

## Pharmacy Formulary and Benefit Changes for 2020 *Effective Jan. 1, 2020*

This bulletin provides a summary of the 2020 UCare pharmacy formulary changes.

Click the links below to view the documents related to 2020 UCare formularies:

[UCare Individual & Family Plans](#)

[UCare Individual & Family Plans with M Health Fairview](#)

[UCare Medicare Plans](#)

[UCare Medicare with M Health Fairview & North Memorial](#)

[UCare Medicare Group Plans](#)

[EssentiaCare](#)

[UCare Minnesota Senior Health Options \(MSHO\) and UCare Connect + Medicare](#)

[Minnesota Health Care Programs \(MHCP\): UCare Connect, MinnesotaCare, Prepaid Medical Assistance Program \(PMAP\), Minnesota Senior Care Plus](#) (formulary is updated on the 1<sup>st</sup> of each month, 2020 formulary will be available Jan. 1)

### **2020 Insulin Benefit for UCare Individual & Family Plans and UCare Individual & Family Plans with M Health Fairview (IFP) Members**

Beginning Jan. 1, 2020, UCare IFP members will have a \$25 monthly copay cap for each insulin prescription they fill. This copay cap applies only to insulin covered on our formulary. This copay cap applies to both our 2020 IFP copay plans and our 2020 IFP high deductible health plans.

UCare's covered formulary insulin includes short-acting, intermediate-acting, and long-acting insulin. See the list of covered products below:

- Basaglar Kwikpen
- Novolin 70/30 Flexpen and vial
- Novolin N NPH vial
- Novolin R Regular vial
- Novolog Flexpen and vial
- Novolog Mix 70-30 Flexpen and vial
- Novolog Penfill cartridge

## 2020 Summary of Formulary Updates

The upcoming 2020 formulary changes noted below are considered high impact. This is not an all-inclusive list of 2020 updates.

### Medicare-related updates:

UM Additions	Tier Changes (Up-tier)	Additions	Removals	Alternatives to consider
Xifaxan	Gabapentin(Tier 2)	Trulicity	Bevespi	Anoro Ellipta, Stiolto Respimat
Somatuline	Fenofibrate(Tier 4)	Fluticasone-Salmoterol	Serevent Diskus	Striverdi Respimat
	Paroxetine(Tier 2)	Amitiza	Osphena	Estradiol vaginal cream or tablet
	Isosorbide Mononitrate(Tier 2)	Rabeprazole	Viokace	Creon

### Individual and Family Plan-related updates\*:

UM Additions	Additions	Removals	Alternatives to consider
Pomalyst	Fluticasone-Salmoterol	Victoza	Trulicity
Zortress	Vyvanse	Clobetasol	Betamethasone, Halobetasol
	Spiriva Respimat	Chlorzoxazone	Baclofen, Cyclobenzaprine

*\*The Individual and Family Plan formulary will follow a 5-tier structure in 2020. Tier 3 will be for preferred brand products and will have a copay apply before deductible on our copay plans. For more information on the Individual and Family Plan formulary, please visit the link at the top of the bulletin.*

**Medicaid-related updates:** UCare follows the Minnesota Department of Human Services (DHS) Preferred Drug List (PDL). Coverage of PDL drugs in 2020 will be reflective of the coverage decisions of DHS's Drug Formulary Committee.

### Member and Provider Communication

In late October through November, UCare sent letters to members and providers impacted by formulary removals, added Prior Authorization and up-tiered drugs to facilitate drug therapy adjustments, if appropriate, before the next calendar year. The goal of our 2020 changes is to enhance the safe use of medications and offer the most clinically and cost effective therapy for our members.

If you wish to submit a prior authorization for a 2020 formulary change, you are able to do so beginning Jan. 1, 2020.

### Questions?

If you have further questions, please call UCare's Provider Assistance Center at 612-676-3300 or 1-888-531-1493 toll free or visit [ucare.org/providers](http://ucare.org/providers).