

Drug Formulary Update, January 2012

Updates to the HealthPartners Drug Formularies are listed below.

Updates for the Commercial Drug Formularies and the Minnesota Health Care Programs (Medicaid and Minnesota Care “State Programs”) Drug Formulary are listed first, and then changes for the Medicare Drug Formulary.

Commercial and Minnesota Health Care Programs

Changes are effective January 1, 2012, and apply to PreferredRx, GenericsPlusRx, and HealthPartners Minnesota Health Care Programs (Medicaid and Minnesota Care “State Programs”) Drug Formularies. Any exceptions are noted below.

Medication	Status	Notes
Atomoxetine (Strattera)	F	Added to GenericsPlusRx and State Programs. Strattera remains on formulary for PreferredRx.
Calcitriol ointment (Vectical)	PA	Modify PA criteria, to an initial review only (deleting the 3 month evaluation). Vectical is reserved for patients who have tried and failed (or who have medical contraindications) to potent topical steroids.
Corifact (Factor XIII)	covered	Corifact is a human-based Factor 13 product indicated for replacement therapy. It will be covered similar to other blood factor products.
Crizotinib (Xalkori)	PA	Xalkori has been added with PA. Xalkori is a new oral oncology medication, for lung cancer. Requests will be approved for locally advanced or metastatic non-small cell lung cancer (NSCLC) that is ALK-positive in patients with an ECOG functional status of 0-2. Xalkori is considered a specialty medication. Approvals will be given for three months of therapy. Reauthorizations will be approved every three months while there is no progression of disease.
Dalfampridine (Ampyra)	PA	Modify PA criteria, to an initial review and a two month evaluation (deleting the every 6 month evaluation).
Desmopressin nasal (Stimate)	PA	Add with PA, per FDA-indications (hemophilia A and von Willebrand disease).
Duloxetine (Cymbalta)		Added to State Programs with step-therapy. Cymbalta remains on formulary with step-therapy for PreferredRx, and non-formulary for GenericsPlusRx.
Ezetimibe (Zetia)	F	Step-therapy has been removed.
Fansidar (sulfadoxine/pyrimethamine)	NF	Fansidar, for malaria, is no longer available.
Gabapentin (Gralise)	NF	Gralise is a once-daily form of gabapentin for post-herpetic neuralgia. Significant advantages aren't clear, and less costly alternatives are available.
Guanfacine ER (Intuniv)	F	Added to GenericsPlusRx and State Programs with an age-edit of 17 (Intuniv will process automatically for children <= 17 years of age). Intuniv remains on PreferredRx with the same age-edit.

Medication	Status	Notes
Icatibant (Firazyr)	PA	Firazyr has been added with PA. Firazyr is a SQ injection, for acute attacks of hereditary angioedema. Requests will be approved when used for the treatment of acute attacks of hereditary angioedema (HAE) in adults. Firazyr is considered a specialty medication.
Indacaterol (Arcapta)	NF	Arcapta is a long-acting beta-agonist oral inhaler for COPD. Significant clinical advantages aren't clear.
Juvisync (Januvia/ simvastatin)	NF	Juvisync is a combination, used for diabetes and cholesterol. Significant clinical advantages aren't clear.
Lisdexamfetamine (Vyvanse)	F	Added to GenericsPlusRx and State Programs. Vyvanse remains on formulary for PreferredRx.
Lubiprostone (Amitiza)	ST	Added to GenericsPlusRx and State Programs with step-therapy, <i>from lactulose</i> . Amitiza remains on formulary with step-therapy for PreferredRx.
Milnacipran (Savella)		Added to State Programs with step-therapy. Savella remains on formulary with step-therapy for PreferredRx, and non-formulary for GenericsPlusRx.
Montelukast (Singulair)	F	Step-therapy has been removed.
Nefazodone (Serzone)	F	Prior authorization has been removed.
Novolog and Novolin		Both Lilly (Humalog and Humulin) and Novo Nordisk (Novolog and Novolin) are covered for State Programs members only. Costs are similar for these insulins for this group. Lilly insulin (Humalog and Humulin) remains preferred for PreferredRx and GenericsPlusRx.
Nuedexta (dextromethorphan/ quinidine)	NF	Nuedexta is FDA-approved the treatment of pseudobulbar affect (PBA). Individual requests will be reviewed as formulary exceptions.
NuvaRing	F	Added to GenericsPlusRx. NuvaRing remains on formulary for PreferredRx and State Programs.
Ortho Evra	F	Added to GenericsPlusRx. Ortho Evra remains on formulary for PreferredRx and State Programs.
Pregabalin (Lyrica)		Added to State Programs with step-therapy, from gabapentin. Lyrica remains on formulary with step-therapy for PreferredRx, and non-formulary for GenericsPlusRx.
Rifaximin (Xifaxan)	PA	Added PA criteria for small bowel bacterial overgrowth, <i>for patients with a positive diagnosis, who have tried and failed one course of antibiotics</i> . Approvals will be given for up to 10 days of therapy.
Sevelamer (Renagel)	NF	Sevelamer is available in two forms, Renagel and the newer Renvela. Renvela is less costly, and will be preferred over Renagel. Current members have been grandfathered, and changes apply to new starts only.
Suboxone (buprenorphine/ naloxone) film	F	Suboxone film has been added to all formularies. Suboxone is used for opioid dependence.

Medication	Status	Notes
Ticagrelor (Brilinta)	NF	Ticagrelor is used for acute coronary syndromes. It does not appear more effective than standard therapy such as clopidogrel (Plavix) in US patients, and safety concerns include a Black Box warning about aspirin dosing.
Tranexamic acid (Lysteda)	PA	Modify PA criteria. Lysteda is reserved for <i>heavy menstrual bleeding, for patients with an inadequate response to hormonal treatment with oral contraceptives</i> (deleting the requirement for NSAIDs).
Vemurafenib (Zelboraf)	PA	Zelboraf has been added with PA. Zelboraf is a new oral oncology medication, for metastatic melanoma. Requests will be approved for treatment of patients with unresectable or metastatic melanoma with BRAFV600E mutation. Zelboraf is considered a specialty medication. Approvals will be given for three months of therapy. Reauthorizations will be provided when there is no progression of disease.
Wilate	covered	Wilate is a human von Willebrand Factor/ Coagulation Factor 8 Complex, for spontaneous and trauma-induced bleeding episodes for von Willebrand patients. It will be covered similar to other blood factor products.

Medicare Drug Formulary

Replacements are listed first, followed by other changes.

Medication	Status	Notes
Novolog and Novolin insulin	NF	Novolog and Novolin have been deleted, and replaced with Humalog and Humulin. Members currently using Novolog and Novolin are notified, and have until April 1 2012 to make changes.
Humalog and Humulin insulin	2T	
Telmisartan (Micardis and Micardis HCT)	NF	Telmisartan has been deleted. Members currently using telmisartan are notified, and have until April 1 2012 to make changes. The preferred ARB medication is losartan (generic Cozaar) and losartan/HCTZ (generic Hyzaar). Irbesartan (Avapro and Avalide) remains on formulary with step therapy, <i>from a generic ACE-inhibitor (such as lisinopril) or losartan.</i> Valsartan (Diovan and Diovan HCT) has been added with step-therapy.
Valsartan (Diovan and Diovan HCT)	2T ST	
Interferon (Betaseron)	NF	Betaseron has been deleted, and replaced with Extavia. Members currently using Betaseron can receive one additional supply in early 2012.
Interferon (Extavia)	4T ST	
Peginterferon (Pegasys)	4T PA	Peg-Intron is now preferred over Pegasys. Current members are encouraged but not required to make changes.
Peginterferon (Peg-Intron)	4T PA	
Solifenacin (Vesicare)	2T	Sanctura XR has been deleted, and replaced with Vesicare. Members currently using Sanctura XR are notified, and have until April 1 2012 to make changes.
Trospium XR (Sanctura XR)	NF	

NF, non-formulary F, on formulary PA, prior authorization ST, step-therapy QL, Quantity Limit
 For Medicare: T1, covered generic T2, covered Brand T3, covered Brand T4, specialty

Other Changes

Medication	Status	Notes
Acetaminophen combinations	NF	Combination products with more than 325mg of acetaminophen (such as Vicodin and Percocet 7.5/500) have been deleted, per FDA plans to remove these from the market due to safety concerns. Members currently using higher strengths are notified, and have until April 1 2012 to make changes. Alternatives are available with the same ingredients but less acetaminophen.
Aliskiren (Tekturna) and Tekturna HCT	2T ST	Tekturna and Tekturna HCT changed to formulary with step-therapy.
Amtornide (Tekturna/amlodipine/ HCTZ)	2T ST	Added to formulary with step-therapy.
Bepotastine (Bepreve)	3T	Added to formulary.
Desmopressin nasal (Stimate)	2T PA	Add with PA, per FDA-indications (hemophilia A and von Willebrand disease)
Dulera (mometasone/ formoterol)	2T	Added to formulary.
Exforge (Diovan/amlodipine), and Exforge HCT	2T ST	Added to formulary with step-therapy.
Ezetimibe (Zetia)	2T	Step-therapy has been removed.
Formoterol (Foradil)	2T	Added to formulary.
Insulin detemir (Levemir)	2T ST	Step-therapy has been added, <i>from Lantus</i> . Lantus is preferred over Levemir. Current members have been grandfathered, and changes apply to new patients only.
Meslamine (Lialda)	2T	Added to formulary.
Metformin and other diabetes medications	QL	Quantity limits have been added to all diabetes medications to prevent high doses, per CMS guidelines. Limits include metformin (maximum of 2,550mg per day for the immediate-release), and glipizide (maximum of 20mg per day). Members currently using higher doses are notified, and have until April 1 2012 to make changes
Montelukast (Singulair)	2T	Step-therapy has been removed.
Nefazodone (Serzone)	1T	Prior authorization has been removed.
Suboxone (buprenorphine/naloxone) film	2T	Suboxone film has been added as a line extension.
Tekamlo (Tekturna/amlodipine)	2T ST	Added to formulary with step-therapy.
Valturna (Tekturna/Diovan)	2T ST	Added to formulary with step-therapy.

The complete Medicare 2012 Drug Formulary is available at [HealthPartners.com/ Health Insurance](http://HealthPartners.com/HealthInsurance).

Formulary Information and Requests

Formulary Information is available at [HealthPartners.com/ Provider/ Pharmacy Services](http://HealthPartners.com/Provider/Pharmacy%20Services), including the [Drug Formularies](#).

Pharmacy Customer Service is available to providers (physicians and pharmacies) from 8AM - 6PM CST, Monday through Friday. After hours calls are answered by our Pharmacy Benefit Manager.

- Fax - 952-853-8700 or 1-888-883-5434. Telephone - 952-883-5813 or 1-800-492-7259.
- Mail - HealthPartners Pharmacy Services, 8170 33rd Avenue S, PO Box 1309, Mpls, MN 55440.