

# SENIOR 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 6/17.

\$	= < \$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** \$,\$\$

#### HYPERTENSION ARB's & ARB/HCT

**Losartan** (Cozaar) \$  
**Losartan/HCTZ** (Hyzaar) \$

#### 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) \$

**Bumetanide** (Bumex) \$\$\$  
**Chlorthalidone** (Thalitone) \$\$\$

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 or \$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 are limited to a 31-day supply. **Questions please call Senior PharmAssist (SPA) at 919-688-4772.**

Effective 9/18 through 3/19

**Indapamide** (Lozide) \$  
**Metolazone** (Zaroxolyn) \$\$  
**Spirolactone (25 mg only)** (Aldactone) \$  
**Torsemide** (Demadex) \$  
**Amiloride & HCTZ** (Moduretic) \$  
**Atenolol & Chlorthalidone** (Tenoretic) \$  
**Spirolactone & 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) \$\$  
**Gemfibrozil** (Lopid) \$  
**Lovastatin** (Mevacor) \$  
**Pravastatin** (Pravachol) \$  
**Rosuvastatin** (Crestor) \$\$  
**Simvastatin (all except 80 mg)** (Zocor) \$

#### THROMBOEMBOLYTIC/ANTIPLATELET

**Clopidogrel** (Plavix) \$  
**Warfarin (Coumadin)** \$, \$\$\$

### DERMATOLOGIC

#### TOPICAL STEROIDS

**Fluocinonide** (Lidex) (high potency) \$\$\$\$  
**Fluocinolone** (Synalar) \$\$\$\$  
**Triamcinolone 0.1%** (Aristocort) (med. pot.) \$  
**Hydrocortisone 1%** (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

**All Insulins \$15 co-pay**

**Vials only (Novolin, Humulin, Relion 70/30, N, R) All \$\$\$\$**  
**Glipizide** (Glucotrol, **Glipizide ER, XL**) \$, \$

**Glimepiride** (Amaryl) \$  
**Lantus vials** (Insulin glargine) \$\$\$\$  
**Metformin, Metformin ER (500 mg ER only)** (Glucophage) \$, \$

#### HORMONES CANCER

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

#### HORMONES ESTROGEN/PROGESTIN

**Conjugated Estrogens (Premarin Cream only)** \$\$\$\$  
**Estradiol (Estrace Cream only)** \$\$\$\$

#### HORMONES THYROID

**Levothyroxine** (Levothroid, Unithroid) All \$

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

#### CORTICOSTEROIDS

**Prednisone** (Deltasone) \$

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

### EYES

#### GLAUCOMA

**Acetazolamide** (Diamox) \$\$\$  
**Brimonidine** (Alphagan P) \$\$  
**Dorzolamide** (Trusopt) \$\$  
**Latanoprost** (Xalatan) \$  
**Metipranolol** (Optipranolol) \$  
**Pilocarpine HCL** (Pilostat) \$\$\$\$  
**Timolol, Timolol GFS** (Timoptic) \$

**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) \$\$, \$\$

**GASTROINTESTINAL****GERD/PEPTIC ULCER DISEASE**

**Famotidine** (Pepcid) \$  
**Ranitidine (tablet only)** (Zantac) \$

**Metoclopramide** (Reglan) \$  
**Sucralfate** (Carafate) \$\$\$

**CONSTIPATION/DIARRHEA**

**Loperamide** (Imodium) \$  
**Sorbitol** (Sorbitol) \$

**Dicyclomine** (Bentyl) \$  
**Diphenoxylate & Atropine** (Lomotil) \$\$

**MISCELLANEOUS**

**Promethazine (tablets only)** (Phenergan) \$  
**Sulfasalazine** (Azulfidine) \$\$

**Prochlorperazine** (Compazine) \$

**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) \$  
**Tetracycline** (Achromycin V) \$\$\$

**Amoxicillin & Clavulanate** (Augmentin) \$  
**Azithromycin (250 mg only;**  
 no Z- pack) (Zithromax) \$\$  
**Cefuroxime (250 mg only)** (Ceftin) \$\$  
**Dicloxacillin** (Dynapen) \$

**OTHER**

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

**NEUROLOGIC****DEMENTIA**

**Donepezil IR, (ODT 5 mg only)** \$\$

**EPILEPSY**

**Carbamazepine IR** (Tegretol) \$\$\$\$  
**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 (not 0.125 mg)**  
 (Mirapex) \$\$\$\$  
**Selegiline (tablet only)** (Eldepryl) \$

**BONE AND JOINT****GOUT-HYPERURICEMIA**

**Allopurinol** (Zyloprim) \$

**OSTEOARTHRITIS**

**Ibuprofen not OTC** (Motrin) \$  
**Meloxicam** (Mobic) \$  
**Naproxen not OTC** (Naprosyn) \$  
**Salsalate** (Disalcid) \$\$

**OSTEOPOROSIS**

**Alendronate** (Fosamax) \$

**RHEUMATOID ARTHRITIS**

**Methotrexate** (Rheumatrex Dose Pack) \$

**NEUROMUSCULAR****PAIN/SKELETAL MUSCLE RELAXANT**

**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) \$\$  
**Gabapentin (all except 800 mg)**  
 (Neurontin) \$\$-\$\$  
**Morphine sulfate (immediate release)**  
 (generic only) \$  
**Tramadol IR** (Ultram) \$

**Baclofen** (Lioresal) \$\$  
**Morphine Sulfate ER (tablets only)**  
 (MS Contin, Oramorph SR) \$\$  
**Oxycodone IR (tablets only)** \$\$

**NUTRITIONAL**

**Calcium Acetate** (PhosLo) \$\$  
**Cyanocobalamin** (Vitamin B-12) \$\$  
 (Call SPA for coverage)  
**Nephrovite Rx, Dialyvit Rx** \$, \$, \$  
 (Call SPA for coverage)  
**Potassium Chloride** (K-Tab) \$

**Folic Acid** (Folic Acid) \$  
 (Call SPA for coverage)

**PSYCHIATRIC****DEPRESSION**

**Citalopram** (Celexa) \$  
**Mirtazapine** (Remeron) \$  
**Paroxetine IR** (Paxil) \$  
**Sertraline** (Zoloft) \$  
**Bupropion** (Wellbutrin) \$\$, \$\$\$  
**Fluoxetine IR** (Prozac) \$  
**Venlafaxine ER (caps only)** (Effexor ER) \$

**ANXIETY**

**Hydroxyzine HCL** (Atarax) \$\$  
**Lorazepam** (Ativan) \$  
**Oxazepam (capsule only)** (Serax) \$\$

**Alprazolam** (Xanax) \$  
**Buspirone** (Buspar) \$  
**Clonazepam** (Klonopin) \$

**INSOMNIA/NARCOLEPSY**

**Temazepam** (Restoril) \$  
**Methylphenidate IR (tablets only)**  
 (Ritalin) \$\$

**PSYCHOTIC DISORDERS**

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

**MISCELLANEOUS**

**Desipramine** (Norpramine) \$\$\$  
**Nortriptyline** (Pamelor) \$

**Imipramine** (Tofranil) \$  
**Lithium Carbonate** (Lithobid) \$  
**Trazodone** (Desyrel) \$

**RESPIRATORY****ASTHMA/COPD**

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