

S E N I O R PHARM *Assist*

MEDICATION FORMULARY

Keys to Using This Formulary

BOLD: Medicare-covered medications that are in **bold** type will be reimbursed by Senior PharmAssist if their Part D plan pays first. Medications that are not in bold type or do not appear in the formulary are not covered by the program. However, we can help doctors' offices access the drug manufacturers' Patient Assistance Programs.

SHADED: Our preferred agents are the medications listed in the shaded areas.

COST: The "\$" signs indicate the price for a 30-day supply of the lowest geriatric maintenance dose based upon Senior PharmAssist's cost as of 09/21.

\$	= < \$25
\$\$	= \$25 - \$50
\$\$\$	= \$50 - \$75
\$\$\$\$	= > \$75

CARDIOVASCULAR

HYPERTENSION ACE INHIBITOR

Benazepril (Lotensin) \$
Enalapril (Vasotec) \$
Fosinopril (Monopril) \$
Lisinopril (Prinivil/Zestril) \$
Quinapril (Accupril) \$
Ramipril (Altace) \$
Combination ACE/HCTZ \$,\$\$
Combination Amlodipine/Benazepril (Lotrel) \$

HYPERTENSION ARB's & ARB/HCT

Irbesartan (Avapro) \$
Losartan (Cozaar) \$
Olmesartan (Benicar) \$
Telmisartan only not HCT (Micardis) \$\$
Valsartan (Diovan) \$

Combination ARB/HCTZ \$

Combination Amlodipine/Olmesartan (Azor), **Amlodipine/Valsartan** (Exforge) \$,\$\$

HYPERTENSION BETA BLOCKER

Atenolol (Tenormin) \$
Carvedilol IR (Coreg) \$
Labetalol (Normodyne, Trandate) \$
Metoprolol IR, ER (Lopressor, Toprol XL) \$

Propranolol IR (Inderal) \$

HYPERTENSION CALCIUM CHANNEL BLOCKER

Amlodipine (Norvasc) \$
 Diltiazem, **Diltiazem extended release** (Cardizem CD) \$\$\$

Felodipine ER (Plendil) \$

Nifedipine, **Nifedipine extended release** (Procardia XL) \$

HYPERTENSION DIURETIC

Furosemide (Lasix) \$
Hydrochlorothiazide (Hydrodiuril) \$

This formulary is designed to encourage safe and effective medication use among older adults, while also controlling costs. **For Medicare-covered medications, Senior PharmAssist will only pay if Part D plans pay first.** Several over-the-counter medications are covered and are included in the formulary. Insulin syringes and over-the-counter medications require a prescription and a \$5 co-payment. **Generic co-payments are \$2 and brand-name co-payments are (\$5, \$10, \$15) for up to a 30-day supply. Up to a 90-day supply is permitted and prorated based on the fees above.** Controlled substances and DOACs are limited to a 30-day supply. **Questions please call Senior PharmAssist (SPA) at 919-688-4772.**

Effective 4/22 through 10/22

Spiroinolactone (25 mg only) (Aldactone) \$

Bumetanide (Bumex) \$\$\$
Chlorthalidone (Thalitone) \$
Indapamide (Lozide) \$
Metolazone (Zaroxolyn) \$\$
Torsemide (Demadex) \$
Amiloride & HCTZ (Moduretic) \$
Atenolol & Chlorthalidone (Tenoretic) \$
Spiroinolactone & HCTZ (Aldactazide) \$
Triamterene & HCTZ (Maxzide) \$

HYPERTENSION MISCELLANEOUS

Clonidine (tablet only) (Catapres) \$
Doxazosin (Cardura) \$
Prazosin (Minipress) \$
Hydralazine (Apresoline) \$
Minoxidil (Loniten) \$
Terazosin (Hytrin) \$

ANGINA NITRATE

Isosorbide Dinitrate IR (Isordil) \$\$
Isosorbide Mononitrate ER (Imdur) \$
Nitroglycerin (Nitrostat) (QL #25) \$, \$\$\$

Nitroglycerin Patch (generic only) \$

ARRHYTHMIAS

Amiodarone (Pacerone, Cordarone) \$\$
 (Call SPA for coverage)
Digoxin (125 mcg only) (Lanoxin) \$

HYPERLIPIDEMIA

Atorvastatin (Lipitor) \$
Lovastatin (Mevacor) \$
Pravastatin (Pravachol) \$
Rosuvastatin (Crestor) \$
Simvastatin (all except 80 mg) (Zocor) \$

Ezetimibe (Zetia) \$

THROMBOEMBOLYTIC/ANTIPLATELET

Clopidogrel (Plavix) \$
Apixaban (Eliquis) \$20-\$40 (per 30 days) \$\$\$\$ (Call SPA for coverage)
Rivaroxaban (Xarelto) \$20-\$40 (per 30 days) \$\$\$\$ (Call SPA for coverage)

Warfarin (Coumadin) \$

DERMATOLOGIC

TOPICAL STEROIDS

Fluocinonide (Lidex) (high potency) \$\$\$\$
Fluocinolone (Synalar) (med. pot.) \$\$\$\$
Mometasone (Elocon) (med. pot.) \$
Triamcinolone 0.1% (Aristocort) (med. pot.) \$
Hydrocortisone 2.5% (Hydrocortisone) (low pot.) \$

MISCELLANEOUS

Ketoconazole (Nizoral) shampoo only \$
Nystatin (Mycostatin) \$
Terbinafine (Lamisil) topical only \$
Clotrimazole (Lotrimin, Mycelex) \$\$
Erythromycin 2% (A/T/S, Erygel) (soln) \$\$
Fluorouracil (Efudex, Fluoroplex, Carac) \$\$\$

EARS, NOSE AND THROAT

2% Acetic Acid in Aluminium Acetate (Domeboro) \$\$\$
Fluticasone (Flonase) nasal only \$
Hydrocortisone/Neomycin/Polymyxin (suspension only) (Cortisporin) \$\$
Meclizine (Antivert) \$
Viscous Lidocaine (Viscous Xylocaine) \$

Chlorhexidine (Peridex) \$

ENDOCRINE

DIABETES MELLITUS

Metformin, Metformin ER (not 1,000 mg) (Glucophage) \$, \$\$

Glipizide, Glipizide ER, XL (Glucotrol) \$, \$
Glimepiride (Amaryl) \$

Insulins (per 30 days) All \$\$\$\$

\$5 - VIALS ONLY - Humulin, Novolin, & Relion (R, N, 70/30), Insulin aspart, Insulin lispro, Insulin aspart/protamine 70/30

\$10 - Basaglar pens, Lantus vials and pens, Novolin pens (R, N, 70/30), Insulin aspart pens, Insulin lispro pens (U-100 only), Insulin aspart/protamine pens, Insulin lispro mix 75/25 pens

\$15 - Humulin pens, Levemir vials and pens, Humalog/Humalog 75/25 vials and pens, Novolog/Novolog 70/30 vials and pens

HORMONES CANCER

Anastrozole (Arimidex) \$
Letrozole (Femara) \$
Tamoxifen (Nolvadex) \$

HORMONES ESTROGEN/PROGESTIN

Estradiol Vaginal Cream (Estrace) \$\$\$\$

HORMONES THYROID

Levothyroxine (Levothroid, Unithroid) All \$

Levothyroxine (Synthroid) \$, \$\$
Methimazole (Tapazole) \$

CORTICOSTEROIDS

Prednisone (Deltasone) \$

Dexamethasone (Decadron) \$
Hydrocortisone (Cortef) \$\$

EYES

GLAUCOMA

Brimonidine 0.2% only (Alphagan P) \$
Latanoprost (Xalatan) \$
Pilocarpine HCL (Pilostat) \$\$\$\$
Timolol, Timolol GFS (Timoptol) \$

Acetazolamide (Diamox) \$\$\$
Dorzolamide (Trusopt) \$
Dorzolamide/Timolol (COSOPT) \$
Levobunolol (Betagan) \$\$

INFECTION

Erythromycin (Ilotycin) \$
Gentamicin (Garamycin) \$
Sulfacetamide (Sulamyd) \$\$\$

INFLAMMATION

Prednisolone acetate (Pred Forte) \$\$
Prednisolone Na phosphate (Inflamase Forte) \$\$

Diclofenac (0.1% only) (Voltaren Ophth), \$\$
Ketorolac (0.5% only) (Acular) \$

MACULAR DEGENERATION

Preservision AREDS & AREDS 2
(tabs only) \$\$, \$\$
(Call SPA for coverage)

GASTROINTESTINAL

GERD/PEPTIC ULCER DISEASE

Famotidine (Pepcid) \$
Sucralfate (Carafate) \$\$

Metoclopramide (Reglan) \$

CONSTIPATION/DIARRHEA

Sorbitol (Sorbitol) \$

Dicyclomine (Bentyl) \$
Diphenoxylate & Atropine (Lomotil) \$
Loperamide (Imodium) \$

MISCELLANEOUS

Sulfasalazine (Azulfidine) \$\$
Prochlorperazine (Compazine) \$
Promethazine (tablets only) (Phenergan) \$

GENITOURINARY

INCONTINENCE

Trospium IR (Sanctura) \$\$
Oxybutynin IR, (ER 5 mg) (Ditropan) \$, \$

BENIGN PROSTATIC HYPERTROPHY

Finasteride (Proscar) \$
Tamsulosin (Flomax) \$

Doxazosin (Cardura) \$
Terazosin (Hytrin) \$

INFECTIOUS ORIGIN

BACTERIAL

Amoxicillin (Amoxil) \$
Ciprofloxacin IR (Cipro) \$
Cephalexin (Keflex) \$
Co-trimoxazole/Sulfamethoxazole and Trimethoprim (Septra DS) \$
Doxycycline (Vibramycin) \$\$
Metronidazole (Flagyl) \$
Penicillin V Potassium (PenVee K) \$
Amoxicillin & Clavulanate (Augmentin) \$
Azithromycin (250 mg only; no Z- pack) (Zithromax) \$\$
Cefuroxime (250 mg only) (Ceftin) \$\$
Nitrofurantoin monohydrate/macrocrystals (Macrobid/Macrocrystin) (limit 7 days) \$\$

OTHER

Acyclovir (oral only) (Zovirax) \$
Fluconazole (Diflucan) 50 mg, 100 mg,
200 mg \$

NEUROLOGIC

DEMENTIA

Donepezil IR, ODT, SR \$, \$, \$

EPILEPSY

Carbamazepine IR (Tegretol) \$\$
Levetiracetam IR, ER (Keppra) \$\$
Phenytoin ER (Dilantin,
Dilantin Infatabs) \$, \$\$\$\$, \$\$\$\$
Divalproex ER (Depakote ER) \$\$
Valproic Acid (Depakene) \$

Phenobarbital (generic only) \$

PARKINSONS

Carbidopa/Levodopa (Sinemet) \$
Carbidopa/Levodopa (sustained release) (Sinemet CR) \$
Ropinirole IR (Requip) \$

Amantadine (Symmetrel) \$\$\$
Pramipexole IR (Mirapex) \$
Selegiline (tablet only) (Eldepryl) \$\$

BONE AND JOINT

GOUT-HYPERURICEMIA

Allopurinol (Zyloprim) \$

OSTEOARTHRITIS

Diclofenac gel 1% (Q.L. 400 gm per 30 days) (Voltaren gel) \$\$

Celecoxib 100 mg, 200 mg (Celebrex) \$
Ibuprofen not OTC (Motrin) \$
Meloxicam (Mobic) \$
Naproxen not OTC (Naprosyn) \$
Salsalate (Disalcid) \$\$

OSTEOPOROSIS

Alendronate (Fosamax) \$

RHEUMATOID ARTHRITIS

Methotrexate (Rheumatrex Dose Pack) \$

NEUROMUSCULAR - PAIN

Duloxetine (Cymbalta) \$

APAP/Codeine (Tylenol #2,#3,#4) \$-\$-\$-\$-\$
APAP/Hydrocodone (Excludes APAP 300 mg strengths, 325mg/2.5 mg) (Vicodin) \$\$
APAP/Oxycodone (325 mg/5 mg only) (Percocet) \$\$
Baclofen (Lioresal) \$\$
Gabapentin (Neurontin) \$
Morphine sulfate (immediate release) (generic only) \$\$\$
Morphine Sulfate ER (tablets only) (MS Contin, Oramorph SR) \$\$\$
Oxycodone IR (tablets only) \$
Tramadol IR (Ultram) \$

NUTRITIONAL

Calcium Acetate (PhosLo) \$\$
Cyanocobalamin (Vitamin B-12) \$\$
(Call SPA for coverage)
Folic Acid (Folic Acid) \$
(Call SPA for coverage)
Nephrovote Rx, Dialyvote Rx \$, \$
(Call SPA for coverage)
Potassium Chloride (K-Tab) \$, \$\$\$\$
Potassium Citrate (UroCit) \$\$

PSYCHIATRIC

DEPRESSION

Bupropion (Wellbutrin) \$\$, \$\$\$
Citalopram (Celexa) \$
Duloxetine (Cymbalta) \$
Mirtazapine (Remeron) \$
Sertraline (Zoloft) \$
Escitalopram (Lexapro) \$\$
Fluoxetine IR (Prozac) \$
Venlafaxine ER (caps only) (Effexor ER) \$

ANXIETY

Alprazolam IR (Xanax) \$
Buspirone (Buspar) \$
Clonazepam IR (Klonopin) \$
Hydroxyzine HCL (Atarax) \$
Lorazepam (Ativan) \$
Oxazepam (capsule only) (Serax) \$\$

INSOMNIA/NARCOLEPSY

Doxepin (Silenor) (liquid only) \$\$\$
Methylphenidate IR (tablets only) (Ritalin) \$
Ramelteon (Rozerem) \$\$\$
Trazodone (Desyrel) \$\$

PSYCHOTIC DISORDERS

Quetiapine IR only (Seroquel) \$
Risperidone IR only (Risperdal) \$
(Call SPA for coverage)

MISCELLANEOUS

Desipramine (Norpramine) \$\$
Imipramine HCL (Tofranil) \$
Lithium Carbonate (Lithobid) \$
Nortriptyline (Pamelor) \$

RESPIRATORY

ASTHMA/COPD

Albuterol & Ipratropium (Combivent Respimat) \$\$\$
Albuterol (ProAir HFA, ProAir Respiclick, Ventolin HFA, Proventil HFA) \$, \$\$, \$\$\$, \$\$\$, \$\$\$, \$\$\$
Beclomethasone (Qvar) \$\$\$
Budesonide (Pulmicort Flexhaler) \$\$\$
Budesonide/Formoterol (Symbicort) \$\$\$
Ciclesonide (Alvesco) \$\$\$
Fluticasone (Flovent HFA), (110 mcg only), Arnuity Ellipta \$\$\$
Fluticasone/Salmeterol (Advair HFA, Advair Diskus) \$\$\$
Ipratropium (Atrovent HFA) \$\$\$
Mometasone (Asmanex) \$\$\$
Tiotropium (Spiriva-\$15 co-payment) \$\$\$
Umeclidinium (Incruse Ellipta-\$15 co-payment) \$\$\$