



December 1, 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 December 1, 2022 these medications were added:

Dexmethylphenidate tab 10mg
Dexmethylphenidate tab 2.5mg
Dexmethylphenidate tab 5mg
Lovastatin tab (also added 90DS indicator)
Simvastatin (also added 90DS indicator)
Tekturna HCT

Effective December 1, 2022, these medications were removed:

BENAZEPRIL/HCTZ TAB
Chlorpheniramine powder
Clozapine ODT (drug ID 591520200072)
Dabigatran
Diphenhydramine liquid
Lidocaine 2% gel
LITHIUM CARB CAP
Loperamide powder
Meclizine powder

METHYLDOPA TAB
Omnitrope Inj
Prandin
Pred Mild Opth
Silphen Cough Syrup
Starlix
TEKTURNA
THIOTHIXENE CAP

Effective December 1, 2022, these medications and UM requirements of quantity limits (QL) were added:

Aripiprazole soln, QL = 30 mls/30 days
Butalbital/ASA/caffeine tab, QL = 2 tabs/day
Dexmethylphenidate tab 10mg, QL = 2 tabs/day
Dexmethylphenidate tab 2.5mg, QL = 1 tab/day
Dexmethylphenidate tab 5mg, QL = 1 tab/day
Dibucaine 1% ointment, QL = 1 tube/fill
Gemfibrozil, QL = 2 tabs/day
Glucagen Hypokit inj, QL = 1 inj/fill
Janumet, QL = 2 tabs/day
Lidocaine 4% cream, QL = 1 tube/fill
Lovastatin tab, QL = 1 tab/day
Pravastatin tab, QL = 1 tab/day
Simvastatin, QL = 1 tab/day
Tinidazole tab 500mg, QL = 4 tabs/fill
Urea lotion 10%, QL = 1 bottle/fill
Urea lotion 40%

Effective December 1, 2022, these medications and UM requirements of quantity limits (QL) were removed:

EVOTAZ TAB
Januvia

Effective December 1, 2022, these UM requirements of prior authorizations (PA) were added:

Alprazolam (PA required for members age 65 or older)
Alprazolam 2 mg (PA required for members age 65 or older)
Alprazolam intensol conc (PA required for members age 65 or older)
Fluphenazine inj
Janumet (PA required for members age 65 or older)
Jentaduo tab (PA required for members age 65 or older)
Kombiglyze (PA required for members age 65 or older)
Lorazepam (PA required for members age 65 or older)
Methotrexate inj

Olanzapine inj

Oxazepam (PA required for members age 65 or older)

Effective December 1, 2022, these UM requirements of prior authorizations (PA) were removed:

Tekturna HCT

Effective December 1, 2022, these medications had the OTC indicator added:

Chlorpheniramine syrup

Chlorpheniramine tab CR

Dibucaine 1% ointment

Lidocaine 4% cream

Urea lotion 10%

RESOURCES:

- Hennepin Health Member Services: 612-596-1036 (select option 2)
- [2022 Medicaid list of covered drugs \(Formulary\) – effective 12/01/2022 \(PDF\)](#)
- Hennepin Health website: hennepinhealth.org