

Updates to Medica Drug List for Commercial Members

Effective January 1, 2023

Effective on January 1, 2023, the following changes will apply to the Medica Commercial Drug List (formulary).

New Prior Authorization Requirement – Prior Authorization Required for Medical Necessity

**Effective January 1, 2023 for existing prescriptions*

Drug Name	Formulary Position
ADBRY*	Tier 4 – PA, QL
DICLOFENAC 2% SOLUTION*	Tier 3 – PA
EYSUVIS*	Tier 3 – PA
JATENZO*	Tier 3 – PA
METHYLPHENIDATE PATCH*	Tier 1 – PA

Removed from Formulary - Prior Authorization Required for Medical Necessity

Drug Name	Formulary Position	Preferred Alternatives
BANZEL	Removed from Formulary	rufinamide
CONDYLOX	Removed from Formulary	podofilox, imiquimod
CONZIP	Removed from Formulary	tramadol hcl er
CUVPOSA	Removed from Formulary	glycopyrrolate
CYSTADANE	Removed from Formulary	betaine anhydrous
ESBRIET	Removed from Formulary	pirfenidone tablets, OFEV
EVEKEO TABLETS	Removed from Formulary	amphetamine sulfate
FENOFIBRATE (30MG, 50MG, 90MG, 150MG) CAPSULE	Removed from Formulary	fenofibrate, fenofibric acid, fenofibrate capsules (43mg, 67mg, 130mg, 134mg, 200mg)
FERAHEME	Removed from Formulary	ferumoxytol
GLUCAGEN HYPOKIT	Removed from Formulary	BAQSIMI, GLUCAGON EMERGENCY KIT (Lilly), GVOKE

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GLUCAGON EMERGENCY KIT (Fresenius)	Removed from Formulary	BAQSIMI, GLUCAGON EMERGENCY KIT (Lilly), GVOKE
INCRUSE ELLIPTA	Removed from Formulary	SPIRIVA RESPIMAT, SPIRIVA
KLONOPIN	Removed from Formulary	clonazepam
LIPOFEN	Removed from Formulary	fenofibrate, fenofibric acid
LOVAZA	Removed from Formulary	omega-3 acid ethyl esters
MICONAZOLE-ZINC OXIDE-PETROLTM	Removed from Formulary	miconazole nitrate, clotrimazole, ketoconazole, nystatin
MOTEGRITY	Removed from Formulary	LINZESS, TRULANCE
NORPACE, NORPACE ER	Removed from Formulary	amiodarone hcl, quinindine sulfate, sotalol
ONFI	Removed from Formulary	clobazam
OXISTAT	Removed from Formulary	oxiconazole nitrate
PERFOROMIST	Removed from Formulary	formoterol fumarate
PYRIDIUM	Removed from Formulary	phenazopyridine hcl
RITALIN TABLET	Removed from Formulary	methylphenidate hcl
RITALIN LA CAPSULE	Removed from Formulary	methylphenidate er
SABRIL POWDER PACKET	Removed from Formulary	vigabatrin, vigadrone
SABRIL TABLET	Removed from Formulary	vigabatrin
SAMSCA	Removed from Formulary	tolvaptan
THIOLA	Removed from Formulary	tiopronin
TRAMADOL HCL ER CAPSULE	Removed from Formulary	tramadol er
TRAMADOL HCL 100 MG TABLET	Removed from Formulary	tramadol hcl

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Drug Name	Formulary Position	Preferred Alternatives
VIMPAT	Removed from Formulary	lacosamide
VUSION	Removed from Formulary	miconazole nitrate, clotrimazole, ketoconazole, nystatin
ZEGALOGUE	Removed from Formulary	BAQSIMI, GLUCAGON EMERGENCY KIT (Lilly), GVOKE
ZELNORM	Removed from Formulary	LINZESS, TRULANCE
NOVOFINE	Removed from Formulary	BD INSULIN PEN NEEDLE UF MINI, BD NANO PEN NEEDLE, BD ULTRA-FINE PEN NEEDLE
NOVOFINE AUTOCOVER	Removed from Formulary	BD INSULIN PEN NEEDLE UF MINI, BD NANO PEN NEEDLE, BD ULTRA-FINE PEN NEEDLE
NOVOFINE PLUS	Removed from Formulary	BD INSULIN PEN NEEDLE UF MINI, BD NANO PEN NEEDLE, BD ULTRA-FINE PEN NEEDLE
NOVOTWIST	Removed from Formulary	BD INSULIN PEN NEEDLE UF MINI, BD NANO PEN NEEDLE, BD ULTRA-FINE PEN NEEDLE
DIABETIC PEN NEEDLES & INSULIN SYRINGES	Removed from Formulary	BD INSULIN PEN NEEDLE UF MINI, BD NANO PEN NEEDLE, BD ULTRA-FINE PEN NEEDLE

Moving to a Higher Cost Share

You can continue using your current medication, but you may have to pay a higher copay or coinsurance

Drug Name	Formulary position	Preferred Alternatives
VASCEPA	Tier 2	icosapent ethyl – Tier 1

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

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