



Issue 18



**Minnesota  
Outpatient  
Formulary  
Guide®**

**July 2009**

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The Minnesota Council of Health Plans, Minnesota Physician Publishing, and the following council members introduce the eighteenth issue of the Minnesota Outpatient Formulary Guide®:

Blue Cross/Blue Plus of Minnesota (FlexRx)  
First Plan of Minnesota (FlexRx)  
HealthPartners  
Medica  
Metropolitan Health Plan  
PreferredOne  
UCare

This guide lists participating health plans' outpatient formulary drugs for commonly prescribed categories. The lists are current as of July 2009.

For more complete and current formulary lists or for further information about drug coverage, please contact the specific health plan or its pharmacy benefits manager. A list of telephone numbers is located at the back of the guide. The guide is now on the Web at [infinigo.com/mninfo.htm](http://infinigo.com/mninfo.htm).

This booklet contains the following designations:

- \* preferred formulary drug
- DC dose consolidation
- HT half tab
- MD provider edit
- PA prior authorization required for this drug
- OL quantity/limits
- RD restricted distribution item
- ST step therapy

Please send any comments about or suggestions for this prescription guide to: [comments@mppub.com](mailto:comments@mppub.com).

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Every effort has been made to insure that the information contained in this publication is accurate and timely but neither the Minnesota Council of Health Plans or Minnesota Physician Publishing or any of the individual plans can be held responsible for errors in the content. The information contained herein is designed solely as a reference and is not intended to replace medical or other professional advice or council.

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Within classes, drugs are listed by health plan in alpha order, generics, then brands.

# ACE Inhibitors/A2 Blockers

Blue Cross/Blue Plus (FlexRx)	First Plan of Minnesota (FlexRx)	HealthPartners	
Benazepril Benazepril/HCTZ Captopril Captopril/hydrochlorothiazide Enalapril Enalapril/hydrochlorothiazide Fosinopril Fosinopril/hydrochlorothiazide Lisinopril Lisinopril/hydrochlorothiazide Moexipril Moexipril/hydrochlorothiazide Quinapril Quinapril/hydrochlorothiazide Ramipril caps Trandolapril Benazepril/amlodipine Benazepril/amlodipine (LOTREL 5/40, 10/40)	Benazepril Benazepril/HCTZ Captopril Captopril/hydrochlorothiazide Enalapril Enalapril/hydrochlorothiazide Fosinopril Fosinopril/hydrochlorothiazide Lisinopril Lisinopril/hydrochlorothiazide Moexipril Moexipril/hydrochlorothiazide Quinapril Quinapril/hydrochlorothiazide Ramipril caps Trandolapril Benazepril/amlodipine Benazepril/amlodipine (LOTREL 5/40, 10/40)	Benazepril Benazepril/HCTZ Captopril Enalapril Lisinopril Lisinopril/HCTZ Ramipril  <b>A2 Blockers</b> ST, QL – Irbesartan (AVAPRO) ST, QL – Irbesartan/HCTZ (AVALIDE) ST, QL – Telmisartan (MICARDIS) ST, QL – Telmisartan/HCTZ (MICARDIS HCT)	* preferred formulary drug DC dose consolidation HT half tab MD provider edit PA prior authorization required for this drug QL quantity limits RD restricted distribution item ST step therapy  <b>Within classes, drugs are listed in alpha order, generics, then brands.</b>
<b>A2 Blockers</b> Losartan (COZAAR) Losartan/hydrochlorothiazide (HYZAAR) Valsartan (DIOVAN) Valsartan/hydrochlorothiazide (DIOVAN HCT)	<b>A2 Blockers</b> Losartan (COZAAR) Losartan/hydrochlorothiazide (HYZAAR) Valsartan (DIOVAN) Valsartan/hydrochlorothiazide (DIOVAN HCT)		

# ACE Inhibitors/A2 Blockers *Continued*

Medica	Metropolitan Health Plan	PreferredOne	UCare
Benazepril	Captopril	Benazepril	Benazepril
Benazepril/hydrochlorothiazide	Enalapril	Benazepril/amlodipine	Benazepril/HCTZ
Captopril	Lisinopril	Benazepril/HCTZ	Captopril
Captopril/hydrochlorothiazide	Lisinopril HCTZ	Bisoprolol	Captopril/HCTZ
Enalapril	Quinapril	Bisoprolol/HCTZ	Enalapril
Enalapril/hydrochlorothiazide	Quinapril/HCTZ	Captopril	Enalapril/HCTZ
Fosinopril	Ramapril (ALTACE)	Captopril/HCTZ	Fosinopril
Fosinopril/hydrochlorothiazide	<b>A2 Blockers</b>	Enalapril	Fosinopril/HCTZ
Lisinopril	Irbesartan (AVAPRO)	Enalapril/HCTZ	Lisinopril
Lisinopril/hydrochlorothiazide	Irbesartan/HCTZ (AVALIDE)	Lisinopril	Lisinopril/HCTZ
Moexepil	Losartin (COZAAR)	Lisinopril/HCTZ	Quinapril
Moexepil/hydrochlorothiazide	Losartin/HCTZ (HYZAAR)	Ramipril	Quinapril/HCTZ
Quinapril	<b>ACE Inhibitor Combinations</b>	<b>A2 Blockers</b>	Ramipril
Quinapril/hydrochlorothiazide	Trandolapril/Verapamil ext-rel (TARKA)	Losartan (COZAAR) (ST)	Trandolapril
Ramipril		Valsartan (DIOVAN) (ST)	<b>A2 Blockers</b>
Trandolapril		Valsartan/HCTZ (DIOVAN HCT) (ST)	Candasartan (ATACAND)
<b>A2 Blockers</b>		Losartan/HCTZ (HYZAAR) (ST)	Candasartan/HCTZ (ATACAND HCT)
ST – Losartan (COZAAR)			Irbesartan (AVAPRO)
ST – Losartan/HCTZ (HYZAAR)			Irbesartan/HCTZ (AVALIDE)
ST – Valsartan (DIOVAN)			Losartan (COZAAR)
ST – Valsartan/HCTZ (DIOVAN HCT)			Losartan/HCTZ (HYZAAR)
<b>ACE Inhibitor Combination</b>			Valsartan (DIOVAN)
Benazepril/amlodipine			Valsartan/HCTZ (DIOVAN HCT)
Benazepril/amlodipine 5/40mg & 10/40mg (LOTREL) (Formulary status may be subject to change when generic becomes available.)			
<b>Direct Renin Inhibitors &amp; Combinations</b>			
ST – Aliskiren (TEKURNA)			
ST – Aliskiren/Hydrochlorothiazide (TEKURNA HCT)			

\* preferred formulary drug

DC dose consolidation

HT half tab

MD provider edit

PA prior authorization

required for this drug

QL quantity limits

RD restricted distribution item

ST step therapy

**Within classes, drugs are listed in alpha order, generics, then brands.**

# Antibiotics

## Blue Cross/Blue Plus (FlexRx)

### Penicillins

Amoxicillin  
 Amoxicillin/clavulanate  
 Ampicillin caps  
 Dicloxacillin  
 Penicillin v potassium  
 Amoxicillin (AMOXIL drops)  
 Amoxicillin/clavulanate  
 (AUGMENTIN – 8 hr dosing, XR)  
 AMOXICILLIN chew tabs, 400 mg  
 AMPICILLIN susp

### Cephalosporins

Cefadroxil  
 Cefdinir  
 Cefpodoxime  
 Cefprozil  
 Ceftriaxone  
 Cefuroxime  
 Cephalixin  
 Cefixime (SUPRAX)

### Macrolides

Azithromycin  
 Clarithromycin  
 Clarithromycin extended-release  
 Erythromycin ethylsuccinate  
 Erythromycin/sulfisoxazole  
 ERYTHROMYCIN delayed-release  
 Erythromycin (ERYTHROMYCIN FILMTAB)  
 Erythromycin enteric-coated (ERY-TAB)  
 Erythromycin stearate (ERYTHROCIN STEARATE)

## First Plan of Minnesota (FlexRx)

### Penicillins

Amoxicillin  
 Amoxicillin/clavulanate  
 Ampicillin caps  
 Dicloxacillin  
 Penicillin v potassium  
 Amoxicillin (AMOXIL drops)  
 Amoxicillin/clavulanate  
 (AUGMENTIN – 8 hr dosing, XR)  
 AMOXICILLIN chew tabs, 400 mg  
 AMPICILLIN susp

### Cephalosporins

Cefadroxil  
 Cefdinir  
 Cefpodoxime  
 Cefprozil  
 Ceftriaxone  
 Cefuroxime  
 Cephalixin  
 Cefixime (SUPRAX)

### Macrolides

Azithromycin  
 Clarithromycin  
 Clarithromycin extended-release  
 Erythromycin ethylsuccinate  
 Erythromycin/sulfisoxazole  
 ERYTHROMYCIN delayed-release  
 Erythromycin (ERYTHROMYCIN FILMTAB)  
 Erythromycin enteric-coated (ERY-TAB)  
 Erythromycin stearate (ERYTHROCIN STEARATE)

## HealthPartners

### Oral Tablets/Capsules

Amoxicillin  
 Amoxicillin/Clavulanate  
 Ampicillin  
 Azithromycin  
 Cefdinir  
 Cefprozil  
 Cefuroxime  
 Cephalixin  
 Ciprofloxacin regular release  
 Clarithromycin regular release  
 Clindamycin  
 Dicloxacillin  
 Doxycycline hyclate  
 Erythromycin base  
 Erythromycin ethylsuccinate  
 Erythromycin stearate  
 Metronidazole regular release  
 tablet only  
 Minocycline capsules only  
 Neomycin sulfate  
 Nitrofurantoin  
 Nitrofurantoin monohydrate  
 Penicillin VK  
 Sulfamethoxazole/Trimethoprim  
 Tetracycline  
 Trimethoprim  
 QL – Cefixime tablet only (SUPRAX)  
 Levofloxacin (LEVAQUIN)  
 MD – Linezolid (ZYVOX)  
 Moxifloxacin (AVELOX)  
 Vancomycin (VANCOCIN)

\* preferred formulary drug  
 DC dose consolidation  
 HT half tab  
 MD provider edit  
 PA prior authorization required for this drug  
 QL quantity limits  
 RD restricted distribution item  
 ST step therapy

**Within classes, drugs are listed in alpha order, generics, then brands.**

# Antibiotics *Continued*

## Blue Cross/Blue Plus (FlexRx)

### Tetracyclines

Demeclocycline  
Doxycycline hyclate  
Doxycycline monohydrate caps, tabs  
Minocycline caps, tabs  
Tetracycline

### Fluoroquinolones

Ciprofloxacin  
Ciprofloxacin extended-release  
Ofloxacin  
Ciprofloxacin (CIPRO susp)  
Levofloxacin (LEVAQUIN)

### Aminoglycosides

Neomycin tabs  
Paromomycin  
Tobramycin (TOBI)

### Sulfonamides

Trimethoprim/sulfamethoxazole

### Misc. Anti-infectives

Clindamycin  
Metronidazole  
Nitrofurantoin macrocrystals  
Nitrofurantoin monohydrate/macrocrystals  
Trimethoprim  
Clindamycin soln (CLEOCIN PEDIATRIC)  
Dapsone (DAPSONE)  
Linezolid (ZYVOX)  
Nitrofurantoin macrocrystals 25mg  
(MACRODANTIN)  
Nitrofurantoin susp (FURADANTIN)  
Pentamidine (NEBUPENT)  
Vancomycin (VANCOCIN)

## First Plan of Minnesota (FlexRx)

### Tetracyclines

Demeclocycline  
Doxycycline hyclate  
Doxycycline monohydrate caps, tabs  
Minocycline caps, tabs  
Tetracycline

### Fluoroquinolones

Ciprofloxacin  
Ciprofloxacin extended-release  
Ofloxacin  
Ciprofloxacin (CIPRO susp)  
Levofloxacin (LEVAQUIN)

### Aminoglycosides

Neomycin tabs  
Paromomycin  
Tobramycin (TOBI)

### Sulfonamides

Trimethoprim/sulfamethoxazole

### Misc. Anti-infectives

Clindamycin  
Metronidazole  
Nitrofurantoin macrocrystals  
Nitrofurantoin monohydrate/macrocrystals  
Trimethoprim  
Clindamycin soln (CLEOCIN PEDIATRIC)  
Dapsone (DAPSONE)  
Linezolid (ZYVOX)  
Nitrofurantoin macrocrystals 25mg  
(MACRODANTIN)  
Nitrofurantoin susp (FURADANTIN)  
Pentamidine (NEBUPENT)  
Vancomycin (VANCOCIN)

## HealthPartners

### Liquids & Chewable Tablets

Amoxicillin chewable tablet  
Amoxicillin suspension  
Amoxicillin/Clavulanate chewable tab  
Amoxicillin/Clavulanate suspension  
Ampicillin suspension  
Azithromycin suspension  
Cefdinir suspension  
Cefprozil suspension  
Cefuroxime suspension  
Cephalexin suspension  
Clarithromycin suspension  
Erythromycin ethylsuccinate suspension  
Erythromycin/Sulfisoxazole suspension  
Penicillin VK suspension  
Sulfamethoxazole/Trimethoprim  
suspension  
Vancomycin injection for compounding  
oral liquid formulation  
Ciprofloxacin suspension (CIPRO)  
Clindamycin suspension (CLEOCIN)  
Levofloxacin solution (LEVAQUIN)  
MD – Linezolid suspension (ZYVOX)  
Nitrofurantoin suspension  
(FURADANTIN)  
Sulfisoxazole suspension (GANTRISIN)

\* preferred formulary drug  
DC dose consolidation  
HT half tab  
MD provider edit  
PA prior authorization required for this drug  
QL quantity limits  
RD restricted distribution item  
ST step therapy

**Within classes, drugs are listed in  
alpha order, generics, then brands.**

# Antibiotics *Continued*

Medica	Metropolitan Health Plan	PreferredOne	UCare
<b>Penicillins</b> Amoxicillin Amoxicillin/clavulanate Ampicillin Dicloxacillin Penicillin potassium Amoxicillin/clavulanate ext-rel (AUGMENTIN XR)	<b>Penicillins</b> Amoxicillin Amoxicillin/Clavulanate Ampicillin Dicloxacillin Penicillin VK  <b>Cehalosporins</b> Cefaclor Cefuroxime axetil Cephalexin Cefdinir (OMNICEF) Cefpodoxime (VANTIN) Cefprozil (CEFZIL) Ceftibuten (CEDAX)  <b>Fluoroquinolones</b> Ciprofloxacin Levofloxacin (LEVAQUIN) Moxifloxacin (AVELOX)  <b>Eythromycins/Macrolides</b> Azithromycin Clarithromycin Erythromycin delayed-rel Erythromycin ethylsuccinate Erythromycin stearate	<b>Suspensions/Liquids</b> Amoxicillin Amoxicillin/clavulanate Ampicillin Azithromycin (QLL varies) Cefaclor Cefadroxil Cefprozil Cephalexin Clarithromycin Erythromycin estolate Erythromycin ethylsuccinate Erythromycin/sulfisoxazole Penicillin VK Sulfamethoxazole/trimethoprim Tetracycline Nitazoxanide (ALINIA) Cefuroxime Clindamycin (CLEOCIN) Nitrofurantoin (FURADANTIN) Sulfisoxazole (GANTRISIN)  <b>Capsules/Tablets</b> Amoxicillin Amoxicillin/clavulanate Ampicillin	<b>Penicillins</b> Amoxicillin Amoxicillin/clavulanate Ampicillin Dicloxacillin Penicillin VK Amoxicillin/clavulanate extended-release (AUGMENTIN XR)  <b>Cephalosporins</b> Cefaclor Cefadroxil Cefdinir Cefixime Cefpodoxime Cefprozil Cefuroxime Cephalexin Ceftibuten (CEDAX)  <b>Macrolides</b> Azithromycin Clarithromycin Erythromycin delayed-release Erythromycin ethylsuccinate Erythromycin/ sulfisoxazole (PEDIAZOLE) Telithromycin (Ketek)

\* preferred formulary drug  
 DC dose consolidation  
 HT half tab

MD provider edit  
 PA prior authorization  
 required for this drug

QL quantity limits  
 RD restricted distribution item  
 ST step therapy

**Within classes, drugs are listed in alpha order, generics, then brands.**

# Antibiotics *Continued*

Medica	Metropolitan Health Plan	PreferredOne	UCare
Erythromycin ethylsuccinate Erythromycin/sulfisoxazole	Erythromycin/sulfisoxazole Erythromycin delayed-rel pellets (ERY-TAB)	Azithromycin (250mg QLL=8, 500mg QLL=4)	<b>Quinolones</b> Ciprofloxacin Ofloxacin Levofloxacin (LEVAQUIN) Moxifloxacin (AVELOX)
<b>Tetracyclines</b> Demeclocycline Doxycycline Minocycline Tetracycline	<b>Sulfonamides</b> Sulfisoxazole (GANTRISIN)	Cefaclor, ER Cefadroxil Cefprozil Cefuroxime Cephalexin Ciprofloxacin Clarithromycin Clindamycin Dicloxacillin Doxycycline Erythromycin base Erythromycin estolate Erythromycin ethylsuccinate Erythromycin stearate Minocycline Nitrofurantoin macro Penicillin VK Sulfamethoxazole/trimethoprim Sulfisoxazole Tetracycline Trimethoprim Amoxicillin/clavulanate (AUGMENTIN-XR) Moxifloxacin (AVELOX)	<b>Tetracyclines</b> Demeclocycline Doxycycline Minocycline Tetracycline
<b>Miscellaneous</b> Clindamycin RD – colistimethate Dapsone Methenamine Metronidazole Neomycin Nitrofurantoin Sulfadiazine Sulfamethoxazole/trimethoprim Sulfisoxazole tablets Trimethoprim Furazolidone (FUROXONE) PA – Linezolid (ZYVOX) Sulfisoxazole Susp (GANTRISIN) Telithromycin (KETEK) RD – Tobramycin (TOBI) Vancomycin (VANCOCIN)	<b>Tetracyclines</b> Doxycycline hyclate Minocycline Tetracycline Doxycycline Hyclate (PERIOSTAT)		<b>Miscellaneous</b> Clindamycin Metronidazole Nitrofurantoin macro Sulfamethoxazole/trimethoprim Sulfisoxazole Trimethoprim Dapsone (DAPSONE) Vancomycin (VANCOCIN) PA – Linezolid (ZYVOX)
	<b>Miscellaneous</b> Clindamycin Mebendazole Metronidazole Nitrofurantoin ext-rel Nitrofurantoin macrocrystals Paromomycin Sulfamethoxazole/Trimethoprim Trimethoprim Dapsone Furazolidone (FUROXONE) Iodoquinol (YODOXIN) PA-Linezolid (ZYVOX) Nitazoxanide (ALINIA) Vancomycin (VANCOCIN)		

\* preferred formulary drug  
DC dose consolidation  
HT half tab

MD provider edit  
PA prior authorization  
required for this drug

QL quantity limits  
RD restricted distribution item  
ST step therapy

**Within classes, drugs are listed in alpha order, generics, then brands.**

# Antidepressants

## Blue Cross/Blue Plus (FlexRx)

Amitriptyline  
 Bupropion  
 Bupropion extended-release 12hr  
 Bupropion extended-release 24 hr  
 Citalopram  
 Clomipramine  
 Desipramine  
 Doxepin  
 Fluoxetine  
 Imipramine  
 Mirtazapine  
 Nortriptyline  
 Paroxetine  
 Sertraline  
 Tranylcypromine  
 Trazodone  
 Venlafaxine  
 Paroxetine extended-release  
 12.5 mg, 25 mg  
 Paroxetine extended-release (PAXIL  
 CR 37.5 mg)  
 Phenelzine (NARDIL)  
 Venlafaxine extended-release (EFFEXOR XR)

## First Plan of Minnesota (FlexRx)

Amitriptyline  
 Bupropion  
 Bupropion extended-release 12hr  
 Bupropion extended-release 24 hr  
 Citalopram  
 Clomipramine  
 Desipramine  
 Doxepin  
 Fluoxetine  
 Imipramine  
 Mirtazapine  
 Nortriptyline  
 Paroxetine  
 Sertraline  
 Tranylcypromine  
 Trazodone  
 Venlafaxine  
 Paroxetine extended-release  
 12.5 mg, 25 mg  
 Paroxetine extended-release (PAXIL  
 CR 37.5 mg)  
 Phenelzine (NARDIL)  
 Venlafaxine extended-release (EFFEXOR XR)

## HealthPartners

Amitriptyline  
 Bupropion immediate release  
 Bupropion sustained release  
 Bupropion extended release  
 Citalopram  
 Clomipramine  
 Desipramine  
 Doxepin  
 Fluoxetine  
 Fluoxetine regular release  
 Imipramine hcl  
 Mirtazapine swallow tablet  
 PA – Nefazodone  
 Nortriptyline  
 HT – Paroxetine hcl regular release  
 HT – Sertraline  
 Tranylcypromine  
 Trazodone  
 ST – Venlafaxine immediate release  
 ST – Venlafaxine extended release  
 (UCB equivalent)  
 ST – Duloxetine (CYMBALTA)  
 HT, ST – Escitalopram (LEXAPRO)  
 Phenelzine (NARDIL)  
 PA – Selegiline patch (EMSAM)

\* preferred formulary drug  
 DC dose consolidation  
 HT half tab  
 MD provider edit  
 PA prior authorization required for this drug  
 QL quantity limits  
 RD restricted distribution item  
 ST step therapy

**Within classes, drugs are listed in  
 alpha order, generics, then brands.**

# Antidepressants *Continued*

Medica	Metropolitan Health Plan	PreferredOne	UCare
<b>SSRIs/SNRIs</b> Citalopram Fluoxetine Fluvoxamine Paroxetine Paroxetine, ext-rel Sertraline Venlafaxine ST/QL – Desvenlafaxine (PRISTIQ) ST – Duloxetine (CYMBALTA) ST – Escitalopram (LEXAPRO) ST – Venlafaxine ext-rel (EFFEXOR XR)	Amitriptyline/perphenazine Amitriptyline Amoxapine Bupropion Desipramine Doxepin Fluoxetine Imipramine hydrochloride Nortriptyline Trazadone Bupropion ext-rel (WELLBUTRIN SR & XL) Citalopram (CELEXA) Duloxetine (CYMBALTA) PA> 60mg Escitalopram (LEXAPRO) Mirtazapine (REMERON SOLUTAB & TAB) Nefazodone Paroxetine mesylate (PEXEVA) Paroxetine (PAXIL, PAXIL CR) Protriptyline (VIVACTIL) Sertraline (ZOLOFT) Tranylcypromine (PARNATE) Venlafaxine (EFFEXOR, EFFEXOR XR)	<b>General Antidepressants</b> Amitriptyline Bupropion Clomipramine Desipramine Doxepin Imipramine Mirtazapine Nortriptyline Trazodone Venlafaxine Duloxetine (CYMBALTA) Venlafaxine (EFFEXOR XR) (DC) (ST) Bupropion (WELLBUTRIN XL) (ST)	Amitriptyline Bupropion Bupropion extended-release Bupropion sustained-release Citalopram Clomipramine Desipramine Doxepin Fluoxetine Fluvoxamine Imipramine Mirtazapine Nefazodone Nortriptyline Paroxetine Paroxetine extended-release Sertraline Tranylcypromine Trazodone Venlafaxine Duloxetine (CYMBALTA) Venlafaxine extended-release (EFFEXOR XR)
<b>MAO Inhibitors</b> Tranylcypromine Phenelzine (NARDIL)		<b>SSRIs</b> Citalopram Fluoxetine Fluvoxamine Paroxetine Paroxetine tabs Sertraline Escitalopram (LEXAPRO) (ST)	
<b>Tricyclics</b> Amitriptyline Amitriptyline/chlordiazepoxide Amitriptyline/perphenazine Amoxapine Clomipramine Desipramine Doxepin Imipramine Nortriptyline Protriptyline Trimipramine		<b>MAO Inhibitors</b> Phenelzine (NARDIL) Tranylcypromine	

\* preferred formulary drug  
 DC dose consolidation  
 HT half tab

MD provider edit  
 PA prior authorization required for this drug

QL quantity limits  
 RD restricted distribution item  
 ST step therapy

Within classes, drugs are listed in alpha order, generics, then brands.



# Antidepressants *Continued*

## Medica

### Other Antidepressants

Bupropion  
Bupropion ext-rel  
Maprotiline  
Mirtazapine  
Nefazodone  
Trazodone

\* preferred formulary drug  
DC dose consolidation  
HT half tab

MD provider edit  
PA prior authorization  
required for this drug

QL quantity limits  
RD restricted distribution item  
ST step therapy

**Within classes, drugs are listed in alpha order, generics, then brands.**

# Anti-Histamines

## Blue Cross/Blue Plus (FlexRx)

Brompheniramine/pseudoephedrine 6/60  
 Cyproheptadine  
 Fexofenadine  
 Hydroxyzine HCl  
 Hydroxyzine pamoate  
 Loratadine, non-formulary but may have coverage in OTC program  
 Loratadine/pseudoephedrine, non-formulary but may have coverage in OTC program  
 Promethazine  
 Fexofenadine extended-release/pseudoephedrine (ALLEGRA-D)

## Medica

Chlorpheniramine/pseudoephedrine  
 Clemastine  
 Cyproheptadine  
 Hydroxyzine HCl  
 Hydroxyzine pamoate  
 Loratadine (OTC) – prescription required  
 Loratadine/pseudoephedrine (OTC) – prescription required  
 Promethazine

## First Plan of Minnesota (FlexRx)

Brompheniramine/pseudoephedrine 6/60  
 Cyproheptadine  
 Fexofenadine  
 Hydroxyzine HCl  
 Hydroxyzine pamoate  
 Loratadine, non-formulary but may have coverage in OTC program  
 Loratadine/pseudoephedrine, non-formulary but may have coverage in OTC program  
 Promethazine  
 Fexofenadine extended-release/pseudoephedrine (ALLEGRA-D)

## Metropolitan Health Plan

Cetirizine OTC  
 Chlorpheniramine 4mg  
 Clemastine RX & OTC, Rx required  
 Cyproheptadine  
 Diphenhydramine  
 Hydroxyzine  
 Hydroxyzine pamoate  
 Loratadine OTC – Rx required  
 Loratadine/pseudoephedrine OTC (CLARITAN D) OTC 12 & Claritan D 24 hr  
 Triprolidine/Pseudoephedrine OTC  
 Brompheniramine/Pseudoephedrine & Ext Rel (BROMFENEX & BROMFENEX PD)  
 Chlorpheniramine ex-rel 8mg (CHLOR-TRIMETON)  
 Chlorpheniramine ext-rel 12mg (CHLOR-TRIMETON ALLERGY)  
 Chlorpheniramine/phenylephrine (RONDEC DROPS & SYRUP)  
 Chlorpheniramine/Pseudoephedrine 8mg/120mg (DECONAMINE SR)

## HealthPartners

Chlorpheniramine 8mg & 12mg  
 Clemastine fumarate "syrup only"  
 Cyproheptadine  
 Hydroxyzine hydrochloride  
 Hydroxyzine pamoate  
 Promethazine

## Non-Sedating Antihistamines

Fexofenadine tablet  
 Fexofenadine suspension (ALLEGRA)

## Antihistamine/Decongestant Combinations

Chlorpheniramine/Pseudoephedrine controlled release (generic only)

\* preferred formulary drug  
 DC dose consolidation  
 HT half tab  
 MD provider edit  
 PA prior authorization required for this drug  
 QL quantity limits  
 RD restricted distribution item  
 ST step therapy

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## PreferredOne

Cyproheptadine tab, syrup  
 Fexofenadine (30&60mg QL=68, 180mg QL=34)  
 Hydroxyzine HCl  
 Hydroxyzine pamoate  
 Fexofenadine/pseudoephedrine ext-rel (ALLEGRA-D) (QL=68)  
 XYZAL (QL=34)

## UCare

Brompheniramine/pseudoephedrine  
 Cetirizine (OTC – prescription required)  
 Chlorpheniramine/pseudoephedrine  
 Clemastine  
 Cyproheptadine  
 Diphenhydramine  
 Hydroxyzine  
 Loratadine (OTC – prescription required)  
 Promethazine  
 ST – Fexofenadine

# Anti-Ulcer/Motility Drugs

## Blue Cross/Blue Plus (FlexRx)

Cimetidine  
 Dicyclomine  
 Famotidine  
 glycopyrrolate  
 Hyoscyamine  
 Hyoscyamine extended-release  
 Misoprostol  
 Nizatadine  
 Omeprazole  
 Pantoprazole  
 Ranitidine  
 Sucralfate tabs  
 Omeprazole (PRILOSEC OTC), non-formulary  
 but may have coverage in OTC program  
 Pantoprazole (PROTONIX)  
 PROPANTHELINE  
 Rabeprazole (ACIPHEX)  
 Sucralfate (CARAFATE susp)  
 Amoxicillin/clarithromycin/lansoprazole  
 (PREVPAC)  
 Bismuth subcitrate/metronidazole/  
 tetracycline (PYLERA)

## First Plan of Minnesota (FlexRx)

Cimetidine  
 Dicyclomine  
 Famotidine  
 glycopyrrolate  
 Hyoscyamine  
 Hyoscyamine extended-release  
 Misoprostol  
 Nizatadine  
 Omeprazole  
 Pantoprazole  
 Ranitidine  
 Sucralfate tabs  
 Omeprazole (PRILOSEC OTC), non-formulary  
 but may have coverage in OTC program  
 Pantoprazole (PROTONIX)  
 PROPANTHELINE  
 Rabeprazole (ACIPHEX)  
 Sucralfate (CARAFATE susp)  
 Amoxicillin/clarithromycin/lansoprazole  
 (PREVPAC)  
 Bismuth subcitrate/metronidazole/  
 tetracycline (PYLERA)

## HealthPartners

### H2s

Cimetidine  
 Famotidine  
 Ranitidine

### Other Products

Metoclopramide  
 Misoprostol  
 Sucralfate

### Proton Pump Inhibitors

Omeprazole 20mg  
 QL – Omeprazole 10mg  
 ST – Lansoprazole (PREVACID capsule  
 & PREVACID SOLUTAB)

\* preferred formulary drug  
 DC dose consolidation  
 HT half tab  
 MD provider edit  
 PA prior authorization required for this drug  
 QL quantity limits  
 RD restricted distribution item  
 ST step therapy

**Within classes, drugs are listed in  
 alpha order, generics, then brands.**

# Anti-Ulcer/Motility Drugs *Continued*

Medica	Metropolitan Health Plan	PreferredOne	UCare
<p><b>H2s</b>                      Cimetidine                      Famotidine 40 mg tabs                      Nizatidine caps                      Ranitidine</p> <p><b>Other Anti-Ulcer</b>                      Misoprostol                      Sucralfate                      QL – Lansoprazole/amoxicillin/clarithromycin (PREVPAC)</p> <p><b>Proton Pump Inhibitors</b>                      QL – Omeprazole                      ST/QL – Pantoprazole                      ST/QL – Lansoprazole (PREVACID)</p> <p><b>Motility</b>                      Metoclopramide</p>	<p><b>H2s</b>                      Cimetidine                      Ranitidine</p> <p><b>Other Anti-Ulcer</b>                      Misoprostol                      Sucralfate (CARAFATE)                      Bismuth Subsalicylate/TCN/                      metronidazole (HELIDAC)                      Lansoprazole/amox/clarith (PREVPAC)</p> <p><b>Proton Pump Inhibitors</b>                      Omeprazole magnesium (PRILOSEC OTC)                      Lansoprazole (PREVACID TABS &amp;                      SOLUTABS) Children &lt; 8 years of                      age only</p> <p><b>Motility</b>                      Metoclopramide (REGLAN)</p>	<p><b>H2s</b>                      Cimetidine                      Famotidine                      Nizatidine                      Ranitidine</p> <p><b>Other Anti-Ulcer</b>                      Misoprostol                      Sucralfate</p> <p><b>H. Pylori Treatment</b>                      PREVAC (QL=14)</p> <p><b>Proton Pump Inhibitors</b>                      Omeprazole (10&amp;20mg QL=34)                      Pantoprazole (QL=34)                      Esomeprazole (NEXIUM) (20mg QL=34) (ST)</p> <p><b>Motility</b>                      Metoclopramide</p>	<p><b>H2s</b>                      Cimetidine                      Famotidine                      Nizatidine                      Ranitidine</p> <p><b>PPis</b>                      Omeprazole                      Pantoprazole                      Prilosec OTC (prescription required)                      ST – Esomeprazole (NEXIUM)                      ST – Lansoprazole (PREVACID)                      ST – Rabeprazole (ACIPHEX)</p> <p><b>Other Anti-Ulcer and Motility Drugs</b>                      Metoclopramide                      Misoprostol                      Sucralfate</p>

\* preferred formulary drug  
 DC dose consolidation  
 HT half tab

MD provider edit  
 PA prior authorization  
 required for this drug

QL quantity limits  
 RD restricted distribution item  
 ST step therapy

Within classes, drugs are listed in alpha order, generics, then brands.



# Beta-blockers

## Blue Cross/Blue Plus (FlexRx)

Acebutolol  
 Atenolol  
 Atenolol/chlorthalidone  
 Bisoprolol  
 Bisoprolol/hydrochlorothiazide  
 Carvedilol  
 Labetalol  
 Metoprolol succinate extended-release  
 Metoprolol tartrate  
 Metoprolol tartrate/hydrochlorothiazide  
 50/25, 100/25  
 Nadolol 20 mg, 40 mg, 80 mg  
 Propranolol  
 Propranolol extended-release  
 Propranolol/hydrochlorothiazide 40/25  
 METOPROLOL/HYDROCHLOROTHIAZIDE  
 100/50  
 NADOLOL 160 mg  
 PINDOLOL  
 PROPRANOLOL soln  
 PROPRANOLOL/HYDROCHLOROTHIAZIDE  
 80/25  
 TIMOLOL

## First Plan of Minnesota (FlexRx)

Acebutolol  
 Atenolol  
 Atenolol/chlorthalidone  
 Bisoprolol  
 Bisoprolol/hydrochlorothiazide  
 Carvedilol  
 Labetalol  
 Metoprolol succinate extended-release  
 Metoprolol tartrate  
 Metoprolol tartrate/hydrochlorothiazide  
 50/25, 100/25  
 Nadolol 20 mg, 40 mg, 80 mg  
 Propranolol  
 Propranolol extended-release  
 Propranolol/hydrochlorothiazide 40/25  
 METOPROLOL/HYDROCHLOROTHIAZIDE  
 100/50  
 NADOLOL 160 mg  
 PINDOLOL  
 PROPRANOLOL soln  
 PROPRANOLOL/HYDROCHLOROTHIAZIDE  
 80/25  
 TIMOLOL

## HealthPartners

### Beta Blockers

Atenolol  
 Atenolol/Chlorthalidone  
 Metoprolol succinate  
 Metoprolol tartrate  
 Nadolol  
 Propranolol immediate release  
 ST – Propranolol extended release  
 (generic for INDERAL LA)  
 ST – Propranolol extended release  
 (INNOPRAN XL)

### Beta/Alpha Blockers

Carvedilol regular release  
 Labetalol  
 ST – Carvedilol extended release  
 (COREG CR)

\* preferred formulary drug  
 DC dose consolidation  
 HT half tab  
 MD provider edit  
 PA prior authorization required for this drug  
 QL quantity limits  
 RD restricted distribution item  
 ST step therapy

**Within classes, drugs are listed in  
 alpha order, generics, then brands.**

# Beta-blockers *Continued*

Medica	Metropolitan Health Plan	PreferredOne	UCare
<p><b>Cardioselective</b></p> <p>Acebutolol Atenolol Atenolol/chlorthalidone Betaxolol Bisoprolol Bisoprolol/hydrochlorothiazide Metoprolol Metoprolol/hydrochlorothiazide Metoprolol succinate</p> <p><b>Non-Cardioselective</b></p> <p>Nadolol Nadolol/bendroflumethiazide Pindolol Propranolol Propranolol/hydrochlorothiazide Timolol</p> <p><b>Alpha/Beta Blockers</b></p> <p>Carvedilol Labetalol</p>	<p>Atenolol (TENORMIN) Atenolol/chlorthalidone (TENORETIC) Metoprolol (LOPRESSOR) Metoprolol ext-rel (TOPROL-XL) Nadolol (CORGARD) Pindolol Propranolol Propranolol ext-rel (INDERAL LA)</p> <p><b>Alpha-Beta Blockers</b></p> <p>Carvedilol (COREG) Labetalol</p>	<p><b>Cardioselective</b></p> <p>Acebutolol Atenolol Metoprolol Metoprolol extended release</p> <p><b>Non-Cardioselective</b></p> <p>Nadolol Propranolol Propranolol SR Timolol Penbutolol (LEVATOL)</p> <p><b>Combination Alpha/Beta Blockers</b></p> <p>Carvedilol (COREG CR) (ST) Labetalol</p>	<p><b>Cardioselective</b></p> <p>Atenolol Metoprolol Metoprolol extended-release</p> <p><b>Non-Cardioselective</b></p> <p>Propranolol Propranolol extended-release Sotalol</p> <p><b>Combination Alpha/Beta Blockers</b></p> <p>Carvedilol Labetalol Carvedilol extended-release (COREG CR)</p>

\* preferred formulary drug  
DC dose consolidation  
HT half tab

MD provider edit  
PA prior authorization  
required for this drug

QL quantity limits  
RD restricted distribution item  
ST step therapy

Within classes, drugs are listed in alpha order, generics, then brands.



# Calcium Channel Blockers

Blue Cross/Blue Plus (FlexRx)	First Plan of Minnesota (FlexRx)	HealthPartners	
Amlodipine Amlodipine/benazepril Diltiazem Diltiazem extended-release Nifedipine extended-release Felodipine extended release Verapamil Verapamil extended-release Amlodipine/benazepril (LOTREL 5/40, 10/40)	Amlodipine Amlodipine/benazepril Diltiazem Diltiazem extended-release Nifedipine extended-release Felodipine extended release Verapamil Verapamil extended-release Amlodipine/benazepril (LOTREL 5/40, 10/40)	<b>CCB Only</b> Amlodipine Diltiazem immediate release Diltiazem extended release (24 hour) (generics for Cardizem CD, Dilacor XR & Tiazac only) Diltiazem sustained release (12 hour) Nifedipine sustained release Verapamil extended release (generic for VERELAN) Verapamil immediate release Verapamil sustained release  <b>CCB Combination</b> Amlodipine/Benazepril (LOTREL)	* preferred formulary drug DC dose consolidation HT half tab MD provider edit PA prior authorization required for this drug QL quantity limits RD restricted distribution item ST step therapy  <b>Within classes, drugs are listed in alpha order, generics, then brands.</b>
Medica	Metropolitan Health Plan	PreferredOne	UCare
Amlodipine Diltiazem Diltiazem ext-rel 12-hour Diltiazem ext-rel 24-hour Felodipine Isradipine Nicardipine Nifedipine Nifedipine ext-rel Nisoldipine Verapamil Verapamil ext-rel  <b>CCB Combination</b> Benazepril/amlodipine Benazepril/amlodipine 5/40mg & 10/40mg (LOTREL) (Formulary status may be subject to change when generic becomes available.)	Amlodipine Diltiazem ext-rel Nifedipine ext-rel Verapamil Verapamil ext-rel	Diltiazem Diltiazem ER Diltiazem extended release Diltiazem SR Nifedipine Nifedipine extended release Verapamil Verapamil extended release Verapamil SR Isradipine (DYNACIRC CR) (ST) Nisoldipine (SULAR) (ST) Verapamil ER (VERELAN PM)  <b>CCB Combination</b> Amlodipine/benazepril	Amlodipine Diltiazem Diltiazem extended-release Felodipine extended-release Nifedipine Nifedipine extended-release Nisoldipine extended-release Verapamil Verapamil extended-release

# Diabetic Drugs

## Blue Cross/Blue Plus (FlexRx)

### Insulins

HUMALOG  
 HUMALOG MIX 50/50  
 HUMALOG MIX 75/25  
 HUMULIN N  
 HUMULIN R  
 HUMULIN 50/50  
 HUMULIN 70/30  
 LANTUS  
 LEVEMIR  
 NOVOLIN R  
 NOVOLIN N  
 NOVOLIN 70/30  
 NOVOLOG  
 NOVOLOG MIX 70/30

### Oral Sulfonylureas

Chlorpropamide  
 Glimepiride  
 Glipizide  
 Glipizide extended-release  
 Glyburide  
 Glyburide micronized

### Other Diabetic Drugs

Acarbose  
 Glipizide/metformin  
 Glyburide/metformin  
 Metformin  
 Metformin extended-release  
 Exenatide (BYETTA)  
 Glimepiride/pioglitazone (DUETACT)  
 Glucagon (GLUCAGON)  
 Pioglitazone (ACTOS)

## First Plan of Minnesota (FlexRx)

### Insulins

HUMALOG  
 HUMALOG MIX 50/50  
 HUMALOG MIX 75/25  
 HUMULIN N  
 HUMULIN R  
 HUMULIN 50/50  
 HUMULIN 70/30  
 LANTUS  
 LEVEMIR  
 NOVOLIN R  
 NOVOLIN N  
 NOVOLIN 70/30  
 NOVOLOG  
 NOVOLOG MIX 70/30

### Oral Sulfonylureas

Chlorpropamide  
 Glimepiride  
 Glipizide  
 Glipizide extended-release  
 Glyburide  
 Glyburide micronized

### Other Diabetic Drugs

Acarbose  
 Glipizide/metformin  
 Glyburide/metformin  
 Metformin  
 Metformin extended-release  
 Exenatide (BYETTA)  
 Glimepiride/pioglitazone (DUETACT)  
 Glucagon (GLUCAGON)  
 Pioglitazone (ACTOS)

## HealthPartners

### Insulins

HUMULIN 50/50 only  
 LANTUS  
 LEVEMIR  
 NOVOLIN Regular  
 NOVOLIN NPH  
 NOVOLIN 70/30  
 NOVOLOG  
 NOVOLOG MIX

### Sulfonylureas

Glimepiride  
 Glipizide extended release  
 Glipizide immediate release  
 Glyburide

### Other Diabetic Drugs

Acarbose  
 Metformin extended release  
 Metformin immediate release  
 Metformin/Glyburide  
 ST – Exenatide (BYETTA)  
 GLUCAGON & GLUCAGEN  
 Miglitol (GLYSET)  
 Nataglinide (STARLIX)  
 ST – Pioglitazone (ACTOS)  
 ST – Pioglitazone/Glimepiride (DUETACT)  
 ST – Pioglitazone/Metformin (ACTOPLUS MET)  
 Repaglinide (PRANDIN)  
 ST – Sitagliptin (JANUVIA)  
 ST – Sitagliptin/Metformin (JANUMET)

\* preferred formulary drug  
 DC dose consolidation  
 HT half tab  
 MD provider edit  
 PA prior authorization required for this drug  
 QL quantity limits  
 RD restricted distribution item  
 ST step therapy

**Within classes, drugs are listed in alpha order, generics, then brands.**



# Diabetic Drugs *Continued*

Blue Cross/Blue Plus (FlexRx)		First Plan of Minnesota (FlexRx)	
Pioglitazone/metformin (ACTOPLUS MET) Pramlintide (SYMLIN) Sitagliptin (JANUVIA) Sitagliptin/metformin (JANUMET)		Pioglitazone/metformin (ACTOPLUS MET) Pramlintide (SYMLIN) Sitagliptin (JANUVIA) Sitagliptin/metformin (JANUMET)	
Medica	Metropolitan Health Plan	PreferredOne	UCare
<b>Insulins</b> HUMALOG (ALL) HUMULIN (ALL) LANTUS NOVOLIN (ALL) NOVOLOG (ALL) VELOSULIN BR  <b>Oral Sulfonylureas</b> Glimepiride Glipizide Glipizide ext-rel	<b>Insulins</b> HUMULIN R OTC NOVOLIN R OTC HUMULIN N OTC NOVOLIN N OTC HUMULIN 50/50 OTC NOVOLIN 70/30 OTC HUMULIN 70/30 OTC NOVOLOG NOVOLOG MIX 70/30 LEVEMIR LANTUS	<b>Insulins</b> HUMALOG HUMULIN (ALL) LANTUS LEVEMIR NOVOLIN (ALL) NOVOLOG SOLOSTAR  <b>Oral Sulfonylureas Drugs</b> Acetohexamide Chlorpropamide	<b>Insulins</b> APRIDRA HUMALOG (ALL) HUMULIN (ALL) LANTUS LEVEMIR NOVOLIN (ALL) NOVOLOG (ALL)  <b>Oral Sulfonylurea Agents</b> Chlorpropamide Glimepiride

\* preferred formulary drug  
 DC dose consolidation  
 HT half tab

MD provider edit  
 PA prior authorization  
 required for this drug

QL quantity limits  
 RD restricted distribution item  
 ST step therapy

**Within classes, drugs are listed in alpha order, generics, then brands.**

# Diabetic Drugs *Continued*

Medica	Metropolitan Health Plan	PreferredOne	UCare
Glyburide Glyburide, micronized	LANTUS SOLOSTAR HUMULOG HUMALOG MIX	Glimepiride Glipizide Glipizide XL Glyburide Glyburide Micronized Glyburide/Metformin Tolazamide Tolbutamide	Glipizide Glipizide extended-release Glyburide Glyburide micronized Tolazamide Tolbutamide
<b>Other Diabetic Drugs</b> Acarbose Glipizide/Metformin Glucagon Glyburide/metformin Metformin Metformin ext-rel Miglitol (GLYSET) ST – Pioglitazone (ACTOS) ST – Pioglitazone/Metformin (ACTOPLUS MET) QL – Exenatide (BYETTA) Repaglinide (PRANDIN) ST – Rosiglitazone (AVANDIA) ST – Rosiglitazone/Metformin (AVANDAMET) ST – Sitagliptin (JANUVIA) ST – Sitagliptin/Metformin (JANUMET)	<b>Oral Agents</b> Glimepiride Glipizide Glipizide ext-rel Glyburide Glyburide Micronized  <b>Other Diabetic Drugs</b> Metformin Metformin ext-rel Acarbose (PRECOSE) PA – Exenatide (BYETTA) Nateglinide (STARLIX) Pioglitazone (ACTOS) Pramlintide (SYMLIN) Repaglinide (PRANDIN) Rosiglitazone (AVANDIA) Rosiglitazone/metformin (AVANDAMET) Sitagliptin (JANUVIA) Sitagliptin/Metformin (JANUMET)	<b>Other Diabetic Drugs</b> Glyburide/Metformin Metformin ER Pioglitazone (ACTOS) (QL=34) (ST) Pioglitazone/Metformin (ACTOSPLUS MET) (QL=68) (ST) Repaglinide (PRANDIN) Acarbose Nateglinide (STARLIX)	<b>Other Diabetic Drugs</b> Acarbose Glyburide/metformin Metformin Metformin extended-release Miglitol (GLYSET) Pioglitazone (ACTOS) Pioglitazone/metformin (ACTOS PLUS MET) Repaglinide (PRANDIN) Repaglinide/metformin (PRANDIMET) Rosiglitazone (AVANDIA) Rosiglitazone/glimepiride (AVANDARYL) Rosiglitazone/metformin (AVANDAMET) Sitagliptin (JANUVIA) Sitagliptin/metformin (JANUMET) PA – Exenatide (BYETTA)

\* preferred formulary drug  
DC dose consolidation  
HT half tab

MD provider edit  
PA prior authorization  
required for this drug

QL quantity limits  
RD restricted distribution item  
ST step therapy

**Within classes, drugs are listed in alpha order, generics, then brands.**

# Estrogen Replacement

Blue Cross/Blue Plus (FlexRx)	First Plan of Minnesota (FlexRx)	HealthPartners	
Estradiol oral & transdermal Estropipate Estradiol/norethindrone Estradiol (DIVIGEL) Estradiol (ESTRADERM) Estradiol (ESTROGEL) Estradiol (VIVELLE-DOT) Estradiol/norethindrone (COMBIPATCH) Estradiol/norethindrone (ACTIVELLA 0.5/0.1 mg) Estrogens, conjugated (PREMARIN) Estrogens, conjugated/medroxyprogesterone (PREMPHASE, PREMPRO)	Estradiol oral & transdermal Estropipate Estradiol/norethindrone Estradiol (DIVIGEL) Estradiol (ESTRADERM) Estradiol (ESTROGEL) Estradiol (VIVELLE-DOT) Estradiol/norethindrone (COMBIPATCH) Estradiol/norethindrone (ACTIVELLA 0.5/0.1 mg) Estrogens, conjugated (PREMARIN) Estrogens, conjugated/medroxyprogesterone (PREMPHASE, PREMPRO)	<b>Estrogens – Oral &amp; Patch</b> Estradiol oral Estradiol weekly patch Estropipate oral Estradiol biweekly patch (ESTRADERM & VIVELLE DOT) Estrogens, conjugated oral (PREMARIN)  <b>Estrogens – Vaginal</b> Estradiol cream (ESTRACE) Estradiol ring (ESTRING) Estradiol tablet (VAGIFEM)	Estrogens, conjugated cream (PREMARIN)  <b>Estrogen/Progestin Combination</b> Estradiol/Levonorgestrel weekly patch (CLIMARA PRO) Estradiol/Norethindrone biweekly patch (COMBIPATCH) Estrogen conjugated / Medroxyprogesterone (PREMPRO & PREMPHASE) Ethinyl estradiol/Norethindrone acetate (FEMHRT, FEMHRT LOW-DOSE)
Medica	Metropolitan Health Plan	PreferredOne	UCare
Esterified estrogens/methyltestosterone Estradiol tabs Estropipate QL – Estradiol patch Conjugated estrogens (PREMARIN) QL – Estradiol gel (DIVIGEL) Estradiol, micronized (GYNODIOL) QL – Estradiol patch (ESTRADERM) QL – Estradiol patch (VIVELLE-DOT) Estradiol ring (ESTRING)  <b>Estrogen/Progestin</b> Conjugated estrogens/medroxyprogesterone (PREMPRO, PREMPHASE) Estradiol/norethindrone patch (COMBIPATCH) Norethindrone/estradiol (FEMHRT)	Estradiol tabs Estradiol patch (VIVELLE, VIVELLE DOT, ESTRADERM) Estrogens, conjugated crm & tabs (PREMARIN) Estradiol ring (ESTRING) Estradiol Vaginal Tabs (VAGIFEM)  <b>Estrogen/Progestin</b> Conjugated estrogens/medroxyprog (PREMPHASE, PREMPRO) EE/norethindrone acetate/ (FEMHRT)	Estradiol oral tab Estradiol transdermal patch (ESTRADERM, VIVELLE/DOT) (QL=10) Esterified estrogen (ESTRATAB, MENEST) Esterified estrogen/methyltest (ESTRATEST, H.S.) Ethinyl Estradiol (ESTINYL) Estradiol ring (ESTRING) Conjugated estrogen (PREMARIN) tab  <b>Estrogen/Progestin</b> Estradiol/norethindrone (ACTIVELLA) Estradiol/norethindrone (COMBIPATCH) Conjugated estrogens/medroxyprog (PREMPRO, PREMPHASE)	Estradiol oral Estropipate Estradiol, transdermal (ALORA, VIVELLE, VIVELLE DOT) Estradiol/levonorgestrel (CLIMARA PRO) Estradiol/norgestimate (PREFEST) Estrogens, conjugated (PREMARIN) Estrogens, conjugated/progesterone (PREMPHASE, PREMPRO) Ethinyl estradiol/norethindrone (FEMHRT)
	* preferred formulary drug DC dose consolidation HT half tab	MD provider edit PA prior authorization required for this drug	QL quantity limits RD restricted distribution item ST step therapy

**Within classes, drugs are listed in alpha order, generics, then brands.**

# Lipid Lowering Agents

Blue Cross/Blue Plus (FlexRx)	First Plan of Minnesota (FlexRx)	HealthPartners	
Cholestyramine Colestipol Fenofibrate micronized Fenofibrate Gemfibrozil Lovastatin Pravastatin Simvastatin Ezetimibe (ZETIA) Fenofibrate, micronized (TRICOR) Niacin extended-release (NIASPAN) Rosuvastatin (CRESTOR)	Cholestyramine Colestipol Fenofibrate micronized Fenofibrate Gemfibrozil Lovastatin Pravastatin Simvastatin Ezetimibe (ZETIA) Fenofibrate, micronized (TRICOR) Niacin extended-release (NIASPAN) Rosuvastatin (CRESTOR)	Cholestyramine Colestipol "tablet only" ST – Fenofibrate (generics for LOFIBRA) Gemfibrozil Lovastatin (generic for MEVACOR) Pravastatin HT – Simvastatin HT, QL – Atorvastatin (LIPITOR) ST – Ezetimibe (ZETIA) ST – Fenofibrate (TRICOR) Niacin sustained release (Rx) (NIASPAN) PA – Simvastatin/Ezetimibe (VYTORIN)	* preferred formulary drug DC dose consolidation HT half tab MD provider edit PA prior authorization required for this drug QL quantity limits RD restricted distribution item ST step therapy  <b>Within classes, drugs are listed in alpha order, generics, then brands.</b>

Medica	Metropolitan Health Plan	PreferredOne	UCare
<b>Hypolipoproteinemics</b> Cholestyramine Colestipol Fenofibrate Gemfibrozil Ezetimibe (ZETIA) Niacin ext-rel (NIASPAN)  <b>HMG-COA Reductase Inhibitors and Combinations</b> Lovastatin Pravastatin Simvastatin Lovastatin/niacin ext-rel (ADVICOR) Rosuvastatin (CRESTOR) Simvastatin/ezetimibe (VYTORIN)	Gemfibrozil Lovastatin Niacin Pravastatin Simvastatin Colestipol (COLESTID) Cholestyramine (QUESTRAN, QUESTRAN LIGHT) Ezetimibe/Simvastatin (VYTORIN) Fenofibrate Micronized (TRICOR) Niacin ext-rel (NIASPAN)	<b>Hypolipoproteinemics</b> Cholestyramine Colestipol Fenofibrate Gemfibrozil Niacin extended release (NIASPAN) Colesevelam (WELCHOL) Ezetimibe (ZETIA)  <b>HMG-COA Reductase Inhibitors</b> Lovastatin Simvastatin (QLL=34) Risuvastatin (CRESTOR) (QLL=34) (ST) Atorvastatin (LIPITOR) (QLL)  <b>HMG-COA Combination</b> Lovastatin/Niacin (ADVICOR) (500/20 QLL=34, 750/20 & 100/20 QLL=68) (ST)	<b>Hypolipoproteinemics</b> Cholestyramine Colestipol Gemfibrozil Colesevelam (WELCHOL) Ezetimibe (ZETIA) Fenofibrate (TRIGLIDE) Niacin ext-rel (NIASPAN)  <b>HMG-COA Reductase Inhibitors &amp; Combos</b> Lovastatin Pravastatin Simvastatin Atorvastatin (LIPITOR) Rosuvastatin (CRESTOR) Simvastatin/ezetimibe (VYTORIN)





# Nasal Corticosteroids

Blue Cross/Blue Plus (FlexRx)	First Plan of Minnesota (FlexRx)	HealthPartners	
Flunisolide Fluticasone Mometasone (NASONEX) Triamcinolone acetonide (NASACORT AQ)	Flunisolide Fluticasone Mometasone (NASONEX) Triamcinolone acetonide (NASACORT AQ)	Flunisolide nasal Fluticasone propionate nasal Fluticasone furoate nasal (VERAMYST) Mometasone nasal (NASONEX)	* preferred formulary drug DC dose consolidation HT half tab MD provider edit PA prior authorization required for this drug QL quantity limits RD restricted distribution item ST step therapy  <b>Within classes, drugs are listed in alpha order, generics, then brands.</b>

Medica	Metropolitan Health Plan	PreferredOne	UCare
Flunisolide Fluticasone Mometasone (NASONEX)	Fluticasone aqueous spray Budesonide aqua (RHINOCORT AQUA) Mometasone aqueous spray (NASONEX) Triamcinolone acetonide aqueous spray (NASACORT AQ)	Fluticasone (QL=2 bottles) Triamcinolone (NASACORT, AQ) (HFA QL=3 inhalers, AQ QL=2 bottles) (ST) Mometasone (NASONEX) (QL=2 bottles) (ST)	Flunisolide Fluticasone ST – Beclomethasone aqueous (BECONASE AQ) ST – Budesonide (RHINOCORT AQUA) ST – Mometasone (NASONEX) ST – Triamcinolone (NASACORT AQ)

# NSAIDs

## Blue Cross/Blue Plus (FlexRx)

Diclofenac sodium delayed-release  
 Diclofenac sodium extended-release  
 Etodolac  
 Ibuprofen  
 Indomethacin  
 Indomethacin extended-release  
 Ketoprofen  
 Ketorolac  
 Meloxicam  
 Nabumetone  
 Naproxen  
 Naproxen sodium  
 Piroxicam  
 Salsalate  
 Sulindac  
 Celecoxib (CELEBREX)  
 DICLOFENAC SODIUM delayed-release  
     25 mg  
 MECLOFENAMATE

## First Plan of Minnesota (FlexRx)

Diclofenac sodium delayed-release  
 Diclofenac sodium extended-release  
 Etodolac  
 Ibuprofen  
 Indomethacin  
 Indomethacin extended-release  
 Ketoprofen  
 Ketorolac  
 Meloxicam  
 Nabumetone  
 Naproxen  
 Naproxen sodium  
 Piroxicam  
 Salsalate  
 Sulindac  
 Celecoxib (CELEBREX)  
 DICLOFENAC SODIUM delayed-release  
     25 mg  
 MECLOFENAMATE

## HealthPartners

Diclofenac sodium immediate release  
 Flurbiprofen  
 Ibuprofen  
 Indomethacin immediate release  
 QL – Ketorolac oral  
 Meloxicam  
 Naproxen (generic for NAPROSYN only)  
 Naproxen sodium  
 Piroxicam  
 Salsalate  
 Sulindac  
 Tolmetin sodium  
 ST – Celecoxib (CELEBREX)

\* preferred formulary drug  
 DC dose consolidation  
 HT half tab  
 MD provider edit  
 PA prior authorization required for this drug  
 QL quantity limits  
 RD restricted distribution item  
 ST step therapy

**Within classes, drugs are listed in  
 alpha order, generics, then brands.**



# NSAIDs *Continued*

Medica	Metropolitan Health Plan	PreferredOne	UCare
Diclofenac	Ibuprofen	Diclofenac potassium	Diclofenac
Diclofenac ext-rel	Indomethacin & XL	Diclofenac sodium	Etodolac
Etodolac	Nabumetone	Etodolac	Fenoprofen
Etodolac ext-rel	Naproxen	Fenoprofen	Flurbiprofen
Fenoprofen	Naproxen sodium	Ibuprofen	Ibuprofen
Flurbiprofen	Salsalate	Indomethacin	Indomethacin
Ibuprofen	Sulindac	Ketoprofen	Ketoprofen
Indomethacin	<b>Cox II Inhibitors</b>	Meclofenamate	Ketorolac
Indomethacin ext-rel	ST – PA – Celecoxib (CELEBREX)	Nabumetone	Nabumetone
Ketoprofen		Naproxen	Naproxen
Ketoprofen ext-rel		Naproxen sodium	Oxaprozin
Ketorolac		Naproxen sodium EC	Piroxicam
Meclofenamate		Oxaprozin	Sulindac
Mefenamic Acid		Piroxicam	Tolmetin
Meloxicam		Sulindac	<b>Cox II Inhibitors</b>
Nabumetone		Tolemtin sodium	PA – Celecoxib (CELEBREX)
Naproxen		<b>Cox II Inhibitors</b>	<b>Salicylates</b>
Naproxen del rel		Celecoxib (CELEBREX) (ST)	Salsalate
Oxaprozin			
Piroxicam			
Sulindac			
Tolmetin			
QL/ST – Lansoprazole/Naproxen (PREVACID NAPRAPAC)			
<b>Cox II Inhibitors</b>			
ST – Celecoxib (CELEBREX)			
<b>Salicylates</b>			
Choline/magnesium salicylates			
Diflunisal			
Salsalate			
		* preferred formulary drug	PA prior authorization required for this drug
		DC dose consolidation	QL quantity limits
		HT half tab	RD restricted distribution item
		MD provider edit	ST step therapy
		<b>Within classes, drugs are listed in alpha order, generics, then brands.</b>	

# Oral Contraceptives

## Blue Cross/Blue Plus (FlexRx)

Alesse generics  
 Cyclessa generics  
 Demulen generics  
 Levlite generics  
 Loestrin generics  
 Loestrin Fe generics  
 Lo/Ovral generics  
 Mircette generics  
 Modicon generics  
 Nordette generics  
 Nor-QD generics  
 Ortho-Cept generics  
 Ortho-Cyclen generics  
 Ortho Micronor generics  
 Ortho-Novum 1/35 generics  
 Ortho-Novum 1/50 generics  
 Ortho-Novum 7/7/7 generics  
 Ortho Tri-Cyclen generics  
 Ovcon 35 generics  
 Seasonale generics  
 Tri-Norinyl generics  
 Triphasil generics  
 Yasmin generics  
 NECON 10/11  
 OEGESTREL  
 ORTHO TRI-CYCLEN LO  
 YAZ

**Intravaginal**  
 NUVARING

## First Plan of Minnesota (FlexRx)

Alesse generics  
 Cyclessa generics  
 Demulen generics  
 Levlite generics  
 Loestrin generics  
 Loestrin Fe generics  
 Lo/Ovral generics  
 Mircette generics  
 Modicon generics  
 Nordette generics  
 Nor-QD generics  
 Ortho-Cept generics  
 Ortho-Cyclen generics  
 Ortho Micronor generics  
 Ortho-Novum 1/35 generics  
 Ortho-Novum 1/50 generics  
 Ortho-Novum 7/7/7 generics  
 Ortho Tri-Cyclen generics  
 Ovcon 35 generics  
 Seasonale generics  
 Tri-Norinyl generics  
 Triphasil generics  
 Yasmin generics  
 NECON 10/11  
 OEGESTREL  
 ORTHO TRI-CYCLEN LO  
 YAZ

**Intravaginal**  
 NUVARING

## HealthPartners

ALESSE generics  
 BREVICON generics  
 DEMULEN generics  
 DESOGEN generics  
 LOESTRIN generics  
 LOESTRIN FE generics  
 LO/OVRAL generics  
 MIRCETTE generics  
 Necon 10/11 (Ortho-Novum 10/11 brand  
 no longer available)  
 NORDETTE generics  
 NORINYL generics  
 NOR-QD generics  
 Ogestrel (Ovral brand no longer available)  
 ORTHO-CYCLEN generics  
 ORTHO-NOVUM 1/35,1/50 &  
 7/7/7 generics  
 ORTHO TRI-CYCLEN generics  
 SEASONALE generics  
 TRI-NORINYL generics  
 TRIPHASIL generics  
 YASMIN generics  
 LYBREL  
 ORTHO TRI-CYCLEN LO  
 YAZ

**Intravaginal**  
 NUVARING

**Transdermal**  
 ORTHO EVRA

### Emergency Contraception

PLAN B (covered for <18 yrs of age only,  
 OTC for > 18 yrs of age)

\* preferred formulary drug  
 DC dose consolidation  
 HT half tab  
 MD provider edit  
 PA prior authorization required for this drug  
 QL quantity limits  
 RD restricted distribution item  
 ST step therapy

**Within classes, drugs are listed in  
 alpha order, generics, then brands.**

# Oral Contraceptives *Continued*

## Blue Cross/Blue Plus (FlexRx)

**Transdermal**  
ORTHO EVRA

**Emergency Contraception**  
PLAN B

## First Plan of Minnesota (FlexRx)

**Transdermal**  
ORTHO EVRA

**Emergency Contraception**  
PLAN B

\* preferred formulary drug  
DC dose consolidation  
HT half tab  
MD provider edit  
PA prior authorization required for this drug  
QL quantity limits  
RD restricted distribution item  
ST step therapy

**Within classes, drugs are listed in alpha order, generics, then brands.**

## Medica

Generic for ALESSE  
Generic for CYCLESSA  
Generic for DEMULEN 1/35  
Generic for DEMULEN 1/50  
Generic for DESOGEN  
Generic for ESTROSTEP FE  
Generic for LEVLITE-28  
Generic for LOESTRIN  
Generic for LOESTRIN/FE  
Generic for LO/OVRAL  
Generic for MIRCETTE  
Generic for MODICON  
Generic for NORDETTE  
Generic for NORINYL 1+35

## Metropolitan Health Plan

CYCLESSA  
ESTROSTEP FE  
JOLIVETTE  
LEVLITE  
LEVLEN  
LO/OVRAL  
LOESTRIN 1/20  
LOESTRIN 1.5/30  
LOESTRIN FE 1.5/30  
LOESTRIN FE 1/20  
MIRCETTE  
MODICON  
NECON 10/11  
NORDETTE

## PreferredOne

*All generics are formulary*  
APRI  
AVIANE  
ENPRESSE  
KARIVA  
LESSINA  
LEVORA  
MICROGESTIN  
NECON  
NORTREL  
OGESTREL  
ORTHO TRI-CYCLEN LO

## UCare

*All generics are formulary*  
Norgestimate/ethinyl estradiol (ORTHO TRICYCLEN LO)  
**Other Contraceptives**  
Etonogestrel/ethinyl estradiol vaginal ring (NUVARING)  
Norelgestromin/ethinyl estradiol transdermal (ORTHO EVRA)  
**Emergency Contraception**  
Levonorgestrel (PLAN B)

# Oral Contraceptives *Continued*

Medica	Metropolitan Health Plan	PreferredOne	
Generic for NORINYL 1+50 Generic for ORTHO-CEPT Generic for ORTHO-CYCLEN Generic for ORTHO MICRONOR Generic for ORTHO-NOVUM 1/35 Generic for ORTHO-NOVUM 1/50 Generic for ORTHO-NOVUM 7/7/7 Generic for ORTHO-NOVUM 10/11 Generic for ORTHO-TRI-CYCLEN Generic for OVCON-35 Generic for OVRAL Generic fro SEASONALE Generic for TRIPHASIL Generic for YASMIN ORTHO-TRI-CYCLEN LO YAZ	ORTHO-CYCLEN ORTHO MICRONOR ORTHO TRI-CYCLEN ORTHO TRI-CYCLEN LO ORTHO-CEPT ORTHO-NOVUM (ALL) OVCON 35 OVCON 50 SEASONALE TRI-NORINYL YASMIN YAZ  <b>Injectable</b> DEPO-PROVERA  <b>Intravaginal</b> NUVARING  <b>Transdermal</b> ORTHO EVRA  <b>Emergency Contraception</b> PLAN B	SPRINTEC TRIVORA YASMIN ZOVIA	* preferred formulary drug DC dose consolidation HT half tab MD provider edit PA prior authorization required for this drug QL quantity limits RD restricted distribution item ST step therapy  <b>Within classes, drugs are listed in alpha order, generics, then brands.</b>
<b>Intravaginal</b> NUVARING			
<b>Transdermal</b> ORTHO EVRA			
<b>Emergency Contraception</b> PLAN B <i>Age restricted to members 17 and younger</i>			





# Oral Inhalers

## Blue Cross/Blue Plus (FlexRx)

Albuterol (PROAIR HFA, VENTOLIN HFA)  
Albuterol/ipratropium (COMBIVENT)  
Fluticasone (FLOVENT HFA)  
Formoterol (FORADIL AEROLIZER)  
Formoterol/budesonide (SYMBICORT)  
Ipratropium bromide (ATROVENT HFA)  
Mometasone (ASMANEX)  
Pirbuterol (MAXAIR AUTOHALER)  
Salmeterol (SEREVENT DISKUS)  
Salmeterol/fluticasone (ADVAIR DISKUS)  
Salmeterol/fluticasone (ADVAIR HFA)  
Tiotropium (SPIRIVA HANDIHALER)  
Triamcinolone (AZMACORT)

## First Plan of Minnesota (FlexRx)

Albuterol (PROAIR HFA, VENTOLIN HFA)  
Albuterol/ipratropium (COMBIVENT)  
Fluticasone (FLOVENT HFA)  
Formoterol (FORADIL AEROLIZER)  
Formoterol/budesonide (SYMBICORT)  
Ipratropium bromide (ATROVENT HFA)  
Mometasone (ASMANEX)  
Pirbuterol (MAXAIR AUTOHALER)  
Salmeterol (SEREVENT DISKUS)  
Salmeterol/fluticasone (ADVAIR DISKUS)  
Salmeterol/fluticasone (ADVAIR HFA)  
Tiotropium (SPIRIVA HANDIHALER)  
Triamcinolone (AZMACORT)

## HealthPartners

### Corticosteroid Inhalers

Beclomethasone (QVAR)  
Budesonide (PULMICORT FLEXHALER)  
Fluticasone propionate (FLOVENT DISKUS & HFA)  
Mometasone (ASMANEX)  
Triamcinolone (AZMACORT)

### Bronchodilator

Albuterol  
Albuterol HFA (PROAIR HFA & VENTOLIN HFA)  
Pirbuterol (MAXAIR AUTOHALER)  
Salmeterol (SEREVENT DISKUS)

### Other Inhalers

Albuterol/ipratropium bromide (COMBIVENT)  
Budesonide/Formoterol (SYMBICORT)  
Cromolyn sodium (INTAL)  
Fluticasone/Salmeterol (ADVAIR DISKUS & HFA)  
Ipratropium bromide (ATROVENT HFA)

\* preferred formulary drug  
DC dose consolidation  
HT half tab  
HD provider edit  
PA prior authorization required for this drug  
QL quantity limits  
RD restricted distribution item  
ST step therapy

**Within classes, drugs are listed in alpha order, generics, then brands.**

# Oral Inhalers *Continued*

Medica	Metropolitan Health Plan	PreferredOne	UCare
<b>Steroids</b> Beclomethasone (QVAR) Budesonide (PULMICORT) Fluticasone (FLOVENT HFA) Mometasone Furoate (ASMANEX)	<b>Corticosteroids</b> Beclomethasone CFC-free Aerosol (QVAR) Fluticasone (FLOVENT HFA & DISKUS) Triamcinolone (AZMACORT)	<b>Corticosteroids</b> Fluticasone (FLOVENT, ROTADISK) (QL varies) Budesonide (PULMICORT, RESPULES) (QL=2 inhalers, 70 respules) Beclomethasone (QVAR) (QL=2 inhalers)	<b>Corticosteroids</b> Beclomethasone(QVAR) Budesonide (PULMICORT) Fluticasone (FLOVENT) Triamcinolone (AZMACORT)
<b>Bronchodilators</b> Albuterol (PROAIR HFA, VENTOLIN HFA) Formoterol (FORADIL) Pirbuterol (MAXAIR) Salmeterol (SEREVENT DISKUS)	<b>Bronchodilators</b> Albuterol Albuterol Sulfate CFC-free aerosol (PROVENTILHFA & PROAIR HFA) Formoterol Inhalation (FORADIL) Pirbuterol (MAXAIR AUTOHALER) Salmeterol (SEREVENT)	<b>Bronchodilators</b> Albuterol (QL=3 inhalers) Formoterol (FORADIL) (QL varies) Albuterol (PROVENTIL HFA) (QL=2 inhalers) Salmeterol (SEREVENT DISKUS) (QL varies)	<b>Bronchodilators</b> Albuterol (PROAIR HFA) Albuterol (PROVENTIL HFA) Albuterol (VENTOLIN HFA) Formoterol (FORADIL) Perbuterol (MAXAIR) Salmeterol (SEREVENT)
<b>Other</b> Albuterol/Ipratropium (COMBIVENT) Cromolyn sodium (INTAL) Fluticasone/Salmeterol (ADVAIR) Ipratropium (ATROVENT) Tiotropium bromide (SPIRIVA)	<b>Other</b> Cromolyn Sodium Solution & Inhaler Ipratropium bromide (ATROVENT) & HFA Ipratropium bromide/Albuterol Sulfate (COMBIVENT) Ipratropium/albuterol Soln. (DUONEB) Nedocromil (TILADE) PA – Omalizumab (XOLAIR) Salmeterol/Fluticasone (ADVAIR DISKUS) Tiotropium (SPIRIVA)	<b>Other</b> Salmeterol/fluticasone (ADVAIR) (QL varies) (ST) Ipratropium (ATROVENT) (QL varies) Albuterol/ipratropium (COMBIVENT) (QL=2 inhalers) Cromolyn sodium (INTAL) (QL=2 inhalers) Budesonide (PULMICORT) (QL=2 inhalers, 70 respules)	<b>Other</b> Albuterol/ipratropium (COMBIVENT) Budesonide/formoterol (SYMBICORT) Cromolyn (INTAL) Fluticasone /salmeterol (ADVAIR) Nedacromil (TILADE) Tiotropium (SPIRIVA)

\* preferred formulary drug  
 DC dose consolidation  
 HT half tab

MD provider edit  
 PA prior authorization  
 required for this drug

QL quantity limits  
 RD restricted distribution item  
 ST step therapy

**Within classes, drugs are listed in alpha order, generics, then brands.**





# Topical Steroids

Blue Cross/Blue Plus (FlexRx)	First Plan of Minnesota (FlexRx)	HealthPartners	
<b>Low Potency</b> Desonide crm/lotion/oint 0.05% Hydrocortisone crm/lotion/oint 2.5%	<b>Low Potency</b> Desonide crm/lotion/oint 0.05% Hydrocortisone crm/lotion/oint 2.5%	<b>Group I</b> Betamethasone dipropionate, "augmented" ointment	* preferred formulary drug
<b>Medium Potency</b> Alclometasone crm/oint 0.05% Betamethasone dipropionate crm/lotion/oint 0.05% Betamethasone valerate crm/lotion/oint 0.1% Desoximetasone crm 0.05% Fluticasone crm 0.05% and oint 0.005% Hydrocortisone butyrate crm/oint/soln 0.1% Hydrocortisone valerate crm/oint 0.2% Mometasone crm/lotion/oint 0.1% Triamcinolone acetonide crm/lotion/oint 0.025% and 0.1% <b>FLUOCINOLONE ACETONIDE</b> crm/soln 0.01% and crm/oint 0.025% Fluocinolone acetonide oil 0.01% (DERMA-SMOOTHIE/FS)	<b>Medium Potency</b> Alclometasone crm/oint 0.05% Betamethasone dipropionate crm/lotion/oint 0.05% Betamethasone valerate crm/lotion/oint 0.1% Desoximetasone crm 0.05% Fluticasone crm 0.05% and oint 0.005% Hydrocortisone butyrate crm/oint/soln 0.1% Hydrocortisone valerate crm/oint 0.2% Mometasone crm/lotion/oint 0.1% Triamcinolone acetonide crm/lotion/oint 0.025% and 0.1% <b>FLUOCINOLONE ACETONIDE</b> crm/soln 0.01% and crm/oint 0.025% Fluocinolone acetonide oil 0.01% (DERMA-SMOOTHIE/FS)	Clobetasol propionate cream, gel, ointment, solution Clobetasol propionate emollient cream PA – Clobetasol propionate foam (generic for OLUX) Diflorasone diacetate cream & ointment (generic for PSORCON) PA – Clobetasol propionate emollient foam (DLUX-E) PA – Clobetasol propionate spray (CLOBEX spray)	DC dose consolidation HT half tab MD provider edit PA prior authorization required for this drug QL quantity limits RD restricted distribution item ST step therapy
<b>High Potency</b> Desoximetasone crm/oint 0.25% and gel 0.05% Diflorasone crm 0.05% Fluocinonide crm/emollient/soln/gel/oint 0.05% Triamcinolone acetonide crm/oint 0.5%	<b>High Potency</b> Desoximetasone crm/oint 0.25% and gel 0.05% Diflorasone crm 0.05% Fluocinonide crm/emollient/soln/gel/oint 0.05% Triamcinolone acetonide crm/oint 0.5%	<b>Group II</b> Amcinonide ointment Betamethasone dipropionate "augmented" cream, gel & lotion Betamethasone dipropionate ointment (NOT augmented) Desoximetasone 0.05% gel, 0.25% cream & ointment Fluocinonide cream, gel, ointment, solution	<b>Within classes, drugs are listed in alpha order, generics, then brands.</b>
<b>Highest Potency</b> Augmented betamethasone dipropionate crm/gel/lotion/oint 0.05% Clobetasol propionate crm/soln/gel/oint/foam 0.05%	<b>Highest Potency</b> Augmented betamethasone dipropionate crm/gel/lotion/oint 0.05% Clobetasol propionate crm/soln/gel/oint/foam 0.05%	<b>Group III</b> Amcinonide cream & lotion Betamethasone dipropionate cream (NOT augmented) Betamethasone valerate ointment Fluocinonide emollient cream Mometasone ointment Triamcinolone acetonide 0.5% cream & ointment Halcinonide ointment Only (HALOG)	

# Topical Steroids *Continued*

Blue Cross/Blue Plus (FlexRx)	First Plan of Minnesota (FlexRx)	HealthPartners	
<p>Diflorasone oint 0.05% Halobetasol crm/oint 0.05%</p>	<p>Diflorasone oint 0.05% Halobetasol crm/oint 0.05%</p>	<p><b>Group IV</b> Desoximetasone 0.05% cream Fluocinolone acetonide 0.025% ointment Hydrocortisone valerate ointment Mometasone cream &amp; lotion Triamcinolone acetone 0.1% ointment Flurandrenolide tape (CORDRAN)</p> <p><b>Group V</b> Betamethasone dipropionate lotion (NOT augmented) Betamethasone valerate cream &amp; lotion Fluocinolone aetonide 0.25% cream Hydrocortisone valerate cream Triamcinolone acetone 0.1% cream, 0.025% cream &amp; ointment Triamcinolone acetone 0.025% &amp; 0.1% lotion PA – Betamethasone valerate foam (LUXIQ)</p> <p><b>Group VI</b> Desonide cream &amp; ointment Fluocinolone acetone 0.01% cream, oil, solution, shampoo</p> <p><b>Group VII</b> Hydrocortisone 2.5% cream, ointment, lotion</p>	<p>* preferred formulary drug DC dose consolidation HT half tab MD provider edit PA prior authorization required for this drug QL quantity limits RD restricted distribution item ST step therapy</p> <p><b>Within classes, drugs are listed in alpha order, generics, then brands.</b></p>

# Topical Steroids *Continued*

## Medica

### Group I – Very High Potency

Augmented betamethasone dipropionate  
0.05% gel/lotion/oint  
Clobetasol propionate 0.05% cream/gel/  
oint/soln

Diflorasone diacetate 0.05% oint  
Halobetasol prionate 0.05% cream/oint  
MD – Clobetasol Prop spray/lotion/shampoo  
(CLOBEX) (dermatologists only)

### Group II – High Potency

Amcinonide 0.1% cream/oint/lotion  
Augmented betamethasone dipropionate  
0.05% cream  
Betamethasone dipropionate 0.05%  
cream/gel/oint

Betamethasone valerate 0.1% oint  
Desoximetasone 0.25% cream/oint  
Desoximetasone 0.05% gel  
Diflorasone diacetate 0.05% cream/oint  
Fluocinonide 0.05% cream/gel/oint/soln  
Triamcinolone 0.5% cream/lotion/oint  
MD – Calcipotriene /betamethasone  
(TACLONEX, TACLONEX SCALP)  
(dermatologists only)

### Group III – Medium Potency

Betamethasone dipropionate 0.05% lotion  
Betamethasone valerate 0.1% cream/lotion  
Desoximetasone 0.05% cream  
Fluocinolone acetonide 0.025% cream/oint  
Fluticasone propionate 0.05% cream,  
0.005% oint  
Hydrocortisone butyrate 0.1% cream/  
oint/soln

## Metropolitan Health Plan

### Group I – Very High Potency

Betamethasone dipropionate augmented  
oint/gel 0.05% (DIPROLENE)  
Clobetasol crm/oint/gel/lotion 0.05%  
Halobetasol propionate crm/oint 0.05%  
(ULTRAVATE)  
Diflorasone diacetate oint 0.05%  
(PSORCON)

### Group II – High Potency

Betamethasone dipropionate crm, lotion,  
oint 0.05%  
Betamethasone dipropionate augmented  
crm 0.05%  
Fluocinonide crm/gel, oint 0.05%  
Desoximetasone crm/oint 0.25%/gel  
0.05%  
Diflorasone crm/ oint 0.05%  
Fluocinonide oint/cream/gel/soln 0.05%

### Group III – Medium Potency

Betamethasone valerate oint,cream/  
lotion 0.1%  
Triamcinolone acetonide crm 0.5%  
Betamethasone dipropionate crm/lotion/  
ointment 0.05%  
Fluticasone oint 0.005%, cream 0.05%  
(CUTIVATE)  
Mometasone crm/oint 0.1% (ELOCON)

### Group IV – Medium Potency

Triamcinolone acetonide oint 0.1%  
Fluocinolone acetonide crm, oint 0.025%  
Desoximetasone crm 0.05%

## PreferredOne

### Group I – Very High Potency

Clobetasol propionate  
Diflorasone

### Group II – High Potency

Betamethasone propylene glycol  
Desoximetasone  
Diflorasone  
Diflorasone emollient  
Fluocinonide  
Triamcinolone acetonide

### Group III – Medium Potency

Betamethasone, augmented  
Desoximetasone  
Fluocinolone acetonide  
Hydrocortisone valerate  
Mometasone  
Triamcinolone acetonide

\* preferred formulary drug

DC dose consolidation

HT half tab

MD provider edit

PA prior authorization required for this drug

QL quantity limits

RD restricted distribution item

ST step therapy

**Within classes, drugs are listed in  
alpha order, generics, then brands.**

## UCare

### Group I – Very High Potency

Betamethasone dipropionate augmented  
0.05% oint/gel  
Clobetasol propionate 0.05% crm/oint  
Diflorasone diacetate 0.05% oint  
Halobetasol prionate 0.05% crm/oint

### Group II – High Potency

Amcinonide 0.1% crm/oint/lotion  
Betamethasone dipropionate  
0.05% crm/oint/gel  
Betamethasone dipropionate augmented  
0.05% crm/lotion  
Betamethasone valerate 0.1% oint  
Desoximetasone 0.05% gel  
Desoximetasone 0.25% crm/oint  
Diflorasone diacetate 0.05% crm  
Fluocinonide 0.05% crm/gel/oint/soln  
Triamcinolone 0.5% crm/oint

### Group III – Medium Potency

Betamethasone valerate  
0.1% crm/lotion  
Desoximetasone 0.05% crm  
Fluocinolone acetonide 0.025% crm/oint  
Fluticasone propionate 0.05% crm,  
0.005% oint

# Topical Steroids *Continued*

Medica	Metropolitan Health Plan	PreferredOne	UCare
Hydrocortisone valerate 0.2% cream/oint Mometasone furoate 0.1% cream/ lotion/oint Prednicarbate 0.1% cream/oint Triamcinolone acetonide 0.1% cream/ lotion/oint <b>Group IV – Low Potency</b> Alclometasone dipropionate 0.05% cream/oint Desonide 0.05% cream/oint/lotion Flucinolone acetonide 0.01% cream/soln Hydrocortisone 2.5% cream/lotion/oint	Hydrocortisone valerate crm, oint 0.2% (WESTCORT) Triamcinolone acetonide crm/lot 0.1% Betamethasone valerate crm/ ointment 0.1% Flucinolone acetonide crm/oint 0.025% Betamethasone dipropionate lot 0.05% Fluticasone crm 0.05% (CUTIVATE) Flurandrenolide lotion 0.05% (CORDRAN) Flurandrenolide Tape (CORDRAN) <b>Group V (Low Potency)</b> Flucinolone acetonide soln 0.01% Betamethasone valerate lot 0.1% Desonide oint 0.05% Alclometasone crm/oint 0.05% (ACLOVATE) <b>Group VI (Lowest Potency)</b> Hydrocortisone oint/crm 0.5/1% OTC Hydrocortisone lot 1% Hydrocortisone crm 2.5%	<b>Group IV – Low Potency</b> Alclometasone Desonide Flucinolone acetonide Hydrocortisone	Hydrocortisone butyrate 0.1% crm/oint/soln Hydrocortisone valerate 0.2% crm/oint Mometasone 0.1% crm/oint/lotion Prednicarbate 0.1% crm/oint Triamcinolone acetonide 0.1% crm/oint <b>Group IV – Low Potency</b> Alclometasone dipropionate 0.05% oint Desonide 0.05% crm/oint/lotion Flucinolone acetonide 0.01% crm/soln Hydrocortisone 2.5 % crm/oint/lotion <b>Group V – Lowest Potency</b> Hydrocortisone 0.5% & 1% crm/oint

\* preferred formulary drug

ST step therapy

QL quantity limits

HT half tab

PA prior authorization required for this drug

MD provider edit

DC dose consolidation

RD restricted distribution item

**Within classes, drugs are listed by health plan in relative order from least to most expensive.**

## Over-the-Counter Medicaid Only

DRUG	DOSAGE FORMS	STRENGTHS
<b>Analgesics/Antipyretics</b>		
Acetaminophen	Oral liquid	100mg/ml, 160mg/5ml
	Tablets	80mg, 160mg, 325mg, 500mg, 650mg
Aspergum	Gum	227.5mg
Aspirin	Tablets	81mg, 300mg, 500mg, 600mg, 650mg
Aspirin enteric coated	Tablets	325mg
Aspirin, buffered	Tablets	325mg
Aspirin/acetaminophen/caffeine	Tablets	250mg/250mg/65mg
Ibuprofen	Oral liquid	40mg/ml, 100mg/5ml
	Tablets	200mg
Naproxen Sodium	Tablets	220mg
<b>Antidiarrheals</b>		
Attapulgate	Oral liquid	525mg/15ml, 600mg/15ml
	Tablets	750mg
Bismuth Subsalicylate	Oral liquid	262mg/15ml
	Tablets	262mg
Loperamide HCl	Oral liquid	1mg/5ml, 1mg/7.5ml
	Tablets	2mg
<b>Antiemetics</b>		
Meclizine HCl	Tablets	12.5mg, 25mg
<b>Antifungals, topical</b>		
Clotrimazole	Cream, Solution	1%
Miconazole	Cream, Spray	2%
Terbinafine	Cream, Solution	1%
Tolnaftate	Cream, Powder, Solution, Spray	1%
<b>Antibacterials/Antiseptics/Alcohols topical</b>		
Bacitracin	Ointment	500U/G
Bacitracin/Neomycin/Polymyxin B	Ointment	

\* Strengths listed in order of drug entity for combination products. Liquids are package labeling per liquid amount.

## Over-the-Counter Medicaid Only

DRUG	DOSAGE FORMS	STRENGTHS
Chlorhexidine Gluconate	Solution	4%
Ethyl Alcohol	Solution	
Hydrogen peroxide	Solution	3%
Isopropyl Alcohol	Solution	71%
Povidone-Iodine	Solution	10%
<b>Antihistamines &amp; Antihistimines/Decongestants</b>		
Brompheniramine	Oral Liquid Capsules/Tablets	2mg/5ml 4mg, 8mg, 12mg
Brompheniramine/Pseudoephedrine	Oral Liquid Capsules/Tablets	1mg-15mg/1ml, 1mg-15mg/5ml, 4mg-30mg/5ml, 4mg-45mg/5ml, 4mg-60mg/5ml 6mg-45mg, 6mg-60mg, 10mg-120mg, 12mg-120mg
Cetirizine	Oral Liquid Tablets/Chewable	5mg/5ml 5mg, 10mg
Cetirizine/Pseudoephedrine	Tablets	5mg-120mg
Chlorpheniramine	Oral Liquid Capsules/Tablets	2mg/5ml 4mg, 8mg, 12mg
Chlorpheniramine/Pseudoephedrine	Capsules/Tablets	1mg-15mg, 8mg-120mg
Clemastine Fumarate	Oral Liquid Capsules/Tablets	0.6mg/5ml 1.34mg, 2.68mg
Diphenhydramine	Oral Liquid Capsules/Tablets	12.5mg/5ml 25mg
Loratadine	Oral Liquid Capsules/Tablets	5mg/5ml 10mg
Loratadine/Pseudoephedrine	Capsules/Tablets	10mg-240mg
Pseudoephedrine	Oral Liquid Capsules/Tablets	30mg/5ml 30mg, 240mg
<b>Antacids &amp; Antacids/Antigas</b>		
Aluminum carbonate	Oral Liquid Tablets	400mg/5ml 500mg



## Over-the-Counter Medicaid Only

DRUG	DOSAGE FORMS	STRENGTHS
Aluminum hydroxide	Oral Liquid Tablets	750mg
Calcium Carbonate	Tablets	500mg, 750mg, 1000mg
Famotidine	Tablets	20mg
Magnesium Hydroxide	Oral Liquid	400mg/5ml
Magnesium Hydroxide/Aluminum hydroxide	Oral Liquid Tablets	400mg-400mg/5ml
Magnesium Hydroxide/Aluminum hydroxide/Simethicone	Oral Liquid Tablets	200mg-200mg-20mg/5ml, 400mg-400mg-40mg/5ml
Omeprazole	Tablets	20mg
Simethicone	Oral Liquid Tablets	80mg, 125mg
Sodium Bicarbonate	Tablets	325mg, 650mg
<b>Supplements</b>		
Ascorbic Acid (Vitamin C)	Oral Liquid Tablets	500mg/5ml 250mg, 500mg, 1000mg
Beta Carotene	Tablets	
Beta Carotene/Vitamin C/Vitamin E/Minerals	Tablets	
Calcium Carbonate	Tablets	500mg, 750mg, 1000mg
Calcium Carbonate/Vitamin D	Tablets	500mg-200mg, 600mg-200mg
Calcium Citrate	Tablets	100mg
Calcium Citrate/Vitamin D	Tablets	200mg-125mg
Chocobase	Tablets	
Cyanocobalamin (Vitamin B12)	Tablets Injectable	50mcg, 100mcg, 250mcg, 500mcg, 1000mcg 1000mcg/ml
Ergocalciferol (Vitamin D)	Tablets	400u
Ferrous Fumarate	Tablets	90mg, 324mg
Ferrous Gluconate	Oral Liquid Tablets	300mg/5ml 240mg, 300mg, 320mg, 325mg
Ferrous Sulfate	Oral Liquid Tablets	300mg/5ml 200mg, 250mg, 300mg, 325mg

## Over-the-Counter Medicaid Only

DRUG	DOSAGE FORMS	STRENGTHS
Folic Acid	Tablets	0.4mg, 0.8mg
Iron polysaccharides complex	Tablets	
Levocarnitine	Tablets	250mg
L-Glutamine	Tablets	
Magnesium	Tablets	128mg
Magnesium oxide	Tablets	250mg, 400mg, 500mg
Multiple vitamin (childrens & adult)	Tablets	
Multiple vitamin with fluoride (children's)	Tablets	
Multiple vitamin with Iron (childrens & adult)	Tablets	
Niacin (Vitamin B3)	Tablets	50mg, 100mg, 250mg, 400mg, 500mg, 750mg
Prenatal Vitamins	Tablets	
Pyridoxine (Vitamin B6)	Tablets	25mg
Riboflavin (Vitamin B2)	Tablets	25mg
Thiamine (Vitamin B1)	Tablets	50mg, 100mg
Vitamin A	Tablets	10mu
Vitamin E	Tablets	100u, 200u
Zinc Gluconate	Tablets	30mg, 50mg, 60mg
Zinc Sulfate	Tablets	220mg
<b>Laxatives</b>		
Bisacodyl	Tablets Supps	5mg 10mg
Cellulose		
Docusate Sodium	Oral liquid Capsules	60mg/15ml 50mg, 100mg
Docusate Sodium/Sennosides	Capsules/Tablets	50mg-8.6mg
Glycerin	Suppositories	1.2gm, 2.1gm
Magnesium Citrate	Oral liquid	
Magnesium Citrate and Bisacodyl Bowel Evacuation Kit		

## Over-the-Counter Medicaid Only

DRUG	DOSAGE FORMS	STRENGTHS
Mineral Oil		
Psyllium		
Sennosides	Oral liquid Tablets	1.7mg/ml 8.6mg
Sodium Phosphate	Enema	Pediatric, Adult
<b>Miscellaneous, Oral</b>		
Activated charcoal	Capsules/Tablets	
Lactose Free Milk		
Lactase Supplements	Capsules/Tablets	
Ipecac	Oral Liquid	
Electrolyte Rehydrating Solution	Oral Liquid	
<b>Antifungals, vaginal</b>		
Butoconazole nitrate	Vaginal Cream	2%
Clotrimazole	Vaginal Cream	1%
	Vaginal Tablets	100mg
Miconazole	Vaginal Cream	2%
	Vaginal Suppositories	100mg
Tioconazole	Vaginal Cream	6.5%
Miconazole Nitrate/Tioconazole	combination pack	
<b>Antiseborrheic</b>		
Coal Tar	Gel, Cream	0.5%
Coal Tar	Solution	
Coal Tar	Shampoo	2%, 2.8%, 4.3%
<b>Eyes/Ears/Nose/Throat/Mouth</b>		
Artificial Tears	Ophthalmic drop	0.3%, 0.5%, .6% , 1.0%, 1.4%, 2.3%
Carbamide Peroxide	Otic Solution	6.5%
Cromolyn Sodium	Nasal	5.2mg/spray
HP-Guar gellable	Ophthalmic	
Lanolin/Mineral Oil/White Petrolatum	Ophthalmic Ointment	

## Over-the-Counter Medicaid Only

DRUG	DOSAGE FORMS	STRENGTHS
Naphazoline HCl	Ophthalmic drop	
Naphazoline/Antazoline	Ophthalmic drop	
Naphazoline/Pheniramine	Ophthalmic drop	
Oxymetazoline	Nasal Solution	0.05%
Phenylephrine Nasal	Nasal Solution	0.05%
Sodium Chloride	Ophthalmic Solution Ophthalmic Ointment	2%, 5% 5%
Sodium Chloride	Nasal Solution	0.5%, 0.65%, 3%
Sodium Chloride Inhalation	Aerosol, Solution	0.9%
Sodium Fluoride	Rinse, Gel	
Stannous Fluoride	Gel	0.4%
<b>Miscellaneous, topical</b>		
Calamine	Lotion	
Calamine/Diphenhydramine	Lotion	1%-8%
Capsaicin	Cream	0.025%, 0.075%
Colloidal Oatmeal Bath		
Dibucaine 1%		
Dimethicone 1%		
Dimethicone/Zinc Oxide		
Epsom Salts		
Hydrocortisone	Cream, Ointment, Lotion	0.5%, 1%
Hydrophilic Moisture Barrier Cream		
Ketoconazole	Shampoo	1%
Lactic acid/Ammonium Hydroxide/Pramoxine HCl		
Personal lubricating jelly		
Petrolatum		
Salicylic Acid	liquid, plaster	14.2%, 15%, 17%, 40%

## Over-the-Counter Medicaid Only

DRUG	DOSAGE FORMS	STRENGTHS
Salicylic Acid	Shampoo	3%
Salicylic Acid/Sulfur	Shampoo	
Salicylic Acid/Sulfur/Coal Tar	Shampoo	
Urea	Cream	10%
Zinc Oxide/Bismuth Oxide/Balsam Peru	Cream, Suppository	
Zinc Oxide/Bismuth Oxide/Balsam Peru/Hydrocortisone	Cream, Suppository	
Zinc oxide/Vitamin E/Karaya		
<b>Anti-acne</b>		
Benzoyl Peroxide		5%, 10%
<b>Antitussives/Expectorants</b>		
Dextromethorphan Polistirex	Oral liquid	30mg/5ml
Guaifenesin	Oral liquid Capsules/Tablets	7.5mg/5ml, 15mg/5ml 15mg, 400mg, 600mg
Guaifenesin/Dextromethorphan	Oral liquid	33.3mg-3.3mg/5ml, 100mg-5mg/2.5ml, 100mg-10mg/5ml, 200mg-10mg/5ml
Guaifenesin/Pseudoephedrine	Oral liquid	100mg-30mg/5ml
Menthol	Lozenges	2.5mg, 5mg
<b>Smoking Cessation</b>		
Nicotine Transdermal	Patch	5mg/16hr, 10mg/16hr, 15mg/16hr, 7mg/24hr, 11mg/24hr, 14mg/24hr, 21mg/24hr, 22mg/24hr
Nicotine Polacrilex	Gum	2mg, 4mg
Nicotine	Lozenge	2mg, 4mg
<b>Contraceptives</b>		
Nonoxynol 9	Jelly, Foam, Gel Insert	100mg
<b>Pediculocides</b>		
Permethrin	Rinse	1%
Piperonyl Butoxide/pyrethrins	Shampoo	4%-0.33%
<b>Diabetes Related</b>		
Dextrose	Tablet, Gel	
Insulin (Human), all forms		
Insulin (Bovine or Porcine), all forms		

# Health Plan Phone Numbers

<b>Blue Cross/Blue Plus (FlexRx)</b>	<b>First Plan of Minnesota (FlexRx)</b>	<b>HealthPartners</b>	
<b>Blue Cross and Blue Shield/ Blue Plus of Minnesota (FlexRx)</b> 651.662.5200 or 800.262.0820 www.bluecrossmn.com	<b>First Plan of Minnesota (FlexRx)</b> Roger McDannold, R. Ph. 218-834-7263 Fax: 218-834-7250 www.firstplan.org	<b>HealthPartners</b> 952-883-5813 800-492-7259 Fax: 952-853-8700 Fax: 888-883-5434	
<b>Medica</b>	<b>Metropolitan Health Plan</b>	<b>PreferredOne</b>	<b>UCare</b>
<b>Medica</b> Pharmacy Services 952-992-3005	<b>Metropolitan Health Plan</b> 612-543-3342 Fax: 612-904-4265	<b>PreferredOne</b> 763-847-4488 800-379-7727 www.preferredone.com	<b>UCare</b> Provider Assistance Center 612-676-3300 888-531-1493 www.ucare.org

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