



Drug Formulary Update, July 2018 Medicare

Updates to the HealthPartners Medicare Drug Formulary are listed below.

Please see www.healthpartners.com/formularies for details, including prior authorization criteria.

Drug Name	Current Status	New Status	Effective Date	Comments
Amlodipine/ valsartan/ HCTZ	T4 ST	T4	7/1/18	Remove Step Therapy
Buprenorphine transdermal patch	NF	T2 PA QL	7/1/18	Add to formulary with PA and QL of #4 patches per 28 days
Canagliflozin (Invokana)	T3 ST	T3	7/1/18	Remove Step Therapy
Canagliflozin/ metformin (Invokamet)	T3 ST QL	T3 QL	7/1/18	Remove Step Therapy
Canagliflozin/ metformin XR (Invokamet XR)	T3 ST QL	T3 QL	7/1/18	Remove Step Therapy
Empagliflozin (Jardiance)	T3 ST	T3	7/1/18	Remove Step Therapy
Empagliflozin/ metformin (Synjardy)	T3 ST QL	T3 QL	7/1/18	Remove Step Therapy
Empagliflozin/ metformin XR (Synjardy XR)	T3 ST QL	T3 QL	7/1/18	Remove Step Therapy
Omega-3 acid ethyl esters	T4 ST	T4	7/1/18	Remove Step Therapy
Semaglutide (Ozempic)	NF	T3 QL	7/1/18	Add to formulary with QL
Tezacaftor/ ivacaftor (Symdeko)	NF	Tier 5 PA	7/1/18	Add to formulary with PA

Formulary Abbreviations: T1 =Preferred Generic, T2 = Generic, T3 = Preferred Brand, T4 = Non-Preferred Drug, T5 = Specialty, NF = Non-Formulary, PA = Prior Authorization, ST = Step Therapy, QL = Quantity Limit