

# 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 10/22.

\$	= < \$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

**Candesartan** (Atacand) \$  
**Irbesartan** (Avapro) \$  
**Losartan** (Cozaar) \$  
**Olmesartan** (Benicar) \$  
**Telmisartan only not HCT** (Micardis) \$\$\$

**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 ER** (Cardizem CD) \$\$\$

**Felodipine ER** (Plendil) \$  
**Nifedipine, Nifedipine ER** (Procardia XL) \$

### HYPERTENSION DIURETIC

**Furosemide** (Lasix) \$  
**Hydrochlorothiazide** (Hydrodiuril) \$  
**Spirolactone (25 mg only)** (Aldactone) \$

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 (unless specified otherwise) 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 12/23 through 06/24**

### HYPERTENSION DIURETIC

**Bumetanide** (Bumex) \$\$  
**Chlorthalidone** (Thalitone) \$  
**Indapamide** (Lozide) \$  
**Metolazone** (Zaroxolyn) \$\$  
**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) \$

### HEART FAILURE

**Sacubitril/Valsartan (Entresto)** \$20 (per 30 days) \$\$\$

### HYPERLIPIDEMIA

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

**Ezetimibe** (Zetia) \$

### THROMBOEMBOLYTIC/ANTIPLATELET

**Clopidogrel** (Plavix) \$  
**Apixaban (Eliquis)** \$20 (per 30 days) \$\$\$  
**Rivaroxaban (Xarelto)** \$20 (per 30 days) \$\$\$  
**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 \$

### MISCELLANEOUS (cont)

**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

**Dapagliflozin (Farxiga)** \$20 (per 30 days) \$\$\$  
**Empagliflozin (Jardiance)** \$20 (per 30 days) \$\$\$  
**Metformin, Metformin ER** (not 1,000 mg) (Glucophage) \$, \$\$  
**Glipizide, Glipizide ER, XL** (Glucotrol) \$, \$  
**Glimepiride** (Amaryl) \$  
**All insulins covered except U-500 & Afrezza** \$5 - PER 30 DAY SUPPLY - PENS and VIALS \$

### HORMONES

### CANCER

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

### HORMONES ESTROGEN/PROGESTIN

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

### HORMONES

### THYROID

**Levothyroxine (Synthroid)** \$, \$\$  
 (generic preferred)

**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** (Timoptic) \$

**Acetazolamide** (Diamox) \$  
**Dorzolamide** (Trusopt) \$  
**Dorzolamide/Timolol** (COSOPT) \$

**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) \$\$

**Ondansetron** (Zofran) \$  
**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** (Aricept) \$, \$, \$  
**Memantine IR, ER** (Namenda) \$, \$\$

**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 IR, SR** (Sinemet)\$,\$,  
**Carbidopa/Levodopa/Entacapone** (Stalevo) \$\$\$\$  
**Entacapone** (Comtan) \$\$\$\$  
**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) \$

**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 IR, ER (tablets only)** (MS Contin, Oramorph SR) \$\$\$  
**Oxycodone IR (tablets only)** \$  
**Pregabalin IR (30 day supply C-V)** (Lyrica) \$  
**Tramadol IR** (Ultram) \$

**NUTRITIONAL**

**Calcium Acetate** (PhosLo) \$\$  
**Cyanocobalamin** (Vitamin B-12) \$\$  
 (Call SPA for coverage)  
**Folic Acid** (Folic Acid) \$  
 (Call SPA for coverage)  
**Nephrovite Rx, Dialyvite 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 Rmt)** \$\$\$\$  
**Albuterol (All brands)** \$\$-\$\$\$\$  
**Beclomethasone (Qvar)** \$\$\$\$  
**Budesonide (Pulmicort Flexhaler)** \$\$\$\$  
**Budesonide/Formoterol (Symbicort)** \$\$\$\$  
**Ciclesonide (Alvesco)** \$\$\$\$  
**Fluticasone (Flovent HFA), (110 mcg only), Arnuity Ellipta** \$\$\$\$  
**Fluticasone/Salmeterol (Advair HFA, Advair Diskus)** \$\$\$\$  
**Fluticasone/Vilanterol/Umeclidinium (Trelegy - \$15 co-payment)** \$\$\$\$  
**Ipratropium (Atrovent HFA)** \$\$\$\$  
**Mometasone (Asmanex)** \$\$\$\$  
**Tiotropium (Spiriva-\$15 co-payment)** \$\$\$\$  
**Tiotropium/Oldaterol (Stiolto-\$15 co-payment)** \$\$\$\$  
**Umeclidinium (Incruse Ellipta-\$15 co-payment)** \$\$\$\$  
**Umeclidinium/Vilanterol (Anoro Ellipta-\$15 co-payment)** \$\$\$\$