

Updates to Medica drug lists for Minnesota Health Care Programs

Effective June 1, 2021

Effective on June 1, 2021, the following changes will apply to the Minnesota Health Care Programs (MHCP) List of Covered Drugs (formulary).

In Minnesota, all managed care organizations are required to follow the Department of Human Services (DHS) Preferred Drug List (PDL). The PDL changes noted below reflect the changes to the DHS PDL effective June 1, 2021.

Additions to the List of Covered Drugs:

Brand Name	Generic Name	Restrictions and comments [Prior Authorization (PA), Quantity Limits (QL), Step Therapy (ST)]	Therapeutic category
asenapine sl	(same)	QL applies	Psychotherapeutic Drugs
droxidopa extended release	(same)	PA applies, SP limitation	Diagnostics/Miscellaneous Agents
emtricitabine-tenofovir oral 100-150mg, 133-200mg, 167-200mg strengths	(same)	Generic replacing brand	Antivirals
levorphanol 3mg	(same)	QL applies	Narcotic Analgesics
loteprednol 0.5% gel	(same)		Ophthalmic Steroids
meloxicam submicronized	(same)	QL applies to 5mg strength only	Non-narcotic Analgesics
nitazoxanide 500mg	(same)	Replaces brand drug Alinia tablets. QL applies	Miscellaneous Antinfectives
Nyvepria 6mg/0.6ml	(pegfilgrastim-apgf)	PA applies, SP limitation	Biotechnology Drugs

Change in Utilization Management Criteria (applies to both brand and generic products)

Brand Name	Generic Name	Restrictions and comments [Prior Authorization (PA), Quantity Limits (QL), Step Therapy (ST)]
APOKYN	apomorphine	Add QL: 1 pen per day
INBRIJA	levodopa	Add QL: 300 capsules per mnth
KYNMOBI SL	apomorphine hcl	Add QL: 150 films per month
TRELEGY ELLIPTA	fluticasone/ umeclidinium/vilanterol	Add QL: 1 blister per day
TRIKAFTA 100-50-75	elexacaftor/ tezacaftor/ivacaftor; ivacaftor	Add QL: 84 tablets per fill
VELPHORO 500mg	sucoferric oxyhydroxide	Add QL: 120 tablets per month
XIFAXAN	rifaximin	Add Prior Authorization
XYREM 500mg/ml	sodium oxybate	Add QL: 540ml per month

Updates to Medica drug lists for Minnesota Health Care Programs

Effective June 1, 2021

Additions to Preferred/Non-Preferred Status on Preferred Drug List (PDL)

Brand Name	Generic Name	Restrictions and comments [Prior Authorization (PA), Quantity Limits (QL), Step Therapy (ST)]	Therapeutic category
FINTEPLA	(fenfluramine)	Non-Preferred	Anticonvulsants
rufinamide suspension	(same)	Non-Preferred	Anticonvulsants
SYMPAZAN	(clobazam)	Non-Preferred	Anticonvulsants
XCOPRI	(cenobamate)	Non-Preferred	Anticonvulsants
XCOPRI TITRATION PACK	(cenobamate)	Non-Preferred	Anticonvulsants
VALTOCO	(diazepam)	Preferred	Anticonvulsants
XELJANZ 1mg/ml	(tofacitinib citrate)	Non-Preferred	Other Rheumatologicals

Changes to Preferred/Non-Preferred Status on Preferred Drug List (PDL)

Brand Name	Generic Name	Restrictions and comments [Prior Authorization (PA), Quantity Limits (QL), Step Therapy (ST)]	Therapeutic category
lamotrigine tablet dose pack	(same)	Non-Preferred	Anticonvulsants

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

Rev 05/2021

© 2021 Medica.