



## Drug Formulary Update, January 1 P&T Changes Minnesota Health Care Programs

Updates to the HealthPartners Minnesota Health Care Programs are listed below.

Please see [www.healthpartners.com/formularies](http://www.healthpartners.com/formularies) for details.  
Updates are effective January 1, 2023 for P&T Changes.

Drug name	Current Status	New Status	Comments
ACUVAIL	NP PA	NP PA	Criteria Update
ADBRY	NF PA SP	NF PA SP	Criteria Update
AFTER PILL	C	C QL	
ALCORTIN A	NF PA	EXCL	
ALOSETRON HCL	C PA	C PA	Criteria Update
AMOXAPINE	NF	C	
CAMZYOS	NF QL SP	NF PA QL SP	
CIBINQO	NF PA QL SP	NF PA QL SP	Criteria Update
CONTRAVE	C PA	C PA	Criteria Update
DENGVAXIA	C	MED	
DESCOVY	C PA	C PA	Criteria Update
DICLOFENAC SODIUM 3% Gel	NF	C PA	
DUPIXENT PEN	P PA SP	P PA SP	Criteria Update
DUPIXENT SYRINGE	P PA SP	P PA SP	Criteria Update
ECONTRA ONE-STEP	C	C QL	
EDLUAR	NP PA AGE-QL	NP PA	
ELLA	C	C QL	
ESBRIET	NF PA SP	NF SP	
FLUORITAB	NF AGE	NF	
IMCIVREE	NF PA QL	NF PA QL SP	Criteria Update
INGREZZA	C PA SP	C PA SP	Criteria Update
INGREZZA INITIATION PACK	C PA SP	C PA SP	Criteria Update
IVERMECTIN	NF PA	NF	
KALETRA	C	NF	
LANSOPRAZOLE ODT	NP PA AGE	NP PA	
LEVONORGESTREL	C	C QL	

Formulary Abbreviations: C = Covered, NF = Non-Formulary, PA = Prior Authorization, ST = Step Therapy, SP = Specialty Drug, QL = Quantity Limit, Age = Age Edit, PDL = DHS' Preferred Drug List, P = Preferred PDL, NP = Non-Preferred PDL, ONC = Oncology Program, EXCL = Excluded Drug, MED = Medical Drug

Drug name	Current Status	New Status	Comments
LUDENT FLUORIDE	NF AGE	NF	
MAYZENT	NP PA QL SP	NP PA QL SP	Quantity Limit Adjusted
MIFEPREX	NF	C	
MIFEPRISTONE	NF	C	
MOLINDONE HCL	NF AGE	C PA	
MOUNJARO	NF	NF PA	
MY WAY	C	C QL	
NAPROSYN 125mg/5ml Susp	NF	NF PA	
NAPROXEN 125mg/5ml Susp	C	NF PA	
OLUMIANT	NP PA QL SP	NP PA QL SP	Criteria Update
PLAN B ONE-STEP	C PA	C PA QL	
PREVACID 15mg & 30mg Solutab	NP PA AGE	NP PA	
PROTRIPTYLINE HCL	NF	C	
QSYMIA	C PA QL	EXCL	Manufacturer no longer participating in the Medicaid Drug Rebate Program
QUILLICHEW ER	NP PA QL	NP PA QL	Quantity Limit Adjusted
QULIPTA	NP PA QL SP	NP PA QL SP	Criteria Update
QUVIVIQ	NF PA QL	NF QL	
RANOLAZINE ER	NF	C	
RINVOQ	NP PA QL SP	NP PA QL SP	Criteria Update
SANDOSTATIN LAR DEPOT	C SP	NF PA SP	
SAXENDA	NF	C PA	
SKYRIZI	NP PA SP	NP PA SP	Criteria Update
SKYRIZI (2 SYRINGES) KIT	NP PA SP	NP PA SP	Criteria Update
SKYRIZI ON-BODY	NP PA SP	NP PA SP	Criteria Update
SKYRIZI PEN	NP PA SP	NP PA SP	Criteria Update
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE SOLUTION	NF	C	
SUPREP	C	NF	
TICOVAC	C	MED	
TPOXX (NATIONAL STOCKPILE)	C PA	C	
TRIMIPRAMINE MALEATE	NF	C	
TRUVADA	NF	NF PA	
VIVLODEX	NF PA	NF	
WEGOVI	NF PA	C PA	Criteria Update
ZOLPIMIST	NF AGE QL	NF	

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