



Drug Formulary Update, April 2020 Commercial Programs

Updates to the HealthPartners Commercial Formularies (PreferredRx and GenericsAdvantageRx) are listed below.

Please see www.healthpartners.com/formularies for details.

All changes are effective April 1 2020.

Members currently receiving medications with negative changes are given additional time (through May 31), to work with their provider to update their medication or to submit a prior authorization request. All affected members receive additional communications.

Drug name	Current Status	New Status	Comments
Abemaciclib (Verzenio)	F-PA-QL, SP ONC	F-PA-QL, SP ONC	PA coverage criteria have been updated.
Abiraterone	NF-PA, SP ONC TD	NF-PA, SP ONC TD	PA coverage criteria have been updated, for Zytiga and Yonsa.
Acalabrutinib (Calquence)	NF-PA-QL, SP	NF-PA-QL, SP	PA coverage criteria have been updated.
Aclidinium/ formoterol (Duaklir)	NF-PA	NF-PA	PA coverage criteria have been updated.
Acyclovir suspension	F-PA	F-Age	Acyclovir will be covered for children 12 years of age and younger. Older children and adults require PA.
Adalimumab (Humira)	F-PA-QL, SP. QL= 4/ 28d.	F-PA-QL, SP. QL= 2/ 28d.	Quantity limits have been decreased.
Albiglutide (Tanzeum)	NF-PA	NF-PA-QL. QL= 4/ 28d	A quantity limit has been added.
Alendronate solution	F	F-PA	The solution is a non-preferred dosage form. The tablets remain on-formulary.
Amitriptyline	F-Age	F	Age-limits have been removed. Conservative use in the elderly is recommended.

Drug name	Current Status	New Status	Comments
Amphetamine/ Dextroamphetamine (Adderall)	F QL	F QL	Quantity limits have been increased, allowing up to 60mg per day.
Apalutamide (Erleada)	F-PA, SP ONC	F-PA, SP ONC	PA coverage criteria have been updated.
Azelaic acid 15% gel	NF	F	
Baclofen solution (Ozobax)	NF-PA	NF-PA	PA coverage criteria have been updated.
Benralizumab (Fasenra)	NF-PA-SP	F-PA-SP	PA coverage criteria have been updated.
Bosutinib (Bosulif)	F-PA, SP ONC TD	F-PA, SP ONC TD	PA coverage criteria have been updated.
Cariprazine (Vraylar)	NF-PA	F-PA-QL	A quantity limit has been added.
Cimetidine	NF*	F	Generics-Advantage formulary only (already formulary for Preferred-Rx)
Clindamycin solution	F	F-QL. QL= 60mL/ 30d	
Clindamycin/ benzoyl peroxide	NF	F	Includes 1%-5% and 1.2%-5% gel
Colchicine solution (Gloperba)	NF-PA	NF-PA	PA coverage criteria have been updated.
Compounds	-	-	The cost threshold has been decreased, from \$200 to \$150. Compounds over \$150 require PA. Gabapentin has been removed from the "always PA" compounding list, and will be covered per standard compounding rules.
Cytra-K	NF	Medical Food	Medical foods are not covered.
Dapagliflozin/ saxagliptin (Qtern)	NF-PA-QL	NF-PA-QL	PA coverage criteria have been updated.
Darolutamide (Nubeqa)	NF-PA, SP ONC	F-PA, SP ONC	PA coverage criteria have been updated.
Dasatinib (Sprycel)	F-PA, SP ONC TD	F-PA, SP ONC TD	PA coverage criteria have been updated.
Difluprednate (Durezol)	NF-PA	NF-PA	PA coverage criteria have been updated.
Diroximel (Vumerity)	NF-PA, SP	F-QL, SP. QL= 4 per day.	

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Doxepin	F-Age	F	Age-limits have been removed. Conservative use in the elderly is recommended.
Duloxetine sprinkle (Drizalma)	NF-PA	NF-PA	PA coverage criteria have been updated.
Elexacaftor/ ivacaftor/ tezacaftor (Trikafta)	NF-PA, SP	F-PA, SP	
Empagliflozin/ linagliptin (Glyxambi)	NF-PA-QL	NF-PA-QL	PA coverage criteria have been updated.
Entrectinib (Rozlytrek)	NF-PA, SP ONC	F-PA, SP ONC	
Enzalutamide (Xtandi)	F-PA, SP ONC TD	F-PA, SP ONC TD	PA coverage criteria have been updated.
Erdafitinib (Balversa)	NF-PA, SP ONC	F-PA, SP ONC	
Erenumab (Aimovig)	NF-PA-QL, SP	NF-PA-QL, SP. QL = 1/ 30d	
Ertugliflozin/ sitagliptin (Steglujan)	NF-PA-QL	NF-PA-QL	PA coverage criteria have been updated.
Esomeprazole (Nexium) 40mg	NF	NF-PA	
Eszopiclone	F-Age	F	Age-limits have been removed. Conservative use in the elderly is recommended.
Etanercept (Enbrel)	F-PA-QL, SP	F-PA-QL, SP. QL= 4 per 28d.	
Felodipine	NF	F	
Fluticasone (Xhance)	NC	NF-PA	
Gabapentin (Gralise) 300mg	NF-PA-QL	NF-PA-QL	PA coverage criteria have been updated, and quantity limits have been decreased.
Gabapentin (Horizant)	NF-PA-QL	NF-PA-QL	PA coverage criteria have been updated.
Gabapentin/ lidocaine (Gabacaine)	NC	ExD	
Glecaprevir/ pibrentasvir (Mavyret)	F-PA, SP	F-PA, SP	This pediatric formulation is on-formulary.
Glucose test strips		QL = 300/ 30d	A quantity limit of #300 test strips per month is being added for all products, including Accu-Chek, True Metrix, Contour, and One Touch.

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Grafix		NC	
Hydroxyzine	F-Age	F	Age-limits have been removed. Conservative use in the elderly is recommended.
Ibrutinib (Imbruvica) 140mg	F-PA-QL, SP. QL= 1/ day	F-PA-QL, SP. QL= 4/ day	
Imipramine	F-Age	F	Age-limits have been removed. Conservative use in the elderly is recommended.
Insulin degludec/ liraglutide (Xultophy)	NF-PA	F-QL. QL= 15 mL/ 30d.	
Insulin glargine/ lixisenatide (Soliqua)	NF-PA	F-QL. QL= 18 mL/ 30d	
Istradefylline (Nourianz)	NF-PA, SP	F-PA, SP	
Itraconazole 100mg capsule	F-PA	F-ST	Terbinafine is preferred for most uses.
Ixekizumab (Taltz)	NF-PA-QL, SP	NF-PA-QL, SP	PA coverage criteria have been updated.
Lamivudine/ tenofovir TDF (Temixys)	NF	NF	This new FDA approval was not added to formulary.
Larotrectinib (Vitrakvi)	F-PA-QL, SP ONC TD	F-PA-QL, SP ONC TD	PA coverage criteria have been updated.
Ledipasvir/ sofosbuvir (Harvoni)	NF-PA, SP	F-PA, SP	This pediatric formulation is on-formulary.
Levocetirizine (Xyzal) 5mg	NF-PA	NF	
Levomilnacipran (Fetzima)	NF	F-PA	PA: reserved for FDA-approved indications, for patients with an inadequate response to two preferred alternatives.
Lixisenatide (Adlyxin) 20 mcg	NF-PA	NF-PA-QL. QL= 6mL/ 28d	
Loteprednol (Lotemax Brand)	F	NF	The generic equivalent is on-formulary.
Mesalamine 4 gram/ 60mL enema kit	NF	NF-QL. QL= 4 kits/ 28d	
Metformin/ ertugliflozin (Segluromet)	NF-PA-QL	NF-PA-QL	PA coverage criteria have been updated.
Methylphenidate PM (Jornay PM)	NF-PA-QL	NF-PA-QL	PA coverage criteria have been updated.

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Midazolam (Nayzilam)	NF-PA	F-PA	PA: reserved for patients with an inadequate response to diazepam rectal gel (Diastat generic), or with medical contra-indications to its use.
Midostaurin (Rydapt)	F-PA, SP ONC	F-PA, SP ONC	PA coverage criteria have been updated.
Minocycline foam (Amzeeq)	NF-PA	NF-PA	PA coverage criteria have been updated.
Nabumetone 1,000mg (Relafen DS)	NC	ExD	
Nilotinib (Tasigna)	F-PA, SP ONC TD	F-PA, SP ONC TD	PA coverage criteria have been updated.
Nintedanib (Ofev)	F-PA, SP	F-PA, SP	PA coverage criteria have been updated.
Nitisinone (Orfadin Brand)	NF-PA, SP	NF-PA, SP	PA coverage criteria have been updated.
Nitrofurantoin	F-Age	F	Age-limits have been removed. Conservative use in the elderly is recommended.
Palbociclib (Ibrance)	F-PA-QL, SP ONC	F-PA-QL, SP ONC	PA coverage criteria have been updated.
Pitolisant (Wakix)	NF-PA, SP	NF-PA, SP	PA coverage criteria have been updated.
Prednisolone (Pred Forte)	F	NF	The generic equivalent is on-formulary.
Recedo gel	NF	X	Recedo is considered cosmetic, and excluded from coverage.
Ribociclib (Kisqali)	F-PA-QL, SP ONC	F-PA-QL, SP ONC	PA coverage criteria have been updated.
Segesterone/ ethinyl estradiol (Annovera)	NF-PA	NF PA QL	
Semaglutide (Rybelsus)	NF PA	F-QL. QL= 1/ day	
Simvastatin (Zocor)	F-PA*	F	Quantity limits (on 40mg) and PA (on 80mg) have been removed. Patients should not be started on simvastatin 80mg.
Sodium Oxybate (Xyrem)	F-PA-QL, SP	F-PA-QL, SP	PA coverage criteria have been updated.
Sofosbuvir (Sovaldi) 200mg	NF-PA, SP	F-PA, SP	This pediatric formulation is on-formulary.

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Tadalafil (Adcirca generic)	NF-PA-QL, SP	F-PA-QL. QL= 2/ day	
Tadalafil (Cialis generic)	NF-PA-QL, SD	F, SD*	10mg and 20mg are on-formulary for Preferred-Rx, per Benefits. 2.5mg and 5mg are on-formulary, with PA and QL per Benefits.
Tasimelteon (Hetlioz)	NF-PA, SP	NF-PA, SP	PA coverage criteria have been updated.
Thiamine 200mg/ 2 mL	NF-PA	NF	
Trifarotene (Aklief)	NF-PA	NF-PA	PA coverage criteria have been updated.
Trimipramine	NF-Age	NF	Age-limits have been removed. Conservative use in the elderly is recommended.
Ustekinumab (Stelara)	NF-PA-QL, SP	NF-PA-QL, SP	PA coverage criteria have been updated.
Vilazodone (Viibryd)	NF	F-PA	PA: reserved for FDA-approved indications, for patients with an inadequate response to two preferred alternatives.
Vortioxetine (Trintellix)	NF	F-PA	PA: reserved for FDA-approved indications, for patients with an inadequate response to two preferred alternatives.
Zaleplon	F-Age	F	Age-limits have been removed. Conservative use in the elderly is recommended.
Zanubrutinib (Brukinsa)	NF-PA, SP	F-PA, SP	
Zolpidem	F-Age*	F*	Age-limits have been removed. Conservative use in the elderly is recommended. The tablets are on-formulary, and other forms are limited.

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