

Updates to Medica drug list for Minnesota Health Care Programs Effective October 1, 2019

Effective on October 1, 2019, the following changes will apply to the Minnesota Health Care Programs (MHCP) List of Covered Drugs (formulary).

Note: The changes involving a removal from the formulary or a *new quantity limit* as noted below will not be effective until November 1, 2019, for members *currently utilizing* any of the affected products.

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, 2019.

Removals from Formulary:

Brand name	Generic name	Preferred alternatives (for non-preferred or not covered drugs)	Therapeutic category
diflorasone diacetate cream/ointment	(same)	betamethasone dip 0.05% cream/ointment, clobetasol propionate oint 0.05%, desoximetasone crm 0.25%, fluocinonide crm 0.05%, halobetasol propionate oint 0.05%, triamcinolone acetonide crm 0.5%	Topical corticosteroids

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
calcipotriene 0.005% ointment/solution	(same)	QL added (oint - 120g/25 days; soln - 120ml/25days)	Topical corticosteroids

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

Brand Name	Generic Name	Status as of October 1, 2019	Therapeutic category
Tekturna	aliskiren	Non-Preferred	Angiotensin Modulators
aliskiren	(same)	Non-Preferred	Angiotensin Modulators
irbesartan	(same)	Preferred	Angiotensin Modulators
irbesartan HCT	(same)	Preferred	Angiotensin Modulators
Jantoven	warfarin	Preferred	Anticoagulants
Diacomit	stiripentol	Non-Preferred	Anticonvulsants
Tegretol XR	carbamazepine ext rel	Non-Preferred	Anticonvulsants
Emgality 100mg/ml syringe only	galcanezumab-gnlm	Removed from PDL (will be Non-formulary)	Antimigraine Agents, Other
Sklice	ivermectin	Non-Preferred	Antiparasitics, Topical
Inbrija	kevidioa	Non-Preferred	Antiparkinson's agents
solifenacin	(same)	Non-Preferred	Bladder Relaxant Preparations
albuterol HFA (Proventil) (AG)	(same)	Non-Preferred	Bronchodilators, Beta Agonist
albuterol HFA (Ventolin) (AG)	(same)	Preferred	Bronchodilators, Beta Agonist
Ventolin HFA	albuterol HFA	Non-Preferred	Bronchodilators, Beta Agonist
Foradil	formoterol fumarate	Removed from PDL (will be Non-formulary)	Bronchodilators, Beta Agonist

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Yupelri	revefenacin	Non-Preferred	COPD Agents
cefixime capsule	(same)	Non-Preferred	Cephalosporins and Related Antibiotics
Accu-Chek Guide Me	n/a	Preferred	Diabetic Meters
Accu-Chek Compact	n/a	Removed from PDL (will be Non-formulary)	Diabetes Test strips
Symjepi	epinephrine injection	Preferred	Epinephrine, Self-Injected
epinephrine autoinjector (Teva)	(same)	Non-Preferred	Epinephrine, Self-Injected
Advair Diskus	fluticasone-salmeterol	Non-Preferred	Glucocorticoids, Inhaled
Wixela Inhub	fluticasone-salmeterol	Preferred	Glucocorticoids, Inhaled
icatibant	(same)	Non-Preferred	HAE Treatments
Tanzeum	albiglutide	Removed from PDL (will be Non-formulary)	Hypoglycemics, Incretin Mimetics/ Enhancers
insulin lispro pen & vial	(same)	Non-Preferred	Hypoglycemics, Insulin and Related Agents
Prograf granules pack	tacrolimus	Non-Preferred	Immuno-suppressives, Oral
fenofibrate (Triglide)	(same)	Non-Preferred	Lipotropics, Other
Ezallor Sprinkle	rosuvastin	Non-Preferred	Lipotropics, Statins
erythromycin ethylsuccinate 400mg tablet	(same)	Non-Preferred	Macrolides/ Ketolides
erythromycin ethylsuccinate 200mg and 400mg suspension	(same)	Non-Preferred	Macrolides/ Ketolides
Mavenclad	cladribine	Non-Preferred	Multiple Sclerosis Agents
Mayzent	siponimod	Non-Preferred	Multiple Sclerosis Agents
Lidopure Patch	lidocaine patch	Non-Preferred	Neuropathic Pain
Rocklatan	netarsudil/latanoprost	Non-Preferred	Ophthalmics, Glaucoma Agents
ambrisentan	(same)	Non-Preferred	PAH Agents, Oral and Inhaled
bosentan	(same)	Non-Preferred	PAH Agents, Oral and Inhaled
Metadate CD	methylphenidate controlled rel	Removed from PDL (will be Non-formulary)	Stimulants and Related Agents
methylphenidate CD	(same)	Preferred	Stimulants and Related Agents
guanfacine er	(same)	Preferred	Stimulants and Related Agents
mesalamine (delzicol)	(same)	Non-Preferred	Ulcerative Colitis Agents

08/19

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