

Updates to Medica Drug List for Individual and Family Business (IFB) Members

Effective July 1, 2022

Effective on July 1, 2022, the following changes will apply to the Medica Individual and Family Business Drug List (formulary).

Step Therapy Required

Brand Name	Formulary position	Preferred alternatives
ALPHAGAN P 0.1% IOPIDINE 0.5%, IOPIDINE 1%	ST added	Generic apraclonidine 0.5% ophthalmic solution, brimonidine tartrate 0.15% and 0.2% ophthalmic solution
TIMOPTIC OCUDOSE	ST added	Generic timolol maleate 0.25% and 0.5% ophthalmic gel forming solution, timolol maleate 0.25% and 0.5% ophthalmic solution timolol maleate 0.5% ophthalmic solution
COMBIGAN	ST added	Generic dorzolamide/timolol maleate ophthalmic solution
cyclobenzaprine ER	ST added	Generic cyclobenzaprine 5 and 10 mg tablets
ENSTILAR FOAM	ST added	Generic calcipotriene cream, calcipotriene ointment, calcipotriene solution

Removed from Formulary, Prior Authorization Required for Medical Necessity

Brand Name	Generic Name	Formulary position	Preferred alternatives
ABSORICA LD	isotretinoin	Removed from formulary	Generic accutane, amnesteem, claravis, myorisan, zenatane
AFINITOR, AFINITOR DISPERZ	everolimus	Removed from formulary	Generic everolimus
ANTARA	fenofibrate	Removed from formulary	Generic fenofibrate
BONJESTA	doxylamine/ pyridoxine	Removed from formulary	Generic doxylamine/pyridoxine

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BUPROPION XL 450 MG	bupropion	Removed from formulary	Generic bupropion xl
CAROSPIR	spironolactone	Removed from formulary	Generic spironolactone
ERTACZO	sertaconazole	Removed from formulary	Generic ciclopirox, clotrimazole, econazole
FABIOR	tazarotene	Removed from formulary	Generic tazarotene, tretinoin
FORVIVO XL	bupropion	Removed from formulary	Generic bupropion xl
HALOBETASOL 0.05% FOAM	halobetasol propionate	Removed from formulary	Generic halobetasol cream or ointment
IMPOYZ	clobetasol propionate	Removed from formulary	Generic betamethasone dipropionate, clobetasol, desoximetasone, diflorasone, fluocinonide, halcinonide
INDOCIN	indomethacin	Removed from formulary	Generic diclofenac, indomethacin, ibuprofen, meloxicam, naproxen, nabumetone, piroxicam
LEXETTE	halobetasol propionate	Removed from formulary	Generic betamethasone dipropionate, clobetasol propionate, desoximetasone
NORITATE	metronidazole	Removed from formulary	Generic metronidazole
ORACEA	doxycycline	Removed from formulary	Generic doxycycline hyclate, doxycycline monohydrate, azelaic acid

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QBREXZA	glycopyrronium tosylate	Removed from formulary	Consult with prescriber
SERNIVO	betamethasone dipropionate	Removed from formulary	Generic betamethasone dipropionate, betamethasone valerate, desoximetasone, fluocinolone, fluocinonide, triamcinolone
TAZORAC GEL & 0.05% CREAM	tazarotene	Removed from formulary	Generic tazarotene
ULTRAVATE	halobetasol propionate	Removed from formulary	Generic betamethasone dipropionate, clobetasol, desoximetasone, diflorasone, fluocinonide, halobetasol propionate
VEREGEN	sinecatechins	Removed from formulary	Generic imiquimod, podofilox
XERESE	acyclovir/hydrocortisone	Removed from formulary	Generic acyclovir (cream), acyclovir (oral), famciclovir, valacyclovir

NOTE: Coverage limitations may apply to these medications. Inclusion in this list does not imply coverage. Members should refer to their benefit plan document for further information