



Drug Formulary Update, October 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 for details.

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

Drug Name	Current Status	New Status	Effective Date	Comments
Acticlate	NF	NF PA	1/1/2017	Doxycycline (Acticlate) now requires prior authorization. Acticlate is reserved for patients who have tried a preferred generic doxycycline product, with significant clinical rationale suggesting improved outcomes.
Alcortin	NF	NF PA	1/1/2017	Alcortin (a topical combination product with hydrocortisone and iodoquinol) now requires prior authorization. Alcortin is reserved for patients with an inadequate response to a topical corticosteroid used with a topical anti-infective, with significant clinical rationale suggesting improved outcomes.
Ambien and Ambien CR, Brand-only	NF QL AE	NF QL AE PA	1/1/2017	Zolpidem (Ambien and Ambien CR, Brands-only) now require prior authorization. Ambien and Ambien CR are reserved for patients who have tried the equivalent generic zolpidem product, with significant clinical rationale suggesting improved outcomes.

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Briviact	NF	F PA	10/1/2016	Brivaracetam (Briviact), a new oral seizure medication, requires prior authorization. Briviact is reserved for patients with an inadequate response to two or more preferred seizure medications, one of which must be levetiracetam.
Buphenyl	SP NF PA	Update PA Criteria	10/1/2016	Sodium phenylbutyrate (Buphenyl) oral tablets and powder, for chronic hyperammonemia, have updated prior authorization criteria.
Buphenyl generic	F	F PA	10/1/2016	Sodium phenylbutyrate (generic Buphenyl), an oral powder for chronic hyperammonemia, has new prior authorization criteria.
Cabometyx	SP F PA	Update PA Criteria	10/1/2016	Cabozantinib (Cabometyx), an oral tablet for renal cell carcinoma, has updated prior authorization criteria.
Carbaglu	SP F PA	Update PA Criteria	10/1/2016	Carglumic acid (Carbaglu), a dispersible tablet for N-acetylglutamate synthetase deficiency, has updated prior authorization criteria.
Celebrex, Brand-only	NF	NF PA	1/1/2017	Celecoxib (Celebrex, Brand-only) now requires prior authorization. Celebrex Brand is reserved for patients who have tried preferred generic celecoxib products, with significant clinical rationale suggesting improved outcomes.
Cellcept, Brand-only	NF	NF PA	1/1/2017	Mycophenolate (Cellcept, Brand-only) now requires prior authorization. Cellcept Brand is reserved for patients who have tried the equivalent generic mycophenolate product.
Cerdelga	SP F PA	Update PA Criteria	10/1/2016	Eliglustat (Cerdelga), an oral capsule for Gaucher disease, has updated prior authorization criteria.

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Clindacin 1%, Brand-only	NF	NF PA	1/1/2017	Clindacin 1% medicated swab (Brand-only) now requires prior authorization. Clindacin is reserved for patients who have tried two or more preferred generic clindamycin products, with significant clinical rationale suggesting improved outcomes.
Clobex, Brand-only	NF	NF PA	1/1/2017	Clobetasol (Clobex, Brand-only) now requires prior authorization. Clobex Brands are reserved for patients who have tried the equivalent generic clobetasol product, with significant clinical rationale suggesting improved outcomes.
Cymbalta, Brand-only	NF	NF PA	1/1/2017	Duloxetine (Cymbalta, Brand-only) now requires prior authorization. Cymbalta Brand is reserved for patients who have tried the equivalent generic duloxetine product, with significant clinical rationale suggesting improved outcomes.
DermacinRx	NF PA	NF PA	1/1/2017	All DermacinRx products have updated prior authorization criteria.
Dermasorb	NF	NF PA	1/1/2017	Dermasorb products now require prior authorization.
Differin, Brand-only	NF	NF PA	1/1/2017	Adapalene (Differin, Brand-only) now requires prior authorization. Differin Brand is reserved for patients who have tried the equivalent generic adapalene product, with significant clinical rationale suggesting improved outcomes.
Edluar	NF QL AE	NF QL AE PA	1/1/2017	Zolpidem SL (Edluar) now requires prior authorization. Edluar is reserved for patients who have tried a preferred generic zolpidem product, with significant clinical rationale suggesting improved outcomes.

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Effexor XR, Brand-only	NF	NF PA	1/1/2017	Venlafaxine XR (Effexor XR, Brand-only) now requires prior authorization. Effexor XR Brand is reserved for patients who have tried the equivalent generic venlafaxine product, with significant clinical rationale suggesting improved outcomes.
EnovaRx	NF	NF PA	1/1/2017	All EnovaRx products now require prior authorization.
Epclusa	NF SP PA	F SP PA	9/1/2016	Epclusa (sofosbuvir/ velpatasvir), for hepatitis C, has been added to formulary with prior authorization.
Exjade	SP F PA	Update PA Criteria	10/1/2016	Deferasirox (Exjade), an oral therapy for iron overload, has updated prior authorization criteria.
Famciclovir	NF	F	10/1/2016	Famciclovir (generic Famvir), a low cost generic antiviral medication, has been added to the formulary.
Ferriprox	SP F PA	Update PA Criteria	10/1/2016	Deferiprone (Ferriprox), an oral therapy for iron overload, has updated prior authorization criteria.
Gabapentin	F	F QL	1/1/2017	All forms of gabapentin have a new quantity limit of 3600mg per day. This is the maximum dose approved by the FDA.
Genadur	NF	NF PA	1/1/2017	Genadur nail lacquer is considered cosmetic and is not covered.
Humira	SP F PA	Update PA Criteria	10/1/2016	Adalimumab (Humira) prior authorization criteria have been updated, adding criteria for a new indication (for certain types of uveitis).
Ibandronate	NF	F	10/1/2016	Ibandronate (generic Boniva), a low cost generic osteoporosis medication, has been added to the formulary.
Intermezzo, Brand and generic	NF QL AE	NF QL AE PA	1/1/2017	Zolpidem SL (Intermezzo and equivalent generics) now requires prior authorization. Intermezzo and equivalent generics are reserved for patients who have tried a preferred generic zolpidem product, with significant clinical rationale suggesting improved outcomes.

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Jadenu	SP F PA	Update PA Criteria	10/1/2016	Deferasirox (Jadenu), an oral therapy for iron overload, has updated prior authorization criteria.
Keveyis	SP NF PA	Update PA Criteria	10/1/2016	Dichlorphenamide (Keveyis), an oral tablet for hyperkalemic periodic paralysis, has updated prior authorization criteria.
Kuvan	SP F PA	Update PA Criteria	10/1/2016	Sapropterin (Kuvan), for phenylketonuria (PKU), has updated prior authorization criteria.
Lidocaine 3% lotion	NF	NF PA	1/1/2017	Lidocaine 3% lotion now requires prior authorization. Lidocaine 3% lotion is reserved for patients who have tried preferred products, with significant clinical rationale suggesting improved outcomes.
Lidotral 3.88% cream	NF	NF PA	1/1/2017	Lidocaine 3.88% cream (Lidotral) now requires prior authorization. Lidotral is reserved for patients who have tried preferred products, with significant clinical rationale suggesting improved outcomes.
Methyltetrahydrofolate powder		Add to Compound Policy	1/1/2017	Prior authorization is required for this compounding ingredient.
Myalept	SP NF PA	Update PA Criteria	10/1/2016	Metreleptin (Myalept), a SQ injection for leptin deficiency, has updated prior authorization criteria.
Myfortic, Brand-only	NF	NF PA	1/1/2017	Mycophenolate (Myfortic, Brand-only) now requires prior authorization. Myfortic Brand is reserved for patients who have tried the equivalent generic mycophenolate product. Note that generic Myfortic remains non-formulary.
Neo-Synalar	NF	NF PA	1/1/2017	Neo-Synalar (neomycin/ fluocinolone) cream now requires prior authorization. Neo-Synalar PA: reserved for patients who have tried and failed a topical steroid and a topical antibiotic given concurrently.

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Non-Formulary Antipsychotic Medications	NF PA	Update PA Criteria	10/1/2016	Prior authorization criteria for Latuda, Invega, Saphris, Fanapt, and Rexulti for children have been updated.
Non-formulary vitamins	NF	NF PA	1/1/2017	Non-formulary vitamins such as Durachol (vitamin D3/ folic acid) now require prior authorization.
Nuplazid	NF SP PA	F SP PA	10/1/2016	Pimavanserin (Nuplazid), an oral tablet for hallucinations and delusions associated with Parkinson's disease psychosis, requires prior authorization. Nuplazid is reserved for FDA-approved indications, for patients with frequent and severe psychotic symptoms.
Nuvigil, Brand-only	NF PA QL	Update PA Criteria	10/1/2016	Armodafinil (Nuvigil, Brand-only), for excessive sleepiness, is reserved for patients meeting criteria for generic armodafinil, and with an inadequate response to generic armodafinil. Note that armodafinil requires prior authorization.
Ocaliva	SP NF PA	Update PA Criteria	10/1/2016	Obeticholic acid (Ocaliva), for primary biliary cholangitis, requires prior authorization.
Orfadin	SP NF PA	Update PA Criteria	10/1/2016	Nitisinone (Orfadin) capsules and suspension, for tyrosinemia, have updated prior authorization criteria.
Prevacid capsules, Brand-only	NF	NF PA	1/1/2017	Lansoprazole capsules (Prevacid, Brand-only) now require prior authorization. Prevacid Brand is reserved for patients who have tried the equivalent generic lansoprazole product, with significant clinical rationale suggesting improved outcomes.
Ravicti	SP NF PA	Update PA Criteria	10/1/2016	Glycerol phenylbutyrate (Ravicti), an oral liquid for urea cycle disorders, has updated prior authorization criteria.
Rosuvastatin	NF	F	9/1/2016	Rosuvastatin (generic Crestor) has been added to formulary.
Samsca	SP NF PA	Update PA Criteria	10/1/2016	Tolvaptan (Samsca), an oral tablet for hyponatremia, has updated prior authorization criteria.

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Solaraze, Brand-only	NF	NF PA	1/1/2017	Diclofenac 3% gel (Solaraze, Brand-only), for actinic keratosis, now requires prior authorization. Solaraze is reserved for FDA-approved indications (actinic keratosis), for patients who have tried the equivalent generic product, with significant clinical rationale suggesting improved outcomes. Note that diclofenac 3% gel requires prior authorization.
Solaraze, generic	NF	NF PA	1/1/2017	Diclofenac 3% gel (generic Solaraze), for actinic keratosis, now requires prior authorization. Diclofenac 3% gel is reserved for FDA-approved indications (actinic keratosis), for patients who have tried imiquimod (generic Aldara).
Strensiq	SP F PA	Update PA Criteria	10/1/2016	Asfotase (Strensiq), a SQ injection for hypophosphatasia, has updated prior authorization criteria.
Sucraid	SP F PA	Update PA Criteria	10/1/2016	Sacrosidase (Sucraid), an oral solution enzyme replacement therapy, has updated prior authorization criteria.
Sulfacetamide/ sulfur, Brand-only	NF	NF PA	1/1/2017	Sulfacetamide/ sulfur Brands (Sumadan, Sumaxin, Avar, Avar LS, Avar-E) now require prior authorization. Sulfacetamide/ sulfur Brands are now reserved for patients who have tried a preferred sulfacetamide/ sulfur product, with significant clinical rationale suggesting improved outcomes.
Syprine	SP NF PA	Update PA Criteria	10/1/2016	Trientine (Syprine), an oral capsule for Wilson's disease, has updated prior authorization criteria.
Taltz	SP NF PA	Update PA Criteria	10/1/2016	Ixekizumab (Taltz), a SQ injection for psoriasis, has updated prior authorization criteria.

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Tranxene, Brand-only	NF QL	NF QL PA	1/1/2017	Clorazepate (Tranxene, Brand-only) now requires prior authorization. Tranxene Brand is reserved for patients who have tried and failed generic clorazepate, with significant clinical rationale suggesting improved outcomes. Note that clorazepate is currently non-formulary.
Xenazine	SP NF PA	Update PA Criteria	10/1/2016	Tetrabenazine (Xenazine and generics), for Huntington's disease, have updated prior authorization criteria.
Xtampza	NF PA QL	Update PA Criteria	10/1/2016	Oxycodone ER (Xtampza) is reserved for patients with inadequate pain control with two long-acting alternatives (e.g. morphine ER and OxyContin), and with significant clinical rationale suggesting improved outcomes.
Xuriden	SP NF PA	Update PA Criteria	10/1/2016	Uridine (Xuriden), oral granules for hereditary orotic aciduria, requires prior authorization.
Zavesca	F SP	F SP PA	10/1/2016	Miglustat (Zavesca), an oral capsule for Gaucher disease, now requires prior authorization.
Zinbryta	SP NF PA	Update PA Criteria	10/1/2016	Daclizumab (Zinbryta), a SQ injection for multiple sclerosis, requires prior authorization.
Zoloft, Brand-only	NF	NF PA	1/1/2017	Sertraline (Zoloft, Brand-only) now requires prior authorization. Zoloft Brand is reserved for patients who have tried the equivalent generic sertraline product, with significant clinical rationale suggesting improved outcomes.

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