



Fast Facts – Special Edition

News for Providers from HealthPartners
 Provider Relations & Network Management

February 2026

Administrative Drug Formulary updates

COMMERCIAL DRUG FORMULARY

Updates include:

- Alogliptin and alogliptin combination products will have a prior authorization added to them. Tradjenta remains a preferred agent in this class.
- Austedo and Austedo XR will be removed from formulary, and prior authorization criteria has been updated to step behind Ingrezza.
- Neffy prior authorization criteria will be updated, reserving for members with contraindications to epinephrine autoinjectors.
- Ventolin has been removed from the formulary, preferring generic albuterol HFA inhalers.

Please see the formulary for details, at healthpartners.com/formulary. Updates will be posted by 4/1/2026.

Pharmacy Medical Policy updates

COMMERCIAL UPDATES

Coverage Policies	Comments / Changes
Somatostatin analogues for acromegaly (Sandostatin LAR®, Somatuline Depot®, Signifor LAR®, Somavert®, Lanreotide)	PA will be required for all uses and medications. Previously, Sandostatin and Sandostatin LAR did not require PA. PA criteria aligns with FDA indications and medically accepted uses.
Ocular complement inhibitors	Criteria updated to specify that coverage will not be provided for patients with complete visual impairment or concurrent use of complement inhibitors.

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Coverage Policies	Comments / Changes
Oncology drug coverage	<p>Prior authorization is required for oncology drugs listed on this policy.</p> <p>Drugs recently added to this policy:</p> <ul style="list-style-type: none"> Vabrinty, reserved for patients with medical contraindications to Eligard. Kyxata, this brand carboplatin medication is reserved for patients with allergic reaction to generic carboplatin. <p>Additional criteria may apply – see the coverage policy for more information.</p>
Krystexxa	PA update to optimize use of lower-cost alternatives, including specifying the duration of treatment with first- and second-line agents while adherent to therapy prior to approval of coverage for Krystexxa.
Prostaglandin intracameral implants	Add PA preferencing prostaglandin drops, and add to iDose TR policy.

Pharmacy Medical policies can be found in the medical coverage policy search page, searchable by drug name or billing codes. Policies will be searchable on or before the effective date. Click link for more information, healthpartners.com/public/coverage-criteria.

MINNESOTA HEALTHCARE PROGRAMS (MHCP)

These policy updates apply only to State Programs, and do not apply to members with Commercial or Part D plans.

Coverage Policies	Comments / Changes
Krystexxa	MHCP policy is being retired. Commercial Krystexxa policy will apply to both commercial and MHCP plans.
Ocular complement inhibitors	Criteria updated to specify that coverage will not be provided for patients with complete visual impairment or concurrent use of complement inhibitors.
Prostaglandin intracameral implants	Add PA preferencing prostaglandin drops, and add to iDose TR policy.
Somatostatin analogues for acromegaly (Sandostatin LAR®, Somatuline Depot®, Signifor LAR®, Somavert®, Lanreotide)	PA will be required for all uses and medications. Previously, Sandostatin and Sandostatin LAR did not require PA. PA criteria aligns with FDA indications and medically accepted uses.

MEDICARE

These policy updates apply only to Medicare, and do not apply to members with Commercial or State Programs plans.

Coverage Policies	Comments / Changes
Part B Step Therapy Program	<p>The following medications are specified as non-preferred for Medicare Part B. Preferred products must be used for patients new to therapy. Patients stable on non-preferred products will have continued coverage of the non-preferred product.</p> <ul style="list-style-type: none">• Beizray/Beizray Albumin is non-preferred, and generic docetaxel is preferred.• Durysta and iDose are non-preferred, and latanoprost, travoprost, bimatoprost, tafluprost or other prostaglandin drops (part D) are preferred.• Inlexzo is non-preferred, and Adstiladrin or Keytruda are preferred.• Kyxata is non-preferred, and generic carboplatin is preferred.• Vabrinty is non-preferred, and Eligard is preferred.

Pharmacy Customer Service is available to providers (physicians and pharmacies) 24 hours per day and 365 days per year.

- Fax – **952-853-8700** or **1-888-883-5434** Telephone – **952-883-5813** or **1-800-492-7259**
- HealthPartners Pharmacy Services, 8170 33rd Avenue South, PO Box 1309, Mpls, MN 55440

HealthPartners Customer Service is available from 8 AM - 6 PM Central Time, Monday through Friday, and 8 AM – 4 PM Saturday. After hours calls are answered by our Pharmacy Benefit Manager.

For additional information, please contact healthpartnersclinicalpharmacy@healthpartners.com.

Medical Policy updates – 02/01/2026

MEDICAL, BEHAVIORAL HEALTH, DURABLE MEDICAL EQUIPMENT (DME) & MEDICAL DENTAL COVERAGE POLICY

Please read this list of new or revised HealthPartners coverage policies. HealthPartners coverage policies and related lists are available online at [Coverage criteria policies | HealthPartners](#). Upon request, a paper version of revised and new policies can be mailed to clinic groups whose staff does not have Internet access. Providers may speak with a HealthPartners Medical Director if they have a question about a utilization management decision.

HealthPartners Coverage Policies	Comments / Changes
Automatic external defibrillator – Minnesota Health Care Programs	<p>Effective immediately.</p> <ul style="list-style-type: none"> • Policy updated, Indications that are not covered. Please refer to posted policy online.
Physical and occupational therapy – rehabilitative – Minnesota Health Care Programs	<p>Effective immediately, policy is retired.</p>
Physical and occupational therapy – rehabilitative	<p>Effective immediately, policy revised.</p> <ul style="list-style-type: none"> • Added a statement that continued supervised PT or OT is considered not medically necessary when it no longer requires the skills of a qualified therapy provider and transition to a home program is possible. • This policy will now include a statement that prior authorization is not required for Medicaid plans and a link to the Minnesota Health Care Programs (MHCP) Provider Manual Section for Rehabilitative Services for criteria.
Site of service – attended polysomnography for evaluation of obstructive sleep apnea (OSA)	<p>Effective immediately, policy revised.</p> <ul style="list-style-type: none"> • Under Indications that are covered, the following indications have been added: epilepsy and hypoglossal nerve stimulator device titration.
Varicose vein procedures of the lower extremities	<p>Effective immediately, policy revised. See policy posted online for full criteria.</p> <ul style="list-style-type: none"> • Minimally invasive endovenous thermal ablation (e.g., EVLA, EVLT, ELAS, EVRF, VNUS), non-thermal ablation (e.g., cyanoacrylate embolization/VenaSeal), or endovenous chemical ablation (e.g. liquid or foam sclerotherapy) for treatment of the great saphenous vein (GSV), small saphenous vein (SSV), accessory saphenous veins [anterior accessory (AAGSV), posterior accessory (PAGSV), intersaphenous vein (vein of Giacomini)], perforator veins, or significant tributaries is eligible for coverage when criteria are met. • Approval for treatment of accessory saphenous veins [anterior accessory (AAGSV), posterior accessory (PAGSV), intersaphenous vein (vein of Giacomini)], perforator veins, or significant tributaries requires that any current reflux in the GSV or SSV of the same extremity be treated concurrently.

HealthPartners Coverage Policies	Comments / Changes
Radiofrequency ablative (RFA) denervation procedures for chronic facet-mediated neck, back and sacroiliac joint pain	<p>Effective 04/01/2026, policy revised.</p> <ul style="list-style-type: none"> • Under Indications that are covered: <ul style="list-style-type: none"> ○ Criterion 1 updated to require documentation of the two trials of diagnostic medial branch block injections. ○ Criterion 2 was clarified by adding initial or repeat RFA treatment. ○ Criterion 3C was updated to remove the requirement of conservative treatments for repeat RFA.
Spinal cord stimulation	<p>Effective 04/01/2026, policy revised.</p> <ul style="list-style-type: none"> • Under Indications that are covered, Criterion 2B was updated to require the preoperative psychiatric/psychological evaluation within the last 12 months. • Under Indications that are not covered: <ul style="list-style-type: none"> ○ Removed ‘failed cervical spine surgery syndrome.’ ○ Added “If a spinal cord stimulator trial fails, a repeat trial is not medically necessary.” • Updated the Definition for Failed back surgery syndrome (FBSS).
Breast surgery	<p>Effective 04/01/2026, policy revised.</p> <ul style="list-style-type: none"> • Added the following indications for the removal of implants that were placed for cosmetic purposes: <ul style="list-style-type: none"> ○ Infection not amenable to or unresponsive to treatment. ○ Extrusion through the skin. ○ Interference with the diagnostic evaluation / treatment of a suspected or known breast cancer. • Under Indications that are not covered, a clarification has been added to include saline breast implant rupture when not related to mastectomy or lumpectomy.
Home health service benefits Home health services benefits – Minnesota Health Care Programs	<p>Effective 04/01/2026, HealthPartners will follow the InterQual® March 2025 release of the Home Care criteria for Commercial and Medicaid plans. Applicable subsets are listed below:</p> <ul style="list-style-type: none"> • Home care services, pediatric – home health aide • Home care services, adult – home health aide • Home care services, pediatric – home occupational therapy • Home care services, adult – home occupational therapy • Home care services, pediatric – home physical therapy • Home care services, adult – home physical therapy

HealthPartners Coverage Policies	Comments / Changes
<p><i>Home health service benefits</i></p> <p><i>Home health services benefits – Minnesota Health Care Programs (cont'd)</i></p>	<ul style="list-style-type: none"> • Home care services, pediatric – home skilled nursing • Home care services, adult – home skilled nursing • Home care services, pediatric – home social worker • Home care services, adult – home social worker • Home care services, pediatric – home speech therapy • Home care services, adult – home speech therapy • Private duty nursing (PDN) assessment

Cohere Coverage Policies	Comments / Changes
<p>REVISED Commercial/Medicaid policy</p>	<p>Effective 04/01/2026, Cohere Health’s coverage criteria policies applicable to Commercial plans and Medicaid plans, will be revised. Please refer to the below posted policies online under HealthPartners, Upcoming Policy Changes at HealthPartners: Cohere Medicare Advantage & Commercial/Medicaid Policies – Payer Information (zendesk.com) to review the policy changes.</p> <ul style="list-style-type: none"> • Knee Arthroscopy • Sacroiliac Joint (SIJ) Injections and Radiofrequency Ablation (RFA)
<p>REVISED Cohere Health Medicare Advantage policies</p>	<p>Effective 04/01/2026, Cohere Health’s coverage criteria policies applicable to Medicare Advantage plans, will be revised. Please refer to the below posted policies online under HealthPartners, Upcoming Policy Changes at HealthPartners: Cohere Medicare Advantage & Commercial/Medicaid Policies – Payer Information (zendesk.com) to review the policy changes.</p> <ul style="list-style-type: none"> • Computed Tomography (CT), Abdomen_Pelvis • Computed Tomography (CT), Chest • Magnetic Resonance Angiography (MRA), Head • Magnetic Resonance Angiography (MRA), Neck • Magnetic Resonance Imaging (MRI), Lumbar Spine • Magnetic Resonance Imaging (MRI), Upper Extremity • Knee Arthroscopy • Total Disc Arthroplasty

Contact the Medical Policy Intake line at **952-883-5724** for specific patient inquiries.

If you have questions regarding the content of this newsletter, please contact the person indicated in the article or call your HealthPartners Service Specialist. If you don’t have his/her phone number, please call **952-883-5589** or toll-free at **888-638-6648**. This newsletter is available online at healthpartners.com/fastfacts.

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