

# **Your Medication Guide**

# **Su Guía de Medicamentos**



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## Your Medication Guide

With Access to Care (ATC), you can get your prescriptions filled at most pharmacies. You will need the written prescription from your assigned ATC doctor and your current ATC ID card. ATC allows you to fill a 30-day supply of your medications. That may cover a one-time prescription such as an antibiotic, OR an entire 30-day supply of medication if it is something you take every day.

All medications in this guide have been approved by the Food & Drug Administration and were chosen by a committee of doctors and pharmacists. The ATC Medication Guide may be subject to change without notice. Due to space limitations, all covered medications may not be listed in this Guide. For further information or questions please call 708-531-0680.

ATC has a mandatory generic medication policy. ATC will only pay for a brand name medication if a generic equivalent is not available, OR if your assigned doctor says there is a medical reason you are unable to take a generic medication.

### Tier 1: Generic Medications

(listed in plain type in the Guide)

Generic medications are the least expensive. You will be charged a \$15 co-payment for generic medications.

Most diabetic medications and testing supplies will have a \$15 co-payment.

### Tier 2: Preferred Brand Name Medications

(listed in bold type in the Guide)

Your ATC physician may require you to take a preferred brand name medication instead of a generic medication. You will be charged a \$30 co-payment for preferred brand name medications.

### Tier 3: Non-Preferred Brand Name Medications

(not listed in the Guide)

Your ATC physician may require you to take a non-preferred brand name medication. You will be charged a \$40 co-payment for non-preferred brand name medications.

Share this Guide with your ATC doctor to select cost-effective medications needed to treat your condition and maintain your health. *Non-preferred brand name medications are NOT listed in this Guide.*

### MORE WAYS TO SAVE MONEY ON YOUR MEDICATIONS

The Rx Outreach and Walmart/Sam's Club pharmacy programs are cost-saving options outside of the ATC pharmacy benefit with generic medications as low as \$4, a 60% savings! If you use one of these cost-saving programs, DO NOT use your ATC card. Everyone is entitled to these cost-savings.

## Guía de Medicamentos

Con Access to Care (ATC), puede surtir sus recetas en la mayoría de las farmacias. Necesitará la receta escrita de su médico asignado de ATC y su tarjeta de identificación actual. ATC le permite llenar un suministro de 30 días de sus medicamentos. Eso puede cubrir una receta única, como un antibiótico, O un suministro completo de medicamentos para 30 días si es algo que toma todos los días.

Todos los medicamentos en esta guía han sido aprobados por la Administración de Alimentos y Medicamentos y fueron elegidos por un comité de médicos y farmacéuticos. La Guía de Medicamentos ATC puede estar sujeta a cambios sin previo aviso. Debido a limitaciones de espacio, no todos los medicamentos cubiertos se pueden enumerar en esta Guía. Para más información o preguntas, llame al (708) 531-0680.

ATC tiene una póliza obligatoria de medicamentos genéricos. ATC solo pagará un medicamento de marca si no hay un equivalente genérico disponible, O si su médico asignado le dice que hay un motivo médico por el que no puede tomar un medicamento genérico.

### Nivel 1: Medicamentos Genéricos

(en letra simple en la Guía)

Los medicamentos genéricos son los menos costosos. Se le cobrará un copago de \$15 por medicamentos genéricos. La mayoría de los medicamentos para la diabetes y los suministros para pruebas tendrán un copago de \$15.

### Nivel 2: Medicamentos de Nombre de Marca Preferida

(en letras mayúsculas oscuras en la Guía)

Su médico de ATC puede exigirle que tome un medicamento de marca preferida en lugar de un medicamento genérico. Se le cobrará un copago de \$30 por los medicamentos de marca preferida.

### Nivel 3: Medicamentos de Marca no Preferida

(no incluido en la Guía)

Su médico ATC puede exigirle que tome un medicamento de marca no preferida. Se le cobrará un copago de \$40 por medicamentos de marca no preferida.

Comparta esta guía con su médico de ATC para seleccionar los medicamentos menos costosos para tratar su condición y mantener su salud. *Los medicamentos de marca no preferida NO están anotados en esta Guía.*

## MÁS MANERAS DE AHORRAR DINERO EN SUS MEDICAMENTOS

Los programas de farmacia Rx Outreach y Walmart/Sam's Club son opciones de ahorro fuera del beneficio de farmacia ATC con medicamentos genéricos tan bajos como \$4, ¡un ahorro del 60%! Si usa uno de estos programas de ahorro de costos, NO use su tarjeta ATC. Todos tienen derecho a estos ahorros.

<b>ADDICTION/ SUBSTANCE ABUSE</b>
buprenorphine SL
buprenorphine/naloxone
<b>KLOXXADO</b>
naloxone nasal spray
naltrexone tab
<b>OPVEE</b>
varenicline
<b>ZUBSOLV</b>
<b>ANTI-INFECTIVES: ANTIBIOTICS</b>
amoxicillin
amoxicillin/clavulanate
azithromycin
cefadroxil
cefdinir
cefuroxime
cephalexin
ciprofloxacin/dexamethasone otic
ciprofloxacin tab
clarithromycin tab
clindamycin cap
doxycycline hyclate
doxycycline monohydrate
levofloxacin tab
metronidazole tab
minocycline cap
neomycin/polymyxin/HC otic
nitrofurantoin macrocrystals
nitrofurantoin monohydrate macrocrystals
ofloxacin otic
penicillin VK
sulfamethoxazole-trimethoprim
sulfatrim pediatric
<b>ANTI-INFECTIVES: ANTIFUNGALS</b>
ciclofanol

clotrimazole cream
fluconazole
nystatin mouth/throat
terbinafine tab
<b>ANTI-INFECTIVES: ANTIVIRALS</b>
acyclovir tab
oseltamivir
valacyclovir
<b>ANTI-INFECTIVES: VACCINATIONS</b>
<b>AFLURIA QUAD*</b>
<b>FLUCELVAX QUAD*</b>
<b>PNEUMOVAX 23*</b>
<b>PREVNAR 20*</b>
<b>CARDIOVASCULAR/ HEART DISEASE: ANTICOAGULANTS</b>
<b>BRILINTA</b>
clopidogrel
dabigatran
<b>ELIQUIS</b>
prasugrel
warfarin
<b>XARELTO</b>
<b>CARDIOVASCULAR/ HEART DISEASE: HIGH BLOOD PRESSURE</b>
amlodipine
amlodipine/benazepril
amlodipine/olmesartan
amlodipine/valsartan
atenolol
atenolol/chlorthalidone
benazepril
bisoprolol
bisoprolol/HCTZ
bumetanide
candesartan
Cartia XT
carvedilol
chlorthalidone
clonidine tab

diltiazem ER
doxazosin
enalapril
furosemide
guanfacine
hydralazine
hydrochlorothiazide (HCTZ)
irbesartan
irbesartan/HCTZ
labetalol
lisinopril
lisinopril/HCTZ
losartan
losartan/HCTZ
metoprolol succinate ER
metoprolol tartrate
minoxidil
nadolol
nebivolol
nifedipine ER
nifedipine ER osmotic
olmesartan
olmesartan/HCTZ
prazosin
propranolol
propranolol ER
quinapril
ramipril
spironolactone
<b>TEKTURNA</b>
telmisartan
telmisartan/HCTZ
torsemide tab
triamterene/HCTZ
valsartan
valsartan/HCTZ
verapamil ER
<b>CARDIOVASCULAR/ HEART DISEASE: HIGH CHOLESTEROL</b>
atorvastatin
colestipol
ezetimibe

ezetimibe/simvastatin
fenofibrate
fenofibric acid
gemfibrozil
icosapent ethyl
lovastatin
<b>NEXLETOL</b>
<b>NEXLIZET</b>
omega-3 acid
pravastatin
rosuvastatin
simvastatin
<b>VASCEPA</b>
<b>CARDIOVASCULAR/ HEART DISEASE: OTHER</b>
amiodarone
digoxin
<b>ENTRESTO</b>
flecainide
isosorbide mononitrate ER
nitroglycerin SL
ranolazine ER
sotalol
<b>CENTRAL NERVOUS SYSTEM: ALZHEIMER'S/ DEMENTIA</b>
donepezil
memantine
<b>NAMZARIC</b>
<b>CENTRAL NERVOUS SYSTEM: ANTIPSYCHOTICS</b>
aripiprazole
lurasidone
olanzapine
quetiapine
quetiapine ER
risperidone
ziprasidone
<b>CENTRAL NERVOUS SYSTEM: ATTENTION DEFICIT DISORDER</b>

**Bold type = Brand Name Medications – Tier 2**

Plain type = Generic Medications – Tier 1

\* Covered at zero co-pay at pharmacies only

\*\*Available ONLY through Cost Plus Pharmacy [www.costplusdrugs.com](http://www.costplusdrugs.com) \$0 co-pay

† \$30 co-pay applies

**Letras mayúsculas oscuras = Medicamentos de Nombre de Marca Preferida – Nivel 2**

Letra simple = Medicamentos Genéricos – Nivel 1

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†Se aplica un copago de \$30

amphetamine-dextroamphetamine
amphetamine-dextroamphetamine ER
atomoxetine
<b>AZSTARYS</b>
dexmethylphenidate
dexmethylphenidate ER
guanfacine ER tab
lisdexamphetamine
methylphenidate CD
methylphenidate ER
methylphenidate LA
methylphenidate OSM
methylphenidate tab
methylphenidate XR
<b>CENTRAL NERVOUS SYSTEM: DEPRESSION</b>
amitriptyline
bupropion
bupropion SR
bupropion XL
citalopram tab
desvenlafaxine ER
doxepin
duloxetine
escitalopram tab
fluoxetine
fluvoxamine
mirtazapine
nortriptyline
paroxetine tab
sertraline tab
trazodone
venlafaxine
venlafaxine ER
vilazodone
<b>CENTRAL NERVOUS SYSTEM: MIGRAINE</b>
butalbital-acetaminophen-caffeine

eletriptan
<b>NURTEC</b>
<b>QUILIPTA</b>
naratriptan
rizatriptan
sumatriptan tab
<b>UBRELVY</b>
<b>CENTRAL NERVOUS SYSTEM: OTHER</b>
alprazolam tab
armodafinil
bupirone
diazepam tab
hydroxyzine HCL
hydroxyzine pamoate
lithium
lithium ER
lorazepam tab
modafinil
<b>RADICAVA ORS</b>
<b>SUNOSI</b>
<b>TIGLUTIK</b>
<b>CENTRAL NERVOUS SYSTEM: PARKINSON'S DISEASE</b>
benztropine
carbidopa-levodopa
pramipexole
ropinirole
<b>CENTRAL NERVOUS SYSTEM: SEDATIVES/ HYPNOTICS</b>
eszopiclone
temazepam
triazolam tab
zolpidem tab
zolpidem ER
<b>CENTRAL NERVOUS SYSTEM: SEIZURE DISORDERS</b>
carbamazepine
clonazepam
divalproex DR

divalproex ER
gabapentin
lacosamide
lamotrigine
lamotrigine ER
levetiracetam
oxcarbazepine
pregabalin
primidone
topiramate
zonisamide
<b>DERMATOLOGY</b>
betamethasone cream, ointment
ciclopirox solution
clobetasol cream, ointment, solution
clotrimazole cream, ointment, solution
clotrimazole/ betamethasone cream
desonide cream
<b>EUCRISA</b>
fluocinonide cream, solution
fluorouracil 5% cream
hydrocortisone cream/ointment
imiquimod cream
ketoconazole cream, shampoo
lidocaine ointment
lidocaine/prilocaine cream
metronidazole cream, gel
mometasone cream
mupirocin cream, ointment
nystatin cream, ointment
tacrolimus ointment
triamcinolone cream, ointment

<b>DIABETES/ENDOCRINE BLOOD: GLUCOSE MONITORING</b>
<b>BD Autosield Duo pen needle</b>
<b>BD Ultra-Fine insulin syringes</b>
<b>BD Ultra-Fine pen needle</b>
<b>BD Veo Ultra-Fine insulin syringes</b>
<b>CEQR SIMPLICITY 2U</b>
<b>CEQR SIMPLICITY INSERTER</b>
<b>CONTOUR NEXT control solution</b>
<b>CONTOUR NEXT GEN Test Strips</b>
<b>Lancets</b>
<b>NovoFine pen needle</b>
<b>NovoFine Plus pen needle</b>
<b>NovoTwist pen needle</b>
<b>DIABETES/ ENDOCRINE: INSULIN</b>
<b>ADMELOG</b>
<b>ADMELOG SOLOSTAR</b>
<b>APIDRA</b>
<b>APIDRA SOLOSTAR</b>
<b>BASAGLAR KwikPen</b>
<b>FIASP</b>
<b>FIASP FLEXTOUCH</b>
<b>FIASP PENFILL</b>
<b>HUMALOG MIX 50/50 vials and KwikPen</b>
<b>HUMALOG MIX 75/25 vials and KwikPen</b>
<b>HUMALOG U-100 Junior KwikPen</b>
<b>HUMALOG vials and KwikPen</b>
<b>HUMULIN 70/30 vials and KwikPen</b>
<b>HUMULIN N vials and KwikPen</b>
<b>HUMULIN R U-500 vials and KwikPen</b>
<b>HUMULIN R vials</b>

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<b>INSULIN LISPRO</b>
<b>INSULIN LISPRO Junior KwikPen</b>
<b>INSULIN LISPRO Protamine &amp; Insulin Lispro</b>
<b>LANTUS SOLOSTAR</b>
<b>LANTUS U-100 vials</b>
<b>LYUMJEV vials and KwikPen</b>
<b>NOVOLIN 70/30 vials AND FlexPen</b>
<b>NOVOLIN R vials and FlexPen</b>
<b>NOVOLIN N vials and FlexPen</b>
<b>NOVOLOG FlexPen</b>
<b>NOVOLOG MIX 70/30 vials and FlexPen</b>
<b>NOVOLOG Penfill</b>
<b>NOVOLOG U-100 vials</b>
<b>REZVOGLAR KwikPen</b>
<b>TOUJEO MAX SOLOSTAR</b>
<b>TOUJEO SOLOSTAR</b>
<b>DIABETES/ENDOCRINE: NON-INSULIN</b>
alogliptin
<b>BAQSIMI</b>
<b>BRYENZAVVY**</b>
<b>FARXIGA†</b>
glimepiride
glipizide
glipizide ER
glipizide XL
<b>GLUCAGON EMERGENCY KIT (Fresenius manufacturer)</b>
glyburide
<b>JARDIANCE†</b>
metformin
metformin ER
pioglitazone
<b>ZEGALOGUE</b>

<b>ENDOCRINE: OTHER</b>
cabergoline
calcitriol cap
dexamethasone tab
fludrocortisone acetate tab
hydrocortisone tab
methylprednisolone tab
prednisone
prednisolone sodium phosphate solution
prednisolone tab
<b>ENDOCRINE: THYROID HORMONE REPLACEMENT</b>
Euthyrox
levothyroxine
Levoxyl
liothyronine
methimazole
NP Thyroid
Unithroid
<b>EYE CONDITIONS: ANTIBIOTICS</b>
ciprofloxacin ophthalmic
erythromycin ophthalmic
moxifloxacin ophthalmic
ofloxacin ophthalmic
polymyxin B/trimethoprim ophthalmic
tobramycin ophthalmic
tobramycin/dexamethasone ophthalmic
<b>EYE CONDITIONS: GLAUCOMA</b>
brimonidine ophthalmic
brimonidine/timolol ophthalmic
dorzolamide/timolol ophthalmic
dorzolamide/timolol ophthalmic PF

latanoprost ophthalmic
<b>LUMIGAN</b>
<b>SIMBRINZA</b>
timolol maleate ophthalmic (once-daily)
timolol maleate OcuDose
timolol maleate ophthalmic
timolol maleate ophthalmic PF
<b>EYE CONDITIONS: OTHER</b>
cyclosporine ophthalmic
epinastine ophthalmic
ketorolac ophthalmic
neomycin/polymyxin/dexamethasone ophthalmic ointment, suspension
<b>MIEBO</b>
prednisolone ophthalmic
<b>RESTASIS</b>
<b>RESTASIS MultiDose</b>
<b>XIIDRA</b>
<b>GASTROINTESTINAL: ACID SUPPRESSION</b>
misoprostol
sucralfate tab
<b>GASTROINTESTINAL: INFLAMMATORY BOWEL DISEASE</b>
<b>APRISO</b>
budesonide cap, tab
hydrocortisone (perianal)
mesalamine DR
mesalamine ER 0.375 gm
<b>PROCTOFOAM-HC</b>
sulfasalazine
<b>GASTROINTESTINAL: NAUSEA/VOMITING</b>
meclizine
metoclopramide
ondansetron ODT

ondansetron tab
prochlorperazine
scopolamine
<b>GASTROINTESTINAL: OTHER</b>
<b>CREON</b>
dicyclomine
diphenoxylate/atropine
Gavilyte-C
Gavilyte-G
Gavilyte-N w/Flavor Pack
glycopyrrolate tab 1 mg, 2 mg
hyoscyamine sulfate SL
hyoscyamine sulfate tab
lactulose
<b>LINZESS</b>
Na Sulfate-K Sulfate-Mg Sulfate
PEG 3350-KCl-Na bicarb-NaCl
PEG-3350/Electrolytes
<b>SYMPROIC</b>
<b>ZENPEP</b>
<b>GOUT</b>
allopurinol
colchicine tab
febuxostat
<b>INFLAMMATORY CONDITIONS</b>
hydroxychloroquine
leflunomide
methotrexate sodium
<b>MEN'S HEALTH: ERECTILE DYSFUNCTION</b>
sildenafil 25 mg, 50 mg, 100 mg
tadalafil
varafenafil
<b>MEN'S HEALTH: PROSTATE</b>
alfuzosin ER

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dutasteride
finasteride 5 mg
tamsulosin
terazosin
<b>MEN'S HEALTH: TESTOSTERONE THERAPY</b>
testosterone gel
<b>MISCELLANEOUS</b>
atovaquone/proguanil
benzonatate
chlorhexidine mouth/throat
desmopressin acetate tab
<b>EMVERM</b>
epinephrine auto-injector
lidocaine mouth/throat
lidocaine viscous
<b>ORIAHNN</b>
<b>ORLISSA</b>
phenazopyridine (Rx only)
promethazine
promethazine/codeine
promethazine DM
pseudoephedrine/ brompheniramine/DM
<b>MUSCULOSKELETAL: OSTEOPOROSIS</b>
alendronate tab
ibandronate
raloxifene
<b>MUSCULOSKELETAL: OTHER</b>
baclofen tab
carisoprodol
cyclobenzaprine tab
metaxalone
methocarbamol
tizanidine tab
<b>MUSCULOSKELETAL: PAIN RELIEF</b>
acetaminophen w/ codeine

acetaminophen w/ codeine #2, #3, #4
acetaminophen/caffeine/ dihydrocodeine
<b>BELBUCA</b>
celecoxib
diclofenac gel 1%
diclofenac potassium tab
diclofenac sodium tab
etodolac
fentanyl patch
hydrocodone/APAP
hydromorphone tab
<b>HYSINGLA ER</b>
ibuprofen susp 100mg /5mL (Rx only)
ibuprofen tab (Rx only)
indomethacin cap
ketorolac tab
lidocaine patch
meloxicam
morphine sulfate ER
nabumetone
naproxen (Rx only)
oxycodone w/ acetaminophen tab C
oxycodone tab
<b>OXYCONTIN</b>
tramadol
<b>XTAMPZA ER</b>
<b>OVERACTIVE BLADDER</b>
<b>MYRBETRIQ tab</b>
oxybutynin
oxybutynin ER
solifenacin
tolterodine ER
<b>RESPIRATORY: ASTHMA/COPD</b>
<b>ADVAIR HFA</b>
<b>AIRSUPRA</b>
albuterol HFA

albuterol inhalation solution
<b>ANORO ELLIPTA</b>
<b>ARNUIITY ELLIPTA</b>
<b>BREO ELLIPTA</b>
Breyna
<b>BREZTRI AEROSPHERE</b>
budesonide inhalation suspension
<b>COMBIVENT RESPIMAT</b>
fluticasone/salmeterol 100/50,250/50,500/50
ipratropium/albuterol
montelukast
<b>PULMICORT FLEXHALER</b>
<b>QVAR REDHALER</b>
<b>SERVENT DISKUS</b>
<b>SPIRIVA RESPIMAT</b>
<b>STIOLTO RESPIMAT</b>
<b>STRIVERDI RESPIMAT</b>
tiotropium bromide monohydrate
<b>TRELEGY ELLIPTA</b>
Wixela Inhub
<b>RESPIRATORY: NASAL ALLERGIES</b>
azelastine nasal spray
azelastine/fluticasone nasal spray
<b>DYMISTA spray</b>
fluticasone propionate nasal spray (Rx only)
ipratropium spray
mometasone nasal spray
<b>VITAMINS/ ELECTROLYTES</b>
cyanocobalamin nasal spray
ergocalciferol cap
folic acid 1 mg tab
Klor-Con 10

Klor-Con Extended Release
Klor-Con m10, m15, m20
potassium chloride crys ER
potassium chloride ER
potassium citrate ER
Vitamin D (ergocalciferol) (Rx only)
<b>WOMEN'S HEALTH: HORMONE REPLACEMENT</b>
<b>CLIMARA PRO</b>
Dotti
<b>DUAVEE</b>
<b>ENDOMETRIN</b>
estradiol patch, tab, vaginal cream
<b>IMVEXXY</b>
medroxyprogesterone acetate tab
<b>MYFEMBREE</b>
<b>PREMARIN tab</b>
<b>PREMARIN vaginal cream</b>
<b>PREMPHASE</b>
<b>PREMPRO</b>
progesterone cap
<b>WOMEN'S HEALTH: VAGINAL ANTI-INFECTIVES</b>
metronidazole vaginal gel
terconazole vaginal cream

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