



Health Partners Plans

PHARMACY AND THERAPEUTICS COMMITTEE 4th Quarter 2017

A meeting of the Health Partners Pharmacy and Therapeutics (P&T) Committee was held on September and December 2017. The following are the recommendations for the drugs reviewed at the meeting by the Committee:

<i>Drug Name</i>	<i>Add to Formulary</i>	<i>Prior Auth Approved</i>	<i>DUR edit</i>	<i>Age edit</i>	<i>Quantity Limits</i>	<i>Prior Authorization removal</i>	<i>Grandfather Edit 6 days' supply in previous 75 days</i>	<i>Other</i>
Actemra		X						
Ampyra		X						
Antipsychotics Under Age 18		X						
Atovaquone-proguanil	X							
Atovaquone-proguanil – 62.5/25 mg – 3/day, 250/100 mg – 1/day					X			
Aubagio		X						
Aubagio – 1/1 day					X			
Avonex		X						
B&O suppositories	X							
B&O suppositories – 4/day					X			
Botox		X						
Briviact – 2/day					X			
Bunavail 6.3-1 mg film – change to 1/day					X			
Buprenorphine 2 mg tablets – 3/day					X			
Buprenorphine Products for Medication Assisted Treatment		X						
Buprenorphine tablets (with Prior Authorization)	X							
Buprenorphine-naloxone 2 mg tablets – 3/day					X			

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Byetta						X		
Ciclopirox 8% - 6.6ml/30 days					X			
Clonazepam ODT – add Oxtellar XR, Briviact, Aptiom to Step 1 drugs								<i>Step Therapy Edit</i>
CNS stimulants		X						
Copaxone		X						
Dupixent		X						
Dupixent – 8 mL/28 days					X			
Dupixent– 1 way edit (Dupixent will pay) with the following vaccines: BCG, MMR, Rotavirus, Varicella, Zoster, Yellow fever, Adenovirus, Cholera, Thphoid			X					
Duplication of narcotics		X						
Early refills		X						
Egrifta						X		
Enbrel		X						
Epclusa		X						
Forteo		X						
Fuzeon		X						
Fuzeon		X						
Gilenya		X						
Gleevec (will be combined into oral chemo agent criteria)						X		
H.P. Acthar Gel		X						
Harvoni		X						
Humira		X						
Hydroquinone 4% cream (microspheres) GCN 20120								<i>Removal from Formulary</i>
Ingrezza		X						
Ingrezza - 2 way edit(both will deny) with MAOIs and Strong CYP3A4 inducers			X					

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Ingrezza – 2/day					X			
Injectable antidiabetic agents		X						
Isentress – 1 way edit (Isentress will pay) with Rifampin, Dolutegravir, Raltegravir, Elvitegravir			X					
Isentress HD	X							
Isentress HD – 2/day					X			
Jadenu/Exjade		X						
Janumet/Janumet XR						X		
Lamictal tab start kit (green)						X		
Lupron Depot		X						
Lyrica		X						
Makena		X						
Marinol		X						
Mavyret	X							
Mavyret		X						
Mavyret – 1 way edit (Mavyret will pay) with Atazanavir, Rifampin, Bosentan, Eltrombopag, Etravirine, Lopinavir, Phenytoin, Saquinavir, Tipranavir, DArunavir, Ritonavir, Carbamazepine, St John's Wort, Efavirenz			X					
Mavyret – 18 years and older (deny under 18)				X				
Mavyret – 3/day					X			
Megace ES		X						
Methenamine hippurate	X							
Methenamine mandelate						X		
Methylphenidate IR & ER (oral) – 3 years and older (deny under 3)				X				
Metoprolol/HCTZ	X							
Metoprolol/HCTZ							X	
Metoprolol/HCTZ 50/25 mg – 2/day, 100/25 mg – 2/day, 100/50 mg – 1/day					X			

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Metronidazole 250 mg – increase from 3/day to 4/day					X			
Modafinil agents		X						
Narcotics Analgesics 21 years and older		X						
Narcotics over 21		X						
Narcotics under 21 years old		X						
Neulasta		X						
Neupogen		X						
Non-formulary		X						
Oral antidiabetic agents		X						
Oral Chemotherapy		X						
Oral chemotherapy agents		X						
Orencia		X						
Oxandrin		X						
Oxycontin						X		
Promacta		X						
Protopic (tacrolimus) ointment						X		
Pulmozyme		X						
Rebif		X						
Rizatripan ODT (CHIP) – 9/30 days					X			
Rizatriptan ODT	X							
Sabril Powder Packet – under 2 years of age (deny 2 and older)				X				
Sabril Powder Packet (generic)	X							
Sabril Powder Packet (generic) – 4 packets/day					X			
Serostim		X						
Sodium chloride 7% - extend lookback to 90 days (step through Duoneb)								<i>Step Therapy Edit</i>
Suboxone 2 mg-0.5 mg film – 3/day; Suboxone 4 mg-1 mg film – 2/day					X			

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Suboxone and buprenorphine - Remove DUR edit between individual strengths of Suboxone - Remove DUR edit between individual strengths of buprenorphine Remove DUR between Suboxone and buprenorphine			X					
Suboxone films/tablets, buprenorphine tablets – 18 years and older (deny under 18)				X				
Synagis		X						
Tacrolimus ointment – 30 grams per fill, max 60 grams per 180 days					X			
Tacrolimus ointment – step through at least 1 topical steroid for a 6 day supply in past 180 days								<i>Step Therapy Edit</i>
Targetin gel		X						
Testosterone		X						
Tivicay 10 mg, 25 mg – 2/1 day					X			
Tivicay 25 mg and 10 mg	X							
Tobramycin		X						
Tradjenta						X		
Tysabri		X						
Valcyte (valganciclovir)		X						
Victoza						X		
Vivitrol								<i>Prior Authorization Removal</i>
Vivitrol	X							
Vosevi	X							

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Vosevi – 1 way edit (Vosevi will pay) with with PPIs except 20mg omeprazole, dabigatran, rifampin, betrixaban, amiodarone, statins except pravastatin 40mg and under, St. John's Wort			X					
Vosevi – 1/ day					X			
Vosevi – 18 years and older (deny under 18)				X				
Will be combined into new Buprenorphine Products for Medication Assisted Treatment: - Suboxone - Buprenorphine								<i>Prior Authorization Removal</i>
Will be combined into the Oral Chemo Therapy Criteria: - Afinitor - Nexavar								<i>Prior Authorization Removal</i>
Xyrem		X						
Zubsolv 0.7-0.18 mg tablet – 2/day; Zubsolv 11.4-2.9 mg tablet – 1/ day; Zubsolv 2.9-0.71 mg tablet – 2/day; Zubsolv 5.7-1.4 mg tablet – 2/day					X			
Zyvox (linezolid)		X						