

THIS FORMULARY IS AVAILABLE TO ALL BRIDGE AND UPP PATIENTS AT A PREFERRED 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, hydroxyzine 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

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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
Nitrofurans 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 Inhibitors (SNRI's)		e.g. Venlafaxine, Mirtazapine, Duloxetine
5-HT ₂ Receptor antagonists		Nefazodone
Dopamine re-uptake inhibitors		Bupropion
First - Generation		
Tricyclic 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.)		
● acarbose	Precose	
● glimepiride	Amaryl	
● glipizide	Glucotrol, Glucotrol XL, generic	
● glyburide	DiaBeta, Micronase, generic	
insulin		
● metformin	Glucophage, Glucopahage XR, Fortamet	

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5. ANTIDIABETIC AGENTS CONTINUED		
● metformin/rosiglitazone	Avandamet	
● metformin/sitagliptin	Janumet	
● metformin/repaglinide	PrandiMet	
● pioglitazone	Actos	
● repaglinide	Prandin	
● rosiglitazone	Avandia	
● sitagliptin	Januvia	
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	
Losartan	Cozaar	
Quinapril	Accupril	
Diuretics		
Hydrochlorothiazide		
Furosemide	Lasix	Oral Only

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7. ANTIHYPERTENSIVES CONTINUED		
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	
• bicitgravir-emtricitabine-tenofovir AF	Biktarvy	
• cobicistat	Tybost	
• darunavir (TMC-14)	Prezista	
• darunavir/cobicistat	Prezcobix	
• darunavir/cobicistat/ emtricitabine/tenofovir alafenamide fumarate	Symtuza	
• delavirdine	Rescriptor	
• didanosine	Videx, Videx EC	
• dolutegravir	Tivicay	
• dolutegravir/lamivudine	Dovato	
• dolutegravir/lamivudine/ abacavir	Triumeq	
• dolutegravir/rilpivirine	Juluca	
• doravirine	Pifeltro	

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10. ANTIRETROVIRALS CONTINUED		
All antiretroviral medications are covered. Examples are listed below		
• 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/ tenofovir alafenamide fumarate	Odefsey	
• emtricitabine/tenofovir/ efavirez	Atripla	
• emtricitabine/tenofovir/ rilpivirine	Complera	
• enfuvirtide	Fuzeon	
• etravirine	Intelence	
• fosamprenavir	Lexiva	
• lbalizumab-uiyk	Trogarzo	
• indinavir	Crixivan	
• lamivudine	EpiVir	
• lamivudine/tenofovir	Cimduo	
• lopinavir/ritonavir	Kaletra	
• maraviroc	Selzentry	
• nelfinavir	Viracept	
• nevirapine	Viramune	
• raltegravir (RVG or MK-0518)	Isentress, Isentress HD	
• rilpivirine	Edurant	
• ritonavir	Norvir	
• saquinavir mesylate	Invirase	
• stavudine	Zerit	
• emtricitabine	Descovy	
• tenofovir disoproxil fumarate	Viread	
• tenofovir disoproxil fumarate/ emtricitabine	Truvada	
• tipranavir	Aptivus	
• zidovudine (AZT)	Retrovir	
• zidovudine/lamivudine	Combivir	
11. ANTIVIRALS - OTHER		
acyclovir	Zovirax	
cidofovir	Vistide	
foscarnet	Foscavir	

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11. ANTIVIRALS - OTHER CONTINUED		
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	
^● interferon 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	
^● pegylated interferons	Peg-Intron, Pegasys	Restricted to use in treatment of Hepatitis C. OK to use Redipen and Proclick
^● ribavirin	Rebetol, Copegus	
^● telbivudine	Tyzeka	
^● simprevir	Olysio	
^● sofosbuvir	Sovaldi	
^● ledipasvir/sofosbuvir	Harvoni	
^● ombitasvir/paritaprevir/ritonavir	Technivie	
^● ombitasvir/paritaprevir/ritonavir + dasabuvir	Viekira Pak Viekira XR	
^● daclatasvir	Daklinza	
^● elbasvir/grazoprevir	Zepatier	
14. MISCELLANEOUS		
albuterol sulfate		
buprenorphine	Buprenex, Suboxone, Subutex	
folic acid		1mg tablet, RX only

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14. MISCELLANEOUS CONTINUED		
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		
Cyanocobalamin	Vitamin B-12	Injectable 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
Pseudoephedrine 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		

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 PREFERRED PHARMACIES ONLY formerly known as In-Netwrok 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.)