



Drug Formulary Update, January 2015 Commercial and State Programs

Updates to the HealthPartners Commercial and State Program 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
ACTIMMUNE	NF PA	Interferon Gamma-1b (Actimmune) remains non-formulary and prior authorization has been added. Actimmune is considered a specialty medication by HealthPartners. This change is effective January 1.
APIDRA	NF PA	Insulin glulisine (Apidra) remains non-formulary and prior authorization will be added. Apidra is reserved for patients who have tried and failed Humalog, with significant clinical rationale suggesting improved outcomes. This change is effective March 1. Additional communications will be sent to top providers and to affected members.
BRILINTA	F	Ticagrelor (Brilinta), an antiplatelet medication, will be added to formulary, effective February 1.
CERDELGA	PA	Eliglustat (Cerdelga), for Gaucher disease, will be added to the formulary with prior authorization. Cerdelga is considered a specialty medication by HealthPartners. This change is effective February 1.
Diethylpropion	NF QL	Diethylpropion, for weight loss, remains non-formulary, and will be limited to a duration of one year. This change is effective March 1. Additional communications will be sent to top providers and to affected members. Diethylpropion remains excluded for State Programs.
EPANED	NF	Enalapril solution (Epaned) will remain non-formulary.

Medication	Status	Notes
FABIOR	NF PA	<p>Tazarotene foam (Fabior), for acne, remains non-formulary and prior authorization will be added. Fabior is reserved for patients who have tried and failed Tazorac, with significant clinical rationale suggesting improved outcomes.</p> <p>This change is effective March 1. Additional communications will be sent to top providers and to affected members.</p>
Fentanyl	NF PA	<p>Transmucosal immediate-release fentanyl products (Actiq, fentanyl lozenge, Abstral, Fentora, Lazanda, Onsolis, and Subsys) remain non-formulary and prior authorization will be added. These will be reserved for breakthrough cancer pain in opioid-tolerant patients who have tried and failed two preferred products or with medical contraindications to their use.</p> <p>This change is effective March 1. Additional communications will be sent to top providers and to affected members.</p>
HARVONI	NF PA	<p>Harvoni (sofosbuvir/ ledipasvir) remains non-formulary and prior authorization has been added. Harvoni is considered a specialty medication. This change is effective January 1.</p> <p>Coverage criteria for other hepatitis C medications have also been updated.</p>
HEMANGEOL	NF PA	<p>Propranolol oral solution (Hemangeol) remains non-formulary and prior authorization will be added. Hemangeol is reserved for patients who have tried and failed propranolol oral solution, with significant clinical rationale suggesting improved outcomes.</p> <p>This change is effective March 1. Additional communications will be sent to top providers and to affected members.</p>
JANUVIA, JANUMET, and JANUMET XR	NF PA	<p>Sitagliptin (Januvia, Januvia XR, and Janumet) remains non-formulary and prior authorization will be added. These are reserved for patients who have tried and failed preferred products (Tradjenta or Jentaducto), with significant clinical rationale suggesting improved outcomes.</p> <p>This change is effective March 1. Additional communications will be sent to top providers and to affected members.</p> <p>For State Programs, these remain on formulary.</p>
JARDIANCE	ST	<p>Empagliflozin (Jardiance), for diabetes, will be added to formulary with step therapy, after metformin. This change is effective February 1.</p>

Medication	Status	Notes
JUBLIA	NF PA	<p>Efinaconazole (Jublia), for onychomycosis, remains non-formulary and prior authorization will be added. This is reserved for members with an inadequate response to oral terbinafine (or with medical contraindications to its use) and topical ciclopirox (generic PenLac).</p> <p>This change is effective March 1. Additional communications will be sent to top providers and to affected members.</p>
KERYDIN	NF PA	<p>Tavaborole (Kerydin), for onychomycosis, remains non-formulary and prior authorization will be added. This is reserved for members with an inadequate response to oral terbinafine (or with medical contraindications to its use) and topical ciclopirox (generic PenLac).</p> <p>This change is effective March 1. Additional communications will be sent to top providers and to affected members.</p>
LOCOID	NF PA	<p>Hydrocortisone butyrate (Locoid) remains non-formulary and prior authorization will be added. This is reserved for patients who have tried and failed two preferred topical steroids.</p> <p>This change is effective March 1. Additional communications will be sent to top providers and to affected members.</p>
MATULANE	PA	<p>Procarbazine (Matulane), for Hodgkin lymphoma, has been added to the specialty list with prior authorization, effective January 1.</p>
MITIGARE	NF PA	<p>Colchicine (Mitigare), for gout, remains non-formulary and prior authorization will be added. This is reserved for patients who have tried and failed colchicine 0.6mg tablet (Colcrys), with significant clinical rationale suggesting improved outcomes.</p> <p>This change is effective March 1. Additional communications will be sent to top providers and to affected members.</p>
NESINA, KAZANO, and OSENI	NF PA	<p>Alogliptin (Nesina, Kazano, and Oseni), for diabetes, remains non-formulary and prior authorization will be added. These are reserved for patients who have tried and failed preferred products (Tradjenta or Jentadueto), with significant clinical rationale suggesting improved outcomes.</p> <p>This change is effective March 1. Additional communications will be sent to top providers and to affected members.</p>
NORDITROPIN	PA	<p>Somatropin (Norditropin), a growth hormone, has been added with prior authorization, replacing Omnitrope. This addition is effective January 1.</p>

Medication	Status	Notes
NORTHERA	NF PA	Droxidopa (Northera), for orthostatic hypotension, remains a non-formulary specialty medication, and prior authorization has been added. This change is effective January 1.
NOVOLIN	NF PA	Novolin insulin remains non-formulary and prior authorization will be added. This is reserved for patients who have tried and failed Humulin, with significant clinical rationale suggesting improved outcomes. This change is effective March 1. Additional communications will be sent to top providers and to affected members. For State Programs, Novolin remains on formulary.
NOVOLOG	NF PA	Insulin aspart (Novolog and Novolog Mix) remains non-formulary and prior authorization will be added. This is reserved for patients who have tried and failed Humalog, with significant clinical rationale suggesting improved outcomes. This change is effective March 1. Additional communications will be sent to top providers and to affected members. For State Programs, Novolog remains on formulary.
OMNITROPE	NF PA	Somatropin (Omnitrope), a growth hormone, has been replaced with Norditropin. Additional communications have been sent to affected providers and members.
ONGLYZA and KOMBIGLYZE	NF PA	Saxagliptin (Onglyza and Kombiglyze), for diabetes, remains non-formulary and prior authorization will be added. These are reserved for patients who have tried and failed preferred products (Tadjenta or Jentadueto), with significant clinical rationale suggesting improved outcomes. This change is effective March 1. Additional communications will be sent to top providers and to affected members.
Phenylephrine/ codeine/ promethazine	NF PA	Phenylephrine/ codeine/ promethazine (VC - Codeine) will be removed from the formulary and prior authorization will be added. This is reserved for patients with an inadequate response to guaifenesin with codeine (e.g., Cheratussin AC). This change is effective March 1. Additional communications will be sent to top providers and to affected members.
SOMATULINE DEPOT	NF PA	Lanreotide (Somatuline Depot) remains non-formulary and prior authorization has been added. This is considered a specialty medication by HealthPartners. This change is effective January 1.

Medication	Status	Notes
STRIVERDI	F	Olodaterol (Striverdi), an inhaler for COPD, will be added to formulary, effective February 1 2015.
SUPRAX	QL	Cefixime (Suprax) capsules, an antibiotic, will be added to formulary with a quantity limit of one, effective February 1.
SYPRINE	NF PA	Trientine (Syprine), for Wilson's disease, remains non-formulary and prior authorization has been added. This is considered a specialty medication by HealthPartners. This change is effective January 1.
Topiramate XR	NF PA	Topiramate XR (Qudexy XR and Trokendi XR) remains non-formulary and prior authorization will be added. These are reserved for patients who have tried and failed topiramate immediate-release tablets, with significant clinical rationale suggesting improved outcomes. This change is effective March 1. Additional communications will be sent to top providers and to affected members.
Tramadol	QL	Tramadol immediate-release tablets will be limited to 400mg (8 tablets) per day, extended-release to 300mg per day, and tramadol/ APAP to 8 tablets per day. This change is effective March 1. Additional communications will be sent to top providers and to affected members.
TRIUMEQ	F	Triumeq (dolutegravir/ abacavir/ lamivudine), an HIV medication, will be added to formulary, effective February 1.
TYBOST	F	Cobicistat (Tybost), an HIV medication, will be added to formulary, effective February 1.
Venlafaxine ER tablets	NF	Venlafaxine ER tablets will be removed from the formulary. Venlafaxine ER capsules (generic Effexor XR) are preferred. This change is effective March 1. Additional communications will be sent to top providers and to affected members.
VIMOVO	NF PA	Vimovo (esomeprazole/ naproxen) remains non-formulary and prior authorization will be added. This is reserved for patients who have tried and failed three or more preferred products such as ibuprofen, naproxen, meloxicam, diclofenac, and Celebrex, with significant clinical rationale suggesting improved outcomes. This change is effective March 1. Additional communications will be sent to top providers and to affected members.

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) 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.