

Drug Formulary Update, January 2013

Updates to the HealthPartners Drug Formularies are listed below.

Updates for the Commercial Drug Formularies and the Minnesota Health Care Programs (Medicaid and Minnesota Care “State Programs”) Drug Formulary are listed first, and then changes for the Medicare Drug Formulary.

Commercial and Minnesota Health Care Programs

These changes are effective January 1, 2013, and apply to PreferredRx, GenericsPlusRx, and HealthPartners Minnesota Health Care Programs (Medicaid and Minnesota Care “State Programs”) Drug Formularies.

The formulary status is listed for the PreferredRx Drug Formulary. Variations in the formulary status are noted with an asterisk, with details in the notes section.

Medication	Status	Notes
Abiraterone (Zytiga)	PA	Zytiga is FDA-approved for metastatic prostate cancer, and is considered a specialty medication by HealthPartners. Coverage criteria have been updated. <i>Zytiga is reserved: for treatment of metastatic castration-resistant prostate cancer (MCRPC) in combination with prednisone.</i>
Aclidinium inhaler (Tudorza)	NF	Tudorza is long-acting muscarinic antagonist inhaler for COPD. Tiotropium (Spiriva) is available on formulary.
Atorvastatin (Lipitor generic)	F	The quantity limit has been removed.
Bosutinib (Bosulif)	PA	Bosulif is FDA-approved for CML, and is considered a specialty medication by HealthPartners. <i>Bosutinib is reserved: for the treatment of adult patients with chronic, accelerated, or blast phase Ph+ chronic myelogenous leukemia (CML) with resistance or intolerance to prior therapy.</i>

F, on formulary
Age, Age limits

PA, prior authorization
NF, non-formulary

ST, step-therapy

QL, Quantity Limit

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Medication	Status	Notes
Chlorzoxazone (Parafon Forte)	Age	<p>An age-edit of 65 has been added. Chlorzoxazone is not covered for those \geq age 65.</p> <p>This limit has been added for safety reasons. This muscle relaxant is considered potentially inappropriate due to the high likelihood of adverse drug reactions along with minimal efficacy. These risks increase as patients get older.</p> <p>This new limit applies to muscle relaxants including cyclobenzaprine (Robaxin), methocarbamol (Flexeril), and chlorzoxazone.</p> <p>Coverage for members currently receiving this medication has been extended through March 31 2013 to allow time to discuss therapy. These members and their providers will receive additional communications.</p>
Cyclobenzaprine (Flexeril)	Age	<p>An age-edit of 65 has been added. Cyclobenzaprine is not covered for those \geq age 65.</p> <p>This limit has been added for safety reasons. This muscle relaxant is considered potentially inappropriate due to the high likelihood of adverse drug reactions along with minimal efficacy. These risks increase as patients get older.</p> <p>This new limit applies to muscle relaxants including cyclobenzaprine (Robaxin), methocarbamol (Flexeril), and chlorzoxazone.</p> <p>Coverage for members currently receiving this medication has been extended through March 31 2013 to allow time to discuss therapy. These members and their providers will receive additional communications.</p>
Deferiprone (Ferriprox)	PA	<p>Ferriprox is an oral iron chelator indicated, FDA-approved for transfusional iron overload. Ferriprox is considered a specialty medication by HealthPartners.</p> <p>Ferriprox is reserved: <i>for use by the department of hematology-oncology and for treatment of patients with transfusional iron overload due to thalassemia syndromes when current chelation therapy is inadequate.</i></p>
Enzalutamide (Xtandi)	PA	<p>Xtandi is FDA-approved for metastatic prostate cancer, and is considered a specialty medication by HealthPartners.</p> <p>Xtandi is reserved: <i>for the treatment of patients with metastatic castration-resistant prostate cancer who have previously received docetaxel or those who are not candidates for chemotherapy.</i></p>

Medication	Status	Notes
Hydroxyzine	QL/ Age	<p>A quantity limit has been added for the elderly (\geq age 65), limiting coverage to a 10-day supply (#30 tablets or capsules).</p> <p>This limit has been added for safety reasons. This first-generation antihistamine is considered potentially inappropriate due to the high likelihood of adverse drug reactions along with minimal efficacy. These risks increase as patients get older.</p> <p>This new limit applies to first-generation antihistamines including hydroxyzine and promethazine.</p> <p>Coverage for members currently receiving this medication has been extended through March 31 2013 to allow time to discuss therapy. These members and their providers will receive additional communications.</p>
Irbesartan (Avapro)	F	The step-therapy requirement and the quantity limit have been removed.
Irbesartan/ HCTZ (Avalide)	F	The step-therapy requirement and the quantity limit have been removed.
Methocarbamol (Robaxin)	Age	<p>An age-edit of 65 has been added. Methocarbamol is not covered for those \geq age 65.</p> <p>This limit has been added for safety reasons. This muscle relaxant is considered potentially inappropriate due to the high likelihood of adverse drug reactions along with minimal efficacy. These risks increase as patients get older.</p> <p>This new limit applies to muscle relaxants including cyclobenzaprine (Robaxin), methocarbamol (Flexeril), and chlorzoxazone.</p> <p>Coverage for members currently receiving this medication has been extended through March 31 2013 to allow time to discuss therapy. These members and their providers will receive additional communications.</p>
Methylphenidate CD (Metadate CD)	QL	<p>Methylphenidate CD (Metadate CD) is now generic and on all formularies.</p> <p>Products on formulary include Concerta generic, Adderall IR generic, Adderall XR,* lisdexamfetamine (Vyvanse), and atomoxetine (Strattera).</p> <p>All ADHD medications have a quantity limit, generally #6 per day for immediate-release products and #3 per day for long-acting products.</p> <p>* Adderall XR Brand is preferred for PreferredRx and GenericsPlusRx and counted as a generic. The generic is preferred for State Programs.</p> <p>* Metadate CD generic remains on formulary with a quantity limit for PreferredRx and GenericsPlusRx, and has been added with a quantity limit to State Programs.</p>
Omeprazole 10mg	F*	<p>The quantity limit has been removed.</p> <p>* Omeprazole is on formulary for PreferredRx and State Programs, and remains excluded for GenericsPlusRx.</p>

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Medication	Status	Notes
Phentermine	QL*	Phentermine has been added to formulary <i>with a duration limit of one year</i> . Phentermine is a sympathomimetic amine, FDA-approved for obesity. Orlistat remains on formulary with prior authorization. * Phentermine is on formulary with a duration limit for PreferredRx and GenericsPlusRx, and is excluded for State Programs.
Plan B generic	F	Plan B generic is on formulary. The age-edit has been removed. Plan B generic is covered at no co-pay when prescribed by a physician, per federal requirement to cover contraceptive products at no cost to members.
Plan B One Step generic	F	Plan B One Step generic is covered at no co-pay when prescribed by a physician, per federal requirements.
Pramipexole ER (Mirapex ER)	PA*	Mirapex ER is reserved: <i>for patients with Parkinson Diseases who have significant side effects, loss of efficacy, or compliance concerns with regular release pramipexole or ropinirole</i> . Long-acting dopamine agonists (Neupro, Requip XL, and Mirapex ER) have the same formulary status. * Mirapex ER remains prior authorization for PreferredRx, remains non-formulary for GenericsPlusRx, and is added to State Programs with prior authorization.
Promethazine	QL/ Age	A quantity limit has been added for the elderly (>= age 65), limiting coverage to a 10-day supply (#30 tablets). This limit has been added for safety reasons. This first-generation antihistamine is considered potentially inappropriate due to the high likelihood of adverse drug reactions along with minimal efficacy. These risks increase as patients get older. This limit applies to first-generation antihistamines including hydroxyzine and promethazine. Coverage for members currently receiving this medication has been extended through March 31 2013 to allow time to discuss therapy. These members and their providers will receive additional communications.
Qsymia (phentermine/topiramate)	NF*	Qsymia is a combination of phentermine and topiramate, FDA-approved for weight loss. Phentermine has been added to formulary <i>with a duration limit of one year</i> . Orlistat remains on formulary with prior authorization. * Qsymia is non-formulary for PreferredRx and GenericsPlusRx, and is excluded for State Programs.

Medication	Status	Notes
Regorafenib (Stivarga)	PA	Stivarga is FDA-approved for metastatic colorectal cancer, and is considered a specialty medication by HealthPartners. Stivarga is reserved: <i>for the treatment of patients with metastatic colorectal cancer (CRC) who have been previously treated with fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy, an anti-VEGF therapy, and, if KRAS wild type, an anti-EGFR therapy.</i>
Ropinirole XL (Requip XL)	PA*	Requip XL is reserved: <i>for patients with Parkinson Diseases who have significant side effects, loss of efficacy, or compliance concerns with regular release pramipexole or ropinirole.</i> Long-acting dopamine agonists (Neupro, Requip XL, and Mirapex ER) have the same formulary status. * Requip XL has been added with prior authorization to PreferredRx and State Programs, and is non-formulary for GenericsPlusRx.
Rotigotine patch (Neupro)	PA*	Neupro is reserved: <i>for patients with Parkinson's Disease who have significant side effects, loss of efficacy, or compliance concerns with regular release pramipexole or ropinirole.</i> Long-acting dopamine agonists (Neupro, Requip XL, and Mirapex ER) have the same formulary status. * Neupro has been added with prior authorization to PreferredRx and State Programs, and is non-formulary for GenericsPlusRx.
Stribild (elvitegravir/ cobicistat/ emtricitabine/ tenofovir)	F	Stribild is a combination HIV medication.

Medicare Drug Formulary

These changes are effective January 1, 2013.

Medication	Status	Notes
Aflibercept (Zaltrap)	T4 PA	Zaltrap is FDA-approved for metastatic colorectal cancer.
Atorvastatin (Lipitor)	T1	The quantity limit has been removed.
Bosutinib (Bosulif)	T4 PA	Bosulif is FDA-approved for CML. Bosulif was previously added to the Medicare Drug Formulary on September 20 2012, with a prior authorization status.
Deferiprone (Ferriprox)	T4 PA	Ferriprox is an oral iron chelator indicated, FDA-approved for transfusional iron overload.

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Medication	Status	Notes
Enzalutamide (Xtandi)	T4 PA	Xtandi is FDA-approved for metastatic prostate cancer. Xtandi was previously added to the Medicare Drug Formulary on September 14 2012, with a prior authorization status.
Irbesartan (Avapro)	T1	The step-therapy requirement and the quantity limit have been removed.
Irbesartan/ HCTZ (Avalide)	T1	The step-therapy requirement and the quantity limit have been removed.
Methylphenidate CD (Metadate CD)	T1 QL	Methylphenidate CD (Metadate CD) is on formulary with a quantity limit of #3 per day.
Omeprazole 10mg	T1	The quantity limit has been removed.
Plan B generic	T1	The age-edit has been removed. Plan B generic is covered at no co-pay when prescribed by a physician, per federal requirement to cover contraceptive products at no cost to members.
Plan B One Step generic	T1	Plan B One Step generic is covered at no co-pay when prescribed by a physician, per federal requirements.
Regorafenib (Stivarga)	T4 PA	Stivarga is FDA-approved for metastatic colorectal cancer. Stivarga was previously added to the Medicare Drug Formulary on October 5 2012, with a prior authorization status.
Ropinirole XL (Requip XL)	T2 PA	Requip XL is reserved for: (1) DIAGNOSIS OF AN FDA-APPROVED INDICATION, NOT OTHERWISE EXCLUDED FROM PART D, AND (2) DOCUMENTATION THAT A PATIENT HAS COMPLIANCE CONCERNS WITH GENERIC ROPINIROLE REGULAR TABLET.
Rotigotine patch (Neupro)	T2 PA	Neupro is reserved for: (1) DIAGNOSIS OF AN FDA-APPROVED INDICATION, NOT OTHERWISE EXCLUDED FROM PART D, AND (2) DOCUMENTATION OF SIGNIFICANT SIDE EFFECTS, LOSS OF EFFICACY, OR COMPLIANCE CONCERNS WITH REGULAR RELEASE PRAMIPEXOLE OR ROPINIROLE.
Stribild (elvitegravir/ cobicistat/ emtricitabine/ tenofovir)	T4	Stribild is a combination HIV medication. Stribild was previously added to the Medicare Drug Formulary on September 9 2012.
Taliglucerase (Elelyso)	T4 PA	Elelyso is FDA-approved for Gaucher disease.

For Medicare: T1, covered generic T2, covered Brand T3, covered Brand T4, specialty

Formulary Information and Requests

Formulary Information is available at [HealthPartners.com/ Provider/ Pharmacy Services](http://HealthPartners.com/Provider/Pharmacy%20Services), including the [Drug Formularies](#).

Pharmacy Customer Service is available to providers (physicians and pharmacies) from 8AM - 6PM CST, Monday through Friday. After hours calls are answered by our Pharmacy Benefit Manager.

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