



October 21, 2022

SUBJECT

2022 Q4 drug formulary change notification

PROVIDERS AFFECTED

All providers

KEY POINTS

- Hennepin Health is making several changes to its drug formulary for Q4 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 10/01/2022, these medications were added:

Belbuca

Benzoyl/peroxide wash/cleanser (OTC only) 3%, 5%,6%, 9%, 10% only

Clindamycin/Benzoyl peroxide (Acanya) with pump

Clindamycin/Benzoyl peroxide (Duac) (topical)

Clindamycin pad (Cleocin-T equiv)

Clindamycin phosphate gel (topical)

Clindamycin phosphate med swab (topical)

Diazepam (rectal)

Diazepam device (rectal)

Dilantin 30 mg cap

Fragmin vial (subcutaneous)

Miconazole powder OTC (topical)

Permethrin OTC (topical)

Sodium sulfacetamide/sulfur wash/cleanser (topical)

Sulfacetamide sodium/sulfur (topical)

Sulfacetamide susp (topical)
Xarelto 10 mg
Xarelto 20 mg

Effective 10/01/2022, these medications were removed (* = remove PDL status indicator only):

Asenapine sl tab
Benzoyl peroxide wash/cleanser 2.5%, 4%, 7%
Benzoyl peroxide/clindamycin 1%, 5%
Clomipramine
Clotrimazole topical soln (OTC only)
Doxepin cap (drug ID 582000401001)
Nortriptyline soln (drug ID 582000601020)
Nateglinide tab*
Pamelor cap
Phenelzine tab
Prandin*
Repaglinide*
Starlix tab*
Theophylline tab er

Effective 10/01/2022, these medications and UM requirements of quantity limits (QL) were added:

Atrovent HFA, QL = 1 inhaler/30 days
Belbuca, QL = 2 films/day, only one strength allowed per month
Diazepam (rectal), QL = 2 inj/fill
Diastat rectal gel, QL = 2 inj/fill
Fentanyl patch 50 mcg, QL = 10 patches/30 days
Naloxone inj (vial), QL = 1 vial/fill
Naloxone prefilled inj, QL = 2 inj/30 days (drug ID 9340 002010E2)
Pulimort flexhaler, QL = 1 inhaler/30 days
Serevent diskus, QL = 1 inhaler/30 days
Spiriva handihaler, QL = 1 inhaler/30 days
Stiolto, QL = 1 inhaler/30 days
Symbicort, QL 1 inhaler/30 days
Xarelto 10 mg, QL = 1 tab/day
Xarelto 20 mg, QL = 1 tab/day

Effective 10/01/2022, these UM requirements of prior authorizations (PA) were removed:

Belbuca
Clobazam tab
Clotrimazole soln Rx (topical)
Diastat rectal gel

Fentanyl patch 50 mcg
Morphine sulfate ER tab 200 mg
Nortriptyline soln (drug ID 582000601020)
Nayzilam spray
Valtoco liquid
Valtoco spray

RESOURCES:

- Hennepin Health Member Services: 612-596-1036 (select option 2)
- [2022 Medicaid list of covered drugs \(Formulary\) – effective 10/01/2022](#) (PDF)
- Hennepin Health website: hennepinhealth.org