

**THIS FORMULARY IS AVAILABLE TO ALL BRIDGE AND UPP PATIENTS AT A PREFERRED NETWORK ONLY**

| Generic Name                                     | Brand Name                         | Restrictions/Examples  |
|--|------------------------------------|--|
| <b>1. ANALGESICS</b>                             |                                    |  |
| <b>Restricted to Generic</b>                     |                                    |  |
| 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  |
| <b>2. ANTIANXIETY AGENTS</b>                     |                                    |  |
| <b>All antianxiety agents, examples include:</b> |                                    |  |
| 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                                       |                                    |  |
| <b>3. ANTIBIOTICS</b>                            |                                    |  |
| <b>All antibiotics, examples include:</b>        |                                    |  |
| 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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| <b>3. ANTIBIOTICS CONTINUED</b>  |                                     |  |
| 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                       |
| Nitrofurantoin Derivatives   |                                     | e.g. Nitrofurantoin  |
| Ophthalmic Anti-infectives   |                                     | e.g. azithromycin, bacitracin, ciprofloxacin, gentamicin                             |
| <b>4. ANTIDEPRESSANTS</b>  |                                     |  |
| <b>All antidepressants, examples include:</b>  |                                     |  |
| alpha-2 receptor antagonists   |                                     | e.g. mirtazapine   |
| serotonin modulators   |                                     | e.g. trazodone   |
| Selective Serotonin Reuptake Inhibitors (SSRI's)                                     |                                     | e.g. citalopram, fluoxetine, paroxetine, sertraline                                  |
| Serotonin and Norepinephrine Reuptake Inhibitors (SNRI's)                            |                                     | e.g. venlafaxine   |
| Tricyclic Antidepressants (TCA's)  |                                     | e.g. amitriptyline   |
| Antidepressants-Misc.  |                                     | e.g. bupropion   |
| PMDD Agents  |                                     | e.g. fluoxetine  |
| <b>5. ANTIDIABETIC AGENTS</b>  |                                     |  |
| <b>Diabetic Supplies (needles, lancets, glucose test kits, injection kits, etc.)</b> |                                     |  |
| ● acarbose   | Precose                             |  |
| ● glimepiride  | Amaryl                              |  |
| ● glipizide  | Glucotrol, Glucotrol XL, generic    |  |
| ● glyburide  | DiaBeta, Micronase, generic         |  |
| insulin  |                                     |  |
| ● metformin  | Glucophage, Glucophage XR, Fortamet |  |
| ● metformin/rosiglitazone  | Avandamet                           |  |
| ● metformin/sitagliptin  | Janumet                             |  |
| ● metformin/repaglinide  | PrandiMet                           |  |
| ● pioglitazone   | Actos                               |  |

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| <b>5. ANTIDIABETIC AGENTS CONTINUED</b> |   |  |
| ● repaglinide                           | Prandin   |  |
| ● rosiglitazone                         | Avandia   |  |
| ● sitagliptin                           | Januvia   |  |
| <b>6. ANTIFUNGAL AGENTS</b>             |   |  |
| 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   |
| <b>7. ANTIHYPERTENSIVES</b>             |   |  |
| <b>Beta Blockers</b>                    |   |  |
| Acebutolol                              | Sectral   |  |
| Atenolol                                | Tenormin  |  |
| Carvedilol                              | Coreg   |  |
| Metoprolol                              | Lopressor, Toprol XL                                  | Tartrate and Succinate. Oral Only.                                     |
| Propranolol                             | Inderal   | Oral Only  |
| <b>Calcium Channel Blockers</b>         |   |  |
| 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  |
| <b>ACE -I and others</b>                |   |  |
| Benazepril                              | Lotensin  |  |
| Captopril                               | Capoten   |  |
| Enalapril                               | Vasotec   |  |
| Lisinopril                              | Prinivil, Zestril                                     |  |
| Losartan                                | Cozaar  |  |
| Quinapril                               | Accupril  |  |
| <b>Diuretics</b>                        |   |  |
| Hydrochlorothiazide                     |   |  |
| Furosemide                              | Lasix   | Oral Only  |
| Spironolactone                          | Aldactone   |  |
| <b>Vasodilators</b>                     |   |  |
| Doxazosin                               | Cardura, Cardura XL                                   |  |
| Hydralazine                             |   | Oral Only  |

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| <b>8. ANTIPARASITIC AGENTS</b>   |                 |                              |
| aerosolized pentamidine  | Nebupent        |                              |
| atovaquone   | Mepron          |                              |
| dapsone  |                 |                              |
| pyrimethamine  | Daraprim        |                              |
| sulfa/pyrimethamine  | Fansidar        |                              |
| sulfadiazine   | Microsulfon     |                              |
| <b>9. ANTIPSYCHOTICS</b>   |                 |                              |
| <b>All antipsychotic medications examples include:</b>                       |                 |                              |
| 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                 |
| <b>10. ANTIRETROVIRALS</b>   |                 |                              |
| <b>All antiretroviral medications are covered. Examples are listed below</b> |                 |                              |
| ● 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/<br>● 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        |                              |
| ● doravirine/lamivudine/tenofovir  | Delstrigo       |                              |
| ● efavirenz  | Sustiva         |                              |
| ● efavirenz/lamivudine/tenofovir DF  | Symfi, Symfi Lo |                              |
| ● elvitegravir   | Vitekta         |                              |

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| <b>10. ANTIRETROVIRALS CONTINUED</b>  |                         |                       |
| <b>All antiretroviral medications are covered. Examples are listed below</b>  |                         |                       |
| • elvitegravir/cobicistat/<br>emtricitabine/tenofovir                         | Stribild                |                       |
| • elvitegravir/cobicistat/<br>emtricitabine/tenofovir alafenamide<br>fumarate | Genvoya                 |                       |
| • emtricitabine   | Emtriva                 |                       |
| • emtricitabine/rilpivirine/<br>tenofovir alafenamide fumarate                | Odefsey                 |                       |
| • emtricitabine/tenofovir/<br>efavirez  | Atripla                 |                       |
| • emtricitabine/tenofovir/<br>rilpivirine                                     | Complera                |                       |
| • enfuvirtide   | Fuzeon                  |                       |
| • etravirine  | Intelence               |                       |
| • fosamprenavir   | Lexiva                  |                       |
| • Ibalizumab-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/<br>emtricitabine                             | Truvada                 |                       |
| • tipranavir  | Aptivus                 |                       |
| • zidovudine (AZT)  | Retrovir                |                       |
| • zidovudine/lamivudine   | Combivir                |                       |
| <b>11. ANTIVIRALS - OTHER</b>   |                         |                       |
| acyclovir   | Zovirax                 |                       |
| cidofovir   | Vistide                 |                       |
| foscarnet   | Foscavir                |                       |
| ganciclovir   | Cytovene                | IV and Oral           |
| imiquimod cream   | Aldara                  |                       |
| immune globulin IM  | IGIM                    |                       |
| oseltamivir   | Tamiflu                 |                       |

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| <b>11. ANTIVIRALS - OTHER CONTINUED</b>               |                                |  |
| valganciclovir  | Valcyte                        |  |
| zanamivir   | Relenza                        |  |
| <b>12. HEMATOPOIETIC AGENTS</b>                       |                                |  |
| epoetin-alpha   | Procrit, Epogen                | Restricted to treatment of ribavirin-related anemia and Hepatitis C diagnosis. <b>Aranesp not covered</b>  |
| filgrastim (G-CSF)                                    | Neupogen                       | Restricted to treatment of interferon-related neutropenia with a diagnosis of Hepatitis C or B. <b>Neulasta not covered.</b>   |
| <b>13. HEPATITIS TREATMENT</b>                        |                                |  |
| <b>NO HEP C COVERAGE FOR TREATMENT NAÏVE PATIENTS</b> |                                |  |
| ^● 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                     |  |
| ^● 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<br>Viekira XR      |  |
| ^● daclatasvir  | Daklinza                       |  |
| ^● elbasvir/grazoprevir                               | Zepatier                       |  |
| <b>14. MISCELLANEOUS</b>                              |                                |  |
| albuterol sulfate                                     |                                |  |
| buprenorphine   | Buprenex, Suboxone,<br>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                   | Injectable Only  |

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| <b>14. MISCELLANEOUS CONTINUED</b>                      |            |   |
| 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      |   |
| <b>Pseudoephedrine containing OTC Allergy products</b>  |            |   |
| 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.)