



Drug Formulary Update, October 2014 Commercial and State Programs

Updates to the HealthPartners Drug Formularies are listed below.

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.

Formulary Changes		
Medication	Status	Notes
Alendronate solution	F	The step-therapy requirement has been removed.
ALPROLIX (factor IX)		Alprolix has been added to the Clotting Disorders Drug List.
ANORO (umeclidinium/vilanterol)	PA	Anoro, a combination inhaler for COPD, has been added to formulary with prior authorization. Anoro is reserved for patients who have tried and failed Spiriva monotherapy. This addition to formulary with prior authorization takes effect January 1 2015.
Budesonide nebulization solution (PULMICORT)	Age	An age-edit is being added for budesonide nebulization solution, an inhaled steroid commonly used for asthma. Budesonide nebs are covered for patients 6 years of age and younger. Prior authorization is required for members ≥ age 7. Metered-dose inhalers are preferred. The addition of an age edit takes effect April 1 2015, to allow time for members to transition to metered dose inhalers. Additional communications are being sent to affected providers and members.

Medication	Status	Notes
Doxycycline hyclate	NF PA	<p>Doxycycline hyclate (50mg capsule, 100mg capsule, and 100mg tablet) will be deleted from the formulary and prior authorization will be added. Doxycycline hyclate will be reserved for patients with an inadequate response to doxycycline monohydrate (50mg and 100mg capsules).</p> <p>This change to non-formulary with prior authorization takes effect November 1 2014. Additional communications are being sent to affected providers, pharmacies, and members.</p>
ELOCTATE (factor VIII)		<p>Eloctate has been added to the Clotting Disorders Drug List.</p>
EVZIO (naloxone auto-injector)	NF	<p>Evzio, a naloxone auto-injector for treating opioid overdose, was not added to formulary.</p> <p>The naloxone pre-filled syringe has been added to formulary as an alternative.</p>
GLUMETZA (metformin ER)	NF PA	<p>Glumetza remains non-formulary and will have prior authorization added. Glumetza will be reserved for patients with an inadequate response to metformin XR (generic for Glucophage XR).</p> <p>The addition of prior authorization to this non-formulary product takes effect November 1 2014. Additional communications are being sent to affected providers, pharmacies, and members.</p>
GRASTEK	PA	<p>Grastek has been added to formulary with prior authorization. Grastek is a sub-lingual immunotherapy tablet, reserved for:</p> <ol style="list-style-type: none"> 1. prescribing by or in consultation with an allergist or immunologist, AND 2. for the treatment of patients with a diagnosis of grass pollen-induced allergic rhinitis confirmed by positive skin test or in vitro testing for pollen-specific IgE antibodies for Timothy grass or cross-reactive grass pollens, AND 3. for patients who have tried and failed subcutaneous immunotherapy. <p>Coverage is restricted to seasonal use only.</p> <p>This addition to formulary with prior authorization takes effect January 1 2015.</p>
INCRUSE (umeclidinium)	NF	<p>Incruse, for COPD, was not added to formulary.</p>

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Metformin ER (FORTAMET generic)	NF PA	<p>Fortamet remains non-formulary and will have prior authorization added. Fortamet will be reserved for patients with an inadequate response to metformin XR (generic for Glucophage XR).</p> <p>The addition of prior authorization to this non-formulary product takes effect November 1 2014. Additional communications are being sent to affected providers, pharmacies, and members.</p>																																			
Methadone	QL	<p>The quantity limit for methadone has been decreased.</p> <table border="1" data-bbox="529 667 1461 995"> <thead> <tr> <th></th> <th>Previous daily quantity limit</th> <th>New daily quantity limit</th> <th>New daily mg limit</th> <th>MED</th> </tr> </thead> <tbody> <tr> <td>5 mg tablet</td> <td>12</td> <td>8</td> <td>40mg</td> <td>120</td> </tr> <tr> <td>10 mg tablet</td> <td>12</td> <td>4</td> <td>40 mg</td> <td>120</td> </tr> <tr> <td>40 mg tablet</td> <td>4</td> <td>0 (PA)</td> <td>-</td> <td>-</td> </tr> <tr> <td>5 mg/ 5 mL</td> <td>60</td> <td>40</td> <td>40 mg</td> <td>120</td> </tr> <tr> <td>10 mg/ 5 mL</td> <td>30</td> <td>20</td> <td>40 mg</td> <td>120</td> </tr> <tr> <td>10 mg/ mL</td> <td>12</td> <td>4</td> <td>40 mg</td> <td>120</td> </tr> </tbody> </table> <p>Methadone 40mg tablet requires prior authorization, reserved for patients who have an adequate care plan in place, including ongoing monitoring for appropriate use, safety and effectiveness.</p> <p>All opioid medications have a quantity limit, allowing a maximum of 120mg morphine equivalents per day (MED).</p> <p>Exceptions allowing higher quantities can be requested if medically necessary. Requests should include a treatment plan, and must include an assessment of the risk of addiction, abuse, and diversion.</p> <p>These updated quantity limits will take effect on January 1 2015. Additional communications are being sent to affected providers and members.</p>		Previous daily quantity limit	New daily quantity limit	New daily mg limit	MED	5 mg tablet	12	8	40mg	120	10 mg tablet	12	4	40 mg	120	40 mg tablet	4	0 (PA)	-	-	5 mg/ 5 mL	60	40	40 mg	120	10 mg/ 5 mL	30	20	40 mg	120	10 mg/ mL	12	4	40 mg	120
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MYALEPT (metreleptin)	NF PA	<p>Myalept is non-formulary with prior authorization, reserved for treatment of complications of leptin deficiency in patients with congenital or acquired generalized lipodystrophy, in combination with diet changes, AND requests will be reviewed on a case-by-case basis for medical necessity.</p>																																			
Naloxone pre-filled syringe	F	<p>The naloxone pre-filled syringe has been added to formulary. The naloxone syringe is intended for use with the mucosal atomizer device, allowing the nasal administration of naloxone for treating opioid overdose.</p> <p>This addition to formulary takes effect January 1 2015.</p>																																			

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Niacin ER (NIASPAN)	NF	Niacin ER has been removed from the formulary. This deletion from formulary takes effect January 1 2015. Additional communications are being sent to affected providers and members.
NITRO-BID (nitroglycerin ointment)	F	Nitro-Bid has been added to all formularies, effective January 1 2015. Nitro-Bid has been on the PreferredRx and EnhancedRx Formularies, and has been added to others.
ORALAIR	NF PA	<p>Oralair will be non-formulary with prior authorization. Oralair is a sub-lingual immunotherapy tablet, reserved for:</p> <ol style="list-style-type: none"> 1. prescribing by or in consultation with an allergist or immunologist, AND 2. for the treatment of patients with a diagnosis of grass pollen-induced allergic rhinitis confirmed by positive skin test or in vitro testing for pollen-specific IgE antibodies for any of the five grass species contained in Oralair, AND 3. for patients who have tried and failed subcutaneous immunotherapy. <p>Coverage is restricted to seasonal use only. The addition of prior authorization to this non-formulary product takes effect January 1 2015.</p>
Promethazine/ codeine	NF PA	<p>Promethazine with codeine will be removed from formulary and prior authorization will be added. Promethazine with codeine will be reserved for patients with an inadequate response to guaifenesin with codeine (e.g. Cheratussin AC).</p> <p>Approvals will be limited to the FDA maximum dose of 60 mL per day, and coverage will not be provided for children younger than 6 years of age due to FDA safety recommendations.</p> <p>This change to non-formulary with prior authorization takes effect January 1 2015. Additional communications are being sent to affected providers, pharmacies, and members.</p>
PROVENTIL HFA (albuterol HFA)	NF PA	<p>Proventil HFA remains non-formulary and prior authorization will be added. Proventil HFA will be reserved for patients with an inadequate response to Ventolin HFA.</p> <p>The addition of prior authorization to this non-formulary product takes effect November 1. Additional communications are being sent to affected providers, pharmacies, and members.</p>

Medication	Status	Notes
RAGWITEK	PA	<p>Ragwitek has been added to formulary with prior authorization. Ragwitek is a sub-lingual immunotherapy tablet, reserved for:</p> <ol style="list-style-type: none"> 1. prescribing by or in consultation with an allergist or immunologist, AND 2. for the treatment of patients with a diagnosis of short ragweed pollen-induced allergic rhinitis confirmed by positive skin test or in vitro testing for pollen-specific IgE antibodies for short ragweed pollen, AND 3. for patients who have tried and failed subcutaneous immunotherapy. <p>Coverage is restricted to seasonal use only. This addition to formulary with prior authorization takes effect January 1 2015.</p>
SIVEXTRO (tedizolid)	PA	<p>Sivextro capsules have been added to formulary with prior authorization, reserved for prescribing by or in consultation with infectious disease providers. This addition to formulary with prior authorization takes effect January 1 2015.</p>
TANZEUM (albiglutide)	NF	<p>Tanzeum, a GLP-1 agonist for diabetes, was not added to formulary. Preferred alternatives include exenatide (Byetta and Bydureon) and liraglutide (Victoza).</p>
TRETTEEN (factor XIII)		<p>Tretten has been added to the Clotting Disorders Drug List.</p>
XALKORI (crizotinib)	PA	<p>Prior Authorization criteria have been updated. Xalkori is reserved for patients with a diagnosis of locally advanced or metastatic non-small cell lung cancer (NSCLC) that is anaplastic lymphoma kinase (ALK)-positive as shown by the Vysis ALK Break-Apart FISH Probe Kit or a similar test. Renewal Criteria: Documentation every six months that there has been no disease progression.</p>

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ZONTIVITY (vorapaxar)	PA	<p>Zontivity has been added to formulary with prior authorization, reserved for:</p> <ol style="list-style-type: none"> 1. patients with a history of myocardial infarction or peripheral arterial disease, AND 2. with recurrent events despite standard maximal therapy (concomitant aspirin and clopidogrel), or with medical contraindications to their use. <p>This addition to formulary with prior authorization takes effect January 1 2015.</p>
ZYDELIG (idelalisib)	NF PA	<p>Zydelig will remain non-formulary and prior authorization will be added. Zydelig will be reserved for patients with:</p> <ol style="list-style-type: none"> 1. Relapsed chronic lymphocytic leukemia (CLL) when used in combination with rituximab, in patients for whom rituximab alone would be considered appropriate therapy due to other co-morbidities; OR 2. Relapsed follicular B-cell non-Hodgkin lymphoma (FL) in patients who have received at least two prior systemic therapies; OR 3. Relapsed small lymphocytic lymphoma (SLL) in patients who have received at least two prior systemic therapies. <p>Approvals will be given for six months. Reauthorizations will be given until progression on therapy.</p>
ZYKADIA (Ceritinib)	NF PA	<p>Prior authorization criteria have been updated. Zykadia is non-formulary with prior authorization, reserved for patients with anaplastic lymphoma kinase (ALK)-positive metastatic non-small cell lung cancer (NSCLC) who have progressed on or are intolerant to crizotinib.</p> <p>Approvals will be limited to six months.</p> <p>Renewal criteria: Documentation every six months that there has been no disease progression.</p>

Formulary Information and Requests

Formulary Information is available at www.healthpartners.com/formularies.

Pharmacy Customer Service is available to providers 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.