

CAREAssist Program Formulary by Drug Class

	Brand Name	Restrictions or Notes
1. ANTIANXIETY AGENTS		
<i>Most drugs in this FDA class are covered. Common examples are:</i>		
benzodiazepines		All drugs in this FDA class are covered
buspirone	Buspar	
hydroxyzine	Vistaril	
2. ANTIBIOTICS		
amoxicillin	Amoxil	Oral generic only
amoxicillin/potassium clavulanate	Augmentin	
ampicillin		
azithromycin	Zithromax	
ceftriaxone		
cephalexin	Keflex	
cepodoxime	Vantin	
ciprofloxacin	Cipro	
clarithromycin	Biaxin	
clindamycin		
clofazimine	Lamprene	
dicloxacillin		
doxycyclin		
erythromycin		
ethambutol	Myambutol	
isoniazid		
levofloxacin	Levaquin	
moxifloxacin	Avelox	
ofloxacin	Floxin	
penicillin		
rifabutin	Mycobutin	
rifampin	Rifadin	
tetracycline		
trimethoprim		
trimethoprim/sulfamethoxazole	Bactrim, Septra, CoTrim	
vancomycin oral		
3. ANTIDIABETIC AGENTS - Oral only		
insulin, injection kits and glucose test strips		
<i>Most drugs in this FDA class are covered. Common examples are:</i>		
acarbose	Precose	
glyburide	Diabeta	

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3. ANTIDIABETIC AGENTS - Oral only continued...		
glipizide	Glucotrol	
metformin	Glucophage	
pioglitazone	Actos	
repaglinide	Prandin	
rosiglitazone	Avandia	
4. ANTIFUNGAL AGENTS		
clotrimazole	Lotrimin, Mycelex	
clotrimazole/betamethasone	Lotrisone Cr	
fluconazole	Diflucan	
itraconazole	Sporonox	
ketoconazole	Nizoral	
miconazole		
nystatin		
terconazole	Terazol	
5. ANTIPARASITIC		
aerosolized pentamidine	Nebupent	
atovaquone	Mepron	
dapsone		
pyrimethamine	Daraprim	
sulfa/pyrimethamine	Fansidar	
sulfadiazine	Microsulfon	
6. ANTIRETROVIRALS		
abacavir	Ziagen	
abacavir/lamivudine	Epzicom	
abacavir/lamivudine/zidovudine	Trizivir	
amprenavir	Agenerase	
atazanavir	Reyataz	
darunavir (TMC-114)	Prezista	
delavirdine	Rescriptor	
didanosine	Videx, Videx EC	
efavirenz	Sustiva	
enfuvirtide	Fuzeon	
emtricitabine/tenofovir/efavirez	Atripla	
emtricitabine	Emtriva	
Etravirine	Intelence	
fosamprenavir	Lexiva	
indinavir	Crixivan	

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6. ANTIRETROVIRALS continued...		
lamivudine (3TC)	Epivir	
maraviroc	Selzentry or Celsentri	
lopinavir/ritonavir	Kaletra	
nelfinavir	Viracept	
nevirapine	Viramune	
raltegravir (RGV or MK-0518)	Isentress	
ritonavir	Norvir	
saquinavir-soft gel caps	Fortovase	
saquinavir	Invirase	
stavudine (d4T)	Zerit	
tenofovir DF	Viread	
tonofovir/emtricitabine	Truvada	
tipranavir	Aptivus	
zalcitabine (ddC)	Hivid	
zidovudine (AZT)	Retrovir	
zidovudine/lamivudine (AZT/3TC)	Combivir	
7. ANTIVIRALS - OTHER		
acyclovir	Zovirax	
cidofovir	Vistide	
fomivirsen	Vitravene	
foscarnet	Foscavir	
ganciclovir	Cytovene	IV and Oral
Hepatitis B Immune Globulin	HBIG	
Imiquimod cream	Aldara	
immune globulin IM	IGIM	
valacyclovir	Valtrex	
valganciclovir	Valcyte	
varicella zoster immune globulin	VZIG	
hepatitis A vaccine	Havrix, Vaqta	single dose dispensing only
Hepatitis B vaccine	Engerix B, Recombivix HB	single dose dispensing only
interferon alfacon 1	Infergen	
interferon alfa-2a	Roferon-A	
interferon alfa-2b	Intron-A	
interferon alfa-N3	Alferon-N	
pegylated interferon	Peg-Intron, Pegasys	
ribavirin	Rebetol, Copegus	
ribavirin/interferon alfa 2B	Rebetron	

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8. HEMATOPOIETIC AGENTS		
epoetin-alpha	Procrit, Epogen	Restricted to treatment of ribavirin-related anemia and Hepatitis C diagnosis.
filgrastim (G-CSF)	Neupogen	Restricted to treatment of interferon-related neutropenia with a diagnosis of Hepatitis C or B.
9. HEPATITIS TREATMENT		
adefovir dipivoxil	Hepsera	
entecavir	Baraclude	
interferon alfa-2a	Roferon-A	Restricted to use in treatment of Hepatitis B or C
interferon alfa-2b	Intron-A	Restricted to use in treatment of Hepatitis B or C
lamivudine (3TC)	Epivir-HBV	
pegylated interferons	Peg-Intron, Pegasys	Restricted to use in treatment of Hepatitis C
ribavirin	Rebetol, Copegus	
telbivudine	Tyzeka	
10. MISCELLANEOUS		
leucovorin		Oral only
varenicline	Chantix	
bupropion	Zyban	
11. VACCINES		
<i>Multi-dose vials are not covered</i>		
hemophilus influenza Type B vaccine	Hib	
hepatitis A vaccine	Havrix, Vaqta	
hepatitis B vaccine	Recombivax HB, Engerix B	
hepatitis A/Hepatitis B vaccine	Twinrix	
human papillomavirus	HPV	
influenza virus vaccine, split or whole virus		
diphtheria & tetanus toxoids & pertussis vaccine		
diphtheria & tetanus		
pneumococcal vaccine	Pneumovax, Pnu-Immune	

Notes:

- The CAREAssist program will cover at full price any medication listed on the formulary, in the event that the member's insurance policy does not pay a portion of the cost. Medications not listed on the CAREAssist Formulary must be covered by the member's insurance policy in order for CAREAssist to assist with the copay.
- The CAREAssist program requires that pharmacies dispense generic brand medications if therapeutically equivalent to the brand drug.
- Medications listed as "Miscellaneous" may be available only for a limited time based on specific program initiatives.
- Vaccines must be obtained through no or low cost vaccine programs whenever possible. Local county health departments and some non profit providers receive vaccines through the Oregon Immunization Program targeting low income persons needing those medications. CAREAssist shall not pay for vaccines for the purpose of travel.
- Over the counter (OTC) medications listed on the formulary are available by prescription only.

For information or assistance, call 971-673-0144 or 1-800-805-2313 or visit our web site at: www.healthoregon.org/careassist