OREGON CAREASSIST PROGRAM
RESTRICTED, BRIDGE & UPP FORMULARY BY CLASS
Effective 3/5/2025

P: 888-311-7632 www.ramsellcorp.com F: 800-848-4241 Version 1. 2025

THIS FORMULARY IS AVAILABLE TO ALL RESTRICTED, BRIDGE AND UPP PATIENTS AT A PREFERED NETWORK ONLY

	Generic Name	Brand Name	Restrictions/Examples
	1. ANALGESICS		
	Restricted to Generic		
	codeine phosphate/sulfate		Oral Only
	codeine/APAP	Tylenol #3, #4	
	fentanyl		Patches Only
	hydrocodone/APAP	Vicodin, Vicodin ES, Norco, Lortab	
	hydrocodone/ibuprofen	Vicoprofen	
	methadone		Not payable for detoxification treatment; oral generic form only; copy of original prescription required for approval.
	Morphine sulfate (immediate release)		Oral Only
	Morphine sulfate (sustained release)	MS Contin, Kadian, Oramorph	Oral Only
	oxycodone		Immediate release form only; oral only
	oxycodone/APAP	Percocet	
	oxycodone/ASA	Percodan	
	Ibuprofen	Motrin	Prescription Strengths Only
	Naproxen; Naproxen Sodium	Naprosyn	Prescription Strengths Only
	2. ANTIANXIETY AGENTS		
	All antianxiety agents, examples include:		
	Benzodiazepines		e.g. alprazolam, chlordiazepoxide, diazepam, lorazepam, oxazepam, flurazepam, temazepam, clonazepam, alprazolam
	Miscellaneous Antianxiety Agents		e.g. buspirone, hydroxyzine HCl, hydroxizine pamoate
	flurazepam		
	temazepam		
	clonazepam		
	3. ANTIBIOTICS		
	All antibiotics, examples include:		
	Penicillins		e.g. penicillin, penicillin G
	Aminopenicillins		e.g. amoxicillin, ampicillin
	Penicillinase-Resistant Penicillins		e.g. dicloxacillin
	Penicillin Combinations		e.g. amoxicillin/potassium clavulanate
	1st generation cephalosporins		e.g. cephalexin, cefadroxil
	2nd generation cephalosporins		e.g.cefaclor, cefprozil, cefuroxime
	3rd generation cephalosporins		e.g. cefpodoxime, cefdinir, cefditoren, cefixime, ceftibuten, ceftriaxone
	Erythromycins		
	Azithromycins		
	Clarithromycins		e.g. clarithromycin, fidaxomycin

THIS FORMULARY IS AVAILABLE TO ALL RESTRICTED, BRIDGE AND UPP PATIENTS AT A PREFERED NETWORK ONLY

	Generic Name	Brand Name	Restrictions/Examples
	3. ANTIBIOTICS CONTINUED		
	Tetracyclines		e.g. doxycycline, demeclocycline, minocycline, tetracycline
	Fluoroquinolones		e.g. ciprofloxacin, levofloxacin, moxifloxacin, ofloxacin, gemifloxacin, norfloxacin
	Aminoglycosides		e.g. amikacin, streptomycin
	Antimycobacterial agents		e.g. capreomycin, ethionamide, rifapentine
	Anti TB Combinations		e.g. rifampin/isoniazid,
	Anti-infective Agents - Misc.		e.g. trimethoprim, vancomycin
	Ketolides		e.g. telithromycin
	Lincosamides		e.g. clindamycin
	Linezolid		
	Anti-infective Misc. - Combinations		e.g. trimethoprim/sulfamethoxazole, erythromycin sulfisoxazole
	Nitrofuran Derivatives		e.g. Nitrofurantoin
	Ophthalmic Anti-infectives		e.g. azithromycin, bacitracin, ciprofloxacin, gentamicin
	4. ANTIDEPRESSANTS		
	All antidepressants, examples include:		
	Second - Generation Antidepressant		
	Selective Serotonin Reuptake Inhibitors (SSRI's)		e.g. citalopram, fluoxetine,fluvoxamine, paroxetine, sertraline, escitalopram
	Serotonin and Norepinephrine Reuptake Inhibitos (SNRI's)		e.g. Venlafaxine, Mirtazapine, Duloxetine
	5-HT2 Receptor antagonists		Nefazodone
	Dopamine re-uptake inhibitors		Bupropion
	First - Generation		
	Tricylclic Antidepressants (TCA's)		e.g. amitriptyline, clomipramine, despiramine, doxepin, imipramine, nortriptyline,amoxapine,protriptyline,trimipramine
	Monoamine Oxidase Inhibitors(MAOIs)		tranylcypromine, phenelzine, selegiline, isocarboxazid
	5. ANTIDIABETIC AGENTS		
	Diabetic Supplies (needles, lancets, glucose test kits, injection kits, etc.)		
●	2nd generation sulfonylureas		e.g. glimepiride, glipizide, glyburide
●	Thiazolidinediones		e.g. pioglitazone, rosiglitazone
●	DPP-4 inhibitors		e.g. sitagliptin, linagliptin, saxagliptin, alogliptin
●	Rapid-acting insulin		e.g. lispro, lispro-aabc, glulisine, aspart
	Short-acting insulin		regular
●	Intermediate-acting insulin		e.g. human NPH

THIS FORMULARY IS AVAILABLE TO ALL RESTRICTED, BRIDGE AND UPP PATIENTS AT A PREFERED NETWORK ONLY

	Generic Name	Brand Name	Restrictions/Examples
5. ANTIDIABETIC AGENTS CONTINUED			
●	Long-acting insulin		e.g. detemir, glargine, degludec
●	Pre-mixed insulin		e.g. NPH/regular 70/30, lispro 50/50, lispro 75/25, aspart 70/30
●	Inahled insulin	Afrezza	e.g. inhaled insulin
●	Metformin		
●	Oral antidibetic combinations		e.g. metformin/rosiglitazone, alogliptin/pioglitazone, glimepiride/pioglitazone
●	SGLT2 inhibitors		e.g. dapagliflozin, empagliflozin, canagliflozin
●	GLP-1 receptor antagonists		e.g. exenatide (extended release), exenatide, dulaglutide, semaglutide, liraglutide, lixisenatide
6. ANTIFUNGAL AGENTS			
	clotrimazole	Lotrimin, Mycelex	Vaginal, troche and topical only
	clotrimazole/betamethasone	Lotrisone Cream	
	fluconazole	Diflucan	Oral only
	itraconazole	Sporonox	
	ketoconazole	Nizoral	Oral only
	miconazole		Only topical cream or ointments covered. All vaginal products covered.
	nystatin		Oral only
	terconazole	Terazol	Vaginal only
7. ANTIHYPERTENSIVES			
Beta Blockers			
	Acebutolol	Sectral	
	Atenolol	Tenormin	
	Carvedilol	Coreg	
	Metoprolol	Lopressor, Toprol XL	Tartrate and Succinate. Oral Only.
	Propranolol	Inderal	Oral Only
Calcium Channel Blockers			
	Amlodipine	Norvasc	
	Diltiazem	Cardizem, Cardizem CD,Cardizem SR, Cardia XT, Tiazac	Oral Only
	Felodipine	Plendil	
	Nifedipine	Adalat, Adalat CC, Procardia,Procardia XL	
	Verapamil	Calan, Calan SR, Covera, Isoptin, Verelan	Oral Only
ACE -I and others			
	Benazepril	Lotensin	
	Captopril	Capoten	
	Enalapril	Vasotec	
	Lisinopril	Prinivil, Zestril	

THIS FORMULARY IS AVAILABLE TO ALL RESTRICTED, BRIDGE AND UPP PATIENTS AT A PREFERED NETWORK ONLY

	Generic Name	Brand Name	Restrictions/Examples
	7. ANTIHYPERTENSIVES CONTINUED		
	Losartan	Cozaar	
	Quinapril	Accupril	
Diuretics			
	Hydrochlorothiazide		
	Furosemide	Lasix	Oral Only
	Spironolactone	Aldactone	
Vasodilators			
	Doxazosin	Cardura, Cardura XL	
	Hydralazine		Oral Only
	8. ANTIPARASITIC AGENTS		
	aerosolized pentamidine	Nebupent	
	atovaquone	Mepron	
	dapsone		
	pyrimethamine	Daraprim	
	sulfa/pyrimethamine	Fansidar	
	sulfadiazine	Microsulfon	
	9. ANTIPSYCHOTICS		
	All antipsychotic medications examples include:		
	Valproic Acid		e.g. divalproex (Depakote)
	Benzisoxazoles		e.g. risperidone (Risperdal)
	Butyrophenones		e.g. haloperidol (Haldol)
	Dibenzodiazepines		e.g. olanzapine (Zyprexa)
	Phenothiazines		e.g. perphenazine
	Thioxanthenes		e.g. thiotixene (Navane)
	Antipsychotics/Misc.		e.g. ziprasidone (Geodon)
	Antimanic Agents		e.g. lithium
	10. ANTIRETROVIRALS		
	All antiretroviral medications are covered. Examples are listed below		
●	abacavir	Ziagen	
●	abacavir/lamivudine	Epzicom	
●	abacavir/lamivudine/ zidovudine	Trizivir	
●	atazanavir	Reyataz	
●	atazanavir/cobicistat	Evotaz	
●	bictegravir-emtricitabine-tenofovir AF	Biktarvy	
●	cobicistat	Tybost	
●	darunavir (TMC-14)	Prezista	
●	darunavir/cobicistat	Prezcobix	
●	darunavir/cobicistat/ emtricitabine/tenofovir alafenamide fumarate	Symtuza	

THIS FORMULARY IS AVAILABLE TO ALL RESTRICTED, BRIDGE AND UPP PATIENTS AT A PREFERED NETWORK ONLY

	Generic Name	Brand Name	Restrictions/Examples
	10. ANTIRETROVIRALS CONTINUED		
	All antiretroviral medications are covered. Examples are listed below		
•	dolutegravir	Tivicay	
•	dolutegravir/lamivudine	Dovato	
•	dolutegravir/lamivudine/ abacavir	Triumeq	
•	dolutegravir/rilpivirine	Juluca	
•	doravirine	Pifeltro	
•	doravirine/lamivudine/tenofovir	Delstrigo	
•	efavirenz	Sustiva	
•	efavirenz/lamivudine/tenofovir DF	Symfi, Symfi Lo	
•	elvitegravir	Vitekta	
•	elvitegravir/cobicistat/ emtricitabine/tenofovir	Stribild	
•	elvitegravir/cobicistat/ emtricitabine/tenofovir alafenamide fumarate	Genvoya	
•	emtricitabine	Emtriva	
•	emtricitabine/rilpivirine/ tenofivir alafenamide fumarate	Odefsey	
•	emtricitabine/tenofovir/ efavirez	Atripla	
•	emtricitabine/tenofovir/ rilpivirine	Complera	
•	etravirine	Intelence	
•	fosamprenavir	Lexiva	
•	Ibalizumab-uiyk	Trogarzo	
•	lamivudine	Epivir	
•	lamivudine/tenofovir	Cimduo	
^	Lenacapavir Sodium	Sunlenca	Drug accessible ONLY at CVS SPECIALITY Monroeville. Phone: 800-238-7828 Fax: 888-604-0385. See detailed PA criteria
•	lopinavir/ritonavir	Kaletra	
•	maraviroc	Selzentry	
•	nevirapine	Viramune	
•	raltegravir (RVG or MK-0518)	Isentress, Isentress HD	
•	rilpivirine	Edurant	
•	ritonavir	Norvir	
•	saquinavir mesylate	Invirase	
•	emtricitabine	Descovy	
•	tenofovir disoproxil fumarate	Viread	

THIS FORMULARY IS AVAILABLE TO ALL RESTRICTED, BRIDGE AND UPP PATIENTS AT A PREFERED NETWORK ONLY

	Generic Name	Brand Name	Restrictions/Examples
	10. ANTIRETROVIRALS CONTINUED		
	All antiretroviral medications are covered. Examples are listed below		
●	tenofovir disoproxil fumarate/ emtricitabine	Truvada	
●	tipranavir	Aptivus	
●	zidovudine (AZT)	Retrovir	
●	zidovudine/lamivudine	Combivir	
	11. ANTIVIRALS - OTHER		
	acyclovir	Zovirax	
	cidofovir	Vistide	
	foscarnet	Foscavir	
	ganciclovir	Cytovene	IV and Oral
	imiquimod cream	Aldara	
	immune globulin IM	IGIM	
	oseltamivir	Tamiflu	
	valganciclovir	Valcyte	
	zanamivir	Relenza	
	12. HEMATOPOIETIC AGENTS		
	epoetin-alpha	Procrit, Epogen	Restricted to treatment of ribavirin-related anemia and Hepatitis C diagnosis. **Aranesp not covered**
	filgrastim (G-CSF)	Neupogen	Restricted to treatment of interferon-related neutropenia with a diagnosis of Hepatitis C or B. **Neulasta not covered.**
	13. HEPATITIS TREATMENT		
	NO HEP C COVERAGE FOR TREATMENT NAÏVE PATIENTS		
^●	adefovir dipivoxil	Hepsera	
^●	entecavir	Baraclude	
^	hepatitis B Immune Globulin	HBIG	
^●	inteferon alfa-2b	Intron-A	Restricted to use in treatment of Hepatitis B or C
^●	interferon alfacon 1	Infergen	
^●	interferon alfa-N3	Alferon-N	
^●	lamivudine (3TC)	Epivir-HBV	
^●	ribavirin	Rebetol, Copegus	
^●	telbivudine	Tyzeka	
^●	simprevir	Olysio	
^●	sofosbuvir	Sovaldi	
^●	ledipasvir/sofosbuvir	Harvoni	
^●	ombitasvir/paritaprevir/ritonavir	Technivie	

THIS FORMULARY IS AVAILABLE TO ALL RESTRICTED, BRIDGE AND UPP PATIENTS AT A PREFERED NETWORK ONLY

	Generic Name	Brand Name	Restrictions/Examples
	13. HEPATITIS TREATMENT CONTINUED		
	NO HEP C COVERAGE FOR TREATMENT NAÏVE PATIENTS		
^●	ombitasvir/paritaprevir/ritonavir + dasabuvir	Viekira Pak Viekira XR	
^●	daclastasvir	Daklinza	
^●	elbasvir/grazoprevir	Zepatier	
	14. MISCELLANEOUS		
	albuterol sulfate		
	buprenorphine	Buprenex, Suboxone, Subutex	
	folic acid		1mg tablet, RX only
	Lidocaine		Injectable form only. Approved for Injection pain Management. Available through a limited number of CAREAssist pharmacies.Call Ramsell or CAREassist for further assistance
	Syringes and Needles		
	Cyancobalamin	Vitamin B-12	Injectible Only
	Naloxone	Evzio, Narcan	
	Potassium Supplements		Oral, generic only.
	Vitamin D (ergocalciferol)		50,000 unit capsules
	ALL Nicotine Replacement Therapies - Smoking Deterrents		e.g. Nicotine Inhaler, Nicotine Nasal Spray
	varenicline	Chantix	
	bupropion	Zyban	
	Vaccines		All vaccine are covered at Preferred Network pharmacies
	Psuedoephedrine containg OTC Allergy products		
	Pseudoephedrine HCl		
	Pseudoephedrine w/ Acetaminophen		
	Pseudoephedrine w/ Codeine		
	Pseudoephedrine-DM		
	Pseudoephedrine-Dexchlorpheniramine-DM		
	Pseudoephedrine-Guaifenesin		
	Pseudoephedrine w/ APAP-DM		
	Pseudoephedrine-Chlophedianol-Guaifenesin		
	Pseudoephedrine w/ COD-GG		
	Pseudoephedrine w/ DM-GG		
	Pseudoephedrine-DM-GG w/ APAP		

THIS FORMULARY IS AVAILABLE TO ALL RESTRICTED, BRIDGE AND UPP PATIENTS AT A PREFERED NETWORK ONLY

Generic Name	Brand Name	Restrictions/Examples

Program Dispensing Policies:

1. Prescription Coverage: The CAREAssist program will cover at full price a 30 day supply of any medication listed on the Bridge formulary at PREFERED PHARMACIES ONLY formerly known as In-Network pharmacies.
2. OTC drugs are not covered unless listed above.
3. Day Supply: Drugs marked with "●"are to be dispensed with a minimum 28 day supply for Bridge patients.
4. Prior Authorization: Drugs marked with "^" require a prior authorization. Additional information will be required.
5. ADAP mandates the use of DHHS guidelines for dispensing of Antiretroviral Agents in HIV-1 infected patients. Dosing outside of DHHS guidelines requires a Treatment Exception Request (T.E.R.)