

CHARITABLE PHARMACY OF CENTRAL OHIO, INC. FORMULARY

200 E Livingston Ave, Columbus, OH 43215

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Of Note: We do not fill any controlled substances or erectile dysfunction medications. This list is not all inclusive. Please call us for questions. Current as of 3-9-15 and is subject to change.

*Light / Blue italics: Only uninsured, US citizens qualify (Advantage: medications are at no cost to the pharmacy or patient. Please consider these first for **uninsured** patients)*

Dark / black color: Any Charitable Pharmacy patient qualifies

<p>Cardiovascular <u>Preferable but only for uninsured:</u> <i>Antihypertensive: Accuretic (quinapril/HCTZ), Procardia, Procardia XL</i> <i>Lipid Lowering: Crestor, Simcor, Vytorin, Zetia</i> <i>Combo: Caduet (amlodipine/atorvastatin)</i> <i>Antithrombotics: Brilinta, Xarelto</i> <i>Other: Nitrostat Sublingual Tabs (100 count)</i></p> <p>Antihypertensives: ACE: Lisinopril (+/- HCTZ combo pill) ARB: Losartan (+/- HCTZ combo pill) CCB: Amlodipine, diltiazem, verapamil Diuretic: HCTZ, triamterene/HCTZ, furosemide, torsemide, spironolactone BB: Metoprolol (tartrate and succinate), carvedilol, atenolol, propranolol Other: Clonidine, guanfacine, hydralazine, minoxidil</p> <p>Lipid Lowering: Atorvastatin, pravastatin, simvastatin</p> <p>Antithrombotics: Warfarin, clopidogrel, aspirin</p> <p>Other: Digoxin, cilostazol, nitroglycerin</p>	<p>Airway disease/Allergy <u>Preferable but only for uninsured:</u> <i>SABA: Proventil HFA</i> <i>ICS: Asmanex Twisthaler, Pulmicort Flexhaler</i> <i>LABA+ICS: Dulera, Symbicort</i> <i>Nasal Steroid: Nasonex</i> <i>Nebulized ICS: Pulmicort Respules</i> <i>Smoking Cessation: Chantix</i></p> <p>SABA: Ventolin (60 puffs)</p> <p>ICS or LABA + ICS: Usually none available for insured patients, see above for uninsured</p> <p>Nasal: Fluticasone (Flonase) nasal spray</p> <p>Oral: Montelukast, theophylline, prednisone, diphenhydramine, loratadine, cetirizine</p> <p>*We carry nebulizers for patients with severe airway disease. Please write Rx for nebulizer device. Solutions available: Albuterol 0.083%, Albuterol/Ipratropium (Duoneb)</p>
<p>Diabetes <u>Preferable but only for uninsured:</u> <i>Oral: Januvia, Janumet, Janumet XR, , Kombiglyze XR, Onglyza, Xigduo, Invokana, Invokamet, Farxiga, Glyset</i> <i>Injectable: Bydureon, Byetta</i></p> <p>Oral: Metformin, glipizide, glyburide, glimepiride</p> <p>Neuropathy: Gabapentin, amitriptyline, nortriptyline, cyanocobalamin</p> <p>Injectable: Humulin N, R, 70/30 in 10ml vials (no pens)</p> <p>Glucometer Kits and Supplies Available: Strips per month: #25 (orals only), #50 (on insulin) #100 (sliding scale / adjusting insulin dose)</p>	<p>Mental Health <u>Preferable but only for uninsured:</u> <i>Antidepressant: Pristiq</i> <i>Antipsychotic: Seroquel XR, Invega, Fanapt, Symbyax, Zyprexa, Saphris</i></p> <p>Antidepressants: Citalopram, fluoxetine, sertraline, venlafaxine, duloxetine, trazodone, bupropion SR and XL, amitriptyline, nortriptyline, imipramine</p> <p>Anti-Anxiety: Buspirone, hydroxyzine</p> <p>Antipsychotics: Risperidone, haloperidol, fluphenazine, olanzapine, quetiapine IR</p> <p>Mood Stabilizers: lamotrigine, topiramate, divalproate</p>

<p>Gastrointestinal/ Urinary <u>Preferable but only for uninsured:</u> GERD: Nexium, Vimovo Overactive Bladder: Detrol LA, Ditropan XL, Toviaz Other: Elmiron, Pancreaze</p> <p>GERD: Ranitidine, famotidine, pantoprazole, omeprazole</p> <p>Nausea: Meclizine, promethazine, ondansetron</p> <p>Constipation: Polyethylene Glycol 3350, docusate, senna, senna-plus docusate</p> <p>Bowel Prep: Trilyte, Colyte</p> <p>Overactive Bladder: Oxybutynin IR</p> <p>Prostate: Tamsulosin, doxazosin, finasteride</p>	<p>Pain <u>Preferable but only for uninsured:</u> Pain: Arthrotec, Celebrex Muscle Relaxants: Skelaxin, Parafon Migraine: Relpax , Maxalt, Maxalt MLT</p> <p>Analgesics: Acetaminophen, ibuprofen, naproxen, meloxicam</p> <p>Muscle Relaxants: Cyclobenzaprine, tizanidine, methocarbamol</p> <p>Neuropathic: Gabapentin, amitriptyline, nortriptyline</p> <p>Migraine: Sumatriptan</p> <p>Steroids: Prednisone, methylprednisolone</p>
<p>Infectious Disease <u>Preferable but only for uninsured:</u> Avelox, Nizoral, Terazol 3 + 7, Sporanox</p> <p>Antibiotics: Amoxicillin, penicillin VK, augmentin, azithromycin, TMP/SMX, cephalexin, clindamycin, ciprofloxacin, levofloxacin, metronidazole</p> <p>Antitussive: benzonatate, dextromethorphan/guaifenesin syrup</p> <p>Antiviral: Acyclovir</p> <p>Antifungals: Oral- Fluconazole, terbinafine Topical- Miconazole (including vaginal 3 or 7 day), clotrimazole, terbinafine</p>	<p>Hormonal <u>Preferable but only for uninsured:</u> Arimidex, Depo-Provera injection, Duavee, Faslodex, Premarin, Premarin Vaginal, Premphase ,Prempro, Zolodex</p> <p>Medroxyprogesterone, estradiol, letrozole, anastrozole</p> <p>Anti Epileptics <u>Preferable but only for uninsured:</u> Dilantin Extended, Tegretol XR, Trileptal</p> <p>Divalproex DR or ER, levetiracetam, topiramate, phenytoin, gabapentin, carbamazepine IR</p>

<p>Miscellaneous</p> <p>Thyroid: Levothyroxine</p> <p>Phosphate Binder: Calcium Acetate</p> <p>Alzheimers: Donepezil, namenda</p> <p>Parkinsons: Carbidopa / levodopa</p> <p>Topical Corticosteroids: <u>Preferable but only for uninsured:</u> <u>Elocon Cream or Solution/Lotion</u> Triamcinolone 0.1%/0.5%, hydrocortisone</p>	<p>Eye Care</p> <p>Glaucoma: Brimonidine 0.2%, dorzolamide/timolol, dorzolamide, latanoprost, timolol 0.5%</p> <p>Anti-infective: Ciprofloxacin, gentamicin 0.3%, tobramycin 0.3% (solutions), neomycin/polymyxin B/dex ointment (<i>may be used Otic if appropriate</i>)</p> <p>Steroid: Prednisolone 1% solution</p>
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Please write a prescription for any OTCs prescribed. We have a limited variety of OTC products and generally only fill with a prescription if we have in stock.