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# Drug Formulary Update, October 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 changes for the Medicare Drug Formulary are listed in the following section.

## Commercial and Minnesota Health Care Programs

**Compounded Prescriptions.** HealthPartners is updating the coverage policy for compounded prescriptions, to add additional oversight of high-cost and experimental medications.

Authorization will be required for compounded products that exceed $200 per prescription. Standard criteria will be used for reviews, based on diagnosis, products previously tried, evidence of efficacy, and medical necessity.

This change will be effective January 1 2014.

Additional communications will be sent to affected members, providers, and pharmacies.

The following updates are effective October 1, 2013 unless otherwise noted, 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.

<table>
<tr><th>Medication</th><th>Status</th><th>Notes</th></tr>
<tr><td>ADHD Medications</td><td>QL</td><td>Quantity Limits will be updated on January 1 2014, to reflect FDA-approved maximum doses.<br>For example, the daily quantity limit for Adderall XR 30 mg is decreasing from #3 capsules per day (90mg) to #2 capsules per day (60mg). The FDA Maximum Dose is 60 mg per day.
<table>
<tr><th></th><th></th><th>Current Daily Quantity Limit</th><th>Current Daily mg limit</th><th>New Daily Quantity Limit</th><th>New Daily mg limit</th></tr>
<tr><td rowspan="6">Adderall XR</td><td>5 mg</td><td>3</td><td>15</td><td>3 (no change)</td><td>15</td></tr>
<tr><td>10 mg</td><td>3</td><td>30</td><td>3 (no change)</td><td>30</td></tr>
<tr><td>15 mg</td><td>3</td><td>45</td><td>3 (no change)</td><td>45</td></tr>
<tr><td>20 mg</td><td>3</td><td>60</td><td>3 (no change)</td><td>60</td></tr>
<tr><td>25 mg</td><td>3</td><td>75</td><td>2</td><td>50</td></tr>
<tr><td>30 mg</td><td>3</td><td>90</td><td>2</td><td>60</td></tr>
</table>
A complete listing of quantity limits for ADHD medications is noted in the Drug Formulary. Additional communications are being sent to affected providers and members.</td></tr>
</table>

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

| Medication | Status | Notes |
|---|---|---|
| Armodafinil (Nuvigil) and modafinil | | Controlled substances are being limited to FDA-approved maximum dosages. |
| Bedaquiline (Sirturo) | PA | Sirturo is FDA-approved for pulmonary multi-drug resistant tuberculosis, and is reserved per review and authorization by the Minnesota Department of Health. |
| Benzodiazepines | QL | Quantity Limits will be updated on January 1 2014, to reflect usual FDA-approved maximum doses.<br>A complete listing of quantity limits for benzodiazepines is noted in the Drug Formulary.<br>Additional communications will be sent to affected providers and members. |
| Butalbital products | | Controlled substances are being limited to FDA-approved maximum dosages. |
| Cough syrups | QL | Limits are being added for cough syrups, to limit quantities to FDA-approved maximum dosages.<br>Cough syrups include guaifenesin/ codeine (e.g. Cheratussin AC, Robitussin AC), promethazine/ codeine (e.g. Phenergan), and hydrocodone/ homatropine (e.g. Hydromet, Hycodan). |
| Cycloserine (Seromycin) | PA | Seromycin is reserved for patients with resistant tuberculosis. |
| Cysteamine delayed release (Procysbi) | NF PA | Procysbi is reserved for: (1) patients with a diagnosis of nephropathic cystinosis, and (2) treatment by a specialist, and (3) at least a three month trial of immediately release cysteamine with a documented explanation of why twice daily dosing is medically necessary.<br>Approvals will be provided for three months. Reauthorization will require documentation of clinical treatment effect (e.g., serum or WBC cystine levels) and will be provided for up to a year.<br>Procysbi is considered a specialty medication by HealthPartners. |
| Cysteamine immediate-release (Cystagon) | F | Cystagon is FDA-approved for nephropathic cystinosis. |
| Cysteamine ocular (Cystaran) | F PA | Cystaran is reserved for: (1) patients with a diagnosis of cystinosis, and (2) treatment by a specialist.<br>Approvals will be provided for three months. Reauthorization will require documentation of clinical treatment effect (e.g., slit lamp exam notes) and will be provided for up to a year.<br>Cystaran is considered a specialty medication by HealthPartners. |
| Dabrafenib (Tafinlar) | F PA | Tafinlar is reserved for: (1) use in the treatment of patients with unresectable or metastatic melanoma, and (2) with BRAF V600E mutations. Tests from CLIA-certified labs will be accepted.<br>Initial approvals will be granted for three months. Reauthorizations will be provided while there is no progression of disease.<br>Tafinlar is considered a specialty medication by HealthPartners. |

| Medication | Status | Notes |
|---|---|---|
| Diclegis (doxylamine/ pyridoxine) | NF PA | Diclegis is an extended-release combination of two OTC products, FDA-approved for pregnancy-related nausea and vomiting. Diclegis is reserved for women with an inadequate response or with medical contra-indications to ondansetron and these OTC products (doxylamine and pyridoxine). |
| Dimethyl fumarate (Tecfidara) | NF PA | Tecfidara is reserved for: (1) prescribing by a Neurologist, and (2) patients with relapsing-remitting forms of multiple sclerosis, and (3) patients with an inadequate response or medical contraindications to the use of Rebif AND Copaxone.<br>Approve x 1 year. Reauthorizations with attestation of treatment benefit.<br>Tecfidara is considered a specialty medication by HealthPartners. |
| Diphenoxylate/ atropine (Lomotil generic) | QL | Controlled substances are being limited to FDA-approved maximum dosages. |
| Dronabinol (Marinol generic) | QL | Controlled substances are being limited to FDA-approved maximum dosages. |
| Ethionamide (Trecator) | PA | Trecator is reserved for patients with resistant tuberculosis. |
| Glycerol Phenylbutyrate (Ravicti) | F PA | Prior authorization coverage criteria have been revised.<br>Ravicti is reserved for use in chronic management of adult and pediatric patients two years of age and older with urea cycle disorders (UCDs) that cannot be managed by dietary protein restriction and amino acid supplementation.<br>It must be used in combination with dietary protein restriction.<br>Initial approvals are for one year, with continued coverage available for patients with a significant positive response with attestation of adherence to dietary protein restriction.<br>Ravicti is considered a specialty medication by HealthPartners. |
| Isometheptene/ dichloralphenazone/ acetaminophen | | Controlled substances are being limited to FDA-approved maximum dosages. |
| Ivermectin lotion (Sklice) | NF PA | Sklice is a new formulation of ivermectin, FDA-approved for head lice. Sklice is reserved for patients with documented resistance to at least two standard treatments such as pyrethrins, piperonyl butoxide, and permethrin. Malathion is also an option. |
| Liptruzet (atorvastatin/ Zetia) | PA* | Liptruzet is a new combination cholesterol medication, reserved for patients failing to reach goals despite maximum dose or maximum tolerated dose atorvastatin.<br>Liptruzet is prior authorization for PreferredRx, and is non-formulary for GenericsPlusRx and State Programs. |
| Lorcaserin (Belviq) | NF* | Lorcaserin is a new weight loss medication.<br>Lorcaserin is non-formulary for PreferredRx and GenericsPlusRx, and is excluded for State Programs. |

<table>
<tr><th>Medication</th><th>Status</th><th>Notes</th></tr>
<tr><td>Nitrofurantoin</td><td>Age/ QL</td><td>A quantity limit is being added for elderly members >= age 65, allowing up to #28 capsules per prescription, sufficient for treating up to 7 days.<br>Nitrofurantoin is less effective in the elderly and in patients with renal impairment, with a risk of serious adverse events with chronic use.<br>Additional communications will be sent to affected providers and members.</td></tr>
<tr><td>Ospemifene (Osphena)</td><td>NF</td><td>Osphena is FDA-approved for moderate to severe dyspareunia, a symptom of vulvar and vaginal atrophy, due to menopause.</td></tr>
<tr><td>Phentermine</td><td></td><td>Controlled substances are being limited to FDA-approved maximum dosages.<br>Phentermine is available with a daily dosage limit and a duration limit of one year for PreferredRx and GenericsPlusRx. Weight loss medications are excluded for State Programs.</td></tr>
<tr><td>Pregabalin (Lyrica)</td><td>ST*</td><td>Controlled substances are being limited to the FDA-approved maximum dosage (600mg daily for Lyrica), and Lyrica is also being limited to a maximum of #3 capsules per day.
<table>
<tr><th></th><th></th><th>Daily Quantity Limit</th><th>Daily mg limit</th></tr>
<tr><td rowspan="8">Pregabalin (Lyrica)</td><td>25 mg</td><td>3</td><td>75 mg</td></tr>
<tr><td>50 mg</td><td>3</td><td>150 mg</td></tr>
<tr><td>75 mg</td><td>3</td><td>225 mg</td></tr>
<tr><td>100 mg</td><td>3</td><td>300 mg</td></tr>
<tr><td>150 mg</td><td>3</td><td>450 mg</td></tr>
<tr><td>200 mg</td><td>3</td><td>600 mg</td></tr>
<tr><td>225 mg</td><td>2</td><td>450 mg</td></tr>
<tr><td>300 mg</td><td>2</td><td>600 mg</td></tr>
</table>
Additional communications are being sent to affected providers and members.<br>Lyrica is step-therapy for PreferredRx and State Programs, and non-formulary for GenericsPlusRx.</td></tr>
<tr><td>Quartette (ethinyl estradiol/ levonorgestrel)</td><td>NF PA</td><td>Quartette is a new extended-cycle oral contraceptive, reserved for members who have significant side effects with two or more preferred alternatives.</td></tr>
<tr><td>Rifapentine (Priftin)</td><td>PA</td><td>Priftin is FDA-approved for the treatment of pulmonary tuberculosis, and is reserved per review and authorization by the Minnesota Department of Health.</td></tr>
<tr><td>Rifater (rifampin/ isoniazid/ pyrazinamide)</td><td>NF</td><td>Rifater is a combination product, FDA-approved for pulmonary tuberculosis.</td></tr>
<tr><td>Sodium oxybate (Xyrem)</td><td></td><td>Controlled substances are being limited to FDA-approved maximum dosages.</td></tr>
</table>

| Medication | Status | Notes |
|---|---|---|
| Trametinib (Mekinist) | F PA | Mekinist is reserved for: (1) use in the treatment of patients with unresectable or metastatic melanoma, and (2) with BRAF V600E or V600K mutations, and (3) if prior BRAF inhibitor therapy (Zelboraf or Tafinlar) was used, trametinib will only be approved in cases where intolerance was observed; no progression occurred on therapy. Tests from CLIA-certified labs will be accepted.<br>Initial approvals will be granted for three months. Reauthorizations will be provided while there is no progression of disease.<br>Mekinist is considered a specialty medication by HealthPartners. |
| Tranexamic acid (Lysteda generic) | QL | Lysteda is changing from Prior Authorization to a Quantity Limit of #30.<br>Lysteda is FDA-approved for heavy menstrual bleeding. The Quantity Limit of #30 allows for standard dosing. |

**Medicare Drug Formulary**

These changes are effective October 1, 2013.

| Medication | Status | Notes |
|---|---|---|
| Bedaquiline (Sirturo) | T2 | Sirturo is FDA-approved for pulmonary multi-drug resistant tuberculosis. |
| Cysteamine delayed release (Procysbi) | T4 PA | Procysbi is reserved for: (1) prescribing by a specialist in genetics and metabolism, and (2) diagnosis of nephropathic cystinosis, and (3) patients who have had at least a three month trial of immediate release cysteamine and documented explanation of why twice daily dosing is medically necessary.<br>Initial approvals will be provided for three months.<br>Renewals will require documentation of clinical treatment effect (such as measured by serum or WBC cystine levels). |
| Cysteamine ocular (Cystaran) | T4 PA | Cystaran is reserved for: (1) prescribing by a specialist in genetics and metabolism, and (2) diagnosis of cystinosis.<br>Initial approvals will be provided for three months.<br>Renewals will require documentation of clinical treatment effect (such as documentation of slit lamp exam results). |
| Dabrafenib (Tafinlar) | T4 PA | Tafinlar is reserved for new start patients for (1) diagnosis of unresectable or metastatic melanoma BRAF V600E mutation.<br>Initial approvals will be provided for three months.<br>Renewals will be provided with documentation of no disease progression. |
| Dimethyl fumarate (Tecfidara) | T4 PA | diagnosis of relapsing forms of multiple sclerosis, and documentation of failure or medical contraindication to Copaxone and Rebif |
| Liptruzet (atorvastatin/ Zetia) | T3 | Liptruzet is a new combination cholesterol medication. |

| Medication | Status | Notes |
|---|---|---|
| Trametinib (Mekinist) | T4 PA | Mekinist is reserved for new start patients for (1) diagnosis of unresectable or metastatic melanoma BRAF V600E or V600K mutations, and (2) no prior BRAF inhibitor therapy.<br>Initial approvals will be provided for three months.<br>Renewals will be provided with documentation of no disease progression |
| Tranexamic acid (Lysteda generic) | T1 QL | Lysteda is FDA-approved for heavy menstrual bleeding. The Quantity Limit of #30 allows for standard dosing. |

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, 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.