



March 1, 2023

SUBJECT

2023 Q1 drug formulary change notification

PROVIDERS AFFECTED

All providers

KEY POINTS

- Hennepin Health is making several changes to its drug formulary for Q1 2023.
- 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 (press 2).

Effective 03/01/2023, these medications were added:

- Contrave
- Dimethyl fumarate DR
- Freestyle Libre 3 Sensor
- Renvela
- Saxenda
- Varenicline tartrate (oral) (Imported varenicline continues to be excluded from coverage)
- Wegovy
- Xeljanz

Effective 03/01/2023, these medications were removed:

- Brimonidine/timolol ophth soln
- Bunavail
- Estropipate Tab
- Flector
- Levonorgestrel tab (Drug ID value: 254000400003)
- Otiprio (Otic)

- PCE
- Semglee vial
- Timolol ophth soln
- Zmax

Effective 03/01/2023, these medications and UM requirements of quantity limits (QL) were added:

- Buspirone tab 30 mg, QL = 4 tabs/day
- Calcipotriene soln, QL = 60 mls/30 days
- Capsaicin cream, QL = 60 gms/30 days
- Freestyle Libre 3 sensor, QL = 2 sensors/30 days
- Fluorouacil cream, QL = 40 gms/30 days
- Tropicamide ophth soln, QL = 10 mls/30 days
- Urea 20 % cream, QL = 1 bottle/30 days
- Zaleplon 5 mg, QL = 1 cap/ 1 day
- Zaleplon 10 mg, QL = 2 caps/ 1 day

Effective 03/01/2023, these UM requirements of prior authorizations (PA) were added:

- Contrave
- Dimethyl fumarate DR
- Saxenda
- Wegovy
- Xeljanz

Effective 03/01/2023, these UM requirements of prior authorizations (PA) were removed:

- Renvela
- Freestyle Libre 3 sensor

Effective 03/01/2023, a 90DS indicator was added:

- Enpresse
- Ogestrel
- Tyblume

RESOURCES:

- Hennepin Health Member Services: 612-596-1036 (press 2)
- [2023 Medicaid list of covered drugs \(Formulary\) – effective 03/01/23 \(PDF\)](#)
- Hennepin Health website: hennepinhealth.org