



Drug Formulary Update, January 2019 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 for details.

Positive changes (additions) are effective January 1.
 Negative changes (deletions) are effective February 1. Members affected by these changes receive additional time to review therapy (until April 1). These members and their providers receive additional communications.

Drug Name	Current Status	New Status	Effective Date	Comments
Abatacept (Orencia)	SP F PA	SP F PA QL	2/1/2019	Adding a quantity limit, per FDA-maximum dosing.
Abemaciclib (Verzenio)	F PA SP	F PA SP QL	2/1/2019	Adding a quantity limit, per FDA-maximum dosing.
Acyclovir suspension	F	F PA	2/1/2019	Acyclovir tablets are less costly and preferred.
Adalimumab (Humira)	SP F PA	SP F PA QL	2/1/2019	Adding a quantity limit, per FDA-maximum dosing.
Almotriptan (Axert, Brand-only)	NF QL	NF PA QL	2/1/2019	The equivalent generic is on-formulary.
Anakinra (Kineret)	SP F PA	SP F PA QL	2/1/2019	Adding a quantity limit, per FDA-maximum dosing.
Antihemophilic factor VIII (Jivi)		F SP	1/1/2019	
Apremilast (Otezla)	SP F PA	SP F PA QL	2/1/2019	Adding a quantity limit, per FDA-maximum dosing.
Atopaderm Cream (Hylatopicplus)	NF PA	NC	2/1/2019	This product is not FDA-approved as a medication.

Formulary Abbreviations: F = Formulary, PA = Prior Authorization, ST = Step Therapy,
 NF = Non-Formulary, NC = Not Covered, QL = Quantity Limit, AE = Age Edit
 SP = Specialty Drug, TD = Trial Drug Program

Drug Name	Current Status	New Status	Effective Date	Comments
Atopiclair Cream	NF	NC	2/1/2019	This product is not FDA-approved as a medication.
Baricitinib (Olumiant)	SP NF PA	SP F PA	1/1/2019	Adding to formulary, and updating criteria. A quantity limit will be added 2/1/2019.
Bosutinib (Bosulif)	F PA SP TD	F PA SP TD	1/1/2019	PA criteria have been updated.
Brodalumab (Siliq)	SP NF PA	SP NF PA QL	2/1/2019	Adding a quantity limit.
Cannabidiol (Epidiolex)		SP F PA QL	2/1/2019	Adding to formulary with PA and a quantity limit.
Caphosol Solution	NF	NC	2/1/2019	This product is not FDA-approved as a medication.
Certolizumab (Cimzia)	SP NF PA	SP F PA	1/1/2019	Adding to formulary, and updating PA. A quantity limit will be added 2/1/2019.
Chenodeoxycholic acid (Chenodal)	NF PA	SP NF PA	2/1/2019	
Dacomitinib (Vizimpro)		SP F PA	1/1/2019	Adding to formulary with PA.
Desvenlafaxine (Pristiq, Brand-only)	NF	NF PA	2/1/2019	Pristiq will be reserved for patients with a documented allergic reaction to the equivalent generic.
Diabetic Supplies	Covered	Covered	1/1/2019	Diabetic Supplies have been added to the HSA Preventive List. This updates includes <ul style="list-style-type: none"> • Accu-Check and True Metrix blood glucose strips. • Alcohol prep pads, needles, lancets, and syringes.
Doravirine (Pifeltro)		NF	1/1/2019	Pifeltro was not added to formulary.
Doravirine/ lamivudine/ tenofovir (Delstrigo)		NF	1/1/2019	Delstrigo was not added to formulary.
Doxepin Cream	NF PA QL	NF PA QL	1/1/2019	Updated quantity limit
Duvelisib (Copiktra)		SP F PA	1/1/2019	Adding to formulary with PA.
Elagolix (Orilissa)		SP F PA QL	2/1/2019	Adding to formulary with PA and a quantity limit.

Formulary Abbreviations: F = Formulary, PA = Prior Authorization, ST = Step Therapy,
 NF = Non-Formulary, NC = Not Covered, QL = Quantity Limit, AE = Age Edit
 SP = Specialty Drug, TD = Trial Drug Program

Drug Name	Current Status	New Status	Effective Date	Comments
Eletone Cream	NF	NC	2/1/2019	This product is not FDA-approved as a medication.
Epiceram Emulsion (Emulsion SB)	NF PA	NC	2/1/2019	This product is not FDA-approved as a medication.
Episil Solution	NF PA	NC	2/1/2019	This product is not FDA-approved as a medication.
Epoetin (Procrit)	F SP	NF SP PA	2/1/2019	Epoetin (Retacrit) will be preferred at Pharmacies.
Erenumab (Aimovig)	F PA SP QL	NF PA SP QL	2/1/2019	Aimovig is being removed from formulary. Ajovy and Emgality will be preferred.
Esomeprazole	NF	F	1/1/2109	
Etanercept (Enbrel)	SP F PA	SP F PA QL	2/1/2019	Adding a quantity limit.
Fenoprofen	NF	NC	2/1/2019	Multiple lower-cost alternatives are available.
Fluticasone nasal (Xhance)	NF PA	NC	2/1/2019	Multiple lower-cost alternatives are available.
Fremanezumab (Ajovy)		F PA SP QL	1/1/2019	Adding to formulary with PA and a QL. Ajovy and Emgality will be preferred over Aimovig.
Galcanezumab (Emgality)		F PA SP QL	1/1/2019	Adding to formulary with PA and a QL. Emgality and Ajovy will be preferred over Aimovig.
Glutamine (Nutrestore)	SP NF PA	SP F PA	1/1/2019	
Glycopyrronium (Qbrexza)		NF PA SP QL	2/1/2019	Qbrexza was not added to formulary, and has PA and a quantity limit.
Golimumab (Simponi)	SP NF PA	SP NF PA QL	2/1/2019	Adding a quantity limit.
Guselkumab (Tremfya)	SP NF PA	SP NF PA QL	2/1/2019	Adding a quantity limit.
Hydrocortisone inj (Solu-Cortef)		F	1/1/2019	
Hydroxyprogesterone IM (Makena and generic)		SP F QL	1/1/2019	Adding to formulary with a quantity limit.
Hylatopic (HPR and HPR Plus)	NF	NC	2/1/2019	This product is not FDA-approved as a medication.

Formulary Abbreviations: F = Formulary, PA = Prior Authorization, ST = Step Therapy, NF = Non-Formulary, NC = Not Covered, QL = Quantity Limit, AE = Age Edit SP = Specialty Drug, TD = Trial Drug Program

Drug Name	Current Status	New Status	Effective Date	Comments
Indomethacin (Indocin) Rectal Suppository	NF	NF PA	2/1/2019	Indocin suppositories will be reserved for patients with an inadequate response to a preferred dosage form, or with medical contra-indications to its use.
Interferon beta-1b (Betaseron)	SP NF PA QL	SP F QL	1/1/2019	Betaseron has been added to formulary, and will be preferred over Extavia.
Interferon beta-1b (Extavia)	SP F QL	SP NF PA QL	2/1/2019	Betaseron will be preferred over Extavia.
Ivosidenib (Tibsovo)		F PA SP	1/1/2019	Adding to formulary with PA.
Ixekizumab (Taltz)	SP NF PA	SP NF PA QL	2/1/2019	Adding a quantity limit.
Kamdoy Spray	NF	NC	2/1/2019	This product is not FDA-approved as a medication.
Ketorolac nasal (Sprix)	NF	NC	2/1/2019	Multiple lower-cost alternatives are available.
Lamotrigine ODT	F PA	NF PA	2/1/2019	Lamotrigine ODT is reserved for patients with an inadequate response to a preferred dosage form, or with medical contra-indications to its use.
Lanadelumab (Takhzyro)		SP F PA QL	2/1/2019	Adding to formulary with PA and a quantity limit.
Levalbuterol HFA Inhaler	NF	F	1/1/2019	
Lumacaftor/ ivacaftor (Orkambi)	F PA SP	F PA SP	1/1/2019	Updating PA criteria.
Lusutrombopag (Mupleta)		NF PA SP	1/1/2019	Mupleta was not added to formulary, and has PA.
Macimorelin (Macrilen) oral solution		SP NF PA	1/1/2019	
Migalastat (Galafold)		SP F PA QL	2/1/2019	Adding to formulary with PA and a quantity limit.
Mometasone (Sinuva) sinus implant	NF	NC	2/1/2019	Coverage is available as a medical claim.
Morphine ER (Kadian)	NF PA	NF PA QL	2/1/2019	Adding a quantity limit.

Formulary Abbreviations: F = Formulary, PA = Prior Authorization, ST = Step Therapy,
 NF = Non-Formulary, NC = Not Covered, QL = Quantity Limit, AE = Age Edit
 SP = Specialty Drug, TD = Trial Drug Program

Drug Name	Current Status	New Status	Effective Date	Comments
Neosalus	NF	NC	2/1/2019	This product is not FDA-approved as a medication.
Netraseb Cream	NF PA	NC	2/1/2019	This product is not FDA-approved as a medication.
Ocetreotide Injection	SP F	SP F QL	2/1/2019	Adding a quantity limit.
Palbociclib (Ibrance)	F PA SP	F PA SP QL	2/1/2019	Adding a quantity limit.
Pegfilgrastim (Fulphila)	F SP	F	1/1/2019	Fulphila is preferred over Neulasta.
Pegfilgrastim (Neulasta)	F SP	NF PA SP	2/1/2019	Fulphila is preferred over Neulasta.
Propafenone ER	NF	NF PA	2/1/2019	Propafenone ER is reserved for patients with an inadequate response to a preferred dosage form, or with medical contra-indications to its use.
PruMyx Cream	NF PA	NC	2/1/2019	This product is not FDA-approved as a medication.
Quetiapine ER	F PA AE	F AE	1/1/2019	PA criteria have been removed.
Ribociclib (Kisqali)	F PA SP	F PA SP QL	2/1/2019	Adding QL. Also applies to Kisqali Femara Co-Pack.
SalivaMAX Mucosal	NF PA	NC	2/1/2019	This product is not FDA-approved as a medication.
Sandostatin Injection and LAR	SP NF PA	SP NF PA QL	2/1/2019	Adding a quantity limit.
Sarilumab (Kevzara)	SP NF PA	SP NF PA QL	2/1/2019	Adding a quantity limit.
Sucralfate (Carafate) suspension	F	NF	2/1/2019	Sucralfate tablets are preferred.
SynerDerm spray	NF	NC	2/1/2019	This product is not FDA-approved as a medication.
Teriparatide (Forteo)	F PA SP	F PA SP	1/1/2019	PA criteria have been updated.
Tetrix Cream	NF PA	NC	2/1/2019	This product is not FDA-approved as a medication.
Tocilizumab (Actemra)	SP F PA	SP F PA QL	2/1/2019	Adding a quantity limit.
Tofacitinib (Xeljanz)	SP NF PA	SP NF PA QL	2/1/2019	Adding a quantity limit.
Tramadol (ConZip)	NF PA QL AE	NF PA QL AE	2/1/2019	Updating quantity limit
Tramadol ER	NF PA QL AE	NF PA QL AE	2/1/2019	Updating quantity limit.

Formulary Abbreviations: F = Formulary, PA = Prior Authorization, ST = Step Therapy,
 NF = Non-Formulary, NC = Not Covered, QL = Quantity Limit, AE = Age Edit
 SP = Specialty Drug, TD = Trial Drug Program

Drug Name	Current Status	New Status	Effective Date	Comments
Ustekinumab (Stelara)	SP NF PA	SP NF PA QL	2/1/2019	Adding a quantity limit.

Formulary Abbreviations: F = Formulary, PA = Prior Authorization, ST = Step Therapy,
NF = Non-Formulary, NC = Not Covered, QL = Quantity Limit, AE = Age Edit
SP = Specialty Drug, TD = Trial Drug Program