



## HealthPartners Preferred Drug List

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For the most current information on the HealthPartners Preferred Drug List, visit our web site at **[healthpartners.com](http://healthpartners.com)**

Updated: April 2009

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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	COST			
			alendronate solution (Fosamax®)	\$\$\$\$ ST
			alendronate tablet (Fosamax®) - G	\$\$\$\$
			Alesse® (generic names: aviane®, lessina®, lutera®, sronyx®) - G	\$
			alfuzosin (Uroxatral®)	\$\$\$\$
<b>A</b>			Alinia® (nitazoxamide)	\$\$\$\$ ST
abacavir (Ziagen®)	\$\$\$\$		aliskiren (Tekturna®)	\$\$\$\$ PA
abacavir/lamivudine (Epzicom®)	\$\$\$\$		aliskiren/hctz (Tekturna HCT®)	\$\$\$\$ PA
abacavir/lamivudine/zidovudine (Trizivir®)	\$\$\$\$		Alkeran® (melphalan)	\$\$\$\$
Abilify Discmelt® (aripiprazole)	\$\$\$\$	PA	Allegra D® (fexofenadine/pseudoephedrine) - Delete effective 07/01/2009	\$\$\$\$
Abilify® (aripiprazole)	\$\$\$\$		Allegra® suspension (fexofenadine)	\$\$\$
acamprosate (Campral®)	\$\$\$\$		Allegra® tablet (fexofenadine) - G	\$\$\$
acarbose (Precose®) - G	\$\$\$		allopurinol (Zyloprim®) - G	\$
Accu-Chek® Active - Covered per member DME Benefit	\$\$\$\$	QL	Alphagan-P® eye drops (brimonidine)	\$\$\$
Accu-Chek® Advantage - Covered per member DME benefit	\$\$\$\$	QL	alprazolam regular release (Xanax®, not Xanax XR®) - G	\$
Accu-Chek® Aviva - Covered per member DME benefit	\$\$\$\$	QL	alprostadil (available in suppository as Muse®, and injection as Caverject®) - Not covered for state-sponsored benefit plans such as Medicaid and MnCare	\$\$\$\$ QL
Accu-Chek® Comfort Curve test strips - Covered per member DME Benefit	\$\$\$\$	QL	Alrex® eye drops (loteprednol)	\$\$\$
Accu-Chek® Compact Plus - Covered per member DME benefit	\$\$\$\$	QL	Altanax® (retapamulin)	\$\$\$\$ ST
AccuNeb® solution for nebulization (albuterol) - G	\$	QL	Altace® capsule only (ramipril) - G	\$\$\$
Accutane® (isotretinoin) - G	\$\$\$\$	QL	altretamine (Hexalen®)	\$\$\$\$
acetaminophen with codeine (Tylenol® #2, #3, #4) - G	\$		aluminum chloride hexahydrate (Drysol®) - G	\$
acetaminophen/isometheptene/dichloralphenazone (Midrin®) - G	\$		Alupent® oral inhaler (metaproterenol)	\$\$\$
Acetasol HC® ear drops (acetic acid with hydrocortisone) - G	\$\$\$		amantadine capsules (Symmetrel®) - G	\$\$\$
Acetasol® ear drops (acetic acid) - G	\$\$\$		Amaryl® (glimepiride) - G	\$
acetazolamide capsule (Diamox Sequel®) - G	\$\$\$\$		Ambien CR® (zolpidem controlled release)	\$\$\$\$ ST
acetazolamide tablet - G	\$		Ambien® (zolpidem immediate release) - G	\$
acetic acid ear drops (Vosol®, Acetasol®) - G	\$\$\$		ambrisentan (Letairis®) - Specialty drug	\$\$\$\$ PA
acetic acid vaginal - G	\$\$\$		amcinonide (Cyclocort®) - G	\$\$\$
acetic acid with hydrocortisone ear drops (Vosol-HC®, Acetasol HC®) - G	\$\$\$		Amicar® (aminocaproic acid) - G (500mg & syrup)	\$\$\$\$
acetylcysteine (Mucomyst®) - G	\$\$\$\$		amiloride (Midamor®) - G	\$
acitretin (Soriatane®, Soriatane CK®)	\$\$\$\$		amiloride/hctz (Moduretic®) - G	\$
Acthar® HP injection (corticotropin) - Specialty drug	\$\$\$\$	PA	aminocaproic acid (Amicar®) - G (500mg & syrup)	\$\$\$\$
Actigall® (ursodiol capsule) - G	\$\$\$\$		aminophylline (no brand available) - G	\$
Actonel with Calcium® (risedronate with calcium)	\$\$\$\$	ST	amidarone 200mg & 400mg only (Cordarone®, Pacerone®) - G	\$\$\$
Actonel® (risedronate)	\$\$\$\$	ST	Amitiza® (lubiprostone)	\$\$\$\$ PA
Actoplus Met® (pioglitazone / metformin)	\$\$\$\$	ST	amitriptyline (Elavil®) - G	\$
Actos® (pioglitazone)	\$\$\$\$	ST	amlodipine (Norvasc®) - G	\$\$\$
Acular®, Acular LS® eye drops (ketorolac)	\$\$\$\$		amlodipine/benazepril (Lotrel®) - G (generics for these strengths only: 2.5-10mg, 5-10mg, 5-20mg, 10-20mg)	\$\$\$\$
acyclovir oral only (Zovirax®) - G	\$\$\$		Amnesteem® (isotretinoin) - G	\$\$\$\$ QL
Aczone® (dapsone)	\$\$\$\$	PA	amoxicillin - G (not drops)	\$
Adalat CC® (nifedipine extended release) - G	\$\$\$		amoxicillin/potassium clavulanate (Augmentin®, Augmentin ES®, not Augmentin XR®) - G	\$\$\$\$
adalimumab injection (Humira®)	\$\$\$\$	PA	amphetamine/dextroamphetamine extended release (Adderall XR®)	\$\$\$\$
adapalene (Differin®)	\$\$\$\$		amphetamine/dextroamphetamine immediate release (Adderall®) - G	\$\$\$\$
Adderall XR® (amphetamine/dextroamphetamine extended release)	\$\$\$\$		ampicillin - G	\$
Adderall® (amphetamine/dextroamphetamine immediate release) - G	\$\$\$\$		amprenavir (Agenerase®)	\$\$\$\$
adefovir (Hepsera®)	\$\$\$\$		Anafranil® (clomipramine) - G	\$\$\$
Advair Diskus® (fluticasone/salmeterol powder for oral inhalation)	\$\$\$\$		anagrelide (Agrylin®) - G	\$\$\$\$
Advair HFA® (fluticasone/salmeterol inhalation aerosol)	\$\$\$\$		anakinra injection (Kineret®)	\$\$\$\$ PA
Agenerase® (amprenavir)	\$\$\$\$		Analpram-HC® cream only (hydrocortisone/pramoxine rectal)	\$\$\$
Aggrenox® (dipyridamol/aspirin)	\$\$\$\$		Anaprox® (naproxen sodium) - G	\$\$\$
Agrylin® (anagrelide) - G	\$\$\$\$		anastrozole (Arimidex®)	\$\$\$\$
Alamast® eye drops (pemirolast)	\$\$\$		Androderm® (testosterone patch)	\$\$\$\$ PA
albendazole (Albenza®)	\$\$\$		Androgel® (testosterone gel)	\$\$\$\$ PA
Albenza® (albendazole)	\$\$\$		Android® (methyltestosterone oral)	\$\$\$\$
albuterol hfa oral inhaler (Proair HFA® and Ventolin HFA®, not Proventil HFA®)	\$\$\$		Ansaid® (flurbiprofen) - G	\$\$\$
albuterol immediate release tablet & syrup (no brand available) - G	\$		Antabuse® (disulfiram)	\$\$\$
albuterol solution for nebulization (Proventil®, AccuNeb®) - G	\$		anthralin (Psoriasisec®) - G	\$\$\$
albuterol sustained release tablet (Vospire ER®) - G	\$\$\$\$		Anusol HC® (hydrocortisone rectal cream & suppository) - G	\$\$\$
albuterol/ipratropium oral inhaler (Combivent®)	\$\$\$\$		aprepitant (Emend®)	\$\$\$\$
albuterol/ipratropium solution for nebulization (DuoNeb®) - G	\$\$\$\$		apresoline® (Hydralazine) - G	\$\$\$
Aldactazide® (spironolactone/hctz) - G (25mg/25mg)	\$		Aptivus® (tipranavir )	\$\$\$\$
Aldactone® (spironolactone) - G	\$\$\$			
Aldara® (imiquimod)	\$\$\$\$			
Aldomet® (methyldopa) - G	\$			
alendronate / cholecalciferol (Fosamax Plus D®)	\$\$\$\$	ST		

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

## The HealthPartners Drug Formulary

Aquachloral® (chloral hydrate suppository)	\$\$		Bactroban® ointment, not nasal ointment (mupirocin) - G	\$\$	
Aralen® (chloroquine phosphate) - G	\$\$		Banzel® (rufinamide)	\$\$\$\$	PA
Aranesp® injection (darbepoetin)	\$\$\$\$	PA	Baraclude® (entecavir)	\$\$\$\$	
Arava® (leflunomide) - G	\$\$\$\$	MD	beclomethasone oral inhaler (QVAR®)	\$\$\$\$	
Aricept® (donepezil)	\$\$\$\$		Bel-Tabs® (ergotamine/PB/belladonna) - G	\$\$	QL
Arimidex® (anastrozole)	\$\$\$\$		benazepril (Lotensin®) - G	\$	
aripiprazole (Abilify Discmelt®)	\$\$\$\$	PA	benazepril/hctz (Lotensin HCT®) - G	\$	
aripiprazole (Abilify®)	\$\$\$\$		Bentyl® (dicyclomine) - G	\$	
Aristocort A® (triamcinolone) - G	\$		Benzac® (benzoyl peroxide) - G	\$\$	
Arixtra® (fondaparinux)	\$\$\$\$	QL	benzocaine/antipyrine ear drops (no brand available for this formulation) - G	\$	
Aromasin® (exemestane)	\$\$\$\$		benzonatate (Tessalon®, Tessalon Perle®) - G	\$\$	
Artane® (trihexyphenidyl) - G	\$		benzoyl peroxide creamy wash (Brevoxyl® Creamy Wash) - G	\$\$\$	
Asacol® (mesalamine oral)	\$\$\$\$		benzoyl peroxide, not OTC's (Benzac AC®, Brevoxyl®) - G	\$\$	
Asmanex® oral inhaler (mometasone)	\$\$\$\$		(2.5%, 5%, 10% strengths)	\$\$	
aspirin with codeine (Empirin® #2, #3, #4) - G	\$		benztropine (Cogentin®) - G	\$	
Astelin® (azelastine nasal)	\$\$\$		Betagan® eye drops (levobunolol) - G	\$	
Atarax® (hydroxyzine hydrochloride) - G	\$\$\$		betamethasone dipropionate (Diprosone®) - G	\$	
atazanavir (Reyataz®)	\$\$\$\$		betamethasone dipropionate, augmented cream, gel, ointment (Diprolene®, Diprolene AF®) - G	\$\$\$	
atenolol (Tenormin®) - G	\$		betamethasone dipropionate, augmented lotion (Diprolene®)	\$\$\$\$	
atenolol/chlorthalidone (Tenoretic®) - G	\$		betamethasone valerate - G	\$	
Ativan® (lorazepam) - G	\$\$		betamethasone valerate aerosol foam (Luxiq®)	\$\$\$\$	PA
atomoxetine (Strattera®)	\$\$\$\$		Betapace®, Betapace AF® (sotalol, sotalol AF) - G	\$\$	
atorvastatin (Lipitor®) - **Half tablet program**	\$\$\$\$	QL	Betaseron® injection (interferon beta-1b)	\$\$\$\$	ST
atovaquone (Mepron®)	\$\$\$\$		betaxolol eye drops - solution (No brand available) - G	\$\$	
atovaquone/proguanil (Malarone®)	\$\$\$\$		betaxolol eye drops - suspension (Betoptic-S®)	\$\$\$\$	
Atripla® (efavirenz/emtricitabine/tenofovir)	\$\$\$\$		bethanechol (Urecholine®) - G	\$\$\$\$	
atropine eye drops & ointment (Atropisol®) - G	\$		Betimol® eye drops (timolol hemihydrate)	\$\$	
Atropisol® eye drops & ointment (atropine) - G	\$		Betoptic-S® eye drops - suspension (betaxolol)	\$\$\$\$	
Atrovent® nasal spray (ipratropium) - G	\$\$\$		Biaxin®, not Biaxin XL® (clarithromycin) - G	\$\$\$\$	
Atrovent® solution for nebulization (ipratropium) - G	\$\$\$\$		bicalutamide (Casodex®)	\$\$\$\$	
Atrovent®, Atrovent HFA® oral inhaler (ipratropium)	\$\$\$\$		Bicitra® (sodium citrate/citric acid) - G	\$	
Augmentin ES® suspension (amoxicillin/potassium clavulanate) - G	\$\$\$\$		Biltricid® (praziquantel)	\$\$	
Augmentin®, not Augmentin XR® (amoxicillin/potassium clavulanate) - G	\$\$\$\$		bimatoprost eye drops (Lumigan®) - 2.5ml only	\$\$\$	
auranofin (Ridaura®)	\$\$\$\$		Bleph-10® eye drops (sulfacetamide) - G	\$	
Avalide® (irbesartan/hctz)	\$\$\$	ST	Blephamide® eye drops, Blephamide S.O.P.® eye ointment (sulfacetamide sodium/prednisolone acetate) - G (suspension)	\$\$	
Avalide® (irbesartan/hctz)	\$\$\$	QL	bosentan (Tracleer®) - Specialty drug	\$\$\$\$	PA
Avapro® (irbesartan)	\$\$\$	ST	Brethine® oral tablet (terbutaline) - G	\$\$\$	
Avapro® (irbesartan)	\$\$\$	QL	Brevicon® (generic names: necon®, nortrel®) - G	\$\$	
Avelox® (moxifloxacin)	\$\$\$\$		Brevoxyl® (benzoyl peroxide)	\$\$\$	
Aventyl® (nortriptyline) - G	\$		Brevoxyl® Acne Wash Kit (benzoyl peroxide wash+cleanser)	\$\$\$	
Avodart® (dutasteride)	\$\$\$\$		Brevoxyl® Creamy Wash (benzoyl peroxide wash) - G	\$\$\$	
Avonex® injection (interferon beta-1a)	\$\$\$\$	ST	brimonidine 0.2% eye drops (No brand available) - G	\$\$	
Aygestin® (norethindrone acetate) - G	\$\$		brimonidine eye drops (Alphagan-P®)	\$\$\$\$	
AzaSite® eye drops (azithromycin)	\$\$\$\$	MD	brimonidine/timolol eye drops (Combigan®)	\$\$\$\$	
azathioprine (Imuran®) - G	\$\$\$		brinzolamide eye drops (Azopt®)	\$\$\$	
azelaic acid (Azelex®, Finacea®)	\$\$\$		bromfenac eye drops (Xibrom®)	\$\$	
azelastine eye drops (Optivar®)	\$\$\$		bromocriptine (Parlodel®) - G	\$\$\$\$	
azelastine nasal (Astelin®)	\$\$\$		brompheniramine/pseudoephedrine 6/60mg & 12-120mg only - G	\$	
Azelex® (azelaic acid 20%)	\$\$\$		budesonide oral (Entocort EC®)	\$\$\$\$	
Azilect® (rasagiline)	\$\$\$\$	PA	budesonide oral inhaler (Pulmicort Flexhaler®)	\$\$\$\$	
azithromycin (Zithromax®) - G	\$\$\$		budesonide suspension for oral inhalation (Pulmicort Respules®)	\$\$\$\$	
azithromycin eye drops (AzaSite®)	\$\$\$\$	MD	budesonide/formoterol for oral inhalation (Symbicort®)	\$\$\$\$	
Azmacort® oral inhaler (triamcinolone)	\$\$\$\$		bumetanide (Bumex®) - G	\$	
Azopt® eye drops (brinzolamide)	\$\$\$		Bumex® (bumetanide) - G	\$	
AZT (zidovudine, Retrovir®)	\$\$\$\$		buprenorphine/naloxone (Suboxone®)	\$\$\$\$	
Azulfidine®, Azulfidine En-Tabs® (sulfasalazine) - G	\$\$		bupropion extended release (Wellbutrin XL®) - G	\$\$\$\$	
			bupropion immediate release (Wellbutrin®) - G	\$\$\$	
			bupropion sustained release (Wellbutrin SR®) - G	\$\$\$\$	
			bupropion sustained release-smoking deterrant (Zyban®) - G	\$\$\$\$	
			Buspar® (buspirone) - G	\$\$	
			buspirone (Buspar®) - G	\$\$	

### B

bacitracin eye ointment - G	\$
bacitracin/polymyxin B eye ointment (Polysporin®) - G	\$\$
baclofen - G	\$\$\$
Bactrim® (trimethoprim/sulfamethoxazole) - G	\$
Bactroban® cream (mupirocin)	\$\$\$

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

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clobetasol aerosol foam ( Olux®) - G	\$\$\$\$	PA	Cuprimine® (penicillamine)	\$\$\$\$
clobetasol cream, gel, ointment, solution only (Temovate®, Temovate E®) - G	\$\$\$		cyanocobalamin injection (vitamin B12) - G	\$
clobetasol emulsion foam ( Olux-E®)	\$\$\$\$	PA	Cyclessa® (generic names: cesia®, velivet®) - G	\$\$
clobetasol spray (Clobex®)	\$\$\$\$	PA	cyclobenzaprine (Flexeril®) - G	\$
Clobex® spray (clobetasol)	\$\$\$\$	PA	Cyclocort® (amcinonide) - G	\$\$\$
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 (Cytoxan®) - 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	\$		Cytoxan® (cyclophosphamide) - G	\$\$\$\$
codeine/guaifenesin/pseudoephedrine/10-100-30mg/5ml liquid (Novahistine® Expectorant, Nucofed®) - G	\$			
codeine/promethazine liquid (Phenergan w/Codeine®) - G	\$		<b>D</b>	
codeine/promethazine/phenylephrine liquid (Phenergan VC w/Codeine®) - G	\$		D.H.E. 45® injection (dihydroergotamine) - G	\$\$\$\$
Cogentin® (benztropine) - G	\$		dalteparin (Fragmin®)	\$\$\$\$
colchicine - G	\$		danazol (Danocrine®) - G	\$\$\$\$
colchicine/probenecid - G	\$\$		Danocrine® (danazol) - G	\$\$\$\$
Colestid® tablets only (colestipol) - G	\$\$\$\$		Dantrium® (dantrolene)	\$\$\$\$
colestipol tablets only (Colestid®) - G	\$\$\$\$		dantrolene (Dantrium®)	\$\$\$\$
Colocort® (hydrocortisone rectal enema) - G	\$\$\$\$		dapsone	\$
Colyte® (electrolyte-peg)	\$		darbepoetin injection (Aranesp®)	\$\$\$\$
Combigan® eye drops (brimonidine/timolol)	\$\$\$\$		darunavir (Prezista®)	\$\$\$\$
Combipatch® (estradiol/norethindrone twice weekly patch)	\$\$\$		Darvocet-N® 100 (propoxyphene napsylate with acetaminophen) - G	\$
Combivent® oral inhaler (albuterol/ipratropium)	\$\$\$\$		Darvon® (propoxyphene hydrochloride) - G	\$
Combivir® (lamivudine/zidovudine)	\$\$\$\$		dasatinib (Sprycel®)	\$\$\$\$
Commit® (nicotine lozenge)	\$\$\$\$		DDAVP® intranasal and oral (desmopressin) - G (intranasal & 0.2mg tablet)	\$\$\$\$
Compazine® (prochlorperazine) - G	\$\$		Decadron® oral tablet and liquid (dexamethasone) - G	\$
Comtan® (entacapone)	\$\$\$\$		Declomycin® (demeclocycline) - G	\$\$\$\$
Concerta® (methylphenidate controlled release)	\$\$\$\$		Deconamine SR® (chlorpheniramine/pseudoephedrine) - G	\$
Condylox® (podofilox) - G (solution)	\$\$\$\$		deferasirox (Exjade®)	\$\$\$\$
Copaxone® injection (glatiramer)	\$\$\$\$		delavirdine (Rescriptor®)	\$\$\$\$
Copegus® (ribavirin tablet) - G	\$\$\$\$		Deltason® (prednisone) - G	\$
Cordarone® (amiodarone) - G	\$\$\$		Demadex® (torsemide) - G	\$\$
Cordran® tape only (flurandrenolide)	\$\$\$		demeclocycline (Declomycin®) - G	\$\$\$\$
Coreg (carvedilol regular release) - G	\$		Demulen 1/35® (generic names: kelnor®, zovia®) - G	\$\$
Coreg CR (carvedilol controlled release)	\$\$\$\$	ST	Demulen 1/50® (generic names: zovia®) - G	\$\$
Corgard® (nadolol) - G	\$		Depakene® (valproic acid) - G	\$\$\$\$
Cortef® (hydrocortisone oral) - G (20mg)	\$\$		Depakote ER® (divalproex sodium - 24 hour) - G	\$\$\$\$
corticotropin injection (Acthar® HP) - Specialty drug	\$\$\$\$	PA	Depakote® (divalproex sodium) - G	\$\$\$\$
Cortifoam® (hydrocortisone rectal foam)	\$\$\$\$		Depakote® Sprinkle (divalproex sodium) - G	\$\$\$\$
Cortisporin® ear drops - suspension & solution (neomycin/polymyxin/hc) - G	\$\$		Depen® (penicillamine)	\$\$\$\$
Cosopt® eye drops (dorzolamide/timolol) - G	\$\$\$\$		Depo-Testosterone® injection (testosterone cypionate) - G	\$\$\$
Coumadin® (warfarin) - G	\$\$		Derma-Smothe/FS® (fluocinolone oil)	\$\$
Creon® (digestive enzymes)	\$\$\$\$		desipramine (Norpramin®) - G	\$\$
Crixivan® (indinavir)	\$\$\$\$		desmopressin intranasal and oral (DDAVP®) - G (intranasal & 0.2mg tablet)	\$\$\$\$
Crolom® eye drops (cromolyn) - G	\$\$		Desogen® (generic names: apri®, reclipen®, solia®) - G	\$\$
cromolyn eye drops (Crolom®) - G	\$\$		desonide (Desowen®, Tridesilon®) - G	\$\$
cromolyn oral inhaler (Intal®)	\$\$\$\$		Desowen® (desonide) - G	\$\$
cromolyn solution for nebulization (Intal®) - G	\$\$\$		desoximetasone (Topicort®, Topicort LP®) - G	\$\$
crotamiton (Eurax®)	\$		Desyrel® (trazodone) - G	\$
			Detrol®, Detrol® LA (tolterodine)	\$\$\$\$
			Dexamethasone oral concentrate liquid	\$\$
			dexamethasone oral tablet and liquid (Decadron®) - G	\$
			Dexedrine SR® (dextroamphetamine sustained release) - G	\$\$\$\$
			Dexedrine® (dextroamphetamine immediate release) - G	\$\$

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dexmethylphenidate (Focalin XR®)	\$\$\$\$\$	ST	dorzolamide/timolol eye drops (Cosopt®) - G	\$\$\$\$	
dexmethylphenidate (Focalin®) - G	\$\$\$		Dostinex® (cabergoline)	\$\$\$\$\$	
dextroamphetamine immediate release (Dexedrine®, Dextrostat®) - G	\$\$		Dovonex® (calcipotriene) - G (generic for solution only)	\$\$\$\$\$	
dextroamphetamine sustained release (Dexedrine SR®) - G	\$\$\$\$		doxazosin (Cardura®) - G	\$\$	
dextromethorphan/promethazine liquid (Phenergan w/DM®) - G	\$		doxepin (Sinequan®) - G	\$	
Dextrostat® (dextroamphetamine immediate release) - G	\$\$		doxycycline hyclate 50mg & 100mg only (Vibramycin®, Vibratabs®, not Doryx®) - G	\$	
Diabeta® (glyburide) - G	\$		Drisdol® (ergocalciferol, vitamin D2) - G	\$	
Diamox Sequel® (acetazolamide capsule) - G	\$\$\$\$		dronabinol (Marinol®) - G	\$\$\$\$\$	
Diastat® (diazepam rectal solution)	\$\$\$\$\$		Drysol® (aluminum chloride hexahydrate) - G	\$	
Diatx® (vitamin B-complex/vitamin C/folic acid tablet)	\$		Duetact® (pioglitazone / glimepiride)	\$\$\$\$\$	ST
diazepam (Valium®) - G	\$		duloxetine (Cymbalta®)	\$\$\$\$\$	ST
diazepam rectal solution (Diastat&reg)	\$\$\$\$\$		DuoNeb® solution for nebulization (albuterol/ipratropium) - G	\$\$\$\$	
Dibenzyline® (phenoxybenzamine)	\$\$\$\$\$		Duragesic® (fentanyl) - G	\$\$\$\$\$	
diclofenac eye drops (Voltaren®) - G	\$\$\$		dutasteride (Avodart®)	\$\$\$\$	
diclofenac sodium regular release only (Voltaren®) - G	\$\$		Dyazide® (triamterene/hctz capsule) - G	\$	
dicloxacillin capsule - G	\$\$				
dicyclomine (Bentyl®) - G	\$				
didanosine (Videx®)	\$\$\$\$\$		<b>E</b>		
didanosine delayed release (Videx® EC) - G	\$\$\$\$\$		echothiophate eye drops (Phospholine Iodide®)	\$\$\$	
Didronel® (etidronate) - G	\$\$\$\$\$		econazole (Spectazole®) - G	\$\$	
Differin® (adapalene)	\$\$\$\$		Econopred® eye drops (prednisolone acetate) - G (1%)	\$	
diflorasone (Psorcon®, not Psorcon-E®) - G	\$\$\$\$		Edecrin® (ethacrynic acid)	\$\$\$\$	
Diflucan® 150mg - 1 dose for vaginal candidiasis (fluconazole) - G	\$		efalizumab injection (Raptiva®)	\$\$\$\$\$	PA
Diflucan® suspension (fluconazole) - G	\$\$\$\$\$		efavirenz (Sustiva®)	\$\$\$\$\$	
Diflucan® tablet (fluconazole) - G	\$\$		efavirenz/emtricitabine/tenofovir (Atripla®)	\$\$\$\$\$	
digestive enzymes (Creon®, Viokase®)	\$\$\$\$\$		Effexor XR® (venlafaxine extended release) - Deleted effective 06/01/2009	\$\$\$\$\$	ST
digoxin (Lanoxin®)	\$		Effexor® (venlafaxine immediate release) - G	\$\$\$\$	ST
dihydroergotamine injection (D.H.E. 45®) - G	\$\$\$\$\$		Efudex® (fluorouracil 5% cream, 2%&5% solution) - G (2% & 5% solution)	\$\$\$\$\$	
dihydroergotamine nasal spray (Migranal®)	\$\$\$\$\$		Elavil® (amitriptyline) - G	\$	
Dilacor XR® (diltiazem extended release - 24 hour) - G	\$\$		Eldepryl® (selegiline) - G	\$\$\$	
Dilantin® (phenytoin) - G (100mg capsule & suspension)	\$\$		electrolyte-PEG (Golytely®, Nulytely®, Moviprep®, Colyte®)	\$\$	
Dilaudid® oral (hydromorphone) - G	\$\$		Elestat® eye drops (epinastine)	\$\$\$	
Dilaudid® rectal (hydromorphone) - G	\$\$\$\$		eletriptan (Relpax®) - 6 tablets per package	\$\$\$\$	QL
diltiazem extended release - 24 hour (Cardizem CD®, not Cardizem LA®) - G (120mg, 180mg, 240mg, 300mg)	\$\$\$		Elidel® (pimecrolimus topical)	\$\$\$\$	
diltiazem extended release - 24 hour (Dilacor XR®) - G	\$\$		Elimite® cream only (permethrin) - G	\$\$	
diltiazem extended release - 24 hour (Tiazac®) - G	\$\$\$		Elmiron® (pentosan polysulfate sodium)	\$\$\$\$\$	
diltiazem extended release 360mg - 24 hour (Cardizem CD® 360mg)	\$\$\$\$\$		Elocon® (mometasone topical) - G	\$\$	
diltiazem immediate release (Cardizem®) - G	\$		eltrombopag (Promacta®)	\$\$\$\$\$	PA
diltiazem sustained release - 12 hour (Cardizem SR®) - G	\$\$\$		Emcyt® (estramustine)	\$\$\$\$\$	
diphenoxylate/atropine (Lomotil®) - G	\$\$		Emend® (aprepitant)	\$\$\$\$\$	
dipivefrin eye drops (Propine®) - G	\$		EMLA® (lidocaine/prilocaine) - G	\$\$\$	QL
Diprolene® gel, ointment; Diprolene AF® cream (betamethasone dipropionate, augmented) - G	\$\$\$		EMLA® with Tegaderm (lidocaine/prilocaine with tegaderm)	\$\$\$\$	QL
Diprolene® lotion (betamethasone dipropionate, augmented)	\$\$\$\$		Empirin® #2, #3, #4 (aspirin with codeine) - G	\$	
Diprosone® (betamethasone dipropionate) - G	\$		Emsam® (selegiline patch)	\$\$\$\$\$	PA
dipyridamole (Persantine®) - G	\$\$		emtricitabine (Emtriva®)	\$\$\$\$\$	
dipyridamole/aspirin (Aggrenox®)	\$\$\$\$\$		emtricitabine / tenofovir (Truvada®)	\$\$\$\$\$	
Disalcid® (salsalate) - G	\$		Emtriva® (emtricitabine)	\$\$\$\$\$	
disopyramide controlled release (Norpace CR®) - G	\$\$\$		enalapril maleate (Vasotec®) - G	\$	
disopyramide immediate release (Norpace®) - G	\$\$		Enbrel® injection (etanercept)	\$\$\$\$\$	PA
disulfiram (Antabuse®)	\$\$		enfuvirtide injection (Fuzeon®)	\$\$\$\$\$	MD
Ditropan XL® (oxybutynin sustained release) - G	\$\$\$\$\$		enoxaparin (Lovenox®)	\$\$\$\$\$	QL
Ditropan® (oxybutynin immediate release) - G	\$		entacapone (Comtan®)	\$\$\$\$\$	
Diuril® suspension (chlorothiazide)	\$\$		entacapone/carbidopa/levodopa (Stalevo®)	\$\$\$\$\$	
Diuril® tablets (chlorothiazide) - G	\$		entecavir (Baraclude®)	\$\$\$\$\$	
divalproex sodium - 24 hour (Depakote ER®) - G	\$\$\$\$\$		Entocort EC® (budesonide oral)	\$\$\$\$\$	
divalproex sodium (Depakote®) - G	\$\$\$\$		epinastine eye drops (Elestat®)	\$\$\$	
divalproex sodium sprinkle (Depakote® Sprinkle) - G	\$\$\$\$		epinephrine 1:1000 injection - G	\$	
dofetilide (Tikosyn®)	\$\$\$\$\$		epinephrine auto-injector (EpiPen®, EpiPen Jr®, Twinject®)	\$\$\$\$	
Dolophine® (methadone) - G	\$\$		EpiPen®, EpiPen Jr® (epinephrine auto-injector)	\$\$\$\$	
donepezil (Aricept®)	\$\$\$\$\$		Epitol® (carbamazepine immediate release) - G	\$\$	
dornase alfa (Pulmozyme®)	\$\$\$\$\$		Epivir®, Epivir HBV® (lamivudine)	\$\$\$\$\$	
dorzolamide eye drops (Trusopt®) - G	\$\$\$		eplerenone (Inspra®) - G	\$\$\$\$\$	PA

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epoetin alfa (Procrit® brand only)	\$\$\$\$\$		Femara® (letrozole)	\$\$\$\$\$	
Epzicom® (abacavir / lamivudine)	\$\$\$\$\$		Femhrt®, Femhrt® Low-Dose (estradiol, ethinyl/norethindrone oral)	\$	
ergocalciferol (vitamin D) - G	\$		fenofibrate 48mg & 145mg tabs (Tricor®)	\$\$\$\$	ST
Ergomar® (ergotamine sublingual)	\$\$\$\$\$	QL	fenofibrate 67mg 134mg, 200mg caps & 54mg, 160mg tabs (Lofibra®) - G	\$\$\$\$	ST
ergotamine sublingual (Ergomar®)	\$\$\$\$\$	QL	fenofibrate 67mg 134mg, 200mg caps & 54mg, 160mg tabs (Lofibra®) - G	\$\$\$\$	ST
ergotamine with caffeine oral (Cafergot® tablet) - G	\$\$\$	QL	fentanyl patch (Duragesic®) - G	\$\$\$\$\$	
ergotamine with caffeine rectal (Cafergot®, Migergot® suppository)	\$\$\$\$	QL	fexofenadine suspension (Allegra®)	\$\$\$	
ergotamine/PB/belladonna (Bel-Tabs®) - G	\$\$	QL	fexofenadine tablet (Allegra®) - G	\$\$\$	
erlotinib (Tarceva®)	\$\$\$\$\$		fexofenadine/pseudoephedrine (Allegra D®) - Delete effective 07/01/2009	\$\$\$\$	
Eryderm® (erythromycin topical) - G	\$\$		filgrastim injection (Neupogen®)	\$\$\$\$\$	
Erygel® (erythromycin topical) - G	\$\$		Finacea® (azelaic acid 15%)	\$\$\$	
Ery-Tab® (erythromycin delayed release)	\$		finasteride (Proscar®) - G	\$\$\$\$	
erythromycin delayed release (Ery-Tab®)	\$		Fioricet® (butalbital/acetaminophen/caffeine) - G	\$\$	
erythromycin base - G	\$		Fiorinal® (butalbital/aspirin/caffeine) - G	\$\$	
erythromycin ethylsuccinate - G (not drops)	\$		Flagyl® immediate release tablet only (metronidazole) - G	\$	
erythromycin eye ointment - G	\$		flecainide (Tambocor®) - G	\$\$\$\$\$	
erythromycin stearate - G	\$		Flexeril® (cyclobenzaprine) - G	\$	
erythromycin topical gel & solution (Eryderm®, Erygel®) - G	\$\$		Flomax® (tamsulosin)	\$\$\$\$	
erythromycin/sulfisoxazole (Pediazole®) - G	\$		Flonase® nasal inhaler (fluticasone) - G	\$\$\$	
erythropoietin injection (Procrit® brand only)	\$\$\$\$\$		Florinef® (fludrocortisone) - G	\$\$	
escitalopram (Lexapro®) - **Half tablet program**	\$\$\$\$	ST	Flovent®, Flovent HFA® oral inhaler only (fluticasone)	\$\$\$\$	
Eskalith CR® (lithium carbonate controlled release) - G	\$\$		Floxin® ear drops (ofloxacin) - G	\$\$\$\$	
Estrace® oral (estradiol) - G	\$		fluconazole 150mg - 1 dose for vaginal candidiasis (Diflucan®) - G	\$	
Estrace® vaginal (estradiol)	\$\$\$\$		fluconazole suspension (Diflucan®) - G	\$\$\$\$\$	
Estraderm® (estradiol twice weekly patch)	\$\$		fluconazole tablet (Diflucan®) - G	\$\$	
estradiol oral (Estrace®) - G	\$		fludrocortisone (Florinef®) - G	\$\$	
estradiol twice weekly patch (Estraderm®, Vivelle-DOT® only)	\$\$		Flumadine® (rimantadine) - G (tablets)	\$\$	
estradiol vaginal (Estrace®, Estring®)	\$\$\$\$		flunisolide nasal inhaler (Nasarel® & Nasalide®) - G	\$\$	
estradiol vaginal tablet (Vagifem®)	\$\$		fluocinolone cream, ointment, solution (Synalar®) - G	\$	
estradiol weekly patch (Climara®) - G	\$\$		fluocinolone oil (Derma-Smooth/FS®)	\$\$\$	
estradiol, ethinyl/norethindrone oral (Femhrt®, Femhrt® Low-Dose)	\$\$		fluocinolone shampoo (Capex®)	\$\$\$	
estradiol/levonorgestrel weekly patch (Climara Pro®)	\$\$\$		fluocinonide (Lidex®, Lidex-E®) - G	\$	
estradiol/norethindrone twice weekly patch (Combipatch®)	\$\$\$		fluoride (Luride®) - G	\$	
estramustine (Emcyt®)	\$\$\$\$\$		fluoromethalone eye drops 0.1% only (FML®) - G	\$	
Estring® (estradiol vaginal ring)	\$\$		Fluoroplex® (fluorouracil 1% cream)	\$\$\$\$\$	
estrogen, conjugated oral (Premarin®)	\$\$		fluorouracil topical 0.5% & 1% cream (Fluoroplex® 1%, Carac® 0.5%)	\$\$\$\$\$	
estrogen, conjugated vaginal (Premarin®)	\$\$\$		fluorouracil topical 2% & 5% solution and 5% cream (Efudex®) - G	\$\$\$\$\$	
estrogen, conjugated/medroxyprogesterone (Premphase®, Prempro®)	\$\$		fluoxetine 10mg capsule & tablet and 20mg capsule (Prozac®, not Sarafem®) - G	\$	
estropipate (Ogen®) - G	\$		fluoxetine solution (Prozac®) - G	\$\$\$\$\$	
etanercept injection (Enbrel®)	\$\$\$\$\$	PA	fluoxymesterone (Halotestin®) - G (10mg)	\$\$\$	
ethacrynic acid (Edecrin®)	\$\$\$\$		fluphenazine (Prolixin®) - G	\$	
ethambutol (Myambutol®) - G	\$\$\$\$\$		flurandrenolide tape only (Cordran® tape)	\$\$\$	
Ethmozine® (morizine)	\$\$\$\$\$		flurbiprofen (Ansaid®) - G	\$\$	
ethosuximide (Zarontin®) - G	\$\$\$\$		flutamide (Eulexin®) - G	\$\$\$\$\$	
etidronate (Didrone®) - G	\$\$\$\$\$		fluticasone furoate nasal inhaler (Veramyst®)	\$\$\$\$	
etoposide (VePesid®) - G	\$\$\$\$\$		fluticasone nasal inhaler (Flonase®) - G	\$\$\$	
etravirine (Intelence®)	\$\$\$\$\$		fluticasone oral inhaler only (Flovent®, Flovent HFA®)	\$\$\$\$	
Eulexin® (flutamide) - G	\$\$\$\$\$		fluticasone/salmeterol oral inhalation (Advair Diskus®, Advair HFA®)	\$\$\$\$\$	
Eurax® (crotamiton)	\$		fluvoxamine (Luvox®) - G	\$\$\$\$\$	
Evista® (raloxifene)	\$\$\$\$		FML® eye drops 0.1% only (fluoromethalone) - G	\$	
Evoxac® (cevimeline)	\$\$\$\$\$		Focalin XR® (dexmethylphenidate)	\$\$\$\$\$	ST
Exelderm® (sulconazole)	\$\$		Focalin® (dexmethylphenidate) - G	\$\$\$	
exemestane (Aromasin®)	\$\$\$\$\$		folic acid - G	\$	
exenatide (Byetta®)	\$\$\$\$\$	ST	Follistim AQ® injection (follitropin beta) - Covered per member benefit for infertility. SpecialtyScripts is the preferred specialty pharmacy but not required.	\$\$\$\$\$	
Exjade® (deferasirox)	\$\$\$\$\$	PA	follitropin beta injection (Follistim AQ®) - Covered per member benefit for infertility. SpecialtyScripts is the preferred specialty pharmacy but not required.	\$\$\$\$\$	
ezetimibe (Zetia®)	\$\$\$\$	ST	Foltx® (vitamin B6/vitamin B12/folic acid) - G	\$	
ezetimibe/simvastatin (Vytorin®)	\$\$\$\$	PA	fondaparinux (Arixtra®)	\$\$\$\$\$	QL
			Forteo® injection (teriparatide)	\$\$\$\$\$	PA
			Fortical® nasal (calcitonin salmon)	\$\$\$\$	

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Fortovase® (saquinavir)	\$\$\$\$\$		heparin injection - G	\$\$\$
Fosamax Plus D® (alendronate / cholecalciferol)	\$\$\$\$	ST	Hepsera® (adefovir)	\$\$\$\$\$
Fosamax® solution (alendronate)	\$\$\$\$	ST	Hexalen® (altretamine)	\$\$\$\$\$
Fosamax® tablet (alendronate) - G	\$\$\$\$		Hivid® (zalcitabine)	\$\$\$\$\$
fosamprenavir (Lexiva®)	\$\$\$\$\$		homatropine eye drops (Isopto Homatropine®) - G	\$
Fragmin® (dalteparin)	\$\$\$\$\$	QL	homatropine/hydrocodone syrup (Hycodan®) - G	\$
Furadantin® suspension (nitrofurantoin)	\$\$\$\$		Humira® injection (adalimumab)	\$\$\$\$\$ PA
furosemide (Lasix®) - G	\$		Humulin® 50/50 only (insulin human)	\$\$
Fuzeon® injection (enfuvirtide)	\$\$\$\$\$	MD	Humulin® R U-500 vial (insulin human)	\$\$\$\$
			Hycamtin® oral (topotecan)	\$\$\$\$\$
<b>G</b>			Hycodan® syrup (hydrocodone/homatropine) - G	\$
gabapentin capsules and tablets (Neurontin®) - G	\$\$\$\$		hydralazine (Apresoline®) - G	\$\$
gabapentin oral solution (Neurontin®)	\$\$\$\$\$		Hydrea® (hydroxyurea) - G	\$\$\$
Gabitril® (tiagabine)	\$\$\$\$\$		hydrochlorothiazide - G	\$
galantamine extended release (Razadyne® ER) - G	\$\$\$\$\$	PA	hydrocodone/acetaminophen (Vicodin®, Vicodin ES®) - G	\$ QL
galantamine regular release (Razadyne®) - G	\$\$\$\$\$	PA	hydrocodone/homatropine syrup (Hycodan®) - G	\$
ganciclovir (Cytovene®) - G	\$\$\$\$\$		hydrocodone/ibuprofen 7.5-200mg (Vicoprofen®) - G	\$\$\$
ganirelix acetate injection - Covered per member benefit for infertility.			hydrocortisone oral (Cortef®, Hydrocortone® 10mg) - G (20mg)	\$\$
SpecialtyScripts is the preferred specialty pharmacy but not required.	\$\$\$\$\$		hydrocortisone rectal cream & suppository (Anusol-HC®) - G	\$\$
Gantrisin® suspension (sulfisoxazole)	\$		hydrocortisone rectal enema & foam (Colocort®, Cortifoam®)	
gatifloxacin eye drops (Zymar®)	\$\$\$\$	MD	- 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&reg 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	\$			
Glucovance® (metformin/glyburide) - G	\$\$\$\$\$		<b>I</b>	
glyburide (Diabeta®, Micronase®) - G	\$		ibuprofen (Motrin®) - G	\$
glyburide, micronized (Glynase®) - G	\$\$		iloprost (Ventavis®) - Specialty drug	\$\$\$\$\$ PA
glycolax (Miralax®)	\$\$		imatinib mesylate (Gleevec®)	\$\$\$\$\$
Glynase® (glyburide, micronized) - G	\$\$		Imdur® (isosorbide mononitrate sustained release) - G	\$\$
Glyset® (miglitol)	\$\$\$\$		imipramine (Tofranil®) - G	\$\$
GoLytely® (electrolyte-peg)	\$\$		imiquimod cream (Aldara®)	\$\$\$\$\$
Granulex® aerosol (trypsin/castor oil/peruvian balsam) - G	\$		Imitrex® nasal spray - 6 devices/package (sumatriptan) - G	\$\$\$\$\$ QL
Grifulvin V® (griseofulvin)	\$\$\$\$\$		Imitrex® oral tablets - 9 tablets/package and injection - syringes, 2 syringes/package or injection - vials, 5 vials/package	
griseofulvin (Grifulvin V®, Gris-Peg®)	\$\$\$\$\$		(sumatriptan) - G	\$\$\$\$\$ QL
Gris-Peg® (griseofulvin)	\$\$\$\$\$		Imuran® (azathioprine) - G	\$\$\$
growth hormone injection (Norditropin® and Omnitrope®)			indapamide (Lozol®) - G	\$
- Covered per member medical benefit for growth hormone and requires prior approval.	\$\$\$\$\$	PA	Inderal LA® (propranolol sustained release) - G	\$\$\$ ST
guaifenesin/codeine liquid (generics, Robitussin AC®, Tussi Organidin-S®) - G	\$		Inderal® immediate release (propranolol) - G	\$
guaifenesin/pseudoephedrine 300-60mg, 250-120mg, 600-120mg only (Zephrex LA® 600-120mg, generics for other strengths) - G	\$\$		indinavir (Crixivan®)	\$\$\$\$\$
guaifenesin/pseudoephedrine/codeine 100-30-10mg/5ml liquid (Novahistine® Expectorant, Nucofed®) - G	\$		Indocin® immediate release only (indomethacin) - G	\$
guanfacine (Tenex®) - G	\$\$		indomethacin immediate release only (Indocin®) - G	\$
			Inflamase Forte® eye drops (prednisolone sodium phosphate 1%) - G	\$
<b>H</b>			Inflamase Mild® eye drops (prednisolone sodium phosphate 0.125%)	\$\$
halcinonide ointment only (Halog®)	\$\$\$\$		Innopran XL® (propranolol extended release)	\$\$\$ ST
Halog® ointment only (halcinonide)	\$\$\$\$		Inspira® (eplerenone) - G	\$\$\$\$\$ PA
haloperidol - G	\$		insulin aspart pen (Novolog® FlexPen)	\$\$\$\$
Halotestin® (fluoxymesterone) - G (10mg)	\$\$\$\$		insulin aspart protamine/aspart pen (Novolog Mix® FlexPen)	\$\$\$\$
			insulin aspart protamine/aspart vial (Novolog Mix® vial)	\$\$\$

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insulin aspart vial (Novolog® vial)	\$\$\$		Kineret® injection (anakinra)	\$\$\$\$\$	PA
insulin detemir (Levemir® Flexpen)	\$\$\$\$\$		Klaron® (sulfacetamide sodium lotion) - G	\$\$\$\$	
insulin detemir (Levemir®)	\$\$\$		Klonopin®, not Klonopin Wafers® (clonazepam) - G	\$	
insulin glargine cartridge (Lantus®)	\$\$\$\$\$		Klor-Con® (potassium chloride) - G	\$	
insulin glargine pen (Lantus® SoloStar®)	\$\$\$\$\$		K-Lyte/CL® (potassium chloride) - G	\$	
insulin glargine vial (Lantus®)	\$\$\$		Kuvan® (sapropterin)	\$\$\$\$\$	PA
insulin human cartridge (Novolin® N, R, 70/30 Penfill)	\$\$\$\$\$				
insulin human pen (Novolin® N, R, 70/30 Innolet)	\$\$\$		<b>L</b>		
insulin human regular U-500 vial (Humulin® R U-500)	\$\$\$\$		labetalol (Normodyne®, Trandate®) - G	\$\$	
insulin human vial (Novolin® N, R, 70/30, Humulin® 50/50 only)	\$\$		Lacrisert® eye insert	\$\$\$\$\$	
Intal® oral inhaler (cromolyn)	\$\$\$\$		lactulose - G	\$	
Intal® solution for nebulization (cromolyn) - G	\$\$\$		Lamictal® 5mg & 25mg (lamotrigine) - G	\$\$\$\$\$	QL
Intelence® (etravirine)	\$\$\$\$\$		Lamictal® oral swallow (lamotrigine) - G	\$\$\$\$\$	
interferon alfa-2a injection (Roferon-A®)	\$\$\$\$\$		Lamisil® oral only (terbinafine) - G	\$\$	
interferon alfa-2b injection (Intron-A®)	\$\$\$\$\$		lamivudine (Epivir®, Epivir HBV®)	\$\$\$\$\$	
interferon beta-1a injection (Avonex®)	\$\$\$\$\$	ST	lamivudine/zidovudine (Combivir®)	\$\$\$\$\$	
interferon beta-1a injection (Rebif®)	\$\$\$\$\$		lamivudine/zidovudine/abacavir (Trizivir®)	\$\$\$\$\$	
interferon beta-1b injection (Betaseron®)	\$\$\$\$\$	ST	lamotrigine 5mg & 25mg (Lamictal®) - G	\$\$\$\$\$	QL
Intron-A® injection (interferon alfa-2b)	\$\$\$\$\$		lamotrigine oral swallow (Lamictal®) - G	\$\$\$\$\$	
Invirase® (saquinavir mesylate)	\$\$\$\$\$		Lanoxin® (digoxin)	\$	
iodoquinol oral (Yodoxin®)	\$\$\$		lansoprazole (Prevacid® Solutab & capsule)	\$\$\$\$	ST
iodoquinol/hydrocortisone (Vytone®) - G	\$\$		Lantus® cartridge (insulin glargine)	\$\$\$\$\$	
ipratropium nasal spray (Atrovent®) - G	\$\$\$		Lantus® SoloStar® pen (insulin glargine)	\$\$\$\$\$	
ipratropium oral inhaler (Atrovent®, Atrovent HFA®)	\$\$\$\$		Lantus® vial (insulin glargine)	\$\$\$	
ipratropium solution for nebulization (Atrovent®) - G	\$\$\$\$		lapatinib (Tykerb®)	\$\$\$\$\$	
ipratropium/albuterol oral inhaler (Combivent®)	\$\$\$\$		Lariam® (mefloquine) - G	\$\$\$	
ipratropium/albuterol solution for nebulization (DuoNeb®) - G	\$\$\$\$		Lasix® (furosemide) - G	\$	
Iquix eye drops (levofloxacin)	\$\$\$\$	MD	leflunomide (Arava®) - G	\$\$\$\$\$	MD
irbesartan (Avapro®)	\$\$\$	ST	lenalidomide (Revlimid®)	\$\$\$\$\$	
irbesartan (Avapro®)	\$\$\$	QL	Letairis® (ambrisentan) - Specialty drug	\$\$\$\$\$	PA
irbesartan/hctz (Avalide®)	\$\$\$	ST	letrozole (Femara®)	\$\$\$\$\$	
irbesartan/hctz (Avalide®)	\$\$\$	QL	leucovorin oral - G	\$\$\$\$\$	
Isentress® (raltegravir)	\$\$\$\$\$		Leukeran® (chlorambucil)	\$\$\$\$\$	
Ismotic® (isosorbide oral solution)	\$\$\$		Leukine® injection (sargramostim)	\$\$\$\$\$	
isoniazid - G	\$		leuprolide 5mg/ml injection (Lupron® 5mg/ml) - G- Covered per member benefit for infertility. SpecialtyScripts is the preferred specialty pharmacy but not required.	\$\$\$\$\$	
Isopto Homatropine® eye drops (homatropine) - G	\$		Levaquin® (levofloxacin)	\$\$\$	
Isopto Hyoscine® eye drops (scopolamine)	\$\$		Levemir® (insulin detemir)	\$\$	
Isordil® (isosorbide dinitrate) - G	\$		Levemir® Flexpen (insulin detemir)	\$\$\$\$\$	
isosorbide dinitrate (Isordil®) - G	\$		levetiracetam (Keppra®) - G	\$\$\$\$\$	
isosorbide mononitrate sustained release (Imdur®) - G	\$\$		levobunolol eye drops (Betagan®) - G	\$	
isosorbide oral solution (Ismotic®)	\$\$\$		levocarnitine (Carnitor®) - G	\$\$\$\$	
isotretinoin (Accutane®, Amnesteem®, Sotret®) - G	\$\$\$\$\$	QL	levodopa/carbidopa controlled release (Sinemet CR®) - G	\$\$\$\$\$	
Istalol® eye drops (timolol maleate)	\$\$\$		levodopa/carbidopa immediate release (Sinemet®) - G	\$\$	
itraconazole capsule (Sporanox®) - G	\$\$\$\$\$	PA	levofloxacin (Levaquin®)	\$\$\$\$	
itraconazole oral solution (Sporanox®)	\$\$\$\$\$	PA	levofloxacin eye drops (Iquix®)	\$\$\$\$	MD
ivermectin (Stromectol®)	\$\$		Levothroid® (levothyroxine) - Available for Generic Copay	\$	
			levothyroxine (Synthroid®, Levothroid®, Levoxyl®) - G (Synthroid® & Levoxyl®); Levothroid® available for generic copay	\$	
<b>J</b>			Levoxyl® (levothyroxine) - G	\$	
Jantoven® (warfarin) - G	\$\$		Levsin® (hyoscyamine immediate release) - G	\$	
Janumet® (sitagliptin / metformin)	\$\$\$\$\$	ST	Levsinex® (hyoscyamine controlled release) - G	\$\$	
Januvia® (sitagliptin)	\$\$\$\$\$	ST	Lexapro® (escitalopram) - **Half tablet program**	\$\$\$\$	ST
			Lexiva® (fosamprenavir)	\$\$\$\$\$	
<b>K</b>			Librium® (chlordiazepoxide) - G	\$	
Kaletra® (ritonavir/lopinavir)	\$\$\$\$\$		Lidex®, Lidex-E® (fluocinonide) - G	\$	
Kayexalate® (sodium polystyrene sulfonate)	\$\$\$\$\$		lidocaine patch (Lidoderm®)	\$\$\$\$\$	ST
K-Dur® (potassium chloride) - G	\$		lidocaine patch (Lidoderm®)	\$\$\$\$\$	MD
Keflex® (cephalexin) - G	\$		lidocaine topical gel, ointment, solution only (Xylocaine®) - G	\$	
Kenalog® (triamcinolone) - G	\$		lidocaine viscous (Xylocaine® Viscous) - G	\$	
Kenalog® Orabase paste (triamcinolone in orabase) - G	\$		lidocaine/prilocaine with tegaderm (EMLA® with TEGADERM)	\$\$\$\$	QL
Keppra® (levetiracetam) - G	\$\$\$\$\$		lidocaine/prilocaine (EMLA®) - G	\$\$\$	QL
ketoconazole cream & shampoo (Nizoral®) - G	\$\$		Lidoderm® (lidocaine patch)	\$\$\$\$\$	ST
ketoconazole oral tablet (Nizoral®) - G	\$\$\$				
ketorolac (Toradol®) - G	\$	QL			
ketorolac eye drops (Acular®, Acular LS®)	\$\$\$\$				

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metronidazole topical (MetroGel® <sup>®</sup> , MetroGel® Kit, MetroCream®, MetroLotion®, Noritate®) - G (equivalent of MetroCream®, MetroGel 0.75% & MetroLotion Only)	\$\$\$\$		
metronidazole vaginal (Metrogel®) - G	\$\$		
Mevacor® (lovastatin regular release) - G	\$\$\$		
mexiletine (Mexitol®) - G	\$\$\$		
Mexitol® (mexiletine) - G	\$\$\$		
Miacalcin® nasal only (calcitonin)	\$\$\$\$		
Micardis HCT® (telmisartan/hctz)	\$\$\$	ST	
Micardis HCT® (telmisartan/hctz)	\$\$\$	QL	
Micardis® (telmisartan)	\$\$\$	ST	
Micardis® (telmisartan)	\$\$\$	QL	
Micro-K (potassium chloride) - G	\$		
Micronase® (glyburide) - G	\$		
Midamor® (amiloride) - G	\$		
midodrine (ProAmatine®) - G	\$\$\$\$		
Midrin® (acetaminophen/isometheptene/dichloralphenazone) - G	\$		
Migergot® suppository (ergotamine with caffeine rectal)	\$\$\$\$	QL	
migliotol (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	\$\$		
mirtazapine swallow tablet only (Remeron®) - G	\$\$		
misoprostol (Cytotec®) - G	\$\$\$\$		
Mobic® (meloxicam) - G	\$		
modafinil (Provigil®)	\$\$\$\$	PA	
Moduretic® (amiloride/hctz) - G	\$		
mometasone nasal inhaler (Nasonex®)	\$\$\$		
mometasone oral inhaler (Asmanex®)	\$\$\$\$		
mometasone topical (Elocon®) - G	\$\$		
montelukast (Singulair®)	\$\$\$\$	ST	
morizidine (Ethmozine®)	\$\$\$\$		
morphine sulfate immediate release oral tablets & solution - G	\$		
morphine sulfate rectal (RMS®) - G	\$\$		
morphine sulfate sustained release oral (MS Contin®, Oramorph®, not Kadian® or Avinza®) - G	\$\$\$\$		
Motrin® (ibuprofen) - G	\$		
MoviPrep® (electrolyte-peg)	\$\$		
moxifloxacin (Avelox®)	\$\$\$\$		
moxifloxacin eye drops (Vigamox®)	\$\$\$\$	MD	
MS Contin® (morphine sulfate sustained release oral) - G	\$\$\$\$		
Mucomyst® (acetylcysteine) - G	\$\$\$\$		
multivitamins with fluoride	\$		
mupirocin cream (Bactroban®)	\$\$\$		
mupirocin ointment, not nasal ointment (Bactroban®, Centany®) - G	\$\$		
Muse® (Alprostadil suppository) - Not covered for state-sponsored benefit plans such as Medicaid and MnCare	\$\$\$\$	QL	
Myambutol® (ethambutol) - G	\$\$\$\$		
Mycelex® troche (clotrimazole) - G	\$\$\$		
Mycobutin® (rifabutin)	\$\$\$\$		
mycophenolate mofetil (CellCept®)	\$\$\$\$		
Mycostatin® topical (nystatin) - G	\$		
Myleran® (busulfan)	\$\$\$\$		
Mysoline® (primidone) - G	\$\$		
<b>N</b>			
nadolol (Corgard®) - G	\$		
naftifine cream only (Naftin®)	\$\$\$		
Naftin® cream only (naftifine)	\$\$\$		
naltrexone (Revia®) - G	\$\$\$\$		
Namenda® (memantine)	\$\$\$\$	PA	
Naprosyn® (naproxen regular release) - G	\$		
naproxen regular release (Naprosyn®) - G	\$		
naproxen sodium (Anaprox®) - G	\$\$		
Nardil® (phenelzine)	\$\$\$\$		
Nasalide® nasal inhaler (flunisolide) - G	\$\$		
Nasarel® nasal inhaler (flunisolide) - G	\$\$		
Nasonex® nasal inhaler (mometasone)	\$\$\$		
nateglinide (Starlix®)	\$\$\$\$		
Navane® (thiothixene) - G	\$		
Necon® 10/11	\$\$		
nedocromil oral inhaler (Tilade®)	\$\$\$\$		
nefazodone - G	\$\$		PA
nelfinavir (Viracept®)	\$\$\$\$		
neomycin - G (tablets)	\$		
neomycin/polymyxin/bacitracin eye ointment (Neosporin®) - G	\$		
neomycin/polymyxin/dexamethasone eye drops & ointment (Maxitrol®) - G	\$		
neomycin/polymyxin/gramicidin eye drops (Neosporin®) - G	\$\$		
neomycin/polymyxin/hc ear drops - suspension & solution (Cortisporin®) - G	\$\$		
Neoral® (cyclosporin oral) - G	\$\$\$\$		
Neosporin® eye drops (neomycin/polymyxin/gramicidin) - G	\$\$		
Neosporin® eye ointment (neomycin/polymyxin/bacitracin) - G	\$		
nepafenac eye drops (Nevanac®)	\$\$		
Nephrocaps® (vitamin B-complex/vitamin C/folic acid capsule) - G	\$		
Neulasta® injection (pegfilgrastim)	\$\$\$\$		
Neupogen® injection (filgrastim)	\$\$\$\$		
Neurontin® capsules & tablets (gabapentin) - G	\$\$\$\$		
Neurontin® oral solution (gabapentin)	\$\$\$\$		
Nevanac® eye drops (nepafenac)	\$\$		
nevirapine (Viramune®)	\$\$\$\$		
Nexavar® (sorafenib)	\$\$\$\$		
niacin controlled release (Niaspan®)	\$\$		
Niaspan® (niacin controlled release)	\$\$\$		
Nicoderm CQ® (nicotine patch) - G	\$\$\$\$		
Nicorette® (nicotine gum) - G	\$\$\$\$		
nicotine gum (Nicorette®) - G	\$\$\$\$		
nicotine lozenge (Commit®)	\$\$\$\$		
nicotine nasal inhaler (Nicotrol®)	\$\$\$\$		
nicotine oral inhaler (Nicotrol®)	\$\$\$\$		
nicotine patches (Nicoderm CQ®, Nicotrol®) - G	\$\$\$\$		
Nicotrol® (nicotine patch, oral inhaler, nasal inhaler)	\$\$\$\$		
nifedipine extended release only (Procardia XL®, Adalat CC®) - G	\$\$		
nifedipine immediate release (Procardia®) - G	\$\$		AE
nilotinib (Tasigna®)	\$\$\$\$		
nimodipine (Nimotop®) - G	\$\$\$\$		
Nimotop® (nimodipine) - G	\$\$\$\$		
nitazoxamide (Alinia®)	\$\$\$\$		ST
Nitrek® (nitroglycerin patch) - G	\$\$\$		
Nitro-Bid® ointment (nitroglycerin)	\$\$		
Nitro-Dur® (nitroglycerin patch) - G	\$\$\$		
nitrofurantoin 25mg capsule (Macrochantin®)	\$\$		
nitrofurantoin 50mg & 100mg capsule (Macrochantin®) - G	\$\$		
nitrofurantoin monohydrate (Macrobid®) - G	\$\$		
nitrofurantoin suspension (Furadantin®&reg)	\$\$\$\$		
nitroglycerin ointment (Nitro-Bid®)	\$\$		
nitroglycerin patch (Minitran®, Nitrek®, Nitro-Dur®) - G	\$\$\$		
nitroglycerin sublingual (Nitrostat®, nitroquick®) - G	\$		

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

## The HealthPartners Drug Formulary

nitroquick® (nitroglycerin sublingual) - G	\$		One Touch® UltraMini® - Covered per member DME benefit	\$\$\$\$	QL
Nitrostat® (nitroglycerin sublingual) - G	\$		Optivar® eye drops (azelastine)	\$\$\$	
Nizoral® cream & shampoo (ketoconazole) - G	\$\$		Oramorph SR® (morphine sulfate sustained release oral)	\$\$\$\$\$	
Nizoral® oral tablet (ketoconazole) - G	\$\$\$		Orapred® (prednisolone sodium phosphate liquid) - G	\$	
Nolvadex® (tamoxifen tablet) - G	\$\$\$		orlistat (Xenical®) - Not covered for state-sponsored benefit plans such as Medicaid and MnCare	\$\$\$\$\$	PA
Nordette® (generic names: levora®, portia®) - G	\$\$		Ortho Evra® transdermal patch - reserve for patients with compliance concerns	\$\$\$	
Norditropin® injectable (somatropin) - Covered per member medical benefit for growth hormone and requires prior approval	\$\$\$\$\$	PA	Ortho Micronor® (generic names: camila®, errin®, jolivette®, nora-be®) - G	\$	
norethindrone acetate (Aygestin®) - G	\$\$		Ortho Tri-Cyclen Lo®	\$\$\$	
Norinyl 1+35® (generic names: neon®, nortrel®) - G	\$\$		Ortho Tri-Cyclen® (generic names: trinessa®, tri-previfem®, tri-sprintec®) - G	\$	
Norinyl 1+50® (generic names: neon®) - G	\$\$		Ortho-Cept® (generic names: apri®, reclipfen®, solia®) - G	\$\$	
Noritate® (metronidazole topical)	\$\$\$\$\$		Ortho-Cyclen® (generic names: mononessa®, previfem®, sprintec®) - G	\$\$	
Normodyne® (labetalol) - G	\$\$		Ortho-Novum® 1/35 (generic names: neon®, nortrel®) - G	\$	
Norpace CR (disopyramide controlled release) - G	\$\$\$		Ortho-Novum® 1/50 (generic names: neon®) - G	\$	
Norpace® (disopyramide immediate release) - G	\$\$		Ortho-Novum® 10/11 (see Necon® 10/11)	\$	
Norpramin® (desipramine) - G	\$\$		Ortho-Novum® 7/7/7 (generic names: neon®, nortrel®) - G	\$	
Nor-QD® (generic names: camila®, errin®, jolivette®, nora-be®) - G	\$\$		oseltamivir (Tamiflu®)	\$\$\$\$	
nortriptyline (Pamelor®, Aventyl®) - G	\$		Ovide® (malathion)	\$\$\$\$\$	
Norvasc® (amlodipine) - G	\$\$\$		Ovidrel® injection (choriogonadotropin alfa) - Covered per member benefit for infertility. SpecialtyScripts is the preferred specialty pharmacy but not required.	\$\$\$\$\$	
Norvir® (ritonavir)	\$\$\$\$\$		oxcarbazepine suspension (Trileptal®)	\$\$\$\$\$	
Novahistine DH® (chlorpheiramine/pseudoephedrine/codeine) - G	\$		oxcarbazepine tablet (Trileptal®) - G	\$\$\$\$\$	
Novahistine® Expectorant liquid (guaifenesin/pseudoephedrine/codeine) - G	\$		Oxsoralen® lotion only (methoxsalen)	\$\$\$\$\$	
Novarel® injection (chorionic gonadotropin) - G - Covered per member benefit for infertility. SpecialtyScripts is the preferred specialty pharmacy but not required.	\$\$\$		Oxy IR® (oxycodone immediate release) - G	\$	
Novolin® NPH (N), Regular (R), 70/30 Innolet (insulin human pen)	\$\$\$		oxybutynin immediate release (Ditropan®) - G	\$	
Novolin® NPH (N), Regular (R), 70/30 Penfill (insulin human cartridge)	\$\$\$\$		oxybutynin sustained release (Ditropan XL®) - G	\$\$\$\$\$	
Novolin® NPH (N), Regular (R), 70/30 vial (insulin human vial)	\$		oxycodone immediate release (Oxy IR®, Roxicodone®) - G	\$	
Novolog® FlexPen (insulin aspart pen)	\$\$\$\$\$		oxycodone sustained release (Oxycontin®) - G	\$\$\$\$\$	QL
Novolog® Mix FlexPen (insulin aspart protamine/insulin aspart pen)	\$\$\$\$\$		oxycodone/acetaminophen 5/325mg, 5/500mg, 7.5/500mg, 10/650mg only (Percocet®, Roxicet®, Tylox®) - G	\$	QL
Novolog® Mix vial (insulin aspart protamine/insulin aspart vial)	\$\$\$		oxycodone/aspirin (Percodan®) - G	\$	
Novolog® vial (insulin aspart vial)	\$\$\$		Oxycontin® (oxycodone sustained release) - G	\$\$\$\$\$	QL
Noxafil® (posaconazole)	\$\$\$\$\$	MD	OxyFast® (oxycodone oral solution) - G	\$\$\$	
Nucofed® liquid (guaifenesin/pseudoephedrine/codeine) - G	\$				
Nulytely® (electrolyte-peg)	\$\$				
Nuvaring®	\$\$\$				
nystatin tablet & suspension - G	\$\$\$\$				
nystatin topical (Mycostatin®) - G	\$				
<b>O</b>					
Ocuflox® eye drops (ofloxacin) - G	\$\$		Pacerone® 200mg & 400mg only (amiodarone) - G	\$\$\$	
Ocupress® eye drops (carteolol) - G	\$\$		Pamelor® (Nortriptyline) - G	\$	
ofloxacin ear drops (Floxin®) - G	\$\$\$\$\$		pantoprazole (Protonix®) - G - Delete effective 06/01/2009	\$\$\$\$	ST
ofloxacin eye drops (Ocuflox®) - G	\$\$		Parafon Forte® (chlorzoxazone) - G	\$	
Ogen® (estropipate) - G	\$		paregoric - G	\$\$\$	
Ogestrel®	\$\$\$		Parlodel® (bromocriptine) - G	\$\$\$\$\$	
olanzapine (Zyprexa®)	\$\$\$\$\$		Parnate® (Tranlycypromine) - G	\$\$\$\$	
olanzapine dissolving tablet (Zyprexa Zydis®)	\$\$\$\$\$	PA	paroxetine hcl (Paxil®) - G - **Half tablet program**	\$\$\$	
olopatadine eye drops (Patanol®, Pataday®)	\$\$\$\$		Pataday® eye drops (olopatadine)	\$\$\$\$	
Olux® aerosol foam (clobetasol foam) - G	\$\$\$\$\$	PA	Patanol® eye drops (olopatadine)	\$\$\$\$	
Olux-E® (clobetasol emulsion foam)	\$\$\$\$\$	PA	Paxil® (paroxetine hcl) - G - **Half tablet program**	\$\$\$	
omega-3 polyunsaturated fatty acids (Lovaza®)	\$\$\$\$\$	ST	Pediapred® (prednisolone sodium phosphate liquid) - G	\$	
omeprazole 10mg (Prilosec®) - G	\$\$	QL	Pediazole® (erythromycin/sulfisoxazole) - G	\$	
omeprazole 20mg (Prilosec®) - G	\$\$		Pegasys® injection (peginterferon alpha-2a)	\$\$\$\$\$	
Omnicef® (cefdinir) - G	\$\$\$\$		pegfilgrastim injection (Neulasta®)	\$\$\$\$\$	
Omnitrope® (somatropin) - Covered per member medical benefit for growth hormone and requires prior approval	\$\$\$\$\$	PA	peginterferon alpha-2a injection (Pegasys®)	\$\$\$\$\$	
ondansetron (Zofran®, Zofran ODT®) - G	\$\$\$\$\$		peginterferon alpha-2b injection (Peg-Intron®)	\$\$\$\$\$	
One Touch® Basic - Covered per member DME benefit	\$\$\$\$	QL	Peg-Intron® injection (peginterferon alpha-2b)	\$\$\$\$\$	
One Touch® Profile - Covered per member DME benefit	\$\$\$\$	QL	pegvisomant (Somavert®) - Specialty drug	\$\$\$\$\$	PA
One Touch® SureStep® - Covered per member DME benefit	\$\$\$\$	QL	pemirolast eye drops (Alamast®)	\$\$\$	
One Touch® Ultra 2 - Covered per member DME benefit	\$\$\$\$	QL	penicillamine (Cuprimine®, Depen®)	\$\$\$\$\$	
One Touch® Ultra Smart - Covered per member DME benefit	\$\$\$\$	QL	penicillin vk- G	\$	
			Penlac® nail lacquer (ciclopirox) - G	\$	
			Pentasa® (mesalamine oral)	\$\$\$\$\$	

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## The HealthPartners Drug Formulary

pentosan polysulfate sodium (Elmiron®)	\$\$\$\$\$		prazosin (Minipress®) - G	\$\$	
pentoxifylline (Trental®) - G	\$\$		Precose® (acarbose) - G	\$\$\$	
Pepcid® 20mg & 40mg swallow tablet (famotidine) - G	\$		Pred Forte® eye drops (prednisolone acetate 1%) - G	\$	
Pepcid® suspension (famotidine)	\$\$\$\$\$		Pred Mild® eye drops (prednisolone acetate 0.12%)	\$\$	
Percocet® 5/325mg, 7.5/500mg, 10/650mg (oxycodone/ acetaminophen) - G	\$	QL	prednisolone acetate eye drops (Econpred Plus®, Pred Forte®, Pred Mild®) - G (1%)	\$\$	
Percodan® (oxycodone/aspirin) - G	\$\$		prednisolone liquid (Prelone®) - G	\$	
Periactin® (cyproheptadine) - G	\$\$		prednisolone sodium phosphate eye drops (Inflamase Forte®, Inflamase Mild®) - G (1%)	\$\$	
Peridex® (chlorhexidine gluconate) - G	\$\$		prednisolone sodium phosphate liquid (Pediapred®, Orapred®) - G	\$\$	
permethrin cream only (Elimite®) - G	\$\$		prednisolone tablet - G	\$	
perphenazine (Trilafon®) - G	\$\$		prednisone (Deltasone®) - G	\$	
Persantine® (dipyridamole) - G	\$\$		pregabalin (Lyrica®)	\$\$\$\$\$	ST
phenazopyridine (Pyridium®) - G	\$		Pregnyl® injection (chorionic gonadotropin) - G - Covered per member benefit for infertility. SpecialtyScripts is the preferred specialty pharmacy but not required.	\$\$\$\$\$	
phenelzine (Nardil®)	\$\$\$\$		Prelone® (prednisolone liquid) - G	\$	
Phenergan VC w/Codeine® liquid (promethazine/phenylephrine/ codeine) - G	\$		Premarin® oral (estrogen, conjugated)	\$\$	
Phenergan w/Codeine® liquid (promethazine with codeine) - G	\$		Premarin® vaginal (estrogen, conjugated)	\$\$\$	
Phenergan w/DM® liquid (promethazine with dextromethorphan) - G	\$		Premphase® (estrogen, conjugated/medroxyprogesterone)	\$\$	
Phenergan® (promethazine) - G	\$\$		Prempro® (estrogen, conjugated/medroxyprogesterone)	\$\$	
phenobarbital - G	\$		prenatal vitamin with folic acid (various generics) - G	\$	
phenoxybenzamine (Dibenzylin®)	\$\$\$\$\$		Prevacid® Solutab & capsule (lansoprazole)	\$\$\$\$	ST
phenylephrine eye drops	\$		Prezista® (darunavir)	\$\$\$\$\$	
Phenylephrine (Phenylephrine)	\$\$		Prilosec® 10mg (omeprazole) - G	\$\$	QL
phenytoin (Dilantin®, Phenytek®) - G (100mg capsule & suspension)	\$\$		Prilosec® 20mg (omeprazole) - G	\$\$	
Phoslo® (calcium acetate) - G	\$\$\$		primidone (Mysoline®) - G	\$\$	
Phospholine iodide® eye drops (echothiophate)	\$\$\$		Prinivil® (lisinopril) - G	\$	
phosphorus (K-Phos® Neutral) - G	\$		Prinzide® (lisinopril/hctz) - G	\$	
Phrenilin® (butalbital/acetaminophen) - G	\$\$		Proair HFA® (albuterol HFA oral inhaler)	\$\$	
phytonadione (Mephyton®, vitamin K1)	\$		ProAmatine® (midodrine) - G	\$\$\$\$\$	
Pilocar® eye drops (pilocarpine) - G	\$		Pro-Banthine® (proprantheline) - G (15mg)	\$\$	
pilocarpine eye drops (Pilocar®) - G	\$		probenecid - G	\$\$	
pilocarpine eye gel (Pilopine HS®)	\$\$\$		procainamide controlled release (Procanbid®)	\$\$\$\$\$	
pilocarpine oral (Salagen®) - G (5mg)	\$\$\$\$\$		procainamide sustained release (Pronestyl®) - G	\$\$	
Pilopine HS® eye gel (pilocarpine)	\$\$\$		Procanbid® (procainamide controlled release)	\$\$\$\$\$	
pimecrolimus topical (Elidel®)	\$\$\$\$		procarbazine (Matulane®)	\$\$\$\$	
pioglitazone (Actos®)	\$\$\$\$\$	ST	Procardia XL® (nifedipine extended release) - G	\$\$\$	
pioglitazone / glimepiride (Duetact®)	\$\$\$\$\$	ST	Procardia® (nifedipine immediate release) - G	\$\$	AE
pioglitazone / metformin (Actoplus Met®)	\$\$\$\$\$	ST	prochlorperazine (Compazine®) - G	\$	
pirbuterol oral inhaler (Maxair Autohaler® only)	\$\$\$\$		Procrit® injection (epoetin alfa)	\$\$\$\$\$	
piroxicam (Feldene®) - G	\$		Proctofoam-HC® (hydrocortisone/pramoxine rectal foam)	\$\$	
Plan B® (levonorgestrel)	\$\$	AE	progesterone oral (Prometrium®)	\$\$	
Plaquenil® (hydroxychloroquine) - G	\$\$		progesterone vaginal (compounded)	\$\$\$\$\$	
Plavix® (clopidogrel)	\$\$\$\$\$		Prograf® (tacrolimus oral)	\$\$\$\$\$	
Pletal® (cilostazol) - G	\$\$\$\$		Prolixin® (fluphenazine) - G	\$	
podofilox (Condylox®) - G (solution)	\$\$\$\$		Proloprim® (trimethoprim) - G	\$	
Polycitra® (potassium&sodium citrate/citric acid) - G	\$\$		Promacta® (eltrombopag)	\$\$\$\$\$	PA
Polycitra-K® (potassium citrate/citric Acid) - G	\$\$		promethazine (Phenergan®) - G	\$\$	
Polycitra-LC® (potassium&sodium citrate/citric acid) - G	\$\$\$\$\$		promethazine/codeine liquid (Phenergan w/Codeine®) - G	\$	
Polysporin® eye ointment (bacitracin/polymyxin B) - G	\$\$		promethazine/dextromethorphan liquid (Phenergan w/DM®) - G	\$	
Polytrim® eye drops (trimethoprim/polymyxin) - G	\$		promethazine/phenylephrine/codeine liquid (Phenergan VC w/Codeine®) - G	\$	
posaconazole (Noxafil®&reg)	\$\$\$\$\$	MD	Prometrium® (progesterone oral)	\$\$	
potassium chloride (K-Dur®, K-Lyte®, Klor-Con®, Micro-K) - G	\$		Pronestyl® (procainamide sustained release) - G	\$\$	
potassium citrate (Urocit-K®) - G	\$\$		propafenone (Rythmol®, not Rythmol SR®) - G	\$\$\$\$\$	
potassium citrate/citric acid (Polycitra-K®) - G	\$\$		proprantheline (Pro-Banthine®) - G (15mg)	\$\$	
potassium&sodium citrate/citric acid (Polycitra® & Polycitra LC equivalents) - G	\$\$\$		Propine® eye drops (dipivefrin) - G	\$	
pramipexole (Mirapex®)	\$\$\$\$\$		propoxyphene hydrochloride (Darvon®) - G	\$	
Pramosone® 2.5%-1% rectal cream (hydrocortisone/pramoxine rectal) - G	\$\$\$		propoxyphene napsylate with acetaminophen (Darvocet-N® 100) - G	\$	QL
Prandin® (repaglinide)	\$\$\$\$\$		propranolol extended release (Innopran XL®)	\$\$\$	ST
Pravachol® (pravastatin) - G	\$\$\$		propranolol immediate release (Inderal®) - G	\$	
pravastatin (Pravachol®) - G	\$\$\$		propranolol sustained release (Inderal LA®) - G	\$\$\$	ST
praziquantel (Biltricide®)	\$\$				

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Selzentry® (maraviroc)	\$\$\$\$\$		sulindac (Clinoril®) - G	\$	
Sensipar® (cinacalcet)	\$\$\$\$\$		sumatriptan nasal spray - 6 devices/package (Imitrex®) - G	\$\$\$\$\$	QL
Septra® (trimethoprim/sulfamethoxazole) - G	\$		sumatriptan oral tablets - 9 tablets/package and injection - syringes, 2	\$\$\$\$\$	QL
Serevent Diskus® (salmeterol oral inhalation powder)	\$\$\$\$\$		syringes/package or injection - vials, 5 vials/package (Imitrex®) - G	\$\$\$\$\$	QL
Serophene® (clomiphene) - G - Covered per member benefit for infertility	\$\$		sunitinab malate (Sutent®)	\$\$\$\$\$	
Seroquel®, Seroquel XR® (quetiapine)	\$\$\$\$\$		Suprax® tablet (cefixime)	\$	QL
sertraline (Zoloft®) - **Half tablet program** - G	\$		Sustiva® (efavirenz)	\$\$\$\$\$	
sevelamer carbonate (Renvela®)	\$\$\$\$\$		Sutent® (sunitinab malate)	\$\$\$\$\$	
sevelamer hydrochloride (Renagel®)	\$\$\$\$\$		Symbicort® for oral inhalation (budesonide/formoterol)	\$\$\$\$\$	
sildenafil (Revatio®)	\$\$\$\$\$	PA	Symmetrel® capsules (amantadine) - G	\$\$	
Silvadene® (silver sulfadiazine) - G	\$		Synalar® (fluocinolone) - G	\$	
silver sulfadiazine (Silvadene®) - G	\$		Synthroid® (levothyroxine) - G	\$	
simvastatin (Zocor®) - **Half tablet program** - G	\$				
simvastatin/ezetimibe (Vytorin®)	\$\$\$\$	PA	<b>T</b>		
Sinemet CR® (levodopa/carbidopa controlled release) - G	\$\$\$\$\$		Tabloid® (thioguanine)	\$\$\$\$\$	
Sinemet® (levodopa/carbidopa immediate release) - G	\$\$		Taclonex® (calcipotriene/betamethasone)	\$\$\$\$\$	PA
Sinequan® (doxepin) - G	\$		tacrolimus oral (Prograf®)	\$\$\$\$\$	
Singulair® (montelukast)	\$\$\$\$	ST	tacrolimus topical (Protopic®)	\$\$\$\$	
sitagliptin (Januvia®)	\$\$\$\$\$	ST	Tagamet® (cimetidine) - G	\$	
sitagliptin / metformin (Janumet®)	\$\$\$\$\$	ST	Tambocor® (flecainide) - G	\$\$\$\$\$	
sodium citrate/citric acid (Bicitra®) - G	\$		Tamiflu® (oseltamivir)	\$\$\$\$	
sodium oxybate (Xyrem®)	\$\$\$\$\$	PA	tamoxifen solution (Soltamox®)	\$\$\$\$	
sodium polystyrene sulfonate (Kayexalate®)	\$\$\$\$\$		tamoxifen tablet (Nolvadex®)- G	\$\$\$	
sodium polystyrene sulfonate with sorbitol	\$\$\$\$		tamsulosin (Flomax®)	\$\$\$\$	
Soltamox® (tamoxifen solution)	\$\$\$		Tapazole® (methimazole) - G (5mg & 10mg)	\$\$	
somatropin injection (Norditropin® and Omnitrope®) - Covered per member medical benefit for growth hormone and requires prior approval.	\$\$\$\$\$	PA	Tarceva® (erlotinib)	\$\$\$\$\$	
Somavert® (pegvisomant) - Specialty drug	\$\$\$\$\$	PA	Tasigna® (nilotinib)	\$\$\$\$\$	
Somnote® (chloral hydrate capsule)	\$		Tavist® syrup only (clemastine) - G	\$\$	
sorafenib (Nexavar®)	\$\$\$\$\$		tazarotene (Tazorac®)	\$\$\$\$\$	QL
Soriatane®, Soriatane CK® (acitretin)	\$\$\$\$\$		Tazorac® (tazarotene)	\$\$\$\$\$	QL
sotalol, sotalol AF (Betapace®, Betapace AF®) - G	\$\$		Tegretol XR® (carbamazepine extended release)	\$\$\$	
Sotret® (isotretinoin) - G	\$\$\$\$\$	QL	Tegretol® (carbamazepine immediate release) - G	\$\$	
Spectazole® (econazole) - G	\$\$		Tekturna HCT® (aliskiren/hctz)	\$\$\$	PA
Spiriva® (tiotropium)	\$\$\$\$\$		Tekturna® (aliskiren)	\$\$\$\$	PA
spironolactone (Aldactone®) - G	\$\$		telbivudine (Tyzeka®)	\$\$\$\$\$	
spironolactone/hctz (Aldactazide®) - G (25mg/25mg)	\$		telmisartan (Micardis®)	\$\$\$	ST
Sporanox® capsule (itraconazole) - G	\$\$\$\$\$	PA	telmisartan (Micardis®)	\$\$\$	QL
Sporanox® oral solution (itraconazole)	\$\$\$\$\$	PA	telmisartan/hctz (Micardis HCT®)	\$\$\$	ST
Sprycel® (dasatinib)	\$\$\$\$\$		telmisartan/hctz (Micardis HCT®)	\$\$\$	QL
Stalevo® (entacapone/carbidopa/levodopa)	\$\$\$\$\$		temazepam 15mg & 30mg (Restoril®) - G	\$	
Starlix® (nateglinide)	\$\$\$\$		temazepam 7.5mg (Restoril®)	\$\$\$\$	
stavudine (Zerit®) - G	\$\$\$\$\$		Temodar® (temozolomide)	\$\$\$\$\$	
Stelazine® (trifluoperazine) - G	\$\$		Temovate®, Temovate-E® (clobetasol) - G	\$\$\$	
Strattera® (atomoxetine)	\$\$\$\$\$		temozolomide (Temodar®)	\$\$\$\$\$	
Stromectol® (ivermectin)	\$\$		Tenex® (guanfacine) - G	\$\$	
Suboxone® (buprenorphine/naloxone)	\$\$\$\$\$		tenofovir (Viread®)	\$\$\$\$\$	
succimer (Chemet®)	\$\$\$\$\$		Tenoretic® (atenolol/chlorthalidone) - G	\$	
Sucraid® (sacrosidase)	\$\$\$\$\$	PA	Tenormin® (atenolol) - G	\$	
sucralfate (Carafate®) - G	\$\$		Terazol® vaginal cream (terconazole) - G	\$\$	
sulconazole (Exelderm®)	\$\$		terazosin (Hytrin®) - G	\$\$	
sulfacetamide eye drops (Bleph-10®) - G	\$		terbinafine oral only (Lamisil®) - G	\$\$	
sulfacetamide sodium lotion (Klaron®) - G	\$\$\$\$		terbutaline oral tablet (Brethine®) - G	\$\$\$	
sulfacetamide sodium/prednisolone eye drops & ointment (Blephamide®, Blephamide S.O.P®) - G	\$\$		terconazole vaginal (Terazol®) - G	\$\$	
sulfacetamide sodium/sulfur (Sulfacet-R®, Clenia®, Rosac®, Rosanil®, Rosula®) - G (lotion)	\$\$\$		teriparatide injection (Forteo®)	\$\$\$\$\$	PA
Sulfacet-R® lotion (sulfacetamide sodium/Sulfur) - G	\$\$		Tessalon® & Tessalon Perle® (benzonatate) - G	\$\$	
sulfadoxine/pyrimethamine (Fansidar®)	\$\$		testosterone cypionate injection (Depo-Testosterone®) - G	\$\$\$	PA
sulfasalazine (Azulfidine®, Azulfidine En-Tabs®) - G	\$\$		testosterone enanthate injection - G	\$\$\$	PA
sulfisoxazole suspension (Gantrisin®)	\$		testosterone gel (Androgel®, not Testim®)	\$\$\$\$\$	PA
sulfisoxazole tablet - G	\$		testosterone patch (Androderm®)	\$\$\$\$\$	PA
			tetrabenazine (Xenazine®)	\$\$\$\$\$	PA
			tetracycline capsules only - G	\$	
			thalidomide (Thalomid®)	\$\$\$\$\$	
			Thalomid® (thalidomide)	\$\$\$\$\$	
			theophylline - G	\$\$	

## The HealthPartners Drug Formulary

thioguanine (Tabloid®)	\$\$\$\$\$		Tri-Norinyl® (generic names: aranelle®, leena®) - G	\$\$
thioridazine (Mellaril®) - G	\$		Triphasil® (generic names: enpresse®, trivora®) - G	\$\$
thiothixene (Navane®) - G	\$		Tri-Vi-Flor® (vitamins ADC with fluoride) - G	\$
Thorazine® (chlorpromazine) - G	\$\$		Trizivir® (abacavir/lamivudine/zidovudine)	\$\$\$\$\$
tiagabine (Gabitril®)	\$\$\$\$\$		tropium (Sanctura®, Sanctura XR®)	\$\$\$\$\$
Tiazac® (diltiazem extended release - 24 hour) - G	\$\$\$		Trusopt® eye drops (dorzolamide) - G	\$\$\$
Tigan® oral (trimethobenzamide) - G	\$		Truvada® (emtricitabine / tenofovir)	\$\$\$\$\$
Tikosyn® (dofetilide)	\$\$\$\$\$		trypsin/castor oil/peruvian balsam aerosol (Granulex®) - G	\$
Tilade® oral inhaler (nedocromil)	\$\$\$\$		Tussi Organidin-S® liquid (guaifenesin/codeine) - G	\$
timolol hemihydrate eye drops (Betimol®)	\$\$		Twinject® (epinephrine auto-injector)	\$\$\$\$
timolol maleate eye drops (Istalol®)	\$\$\$		Tykerb® (lapatinib)	\$\$\$\$\$
timolol maleate eye drops (Timoptic®) - G	\$		Tylenol® #2, #3, #4 (acetaminophen with codeine) - G	\$ QL
timolol maleate eye gel drops (Timoptic XE®) - G	\$\$		Tylox® (oxycodone/acetaminophen) - G	\$ QL
Timoptic XE® eye gel drops (timolol maleate) - G	\$\$		typhoid oral vaccine (Vivotif Berna®)	\$\$
Timoptic® eye drops (timolol maleate) - G	\$		Tyzeka® (telbivudine)	\$\$\$\$\$
tiotropium (Spiriva®)	\$\$\$\$\$			
tipranavir (Aptivus®)	\$\$\$\$\$			
tizanidine tablet only (Zanaflex®) - G	\$\$\$\$		<b>U</b>	
Tobradex® eye drops (tobramycin/dexamethasone) - G	\$\$\$		Ultram® (tramadol regular release) - G	\$\$
Tobradex® eye ointment (tobramycin/dexamethasone)	\$\$\$		Umecta® emulsion & suspension (urea 40%) - G	\$\$
tobramycin eye drops & ointment (Tobrex®) - G (solution)	\$		Uniphyl® (theophylline)	\$\$
tobramycin/dexamethasone eye drops (Tobradex®) - G	\$\$\$		urea 40% cream, emulsion, gel, lotion, suspension (Carmol-40® cream, gel & lotion, Umecta® emulsion & suspension) - G	\$\$
tobramycin/dexamethasone eye ointment (Tobradex®)	\$\$\$		Urecholine® (bethanechol) - G	\$\$\$\$\$
tobramycin/loteprednol eye drops (Zylet®)	\$\$\$		Urocit-K® (potassium citrate) - G	\$\$
Tobrex® eye drops & ointment (tobramycin) - G (solution)	\$		Uroxatral® (alfuzosin)	\$\$\$\$
Tofranil® (imipramine) - G	\$\$		Urso®, Urso Forte® (ursodiol tablet)	\$\$\$\$\$
Tolectin® (tolmetin) - G	\$\$\$\$		ursodiol capsule (Actigall®) - G	\$\$\$\$\$
tolmetin (Tolectin®) - G	\$\$\$\$		ursodiol tablet (Urso®, Urso Forte®)	\$\$\$\$\$
tolterodine (Detrol®, Detrol® LA)	\$\$\$\$\$			
Topamax® (topiramate)	\$\$\$\$\$		<b>V</b>	
Topicort®, Topicort LP® (desoximetasone) - G	\$\$		Vagifem® vaginal tablet (estradiol vaginal tablet)	\$\$
topiramate (Topamax®)	\$\$\$\$\$		valacyclovir (Valtrex®)	\$\$\$\$\$
topotecan oral (Hycamtin®)	\$\$\$\$\$		Valcyte® (valganciclovir)	\$\$\$\$\$
Toprol XL® (metoprolol succinate) - G	\$\$		valganciclovir (Valcyte®)	\$\$\$\$\$
Toradol® (ketorolac oral) - G	\$	QL	Valium® (diazepam) - G	\$
torseamide (Demadex®) - G	\$\$		valproic acid (Depakene®) - G	\$\$\$\$
Tracleer® (bosentan) - Specialty drug	\$\$\$\$\$	PA	Valtrex® (valacyclovir)	\$\$\$\$\$
tramadol regular release (Ultram®) - G	\$\$		Vancocin® oral (vancomycin)	\$\$\$\$\$
Trandate® (labetalol) - G	\$\$		vancomycin injection for use in compounding an oral solution	\$\$
Transderm-Scop® (scopolamine)	\$\$	PA	vancomycin oral (Vancocin®)	\$\$\$\$\$
tranlycypromine (Parnate®) - G	\$\$\$\$		varenicline (Chantix®)	\$\$\$\$\$
Travatan®, Travatan Z® eye drops (travoprost) - 2.5ml only	\$\$\$		Vasotec® (enalapril maleate) - G	\$
travoprost eye drops (Travatan®, Travatan Z®) - 2.5ml only	\$\$\$		Venlafaxine ER® (venlafaxine extended release) - Added Effective 06/01/2009	\$\$\$\$\$ ST
trazodone (Desyrel®) - G	\$		venlafaxine extended release (Venlafaxine ER® - Added effective 06/01/2009, Effexor XR® - Deleted effective 06/01/2009)	\$\$\$\$\$ ST
Trental® (pentoxifylline) - G	\$\$		venlafaxine immediate release (Effexor®) - G	\$\$\$\$ ST
Trental® (pentoxifylline) - G	\$\$\$		Ventavis® (iloprost) - Specialty drug	\$\$\$\$\$ PA
tretinoin (Retin-A®) - G	\$\$\$		Ventolin HFA® (albuterol hfa oral inhaler)	\$\$
tretinoin microsphere (Retin-A Micro®)	\$\$\$\$		VePesid® (etoposide) - G	\$\$\$\$\$
triamcinolone in orabase (Kenalog® Orabase paste) - G	\$		Veramyst® nasal inhaler (fluticasone furoate)	\$\$\$\$
triamcinolone oral inhaler (Azmacort®)	\$\$\$\$		verapamil immediate release (Calan®) - G	\$
triamcinolone topical (Kenalog®, Aristocort A®) - G	\$		verapamil sustained release capsule (Verelan®) - G	\$\$\$
triamterene/hctz (Maxzide®, Dyazide®) - G	\$		verapamil sustained release tablet (Calan SR®) - G	\$\$
Tricor® (fenofibrate 48mg & 145mg tabs)	\$\$\$\$	ST	Verelan® (verapamil sustained release capsule) - G	\$\$\$
Tridesilon® (desonide) - G	\$\$		Vermox® (mebendazole) - G	\$
trifluoperazine (Stelazine®) - G	\$\$		Vfend® (voriconazole)	\$\$\$\$\$ MD
trifluridine eye drops (Viroptic®) - G	\$\$\$\$		Vibramycin® (doxycycline hyclate) - G	\$
trihexyphenidyl (Artane®) - G	\$		Vibratabs® (doxycycline hyclate) - G	\$
Trilafon® (perphenazine) - G	\$\$		Vicodin®, Vicodin ES® (hydrocodone/acetaminophen) - G	\$ QL
Trileptal® suspension (oxcarbazepine)	\$\$\$\$\$		Vicoprofen® (hydrocodone/ibuprofen 7.5-200mg) - G	\$\$\$
Trileptal® tablet (oxcarbazepine) - G	\$\$\$\$\$		Videx® (didanosine)	\$\$\$\$\$
trimethobenzamide oral (Tigan®) - G	\$		Videx® EC (didanosine delayed release) - G	\$\$\$\$\$
trimethoprim tablets only (Proloprim®) - G	\$			
trimethoprim/polymyxin eye drops (Polytrim®) - G	\$			
trimethoprim/sulfamethoxazole (Bactrim®, Septra®, TMP/SMZ) - G	\$			

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

## The HealthPartners Drug Formulary

Vigamox® eye drops (moxifloxacin)	\$\$\$\$	MD	zidovudine (Retrovir®)	\$\$\$\$
Viokase® (digestive enzymes)	\$\$\$\$		ziprasidone (Geodon®)	\$\$\$\$
Viracept® (nelfinavir)	\$\$\$\$		Zithromax® (azithromycin) - G	\$
Viramune® (nevirapine)	\$\$\$\$		Zocor® (simvastatin) - **Half tablet program** - G	\$
Viread® (tenofovir)	\$\$\$\$		Zofran®, Zofran ODT® (ondansetron) - G	\$\$\$\$
Viroptic® eye drops (trifluridine) - G	\$\$\$\$		Zolinza® (vorinostat)	\$\$\$\$ PA
Vistaril® (hydroxyzine pamoate) - G	\$		Zoloft® (sertraline) - **Half tablet program** - G	\$
vitamin A oral - G	\$		zolpidem controlled release (Ambien CR®)	\$\$\$\$ ST
vitamin B12 injection (cyanocobalamin) - G	\$		zolpidem immediate release (Ambien®) - G	\$
vitamin B6/vitamin B12/folic acid (Foltx®) - G	\$		Zonegran® (zonisamide) - G	\$\$\$\$
vitamin B-complex/vitamin C/folic acid capsule (Nephrocaps®) - G	\$		zonisamide (Zonegran®) - G	\$\$\$\$
vitamin B-complex/vitamin C/folic acid tablet (Diatx®)	\$		Zovirax® oral only (acyclovir) - G	\$
vitamin D2 (ergocalciferol, Calciferol®, Drisdol®) - G	\$		Zyban® (bupropion sustained release-smoking deterrent) - G	\$\$\$\$
vitamin K1 (phytonadione, Mephyton®)	\$		Zyloprim® eye drops (loteprednol/tobramycin)	\$
vitamins ADC with fluoride (Tri-Vi-Flor®) - G	\$		Zyloprim® (allopurinol) - G	\$
vitamins, multiple with fluoride	\$		Zymar® eye drops (gatifloxacin)	\$\$\$\$ MD
Vivelle-DOT® (estradiol twice weekly patch)	\$		Zyprexa Zydis® (olanzapine dissolving tablet)	\$\$\$\$ PA
Vivotif Berna® (typhoid oral vaccine)	\$		Zyprexa® (olanzapine)	\$\$\$\$
Voltaren® eye drops (diclofenac) - G	\$\$\$		Zyvox® (linezolid)	\$\$\$\$ MD
Voltaren® regular release only (diclofenac sodium) - G	\$			
voriconazole (Vfend®)	\$\$\$\$	MD		
vorinostat (Zolinza®)	\$\$\$\$	PA		
Vosol HC® ear drops (acetic acid with hydrocortisone) - G	\$			
Vosol® ear drops (acetic acid) - G	\$			
Vospire ER® (albuterol sustained release tablet) - G	\$\$\$\$			
Vytone® (iodoquinol/hydrocortisone) - G	\$			
Vytorin® (simvastatin/ezetimibe)	\$\$\$\$	PA		
Vyvance® (lisdexamfetamine)	\$\$\$\$			

### W

warfarin (Coumadin®, Jantoven®) - G	\$
Wellbutrin SR® (bupropion sustained release) - G	\$\$\$\$
Wellbutrin XL® (bupropion extended release) - G	\$\$\$\$
Wellbutrin® (bupropion immediate release) - G	\$\$\$
Westcort® (hydrocortisone valerate) - G	\$

### X

Xanax®, not Xanax XR® (alprazolam) - G	\$
Xeloda® (capecitabine)	\$\$\$\$
Xenazine® (tetraabenazine)	\$\$\$\$ PA
Xenical® (orlistat) - Not covered for state-sponsored benefit plans such as Medicaid and MnCare	\$\$\$\$ PA
Xibrom® eye drops (bromfenac)	\$
Xylocaine® topical gel, ointment, solution only (lidocaine) - G	\$
Xylocaine® viscous (lidocaine viscous) - G	\$
Xyrem® (sodium oxybate)	\$\$\$\$ PA

### Y

Yasmin® (generic names: ocella®) - G	\$\$\$
Yaz®	\$\$\$
Yodoxin® (iodoquinol)	\$\$\$

### Z

zalcitabine (Hivid®)	\$\$\$\$
Zanaflex® tablet only (tizanidine) - G	\$\$\$\$
zanamivir (Relenza®)	\$\$\$\$
Zantac® tablet and syrup only, not capsule or effervescent tablet (ranitidine) - G (tablet)	\$
Zarontin® (ethosuximide) - G	\$\$\$\$
Zaroxolyn® (metolazone) - G	\$
Zerit® (stavudine) - G	\$\$\$\$
Zetia® (ezetimibe)	\$\$\$\$ ST
Ziagen® (abacavir)	\$\$\$\$

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