

Medications for Pharmaceutical Assistance and Community Medical Fund

Asthma/COPD

Advair Diskus-- **same day voucher**

Alupent Inhaler-- **PAP**

Serevent Diskus-- **PAP--COPD**

Atrovent Inhaler-- **PAP**

Flovent HFA Inhaler-- **PAP--failed on QVAR**

QVAR Inhaler--**PAP--1st choice**

Singulair-- **PAP (smoke free protocol)**

Beta Blocker

Coreg-- **PAP**

Calcium Channel Blockers

Norvasc-- **PAP**

Plendil-- **PAP**

Calcium Metabolism

Evista-- **PAP(if not new RX)**

Fosamax-- **PAP(if not new RX)**

Boniva-- **PAP(if not new RX)209**

Hemolytic Agents

Plavix-- **PAP**

Ophthalmic/Glaucoma

Travatan-- **PAP**

Xalatan-- **PAP**

Diabetes Insulin

Humalog--**PAP (failed on novolin or humulin)**

Humalog Ultralente-- **PAP (failed on novolin or humulin)**

Humulin R-- **PAP**

Humulin Mix-- **PAP**

Humulin L-- **PAP**

Humulin N--**PAP**

Humulin-- **PAP**

Novolin Mix-- **PAP**

Novolin L-- **PAP**

Novolin N--**PAP**

Novolin R--**PAP**

Lantus--**PAP (up to 3 months each auth)**

PAP-authorizations for 30 day supply and up to 2 additional refills

PAP medications not on formulary but will receive through the KHP Community Medical Fund until receiving medications from the PAP.