

## Updates to Medica drug list for Minnesota Health Care Programs

Effective October 1, 2021

Effective on October 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 October 1, 2021.

### Additions to the Formulary

Brand name	Generic name	Restrictions and comments (PA, QLs, ST, specialty drug)	Therapeutic category
arformoterol tartrate nebulized soln	(same)	QL	Beta Agonists Inhalers
Fluad Quad Fluarix Quad Flublok Quad Flucelvax Quad Flulaval Quad Fluzone Highdose Quad Fluzone Quad	(flu vaccine 2021-2022)	n/a	Vaccines/Miscellaneous Immunologicals
Kloxxado nasal spray	(naloxone hcl 8mg)	n/a	Non-Narcotic Analgesics
Myfembree	(relugolix/estradiol/norethindrone ace)	PA	Miscellaneous OB/GYN
varenicline tablets	(same)		Smoking Deterrents
arformoterol tartrate nebulized soln	(same)	QL	Pulmonary Agents
bepotastine bestilate oph drops	(same)	n/a	Miscellaneous Ophthalmologics
clemastine fumarate 0.5mg/ml syrup	(same)	n/a	Antihistamines
etravirine tablets	(same)	n/a	Antivirals
lopinavir-ritonavir tablets	(same)	n/a	Antivirals
pregabalin ext rel tablets	(same)	n/a	Anticonvulsants
rufinamide tablets	(same)	n/a	Anticonvulsants
tiopronin tablets	(same)	PA, SP	Miscellaneous Agents
benzphetamine	(same)	PA, QL	Anorexiant
diethylpropion	(same)	PA, QL	Anorexiant
diethylpropion ER	(same)	PA, QL	Anorexiant
phendimetrazine tablets	(same)	PA, QL	Anorexiant
phendimetrazine ER	(same)	PA, QL	Anorexiant
phentermine capsule	(same)	PA, QL	Anorexiant
Wegovy injection	(semaglutide)	PA, QL	Anorexiant

## Updates to Medica drug list for Minnesota Health Care Programs

**Effective October 1, 2021**

**Change in Utilization Management Criteria (applies to both brand and generic products if both covered and to all strengths unless specified)**

Brand Name	Generic Name	Restrictions and comments (PA, QLs, ST, specialty drug)	Therapeutic category
calcium acetate 667 mg tablets/capsules/ gelcaps	(same)	QL added (#360/30 days)	Electrolytes
Fosrenol tablets chewable tablets	(lanthanum carbonate)	QL added (#90/30 days)	Electrolytes
Fosrenol powder packets (750mg and 1000mg strengths)	(lanthanum carbonate)	QL added (#90/30 days)	Electrolytes
Renvela 800mg tablets	(sevelamer carbonate)	QL added #270/30 days)	Electrolytes
Renagel tablets	(sevelamer hcl)	QL added (400mg-90/30 days; 800mg – 180/30 days)	Electrolytes
Phoslyra 667 mg/5ml oral solution	(calcium acetate)	QL added (1800ml/30 days)	Electrolytes
Vitakvi capsules	(larotrectinib)	QL added (25mg – #180/30 days; 100mg - #60/30 days; oral soln – 300ml/30 days)	Antineoplastic & Immunosuppressant Drugs
Humira (CF) Pen Pediatric UC subcutaneous kit	(adalimumab)	QL added (2 pens/28 days)	Other Rheumatologicals
Kalydeco 25mg packets	(ivacaftor)	QL added (#56/30 days)	Pulmonary Agents
Tecfidera capsules/ starter pack	(dimethyl fumarate)	QL added (#60/30 days)	Miscellaneous Neurological Therapy
Aubagio tablets	(teriflunomide)	QL added (#30/30 days)	Miscellaneous Neurological Therapy
Gilenya 0.5mg capsules	(fingolimod)	QL added (#30/30 days)	Miscellaneous Neurological Therapy
Zeposia capsules	(ozanimod)	QL added (7- Day Starter pack - #7/7 days; Starter Pack - #37/30 days; 0.92mg – #30/30 days)	Miscellaneous Neurological Therapy
Bafiertam capsules	(monomethyl fumarate)	QL added (#120/30 days)	Miscellaneous Neurological Therapy
Vumerity capsules	(diroximel fumarate)	QL added (Starter pack - #106/30 days; 231mg - #120/30 days)	Immunology, Vaccines and Biotechnology
Ampyra tablets	(dalfampridine)	QL added (#60/30 days)	Miscellaneous Neurological Therapy
Revlimid capsules	(lenalidomide)	QL added (#30/30days)	Antineoplastic/ Immunosuppressant Drugs
Thalomid capsules	(thalidomide)	QL added (50mg and 100mg - #30/30 days; 150mg and 200mg - #60/30 days)	Antineoplastic/ Immunosuppressant Drugs
Kesimpta injection	(ofatumumab)	QL added (Syringes/Sensoready pen #1/28 days)	Miscellaneous Neurological Therapy
Afinitor tablets/ Disperz tablets	(everolimus)	QL added (#30/30 days)	Antineoplastic/ Immunosuppressant Drugs

## Updates to Medica drug list for Minnesota Health Care Programs

Effective October 1, 2021

### Removals from Preferred/Non-Preferred Status on Preferred Drug List (PDL)

Brand Name	Generic Name	Status as of October 1, 2021	DHS Therapeutic category
Azelex 20% cream	(azelaic acid)	Non-formulary	Acne Agents, Topical
Duac 1.2%(1)-5%	(clindamycin phos/ben)	Non-formulary	Acne Agents, Topical
Epiduo 1%-2.5%	(adalapine – benzoyl peroxide)	Non-formulary	Acne Agents, Topical
Prestalia tablets	(perindopril arg/amlodipine bes)	Non-formulary	Angiotensin Modulator Combinations
Mavik tablets	(trandolapril)	Non-formulary	Angiotensin modulators
moexipril/hctz tablets	(same)	Non-Formulary	Angiotensin modulators
Uroxatral	(alfuzosin HCl)	Non-formulary	BPH Treatments
Augmentin suspension	(amoxicillin/potassium clav)	Formulary	Cephalosporins and Related Antibiotics
Cedax capsules/suspension	(ceftibutin)	Non-formulary	Cephalosporins and Related Antibiotics
Daxbia	(cephalexin)	Non-formulary	Cephalosporins and Related Antibiotics
Levaquin tablets	(levofloxacin)	Non-formulary	Fluoroquinolones, Oral

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

Brand Name	Generic Name	Status as of October 1, 2021	Therapeutic category
Differin Gel	(adapalene)	Non-Preferred (PA applies)	Acne Agents, Topical
tretinoin cream/gel	(same)	Non-Preferred (PA applies)	Acne Agents, Topical
cetirizine chew tablets (OTC)	(same)	Non-Preferred (PA applies)	Antihistamines, Minimally Sedating
sumatriptan nasal spray	(same)	Non-Preferred (PA applies)	Antimigraine Agents, Triptans
Forteo	(teriparatide)	Non-Preferred (PA applies)	Bone Resorption Suppression and Related Agents
albuterol sulfate AER HFA (generics, Proair HFA AG, Proventil AG, and Ventolin AG)	(albuterol sulfate)	Non-Preferred (PA applies)	Bronchodilators, Beta Agonist
PROAIR RESPICLICK	(albuterol sulfate)	Non-Preferred (PA applies)	Bronchodilators, Beta Agonist
PROVENTIL HFA	(albuterol sulfate)	Non-Preferred (PA applies)	Bronchodilators, Beta Agonist
MATZIM LA tablets	(diltiazem HCl ER 24h)	Non-Preferred (PA applies)	Calcium Channel Blockers
SUPRAX suspension	(cefixime)	Non-Preferred (PA applies)	Cephalosporins and Related Antibiotics
ACTEMRA syringe	(tocilizumab)	Non-Preferred (PA applies)	Cytokine and CAM Antagonists
fluticasone propion/salmeterol aer pwd/ blst w/dev	(same)	Non-Preferred (PA applies)	Glucocorticoids, Inhaled
Retin-A cream/gel	(tretinoin)	Preferred	Acne Agents, Topical
ENTRESTO tablets	(sacubitril/valsartan)	Preferred	Angiotensin Modulators

## Updates to Medica drug list for Minnesota Health Care Programs

**Effective October 1, 2021**

ELIQUIS tablets/dose pack	(apixaban)	Preferred	Anticoagulants
IMITREX nasal spray	(sumatriptan)	Preferred	Antimigraine Agents, Triptans
ANORO ELLIPTA inh dev	(umeclidinium brm/vilanterol tr)	Preferred	COPD Agents
ENBREL syringe/vial/pen inject	(etanercept)	Preferred	Cytokine and CAM Antagonists

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

Brand Name	Generic Name	Status as of October 1, 2021	Therapeutic category
Bydureon Bcise	(exenatide)	Preferred, QL	Diabetes Therapy
hydrocodone bitartrate ER 12h capsules/ ER 24H tablets	(same)	Non-Preferred (PA applies)	Analgesics, Narcotics Long
methadone HCl oral concentrate/solution	(same)	Non-Preferred (PA applies)	Analgesics, Narcotics Long
testosterone gel 10mg pump	(same)	Non-Preferred (PA applies)	Androgenic Agents
trandolapril/verapamil HCl 24h tablets	(same)	Non-Preferred (PA applies)	Angiotensin Modulator Combinations
tobramycin neb (Bethkis AG)	(same)	Non-Preferred (PA applies)	Antibiotics, Inhaled
XEPI cream	(ozenoxacin)	Non-Preferred (PA applies)	Antibiotics, Topical
BUPROPION XL ER 24h tablets	(bupropion HCl)	Non-Preferred (PA applies)	Antidepressants, Other
GIMOTI spray	(metoclopramide HCl)	Non-Preferred (PA applies)	Miscellaneous Gastrointestinal Agents
metoclopramide HCl dissolving tablets	(metoclopramide HCl)	Non-Preferred (PA applies)	Antiemetic/Antivertigo Agents
VARUBI tablets	(rolapitant HCl)	Non-Preferred (PA applies)	Antiemetic/Antivertigo Agents
KERYDIN solution	(tavaborole)	Non-Preferred (PA applies)	Antifungals, Topical
ketoconazole cream	(same)	Preferred	Antifungals, Topical
tavaborole	(same)	Non-Preferred (PA applies)	Antifungals, Topical
AJOVY AUTOINJECTOR 225mg/1.5 ml strength	(fremanezumab-vfrm)	Preferred	Antimigraine Agents, Other
NURTEC ODT tablets	(rimegepant sulfate)	Non-Preferred (PA applies)	Antimigraine Agents, Other
REYVOW tablets	(lasmiditan succinate)	Non-Preferred (PA applies)	Antimigraine Agents, Other
UBRELVY tablets	(ubrogepant)	Preferred	Antimigraine Agents, Other
IMITREX cartridge/pen injector	(sumatriptan succinate)	Preferred	Antimigraine Agents, Triptans
sumatriptan succinate cartridge, pen injector/vial	(same)	Non-Preferred (PA applies)	Antimigraine Agents, Triptans

## Updates to Medica drug list for Minnesota Health Care Programs

**Effective October 1, 2021**

zolmitriptan nasal spray	(same)	Non-Preferred (PA applies)	Antimigraine Agents, Triptans
CROTAN lotion	(crotamiton)	Non-Preferred (PA applies)	Antiparasitics, Topical
EURAX lotion	(crotamiton)	Non-Preferred (PA applies)	Antiparasitics, Topical
carbidopa/levodopa/entacapone tablets	(same)	Preferred	Antiparkinson's Agents
entacapone tablets	(same)	Preferred	Antiparkinson's Agents
KYNMOBI film	(apomorphine HCl)	Non-Preferred (PA applies)	Antiparkinson's Agents
ONGENTYS capsules	(opicapone)	Non-Preferred (PA applies)	Antiparkinson's Agents
STALEVO tablets	(carbidopa/levodopa/entacapone)	Non-Preferred (PA applies)	Antiparkinson's Agents
tolcapone tablets	(same)	Non-Preferred (PA applies)	Antiparkinson's Agents
asenapine maleate sublingual tablets (generics and Saphris AG)	(same)	Non-Preferred (PA applies)	Antipsychotics
atenolol/chlorthalidone tablets	(same)	Non-Preferred (PA applies)	Beta-Blockers
bisoprolol/hydrochlorothiazide tablets	(same)	Non-Preferred (PA applies)	Beta-Blockers
metoprolol/hydrochlorothiazide tablets	(same)	Non-Preferred (PA applies)	Beta-Blockers
VESICARE LS suspension	(solifenacin succinate)	Non-Preferred (PA applies)	Bladder Relaxant Preparations
teriparatide pen injector	(same)	Preferred	Bone Resorption Suppression and Related Agents
cephalexin tablets	(same)	Non-Preferred (PA applies)	Cephalosporins and Related Antibiotics
DUAKLIR PRESSAIR AER pwd	(aclidinium brom/formoterol fum)	Non-Preferred (PA applies)	COPD Agents
ACTEMRA syringe	(tocilizumab)	Non-Preferred (PA applies)	Cytokine and CAM Antagonists
ENBREL vial/ENBREL MINI cartridge	(etanercept)	Preferred	Cytokine and CAM Antagonists
OLUMIANT tablets	(baricitinib)	Non-Preferred (PA applies)	Cytokine and CAM Antagonists
SKYRIZI syringe/syringe kit/pen	(risankizumab-rzaa)	Non-Preferred (PA applies)	Cytokine and CAM Antagonists
XELJANZ solution	(tofacitinib citrate)	Non-Preferred (PA applies)	Cytokine and CAM Antagonists
FREESTYLE LIBRE 2 READER	(blood glucose reader)	Preferred	Diabetes Meters, Continuous
FREESTYLE LIBRE 2 SENSOR	(blood glucose sensor)	Preferred	Transmitters and Sensors
BREZTRI AEROSPHERE HFA inh aer	(budesonide/glycopyr/formoterol)	Non-Preferred (PA applies)	Glucocorticoids, Inhaled



## **Updates to Medica drug list for Minnesota Health Care Programs**

**Effective October 1, 2021**

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 09/2021

© 2021 Medica.