



December 23, 2021

SUBJECT

2022 Q1 drug formulary change notification

PROVIDERS AFFECTED

All providers

KEY POINTS

- Hennepin Health is making several changes to its drug formulary for Q1 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 01/01/2022, these medications were added (* denotes prior authorization required):

Adynovate*

Afstyla*

Alphanine SD*

Alprolix*

Apriso

Benzoyl Peroxide Gel

Dexmethylphenidate XR

Diclofenac gel

Eloctate*

Esperoct*

Humulin 70/30 pen

Idelvion*

Insulin aspart vial

Insulin aspart flexpen

Insulin aspart penfill

Insulin aspart/insulin aspart protamine vial (AG)

Insulin aspart/insulin aspart protamine pen (AG)
Insulin lispro junior kwikpen
Insulin lispro protamine mix kwikpen (AG)
Ixinity*
Jivi*
Kogenate FS*
Kovaltry *
Lialda
Novoseven RT*
Obizur*
Rapamune solution
Rapamune tablet
Rebinyn*
Recombinate*
Rixubis*
Rowasa
Sfrowasa
Sildenafil suspension
Sildenafil suspension (AG)
Triesence*
Vonvendi*

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

Actoplus Met XR
Adefovir Dipivoxil
Astepro
Baraclude tablet
Budnesonide
Ciprofloxacin/Dexamethasone
Ciprofloxacin/Dexamethasone OTIC
Epivir Tab (NDC: 121060600003; NCC: 121060600020)
Esomeprazole strontium
Focalin XR
Giazo
Intermezzo
Irenka
Mesalamine (Generic of Rowasa)
Mesalamine (Generic of Sfrowasa)
Novolin 70/30 vial
Ocufen
Pazeo

Pataday
Patanol
Persantine
Phoslo
Probuphine
Revatio suspension
Sonata
Ultresa
Zolpimist
Zyban
Zyflo CR

Effective 01/01/2022, these medications and UM requirements of Quantity Limits (QL) were added:

Amitriptyline 10mg tab, QL = 1 tab/day
Amitriptyline 25mg tab, QL = 1 tab/day
Amitriptyline 50mg tab, QL = 1 tab/day
Aripiprazole tab 2 mg, QL = 0.5 tab/day
Aripiprazole tab 5mg, QL = 0.5 tab/day
Aripiprazole tab 10 mg, QL = 0.5 tab/day
Aripiprazole tab 15 mg, QL = 0.5 tab/day
Aripiprazole tab 20 mg, QL = 1 tab/day
Aripiprazole tab 30 mg, QL = 1 tab/day
Atorvastatin tab 10 mg, QL = 0.5 tab/day
Atorvastatin tab 10 mg, QL = 0.5 tab/day
Atorvastatin tab 20 mg, QL = 0.5 tab/day
Atorvastatin tab 40 mg, QL = 0.5 tab/day
Bupropion XS tab 300 mg, QL = 2 tabs/day
Chlorthalidone 25 mg, QL = 0.5 tab/day
Chlorthalidone 50 mg, QL = 2 tabs/day
Clopidogrel tab 300 mg (PLAVIX equiv), QL = 2 tab/fill per calendar year)
Clopidogrel tab 75mg (PLAVIX equiv), QL = 1 tab/day
Dexmethylphenidate XR, QL = 1 cap/day; only one strength allowed per month
Diclofenac gel, QL = 100gm/30 days
Doxepin conc (SINEQUAN equiv), QL = 0.6 ml/day
Duloxetine EC cap, 20 mg, 60 mg (CYMBALTA equiv), QL = 2 caps/day
Duloxetine EC cap 30 mg, QL = 1 cap/day
Escitalopram tab (LEEAPRO equiv), QL = 1 tab/day; only one strength allowed per month
Fenofibrate tab 40 mg, 48 mg, 54 mg, 145mg, 160 mg (TRICOR equiv), QL = 1 tab/day
Oxycodone/Aspirin Tab, QL = 12/tabs/day
Morphine Sulfate Tab 15 mg, QL = 6 tabs/day
Morphine Sulfate Tab 30 mg, QL = 3 tabs/day

Morphine Sulfate Supp 5 mg, QL = 18 supp/day
Morphine Sulfate Supp 10 mg, QL = 9 supp/day
Morphine Sulfate Supp 20 mg, QL = 4 supp/day
Tramadol Tab 100 mg, QL = 4 tabs/day

Effective 01/01/2022, these medications are available up to a 90-day supply:

Albuterol neb soln 0.083% (PROVENTIL equiv)
Albuterol neb soln 0.5% (VENTOLIN equiv)
Albuterol neb soln 0.63mg (ACCUNEB equiv)
Albuterol neb soln 1.25mg (ACCUNEB equiv)
Albuterol/ipratropium neb soln (DUONEB equiv)
Alendronate tab (FOSAMAX equiv)
Alfuzosin SR tab (UROXATRAL equiv)
Allopurinol tab (ZYLOPRIM equiv)
Amantadine Syrup (SYMMETREL equiv)
Amiloride (MIDAMOR equiv)
Amiodarone tab 200 mg (CORDARONE equiv)
Amitriptyline 10 mg tab
Amitriptyline 25mg tab
Amitriptyline 50mg tab
Amitriptyline 75mg tab
Amitriptyline 100mg tab
Amitriptyline 150mg tab
Amethia
Amlodipine tab (NORVASC equiv)
Amlodipine/valsartan tab (EXFORGE equiv)
Anastrozole tab (ARIMIDEX equiv)
Apri tab (DESOGEN equiv)
Aranelle tab (TRI-NORINYL equiv)
Aripiprazole soln (ABILIFY equiv)
Aripiprazole tab 2 mg
Aripiprazole tab 5mg
Aripiprazole tab 10 mg
Aripiprazole tab 15 mg
Aripiprazole tab 20 mg
Aripiprazole tab 30 mg
Atenolol tab (TENORMIN equiv)
Atorvastatin tab 10 mg
Atorvastatin tab 20 mg
Atorvastatin tab 40 mg

Altorvastatin tab 80 mg
Aviane tab (ALESSE equiv)
Benzaepiril tab (LOTENSIN equiv)
Benztropine tab
Brimonidine ophth soln 0.2% (ALPHAGAN P equiv)
Bumetanide tab (BUMEX equiv)
Bupropion ER tab (WELLBUTRIN equiv)
Bupropion tab (WELLBUTRIN equiv)
Bupropion XL tab 150 mg (WELLBUTRIN XL equiv)
Bupropion XS tab 300 mg
Carvddilol tab (COREG equiv)
Celecoxib cap (CELEBREX equiv)
Cesia tab (CYCLESSA equiv)
Chlorthalidone 25 mg
Chlorthalidone 50 mg
Cilostazol tab (PLETAL equiv)
Cimetidine tab (TAGAMET equiv)
Citalopram tab (CELEXA equiv)
Clonidine tab (CATAPRES equiv)
Clopidogrel tab 300 mg (PLAVIX equiv)
Clopidogrel tab 75mg (PLAVIX equiv)
Cryselle
Cyclopentalate ophth soln
Diclofenac sodium EC tab (VOLTAREN equiv)
Digoxin tab
Diltiazem tab (CARDIZEM equiv)
Divalproex sodium DR tab (DEPAKOTE equiv)
Donepezil tab (ARICEPT equiv)
Dorzolamide ophth soln (TRUSOPT equiv)
Doxepin can (SINEQUAN equiv)
Doxepin conc (SINEQUAN equiv)
Duloxetine EC cap, 20 mg, 60 mg (CYMBALTA equiv)
Duloxetine EC cap 30 mg
Dutasteride cap
Esomeprazole cap (NEXIUM equiv)
Eluryng vaginal ring
Enalapril tab (VASOTEC equiv)
Enpresse tab (TRI-LEVELLEN equiv)
Escitalopram tab (LEEAPRO equiv)
Estradiol tab (ESTRACE equiv)
Etodolac tab

Ezetimibe tab
Famotidine tab (PEPCID equiv)
Fenofibrate tab 40 mg, 48 mg, 54 mg, 145mg, 160 mg (TRICOR equiv)
Finasteride tab (Proscar equiv)
Fludrocortisone tab (FLORINEF equiv)
Fluoxetine cap (PROZAC equiv)
Folic acid tab 1 mg
Folic acid tab 400 mcg
Folic acid tab 800 mcg
Furosemide tab (LASIX equiv)
Gemfibrozil tab 600 mg
Gianvi
Glimepiridate tab 1 mg
Glipizide tab 5 mg
Glipizide tab SR 24 HR 2.5mg
Glyburide tab
Glyburide- Metforman tab 1.25-250mg
Guanfacine IR tab
Guanfacine ER tab
Hydrochlorothiazide cap
Hydrochlorothiazide tab
Hyoscyamine sulfate tab
Hyoscyamine sulfate tab SL
Ibuprofen tab 200 mg
Imipramine tab
Indomethacin cap
Ipratropium-Albuterol Neb Soln
Irbesartan tab
Irbesartan-Hydrochlorothiazide tab
Isoniazid
Isosorbide mononitrate tab ER 24
Jolessa
Junel
Junel FE
Lactulose soln
Lamotrigine tab
Lansoprazole DR cap
Lithium carbonate cap (ESKALITH ER equiv)
Kariva
Kelnor
Medroxyprogesterone Inj

Nortrel
Ocella
Ogestrel
Tyblume
Zafemy

RESOURCES:

- Hennepin Health Member Services: 612-596-1036 (select option #2)
- [2022 Medicaid list of covered drugs](#) (Formulary) – effective 1/1/2022 (PDF)
- Hennepin Health website: hennepinhealth.org