



## Drug Formulary Update, October 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, 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.

Most updates are effective October 1. Affected members and their providers receive additional communications, and are “grandfathered” until January 1 2019 to allow time to review therapy.

Drug Name	Current Status	New Status	Effective Date	Comments
Abiraterone 125mg (Yonsa)	NF PA SP	NF PA SP	10/1/2018	Updated PA criteria.
Avatrombopag (Doptelet)	NF PA SP	NF PA SP	10/1/2018	Updated PA criteria.
Avenova Spray	NF	Not Covered	10/1/2018	
Baracitinib (Olumiant)	NF PA SP	NF PA SP	10/1/2018	Updated PA criteria.
Biafine emulsion	NF	Not Covered	10/1/2018	
Bocasal	NF	Not Covered	10/1/2018	
C1 esterase inhibitor (Berinert, Cinryze, Haegarda, Ruconest)	F PA SP	F PA SP	10/1/2018	Updated PA criteria.
Cabozantinib (Cometriq)	F SP	F SP TD	9/1/2018	New “trial drug” requirement.
Calcipotriene cream	NF	F	10/1/2018	Added as a line-extension.
Certolizumab (Cimzia)	NF PA SP	NF PA SP	10/1/2018	Updated PA criteria.
Clindamycin/ tretinoin gel	NF PA	NF	10/1/2018	
Corticotropin (Acthar)	F PA SP	F PA SP	10/1/2018	Updated PA criteria.
Cromolyn (Gastrocrom) oral concentrate	NF	NF PA	1/1/2019	Remains NF, with new PA.
Dabrafenib (Tafinlar)	F SP	F SP TD	9/1/2018	New “trial drug” requirement.
Darunavir/ cobicistat/ emtricitabine/ tenofovir (Symtuza)	NF	F	10/1/2018	

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Dasatinib (Sprycel)	F SP TD	F SP TD PA	1/1/2019	Added PA criteria.
Diclofenac patch (Flector)	NF	NF PA	10/1/2018	Remains NF, with new PA.
Ecallantide (Kalbitor)	F PA SP	F PA SP	10/1/2018	Updated PA criteria.
Eltrombopag (Promacta)	F PA SP	F PA SP	10/1/2018	Updated PA criteria.
Emicizumab (Hemlibra)	NF PA SP	F PA SP	10/1/2018	Added to formulary, and updated PA criteria.
Enzalutamide (Xtandi)	F PA SP TD	F PA SP TD	10/1/2018	Updated PA criteria.
Epinephrine 0.1mg (Auvi-Q)	NF PA	Not Covered	10/1/2018	A new lower-dose formulation of epinephrine.
Erenumab (Aimovig)	NF PA SP QL	F PA SP QL	10/1/2018	Added to formulary, with PA.
Erlotinib (Tarceva)	F SP TD	F SP TD PA	1/1/2019	Added PA criteria.
Everolimus (Afinitor, Afinitor Disperz)	F SP TD	F SP TD PA	1/1/2019	Added PA criteria.
Evolocumab (Repatha)	F PA SP	F PA SP	10/1/2018	Updated PA criteria.
Fostamatinib (Tavalisse)	NF PA SP	NF PA SP	10/1/2018	Updated PA criteria.
Glyburide	F Female AE	F PA	10/1/2018	Coverage criteria are similar.
Glycerol phenylbutyrate (Ravicti)	NF PA SP	NF PA SP	10/1/2018	Updated PA criteria, to prefer generic sodium phenylbutyrate powder.
Guselkumab (Tremfya)	NF PA SP	NF PA SP	10/1/2018	Updated PA criteria.
Hydroxyurea 100mg (Siklos)	NF	NF PA	1/1/2019	Remains NF, with new PA.
Ibrutinib (Imbruvica)	F SP	F SP TD	9/1/2018	New "trial drug" requirement.
Icatibant (Firazyr)	F PA SP QL	F PA SP QL	10/1/2018	Updated PA criteria.
Iodosorb Gel	NF	Not Covered	10/1/2018	
Lapatinib (Tykerb)	F SP	F SP PA	1/1/2019	Added PA criteria.
Lofexidine (Lucemyra)	NF PA	Not Covered	10/1/2018	
Lurasidone (Latuda) 20mg	F PA	F PA QL	10/1/2018	QL 1 per day
Methotrexate oral solution (Xatmep)	NF PA	NF PA	10/1/2018	Updated PA criteria.
Mugard Solution	NF PA	Not Covered	10/1/2018	
Neratinib (Nerlynx)	F SP	F SP TD	9/1/2018	New "trial drug" requirement.
Neutrasal	NF PA	Not Covered	10/1/2018	
Nilotinib (Tasigna)	F SP TD	F SP TD PA	1/1/2019	Added PA criteria.

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Niraparib (Zejula)	F SP	F SP TD	9/1/2018	New "trial drug" requirement.
Nitazoxanide (Alinia)	NF	NF PA	10/1/2018	Remains NF, with new PA.
Olaparib (Lynparza)	NF SP	NF SP TD	9/1/2018	New "trial drug" requirement.
Pazopanib (Votrient)	F SP TD	F SP TD PA	1/1/2019	Added PA criteria.
Pegvaliase (Palynziq)	NF PA SP	NF PA SP	10/1/2018	Updated PA criteria.
Pimavanserin (Nuplazid)	F SP	F SP TD	9/1/2018	New "trial drug" requirement.
Posaconazole (Noxafil)	F PA	F PA	10/1/2018	Updated PA criteria.
Promiseb cream	NF	Not Covered	10/1/2018	
PruTect emulsion	NF	Not Covered	10/1/2018	
Rucaparib (Rubraca)	NF SP	NF SP TD	9/1/2018	New "trial drug" requirement.
Semaglutide (Ozempic)	F	F QL	10/1/2018	New quantity limit, per FDA-maximum dose
Sonidegib (Odomzo)	F SP	F SP TD	9/1/2018	New "trial drug" requirement.
Sorafenib (Nexavar)	F SP TD	F SP TD PA	1/1/2019	Added PA criteria.
Sunitinib (Sutent)	F SP TD	F SP TD PA	1/1/2019	Added PA criteria.
Tadalafil (Cialis) 2.5mg and 5mg	Excluded*	NF PA*	10/1/2018	Adding PA criteria for BPH. * For GenericsPlusRx, GenericsAdvantageRx, and State Programs.
Tapentadol ER (Nucynta ER)	NF QL	NF PA QL	10/1/2018	Remains NF, with new PA and quantity limit, similar to other long-acting opioids.
Tobramycin inhalation (Tobi, Bethkis, Kitabis)	NF PA SP	NF PA SP	10/1/2018	Updated PA criteria.
Tocilizumab (Actemra)	F PA SP	F PA SP	10/1/2018	Updated PA criteria.
Tofacitinib (Xeljanz and Xeljanz XR)	NF PA SP	NF PA SP	10/1/2018	Updated PA criteria.
Tolvaptan (Jynarque)	NF PA SP	NF PA SP	10/1/2018	Updated PA criteria.
Vandetanib (Caprelsa)	F SP	F SP PA	1/1/2019	Added PA criteria.
Vitamins	F	OTC	10/1/2018	Many vitamins changed to an OTC status and will no longer be covered.

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