Formulary Updates

Families and Children
MinnesotaCare
Minnesota Senior Care Plus (MSC+)
Special Needs BasicCare (SNBC)

Updated Date: 11/03/2026

1-866-431-0801 (toll free); TTY **1-800-627-3529** or **711**

ATTENTION: If you speak English, free language assistance services are available to you free of charge and without unnecessary delay. Additionally, appropriate auxiliary aids and services to provide information in accessible formats are available free of charge and in a timely manner. Please call the number above or speak to your provider. English

ትኩረት፥ አማርኛ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ እርዳታ አገልግሎቶች፣ ያለ ምንም ክፍያ፣ እና ያለ ምንም መዘግየት ለእርስዎ ይገኛሉ። በተጨማሪም፣ መረጃን በተደራሽ ቅርፀቶች ለማቅረብ፣ ተገቢ ረዳት መርጃዎች እና አገልግሎቶች ከክፍያ ነጻ እና በጊዜ ይገኛሉ። እባክዎ ከላይ ባለው ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ። Amharic

تنبيه: إذا كنت تتحدث العربية، فستكون خدمات المساعدة اللغوية متاحة لك مجانًا وبدون تأخير غير ضروري. بالإضافة إلى ذلك، تتوفر المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات يسهُل الوصول إليها مجانًا وفي الوقت المناسب. يرجى الاتصال بالرقم أعلاه أو التحدث إلى مقدم الخدمة الخاص بك. Arabic

သတိပြုပါ- သင်သည် မြန်မာဘာသာ ဘာသာစကားဖြင့် ပြောဆိုပါက၊ အခမဲ့ ဘာသာပြန်ဆိုပေးသော ဝန်ဆောင်မှုများကို မလိုလားအပ်သည့် နှောင့်နှေးကြန့်ကြာမှုတို့မရှိဘဲ အခမဲ့ ရရှိနိုင်ပါမည်။ ထို့အပြင်၊ အသုံးပြုခွင့်ရရှိထားသောပုံစံများတွင် သတင်းအချက်အလက်များ ပေးဆောင်နိုင်ရန်အတွက် သင့်လျော်သော အရန်အကူအညီများနှင့် ဝန်ဆောင်မှုများကို အချိန်နှင့်တစ်ပြေးညီ အခမဲ့ရရှိနိုင်ပါသည်။ အထက်တွင် ဖော်ပြထားသောနံပါတ်ကို ဖုန်းခေါ်ဆိုပါ သို့မဟုတ် သင်၏ဝန်ဆောင်မှုပေးသူထံ စကားပြောဆိုပါ။ Burmese

注意：如果您講繁體中文，我們將免費為您提供語言協助服務，且不會造成不必要的延誤。此外，還免費及時提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打上述電話號碼或與您的提供者聯絡。Chinese

ATTENTION : Si vous parlez Français, des services d’assistance linguistique gratuits sont à votre disposition gratuitement et sans délai inutile. En outre, des aides et services auxiliaires appropriés permettant de fournir des informations dans des formats accessibles sont disponibles gratuitement et en temps opportun. Veuillez appeler le numéro ci-dessus ou parler à votre prestataire. French

CEEB TOOM: Yog tias koj hais lus Hmoob, muaj cov kev pab cuam lus pab dawb rau koj xwb thiab tsis muaj qhov qeeb li. Dhau no lawm, tseem muaj ntaub ntawv qhia txog cov cuab yeej pab hnov lus thiab cov kev pab cuam ua hom qauv ntawv uas mus siv tau dawb yam tsis sau nqi thiab raws sij hawm. Thov hu rau tus xov tooj saum toj no los sis tham nrog koj tus kws kho mob. Hmong

တိၢ်ဒိုဉ်- ဖဲနမ့ၢ်ကတိၤကညီကျိာ်နၣ်,သဘျုကျိာ်တၢ်ဟ့ဉ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ်ကအိဉ်ဝဲဒဉ်လၢနဂီၢ်လၢတလိဉ်ဟ့ဉ်အပှၤဒီးတထုးတၢ်ဆၢကတီၢ်ဃံာ်ဃံာ်ဘဉ်နၣ်လီၤ. အမဲာ်ညါ, တၢ်နဉ်ဟူအပီးအလီလၢအဖိးမံဒီးတၢ်မၤစၢၤအ တၢ်ဖံးတၢ်မၤတဖဉ်လၢကဟ့ဉ်တၢ်ဂ့ၢ်တၢ်ကျိၤလၢကွၢ်ဂီၤလၢတၢ်မၤနှၢ်သူအီၤညီနှဉ်ကအိဉ်ဝဲဒဉ်လၢအပှၤတအိဉ်ဒီးတၢ်ကဟ့ဉ်အီၤအဆၢကတီၢ်ဘဉ်ဘဉ်နၣ်လီၤ. ဝံသးစူၤကီးဘဉ်လီတဲစိနိၢ်ဂံၢ်လၢထးမ့တမ့ၢ်ကတိၤတၢ်ဒီးနပှၤဟ့ဉ်တၢ်မၤစၢၤတၢ်တကွၢ်. Karen

1-866-431-0801 (toll free); TTY **1-800-627-3529** or **711**

ជូរកត់ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃអាចរកបានសម្រាប់អ្នកដោយមិនគិតថ្លៃ និងដោយគ្មានការពន្យារពេលមិនចាំបាច់។ លើសពីនេះ ជំនួយ និងសេវាកម្មជំនួយសមស្របដើម្បីផ្តល់ព័ត៌មានក្នុងទម្រង់ដែលអាចចូលប្រើបាន អាចរកបានដោយមិនគិតថ្លៃ និងទាន់ពេលវេលា។ សូមទូរសព្ទទៅលេខខាងលើ ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។ Khmer

주의: 한국어를 사용하시는 경우, 불필요한 지연 없이 무료로 언어 지원 서비스를 받으실 수 있습니다. 또한, 접근 가능한 형식으로 정보를 제공해 주는 적절한 보조 도구와 서비스를 무료로 적시에 이용하실 수 있습니다. 위의 번호로 전화하시거나 담당 의료 제공자에게 문의해 주십시오. Korean

ຂໍ້ຄວນ ເອົາໃຈໃສ່: ຖ້າ ທ່ານ ເວົ້າ ລາວ, ການບໍລິການການ ຊ່ວຍເຫຼືອ ດ້ານພາສາແ ມ່ນມີໃ ຫ້ ທ່ານ ໂດຍບໍ່ເສຍ ຄ່າ ແລະ ໂດຍບໍ່ມີການ ຊັກ ຊ້າທີບໍ່ຈຳ ເປນ. ນອກຈາກນັ້ນ, ການ ຊ່ວຍ ເຫຼືອ ແລະ ການບໍລິການເສີມທີ່ເໝາະສົມໃນການສະໜອງຂໍ້ມູນ ໃນຮູບແບບທີ່ສາມາດເຂົ້າ ເຖິງໄດ້ແ ມ່ນມີໃຫ້ໂດ ຍໍ່ບເສຍຄ່າ ແລະ ທັນເວລາ. ກະລຸນາໂທຫາເບີໂທຂ້າງເທິງ ຫຼື ເວົ້າກັບ ຜູ້ໃ ຫ້ບໍລິການຂອງ ທ່ານ. Lao

HUBADHAA: Afaan Oromoo dubbattu yoo ta'e, tajaajilootni deeggarsa afaanii barfannaa hin barbaachisne malee bilisaan isiniif kennamu. Dabalataanis, odeeffannoo bifa argamuun danda'uun dhiyeessuf tajaajilliwwaniifi deeggarsiwwan dabalataa bilisaafi yeroosaa eeggate jira. Maaloo lakkkoofsa armaan olii irratti bilbilaa yookiin ogeessa fayyaa keessan haasofsiisaa. Oromo

ВНИМАНИЕ: Если вы говорите по-русски, вам доступны бесплатные услуги языковой помощи, которые оказываются безвозмездно и своевременно. Кроме того, бесплатно и своевременно предоставляются соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах. Позвоните по указанному выше номеру или обратитесь к своему поставщику услуг. Russian

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, adeegyada kaalmada luqadda bilaashka ah ayaa laguugu heli karaa adiga lacag la'aan oo aan lahayn daahid aan lama huraan ahayn. Intaa waxaa dheer, caawimooyinka iyo adeegyada ku habboon si loogu bixiyo macluumaadka qaabab la heli karo ayaa lagu heli karaa lacag la'aan iyo waqti ku habboon. Fadlan wac lambarka kore ama la hadal adeeg bixiyahaaga. Somali

ATENCIÓN: Si habla español, los servicios gratuitos de asistencia en otros idiomas están disponibles para usted de forma gratuita y sin demoras innecesarias. Además, se dispone de ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles de forma gratuita y oportuna. Llame al número mencionado anteriormente o hable con su proveedor. Spanish

LƯU Ý: Nếu quý vị nói Tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị, hoàn toàn miễn phí và không bị chậm trễ không cần thiết. Ngoài ra, các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở các định dạng dễ tiếp cận cũng được cung cấp miễn phí và kịp thời. Vui lòng gọi số ở trên hoặc nói chuyện với nhà cung cấp của quý vị. Vietnamese

Civil Rights Notice

Discrimination is against the law. PrimeWest Health does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by PrimeWest Health. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

Civil Rights Coordinator
PrimeWest Health
3905 Dakota St Alexandria, MN 56308
Toll Free: 1-866-431-0801; TTY: 1-800-627-3529 or 711; Fax: 1-320-762-8750
Email: compliance@primewest.org

Auxiliary Aids and Services: PrimeWest Health provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact PrimeWest Health at memberservices@primewest.org, or call Member Services at 1-866-431-0801 or TTY 1-800-627-3529 or 711. The call is free.**

Language Assistance Services: PrimeWest Health provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact PrimeWest Health at memberservices@primewest.org, or call Member Services at 1-866-431-0801 or TTY 1-800-627-3529 or 711. The call is free.**

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by PrimeWest Health. You may also contact any of the following agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the **OCR** directly to file a complaint:

Office for Civil Rights, U.S. Department of Health and Human Services
Midwest Region
233 N. Michigan Avenue, Suite 240 Chicago, IL 60601
Customer Response Center: 800-368-1019, TTY: 800-537-7697
Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)
In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
540 Fairview Avenue North, Suite 201, St. Paul, MN 55104
651-539-1100 (voice), 800-657-3704 (toll-free), 711 or 800-627-3529 (MN Relay), 651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)
You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

State Programs Preferred Drug List Change/Update

Brand Name	Generic Name	Drug Strength	Effective Date (MM/DD/YYYY)	New PDL Status	Previous PDL Status	PDL Drug Class	Notes
Desvenlafaxine ER		All	11/03/2026	Nonpreferred	Preferred	Antidepressants, Other	Labeler: 63304; approved under NDA pathway
Fetzima		All	11/03/2026	Preferred	Nonpreferred	Antidepressants, Other	
Trintellix		All	11/03/2026	Preferred	Nonpreferred	Antidepressants, Other	
	Vilazodone	All	11/03/2026	Preferred	Nonpreferred	Antidepressants, Other	
Viibryd		All	11/03/2026	Nonpreferred	Preferred	Antidepressants, Other	
Exxua tab ER		All	11/03/2026	Nonpreferred	N/A	Antidepressants, Other	
Exxua tab ER titration pk		All	11/03/2026	Nonpreferred	N/A	Antidepressants, Other	
Raldesy solution		All	11/03/2026	Nonpreferred	N/A	Antidepressants, Other	

	Escitalopram **capsule**	All	11/03/2026	Nonpreferred	N/A	Antidepressants, SSRIs	
Ajovy autoinjector 3-pak		All	11/03/2026	Preferred	N/A	Antimigraine agents, Other	Added for clarity
Qulipta		All	11/03/2026	Preferred	Nonpreferred	Antimigraine agents, Other	
Brekiya Autoinjector		All	11/03/2026	Nonpreferred	N/A	Antimigraine agents, Other	
Imitrex kit		All	11/03/2026	Nonpreferred	Preferred	Antimigraine agents, Triptans	
Imitrex vial		All	11/03/2026	Removed from PDL	Preferred	Antimigraine agents, Triptans	Discontinued
	Sumatriptan (nasal)	All	11/03/2026	Preferred	Nonpreferred	Antimigraine agents, Triptans	
	Sumatriptan kit (subcutane.)	All	11/03/2026	Preferred	Nonpreferred	Antimigraine agents, Triptans	
	Sumatriptan disp syringe (subcutane.)	All	11/03/2026	Preferred	Nonpreferred	Antimigraine agents, Triptans	

	Sumatriptan vial(subcutane.)	All	11/03/2026	Preferred	Nonpreferred	Antimigraine agents, Triptans	
Symbravo tablet		All	11/03/2026	Nonpreferred	N/A	Antimigraine agents, Triptans	
Zomig (nasal)		All	11/03/2026	Nonpreferred	Preferred	Antimigraine agents, Triptans	
Bysanti		All	11/03/2026	Nonpreferred	N/A	Antipsychotics	
	Ziprasidone (intramusc)	All	11/03/2026	Preferred	Nonpreferred	Antipsychotics	
Pyzchiva vial (subcutane.)		All	11/03/2026	Nonpreferred	Preferred	Cytokine and CAM Antagonists	
Pyzchiva syringe (subcutane.)		All	11/03/2026	Nonpreferred	Preferred	Cytokine and CAM Antagonists	
Pyzchiva vial (intravenous)		All	11/03/2026	Nonpreferred	Preferred	Cytokine and CAM Antagonists	
Starjemza syringe (subcutane.)		All	11/03/2026	Preferred	N/A	Cytokine and CAM Antagonists	
Starjemza vial (subcutane.)		All	11/03/2026	Preferred	N/A	Cytokine and CAM Antagonists	

Starjemza **vial (intravenous)**		All	11/03/2026	Nonpreferred	N/A	Cytokine and CAM Antagonists	
	Tofacitinib	All	11/03/2026	Preferred	N/A	Cytokine and CAM Antagonists	
	Tofacitinib ER	All	11/03/2026	Preferred	N/A	Cytokine and CAM Antagonists	
Steqeyma syringe (subcutane.)		All	11/03/2026	Nonpreferred	Preferred	Cytokine and CAM Antagonists	
Steqeyma vial (intravenous)		All	11/03/2026	Nonpreferred	Preferred	Cytokine and CAM Antagonists	
Tyenne vial (intravenous)		All	11/03/2026	Preferred	Nonpreferred	Cytokine and CAM Antagonists	
Tyenne pen (subcutane.)		All	11/03/2026	Preferred	Nonpreferred	Cytokine and CAM Antagonists	
Tyenne syringe (subcutane.)		All	11/03/2026	Preferred	Nonpreferred	Cytokine and CAM Antagonists	
Xeljanz		All	11/03/2026	Nonpreferred	Preferred	Cytokine and CAM Antagonists	
Yesinktek syringe (subcutane.)		All	11/03/2026	Nonpreferred	Preferred	Cytokine and CAM Antagonists	

Yesinktek vial (subcutane.)		All	11/03/2026	Nonpreferred	Preferred	Cytokine and CAM Antagonists	
Icotyde		All	11/03/2026	Nonpreferred	N/A	Cytokine and CAM Antagonists	
Ustekinumab-**aauz** syringe (subcutane.)		All	11/03/2026	Nonpreferred	N/A	Cytokine and CAM Antagonists	
Janumet XR		All	11/03/2026	Nonpreferred	Preferred	Hypoglycemics, Incretin mimetics/ Enhancers	
Mounjaro (subcutane.)		All	11/03/2026	Preferred	Nonpreferred	Hypoglycemics, Incretin mimetics/ Enhancers	
Ozempic tablet (oral)		All	11/03/2026	Preferred	N/A	Hypoglycemics, Incretin mimetics/ Enhancers	For clarity, Ozempic (subcutane.) continues to be preferred
	Dapagliflozin/ saxagliptin	All	11/03/2026	Nonpreferred	N/A	Hypoglycemics, Incretin mimetics/ Enhancers	
	Linagliptin/ metformin	All	11/03/2026	Nonpreferred	N/A	Hypoglycemics, Incretin mimetics/	

						Enhancers	
	Sitagliptin/ metformin ER	All	11/03/2026	Nonpreferred	N/A	Hypoglycemics, Incretin mimetics/ Enhancers	Generic of Zituvimet XR
	Sitagliptin **phosphate**	All	11/03/2026	Nonpreferred	N/A	Hypoglycemics, Incretin mimetics/ Enhancers	Generic of Januvia
	Sitagliptin **phos**/ metformin	All	11/03/2026	Nonpreferred	N/A	Hypoglycemics, Incretin mimetics/ Enhancers	Generic of Janumet
Nucala autoinjector (subcutane.)		All	11/03/2026	Preferred	Nonpreferred	Immuno-modulators, Asthma	
Nucala syringe (subcutane.)		All	11/03/2026	Preferred	Nonpreferred	Immuno-modulators, Asthma	
Nucala vial (subcutane.)		All	11/03/2026	Preferred	Nonpreferred	Immuno-modulators, Asthma	
Exdensur syringe (subcutane.)		All	11/03/2026	Nonpreferred	N/A	Immuno-modulators, Asthma	
	Diclofenac potassium tablet	All	11/03/2026	Preferred	Nonpreferred	NSAIDs	
Coxanto		All	11/03/2026	Nonpreferred	N/A	NSAIDs	
	Dolobid	All	11/03/2026	Nonpreferred	N/A	NSAIDs	FDA approved via ANDA

	Orudis	All	11/03/2026	Nonpreferred	N/A	NSAIDs	FDA approved via ANDA
Vyscoxa suspension		All	11/03/2026	Nonpreferred	N/A	NSAIDs	
Zybic suspension		All	11/03/2026	Nonpreferred	N/A	NSAIDs	
Vyvanse capsule		All	11/03/2026	Nonpreferred	Preferred	Stimulants and related agents	Generic lisdex-amfetamine capsule continues to be preferred
Arynta solution		All	11/03/2026	Nonpreferred	N/A	Stimulants and related agents	
	Lisdexamfetamine **chewable tablet**	All	11/03/2026	Nonpreferred	N/A	Stimulants and related agents	
	Atenolol/ Chlorthalidone (oral)	All	11/03/2026	Preferred	Nonpreferred	Beta-Blockers	
	Albuterol HFA (inhalation)	All	11/03/2026	Preferred	Nonpreferred	Bronchodilators, Beta Agonist	Authorized generic of Proventil HFA. For clarity, generic of Proventil HFA continues to be preferred
	Cefpodoxime tablet	All	11/03/2026	Preferred	Nonpreferred	Cephalosporins and Related Antibiotics	

	Cefixime **tablet**	All	11/03/2026	Nonpreferred	N/A	Cephalosporins and Related Antibiotics	
	Prucalopride tablet	All	11/03/2026	Preferred	N/A	GI Motility, Chronic	
Saxenda		All	11/03/2026	Nonpreferred	Preferred	Weight Management Agents	
Foundayo tablet		All	11/03/2026	Preferred	N/A	Weight Management Agents	
Wegovy HD (subcutane.)		All	11/03/2026	Preferred	N/A	Weight Management Agents	For clarity, Wegovy (subcutane.) continues to be preferred
Wegovy tablet		All	11/03/2026	Preferred	N/A	Weight Management Agents	
Zepbound pen (subcutane.)		All	11/03/2026	Preferred	N/A	Weight Management Agents	
	Liraglutide (subcutane.)	All	11/03/2026	Nonpreferred	N/A	Weight Management Agents	Generic of Saxenda
Zepbound **Kwikpen** (subcutane.)		All	11/03/2026	Nonpreferred	N/A	Weight Management Agents	