamiflu
Ovcon-35	
Oxcarbazepine	Trileptal
Oxybutynin	Ditropan
Oxybutynin ER	Ditropan XL
Oxymetazoline 0.05% nasal spray	Afrin

P	
Generic	Brand*
Pantoprazole	Protonix
Paroxetine	Paxil
Pedialyte solution	
Penicillin vk tabs	
Pentoxifyllin 400mg ER	Trental
Permethrin cream 5%	Elimite
Perphenazine	Trilafon
Phenazopyridine	Azo
*Phenobarbital	
*Phentermine	Adipex-p
Phenylephrine HCL 10mg tab	Sudofed pe

- **CONTROLLED MEDICATIONS CAN ONLY BE MAILED IN THE STATE OF OKLAHOMA.**
- **Brands are used for reference only. Generics will be substituted when and wherever available.**
- **Please allow 7 to 10 business days for the medication to arrive.**
- **Mailing restrictions may apply to large items and liquids for certain medications. Please contact pharmacy if you have any questions.**

CITIZEN POTAWATOMI NATION HEALTH SERVICES PHARMACY FORMULARY

Revised April 2023

Phenylephrine 2.5% eye drops	
Phenytoin sodium	Dilantin
Pilocarpine	Salagen
Pin-x chewable 250mg	
Pioglitazone	Actos
Polyethylene glycol powder 3350 NF	Miralax
Polymyxin b/trimethoprim eye drops	Polytrim
Poly-vi-sol with iron	Poly-vi-sol with iron
Potassium chloride	K-dur
Potassium citrate	Urocit-k
Pramipexole	Mirapex
Prasugrel	Effient
Pravastatin	Pravachol
Prazosin	Minipres
Prednisolone AC 1% eye drop	Pred forte
Prednisolone syp 15mg/5ml	Orapred/prelone
Prednisone	
*Pregabalin	Lyrica
Prenatal vitamins	
Preservision	Preservision
Prevident 5000 dry mouth	
Prevident 5000 booster plus	
Prevident 5000 sensitive	
Prevident rinse	
Prevident solution 0.2%	
Primidone 50mg	Mysoline
Probenecid 500mg	
Probiotic formula	Probiotic
Prochlorperazine	Compazine
Progesterone 200mg capsules	Prometrium

*Promethazine codeine 6.25-10mg/mL syrup	Phenergan w/cod
Promethazine 6.25mg/5ml syrup	Phenergan syrup
Promethazine tab/suppository	Phenergan
Propafenone 150mg	Rythmol
Propranolol	Inderal
Propranolol ER	Inderal la
*Pseudoephedrine/triprolidine	Aprodine 2.5-60mg
*Pseudoephedrine	Sudogest

Q

Generic	Brand*
Quetiapine	Seroquel
Quinapril	Accupril

R

Generic	Brand*
Ramelteon	Rozerem
Ramipril	Altace
Ranolazine	Ranexa
Reclipsen	
Reeses med sus pinworm	
Reguloid 0.52gm	Fiber choice
Rifampin	Rifadin
Rifapentine	Priftin
Risperidone	Risperdal
Rivaroxaban	Xarelto
Rizatriptan ODT	Maxalt ODT
Ropinirole	Requip
Rosuvastatin	Crestor

S

Generic	Brand*
Sacubitril/valsartan	Entresto
Salicylic acid 17%	
Saxagliptan	Onglyza
Scopolamine 1mg/3 day patch	Trans-derm scop patch
Selenium sulfide 2.5% lotion	
Selenium sulfide 1% shampoo	Selsun blue
Senna 8.6mg	Senakot
Sertraline	Zoloft
Sildenafil	Revatio
Silodosin	Rapaflo
Silver sulfadiazine 1% cream	Silvadene
Simvastatin	Zocor
Sinuclease kit neti pot	Neti pot
Sitagliptan	Januvia
Sod fluoride chew 0.5mg	
Sod polystyrene sulfate 15gm/60ml	
Sodium bicarbonate 10gr	
Sodium chloride 5% drops	Muro 128 drops
Sodium chloride 5% ointment	Muro 128 ointment
Sodium/potassium/magnesium sulfate	Suprep
Solifenacin	Vesicare
Sotalol HCL	Betapace
Spironolactone	Aldactone
Sucralfate 1 gm tab	Carafate
Sulfacetamide sodium 10% eye drops	Bleph-10
Sulfamethoxazole-trimethoprim DS	Bactrim DS

- **CONTROLLED MEDICATIONS CAN ONLY BE MAILED IN THE STATE OF OKLAHOMA.**
- **Brands are used for reference only. Generics will be substituted when and wherever available.**
- **Please allow 7 to 10 business days for the medication to arrive.**
- **Mailing restrictions may apply to large items and liquids for certain medications. Please contact pharmacy if you have any questions.**

CITIZEN POTAWATOMI NATION HEALTH SERVICES PHARMACY FORMULARY

Revised April 2023

Sulfasalazine 500mg tab	Azulfidine
Sumatriptan	Imitrex
Systane gel eye drops 0.4-0.3%	Systane gel drops 0.4-0.3%

T	
Generic	Brand*
Tadalafil	Cialis
Tamoxifen	Soltamox
Tamsulosin HCL 0.4mg	Flomax
Telmisartan	Micardis
*Temazepam	Restoril
Terazosin	Hytrin
Terbinafine 250mg	Lamisil
Terconazole vaginal cream 0.8%	Terazol
Testosterone injectable 200mg/ml	Depo-testosterone injection 200mg/ml
Theophylline 400mg ER	Theo-24
Thiothixene 1mg	Navane
Thyroid	Armour thyroid
Timolol 0.5% eye drops	Timoptic
Timolol gel 0.5% eye drops	Timoptic-xe
Tiotropium	Spiriva
Tiotropium Respimat	Spiriva Respimat
Tizanidine	Zanaflex
Tobramycin 0.3% eye drops	Tobrex
Tobramycin/dexamethasone sus 0.3-0.1%	Tobradex

Tolterodine	Detrol
Topiramate	Topamax
Torseamide	Demadex
*Tramadol ER	Ultram er
*Tramadol HCL 50mg	Ultram
Travoprost 0.004% eye drops	Travatan z dro 0.004%
Trazodone	Desyrel
Tretinoin 0.025%/0.05% cream	Retin-a
Triamcinolone 55mcg nasal spray	Nasacort
Triamcinolone cream	Kenalog cream
Triamcinolone lotion 0.1%	
Triamcinolone ointment	
Triamcinolone paste 0.1%	Orabase
Triamterene/HCTZ	Maxzide
Trihexyphenidyl	Artane
Tri-previfem	
Trivora-28 tablet	
Turmeric/curcumin 500mg caps	

U	
Generic	Brand*
Ursodiol	Urso forte

V	
Generic	Brand*
Valacyclovir	Valtrex
Valproic acid 250mg	Depakene
Valsartan	Diovan
Vancomycin	Vancocin
Venlafaxine ER	Effexor XR
Verapamil ER/IR	Calan

Vitamin B-1 100mg	Thiamine
Vitamin B-12 1000mcg	Cyanocobalamin
Vitamin B-2 100mg	Riboflavin
Vitamin B-6 25mg tab	Pyridoxine
Vitamin C 500mg tab	Ascorbic acid
Vitamin D 400 iu/ml drops	Cholecalciferol
Vitamin D3 1000unit	Cholecalciferol
Vitamin D3 2000unit	Cholecalciferol
Vitamin D3 5,000 units	Cholecalciferol
Vitamin D3 50,000 units	Cholecalciferol

W	
Generic	Brand*
Warfarin	Coumadin

X	
Generic	Brand*
Xulane dis 150-35	Orth evra

Z	
Generic	Brand*
*Zaleplon	Sonata
Ziprasidone	Geodon
*Zolpidem	Ambien
*Zolpidem ER	Ambien CR
Zovia 1/50	

- **CONTROLLED MEDICATIONS CAN ONLY BE MAILED IN THE STATE OF OKLAHOMA.**
- **Brands are used for reference only. Generics will be substituted when and wherever available.**
- **Please allow 7 to 10 business days for the medication to arrive.**
- **Mailing restrictions may apply to large items and liquids for certain medications. Please contact pharmacy if you have any questions.**