



Drug Formulary Update, January 2018 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 effective January 1, and negative changes (deletions) are effective April 1.

Drug name	Current Status	New Status	Effective Date	Comments
Abemaciclib (Verzenio)	NF PA	F PA	1/1/2018	Verzenio has been added to formulary, and prior authorization criteria have been added. Verzenio is a specialty medication.
Albiglutide (Tanzeum)	NF	NF PA	4/1/2018	Tanzeum remains NF, and PA has been added: reserved for patients with an inadequate response to Victoza, Trulicity, and Bydureon.
Amlodipine/ olmesartan (Azor, Brand-only)	NF PA	NF PA	1/1/2018	Prior authorization has been updated: reserved for patients with a documented allergic reaction to the equivalent generic.
Amlodipine/ valsartan (Exforge generic)	NF ST	F	1/1/2018	
Aquoral	NF PA	Not Covered	4/1/2018	Aquoral is a medical device, not an FDA-approved medication.
Armodafinil (Nuvigil generic)	F PA QL	F QL	1/1/2018	Prior authorization is no longer required.
Azelaic acid 20% cream (Azelex)	NF	NF PA	4/1/2018	Azelex will be non-formulary with PA: reserved for patients with an inadequate response to one drug from each of these three categories, retinoids, benzoyl peroxide, and oral antibiotics.

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Betrixaban (Bevyxxa)	NF PA	NF PA	1/1/2018	Prior authorization has been added: reserved for patients with an inadequate response to preferred anticoagulants (Xarelto and Eliquis), or with contraindications to their use.
Biafine emulsion	NF PA	Not Covered	4/1/2018	Biafine is not an FDA-approved medication.
Brimonidine (Mirvaso)	NF	Excluded Cosmetic	4/1/2018	
Budesonide nasal (Rhinocort) OTC	Not Covered	F*	1/1/2018	Budesonide nasal has been added to the State Programs Drug Formulary, as a covered OTC medication.
Budesonide nebulization suspension	F PA	F	1/1/2018	Prior authorization is no longer required.
Budesonide/ formoterol (Symbicort)	F	F AE	4/1/2018	For State Programs only, fluticasone/ salmeterol (AirDuo generic) will be preferred. Exceptions will be made for younger children (<= age 11) and for treating COPD.
Bupropion (Forfivo XL)	NF	NF PA	4/1/2018	Prior authorization has been added: reserved for FDA-approved indications (depression), for patients with an inadequate response or medical contraindications to preferred products.
Bupropion XL (Wellbutrin XL, Brand-only)	NF PA	NF PA	1/1/2018	Prior authorization has been updated: reserved for patients with a documented allergic reaction to the equivalent generic.
C1 Esterase Inhibitor (Haegarda)	NF PA	F PA	1/1/2018	Haegarda has been added to formulary, and prior authorization criteria have been added. Haegarda is a specialty medication.
Calcipotriene/ betamethasone ointment (Taclonex generic)	F PA*	NF	4/1/2018	Taclonex generic is NF for all formularies. Taclonex Brand is non-formulary with prior authorization.
Celecoxib (Celebrex, Brand-only)	NF PA	NF PA	1/1/2018	Prior authorization has been updated: reserved for patients with a documented allergic reaction to the equivalent generic.
Clonazepam disintegrating tablet	NF QL	F QL	1/1/2018	

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Clonidine ER (Kapvay)	NF PA QL	NF PA QL	1/1/2018	Prior authorization has been updated: Reserved for patients with a documented allergic reaction to the equivalent generic.
Cyclobenzaprine 7.5 mg tablet	F AE	Excluded/ NF PA	4/1/2018	This strength is excluded for groups with this contract language, and NF-PA for others: reserved for patients with an inadequate response to cyclobenzaprine 5mg, and documented adverse reactions to cyclobenzaprine 10mg.
Dapagliflozin (Farxiga)	NF	NF PA	4/1/2018	Farxiga remains NF, and prior authorization has been added: Reserved for patients with an inadequate response to Invokana and Jardiance.
Dapagliflozin/ metformin XR (Xigduo XR)	NF	NF PA	4/1/2018	Xigduo remains NF, and prior authorization has been added: reserved for patients with an inadequate response to Invokamet and Synjardy.
Deutetrabenazine (Austedo)	F PA	F PA	1/1/2018	Prior authorization has been updated. Austedo is a specialty medication.
Dexamethasone injection	NF	F	1/1/2018	
Diclofenac (Zipsor)	NF	Excluded/ NF PA	4/1/2018	Zipsor is excluded for groups with this contract language, and NF-PA for others: reserved for patients with an inadequate response to three preferred NSAIDs.
Diclofenac (Zorvolex)	NF	Excluded/ NF PA	4/1/2018	Zorvolex is excluded for groups with this contract language, and NF-PA for others: reserved for patients with an inadequate response to three preferred NSAIDs.
Dihydroergotamine injection (DHE generic)	F PA	NF PA	4/1/2018	Dihydroergotamine injection will be non-formulary with PA: Reserved for patients with an inadequate response to two preferred triptan medications.
Dihydroergotamine nasal (Migranal generic)	NF PA	NF PA	4/1/2018	Prior authorization has been updated: Reserved for patients with an inadequate response to two preferred triptan medications.
Diltiazem CD 24h capsule (Cardizem CD generic), 360mg	F	NF	4/1/2018	

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Diltiazem CD 24h capsule (Cardizem CD, Brand-only)	NF PA	NF PA	1/1/2018	Prior authorization has been updated: reserved for patients with a documented allergic reaction to the equivalent generic.
Diltiazem ER 12h capsules	F	NF	4/1/2018	
Diltiazem ER 24h capsule (Tiazac, Brand-only)	NF PA	NF PA	1/1/2018	Prior authorization has been updated: reserved for patients with a documented allergic reaction to the equivalent generic.
Diltiazem ER 24h tablets	NF PA	NF	4/1/2018	
Diltiazem LA (Cardizem LA, Brand-only)	NF PA	NF PA	1/1/2018	Prior authorization has been updated: reserved for patients with a documented allergic reaction to the equivalent generic.
Doxepin cream (Zonalon generic)	NF	NF PA QL	4/1/2018	Prior authorization and a quantity limit have been added. PA: reserved for FDA-approved indications (pruritus). QL: one tube (30 grams) per Rx.
Doxycycline hyclate (Morgidox and Vibramycin)	NF PA	NF PA	1/1/2018	Prior authorization has been updated: reserved for patients with a documented allergic reaction to the equivalent generic.
Doxycycline hyclate 100 mg capsule	NF PA	F	1/1/2018	
Elbasvir/ grazoprevir (Zepatier)	F PA	NF PA	1/1/2018	Zepatier has been removed from the formulary, and PA has been updated. Zepatier is a specialty medication.
Enasidenib (Idhifa)	NF PA	F PA	1/1/2018	Idhifa has been added to formulary, and PA has been added. Idhifa is a specialty medication.
Epinephrine (Epipen, Brand-only)	NF	NF PA	4/1/2018	PA: reserved for patients with a documented allergic reaction to the equivalent generic.
Flucytosine (Ancobon generic)	NF	NF PA	4/1/2018	Flucytosine remains NF, and PA have been added: reserved for FDA-approved indications (severe fungal infections), for patients with an inadequate response or medical contra-indications to preferred antifungal products
Fluorouracil 0.5% cream (Carac, Brand-only)	NF PA	NF PA	1/1/2018	Prior authorization has been updated: Reserved for patients with a documented allergic reaction to the equivalent generic.

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Fluticasone inhaler (ArmonAir)	NF PA	NF PA	1/1/2018	Prior authorization has been added: reserved for patients who have tried and failed Flovent and one other preferred alternative product.
Fluticasone/ salmeterol (Advair)	F	F AE*	4/1/2018	For State Programs only, fluticasone/ salmeterol (AirDuo generic) will be preferred. Exceptions will be made for younger children (<= age 11) and for treating COPD.
Gabapentin ER (Horizant ER)	NF PA QL	NF PA QL	4/1/2018	QL have been updated, to a FDA-maximum dose of 1,200 mg daily.
Glecaprevir/ pibrentasvir (Mavyret)	NF PA	F PA	1/1/2018	Mavyret has been added to formulary, and prior authorization has been added. Mavyret is a specialty medication.
Glucose test strips	Covered QL	Covered	1/1/2018	Quantity limits have been removed, for both preferred and non-preferred glucose test strips.
Guselkumab (Tremfya)	NF PA	NF PA	1/1/2018	Prior authorization has been updated. Tremfya is a specialty medication.
Interferon (Betaseron)	NF PA QL	NF PA QL	1/1/2018	Prior authorization has been updated: reserved for patients with an inadequate response to Extavia plus two preferred products. Betaseron is a specialty medication.
Isotretinoin (Absorica)	NF PA	NF PA	1/1/2018	Prior authorization has been updated: Reserved for patients with a documented allergic reaction to preferred generics.
Ixekizumab (Taltz)	NF PA	NF PA	1/1/2018	Prior authorization has been updated. Taltz is a specialty medication.
Lamotrigine ODT (Lamictal ODT, Brand-only)	NF	NF PA	4/1/2018	Lamictal ODT is reserved for patients with a documented allergic reaction to the equivalent generic.
Lansoprazole tablet (Prevacid Solutab)	NF AE	F AE*	1/1/2018	for GenericsAdvantageRx only.
Ledipasvir/ sofosbuvir (Harvoni)	F PA	F PA	1/1/2018	Prior authorization has been updated. Harvoni is a specialty medication
Lipase/ protease/ amylase (Ultresa)	NF	NF PA	4/1/2018	Ultresa remains NF, and PA has been added: reserved for patients with an inadequate response to preferred products (Creon).

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Lurasidone (Latuda)	F PA	F PA QL	4/1/2018	A Quantity limit of one tablet per day will be added. Latuda has also been added to the Half-Tablet program. This is a voluntary program, allowing tablet splitting, and sharing cost savings back to members (e.g. two months for one co-pay).
Methylnaltrexone (Relistor)	NF PA	NF PA	4/1/2018	Update to NF-PA: reserved for opioid-induced constipation, for patients with an inadequate response to Symproic and Movantik.
Modafinil (Provigil generic)	F PA QL	F QL	1/1/2018	Prior authorization is no longer required.
Mometasone/ formoterol (Dulera)	F	F PA	4/1/2018	For State Programs only: reserved for patients with an inadequate response or medical contraindications to AirDuo generic.
Moxifloxacin ophthalmic 0.5% (Vigamox generic)	F PA	F	1/1/2018	
Naldemedine (Symproic)	NF	F PA	1/1/2018	Prior authorization has been added: reserved for opioid-induced constipation, for patients with an inadequate response to laxative therapy.
Naloxegol (Movantik)	F PA QL	F PA QL	1/1/2018	Prior authorization has been updated: reserved for opioid-induced constipation, for patients with an inadequate response to laxative therapy.
Naloxone (Evzio)	NF PA	Excluded/ NF PA	1/1/2018	Evzio remains excluded for groups with this contract language, and NF-PA for others: reserved for patients with a medical contraindication to preferred alternatives (naloxone nasal).
Naproxen CR (Naprelan CR)	NF	Excluded/ NF PA	4/1/2018	Naprelan CR will be excluded for groups with this contract language, and NF-PA for others: reserved for patients with an inadequate response to three preferred NSAIDs.
Nebivolol (Bystolic)	NF	NF PA	4/1/2018	Bystolic remains NF, and PA has been added: Reserved for patients with an inadequate response or medical contraindications to two preferred products.

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Olmesartan/ amlodipine/ HCTZ (Tribenzor, Brand-only)	NF PA	NF PA	1/1/2018	Prior authorization has been updated: reserved for patients with a documented allergic reaction to the equivalent generic.
Omeprazole/ bicarbonate (Zegerid, Brand-only)	NF PA	Excluded/ NF PA	1/1/2018	Zegerid is excluded for groups with this contract language, and NF-PA for others: reserved for patients with a documented allergic reaction to the equivalent generic.
Ondansetron film (Zuplenz)	NF	NF PA	4/1/2018	Zuplenz remains NF, and PA has been added: reserved for patients with an inadequate response or medical contraindications to preferred products.
Oxymetazoline (Rhofade)	NF PA	Excluded Cosmetic	4/1/2018	
Promiseb	NF PA	Not Covered	4/1/2018	Promiseb is a medical device, not an FDA-approved medication.
Propranolol (Inderal XL and Innopran XL, Brand-only)	NF PA	NF PA	1/1/2018	Prior authorization has been updated: Reserved for patients with a documented allergic reaction to preferred generics.
Rosuvastatin (Crestor, Brand-only)	NF PA	NF PA	1/1/2018	Prior authorization has been updated: reserved for patients with a documented allergic reaction to the equivalent generic.
Scopolamine transdermal patch	NF	F	1/1/2018	
Secukinumab (Cosentyx)	NF PA	F PA	1/1/2018	Cosentyx has been added to formulary, and prior authorization has been updated. Cosentyx is a specialty medication.
Sildenafil suspension (Revatio)	F PA	NF PA	4/1/2018	Revatio suspension is NF-PA: reserved for patients with documented swallowing difficulties, unable to use crushed tablet. Revatio is a specialty medication.
Sofosbuvir (Sovaldi)	F PA	NF PA	1/1/2018	Sovaldi has been removed from the formulary, and prior authorization has been updated. Sovaldi is a specialty medication.
Sofosbuvir/ velpatasvir/ voxilaprevir (Vosevi)	NF PA	F PA	1/1/2018	Vosevi has been added to formulary, and prior authorization has been added. Vosevi is a specialty medication.
Temazepam (Restoril, Brand-only)	NF QL	NF PA QL	4/1/2018	Restoril remains NF, and PA has been added: Reserved for patients with a documented allergic reaction to the equivalent generic.

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Terbutaline	F	NF	4/1/2018	
Tiotropium (Spiriva)	NF PA	NF PA	1/1/2018	Prior authorization has been updated: for COPD, reserved for patients with an inadequate response or medical contraindications to umeclidinium (Incruse). for asthma: reserved for patients with an inadequate response to inhaled steroids and long-acting beta-agonists.
Triamcinolone nasal (Nasacort) OTC	NF	F*	1/1/2018	Triamcinolone nasal has been added to the State Programs Drug Formulary, as a covered OTC.
Vigabatrin powder packet (Sabril, Brand-only)	NF PA	NF PA	1/1/2018	Sabril powder packet remains NF-PA: reserved for patients with a documented allergic reaction to the equivalent generic. Sabril is a specialty medication.