

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

Effective January 1, 2024

Effective on January 1, 2024, the following changes will apply to the Individual and Family Business (IFB) Member Drug Lists (formulary). Please reference the specific IFB 2024 Drug List that applies to the member's benefit plan for details on drug coverage.

For Plans in KS, ND, NE, MO, OK

Removed from Formulary - Prior Authorization Required for Medical Necessity

Drug Name	Formulary Position	Preferred Alternatives
ALPROLIX	Removed from Formulary	IDELVION
ALVESCO	Removed from Formulary	ASMANEX HFA, QVAR REDHALER
AMJEVITA	Removed from Formulary	ADALIMUMAB-ADAZ(CF), CYLTEZO(CF), HUMIRA, HYRIMOZ(CF)
AMJEVITA AUTOINJECTOR	Removed from Formulary	ADALIMUMAB-ADAZ(CF) PEN, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN
ENDOMETRIN	Removed from Formulary	CRINONE 8% GEL
FULPHILA	Removed from Formulary	ZIEXTENZO
GLUCAGON EMERGENCY KIT (by Lilly)	Removed from Formulary	GLUCAGON EMERGENCY KIT, BAQSIMI, GVOKE
IBRANCE	Removed from Formulary	KISQALI, VERZENIO
IMBRUVICA	Removed from Formulary	BRUKINSA, CALQUENCE
OCREVUS	Removed from Formulary	KESIMPTA PEN
PANCREAZE	Removed from Formulary	CREON, ZENPEP
RAVICTI	Removed from Formulary	SODIUM PHENYLBUTYRATE, PHEBURANE
STEGLUJAN	Removed from Formulary	GLYXAMBI
TRIENTINE HCL	Removed from Formulary	PENICILLAMINE
XYWAV	Removed from Formulary	SODIUM OXYBATE
NEFAZODONE HCL	Removed from Formulary	BUPROPION HCL, MIRTAZAPINE, TRAZODONE HCL
SEGLUROMET	Removed from Formulary	SYNJARDY, SYNJARDY XR
STEGLATRO	Removed from Formulary	JARDIANCE

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
MIRTAZAPINE	Non-preferred Generic

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ORPHENADRINE-ASPIRIN-CAFFEINE	Non-preferred Brand
ORPHENGESIC FORTE	Non-preferred Brand
PHENOXYBENZAMINE HCL	Non-preferred Brand

For Plans in IA, MN

Removed from Formulary - Prior Authorization Required for Medical Necessity

Drug Name	Formulary Position	Preferred Alternatives
ALPROLIX	Removed from Formulary	IDELVION
ALVESCO	Removed from Formulary	ASMANEX HFA, QVAR REDIHALER
AMJEVITA	Removed from Formulary	ADALIMUMAB-ADAZ(CF), CYLTEZO(CF), HUMIRA, HYRIMOZ(CF)
AMJEVITA AUTOINJECTOR	Removed from Formulary	ADALIMUMAB-ADAZ(CF) PEN, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN
ENDOMETRIN	Removed from Formulary	CRINONE 8% GEL
FULPHILA	Removed from Formulary	ZIEXTENZO
GLUCAGON EMERGENCY KIT (by Lilly)	Removed from Formulary	GLUCAGON EMERGENCY KIT, BAQSIMI, GVOKE
IBRANCE	Removed from Formulary	KISQALI, VERZENIO
IMBRUVICA	Removed from Formulary	BRUKINSA, CALQUENCE
OCREVUS	Removed from Formulary	KESIMPTA PEN
PANCREAZE	Removed from Formulary	CREON, ZENPEP
RAVICTI	Removed from Formulary	SODIUM PHENYLBUTYRATE, PHEBURANE
STEGLUJAN	Removed from Formulary	GLYXAMBI
TRIENTINE HCL	Removed from Formulary	PENICILLAMINE
XYWAV	Removed from Formulary	SODIUM OXYBATE
NEFAZODONE HCL	Removed from Formulary	BUPROPION HCL, MIRTAZAPINE, TRAZODONE HCL
SEGLUROMET	Removed from Formulary	SYNJARDY, SYNJARDY XR
STEGLATRO	Removed from Formulary	JARDIANCE

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Drug Name	Formulary Position
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MIRTAZAPINE ODT	Non-preferred Generic
ORPHENADRINE-ASPIRIN-CAFFEINE	Non-preferred Brand
ORPHENGESIC FORTE	Non-preferred Brand
PHENOXYBENZAMINE HCL	Non-preferred Brand

For Plans in AZ, WI

Removed from Formulary - Prior Authorization Required for Medical Necessity

Drug Name	Formulary Position	Preferred Alternatives
ALPROLIX	Removed from Formulary	IDELVION
ALVESCO	Removed from Formulary	ASMANEX HFA, QVAR REDIHALER
AMJEVITA	Removed from Formulary	ADALIMUMAB-ADAZ(CF), CYLTEZO(CF), HUMIRA, HYRIMOZ(CF)
AMJEVITA AUTOINJECTOR	Removed from Formulary	ADALIMUMAB-ADAZ(CF) PEN, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN
ENDOMETRIN	Removed from Formulary	CRINONE 8% GEL
FULPHILA	Removed from Formulary	ZIEXTENZO
GLUCAGON EMERGENCY KIT (by Lilly)	Removed from Formulary	GLUCAGON EMERGENCY KIT, BAQSIMI, GVOKE
IBRANCE	Removed from Formulary	KISQALI, VERZENIO
IMBRUVICA	Removed from Formulary	BRUKINSA, CALQUENCE
OCREVUS	Removed from Formulary	KESIMPTA PEN
PANCREAZE	Removed from Formulary	CREON, ZENPEP
RAVICTI	Removed from Formulary	SODIUM PHENYLBUTYRATE,PHEBURANE
STEGLUJAN	Removed from Formulary	GLYXAMBI
TRIENTINE HCL	Removed from Formulary	PENICILLAMINE
XYWAV	Removed from Formulary	SODIUM OXYBATE
AMITIZA	Removed from Formulary	LUBIPROSTONE
BEVESPI AEROSPHERE	Removed from Formulary	STIOLTO RESPIMAT
FLOVENT DISKUS	Removed from Formulary	ARNUITY ELLIPTA, ASMANEX HFA, QVAR REDIHALER
SEREVENT DISKUS	Removed from Formulary	STRIVERDI RESPIMAT

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XERESE	Removed from Formulary	ACYCLOVIR, ACYCLOVIR, FAMCICLOVIR, VALACYCLOVIR
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Drug Name	Formulary Position
SEGLUROMET	Non-preferred Brand
STEGLATRO	Non-preferred Brand
MIRTAZAPINE ODT	Non-preferred Generic
ORPHENADRINE-ASPIRIN-CAFFEINE	Non-preferred Brand
ORPHENGESIC FORTE	Non-preferred Brand
PHENOXYBENZAMINE HCL	Non-preferred Brand

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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