

Medicaid-Covered, Part-D Excluded Drug List for

PrimeWest Senior Health Complete (HMO SNP) and Prime Health Complete (HMO SNP)

NOTE: Abbreviation key is provided on the last page of this document

Generic Description	Brand Examples	Strengths	Dosage Forms
OTHER PRESCRIPTION PRODUCTS			
<i>Barbiturates</i>			
phenobarbital		20 mg/5 mL	soln
phenobarbital		various strengths	tabs
<i>Barbiturate combinations (headache analgesic)</i>			
butalbital-acetaminophen	Phrenilin	50-325 mg	tabs
butalbital-acetaminophen	Sedapap	50-650 mg	tabs
butalbital-acetaminophen-caffeine	Esgic	50-325-40 mg	caps
butalbital-acetaminophen-caffeine	Esgic, Fioricet	50-325-40 mg	tabs
butalbital-aspirin-caffeine	Fiorinal	50-325-40 mg	caps
butalbital-aspirin-caffeine	Fiorinal	50-325-40 mg	tabs
<i>Benzodiazepines</i>			
alprazolam	Xanax	various strengths	tabs
alprazolam concentrate	Alprazolam Intensol	1 mg/mL	soln
alprazolam ER	Xanax XR	various strengths	ER tabs
diazepam	Valium	2 mg, 5 mg, 10 mg	tabs
diazepam concentrate	Diazepam Intensol	5 mg/mL	soln
diazepam solution	Diazepam Solution	1 mg/mL	soln
lorazepam	Ativan	0.5 mg, 1 mg, 2 mg	tabs
lorazepam concentrate	Lorazepam Intensol	2 mg/mL	soln
lorazepam solution		2 mg/mL	soln
estazolam		1 mg, 2 mg	tabs
temazepam	Restoril	7.5 mg, 15 mg, 22.5 mg, 30 mg	caps
triazolam	Halcion	0.125 mg, 0.25 mg	tabs
clonazepam	Klonopin	0.5 mg, 1 mg, 2 mg	tabs
clonazepam ODT	Klonopin Wafers	various strengths	tabs
<i>Cough and Cold Products</i>			
benzonatate	Tessalon	100 mg, 200 mg	caps
codeine-guaifenesin		10-100 mg/5 mL	soln
codeine-guaifenesin	Tusso-C	10-200 mg/5 mL	syrup
codeine-guaifenesin	Brontex Liquid	10-300 mg/20 mL	syrup
pseudoephedrine-chlorpheniramine-codeine	Phenylhistine DH	30-2-10 mg/5 mL	soln
<i>Opioid Analgesics</i>			
morphine sulfate		1 mg/mL, 5 mg/mL, 10 mg/mL, 15 mg/mL, 25 mg/mL, 50 mg/mL	IV soln

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morphine sulfate		1 mg/mL, 2 mg/mL, 3 mg/mL, 4 mg/mL, 5 mg/mL, 8 mg/mL, 10 mg/mL, 15 mg/mL, 25 mg/mL, 50 mg/mL	inj soln
morphine sulfate		20 mg/10 mL	oral soln
morphine sulfate (preservative free)		1 mg/mL	inj soln
morphine sulfate		5 mg, 10 mg, 20 mg, 30 mg	supp
oxycodone	Roxicodone	20 mg/mL	oral concentrate
Prescription Supplements			
calcitriol	Rocaltrol	1 mcg/mL	oral soln
cyanocobalamin (Vitamin B12)		1000 mcg/mL	inj soln
cyanocobalamin (Vitamin B12)	Nascobal	500 mcg/0.1 mL	nasal soln
ergocalciferol	Drisdol	50,000 units	caps
folic acid		1 mg	tabs
potassium chloride		5%, 10%, 15%, 20%	oral soln
potassium chloride		15 mEq, 20 mEq, 25 mEq, 13.4 mEq	pwdr packets
potassium and sodium acid phosphates	K-Phos MF, K-Phos No 2	155 mg-350 mg, 305 mg-700 mg	tabs
sodium fluoride		various strengths	topical rinse, gel, foam, crm, paste
sodium fluoride		various strengths	tabs, chewable tabs, oral soln
vitamin K (phytonadione)	Mephyton	5 mg	tabs
vitamin K (phytonadione)		2 mg/mL, 10 mg/mL	inj soln
Miscellaneous Prescription Products			
aluminum chloride		20%	soln
aminocaproic acid	Amicar	500 mg	tabs
atropine sulfate	Isopto Atropine	1%	ophth soln
atropine	Sal-Tropine	0.4 mg	tabs
belladonna-opium		16.2 mg-30 mg, 16.2 mg-60 mg	supp
benzocaine-antipyrine		1.4%-5.4%	otic soln
bisacodyl tab & PEG 3350/KCL-sodium bicarb-sodium chloride	Half-lytely		pwdr for oral soln
hydrocortisone		0.5%	crm, oint
hydrocortisone acetate		1%	ointment

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hyoscyamine sulfate	Levsin	0.125 mg, 0.25 mg	tabs
nitroglycerin		2.5 mg, 6.5 mg, 9 mg	CR caps
pilocarpine hcl	Isopto Carpine	0.5%, 1%, 2%, 3%, 4%, 6%	ophth soln
urea		40%	crm, gel

Key
caps = capsules
crm = cream
CR = controlled release
DR = delayed release
ER = extended release
inj = injectable
lotn = lotion
ODT = orally disintegrating tablets
oint = ointment
ophth = eye
otic = ear
pwdr = powder
soln = solution
supp = suppository
susp = suspension
tabs = tablets

This information is available in other forms to people with disabilities by calling:

TOLL FREE
Member Services: 1-800-366-2906

TOLL FREE MINNESOTA RELAY
TTY, Voice, ASCII, or Hearing Carry Over: 1-800-627-3529 or 711

TOLL FREE SPEECH-TO-SPEECH RELAY SERVICE
1-877-627-3848

Member Services 1-800-366-2906

Attention. If you want free help translating this information, call the above number.

Atención. Si desea recibir asistencia gratuita para traducir esta información, llame al número que aparece más arriba.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjama dda macluumaadkani oo lacag la'aan ah, wac lambarka kore.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم الموجود أعلاه.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមទូរស័ព្ទ ទៅលេខនៅខាងលើ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, nazovite gornji broj.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no dawb, thov hu rau tus xov tooj saud.

ໂປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການເປຍຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງ ໂທສຕາມເລກໂທສທີ່ຢູ່ຂ້າງເທິງນີ້.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, lakkoofsa armaa olii bilbili.

Внимание. Если вам нужна бесплатная помощь в переводе этой информации, позвоните по указанному выше телефону.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi số nêu trên.

PrimeWest Health will enroll all eligible people who select or are assigned to PrimeWest Health without regard to physical or mental condition, health status, need for health care services, claims experience, medical history, genetic information, disability, marital status, age, gender, sexual orientation, national origin, race, ethnicity, color, religion, political beliefs, or geographic location. PrimeWest Health will not use any policy or practice that discriminates based on such.

American Indians can continue or begin to use tribal and Indian Health Service (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For enrollees age 65 years and older, this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.