

Subject Prescription drug formulary changes

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Date March 14, 2025

## Summary

Section	Description
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1 **[62Q.83] Formulary changes.**

**Subd. 1. Definitions.** Defines “drug,” “enrollee,” “formulary,” “health plan,” “pharmacy benefit manager,” and “prescription.”

**Subd. 2. Formulary changes.** (a) Prohibits a health plan from removing a drug on their formulary or placing a formulary drug in a more costly benefit category for an enrollee who was prescribed the drug in the previous year.

(b) Provides an exception to the prohibition in paragraph (a) if the drug has been deemed unsafe or withdrawn by the FDA or manufacturer, or when independent research issues a drug-specific warning and recommends changes to the drug’s use due to previously unknown and imminent patient harm.

(c) Provides an exception to the prohibitions in paragraph (a) for brand name drugs when the health plan adds a therapeutically equivalent or interchangeable drug to the formulary at a lower cost to the enrollee and gives 60 days’ notice of the change to prescribers, pharmacists, and affected enrollees.

**Effective date.** This section is effective January 1, 2026, and applies to health plans offered, issued, or renewed on or after that date.

2 **Drugs.**

Allows the commissioner of health and human services to continue establishing a drug formulary for the Medical Assistance and MinnesotaCare public health programs. Prohibits the commissioner from taking the actions described in section 1, subdivision 2, paragraph (a) above, and applies the exceptions from section 1, subdivision 2, paragraphs (b) and (c).

**Effective date.** This section is effective January 1, 2026, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.



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