



**OREGON CAREASSIST PROGRAM**  
**RESTRICTED, BRIDGE & UPP**  
**FORMULARY BY CLASS**



Effective 1.1.2026

P: 888-311-7632

www.ramsellcorp.com

F: 800-848-4241

Version 1. 2026

**THIS FORMULARY IS AVAILABLE TO ALL RESTRICTED, 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, fidaxomicin

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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>		
<b>Second - Generation Antidepressant</b>		
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-HT2 Receptor antagonists		Nefazodone
Dopamine re-uptake inhibitors		Bupropion
<b>First - Generation</b>		
Tricyclic Antidepressants (TCA's)		e.g. amitriptyline, clomipramine, despiramine, doxepin, imipramine, nortriptyline, amoxapine, protriptyline, trimipramine
Monoamine Oxidase Inhibitors(MAOIs)		tranylcypromine, phenelzine, selegiline, isocarboxazid
<b>5. ANTIDIABETIC AGENTS</b>		
<b>Diabetic Supplies (needles, lancets, glucose test kits, injection kits, etc.)</b>		
• 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

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<b>5. ANTIDIABETIC AGENTS CONTINUED</b>		
• 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
• Inhaled insulin	Afrezza	e.g. inhaled insulin
• Metformin		
• Oral antidiabetic 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
<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	

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<b>7. ANTIHYPERTENSIVES CONTINUED</b>		
Losartan	Cozaar	
Quinapril	Accupril	
<b>Diuretics</b>		
Hydrochlorothiazide		
Furosemide	Lasix	Oral Only
Spirololactone	Aldactone	
<b>Vasodilators</b>		
Doxazosin	Cardura, Cardura XL	
Hydralazine		Oral Only
<b>8. ANTIPARASITIC AGENTS</b>		
aerosolized pentamidine	Nebupent	
atovaquone	Mepro	
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 ANTIRETROVIRALS ARE COVERED. Examples are listed below</b>		
● abacavir	Ziagen	
● abacavir/lamivudine	Epzicom	
● abacavir/lamivudine/ zidovudine	Trizivir	
● atazanavir	Reyataz	
● atazanavir/cobicistat	Evotaz	
● bictegravir-emtricitabine-tenofovir AF	Biktarvy	
● cabotegravir & rilpivirine IM Susp ER	Cabenuva	Clinic administration fees are covered under CareAssist's Medical CPT code 96732 (Therapeutic Prophylactic/DX inj SubQ/IM)
● cobicistat	Tyboost	
● darunavir (TMC-14)	Prezista	
● darunavir/cobicistat	Prezcobix	

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<b>10. ANTIRETROVIRALS CONTINUED</b>		
<b>ALL ANTIRETROVIRALS ARE COVERED. Examples are listed below</b>		
• darunavir/cobicistat/ emtricitabine/tenofovir alafenamide fumarate	Symtuza	
• 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/ tenofovir alafenamide fumarate	Odefsey	
• emtricitabine/tenofovir/ efavirez	Atripla	
• emtricitabine/tenofovir/ rilpivirine	Complera	
• etravirine	Intelence	
• fosamprenavir	Lexiva	
• fostemsavir	Rukobia	
• lbalizumab-uiyk	Trogarzo	Clinic administration fees are covered under CareAssist's Medical CPT code 96365, +96367
• 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	

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<b>10. ANTIRETROVIRALS CONTINUED</b>		
<b>ALL ANTIRETROVIRALS ARE COVERED. Examples are listed below</b>		
● ritonavir	Norvir	
● saquinavir mesylate	Invirase	
● emtricitabine	Descovy	
● tenofovir disoproxil fumarate	Viread	
● tenofovir disoproxil fumarate/ 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	
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	
^● 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	
^● ribavirin	Rebetol, Copegus	
^● telbivudine	Tyzeka	
^● simprevir	Olysio	
^● sofosbuvir	Sovaldi	

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<b>13. HEPATITIS TREATMENT CONTINUED</b>		
<b>NO HEP C COVERAGE FOR TREATMENT NAÏVE PATIENTS</b>		
^● ledipasvir/sofosbuvir	Harvoni	
^● ombitasvir/paritaprevir/ritonavir	Technivie	
^● ombitasvir/paritaprevir/ritonavir + dasabuvir	Viekira Pak Viekira XR	
^● daclatasvir	Daklinza	
^● elbasvir/grazoprevir	Zepatier	
<b>14. MISCELLANEOUS</b>		
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	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	
<b>Vaccines</b>		All vaccine are covered at Preferred Network pharmacies
<b>Pseudoephedrine containg 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		

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**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 PREFERRED 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.)