



Drug Formulary Update, April 2015 Medicare Part D

Updates to the HealthPartners Medicare 2015 Drug Formulary are noted below. Please see www.healthpartners.com/formularies for details.

Formulary Changes

MEDICATION	Status	Notes
COPAXONE	T5 PA	Glatiramer (Copaxone) 40 mg prior authorization criteria have been updated. Prior use of Copaxone 20mg is no longer required.
ESBRIET	T5 PA	Pirfenidone (Esbriet), for idiopathic pulmonary fibrosis, has been added to formulary with prior authorization, effective April 1.
EVOTAZ	T5	Evotaz (atazanavir/ cobicistat), an HIV medication, has been added to formulary, effective March 1, 2015.
OFEV	T5 PA	Nintedanib (Ofev), for idiopathic pulmonary fibrosis, has been added to formulary with prior authorization, effective April 1, 2015.
PREZCOBIX	T5	Prezcobix (darunavir/ cobicistat), an HIV medication, has been added to formulary, effective March 1, 2015.
TRULICITY	T3 PA	Dulaglutide (Trulicity), a GLP-1 agonist for diabetes, has been added to the formulary with prior authorization, effective April 1, 2015.
VITEKTA	T5	Elvitegravir (Vitekta), an HIV medication, has been added to formulary, effective March 1, 2015.

Formulary Information and Requests

Formulary Information is available at [HealthPartners.com/ Provider/ Pharmacy Services](http://HealthPartners.com/Provider/PharmacyServices), 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.

Formulary abbreviations: T5 = Specialty tier, T3 = Preferred Brand tier, PA = Prior Authorization.