



Drug Formulary Update, April 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										
AFREZZA	NF	Insulin inhaled (Afrezza) was reviewed and not added to the formulary.										
AKYNZEO	NF	Akynzeo (netupitant/ palonosetron), an oral capsule for nausea, was not added to the formulary.										
BELSOMRA	NF-PA	<p>Suvorexant (Belsomra), an oral tablet for insomnia, will be non-formulary with prior authorization and a quantity limit.</p> <p>Belsomra is reserved for patients with an inadequate response to a formulary alternative from each of the following two classes: a benzodiazepine for insomnia (such as temazepam) & a non-benzodiazepine for insomnia (such as zolpidem).</p> <p>The quantity limit is based on FDA-maximum dosing recommendations of 20mg per day, up to #2 tablets per day.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Strength</th> <th style="text-align: center;">Daily Quantity Limit</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">5 mg</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">10 mg</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">15 mg</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">20 mg</td> <td style="text-align: center;">1</td> </tr> </tbody> </table>	Strength	Daily Quantity Limit	5 mg	2	10 mg	2	15 mg	1	20 mg	1
Strength	Daily Quantity Limit											
5 mg	2											
10 mg	2											
15 mg	1											
20 mg	1											
BOSULIF	F-PA	Bosutinib (Bosulif) prior authorization coverage criteria have been updated.										
COMETRIQ	F-PA	Cabozantinib (Cometriq) prior authorization coverage criteria have been updated.										
CONTRAVE	NF	Contrave (bupropion/ naltrexone), for weight loss, was not added to formulary.										

Formulary abbreviations: F = Formulary, NF = Non-Formulary, PA = Prior Authorization.

MEDICATION	Status	Notes
COPAXONE	F	Glatiramer (Copaxone) 40 mg, for multiple sclerosis, has been added to formulary effective March 1, 2015. Both the 20 mg and the 40 mg strength of Copaxone are on formulary.
ERIVEDGE	F-PA	Vismodegib (Erivedge) prior authorization coverage criteria have been updated.
Estradiol twice weekly patch	F	Estradiol twice weekly patch (generic Vivelle Dot) has been added to all formularies.
ESBRIET	F-PA	Pirfenidone (Esbriet), for idiopathic pulmonary fibrosis, has been added to formulary with prior authorization. Esbriet is reserved for prescribing by Pulmonary specialists, for patients with mild-to-moderate idiopathic pulmonary fibrosis. Approvals are given for one year, with re-authorizations per provider attestation that the patient continues to benefit.
EVOTAZ	F	Evotaz (atazanavir/ cobicistat), an HIV medication, has been added to formulary.
GILOTRIF	F-PA	Afatinib (Gilotrif) prior authorization coverage criteria have been updated.
Glyburide and combinations	NF	Glyburide has been deleted from the formulary. Glyburide is not as safe as other medications in this drug class. Other sulfonylureas including glipizide and glimepiride remain on formulary. This update applies to glyburide and glyburide combination products (glyburide/ metformin). Current members have been grandfathered (allowed to continue) through the end of the year, and are being notified of preferred products.
HARVONI	F-PA	Harvoni (sofosbuvir/ ledipasvir), for hepatitis C, has been added to the formulary with prior authorization effective February 24, 2015.

MEDICATION	Status	Notes																
HYSINGLA ER	NF-PA	<p>Hydrocodone ER (Hysingla ER) is non-formulary with prior authorization and a quantity limit.</p> <p>Hysingla ER is reserved for patients with inadequate pain control with two long-acting alternatives (e.g. morphine ER and OxyContin) and medically necessary reasons for Hysingla.</p> <p>The quantity limit is based on a maximum of 120mg morphine-equivalents per day, up to #4 tablets per day.</p> <table border="1"> <thead> <tr> <th>Strength</th> <th>Daily Quantity Limit</th> </tr> </thead> <tbody> <tr> <td>20 mg</td> <td>4</td> </tr> <tr> <td>30 mg</td> <td>4</td> </tr> <tr> <td>40 mg</td> <td>3</td> </tr> <tr> <td>60 mg</td> <td>2</td> </tr> <tr> <td>80 mg</td> <td>1</td> </tr> <tr> <td>100 mg</td> <td>1</td> </tr> <tr> <td>120 mg</td> <td>1</td> </tr> </tbody> </table>	Strength	Daily Quantity Limit	20 mg	4	30 mg	4	40 mg	3	60 mg	2	80 mg	1	100 mg	1	120 mg	1
Strength	Daily Quantity Limit																	
20 mg	4																	
30 mg	4																	
40 mg	3																	
60 mg	2																	
80 mg	1																	
100 mg	1																	
120 mg	1																	
IBRANCE	NF-PA	<p>Palbociclib (Ibrance) will be non-formulary with prior authorization. Ibrance is reserved for use in combination with letrozole for the treatment of postmenopausal women with estrogen receptor (ER)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced breast cancer as initial endocrine-based therapy for their metastatic disease when prescribed using doses up to the FDA-approved regimen.</p> <p>Authorization will be provided for 6 months.</p> <p>Reauthorization will be provided annually with documentation that the medication is effective.</p>																
ICLUSIG	F-PA	Ponatinib (Iclusig) prior authorization coverage criteria have been updated.																
IMBRUVICA	F-PA	Ibrutinib (Imbruvica) prior authorization coverage criteria have been updated.																
INLYTA	F-PA	Axitinib (Inlyta) prior authorization coverage criteria have been updated.																
JAKAFI	F-PA	Ruxolitinib (Jakafi) prior authorization coverage criteria have been updated.																
KALYDECO	F-PA	Ivacaftor (Kalydeco) prior authorization coverage criteria have been updated.																

MEDICATION	Status	Notes
KITABIS	NF-PA	Tobramycin inhalation (Kitabis) is non-formulary with prior authorization. Generic tobramycin nebulized solution is preferred.
Lamotrigine	F	Lamotrigine 25mg tablet is on formulary with no utilization management (the quantity limit has been removed).
LYNPARZA	NF-PA	Olaparib (Lynparza) oral is non-formulary with prior authorization. Lynparza is reserved for use as monotherapy in patients with deleterious or suspected deleterious germline BRCA mutated, advanced ovarian cancer who have been treated with three or more prior lines of chemotherapy and when used at doses up to an FDA-approved regimen. Authorization will be provided for 6 months. Reauthorization will be provided annually with documentation that the medication is effective.
LYSODREN	NF-PA	Mitotane (Lysodren) prior authorization coverage criteria have been updated.
MATULANE	F-PA	Procarbazine (Matulane) prior authorization coverage criteria have been updated.
MEKINIST	F-PA	Trametinib (Mekinist) prior authorization coverage criteria have been updated.
OFEV	F-PA	Nintedanib (Ofev), for idiopathic pulmonary fibrosis, has been added to formulary with prior authorization. Ofev is reserved for prescribing by Pulmonary specialists, for patients with mild-to-moderate idiopathic pulmonary fibrosis. Approvals are given for one year, with re-authorizations per provider attestation that the patient continues to benefit.
OLYSIO	F-PA	Simeprevir (Olysio), for hepatitis C, prior authorization coverage criteria have been updated effective February 24 2015.
PLEGRIDY	NF-PA	Interferon beta-1a (Plegridy) SQ, for multiple sclerosis, will be non-Formulary with prior authorization. Plegridy is reserved for: (1) prescribing by Neurology, and (2) patients with relapsing-remitting forms of multiple sclerosis, and (3) patients with an inadequate response to Rebif AND Copaxone, and (4) and a documented medical necessity requiring fewer injections.

MEDICATION	Status	Notes
POMALYST	F-PA	Pomalidomide (Pomalyst) prior authorization coverage criteria have been updated.
PREZCOBIX	F	Prezcobix (darunavir/ cobicistat), an HIV medication, has been added to formulary.
SAXENDA	NF	Liraglutide (Saxenda), for weight loss, was not added to formulary.
SOVALDI	F-PA	Sofosbuvir (Sovaldi), for hepatitis C, prior authorization coverage criteria have been updated effective February 24 2015.
TAFINLAR	F-PA	Dabrafenib (Tafinlar) prior authorization coverage criteria have been updated.
TRULICITY	F-PA	Dulaglutide (Trulicity), a GLP-1 agonist for diabetes, has been added to the formulary with prior authorization. Trulicity is reserved for patients with an inadequate response with exenatide (Byetta or Bydureon) and liraglutide (Victoza), or medical contra-indications to their use.
VIEKIRA	NF-PA	Viekira (ombitasvir/ paritaprevir/ ritonavir/ dasabuvir), for hepatitis C, is non-formulary with prior authorization effective February 24 2015. Harvoni is preferred.
VITEKTA	F	Elvitegravir (Vitekta), an HIV medication, has been added to formulary.
XALKORI	F-PA	Crizotinib (Xalkori) prior authorization coverage criteria have been updated.
XTANDI	F-PA	Enzalutamide (Xtandi) prior authorization coverage criteria have been updated.
ZELBORAF	F-PA	Vemurafenib (Zelboraf) prior authorization coverage criteria have been updated.
ZOLINZA	F-PA	Vorinostat (Zolinza) prior authorization coverage criteria have been updated.
ZYDELIG	NF-PA	Idelalisib (Zydelig) prior authorization coverage criteria have been updated.
ZYKADIA	NF-PA	Ceritinib (Zykadia) prior authorization coverage criteria have been updated.
ZYTIGA	F-PA	Abiraterone (Zytiga) prior authorization coverage criteria have been updated.

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.