

Bulk Replenishment Drugs
30 day initial supply, 90 day refills
(Pts. Must have SSN/W-7 and
< 65 yrs.)



Astra-Zeneca:

(no one over 65)

Accolate
Arimidex
Atacand
Atacand/HCT
Crestor
Nexium
Pulmicort Respules and Flexhaler
Rhinocort Nasal Spray
Seroquel
Seroquel XR
Symbicort
Toprol XL
Vimovo

Alcon

(no one over 65)

Azopt
Betoptic ophthalmic
Ciloxan ophthalmic drops
Ciloxan ophthalmic oint.
Cipro HC otic
Ciprodex otic
Durezol
Flarex ophthalmic
Nevanac
Pataday ophthalmic
Patanase nasal spray
Patanol ophthalmic
Tobradex ophthalmic drops
Tobradex ophthalmic oint.
Travatan ophthalmic
Travatan Z ophthalmic
Vigamox ophthalmic

Abbott

(pts not eligible for part D)

Depakote
Depakote ER
Niaspan
Simcor
Synthroid

Tricor
Trilipix

Lilly

(no one over 65)

Cymbalta
Effient
Evista
Glucogan
Humulin N, R, 70/30
Humalog, Humalog 75/25
Prozac
Strattera
Symbyax
Zyprexa
Zyprexa Zydys

Merck

(no one over 65)

Asmanex Twisthaler 110 and 220mcg
Avelox 400 mg
Clarinex tablets, liquid
Clarinex D
Cosopt 0.5% Ocumeter
Dulera 100 and 200mcg
Emend 40, 80,125 mg
Foradil
Janumet 50/500, 50/1000mg
Januvia 25, 50, 100mg
Maxalt 5, 10mg
Maxalt MLT 5, 10mg
Nasonex
Proventil HFA
Saphris 5, 10mg
Trusopt 2% Ocumeter
Vytorin 10-10, 10-20, 10-40, 10-80mg
Zetia 10mg

Novartis

(no one over 65)

Amturnide
Comtan
Diovan

Diovan HCT
Exforge (excludes 10/320 mg)
Exforge HCT (excludes 10/160/12.5mg)
Fanapt
Lescol
Lescol XL
Stalevo
Tegretol XR
Tekamlo 300/5
Tekturna 150 mg
Tekturna HCT (excludes 300/25mg)
Trilipital

Pfizer

(no one over 65)

Accupril
Accuretic
Arthrotec
Caduet
Calan SR 240mg only
Cardura
Celebrex
Chantix
Covera HS 180 mg only
Detrol
Detrol LA
Diflucan
Dilantin
Feldene
Geodon
Glucotrol
Glucotrol XL
Glyset
Lipitor
Lopid
Minipress
Navane
Neurontin
Nitrostat
Norvasc
Procardia
Procardia XL
Relpax (6 tabs/mo.)
Toviaz
Viagra (10 tabs/mo.)
Vibramycin
Vistaril
Xalatan
Zarontin
Zithromax
Zolof

***PLEASE NOTE: These generic drugs are not applicable for patients from PRO, Lake Norman Clinic and Matthews Clinic.**

GENERIC DRUGS AVAILABLE AT MEDASSIST

ALBUTEROL INHALTION SOLN (0.083%)
ALENDRONATE 70MG
ALLOPURINOL
AMIODARONE 200MG
AMITRIPTYLINE
CARVEDILOL (Immediate Release)
CLONIDINE
CYCLOBENZAPRINE 10MG*
**NOT APPLICABLE FOR CW WILLIAMS
OR MEDICARE PTS*
FUROSEMIDE
HCTZ 25MG
IBUPROFEN 600MG, 800MG
IPRATROPIUM 0.02% NEBULIZER SOLN
LABETALOL
LITHIUM CARBONATE 300MG
METFORMIN
METHIMAZOLE
METHOTREXATE 2.5MG
NAPROXEN 500MG
POTASSIUM
PREDNISONE (ALL STRENGTHS)
PROMETHAZINE 25M
PROPRANOLOL (Immediate Release Only)
RANITIDINE 150MG
TRAZADONE
WARFARIN (ALL STRENGTHS)

ANTIBIOTICS

AMOX/CLAV 875MG
AMOXICILLIN 200, 500
CEPHALEXIN
CIPROFLOXACIN
CLINDAMYCIN
METRONIDAZOLE
NITROFURANTOIN
PEN V K 500MG
SULFRAM/TRIM
VANDOZOLE (METRONIDAZOLE VAG. GEL)