

SIMPLEQUOTE

Medica prescription search

How to confirm that your medications are covered by the plan you select



Why prescription verification matters

Confirm that your medications are included in the plan's formulary.

Before enrolling, verify each medication, dosage, formulary tier, and cost-sharing information for the exact plan you are considering.

Use the carrier formulary to verify every medication.

Not all formularies are the same

Medication coverage can vary by carrier, plan, and formulary.

1

Check the exact plan

A medication may be covered differently under another plan or carrier.

2

Use the plan-specific drug list

Confirm the formulary for the exact plan you are reviewing.

Do not rely on a general medication list alone.

MNsure medication information may not be enough

Use the carrier formulary for the most direct plan-specific verification.

1

Entering medications in MNsure is a helpful starting point

MNsure may allow you to enter your medications while comparing plans.

2

Confirm the results through the carrier

MNsure medication information is not always accurate or complete for the specific plan.

Follow the steps below to confirm coverage and formulary tier.

LOWER EXPENSE



Medica Applause Bronze Copay (First 3)

BRONZE HSA EPO

\$168.27 /month

after \$366.00 tax credit

PRIMARY CARE VISITS

\$15 / 50%

GENERIC DRUGS

\$25

YEARLY DEDUCTIBLE

\$7500

OUT-OF-POCKET MAX

\$10600

QUALITY RATING

★★★★☆

DULOXETINE

✓

DR. ULRICA M WI...

✓

DR. PAUL RYAN J...

✓

☐ COMPARE

DETAILS

ADD

Open the plan’s drug list

Start from the plan you are reviewing in MNsure.

1

Select the plan

Open the plan details to view the coverage information.

LOWER EXPENSE


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PRIMARY CARE VISITS \$15 / 50%

GENERIC DRUGS \$25

YEARLY DEDUCTIBLE \$7500

OUT-OF-POCKET MAX \$10600

QUALITY RATING ★★★★★

DULOXETINE ✓

DR. ULRICA M WI... ✓

DR. PAUL RYAN J... ✓

☐ COMPARE

DETAILS

ADD

2

Select “Drug List”

Find the Drug List link in the plan details and select it.

Plan Details

Print Preview

TOTAL EXPENSE ESTIMATE LOW


Medica Applause Bronze C...

BRONZE HSA EPO

\$168.27 /month

after \$366.00 tax credit

Details

ADD

Plan Highlights

Plan Name

Medica Applause Bronze Copay (First 3)

Primary Care Visits

\$15 / 50%

Generic Drugs

\$25

Yearly Deductible

\$7500

Out-Of-Pocket Max

\$10600

HSA-compatible

Yes

Quality Rating

★★★★★ (Click here for more information)

Duloxetine

✓

Dr. Ulrika M Wi...

✓

Dr. Paul Ryan J...

✓

Benefits Resources

Summary of Benefits and Coverage

Detailed Plan Documents (PDF)

Provider Directory

Drug List

Continue to the carrier formulary

MNsure may ask you to confirm that you are leaving its website.

1

Review the message

MNsure will display a notice before opening the carrier's formulary.

2

Select "Yes, Proceed"

Continue to the carrier's drug list to complete the medication search.

You are now leaving the MNsure website.

You are about to access:

<https://www.Medica.com/MNDrugList-2026>

MNsure cannot attest to the accuracy of information provided by this link. Linking to a non-MNsure site does not constitute an endorsement by MNsure or any of its employees of the organizations or views represented by the site. MNsure takes no responsibility for, and exercises no control over, the reliability, accessibility, copyright or trademark compliance or legality of the material presented on the site. You will be subject to the destination site's privacy policy when you leave MNsure's site.

No, Take Me Back

Yes, Proceed

The carrier's formulary is where you will confirm medication coverage.

Review the carrier’s formulary

The drug list may open as a PDF document.

1

Open or download the PDF

The formulary can be downloaded if you want to save a copy.

2

Search the document

Scroll or use the document’s search function to locate each medication.

Keep the exact plan name available while reviewing the formulary.

Drug Name	Drug Tier	Requirements / Limits
dextroamphetamine sulfate oral solution 5 mg/5 ml	4	
dextroamphetamine sulfate oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg	4	
dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	2	
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	2	
diazepam intensol oral concentrate 5 mg/ml	2	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	2	
diazepam oral tablet 10 mg, 2 mg, 5 mg	2	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
doxepin oral concentrate 10 mg/ml	2	
doxepin oral tablet 3 mg, 6 mg	4	ST; QL (15 per 23 days)

Drug Name	Drug Tier	Requirements / Limits
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg	2	QL (68 per 34 days)
duloxetine oral capsule, delayed release(dr/ec) 30 mg	2	QL (34 per 34 days)
duloxetine oral capsule, delayed release(dr/ec) 40 mg	2	ST; QL (34 per 34 days)
ergoloid oral tablet 1 mg	2	
escitalopram oxalate oral solution 5 mg/5 ml	2	ST
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	2	QL (34 per 34 days)
estazolam oral tablet 1 mg, 2 mg	2	QL (15 per 23 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	2	QL (15 per 23 days)
fluoxetine oral capsule 10 mg	2	QL (34 per 34 days)
fluoxetine oral capsule 20 mg	2	
fluoxetine oral capsule 40 mg	2	QL (68 per 34 days)
fluoxetine oral capsule, delayed release(dr/ec) 90 mg	2	ST; QL (4 per 34 days)
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	2	
fluphenazine decanoate injection solution 25 mg/ml	2	

Minnesota. September 2026. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Search for the exact medication

Use the medication name and dosage for accurate results.

1

Search by medication name

In this example, the medication is Duloxetine.

2

Confirm the dosage

The example uses Duloxetine 60 mg capsule.
Select or review the exact dosage you take.

3

Review the formulary tier

Confirm the tier level at which the medication is covered.

TOTAL EXPENSE ESTIMATE LOW


Medica Applause Bronze C...
BRONZE HSA EPO
\$168.27 /month [Details](#)
after \$366.00 tax credit
[ADD](#) 

Plan Highlights

Plan Name	Medica Applause Bronze Copay (First 3)
Primary Care Visits	\$15 / 50%
Generic Drugs	\$25
Yearly Deductible	\$7500
Out-Of-Pocket Max	\$10600
HSA-compatible	Yes
Quality Rating	★★★★☆ (Click here for more information)
Duloxetine	✓
Dr. Ulrika M Wi...	✓
Dr. Paul Ryan J...	✓

▼ Drugs

	In Network	Out-of-Network	Additional Inf
Generic Drugs	\$25 Copay	100% Coinsurance	
Preferred Brand Drugs	\$200 Copay	100% Coinsurance	
Non-Preferred Brand Drugs	50% Coinsurance after deductible	100% Coinsurance	
Specialty Drugs	60% Coinsurance after deductible	100% Coinsurance	

Review tier and estimated cost

Return to your MNSure plan comparison after checking the formulary.

Understand the cost

In this example, a Tier 2 medication has a \$200 copay. Your plan's cost-sharing may vary by medication and plan.

Confirm your actual cost

If the pharmacy cost is less than \$200, you may pay less. Ask your pharmacist to verify your cost.

Repeat this process for each medication and each plan.

Prescription verification complete

Save your results and repeat the process for every medication and plan you are considering.