

Health Partners Medicare Prime and Complete 2021 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
PA	Prior Authorization
ST	Step Therapy

Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
abiraterone acetate 500 mg tab	TABLET	5 - Specialty		Addition	02/01/2021
asenapine maleate 10 mg sl tab	SL TAB	4 - Non-Preferred Drug		Addition	02/01/2021
asenapine maleate 2.5 mg sl tab	SL TAB	4 - Non-Preferred Drug		Addition	02/01/2021
asenapine maleate 5 mg sl tab	SL TAB	4 - Non-Preferred Drug		Addition	02/01/2021
cataflam 50 mg tab	TABLET	2 - Generic		Addition	02/01/2021
DIACOMIT 250 MG CAP	CAPSULE	5 - Specialty		Addition	02/01/2021
DIACOMIT 250 MG PACKET	PACKET	5 - Specialty		Addition	02/01/2021
DIACOMIT 500 MG CAP	CAPSULE	5 - Specialty		Addition	02/01/2021
DIACOMIT 500 MG PACKET	PACKET	5 - Specialty		Addition	02/01/2021
FARYDAK 15 MG CAP	CAPSULE	5 - Specialty		Addition	02/01/2021
fosfomycin tromethamine 3 gm packet	PACKET	2 - Generic		Addition	02/01/2021
GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR	SOLN PPRSYP	3 - Preferred Brands		Addition	02/01/2021
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	SOLN PPRSYP	3 - Preferred Brands		Addition	02/01/2021

JUXTAPID 40 MG CAP	CAPSULE	99 - Non-Formulary		Removal	02/01/2021
JUXTAPID 60 MG CAP	CAPSULE	99 - Non-Formulary		Removal	02/01/2021
lorcet 5-325 mg tab	TABLET	99 - Non-Formulary		Removal	02/01/2021
lorcet hd 10-325 mg tab	TABLET	99 - Non-Formulary		Removal	02/01/2021
lyleq 0.35 mg tab	TABLET	1 - Preferred Generics		Addition	02/01/2021
PEGASYS PROCLICK 180 MCG/0.5ML SOLUTION	SOLUTION	99 - Non-Formulary		Removal	02/01/2021
rufinamide 40 mg/ml suspension	SUSPENSION	5 - Specialty		Addition	02/01/2021
RYBELSUS 14 MG TAB	TABLET	3 - Preferred Brands	QL: 30/30 days	Addition	02/01/2021
RYBELSUS 3 MG TAB	TABLET	3 - Preferred Brands	QL: 30/30 days	Addition	02/01/2021
RYBELSUS 7 MG TAB	TABLET	3 - Preferred Brands	QL: 30/30 days	Addition	02/01/2021
tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab	TABLET	1 - Preferred Generics		Addition	02/01/2021
VUMERITY (STARTER) 231 MG CAP DR	CAP DR	5 - Specialty		Addition	02/01/2021
VUMERITY 231 MG CAP DR	CAP DR	5 - Specialty		Addition	02/01/2021
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
accutane 10 mg cap	CAPSULE	2 - Generic		Addition	03/01/2021
accutane 20 mg cap	CAPSULE	2 - Generic		Addition	03/01/2021
accutane 30 mg cap	CAPSULE	2 - Generic		Addition	03/01/2021
accutane 40 mg cap	CAPSULE	2 - Generic		Addition	03/01/2021
HUMIRA 80 MG/0.8 ML PEN KIT	PEN KIT	5 - Specialty	PA	Addition	03/01/2021
iclevia 0.15-0.03 mg tab	TABLET	1 - Preferred Generics		Addition	03/01/2021
levothyroxine sodium 100 mcg cap	CAPSULE	4 - Non-Preferred Drug		Addition	03/01/2021
levothyroxine sodium 112 mcg cap	CAPSULE	4 - Non-Preferred Drug		Addition	03/01/2021

levothyroxine sodium 125 mcg cap	CAPSULE	4 - Non-Preferred Drug		Addition	03/01/2021
levothyroxine sodium 13 mcg cap	CAPSULE	4 - Non-Preferred Drug		Addition	03/01/2021
levothyroxine sodium 137 mcg cap	CAPSULE	4 - Non-Preferred Drug		Addition	03/01/2021
levothyroxine sodium 150 mcg cap	CAPSULE	4 - Non-Preferred Drug		Addition	03/01/2021
levothyroxine sodium 175 mcg cap	CAPSULE	4 - Non-Preferred Drug		Addition	03/01/2021
levothyroxine sodium 200 mcg cap	CAPSULE	4 - Non-Preferred Drug		Addition	03/01/2021
levothyroxine sodium 25 mcg cap	CAPSULE	4 - Non-Preferred Drug		Addition	03/01/2021
levothyroxine sodium 50 mcg cap	CAPSULE	4 - Non-Preferred Drug		Addition	03/01/2021
levothyroxine sodium 75 mcg cap	CAPSULE	4 - Non-Preferred Drug		Addition	03/01/2021
levothyroxine sodium 88 mcg cap	CAPSULE	4 - Non-Preferred Drug		Addition	03/01/2021
NYVEPRIA 6 MG/0.6 ML SOLN PRSYR	SOLN PRSYR	5 - Specialty	PA	Addition	03/01/2021
RETACRIT 10000 UNIT/ML SOLUTION	SOLUTION	3 - Preferred Brands	PA	Addition	03/01/2021
RETACRIT 20000 UNIT/ML SOLUTION	SOLUTION	3 - Preferred Brands	PA	Addition	03/01/2021
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
emtricitabine-tenofovir df 100-150 mg tab	TABLET	5 - Specialty	QL: 30/30 days	Addition	04/01/2021
emtricitabine-tenofovir df 133-200 mg tab	TABLET	5 - Specialty	QL: 30/30 days	Addition	04/01/2021
emtricitabine-tenofovir df 167-250 mg tab	TABLET	5 - Specialty	QL: 30/30 days	Addition	04/01/2021
HEMADY 20 MG TAB	TABLET	4 - Non-Preferred Drug	PA	Addition	04/01/2021
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8 ML	PEN KIT	5 - Specialty	PA	Addition	04/01/2021
ICLUSIG 10 MG TAB	TABLET	5 - Specialty		Addition	04/01/2021
ICLUSIG 30 MG TAB	TABLET	5 - Specialty		Addition	04/01/2021
mycophenolate mofetil 500 mg recon soln	RECON SOLN	2 - Generic	PA	Addition	04/01/2021

nitazoxanide 500 mg tab	TABLET	2 - Generic		Addition	04/01/2021
ORGOVYX 120 MG TAB	TABLET	5 - Specialty	PA	Addition	04/01/2021
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	SOLN PEN	3 - Preferred Brands	QL: 3/28 days	Addition	04/01/2021
PLEGRIDY 125 MCG/0.5ML SOLN PRSYR	SOLN PRSYR	5 - Specialty		Addition	04/01/2021
vestura 3-0.02 mg tab	TABLET	1 - Preferred Generics		Addition	04/01/2021
zafemy 150-35 mcg/24hr patch wk	PATCH WK	1 - Preferred Generics		Addition	04/01/2021