

Facility Formulary Participation Form

Facility Name (print)

City and State (print)

MAC Rx Representative (print)

MAC Rx Geriatric Pharmaceutical Care Guidelines is the Formulary accepted by this Facility Pharmacy and Therapeutics (P&T) Committee or equivalent committee. Based on the Formulary, the following Facility Formulary Therapeutic Interchange Protocols (Protocols) have been adopted. The interchanges pertain to medications that offer comparable effectiveness, safety, and tolerability at a generally lower price to the payer, or to medication having clinically superior effectiveness, safety, or tolerability profiles potentially at a higher price to the payer, in addition, these interchanges may result in cost savings to the patient, and the facility.

By signing below, I am notifying MAC Rx that the Facility P&T Committee, or equivalent committee, has adopted MAC Rx's Geriatric Pharmaceutical Care Guidelines as its Formulary for all its Facilities. Those Facility Formulary Therapeutic Interchange Protocols, checked "YES" above are adopted for potential use by our prescribing clinicians when they prescribe medications for the facilities residents. I acknowledge that automatic substitution of the formulary drug for the prescribed drug will only occur at the time of dispensing when a prescribing clinician approves of the use of a specific therapeutic interchange protocol for his or her residents in the facilities. The therapeutic interchange is considered void and the originally prescribed medication will be dispensed if the Formulary drug results in an increased price to the facility, third party or patient unless the interchanged medication is clinically superior.

Drug Class or Therapies	Formulary Medication to Dispense	Page Number	Facility Adopts Interchange "YES"
Angiotensin Converting Enzyme (ACE) Inhibitors – Accupril, Altace, Mavik, Vasotec	Lisinopril	4	
ACE Inhibitors and Thiazide Diuretic Combinations	Lisinopril/HCTZ	5	
Angiotensin II Receptor Antagonists (ARB)-Benicar, Diovan	Losartan	6	
AngiotensinII Receptor Antagonists Combination	Losartan/HCTZ	6	
Benign Prostatic Hyperplasia– Rapaflo, Flomax	Alfuzosin	7	
Beta-Adrenergic Agonists, Inhaled (Short-Acting)-Alupent, ProAir HFA, Proventil HFA, Xopenex HFA	Ventolin HFA	7	
Beta-Adrenergic Agonists, Inhaled (Short-Acting HHN)-Xopenex U.D. nebs	Albuterol U.D. nebs	8	
Beta-Adrenergic Agonists/Anticholinergic, Inhaled (Combo)-Combivent MDI	Combivent Respimat	8	
Beta Blocker with Alpha-Blocking Activity- Coreg Cr	Carvedilol	9	
Bisphosphonates- Actonel, Binosto, Boniva	Alendronate	9	
Calcium Channel Blockers- Cardene Sr, Plendil CR, Sular	Amlodipine	10	
Carbonic Anhydrase Inhibitors, Ophthalmic-Azopt	Dorzolamide	11	
Cholinesterase Inhibitors- Exelon, Razadyne	Donepezil	11	
Diltiazem LA	Diltiazem CD	12	
Dopamine Agonists-Requip	Pramipexole	12	
Fibrate Interchange-Antara, Fenoglide, Lofibra, Tricor, Trilipix	Fenofibrate	13	
Five Alpha-Reductase Inhibitor- Avodart	Finasteride	13	
Glaucoma ophth, topical (Alpha 2 agonist)-Alphagan P	Brimonidine	14	
Glucocorticoids, Inhaled-Aerobid, Alvesco, Asmanex, Azmacort, Pulmicort, Q-VAR,	Flovent HFA	14	
Glucocorticoids Combination, Inhaled – Advair	Dulera or Symbicort	15	
Glucocorticoids, Nasal- Beconase, Nasacort, Nasarel, Veramyst	Fluticasone	15	
H-2 Receptor Antagonists- famotidine susp	Ranitidine syrup	16	
Insulins- Novolin & Novolog	Humulin, Humalog	16	
Non-Steroidal Anti-Inflammatory Agents and Cox-2 Inhibitor-Celebrex	Meloxicam	16	
Progestin, synthetic (Appetite stimulant)-Megace ES	Megestrol susp	17	
Prostaglandin Eye Drops-Lumigan, Rescula, Travatan, Zioptan	Latanoprost	17	
Proton Pump Inhibitors-Aciphex, Dexilant, Nexium, Prevacid, Protonix, Zegerid	Omeprazole	18	
Selective Alpha Blocker-Rapaflo, Uroxatrol	Tamsulosin	19	
Selective beta2-adrenergic bronchodilator, Nebulizer – Albuterol concentrate solution for inhalation	Albuterol U.D. nebs	19	
Selective Serotonin Reuptake Inhibitors, SSRI-Paxil CR	Paroxetine	19	
Statins, Hmg-coa reductase inhibitor and statin combination-Crestor, Liptruzet, Livalo, Vytorin, Zocor	Atorvastatin	20	
Topical Antiseptic- Bactroban Cream	Mupirocin oint	21	
Topical Enzyme Combination-Xenaderm	Vasolex	21	
Urinary Incontinence Agents- Detrol LA, Enablex, Sanctura, Toviaz, Vesicare	Oxybutynin XL	22	
Vancomycin oral capsule	Vancomycin oral sol	22	

OTC Drug Class	Formulary Medication to Dispense	Page Number	Facility Adopts Interchange "YES"
Acidophilus (lactobacillus) - Bacid, Culturelle, Lactinex, Floranex	Acidophilus w/Pectin	23	
Antacid Liquid - Mylanta	Mi-Acid DS	23	
Bulk Laxative - Maalox	Mi-Acid	23	
Calcium Carbonate - Oscal	Oyster Shell Calcium	23	
Calcium Carbonate +D - Oscal D	Oyster Shell Ca +D		
Docusate sodium/ Senna	Senexon S	23	
Multivitamin	Multivitamin	23	
Multivitamin with Iron	Multivitamin w/iron	23	
Ocuvite	I-Vite	23	
Therapeutic Vitamin	Thera	23	
Therapeutic Vitamin with Minerals	Thera-M	23	
Ocular Lubricants, Preservative Free Oint- Akwa Tears Oint, Duratears oint, Lacri-lube oint, Refresh PM oint	Artificial Tears Oint	24	
Ocular Lubricants, Artificial Tears, Akwa Tears, HypoTears, Refresh tears, Teagen, Tears Naturale, Visine Tears	Artificial Tears Drops	24	

Stop dates: Unless otherwise stated	Unless otherwise stated	Page Number	Facility Adopts Interchange "YES"
Antibiotics	7 day supply	25	
Antidiarrheal - Compazine, loperamide	3 day supply	25	
Cough and cold - Robitussin	10 day supply	25	
Lovenox/Fragmin	5 day supply	25	
Procrit/Epogen	No more than 12 weeks	25	

The facility formulary Policy and Procedure and the 2015 Formulary have been approved by the following members of the committee:

_____	_____	_____	_____
Medical Director/Physician	Date	Director of Nursing	Date
_____	_____	_____	_____
Administrator or Exec. Director	Date	Consultant Pharmacist/MAC Rx PIC	Date

PLEASE FAX PAGES 1 & 2 TO THE MAC RX FORMULARY COMPLIANCE DEPARTMENT

ATTN: MARY GLAVAN, RPH

FAX NUMBER: 224-220-2730