

## Drug Formulary Update, April 2014

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 changes for the Medicare Drug Formulary are listed in the following section.

### Commercial and Minnesota Health Care Programs

The following updates are effective April 1, 2014 unless otherwise noted, and apply to PreferredRx, GenericsPlusRx, and HealthPartners Minnesota Health Care Programs (Medicaid and Minnesota Care “State Programs”) Drug Formularies.

Medication	Status	Notes
Besifloxacin (Besivance) eye drops	PA	Besivance is reserved for the treatment of Methicillin-resistant Staphylococcus aureus (MRSA infection).
Bromfenac (generic Xibrom and Bromday) eye drops	F	Bromfenac is used for post-operative inflammation and pain.
Dexamethasone eye drops	F	Dexamethasone is an ophthalmic steroid.
Epinastine (generic Elestat) eye drops	F	Elestat is used for allergic conjunctivitis.
Ibrutinib (Imbruvica)	PA	Imbruvica is an oral therapy, reserved per FDA-approved labeling: for mantle cell lymphoma, with documentation of at least one prior therapy. Dosage is limited to a maximum of 560 mg per day. Approvals will be given for three months, with reauthorizations approved every three months with documentation of no disease progression. Imbruvica is considered a specialty medication by HealthPartners.
Icosapent ethyl (Vascepa)	ST	Changed from prior authorization to step-therapy, after gemfibrozil or fenofibrate. Both Vascepa and Lovaza have the same formulary status.
Mirabegron (Myrbetriq)	F	Changed from prior authorization to on-formulary. Myrbetriq is used for over-active bladder.

Medication	Status	Notes
Ponatinib (Iclusig)	PA	Iclusig is an oral therapy, re-launched following an FDA-suspension, reserved per FDA-approved labeling: For adult patients with CML or Philadelphia chromosome positive leukemia that is confirmed to have a T315I mutation or for whom no other tyrosine kinase inhibitor is indicated. Approvals will be provided for 3 months, with reauthorizations approved every three months until disease progression. Iclusig is considered a specialty medication by HealthPartners.
Rifaximin (Xifaxan)	PA	Prior authorization coverage criteria have been updated to include the FDA-approved indication for traveler's diarrhea, covered with documentation of a trial and failure with ciprofloxacin or contraindications to its use.
Dapagliflozin (Farxiga)	NF	Not added

**Medicare Drug Formulary**

These changes are effective April 1, 2014.

Medication	Status	Notes
Besifloxacin (Besivance) eye drops	T4 PA	Besivance is reserved for the treatment of Methicillin-resistant Staphylococcus aureus (MRSA infection).
Bromfenac eye drops	T2	Bromfenac is used for post-operative inflammation and pain.
Dapagliflozin (Farxiga)	NF	Not added
Dexamethasone eye drops	T2	Dexamethasone is an ophthalmic steroid.
Epinastine (generic Elestat) eye drops	T2	Elestat is used for allergic conjunctivitis.
Ibrutinib (Imbruvica)	T5 PA	Covered Use: All FDA-approved indications not otherwise excluded from Part D. Required Medical Information: INITIAL CRITERIA FOR NEW START PATIENTS: (1) DIAGNOSIS OF MANTLE CELL LYMPHOMA, AND (2) DOCUMENTATION OF AT LEAST ONE PRIOR THERAPY. RENEWAL CRITERIA: DOCUMENTATION OF NO DISEASE PROGRESSION. Coverage Duration: THREE MONTHS, WITH APPROVAL EVERY THREE MONTHS IF RENEWAL CRITERIA ARE MET.
Mirabegron (Myrbetriq)	T3	Prior authorization has been removed. Myrbetriq is used for over-active bladder.

