



## Affordable Care Program (ACP) Discount Medication Program

Our ACP discount medication program includes all of the following medications, available at no cost to the patient, to those PCHC patients with active ACP (paperwork completed and on file). These programs require that the first fill be limited to a 30 day supply. Refills after that may be done for 90 day supplies. Supplies may be limited for these medications, and providers are encouraged to call ahead to the pharmacy to verify amounts in stock.

### Direct Relief

**Cymbalta (Duloxetine)** 20mg, 30mg, 60mg

**Ditropan XL (Oxybutinin Extended Release)** 5mg

**Elmiron (Pentosan)** 100mg

**Invega (Paliperidone Extended Release)** 3mg, 9mg

**Levaquin (Levofloxacin)** 750mg

**Prozac (Fluoxetine)** 10mg, 20mg, 40mg

**Risperdal (Risperidone)** 1mg

**Synthroid (Levothyroxine)** 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg

**Zyprexa (Olanzapine)** 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg

### Merck

**Januvia (Sitagliptin)** 25mg, 50mg, 100mg

**Proventil (Albuterol)** 90mcg/inhalation

**Asmanex (Mometasone)** 220mcg/inhalation

**Nasonex (Mometasone)** 50mcg/spray

**Maxalt (Rizatriptan)** 5mg, 10mg

**Maxalt MLT (Rizatriptan Disintegrating Tablets)** 5mg, 10mg

**Zetia (Ezetimibe)** 10mg

**Dulera (Mometasone/ Formoterol)** 100/5mcg /inhalation, 200/5mcg /inhalation

**Janumet (Sitagliptin/ Metformin)** 50/500mg, 50/1000mg

**Janumet XR (Sitagliptin/ Metformin Extended Release)** 50/500mg, 50/1000mg, 100/1000mg



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### **Pfizer**

**Celebrex (Celecoxib)** 100mg, 200mg  
**Chantix (Varenicline)** 0.5mg, 1mg  
**Depo-Provera (Medroxyprogesterone)** 150mg/mL  
**Lyrica (Pregabalin)** 50mg, 75mg, 100mg, 150mg, 225mg  
**Premarin (Estrogens)** 0.3mg, 0.45mg, 0.625mg  
**Premarin Cream (Estrogens)** 0.625mg/g  
**Prempro (Estrogen/Medroxyprogesterone)** 0.30/1.45mg, 0.45/1.45mg  
**Pristiq (Desvenlafaxine)** 50mg, 100mg  
**Relpax (Eletriptan)** 40mg  
**Viagra (Sildenafil)** 50mg, 100mg

### **Other**

**Apidra (Insulin Glulisine)** 100 units/mL vials  
**Humalog (Insulin Lispro)** 100 units/ml vials and Flexpen  
**Insulin syringes/some pen needles**  
**Levemir (Insulin Detemir)** 100 units/ml vials and Flexpen  
**Novolog (Insulin Aspart)** 100 units/ml vials and Flexpen  
**Novolin R/Novolin N** 100 units/ml vials

### **Discounted items (some charge applies, contact pharmacy for details)**

**Prodigy Meter**  
**Prodigy Testing Strips**  
**TrueMetrix Meter**  
**TrueMetrix Testing strips**