

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 12/18.

\$	= < \$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 4/19 through 10/19

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) \$\$, \$\$
 (Call SPA for coverage)

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) \$

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) \$\$\$
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 (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, Dialyvitte 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 Respiat) \$\$\$
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) \$\$\$