

SENIOR PHARM Assist

MEDICATION FORMULARY

Keys to Using This Formulary

BOLD: Medications that are in **bold** type will be reimbursed by Senior PharmAssist. All strengths and oral dosage forms of bolded medications will be paid for unless otherwise noted. 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 12/09.

\$	= < \$20
\$\$	= \$20 - \$40
\$\$\$	= \$40 - \$60
\$\$\$\$	= > \$60

BONE AND JOINT

GOUT-HYPERURICEMIA

Allopurinol (Zyloprim) \$
Colchicine (Colchicine) \$

Indomethacin (short acting for acute flare only)
(Indocin) \$

OSTEOPOROSIS

Alendronate (Fosamax) \$\$\$\$

RHEUMATOID ARTHRITIS

Methotrexate (Rheumatrex Dose Pack) \$

CARDIOVASCULAR

HYPERTENSION DIURETIC

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

Bumetanide (Bumex) \$
Chlorthalidone (Thalitone) \$
Indapamide (Lozide) \$
Metolazone (Zaroxolyn) \$\$
Spironolactone (25 mg only) (Aldactone) \$
Torsemide (Demadex) \$
Amiloride & HCTZ (Moduretic) \$
Atenolol & Chlorthalidone (Tenoretic) \$
Spironolactone & HCTZ (Aldactazide) \$
Triamterene & HCTZ (Maxzide) \$

HYPERTENSION BETA BLOCKER

Atenolol (Tenormin) \$
Carvedilol (Coreg) \$
Labetalol (Normodyne, Trandate) \$
Metoprolol (Lopressor) \$

Propranolol (Inderal) \$

HYPERTENSION CALCIUM CHANNEL BLOCKER

Amlodipine (Norvasc) \$

This formulary is designed to encourage safe and effective medication use among older adults, while also controlling costs. Sometimes we pay only for brand-name drugs; other times we pay only for generic equivalents. The key below explains how to identify which medications we pay for and also, of the medications that we pay for, which we would prefer be prescribed. 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 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 30-day supply. If you have any questions, please call Senior PharmAssist at 688-4772. **Thank you.**

Effective 7/10 through 1/11

Diltiazem, Diltiazem extended release (Cardizem CD) \$\$, \$\$\$

Felodipine ER (Plendil) \$\$

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

HYPERTENSION ACE INHIBITOR

Benazepril (Lotensin) \$
Captopril (Capoten) \$
Enalapril (Vasotec) \$
Fosinopril (Monopril) \$\$
Lisinopril (Prinivil/Zestril) \$
Quinapril (Accupril) \$
Ramipril (Altace) \$

Combination ACE/HCTZ \$, \$\$ (cover ACE combinations above except enalapril and fosinopril)

HYPERTENSION ARB's & ARB/HCT

Call for prior authorization

HYPERTENSION MISCELLANEOUS

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

ANGINA NITRATE

Isosorbide Dinitrate (Isordil) \$
Isosorbide Mononitrate ER (60 mg only) (Imdur) \$\$
Nitroglycerin (Nitrostat, Nitroquick) \$, \$, \$

Nitroglycerin Oint. (generic only) \$
Nitroglycerin Patch (generic only) \$\$

ARRHYTHMIAS

Amiodarone (Pacerone, Cordarone) (call for coverage) \$\$
Digoxin (Lanoxin) \$, \$

HYPERLIPIDEMIA

Gemfibrozil (Lopid) \$
Lovastatin (10, 20 mg only) (Mevacor) \$ (call for coverage of 40 mg)
Pravastatin (Pravachol) \$
Simvastatin (Zocor) \$

THROMBOEMBOLYTIC

Aspirin (regular & enteric coated) (Bayer, Ecotrin) \$
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) topical only \$\$
Nystatin (Mycostatin) \$
Terbinafine (Lamisil) topical only \$

Clotrimazole (Lotrimin, Mycelex) \$\$
Erythromycin 2% (A/T/S, Erygel) (gel & 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

Insulin (vials only) (Novolin & Humulin 70/30, N, R) \$\$\$
Glipizide (Glucotrol, Glipizide ER, XL) \$, \$, \$
Glimepiride (Amaryl) \$
Glyburide (Micronase, Diabeta) \$
Lantus (Insulin glargine vials only or call) \$\$\$\$
Metformin, Metformin ER (Glucophage) \$, \$

HORMONES ESTROGEN/PROGESTIN

Conjugated Estrogens (Cenestin) \$\$\$
Conjugated Estrogens (Premarin, Premarin Cream) \$\$\$, \$\$\$\$
Estradiol (Estrace Cream, Estrace) \$, \$\$\$\$

Conjugated Estrogen-Medroxyprogesterone (Premphase, Prempro) \$\$\$\$, \$\$\$\$
Estradiol-Norethindrone (Femhrt, Femhrt Low Dose) \$\$\$\$, \$\$\$\$
Estradiol-Norgestimate (Prefest) \$\$\$\$
Ethinyl Estradiol-Norethindrone (Activella) \$\$\$\$

Medroxyprogesterone (Provera) \$

HORMONES OTHER

Levothyroxine (Levoxyl, Levothroid, Unithroid) All \$
Tamoxifen (Nolvadex) (call for coverage)

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

CORTICOSTEROIDS

Prednisone (Deltasone) \$

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

EYES

GLAUCOMA

Acetazolamide (Diamox) \$
Bimatoprost (**Lumigan**) \$\$\$\$
Brimonidine (**Alphagan**) \$\$, \$\$\$\$
Dorzolamide (Trusopt)(only cover generic)\$\$\$
Latanoprost (**Xalatan**) \$\$\$\$
Metipranolol (Optipranolol) \$
Pilocarpine HCL (Pilostat) \$
Timolol, Timolol GFS (Timoptic) \$, \$\$
Travoprost (**Travatan, Travatan Z**) \$\$\$\$

Betaxolol (**Betoptic S**) \$\$, \$\$\$\$
Dorzolamide/Timolol (COSOPT) \$\$\$\$
Levobunolol (Betagan) \$

INFECTION

Erythromycin (Ilotycin) \$
Gentamicin (Garamycin) \$
Prednisolone acetate (Pred Forte) \$
Prednisolone Na phosphate (Inflamase Forte) \$\$
Sulfacetamide (Sulamyd) \$

MACULAR DEGENERATION

Ocuvite Preservision (Vitamin C 500 mg, Vitamin E 400 IU, Zinc 80 mg, Beta carotene 15 mg) \$

GASTROINTESTINAL

GERD/PEPTIC ULCER DISEASE

Famotidine (Pepcid) \$
Omeprazole OTC (Prilosec OTC) \$
Ranitidine (tablet only) (Zantac) \$

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

CONSTIPATION/DIARRHEA

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

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

MISCELLANEOUS

Promethazine (Phenergan) \$-\$\$\$\$
Sulfasalazine (Azulfidine) \$\$

Prochlorperazine (Compazine) \$

GENITOURINARY

INCONTINENCE

Oxybutynin (Ditropan) \$

BENIGN PROSTATIC HYPERTROPHY

Doxazosin (Cardura) \$\$
Prazosin (Minipress) \$

INFECTIOUS ORIGIN

BACTERIAL

Amoxicillin (Amoxil) \$
Ciprofloxacin (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

EPILEPSY

Carbamazepine (Tegretol) \$
Phenytoin (**Dilantin Kapseals, Dilantin Infatabs**) \$, \$\$\$
Divalproex ER (Depakote ER) \$
Valproic Acid (Depakene) \$

Phenobarbital (generic only) \$

PARKINSONS

Carbidopa/Levodopa (Sinemet) \$\$

Amantadine (Symmetrel) \$\$\$
Benzotropine (Cogentin) \$
Bromocriptine (Parlodel) \$\$\$\$
Carbidopa/Levodopa (sustained release) (Sinemet CR) \$\$\$
Selegiline (tablet only) (Eldepryl) \$\$
Trihexyphenidyl (Artane) \$

NEUROMUSCULAR

BONE AND JOINT - OSTEOARTHRITIS

Acetaminophen (Tylenol) \$
Ibuprofen (Motrin) \$
Naproxen (Naprosyn) \$
Salsalate (Disalcid) \$

Choline MG Salicylate (Trilisate) \$
Sulindac (Clinoril) \$\$

PAIN/SKELETAL MUSCLE RELAXANT

APAP/Codeine (Tylenol #2,#3,#4) \$\$-\$\$\$\$
APAP/Hydrocodone (Vicodin) \$\$\$
APAP/Oxycodone (325 mg/5 mg) (Percocet) \$\$\$
Gabapentin (100 mg, 300 mg, 400 mg) (Neurontin) \$
Morphine sulfate (immediate release) (generic only) \$\$
Tramadol immediate release (Ultram) \$

Baclofen (Lioresal) \$
Morphine Sulfate ER, CR (MS Contin, Oramorph SR) \$\$, \$\$\$
Oxycodone IR (all generics) \$\$

NUTRITIONAL

Calcium Acetate (**PhosLo**) \$\$\$, \$\$\$\$
Cyanocobalamin (Vitamin B-12) \$
Nephrocaps, Nephrovite Rx, Dialyvit Rx (kidney disease) \$, \$, \$
Potassium Chloride (K-Tab) \$

Folic Acid (Folic Acid) \$

PSYCHIATRIC

DEPRESSION

Citalopram (Celexa) \$
Escitalopram (**Lexapro**) \$\$\$\$
Mirtazapine (Remeron) \$\$\$
Paroxetine (Paxil) \$
Sertraline (Zoloft) \$

Bupropion (Wellbutrin) \$\$
Fluoxetine (Prozac) \$

ANXIETY

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

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

INSOMNIA/NARCOLEPSY

Temazepam (Restoril) \$
Methylphenidate (Ritalin) \$\$

PSYCHOTIC DISORDERS

Chlorpromazine (Thorazine) \$
Fluphenazine (Prolixin) \$
Haloperidol (Haldol) \$
Loxapine Succinate (Loxitane) \$\$
Molindone (**Moban**) \$\$
Perphenazine (Trilafon) \$\$\$
Thioridazine (Mellaril) \$
Thiothixene (Navane) \$
Trifluoperazine (Stelazine) \$

MISCELLANEOUS

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

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

RESPIRATORY

ASTHMA/COPD

Albuterol & Ipratropium (**Combivent**) \$\$\$\$
Albuterol (**ProAir HFA, Ventolin HFA, Proventil HFA**) \$, \$, \$, \$
Beclomethasone (**Qvar**) \$\$\$\$
Budesonide (**Pulmicort Flexhaler**) \$\$\$\$
Ciclesonide (**Alvesco**) \$\$\$\$
Flunisolide (**Aerobid, Aerobid-M**) \$\$\$\$
Fluticasone (**Flovent, Flovent HFA**) (110 mcg only) \$\$\$\$
Ipratropium (**Atrovent, Atrovent HFA**) \$\$\$\$
Mometasone (**Asmanex**) \$\$\$\$