

Drug Formulary Update, January 2014

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

The following updates are effective January 1, 2014 unless otherwise noted, and apply to PreferredRx, GenericsPlusRx, and HealthPartners Minnesota Health Care Programs (Medicaid and Minnesota Care “State Programs”) Drug Formularies.

| Medication | Status | Notes |
|---------------------------------|--------|---|
| Afatinib (Gilotrif) | PA | Afatinib will be approved (1) for the first-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have an epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) mutations and (2) no other EGFR mutations are present and (3) a requested maximum daily dose of up to 40 mg. Initial coverage is authorized for 3 months, with 3-month extensions for patients with no disease progression. Gilotrif is considered a specialty medication by HealthPartners. |
| Aztreonam inhaled (Cayston) | PA | Aztreonam inhalation will be approved (1) for use in cystic fibrosis patients known to have <i>Pseudomonas aeruginosa</i> in the lungs and (2) in a quantity up to one 28-day package per month. Cayston is considered a specialty medication by HealthPartners. |
| Breo (fluticasone/ vilanterol) | NF | Breo is a combination inhaler, for COPD. Alternatives are available, including Advair and Symbicort. |
| Bromfenac (Prolensa) ophthalmic | | Prolensa has been added as a line-extension to Bromday. Prolensa is on formulary for PreferredRx, and is non-formulary for GenericsPlusRx and State Programs. |
| Cough syrups | NF | These cough syrups have been deleted from formulary, effective April 1 2014. <ul style="list-style-type: none"> • Hydrocodone/ chlorpheniramine • Guaifenesin/ pseudoephedrine/ codeine (Cheratussin DAC) • Phenylephrine/ codeine/ promethazine (Promethazine VC - codeine) • Hydrocodone/ homatropine (Hydromet) • Pseudoephedrine/ codeine/ chlorpheniramine There is little clinical need for these cough syrups, and they are more costly than preferred alternatives: guaifenesin/ codeine, codeine/ promethazine, and dextromethorphan/ promethazine. |

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| Medication | Status | Notes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Diclofenac gel (Voltaren gel) | F | Voltaren gel, for osteoarthritis, is on formulary. Step-therapy criteria have been removed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dolutegravir (Tivicay) | F | Dolutegravir is a new HIV medication. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dornase alfa inhaled (Pulmozyme) | PA | Dornase alfa inhalation will be approved (1) for use in cystic fibrosis patients and (2) in a quantity of up to one 30-unit carton per month. Pulmozyme is considered a specialty medication by HealthPartners. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Duloxetine (Cymbalta) | F | Duloxetine, for depression and neuropathic pain, is on formulary. Step-therapy criteria have been removed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mechlorethamine (Valchlor) gel | PA | Mechlorethamine gel will generally be covered (1) for the topical treatment of Stage IA and IB mycosis fungoides-type cutaneous T-cell lymphoma in patients who have received prior skin-directed therapy and (2) at a quantity up to two 60 gm tubes per month. Initial coverage is authorized for 3 months, with 3-month extensions for patients with no disease progression. Valchlor is considered a specialty medication by HealthPartners. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nepafenac (Ilevro) ophthalmic | | Ilevro has been added as a line-extension to Nevanac. Ilevro is on formulary for PreferredRx, and is non-formulary for GenericsPlusRx and State Programs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oxycodone ER (OxyContin) | QL | <p>Quantity Limits for OxyContin have been updated. Quantity limits now allow a maximum of 120mg morphine equivalents per day (MED), similar to other opioid medications.</p> <table border="1"> <thead> <tr> <th>Strength</th> <th>New Daily Quantity Limit</th> <th>New Daily mg limit</th> <th>MED</th> </tr> </thead> <tbody> <tr> <td>10 mg</td> <td>4 (no change)</td> <td>40</td> <td>60</td> </tr> <tr> <td>15 mg</td> <td>4 (no change)</td> <td>60</td> <td>90</td> </tr> <tr> <td>20 mg</td> <td>4 (no change)</td> <td>80</td> <td>120</td> </tr> <tr> <td>30 mg</td> <td>2</td> <td>60</td> <td>90</td> </tr> <tr> <td>40 mg</td> <td>2</td> <td>80</td> <td>120</td> </tr> <tr> <td>60 mg</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>80 mg</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <p>These limits will be added on April 1. Additional communications are being sent to affected providers and members. Patients previously authorized at higher doses are not affected by this change. 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> | Strength | New Daily Quantity Limit | New Daily mg limit | MED | 10 mg | 4 (no change) | 40 | 60 | 15 mg | 4 (no change) | 60 | 90 | 20 mg | 4 (no change) | 80 | 120 | 30 mg | 2 | 60 | 90 | 40 mg | 2 | 80 | 120 | 60 mg | 0 | 0 | 0 | 80 mg | 0 | 0 | 0 |
| Strength | New Daily Quantity Limit | New Daily mg limit | MED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 mg | 4 (no change) | 40 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 mg | 4 (no change) | 60 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 mg | 4 (no change) | 80 | 120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 mg | 2 | 60 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 mg | 2 | 80 | 120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 mg | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80 mg | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ponatinib (Iclusig) | NF | Ponatinib has been removed from formulary, due to market withdrawal. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Medication | Status | Notes |
|---|--------|---|
| Simbrinza (brinzolamide/ brimonidine) ophthalmic | | <p>Simbrinza has been added as a line-extension. Both brinzolamide and brimonidine are on formulary, and costs are similar.</p> <p>Simbrinza is on formulary for PreferredRx, and is non-formulary for GenericsPlusRx and State Programs.</p> |
| Tobramycin inhaled | PA | <p>Tobramycin inhalation will be approved (1) for use in cystic fibrosis patients known to have <i>Pseudomonas aeruginosa</i> in the lungs and (2) in a quantity up to one 56-count carton per month.</p> <p>Generic Tobi is preferred. Other forms are considered non-formulary with prior authorization: Tobi Brand, Tobi Podhaler, and Bethkis.</p> <p>Inhaled tobramycin is considered a specialty medication by HealthPartners.</p> |
| <p>Tricyclic antidepressants</p> <ul style="list-style-type: none"> • amitriptyline • doxepin • imipramine • trimipramine • clomipramine | Age | <p>These tricyclic antidepressants will be limited for the elderly (ages 65 and older).</p> <ul style="list-style-type: none"> • amitriptyline (Elavil), chlordiazepoxide/ amitriptyline (Limbitrol), and perphenazine/ amitriptyline (Etrafon) • doxepin (Silenor) • imipramine (Tofranil) • trimipramine (Surmontil) • clomipramine (Anafranil). Clomipramine will be approved for obsessive-compulsive disorder (no additional coverage criteria). <p>These tricyclic antidepressants are anticholinergic with a high rate of side effects in the elderly. Nortriptyline (Pamelor) and desipramine (Norpramin) remain on formulary for all age groups.</p> <p>These limits will be added on April 1. Additional communications are being sent to affected providers and members.</p> <p>Exceptions for these tricyclic antidepressants can be requested if medically necessary.</p> |
| V-Go | PA | <p>V-Go is a disposable insulin pump, reserved for prescribing by an Endocrinologist to ensure appropriate training.</p> |
| Vortioxetine (Brintellix) | NF | <p>Vortioxetine is a new antidepressant. Significant advantages aren't clear.</p> |

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| Medicare Drug Formulary |
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These changes are effective January 1, 2014.

| Medication | Status | Notes |
|--------------------------------|--------|--|
| Afatinib (Gilotrif) | T5 PA | <p>Covered Use: ALL FDA-APPROVED INDICATIONS, NOT OTHERWISE EXCLUDED FROM PART D.</p> <p>Required Medical Information: FOR NEW START PATIENTS: INITIAL CRITERIA - (1) DIAGNOSIS OF METASTATIC NON-SMALL CELL LUNG CANCER (NSCLC) WITH TUMORS THAT HAVE EPIDERMAL GROWTH FACTOR RECEPTOR (EGFR) EXON 19 DELETIONS OR EXON 21 (L858R) SUBSTITUTION MUTATIONS AS DETECTED BY AN FDA-APPROVED TEST OR AT A CLIA-APPROVED FACILITY AND (2) NO OTHER EGFR MUTATIONS ARE PRESENT. RENEWAL CRITERIA - DOCUMENTATION EVERY 3 MONTHS THAT THERE HAS BEEN NO DISEASE PROGRESSION.</p> <p>Coverage Duration: THREE MONTHS, WITH APPROVAL EVERY THREE MONTHS IF RENEWAL CRITERIA ARE MET.</p> <p>Gilotrif was added August 30 2013, to meet Medicare new drug guidelines.</p> |
| Degarelix (Firmagon) | T4 | Prior authorization limits have been removed. |
| Diclofenac gel (Voltaren gel) | T3 | Step-therapy criteria have been removed. |
| Dolutegravir (Tivicay) | T3 | <p>Dolutegravir is a new HIV medication.</p> <p>Tivicay was added August 30 2013, to meet Medicare new drug guidelines.</p> |
| Duloxetine (Cymbalta) | T3 | Step-therapy criteria have been removed. |
| Mechlorethamine (Valchlor) gel | T5 PA | <p>Covered Use: ALL FDA-APPROVED INDICATIONS, NOT OTHERWISE EXCLUDED FROM PART D.</p> <p>Coverage Duration: THREE MONTHS, WITH APPROVAL EVERY THREE MONTHS IF RENEWAL CRITERIA ARE MET.</p> <p>Valchlor was added October 25 2013, to meet Medicare new drug guidelines.</p> |
| Pertuzumab (Perjeta) | T5 PA | <p>Updated PA to include new neoadjuvant labeled indication.</p> <p>Covered Use: ALL FDA-APPROVED INDICATIONS, NOT OTHERWISE EXCLUDED FROM PART D.</p> <p>Required Medical Information: FOR NEW START PATIENTS: INITIAL CRITERIA - DIAGNOSIS OF AN FDA-APPROVED INDICATION, NOT OTHERWISE EXCLUDED FROM PART D. RENEWAL CRITERIA - DOCUMENTATION THAT DISEASE PROGRESSION HAS NOT OCCURRED.</p> <p>Coverage Duration: SIX MONTHS, WITH APPROVAL EVERY SIX MONTHS IF RENEWAL CRITERIA ARE MET.</p> |
| Ponatinib (Iclusig) | NF | Removed from formulary, due to market withdrawal. |

| Medication | Status | Notes |
|---------------------------------|--------|---|
| Vincristine liposomal (Marqibo) | T5 PA | <p>Covered Use: ALL FDA-APPROVED INDICATIONS, NOT OTHERWISE EXCLUDED FROM PART D.</p> <p>Required Medical Information: FOR NEW START PATIENTS: (1) DIAGNOSIS OF AN FDA-APPROVED INDICATION, NOT OTHERWISE EXCLUDED FROM PART D, OR (2) DOCUMENTATION THAT A PATIENT IS CURRENTLY RECEIVING OR HAS PREVIOUSLY RECEIVED AND BENEFITED FROM THE USE OF THIS MEDICATION FOR THE TREATMENT OF CANCER.</p> <p>Coverage Duration: CONTRACT YEAR, BALANCE OF CONTRACT YEAR, OR FDA-APPROVED DURATION, WHICHEVER IS APPLICABLE FOR USE.</p> <p>Marqibo was added September 2 2013, to meet Medicare new drug guidelines.</p> |
| Vortioxetine (Brintellix) | T3 PA | <p>FOR NEW START PATIENTS: (1) DIAGNOSIS OF AN FDA-APPROVED INDICATION, NOT OTHERWISE EXCLUDED FROM PART D, AND (2) DOCUMENTATION OF AN INADEQUATE RESPONSE OR MEDICAL CONTRAINDICATION TO TWO PREFERRED ALTERNATIVE ANTIDEPRESSANTS: CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE, SERTRALINE, VENLAFAXINE, OR CYMBALTA.</p> <p>Brintellix was added November 30 2013, to meet Medicare new drug guidelines.</p> |

For Medicare: T1, covered generic T2, covered generic T3, covered Brand T4, covered Brand
T5, 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) 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.