



## Drug Formulary Update, October 2021 Minnesota Health Care Programs

Updates to the HealthPartners Minnesota Health Care Programs are listed below.

Please see [www.healthpartners.com/formularies](http://www.healthpartners.com/formularies) for details.

All changes are effective October 1, 2021.

Drug name	Current Status	New Status	Comments
Tesamorelin (Egrifta SV)	NF PA SP	NF PA SP	Updating Criteria
Relugolix/ estradiol/ norethindrone (Myfembree)	NF PA SP	C PA QL SP	A new medication
Rifaximin (Xifaxan)	C PA	C PA	updating criteria
Dasiglucagon (Zegalogue)	NF PA	C PA	
Acidinium Brom/Formoterol Fum (Duaklir Pressair)	NF PA	NP PA	Added to PDL as Non-Preferred
Adapalene (Differin)	P	NP PA	Moved to Non-Preferred on PDL
Adapalene/Benzoyl Peroxide (Epiduo)	NP PA	NF	Removed from PDL
Albuterol Sulfate (Proair Respiclick)	P	NP PA	Moved to Non-Preferred on PDL
Albuterol Sulfate (Proventil HFA)	P	NP PA	Moved to Non-Preferred on PDL
Albuterol Sulfate HFA	P	NP PA	Moved to Non-Preferred on PDL
Alfuzosin HCL (Uroxatral)	NP PA	NF PA	Removed from PDL
Amoxicillin/Potassium Clav (Augmentin)	NP PA	NF	Removed from PDL
Apixaban (Eliquis)	NP PA QL	P QL	Moved to Preferred on PDL
Apomorphine HCL (Kynmobi)	NF PA	NP PA	Added to PDL as Non-Preferred
Asenapine Maleate	C AGE	NP PA AGE	Added to PDL as Non-Preferred
Atenolol/Chlorthalidone	C	NP PA	Added to PDL as Non-Preferred
Azelaic Acid (Azelex) Cream	P	NF	Removed from PDL

Formulary Abbreviations: C = Covered, NF = Non-Formulary, PA = Prior Authorization, ST = Step Therapy, SP = Specialty Drug, QL = Quantity Limit, Age = Age Edit, PDL = DHS' Preferred Drug List, P = Preferred PDL, NP = Non-Preferred PDL, ONC = Oncology Program, EXCL = Excluded Drug

Drug name	Current Status	New Status	Comments
Baricitinib (Olumiant)	C PA QL SP	NP PA QL SP	Added to PDL as Non-Preferred
Bisoprolol-Hydrochlorothiazide	C	NP PA	Added to PDL as Non-Preferred
Budesonide/Glycopyr/Formoterol (Breztri Aerosphere)	NF	NP PA	Added to PDL as Non-Preferred
Bupropion HCL (Bupropion XL)	C	NP PA	Added to PDL as Non-Preferred
Carbidopa/Levodopa/Entacapone	C	P	Added to PDL as Preferred
Carbidopa/Levodopa/Entacapone (Stalevo 50, 75, 100, 125, 150, 200)	NF	NP PA	Added to PDL as Non-Preferred
Cefixime (Suprax)	P	NP PA	Moved to Non-Preferred on PDL
Cephalexin	NF	NP PA	Added to PDL as Non-Preferred
Cetirizine HCL OTC Chewable Tablet	P	NP PA	Moved to Non-Preferred on PDL
Clindamycin Phos/Benzoyl Perox (Duac)	NP PA	NF	Removed from PDL
Crotamiton (Crotan)	NF	NP PA	Added to PDL as Non-Preferred
Crotamiton (Eurax)	NF	NP PA	Added to PDL as Non-Preferred
Diltiazem HCL (Matzim LA)	P	NP PA	Moved to Non-Preferred on PDL
Entacapone	C	P	Added to PDL as Preferred
Eptinezumab-Jjmr (Vyepti)	EXCL	NP PA	Added to PDL as Non-Preferred
Fluticasone Propion/Salmeterol (Wixela Inhub)	P	NP PA	Moved to Non-Preferred on PDL
Fluticasone-Salmeterol	P	NP PA	Moved to Non-Preferred on PDL
Freestyle Libre 2 Reader	C	P	Added to PDL as Preferred
Freestyle Libre 2 Sensor	C	P	Added to PDL as Preferred
Hydrocodone Bitartrate ER	NF PA QL	NP PA QL	Added to PDL as Non-Preferred
Ketoconazole Cream	C QL	P	Added to PDL as Preferred
Lasmiditan Succinate (Reyvow)	C PA QL	NP PA QL	Added to PDL as Non-Preferred
Levofloxacin (Levaquin)	NP PA	NF	Removed from PDL
Methadone HCL Solution	C PA QL	NP PA QL	Added to PDL as Non-Preferred
Metoclopramide HCL (Gimoti)	C PA	NP PA	Added to PDL as Non-Preferred
Metoclopramide HCL ODT	C PA	NP PA	Added to PDL as Non-Preferred
Metoprolol-Hydrochlorothiazide	C	NP PA	Added to PDL as Non-Preferred
Opicapone (Ongentys)	NF	NP PA	Added to PDL as Non-Preferred

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Drug name	Current Status	New Status	Comments
Ozenoxacin (Xepi)	NF	NP PA	Added to PDL as Non-Preferred
Perindopril Arg/Amlodipine Bes (Prestalia)	NP PA	NF	Removed from PDL
Rimegepant Sulfate (Nurtec Odt)	C PA QL	NP PA QL	Added to PDL as Non-Preferred
Risankizumab-Rzaa (Skyrizi (2 Syringes) Kit)	C PA	NP PA	Added to PDL as Non-Preferred
Risankizumab-Rzaa (Skyrizi Pen)	C PA	NP PA	Added to PDL as Non-Preferred
Risankizumab-Rzaa (Skyrizi)	C PA	NP PA	Added to PDL as Non-Preferred
Rolapitant HCL (Varubi)	NF	NP PA	Added to PDL as Non-Preferred
Sacubitril/Valsartan (Entresto)	NP PA	P	Moved to Preferred on PDL
Solifenacin Succinate (Vesicare LS)	NF	NP PA	Added to PDL as Non-Preferred
Sumatriptan (Imitrex) Nasal	NP PA QL	P QL	Moved to Preferred on PDL
Sumatriptan Nasal	C QL	NP PA QL	Added to PDL as Non-Preferred
Sumatriptan Succinate (Imitrex) Vial and Syringe	NF PA QL	P PA QL	Added to PDL as Non-Preferred
Sumatriptan Succinate Vial and Syringe	C QL	NP PA QL	Added to PDL as Non-Preferred
Tavaborole	C PA	NP PA	Added to PDL as Non-Preferred
Tavaborole (Kerydin)	NF PA	NP PA	Added to PDL as Non-Preferred
Teriparatide	NF PA SP	P SP	Added to PDL as Non-Preferred
Teriparatide (Forteo)	P	NP PA	Moved to Non-Preferred on PDL
Tolcapone	NF	NP PA	Added to PDL as Non-Preferred
Trandolapril-Verapamil ER	NF	NP PA	Added to PDL as Non-Preferred
Tretinoin (Retin-A) Cream	NP PA	P	Moved to Preferred on PDL
Tretinoin (Retin-A) Gel	NP PA	P	Moved to Preferred on PDL
Tretinoin Cream	P	NP PA	Moved to Non-Preferred on PDL
Tretinoin Gel	P	NP PA	Moved to Non-Preferred on PDL
Ubrogepant (Ubrelvy)	C PA QL	P PA QL	Added to PDL as Preferred
Umeclidinium Brm/Vilanterol TR (Anoro Ellipta)	NP PA	P	Moved to Preferred on PDL
Zolmitriptan Spray	NF QL	NP PA QL	Added to PDL as Non-Preferred