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Drug Formulary Update, July 2014
Commercial and State Programs

Updates to the HealthPartners Drug Formularies are listed below. Changes start July 1 unless noted otherwise.

Updates apply to all Commercial groups (PreferredRx, GenericsPlusRx, EnhancedRx, and Generics AdvantageRx), and to HealthPartners Minnesota Health Care Programs (Medicaid and Minnesota Care "State Programs") Drug Formulary. Please see www.healthpartners.com/formularies for details.

Replacements

Replacements result from the formulary review cycle, done once every 3 years. Clinical reviews of effectiveness and safety are the primary consideration, and lower-cost products are preferred when efficacy and safety are similar.

Additional notices are sent to affected providers and members, and members are given additional time to make changes.

Medication	Status	Notes
SYMBICORT (budesonide/ formoterol)	NF-PA	Symbicort, a combination inhaler for asthma and COPD, has been removed from Commercial formularies, and prior authorization has been added. For asthma, Symbicort is reserved *for patients who have tried and failed or who have medical contraindications to Advair and Dulera*. For COPD, Symbicort is reserved *for patients who have tried and failed or who have medical contraindications to Advair and Breo.* Members currently using Symbicort will be asked to change to preferred products by September 1.
PROAIR HFA (albuterol)	NF	ProAir HFA, an albuterol inhaler for asthma, has been removed from formulary. Ventolin HFA remains on formulary as the preferred albuterol inhaler. Members will be asked to use Ventolin HFA starting on July 1.
JANUVIA (sitagliptin) and JANUMET	NF	Januvia and Janumet (sitagliptin/ metformin), oral medications for diabetes, have been removed from Commercial formularies. Tradjenta (linagliptin) and Jentadueto (linagliptin/ metformin) have been added as replacements. Members currently using Januvia and Janumet will be asked to change to Tradjenta and Jentadueto by September 1.
RELPAX (eletriptan)	NF	Relpax, for migraine headaches, has been removed from the formulary. Members currently using Relpax will be asked to change to preferred products by September 1. Preferred alternatives include sumatriptan and rizatriptan.

F, on formulary PA, Prior Authorization ST, Step-Therapy QL, Quantity Limit NF, Non-Formulary

Formulary Changes

Medication	Status	Notes
ACTHAR (*corticotropin*)	PA	Prior authorization criteria have been updated. Acthar is considered a specialty medication by HealthPartners.
ADCIRCA (*tadalafil*)	NF-PA	Adcirca has been removed from formulary. Sildenafil 20mg is generic and preferred. Members currently using Adcirca are encouraged to change to sildenafil. Adcirca is considered a specialty medication by HealthPartners.
ADEMPAS (*riociguat*)	PA	Adempas, an oral medication for pulmonary arterial hypertension, has been added with prior authorization. Adempas is considered a specialty medication by HealthPartners.
amcinonide	NF	Amcinonide lotion, cream, and ointment have been removed from the formulary. Additional communications are being sent to affected providers and members. Members will be asked to use preferred products by September 1.
AMITIZA (*lubiprostone*)	F*	Step-therapy has been removed for Commercial formularies. * Amitiza is on the State Programs Drug Formulary with step-therapy, step from polyethylene glycol 3350 (Miralax generic).
AMPYRA (*dalfampridine*)	PA	Prior authorization criteria have been updated. Ampyra is considered a specialty medication by HealthPartners.
APTIOM (*eslicarbazepine*)	PA	Aptiom, a seizure medication, has been added with prior authorization. Aption is reserved for *prescribing by Neurology, for FDA-approved indications*.
ATELVIA (*risedronate*)	NF	Atelvia, for osteoporosis, has been removed from the formulary. Additional communications are being sent to affected providers and members. Members are asked to change to preferred products by September 1st. Preferred products include alendronate and Actonel.
benzoyl peroxide	NF	Benzoyl peroxide has been removed from the formulary. It is available as an OTC product. Additional communications are being sent to affected members. Members currently receiving prescriptions will be asked to use OTC forms starting September 1.
BEPREVE (*bepotastine*)	NF	Bepreve, for allergic conjunctivitis, has been removed from the formulary. Additional communications are being sent to affected providers and members. Members will be asked to use preferred products by September 1.
BREO ELLIPTA (*fluticasone/ vilanterol*)	F*	Breo, a combination inhaler for COPD, has been added to Commercial formularies. Breo remains non-formulary for the State Programs Drug Formulary.
CELEBREX (*celecoxib*)	F	Step-therapy criteria have been removed.

Medication	Status	Notes
COPAXONE (*glatiramer*) 40mg	NF-PA	Copaxone 40mg is non-formulary with prior authorization, reserved for *prescribing by Neurology, for patients with relapsing-remitting forms of multiple sclerosis and currently using Copaxone 20 mg with a documented medical necessity requiring fewer weekly injections*. Copaxone 20mg is preferred. Copaxone is considered a specialty medication by HealthPartners.
CORDRAN (*flurandrenolide*)	PA	Prior authorization has been added. Cordran tape is reserved for *patients with lichen simplex chronicus*. Additional communications are being sent to affected providers and members. Members and providers are asked to change to preferred products or submit a prior authorization request by September 1.
COSOPT PF (*timolol/ dorzolamide*)	PA	Prior authorization has been added. Cosopt PF is reserved for *patients with sensitivities to preservatives in preferred products*. Members currently using Cosopt PF have been grandfathered, and are not being asked to make changes.
diflorasone	NF	Diflorasone cream and ointment have been removed from the formulary. Additional communications are being sent to affected providers and members. Members will be asked to use preferred products by September 1.
dihydroergotamine injection (DHE)	PA	Prior authorization has been added. Dihydroergotamine injection is reserved for *patients with an inadequate response to a "triptan" medication such as sumatriptan and rizatriptan*. Members currently using dihydroergotamine have been grandfathered, and are not being asked to make changes.
DUAVEE *(conjugated estrogens/ bazedoxifene)*	NF	Duavee was not added, and remains non-formulary.
DULERA (*mometasone/ formoterol*)	PA*	Prior authorization has been added for Commercial formularies. Dulera, a combination inhaler for asthma, is reserved *for patients who have tried and failed or who have medical contraindications to Advair*. Members currently using Dulera have been grandfathered, and are not being asked to make changes. * Dulera remains on the State Programs Drug Formulary with no prior authorization.
famotidine suspension	NF*	Famotidine has been removed from the formulary. Preferred alternatives include ranitidine suspension. * Famotidine remains excluded for GenericsPlusRx, for older children and adults. Additional communications are being sent to affected providers and members. Members will be asked to use preferred products by September 1.

Medication	Status	Notes
fluocinolone	NF	Fluocinolone solution and shampoo (Capex) have been removed from the formulary. Additional communications are being sent to affected providers and members. Members will be asked to change to preferred products by September 1.
FYCOMPA (*perampanel*)	PA	Fycompa, a seizure medication, has been added with prior authorization, reserved for *prescribing by Neurology, for FDA-approved indications*.
HALOG (*halcinonide*)	NF	Halog has been removed from the formulary. Additional communications are being sent to affected providers and members. Members are asked to use preferred products by September 1.
HETLIOZ (*tasimelteon*)	NF-PA	Hetlioz, a melatonin receptor agonist for sleep-wake disorder, is reserved for medically necessary FDA-approved indications.
IMBRUVICA (*ibrutinib*)	PA	Prior authorization criteria have been updated. Imbruvica is considered a specialty medication by HealthPartners.
JANUVIA (*sitagliptin*) and JANUMET	NF*	Januvia and Janumet (sitagliptin/ metformin), oral medications for diabetes, have been removed from Commercial formularies. Linagliptin (Tradjenta) and Jentadueto (linagliptin/ metformin) are being added as replacements for the Commercial formularies. * State Programs: No changes have been made. Januvia, Janumet, Tradjenta, and Jentadueto are on the State Programs Drug Formulary. Additional notices are sent to providers and members affected by this replacement. Commercial members currently using Januvia and Janumet will be asked to change to Tradjenta and Jentadueto by September 1.
JENTADUETO (*linagliptin/ metformin*)	F	Linagliptin (Tradjenta) and Jentadueto (linagliptin/ metformin) have been added to formulary.
LINZESS (*linaclotide*)	F*	Prior authorization criteria have been removed for Commercial formularies. * State Programs: Linzess will change to step-therapy, from polyethylene glycol 3350 (Miralax generic).
MONUROL (*fosfomycin*)	F	Fosfomycin, an antibiotic, has been added to formulary.
MUGARD	NF-PA	Mugard is non-formulary with prior authorization, reserved for the prevention of mucositis in patients with head and neck cancer.
NAFTIN (*naftifine*)	NF	Naftin cream has been removed from the formulary. Additional communications are being sent to affected providers and members. Members are asked to use preferred products by September 1.

Medication	Status	Notes
NAMENDA XR (*memantine XR*)	PA	Namenda XR has been added with prior authorization. Both regular Namenda and Namenda XR are on formulary with the same prior authorization, *reserved for patients with moderate-to-severe Alzheimer's disease, or for patients with Alzheimer's disease who do not tolerate donepezil*. The drug company is planning to stop making regular Namenda in August 2014. Generics for regular Namenda are expected in April 2015, and patients will be asked to switch to this generic when available.
NOXAFIL (*posaconazole*)	PA	Prior authorization has been added. Noxafil is reserved for *prescribing by Infectious Disease providers*. Members currently using Noxafil have been grandfathered, and are not being asked to make changes.
OLYSIO (*simeprevir*)	PA	Olysio, for hepatitis C, has been added with prior authorization. Olysio is considered a specialty medication by HealthPartners.
ONFI (*clobazam*)	F	Prior authorization criteria have been removed.
OPSUMIT (*macitentan*)	PA	Opsumit has been added with prior authorization. Opsumit is considered a specialty medication by HealthPartners.
ORENITRAM (*treprostinil*)	NF-PA	Orenitram, an oral medication for pulmonary arterial hypertension, is non-formulary with prior authorization. Orenitram is considered a specialty medication by HealthPartners.
OTEZLA (*apremilast*)	NF-PA	Otezla, for psoriatic arthritis, is non-formulary with prior authorization. Otezla is considered a specialty medication by HealthPartners.
OTREXUP (*methotrexate*)	NF	Otrexup, an auto-injector, was not added, and remains non-formulary.
PHOSLYRA (calcium acetate)	F	Phoslyra has been added as a cost-neutral line extension.
POTIGA (*ezogabine*)	F	Prior authorization has been removed.
PRIFTIN (*rifapentine*)	PA	Prior authorization criteria have been updated. Priftin is reserved for *prescribing by Infectious Disease providers, or for sites providing directly observed therapy or equivalent*.
PROAIR HFA (*albuterol*)	NF	ProAir HFA (albuterol), a rescue inhaler for asthma, is being removed from the formulary. Ventolin HFA remains on formulary as the preferred albuterol inhaler. Additional communications are being sent to affected members, and members will be asked to use Ventolin HFA starting on July 1.
RELPAX (*eletriptan*)	NF	Relpax (eletriptan), for migraine headaches, is being removed from the formulary. Preferred alternatives include sumatriptan and rizatriptan. Additional communications are being sent to affected providers and members. Members will be asked to use preferred products by September 1.

Medication	Status	Notes
SOVALDI (*sofosbuvir*)	PA	Sovaldi, for hepatitis C, has been added with prior authorization. Sovaldi is considered a specialty medication by HealthPartners.
STELARA (*ustekinumab*)	NF-PA	Stelara, for psoriasis and psoriatic arthritis, is non-formulary with prior authorization. In-office administration is preferred due to the monitoring that should be occurring at the same frequency as the injection. Stelara is considered a specialty medication by HealthPartners.
SYMBICORT (*budesonide/ formoterol*)	NF-PA*	Symbicort, a combination inhaler for asthma and COPD, has been removed from Commercial formularies, and prior authorization has been added. For asthma, Symbicort is reserved *for patients who have tried and failed or who have medical contraindications to Advair and Dulera*. For COPD, Symbicort is reserved *for patients who have tried and failed or who have medical contraindications to Advair and Breo.* Members currently using Symbicort will be asked to change to preferred products by September 1. * Symbicort remains on the State Programs Formulary with no prior authorization.
TECFIDERA (*dimethyl fumarate*)	F	Tecfidera, an oral option for multiple sclerosis, has been added to formulary. Tecfidera is considered a specialty medication by HealthPartners.
TRADJENTA (*linagliptin*)	F	Linagliptin (Tradjenta) and Jentadueto (linagliptin/ metformin) have been added to formulary.
tretinoin micro (RETIN A MICRO)	PA	Prior authorization has been added. Tretinoin Micro is reserved *after tretinoin (Retin A generic)*. Additional communications are being sent to affected providers and members. Members will be asked to use preferred products by September 1.
VELPHORO (*sucroferric oxyhydride*)	NF	Velphoro, a phosphate binder for patients with chronic kidney disease on dialysis, is non-formulary.
voriconazole (VFEND)	PA	Prior authorization has been added, *reserved for prescribing by Infectious Disease providers*. Members currently using voriconazole have been grandfathered, and are not being asked to make changes.
XTANDI (*enzalutamide*)	PA	Prior authorization criteria have been updated to define failures as symptoms of progressive disease or a sustained increase in PSA of 25-30% over at least two months. Xtandi is considered a specialty medication by HealthPartners.
ZIOPTAN (*tafluprost*)	PA	Prior authorization has been added. Zioptan is reserved for *patients with sensitivities to preservatives in preferred products*. Members currently using Zioptan have been grandfathered, and are not being asked to make changes.

Medication	Status	Notes
ZOHYDRO ER (*hydrocodone ER*)	NF-PA	Zohydro is non-formulary, reserved for patients with inadequate pain control with two long-acting alternatives (e.g. morphine ER and OxyContin) and medically necessary reasons for Zohydro.
ZYTIGA (*abiraterone*)	PA	Prior authorization criteria have been updated to define failures as symptoms of progressive disease or a sustained increase in PSA of 25-30% over at least two months. Zytiga is considered a specialty medication by HealthPartners.

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) by fax, phone, and mail.

- Fax submission of coverage requests is preferred: 952-853-8700 or 1-888-883-5434.
- Telephone service is available: 952-883-5813 or 1-800-492-7259. HealthPartners Pharmacy Customer Service is available from 8AM - 6PM CST, Monday through Friday. After hours calls are answered by our Pharmacy Benefit Manager.
- Mail: HealthPartners Pharmacy Services, 8170 33rd Avenue South, PO Box 1309, Mpls, MN 55440.