

Care Connection Pharmacy Generic Drug Program Eligibility and Procedures

The Care Connection Pharmacy is a department of Wilkes Regional Medical Center that serves the under insured and low income residents of our community. The hospital works with partner agencies to make this service most effective.

The list of medications in this brochure, is called a "Formulary". These medications are kept on site at the Care Connection Pharmacy. Most of these are generic drugs that must be approved by the prescribing physician as acceptable substitutes for the name brand drug.

Patients are screened by DSS (651-7413), BROCC (667-7174); Wilkes County Health Department, (651-7450); West Wilkes Medical Center, Mountain View Medical Center or Boomer Medical Center. If qualified, the patient receives a card with a co-pay based on disposable income. Those who qualify for Medicaid do not qualify for services at the Care Connection Pharmacy.

The limited formulary is explained to the patient when (s)he receives the card. The patient should discuss the formulary with his or her physician, as some substitutions may be allowed. The patient takes any bottles or new prescriptions to the Care Connection Pharmacy, with the card.

Generally speaking, a person living alone whose monthly gross income is less than \$ 1805 and for a couple less than \$ 2428, may qualify for a Care Connection Pharmacy card. A patient must have Care Cx card before coming to pharmacy!

For those who qualify, there is an annual fee of \$10.00 per person and a co-pay of \$4, \$6, \$8, or \$10 per Rx based on household income. More expensive drugs, such as insulin, will cost more.

EVERY PATIENT MUST HAVE A CARE CONNECTION CARD BEFORE COMING TO THE CARE CONNECTION PHARMACY!

Care Connection Pharmacy Manufacturers' Assistance Program Eligibility and Procedures

If the patient requires a name brand drug, the Manufacturer's Assistance Program, also referred to as the Medication Assistance Program, (MAP) may be the best option for the patient.

Name brand medications are normally much more expensive than generic drugs. Many drug companies offer their name brand drugs for free to uninsured, low income patients. Every drug company has their own guidelines to determine if a patient is eligible.

Patients who wish to apply for this MAP assistance program do not need a Care Connection Pharmacy card, but must bring proof of income documents to the pharmacy for the application to be processed. In some cases, Medicare D enrollees can be assisted by MAP.

The Care Connection Pharmacy has a Prescription Assistance Coordinator (PAC) who can assist patients in completing these applications. The referring physician must also sign the application requesting free drugs for the patient. The PAC can assist with this.

One disadvantage of this program, it may take 3-4 weeks for these meds to be ordered and received.

Before coming to the pharmacy for this program, patients are asked to call first, 667-0847.

Grateful appreciation is acknowledged to the
NC Health and Wellness Trust Fund
Commission for the funding necessary to
operate the work of the Care Connection
Pharmacy for this year.



For more information go to

<http://www.healthwellnc.com/hwtfc/>

CARE CONNECTION PHARMACY

of
WILKES REGIONAL MEDICAL CENTER
(336) 667-3259
FAX 667-0196
Medication Assistance Program 667-0847



2010

The pharmacy is located in the Medical Arts Building in Suite 105 (Dr. Bryan's former office).

Hours:
Monday, Wednesday, and Friday
8:30am until 12:30pm
Closed on Tuesdays and Thursdays

Prepared
by the
Pharmaceutical Advisory Council
of the
Wilkes Healthy Carolinians Council
of
WILKES REGIONAL MEDICAL CENTER
2010

I. ANTI-INFECTIVES

1. Acyclovir 400mg
2. Amantadine 100mg
3. Amoxicillin 500mg
4. Augmentin 875 mg/125 (generic)
5. Azithromycin 250 mg, (5 day pack)
6. Cefuroxime 250mg, 500mg
7. Cephalexin 500mg
8. Ciprofloxacin 500mg
9. Clindamycin 150mg
10. Doxycycline 100mg caps
11. Fluconazole 150mg
12. Metronidazole 500mg
13. Nitrofurantoin Macro, 100mg
14. Tetracycline HCl, 500mg
15. Trimethoprim/Sulfa DS

II. CENTRAL NERVOUS SYSTEM DRUGS**A. ANALGESICS**

1. Diclofenac DR 50mg, 75mg
2. Ibuprofen 600mg, 800mg
3. Meloxicam 7.5mg, 15mg
4. Naproxen 375mg, 500mg
5. Piroxicam 10mg, 20mg
6. Sulindac, 150mg, 200mg

B. ANTI-CONVULSANTS

1. Carbamazepine 200mg
2. Depakote generic (not ER) 250mg, 500mg
3. Gabapentin 100, 300, 400, 600, 800mg
4. Phenytoin ER 100mg
5. Topiramate 25mg, 100mg

C. ANTIPARKINSON AGENTS

1. Amantadine 100mg
2. Benztropine 1mg
3. Carbidopa/Levodopa 25/100, 25/250

D. SKELETAL MUSCLE RELAXANTS

1. Cyclobenzaprine 10mg
2. Methocarbamol 500mg, 750mg

E. PSYCHOTHERAPEUTIC AGENTS

1. Amitriptyline 10mg, 25mg, 50mg,
2. Benztropine 1mg
3. Buspirone 10mg, 15mg
4. Citalopram 10mg, 20mg, 40mg
5. Clomipramine 25mg, 75mg
6. Doxepin 10mg, 25mg
7. Fluoxetine 10mg, 20mg
8. Hydroxyzine Pam. 25mg
9. Imipramine 25mg
10. Lithium Carbonate 300mg, ER 450mg
11. Mirtazapine 15mg, 30mg, 45mg
12. Nortriptyline 25mg
13. Paroxetine 10mg, 20mg, 40mg
14. Sertraline 50mg, 100mg
15. Trazodone 50mg, 100mg

III. CARDIOVASCULAR DRUGS**A. INOTROPIC AGENT**

1. Lanoxin 0.125mg, 0.250mg

B. CALCIUM CHANNEL BLOCKERS

1. Amlodipine 5 mg, 10mg
2. Diltiazem ER 120mg, 180mg, 240 mg, 360mg
3. Verapamil 80mg
4. Verapamil ER 120mg, 180mg, 240mg

C. NITRATES

1. Isosorbide Mononitrate 30mg, 60mg
2. NTG SL 0.4mg

D. BETA BLOCKERS

1. Atenolol 25mg, 50mg
2. Bisoprolol / HCTZ 5mg / 6.25mg (generic Ziac)
3. Metoprolol 25mg, 50mg (generic Lopressor)
4. Nadolol 20mg, 40mg
5. Propranolol 10mg, 20mg, 40mg, 60mg

E. ALPHA/BETA BLOCKERS

1. Carvedilol 3.125mg, 6.25mg, 12.5mg, 25mg
2. Labetalol 100mg, 200mg

F. ACE INHIBITORS

1. Benazepril 10mg, 20mg, 40mg
2. Captopril 12.5mg, 25mg
3. Enalapril 2.5mg, 5mg, 10mg, 20mg
4. Lisinopril 2.5mg, 5mg, 10mg, 20mg, 40mg

G. OTHER ANTIHYPERTENSIVES

1. Hydralazine 25mg
2. Methyl dopa 250mg
3. Clonidine 0.1mg, 0.2mg, 0.3mg
4. Terazosin 1mg, 2mg, 10mg

H. DIURETICS

1. Furosemide 20mg, 40mg, 80mg
2. HCTZ 25mg
3. Spironolactone 25mg
4. Triamterene/HCTZ 37.5/25mg

I. ANTIHYPERLIPIDEMIC AGENTS

1. Gemfibrozil 600mg
2. Lovastatin 20mg, 40mg
3. Pravastatin 20mg, 40mg
4. Simvastatin 5, 10, 20, 40, 80mg

IV. HEMATOLOGICAL AGENTS

1. Coumadin
2. Cilostazol 100mg

V. ENDOCRINE AND METABOLIC AGENTS**A. ANTIDIABETIC AGENTS**

1. NPH Human (Novolin)
2. Regular Human (Novolin)
3. NPH/Regular 70/30 (Novolin)
4. Levemir
5. Glimpiride 2mg, 4mg
6. Glipizide 5mg, 10mg
7. Glucotrol XL 5mg, 10mg
8. Glyburide 2.5mg, 5mg
9. Metformin 500mg, 850mg, 1000mg
10. Metformin ER 500mg

B. ADRENOCORTICAL STEROIDS

1. Methylprednisolone 4mg Dosepak
2. Prednisone 5mg, 10mg, 20mg

C. THYROID

1. Levothyroxine (Mylan)

D. AGENTS FOR GOUT

1. Allopurinol 100mg, 300mg
2. Colchicine 0.6mg

E. BISPHOSPHONATES

1. Alendronate 70mg/week

VI. RESPIRATORY AGENTS**A. ANTIHISTAMINES**

1. Cetirizine 10mg
2. Hydroxyzine Pam. 25mg

B. RESPIRATORY INHALANTS

1. Ventolin HFA
2. Albuterol soln. for nebulizer
3. Ipratropium soln. for nebulizer

VII. GASTROINTESTINAL

1. Dicyclomine, 10mg, 20mg
2. Donnatal tabs (generic)
3. Famotidine 20mg
4. Lactulose 10mg/ 15ml
5. Metoclopramide 5mg, 10mg
6. Promethazine 25mg
7. Protonix 20mg, 40mg
8. Ranitidine, 150mg
9. Sucralfate 1gm
10. Sulfasalazine 500mg

VIII. OTHER

1. Folic Acid 1mg
2. Hydroxychloroquine 200mg
3. Methotrexate 2.5mg
4. Oxybutynin 5mg
5. Potassium 10mEq SR caps, 20mEq tabs