

## Drug Formulary Update, July 2012

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, 2012, and apply to PreferredRx, GenericsPlusRx, and HealthPartners Minnesota Health Care Programs (Medicaid and Minnesota Care “State Programs”) Drug Formularies.

The formulary status is listed for the PreferredRx Drug Formulary. Variations in the formulary status are noted with an asterisk, with details in the notes section.

Medication	Status	Notes
Axitinib (Inlyta)	PA	Inlyta is an oral oncology medication, considered a specialty medication by HealthPartners. Prior authorization coverage criteria: <i>Reserved for treatment of patients with advanced renal cell carcinoma after failure of one prior systemic therapy.</i>
Beclomethasone (Qnasl)	F*	Qnasl is a “dry” nasal steroid for allergies. Qnasl has been added to formulary for PreferredRx. Fluticasone (Flonase generic) remains as the preferred generic, and Nasonex and Veramyst as preferred Brands. * Qnasl remains non-formulary for GenericsPlusRx and for State Programs. Fluticasone (Flonase generic) is preferred for these formularies.
Benzodiazepines	QL	Quantity limits are being added for all benzodiazepines, to limit excessive quantities and the risk of diversion. Benzodiazepines are generally limited to 6 pills per day or to maximum doses. Specific limits are listed in the Drug Formularies at <a href="http://www.HealthPartners.com/formularies">www.HealthPartners.com/formularies</a> . Greater amounts can be requested if a patient needs more. Required information includes a care plan with long-term goals, and a monitoring plan for addiction, abuse, and diversion. Current members that are affected by this new quantity limit and their providers will receive additional notice, and will be given additional time to address therapy.
Calcitriol (Vectical generic)	PA*	Prior authorization coverage criteria were modified for PreferredRx: <i>for patients who have tried and failed a potent topical steroid</i> (the initial 3-month review has been removed). * Calcitriol remains non-formulary for GenericsPlusRx and for State Programs.
Desmopressin nasal (DDAVP)	PA	Prior authorization coverage criteria for the nasal spray were modified: <i>for patients with a diagnosis of diabetes insipidus</i> . Coverage for nocturnal enuresis was removed, due to FDA safety concerns. Desmopressin oral tablets remain on formulary with prior authorization: <i>for diabetes insipidus, or for nocturnal enuresis for children 9 years of age or older who have tried a wet alarm</i> .

Medication	Status	Notes
Escitalopram (Lexapro)	F	Step-therapy was removed from PreferredRx and from State Programs. Escitalopram was added to GenericsPlusRx.
Exenatide (Bydureon)	F	Bydureon is a once-weekly injection for diabetes. Byetta and Victoza are also on formulary with the same formulary status.
First Progesterone	F	First-Progesterone is a compounding kit for making progesterone vaginal suppositories.
Ingenol (Picato)	PA	Picato is a topical gel, indicated for actinic keratosis. Prior authorization coverage criteria: <i>reserved for prescribing by Dermatology, for patients who have tried and failed at least one other medication option for actinic keratosis.</i>
Ivacaftor (Kalydeco)	PA	Kalydeco is an oral medication for cystic fibrosis. Kalydeco is considered a specialty medication by HealthPartners. Prior authorization coverage criteria: <i>Reserved for treatment of cystic fibrosis patients age 6 and older with a G551D mutation when prescribed and managed by specialists from a cystic fibrosis treatment center.</i> Kalydeco will not be approved in patients homozygous for the delta F508 mutation per product labeling.
Liraglutide (Victoza)	F	Victoza is a daily injection for diabetes. Prior authorization coverage criteria were removed. Byetta and Bydureon are also on formulary with the same formulary status.
Mifepristone (Korlym)	NF PA	Korlym is an oral medication for hyperglycemia in patients with endogenous Cushing's syndrome. Coverage criteria: <i>for adult patients with endogenous Cushing's syndrome requiring hyperglycemic control secondary to hypercortisolism, and diagnosed with type 2 diabetes mellitus or glucose intolerance where surgery has failed to control hypercortisolemia or who are not candidates for surgery.</i> Korlym is considered a specialty medication by HealthPartners.
Opioids	QL	Quantity limits are being added for all opioid medications, to limit excessive quantities and the risk of diversion. IR forms are generally limited to #8 per day, and SR forms are generally limited to #4 per day. Specific limits are listed in the Drug Formularies at <a href="http://www.HealthPartners.com/formularies">www.HealthPartners.com/formularies</a> . Greater amounts can be requested if a patient needs more. Required information includes a care plan with long-term goals, and a monitoring plan for addiction, abuse, and diversion. Current members that are affected by this new quantity limit and their providers will receive additional notice, and will be given additional time to address therapy.
Ortho Tri-Cyclen Lo	NF PA	Ortho Tri-Cyclen Lo will change to "non-formulary, with prior authorization." All current members will be grandfathered (allowed to continue). Ortho Tri-Cyclen Lo will be reserved for <i>members who have tried and failed two or more formulary oral contraceptive alternatives due to significant side effects.</i>
Ovcon 1/35 generic	F	This generic oral contraceptive has been added to formulary.

Medication	Status	Notes
Quetiapine XR (Seroquel XR)	PA	Seroquel XR now requires prior authorization: <i>reserved for patients with significant documented compliance concerns.</i> The immediate-release tablets are available as low-cost generics and are preferred. All current members have been grandfathered, and this prior authorization applies only to patients starting therapy.
Teriparatide (Forteo)	PA	Prior authorization coverage criteria were modified. Forteo is reserved for: 1 severe osteoporosis with a t-score of spine, hip, or femoral neck at minus 3.5 or lower, or 2 fragility fracture of the spine or hip within the last five years, or 3 osteoporosis with a t-score at minus 2.5 or lower, and a. intolerance or contraindication to bisphosphonates, or b. progressive bone loss (bone loss three percent or higher over two years) despite therapy with bisphosphonates (compliance 75% or higher), adequate calcium, and adequate vitamin D intake (serum levels of 30ng/mL or higher).
Vismodegib (Erivedge)	PA	Erivedge is an oral oncology medication, considered a specialty medication by HealthPartners. Prior authorization coverage criteria: <i>for adults with metastatic basal cell carcinoma or locally advanced basal cell carcinoma that has recurred following surgery or who are not candidates for surgery, and who are not candidates for radiation.</i>

<b>Medicare Drug Formulary</b>
--------------------------------

These changes are effective July 1, 2012.

Medication	Status	Notes
Beclomethasone (Qnasl)	T3	Qnasl is a “dry” nasal steroid for allergies.
Escitalopram (Lexapro)	T1	Step-therapy has been removed.
Exenatide (Bydureon)	T2	Bydureon is a once-weekly injection for diabetes. Byetta and Victoza are also on formulary with the same formulary status.
Liraglutide (Victoza)	T2	Victoza is a daily injection for diabetes. Prior authorization coverage criteria were removed. Byetta and Bydureon are also on formulary with the same formulary status.
Mifepristone (Korlym)	NF	Korlym is an oral medication for hyperglycemia in patients with endogenous Cushing's syndrome. Individual requests will be reviewed on a case-by-case basis.
Ovcon 1/35 generic	T1	This generic oral contraceptive has been added to formulary.

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](http://HealthPartners.com/Provider/Pharmacy%20Services), 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.