



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.

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.

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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 A2 Blockers 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 Within classes, drugs are listed in alpha order, generics, then brands.
A2 Blockers Losartan (COZAAR) Losartan/hydrochlorothiazide (HYZAAR) Valsartan (DIOVAN) Valsartan/hydrochlorothiazide (DIOVAN HCT)	A2 Blockers 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	A2 Blockers	Enalapril	Fosinopril/HCTZ
Lisinopril	Irbesartan (AVAPRO)	Enalapril/HCTZ	Lisinopril
Lisinopril/hydrochlorothiazide	Irbesartan/HCTZ (AVALIDE)	Lisinopril	Lisinopril/HCTZ
Moexepiril	Losartin (COZAAR)	Lisinopril/HCTZ	Quinapril
Moexepiril/hydrochlorothiazide	Losartin/HCTZ (HYZAAR)	Ramipril	Quinapril/HCTZ
Quinapril	ACE Inhibitor Combinations	A2 Blockers	Ramipril
Quinapril/hydrochlorothiazide	Trandolapril/Verapamil ext-rel (TARKA)	Losartan (COZAAR) (ST)	Trandolapril
Ramipril		Valsartan (DIOVAN) (ST)	A2 Blockers
Trandolapril		Valsartan/HCTZ (DIOVAN HCT) (ST)	Candasartan (ATACAND)
A2 Blockers		Valsartan/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)
ACE Inhibitor Combination			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.)			
Direct Renin Inhibitors & Combinations			
ST – Aliskiren (TEKURNA)			
ST – Aliskiren/Hydrochlorothiazide (TEKURNA HCT)			

* preferred formulary drug

MD provider edit

QL quantity limits

DC dose consolidation

PA prior authorization

RD restricted distribution item

HT half tab

required for this drug

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)

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 QL quantity limits
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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
Penicillins Amoxicillin Amoxicillin/clavulanate Ampicillin Dicloxacillin Penicillin potassium Amoxicillin/clavulanate ext-rel (AUGMENTIN XR)	Penicillins Amoxicillin Amoxicillin/Clavulanate Ampicillin Dicloxacillin Penicillin VK Cehalosporins Cefaclor Cefuroxime axetil Cephalexin Cefdinir (OMNICEF) Cefpodoxime (VANTIN) Cefprozil (CEFZIL) Ceftibuten (CEDAX) Fluoroquinolones Ciprofloxacin Levofloxacin (LEVAQUIN) Moxifloxacin (AVELOX) Eythromycins/Macrolides Azithromycin Clarithromycin Erythromycin delayed-rel Erythromycin ethylsuccinate Erythromycin stearate	Suspensions/Liquids 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) Capsules/Tablets Amoxicillin Amoxicillin/clavulanate Ampicillin	Penicillins Amoxicillin Amoxicillin/clavulanate Ampicillin Dicloxacillin Penicillin VK Amoxicillin/clavulanate extended-release (AUGMENTIN XR) Cephalosporins Cefaclor Cefadroxil Cefdinir Cefixime Cefpodoxime Cefprozil Cefuroxime Cephalexin Ceftibuten (CEDAX) Macrolides 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)	Quinolones Ciprofloxacin Ofloxacin Levofloxacin (LEVAQUIN) Moxifloxacin (AVELOX)
Tetracyclines Demeclocycline Doxycycline Minocycline Tetracycline	Sulfonamides 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)	Tetracyclines Demeclocycline Doxycycline Minocycline Tetracycline
Miscellaneous 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)	Tetracyclines Doxycycline hyclate Minocycline Tetracycline Doxycycline Hyclate (PERIOSTAT)		Miscellaneous Clindamycin Metronidazole Nitrofurantoin macro Sulfamethoxazole/trimethoprim Sulfisoxazole Trimethoprim Dapsone (DAPSONE) Vancomycin (VANCOCIN) PA – Linezolid (ZYVOX)
	Miscellaneous 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
 Fluvoxamine 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
SSRIs/SNRIs 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)	General Antidepressants 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)
MAO Inhibitors Tranylcypromine Phenelzine (NARDIL)		SSRIs Citalopram Fluoxetine Fluvoxamine Paroxetine Paroxetine tabs Sertraline Escitalopram (LEXAPRO) (ST)	
Tricyclics Amitriptyline Amitriptyline/chlordiazepoxide Amitriptyline/perphenazine Amoxapine Clomipramine Desipramine Doxepin Imipramine Nortriptyline Protriptyline Trimipramine		MAO Inhibitors 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)

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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>H2s Cimetidine Famotidine 40 mg tabs Nizatidine caps Ranitidine</p> <p>Other Anti-Ulcer Misoprostol Sucralfate QL – Lansoprazole/amoxicillin/clarithromycin (PREVPAC)</p> <p>Proton Pump Inhibitors QL – Omeprazole ST/QL – Pantoprazole ST/QL – Lansoprazole (PREVACID)</p> <p>Motility Metoclopramide</p>	<p>H2s Cimetidine Ranitidine</p> <p>Other Anti-Ulcer Misoprostol Sucralfate (CARAFATE) Bismuth Subsalicylate/TCN/ metronidazole (HELIDAC) Lansoprazole/amox/clarith (PREVPAC)</p> <p>Proton Pump Inhibitors Omeprazole magnesium (PRIOSEC OTC) Lansoprazole (PREVACID TABS & SOLUTABS) Children < 8 years of age only</p> <p>Motility Metoclopramide (REGLAN)</p>	<p>H2s Cimetidine Famotidine Nizatidine Ranitidine</p> <p>Other Anti-Ulcer Misoprostol Sucralfate</p> <p>H. Pylori Treatment PREVAC (QL=14)</p> <p>Proton Pump Inhibitors Omeprazole (10&20mg QL=34) Pantoprazole (QL=34) Esomeprazole (NEXIUM) (20mg QL=34) (ST)</p> <p>Motility Metoclopramide</p>	<p>H2s Cimetidine Famotidine Nizatidine Ranitidine</p> <p>PPis Omeprazole Pantoprazole Prilosec OTC (prescription required) ST – Esomeprazole (NEXIUM) ST – Lansoprazole (PREVACID) ST – Rabeprazole (ACIPHEX)</p> <p>Other Anti-Ulcer and Motility Drugs 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>Cardioselective</p> <p>Acebutolol Atenolol Atenolol/chlorthalidone Betaxolol Bisoprolol Bisoprolol/hydrochlorothiazide Metoprolol Metoprolol/hydrochlorothiazide Metoprolol succinate</p> <p>Non-Cardioselective</p> <p>Nadolol Nadolol/bendroflumethiazide Pindolol Propranolol Propranolol/hydrochlorothiazide Timolol</p> <p>Alpha/Beta Blockers</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>Alpha-Beta Blockers</p> <p>Carvedilol (COREG) Labetalol</p>	<p>Cardioselective</p> <p>Acebutolol Atenolol Metoprolol Metoprolol extended release</p> <p>Non-Cardioselective</p> <p>Nadolol Propranolol Propranolol SR Timolol Penbutolol (LEVATOL)</p> <p>Combination Alpha/Beta Blockers</p> <p>Carvedilol (COREG CR) (ST) Labetalol</p>	<p>Cardioselective</p> <p>Atenolol Metoprolol Metoprolol extended-release</p> <p>Non-Cardioselective</p> <p>Propranolol Propranolol extended-release Sotalol</p> <p>Combination Alpha/Beta Blockers</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)	CCB Only 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 CCB Combination 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 Within classes, drugs are listed in alpha order, generics, then brands.
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 CCB Combination 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) CCB Combination 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)
Nateglinide (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
Insulins HUMALOG (ALL) HUMULIN (ALL) LANTUS NOVOLIN (ALL) NOVOLOG (ALL) VELOSULIN BR Oral Sulfonylureas Glimepiride Glipizide Glipizide ext-rel	Insulins 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	Insulins HUMALOG HUMULIN (ALL) LANTUS LEVEMIR NOVOLIN (ALL) NOVOLOG SOLOSTAR Oral Sulfonylureas Drugs Acetohexamide Chlorpropamide	Insulins APRIDRA HUMALOG (ALL) HUMULIN (ALL) LANTUS LEVEMIR NOVOLIN (ALL) NOVOLOG (ALL) Oral Sulfonylurea Agents 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
Other Diabetic Drugs 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)	Oral Agents Glimepiride Glipizide Glipizide ext-rel Glyburide Glyburide Micronized Other Diabetic Drugs 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)	Other Diabetic Drugs Glyburide/Metformin Metformin ER Pioglitazone (ACTOS) (QL=34) (ST) Pioglitazone/Metformin (ACTOSPLUS MET) (QL=68) (ST) Repaglinide (PRANDIN) Acarbose Nateglinide (STARLIX)	Other Diabetic Drugs 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)	Estrogens – Oral & Patch Estradiol oral Estradiol weekly patch Estropipate oral Estradiol biweekly patch (ESTRADERM & VIVELLE DOT) Estrogens, conjugated oral (PREMARIN) Estrogens – Vaginal Estradiol cream (ESTRACE) Estradiol ring (ESTRING) Estradiol tablet (VAGIFEM)	Estrogens, conjugated cream (PREMARIN) Estrogen/Progestin Combination 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) Estrogen/Progestin 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) Estrogen/Progestin 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 Estrogen/Progestin 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 Within classes, drugs are listed in alpha order, generics, then brands.

Medica	Metropolitan Health Plan	PreferredOne	UCare
Hypolipoproteinemics Cholestyramine Colestipol Fenofibrate Gemfibrozil Ezetimibe (ZETIA) Niacin ext-rel (NIASPAN) HMG-COA Reductase Inhibitors and Combinations 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)	Hypolipoproteinemics Cholestyramine Colestipol Fenofibrate Gemfibrozil Niacin extended release (NIASPAN) Colesevelam (WELCHOL) Ezetimibe (ZETIA) HMG-COA Reductase Inhibitors Lovastatin Simvastatin (QLL=34) Risuvastatin (CRESTOR) (QLL=34) (ST) Atorvastatin (LIPITOR) (QLL) HMG-COA Combination Lovastatin/Niacin (ADVICOR) (500/20 QLL=34, 750/20 & 100/20 QLL=68) (ST)	Hypolipoproteinemics Cholestyramine Colestipol Gemfibrozil Colesevelam (WELCHOL) Ezetimibe (ZETIA) Fenofibrate (TRIGLIDE) Niacin ext-rel (NIASPAN) HMG-COA Reductase Inhibitors & Combos 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 Within classes, drugs are listed in alpha order, generics, then brands.

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	Cox II Inhibitors	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	Cox II Inhibitors
Nabumetone		Tolemtin sodium	PA – Celecoxib (CELEBREX)
Naproxen		Cox II Inhibitors	Salicylates
Naproxen del rel		Celecoxib (CELEBREX) (ST)	Salsalate
Oxaprozin			
Piroxicam			
Sulindac			
Tolmetin			
QL/ST – Lansoprazole/Naproxen (PREVACID NAPRAPAC)			
Cox II Inhibitors			
ST – Celecoxib (CELEBREX)			
Salicylates			
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

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

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 Injectable DEPO-PROVERA Intravaginal NUVARING Transdermal ORTHO EVRA Emergency Contraception 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 Within classes, drugs are listed in alpha order, generics, then brands.
Intravaginal NUVARING			
Transdermal ORTHO EVRA			
Emergency Contraception 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
Steroids Beclomethasone (QVAR) Budesonide (PULMICORT) Fluticasone (FLOVENT HFA) Mometasone Furoate (ASMANEX)	Corticosteroids Beclomethasone CFC-free Aerosol (QVAR) Fluticasone (FLOVENT HFA & DISKUS) Triamcinolone (AZMACORT)	Corticosteroids Fluticasone (FLOVENT, ROTADISK) (QL varies) Budesonide (PULMICORT, RESPULES) (QL=2 inhalers, 70 respules) Beclomethasone (QVAR) (QL=2 inhalers)	Corticosteroids Beclomethasone(QVAR) Budesonide (PULMICORT) Fluticasone (FLOVENT) Triamcinolone (AZMACORT)
Bronchodilators Albuterol (PROAIR HFA, VENTOLIN HFA) Formoterol (FORADIL) Pirbuterol (MAXAIR) Salmeterol (SEREVENT DISKUS)	Bronchodilators Albuterol Albuterol Sulfate CFC-free aerosol (PROVENTILHFA & PROAIR HFA) Formoterol Inhalation (FORADIL) Pirbuterol (MAXAIR AUTOHALER) Salmeterol (SEREVENT)	Bronchodilators Albuterol (QL=3 inhalers) Formoterol (FORADIL) (QL varies) Albuterol (PROVENTIL HFA) (QL=2 inhalers) Salmeterol (SEREVENT DISKUS) (QL varies)	Bronchodilators Albuterol (PROAIR HFA) Albuterol (PROVENTIL HFA) Albuterol (VENTOLIN HFA) Formoterol (FORADIL) Perbuterol (MAXAIR) Salmeterol (SEREVENT)
Other Albuterol/Ipratropium (COMBIVENT) Cromolyn sodium (INTAL) Fluticasone/Salmeterol (ADVAIR) Ipratropium (ATROVENT) Tiotropium bromide (SPIRIVA)	Other 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)	Other 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)	Other 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	
Low Potency Desonide crm/lotion/oint 0.05% Hydrocortisone crm/lotion/oint 2.5%	Low Potency Desonide crm/lotion/oint 0.05% Hydrocortisone crm/lotion/oint 2.5%	Group I Betamethasone dipropionate, "augmented" ointment Clobetasol propionate cream, gel, ointment, solution Clobetasol propionate emollient cream PA – Clobetasol propionate foam (generic for OLUX)	* preferred formulary drug DC dose consolidation HT half tab
Medium Potency 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% FLUOCINOLONE ACETONIDE crm/soln 0.01% and crm/oint 0.025% Fluocinolone acetonide oil 0.01% (DERMA-SMOOTHIE/FS)	Medium Potency 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% FLUOCINOLONE ACETONIDE crm/soln 0.01% and crm/oint 0.025% Fluocinolone acetonide oil 0.01% (DERMA-SMOOTHIE/FS)	PA – Clobetasol propionate emollient (generic for PSORCON) PA – Clobetasol propionate emollient foam (DLUX-E) PA – Clobetasol propionate spray (CLOBEX spray)	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.
High Potency 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%	High Potency 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%	Group II 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	
Highest Potency Augmented betamethasone dipropionate crm/gel/lotion/oint 0.05% Clobetasol propionate crm/soln/gel/oint/foam 0.05%	Highest Potency Augmented betamethasone dipropionate crm/gel/lotion/oint 0.05% Clobetasol propionate crm/soln/gel/oint/foam 0.05%	Group III 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>Group IV Desoximetasone 0.05% cream Fluocinolone acetonide 0.025% ointment Hydrocortisone valerate ointment Mometasone cream & lotion Triamcinolone acetone 0.1% ointment Flurandrenolide tape (CORDRAN)</p> <p>Group V Betamethasone dipropionate lotion (NOT augmented) Betamethasone valerate cream & lotion Fluocinolone acetone 0.25% cream Hydrocortisone valerate cream Triamcinolone acetone 0.1% cream, 0.025% cream & ointment Triamcinolone acetone 0.025% & 0.1% lotion PA – Betamethasone valerate foam (LUXIQ)</p> <p>Group VI Desonide cream & ointment Fluocinolone acetone 0.01% cream, oil, solution, shampoo</p> <p>Group VII 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>Within classes, drugs are listed in alpha order, generics, then brands.</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 Group IV – Low Potency 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) Group V (Low Potency) Flucinolone acetonide soln 0.01% Betamethasone valerate lot 0.1% Desonide oint 0.05% Alclometasone crm/oint 0.05% (ACLOVATE) Group VI (Lowest Potency) Hydrocortisone oint/crm 0.5/1% OTC Hydrocortisone lot 1% Hydrocortisone crm 2.5%	Group IV – Low Potency 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 Group IV – Low Potency Alclometasone dipropionate 0.05% oint Desonide 0.05% crm/oint/lotion Flucinolone acetonide 0.01% crm/soln Hydrocortisone 2.5 % crm/oint/lotion Group V – Lowest Potency 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
Analgesics/Antipyretics		
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
Antidiarrheals		
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
Antiemetics		
Meclizine HCl	Tablets	12.5mg, 25mg
Antifungals, topical		
Clotrimazole	Cream, Solution	1%
Miconazole	Cream, Spray	2%
Terbinafine	Cream, Solution	1%
Tolnaftate	Cream, Powder, Solution, Spray	1%
Antibacterials/Antiseptics/Alcohols topical		
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%
Antihistamines & Antihistimines/Decongestants		
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
Antacids & Antacids/Antigas		
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
Supplements		
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
Laxatives		
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
Miscellaneous, Oral		
Activated charcoal	Capsules/Tablets	
Lactose Free Milk		
Lactase Supplements	Capsules/Tablets	
Ipecac	Oral Liquid	
Electrolyte Rehydrating Solution	Oral Liquid	
Antifungals, vaginal		
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	
Antiseborrheic		
Coal Tar	Gel, Cream	0.5%
Coal Tar	Solution	
Coal Tar	Shampoo	2%, 2.8%, 4.3%
Eyes/Ears/Nose/Throat/Mouth		
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%
Miscellaneous, topical		
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		
Anti-acne		
Benzoyl Peroxide		5%, 10%
Antitussives/Expectorants		
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
Smoking Cessation		
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
Contraceptives		
Nonoxynol 9	Jelly, Foam, Gel Insert	100mg
Pediculocides		
Permethrin	Rinse	1%
Piperonyl Butoxide/pyrethrins	Shampoo	4%-0.33%
Diabetes Related		
Dextrose	Tablet, Gel	
Insulin (Human), all forms		
Insulin (Bovine or Porcine), all forms		

Health Plan Phone Numbers

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

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