



CRAFTING MEDICATIONS, TAILORED TO YOU



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Table of contents

3 Mission Statement

4-7 Dermatology

8-9 Gastroenterology

10-13 Internal Medicine

14-15 OBGYN

16-17 Pain Management

18-21 Podiatry

22 Prescribing Info

23 Faxing Sheet



Where Innovative Science Enhances Patient Care



Customizable Treatment Options

Our mission is to provide quality pharmaceutical compounding services in a proficient and timely manner. We work with Physicians to deliver a full spectrum of customizable treatment options and patient-centered care.



Committed to You

At Levin's Drugs, we combine innovative research and the practice of compounding to provide custom-tailored medicine designed with you and your patients in mind.

We value communication, courtesy, enthusiasm, and teamwork. We provide quality, cost-efficient, patient-centered care to all patients and providers in a respectful manner.



Patient-Centered Approach

We assure that each patient receives individual, personal attention through close collaboration between our staff, physicians, and caregivers. We are a credentialed pharmacy and accept all major insurances.

Levin's Drugs Dermatology Compound List

Compound Name	Active Ingredients	Sugg. Qty	Directions
ACN#3 Acne	Spironolactone 5%, Niacinamide 2%, Tretinoin 0.025% (Tretinoin 0.05% and Tretinoin 0.1% available)	30-50gm	Apply a pea-sized amount ONLY to affected area at bedtime
ACN#200 Acne	Tretinoin 0.05%, Clindamycin 1% (Tretinoin 0.025% and Tretinoin 0.1% available)	30-50gm	Apply a pea-sized amount ONLY to affected area at bedtime
ALOPF#1 Alopecia Women	Minoxidil 5%, Spironolactone 1%, Hydrocortisone 1% (Addition of Tretinoin 0.025% available- ALOPF#4)	60-120gm liquid	Apply one dropperful to scalp twice daily. Remove after 4 hours or as directed if irritation occurs
ALOPF#6 Alopecia Women with Progesterone	Minoxidil 5%, Progesterone 0.5% Hydrocortisone 1% (Addition of Tretinoin 0.025% available- ALOPF#5)	60-120gm liquid	Apply one dropperful to scalp twice daily. Remove after 4 hours or as directed if irritation occurs
ALOPM#1 Alopecia Men	Minoxidil 5%, Finasteride 0.1%, Hydrocortisone 1% (Addition of Tretinoin 0.025% available- ALOPM#2)	60-120gm liquid	Apply one dropperful to scalp twice daily. Remove after 4 hours or as directed if irritation occurs
DERM#6100 Eczema/Psoriasis	Tacrolimus 0.1% Calcipotriene 0.005% (Addition of Triamcinolone 0.1% available- DERM#6000)	30-60gm	Apply one pump of medication to affected area daily
FTPW#1 Antifungal Powder	Clotrimazole 1% Miconazole 2% Nystatin 100,000 QSAD (Fluconazole 2.5% Medicaid Alternative)	60gm	Apply to the affected area twice daily
HYHID#2 Hyperhidrosis	Glycopyrrolate 0.5% Clotrimazole 1% Miconazole 2% Nystatin 100,000 units/gm Transdermal Base QSAD	30gm	Apply to the affected area daily
HPM#02440 Hyperpigmentation	Tretinoin 0.05%, Hydroquinone 4%, Kojic Acid 4%, Metronidazole 0.75% (Glycolic acid 4% available as alternative)	30-50gm	Apply a pea-sized amount ONLY to affected area at bedtime
HPM#12400 Hyperpigmentation (TL)	Tretinoin 0.05%, Hydroquinone 4%, Desonide 0.05%*** (Hydroquinone 2-10% available)	30-50gm	Apply a pea-sized amount ONLY to affected area at bedtime
METCRM#10 Metformin Cream	Metformin 10% Transdermal Base QSAD (Available as cream or solution)	50gm	Apply to scalp daily as directed
ONY#1 Nail fungus	Ciclopirox 0.53g, Clotrimazole 0.15g, Fluconazole 0.8g Itraconazole 0.2g, Terbinafine 0.15g, (Addition of Urea 40% available- ONY#44)	20gm solution	Apply to affected nails twice a day.
PM#400 Neurological/ Shingles Pain	Diclofenac 5%, Baclofen 3%, Lidocaine 4% Gabapentin 5%, Doxepin 4%	60-120gm	Apply one pump to affected area two to four times daily
PSR#100* Psoriasis	Salicylic Acid 6% Betamethasone 0.05% (Hydrocortisone Butyrate 0.1% Medicaid Alternative)	65gm	Apply one pump of medication to affected area twice daily

COMPOUNDS LISTED ABOVE ARE ONLY SUGGESTIONS, ALL COMPOUNDS ARE CUSTOMIZABLE AND MAY BE CHANGED TO MEET PHYSICIAN AND PATIENTS NEEDS

*May contain Vitamin B12

**Fluconazole 4% as an alternative azole antifungal based on insurance formulary

*** Hydrocortisone 2.5% as steroid alternative base on insurance formulary

Levin's Drugs Dermatology Compound List (Cont.)

Compound Name	Active Ingredients	Sugg. Qty	Directions
PSR#55* Scalp Psoriasis	Salicylic Acid 2% Clobetasol 0.05%	60gm liquid	Apply one dropperful to scalp once or twice daily
ROS#4 Rosacea	Ivermectin 1%, Metronidazole 1%	30-60gm	Apply one pump to affected area once or twice daily
SCAR#2PW Scars	Vitamin C 5% Vitamin E 7% Fluocinonide 0.05% Nourisil Silicone Base QSAD	30-50gm	Apply one pump to affected area once or twice daily
SHAMPOO#1* Seborrheic Dermatitis	Ketoconazole 2% Salicylic Acid 2% Fluocinonide 0.05% Shampoo base QSAD	120gm	Apply to scalp three times a week. Leave on for 15-30 minutes then wash off
TIN#100 Skin Fungus	Ciclopirox 0.77%, Clotrimazole 1%**, Terbinafine 1%, Aloe Vera 5%, Urea 10% (Addition of Steroid available)	50-75gm	Apply one pump to affected area twice a day
TIN#300 Interdigital Maceration	Ciclopirox 0.77%, Terbinafine 1%, Aloe Vera 5% Gel Base	50-75gm	Apply one pump to affected area twice a day
VITILIGO#1* Vitiligo	Tacrolimus 0.1% Mometasone 0.1%	30-60gm	Apply one pump of medication to affected area daily
VITILIGO#5* Vitiligo with high potency steroid	Tacrolimus 0.1% Clobetasol 0.05%	30-60gm	Apply one pump of medication to affected area daily
VITILIGO#3* Vitiligo Pediatric	Tacrolimus 0.03% Hydrocortisone 1%	30-60gm	Apply one pump of medication to affected area daily
XER#5* Dermatitis	Vitamin E 7%, Aloe Vera 5%, Urea 16%, Clobetasol 0.05%	65gm	Apply one pump to affected area twice daily
XER#8 Dry Skin with Pruritis	Doxepin 5% Urea 16% Aloe Vera 5% Vitamin E 7%	65gm	Apply one pump to affected area twice a day
XER#1650* Keratosis Pilaris	Urea 40% Salicylic Acid 2% Hydrocortisone 1%	60gm	Apply one pump of medication to affected area twice daily
WART#200* Warts	Salicylic Acid 17% Fluorouracil 5% (Cidofovir 0.5% Medicaid Alternative)	30gm	Apply to wart as directed
Wart#306* Warts	Fluorouracil 5% Salicylic Acid 20% Cimetidine 2% Transdermal Base QSAD (Cidofovir 0.5% Medicaid Alternative)	30gm	Apply to wart as directed

COMPOUNDS LISTED ABOVE ARE ONLY SUGGESTIONS, ALL COMPOUNDS ARE CUSTOMIZABLE AND MAY BE CHANGED TO MEET PHYSICIAN AND PATIENTS NEEDS

*May contain Vitamin B12

**Fluconazole 4% as an alternative azole antifungal based on insurance formulary

*** Hydrocortisone 2.5% as steroid alternative base on insurance formulary

Levin's Drugs Insurance Coverage

Insurance	Rosacea	Scar	Seborrheic Dermatitis	Anti-Fungal	Vitiligo	Xerosis	Wart
Aetna	✓	✓	✓	✓	✓	✓	✓
Affinity/Molina*	✓	✓	✓	✓	✓	✓	✓
BCBS Empire	✓	✓	✓	✓	✓	✓	✓
BCBS Anthem	✓	✓	✓	✓	✓	✓	✓
Cigna Health Spring Commercial and Medicare	✓	✓	✓	✓	✓	✓	✓
Envision	✓	✓	✓	✓	✓	✓	✓
Elderplan	✓	✓	✓	✓	✓	✓	✓
Fidelis*	✓	✓	✓	✓	✓	✓	✓
Healthfirst*	✓	✓	✓	✓	✓	✓	✓
HealthPlus	✓	✓	✓	✓	✓	✓	✓
Medicaid	✓	✗	✓	✓	✓	✓	✓
Metroplus*	✓	✓	✓	✓	✓	✓	✓
NYSHIP	✓	✓	✓	✓	✓	✓	✓
SilverScript	✓	✓	✓	✓	✓	✓	✓
UHC Community Plan**	✓	✓	✓	✓	✓	✓	✓
Wellcare	✓	✓	✓	✓	✓	✓	✓
32BJ	Non-Formulary						
1199							
BCBS Horizon/ BCBS Federal							
Benecard							
Emblem Health							
Express Scripts							
Humana							
Magnacare							
UHC Commercial Plans							
United Federal Teacher							
VNS							

**United Healthcare Community Plan coverage determined by pharmacy services with Medicaid not Optum

Levin's Drugs Insurance Coverage

Insurance	Acne	Alopecia/Dermatitis	Anti-Fungal	Hyperhidrosis	Hyperpigmentation	Pain	Psoriasis
Aetna	✓	✓	✓	✓	✓	✓	✓
Affinity/Molina*	✓	✓	✓	✓	✓	✓	✓
BCBS Empire	✓	✓	✓	✓	✓	✓	✓
BCBS Anthem	✓	✓	✓	✓	✓	✓	✓
Cigna Health Spring Commercial and Medicare	✓	✓	✓	✓	✓	✓	✓
Envision	✓	✓	✓	✓	✓	✓	✓
Elderplan	✓	✓	✓	✓	✓	✓	✓
Fidelis*	✓	✓	✓	✓	✓	✓	✓
Emblem Health Medicare	✗	✗	✓	✗	✗	✓	✗
Healthfirst*	✓	✓	✓	✓	✓	✓	✓
HealthPlus	✓	✓	✓	✓	✓	✓	✓
Medicaid	✓	✗	✓	✓	✓	✓	✓
Metroplus*	✓	✓	✓	✓	✓	✓	✓
NYSHIP	✓	✓	✓	✓	✓	✓	✓
SilverScript	✓	✓	✓	✓	✓	✓	✓
UHC Community Plan**	✓	✓	✓	✓	✓	✓	✓
Wellcare	✓	✓	✓	✓	✓	✓	✓

- 32BJ
- 1199
- BCBS Horizon/ BCBS Federal
- Benecard
- Express Scripts
- Humana
- Magnacare
- UHC Commercial Plans
- United Federal Teacher
- VNS

Non-Formulary

*Alopecia Compounds covered by Essential Plans, Bronze, Silver, Gold and Medicare Only

** United Healthcare Community Plan coverage determined by pharmacy services with Medicaid not Optum

Levin's Drugs Gastroenterology Compound List

Medicaid HMOs (Healthfirst, HealthPlus, Fidelis, Metroplus, Molina, United Healthcare Community Plan)

Compound Name/Code ¹	Active Ingredients	Quantity	Directions (sig)
HEM#4	Diltiazem 2%, Lidocaine 5% Hydrocortisone 2.5%	90gm cream	Apply to affected anorectal area two to three times daily
HEM#6	Diltiazem 2%, Lidocaine 5%, Hydrocortisone 2.5%, Witch Hazel 5%	90gm cream	Apply to affected anorectal area two to three times daily

Medicare / Commercial / Essential Plans

Compound Name/Code ¹	Active Ingredients	Quantity	Directions (sig)
HEM#3	Diltiazem 2%, Lidocaine 5% Hydrocortisone 1%	30-60gm cream	Apply to affected anorectal area two to three times daily
HEM#4	Diltiazem 2%, Lidocaine 5% Hydrocortisone 2.5%	30-60gm cream	Apply to affected anorectal area two to three times daily
HEM#5	Diltiazem 2%, Lidocaine 5%, Hydrocortisone 1%, Witch Hazel 5%	30-60gm cream	Apply to affected anorectal area two to three times daily
HEM#6	Diltiazem 2%, Lidocaine 5%, Hydrocortisone 2.5%, Witch Hazel 5%	30-60gm cream	Apply to affected anorectal area two to three times daily
HEM#16	Lidocaine 5%, Hydrocortisone 2.5%, Witch Hazel 5%	30-60gm cream	Apply to affected anorectal area two to three times daily
HEMSUPP#2000	Diltiazem 35mg, Lidocaine 25mg, Hydrocortisone 20mg	20 suppositories	Unwrap and insert one suppository rectally twice daily for 10 days
HEMSUPP#3000	Hydrocortisone 20mg, Glycerin 20mg	20 suppositories	Unwrap and insert one suppository rectally twice daily for 10 days

Budesonide Slurry and Carafate Enemas Available upon request

**COMPOUNDS LISTED ABOVE ARE ONLY SUGGESTIONS, ALL COMPOUNDS ARE CUSTOMIZABLE AND MAY BE CHANGED TO MEET PHYSICIAN AND PATIENTS

Levin's Drugs Insurance Coverage

Insurance	Cream	Suppository
Aetna	✓	✓
Affinity/Molina	✓	✓
BCBS Empire	✓	✓
BCBS Anthem	✓	✓
Cigna Health Spring	✓	✓
Cigna Medicare	✓	✓
Envision	✓	✗
Elderplan	✓	✓
Fidelis	✓	✓
Healthfirst	✓	✓
HealthPlus	✓	✓
Medicaid	✓	✗
Metroplus	✓	✓
NYSHIP	✓	✓
SilverScript	✓	✓
United Healthcare Community Plan**	✓	✗
Wellcare	✓	✓
1199		
32BJ		
Express Scripts		
GHI Emblem health		
Express Scripts		
Humana		
Magnacare		
United Health Care Commercial and Medicare		
United Federal Teacher		
VNS		

Non-Formulary

*Essential, Bronze, Silver and Gold Plans Only

**United Healthcare Community Plan coverage based upon Pharmacy Services with Medicaid and not Optum

Levin's Drugs Compound List

May be used for PAIN MANAGEMENT

Compound Name	Active Ingredients	Sugg. Qty	Directions
PM#125 Arthritis/ Inflammatory Pain	Diclofenac 5%, Menthol 10% Lidocaine 4%, Baclofen 3% (Without Menthol – PM#225)	60-120gm	Apply one pump to affected area two to four times daily
PM#200* Neuropathic Pain	Diclofenac 5%, Baclofen 5%**, Lidocaine 4%, Gabapentin 5% (Addition of Menthol 10% available – PM#300)	60-120gm	Apply one pump to affected area two to four times daily
PM#400* Moderate/Severe Neuropathic Pain	Diclofenac 5%, Baclofen 3%**, Lidocaine 4% Gabapentin 5%, Doxepin 4% (Addition of Menthol 5% available – PM#500)	60-120gm	Apply one pump to affected area two to four times daily
PM#600* Non-Ketamine Arizona Compound	Diclofenac 5%, Baclofen 3%**, Lidocaine 4% Gabapentin 5%, Doxepin 5% Prilocaine 4% Clonidine 0.2% (Addition of Menthol 5% available – PM#700)	60-120gm	Apply one pump to affected area two to four times daily

May be used for DERMATOLOGICAL CONDITIONS

Compound Name	Active Ingredients	Sugg. Qty	Directions
ACN#200 Acne	Tretinoin 0.05%, Clindamycin 1% (Tretinoin 0.025% and Tretinoin 0.1% available)	30-50gm	Apply a pea-sized amount ONLY to affected area at bedtime
ALOPF#1 Alopecia Women	Minoxidil 5%, Spironolactone 1% Hydrocortisone 1% (Addition of Tretinoin 0.025% available- ALOPF#4)	60-120gm liquid	Apply one dropperful to scalp twice daily. Remove after 4 hours or as directed if irritation occurs
ALOPF#6 Alopecia Women with Progesterone	Minoxidil 5%, Progesterone 0.5% Hydro- cortisone 1% (Addition of Tretinoin 0.025% available- ALOPF#5)	60-120gm liquid	Apply one dropperful to scalp twice daily. Remove after 4 hours or as directed if irritation occurs
ALOPM#1 Alopecia Men	Minoxidil 5%, Finasteride 0.1%, Hydrocort- isone 1% (Addition of Tretinoin 0.025% available- ALOPM#2)	60-120gm liquid	Apply one dropperful to scalp twice daily. Remove after 4 hours or as directed if irritation occurs
DERM#6100 Eczema/Psoriasis	Tacrolimus 0.1% Calcipotriene 0.005% (Addition of Triamcinolone 0.1% available- DERM#6000)	30-60gm	Apply one pump of medication to affected area daily
FTPW#1 Antifungal Powder	Miconazole 2%, Clotrimazole 1%, Nystatin 100,000U/g Powder QSAD (Fluconazole 2.5% Medicaid Alternative)	60gm powder	Apply to the affected area twice daily
HEM#4 Hemorrhoid Cream	Diltiazem 2%, Lidocaine 5% Hydrocortisone 2.5%	30-60gm cream	Apply to affected anorectal area two to three times daily
HEMSUPP#2000 Hemorrhoid Suppository	Diltiazem 35mg, Lidocaine 25mg, Hydrocortisone 20mg	20 suppositories	Unwrap and insert one suppository rectally twice daily for 10 days
HPM#12400 Hyperpigmentation	Tretinoin 0.05%, Hydroquinone 4%, Desonide 0.05% (Hydroquinone 2-10% available)	30-60gm	Apply a pea-sized amount ONLY to affected area at bedtime

Levin's Drugs Compound List (Cont.)

Compound Name	Active Ingredients	Sugg. Qty	Directions
HYHID#2 Hyperhidrosis	Glycopyrrolate 0.5%, Clotrimazole 1%, Miconazole 2%, Nystatin 100,000 units/gm	30gm	Apply to the affected area daily
ONY#1 Nail Fungus	Ciclopirox 0.53g, Clotrimazole 0.15g, Fluconazole 0.8g Itraconazole 0.2g, Terbinafine 0.15g (Addition of 40% Urea available- ONY#44)	20gm solution	Apply to affected nails twice a day
PSR#100* Psoriasis	Salicylic Acid 6% Betamethasone 0.05% Transdermal Base QSAD	65gm	Apply one pump of medication to affected area twice daily
ROS#4 Rosacea	Ivermectin 1%, Metronidazole 1%	30-60gm	Apply one pump to affected area once or twice daily
SCAR#2PW Scars	Vitamin C 5% Vitamin E 7% Fluocinonide 0.05% Nourisil Silicone Base QSAD	30-50gm	Apply one pump of medication to affected area one to two times daily
SHAMPOO#1 Seborrheic Dermatitis	Ketoconazole 2% Salicylic Acid 2% Fluocinonide 0.05% Shampoo base QSAD	120gm	Apply to scalp three times a week. Leave on for 15-30 minutes then wash off
TIN#100 Skin Fungus	Ciclopirox 0.77%, Clotrimazole 1%, Terbinafine 1%, Aloe Vera 5%, Urea 10% (Addition of steroid available)	65gm	Apply one pump to affected area twice daily
TIN#300 Interdigital Maceration	Ciclopirox 0.77%, Terbinafine 1%, Aloe Vera 5%, Gel Base	65gm	Apply one pump to affected area twice daily
VV#1* Varicose Veins	Heparin 16.67%, Phenylephrine 1% Vitamin E 5% Lidocaine 4%	60gm	Apply one pump to affected area one to two times daily
WART#200 Warts	Fluorouracil 5%, Salicylic Acid 17% (Cidofovir 0.5% Medicaid Alternative)	30-50gm	Apply to wart as directed
WOUND#212 Wounds	Mupirocin 2%, Metronidazole 1%	60gm	Apply one pump to affected area one to two times daily
WOUND#312 Burn Wounds	Mupirocin 2%, Metronidazole 1%, Sulfadiazine 1%	60gm	Apply one pump to affected area one to two times daily
WOUND#412 Diabetic Wounds	Mupirocin 2%, Metronidazole 1%, Ciclopirox 0.77%	60gm	Apply one pump to affected area one to two times daily
XER#5 Dermatitis	Vitamin E 7%, Aloe Vera 5%, Urea 16%, Clobetasol 0.05%	65gm	Apply one pump to affected area twice daily
XER#8 Dry Skin w/ Pruritus	Vitamin E 7%, Aloe Vera 5%, Urea 16%, Doxepin 5%	65gm	Apply one pump to affected area once or twice daily
XER#1600 Callus	Urea 30%, Zinc Oxide 2%, Salicylic Acid 6%, Hydrocortisone 1%	60gm	Apply one pump of medication to affected area twice daily

*Alternative NSAID Celecoxib 10% or Meloxicam 1% based on insurance formulary

**Alternative Muscle Relaxant Cyclobenzaprine 2% based on insurance formulary

**COMPOUNDS LISTED ABOVE ARE ONLY SUGGESTIONS, ALL COMPOUNDS ARE CUSTOMIZABLE AND MAY BE CHANGED TO MEET PHYSICIAN AND PATIENTS NEEDS

Levin's Drugs Insurance Coverage

Insurance	Pain	Acne	Alopecia	Eczema	Antifungal	Hyper- Pigmentation	Hemorrhoid
Aetna	✓	✓	✓	✓	✓	✓	✓
Molina Affinity*	✓	✓	✓	✓	✓	✓	✓
BCBS Empire	✓	✓	✓	✓	✓	✓	✓
BCBS Anthem	✓	✓	✓	✓	✓	✓	✓
Cigna Health Spring	✓	✓	✓	✓	✓	✓	✓
Envision	✓	✓	✓	✓	✓	✓	✓
Elderplan	✓	✓	✓	✓	✓	✓	✓
Fidelis*	✓	✓	✓	✓	✓	✓	✓
Healthfirst*	✓	✓	✓	✓	✓	✓	✓
HealthPlus	✓	✗	✗	✓	✓	✓	✓
Emblem Health Medicare	✓	✗	✗	✗	✓	✗	✗
Medicaid	✓	✓	✓	✓	✓	✓	✓
Metroplus*	✓	✓	✓	✓	✓	✓	✓
NYSHIP	✓	✓	✓	✓	✓	✓	✓
SilverScript	✓	✓	✓	✓	✓	✓	✓
United Healthcare Community Plan**	✓	✓	✓	✓	✓	✓	✓
Wellcare	✓	✓	✓	✓	✓	✓	✓

- 1199
- 32BJ
- BCBS Horizon/ BCBS Federal
- Emblem Health
- Express Scripts
- Humana
- Magnacare
- UHC Commercial/ AARP Plans
- United Federal Teacher
- VNS

Non-Formulary

* Alopecia and Hemorrhoid Suppositories covered by Essential, Bronze, Silver and Gold Plans Only
 **United Healthcare Community Plan coverage based upon Pharmacy services with Medicaid and not Optum

Levin's Drugs Insurance Coverage

Insurance	Hyperhidrosis	Anti- Fungal	Psoriasis	Rosacea	Wart	Wound/ Scar	Xerosis
Aetna	✓	✓	✓	✓	✓	✓	✓
Affinity/Molina*	✓	✓	✓	✓	✓	✓	✓
BCBS Empire	✓	✓	✓	✓	✓	✓	✓
BCBS Anthem	✓	✓	✓	✓	✓	✓	✓
Cigna Health Spring Commercial and Medicare	✓	✓	✓	✓	✓	✓	✓
Envision	✓	✓	✓	✓	✓	✓	✓
Elderplan	✓	✓	✓	✓	✓	✓	✓
Fidelis*	✓	✓	✓	✓	✓	✓	✓
Healthfirst*	✓	✓	✓	✓	✓	✓	✓
HealthPlus	✓	✓	✓	✓	✓	✓	✓
Medicaid	✓	✓	✓	✓	✓	✗	✓
Metroplus*	✓	✓	✓	✓	✓	✓	✓
NYSHIP	✓	✓	✓	✓	✓	✓	✓
SilverScript	✓	✓	✓	✓	✓	✓	✓
UHC Community Plan**	✓	✓	✓	✓	✓	✓	✓
Wellcare	✓	✓	✓	✓	✓	✓	✓
32BJ	Non-Formulary						
1199							
BCBS Horizon/ BCBS Federal							
Benecard							
Benecard							
GHI Emblem Health							
Express Scripts							
Humana							
Magnacare							
UHC Commercial/ AARP Plans							
VNS							

*Scar compounds covered by Essential Plans, Bronze, Silver, Gold, and Commercial plans Only

**United Healthcare Community Plan coverage based upon Pharmacy services with Medicaid and not Optum

Levin's Drugs Compound List

Compound Name	Active Ingredients	Sugg. Qty	Directions
BV#100* Bacterial Vaginosis Cream	Metronidazole 0.75%, Clindamycin 2%, Nystatin 25,000 u/gm Transdermal Base QSAD	60gm	Apply one applicator full of medication vaginally daily
CAND#1* Vaginal Candidiasis	Fluconazole 0.5%, Nystatin 100,000u/gm Transdermal Base QSAD	50gm	Apply one pump of medication vaginally daily
HEM#4* Hemorrhoid Cream	Diltiazem 2%, Lidocaine 5%, Hydrocortisone 2.5%	30-60gm cream	Apply to affected anorectal area two to three times daily
HEMSUPP#2000 Hemorrhoid Suppository	Diltiazem 35mg, Lidocaine 25mg, Hydrocortisone 20mg	20 suppositories	Unwrap and insert one suppository rectally twice daily for 10 days.
LIB#103 Libido/Arousal	Sildenafil 1%, Theophylline 3% Transdermal cream or gel	30gm	Apply a pea size amount to clitoris 30 min prior to sexual activity
TNC#1 Triple Nipple Cream	Mupirocin 2%, Fluocinonide 0.05%, Miconazole 2% (Hydrocortisone Butyrate 0.1% Medicaid Alternative)	30gm	Apply to nipples after breastfeeding. Do not wash off
VALSUPP#2.5 Vulvodynia	Diazepam 2.5mg (Available in 5mg and 10mg as well) Suppository Base	varies	Unwrap and insert one suppository vaginally nightly
VULVO#100* Vulvodynia	Baclofen 2%**, Lidocaine 2% Transdermal Base QSAD	30-60gm	Apply one gram of medication vaginally once or twice daily
VULVO#200* Vulvodynia	Baclofen 2%**, Lidocaine 4%, Gabapentin 5% Transdermal Base QSAD	30-60gm	Apply one gram of medication vaginally once or twice daily

Bi-Est (Estradiol, Estriol), Progesterone, DHEA and Testosterone available upon request

*May contain Vitamin B12

**Alternative Muscle Relaxant Cyclobenzaprine 2% based on insurance formulary

***COMPOUNDS LISTED ABOVE ARE ONLY SUGGESTIONS, ALL COMPOUNDS ARE CUSTOMIZABLE AND MAY BE CHANGED TO MEET PHYSICIAN AND PATIENTS NEEDS

Levin's Drugs Insurance Coverage

Insurance	Bacterial Vaginosis	Fungal Candidiasis	Hemorrhoid	Libido	Nipple Cream	Valsupp	Vulvodinia
Aetna	✓	✓	✓	✗	✓	✓	✓
Molina Affinity*	✓	✓	✓	✗	✓	✓	✓
BCBS Empire	✓	✓	✓	✗	✓	✓	✓
Cigna Health Spring	✓	✓	✓	✗	✓	✓	✓
Envision	✓	✓	✓	✗	✓	✓	✓
Elderplan	✓	✓	✓	✗	✓	✓	✓
Fidelis*	✓	✓	✓	✗	✓	✓	✓
Healthfirst*	✓	✓	✓	✗	✓	✓	✓
HealthPlus	✓	✓	✓	✗	✓	✓	✓
Medicaid	✓	✓	✓	✗	✓	✓	✓
Metroplus*	✓	✓	✓	✗	✓	✓	✓
NYSHIP	✓	✓	✓	✗	✓	✓	✓
SilverScript	✓	✓	✓	✗	✓	✓	✓
United Healthcare Community Plan**	✓	✓	✓	✗	✓	✗	✓
Wellcare	✓	✓	✓	✗	✓	✓	✓

1199

32BJ

BCBS Horizon/ BCBS Federal

Emblem Health

Express Scripts

Humana

Magnacare

United Healthcare Commercial/Medicare

United Federal Teacher

Village Care Max

VNS

Non-Formulary

Arousal/Libido Cream is not eligible for insurance coverage and is available for purchase out of pocket

*Diazepam and Hemorrhoid Suppositories covered by Essential, Bronze, Silver and Gold Plans Only

**United Healthcare Community Plan coverage based upon Pharmacy services with Medicaid and not Optum

Levin's Drugs Compound List

May be used for PAIN MANAGEMENT

Compound Name	Active Ingredients	Sugg. Qty	Directions
PM#125 Arthritis/ Inflammatory Pain	Diclofenac 5%, Menthol 10%, Lidocaine 4% Transdermal Base QSAD Baclofen 3% (Without Menthol PM#225)	60-120gm	Apply one pump of medication to affected area two to four times daily
PM#200* Mild/Moderate Neuropathic Pain	Diclofenac 5%, Baclofen 5%**, Lidocaine 4% Gabapentin 5%, Transdermal Base QSAD	60-120gm	Apply one pump of medication to affected area two to four times daily
PM#300* Moderate/Severe Arthritis Pain	Diclofenac 5%, Menthol 10%, Lidocaine 4% Gabapentin 5%, Baclofen 3%** Transdermal Base QSAD	60-120gm	Apply one pump of medication to affected area two to four times daily
PM#400* Radiculopathy/ Severe Neuropathic Pain	Diclofenac 5%, Baclofen 3%**, Lidocaine 4% Gabapentin 5%, Doxepin 4% Transdermal Base QSAD	60-120gm	Apply one pump of medication to affected area two to four times daily
PM#500* Radiculopathy/ Severe Neuropathic Pain w/ Menthol	Diclofenac 5%, Baclofen 3%**, Lidocaine 4%, Gabapentin 5%, Doxepin 4% Menthol 5% Transdermal Base QSAD	60-120gm	Apply one pump of medication to affected area two to four times daily
PM#600* Non-Ketamine Arizona Compound	Diclofenac 5%, Baclofen 3%**, Lidocaine 4%, Gabapentin 5%, Doxepin 5% Prilocaine 4% Clonidine 0.2% Transdermal Base QSAD	60-120gm	Apply one pump of medication to affected area two to four times daily
PM#700* Non-Ketamine Arizona Compound w/ Menthol	Diclofenac 5%, Baclofen 3%**, Lidocaine 4%, Gabapentin 5%, Doxepin 5% Prilocaine 4% Clonidine 0.2%, Menthol 5% Transdermal Base QSAD	60-120gm	Apply one pump of medication to affected area two to four times daily

*Alternative NSAID Celecoxib 10% or Meloxicam 1% based on insurance formulary

**Alternative Muscle Relaxant Cyclobenzaprine 2% based on insurance formulary

**COMPOUNDS LISTED ABOVE ARE ONLY SUGGESTIONS, ALL COMPOUNDS ARE CUSTOMIZABLE AND MAY BE CHANGED TO MEET PHYSICIAN AND PATIENTS NEEDS

Levin's Drugs Insurance Coverage

Insurance	Pain
Aetna	✓
Affinity/Molina	✓
BCBS Empire	✓
BCBS Anthem	✓
Cigna Health Spring	✓
Cigna Medicare	✓
Envision	✓
Elderplan	✓
Fidelis	✓
Healthfirst	✓
HealthPlus	✓
GHI Emblemhealth Medicare	✓
Medicaid	✓
Metroplus	✓
NYSHIP	✓
SilverScript	✓
United Healthcare Community Plan*	✓
Wellcare	✓
32BJ	Non-Formulary
1199	
BCBS Horizon and BCBS Federal	
Benecard	
Express Scripts	
Humana	
Magnacare	
UHC Commercial/ AARP Plans	
United Federal Teacher	
VNS	

*United Healthcare Community Plan coverage based upon Pharmacy services with Medicaid and not Optum

Levin's Drugs Podiatry Compound List

May be used for PAIN MANAGEMENT

Compound Name	Active Ingredients	Sugg. Qty	Directions
PM#125 Arthritis/ Inflammatory Pain	Diclofenac 5%, Menthol 10% Lidocaine 4%, Baclofen 3% (Without Menthol – PM#225)	60-120gm	Apply one pump to affected area two to four times daily
PM#200* Neuropathic Pain	Diclofenac 5%, Baclofen 5%**, Lidocaine 4%, Gabapentin 5% (Addition of Menthol 10% available – PM#300)	60-120gm	Apply one pump to affected area two to four times daily
PM#400* Moderate/Severe Neuropathic Pain	Diclofenac 5%, Baclofen 3%**, Lidocaine 4% Gabapentin 5%, Doxepin 4% (Addition of Menthol 5% available – PM#500)	60-120gm	Apply one pump to affected area two to four times daily
PM#600* Non-Ketamine Arizona Compound	Diclofenac 5%, Baclofen 3%**, Lidocaine 4% Gabapentin 5%, Doxepin 5% Prilocaine 4% Clonidine 0.2% (Addition of Menthol 5% available – PM#700)	60-120gm	Apply one pump to affected area two to four times daily
PF#101* Plantar Fibroma	Diclofenac 5%, Verapamil 15%, Lidocaine 4%	60gm	Apply one pump to affected area twice daily

May be used for DERMATOLOGICAL CONDITIONS

Compound Name	Active Ingredients	Sugg. Qty	Directions
FTPW#1 Antifungal Powder	Miconazole 2%, Clotrimazole 1%, Nystatin 100,000U/g Powder QSAD (Fluconazole 2.5% Medicaid Alternative)	60gm powder	Apply to feet and shoes as directed
HYHID#2 Hyperhidrosis	Glycopyrrolate 0.5%, Clotrimazole 1%, Miconazole 2%, Nystatin 100,000 units/gm	30gm	Apply to the affected area daily
ONY#1 Nail Fungus	Ciclopirox 0.53g, Clotrimazole 0.15g, Flu- conazole 0.8g Itraconazole 0.2g, Terbinafine 0.15g (Addition of 40% Urea available- ONY#44)	20mL solution	Apply to affected nails twice a day
TIN#100 Skin Fungus	Ciclopirox 0.77%, Clotrimazole 1%, Terbinafine 1%, Aloe Vera 5%, Urea 10% (Addition of steroid available)	65gm	Apply one pump to affected area twice daily
TIN#300 Interdigital Maceration	Ciclopirox 0.77%, Terbinafine 1%, Aloe Vera 5%, Gel Base	65gm	Apply one pump to affected area twice daily
XER#5 Dermatitis	Vitamin E 7%, Aloe Vera 5%, Urea 16%, Clobetasol 0.05% (Hydrocortisone Butyrate 0.1% Medicaid Alternative)	65gm	Apply one pump to affected area twice daily
XER#8 Dry Skin w/ Pruritus	Vitamin E 7%, Aloe Vera 5%, Urea 16%, Doxepin 5%	65gm	Apply one pump to affected area once or twice daily
XER#1600 Callus	Urea 30%, Zinc Oxide 2%, Salicylic Acid 6%, Hydrocortisone 1%	60gm	Apply one pump of medication to affected area twice daily

*Alternative NSAID Celecoxib 10% or Meloxicam 1% based on insurance formulary

**Alternative Muscle Relaxant Cyclobenzaprine 2% based on insurance formulary

**COMPOUNDS LISTED ABOVE ARE ONLY SUGGESTIONS, ALL COMPOUNDS ARE CUSTOMIZABLE AND MAY BE CHANGED TO MEET PHYSICIAN AND PATIENTS NEEDS

Levin's Drugs Podiatry Compound List (Cont.)

Compound Name	Active Ingredients	Sugg. Qty	Directions
HPM#12400 Hyperpigmentation	Hydroquinone 4%, Tretinoin 0.05%, Desonide 0.05%	50gm	Apply a pea-sized amount ONLY to affected area at bedtime
PSR#100 Psoriasis	Salicylic Acid 6%, Betamethasone 0.05%	50gm	Apply one pump to affected area one to two times daily
REY#100 Raynaud's Syndrome	Nifedipine 10% Lidocaine 4% Diclofenac 5% (Diltiazem 5% alternative)	60gm	Apply one pump to affected area twice daily
SCAR2PW* Scars	Vitamin C 5%, Vitamin E 7% Fluocinonide 0.05%, Nourisil Silicone Base	30-50gm	Apply one pump to affected area one to two times daily
VV#1* Varicose Veins	Heparin 16.67%, Phenylephrine 1% Vitamin E 5% Lidocaine 4%	60gm	Apply one pump to affected area one to two times daily
WART#200 Warts	Fluorouracil 5%, Salicylic Acid 17% (Cidofovir 0.5% Medicaid Alternative)	30-50gm	Apply to wart as directed
WART#306 Warts	Fluorouracil 5%, Salicylic Acid 20%, Cimetidine 2% (Cidofovir 0.5% Medicaid Alternative)	30-50gm	Apply to wart as directed
WOUND#212 Wounds	Mupirocin 2%, Metronidazole 1%	60gm	Apply one pump to affected area one to two times daily
WOUND#312 Burn Wounds	Mupirocin 2%, Metronidazole 1%, Sulfadiazine 1%	60gm	Apply one pump to affected area one to two times daily
WOUND#412 Diabetic Wounds	Mupirocin 2%, Metronidazole 1%, Ciclopirox 0.77%	60gm	Apply one pump to affected area one to two times daily

*Alternative NSAID Celecoxib 10% or Meloxicam 1% based on insurance formulary

**Alternative Muscle Relaxant Cyclobenzaprine 2% based on insurance formulary

**COMPOUNDS LISTED ABOVE ARE ONLY SUGGESTIONS, ALL COMPOUNDS ARE CUSTOMIZABLE AND MAY BE CHANGED TO MEET PHYSICIAN AND PATIENTS NEEDS

Levin's Drugs Insurance Coverage

Insurance	Pain	Anti-Fungals	Xerosis	Hyperhidrosis
Aetna	✓	✓	✓	✓
Affinity Molina	✓	✓	✓	✓
BCBS Empire	✓	✓	✓	✓
BCBS Anthem	✓	✓	✓	✓
Cigna Health Spring	✓	✓	✓	✓
Envision	✓	✓	✓	✓
Elderplan	✓	✓	✓	✓
Fidelis*	✓	✓	✓	✓
Healthfirst	✓	✓	✓	✓
HealthPlus	✓	✓	✓	✓
Emblem Health Medicare	✓	✓	✓	✗
Medicaid	✓	✓	✓	✓
Metroplus*	✓	✓	✓	✓
NYSHIP	✓	✓	✓	✓
SilverScript	✓	✓	✓	✓
Wellcare	✓	✓	✓	✓
United Healthcare Community Plan*	✓	✓	✓	✓

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United Federal Teachers
UHC Commercial/ AARP Plans
VNS

Non-Formulary

*United Healthcare Community Plan coverage based upon Pharmacy services with Medicaid and not Optum

Levin's Drugs Insurance Coverage

Insurance	Hyperpigmentation	Psoriasis	Raynaud	Scar/ Varicose Vein	Wart	Wound
Aetna	✓	✓	✓	✓	✓	✓
Affinity Molina	✓	✓	✓	✓**	✓	✓
BCBS Empire	✓	✓	✓	✓	✓	✓
BCBS Anthem	✓	✓	✓	✓	✓	✓
Cigna Health Spring	✓	✓	✓	✓	✓	✓
Envision	✓	✓	✓	✗	✓	✓
Elderplan	✓	✓	✓	✗	✓	✓
Fidelis	✓	✓	✓	✓**	✓	✓
Healthfirst	✓	✓	✓	✓**	✓	✓
HealthPlus	✓	✓	✓	✓**	✓	✓
Medicaid	✓	✓	✓	✗	✓	✓
Metroplus	✓	✓	✓	✓**	✓	✓
NYSHIP	✓	✓	✓	✓	✓	✓
SilverScript	✓	✓	✓	✗	✓	✓
Wellcare	✓	✓	✓	✓	✓	✓
UHC Community Plan*	✓	✓	✓	✗	✓	✓

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Non-Formulary

*United Healthcare Community Plan coverage based upon Pharmacy services with Medicaid and not Optum
 **Essential, Bronze, Silver and Gold Plans Only



Electronically Prescribing Compounds

Electronically prescribing compounds will aid to ensure patients a timely receipt of a compounded medication.

1

Select a main ingredient from the compound you intend to prescribe.

Example: Lidocaine for a pain compound

2

In the notes to pharmacy/pharmacist notes please write the full formulation of the desired compound or formulation code.

Example: Diclofenac 5%/Lidocaine 4%/Menthol 10% or PM#100

3

Please select Levins Drugs Pharmacy as desired pharmacy.

Address: 9890A Queens Boulevard, Rego Park, NY 11374 / Phone #: 718.459.1500

4

All compounds are dispensed standard as a 30 day supply, unless otherwise stated.



CRAFTING MEDICATIONS,
TAILORED TO YOU

levinsdrugs.com

 718.459.1500

 info@levinsdrugs.com

 718.459.5956

 9890A Queens Boulevard, Rego Park, NY 11374

Faxing Sheet for Compounds

 718.459.5956

Patient Name: _____ DOB: _____ Date: _____

Address: _____

Insurance _____

Telephone #s: _____

COPY OF PATIENT INSURANCE CARD (FRONT)

COPY OF PRESCRIPTION

COPY OF PATIENT INSURANCE CARD (BACK)

Prescriber Signature: _____

*ALL COMPOUNDS ARE CUSTOMIZABLE, AND CAN BE CHANGED TO MEET PHYSICIAN AND PATIENTS NEEDS
**ALL MAJOR INSURANCES ACCEPTED



OUR MISSION

to provide quality pharmaceutical compounding services in a proficient and timely manner. We work with Physicians to deliver a full spectrum of customizable treatment options and patient-centered care.



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