



**September 12, 2022**

**SUBJECT**

2022 Q3 drug formulary change notification

**PROVIDERS AFFECTED**

All providers

**KEY POINTS**

- Hennepin Health is making several changes to its drug formulary for Q3 2022.
- The changes apply to all Hennepin Health members.
- The updated full drug formulary is available online. A printed copy can be obtained by calling Provider Services at 612-596-1036 (select option 2).

**BACKGROUND**

We have made several changes to the drug formulary. These changes apply to Hennepin Health-PMAP, Hennepin Health-MNCare and Hennepin Health-SNBC members. Members who are directly impacted will receive notification of the changes. The updated full drug formulary is available on the website. A printed copy can be obtained by calling Provider Services at 612-596-1036 (select option #2).

**Effective 09/01/2022, these medications were added with preferred drug list (PDL) indicator:**

Benzaclin with pump  
Cinryze  
Dupixent  
Epipen  
Epipen Jr  
Forteo  
Invega Hafyera  
Lacosamide tablet  
Nayzilam  
Transderm Scop

**Effective 09/01/2022, these medications were removed from the preferred drug list (PDL):**

Amlodipine/Valsartan/HCTZ  
Androgel gel packet  
Escitalopram solution  
Glimepiride  
Glipizide

Glipizide ER  
Glyburide  
Glyburide micronized  
Protopic  
Tazorac cream  
Tazorac gel  
Teriparatide

**Effective 09/01/2022, these medications were removed:**

Clindamycin phosphate gel  
Differin gel OTC  
Tolnaftate solution OTC

**Effective 09/01/2022, these medications and UM requirements of quantity limits (QL) were added:**

Duofilm Soln 17% - QL 1 package/30 days  
Epipen - QL 2 inj/fill  
Epipen Jr – QL 2 inj/fill  
Lacosamide tablet – QL 2 tabs/day  
Salicylic acid soln 17% - QL 1 package/30 days  
Transderm Scop - QL 10/month

**Effective 09/01/2022, these UM requirements of prior authorizations (PA) were added**

Cinryze  
Dupixent  
Forteo

**Effective 09/01/2022, these UM requirements of prior authorizations (PA) were removed:**

Benzaclin with pump  
Epipen  
Epipen Jr  
Glyburide  
Lacosamide tablet  
Nayzilam  
Transderm Scop

**RESOURCES:**

- Hennepin Health Member Services: 612-596-1036 (select option 2)
- [2022 Medicaid list of covered drugs \(Formulary\) – effective 09/01/2022 \(PDF\)](#)
- Hennepin Health website: [hennepinhealth.org](http://hennepinhealth.org)