



HealthPartners Preferred Drug List

For the most current information on the HealthPartners Preferred Drug List, visit our web site at **healthpartners.com**

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Finding the right medication can be important to your health. But with so many choices, how do you know which drug is going to be right for you? Fortunately, we can help. The HealthPartners formulary lists prescription drugs that have been evaluated for safety and effectiveness—and are covered by your health plan.

What is a preferred drug list?

A preferred drug list is a list of drugs that are covered at the highest level in our health plan. Think of a preferred drug list as a medicine chest. You wouldn't think of stocking your medicine chest with all available products. Instead, you choose what you think would be best for different uses. At HealthPartners, we choose medications that have been demonstrated to be safe, effective and affordable. (Being on the preferred drug list does not guarantee that a particular drug will be covered under all circumstances.)

Who decides what's in our medicine chest?

Thousands of drugs are on the market, and new ones are being introduced all the time. To make sure our members get quality, safe and cost-effective medications, we continually review and evaluate new and existing drugs.

Decisions on which drugs to include in the HealthPartners preferred drug list are made by the physicians and pharmacists on our Pharmacy and Therapeutics Committee. The Committee develops, manages, updates and administers our preferred drug list.

How is the decision made to include a drug on our preferred drug list?

The HealthPartners Pharmacy and Therapeutics (P&T) Committee is responsible for maintaining our outpatient drug preferred drug list. It includes 14 practicing physicians and pharmacists from throughout HealthPartners.

These experts review the scientific data on new and existing drugs, select the ones that are both safe and effective, and regularly update our preferred drug list. The committee also relies on clinical pharmacists and work groups made up of practicing experts in various areas to review drug information and make recommendations.

How often do drugs get reviewed for the preferred drug list?

The P&T committee meets bimonthly to review drug information and work-group recommendations, analyze data and present concerns. Categories of similar medications, such as heart medication or diabetes drugs, are reviewed regularly. Using information obtained during these reviews, the committee updates the preferred drug list quarterly.

Why does HealthPartners use a preferred drug list?

Using a preferred drug list not only serves to protect you from unsafe products, but it also helps us to use your premium dollars responsibly. With pharmaceutical costs skyrocketing and pharmaceutical companies advertising heavily to drive up consumer demand for new products, the savings achieved by using a preferred drug list are critical in keeping your premiums affordable, while providing the best care.

What is the difference between a brand-name and a generic drug?

The preferred drug list includes both brand-name and generic drugs. The brand-name is the trade name for the drug produced by a particular manufacturer. The generic name is the chemical name for the drug. Generic drugs are identical to brand-name drugs in dosage form, safety, strength, how they're given, quality, performance and intended use. They meet the rigorous quality standards set by the U.S. Food and Drug Administration, perform the same as the comparable brand-name product and save you money.

Why do I automatically receive a generic drug when my physician prescribes a brand-name drug?

Minnesota law requires pharmacies to substitute a generic equivalent for the prescribed brand-name drug (if a U.S. Food and Drug Administration (FDA)-approved generic is available and safely interchangeable) unless the doctor specifically prescribes otherwise or the patient objects. Like our preferred drug list, this consumer protection law is intended to protect consumers from paying for a more expensive drug when a less expensive, therapeutically equivalent drug is available.

If it's important for you to have the brand-name version of the drug, you can pay the difference in cost between the generic drug and the brand-name version, plus your copay.

Do I have access to medications that are not on the preferred drug list?

In some cases, you may need a drug that is not on the preferred drug list. Your doctor can request that an exception be made so the nonpreferred drug list item can be covered. The clinical pharmacy staff reviews all these requests and decides when an exception is warranted for coverage. Generally, the decision will be made the same day as the request was made by your doctor.

What if my physician prescribes a drug that is not in the HealthPartners medicine chest?

Doctors don't always remember to prescribe from a particular health plan's preferred drug list. When your personal physician prescribes something for you, you may want to ask if the medication is on the HealthPartners preferred drug list. If it isn't, you may want to ask your physician whether a preferred drug list item would be suitable for you.

Why do some drugs require prior authorization (PA)?

For certain drugs, the Pharmacy and Therapeutics Committee has developed criteria that must be met before the drugs will be approved for coverage, even if it is on the preferred drug list. Your doctor will request coverage for these drugs on your behalf. Generally, the decision will be made the same day as the request was made by your doctor. These drugs are noted on the preferred drug list with a "PA" after their names.

What is Step Therapy (ST)?

For some conditions, your doctor will need to prescribe one medication before trying another--to use "Drug A" before trying "Drug B," in other words. This sequential approach is called "Step Therapy." If "Drug A" doesn't work for you, then your doctor may prescribe "Drug B," and coverage for "Drug B" will automatically be approved for you at the pharmacy. If "Drug A" has not already been prescribed for you, your doctor will need to specifically request coverage of "Drug B" on your behalf. Generally, the decision as to whether that medication will be covered will be made the same day the request was submitted. Step Therapy medications are noted on the preferred drug list with an "ST" after their names.

What is Age Edit (AE)?

This medication is covered for patients within a specific age group. Patients outside of this age group will need to meet specific criteria before the medication will be approved for coverage. Your doctor will request coverage for this drug on your behalf. Generally, the decision will be made the same day the request is submitted.

What is Physician Edit (MD)?

This medication is covered when prescribed by certain physician specialists. If the medication is prescribed by a physician in any other specialty, patients need to meet specific criteria before the medication will be approved for coverage. Your doctor will request coverage for this drug on your behalf. Generally, the decision will be made the same day the request is submitted.

Our Guiding Principles

Here, in order of importance, are the nine guiding principles we use to develop and maintain our preferred drug list.

1. Look for proven effectiveness, documented in the medical literature.

First and foremost, medical literature has to document that the drug works well. To determine this, we look at randomized controlled clinical trials published in peer-reviewed medical journals. We also consider observational studies and medical opinion.

2. Strive to maximize safety and minimize the potential for errors.

We compare the risks and benefits of a given drug with other treatments. This includes looking at its potential for causing serious adverse reactions, as well as such things as possible name confusion. We always attempt to minimize the potential for errors.

3. Improve the overall value.

When evaluating a new drug or therapy, we compare its value relative to existing treatments--in both medical outcomes and medication costs.

4. Emphasize products essential to health.

We focus on medications that are essential to health. Cosmetic and lifestyle medications, such as Propecia® for hair loss, are generally excluded from the preferred drug list.

5. Eliminate unnecessary duplication.

We favor unique medications that have advantages in effectiveness, safety or value over other drugs currently available.

6. Strive to improve patient compliance and satisfaction.

We favor products that are significantly more convenient for patients and that help increase patient satisfaction while maintaining overall value.

7. Support protocols developed by the Institute for Clinical Systems Improvement and consider other locally adopted treatment procedures.

The Institute is a collaborative organization of medical groups, including HealthPartners Medical Group, committed to improving health care quality. The Institute features a physician-led, physician-governed process to review the best available research and to create "best-practice" protocols. These protocols represent the current thinking on the best way to handle specific medical issues.

8. Provide long-term stability of the preferred drug list.

Because it is important for members to have continuity in their care, we try to keep the preferred drug list as stable as possible while still being responsive to a changing marketplace.

9. Serve all members.

While the preferred drug list serves the majority of our members well, we also have processes in place for getting medications that are not on the preferred drug list. Providers may request either a prior approval for using certain drugs or request that a drug not found on the preferred drug list be covered.

A Guide to the preferred drug list

Drugs are listed alphabetically by category of use. The brand-name version of each item is noted by a ®. Both the brand name and its generic name are listed together, with the most common name presented first.

The preferred drug list is expanded and updated regularly. Visit the HealthPartners web site at **healthpartners.com** to see the most current version of the preferred drug list. You can also search by the category of use or by specific drug.

Being on the preferred drug list does not guarantee that a particular drug will be covered under your contract.

What does the "\$" symbol mean?

The "\$" symbol next to the medication name indicates the average retail price you would pay for a typical prescription quantity, excluding any pharmacy benefit you may have. The price listed for long-term-use medications is for a 30-day supply. All prices reflect the most recent data from actual medication use.

\$ = \$1.00 - \$20.99

\$\$ = \$21.00 - \$40.99

\$\$\$ = \$41.00 - \$60.99

\$\$\$\$ = \$61.00 - \$99.99

\$\$\$\$\$ = >\$100.00

PA = Prior Authorization Required

ST = Step Therapy Required

G = Generic Drug

AE = Age Edit

MD = Physician Edit

QL = Quantity Limit

The HealthPartners Drug Formulary

| Drug Name | Price | Drug Name | Price |
|--|-------------|--|-------------|
| abacavir (Ziagen®) | \$\$\$\$ | alendronate solution (Fosamax®) | \$\$\$\$ ST |
| abacavir/lamivudine (Epzicom®) | \$\$\$\$ | alendronate tablet (Fosamax®) - G | \$\$\$\$ |
| abacavir/lamivudine/zidovudine (Trizivir®) | \$\$\$\$ | Alesse®; (generic names: aviane®; lessina®; lutera®; sronyx®) - G | \$\$ |
| Abilify Discmelt®; (aripiprazole) | \$\$\$\$ PA | alfuzosin (Uroxatral®) | \$\$\$\$ |
| Abilify®; (aripiprazole) | \$\$\$\$ | Alinia®; (nitazoxamide) | \$\$\$\$ ST |
| acamprostate (Campral®) | \$\$\$\$ | aliskiren (Tekturna®) | \$\$\$\$ PA |
| acarbose (Precose®) - G | \$\$\$ | aliskiren/hctz (Tekturna HCT®) | \$\$\$\$ PA |
| Accu-Chek®; Active - Covered per member DME Benefit | \$\$\$\$ QL | Alkeran®; (melphalan) | \$\$\$\$ |
| Accu-Chek®; Advantage - Covered per member DME benefit | \$\$\$\$ QL | Allegra®; suspension (fexofenadine) | \$\$\$ |
| Accu-Chek®; Aviva - Covered per member DME benefit | \$\$\$\$ QL | Allegra®; tablet (fexofenadine) - G | \$\$\$ |
| Accu-Chek®; Comfort Curve test strips - Covered per member DME Benefit | \$\$\$\$ QL | allopurinol (Zyloprim®) - G | \$ |
| Accu-Chek®; Compact Plus - Covered per member DME benefit | \$\$\$\$ QL | Alphagan-P®; eye drops (brimonidine) | \$\$\$ |
| AccuNeb®; solution for nebulization (albuterol) - G | \$\$ | alprazolam regular release (Xanax®; not Xanax XR®) - G | \$ |
| Accutane®; (isotretinoin) - G | \$\$\$\$ QL | alprostadil (available in suppository as Muse®; and injection as Caverject®) - Not covered for state-sponsored benefit plans such as Medicaid and MnCare | \$\$\$\$ QL |
| acetaminophen with codeine (Tylenol®; #2, #3, #4) - G | \$ | Alex®; eye drops (loteprednol) | \$\$\$ |
| acetaminophen/isometheptene/dichloralphenazone (Midrin®) - G | \$ | Altanax®; (retapamulin) | \$\$\$\$ ST |
| Acetasol HC®; ear drops (acetic acid with hydrocortisone) - G | \$\$ | Altace®; capsule only (ramipril) - G | \$\$\$ |
| Acetasol®; ear drops (acetic acid) - G | \$\$ | altretamine (Hexalen®) | \$\$\$\$ |
| acetazolamide capsule (Diamox Sequel®) - G | \$\$\$\$ | aluminum chloride hexahydrate (Drysol®) - G | \$ |
| acetazolamide tablet - G | \$ | amantadine capsules (Symmetrel®) - G | \$\$ |
| acetic acid ear drops (Vosol®; Acetasol®) - G | \$\$ | Amaryl®; (glimepiride) - G | \$ |
| acetic acid vaginal - G | \$\$ | Ambien CR®; (zolpidem controlled release) | \$\$\$\$ ST |
| acetic acid with hydrocortisone ear drops (Vosol-HC®; Acetasol HC®) - G | \$\$ | Ambien®; (zolpidem immediate release) - G | \$ |
| acetylcysteine (Mucomyst®) - G | \$\$\$\$ | ambrisentan (Letairis®) - Specialty drug | \$\$\$\$ PA |
| acitretin (Soriatane®; Soriatane CK®) | \$\$\$\$ | amcinonide (Cyclocort®) - G | \$\$\$ |
| Acthar®; HP injection (corticotropin) - Specialty drug | \$\$\$\$ PA | Amicar®; (aminocaproic acid) - G (500mg & syrup) | \$\$\$\$ |
| Actigall®; (ursodiol capsule) - G | \$\$\$\$ | amiloride (Midamor®) - G | \$ |
| Actonel with Calcium®; (risedronate with calcium) | \$\$\$\$ ST | amiloride/hctz (Moduretic®) - G | \$ |
| Actonel®; (risedronate) | \$\$\$\$ ST | aminocaproic acid (Amicar®) - G (500mg & syrup) | \$\$\$\$ |
| Actoplus Met®; (pioglitazone / metformin) | \$\$\$\$ ST | aminophylline (no brand available) - G | \$ |
| Actos®; (pioglitazone) | \$\$\$\$ ST | amiodarone 200mg & 400mg only (Cordarone®; Pacerone®) - G | \$\$\$ |
| Acular®; Acular LS®; eye drops (ketorolac) | \$\$\$\$ | Amitiza®; (lubiprostone) | \$\$\$\$ PA |
| acyclovir oral only (Zovirax®) - G | \$\$ | amitriptyline (Elavil®) - G | \$ |
| Aczone®; (dapson) | \$\$\$\$ PA | amlodipine (Norvasc®) - G | \$\$\$ |
| Adalat CC®; (nifedipine extended release) - G | \$\$\$ | amlodipine/benazepril (Lotrel®) - G (generics for these strengths only: 2.5-10mg, 5-10mg, 5-20mg, 10-20mg) | \$\$\$\$ |
| adalimumab injection (Humira®) | \$\$\$\$ PA | Amnesteem®; (isotretinoin) - G | \$\$\$\$ QL |
| adapalene (Differin®) | \$\$\$\$ | amoxicillin - G (not drops) | \$ |
| Adderall XR®; (amphetamine/dextroamphetamine extended release) - G | \$\$\$\$ | amoxicillin/potassium clavulanate (Augmentin®; Augmentin ES®; not Augmentin XR®) - G | \$\$\$\$ |
| Adderall®; (amphetamine/dextroamphetamine immediate release) - G | \$\$\$\$ | amphetamine/dextroamphetamine extended release (Adderall XR®) - G | \$\$\$\$ |
| adefovir (Hepsera®) | \$\$\$\$ | amphetamine/dextroamphetamine immediate release (Adderall®) - G | \$\$\$\$ |
| Advair Diskus®; (fluticasone/salmeterol powder for oral inhalation) | \$\$\$\$ | ampicillin - G | \$ |
| Advair HFA®; (fluticasone/salmeterol inhalation aerosol) | \$\$\$\$ | amprenavir (Agenerase®) | \$\$\$\$ |
| Afinitor (everolimus) | \$\$\$\$ | Anafranil®; (clomipramine) - G | \$\$ |
| Agenerase®; (amprenavir) | \$\$\$\$ | anagrelide (Agrylin®) - G | \$\$\$\$ |
| Aggrenox®; (dipyridamole/aspirin) | \$\$\$\$ | anakinra injection (Kineret®) | \$\$\$\$ PA |
| Agrylin®; (anagrelide) - G | \$\$\$\$ | Analpram-HC®; cream only (hydrocortisone/pramoxine rectal) | \$\$\$ |
| Alamast®; eye drops (pemirolast) | \$\$\$ | Anaprox®; (naproxen sodium) - G | \$\$ |
| albendazole (Albenza®) | \$\$ | anastrozole (Arimidex®) | \$\$\$\$ |
| Albenza®; (albendazole) | \$\$ | Androderm®; (testosterone patch) | \$\$\$\$ PA |
| albuterol hfa oral inhaler (Proair HFA®; and Ventolin HFA®; not Proventil HFA®) | \$\$ | Androgel®; (testosterone gel) | \$\$\$\$ PA |
| albuterol immediate release tablet & syrup (no brand available) - G | \$ | Android®; (methyltestosterone oral) | \$\$\$\$ |
| albuterol solution for nebulization (Proventil®; AccuNeb®) - G | \$\$ | Ansaid®; (flurbiprofen) - G | \$\$ |
| albuterol sustained release tablet (Vospire ER®) - G | \$\$\$\$ | Antabuse®; (disulfiram) | \$\$ |
| albuterol/ipratropium oral inhaler (Combivent®) | \$\$\$\$ | anthralin (Psoriatic®) - G | \$\$\$\$ |
| albuterol/ipratropium solution for nebulization (DuoNeb®) - G | \$\$\$\$ | Anusol HC®; (hydrocortisone rectal cream & suppository) - G | \$\$ |
| Aldactazide®; (spironolactone/hctz) - G (25mg/25mg) | \$ | aprepitant (Emend®) | \$\$\$\$ |
| Aldactone®; (spironolactone) - G | \$\$ | apresoline®; (Hydralazine) - G | \$\$ |
| Aldara®; (imiquimod) | \$\$\$\$ | Aptivus®; (tipranavir) | \$\$\$\$ |
| Aldomet®; (methyldopa) - G | \$ | Aquachloral®; (chloral hydrate suppository) | \$\$ |
| alendronate / cholecalciferol (Fosamax Plus D®) | \$\$\$\$ ST | | |

Brand names provided for reference. Generic substitution may be applicable.

The HealthPartners Drug Formulary

| Drug Name | Price | Drug Name | Price |
|--|----------------|--|--|
| Aralen®; (chloroquine phosphate) - G | \$\$ | Bentyl®; (dicyclomine) - G | \$ |
| Aranesp®; injection (darbepoetin) | \$\$\$\$\$ | Benzac®; (benzoyl peroxide) - G | \$\$ |
| Arava®; (leflunomide) - G | \$\$\$\$\$ | MD benzocaine/antipyrine ear drops (no brand available for this formulation) - G | \$ |
| Aricept®; (donepezil) | \$\$\$\$\$ | benzonatate (Tessalon®; Tessalon Perle®); - G | \$\$ |
| Arimidex®; (anastrozole) | \$\$\$\$\$ | PA benzoyl peroxide creamy wash (Brevoxyl®; Creamy Wash) - G | \$\$\$ |
| aripiprazole (Abilify Discmelt®); | \$\$\$\$\$ | benzoyl peroxide, not OTC's (Benzac AC®; Brevoxyl®); - G | (\$ |
| aripiprazole (Abilify®); | \$\$\$\$\$ | (2.5%, 5%, 10% strengths) | \$\$ |
| Aristocort A®; (triamcinolone) - G | \$ | QL benzotropine (Cogentin®); - G | \$ |
| Arixtra®; (fondaparinux) | \$\$\$\$\$ | Betagan®; eye drops (levobunolol) - G | \$ |
| Aromasin®; (exemestane) | \$\$\$\$\$ | betamethasone dipropionate (Diprosone®); - G | \$ |
| Artane®; (trihexyphenidyl) - G | \$ | betamethasone dipropionate, augmented cream, gel, ointment | (Diprolene®; Diprolene AF®); - G |
| Asacol®; (mesalamine oral) | \$\$\$\$\$ | betamethasone dipropionate, augmented lotion (Diprolene®); | \$\$\$\$\$ |
| Asmanex®; oral inhaler (mometasone) | \$\$\$ | betamethasone valerate - G | \$ |
| Astelin®; (azelastine nasal) | \$\$\$ | betamethasone valerate aerosol foam (Luxiq®); | \$\$\$\$\$ |
| Atarax®; (hydroxyzine hydrochloride) - G | \$\$\$ | Betapace®; Betapace AF®; (sotalol, sotalol AF) - G | \$\$ |
| atazanavir (Reyataz®); | \$\$\$\$\$ | Betaseron®; injection (interferon beta-1b) | \$\$\$\$\$ |
| atenolol (Tenormin®); - G | \$ | betaxolol eye drops - solution (No brand available) - G | \$\$ |
| atenolol/chlorthalidone (Tenoretic®); - G | \$ | betaxolol eye drops - suspension (Betoptic-S®); | \$\$\$\$\$ |
| Ativan®; (lorazepam) - G | \$\$ | QL bethanechol (Urecholine®); - G | \$\$\$\$\$ |
| atomoxetine (Strattera®); | \$\$\$\$\$ | Betimol®; eye drops (timolol hemihydrate) | \$\$ |
| atorvastatin (Lipitor®); - **Half tablet program** | \$\$\$\$\$ | Betoptic-S®; eye drops - suspension (betaxolol) | \$\$\$\$\$ |
| atovaquone (Mepro®); | \$\$\$\$\$ | Biaxin®; not Biaxin XL®; (clarithromycin) - G | \$\$\$\$\$ |
| atovaquone/proguanil (Malarone®); | \$\$\$\$\$ | bicalutamide (Casodex®); | \$\$\$\$\$ |
| Atripla®; (efavirenz/emtricitabine/tenofovir) | \$\$\$\$\$ | Bicitra®; (sodium citrate/citric acid) - G | \$ |
| atropine eye drops & ointment (Atropisol®); - G | \$ | Biltricid®; (praziquantel) | \$\$ |
| Atropisol®; eye drops & ointment (atropine) - G | \$ | bimatoprost eye drops (Lumigan®); - 2.5ml only | \$\$\$ |
| Atrovent®; nasal spray (ipratropium) - G | \$\$\$ | Bleph-10®; eye drops (sulfacetamide) - G | \$ |
| Atrovent®; solution for nebulization (ipratropium) - G | \$\$\$\$ | Blephamide®; eye drops, Blephamide S.O.P.®; eye ointment | (sulfacetamide sodium/prednisolone acetate) - G (suspension) |
| Atrovent®; Atrovent HFA®; oral inhaler (ipratropium) | \$\$\$\$ | bosentan (Tracleer®); - Specialty drug | \$\$\$\$\$ |
| Augmentin ES®; suspension (amoxicillin/potassium clavulanate) - G | \$\$\$\$ | Brethine®; oral tablet (terbutaline) - G | \$\$\$ |
| Augmentin®; not Augmentin XR®; (amoxicillin/potassium clavulanate) - G | \$\$\$\$ | Brevicon®; (generic names: neon®; nortrel®); - G | \$\$ |
| auranofin (Ridaura®); | \$\$\$\$\$ | Brevoxyl®; (benzoyl peroxide) | \$\$\$ |
| Avalide®; (irbesartan/hctz) | \$\$\$ QL & ST | Brevoxyl®; Acne Wash Kit (benzoyl peroxide wash+cleanser) | \$\$\$ |
| Avapro®; (irbesartan) | \$\$\$ QL & ST | Brevoxyl®; Creamy Wash (benzoyl peroxide wash) - G | \$\$\$ |
| Avelox®; (moxifloxacin) | \$\$\$\$ | brimonidine 0.2% eye drops (No brand available) - G | \$\$ |
| Aventyl®; (nortriptyline) - G | \$ | brimonidine eye drops (Alphagan-P®); | \$\$\$\$ |
| Avodart®; (dutasteride) | \$\$\$\$ | brimonidine/timolol eye drops (Combigan®); | \$\$\$\$ |
| Avonex®; injection (interferon beta-1a) | \$\$\$\$\$ | MD brinzolamide eye drops (Azopt®); | \$\$\$ |
| Aygestin®; (norethindrone acetate) - G | \$\$ | bromfenac eye drops (Xibrom®); | \$\$ |
| AzaSite®; eye drops (azithromycin) | \$\$\$\$ | bromocriptine (Parlodel®); - G | \$\$\$\$\$ |
| azathioprine (Imuran®); - G | \$\$\$ | brompheniramine/pseudoephedrine 6/60mg & 12-120mg only - G | \$ |
| azelaic acid (Azelex®; Finacea®); | \$\$\$ | budesonide oral (Entocort EC®); | \$\$\$\$\$ |
| azelastine eye drops (Optivar®); | \$\$\$ | budesonide oral inhaler (Pulmicort Flexhaler®); | \$\$\$\$ |
| azelastine nasal (Astelin®); | \$\$\$ | PA budesonide suspension for oral inhalation (Pulmicort Respules®); | \$\$\$\$\$ |
| Azelex®; (azelaic acid 20%) | \$\$\$ | budesonide/formoterol for oral inhalation (Symbicort®); | \$\$\$\$\$ |
| Azilect®; (rasagiline) | \$\$\$\$\$ | MD bumetanide (Bumex®); - G | \$ |
| azithromycin (Zithromax®); - G | \$\$\$ | Bumex®; (bumetanide) - G | \$ |
| azithromycin eye drops (AzaSite®); | \$\$\$\$ | buprenorphine/naloxone (Suboxone®); | \$\$\$\$\$ |
| Azmacort®; oral inhaler (triamcinolone) | \$\$\$\$ | bupropion extended release (Wellbutrin XL®); - G | \$\$\$\$ |
| Azopt®; eye drops (brinzolamide) | \$\$\$ | bupropion immediate release (Wellbutrin®); - G | \$\$\$ |
| AZT (zidovudine, Retrovir®); | \$\$\$\$\$ | bupropion sustained release (Wellbutrin SR®); - G | \$\$\$\$ |
| Azulfidine®; Azulfidine En-Tabs®; (sulfasalazine) - G | \$\$ | bupropion sustained release-smoking deterrent (Zyban®); - G | \$\$\$\$ |
| bacitracin eye ointment - G | \$ | Buspar®; (buspirone) - G | \$\$ |
| bacitracin/polymyxin B eye ointment (Polysporin®); - G | \$\$ | buspirone (Buspar®); - G | \$\$ |
| baclofen - G | \$\$\$ | busulfan (Myleran®); | \$\$\$\$ |
| Bactrim®; (trimethoprim/sulfamethoxazole) - G | \$ | butalbital/acetaminophen (Phrenilin®); - G | \$\$ |
| Bactroban®; cream (mupirocin) | \$\$\$ | butalbital/acetaminophen/caffeine (Fioricet®); - G | \$\$ |
| Bactroban®; ointment, not nasal ointment (mupirocin) - G | \$\$ | butalbital/aspirin/caffeine (Fiorinal®); - G | \$\$ |
| Banzel®; (rufinamide) | \$\$\$\$\$ | Byetta®; (exenatide) | \$\$\$\$\$ |
| Baraclude®; (entecavir) | \$\$\$\$\$ | cabergoline (Dostinex®); | \$\$\$\$\$ |
| beclomethasone oral inhaler (QVAR®); | \$\$\$\$ | Cafergot®; suppository (ergotamine with caffeine rectal) | \$\$\$\$ |
| benazepril (Lotensin®); - G | \$ | | |
| benazepril/hctz (Lotensin HCT®); - G | \$ | | |

Brand names provided for reference. Generic substitution may be applicable.

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| Drug Name | Price | | Drug Name | Price |
|--|------------|----|--|------------|
| Cafergot®; tablet (ergotamine with caffeine oral) - G | \$\$\$ | QL | Chantix®; (varenicline) | \$\$\$\$\$ |
| Calan®; Calan SR®; (verapamil) - G | \$\$ | | Chemet®; (succimer) | \$\$\$\$\$ |
| Calciferol®; (ergocalciferol, vitamin D) - G | \$ | | chloral hydrate (Somnote®; capsule, Aquachloral®; suppository) - G (syrup) | \$\$ |
| calcipotriene (Dovonex®); - G (generic for solution only) | \$\$\$\$\$ | | chlorambucil (Leukeran®); | \$\$\$\$\$ |
| calcipotriene/betamethasone (Taclonex®); | \$\$\$\$\$ | PA | chlordiazepoxide hydrochloride (Librium®); - G | \$ |
| calcitonin nasal only (Miacalcin®; Fortical®); | \$\$\$\$\$ | | chlorhexidine gluconate 0.12% (Peridex®); - G | \$\$ |
| calcitriol (Rocaltrol®); - G | \$\$\$ | | chloroquine phosphate (Aralen®); - G | \$\$ |
| calcitriol topical (Vectical) | \$\$\$\$\$ | PA | chlorothiazide suspension (Diuril®); | \$\$ |
| calcium acetate (Phoslo®); - G | \$\$\$ | | chlorothiazide tablets (Diuril®); - G | \$ |
| Campral®; (acamprosate) | \$\$\$\$\$ | | chlorpheniramine 8mg & 12mg SR only (Chlor-Trimeton®); - G | \$ |
| Canasa®; (mesalamine rectal suppository) | \$\$\$\$\$ | | chlorpheniramine/pseudoephedrine (Deconamine SR®); - G | \$ |
| capecitabine (Xeloda®); | \$\$\$\$\$ | | chlorpheniramine/pseudoephedrine/codeine liquid (Novahistine DH®); - G | \$ |
| Capex®; (fluocinolone shampoo) | \$\$\$ | | chlorpromazine (Thorazine®); - G | \$\$ |
| Capoten®; (captopril) - G | \$ | | chlorthalidone - G | \$ |
| captopril (Capoten®); - G | \$ | | Chlor-Trimeton®; 8mg & 12mg SR only (chlorpheniramine) - G | \$ |
| Carac®; (fluorouracil 0.5% cream) | \$\$\$\$\$ | | chlorzoxazone (Parafon Forte®); - G | \$ |
| Carafate®; (sucralfate) - G | \$\$ | | cholestyramine (Questran®; Questran Light®); - G | \$\$\$ |
| carbamazepine extended release (Carbatrol®); | \$\$\$ | | choriogonadotropin alfa injection (Ovidrel®); - Covered per member benefit for infertility. SpecialtyScripts is the preferred specialty pharmacy but not required. | \$\$\$\$\$ |
| carbamazepine extended release (Tegretol XR®); - G (200mg & 400mg) | \$\$\$ | | chorionic gonadotropin injection (Novarel®; Pregnyl®; Other Generics) - G - Covered per member benefit for infertility. SpecialtyScripts is the preferred specialty pharmacy but not required. | \$\$\$ |
| carbamazepine immediate release (Epilex®; Tegretol®); - G | \$\$ | | ciclopirox cream, gel, lotion (Loprox®); - G | \$\$\$\$ |
| Carbatrol®; (carbamazepine extended release) | \$\$\$ | | ciclopirox nail lacquer (Penlac®); - G | \$\$ |
| carbenicillin (Geocillin®); | \$\$\$\$\$ | | cilostazol (Pletal®); - G | \$\$\$\$ |
| carbidopa (Lodosyn®); | \$\$\$ | | Ciloxan®; eye ointment (ciprofloxacin) | \$\$\$ |
| carbidopa/levodopa controlled release (Sinemet CR®); - G | \$\$\$\$\$ | | Ciloxan®; eye solution (ciprofloxacin) - G | \$\$ |
| carbidopa/levodopa immediate release (Sinemet®); - G | \$\$ | | cimetidine (Tagamet®); - G | \$ |
| Cardizem CD®; 120mg, 180mg, 240mg, 300mg (diltiazem extended release - 24 hour) - G | \$\$\$ | | cinacalcet (Sensipar®); | \$\$\$\$\$ |
| Cardizem CD®; 360mg (diltiazem extended release - 24 hour) | \$\$\$\$\$ | | Cipro HC®; ear drops (ciprofloxacin/hydrocortisone otic) | \$\$\$\$ |
| Cardizem SR®; (diltiazem sustained release - 12 hour) - G | \$\$\$ | | Cipro®; not Cipro XR®; (ciprofloxacin) - G (tablets) | \$\$\$\$ |
| Cardizem®; (diltiazem immediate release) - G | \$ | | Ciprodex®; ear drops (ciprofloxacin/dexamethasone) | \$\$\$\$ |
| Cardura®; (doxazosin) - G | \$\$ | | ciprofloxacin eye ointment (Ciloxan®); | \$\$\$ |
| Carmol-40®; cream, gel & lotion (urea 40%) - G | \$\$ | | ciprofloxacin eye solution (Ciloxan®); - G | \$\$ |
| Carnitor®; (levocarnitine) - G | \$\$\$\$ | | ciprofloxacin oral (Cipro®; not Cipro XR®); - G (tablets) | \$\$\$\$ |
| carteolol eye drops (Ocupress®); - G | \$\$ | | ciprofloxacin/dexamethasone ear drops (Ciprodex®) | \$\$\$\$ |
| carvedilol controlled release (Coreg CR) | \$\$\$\$\$ | ST | ciprofloxacin/hydrocortisone ear drops (Cipro HC®; otic) | \$\$\$\$ |
| carvedilol regular release (Coreg) - G | \$ | | citalopram (Celexa®); - G | \$\$ |
| Casodex®; (bicalutamide) | \$\$\$\$\$ | | clarithromycin (Biaxin®; not Biaxin XL®); - G | \$\$\$\$\$ |
| Catapres TTS®; patch (Clonidine) | \$\$\$\$ | | clemastine syrup only (Tavist®); - G | \$\$ |
| Catapres®; oral (clonidine) - G | \$ | | Clenia®; cream & wash (sulfacetamide sodium/sulfur) | \$\$\$ |
| Caverject®; (alprostadil injection) - Not covered for state-sponsored benefit plans such as Medicaid and MnCare | \$\$\$\$\$ | QL | Cleocin T®; (clindamycin topical) - G | \$\$ |
| CeeNu®; (lomustine) | \$\$\$\$ | | Cleocin®; oral (clindamycin) - G (150mg & 300mg capsules) | \$\$ |
| cefdinir (Omnicef®); - G | \$\$\$\$ | | Cleocin®; vaginal cream (clindamycin) - G | \$\$ |
| cefixime tablet (Suprax®); | \$ | QL | Cleocin®; vaginal suppository (clindamycin) | \$\$\$ |
| cefprozil (Cefzil®); | \$\$\$\$ | | Climara Pro®; (estradiol/levonorgestrel weekly patch) | \$\$\$ |
| Ceftin®; suspension (cefuroxime) - G | \$\$\$\$ | | Climara®; (estradiol weekly patch) - G | \$\$ |
| Ceftin®; tablets (cefuroxime) - G | \$\$\$\$ | | clindamycin oral (Cleocin®); - G (150mg & 300mg capsules) | \$\$ |
| cefuroxime suspension (Ceftin®); - G | \$\$\$\$ | ST | clindamycin topical (Cleocin T®); - G | \$\$ |
| cefuroxime tablets (Ceftin®); - G | \$\$\$\$ | ST | clindamycin vaginal cream (Cleocin®; not Clindesse®); - G | \$\$ |
| Cefzil®; (cefprozil) | \$\$\$\$ | | clindamycin vaginal suppository (Cleocin®); | \$\$\$ |
| Celebrex®; (celecoxib) | \$\$\$\$ | | Clinoril®; (sulindac) - G | \$ |
| celecoxib (Celebrex®); | \$\$\$\$ | | clioquinol/hydrocortisone 3-1% (No brand available) - G | \$ |
| Celexa®; (citalopram) - G | \$\$ | | clobetasol aerosol foam (Olux®); - G | \$\$\$\$\$ |
| CellCept®; (mycophenolate mofetil) - G | \$\$\$\$\$ | | clobetasol cream, gel, ointment, solution only (Temovate®; Temovate E®); - G | \$\$\$ |
| Centany®; (mupirocin ointment) - G | \$\$ | | clobetasol emulsion foam (Olux-E®); | \$\$\$\$\$ |
| cephalexin (Keflex®); - G | \$ | | clobetasol spray (Clobex®); | \$\$\$\$\$ |
| cetorelix acetate injection (Cetrotide®); - Covered per member benefit for infertility. SpecialtyScripts is the preferred specialty pharmacy but not required. | \$\$\$\$\$ | | Clobex®; spray (clobetasol) | \$\$\$\$\$ |
| Cetrotide®; injection (cetorelix acetate) - Covered per member benefit for infertility. SpecialtyScripts is the preferred specialty pharmacy but not required. | \$\$\$\$\$ | | | PA |
| cevimeline (Evoxac®); | \$\$\$\$\$ | | | PA |

Brand names provided for reference. Generic substitution may be applicable.

The HealthPartners Drug Formulary

| Drug Name | Price | Drug Name | Price |
|---|----------|--|----------|
| Clomid®; (clomiphene) - G - Covered per member benefit for infertility | \$\$ | Cyclogyl®; eye drops (cyclopentolate) - G | \$ |
| clomiphene (Clomid®; Serophene®); - G - Covered per member benefit for infertility | \$\$ | cyclopentolate eye drops (Cyclogyl®); - G | \$ |
| clomipramine (Anafranil®); - G | \$\$ | cyclophosphamide (Cytosan®); - G | \$\$\$\$ |
| clonazepam swallow tablet (Klonopin®; not Klonopin Wafers®); - G | \$ | cyclosporine eye drops (Restasis®); | \$\$\$\$ |
| clonidine oral (Catapres®); - G | \$\$\$\$ | cyclosporine oral (Neoral®; Sandimmune®); - G | \$\$\$\$ |
| clonidine patch (Catapres-TTS®); | \$\$\$\$ | Cymbalta®; (duloxetine) | \$\$\$\$ |
| clopidogrel (Plavix®); | \$\$\$\$ | cyproheptadine (Periactin®); - G | \$\$ |
| clotrimazole troche (Mycelex®); - G | \$\$\$\$ | Cystospaz®; (hyoscyamine immediate release) - G | \$\$ |
| clozapine (Clozaril®);, not FazaClo®; - G | \$\$\$\$ | Cystospaz-M®; (hyoscyamine controlled release) - G | \$\$ |
| Clozaril®; (clozapine) - G | \$\$\$\$ | Cytomel®; (liothyronine) | \$\$ |
| codeine sulfate - G | \$\$\$ | Cytotec®; (misoprostol) - G | \$\$\$\$ |
| codeine/chlorpheniramine/pseudoephedrine liquid (Novahistine DH®); - G | \$ | Cytovene®; (ganciclovir) - G | \$\$\$\$ |
| codeine/guaifenesin liquid (generics, Robitussin AC®; Tussi Organidin-S®); - G | \$ | Cytosan®; (cyclophosphamide) - G | \$\$\$\$ |
| codeine/guaifenesin/pseudoephedrine/10-100-30mg/5ml liquid (Novahistine®; Expectorant, Nucofed®); - G | \$ | D.H.E. 45®; injection (dihydroergotamine) - G | \$\$\$\$ |
| codeine/promethazine liquid (Phenergan w/Codeine®); - G | \$ | dalteparin (Fragmin®); | \$\$\$\$ |
| codeine/promethazine/phenylephrine liquid (Phenergan VC w/Codeine®); - G | \$ | danazol (Danocrine®); - G | \$\$\$\$ |
| Cogentin®; (benztropine) - G | \$ | Danocrine®; (danazol) - G | \$\$\$\$ |
| colchicine - G | \$ | Dantrium®; (dantrolene) | \$\$\$\$ |
| colchicine/probenecid - G | \$\$ | dantrolene (Dantrium®); | \$\$\$\$ |
| Colestid®; tablets only (colestipol) - G | \$\$\$\$ | dapsone | \$ |
| colestipol tablets only (Colestid®); - G | \$\$\$\$ | darbepoetin injection (Aranesp®); | \$\$\$\$ |
| Colocort®; (hydrocortisone rectal enema) - G | \$\$\$\$ | darunavir (Prezista®); | \$\$\$\$ |
| Colyte®; (electrolyte-peg) | \$ | Darvocet-N®; 100 (propoxyphene napsylate with acetaminophen) - G | \$ |
| Combigan®; eye drops (brimonidine/timolol) | \$\$\$\$ | Darvon®; (propoxyphene hydrochloride) - G | \$ |
| Combipatch®; (estradiol/norethindrone twice weekly patch) | \$\$\$ | dasatinib (Sprycel®); | \$\$\$\$ |
| Combivent®; oral inhaler (albuterol/ipratropium) | \$\$\$\$ | DDAVP®; intranasal and oral (desmopressin) - G (intranasal & 0.2mg tablet) | \$\$\$\$ |
| Combivir®; (lamivudine/zidovudine) | \$\$\$\$ | Decadron®; oral tablet and liquid (dexamethasone) - G | \$ |
| Commit®; (nicotine lozenge) | \$\$\$\$ | Declomycin®; (demeclocycline) - G | \$\$\$\$ |
| Compazine®; (prochlorperazine) - G | \$\$ | Deconamine SR®; (chlorpheniramine/pseudoephedrine) - G | \$ |
| Comtan®; (entacapone) | \$\$\$\$ | deferasirox (Exjade®); | \$\$\$\$ |
| Concerta®; (methylphenidate controlled release) | \$\$\$\$ | delavirdine (Rescriptor®); | \$\$\$\$ |
| Condylox®; (podofilox) - G (solution) | \$\$\$\$ | Deltason®; (prednisone) - G | \$ |
| Copaxone®; injection (glatiramer) | \$\$\$\$ | Demadex®; (torsemide) - G | \$\$ |
| Copegus®; (ribavirin tablet) - G | \$\$\$\$ | demeclocycline (Declomycin®); - G | \$\$\$\$ |
| Cordarone®; (amiodarone) - G | \$\$\$ | Demulen 1/35®; (generic names: kelnor®; zovia®); - G | \$\$ |
| Cordran®; tape only (flurandrenolide) | \$\$\$ | Demulen 1/50®; (generic names: zovia®); - G | \$\$ |
| Coreg (carvedilol regular release) - G | \$\$\$\$ | Depakene®; (valproic acid) - G | \$\$\$\$ |
| Coreg CR (carvedilol controlled release) | \$\$\$\$ | Depakote ER®; (divalproex sodium - 24 hour) - G | \$\$\$\$ |
| Corgard®; (nadolol) - G | \$ | Depakote®; (divalproex sodium) - G | \$\$\$\$ |
| Cortef®; (hydrocortisone oral) - G (20mg) | \$\$ | Depakote®; Sprinkle (divalproex sodium) - G | \$\$\$\$ |
| corticotropin injection (Acthar®; HP) - Specialty drug | \$\$\$\$ | Depen®; (penicillamine) | \$\$\$\$ |
| Cortifoam®; (hydrocortisone rectal foam) | \$\$\$\$ | Depo-Testosterone®; injection (testosterone cypionate) - G | \$\$\$ |
| Cortisporin®; ear drops - suspension & solution (neomycin/polymyxin/hc) - G | \$\$ | Derma-Smoother/FS®; (fluocinolone oil) | \$\$\$ |
| Cosopt®; eye drops (dorzolamide/timolol) - G | \$\$\$\$ | desipramine (Norpramin®); - G | \$\$ |
| Coumadin®; (warfarin) - G | \$\$ | desmopressin intranasal and oral (DDAVP®); - G (intranasal & 0.2mg tablet) | \$\$\$\$ |
| Creon®; (digestive enzymes) | \$\$\$\$ | Desogen®; (generic names: apri®; reclipen®; solia®); - G | \$\$ |
| Crixivan®; (indinavir) | \$\$\$\$ | desonide (Desowen®; Tridesilon®); - G | \$\$ |
| Crolom®; eye drops (cromolyn) - G | \$\$ | Desowen®; (desonide) - G | \$\$ |
| cromolyn eye drops (Crolom®); - G | \$\$ | desoximetasone (Topicort®; Topicort LP®); - G | \$\$ |
| cromolyn oral inhaler (Intal®); | \$\$\$\$ | Desyrel®; (trazodone) - G | \$ |
| cromolyn solution for nebulization (Intal®); - G | \$\$\$ | Detrol®; Detrol®; LA (tolterodine) | \$\$\$\$ |
| crotamiton (Eurax®); | \$ | Dexamethasone oral concentrate liquid | \$\$ |
| Cuprimine®; (penicillamine) | \$\$\$\$ | dexamethasone oral tablet and liquid (Decadron®); - G | \$ |
| cyanocobalamin injection (vitamin B12) - G | \$ | Dexedrine SR®; (dextroamphetamine sustained release) - G | \$\$\$\$ |
| Cyclessa®; (generic names: cesia®; velivet®); - G | \$\$ | Dexedrine®; (dextroamphetamine immediate release) - G | \$\$ |
| cyclobenzaprine (Flexeril®); - G | \$ | dexmethylphenidate (Focalin XR®); | \$\$\$\$ |
| Cyclocort®; (amcinonide) - G | \$\$\$ | dexmethylphenidate (Focalin®); - G | \$\$\$ |
| | | dextroamphetamine immediate release (Dexedrine®; Dextrostat®) - G | \$\$ |
| | | dextroamphetamine sustained release (Dexedrine SR®); - G | \$\$\$\$ |
| | | dextromethorphan/promethazine liquid (Phenergan w/DM®); - G | \$ |
| | | Dextrostat®; (dextroamphetamine immediate release) - G | \$\$ |
| | | Diabeta®; (glyburide) - G | \$ |

Brand names provided for reference. Generic substitution may be applicable.

The HealthPartners Drug Formulary

| Drug Name | Price | Drug Name | Price |
|---|------------|---|---------------|
| Diamox Sequel®; (acetazolamide capsule) - G | \$\$\$\$ | Drisdol®; (ergocalciferol, vitamin D2) - G | \$ |
| Diastat®; (diazepam rectal solution) | \$\$\$\$\$ | dronabinol (Marinol®); - G | \$\$\$\$\$ |
| Diatx®; (vitamin B-complex/vitamin C/folic acid tablet) | \$ | Drysol®; (aluminum chloride hexahydrate) - G | \$ |
| diazepam (Valium®); - G | \$ | Duetact®; (pioglitazone / glimepiride) | \$\$\$\$\$ ST |
| diazepam rectal solution (Diastat®) | \$\$\$\$\$ | duloxetine (Cymbalta®); | \$\$\$\$\$ ST |
| Dibenzyline®; (phenoxybenzamine) | \$\$\$\$\$ | DuoNeb®; solution for nebulization (albuterol/ipratropium) - G | \$\$\$\$ |
| diclofenac eye drops (Voltaren®); - G | \$\$\$ | Duragesic®; (fentanyl) - G | \$\$\$\$\$ |
| diclofenac sodium regular release only (Voltaren®); - G | \$\$ | dutasteride (Avodart®); | \$\$\$\$ |
| dicloxacillin capsule - G | \$\$ | Dyazide®; (triamterene/hctz capsule) - G | \$ |
| dicyclomine (Bentyl®); - G | \$ | echothiophate eye drops (Phospholine Iodide®); | \$\$\$ |
| didanosine (Videx®); | \$\$\$\$\$ | econazole (Spectazole®); - G | \$\$ |
| didanosine delayed release (Videx®; EC) - G | \$\$\$\$\$ | Econopred®; eye drops (prednisolone acetate) - G (1%) | \$ |
| Didronel®; (etidronate) - G | \$\$\$\$\$ | Edocrin®; (ethacrynic acid) | \$\$\$\$\$ |
| Differin®; (adapalene) | \$\$\$\$ | efavirenz (Sustiva®); | \$\$\$\$\$ |
| diflorasone (Psorcon®; not Psorcon-E®); - G | \$\$\$\$ | efavirenz/emtricitabine/tenofovir (Atripla®); | \$\$\$\$\$ |
| Diflucan®; 150mg - 1 dose for vaginal candidiasis (fluconazole) - G | \$ | Effexor®; (venlafaxine immediate release) - G | \$\$\$\$ ST |
| Diflucan®; suspension (fluconazole) - G | \$\$\$\$\$ | Efudex®; (fluorouracil 5% cream, 2%&5% solution) - G | |
| Diflucan®; tablet (fluconazole) - G | \$\$ | (2% & 5% solution) | \$\$\$\$\$ |
| digestive enzymes (Creon®; Viokase®); | \$\$\$\$\$ | Elavil®; (amitriptyline) - G | \$ |
| digoxin (Lanoxin®); | \$ | Eldepryl®; (selegiline) - G | \$\$\$ |
| dihydroergotamine injection (D.H.E. 45®); - G | \$\$\$\$\$ | electrolyte-PEG (Golytely®; Nulytely®; Moviprep®; Colyte®); | \$\$ |
| dihydroergotamine nasal spray (Migranal®); | \$\$\$\$\$ | Elestat®; eye drops (epinastine) | \$\$\$ |
| Dilacor XR®; (diltiazem extended release - 24 hour) - G | \$\$ | eletriptan (Relpax®); - 6 tablets per package | \$\$\$\$ QL |
| Dilantin®; (phenytoin) - G (100mg capsule & suspension) | \$\$ | Elidel®; (pimecrolimus topical) | \$\$\$\$ |
| Dilaudid®; oral (hydromorphone) - G | \$\$ | Elimite®; cream only (permethrin) - G | \$\$ |
| Dilaudid®; rectal (hydromorphone) - G | \$\$\$\$ | Elmiron®; (pentosan polysulfate sodium) | \$\$\$\$\$ |
| diltiazem extended release - 24 hour (Cardizem CD®; not Cardizem LA®); - G (120mg, 180mg, 240mg, 300mg) | \$\$\$ | Elocon®; (mometasone topical) - G | \$\$ |
| diltiazem extended release - 24 hour (Dilacor XR®); - G | \$\$ | eltrombopag (Promacta®); | \$\$\$\$\$ PA |
| diltiazem extended release - 24 hour (Tiazac®); - G | \$\$\$ | Emcyt®; (estramustine) | \$\$\$\$\$ |
| diltiazem extended release 360mg - 24 hour (Cardizem CD®; 360mg) | \$\$\$\$\$ | Emend®; (aprepitant) | \$\$\$\$\$ |
| diltiazem immediate release (Cardizem®); - G | \$ | EMLA®; (lidocaine/prilocaine) - G | \$\$\$ QL |
| diltiazem sustained release - 12 hour (Cardizem SR®); - G | \$\$\$ | EMLA®; with Tegaderm (lidocaine/prilocaine with tegaderm) | \$\$\$\$ QL |
| diphenoxylate/atropine (Lomotil®); - G | \$\$ | Emsam®; (selegiline patch) | \$\$\$\$\$ PA |
| dipivefrin eye drops (Propine®); - G | \$ | emtricitabine (Emtriva®); | \$\$\$\$\$ |
| Diprolene®; gel, ointment; Diprolene AF®; cream (betamethasone dipropionate, augmented) - G | \$\$\$ | emtricitabine / tenofovir (Truvada®); | \$\$\$\$\$ |
| Diprolene®; lotion (betamethasone dipropionate, augmented) | \$\$\$\$ | Emtriva®; (emtricitabine) | \$\$\$\$\$ |
| Diprosone®; (betamethasone dipropionate) - G | \$ | enalapril maleate (Vasotec®); - G | \$ |
| dipyridamole (Persantine®); - G | \$\$ | Enbrel®; injection (etanercept) | \$\$\$\$\$ PA |
| dipyridamole/aspirin (Aggrenox®); | \$\$\$\$\$ | enfuvirtide injection (Fuzeon®); | \$\$\$\$\$ MD |
| Disalcid®; (salsalate) - G | \$ | enoxaparin (Lovenox®); | \$\$\$\$\$ QL |
| disopyramide controlled release (Norpace CR®); - G | \$\$\$ | entacapone (Comtan®); | \$\$\$\$\$ |
| disopyramide immediate release (Norpace®); - G | \$\$ | entacapone/carbidopa/levodopa (Stalevo®); | \$\$\$\$\$ |
| disulfiram (Antabuse®); | \$\$ | entecavir (Baraclude®); | \$\$\$\$\$ |
| Ditropan XL®; (oxybutynin sustained release) - G | \$\$\$\$\$ | Entocort EC®; (budesonide oral) | \$\$\$\$\$ |
| Ditropan®; (oxybutynin immediate release) - G | \$ | epinastine eye drops (Elestat®); | \$\$\$ |
| Diuril®; suspension (chlorothiazide) | \$\$ | epinephrine 1:1000 injection - G | \$ |
| Diuril®; tablets (chlorothiazide) - G | \$ | epinephrine auto-injector (EpiPen®; EpiPen Jr®; Twinject®); | \$\$\$\$ |
| divalproex sodium - 24 hour (Depakote ER®); - G | \$\$\$\$\$ | EpiPen®; EpiPen Jr®; (epinephrine auto-injector) | \$\$\$\$ |
| divalproex sodium (Depakote®); - G | \$\$\$\$ | Epitol®; (carbamazepine immediate release) - G | \$\$ |
| divalproex sodium sprinkle (Depakote®; Sprinkle) - G | \$\$\$\$ | Epivir®; Epivir HBV®; (lamivudine) | \$\$\$\$\$ |
| dofetilide (Tikosyn®); | \$\$\$\$\$ | eplerenone (Inspra®); - G | \$\$\$\$\$ PA |
| Dolophine®; (methadone) - G | \$\$ | epoetin alfa (Procrit®; brand only) | \$\$\$\$\$ |
| donepezil (Aricept®); | \$\$\$\$\$ | Epzicom®; (abacavir / lamivudine) | \$\$\$\$\$ |
| dornase alfa (Pulmozyme®); | \$\$\$\$\$ | ergocalciferol (vitamin D) - G | \$ |
| dorzolamide eye drops (Trusopt®); - G | \$\$\$ | Ergomar®; (ergotamine sublingual) | \$\$\$\$\$ QL |
| dorzolamide/timolol eye drops (Cosopt®); - G | \$\$\$\$ | ergotamine sublingual (Ergomar®); | \$\$\$\$\$ QL |
| Dostinex®; (cabergoline) | \$\$\$\$\$ | ergotamine with caffeine oral (Cafergot®; tablet) - G | \$\$\$ QL |
| Dovonex®; (calcipotriene) - G (generic for solution only) | \$\$\$\$\$ | ergotamine with caffeine rectal (Cafergot®; Migergot®; suppository) | \$\$\$\$ QL |
| doxazosin (Cardura®); - G | \$\$ | erlotinib (Tarceva®); | \$\$\$\$\$ |
| doxepin (Sinequan®); - G | \$ | Eryderm®; (erythromycin topical) - G | \$\$ |
| doxycycline hyclate 50mg & 100mg only (Vibramycin®; Vibratabs®; not Doryx®); - G | \$ | Erygel®; (erythromycin topical) - G | \$\$ |
| | | Ery-Tab®; (erythromycin delayed release) | \$ |
| | | erythromycin delayed release (Ery-Tab®); | \$ |
| | | erythromycin base - G | \$ |
| | | erythromycin ethylsuccinate - G (not drops) | \$ |

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The HealthPartners Drug Formulary

| Drug Name | Price | Drug Name | Price |
|---|------------|--|------------|
| erythromycin eye ointment - G | \$ | Flexeril®; (cyclobenzaprine) - G | \$ |
| erythromycin stearate - G | \$ | Flomax®; (tamsulosin) | \$\$\$\$ |
| erythromycin topical gel & solution (Eryderm®; Erygel®); - G | \$\$ | Flonase®; nasal inhaler (fluticasone) - G | \$\$\$ |
| erythromycin/sulfisoxazole (Pediazole®); - G | \$ | Florinef®; (fludrocortisone) - G | \$\$ |
| erythropoietin injection (Procrit®; brand only) | \$\$\$\$\$ | Flovent®; Flovent HFA®; oral inhaler only (fluticasone) | \$\$\$\$ |
| escitalopram (Lexapro®); - **Half tablet program** | \$\$\$\$\$ | Floxin®; ear drops (ofloxacin) - G | \$\$\$\$ |
| Eskalith CR®; (lithium carbonate controlled release) - G | \$\$ | fluconazole 150mg - 1 dose for vaginal candidiasis (Diflucan®); - G | \$ |
| Estrace®; oral (estradiol) - G | \$ | fluconazole suspension (Diflucan®); - G | \$\$\$\$\$ |
| Estrace®; vaginal (estradiol) | \$\$\$\$ | fluconazole tablet (Diflucan®); - G | \$\$ |
| Estraderm®; (estradiol twice weekly patch) | \$\$ | fludrocortisone (Florinef®); - G | \$\$ |
| estradiol oral (Estrace®); - G | \$ | Flumadine®; (rimantadine) - G (tablets) | \$\$ |
| estradiol twice weekly patch (Estraderm®; Vivelle-DOT®; only) | \$\$ | flunisolide nasal inhaler (Nasarel®; & Nasalide®); - G | \$\$ |
| estradiol vaginal (Estrace®; Estring®) | \$\$\$\$ | fluocinolone cream, ointment, solution (Synalar®); - G | \$ |
| estradiol vaginal tablet (Vagifem®); | \$\$ | fluocinolone oil (Derma-Smoother/FS®); | \$\$\$ |
| estradiol weekly patch (Climara®); - G | \$\$ | fluocinolone shampoo (Capex®); | \$\$\$ |
| estradiol, ethinyl/norethindrone oral (Femhrt®; Femhrt®; Low-Dose) | \$\$ | fluocinonide (Lidex®; Lidex-E®); - G | \$ |
| estradiol/levonorgestrel weekly patch (Climara Pro®); | \$\$\$ | fluoride (Luride®); - G | \$ |
| estradiol/norethindrone twice weekly patch (Combipatch®); | \$\$\$ | fluoromethalone eye drops 0.1% only (FML®); - G | \$ |
| estramustine (Emcyt®); | \$\$\$\$\$ | Fluoroplex®; (fluorouracil 1% cream) | \$\$\$\$\$ |
| Estring®; (estradiol vaginal ring) | \$\$ | fluorouracil topical 0.5% & 1% cream (Fluoroplex®; 1%, Carac®; 0.5%) | \$\$\$\$\$ |
| estrogen, conjugated oral (Premarin®); | \$\$ | fluorouracil topical 2% & 5% solution and 5% cream (Efudex®); - G | \$\$\$\$\$ |
| estrogen, conjugated vaginal (Premarin®); | \$\$\$ | fluoxetine 10mg capsule & tablet and 20mg capsule (Prozac®; not Sarafem®); - G | \$ |
| estrogen, conjugated/medroxyprogesterone (Premphase®; Prempro®); | \$\$ | fluoxetine solution (Prozac®); - G | \$\$\$\$\$ |
| estropipate (Ogen®); - G | \$ | fluoxymesterone (Halotestin®); - G (10mg) | \$\$\$\$ |
| etanercept injection (Enbrel®); | \$\$\$\$\$ | fluphenazine (Prolixin®); - G | \$ |
| ethacrynic acid (Edecrin®); | \$\$\$\$ | flurandrenolide tape only (Cordran®; tape) | \$\$\$ |
| ethambutol (Myambutol®); - G | \$\$\$\$\$ | flurbiprofen (Ansaid®); - G | \$\$ |
| Ethmozine®; (moricizine) | \$\$\$\$\$ | flutamide (Eulexin®); - G | \$\$\$\$\$ |
| ethosuximide (Zarontin®); - G | \$\$\$\$ | fluticasone furoate nasal inhaler (Veramyst®); | \$\$\$\$\$ |
| etidronate (Didrone®); - G | \$\$\$\$\$ | fluticasone nasal inhaler (Flonase®); - G | \$\$\$ |
| etoposide (VePesid®); - G | \$\$\$\$\$ | fluticasone oral inhaler only (Flovent®; Flovent HFA®); | \$\$\$\$ |
| etravirine (Intelence®); | \$\$\$\$\$ | fluticasone/salmeterol oral inhalation (Advair Diskus®; Advair HFA®); | \$\$\$\$\$ |
| Eulexin®; (flutamide) - G | \$\$\$\$\$ | fluvoxamine (Luvox®); - G | \$\$\$\$\$ |
| Eurax®; (crotamiton) | \$ | FML®; eye drops 0.1% only (fluoromethalone) - G | \$ |
| everolimus (Afinitor) | \$\$\$\$\$ | Focalin XR®; (dexamethylphenidate) | \$\$\$\$\$ |
| Evista®; (raloxifene) | \$\$\$\$ | Focalin®; (dexamethylphenidate) - G | \$\$\$ |
| Evoxac®; (cevimeline) | \$\$\$\$\$ | folic acid - G | \$ |
| Exelderm®; (sulconazole) | \$\$ | Follistim AQ®; injection (follitropin beta) - Covered per member benefit for infertility. SpecialtyScripts is the preferred specialty pharmacy but not required. | \$\$\$\$\$ |
| exemestane (Aromasin®); | \$\$\$\$\$ | follitropin beta injection (Follistim AQ®); - Covered per member benefit for infertility. SpecialtyScripts is the preferred specialty pharmacy but not required. | \$\$\$\$\$ |
| exenatide (Byetta®); | \$\$\$\$\$ | Foltx®; (vitamin B6/vitamin B12/folic acid) - G | \$ |
| Exjade®; (deferasirox) | \$\$\$\$\$ | fondaparinux (Arixtra®); | \$\$\$\$\$ |
| ezetimibe (Zetia®); | \$\$\$ | Forteo®; injection (teriparatide) | \$\$\$\$\$ |
| ezetimibe/simvastatin (Vytorin®); | \$\$\$\$ | Fortical®; nasal (calcitonin salmon) | \$\$\$\$ |
| famotidine 20mg & 40mg swallow tablet (Pepcid®); - G | \$ | Fortovase®; (saquinavir) | \$\$\$\$\$ |
| famotidine suspension (Pepcid®); | \$\$\$\$\$ | Fosamax Plus D®; (alendronate / cholecalciferol) | \$\$\$\$ |
| Fansidar®; (sulfadoxine/pyrimethamine) | \$\$ | Fosamax®; solution (alendronate) | \$\$\$\$ |
| febuxostat (Uloric) | \$\$\$\$\$ | Fosamax®; tablet (alendronate) - G | \$\$\$\$ |
| felbamate (Felbatol®); | \$\$\$\$\$ | fosamprenavir (Lexiva®); | \$\$\$\$\$ |
| Felbatol®; (felbamate) | \$\$\$\$\$ | Fragmin®; (dalteparin) | \$\$\$\$\$ |
| Feldene®; (piroxicam) - G | \$ | Furadantin®; suspension (nitrofurantoin) | \$\$\$\$ |
| Femara®; (letrozole) | \$\$\$\$\$ | furosemide (Lasix®); - G | \$ |
| Femhrt®; Femhrt®; Low-Dose (estradiol, ethinyl/norethindrone oral) | \$\$ | Fuzeon®; injection (enfuvirtide) | \$\$\$\$\$ |
| fenofibrate 48mg & 145mg tabs (Tricor®); | \$\$\$\$ | gabapentin capsules and tablets (Neurontin®); - G | \$\$\$\$ |
| fenofibrate 67mg 134mg, 200mg caps & 54mg, 160mg tabs (Lofibra®); - G | \$\$\$\$ | gabapentin oral solution (Neurontin®); | \$\$\$\$\$ |
| fentanyl patch (Duragesic®); - G | \$\$\$\$\$ | Gabitril®; (tiagabine) | \$\$\$\$\$ |
| fexofenadine suspension (Allegra®); | \$\$\$ | galantamine extended release (Razadyne®; ER) - G | \$\$\$\$\$ |
| fexofenadine tablet (Allegra®); - G | \$\$\$ | galantamine regular release (Razadyne®); - G | \$\$\$\$\$ |
| filgrastim injection (Neupogen®); | \$\$\$\$\$ | ganciclovir (Cytovene®); - G | \$\$\$\$\$ |
| Finacea®; (azelaic acid 15%) | \$\$\$ | | |
| finasteride (Proscar®); - G | \$\$\$\$\$ | | |
| Fioricet®; (butalbital/acetaminophen/caffeine) - G | \$\$ | | |
| Fiorinal®; (butalbital/aspirin/caffeine) - G | \$\$ | | |
| Flagyl®; immediate release tablet only (metronidazole) - G | \$ | | |
| flecainide (Tambocor®); - G | \$\$\$\$\$ | | |

Brand names provided for reference. Generic substitution may be applicable.

The HealthPartners Drug Formulary

| Drug Name | Price | Drug Name | Price |
|--|---------------|---|---------------|
| ganirelix acetate injection - Covered per member benefit for infertility. SpecialtyScripts is the preferred specialty pharmacy but not required. | \$\$\$\$\$ | hydrocortisone oral (Cortef®; Hydrocortone®; 10mg) - G (20mg) | \$\$ |
| Gantrisin®; suspension (sulfisoxazole) | \$ | hydrocortisone rectal cream & suppository (Anusol-HC®); - G | \$\$ |
| gatifloxacin eye drops (Zymar®); | \$\$\$\$ MD | hydrocortisone rectal enema & foam (Colocort®; Cortifoam®); - G (enema) | \$\$\$\$\$ |
| gemfibrozil (Lopid®); - G | \$ | hydrocortisone topical 2.5% only (Hytone®); - G | \$ |
| Gengraf®; (cyclosporine oral) - G | \$\$\$\$\$ | hydrocortisone valerate (Westcort®); - G | \$\$ |
| gentamicin ophthalmic ointment only (No Brand available) - G | \$ | hydrocortisone/pramoxine rectal cream (Analpram-HC®; cream, Pramoxone® 2.5%-1% cream;) | \$\$\$ |
| gentamicin topical (No brand available) - G | \$ | hydrocortisone/pramoxine rectal foam (Proctofoam-HC®); | \$\$\$ |
| Geocillin®; (carbenicillin) | \$\$\$\$\$ | Hydrocortone®; 10mg (hydrocortisone oral) | \$\$ |
| Geodon®; (ziprasidone) | \$\$\$\$\$ | hydromorphone oral (Dilaudid®; not Palladone®); - G | \$\$ |
| glatiramer injection (Copaxone®); | \$\$\$\$\$ | hydromorphone rectal (Dilaudid®); - G | \$\$\$\$\$ |
| Gleevec®; (imatinib mesylate) | \$\$\$\$\$ | hydroxychloroquine (Plaquenil®); - G | \$\$ |
| glimepiride (Amaryl®); - G | \$ | hydroxyurea (Hydrea®); - G | \$\$\$ |
| glipizide extended release (Glucotrol XL®); - G | \$\$ | hydroxyzine hydrochloride (Atarax®); - G | \$\$\$ |
| glipizide immediate release (Glucotrol®); - G | \$ | hydroxyzine pamoate (Vistaril®); - G | \$\$ |
| Glucagon®; | \$\$\$\$\$ | hyoscyamine controlled release (Cystospaz-M®; Levsinex®); - G | \$\$ |
| Glucophage XR®; (metformin extended release) - G | \$\$ | hyoscyamine immediate release oral, sublingual, drops (Cystospaz®; Levsin®); - G | \$ |
| Glucophage®; not Riomet®; (metformin immediate release) - G | \$\$ | Hytone®; 2.5% only (hydrocortisone topical) - G | \$ |
| Glucotrol XL®; (glipizide extended release) - G | \$\$ | Hytrin®; (terazosin) - G | \$\$ |
| Glucotrol®; (glipizide immediate release) - G | \$ | ibuprofen (Motrin®); - G | \$ |
| Glucovance®; (metformin/glyburide) - G | \$\$\$\$\$ | iloprost (Ventavis®); - Specialty drug | \$\$\$\$\$ PA |
| glyburide (Diabeta®; Micronase®); - G | \$ | imatinib mesylate (Gleevec®); | \$\$\$\$\$ |
| glyburide, micronized (Glynase®); - G | \$\$ | Imdur®; (isosorbide mononitrate sustained release) - G | \$\$ |
| glycolax (Miralax®); | \$\$ | imipramine (Tofranil®); - G | \$\$ |
| Glynase®; (glyburide, micronized) - G | \$\$ | imiquimod cream (Aldara®); | \$\$\$\$\$ |
| Glyset®; (miglotol) | \$\$\$\$ | Imitrex®; nasal spray - 6 devices/package (sumatriptan) - G | \$\$\$\$\$ QL |
| GoLyteLy®; (electrolyte-peg) | \$\$ | Imitrex®; oral tablets - 9 tablets/package and injection - syringes, 2 syringes/package or injection - vials, 5 vials/package (sumatriptan) - G | \$\$\$\$\$ QL |
| Granulex®; aerosol (trypsin/castor oil/peruvian balsam) - G | \$ | Imuran®; (azathioprine) - G | \$\$\$ |
| Grifulvin V®; (griseofulvin) | \$\$\$\$\$ | indapamide (Lozol®); - G | \$ |
| griseofulvin (Grifulvin V®; Gris-Peg®); | \$\$\$\$\$ | Inderal LA®; (propranolol sustained release) - G | \$\$\$ ST |
| Gris-Peg®; (griseofulvin) | \$\$\$\$\$ | Inderal®; immediate release (propranolol) - G | \$ |
| growth hormone injection (Norditropin®; and Omnitrope®); - Covered per member medical benefit for growth hormone and requires prior approval. | \$\$\$\$\$ PA | indinavir (Crixivan®); | \$\$\$\$\$ |
| guaifenesin/codeine liquid (generics, Robitussin AC®, Tussi Organidin-S®); - G | \$ | Indocin®; immediate release only (indomethacin) - G | \$ |
| guaifenesin/pseudoephedrine 300-60mg, 250-120mg, 600-120mg only (Zephrex LA®; 600-120mg, generics for other strengths) - G | \$\$ | indomethacin immediate release only (Indocin®); - G | \$ |
| guaifenesin/pseudoephedrine/codeine 100-30-10mg/5ml liquid (Novahistine®; Expectorant, Nucofed®); - G | \$ | Inflamase Forte®; eye drops (prednisolone sodium phosphate 1%) - G | \$ |
| guanfacine (Tenex®); - G | \$\$ | Inflamase Mild®; eye drops (prednisolone sodium phosphate 0.125%) | \$\$ |
| halcinonide ointment only (Halog®); | \$\$\$\$ | Innopran XL®; (propranolol extended release) | \$\$\$ ST |
| Halog®; ointment only (halcinonide) | \$\$\$\$ | Inspra®; (epplerenone) - G | \$\$\$\$\$ PA |
| haloperidol - G | \$ | insulin aspart pen (Novolog®; FlexPen) | \$\$\$\$\$ |
| Halotestin®; (fluoxymesterone) - G (10mg) | \$\$\$\$ | insulin aspart protamine/aspart pen (Novolog Mix®; FlexPen) | \$\$\$\$ |
| heparin injection - G | \$\$\$ | insulin aspart protamine/aspart vial (Novolog Mix®; vial) | \$\$\$ |
| Hepsera®; (adefovir) | \$\$\$\$\$ | insulin aspart vial (Novolog®; vial) | \$\$\$ |
| Hexalen®; (altretamine) | \$\$\$\$\$ | insulin detemir (Levemir®; Flexpen) | \$\$\$\$\$ |
| Hivid®; (zalcitabine) | \$\$\$\$\$ | insulin detemir (Levemir®); | \$\$\$ |
| homatropine eye drops (Isopto Homatropine®); - G | \$ | insulin glargine cartridge (Lantus®); | \$\$\$\$\$ |
| homatropine/hydrocodone syrup (Hycodan®); - G | \$ | insulin glargine pen (Lantus®; SoloStar®); | \$\$\$\$\$ |
| Humira®; injection (adalimumab) | \$\$\$\$\$ PA | insulin glargine vial (Lantus®); | \$\$\$ |
| Humulin®; 50/50 only (insulin human) | \$\$ | insulin human cartridge (Novolin®; N, R, 70/30 Penfill) | \$\$\$\$ |
| Humulin®; R U-500 vial (insulin human) | \$\$\$\$ | insulin human pen (Novolin®; N, R, 70/30 Innolet) | \$\$\$ |
| Hycamtin®; oral (topotecan) | \$\$\$\$\$ | insulin human regular U-500 vial (Humulin®; R U-500) | \$\$\$\$ |
| Hycodan®; syrup (hydrocodone/homatropine) - G | \$ | insulin human vial (Novolin®; N, R, 70/30, Humulin®; 50/50 only) | \$\$ |
| hydralazine (Apresoline®); - G | \$\$ | Intal®; oral inhaler (cromolyn) | \$\$\$\$ |
| Hydrea®; (hydroxyurea) - G | \$\$\$ | Intal®; solution for nebulization (cromolyn) - G | \$\$\$ |
| hydrochlorothiazide - G | \$ | Intelence®; (etravirine) | \$\$\$\$\$ |
| hydrocodone/acetaminophen (Vicodin®; Vicodin ES®); - G | \$ QL | interferon alfa-2b injection (Intron-A®); | \$\$\$\$\$ |
| hydrocodone/homatropine syrup (Hycodan®); - G | \$ | interferon beta-1a injection (Avonex®); | \$\$\$\$\$ ST |
| hydrocodone/ibuprofen 7.5-200mg (Vicoprofen®); - G | \$\$\$ | interferon beta-1a injection (Rebif®); | \$\$\$\$\$ |
| | | interferon beta-1b injection (Betaseron®); | \$\$\$\$\$ ST |
| | | Intron-A®; injection (interferon alfa-2b) | \$\$\$\$\$ |
| | | Invirase®; (saquinavir mesylate) | \$\$\$\$\$ |

Brand names provided for reference. Generic substitution may be applicable.

The HealthPartners Drug Formulary

| Drug Name | Price | Drug Name | Price |
|---|----------------|---|---------------|
| iodoquinol oral (Yodoxin®); | \$\$\$ | leflunomide (Arava®) - G | \$\$\$\$\$ MD |
| iodoquinol/hydrocortisone (Vytone®) - G | \$\$ | lenalidomide (Revlimid®); | \$\$\$\$\$ |
| ipratropium nasal spray (Atrovent®) - G | \$\$\$ | Letairis®; (ambrisentan) - Specialty drug | \$\$\$\$\$ PA |
| ipratropium oral inhaler (Atrovent®; Atrovent HFA®); | \$\$\$\$ | letrozole (Femara®); | \$\$\$\$\$ |
| ipratropium solution for nebulization (Atrovent®) - G | \$\$\$\$ | leucovorin oral - G | \$\$\$\$\$ |
| ipratropium/albuterol oral inhaler (Combivent®); | \$\$\$\$ | Leukeran®; (chlorambucil) | \$\$\$\$\$ |
| ipratropium/albuterol solution for nebulization (DuoNeb®) - G | \$\$\$\$ | Leukine®; injection (sargramostim) | \$\$\$\$\$ |
| Iquix eye drops (levofloxacin) | \$\$\$\$ MD | leuprolide 5mg/ml injection (Lupron®; 5mg/ml only, not Lupron Depot®; or Lupron Depot-Peds®) - G- Covered per member benefit for infertility. SpecialtyScripts is the preferred specialty pharmacy but not required. | \$\$\$\$\$ |
| irbesartan (Avapro®); | \$\$\$ QL & ST | Levaquin®; (levofloxacin) | \$\$\$\$ |
| irbesartan/hctz (Avalide®); | \$\$\$ QL & ST | Levemir®; (insulin detemir) | \$\$\$ |
| Isentress®; (raltegravir) | \$\$\$\$\$ | Levemir®; Flexpen (insulin detemir) | \$\$\$\$\$ |
| Ismotic®; (isosorbide oral solution) | \$\$\$ | levetiracetam (Keppra®); - G | \$\$\$\$\$ |
| isoniazid - G | \$ | levobunolol eye drops (Betagan®); - G | \$ |
| Isopto Homatropine®; eye drops (homatropine) - G | \$ | levocarnitine (Carnitor®); - G | \$\$\$\$ |
| Isopto Hyoscine®; eye drops (scopolamine) | \$\$ | levodopa/carbidopa controlled release (Sinemet CR®); - G | \$\$\$\$\$ |
| Isordil®; (isosorbide dinitrate) - G | \$ | levodopa/carbidopa immediate release (Sinemet®); - G | \$\$ |
| isosorbide dinitrate (Isordil®); - G | \$ | levofloxacin (Levaquin®); | \$\$\$\$ |
| isosorbide mononitrate sustained release (Imdur®); - G | \$\$ | levofloxacin eye drops (Iquix®); | \$\$\$\$ MD |
| isosorbide oral solution (Ismotic®); | \$\$\$ | Levothroid®; (levothyroxine) - Available for Generic Copay | \$ |
| isotretinoin (Accutane®; Amnesteem®; Sotret®); - G | \$\$\$\$\$ QL | levothyroxine (Synthroid®; Levothroid®; Levoxyl®); - G (Synthroid®; & Levoxyl®); Levothroid®; available for generic copay | \$ |
| Istalol®; eye drops (timolol maleate) | \$\$\$ | Levoxyl®; (levothyroxine) - G | \$ |
| itraconazole capsule (Sporanox®); - G | \$\$\$\$\$ PA | Levsin®; (hyoscyamine immediate release) - G | \$ |
| itraconazole oral solution (Sporanox®); | \$\$\$\$\$ PA | Levsinex®; (hyoscyamine controlled release) - G | \$\$ |
| ivermectin (Stromectol®); | \$\$ | Lexapro®; (escitalopram) - **Half tablet program** | \$\$\$\$ ST |
| Jantoven®; (warfarin) - G | \$\$ | Lexiva®; (fosamprenavir) | \$\$\$\$\$ |
| Janumet®; (sitagliptin / metformin) | \$\$\$\$\$ ST | Librium®; (chlordiazepoxide) - G | \$ |
| Januvia®; (sitagliptin) | \$\$\$\$\$ ST | Lidex®; Lidex-E®; (fluocinonide) - G | \$ |
| Kaletra®; (ritonavir/lopinavir) | \$\$\$\$\$ | lidocaine patch (Lidoderm®); | \$\$\$\$\$ MD |
| Kayexalate®; (sodium polystyrene sulfonate) | \$\$\$\$\$ | lidocaine patch (Lidoderm®); | \$\$\$\$\$ ST |
| K-Dur®; (potassium chloride) - G | \$ | lidocaine topical gel, ointment, solution only (Xylocaine®); - G | \$ |
| Keflex®; (cephalexin) - G | \$ | lidocaine viscous (Xylocaine®; Viscous) - G | \$ |
| Kenalog®; (triamcinolone) - G | \$ | lidocaine/prilocaine with tegaderm (EMLA®; with TEGADERM) | \$\$\$\$ QL |
| Kenalog®; Orabase paste (triamcinolone in orabase) - G | \$ | lidocaine/prilocaine (EMLA®); - G | \$\$\$ QL |
| Keppra®; (levetiracetam) - G | \$\$\$\$\$ | Lidoderm®; (lidocaine patch) | \$\$\$\$\$ MD |
| ketoconazole cream & shampoo (Nizoral®); - G | \$\$ | Lidoderm®; (lidocaine patch) | \$\$\$\$\$ ST |
| ketoconazole oral tablet (Nizoral®); - G | \$\$\$ | linezolid (Zyvox®); | \$\$\$\$\$ MD |
| ketorolac (Toradol®); - G | \$ QL | liothyronine (Cytomel®); | \$\$ |
| ketorolac eye drops (Acular®; Acular LS®); | \$\$\$\$ | Lipitor®; (atorvastatin) - **Half tablet program** | \$\$\$\$ QL |
| Kinerep®; injection (anakinra) | \$\$\$\$\$ PA | lisdexamphetamine (Vyvanse®); | \$\$\$\$\$ |
| Klaron®; (sulfacetamide sodium lotion) - G | \$\$\$\$ | lisinopril (Prinivil®); - G | \$ |
| Klonopin®; not Klonopin Wafers®; (clonazepam) - G | \$ | lisinopril/hctz (Prinzide®); - G | \$ |
| Klor-Con®; (potassium chloride) - G | \$ | lithium carbonate controlled release (Lithobid®; Eskalith CR®); - G | \$\$ |
| K-Lyte/CL®; (potassium chloride) - G | \$ | lithium carbonate immediate release - G | \$ |
| Kuvan®; (sapropterin) | \$\$\$\$\$ PA | lithium citrate syrup - G | \$ |
| labetalol (Normodyne®; Trandate®); - G | \$\$ | Lithobid®; (lithium carbonate controlled release) - G | \$\$ |
| lacosamide (Vimpat) | \$\$\$\$\$ ST | Lo/Ovral®; (generic names: cryselle®; low-ogestrel®); - G | \$\$ |
| Lacrisert®; eye insert | \$\$\$\$\$ | Lodosyn®; (carbidopa) | \$\$\$ |
| lactulose - G | \$ | Loestrin FE®; Loestrin®; (generic names: junel®; junel FE®; microgestin®; microgestin FE®); - G | \$\$ |
| Lamictal®; 5mg & 25mg (lamotrigine) - G | \$\$\$\$\$ QL | Lofibra®; (fenofibrate 67mg 134mg, 200mg caps & 54mg, 160mg tabs) - G | \$\$\$\$ ST |
| Lamictal®; oral swallow (lamotrigine) - G | \$\$\$\$\$ | Lomotil®; (diphenoxylate/atropine) - G | \$\$ |
| Lamisil®; oral only (terbinafine) - G | \$\$ | lomustine (CeeNu®); | \$\$\$\$ |
| lamivudine (Epivir®; Epivir HBV®); | \$\$\$\$\$ | Loniten®; (minoxidil oral) - G | \$\$ |
| lamivudine/zidovudine (Combivir®); | \$\$\$\$\$ | Lopid®; (gemfibrozil) - G | \$ |
| lamivudine/zidovudine/abacavir (Trizivir®); | \$\$\$\$\$ | Lopressor®; (metoprolol tartrate) - G | \$ |
| lamotrigine 5mg & 25mg (Lamictal®); - G | \$\$\$\$\$ QL | Loprox®; cream, gel, lotion (ciclopirox) - G | \$\$\$\$ |
| lamotrigine oral swallow (Lamictal®); - G | \$\$\$\$\$ | lorazepam (Ativan®); - G | \$\$ |
| Lanoxin®; (digoxin) | \$ | Lotemax®; eye drops (loteprednol) | \$\$\$ |
| lansoprazole (Prevacid®; Solutab & capsule) | \$\$\$\$ ST | | |
| Lantus®; cartridge (insulin glargine) | \$\$\$\$\$ | | |
| Lantus®; SoloStar®; pen (insulin glargine) | \$\$\$\$\$ | | |
| Lantus®; vial (insulin glargine) | \$\$\$ | | |
| lapatinib (Tykerb®); | \$\$\$\$\$ | | |
| Lariam®; (mefloquine) - G | \$\$\$\$ | | |
| Lasix®; (furosemide) - G | \$ | | |

Brand names provided for reference. Generic substitution may be applicable.

The HealthPartners Drug Formulary

| Drug Name | Price | Drug Name | Price |
|--|-------------|---|----------------|
| Lotensin HCT®; (benazepril/hctz) - G | \$ | mesalamine oral (Asacol®; Pentasa®); | \$\$\$\$ |
| Lotensin®; (benazepril) - G | \$ | mesalamine rectal enema (Rowasa®); | \$\$\$\$ |
| loteprednol eye drops (Lotemax®; Alrex®); | \$\$\$ | mesalamine rectal suppository (Canasa®); | \$\$\$\$ |
| loteprednol/tobramycin eye drops (Zylet®); | \$\$\$ | Mestinon®; regular tablet (pyridostigmine) - G | \$\$\$\$ |
| Lotrel®; (amlodipine/benazepril) - G (generics for these strengths only: 2.5-10mg, 5-10mg, 5-20mg, 10-20mg) | \$\$\$\$ | Mestinon®; Timespan & syrup (pyridostigmine) | \$\$\$\$ |
| lovastatin regular release (Mevacor®); - G | \$\$\$ | Metadate CD®; (methylphenidate controlled release) | \$\$\$\$ ST |
| Lovaza®; (omega-3 polyunsaturated fatty acids) | \$\$\$\$ ST | Metadate ER®; (methylphenidate sustained release) - G | \$\$\$ |
| Lovenox®; (enoxaparin) | \$\$\$\$ QL | metformin extended release (Glucophage XR®); - G | \$\$ |
| loxapine (Loxitane®); - G | \$\$ | metformin immediate release (Glucophage®; not Riomet) - G | \$\$ |
| Loxitane®; (loxapine) - G | \$\$ | metformin/glyburide (Glucovance®); - G | \$\$\$\$ |
| Lozol®; (indapamide) - G | \$ | methadone (Dolophine®); - G | \$\$ |
| lubiprostone (Amitiza®); | \$\$\$\$ PA | methazolamide - G | \$\$ |
| Lumigan®; eye drops (bimatoprost) - 2.5ml only | \$\$\$ | Methergine®; (methylergonovine) | \$ |
| Lupron®; 5mg/ml injection only, not Lupron Depot®; or Lupron Depot-Peds®; (leuprolide 5mg/ml) - G - Covered per member benefit for infertility. SpecialtyScripts is the preferred specialty pharmacy but not required. | \$\$\$\$ | methimazole (Tapazole®); - G (5mg & 10mg) | \$\$ |
| Luride®; (fluoride) - G | \$ | Methitest®; (methyltestosterone oral) | \$\$\$\$ |
| lutropin injection (Luveris®); - Covered per member benefit for infertility. SpecialtyScripts is the preferred specialty pharmacy but not required. | \$\$\$\$ | methocarbamol (Robaxin®); - G | \$\$ |
| Luveris®; injection (lutropin) - Covered per member benefit for infertility. SpecialtyScripts is the preferred specialty pharmacy but not required. | \$\$\$\$ | methotrexate 2.5mg tablet only - G | \$\$ |
| Luvox®; (fluvoxamine) - G | \$\$\$\$ | methotrexate injection - G | \$ |
| Luxiq®; aerosol foam (betamethasone valerate) | \$\$\$\$ PA | methotrexate oral (Rheumatrex®; not Trexall®); - G | \$\$ |
| Lybrel®; | \$\$\$ | methoxsalen lotion only (Oxsoalan®); | \$\$\$\$ |
| Lyrica®; (pregabalin) | \$\$\$\$ ST | methyldopa (Aldomet®); - G | \$ |
| Macrobid®; (nitrofurantoin monohydrate) - G | \$\$ | methylergonovine (Methergine®); | \$ |
| Macrodantin®; 25mg capsule (nitrofurantoin) | \$\$ | methylalntrexone (Relistor®); | \$\$\$\$ PA |
| Macrodantin®; 50mg & 100mg capsule (nitrofurantoin) - G | \$\$ | methylphenidate controlled release (Concerta®; not Ritalin LA®); | \$\$\$\$ |
| Malarone®; (atovaquone/proguanil) | \$\$\$\$ | methylphenidate controlled release (Metadate CD®; not Ritalin LA®); | \$\$\$\$ ST |
| malathion (Ovide®); | \$\$\$\$ | methylphenidate immediate release, not chewable tablet (Ritalin®); - G | \$\$ |
| maraviroc (Selzentry®); | \$\$\$\$ | methylphenidate sustained release (Metadate ER®; Ritalin SR®); - G | \$\$\$ |
| Marinol®; (dronabinol) - G | \$\$\$\$ | methylprednisolone (Medrol®); - G (4mg) | \$ |
| Matulane®; (procarbazine) | \$\$\$ | methyltestosterone (Android®; Methitest®); | \$\$\$\$ |
| Maxair Autohaler®; only (pirbuterol) | \$\$\$\$ | metoclopramide (Reglan®); - G | \$ |
| Maxalt MLT®; (rizatriptan) - 12 tablets per package | \$\$\$\$ QL | metolazone (Zaroxolyn®); - G | \$\$ |
| Maxalt®; (rizatriptan) - 12 tablets per package | \$\$\$\$ QL | metoprolol succinate (Toprol XL®); - G | \$\$ |
| Maxitrol®; eye drops & ointment (neomycin/polymyxin/dexamethasone) - G | \$ | metoprolol tartrate (Lopressor®); - G | \$ |
| Maxzide®; (triamterene/hctz tablet) - G | \$ | MetroCream®; (metronidazole topical) - G | \$\$\$\$ |
| Mebaral®; (mephobarbital) | \$\$ | MetroGel Kit (metronidazole gel with cleanser) | \$\$\$\$ |
| mebendazole (Vermox®); - G | \$ | MetroGel®; (metronidazole topical) - G | \$\$\$\$ |
| Medrol®; (methylprednisolone) - G (4mg) | \$ | Metrogel®; vaginal (metronidazole) - G | \$\$ |
| medroxyprogesterone (Provera®); - G | \$ | MetroLotion®; (metronidazole topical) | \$\$\$\$ |
| mefloquine (Lariam®); - G | \$\$\$\$ | metronidazole immediate release tablet only (Flagyl®); - G | \$ |
| Megace®; (megestrol) - G | \$\$\$\$ | metronidazole topical (MetroGel®; MetroGel®; Kit, MetroCream®; MetroLotion®; Noritate®); - G (equivalent of MetroCream®; MetroGel 0.75% & MetroLotion Only) | \$\$\$\$ |
| megestrol (Megace®); - G | \$\$\$\$ | metronidazole vaginal (Metrogel®); - G | \$\$ |
| Mellaril®; (thioridazine) - G | \$ | Mevacor®; (lovastatin regular release) - G | \$\$\$ |
| meloxicam (Mobic®); - G | \$ | mexiletine (Mexitil®); - G | \$\$\$ |
| melfalan (Alkeran®); | \$\$\$\$ | Mexitil®; (mexiletine) - G | \$\$\$ |
| memantine (Namenda®); | \$\$\$\$ PA | Miacalcin®; nasal only (calcitonin) | \$\$\$\$ |
| Menopur®; injection (menotropins) - Covered per member benefit for infertility. SpecialtyScripts is the preferred specialty pharmacy but not required. | \$\$\$\$ | Micardis HCT®; (telmisartan/hctz) | \$\$\$ QL & ST |
| menotropins injection (Repronex®; Menopur®); - Covered per member benefit for infertility. SpecialtyScripts is the preferred specialty pharmacy but not required. | \$\$\$\$ | Micardis®; (telmisartan) | \$\$\$ QL & ST |
| mephobarbital (Mebaral®); | \$\$ | Micro-K (potassium chloride) - G | \$ |
| Mephyton®; (phytonadione, vitamin K1) | \$ | Micronase®; (glyburide) - G | \$ |
| Mepron®; (atovaquone) | \$\$\$\$ | Midamor®; (amiloride) - G | \$ |
| mercaptapurine (Purinethol®); - G | \$\$\$\$ | midodrine (ProAmatine®); - G | \$\$\$\$ |
| | | Midrin®; (acetaminophen/isometheptene/dichloralphenazone) - G | \$ |
| | | Migergot®; suppository (ergotamine with caffeine rectal) | \$\$\$\$ QL |
| | | miglotol (Glyset®); | \$\$\$\$ |
| | | Migranal®; (DHE, dihydroergotamine) | \$\$\$\$ |
| | | Minipress®; (prazosin) - G | \$\$ |
| | | Minitran®; (nitroglycerin patch) - G | \$\$\$ |
| | | Minocin®; (minocycline) - G | \$\$\$ |
| | | minocycline capsules only (Minocin®); - G | \$\$\$ |
| | | minoxidil oral only (Loniten®); - G | \$\$ |
| | | Mirapex®; (pramipexole) | \$\$\$\$ |
| | | Mircette®; (generic names: kariva®); - G | \$\$ |

Brand names provided for reference. Generic substitution may be applicable.

The HealthPartners Drug Formulary

| Drug Name | Price | Drug Name | Price |
|---|----------|---|-------------|
| mirtazapine swallow tablet only (Remeron®) - G | \$\$ | Neurontin®; capsules & tablets (gabapentin) - G | \$\$\$\$ |
| misoprostol (Cytotec®) - G | \$\$\$\$ | Neurontin®; oral solution (gabapentin) | \$\$\$\$ |
| Mobic®; (meloxicam) - G | \$ | Nevanac®; eye drops (nepafenac) | \$\$ |
| modafinil (Provigil®); | \$\$\$\$ | nevirapine (Viramune®); | \$\$\$\$ |
| Moduretic®; (amiloride/hctz) - G | \$ | Nexavar®; (sorafenib) | \$\$\$\$ |
| mometasone nasal inhaler (Nasonex®); | \$\$\$ | niacin controlled release (Niaspan®); | \$\$\$ |
| mometasone oral inhaler (Asmanex®); | \$\$\$\$ | Niaspan®; (niacin controlled release) | \$\$\$ |
| mometasone topical (Elocon®); - G | \$\$ | Nicoderm CQ®; (nicotine patch) - G | \$\$\$\$ |
| montelukast (Singulair®); | \$\$\$\$ | Nicorette®; (nicotine gum) - G | \$\$\$\$ |
| morizine (Ethmozine®); | \$\$\$\$ | nicotine gum (Nicorette®); - G | \$\$\$\$ |
| morphine sulfate immediate release oral tablets & solution - G | \$ | nicotine lozenge (Commit®); | \$\$\$\$ |
| morphine sulfate rectal (RMS®); - G | \$\$ | nicotine nasal inhaler (Nicotrol®); | \$\$\$\$ |
| morphine sulfate sustained release oral (MS Contin®; Oramorph®; not Kadian®; or Avinza®); - G | \$\$\$\$ | nicotine oral inhaler (Nicotrol®); | \$\$\$\$ |
| Motrin®; (ibuprofen) - G | \$ | nicotine patches (Nicoderm CQ®; Nicotrol®); - G | \$\$\$\$ |
| MoviPrep®; (electrolyte-peg) | \$\$ | Nicotrol®; (nicotine patch, oral inhaler, nasal inhaler) | \$\$\$\$ |
| moxifloxacin (Avelox®); | \$\$\$\$ | nifedipine extended release only (Procardia XL®; Adalat CC®); - G | \$\$\$ |
| moxifloxacin eye drops (Vigamox®); | \$\$\$\$ | nifedipine immediate release (Procardia®); - G | \$\$ |
| MS Contin®; (morphine sulfate sustained release oral) - G | \$\$\$\$ | nilotinib (Tasigna®); | \$\$\$\$ |
| Mucomyst®; (acetylcysteine) - G | \$\$\$\$ | nimodipine (Nimotop®); - G | \$\$\$\$ |
| multivitamins with fluoride | \$ | Nimotop®; (nimodipine) - G | \$\$\$\$ |
| mupirocin cream (Bactroban®); | \$\$\$ | nitazoxamide (Alinia®); | \$\$\$\$ |
| mupirocin ointment, not nasal ointment (Bactroban®; Centany®); - G | \$\$ | Nitrek®; (nitroglycerin patch) - G | \$\$\$ |
| Muse®; (Alprostadil suppository) - Not covered for state-sponsored benefit plans such as Medicaid and MnCare | \$\$\$\$ | Nitro-Bid®; ointment (nitroglycerin) | \$\$ |
| Myambutol®; (ethambutol) - G | \$\$\$\$ | Nitro-Dur®; (nitroglycerin patch) - G | \$\$\$ |
| Mycelex®; troche (clotrimazole) - G | \$\$\$\$ | nitrofurantoin 25mg capsule (Macrochantin®); | \$\$ |
| Mycobutin®; (rifabutin) | \$\$\$\$ | nitrofurantoin 50mg & 100mg capsule (Macrochantin®); - G | \$\$ |
| mycophenolate mofetil (CellCept®); - G | \$\$\$\$ | nitrofurantoin monohydrate (Macrobid®); - G | \$\$ |
| Mycostatin®; topical (nystatin) - G | \$ | nitrofurantoin suspension (Furadantin®) | \$\$\$\$ |
| Myleran®; (busulfan) | \$\$\$\$ | nitroglycerin ointment (Nitro-Bid®); | \$\$ |
| Mysoline®; (primidone) - G | \$\$ | nitroglycerin patch (Minitran®; Nitrek®; Nitro-Dur®); - G | \$\$\$ |
| nadolol (Corgard®); - G | \$ | nitroglycerin sublingual (Nitrostat®; nitroquick®); - G | \$ |
| naftifine cream only (Naftin®); | \$\$\$ | nitroquick®; (nitroglycerin sublingual) - G | \$ |
| Naftin®; cream only (naftifine) | \$\$\$ | Nitrostat®; (nitroglycerin sublingual) - G | \$ |
| naltrexone (Revia®); - G | \$\$\$\$ | Nizoral®; cream & shampoo (ketoconazole) - G | \$\$ |
| Namenda®; (memantine) | \$\$\$\$ | Nizoral®; oral tablet (ketoconazole) - G | \$\$\$ |
| Naprosyn®; (naproxen regular release) - G | \$ | Nolvadex®; (tamoxifen tablet) - G | \$\$\$ |
| naproxen regular release (Naprosyn®); - G | \$ | Nordette®; (generic names: levora®; portia®); - G | \$\$ |
| naproxen sodium (Anaprox®); - G | \$\$ | Norditropin®; injectable (somatropin) - Covered per member medical benefit for growth hormone and requires prior approval | \$\$\$\$ PA |
| Nardil®; (phenelzine) | \$\$\$\$ | norethindrone acetate (Aygestin®); - G | \$\$ |
| Nasalide®; nasal inhaler (flunisolide) - G | \$\$ | Norinyl 1+35®; (generic names: neon®; nortrel®); - G | \$\$ |
| Nasarel®; nasal inhaler (flunisolide) - G | \$\$ | Norinyl 1+50®; (generic names: neon®); - G | \$\$ |
| Nasonex®; nasal inhaler (mometasone) | \$\$\$ | Noritrate®; (metronidazole topical) | \$\$\$\$ |
| nateglinide (Starlix®); | \$\$\$\$ | Normodyne®; (labetalol) - G | \$\$ |
| Navane®; (thiothixene) - G | \$ | Norpace CR (disopyramide controlled release) - G | \$\$\$ |
| Necon®; 10/11 | \$\$ | Norpace®; (disopyramide immediate release) - G | \$\$ |
| nedocromil oral inhaler (Tilade®); | \$\$\$\$ | Norpramin®; (desipramine) - G | \$\$ |
| nefazodone - G | \$\$\$ | Nor-QD®; (generic names: camila®; errin®; jolivette®; nora-be®); - G | \$\$ |
| nelfinavir (Viracept®); | \$\$\$\$ | nortriptyline (Pamelor®; Aventyl®); - G | \$ |
| neomycin - G (tablets) | \$ | Norvasc®; (amlodipine) - G | \$\$\$ |
| neomycin/polymyxin/bacitracin eye ointment (Neosporin®); - G | \$ | Norvir®; (ritonavir) | \$\$\$\$ |
| neomycin/polymyxin/dexamethasone eye drops & ointment (Maxitrol®); - G | \$ | Novahistine DH®; (chlorpheiramine/pseudoephedrine/codeine) - G | \$ |
| neomycin/polymyxin/gramicidin eye drops (Neosporin®); - G | \$\$ | Novahistine®; Expectorant liquid (guaifenesin/pseudoephedrine/ codeine) - G | \$ |
| neomycin/polymyxin/hc ear drops - suspension & solution (Cortisporin®); - G | \$\$ | Novarel®; injection (chorionic gonadotropin) - G - Covered per member benefit for infertility. SpecialtyScripts is the preferred specialty pharmacy but not required. | \$\$\$ |
| Neoral®; (cyclosporine oral) - G | \$\$\$\$ | Novolin®; NPH (N), Regular (R), 70/30 Innolet (insulin human pen) | \$\$\$ |
| Neosporin®; eye drops (neomycin/polymyxin/gramicidin) - G | \$\$ | Novolin®; NPH (N), Regular (R), 70/30 Penfill (insulin human cartridge) - G | \$\$\$\$ |
| Neosporin®; eye ointment (neomycin/polymyxin/bacitracin) - G | \$ | Novolin®; NPH (N), Regular (R), 70/30 vial (insulin human vial) | \$\$ |
| nepafenac eye drops (Nevanac®); | \$\$ | Novolog®; FlexPen (insulin aspart pen) | \$\$\$\$ |
| Nephrocaps®; (vitamin B-complex/vitamin C/folic acid capsule) - G | \$ | Novolog®; Mix FlexPen (insulin aspart protamine/insulin aspart pen) | \$\$\$\$ |
| Neulasta®; injection (pegfilgrastim) | \$\$\$\$ | | |
| Neupogen®; injection (filgrastim) | \$\$\$\$ | | |

Brand names provided for reference. Generic substitution may be applicable.

The HealthPartners Drug Formulary

| Drug Name | Price | Drug Name | Price |
|--|----------|--|-------------|
| Novolog®; Mix vial (insulin aspart protamine/insulin aspart vial) | \$\$\$ | oxycodone/acetaminophen 5/325mg, 5/500mg, 7.5/500mg, | |
| Novolog®; vial (insulin aspart vial) | \$\$\$ | 10/650mg only (Percocet®; Roxicet®; Tylox®); - G | \$ QL |
| Noxafil®; (posaconazole) | \$\$\$\$ | MD oxycodone/aspirin (Percodan®); - G | \$\$ |
| Nucofed®; liquid (guaifenesin/pseudoephedrine/codeine) - G | \$ | Oxycontin®; (oxycodone sustained release) - G | \$\$\$\$ QL |
| Nulytely®; (electrolyte-peg) | \$\$ | OxyFast®; (oxycodone oral solution) - G | \$\$\$\$ |
| Nuvaring®; | \$\$\$ | Pacerone®; 200mg & 400mg only (amiodarone) - G | \$\$\$ |
| nystatin tablet & suspension - G | \$\$\$\$ | Pamelor®; (Nortriptyline) - G | \$ |
| nystatin topical (Mycostatin®); - G | \$ | Parafon Forte®; (chlorzoxazone) - G | \$ |
| Ocuflox®; eye drops (ofloxacin) - G | \$\$ | paregoric - G | \$\$\$ |
| Ocupress®; eye drops (carteolol) - G | \$\$ | Parlodel®; (bromocriptine) - G | \$\$\$\$ |
| ofloxacin ear drops (Floxin®); - G | \$\$\$\$ | Parnate®; (Tranlycypromine) - G | \$\$\$\$ |
| ofloxacin eye drops (Ocuflox®); - G | \$\$ | paroxetine hcl (Paxil®); - G - **Half tablet program** | \$\$\$ |
| Ogen®; (estropipate) - G | \$ | Pataday®; eye drops (olopatadine) | \$\$\$\$ |
| Ogestrel®; | \$\$\$ | Patanol®; eye drops (olopatadine) | \$\$\$\$ |
| olanzapine (Zyprexa®); | \$\$\$\$ | Paxil®; (paroxetine hcl) - G - **Half tablet program** | \$\$\$ |
| olanzapine dissolving tablet (Zyprexa Zydis®); | \$\$\$\$ | PA Pediapred®; (prednisolone sodium phosphate liquid) - G | \$\$ |
| olopatadine eye drops (Patanol®; Pataday®); | \$\$\$\$ | Pediazole®; (erythromycin/sulfisoxazole) - G | \$ |
| Olux®; aerosol foam (clobetasol foam) - G | \$\$\$\$ | PA Pegasys®; injection (peginterferon alpha-2a) | \$\$\$\$ |
| Olux-E®; (clobetasol emulsion foam) | \$\$\$\$ | PA pegfilgrastim injection (Neulasta®); | \$\$\$\$ |
| omega-3 polyunsaturated fatty acids (Lovaza®); | \$\$\$\$ | ST peginterferon alpha-2a injection (Pegasys®); | \$\$\$\$ |
| omeprazole 10mg (Prilosec®); - G | \$\$ | QL peginterferon alpha-2b injection (Peg-Intron®); | \$\$\$\$ |
| omeprazole 20mg (Prilosec®); - G | \$\$ | Peg-Intron®; injection (peginterferon alpha-2b) | \$\$\$\$ |
| Omnicef®; (cefdinir) - G | \$\$\$\$ | pegvisomant (Somavert®); - Specialty drug | \$\$\$\$ PA |
| Omnitrope®; (somatropin) - Covered per member medical benefit | | pemirolast eye drops (Alamast®); | \$\$\$ |
| for growth hormone and requires prior approval | \$\$\$\$ | PA penicillamine (Cuprimine®; Depen®); | \$\$\$\$ |
| ondansetron (Zofran®; Zofran ODT®); - G | \$\$\$\$ | penicillin vk- G | \$ |
| One Touch®; Basic - Covered per member DME benefit | \$\$\$\$ | QL Penlac®; nail lacquer (ciclopirox) - G | \$\$ |
| One Touch®; Profile - Covered per member DME benefit | \$\$\$\$ | QL Pentasa®; (mesalamine oral) | \$\$\$\$ |
| One Touch®; SureStep®; - Covered per member DME benefit | \$\$\$\$ | QL pentosan polysulfate sodium (Elmiron®); | \$\$\$\$ |
| One Touch®; Ultra 2 - Covered per member DME benefit | \$\$\$\$ | QL pentoxifylline (Trental®); - G | \$\$ |
| One Touch®; Ultra Smart - Covered per member DME benefit | \$\$\$\$ | QL Pepcid®; 20mg & 40mg swallow tablet (famotidine) - G | \$ |
| One Touch®; UltraMini®; - Covered per member DME benefit | \$\$\$\$ | QL Pepcid®; suspension (famotidine) | \$\$\$\$ |
| Optivar®; eye drops (azelastine) | \$\$\$ | Percocet®; 5/325mg, 7.5/500mg, 10/650mg (oxycodone/ | |
| Oramorph SR®; (morphine sulfate sustained release oral) | \$\$\$\$ | acetaminophen) - G | \$ QL |
| Orapred®; (prednisolone sodium phosphate liquid) - G | \$\$ | Percodan®; (oxycodone/aspirin) - G | \$\$ |
| orlistat (Xenical®); - Not covered for state-sponsored benefit plans | | Periactin®; (cyproheptadine) - G | \$\$ |
| such as Medicaid and MnCare | \$\$\$\$ | PA Peridex®; (chlorhexidine gluconate) - G | \$\$ |
| Ortho Evra®; transdermal patch - reserve for patients with | | permethrin cream only (Elimite®); - G | \$\$ |
| compliance concerns | \$\$\$ | perphenazine (Trilafon®); - G | \$\$ |
| Ortho Micronor®; (generic names: camila®; errin®; jolivette®; | | Persantine®; (dipyridamole) - G | \$\$ |
| nora-be®); - G | \$\$ | phenazopyridine (Pyridium®); - G | \$ |
| Ortho Tri-Cyclen Lo®; | \$\$\$ | phenelzine (Nardil®); | \$\$\$\$ |
| Ortho Tri-Cyclen®; (generic names: trinessa®; tri-previfem®; | | Phenergan VC w/Codeine®; liquid (promethazine/phenylephrine/ | |
| tri-sprintec®); - G | \$\$ | codeine) - G | \$ |
| Ortho-Cept®; (generic names: apri®; reclipen®; solia®); - G | \$\$ | Phenergan w/Codeine®; liquid (promethazine with codeine) - G | \$ |
| Ortho-Cyclen®; (generic names: mononessa®; previfem®; | | Phenergan w/DM®; liquid (promethazine with dextromethorphan) - G | \$ |
| sprintec®); - G | \$\$ | Phenergan®; (promethazine) - G | \$\$ |
| Ortho-Novum®; 1/35 (generic names: necon®; nortrel®); - G | \$\$ | phenobarbital - G | \$ |
| Ortho-Novum®; 1/50 (generic names: necon®); - G | \$\$ | phenoxybenzamine (Dibenzylamine®); | \$\$\$\$ |
| Ortho-Novum®; 10/11 (see Necon®; 10/11) | \$\$ | phenylephrine eye drops | \$ |
| Ortho-Novum®; 7/7/7 (generic names: necon®; nortrel®); - G | \$\$ | Phenytek®; (phenytoin) | \$\$ |
| oseltamivir (Tamiflu®); | \$\$\$\$ | phenytoin (Dilantin®; Phenytek®); - G (100mg capsule & suspension) | \$\$ |
| Ovide®; (malathion) | \$\$\$\$ | Phoslo®; (calcium acetate) - G | \$\$\$ |
| Ovidrel®; injection (choriogonadotropin alfa) - Covered per | | Phospholine iodide®; eye drops (echothiophate) | \$\$\$ |
| member benefit for infertility. SpecialtyScripts is the preferred | | phosphorus (K-Phos®; Neutral) - G | \$ |
| specialty pharmacy but not required. | \$\$\$\$ | Phrenilin®; (butalbital/acetaminophen) - G | \$\$ |
| oxcarbazepine suspension (Trileptal®); | \$\$\$\$ | phytonadione (Mephyton®; vitamin K1) | \$ |
| oxcarbazepine tablet (Trileptal®); - G | \$\$\$\$ | Pilocar®; eye drops (pilocarpine) - G | \$ |
| Oxsoralen®; lotion only (methoxsalen) | \$\$\$\$ | pilocarpine eye drops (Pilocar®); - G | \$ |
| Oxy IR®; (oxycodone immediate release) - G | \$\$ | pilocarpine eye gel (Pilopine HS®); | \$\$\$ |
| oxybutynin immediate release (Ditropan®); - G | \$ | pilocarpine oral (Salagen®); - G (5mg) | \$\$\$\$ |
| oxybutynin sustained release (Ditropan XL®); - G | \$\$\$\$ | Pilopine HS®; eye gel (pilocarpine) | \$\$\$ |
| oxycodone immediate release (Oxy IR®; Roxicodone®); - G | \$\$ | pimecrolimus topical (Elidel®); | \$\$\$\$ |
| oxycodone sustained release (Oxycontin®); - G | \$\$\$\$ | QL pioglitazone (Actos®); | \$\$\$\$ ST |

Brand names provided for reference. Generic substitution may be applicable.

The HealthPartners Drug Formulary

| Drug Name | Price | | Drug Name | Price | |
|---|----------|----|---|----------|----|
| pioglitazone / glimepiride (Duetact®) | \$\$\$\$ | ST | procarbazine (Matulane®) | \$\$\$\$ | |
| pioglitazone / metformin (Actoplus Met®) | \$\$\$\$ | ST | Procardia XL®; (nifedipine extended release) - G | \$\$\$ | |
| pirbuterol oral inhaler (Maxair Autohaler®; only) | \$\$\$\$ | | Procardia®; (nifedipine immediate release) - G | \$\$ | AE |
| piroxicam (Feldene®); - G | \$ | | prochlorperazine (Compazine®); - G | \$ | |
| Plan B®; (levonorgestrel) | \$\$ | AE | Procrit®; injection (epoetin alfa) | \$\$\$\$ | |
| Plaquenil®; (hydroxychloroquine) - G | \$\$ | | Proctofoam-HC®; (hydrocortisone/pramoxine rectal foam) | \$\$\$ | |
| Plavix®; (clopidogrel) | \$\$\$\$ | | progesterone oral (Prometrium®); | \$\$ | |
| Pletal®; (cilostazol) - G | \$\$\$\$ | | progesterone vaginal (compounded) | \$\$\$\$ | |
| podofilox (Condylox®); - G (solution) | \$\$\$\$ | | Prograf®; (tacrolimus oral) | \$\$\$\$ | |
| Polycitra®; (potassium&sodium citrate/citric acid) - G | \$\$ | | Prolixin®; (fluphenazine) - G | \$ | |
| Polycitra-K®; (potassium citrate/citric Acid) - G | \$\$ | | Proloprim®; (trimethoprim) - G | \$ | |
| Polycitra-LC®; (potassium&sodium citrate/citric acid) - G | \$\$\$\$ | | Promacta®; (eltrombopag) | \$\$\$\$ | PA |
| Polysporin®; eye ointment (bacitracin/polymyxin B) - G | \$\$ | | promethazine (Phenergan®); - G | \$\$ | |
| Polytrim®; eye drops (trimethoprim/polymyxin) - G | \$ | | promethazine/codeine liquid (Phenergan w/Codeine®); - G | \$ | |
| posaconazole (Noxafil®) | \$\$\$\$ | MD | promethazine/dextromethorphan liquid (Phenergan w/DM®); - G | \$ | |
| potassium chloride (K-Dur®; K-Lyte®; Klor-Con®; Micro-K) - G | \$ | | promethazine/phenylephrine/codeine liquid (Phenergan VC w/ Codeine®); - G | \$ | |
| potassium citrate (Urocit-K®); - G | \$\$ | | Prometrium®; (progesterone oral) | \$\$ | |
| potassium citrate/citric acid (Polycitra-K®); - G | \$\$ | | Pronestyl®; (procainamide sustained release) - G | \$\$ | |
| potassium&sodium citrate/citric acid (Polycitra®; & Polycitra LC equivalents) - G | \$\$\$ | | propafenone (Rythmol®; not Rythmol SR®); - G | \$\$\$\$ | |
| pramipexole (Mirapex®) | \$\$\$\$ | | proprantheline (Pro-Banthine®); - G (15mg) | \$\$ | |
| Pramosone®; 2.5%-1% rectal cream (hydrocortisone/pramoxine rectal) - G | \$\$\$ | | Propine®; eye drops (dipivefrin) - G | \$ | |
| Prandin®; (repaglinide) | \$\$\$\$ | | propoxyphene hydrochloride (Darvon®); - G | \$ | |
| Pravachol®; (pravastatin) - G | \$\$\$ | | propoxyphene napsylate with acetaminophen (Darvocet-N®; 100) - G | \$ | QL |
| pravastatin (Pravachol®); - G | \$\$\$ | | propranolol extended release (Innopran XL®); | \$\$\$ | ST |
| praziquantel (Biltricide®); | \$\$ | | propranolol immediate release (Inderal®); - G | \$ | |
| prazosin (Minipress®); - G | \$\$ | | propranolol sustained release (Inderal LA®); - G | \$\$\$ | ST |
| Precose®; (acarbose) - G | \$\$\$ | | propylthiouracil - G | \$ | |
| Pred Forte®; eye drops (prednisolone acetate 1%) - G | \$ | | Proscar®; (finasteride) - G | \$\$\$\$ | |
| Pred Mild®; eye drops (prednisolone acetate 0.12%) | \$\$ | | Protopic®; (tacrolimus topical) | \$\$\$\$ | |
| prednisolone acetate eye drops (Econpred Plus®; Pred Forte®; Pred Mild®); - G (1%) | \$\$ | | Proventil®; oral inhalation solution, multi-dose vial & unit-dose (albuterol) - G | \$\$ | |
| prednisolone liquid (Prelone®); - G | \$ | | Provera®; (medroxyprogesterone) - G | \$ | |
| prednisolone sodium phosphate eye drops (Inflamase Forte®; Inflamase Mild®); - G (1%) | \$\$ | | Provigil®; (modafinil) | \$\$\$\$ | PA |
| prednisolone sodium phosphate liquid (Pediapred®; Orapred®); - G | \$\$ | | Prozac®; solution (fluoxetine) - G | \$\$\$\$ | |
| prednisolone tablet - G | \$ | | Prozac®; 10mg capsule & tablet and 20mg capsule, not Sarafem®; (fluoxetine) - G | \$ | |
| prednisone (Deltasone®); - G | \$ | | Psorcon®; not Psorcon-E®; (diflorasone) - G | \$\$\$\$ | |
| pregabalin (Lyrica®) | \$\$\$\$ | ST | Psoriatec®; (anthralin) - G | \$\$\$\$ | |
| Pregnyl®; injection (chorionic gonadotropin) - G - Covered per member benefit for infertility. SpecialtyScripts is the preferred specialty pharmacy but not required. | \$\$\$ | | Pulmicort Flexhaler®; oral inhaler (budesonide) | \$\$\$\$ | |
| Prelone®; (prednisolone liquid) - G | \$ | | Pulmicort Respules®; suspension for oral inhalation (budesonide) | \$\$\$\$ | |
| Premarin®; oral (estrogen, conjugated) | \$\$ | | Pulmozyme®; (dornase alfa) | \$\$\$\$ | |
| Premarin®; vaginal (estrogen, conjugated) | \$\$\$ | | Purinethol®; (mercaptopurine) - G | \$\$\$\$ | |
| Premphase®; (estrogen, conjugated/medroxyprogesterone) | \$\$ | | pyrazinamide - G | \$\$\$\$ | |
| Prempro®; (estrogen, conjugated/medroxyprogesterone) | \$\$ | | Pyridium®; (phenazopyridine) - G | \$ | |
| prenatal vitamin with folic acid (various generics) - G | \$ | | pyridostigmine regular tablet (Mestinon®); - G | \$\$\$\$ | |
| Prevacid®; Solutab & capsule (lansoprazole) | \$\$\$\$ | ST | pyridostigmine sustained release tablet & syrup (Mestinon®; Timespan & Mestinon®; syrup) | \$\$\$\$ | |
| Prezista®; (darunavir) | \$\$\$\$ | | Questran®; Questran Light®; (cholestyramine) - G | \$\$\$ | |
| Prilosec®; 10mg (omeprazole) - G | \$\$ | QL | quetiapine (Seroquel XR®); | \$\$\$\$ | |
| Prilosec®; 20mg (omeprazole) - G | \$\$ | | quinidine gluconate - G | \$\$\$\$ | |
| primidone (Mysoline®); - G | \$\$ | | quinidine sulfate extended release - G | \$\$\$ | |
| Prinivil®; (lisinopril) - G | \$ | | quinidine sulfate immediate release - G | \$ | |
| Prinzide®; (lisinopril/hctz) - G | \$ | | QVAR®; oral inhaler (beclomethasone) | \$\$\$\$ | |
| Proair HFA®; (albuterol HFA oral inhaler) | \$\$ | | rалoxifene (Evista®); | \$\$\$\$ | |
| ProAmatine®; (midodrine) - G | \$\$\$\$ | | raltegravir (Isentress®); | \$\$\$\$ | |
| Pro-Banthine®; (proprantheline) - G (15mg) | \$\$ | | ramipril capsule only (Altace®); - G | \$\$\$ | |
| probenecid - G | \$\$ | | ranitidine tablet & syrup only, not capsule or effervescent tablet (Zantac®); - G (tablet) | \$\$ | |
| procainamide controlled release (Procanbid®); | \$\$\$\$ | | rasagiline (Azilect®); | \$\$\$\$ | PA |
| procainamide sustained release (Pronestyl®); - G | \$\$ | | Razadync®; (galantamine regular release) - G | \$\$\$\$ | PA |
| Procanbid®; (procainamide controlled release) | \$\$\$\$ | | Razadync®; ER (galantamine extended release) - G | \$\$\$\$ | PA |
| | | | Rebetol®; (ribavirin capsule) - G | \$\$\$\$ | |

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The HealthPartners Drug Formulary

| Drug Name | Price | | Drug Name | Price |
|---|------------|----|--|------------|
| Rebif®; injection (interferon beta-1a) | \$\$\$\$\$ | | salsalate (Disalcid®); - G | \$ |
| Reglan®; (metoclopramide) - G | \$ | | Sanctura®; Sanctura XR®; (trospium) | \$\$\$\$\$ |
| Relenza®; (zanamivir) | \$\$\$\$ | | Sandimmune®; (cyclosporine oral) - G | \$\$\$\$\$ |
| Relistor®; (methylnaltrexone) | \$\$\$\$\$ | PA | sapropterin (Kuvan®;) | \$\$\$\$\$ |
| Relpax®; (eletriptan) - 6 tablets per package | \$\$\$\$ | QL | saquinavir (Fortovase®; Invirase®;) | \$\$\$\$\$ |
| Remeron®; swallow tablet only (mirtazapine) - G | \$\$ | | sargramostim injection (Leukine®;) | \$\$\$\$\$ |
| Renagel®; (sevelamer hydrochloride) | \$\$\$\$\$ | | scopolamine eye drops (Isopto Hyoscine®;) | \$\$ |
| Renvela®; (sevelamer carbonate) | \$\$\$\$\$ | | scopolamine patch (Transderm-Scop®;) | \$\$ |
| repaglinide (Prandin®;) | \$\$\$\$ | | Seasonale®; 91-day cycle package (generic names: jolessa®; quasense®;)- G | \$\$\$\$\$ |
| Repronex®; injection (menotropins) - Covered per member benefit for infertility. SpecialtyScripts is the preferred specialty pharmacy but not required. | \$\$\$\$\$ | | selegiline (Eldepryl®;)- G | \$\$\$ |
| Requip®; (ropinirole) - G | \$\$\$ | | selegiline patch (Emsam®;) | \$\$\$\$\$ |
| Rescriptor®; (delavirdine) | \$\$\$\$\$ | | selenium sulfide 2.5% lotion (Selsun®;)- G | \$ |
| reserpine - G | \$ | | Selsun®; 2.5% lotion (selenium sulfide) - G | \$ |
| Restasis®; eye drops (cyclosporine) | \$\$\$\$\$ | | Selzentry®; (maraviroc) | \$\$\$\$\$ |
| Restoril®; 15mg & 30mg (temazepam) - G | \$ | | Sensipar®; (cinacalcet) | \$\$\$\$\$ |
| Restoril®; 7.5mg (temazepam) | \$\$\$\$ | | Septra®; (trimethoprim/sulfamethoxazole) - G | \$ |
| retapamulin (Altabax®;) | \$\$\$\$ | ST | Serevent Diskus®; (salmeterol oral inhalation powder) | \$\$\$\$\$ |
| Retin-A Micro®; (tretinoin) | \$\$\$\$ | | Serophene®; (clomiphene) - G - Covered per member benefit for infertility | \$\$ |
| Retin-A®; (tretinoin) - G | \$\$\$ | | Seroquel®; Seroquel XR®; (quetiapine) | \$\$\$\$\$ |
| Retrovir®; (zidovudine) | \$\$\$\$\$ | | sertraline (Zoloft®;)- **Half tablet program** - G | \$ |
| Revatio®; (sildenafil) | \$\$\$\$\$ | PA | sevelamer carbonate (Renvela®;) | \$\$\$\$\$ |
| Revia®; (naltrexone) - G | \$\$\$\$\$ | | sevelamer hydrochloride (Renagel®;) | \$\$\$\$\$ |
| Revlimid®; (lenalidomide) | \$\$\$\$\$ | | sildenafil (Revatio®;) | \$\$\$\$\$ |
| Reyataz®; (atazanavir) | \$\$\$\$\$ | | Silvadene®; (silver sulfadiazine) - G | \$ |
| Rheumatrex®; (methotrexate oral) - G | \$\$ | | silver sulfadiazine (Silvadene®;)- G | \$ |
| ribavirin capsule (Rebetol®;)- G | \$\$\$\$\$ | | simvastatin (Zocor®;)- **Half tablet program** - G | \$ |
| ribavirin tablet (Copegus®;)- G | \$\$\$\$\$ | | simvastatin/ezetimibe (Vytorin®;) | \$\$\$\$\$ |
| Ridaura®; (auranofin) | \$\$\$\$\$ | | Sinemet CR®; (levodopa/carbidopa controlled release) - G | \$\$\$\$\$ |
| rifabutin (Mycobutin®;) | \$\$\$\$\$ | | Sinemet®; (levodopa/carbidopa immediate release) - G | \$\$ |
| Rifadin®; (rifampin) - G | \$\$\$\$ | | Sinequan®; (doxepin) - G | \$ |
| rifampin (Rifadin®;)- G | \$\$\$\$ | | Singular®; (montelukast) | \$\$\$\$ |
| Rilutek®; (riluzole) | \$\$\$\$\$ | | sitagliptin (Januvia®;) | \$\$\$\$\$ |
| riluzole (Rilutek®;) | \$\$\$\$\$ | | sitagliptin / metformin (Janumet®;) | \$\$\$\$\$ |
| rimantadine (Flumadine®;)- G (tablets) | \$\$ | | sodium citrate/citric acid (Bicitra®;)- G | \$ |
| risedronate (Actonel®;) | \$\$\$\$ | ST | sodium oxybate (Xyrem®;) | \$\$\$\$\$ |
| risedronate with calcium (Actonel with Calcium®;) | \$\$\$\$ | ST | sodium polystyrene sulfonate (Kayexalate®;) | \$\$\$\$\$ |
| Risperdal M-tab®; (risperidone dissolving tablet) - G | \$\$\$\$\$ | PA | sodium polystyrene sulfonate with sorbitol | \$\$\$\$ |
| Risperdal®; (risperidone) - G | \$\$\$\$\$ | | Soltamox®; (tamoxifen solution) | \$\$\$ |
| risperidone (Risperdal®;)- G | \$\$\$\$\$ | | somatropin injection (Norditropin®; and Omnitrope®;)- Covered per member medical benefit for growth hormone and requires prior approval. | \$\$\$\$\$ |
| risperidone dissolving tablet (Risperdal M-tab®;)- G | \$\$\$\$\$ | PA | Somavert®; (pegvisomant) - Specialty drug | \$\$\$\$\$ |
| Ritalin SR®; (methylphenidate sustained release) - G | \$\$ | | Somnote®; (chloral hydrate capsule) | \$ |
| Ritalin®; (methylphenidate immediate release) - G | \$\$ | | sorafenib (Nexavar®;) | \$\$\$\$\$ |
| ritonavir (Norvir®;) | \$\$\$\$\$ | | Soriatane®; Soriatane CK®; (acitretin) | \$\$\$\$\$ |
| ritonavir/lopinavir (Kaletra®;) | \$\$\$\$\$ | | sotalol, sotalol AF (Betapace®; Betapace AF®;)- G | \$\$ |
| rizatriptan (Maxalt®; Maxalt MLT®;)- 12 tablets per package | \$\$\$\$\$ | QL | Sotret®; (isotretinoin) - G | \$\$\$\$\$ |
| RMS®; (morphine sulfate rectal) - G | \$\$ | | Spectazole®; (econazole) - G | \$\$ |
| Robaxin®; (methocarbamol) - G | \$\$ | | Spiriva®; (tiotropium) | \$\$\$\$\$ |
| Robitussin AC®; (guaifenesin/codeine) - G | \$ | | spironolactone (Aldactone®;)- G | \$\$ |
| Rocaltrol®; (calcitriol) - G | \$\$\$ | | spironolactone/hctz (Aldactazide®;)- G (25mg/25mg) | \$ |
| ropinirole (Requip®;)- G | \$\$\$ | | Sporanox®; capsule (itraconazole) - G | \$\$\$\$\$ |
| Rosac®; cream (sulfacetamide sodium/sulfur) | \$\$\$ | | Sporanox®; oral solution (itraconazole) | \$\$\$\$\$ |
| Rosanil®; cleanser (sulfacetamide sodium/sulfur) | \$\$\$ | | Sprycel®; (dasatinib) | \$\$\$\$\$ |
| Rosula®; cleanser & gel only (sulfacetamide sodium/sulfur) | \$\$\$ | | Stalevo®; (entacapone/carbidopa/levodopa) | \$\$\$\$\$ |
| Rowasa®; (mesalamine rectal enema) | \$\$\$\$\$ | | Starlix®; (nateglinide) | \$\$\$\$ |
| Roxanol®; (morphine sulfate oral solution) - G | \$\$\$\$ | | stavudine (Zerit®;)- G | \$\$\$\$\$ |
| Roxicet®; (oxycodone/acetaminophen) - G | \$ | QL | Stelazine®; (trifluoperazine) - G | \$\$ |
| Roxicodone®; (oxycodone immediate release) - G | \$\$ | | Strattera®; (atomoxetine) | \$\$\$\$\$ |
| rufinamide (Banzel®;) | \$\$\$\$\$ | PA | Stromectol®; (ivermectin) | \$\$ |
| Rythmol®; not Rythmol SR®; (propafenone) - G | \$\$\$\$\$ | | Suboxone®; (buprenorphine/naloxone) | \$\$\$\$\$ |
| sacrosidase (Sucraid®;) | \$\$\$\$\$ | PA | succimer (Chemet®;) | \$\$\$\$\$ |
| Salagen®; (pilocarpine oral) - G (5mg) | \$\$\$\$\$ | | | |
| salmeterol oral inhalation powder (Serevent Diskus®;) | \$\$\$\$\$ | | | |

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The HealthPartners Drug Formulary

| Drug Name | Price | | Drug Name | Price | |
|--|----------------|----|---|----------|----|
| Sucraid®; (sacrosidase) | \$\$\$\$ | PA | terconazole vaginal (Terazol®) - G | \$\$ | |
| sucralfate (Carafate®) - G | \$\$ | | teriparatide injection (Forteo®) | \$\$\$\$ | PA |
| sulconazole (Exelderm®) | \$\$ | | Tessalon®; & Tessalon Perle®; (benzonatate) - G | \$\$ | |
| sulfacetamide eye drops (Bleph-10®) - G | \$ | | testosterone cypionate injection (Depo-Testosterone®) - G | \$\$\$ | PA |
| sulfacetamide sodium lotion (Klaron®) - G | \$\$\$\$ | | testosterone enanthate injection - G | \$\$\$ | PA |
| sulfacetamide sodium/prednisolone eye drops & ointment (Blephamide®; Blephamide S.O.P®) - G | \$\$ | | testosterone gel (Androgel®; not Testim®) | \$\$\$\$ | PA |
| sulfacetamide sodium/sulfur (Sulfacet-R®; Clenia®; Rosac®; Rosanil®; Rosula®) - G (lotion) | \$\$\$ | | testosterone patch (Androderm®) | \$\$\$\$ | PA |
| Sulfacet-R®; lotion (sulfacetamide sodium/Sulfur) - G | \$\$ | | tetrabenazine (Xenazine®) - G | \$\$\$\$ | PA |
| sulfadoxine/pyrimethamine (Fansidar®) | \$\$ | | tetracycline capsules only - G | \$ | |
| sulfasalazine (Azulfidine®; Azulfidine En-Tabs®) - G | \$\$ | | thalidomide (Thalomid®) | \$\$\$\$ | |
| sulfisoxazole suspension (Gantrisin®) | \$ | | Thalomid®; (thalidomide) | \$\$\$\$ | |
| sulfisoxazole tablet - G | \$ | | theophylline - G | \$\$ | |
| sulindac (Clinoril®) - G | \$ | | thioguanine (Tabloid®) | \$\$\$\$ | |
| sumatriptan nasal spray - 6 devices/package (Imitrex®) - G | \$\$\$\$ | QL | thioridazine (Mellaril®) - G | \$ | |
| sumatriptan oral tablets - 9 tablets/package and injection - syringes, 2 syringes/package or injection - vials, 5 vials/package (Imitrex®) - G | \$\$\$\$ | QL | thiothixene (Navane®) - G | \$ | |
| sunitinab malate (Sutent®) | \$\$\$\$ | | Thorazine®; (chlorpromazine) - G | \$\$ | |
| Suprax®; tablet (cefixime) | \$ | QL | tiagabine (Gabitril®) | \$\$\$\$ | |
| Sustiva®; (efavirenz) | \$\$\$\$ | | Tiazac®; (diltiazem extended release - 24 hour) - G | \$\$\$ | |
| Sutent®; (sunitinab malate) | \$\$\$\$ | | Tigan®; oral (trimethobenzamide) - G | \$ | |
| Symbicort®; for oral inhalation (budesonide/formoterol) | \$\$\$\$ | | Tikosyn®; (dofetilide) | \$\$\$\$ | |
| Symmetrel®; capsules (amantadine) - G | \$\$ | | Tilade®; oral inhaler (nedocromil) | \$\$\$\$ | |
| Synalar®; (fluocinolone) - G | \$ | | timolol hemihydrate eye drops (Betimol®) | \$\$ | |
| Synthroid®; (levothyroxine) - G | \$ | | timolol maleate eye drops (Istalol®) | \$\$\$ | |
| Tabloid®; (thioguanine) | \$\$\$\$ | | timolol maleate eye drops (Timoptic®) - G | \$ | |
| Taclonex®; (calcipotriene/betamethasone) | \$\$\$\$ | PA | timolol maleate eye gel drops (Timoptic XE®) - G | \$\$ | |
| tacrolimus oral (Prograf®) | \$\$\$\$ | | Timoptic XE®; eye gel drops (timolol maleate) - G | \$\$ | |
| tacrolimus topical (Protopic®) | \$\$\$\$ | | Timoptic®; eye drops (timolol maleate) - G | \$ | |
| Tagamet®; (cimetidine) - G | \$ | | tiotropium (Spiriva®) | \$\$\$\$ | |
| Tambocor®; (flecainide) - G | \$\$\$\$ | | tipranavir (Aptivus®) | \$\$\$\$ | |
| Tamiflu®; (oseltamivir) | \$\$\$\$ | | tizanidine tablet only (Zanaflex®) - G | \$\$\$\$ | |
| tamoxifen solution (Soltamox®) | \$\$\$\$ | | Tobradex®; eye drops (tobramycin/dexamethasone) - G | \$\$\$ | |
| tamoxifen tablet (Nolvadex®) - G | \$\$\$ | | Tobradex®; eye ointment (tobramycin/dexamethasone) | \$\$\$ | |
| tamsulosin (Flomax®) | \$\$\$\$ | | tobramycin eye drops & ointment (Tobrex®) - G (solution) | \$ | |
| Tapazole®; (methimazole) - G (5mg & 10mg) | \$\$ | | tobramycin/dexamethasone eye drops (Tobradex®) - G | \$\$\$ | |
| Tarceva®; (erlotinib) | \$\$\$\$ | | tobramycin/dexamethasone eye ointment (Tobradex®) | \$\$\$ | |
| Tasigna®; (nilotinib) | \$\$\$\$ | | tobramycin/loteprednol eye drops (Zylet®) | \$\$\$ | |
| Tavist®; syrup only (clemastine) - G | \$\$ | | Tobrex®; eye drops & ointment (tobramycin) - G (solution) | \$ | |
| tazarotene (Tazorac®) | \$\$\$\$ | QL | Toframil®; (imipramine) - G | \$\$ | |
| Tazorac®; (tazarotene) | \$\$\$\$ | QL | Tolectin®; (tolmetin) - G | \$\$\$\$ | |
| Tegretol XR®; (carbamazepine extended release) - G (200mg & 400mg) | \$\$\$ | | tolmetin (Tolectin®) - G | \$\$\$\$ | |
| Tegretol®; (carbamazepine immediate release) - G | \$\$ | | tolterodine (Detrol®; Detrol®; LA) | \$\$\$\$ | |
| Tekturna HCT®; (aliskiren/hctz) | \$\$\$ | PA | Topamax®; (topiramate) - G | \$\$\$\$ | |
| Tekturna®; (aliskiren) | \$\$\$\$ | PA | Topicort®; Topicort LP®; (desoximetasone) - G | \$\$ | |
| telbivudine (Tyzeka®) | \$\$\$\$ | | topiramate (Topamax®) - G | \$\$\$\$ | |
| telmisartan (Micardis®) | \$\$\$ QL & ST | | topotecan oral (Hycamtin®) | \$\$\$\$ | |
| telmisartan/hctz (Micardis HCT®) | \$\$\$ QL & ST | | Toprol XL®; (metoprolol succinate) - G | \$\$ | |
| temazepam 15mg & 30mg (Restoril®) - G | \$ | | Toradol®; (ketorolac oral) - G | \$ | QL |
| temazepam 7.5mg (Restoril®) | \$\$\$\$ | | torsemede (Demadex®) - G | \$\$ | |
| Temodar®; (temozolomide) | \$\$\$\$ | | Tracleer®; (bosentan) - Specialty drug | \$\$\$\$ | PA |
| Temovate®; Temovate-E®; (clobetasol) - G | \$\$\$ | | tramadol regular release (Ultram®) - G | \$\$ | |
| temozolomide (Temodar®) | \$\$\$\$ | | Trandate®; (labetalol) - G | \$\$ | |
| Tenex®; (guanfacine) - G | \$\$ | | Transderm-Scop®; (scopolamine) | \$\$ | PA |
| tenofovir (Viread®) | \$\$\$\$ | | tranylcypromine (Pamate®) - G | \$\$\$\$ | |
| Tenoretic®; (atenolol/chlorthalidone) - G | \$ | | Travatan®; Travatan Z®; eye drops (travoprost) - 2.5ml only | \$\$\$ | |
| Tenormin®; (atenolol) - G | \$ | | travoprost eye drops (Travatan®; Travatan Z®) - 2.5ml only | \$\$\$ | |
| Terazol®; vaginal cream (terconazole) - G | \$\$ | | trazodone (Desyrel®) - G | \$ | |
| terazosin (Hytrin®) - G | \$\$ | | Trental®; (pentoxifylline) - G | \$\$ | |
| terbinafine oral only (Lamisil®) - G | \$\$ | | Trental®; (pentoxifylline) - G | \$\$\$ | |
| terbutaline oral tablet (Brethine®) - G | \$\$\$ | | tretinoin (Retin-A®) - G | \$\$\$ | |
| | | | tretinoin microsphere (Retin-A Micro®) | \$\$\$\$ | |
| | | | triamcinolone in orabase (Kenalog®; Orabase paste) - G | \$ | |
| | | | triamcinolone oral inhaler (Azmecort®) | \$\$\$\$ | |
| | | | triamcinolone topical (Kenalog®; Aristocort A®) - G | \$ | |
| | | | triamterene/hctz (Maxzide®; Dyazide®) - G | \$ | |

Brand names provided for reference. Generic substitution may be applicable.

The HealthPartners Drug Formulary

| Drug Name | Price | | Drug Name | Price | |
|---|------------|----|---|------------|----|
| Tricor®; (fenofibrate 48mg & 145mg tabs) | \$\$\$\$ | ST | Vermox®; (mebendazole) - G | \$ | |
| Tridesilon®; (desonide) - G | \$\$ | | Vfend®; (voriconazole) | \$\$\$\$\$ | MD |
| trifluoperazine (Stelazine®); - G | \$\$ | | Vibramycin®; (doxycycline hyclate) - G | \$ | |
| trifluridine eye drops (Viroptic®); - G | \$\$\$\$ | | Vibratabs®; (doxycycline hyclate) - G | \$ | |
| trihexyphenidyl (Artane®); - G | \$ | | Vicodin®; Vicodin ES®; (hydrocodone/acetaminophen) - G | \$ | QL |
| Trilafon®; (perphenazine) - G | \$\$ | | Vicoprofen®; (hydrocodone/ibuprofen 7.5-200mg) - G | \$\$\$ | |
| Trileptal®; suspension (oxcarbazepine) | \$\$\$\$\$ | | Videx®; (didanosine) | \$\$\$\$\$ | |
| Trileptal®; tablet (oxcarbazepine) - G | \$\$\$\$\$ | | Videx®; EC (didanosine delayed release) - G | \$\$\$\$\$ | |
| trimethobenzamide oral (Tigan®); - G | \$ | | Vigamox®; eye drops (moxifloxacin) | \$\$\$\$ | MD |
| trimethoprim tablets only (Proloprim®); - G | \$ | | Vimpat (lacosamide) | \$\$\$\$\$ | ST |
| trimethoprim/polymyxin eye drops (Polytrim®); - G | \$ | | Viokase®; (digestive enzymes) | \$\$\$\$\$ | |
| trimethoprim/sulfamethoxazole (Bactrim®; Septra®; TMP/SMZ) - G | \$ | | Viracept®; (nelfinavir) | \$\$\$\$\$ | |
| Tri-Norinyl®; (generic names: aranelle®; leena®); - G | \$\$ | | Viramune®; (nevirapine) | \$\$\$\$\$ | |
| Triphasil®; (generic names: enpresse®; trivora®); - G | \$\$ | | Viread®; (tenofovir) | \$\$\$\$\$ | |
| Tri-Vi-Flor®; (vitamins ADC with fluoride) - G | \$ | | Viroptic®; eye drops (trifluridine) - G | \$\$\$\$ | |
| Trizivir®; (abacavir/lamivudine/zidovudine) | \$\$\$\$\$ | | Vistaril®; (hydroxyzine pamoate) - G | \$\$ | |
| tropium (Sanctura®; Sanctura XR®); | \$\$\$\$\$ | | vitamin A oral - G | \$\$ | |
| Trusopt®; eye drops (dorzolamide) - G | \$\$\$ | | vitamin B12 injection (cyanocobalamin) - G | \$ | |
| Truvada®; (emtricitabine / tenofovir) | \$\$\$\$\$ | | vitamin B6/vitamin B12/folic acid (Foltz®); - G | \$ | |
| trypsin/castor oil/peruvian balsam aerosol (Granulex®); - G | \$ | | vitamin B-complex/vitamin C/folic acid capsule (Nephrocaps®); - G | \$ | |
| Tussi Organidin-S®; liquid (guaifenesin/codeine) - G | \$ | | vitamin B-complex/vitamin C/folic acid tablet (Diatx®) | \$ | |
| Twinject®; (epinephrine auto-injector) | \$\$\$\$ | | vitamin D2 (ergocalciferol, Calciferol®; Drisdol®); - G | \$ | |
| Tykerb®; (lapatinib) | \$\$\$\$\$ | | vitamin K1 (phytonadione, Mephyton®); | \$ | |
| Tylenol®; #2, #3, #4 (acetaminophen with codeine) - G | \$ | QL | vitamins ADC with fluoride (Tri-Vi-Flor®); - G | \$ | |
| Tylox®; (oxycodone/acetaminophen) - G | \$ | QL | vitamins, multiple with fluoride | \$ | |
| typhoid oral vaccine (Vivotif Berna®); | \$\$ | | Vivelle-DOT®; (estradiol twice weekly patch) | \$\$ | |
| Tyzeka®; (telbivudine) | \$\$\$\$\$ | | Vivotif Berna®; (typhoid oral vaccine) | \$\$ | |
| Uloric (febuxostat) | \$\$\$\$\$ | PA | Voltaren®; eye drops (diclofenac) - G | \$\$\$ | |
| Ultram®; (tramadol regular release) - G | \$\$ | | Voltaren®; regular release only (diclofenac sodium) - G | \$\$ | |
| Umecta®; emulsion & suspension (urea 40%) - G | \$\$ | | voriconazole (Vfend®); | \$\$\$\$\$ | MD |
| Uniphyl®; (theophylline) | \$\$ | | vorinostat (Zolinza®); | \$\$\$\$\$ | PA |
| urea 40% cream, emulsion, gel, lotion, suspension (Carmol-40®); cream, gel & lotion, Umecta®; emulsion & suspension) - G | \$\$ | | Vosol HC®; ear drops (acetic acid with hydrocortisone) - G | \$\$ | |
| Urecholine®; (bethanechol) - G | \$\$\$\$\$ | | Vosol®; ear drops (acetic acid) - G | \$\$ | |
| Urocit-K®; (potassium citrate) - G | \$\$ | | Vospire ER®; (albuterol sustained release tablet) - G | \$\$\$\$ | |
| Uroxatral®; (alfuzosin) | \$\$\$\$ | | Vytone®; (iodoquinol/hydrocortisone) - G | \$\$ | |
| Urso®; Urso Forte®; (ursodiol tablet) | \$\$\$\$\$ | | Vytorin®; (simvastatin/ezetimibe) | \$\$\$\$ | PA |
| ursodiol capsule (Actigall®); - G | \$\$\$\$\$ | | Vyvanse®; (lisdexamfetamine) | \$\$\$\$\$ | |
| ursodiol tablet (Urso®; Urso Forte®); | \$\$\$\$\$ | | warfarin (Coumadin®; Jantoven®); - G | \$\$ | |
| Vagifem®; vaginal tablet (estradiol vaginal tablet) | \$\$ | | Wellbutrin SR®; (bupropion sustained release) - G | \$\$\$\$ | |
| valacyclovir (Valtrex®); | \$\$\$\$\$ | | Wellbutrin XL®; (bupropion extended release) - G | \$\$\$\$ | |
| Valcyte®; (valganciclovir) | \$\$\$\$\$ | | Wellbutrin®; (bupropion immediate release) - G | \$\$\$ | |
| valganciclovir (Valcyte®); | \$\$\$\$\$ | | Westcort®; (hydrocortisone valerate) - G | \$\$ | |
| Valium®; (diazepam) - G | \$ | | Xanax®; not Xanax XR®; (alprazolam) - G | \$ | |
| valproic acid (Depakene®); - G | \$\$\$\$ | | Xeloda®; (capecitabine) | \$\$\$\$\$ | |
| Valtrex®; (valacyclovir) | \$\$\$\$\$ | | Xenazine®; (tetraabenazine) | \$\$\$\$\$ | PA |
| Vancocin®; oral (vancomycin) | \$\$\$\$\$ | | Xenical®; (orlistat) - Not covered for state-sponsored benefit plans such as Medicaid and MnCare | \$\$\$\$\$ | PA |
| vancomycin injection for use in compounding an oral solution | \$\$ | | Xibrom®; eye drops (bromfenac) | \$\$ | |
| vancomycin oral (Vancocin®); | \$\$\$\$\$ | | Xylocaine®; topical gel, ointment, solution only (lidocaine) - G | \$ | |
| varenicline (Chantix®); | \$\$\$\$\$ | | Xylocaine®; viscous (lidocaine viscous) - G | \$ | |
| Vasotec®; (enalapril maleate) - G | \$ | | Xyrem®; (sodium oxybate) | \$\$\$\$\$ | PA |
| Vectical (calcitriol topical) | \$\$\$\$\$ | PA | Yasmin®; (generic names: ocella®); - G | \$\$\$ | |
| Venlafaxine ER®; (venlafaxine extended release) | \$\$\$\$\$ | ST | Yaz®; | \$\$\$ | |
| venlafaxine extended release (Venlafaxine ER®; only, not Effexor XR) | \$\$\$\$\$ | ST | Yodoxin®; (iodoquinol) | \$\$\$ | |
| venlafaxine immediate release (Effexor®); - G | \$\$\$\$ | ST | zalcitabine (Hivid®); | \$\$\$\$\$ | |
| Ventavis®; (iloprost) - Specialty drug | \$\$\$\$\$ | PA | Zanaflex®; tablet only (tizanidine) - G | \$\$\$\$ | |
| Ventolin HFA®; (albuterol hfa oral inhaler) | \$\$ | | zanamivir (Relenza®); | \$\$\$\$ | |
| VePesid®; (etoposide) - G | \$\$\$\$\$ | | Zantac®; tablet and syrup only, not capsule or effervescent tablet (ranitidine) - G (tablet) | \$\$ | |
| Veramyst®; nasal inhaler (fluticasone furoate) | \$\$\$\$ | | Zarontin®; (ethosuximide) - G | \$\$\$\$ | |
| verapamil immediate release (Calan®); - G | \$ | | Zaroxolyn®; (metolazone) - G | \$\$ | |
| verapamil sustained release capsule (Verelan®); - G | \$\$\$ | | Zerit®; (stavudine) - G | \$\$\$\$\$ | |
| verapamil sustained release tablet (Calan SR®); - G | \$\$ | | Zetia®; (ezetimibe) | \$\$\$\$ | ST |
| Verelan®; (verapamil sustained release capsule) - G | \$\$\$ | | Ziagen®; (abacavir) | \$\$\$\$\$ | |

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The HealthPartners Drug Formulary

| Drug Name | Price | Drug Name | Price |
|---|----------|-----------|-------|
| zidovudine (Retrovir®) | \$\$\$\$ | | |
| ziprasidone (Geodon®) | \$\$\$\$ | | |
| Zithromax®; (azithromycin) - G | \$\$\$ | | |
| Zocor®; (simvastatin) - **Half tablet program** - G | \$ | | |
| Zofran®; Zofran ODT®; (ondansetron) - G | \$\$\$\$ | | |
| Zolinza®; (vorinostat) | \$\$\$\$ | PA | |
| Zoloft®; (sertraline) - **Half tablet program** - G | \$ | | |
| zolpidem controlled release (Ambien CR®) | \$\$\$\$ | ST | |
| zolpidem immediate release (Ambien®); - G | \$\$ | | |
| Zonegran®; (zonisamide) - G | \$\$\$\$ | | |
| zonisamide (Zonegran®); - G | \$\$\$\$ | | |
| Zovirax®; oral only (acyclovir) - G | \$\$ | | |
| Zyban®; (bupropion sustained release-smoking deterrent) - G | \$\$\$\$ | | |
| Zylet®; eye drops (loteprednol/tobramycin) | \$\$\$ | | |
| Zyloprim®; (allopurinol) - G | \$ | | |
| Zymar®; eye drops (gatifloxacin) | \$\$\$\$ | MD | |
| Zyprexa Zydis®; (olanzapine dissolving tablet) | \$\$\$\$ | PA | |
| Zyprexa®; (olanzapine) | \$\$\$\$ | | |
| Zyvox®; (linezolid) | \$\$\$\$ | MD | |