



Drug Formulary Update, April 2020 Minnesota Health Care Programs

Updates to the HealthPartners Minnesota Health Care Programs are listed below.

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

HealthPartners is updating coverage for diabetic supplies. Coverage for these products will be limited to dispensing as pharmacy claims. Claims submitted as medical will not be covered. The DHS contract consists of glucose test strips and meters, continuous glucose monitors and sensors, glucose control solutions, and lancets.

HealthPartners will start denying prescription claims from drug manufacturers who have not registered with CMS for the Medicaid Drug Rebate Program (MDRP). Pharmacies are usually able to choose the same product from a different manufacturer.

All changes are effective April 1 2020.

Drug name	Current Status	New Status	Comments
Acclidinium/ formoterol (Duaklir)	NF-PA	NF-PA	PA coverage criteria have been updated.
Adalimumab (Humira)	P-PA-QL, SP. QL= 4/ 28d.	P-PA-QL, SP. QL= 2/ 28d.	Quantity limits have been decreased.
Adhansia XL	NF	NP PA QL	Move to PDL as NP with QL
Albiglutide (Tanzeum)	NF-PA	NF-PA-QL. QL= 4/ 28d	A quantity limit has been added.
Amitriptyline	C-Age	C	Age-limits have been removed. Conservative use in the elderly is recommended.
Amphetamine/ Dextroamphetamine (Adderall)	P QL	P QL	Quantity limits have been increased, allowing up to 60mg per day.
Azelaic acid 15% gel	NF	C	
Baclofen solution (Ozobax)	NF-PA	NF	PA coverage criteria has been removed
Belbuca patch	NP PA PA QL	P PA QL	Move to PDL as P

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Drug name	Current Status	New Status	Comments
Butrans patch	P PA QL	NF PA QL	Remove from PDL
Cariprazine (Vraylar)	NP, PA, PA	NP, PA, PA, QL 2/1	A quantity limit has been added.
Continuous Glucose Monitors: Dexcom Freestyle Libre	C ST	Remove ST	Add to PDL as P or NP products. Dexcom G6 and Freestyle Libre 14 day are preferred. Dexcom G5 is non-preferred.
Clotrimazole solution	C	NF	Clotrimazole cream is an alternative
Compounds	-	-	The cost threshold has been decreased, from \$200 to \$150. Compounds over \$150 require PA.
Diclofenac 1% gel	NP PA	P	Move to PDL as P
Difluprednate (Durezol)	NF-PA	NF-PA	PA coverage criteria have been updated.
Diroximel (Vumerity)	NF-PA, SP	NF SP	Remove PA criteria
Doxepin	C-Age	C	Age-limits have been removed. Conservative use in the elderly is recommended.
Elexacaftor/ ivacaftor/ tezacaftor (Trikafta)	NF-PA, SP	C-PA, SP	
Erdafitinib (Balversa)	NF-PA, SP ONC	C-PA, SP ONC	
Erenumab (Aimovig)	NP-PA-PA SP	NP-PA-PA QL, SP. QL=1/30d	Adding QL
Esomeprazole (Nexium) 40mg	NP, PA	NP, PA, PA	Adding clinical PA
Eszopiclone	P QL	P	Quantity limit have been removed.
Etanercept (Enbrel)	P-PA-QL, SP	P-PA-QL, SP. QL= 4 per 28d.	Quantity limit have been updated.
Gabapentin (Gralise) 300mg	NP PA-QL	NP PA-QL. QL=1 per day.	Quantity limit have been decreased.
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.
Ibrutinib (Imbruvica) 140mg	C-PA-QL, SP. QL= 1/ day	C-PA-QL, SP. QL= 4/ day	

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Ibuprofen 400mg, 600mg, 800mg	C	P	Move to PDL as P
Imipramine	C-Age	C	Age-limits have been removed. Conservative use in the elderly is recommended.
Insulin degludec/ liraglutide (Xultophy)	NP PA	NP PA QL 15 ml/30	Add a QL
Insulin glargine/ lixisenatide (Soliqua)	NP PA	NP PA QL 15 ml/30	Add a QL
Istradefylline (Nourianz)	NF-PA, SP	NP PA SP	Add to PDL list
Ixekizumab (Taltz)	NP SP, PA, PA, QL	NP SP, PA, PA, QL	PA coverage criteria have been updated.
Lamivudine/ tenofovir TDF (Temixys)	NF	NF	This new FDA approval was not added to formulary.
Lamivudine (Epivir)	C	NF	Remove from formulary.
Levocetirizine (Xyzal) 5mg	NF-PA	NF	
Lixisenatide (Adlyxin) 20 mcg	NP PA	NP PA QL. QL=6ml/28 days	Add a QL
Methylphenidate PM (Jornay PM)	NF, QL: 1/1	NP PA QL	Add to PDL as NP
Midazolam (Nayzilam)	NF	NP PA	Add to PDL as NP
Nintedanib (Ofev)	C-PA, SP	C-PA, SP	PA coverage criteria have been updated.
Pitolisant (Wakix)	NF-PA, SP	NF-PA, SP	PA coverage criteria have been updated.
Prograf granules	NP PA	NF	Remove from PDL
Segesterone/ ethinyl estradiol (Annovera)	NF-PA	NF PA QL	
Semaglutide (Rybelsus)	NF PA	NF	Remove PA
Sodium Oxybate (Xyrem)	C-PA-QL, SP	C-PA-QL, SP	PA coverage criteria have been updated.
Tadalafil (Cialis generic) 2.5 and 5mg	NF, PA, QL	F, PA, QL	
Tasimelteon (Hetlioz)	NP, SP, PA, PA, QL: 1/1	NP, SP, PA, PA, QL: 1/1	PA coverage criteria have been updated.
Thiamine 200mg/ 2 mL	NF-PA	NF	Remove PA
Terbinafine (Lamisil) 1% spray	C	NF	Alternatives are terbinafine cream or tablet
Tosymra nasal spray	NF PA QL	NP PA QL	Move to PDL as NP

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Tranexamic acid tablet 650 mg	NF, QL: 30/Rx	C, QL: 30/Rx	
Trifarotene (Aklief)	NF-PA	NP PA	Add to PDL as NP
Trimipramine	NF-Age	NF	Age-limits have been removed. Conservative use in the elderly is recommended.
Ustekinumab (Stelara)	NP, SP, PA, PA, QL	NP, SP, PA, PA, QL	PA coverage criteria have been updated.
Zaleplon	P QL	P	Quantity limit has been removed.
Zanubrutinib (Brukinsa)	NF-PA, SP	C-PA, SP	
Rozerem	P QL	P	Remove QL
Ramelteon	NP PA QL	NP PA	Remove QL
Ambien brand	NP PA QL	NP PA	Remove QL
Lunesta brand	NP PA QL	NP PA	Remove QL
Sonata brand	NP PA QL	NP PA	Remove QL
Zolpidem	P QL	P	Quantity limit has been removed.

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