

# Pharmacy wellness Group's Medication Formulary

## Antibiotics

AMOXICILLIN 250MG CAP (30)  
AMOXICILLIN 500MG CAP (30)  
CEPHALEXIN 250MG CAP (28)  
CEPHALEXIN 500MG CAP (30)  
CIPROFLOXACIN 250MG TAB (14)  
CIPROFLOXACIN 500MG TAB (20)  
CLINDAMYCIN 150MG CAP (30)  
CLINDAMYCIN 300MG CAP (28)  
METRONIDAZOLE 250MG TAB (28)  
METRONIDAZOLE 500MG TAB (14)  
PENICILLIN VK 250MG TAB (30)  
PENICILLIN VK 500MG TAB (20)  
SMZ/ TMP 800/160 TAB (28)

## Mental Health

AMITRIPTYLINE 10MG TAB (30)  
AMITRIPTYLINE 25MG TAB (30)  
BENZTROPINE 0.5MG TAB (60)  
BENZTROPINE 1MG TAB (60)  
BENZTROPINE 2MG TAB (30)  
BUSPIRONE 5MG TAB (60)  
BUSPIRONE 10MG TAB (60)  
CITALOPRAM 10MG TAB (30)  
CITALOPRAM 20MG TAB (30)  
CITALOPRAM 40MG TAB (30)  
FLUOXETINE 10MG CAP (30)  
FLUOXETINE 20MG CAP (30)  
FLUOXETINE 40MG CAP (30)  
GABAPENTIN 100MG CAP (90)  
HYDROXYZINE HCL 25MG TAB (30)  
HYDROXYZINE PAMOATE 25MG CAP (30)  
LITHIUM CARBONATE 150MG CAP (60)  
LITHIUM CARBONATE 300MG CAP (60)  
MIRTAZAPINE 15MG TAB (30)  
MIRTAZAPINE 30MG TAB (30)  
NORTRIPTYLINE 10MG CAP (30)  
NORTRIPTYLINE 25MG CAP (30)  
OLANZAPINE 5 MG TAB (30)  
OLANZAPINE 10 MG TAB (30)  
OLANZAPINE 15MG TAB (30)  
OLANZAPINE 20 MG TAB (30)  
PAROXETINE 10MG TAB (30)

## Mental Health

PAROXETINE 20MG TAB (30)  
RISPERIDONE 0.25MG TAB (60)  
RISPERIDONE 0.5MG TAB (60)  
RISPERIDONE 1MG TAB (60)  
RISPERIDONE 2MG TAB (60)  
RISPERIDONE 3MG TAB (60)  
RISPERIDONE 4MG TAB (60)  
SERTRALINE 25MG TAB (30)  
SERTRALINE 50MG TAB (30)  
SERTRALINE 100MG TAB (30)  
TRAZODONE 50MG TAB (30)  
TRAZODONE 100MG TAB (30)

## Thyroid Conditions

LEVOTHYROXINE 0.025MG TAB (30)  
LEVOTHYROXINE 0.05MG TAB (30)  
LEVOTHYROXINE 0.075MG TAB (30)  
LEVOTHYROXINE 0.088MG TAB (30)  
LEVOTHYROXINE 0.100MG TAB (30)  
LEVOTHYROXINE 0.112MG TAB (30)  
LEVOTHYROXINE 0.125MG TAB (30)  
LEVOTHYROXINE 0.137MG TAB (30)  
LEVOTHYROXINE 0.150MG TAB (30)  
LEVOTHYROXINE 0.175MG TAB (30)  
LEVOTHYROXINE 0.2MG TAB (30)  
METHIMAZOLE 5MG TAB (30)

## Skin Conditions

HYDROCORTISONE 1% CREAM (28.35GM)  
TRIAMCINOLONE 0.1% CREAM (80GM)  
TRIAMCINOLONE 0.1% OINT (80GM)

## Urinary Health

FINASTERIDE 5MG TAB (30)  
OXYBUTYNIN 5MG TAB (60)  
TAMSULOSIN 0.4MG TAB (30)

## Vitamins & Supplements

FOLIC ACID 1MG TAB (30)  
MULTIVITAMIN TAB (30)  
PRENATAL PLUS TAB (30)  
VITAMIN D 1000 IU (30)  
VITAMIN D 2000 IU (30)

## Miscellaneous

PREDNISONE 1MG TAB (60)  
PREDNISONE 2.5MG TAB (60)  
PREDNISONE 5MG TAB (30)  
PREDNISONE 10MG TAB (30)  
PREDNISONE 20MG TAB (30)

## Brand Name Medications

ASMANEX HFA 100MCG INHALER (120)  
ASMANEX HFA 200MCG INHALER (120)  
BRILINTA 60MG TAB (60)  
BRILINTA 90MG TAB (60)  
DULERA 100/ 5MCG INHALER (120)  
DULERA 200/ 5MCG INHALER (120)  
ENTRESTO (60)  
FARXIGA 5MG (30)  
FARXIGA 10MG (30)  
HORIZANT 300MG (30)  
HORIZANT 600MG (30)  
INLYTA 5MG (60)  
XIGDUO XR 2.5/1000MG (60)  
XIGDUO XR 5/500MG (60)  
XIGDUO XR 5/1000MG (60)  
XIGDUO XR 10/500MG (30)  
XIGDUO XR 10/1000MG (30)

## Terms & Conditions:

This free prescription program is available to individuals who meet certain income requirements, don't have insurance coverage, or are underinsured, and are being treated as an outpatient by a United States licensed doctor, and lives in the State of Pennsylvania. This Program is NOT Insurance. Persons receiving benefits from Medicare or Medicaid program are ineligible. Program does not make any payments to providers or collect any fees from people seeking our assistance.

If you have insurance, we will review your qualifying financial need based on a combination of your insurance coverage, household income, and out-of-pocket medical expenses. We will evaluate your insurance coverage and out-of-pocket medical expenses during the application process. A report from your pharmacy or an Explanation of Benefits (EOB) statement from your insurer that shows your out-of-pocket costs for the current year can be requested and may be submitted with your application. In order to qualify for the program, you must spend 4% or more of your gross annual income on prescription drugs.

If patient is Medical Assistance (Medicaid) eligible, a copy of the application receipt or a copy of denial may be required to qualify.

Quantity provided is the maximum qty covered during a 30-day period. Coverage is limited to a maximum of 30-days supply.

Medication assistance is dependent on your ability to meet the eligibility criteria for program as determined by Pharmacy Wellness Group (PWG). PWG does not have any obligation to provide program services to you and is not liable in the provision of these services. The program may be changed or discontinued without notice. You will not seek reimbursement for any products dispensed under the program. You will notify the program if your insurance or financial situation changes.

If you have questions, want to update your information, or terminate your enrollment, please call 215-779-9378 or email [info@pwgpa.org](mailto:info@pwgpa.org).

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## Antifungal

FLUCONAZOLE 150MG TAB (1)  
TERBINAFINE 250MG TAB (30)

## Antiviral

ACYCLOVIR 200MG CAPS (60)

## Arthritis/ Pain

CYCLOBENZAPRINE 10MG (30)  
DICLOFENAC SOD 75MG EC TAB (60)  
IBUPROFEN 400MG (90)  
IBUPROFEN 600MG TAB (60)  
IBUPROFEN 800MG TAB (60)  
MELOXICAM 7.5MG TAB (30)  
MELOXICAM 15MG TAB (30)  
NAPROXEN 500MG TAB (60)

## Asthma

ALBUTEROL 0.083% INH SOLN (75 ml)  
IPRATROPIUM INHAL SOLN (75 ml)

## Blood Pressure/ Heart

AMIODARONE 200MG TAB (30)  
AMLODIPINE BESYLATE 2.5MG TAB (30)  
AMLODIPINE BESYLATE 5MG TAB (30)  
AMLODIPINE BESYLATE 10MG TAB (30)  
ATENOLOL 25MG TAB (60)  
ATENOLOL 50MG TAB (60)  
ATENOLOL 100MG TAB (30)  
CARVEDILOL 3.125MG TAB (60)  
CARVEDILOL 6.25MG TAB (60)  
CARVEDILOL 12.5MG TAB (60)  
CARVEDILOL 25MG TAB (60)  
CLONIDINE 0.1MG TAB (60)  
CLONIDINE 0.2MG TAB (60)  
CLONIDINE 0.3MG TAB (60)  
DILTIAZEM 30MG TAB (60)  
DILTIAZEM 60MG TAB (60)

## Blood Pressure/ Heart

DILTIAZEM 120MG TAB (30)  
DOXAZOSIN 1MG TAB (30)  
DOXAZOSIN 2MG TAB (30)  
DOXAZOSIN 4MG TAB (30)  
ENALAPRIL 2.5MG TAB (60)  
ENALAPRIL 5MG TAB 2 (180)  
FUROSEMIDE 20MG TAB (60)  
FUROSEMIDE 40MG TAB (60)  
FUROSEMIDE 80MG TAB (30)  
HYDRALAZINE 10MG TAB (60)  
HYDRALAZINE 25MG TAB (60)  
HCTZ 12.5MG CAP (30)  
HCTZ 25MG TAB (30)  
INDAPAMIDE 1.25MG TAB (30)  
INDAPAMIDE 2.5MG TAB (30)  
ISOSORBIDE MONO 30MG ER (30)  
ISOSORBIDE MONO 60MG ER (30)  
LISINAPRIL 2.5MG TAB (30)  
LISINAPRIL 5MG TAB (30)  
LISINAPRIL 10MG TAB (30)  
LISINAPRIL 20MG TAB (30)  
LISINAPRIL 30MG TAB (30)  
LISINAPRIL 40MG TAB (30)  
LISINAPRIL-HCTZ 10/12.5MG TAB (30)  
LISINAPRIL-HCTZ 20/12.5MG TAB (30)  
LISINAPRIL-HCTZ 20/25MG TAB (30)  
METOPROLOL TART 25MG TAB (60)  
METOPROLOL TART 50MG TAB (60)  
METOPROLOL TART 100MG TAB (60)  
PRAZOSIN 1MG CAP (30)  
PROPRANOLOL 60MG TAB (60)  
SOTALOL 120MG TAB (60)  
SPIRONOLACTONE 25MG TAB (30)  
SPIRONOLACTONE 50MG TAB (30)  
TRIAMT 37.5MG/ HCTZ 25MG CAP (30)  
VERAPAMIL 80MG TAB (30)  
VERAPAMIL 120MG TAB (30)  
WARFARIN SOD 1MG TAB (30)

## Blood Pressure/ Heart

WARFARIN SOD 2MG TAB (30)  
WARFARIN SOD 3MG TAB (30)  
WARFARIN SOD 4MG TAB (30)  
WARFARIN SOD 5MG TAB (30)  
WARFARIN SOD 6MG TAB (30)  
WARFARIN SOD 7.5MG TAB (30)

## Cholesterol

LOVASTATIN 10MG TAB (60)  
LOVASTATIN 20MG TAB (60)  
LOVASTATIN 40MG TAB (60)  
PRAVASTATIN 10MG TAB (30)  
PRAVASTATIN 20MG TAB (30)  
SIMVASTATIN 5MG TAB (30)  
SIMVASTATIN 10MG TAB (30)  
SIMVASTATIN 20MG TAB (30)  
SIMVASTATIN 40MG TAB (30)

## Cold/ Cough & Allergy

BENZONATATE 100MG CAP (30)  
GUANFACINE SYRUP 100MG/ 5 ML (180 ML)  
DIPHENHYDRAMINE 25MG CAP (30)  
DIPHENHYDRAMINE 50MG CAP (30)  
FLUTICASONE NASAL SP 16GM (1)  
LORATADINE 10MG TAB (30)

## Diabetes

GLIMEPIRIDE 1MG TAB (60)  
GLIMEPIRIDE 2MG TAB (60)  
GLIMEPIRIDE 4MG TAB (60)  
GLIPIZIDE 5MG TAB (60)  
GLIPIZIDE 10MG TAB (60)  
GLIPIZIDE ER 2.5MG TAB (60)  
GLIPIZIDE ER 5MG TAB (30)  
GLIPIZIDE ER 10 MG TAB (30)

## Diabetes

METFORMIN 500MG TAB (60)  
METFORMIN 1000MG TAB (60)

## Gastrointestinal

DICYCLOMINE 10MG CAP (60)  
DICYCLOMINE 20MG TAB (60)  
DOCUSATE 100MG CAP (60)  
FAMOTIDINE 20MG TAB (60)  
FAMOTIDINE 40MG TAB (60)  
METOCLOPRAMIDE 5MG TAB (60)  
METOCLOPRAMIDE 10MG TAB (60)  
OMEPRAZOLE 20MG TAB (30)  
OMEPRAZOLE 40MG TAB (30)  
PANTOPRAZOLE 40MG TAB (30)  
PROCHLORPERAZINE 10MG TAB (30)  
RANITIDINE 150MG TAB (60)  
RANITIDINE 300MG TAB (30)

## Gout

ALLOPURINOL 100MG TAB (60)  
ALLOPURINOL 300MG TAB (60)

