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Drug Formulary Update, July 2013

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

These changes are effective July 1, 2013, and apply to PreferredRx, GenericsPlusRx, and HealthPartners Minnesota Health Care Programs (Medicaid and Minnesota Care "State Programs") Drug Formularies.

Variations in the formulary status is noted with an asterisk, with details in the notes section

Medication	Status	Notes
Adalimumab (Humira)	PA	Prior authorization coverage criteria have been updated, adding coverage for ulcerative colitis. For ulcerative colitis, adalimumab is reserved for prescribing by Gastroenterology, for patients with moderately to severely active ulcerative colitis, who have had an inadequate response or medical contraindications to conventional therapy (such as 6-mercaptopurine, azathioprine or cyclosporine). Initial approvals will be granted for three months. Reauthorizations will be provided for patients who respond to therapy. Reauthorizations are limited to a maximum dose of 40 mg every two weeks.
Alogliptin	NF	Alogliptin products are non-formulary. Alogliptin is the 4th dipeptidyl peptidase-4 (DPP-4) inhibitor approved by the FDA. Significant clinical advantages have not been shown. Alogliptin is available as a single-ingredient product (Nesina), a combination with metformin (Kazano), and a combination with pioglitazone (Oseni).
Amethyst	NF PA	Brand oral contraceptives are non-formulary with prior authorization unless they have significant clinical advantages. Current members have been "grandfathered" allowing them to continue therapy, and this change applies to new starts only.
Cabozantinib (Cometriq)	PA	Cometriq has been added with prior authorization. Cometriq is reserved for treatment of patients with progressive, metastatic medullary thyroid carcinoma. Approvals will be provided for three months. Reauthorizations will be provided when there is no disease progress. Cometriq is considered a specialty medication by HealthPartners.

F, on formulary PA, prior authorization ST, step-therapy QL, Quantity Limit
Age, Age limits NF, non-formulary NF PA, non-formulary with prior authorization

Medication	Status	Notes
Canagliflozin (Invokana)	ST	Canagliflozin has been added with step-therapy, *after metformin*. Canagliflozin is the first in a new class of diabetes medications called sodium-glucose co-transporter 2 (SGLT2) inhibitors.
Codeine Products	Age	An age-limit of five has been added. Codeine products are not covered for children ages five and younger due to safety concerns. Codeine has a risk of severe respiratory depression in children who are ultra-rapid metabolizers of codeine, and safer alternatives are available. This age-edit will be added on August 1. Coverage for members receiving chronic therapy (two or more recent prescriptions) has been extended through August 31 to allow time to discuss changes. Additional communications are being sent to top providers and to affected members. This change applies to codeine tablets, codeine/ acetaminophen, codeine/ guaifenesin (e.g. Robitussin AC), and codeine/ promethazine.
Crofelemer (Fulyzaq)	PA	Crofelemer has been added with prior authorization. Crofelemer is reserved for diarrhea in patients with HIV, for patients with inadequate response to first-line therapies such as loperamide and diphenoxylate/ atropine (generic Lomotil). Initial approvals are for three months, with continued coverage available for patients with a significant positive response.
Glycerol Phenylbutyrate (Ravicti)	PA	Glycerol Phenylbutyrate has been added with prior authorization. Glycerol Phenylbutyrate is reserved for use in chronic management of adult and pediatric patients two years of age and older with urea cycle disorders (UCDs) that cannot be managed by dietary protein restriction, amino acid supplementation and sodium phenylbutyrate. It must be used in combination with dietary protein restriction. Initial approvals are for one year, with continued coverage available for patients with a significant positive response with attestation of adherence to dietary protein restriction. Glycerol Phenylbutyrate is considered a specialty medication by HealthPartners.
Icosapent (Vascepa)	PA	Vascepa has been added with prior authorization. Vascepa is reserved for patients with high triglycerides levels > 500 mg/dL, who have an inadequate response to combination therapy with a fibrate (gemfibrozil or fenofibrate) and omega-3-acid ethyl esters (Lovaza). Omega-3-acid ethyl esters (Lovaza) is similar and on formulary with step-therapy, from gemfibrozil or fenofibrate.

Medication	Status	Notes
Linaclotide (Linzess)	PA	Linaclotide has been added with prior authorization. Linaclotide is reserved for patients with significant symptoms not responding to OTC medications and lactulose. Initial approvals are for three months, with continued coverage available for patients with a significant positive response. Linaclotide is FDA-approved for irritable bowel syndrome with constipation, and for chronic idiopathic constipation.
Lomitapide (Juxtapid)	PA	Lomitapide has been added with prior authorization. Lomitapide is reserved for patients with homozygous familial hypercholesterolemia (HoFH). Initial approvals are for three months, with continued coverage available for patients with a significant positive response. Lomitapide is considered a specialty medication by HealthPartners.
Methylphenidate LA (Ritalin LA generic)	QL	Ritalin LA generics have been added as a cost-neutral line-extension.
Mipomersen (Kynamro)	PA	Mipomersen has been added with prior authorization. Mipomersen is reserved for patients with homozygous familial hypercholesterolemia (HoFH). Initial approvals are for three months, with continued coverage available for patients with a significant positive response. Mipomersen is considered a specialty medication by HealthPartners.
Opioids	QL	Limits for opioids have been updated. Quantity limits now allow a maximum of 120mg morphine equivalent dose (MED) per day, and product strengths exceeding 120mg MED per day (e.g., morphine sulfate 200mg tablets) will require prior authorization. Specific limits are listed in the Drug Formulary. These limits will be added on August 1. Coverage for members affected by these changes has been extended through September 30 to allow time to discuss changes. Additional communications are being sent to affected providers and members. Exceptions allowing higher quantities can be requested if medically necessary. Exception requests should include a care plan with long-term goals, and a monitoring plan for addiction, abuse, and diversion.
Pasireotide (Signifor)	PA	Pasireotide has been added with prior authorization. Pasireotide is reserved for the treatment of adult patients with Cushing's disease for whom pituitary surgery is not an option or has not been curative. Initial approvals will be for three months. Authorizations will be provided annually thereafter for responders (reduction in mean urinary free cortisol). Pasireotide is considered a specialty medication by HealthPartners.

Medication	Status	Notes
Pomalidomide (Pomalyst)	PA	Pomalidomide has been added with prior authorization. Pomalidomide is reserved for patients with multiple myeloma who have received at least two prior therapies including lenalidomide and bortezomib, have demonstrated disease progression on or within 60 days of completion of the last therapy, and are using dexamethasone concurrently. Initial approvals are for six months. Reauthorizations will be approved for patients with no disease progression. Pomalidomide is considered a specialty medication by HealthPartners.
Regorafenib (Stivarga)	PA	Prior authorization coverage criteria have been updated. Regorafenib is reserved for patients with • Metastatic colorectal cancer (CRC) who have been previously treated with fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy, an anti-VEGF therapy, and, if KRAS wild type, an anti-EGFR therapy, OR • Locally advanced, unresectable or metastatic gastrointestinal stromal tumor (GIST) who have been previously treated with imatinib and sunitinib. Initial approvals are for three months. Reauthorizations will be provided when there is no disease progression. Regorafenib is considered a specialty medication by HealthPartners.
Rifaximin (Xifaxan)	PA	Prior authorization coverage criteria have been updated, adding coverage for irritable bowel syndrome (IBS). For IBS, rifaximin is reserved for prescribing by Gastroenterology, for patients with moderate to severe IBS without constipation (particularly those with bloating), who have failed to respond to all other therapies, including dietary restrictions. Other therapies include antispasmodic agents such as dicyclomine and hyoscyamine, antidiarrheal agents such as loperamide and diphenoxylate/ atropine, and antidepressants such as SSRIs and tricyclic antidepressants. Approvals are limited to 550mg three times daily for 14 days. Retreatment is limited to patients with a significant positive response, and limited to a maximum of one treatment per year.
Sodium Phenylbutyrate (Buphenyl)	F	Sodium Phenylbutyrate (Buphenyl and generics) have been added to formulary. Sodium Phenylbutyrate is FDA-approved for urea cycle disorders.

Medicare Drug Formulary

Medication	Status	Notes
Cabozantinib (Cometriq)	T4 PA	Cometriq has been added with prior authorization. Cometriq is reserved for treatment of patients with progressive, metastatic medullary thyroid carcinoma. Approvals will be provided for three months. Reauthorizations will be provided when there is no disease progress.
Canagliflozin (Invokana)	T2 ST	Canagliflozin has been added with step-therapy, *after metformin*.
Crofelemer (Fulyzaq)	T2 PA	Crofelemer has been added with prior authorization. Crofelemer is reserved for diarrhea in patients with HIV, for patients with inadequate response to first-line therapies such as loperamide and diphenoxylate /atropine (generic Lomotil). Initial approvals are for three months, with continued coverage available for patients with a significant positive response.
Glycerol Phenylbutyrate (Ravicti)	T4 PA	Glycerol Phenylbutyrate has been added with prior authorization. Glycerol Phenylbutyrate is reserved for use in chronic management of adult and pediatric patients two years of age and older with urea cycle disorders (UCDs) that cannot be managed by dietary protein restriction, amino acid supplementation and sodium phenylbutyrate. It must be used in combination with dietary protein restriction. Initial approvals are for one year, with continued coverage available for patients with a significant positive response with attestation of adherence to dietary protein restriction.
Icosapent (Vascepa)	T2 PA	Vascepa has been added with prior authorization. Vascepa is reserved for patients with high triglycerides levels > 500 mg/dL, who have an inadequate response to combination therapy with a fibrate (gemfibrozil or fenofibrate) and omega-3-acid ethyl esters (Lovaza).
Linaclotide (Linzess)	T2 PA	Linaclotide has been added with prior authorization. Linaclotide is reserved for patients with significant symptoms not responding to polyethylene glycol 3350 and lactulose. Initial approvals are for three months, with continued coverage available for patients with a significant positive response.
Lomitapide (Juxtapid)	T4 PA	Lomitapide has been added with prior authorization. Lomitapide is reserved for patients with homozygous familial hypercholesterolemia (HoFH). Initial approvals are for three months, with continued coverage available for patients with a significant positive response.
Methylphenidate LA (Ritalin LA generic)	T1 QL	Ritalin LA generics have been added as a cost-neutral line-extension.

Medication	Status	Notes
Mipomersen (Kynamro)	T4 PA	Mipomersen has been added with prior authorization. Mipomersen is reserved for patients with homozygous familial hypercholesterolemia (HoFH). Initial approvals are for three months, with continued coverage available for patients with a significant positive response.
Pasireotide (Signifor)	T4 PA	Pasireotide has been added with prior authorization. Pasireotide is reserved for the treatment of adult patients with Cushing's disease for whom pituitary surgery is not an option or has not been curative. Initial approvals will be for three months. Authorizations will be provided annually thereafter for responders (reduction in mean urinary free cortisol).
Pomalidomide (Pomalyst)	T4 PA	Pomalidomide has been added with prior authorization. Pomalidomide is reserved for patients with multiple myeloma who have received at least two prior therapies including lenalidomide and bortezomib, have demonstrated disease progression on or within 60 days of completion of the last therapy, and are using dexamethasone concurrently. Initial approvals are for six months. Reauthorizations will be approved for patients with no disease progression.

For Medicare: T1, covered generic T2, covered Brand T3, covered Brand T4, specialty

Formulary Information and Requests

Formulary Information is available at HealthPartners.com/ Provider/ Pharmacy Services, 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.