

July 1: State begins changes for Medicaid, MinnesotaCare prescription drug lists

Starting next week, a uniform preferred drug list is required by the Department of Human Services.

This means more than 55,200 people who get care through Prepaid Medical Assistance Program and MinnesotaCare may have to change medications the next time they need a refill.

The change also applies to people with Minnesota Senior Care Plus and Special Needs BasicCare who do not get their drugs from Medicare.

In all, nearly 74,000 prescriptions will likely need to change over time.

Help your clients, patients get the care they need

- **Letters have been sent to people who may have to change drugs.** The letter lists the current drugs the person takes that may need to change. It also suggests similar drugs that meet the state's new rule. Medical supplies like diabetes test strips may also need to change. Treatment for people with diabetes, asthma and mental illness are three of the common illnesses where different drugs may be required.
- **Health insurers have urged people to call their doctor or pharmacy.** Some drugs can be changed with a phone call. Others require the patient to be seen by a doctor or someone else who provides their care. If an individual's health does not allow him/her to switch to a drug on the new list, ask for approval to continue with the current medication.
- **You and your client can call their health insurer, too.** On the back of this page you will find contact information.

People may have to pay more

The state's preferred drug list includes many brand name drugs. For some people, this means they could have to pay more when they pick up their drugs from the pharmacy.

For some people with Medicaid, copays are \$1 for generic and \$3 for brand name drugs. The cap is \$12 per month.

Adults with MinnesotaCare pay \$7 for generic and \$25 for prescription brand name drugs. The MinnesotaCare cap is \$70 per month.

Here's what doesn't change

- Patients who already have prior approvals for their drug do not need to get approval again until the current approval expires.
- While all drugs on the uniform PDL must be offered, an insurer's list will likely include additional drugs not on the state's list. An insurer may include specific drugs and types of drugs that are not on the state's approved list.