



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 sixty-two (62) years of age or older 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 or state issued Identification that is not expired.
4. Send a copy of your insurance card, if you have one.
5. Fill out, sign, and return the Privacy Protection Notice form (CLNOP-20)
6. Fill out, sign, and return the childproof prescription bottle lid waiver form if you want non childproof prescription lids on your prescription bottles. (PHARM-04). If not return this form unsigned.
7. If applicable, send a copy of your Social Security Disability Claim approval.
8. 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 March 2021

I. DRUG FORMULARY*

A

Generic	Brand*
Acebutolol	Sectral
Acetazolamide	Diamox
Acyclovir	Zovirax
Albuterol Tablets	
Alendronate	Fosamax
Allopurinol	Zyloprim
Alogliptin	Nesina
Amiloride	Midamor
Amantadine	Symmetrel
Amiodarone	Cordarone
Amlodipine	Norvasc
Amitriptyline	Elavil
Amoxicillin Capsules	Amoxil
Amoxicillin/ Clavulanate	Augmentin
Ampicillin	Polycillin
Anastrozole	Arimidex
Apixaban	Eliquis
Atenolol	Tenormin
Atorvastatin	Lipitor
Azithromycin	Zithromax

B

Generic	Brand*
Baclofen	Lioresal
Benazepril	Lotensin
Benzonatate	Tessalon Pearls
Benztrapine	Cogentin
Bethanechol	Urecholine
Bisacodyl	Dulcolax
Bumetanide	Bumex
Bupropion	Wellbutrin
Buspirone	Buspar

C

Generic	Brand*
Calcitriol	Vectical, Rocaltrol
Canagliflozin	Invokana
Captopril	Capoten
Carbamazepine	Tegretal
Carbidopa-Levodopa	Sinemet ER
Carvedilol	Coreg
Cefdinir Capsules	Omnicef
Cefprozil Tablets	Cefzil
Cefuroxime Tablets	Ceftin
Celecoxib	Celebrex
Cephalexin Capsules	Keflex
Cetirizine	Zyrtec
Chlorpheniramine 4mg	Teldrin
Chlorpromazine	
Chlorthalidone 25 mg	
Cilostazol	Pletal
Ciprofloxin Tablets	Cipro
Citalopram	Celexa
Clarithromycin Tablets	Biaxin and XL
Clindamycin	Cleocin
Clopidogrel	Plavix
Clopramine Capsules	
Clonidine Tablets	Catapres
Colchicine	
Cyclobenzaprine	Flexeril
Cyproheptadine	Peractin

D

Generic	Brand*
Desipramine	Norpramin
Dexamethasone	Decadron
Diclofenac	Cataflam
Dicloxacillin	Dynapen

Cont. D

Generic	Brand*
Dicyclomine	Bentyl
Digoxin	Lanoxin
	Cardizem CD
Diltiazem	Cartia XT
Diphenhydramine Caps	Benadryl
Divalproex	Depakote
Docusate Sodium Caps	Colace
Donepezil	Aricept
Doxazosin	Sinequan Adapin Caps
Doxepin	Cardura
Doxycycline	
Duloxetine	Cymbalta

E

Generic	Brand*
Empagliflozin	Jardiance
Enalapril	Vasotec
Erythromycin Tablets	Erytab
Escitalopram	Lexapro
Esomeprazole	Nexium
Estrogen, conjugated	Premarin
Estradiol	Estrace
Estradiol trans patch	Climara patch
Exenatide	Bydureon
Ezetimibe	Zetia

F

Generic	Brand*
Famotidine	Pepcid
Ferrous Gluconate	
Fenofibrate	Tricor
Fenofibric Acid	Trilipix
Finasteride	Proscar
Flecainide	Tambocor

- 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.

CITIZEN POTAWATOMI NATION HEALTH SERVICES PHARMACY FORMULARY

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Flouride, Sodium	Luride
Fluconazole	Diflucan
Fluoxetine	Prozac
Folic Acid Tablets	
Fluphenazine	Prolixin
Furosemide	Lasix

G

Generic	Brand*
Gabapentin	Neurontin
Gemfibrozil	Lopid
Glimepiride	Amaryl
Glipizide	Glucotrol
Glyburide	Micronase/Diabeta
Griseofulvin	Griseofulvin

H

Generic	Brand*
Haloperidol	Haldol
Hydralazine	Apresoline
Hydrochlorothiazide	
Hydrochloroquine	
Hydroxyzine HCL & Pam	Atarax and Vistaril
Hyoscyamine	

I

Generic	Brand*
Ibantrionate	Boniva
Ibuprofen	Motrin
Imipramine	Tofranil
Indapamide	Lozel
Indomethecin	Indocin
Isorsorbide Mononitrate	Imdur / Ismo
Isorsorbide Dinitrate	Isordil

L

Generic	Brand*
Labetalol	Trandate

Lamotrigine	Lamictal
Lansoprazole	Prevacid
Leflunomide	Arava
Levothyroxine	Synthroid
Levetiracetam	Keppra
Linagliptin	Tradjenta
Liothyronine Sodium	Cytomel
Liraglutide	Victoza
Lisinopril	Zestril/Prinivil
Lithium Carbonate	Eskalith
Loratidine Tablets	Claritin
Losartan	Cozaar
Losartan/HCTZ	Hyzaar
Lovastatin	Mevacor

M

Generic	Brand*
Magnesium Oxide	
Meclizine	Antivert
Medroxy-Progesterone	Provera
Meloxicam	Mobic
Memantine	Namenda
Mesalamine	Asacol
Metolazone	Zaroxolyn
Metformin and Metformin ER	Glucophage
Methimazole	Tapazole
Methocarbamol	Robaxin
Methotrexate Tabs	
Methyldopa Tabs	Aldomet
Methylprednisolone Tabs	Medrol Dose Pak
Metoclopramide	Reglan
Metoprolol Tartrate	Lopressor
Metoprolol Succinate	Toprol XL
Metronidazole	Flagyl
Minocycline	Minocin
Minoxidil Tablets	
Mirtazapine	Remeron
Misoprostol	Cytotec
Montelukast	Singulair

N

Generic	Brand*
Nabumetone	Relafen
Naproxen	Naprosyn
Nebivolol	Bystolic
Niacin	
Nifedipine	Adalat / Procardia
Nitroglycerin	Nitrobid, Nitrostat
Nortriptyline	Aventyl/ Pamelor
Nitrofurantoin Mac	Macrochantin

O

Generic	Brand*
Olmесartan	Benicar
Omeprazole	Prilosec
Ondansetron ODT 4 and 8 mg	Zofran ODT
Orphenadrine ER 100mg	Norflex
Oxcarbazepine	Trileptal
Oxybutynin	Ditropan

P

Generic	Brand*
Pantoprazole	Protonix
Paroxetine *Excludes CR	Paxil
Penicillin VK Tablets	
Pentoxifylline	Trental
Perphenazine	Trilafon
Phenazopyridine	Pyridium
Phenobartital Tablets	
Phenytoin Extended	Dilantin
Pilocarpine	Salagen
Pioglitazone	Actos
Piroxicam	Feldene
Potassium Chloride	K-Dur
Pramipexole	Mirapex
Pravastatin	Pravachol

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Cont. P

Generic	Brand*
Prazosin	Minipres
Prednisone	
Primidone	Mysoline
Prochlorperazine Tablets	Compazine
Promethazine	Phenergan
Propafenone	Rythmol
Propranolol	Inderal

Q

Generic	Brand*
Quetiapine	Seroquel
Quinapril	Accupril

R

Generic	Brand*
Ramipril	Altace
Ranitidine	Zantac
Risperidone	Risperdal
Rizatriptan	Maxalt MLT
Ropinirole	Requip
Rosuvastatin	Crestor

S

Generic	Brand*
Saxagliptin	Onglyza
Sertaline	Zoloft
Simvastatin	Zocor
Sotalol	
Spirolactone	Aldactone
Sucralfate Tablets	Carafate
Sulfamethoxazole/Trimethoprim	Bactrim DS
Sulfasalazine Tablets	Azulfidine
Sumatriptan	Imitrex

T

Generic	Brand*
Tamsulosin	Flomax
Tamoxifen	Nolvadex
Terazosin	Hytrin
Telmisartan	Micardis
Terbinafine 250mg Tabs	Lamisil
Thiothixene Tabs	Navane
Tizanidine Tablets ONLY	Zanaflex
Tolterodine	Detrol
Topiramate	Topamax
Torseamide Tablets	Demadex
Trazadone	Desyrel
Triamterene/HCTZ Tabs	Maxzide
Trihexyphenidyl Tabs	Artane

V

Generic	Brand*
Valacyclovir	Valtrex
Valsartan	Diovan
Valproic Acid Caps	Depakene
Venlafaxine XR	Effexor XR
Verapamil	Calan/ Isopfin

W

Generic	Brand*
Warfarin	Coumadin

Z

Generic	Brand*
Ziprasidone	Geodon

II. Ophthalmic

Generic	Brand*
Bacitracin-Polymixin B	
Betaxolol .25%	Betopic S
Bimatoprost	Lumigan
Brimonidine .2%	Alphagan
Brinzolamide 1%	Azopt
Ciprofloxin	
Dorolamide-Timolol	Cosopt
Erythromycin	Iloycin
Fluorometholone	FML
Gentamycin	Garamycin
Ketorolac	Acular
Latanoprost	Xalatan
Moxifloxacin	Vigamox
Naphazoline	
Neomycin-Poly B- Bacitracin	Neosporin Oint
Ofloxacin	Ocuflox
Olapatadine	Patanol
Pilocarpine	
Polymyxin B- Trimethoprim	Polytrim
Prednisolone	Pred Forte
Sulfacetamide	Bleph-10
Timolol	Timoptic
Timolol GFS	Timoptic-XE
Timolol Travoprost	Travatan
Tobramycin/Dexamethasone	Tobrex

III. Otic

Generic	Brand*
Acetic Acid	
Acetic Acid HC	
Benzocaine	
Carbamide	Debrox
Ciprofloxin/Dexamethasone	Ciprodex
Neomycin-Poly B-HC	Cortisporin
Ofloxacin	Floxin

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IV. Respiratory

Generic	Brand*
Albuterol HFA	Proair HFA
Mometasone /Formoterol	Dulera
Fluticasone	Flovent HFA
Fluticasone-Salmeterol	Advair
Fluticasone-Vilanterol	Breo
Ipratropium	Atrovent
Ipratropium-Albuterol	Combivent
Mometasone furoate	Asmanex
Tiotropium	Sprivia
Albuterol Inh Sol	
Ipratropium Bromide Inh Sol	

V. Nasal

Generic	Brand*
Ipratropium 0.03% NS	Atrovent NS
Fluticasone	Flonase
Triamcinolone 55 mcg	Nasacort

VI. Topical

Generic	Brand*
Betamethasone	
Capsaicin 0.025%	
Clindamycin Solution	Cleocin T
Clobetasol	Temovate
Clotrimazole Cream	Lotrimin
Clotrimaz/Betameth	Lotrisone crm
Diclofenac gel	Voltaren
Fluocinonide Cream	Lidex
Hydrocortisone	
Ketoconazole Cream	Nizorel
Lidocaine 4% Cream	
Metronidazole	Metro Cream
Mupirocin	Bactroban
Nystatin Cream	Mycostatin
Selenium Sulfide Lotion	Selsun
Silver Sulfadiazine 1%	Silvadene 1%
Tretinoin	Retin A
Triamcinolone Cream	Kenalog

VII. Vaginal

Clindamycin Vag	Cleocin
Estrogen, conjugated	Premarin Vag
Metronidazole Vag Gel	
Terconazole	Terazol

VIII. Rectal

Proctosol HC cream	Anusol HC
Anucort HC suppository	Anusol HC suppository

X. Insulin

Novolog
Levemir & Lantus
Novolin Insulins

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IX. Controlled Substance Drugs

***(Only Available for Oklahoma Residents) ***

Generic	Brand*
Acetaminophen w/ Codeine	Tylenol #3
Clonazepam	Klonopin
Diazepam	Valium
Diphenoxylate/Atropine	Lomotil
Lorazepam	Ativan
Temazepam	Restoril
Tramadol	Ultram
Zolpidem	Ambien
Zolpidem ER	Ambien CR

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