



**August 31, 2021**

**SUBJECT**

2021 Q4 drug formulary change notification

**PROVIDERS AFFECTED**

All providers

**KEY POINTS**

- Hennepin Health is making several changes to its drug formulary for Q4 2021.
- 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 10/01/2021, these UM requirements of prior authorizations (PA) were removed:**

- Retin-A cream
- Retin-A gel
- Eliquis
- Eliquis dose pack
- Imitrex nasal
- Imitrex kit
- Imitrex vial
- Teriparatide
- Anoro Ellipta
- Freestyle Libre 2 reader
- Freestyle Libre 2 sensor

**Effective 10/01/2021, these UM requirements of prior authorizations were added:**

- Differin Gel (to all but the Differin gel pump)
- Tretinoin cream
- Tretinoin gel
- Tobramycin inhalation solution (AG Kitabis pak)
- Cetirizine chewable OTC
- Vyepti
- Sumatriptan nasal

- Sumatriptan kit
- Sumatriptan disp. syringe
- Sumatriptan vial
- Stalevo
- Atenolol/Chlorthalidone
- Bisoprolol HCTZ
- Metoprolol/HCTZ
- Forteo
- Albuterol HFA (Proair HFA)
- Albuterol HFA (Proair HFA AG)
- Albuterol HFA (Proventil HFA)
- Albuterol HFA (Proventil HFA AG)
- Albuterol HFA (Ventolin AG)
- Proair Respiclick
- Proventil HFA
- Matzim LA
- Suprax Suspension
- Fluticasone/Salmeterol (Advair) (AG)
- Fluticasone/Salmeterol (Advair)

**Effective 10/01/2021, these UM requirements of quantity limits were added:**

- Retin-A cream; QL = 45 gm/30 days
- Retin-A gel; QL = 45 gm/30 days
- Eliquis; QL = 60 tabs/30 days
- Eliquis Dose Pack; QL = 1 starter pack/fill per calendar year
- Imitrex nasal; QL = 3 boxes/30 days
- Imitrex kit ; QL = 4 kits/30 days
- Imitrex vial; QL = 8 vials/30 days
- Anoro Ellipta; QL = 60 gm/30 days
- Freestyle Libre 2 reader; QL = 1 receiver/year
- Freestyle Libre 2 sensor; QL = 2 sensors/30 days
- Afluria Inj, Fluzone Inj; QL = 1 inj/28 days
- EZ Flu Shot Quad Kit; QL = 1 inj/28 days
- Fluvad Inj; QL = 1 inj/28 days
- Fluvad Quad Inj; QL = 1 inj/28 days
- Fluarix Quad Inj, Fluzone Quad Inj; QL = 1 inj/28 days
- Flublok Inj; QL = 1 inj/28 days
- Flublok Quad Inj; QL = 1 inj/28 days
- Flucelvax Inj; QL = 1 inj/28 days
- Flucelvax Quad Inj; QL = 1 inj/28 days
- Flulaval Quadrivalent Inj; QL = 1 inj/28 days
- Flumist Quadrivalent Nasal Susp; QL = 1 inj/28 days
- Fluvirin Inj; QL = 1 inj/28 days
- Fluvirin PF Inj; QL = 1 inj/28 days
- Fluzone HD PF Inj; QL = 1 inj/28 days
- Fluzone High-Dose PF Inj; QL = 1 inj/28 days

- Fluzone Intradermal; QL = 1 inj/28 days
- Fluzone PF Inj; QL = 1 inj/28 days
- Fluzone Quad Inj; QL = 1 inj/28 days

**Effective 10/01/2021, these drugs were removed from the PDL:**

- Azelex
- Moexipril/HCTZ
- Cedax capsule
- Cedax suspension
- Augmentin 125 suspension
- Augmentin 250 suspension

**Effective 10/01/2021, these drugs were added to the PDL:**

- Retin-A cream
- Retin-A gel
- Entresto
- Eliquis
- Eliquis dose pack
- Ketoconazole cream
- Ajoyv Autoinjector
- Ubrelvy
- Imitrex nasal
- Imitrex kit
- Imitrex vial
- Carbidopa/Levodopa/Entacapone
- Entacapone
- Teriparatide
- Anoro Ellipta
- Enbrel Mini cartridge
- Enbrel vial
- Freestyle Libre 2 reader
- Freestyle Libre 2 sensor

**Effective 10/01/2021, this drug was added to the was added to the WRAP Formulary:**

- Child multi-chew vitamins

**RESOURCES:**

- Hennepin Health Provider Services: 612-596-1036 (select option #2)
- 2021 Medicaid list of covered drugs (Formulary) – effective 10/01/2021 (PDF)
- Hennepin Health website: [hennepinhealth.org](https://www.hennepinhealth.org)