

Health Partners Medicare Special 2019 Formulary Changes

Changes occur, for example, because new drugs come on the market, a drug is moved to a different cost-sharing level (tier), or a generic version becomes available.

Requirements/Limits Key:

QL	Quantity Limit
LA	Limited Access
PA	Prior Authorization
ST	Step Therapy
NEDS	Non-Extended Day Supply

Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
abiraterone acetate 250 mg tab	TABLET	1 - Covered	NEDS	Addition	02/01/2019
albuterol sulfate HFA 90 mcg inhaler	HFA AER AD	1 - Covered		Addition	02/01/2019
BRAFTOVI 50 MG CAPSULE	CAPSULE	1 - Covered	NEDS	Addition	02/01/2019
BRAFTOVI 75 MG CAPSULE	CAPSULE	1 - Covered	NEDS	Addition	02/01/2019
bupropion hcl XL 450 mg tablet	TAB ER 24H	1 - Covered	QL: 30/30 DAYS	Addition	02/01/2019
cinacalcet hcl 30 mg tablet	TABLET	1 - Covered	BvsD PA	Addition	02/01/2019
cinacalcet hcl 60 mg tablet	TABLET	1 - Covered	BvsD PA	Addition	02/01/2019
cinacalcet hcl 90 mg tablet	TABLET	1 - Covered	BvsD PA	Addition	02/01/2019
clobazam 10 mg tablet	TABLET	1 - Covered	QL: 60/30 DAYS	Addition	02/01/2019
clobazam 2.5 mg/mL suspension	ORAL SUSP	1 - Covered	QL: 480/30 DAYS	Addition	02/01/2019
clobazam 20 mg tablet	TABLET	1 - Covered	QL: 60/30 DAYS	Addition	02/01/2019
colesevelam hcl 3.75 g packet	POWD PACK	1 - Covered		Addition	02/01/2019

COPIKTRA 15 MG CAPSULE	CAPSULE	1 - Covered	NEDS	Addition	02/01/2019
COPIKTRA 25 MG CAPSULE	CAPSULE	1 - Covered	NEDS	Addition	02/01/2019
dalfampridine ER 10 mg tablet	TAB ER 12H	1 - Covered	QL: 60/30 DAYS, NEDS	Addition	02/01/2019
daptomycin 350 mg vial	VIAL	1 - Covered	ST	Addition	02/01/2019
DELSTRIGO 100-300-300 MG TAB	TABLET	1 - Covered	QL: 30/30 DAYS	Addition	02/01/2019
EMGALITY 120 MG/ML PEN	PEN INJCTR	1 - Covered	PA	Addition	02/01/2019
EPIDIOLEX 100 MG/ML SOLUTION	SOLUTION	1 - Covered	PA, NEDS	Addition	02/01/2019
ertapenem 1 gram vial	VIAL	1 - Covered		Addition	02/01/2019
irbesartan 150 mg tablet	TABLET	1 - Covered	QL: 60/30 DAYS	QL increase	02/01/2019
itraconazole 10 mg/mL solution	SOLUTION	1 - Covered		Addition	02/01/2019
ivermectin 3 mg tablet	TABLET	1 - Covered		Addition	02/01/2019
lactulose 10 gm packet	PACKET	1 - Covered		Addition	02/01/2019
ledipasvir-sofosbuvir 90-400 mg	TABLET	1 - Covered	PA, NEDS	Addition	02/01/2019
LENVIMA 12 MG DAILY DOSE	CAPSULE	1 - Covered	NEDS	Addition	02/01/2019
LENVIMA 4 MG CAPSULE	CAPSULE	1 - Covered	NEDS	Addition	02/01/2019
LORBRENA 100 MG TABLET	TABLET	1 - Covered	NEDS	Addition	02/01/2019
LORBRENA 25 MG TABLET	TABLET	1 - Covered	NEDS	Addition	02/01/2019
MEKTOVI 15 MG TABLET	TABLET	1 - Covered	NEDS	Addition	02/01/2019
molindone hcl 10 mg tablet	TABLET	1 - Covered		Addition	02/01/2019
molindone hcl 25 mg tablet	TABLET	1 - Covered		Addition	02/01/2019
molindone hcl 5 mg tablet	TABLET	1 - Covered		Addition	02/01/2019
morphine sulfate ER 40 mg cap	CAPSULE	1 - Covered	QL: 60/30 DAYS	Addition	02/01/2019

nafcillin 2 gm add-vant vial	VIAL PORT	1 - Covered		Addition	02/01/2019
nafcillin 2 gm vial	VIAL	1 - Covered		Addition	02/01/2019
NIVESTYM 300 MCG/0.5 ML SYRINGE	SYRINGE	1 - Covered	PA, NEDS	Addition	02/01/2019
NIVESTYM 480 MCG/0.8 ML SYRINGE	SYRINGE	1 - Covered	PA, NEDS	Addition	02/01/2019
NUPLAZID 10 MG TABLET	TABLET	1 - Covered	QL: 30/30 DAYS	Addition	02/01/2019
NUPLAZID 34 MG CAPSULE	CAPSULE	1 - Covered	QL: 30/30 DAYS	Addition	02/01/2019
ORKAMBI 100-125 MG GRANULE PKT	GRAN PACK	1 - Covered	PA, NEDS	Addition	02/01/2019
ORKAMBI 150-188 MG GRANULE PKT	GRAN PACK	1 - Covered	PA, NEDS	Addition	02/01/2019
PANZYGA 10% (1 G/10 ML) VIAL	VIAL	1 - Covered	PA, NEDS	Addition	02/01/2019
PANZYGA 10% (2.5 G/25 ML) VIAL	VIAL	1 - Covered	PA, NEDS	Addition	02/01/2019
PANZYGA 10% (20 G/200 ML) VIAL	VIAL	1 - Covered	PA, NEDS	Addition	02/01/2019
PANZYGA 10% (30 G/300 ML) VIAL	VIAL	1 - Covered	PA, NEDS	Addition	02/01/2019
PANZYGA 10% (5 G/50 ML) VIAL	VIAL	1 - Covered	PA, NEDS	Addition	02/01/2019
PIFELTRO 100 MG TABLET	TABLET	1 - Covered	QL: 60/30 DAYS	Addition	02/01/2019
sofosbuvir-velpatasvir 400-100	TABLET	1 - Covered	PA, NEDS	Addition	02/01/2019
sotalol 120 mg tablet	TABLET	1 - Covered		Addition	02/01/2019
SYM TUZA 800-150-200-10 MG TAB	TABLET	1 - Covered	QL: 30/30 DAYS	Addition	02/01/2019
TALZENNA 0.25 MG CAPSULE	CAPSULE	1 - Covered	NEDS	Addition	02/01/2019
TALZENNA 1 MG CAPSULE	CAPSULE	1 - Covered	NEDS	Addition	02/01/2019
temazepam 15 mg capsule	CAPSULE	1 - Covered	QL: 60/30 DAYS	QL increase	02/01/2019
testosterone 1.62% gel pump	GEL MD PUMP	1 - Covered	QL: 150/30 DAYS	Addition	02/01/2019
TIBSOVO 250 MG TABLET	TABLET	1 - Covered	NEDS	Addition	02/01/2019

vancomycin 250 mg vial	VIAL	1 - Covered		Addition	02/01/2019
vancomycin 750 mg vial	VIAL	1 - Covered		Addition	02/01/2019
VIZIMPRO 15 MG TABLET	TABLET	1 - Covered	NEDS	Addition	02/01/2019
VIZIMPRO 30 MG TABLET	TABLET	1 - Covered	NEDS	Addition	02/01/2019
VIZIMPRO 45 MG TABLET	TABLET	1 - Covered	NEDS	Addition	02/01/2019
XARELTO 2.5 MG TABLET	TABLET	1 - Covered		Addition	02/01/2019
XOLAIR 150 MG/ML SYRINGE	SYRINGE	1 - Covered	PA, NEDS	Addition	02/01/2019
XOLAIR 75 MG/0.5 ML SYRINGE	SYRINGE	1 - Covered	PA, NEDS	Addition	02/01/2019
ZORTRESS 1 MG TABLET	TABLET	1 - Covered	BvsD PA, NEDS	Addition	02/01/2019
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
ACTEMRA ACTPEN 162 MG/0.9 ML	PEN INJCTR	1 - Covered	PA, NEDS	Addition	03/01/2019
DAURISMO 100 MG TABLET	TABLET	1 - Covered	NEDS	Addition	03/01/2019
DAURISMO 25 MG TABLET	TABLET	1 - Covered	NEDS	Addition	03/01/2019
diltiazem 24hr ER 120 mg cap	CAP ER 24H	1 - Covered	QL: 60/30 DAYS	QL increase	03/01/2019
fluticasone-salmeterol 100-50 mcg	BLST W/DEV	1 - Covered	QL: 60/30 DAYS	Addition	03/01/2019
fluticasone-salmeterol 250-50 mcg	BLST W/DEV	1 - Covered	QL: 60/30 DAYS	Addition	03/01/2019
fluticasone-salmeterol 500-50 mcg	BLST W/DEV	1 - Covered	QL: 60/30 DAYS	Addition	03/01/2019
MONUROL 3 GM SACHET	PACKET	1 - Covered		Addition	03/01/2019
NITYR 10 MG TABLET	TABLET	1 - Covered	NEDS	Addition	03/01/2019
NITYR 2 MG TABLET	TABLET	1 - Covered	NEDS	Addition	03/01/2019
NITYR 5 MG TABLET	TABLET	1 - Covered	NEDS	Addition	03/01/2019
pimecrolimus 1% cream	CREAM (G)	1 - Covered		Addition	03/01/2019

potassium cl 20 mEq packet	PACKET	1 - Covered		Addition	03/01/2019
RETACRIT 10,000 UNIT/ML VIAL	VIAL	1 - Covered	BvsD PA	Addition	03/01/2019
RETACRIT 2,000 UNIT/ML VIAL	VIAL	1 - Covered	BvsD PA	Addition	03/01/2019
RETACRIT 3,000 UNIT/ML VIAL	VIAL	1 - Covered	BvsD PA	Addition	03/01/2019
RETACRIT 4,000 UNIT/ML VIAL	VIAL	1 - Covered	BvsD PA	Addition	03/01/2019
RETACRIT 40,000 UNIT/ML VIAL	VIAL	1 - Covered	BvsD PA	Addition	03/01/2019
scopolamine 1 mg/3 day patch	PATCH TD 3	1 - Covered		Addition	03/01/2019
silodosin 4 mg capsule	CAPSULE	1 - Covered	QL: 30/30 DAYS	Addition	03/01/2019
silodosin 8 mg capsule	CAPSULE	1 - Covered	QL: 30/30 DAYS	Addition	03/01/2019
sumatriptan 6 mg/0.5 mL syringe	SYRINGE	1 - Covered		Addition	03/01/2019
TRI-ESTARYLLA TABLET	TABLET	1 - Covered		Addition	03/01/2019
UDENYCA 6 MG/0.6 ML SYRINGE	SYRINGE	1 - Covered	QL: 2.4/28 DAYS, NEDS	Addition	03/01/2019
VITRAKVI 100 MG CAPSULE	CAPSULE	1 - Covered	PA, NEDS	Addition	03/01/2019
VITRAKVI 20 MG/ML SOLUTION	SOLUTION	1 - Covered	PA, NEDS	Addition	03/01/2019
VITRAKVI 25 MG CAPSULE	CAPSULE	1 - Covered	PA, NEDS	Addition	03/01/2019
WIXELA 100-50 INHUB	BLST W/DEV	1 - Covered	QL: 60/30 DAYS	Addition	03/01/2019
WIXELA 250-50 INHUB	BLST W/DEV	1 - Covered	QL: 60/30 DAYS	Addition	03/01/2019
WIXELA 500-50 INHUB	BLST W/DEV	1 - Covered	QL: 60/30 DAYS	Addition	03/01/2019
XOSPATA 40 MG TABLET	TABLET	1 - Covered	PA, NEDS	Addition	03/01/2019
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
albendazole 200 mg tablet	TABLET	1 - Covered		Addition	04/01/2019

ALYQ 20 MG TABLET	TABLET	1 - Covered	PA, NEDS	Addition	04/01/2019
buprenorphine-naloxone 12-3 mg SL film	FILM	1 - Covered	QL: 60/30 DAYS	Addition	04/01/2019
buprenorphine-naloxone 2-0.5 mg SL film	FILM	1 - Covered	QL: 60/30 DAYS	Addition	04/01/2019
buprenorphine-naloxone 4-1 mg SL film	FILM	1 - Covered	QL: 60/30 DAYS	Addition	04/01/2019
EMGALITY 120 MG/ML SYRINGE	SYRINGE	1 - Covered	PA	Addition	04/01/2019
insulin lispro 100 unit/mL pen	INSULIN PEN	1 - Covered	QL: 45/30 DAYS	Addition	04/01/2019
insulin lispro 100 unit/mL vial	VIAL	1 - Covered	QL: 40/30 DAYS	Addition	04/01/2019
nevirapine 50 mg/5 mL suspension	ORAL SUSP	1 - Covered		Addition	04/01/2019
PROMACTA 12.5 MG SUSPEN PACKET	POWD PACK	1 - Covered	PA, NEDS	Addition	04/01/2019
ranolazine ER 1,000 mg tablet	TAB ER 12H	1 - Covered		Addition	04/01/2019
ranolazine ER 500 mg tablet	TAB ER 12H	1 - Covered		Addition	04/01/2019
sevelamer hcl 800 mg tablet	TABLET	1 - Covered		Addition	04/01/2019
SYMPAZAN 10 MG FILM	FILM	1 - Covered	QL: 60/30 DAYS, PA	Addition	04/01/2019
SYMPAZAN 20 MG FILM	FILM	1 - Covered	QL: 60/30 DAYS, PA	Addition	04/01/2019
SYMPAZAN 5 MG FILM	FILM	1 - Covered	QL: 60/30 DAYS, PA	Addition	04/01/2019
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
acyclovir 5% cream	CREAM (G)	1 - Covered		Addition	05/01/2019
AFREZZA 90-8 UNIT / 90-12 UNIT	CART INHAL	1 - Covered		Addition	05/01/2019
AIMOVIG 140 MG/ML AUTOINJECTOR	AUTO INJCT	1 - Covered	QL: 1/28 DAYS, PA	Addition	05/01/2019
metaxalone 400 mg tablet	TABLET	1 - Covered	PA	Addition	05/01/2019
praziquantel 600 mg tablet	TABLET	1 - Covered		Addition	05/01/2019
sirolimus 1 mg/mL solution	SOLUTION	1 - Covered	BvsD PA	Addition	05/01/2019

toremifene citrate 60 mg tablet	TABLET	1 - Covered		Addition	05/01/2019
TRESIBA 100 UNIT/ML VIAL	VIAL	1 - Covered	QL: 40/30 DAYS	Addition	05/01/2019
vigabatrin 500 mg tablet	TABLET	1 - Covered	NEDS	Addition	05/01/2019
VIGADRONE 500 MG POWDER PACKET	POWD PACK	1 - Covered	NEDS	Addition	05/01/2019
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
aliskiren 150 mg tablet	TABLET	1 - Covered	QL: 30/30 DAYS	Addition	06/01/2019
aliskiren 300 mg tablet	TABLET	1 - Covered	QL: 30/30 DAYS	Addition	06/01/2019
deferasirox 125 mg tablet	TAB DISPER	1 - Covered	PA, NEDS	Addition	06/01/2019
deferasirox 250 mg tablet	TAB DISPER	1 - Covered	PA, NEDS	Addition	06/01/2019
deferasirox 500 mg tablet	TAB DISPER	1 - Covered	PA, NEDS	Addition	06/01/2019
DOVATO 50-300 MG TABLET	TABLET	1 - Covered	QL: 30/30 DAYS, NEDS	Addition	06/01/2019
NIVESTYM 300 MCG/ML VIAL	VIAL	1 - Covered	PA, NEDS	Addition	06/01/2019
NIVESTYM 480 MCG/1.6 ML VIAL	VIAL	1 - Covered	PA, NEDS	Addition	06/01/2019
polyethylene glycol 3350 powder (rx only)	POWDER	99 - Non-Formulary		Removal	06/01/2019
PROGRAF 0.2 MG GRANULE PACKET	GRAN PACK	1 - Covered	BvsD PA	Addition	06/01/2019
PROGRAF 1 MG GRANULE PACKET	GRAN PACK	1 - Covered	BvsD PA	Addition	06/01/2019
pyridostigmine 60 mg/5 mL solution	SYRUP	1 - Covered		Addition	06/01/2019
solifenacin 5 mg tablet	TABLET	1 - Covered		Addition	06/01/2019
solifenacin 10 mg tablet	TABLET	1 - Covered		Addition	06/01/2019
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
ambrisentan 10 mg tablet	TABLET	1 - Covered	PA, NEDS	Addition	07/01/2019

ambrisentan 5 mg tablet	TABLET	1 - Covered	PA, NEDS	Addition	07/01/2019
BALVERSA 3 MG TABLET	TABLET	1 - Covered	NEDS	Addition	07/01/2019
BALVERSA 4 MG TABLET	TABLET	1 - Covered	NEDS	Addition	07/01/2019
BALVERSA 5 MG TABLET	TABLET	1 - Covered	NEDS	Addition	07/01/2019
bosentan 125 mg tablet	TABLET	1 - Covered	PA, NEDS	Addition	07/01/2019
bosentan 62.5 mg tablet	TABLET	1 - Covered	PA, NEDS	Addition	07/01/2019
cefixime 400 mg capsule	CAPSULE	1 - Covered		Addition	07/01/2019
erlotinib hcl 100 mg tablet	TABLET	1 - Covered	NEDS	Addition	07/01/2019
erlotinib hcl 150 mg tablet	TABLET	1 - Covered	NEDS	Addition	07/01/2019
erlotinib hcl 25 mg tablet	TABLET	1 - Covered	NEDS	Addition	07/01/2019
erythromycin 400 mg/5 mL suspension	SUSP RECON	1 - Covered		Addition	07/01/2019
FULPHILA 6 MG/0.6 ML SYRINGE	SYRINGE	1 - Covered	QL: 2.4/28 DAYS, NEDS	Addition	07/01/2019
mesalamine DR 400 mg capsule	CAP (DR TAB)	1 - Covered		Addition	07/01/2019
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
INGREZZA INITIATION PACK	CAP DS PK	1 - Covered	QL: 28/28 DAYS, PA, NEDS	Addition	08/01/2019
KALYDECO 25 MG GRANULES PACKET	GRAN PACK	1 - Covered	PA, NEDS	Addition	08/01/2019
loteprednol etabonate 0.5% drops	DROPS SUSP	1 - Covered		Addition	08/01/2019
pregabalin 100 mg capsule	CAPSULE	1 - Covered	QL: 90/30 DAYS, PA	Addition	08/01/2019
pregabalin 150 mg capsule	CAPSULE	1 - Covered	QL: 90/30 DAYS, PA	Addition	08/01/2019
pregabalin 20 mg/mL solution	SOLUTION	1 - Covered	PA	Addition	08/01/2019
pregabalin 200 mg capsule	CAPSULE	1 - Covered	QL: 90/30 DAYS, PA	Addition	08/01/2019

pregabalin 225 mg capsule	CAPSULE	1 - Covered	QL: 60/30 DAYS, PA	Addition	08/01/2019
pregabalin 25 mg capsule	CAPSULE	1 - Covered	QL: 90/30 DAYS, PA	Addition	08/01/2019
pregabalin 300 mg capsule	CAPSULE	1 - Covered	QL: 60/30 DAYS, PA	Addition	08/01/2019
pregabalin 50 mg capsule	CAPSULE	1 - Covered	QL: 90/30 DAYS, PA	Addition	08/01/2019
pregabalin 75 mg capsule	CAPSULE	1 - Covered	QL: 90/30 DAYS, PA	Addition	08/01/2019
ramelteon 8 mg tablet	TABLET	1 - Covered		Addition	08/01/2019
ZYKADIA 150 MG TABLET	TABLET	1 - Covered	NEDS	Addition	08/01/2019
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
EMGALITY 100 MG/ML SYRINGE (1 OF 3)	SYRINGE	1 - Covered	PA	Addition	09/01/2019
EMGALITY 300 MG (100 MG X 3 SYRINGE)	SYRINGE	1 - Covered	PA	Addition	09/01/2019
DOTTI 0.025 MG PATCH	PATCH TDSW	1 - Covered		Addition	09/01/2019
DOTTI 0.0375 MG PATCH	PATCH TDSW	1 - Covered		Addition	09/01/2019
DOTTI 0.05 MG PATCH	PATCH TDSW	1 - Covered		Addition	09/01/2019
DOTTI 0.075 MG PATCH	PATCH TDSW	1 - Covered		Addition	09/01/2019
DOTTI 0.1 MG PATCH	PATCH TDSW	1 - Covered		Addition	09/01/2019
MAVENCLAD 10 MG X 10 TABLET PK	TABLET	1 - Covered	PA, NEDS	Addition	09/01/2019
MAVENCLAD 10 MG X 4 TABLET PK	TABLET	1 - Covered	PA, NEDS	Addition	09/01/2019
MAVENCLAD 10 MG X 5 TABLET PK	TABLET	1 - Covered	PA, NEDS	Addition	09/01/2019
MAVENCLAD 10 MG X 6 TABLET PK	TABLET	1 - Covered	PA, NEDS	Addition	09/01/2019
MAVENCLAD 10 MG X 7 TABLET PK	TABLET	1 - Covered	PA, NEDS	Addition	09/01/2019
MAVENCLAD 10 MG X 8 TABLET PK	TABLET	1 - Covered	PA, NEDS	Addition	09/01/2019
MAVENCLAD 10 MG X 9 TABLET PK	TABLET	1 - Covered	PA, NEDS	Addition	09/01/2019

PIQRAY 200 MG DAILY DOSE	TABLET	1 - Covered	NEDS	Addition	09/01/2019
PIQRAY 250 MG DAILY DOSE	TABLET	1 - Covered	NEDS	Addition	09/01/2019
PIQRAY 300 MG DAILY DOSE	TABLET	1 - Covered	NEDS	Addition	09/01/2019
pyridostigmine bromide 30 mg tablet	TABLET	1 - Covered		Addition	09/01/2019
sildenafil 10 mg/mL oral suspension	SUSP RECON	1 - Covered	PA	Addition	09/01/2019