



## Drug Formulary Update, July 2016 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 GenericsAdvantageRx) and to HealthPartners Minnesota Health Care Programs (Medicaid and Minnesota Care “State Programs”) Drug Formulary. Please see [www.healthpartners.com/formularies](http://www.healthpartners.com/formularies) for details.

Positive changes (additions) are generally effective July 1, and negative changes (deletions) are generally effective October 1.

Drug name	Current Status	New Status	Effective Date	Comments
Adempas	F PA	F PA (update PA criteria)	7/1/2016	Rocigustat (Adempas) is reserved for: patients with chronic thromboembolic pulmonary hypertension (CTEPH). Coverage criteria are available at <a href="http://www.healthpartners.com/formularies">www.healthpartners.com/formularies</a> .
Albenza	F	F PA	10/1/2016	Albendazole (Albenza) is reserved for: 1. patients with a laboratory-confirmed case of pinworms, and 2. with an inadequate response to pyrantel pamoate.
Bulk chemicals			10/1/2016	Bulk chemicals are only covered when filled as a compounded medication.
Chantix	F	F QL	7/1/2016	Varenicline (Chantix), for smoking cessation: new quantity limit of 2 tablets per day, per FDA-maximum dosing.

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Cialis	NF PA	NF PA (update PA criteria)	7/1/2016	Tadalafil (Cialis) is reserved for: For Erectile Dysfunction: reserved for patients who have tried generic sildenafil tablets, with significant clinical rationale suggesting improved outcomes. Approval and quantity limit will follow contract limitations. For Benign Prostatic Hypertrophy: Cialis 5mg is reserved for patients with significant symptoms despite therapy with an alpha-blocker (such as tamsulosin), and a 5-alpha-reductase inhibitor (such as finasteride).
Clindagel Brand	NF	NF PA	10/1/2016	Clindamycin 1% gel (Clindagel Brand) is reserved for: patients who have tried preferred generics (clindamycin 1% gel), with significant clinical rationale suggesting improved outcomes.
Cuprimine	NF PA	NF PA (update PA criteria)	7/1/2016	Penicillamine (Cuprimine) is reserved for: cystinuria and Wilson disease, for patients who have tried and failed standard therapies including penicillamine tablet.
Cystadane	NF	NF PA	10/1/2016	Betaine (Cystadane) is reserved for: 1. FDA-approved indications (treatment of severe hyperhomocysteinemia), 2. for patients with an inadequate response to diet and vitamin supplementation with folic acid, vitamin B12, and vitamin B6.
Demser	NF	NF PA	10/1/2016	Metyrosine (Demser) is reserved for: 1. FDA-approved indications (treatment of pheochromocytoma), 2. for patients with an inadequate response to a generic alpha-blocker (terazosin or doxazosin), or clinical rationale for the inappropriateness of alpha-blocker therapy.
Descovy		F	7/1/2016	Descovy (emtricitabine/ tenofovir alafenamide), for HIV infection, has been added to formulary.
Emverm		NF PA	7/1/2016	Mebendazole (Emverm) is reserved for: patients with a laboratory-confirmed case of pinworms, and with an inadequate response to pyrantel pamoate.

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Evzio	NF	NF PA	7/1/2016	Naloxone auto-injector (Evzio) is reserved for: patients who have tried naloxone nasal spray, with significant clinical rationale suggesting improved outcomes.
Gilotrif	F PA	F PA (update PA criteria)	7/1/2016	Afatinib (Gilotrif) is reserved for non-small cell lung cancer (NSCLC). Coverage criteria are available at <a href="http://www.healthpartners.com/formularies">www.healthpartners.com/formularies</a> .
Ibrance	NF PA	NF PA (update PA criteria)	7/1/2016	Palbociclib (Ibrance) is reserved for breast cancer. Coverage criteria are available at <a href="http://www.healthpartners.com/formularies">www.healthpartners.com/formularies</a> .
Imbruvica	F PA	F PA (update PA criteria)	7/1/2016	Ibrutinib (Imbruvica) is reserved for patients with mantle cell lymphoma, chronic lymphocytic leukemia, and Waldenstroms macroglobulinemia. Coverage criteria are available at <a href="http://www.healthpartners.com/formularies">www.healthpartners.com/formularies</a> .
Impavido		NF PA	7/1/2016	Miltefosine (Impavido) is reserved for: FDA-indications (leishmaniasis).
Levitra	NF PA	NF PA (update PA criteria)	7/1/2016	Vardenafil (Levitra) is reserved for: For Erectile Dysfunction: reserved for patients who have tried generic sildenafil tablets, with significant clinical rationale suggesting improved outcomes. Approval and quantity limit will follow contract limitations.
Nuvigil	F PA QL	F PA QL (update PA criteria)	7/1/2016	Armodafinil (Nuvigil) is reserved for: patients with an inadequate response to modafinil, and significant rationale suggesting improved outcomes with Nuvigil, and for patients with a diagnosis of one of the following: 1. narcolepsy or extreme daytime sleepiness documented by a sleep lab study, or 2. documented extreme daytime sleepiness due to sleep apnea if CPAP (continuous positive airway pressure) has been optimized, or 3. multiple sclerosis fatigue who have tried and failed amantadine or methylphenidate

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Odefsey		F	7/1/2016	Odefsey (emtricitabine/ tenofovir alafenamide), for HIV infection, has been added to formulary.
Olopatadine ophthalmic	NF	F	7/1/2016	Olopatadine (generic Patanol), for allergic conjunctivitis, has been added to formulary.
PAH medications		Update PA Criteria	7/1/2016	Coverage criteria for pulmonary arterial hypertension medications have been updated. Preferred products and coverage criteria are available, <a href="http://www.healthpartners.com/formularies">www.healthpartners.com/formularies</a> .
Taclonex and generics		Update PA Criteria	7/1/2016	Calcipotriene/ betamethasone (Taclonex and generics) are reserved for: patients with an inadequate response to other formulary options for psoriasis such as betamethasone plus calcipotriene given separately, with significant clinical rationale suggesting improved outcomes.
Testosterone products		Update PA Criteria	7/1/2016	Coverage criteria for testosterone products have been updated, reserving for: 1. male patients with documented testosterone deficiency less than 300 ng/dL, or 2. gender dysphoria (without needing additional criteria) Preferred products and coverage criteria are available, <a href="http://www.healthpartners.com/formularies">www.healthpartners.com/formularies</a> .
Topamax (Brand-only)	NF	NF PA	10/1/2016	Topiramate (Topamax, Brand-only) is reserved for: patients who have tried preferred topiramate generics, with significant clinical rationale suggesting improved outcomes.
Uptravi		F PA	7/1/2016	Selexipag (Uptravi) has been added to formulary with prior authorization. Coverage criteria are available at <a href="http://www.healthpartners.com/formularies">www.healthpartners.com/formularies</a> .
Veltassa	NF	NF PA	7/1/2016	Patiromer (Veltassa) is reserved for: FDA-indications (for the treatment of hyperkalemia).

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Venclexta		NF PA	7/1/2016	Venetoclax (Venclexta) is reserved for chronic lymphocytic leukemia. Coverage criteria are available at <a href="http://www.healthpartners.com/formularies">www.healthpartners.com/formularies</a> .
Viagra	NF PA	NF PA (update PA criteria)	7/1/2016	Sildenafil (Viagra, Brand-only) is reserved for: For Erectile Dysfunction: reserved for patients who have tried generic sildenafil tablets, with significant clinical rationale suggesting improved outcomes. Approval and quantity limit will follow contract limitations.
Vistogard		F PA	7/1/2016	Uridine (Vistogard) is reserved for fluorouracil or capecitabine overdose. Coverage criteria are available at <a href="http://www.healthpartners.com/formularies">www.healthpartners.com/formularies</a> .
Vraylar		NF AE PA	7/1/2016	Cariprazine (Vraylar) is reserved for adults and children greater than or equal to 13 years of age meeting one of the following criteria: 1. who have tried and failed at least two of the following formulary alternatives: olanzapine, quetiapine immediate release, risperidone, ziprasidone, aripiprazole, Seroquel XR; or 2. patients who were previously stable on this medication. Approvals are limited to a maximum dose of 6mg/ day.
Xalkori	F PA	F PA (update PA criteria)	7/1/2016	Crizotinib (Xalkori) is reserved for metastatic non-small cell lung cancer. Coverage criteria are available at <a href="http://www.healthpartners.com/formularies">www.healthpartners.com/formularies</a> .
Xeloda (Brand only)	NF	NF PA	7/1/2016	Capecitabine (Xeloda, Brand-only) is reserved for: patients who have tried preferred generic capecitabine, with significant clinical rationale suggesting improved outcomes. Xeloda is considered a specialty medication.
Zepatier		F PA	6/15/2016	Zepatier (elbasvir/ grazoprevir), for hepatitis C, has been added to formulary, with similar prior authorization criteria. Criteria are available at <a href="http://www.healthpartners.com">www.healthpartners.com</a> .