



Updates to the HealthPartners Commercial Drug Formularies are listed below.

Updates include:

- GLP medications for diabetes will require prior authorization on January 1, 2024. This update applies to dulaglutide (Trulicity), exenatide (Bydureon and Byetta), liraglutide (Victoza), semaglutide (Ozempic and Rybelsus), and tirzepatide (Mounjaro). These medications will be reserved for patients with type 2 diabetes. Approvals are automated for patients with a medical diagnosis claim for diabetes. Patients with diabetes that are not identified via medical claim history will require a prior authorization. This program is intended to limit off-label use for weight loss.
- Updated HSA Preventive Drug Lists are available at www.healthpartners.com/hp/pharmacy/druglist. The HSA (Health Spending Account) Preventive Drug Program is meant to promote the use of common medications that enable members to manage chronic conditions such as diabetes, hypertension, and high cholesterol. The HSA Preventive Drug Program is used with high-deductible plans to provide these medications for a regular co-pay (without first having to meet a deductible). A second HSA drug list is being created, providing a lower-cost HSA drug list. The [Basic HSA Drug List](#) will provide lower-cost options within these categories and will not include medications for asthma and COPD. The [Enhanced HSA Drug List](#) will continue to provide broad coverage.

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

Updates are effective by January 1, 2024.

This table shows formulary status, with PA criteria and quantity limits..

Drug name	Current Status	New Status	Comments
Adalimumab-atto (Amjevita)		NF PA QL	Non-preferred Humira biosimilars.
Adalimumab-adbm (Cyltezo)			
Adalimumab-aacf (Idacio)			
Adalimumab-fkjp (Hulio)			
Adalimumab-adaz (Hyrimoz)			
Adalimumab-aaty (Yuflyma)			
Adalimumab-aqvh (Yusimry)			
Adalimumab-bwwd (Hadlima)	F PA	F PA QL	Quantity limited added.
Adalimumab (Humira)	F PA QL	F PA QL	Quantity limited updated.

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Adapalene/ benzoyl peroxide (generic Epiduo)	NF	NF PA	PA added for consistency with other adapalene/benzoyl peroxide products.
Alectinib (Alecensa)	F PA	NF PA	
Amantadine (Gocovri)	EXCL/ NF PA	EXCL/ NF PA	This medication will be added to the specialty drug list.
Amphetamine (Evekeo)	NF QL	NF PA QL	
Apixaban (Eliquis) 5mg	F QL	F QL	The quantity limit has been increased, from 2 tablets per day, to 74 tablets / 30d.
Apremilast (Otezla)	F PA QL	F PA QL	PA update.
Aripiprazole (Abilify Asimtufii)		F	A new FDA approval.
Artemether/ lumefantrine (Coartem)	NF	F PA	
Asciminib (Scemblix)	F PA	NF PA	
Atropine ophthalmic PF		NF	A new FDA approval.
Avapritinib (Ayvakit)	F PA	NF PA	
Baclofen (Fleqsuvy)	NF PA	NF PA	PA update.
Baclofen oral suspension		NF PA	
Belumosudil (Rezurock)	F PA QL	F PA QL	PA update.
Belzutifan (Welireg)	F PA	NF PA	
Benralizumab (Fasenra)	F PA	F PA QL	
Binimetinib (Mektovi)	F PA	NF PA	
Bosutinib (Bosulif)	F PA	NF PA	
Budesonide rectal foam		NF	A new FDA approval.
Butenafine (Mentax)	NF	F PA	
Cabozantinib (Cabometyx)	F PA	NF PA	
Calcifediol (Rayaldee)	NF PA	NF PA	PA update.
Calcipotriene/ betamethasone	NF	NF PA	PA added for consistency with other betamethasone/calcipotriene products.
Canakinumab (Ilaris)	F PA QL	F PA QL	PA update.
Capmatinib (Tabrecta)	F PA	NF PA	
Collagenase (Santyl)	NF	F PA	
Crizotinib (Xalkori)	F PA	NF PA	
Cromolyn (Gastrocrom)	NF PA	NF PA	PA update.
Dabigatran (Pradaxa) capsules	F PA	F PA QL	Quantity limit added for consistency across anticoagulant products.
Dabrafenib mesylate (Tafinlar)		F PA	
Dacomitinib (Vizimpro)	F PA	NF PA	

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Drug name	Current Status	New Status	Comments
Darunavir (Prezista)	F	NF	The equivalent generic is preferred.
Decitabine/ cedazuridine (Inqovi)	F PA	NF PA	
Deferiprone (Ferriprox)	F PA	F PA	PA update. Generics are preferred.
Deutetrabenazine (Austedo, Austedo XR)	F PA	F PA QL	Quantity limit added.
Dextroamphetamine/ amphetamine (Adderall XR)	F QL	NF PA QL	The equivalent generic is preferred.
Dulaglutide (Trulicity)	F ST QL	F PA QL	This medication will be reserved for patients with type 2 diabetes. Approvals are automated for patients with a medical diagnosis claim for diabetes. Patients with diabetes that are not identified via medical claim history will require a prior authorization.
Dupilumab (Dupixent)	F PA	F PA QL	Quantity limit added to limit to 2 / 28 days.
Duvelisib (Copiktra)	F PA	NF PA	
Edaravone (Radicava)	F PA QL	F PA QL	PA update.
Elexacaftor/ tezacaftor/ ivacaftor (Trikafta)	F PA	F PA	PA update.
Encorafenib (Braftovi)	F PA	NF PA	
Erenumab (Aimovig)	NF PA QL	NF PA QL	Quantity limit update.
Esketamine (Spravato)	NF PA	NF PA QL	
Estradiol (Estring)	F	NF	Estradiol vaginal tablets are preferred.
Estradiol valerate (Delestrogen)	F	NF PA	The equivalent generic is preferred.
Estrogen/ bazedoxifene (Duavee)	NF	F PA	
Estrogen/ medroxyprogesterone (Prempro, Premphase)	F	NF	Estradiol and medroxyprogesterone tablets will be preferred.
Estrogens (Premarin)	F	NF	Estradiol tablets will be preferred.
Everolimus (Afinitor)	F PA	NF PA	The equivalent generic is preferred.

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Exenatide (Byetta and Bydureon)	F ST QL	F PA QL	This medication will be reserved for patients with type 2 diabetes. Approvals are automated for patients with a medical diagnosis claim for diabetes. Patients with diabetes that are not identified via medical claim history will require a prior authorization.
Fecal microbiota spores (Vowst)		F PA QL	
Fedratinib (Inrebic)	F PA	NF PA	
Fezolinetant (Veozah)		NF PA	
Flu vaccines		F	
Fluocinolone/ tretinoin/ hydroquinone (Tri-Luma)	NF PA	EXCL	
Fluticasone (Flovent Diskus)	F	NF PA	The equivalent generic is preferred.
Fluticasone (Flovent HFA)	F	NF PA	The equivalent generic is preferred.
Fluticasone/ salmeterol (Advair Diskus)	F	NF PA	The equivalent generic is preferred.
Fluticasone/ salmeterol (AirDuo)	NF PA	NF PA	PA update.
Fluticasone/ salmeterol HFA	NF PA	NF PA	PA update. Advair HFA is preferred.
Fluticasone/ vilanterol	NF PA	NF PA	PA update. Breo Ellipta is preferred.
Fremanezumab (Ajovy)	F PA QL	F PA QL	Quantity limit update.
Gabapentin (Gralise)	NF PA QL	NF PA QL	PA update, quantity limit update.
Gabapentin (Horizant)	NF PA QL	NF PA QL	PA update.
Galcanezumab (Emgality)	F PA QL	F PA QL	Quantity limit update.
Gefitinib (Iressa)	F PA	NF PA	The equivalent generic is preferred.
Gilteritinib (Xospata)	F PA	NF PA	
Glasdegib (Daurismo)	F PA	NF PA	
Grass pollen extract (Oralair)	NF PA	NF PA	PA update.
Guselkumab (Tremfya)	NF PA QL	NF PA QL	Quantity limit update.
House dust mite extract (Odactra)	F PA	F PA	PA update.
Humidifiers	F	NF	Non-covered DME product.
Hydrocodone/ chlorpheniramine ER	F PA QL AGE	F QL AGE	
Ibrutinib (Imbruvica)	F PA	NF PA	
Infigratinib (Truseltiq)	F PA	NF PA	

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Insulin aspart	NF PA	F PA	
Insulin detemir (Levemir)	NF PA	F PA	
Insulin glargine (Semglee)	NF PA	NF PA	PA update.
Interferon gamma-1b (Actimmune)	NF PA	F PA	
Ivacaftor (kalydeco)	F PA	F PA	PA update.
Ivermectin cream	NF PA	NF PA	PA update.
Ivosidenib (Tibsovo)	F PA	NF PA	
Lanreotide (Somatuline) depot	NF PA	NF PA	PA update.
Larotrectinib (Vitrakvi)	F PA	NF PA	
Leniolisib (Joenja)		NF PA QL	
Levoketoconazole (Recorlev)	NF PA	NF PA	PA update.
Liraglutide (Saxenda)	F PA	F PA QL	PA update.
Liraglutide (Victoza)	F ST QL	F PA QL	This medication will be reserved for patients with type 2 diabetes. Approvals are automated for patients with a medical diagnosis claim for diabetes. Patients with diabetes that are not identified via medical claim history will require a prior authorization.
Lixisenatide (Adlyxin)	NF PA QL	NF PA QL	PA update.
Lorlatinib (Lorbrena)	F PA	NF PA	
Loteprednol (Lotemax, Lotemax SM)	F	NF	
Meclizine 50mg tablet		NF PA	
Mepolizumab (Nucala)	F PA	F PA QL	Quantity limited added.
Methoxsalen	NF PA	F PA	
Methoxy polyethylene glycol-epoetin beta (Mircera)		NF PA	
Methsuximide (Celontin)	F PA	NF PA	The equivalent generic is preferred.
Methylphenidate ER (Concerta)	F QL	NF PA QL	The equivalent generic is preferred.
Midostaurin (Rydapt)	F PA	NF PA	
Mifepristone (Korlym)	NF PA	NF PA	PA update.
Milnacipran (Savella)	F PA QL	F PA QL	PA update.
Mirabegron (Myrbetriq)	F	F QL	Quantity limited added.
Mobocertinib (Exkivity)	F PA	NF PA	

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Naftifine (Naftin) gel	NF PA	NF PA	PA update. The equivalent generic is preferred.
Naltrexone (Vivitol)	MED	F PA	
Naltrexone/ bupropion (Contrave)	F PA	F PA	PA update.
Neratinib (Nerlynx)	F PA	NF PA	
Niraparib (Zejula)		F PA	
Nitisinone (Nityr)	NF PA	NF PA	PA update.
Nitisinone (Orfadin)	NF PA	NF PA	PA update.
Odevixibat (Bylvay)	NF PA	NF PA	PA update.
Olutasidenib (Rezlidhia)	F PA	NF PA	
Omalizumab (Xolair)	NF PA	NF PA QL	Quantity limited added.
Omeprazole/ bicarbonate (Konvomep)	EXCL/ NF PA	EXCL/ NF PA	PA update.
Orlistat	NF	EXCL/ NF-PA	
Osilodrostat (Isturisa)	F PA	NF PA	
Oxcarbazepine (Oxtellar XR)	NF PA	NF PA	PA update.
Ozanimod (Zeposia) starter pack		F PA QL	
Pegfilgrastim (Neulasta, Neulasta Onpro)	F PA	F PA	These medications will be removed from the specialty drug list. PA criteria remains unchanged.
Pegfilgrastim (Udenyca) autoinjector		F PA	
Pegvaliase (Palynziq)	NF PA	NF PA	PA update.
Pemigatinib (Pemazyre)	F PA	NF PA	
Perfluorohexyloctane pf (Miebo)		NF PA	
Phentermine/ topiramate (Qsymia)	F PA QL	F PA QL	PA update.
Pirfenidone (Esbriet)	NF PA	NF PA	PA update.
Pitolisant (Wakix)	F PA QL	NF PA QL	
Ponatinib (Iclusig)	F PA	NF PA	
Posaconazole	F PA	F PA	PA update.
Pralsetinib (Gavreto)	F PA	NF PA	
Primidone new strength		F	
Ragweed pollen extract (Ragwitek)	F PA	F PA	PA update.

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Ripretinib (Qinlock)	F PA	NF PA	
Risankizumab (Skyrizi)	F PA	F PA QL	Quantity limited added.
Risperidone (Uzedy)		F PA	
Sapropterin (Kuvan, Javygtor)	F PA	F PA	PA update, generics are preferred.
Sarilumab (Kevzara)	NF PA QL	NF PA QL	PA update.
Secukinumab (Cosentyx)	F PA	F PA QL	Quantity limited added.
Selumetinib (Koselugo)	F PA QL	F PA QL	PA update.
Semaglutide (Wegovy)	F PA	F PA QL	PA update.
Sildenafil (Liqrev) oral suspension		NF PA	
Simvastatin suspension (Flolipid)	NF	NF PA	PA added, preferring alternative generic statin products.
Sodium oxybate (Lumryz)	NF PA QL	EXCL/ NF PA QL	Added to Excluded Drug List
Sodium oxybate (Xyrem)	NF PA QL	NF PA QL	PA update. The equivalent generic is preferred.
Sodium phenylbutyrate (Buphenyl, Pheburane)	NF PA	NF PA	PA update.
Sodium phenylbutyrate (Olpruva)		NF PA	
Sodium phenylbutyrate/ taurursodiol (Relyvrio)	NF PA QL	NF PA QL	PA update.
Somapacitan (Sogroya)		NC PA	
Somatropin (Genotropin)	NC PA	Covered PA	
Sotagliflozin (Inpefa)		NF PA	A new FDA approval.
Spinosad (Natroba)	NF	NF PA	
Sucroferric oxyhydroxide (Velphoro)	NF	F PA	
Sumatriptan (Onzetra)	NF PA QL	NF PA QL	PA update.
Sumatriptan (Zembrace)	NF PA QL	NF PA QL	PA update.
Tafamidis (Vyndamax, Vyndaqel)	F PA	F PA	PA update.
Talazoparib (Talzenna) new strength		NF PA	
Tepotinib (Tepmetko)	F PA	NF PA	
Teriparatide (Forteo)	F PA	F PA	PA update
Tezepelumab (Tezspire)	NF PA	NF PA QL	Quantity limited added.

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Timothy grass pollen extract (Grastek)	F PA	F PA	PA update.
Tirzepatide (Mounjaro)	NF PA	F PA QL	Mounjaro will be added to formulary, and reserved for patients with type 2 diabetes. Approvals are automated for patients with a medical diagnosis claim for diabetes. Patients with diabetes that are not identified via medical claim history will require a prior authorization.
Tivozanib (Fotivda)	F PA	NF PA	
Tocilizumab (Actemra)	F PA	F PA QL	Quantity limited added.
Tralokinumab (Adbry)	NF PA	NF PA QL	
Trametinib (Mekinist) solution		F PA	
Treprostinil (Orenitram)	NF PA	NF PA	PA update.
Trientine (Cuvrior)		NF PA QL	
Trofinetide (Daybue)		NF PA QL	
Umbralisib (Ukoniq)	F PA	NF PA	
Upadacitinib (Rinvoq)	F PA QL	F PA QL	PA update.
Ustekinumab (Stelara)	F PA	F PA QL	Quantity limited added.
Valbenazine (Ingrezza)	F PA	F PA QL	Quantity limited added.
Vaporizers	F	NF	Non-covered DME product.
Zavegepant (Zavzpret)		NF PA	
Zolpidem 7.5mg		NF PA	New strength.

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