

Updates to Medica drug list for Minnesota Health Care Programs

Effective September 1, 2022

Effective on September 1, 2022, 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 September 1, 2022.

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

Brand Name	Status as of September 1, 2022	Preferred Alternatives
Amzeeq (minocycline) foam	Non-Preferred (PA applies)	Preferred products include: Differin (Rx) lotion/cream/gel pump, benzoyl peroxide 10% wash (OTC)/3% cleanser (OTC)/6% cleanser (OTC)/9% cleanser (OTC)/ gel/lotion (OTC), clindamycin/benzoyl peroxide gel/pump, clindamycin phos topical gel/lotion/solution/swab, erythromycin topical gel/solution/swab, erythromycin-benzoyl peroxide gel, sod sulfacetamide-sulfur cream/cleanser/lotion/pads, Retin-A gel/cream
Avar (sulfacetamide sod/sulfur) cleanser	Non-Preferred (PA applies)	Preferred products include: Differin lotion/cream/gel (pump), benzoyl peroxide 10% wash (OTC)/3% cleanser (OTC)/6% cleanser (OTC)/9% cleanser (OTC)/ gel/lotion (OTC), clindamycin/benzoyl peroxide gel/pump, clindamycin phos topical gel/lotion/solution/swab, erythromycin topical gel/solution/swab, erythromycin-benzoyl peroxide gel, sod sulfacetamide-sulfur cream/cleanser/lotion/pads, Retin-A gel/cream
clindamycin phosphate gel once-daily (generic of Clindagel)	Non-Preferred (PA and QL applies)	Preferred products include: Differin (Rx) lotion/cream/gel pump, benzoyl peroxide 10% wash (OTC)/3% cleanser (OTC)/6% cleanser (OTC)/9% cleanser (OTC)/ gel/lotion (OTC), clindamycin/benzoyl peroxide gel/pump, clindamycin phos topical gel/lotion/solution/swab, erythromycin topical gel/solution/swab, erythromycin-benzoyl peroxide gel, sod sulfacetamide-sulfur cream/cleanser/lotion/pads, Retin-A gel/cream
Differin gel (OTC) (adapalene)	Non-Preferred (PA applies)	Preferred products include: Differin (Rx) lotion/cream/gel pump, benzoyl peroxide 10% wash (OTC)/3% cleanser (OTC)/6% cleanser (OTC)/9% cleanser (OTC)/ gel/lotion (OTC), clindamycin/benzoyl peroxide gel/pump, clindamycin phos topical gel/lotion/solution/swab, erythromycin topical gel/solution/swab, erythromycin-benzoyl peroxide gel, sod sulfacetamide-sulfur cream/cleanser/lotion/pads, Retin-A gel/cream
Ovace plus cream/shampoo (sulfacetamide sodium)	Non-Preferred (PA applies)	Preferred products include: Differin (Rx) lotion/cream/gel pump, benzoyl peroxide 10% wash (OTC)/3% cleanser (OTC)/6% cleanser (OTC)/9% cleanser (OTC)/ gel/lotion (OTC), clindamycin/benzoyl peroxide gel/pump, clindamycin phos topical gel/lotion/solution/swab, erythromycin topical gel/solution/swab, erythromycin-benzoyl peroxide gel, sod sulfacetamide-sulfur cream/cleanser/lotion/pads, Retin-A gel/cream

Updates to Medica drug list for Minnesota Health Care Programs

Effective September 1, 2022

Brand Name	Status as of September 1, 2022	Preferred Alternatives
Sulfacetamide/sulfur suspension (topical)	Non-Preferred (PA applies)	Preferred products include: Differin (Rx) lotion/cream/gel pump, benzoyl peroxide 10% wash (OTC)/3% cleanser (OTC)/6% cleanser (OTC)/9% cleanser (OTC)/ gel/lotion (OTC), clindamycin/benzoyl peroxide gel/pump, clindamycin phos topical gel/lotion/solution/swab, erythromycin topical gel/solution/swab, erythromycin-benzoyl peroxide gel, sod sulfacetamide-sulfur cream/cleanser/lotion/pads, Retin-A gel/cream
Winlevi cream (clascoterone)	Non-Preferred (PA applies)	Preferred products include: Differin (Rx) lotion/cream/gel pump, benzoyl peroxide 10% wash (OTC)/3% cleanser (OTC)/6% cleanser (OTC)/9% cleanser (OTC)/ gel/lotion (OTC), clindamycin/benzoyl peroxide gel/pump, clindamycin phos topical gel/lotion/solution/swab, erythromycin topical gel/solution/swab, erythromycin-benzoyl peroxide gel, sod sulfacetamide-sulfur cream/cleanser/lotion/pads, Retin-A gel/cream
buprenorphine (same) buccal (generic of Belbuca)	Non-Preferred (PA applies)	Preferred products include: Belbuca, morphine er tablet, fentanyl transdermal patch in 25 or 50mcg
enalapril oral solution (generic of Epaned)	Non-Preferred (PA applies)	Preferred products include: benazepril, benazepril-hctx, captopril, captopril-hctx, enalapril tabs, enalapril-hctx, Entresto, fosinopril, fosinopril-hctx, irbesartan, irbesartan-hctx, lisinopril, lisinopril-hctx, losartan, losartan-hctx, moexipril, perindopril, quinapril, quinapril-hctx, ramipril, Tekturna HCT, trandolapril, valsartan, valsartan HCTZ
Xarelto (rivaroxaban) oral solution	Non-Preferred (PA applies)	Preferred oral products include: Eliquis, Jantoven, Pradaxa, warfarin, Xarelto 10mg/15mg/20mg tablets
Elepsia XR tablets	Non-Preferred (PA applies)	Preferred products include: lacosamide tablets, carbamazepine chew/susp/tablet/XR, Celontin, clobazam, Dilantin tablet/30mg capsule, divalproex ER/sprinkle, tablet, ethosuximide cap/syrup, felbamate susp/tablet, Felbatol susp, Gabitril, lamotrigine chew/tab/XR, levetiracetam ER/soln/tab, oxcarbazepine susp/tabs, Peganone, Phenytek, phenytoin cap/chew/ext rel cap/susp, primidone, Roweepra tab/XR, topiramate sprinkle/tab, valproic acid cap/soln, zonisamide
lacosamide (same) tablet	Preferred	Preferred products include: lacosamide tablets, carbamazepine chew/susp/tablet/XR, Celontin, clobazam, Dilantin tablet/30mg capsule, divalproex ER/sprinkle, tablet, ethosuximide cap/syrup, felbamate susp/tablet, Felbatol susp, Gabitril, lamotrigine chew/tab/XR, levetiracetam ER/soln/tab, oxcarbazepine susp/tabs, Peganone, Phenytek, phenytoin cap/chew/ext rel cap/susp, primidone, Roweepra tab/XR, topiramate sprinkle/tab, valproic acid cap/soln, zonisamide
rufinamide (same) tablet (generic of Banzel)	Non-Preferred (PA applies)	Preferred products include: lacosamide tablets, carbamazepine chew/susp/tablet/XR, Celontin, clobazam, Dilantin tablet/30mg capsule, divalproex ER/sprinkle, tablet, ethosuximide cap/syrup, felbamate susp/tablet, Felbatol susp, Gabitril, lamotrigine chew/tab/XR,

Updates to Medica drug list for Minnesota Health Care Programs

Effective September 1, 2022

Brand Name	Status as of September 1, 2022	Preferred Alternatives
		levetiracetam ER/soln/tab, oxcarbazepine susp/tabs, Peganone, Phenytek, phenytoin cap/chew/ext rel cap/susp, primidone, Roweepra tab/XR, topiramate sprinkle/tab, valproic acid cap/soln, zonisamide
Citalopram (same) capsule	Non-Preferred (PA applies)	Preferred products include: citalopram soln/tabs, escitalopram tab, fluoxetine cap/soln, fluvoxamine, paroxetine, sertraline conc/tab, vilazodone tab
paroxetine (same) susp	Non-Preferred (PA applies)	Preferred products include: citalopram soln/tabs, escitalopram tab, fluoxetine cap/soln, fluvoxamine, paroxetine, sertraline conc/tab, vilazodone tab
Sertraline (same) capsule	Non-Preferred (PA applies)	Preferred products include: citalopram soln/tabs, escitalopram tab, fluoxetine cap/soln, fluvoxamine, paroxetine, sertraline conc/tab, vilazodone tab
Transderm-Scop (scopolamine) patch	Preferred	Preferred products include: ondansetron ODT/soln/tab, Transderm Scop
scopolamine (same) transderm	Non-Preferred (PA applies)	Preferred products include: ondansetron ODT/soln/tab, Transderm Scop
Bensal HP (salicylic acid) ointment	Non-Preferred (PA applies)	Preferred products include: ciclopirox susp/cream/soln, clotrimazole-betamethasone cream, clotrimazole cream (rx & otc), econazole cream, ketoconazole cream/shampoo, miconazole otc cream/powder, nystatin cream/oint/powder, nystatin-triamcinolone cream, terbinafine otc cream, tolnaftate otc cream
clotrimazole (same) otc soln	Non-Preferred (PA applies)	Preferred products include: ciclopirox susp/cream/soln, clotrimazole-betamethasone cream, clotrimazole cream (rx & otc), econazole cream, ketoconazole cream/shampoo, miconazole otc cream/powder, nystatin cream/oint/powder, nystatin-triamcinolone cream, terbinafine otc cream, tolnaftate otc cream
luliconazole (same) cream	Non-Preferred (PA and QL applies)	Preferred products include: ciclopirox susp/cream/soln, clotrimazole-betamethasone cream, clotrimazole cream (rx & otc), econazole cream, ketoconazole cream/shampoo, miconazole otc cream/powder, nystatin cream/oint/powder, nystatin-triamcinolone cream, terbinafine otc cream, tolnaftate otc cream
miconazole/zinc/petrolatum (same) ointment	Non-Preferred (PA and QL applies)	Preferred products include: ciclopirox susp/cream/soln, clotrimazole-betamethasone cream, clotrimazole cream (rx & otc), econazole cream, ketoconazole cream/shampoo, miconazole otc cream/powder, nystatin cream/oint/powder, nystatin-triamcinolone cream, terbinafine otc cream, tolnaftate otc cream
naftifine (same) gel	Non-Preferred (PA and QL applies)	Preferred products include: ciclopirox susp/cream/soln, clotrimazole-betamethasone cream, clotrimazole cream (rx & otc), econazole cream, ketoconazole cream/shampoo, miconazole otc cream/powder, nystatin cream/oint/powder, nystatin-triamcinolone cream, terbinafine otc cream, tolnaftate otc cream
sulconazole nitrate (same) cream and solution	Non-Preferred (PA and QL applies)	Preferred products include: ciclopirox susp/cream/soln, clotrimazole-betamethasone cream, clotrimazole cream

Updates to Medica drug list for Minnesota Health Care Programs

Effective September 1, 2022

Brand Name	Status as of September 1, 2022	Preferred Alternatives
		(rx & otc), econazole cream, ketoconazole cream/shampoo, miconazole otc cream/powder, nystatin cream/oint/powder, nystatin-triamcinolone cream, terbinafine otc cream, tolnaftate otc cream
tolnaftate otc (same) solution	Non-Preferred (PA applies)	Preferred products include: ciclopirox susp/cream/soln, clotrimazole-betamethasone cream, clotrimazole cream (rx & otc), econazole cream, ketoconazole cream/shampoo, miconazole otc cream/powder, nystatin cream/oint/powder, nystatin-triamcinolone cream, terbinafine otc cream, tolnaftate otc cream
Elyxyb (celecoxib) solution	Non-Preferred (PA and QL applies)	Preferred products include: Ajoyv, Emgality, Ubrelyv
Qulipta (atogepant) tablet	Non-Preferred (PA and QL applies)	Preferred products include: Ajoyv, Emgality, Ubrelyv
Trudhesa (DIHYDROERGOTAMINE MESYLATE)	Non-Preferred (PA and QL applies)	Preferred products include: Ajoyv, Emgality, Ubrelyv
zolmitriptan (same) spray	Non-Preferred (PA and QL applies)	Preferred products include: Imitrex nasal/kit/vial, Relpax, rizatriptan otd/tablet, sumatriptan
Neupro (rotigotine) transderm patch	Non-Preferred (PA applies)	Preferred products include: carbidopa-levodopa ir/er/otc, carbidopa-levodopa-entacapone, entacapone, pramipexole, ropinirole
Invega Hafyera (paliperidone) IM syringe	Preferred	Preferred products include: Abilify Maintena, aripiprazole soln/tab, clozapine tab/odt, Invega Sustenna, Invega Trinza, Invega Hafyera, Latuda, olanzapine IM/tab, quetiapine er/tab, Risperdal Consta, risperidone odt/soln/tab, ziprasidone cap
Lybalvi (olanzapine/samidorphan malate) tablet	Non-Preferred (PA and QL applies)	Preferred products include: Abilify Maintena, aripiprazole soln/tab, clozapine tab/odt, Invega Sustenna, Invega Trinza, Invega Hafyera, Latuda, olanzapine IM/tab, quetiapine er/tab, Risperdal Consta, risperidone odt/soln/tab, ziprasidone cap
Sitavig (acyclovir) buccal	Non-Preferred (PA and QL applies)	Preferred products include: acyclovir cap/susp/tab, valacyclovir, oseltamivir cap/susp, Relenza
Nebivolol (same) tablet	Non-Preferred (PA applies)	Preferred products include: atenolol, bisoprolol, carvedilol, labetalol, metoprolol ir/xl, nadolol, pindolol, propranolol er/soln/tab, sotalol
Gemtesa (vibegron) tablet	Non-Preferred (PA applies)	Preferred products include: oxybutynin er/syrup/tab, Oxytrol, solifenacin, tolterodine ir/er, Toviaz
Myrbetriq (mirabegron) granules for suspension	Non-Preferred (PA applies)	Preferred products include: oxybutynin er/syrup/tab, Oxytrol, solifenacin, tolterodine ir/er, Toviaz
arformoterol (same) nebulizer	Non-Preferred (PA and QL applies)	Preferred products include: albuterol neb soln/syrup, metaproterenol syrup, Proair HFA, Serevent, Ventolin HFA, Xopenex HFA
formoterol (same) nebulizer	Non-Preferred (PA and QL applies)	Preferred products include: albuterol neb soln/syrup, metaproterenol syrup, Proair HFA, Serevent, Ventolin HFA, Xopenex HFA

Updates to Medica drug list for Minnesota Health Care Programs

Effective September 1, 2022

Brand Name	Status as of September 1, 2022	Preferred Alternatives
levalbuterol hfa (same) inhalation	Non-Preferred (PA and QL applies)	Preferred products include: albuterol neb soln/syrup, metaproterenol syrup, Proair HFA, Serevent, Ventolin HFA, Xopenex HFA
Airduo Digihaler (fluticasone prop/salmeterol) inhalation	Non-Preferred (PA and QL applies)	Preferred products include: Advair Diskus, Advair HFA, Asmanex, budesonide respules, Dulera, Flovent Diskus/HFA, Pulmicort Flexhaler, Symbicort
Armonair Digihaler (fluticasone prop/salmeterol) inhalation	Non-Preferred (PA and QL applies)	Preferred products include: Advair Diskus, Advair HFA, Asmanex, budesonide respules, Dulera, Flovent Diskus/HFA, Pulmicort Flexhaler, Symbicort

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

Brand Name	Status as of September 1, 2022	Preferred Alternatives
amlodipine/valsartan/hctz (same) tablets	Non-Preferred (PA applies)	Preferred products include: amlodipine/benazepril and amlodipine/valsartan
Nayzilam (midazolam) nasal spray	Preferred (QL applies)	Preferred products include: Diastat (rectal), Valtoco (nasal), Nayzilam (nasal)
escitalopram (same) soln	Non-Preferred (PA applies)	Preferred products include: citalopram soln/tabs, escitalopram tab, fluoxetine cap/soln, fluvoxamine, paroxetine, sertraline conc/tab, vilazodone tab
Pip butoxide/pyrethrins/permethrin kit (same) OTC	Non-Preferred (PA applies)	Preferred products include: Natroba, permethrin cream/OTC, pip-pyrethrins shampoo otc
Forteo (teriparatide) pen injection	Preferred (PA and QL applies)	Preferred products include: alendronate soln/tab, calcitonin salmon nasal, ibandronate, miacalcin, raloxifene, Forteo
teriparatide (same)	Non-Preferred (PA and QL applies)	Preferred products include: alendronate soln/tab, calcitonin salmon nasal, ibandronate, miacalcin, raloxifene, Forteo
Epipen and Epipen Jr (epinephrine) Autoinjector	Preferred (QL applies)	Preferred products include: epinephrine (AG of Epipen & Epipen Jr), Symjepi, Epipen and Epipen Jr
Cinryze (C1 esterase inhibitor) vial	Preferred	Preferred products include: Cinryze, Berinert (medical benefit exclusion)
Dupixent (dupilumab) injection	Preferred (PA and QL applies)	Formulary products include: Cibinqo tab, diclofenac gel, Dupixent inj, Elidel cream, pimecrolimus cream, tacrolimus oint

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

BRAND Name (generic name)	Formulary Status as of September 1, 2022	DHS Preferred Alternatives
Tazorac (tazarotene) cream and gel	Formulary	Preferred products include: tazarotene 0.1% cream
Byvalson (nebivolol/valsartan) tablets	Non-Formulary	Preferred products include: amlodipine/benazepril and amlodipine/valsartan
Tarka ER (trandolapril/verapamil) tablets	Non-Formulary	Preferred products include: amlodipine/benazepril and amlodipine/valsartan
Twynsta (telmisartan/amlodipine) tablets	Non-Formulary	Preferred products include: amlodipine/benazepril and amlodipine/valsartan

Updates to Medica drug list for Minnesota Health Care Programs

Effective September 1, 2022

BRAND Name (generic name)	Formulary Status as of September 1, 2022	DHS Preferred Alternatives
Aceon (perindopril) tablets	Drug Obsolete	Preferred products include: amlodipine/benazepril and amlodipine/valsartan
Depakene (valproic acid) capsules and syrup	Non-Formulary	Preferred products include: lacosamide tablets, carbamazepine chew/susp/tablet/XR, Celontin, clobazam, Dilantin tablet/30mg capsule, divalproex ER/sprinkle, tablet, ethosuximide cap/syrup, felbamate susp/tablet, Felbatol susp, Gabitril, lamotrigine chew/tab/XR, levetiracetam ER/soln/tab, oxcarbazepine susp/tabs, Peganone, Phenytek, phenytoin cap/chew/ext rel cap/susp, primidone, Roweepra tab/XR, topiramate sprinkle/tab, valproic acid cap/soln, zonisamide
Varubi (rolapitant) tablet	Formulary (QL applies)	Preferred products include: ondansetron ODT/soln/tab, Transderm Scop
Zuplenz (ondansetron) film	Formulary (QL applies)	Preferred products include: ondansetron ODT/soln/tab, Transderm Scop
glimepiride (same) tablet	Formulary	Formulary alternatives include: glimepiride, glipizide ir/er/xl, glyburide, glyburide micronized
glipizide, glipizide er and glipizide xl (same) tablets	Formulary	Formulary alternatives include: glimepiride, glipizide ir/er/xl, glyburide, glyburide micronized
glyburide and glyburide micronized (same) tablets	Formulary	Formulary alternatives include: glimepiride, glipizide ir/er/xl, glyburide, glyburide micronized
Amaryl (glimepiride) tablets	Non-Formulary	Formulary alternatives include: glimepiride, glipizide ir/er/xl, glyburide, glyburide micronized
Glucotrol and Glucotrol XL (glipizide) tablets	Non-Formulary	Formulary alternatives include: glimepiride, glipizide ir/er/xl, glyburide, glyburide micronized
Glynase (glyburide, micronized)	Non-Formulary	Formulary alternatives include: glimepiride, glipizide ir/er/xl, glyburide, glyburide micronized
Androgel (testosterone) gel packet	Formulary (PA and QL applies)	Preferred products include: Androderm, Androgel pump
Axiron (testosterone) transdermal solution	Non-Formulary	Preferred products include: Androderm, Androgel pump
Striant (testosterone) buccal system	Non-Formulary	Preferred products include: Androderm, Androgel pump
Oravig (miconazole) buccal tablet	Non-Formulary	Preferred products include: fluconazole susp/tab, nystatin susp, terbinafine
Semprex-D (pseudoephedrine-acrivastatin) capsule	Non-Formulary	Preferred products include: cetirizine rx/OTC soln, cetirizine otc tabs, cetirizine-D otc, levocetirizine soln/tab, loratadine otc odt/soln/tab, loratadine-D otc
Protopic (tacrolimus) ointment	Formulary (QL applies)	Formulary products include: Cibinqo tab, diclofenac gel, Dupixent ij, Elidel cream, pimecrolimus cream, tacrolimus oint
Elidel (pimecrolimus) ointment	Formulary (QL applies)	Formulary products include: Cibinqo tab, diclofenac gel, Dupixent ij, Elidel cream, pimecrolimus cream, tacrolimus oint
pimecrolimus (topical)	Formulary (QL applies)	Formulary products include: Cibinqo tab, diclofenac gel, Dupixent ij, Elidel cream, pimecrolimus cream, tacrolimus oint

Updates to Medica drug list for Minnesota Health Care Programs

Effective September 1, 2022

BRAND Name (generic name)	Formulary Status as of September 1, 2022	DHS Preferred Alternatives
Tacrolimus (topical)	Formulary (QL applies)	Formulary products include: Cibinqo tab, diclofenac gel, Dupixent inj, Elidel cream, pimecrolimus cream, tacrolimus oint

Changes to Non-PDL Drugs

BRAND Name (generic name)	Formulary Status as of September 1, 2022	Formulary Alternatives
Samsca (tolvaptan) tablet	Non-Formulary	Formulary products include: Generic tolvaptan tablets
Adbry (tralokinumab-ldrm) syringe	Formulary (PA and QL applies)	Formulary options include: Adbry syringe, Cibinqo tab, Dupixent inj,
Prehevbrio (hepatitis B vaccine) vial	Formulary	Formulary products include: Engerix-B, Havrix, Prehevbrio, Recombivax HB, Twinrix
clocortolone pivalate 0.1% (same) cream	Formulary	Formulary alternatives include: betamethasone val 0.1% cream, clocortolone piv 0.1% cream, desoximetasone 0.05% cream, fluocinolone 0.025% cream, flurandrenolide 0.05% cream, fluticasone prop 0.05% cream, hydrocort but 0.1% cream, Triderm 0.1% cream
Cibinqo (abrocitinib) tablets	Formulary (PA and QL applies)	Formulary options include: Adbry syringe, Cibinqo tab, Dupixent inj,
Triumeq PD 60-5-30mg (abacavir/dolutegravir/lamivudine) tablet for suspension	Formulary	Formulary products include: abacavir oral soln, Aptivus soln, Emtriva soln, Isentress pwdr/chew, lamivudine soln, Lexiva susp, lopinavir-itonavir soln, nevirapine susp, Norvir pwdr/sln, Prezista susp, Reyataz pwdr, Selzentry soln, Tivicay PD susp, Triumeq PD susp, Videx Pediatric soln, Viread pwdr, zidovudine syrup,
bexarotene (same) 1% gel	Formulary	Formulary products include: Bexarotene gel, Klisyri oint, Targretin gel
Afluria Quad, Flucelvax Quad, Flublok Quad, Fluzone High, Fluzone Quad, Fluarix Quad (flu vaccine)	Formulary	Formulary products include: Afluria Quad, Flucelvax Quad, Flublok Quad, Fluzone High, Fluzone Quad, Fluarix Quad
lenalidomide (same) capsules	Formulary (SP, PA, and QL apply)	Formulary products include: Revlimid caps
sorafenib (same) tablet	Formulary (SP and QL apply)	Formulary products include: Nexavar tablet
Mounjaro (tirzepatide) Pen	Formulary (PA applies)	Formulary products include: Mounjaro, Byetta, Bydureon
vilazodone (same) tablet	Formulary (QL applies)	Formulary products include: citalopram soln/tabs, escitalopram tab, fluoxetine cap/soln, fluvoxamine, paroxetine, sertraline conc/tab, vilazodone tab
pirfenidone (same) tablet	Formulary (SP and QL apply)	Formulary products include: Esbriet

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



Updates to Medica drug list for Minnesota Health Care Programs

Effective September 1, 2022

Rev 08/22

© 2022 Medica.