

September 1, 2023

SUBJECT

2023 Q3 drug formulary change notification

PROVIDERS AFFECTED

All providers

KEY POINTS

- Hennepin Health is making several changes to its drug formulary for Q3 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 (press 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 09/01/2023, these medications were removed from the formulary as they are no longer authorized in the US:

COVID-19 VACCINE BOOSTER INJ (MODERNA) (Drug ID: 17100002401836)
COVID-19 VACCINE INJ (PFIZER) (Drug ID: 17100002401820)
COVID-19 VACCINE INJ 5-11Y (PFIZER) (Drug ID: 17100002401826)
COVID-19 VACCINE INJ 6-11Y (MODERNA) (Drug ID: 17100002401834)
COVID-19 VACCINE INJ 6M-4Y (PFIZER) (Drug ID: 17100002401828)
COVID-19 VACCINE INJ 6M-5Y (MODERNA) (Drug ID: 17100002401832)

Effective 09/01/2023, this medication was removed from the formulary:

Ulesfia lotion

Effective 09/01/2023, these medications and UM requirements of quantity limits (QL) were added:

Alclometasone cream, QL=45gm/30 days
Alclometasone ointment (ALCLOVATE equiv), QL=45gm/30 days
Aluminum chloride soln (DRYSOL equiv), QL=60ml/30 days
Benzaclin Gel Pump, QL=50gm/30 days
Betamethasone augmented cream, QL=50gm/30 days
Betamethasone augmented gel, QL=15gm/30 days

Betamethasone augmented lotion, QL=60gm/30 days
Betamethasone augmented oint, QL=50gm/30 days
Betamethasone dipropionate cream, QL=45gm/30 days
Betamethasone dipropionate lotion, QL=60gm/30 days
Betamethasone dipropionate oint, QL=45gm/30 days
Betamethasone valerate cream, QL=45gm/30 days
Betamethasone valerate lotion, QL=60gm/30 days
Betamethasone valerate oint, QL=45gm/30 days
Clindamycin gel (CLEOCIN equiv), QL=60gm/30 days
Clindamycin lotion (CLEOCIN-T equiv), QL=60gm/30 days
Clindamycin topical soln, QL=60gm/30 days
Clindamycin/benzoyl peroxide gel (BENZAACLIN equiv), QL=50gm/30 days
Clindamycin/benzoyl peroxide gel (DUAC equiv), QL = 45gm/30 days;
Clindamycin/benzoyl peroxide gel (DUAC equiv), QL=45gm/30 days
Clotrimazole soln (Rx Only), QL=30ml/30 days
Desoximetasone cream (TOPICORT equiv), QL=60gm/30 days
Diflorasone cream, QL=60gm/30 days
Econazole cream (SPECTAZOLE equiv), QL=30gm/30 days
Erythromycin soln, QL=60ml/30 days
Fluocinolone acetonide cream 0.025%, QL=60gm/30days
Fluocinolone acetonide oint, QL=60gm/30days
Fluocinolone acetonide soln, QL=60gm/30days
Fluocinonide cream (LIDEX equiv), QL=60gm/30days
Fluocinonide cream 0.05%,
Fluocinonide oint, QL=60gm/30days
Fluocinonide soln, QL=60gm/30days
Fluticasone propionate cream (CUTIVATE equiv), QL=30gm/30days
Fluticasone propionate oint (CUTIVATE equiv), QL=30gm/30days
Gentamicin sulfate cream, QL=30gm/30days
Gentamicin sulfate oint, QL=30gm/30days
Hydrocortisone lotion 1%, 2.5% (HYTONE equiv), QL=118ml/30days
Imiquimod cream (ALDARA equiv), QL=12gm/30days
Ketoconazole cream (NIZORAL equiv), QL=60gm/30days
Ketoconazole shampoo (NIZORAL equiv), QL=120ml/30days
Metronidazole cream (METROCREAM equiv), QL=45gm/30days
Metronidazole gel (METROGEL equiv), QL=45gm/30days
Metronidazole lotion (METROLOTION equiv), QL=59gm/30days
Mometasone cream (ELOCON equiv), QL=50gm/30days
Mometasone oint (ELOCON equiv), QL=45gm/30days
Mometasone soln (ELOCON equiv), QL=60ml/30days
Mupirocin oint (BACTROBAN equiv), QL=30gm/30days
Natroba susp, QL=120ml/30 days
Nystatin cream (MYCOSTATIN equiv), QL=30gm/30days
Nystatin oint, QL=30gm/30days
Nystatin/triamcinolone cream, QL=30gm/30days
Permethrin cream (ELIMITE equiv), QL=60gm/30days
Podofilox soln (CONDYLOX equiv), QL=3.5ml/30days
Selenium sulfide lotion, QL=120gm/30days

Silver sulfadiazine cream (SILVADENE equiv), QL=50gm/30days
Sodium sulfacetamide susp (KLARON equiv), QL=118gm/30days
Sodium sulfacetamide/sulfur (topical) (PLEXION equiv), QL=57gm/30 days
Sodium sulfacetamide/sulfur (topical) (ROSAC equiv), QL=177gm/30 days
Sodium sulfacetamide/sulfur (topical) (SULFACET R equiv), QL=57gm/30 days
Sodium sulfacetamide/sulfur (topical) (SUMAXIN equiv), QL=473gm/30days
Sodium sulfacetamide/sulfur wash/cleanser (SUMAXIN equiv), QL=340.2ml/30days
Triamcinolone cream 0.025%, QL=80gm/30days
Triamcinolone cream 0.1%, QL=80gm/30days
Triamcinolone cream 0.5%, QL=20gm/30days
Triamcinolone lotion, QL=60gm/30days
Triamcinolone oint 0.025%, QL=80gm/30days
Triamcinolone oint 0.1%, QL=90gm/30days
Triamcinolone oint 0.5%, QL=15gm/30 days

Effective 09/01/2023, these medications and UM requirements of prior authorizations (PA) were removed:

Triamcinolone cream 0.025%
Triamcinolone cream 0.1%
Triamcinolone cream 0.5%
Triamcinolone oint 0.025%
Triamcinolone oint 0.1%
Triamcinolone oint 0.5%

RESOURCES:

- Hennepin Health Member Services: 612-596-1036 (select the provider services option)
- [2023 Medicaid list of covered drugs \(Formulary\) – effective 09/01/2023 \(PDF\)](#)
- Hennepin Health website: hennepinhealth.org