

Drug Formulary Update, April 2013

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 April 1, 2013, 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 |
|----------------------|------------|--|
| Abiraterone (Zytiga) | PA | <p>Prior authorization coverage criteria have been updated. Abiraterone is reserved for treatment of metastatic castration-resistant prostate cancer (MCRPC) in combination with prednisone. Approvals will be provided for 6 months. Reauthorizations will be provided when there is no disease progression and no new chemotherapy regimens. Abiraterone is considered a specialty medication by HealthPartners.</p> |
| Digoxin | Age/ QL | <p>A quantity limit of 0.125 mg per day is being added for the elderly (\geq age 65). There are no dose restrictions for younger age groups. The 0.125 mg strength will have a limit of 1 tablet per day, and the 0.25 mg will be non-formulary.</p> <p>Coverage for elderly patients currently using greater amounts has been extended through June 30 2013 to allow time to discuss therapy. Additional communications will be sent to affected providers and members.</p> <p>Higher doses of digoxin in the elderly have little additional benefit, and have a higher risk of toxicity.</p> <p>Exceptions allowing higher doses for the elderly can be requested if medically necessary.</p> |

F, on formulary
Age, Age limits

PA, prior authorization
NF, non-formulary

ST, step-therapy

QL, Quantity Limit

Drug Formulary Update, p. 2 of 5

| Medication | Status | Notes |
|--------------------------|-------------------|---|
| Enzalutamide (Xtandi) | PA | <p>Prior authorization coverage criteria have been updated.</p> <p>For new starts, enzalutamide will be reserved for:</p> <ol style="list-style-type: none"> 1. treatment of patients with metastatic castration-resistant prostate cancer who have previously received docetaxel or those who are not candidates for chemotherapy, AND 2. prior treatment with abiraterone with new disease progression, or in cases where abiraterone regimens are contraindicated or not tolerated. <p>Approvals will be provided for 6 months. Reauthorizations will be provided when there is no disease progression and no new chemotherapy regimens.</p> <p>Enzalutamide is considered a specialty medication by HealthPartners.</p> |
| Eszopiclone (Lunesta) | NF/ Age/ QL | <p>A quantity limit of #20 per month is being added for the elderly (\geq age 65).</p> <p>Coverage for elderly patients currently using greater amounts has been extended through June 30 2013 to allow time to discuss therapy. Additional communications will be sent to affected providers and members.</p> <p>Lunesta offers minimal improvement in sleep latency and duration, and increases the risk of confusion, delirium, and falls. Efficacy can decrease over time.</p> |
| Glyburide | Age | <p>An age-edit of 65 is being added for glyburide products. Glyburide is not covered for those \geq age 65. There are no restrictions for younger age groups.</p> <p>This change applies to all forms of glyburide, including glyburide/metformin.</p> <p>Coverage for elderly patients currently using glyburide has been extended indefinitely (changes will apply only to patients starting therapy).</p> <p>Glyburide has a higher risk of toxicity in the elderly, and there are many preferred alternatives such as glipizide and glimepiride.</p> |
| Indomethacin | Age/ QL | <p>A quantity limit of #20 per month is being added for the elderly (\geq age 65). There are no restrictions for younger age groups.</p> <p>This change applies to indomethacin IR, SR, and suspension.</p> <p>Coverage for elderly patients currently using greater amounts has been extended through June 30 2013 to allow time to discuss therapy. Additional communications will be sent to affected providers and members.</p> <p>Indomethacin has a higher risk of toxicity in the elderly, and there are many preferred alternatives such as ibuprofen, naproxen, and meloxicam.</p> |

Drug Formulary Update, p. 3 of 5

| Medication | Status | Notes |
|---|--------|--|
| Methylphenidate XR suspension (Quillivant XR) | QL | Added to formulary with quantity limit of 1 bottle per month. Quillivant XR is available in several bottle sizes. |
| Mirabegron (Myrbetriq) | PA | Myrbetriq has been added with prior authorization. Myrbetriq is reserved for patients who have: <ol style="list-style-type: none"> 1. Tried and failed 2 formulary alternatives; or 2. Use of anticholinergic alternative is contraindicated Preferred alternatives for overactive bladder include oxybutynin. |
| Ponatinib (Iclusig) | PA | Ponatinib has been added with prior authorization. Ponatinib is reserved for adult patients with: <ol style="list-style-type: none"> 1. chronic phase, accelerated phase, or blast phase chronic myeloid leukemia (CML) that is (a) resistant or intolerant to two prior tyrosine kinase inhibitor therapies, OR (b) confirmed to have a T315I mutation; OR 2. Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ALL) that is resistant or intolerant to prior tyrosine kinase inhibitor therapy. Approvals will be provided for three months. Reauthorizations will be provided when there is no disease progression. Ponatinib is considered a specialty medication by HealthPartners. |
| Teriflunomide (Aubagio) | NF | Teriflunomide is non-formulary, with prior authorization criteria: Teriflunomide is reserved for: <ol style="list-style-type: none"> 1. prescribing by a neurologist, and 2. patients with relapsing-remitting forms of multiple sclerosis, and 3. patients with an inadequate response to Rebif AND Copaxone or with medical contraindications to their use. Reauthorizations will be provided when there is response to therapy. Teriflunomide is considered a specialty medication by HealthPartners. |
| Tofacitinib (Xeljanz) | NF | Tofacitinib is non-formulary, with prior authorization criteria: Tofacitinib is reserved for prescribing by Rheumatology, for: <ol style="list-style-type: none"> 1. patients who have been diagnosed with rheumatoid arthritis or a related rheumatology disorder, AND 2. when prescribed by a rheumatologist, AND 3. for patients who have tried and failed or have medical contraindications to methotrexate (at least a three month trial), Enbrel and Humira. Initial approvals will be provided for three months. Reauthorizations will be provided when there is response to therapy. Tofacitinib is considered a specialty medication by HealthPartners. |

Drug Formulary Update, p. 4 of 5

| Medication | Status | Notes |
|---------------------------|------------|---|
| Zaleplon (Sonata) | Age/ QL | <p>A quantity limit of #20 per month is being added for the elderly (\geq age 65). There are no limits for younger age groups.</p> <p>Coverage for elderly patients currently using greater amounts has been extended through June 30 2013 to allow time to discuss therapy. Additional communications will be sent to affected providers and members.</p> <p>Zaleplon offers minimal improvement in sleep latency and duration, and increases the risk of confusion, delirium, and falls. Efficacy can decrease over time.</p> <p>Exceptions allowing higher doses for the elderly can be requested if medically necessary.</p> |
| Zolpidem (Ambien generic) | Age/ QL | <p>A quantity limit of #20 per month is being added for the elderly (\geq age 65).</p> <p>Coverage for elderly patients currently using greater amounts has been extended through June 30 2013 to allow time to discuss therapy. Additional communications will be sent to affected providers and members.</p> <p>Zolpidem offers minimal improvement in sleep latency and duration, and increases the risk of confusion, delirium, and falls. Efficacy can decrease over time.</p> <p>Exceptions allowing higher doses for the elderly can be requested if medically necessary.</p> |

Medicare Drug Formulary

These changes are effective April 1, 2013.

| Medication | Status | Notes |
|----------------------------|--------|--|
| Mirabegron (Myrbetriq) | 2T PA | Myrbetriq is reserved for: (1) DIAGNOSIS OF AN FDA-APPROVED INDICATION, NOT OTHERWISE EXCLUDED FROM PART D, AND (2) DOCUMENTATION OF AN INADEQUATE RESPONSE OR CONTRAINDICATIONS TO TWO GENERIC FORMULARY ALTERNATIVES SUCH AS OXYBUTYNIN, TOLTERODINE OR TROSPIUM. |
| Teriflunomide (Aubagio) | T4 PA | Teriflunomide is reserved for: (1) DIAGNOSIS OF REPLAPSING FORMS OF MULTIPLE SCLEROSIS, AND (2) DOCUMENTATION OF FAILURE OR MEDICAL CONTRAINDICATION TO COPAXONE AND REBIF. RESERVED FOR PRESCRIBING BY NEUROLOGY Duration: CONTRACT YEAR, BALANCE OF CONTRACT YEAR, OR FDA-APPROVED DURATION, WHICHEVER IS APPLICABLE FOR USE. |
| Tofacitinib (Xeljanz) | T4 PA | Tofacitinib is reserved for: (1) DIAGNOSIS OF RHEUMATOID ARTHRITIS, AND (2) DOCUMENTATION OF MEDICAL CONTRAINDICATIONS OR FAILURE WITH METHOTREXATE, AND (3) DOCUMENTATION OF MEDICAL CONTRAINDICATIONS OR FAILURE WITH ENBREL AND HUMIRA. RESERVED FOR PRESCRIBING BY RHEUMATOLOGY Duration: CONTRACT YEAR, BALANCE OF CONTRACT YEAR, OR FDA-APPROVED DURATION, WHICHEVER IS APPLICABLE FOR USE. |

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.