***Provider Partners Health Plan of Ohio***

# *February 2020*

***Formulary Addendum***

Below is a list formulary changes for the benefit year 2020. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2020 downloadable formulary on the ***Provider Partners Health Plan*** website.

For a complete list of drugs covered by ***Provider Partners Health Plan*,** please visit our website at <https://www.pphealthplan.com/>, or call Member Services at 1-800-405-9681, 8:00 am to 8:00 pm, 7 days a week. TTY/TDD users should call 711.

| **BvsD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),**  **QL – Quantity Limit per 30 days, ST - Step Therapy (1=all members, 2=new starts),**  **LA - This prescription may be available only at certain pharmacies.** | | | | |
| --- | --- | --- | --- | --- |
| 2020 FORMULARY CHANGES | | | | |
| **Drug Name** | **Current Drug Tier** | **New  Drug Tier** | **Reason For Change** | **Alternative Drug, Alternative Drug Tier** |
| **EFFECTIVE 01/01/2020** |  |  |  |  |
| Abilify MyCite Tablet 10 MG Oral | NF | 1 + QL 30 + ST2 | Formulary Enhancement | N/A |
| Abilify MyCite Tablet 15 MG Oral | NF | 1 + QL 30 + ST2 | Formulary Enhancement | N/A |
| Abilify MyCite Tablet 2 MG Oral | NF | 1 + QL 60 + ST2 | Formulary Enhancement | N/A |
| Abilify MyCite Tablet 20 MG Oral | NF | 1 + QL 30 + ST2 | Formulary Enhancement | N/A |
| Abilify MyCite Tablet 30 MG Oral | NF | 1 + QL 30 + ST2 | Formulary Enhancement | N/A |
| Abilify MyCite Tablet 5 MG Oral | NF | 1 + QL 60 + ST2 | Formulary Enhancement | N/A |
| Avonex Kit 30 MCG Intramuscular | 1 + PA2 | NF | CMS Required Deletion | N/A |
| Bivigam Solution 10 GM/100ML Intravenous | 1 + PA1 | NF | CMS Required Deletion | N/A |
| Cefixime Capsule 400 MG Oral | NF | 1 | Formulary Enhancement | N/A |
| Corlanor Solution 5 MG/5ML Oral | NF | 1 + QL 450 + PA1 | Formulary Enhancement | N/A |
| Enbrel Mini Solution Cartridge 50 MG/ML Subcutaneous | NF | 1 + PA1 | Formulary Enhancement | N/A |
| Erythromycin Base Tablet Delayed Release 250 MG Oral | NF | 1 | Formulary Enhancement | N/A |
| Erythromycin Base Tablet Delayed Release 333 MG Oral | NF | 1 | Formulary Enhancement | N/A |
| Erythromycin Base Tablet Delayed Release 500 MG Oral | NF | 1 | Formulary Enhancement | N/A |
| Fasenra Solution Prefilled Syringe 30 MG/ML Subcutaneous | NF | 1 + PA1 | Formulary Enhancement | N/A |
| Febuxostat Tablet 40 MG Oral | NF | 1 + PA1 | Formulary Enhancement | N/A |
| Febuxostat Tablet 80 MG Oral | NF | 1 + PA1 | Formulary Enhancement | N/A |
| Fluticasone-Salmeterol Aerosol Powder Breath Activated 100-50 MCG/DOSE Inhalation | NF | 1 | Formulary Enhancement | N/A |
| Fluticasone-Salmeterol Aerosol Powder Breath Activated 250-50 MCG/DOSE Inhalation | NF | 1 | Formulary Enhancement | N/A |
| Fluticasone-Salmeterol Aerosol Powder Breath Activated 500-50 MCG/DOSE Inhalation | NF | 1 | Formulary Enhancement | N/A |
| Inrebic Capsule 100 MG Oral | NF | 1 + PA2 | Formulary Enhancement | N/A |
| Jolivette Tablet 0.35 MG Oral | 1 | NF | CMS Required Deletion | N/A |
| Metaproterenol Sulfate Tablet 10 MG Oral | 1 | NF | CMS Required Deletion | N/A |
| Metaproterenol Sulfate Tablet 20 MG Oral | 1 | NF | CMS Required Deletion | N/A |
| MonoNessa Tablet 0.25-35 MG-MCG Oral | 1 | NF | CMS Required Deletion | N/A |
| Morphine Sulfate SOLUTION 2 MG/ML Injection | 1 + BvsD | NF | CMS Required Deletion | N/A |
| Morphine Sulfate SOLUTION 5 MG/ML INJECTION | 1 | NF | CMS Required Deletion | N/A |
| Nubeqa Tablet 300 MG Oral | NF | 1 + QL 120 + PA2 | Formulary Enhancement | N/A |
| Pregabalin Capsule 100 MG Oral | NF | 1 + QL 120 | Formulary Enhancement | N/A |
| Pregabalin Capsule 150 MG Oral | NF | 1 + QL 120 | Formulary Enhancement | N/A |
| Pregabalin Capsule 200 MG Oral | NF | 1 + QL 120 | Formulary Enhancement | N/A |
| Pregabalin Capsule 225 MG Oral | NF | 1 + QL 120 | Formulary Enhancement | N/A |
| Pregabalin Capsule 25 MG Oral | NF | 1 + QL 120 | Formulary Enhancement | N/A |
| Pregabalin Capsule 300 MG Oral | NF | 1 + QL 60 | Formulary Enhancement | N/A |
| Pregabalin Capsule 50 MG Oral | NF | 1 + QL 120 | Formulary Enhancement | N/A |
| Pregabalin Capsule 75 MG Oral | NF | 1 + QL 120 | Formulary Enhancement | N/A |
| Pregabalin Solution 20 MG/ML Oral | NF | 1 + QL 900 | Formulary Enhancement | N/A |
| Ramelteon Tablet 8 MG Oral | NF | 1 | Formulary Enhancement | N/A |
| Rinvoq Tablet Extended Release 24 Hour 15 MG Oral | NF | 1 + PA1 | Formulary Enhancement | N/A |
| Skyrizi (150 MG Dose) Prefilled Syringe Kit 75 MG/0.83ML Subcutaneous | NF | 1 + PA1 | Formulary Enhancement | N/A |
| Soliqua Solution Pen-injector 100-33 UNT-MCG/ML Subcutaneous | 1 + QL 18 + ST1 | 1 + QL 18 | Formulary Enhancement | N/A |
| Symdeko Tablet Therapy Pack 50-75 & 75 MG Oral | NF | 1 + PA1 | Formulary Enhancement | N/A |
| Theophylline ER Tablet Extended Release 12 Hour 100 MG Oral | 1 | NF | CMS Required Deletion | N/A |
| Theophylline ER Tablet Extended Release 12 Hour 200 MG Oral | 1 | NF | CMS Required Deletion | N/A |
| TOLAZamide Tablet 250 MG Oral | 1 | NF | CMS Required Deletion | N/A |
| TOLAZamide Tablet 500 MG Oral | 1 | NF | CMS Required Deletion | N/A |
| Turalio Capsule 200 MG Oral | NF | 1 + PA2 | Formulary Enhancement | N/A |
| Xpovio (100 MG Once Weekly) Tablet Therapy Pack 20 MG Oral | NF | 1 + PA2 | Formulary Enhancement | N/A |
| Xpovio (60 MG Once Weekly) Tablet Therapy Pack 20 MG Oral | NF | 1 + PA2 | Formulary Enhancement | N/A |
| Xpovio (80 MG Once Weekly) Tablet Therapy Pack 20 MG Oral | NF | 1 + PA2 | Formulary Enhancement | N/A |
| Xpovio (80 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral | NF | 1 + PA2 | Formulary Enhancement | N/A |
| Xultophy Solution Pen-injector 100-3.6 UNIT-MG/ML Subcutaneous | 1 + QL 15 + ST1 | 1 + QL 15 | Formulary Enhancement | N/A |
| Paliperidone ER Tablet Extended Release 24 Hour 1.5 MG Oral | 1 + QL 60 + ST2 | 1 + QL 60 | Formulary Enhancement | N/A |
| Paliperidone ER Tablet Extended Release 24 Hour 3 MG Oral | 1 + QL 60 + ST2 | 1 + QL 60 | Formulary Enhancement | N/A |
| Paliperidone ER Tablet Extended Release 24 Hour 6 MG Oral | 1 + QL 60 + ST2 | 1 + QL 60 | Formulary Enhancement | N/A |
| Paliperidone ER Tablet Extended Release 24 Hour 9 MG Oral | 1 + QL 30 + ST2 | 1 + QL 30 | Formulary Enhancement | N/A |
| Posaconazole Tablet Delayed Release 100 MG Oral | NF | 1 + PA1 | Formulary Enhancement | N/A |
| Rozlytrek Capsule 100 MG Oral | NF | 1 + PA2 | Formulary Enhancement | N/A |
| Rozlytrek Capsule 200 MG Oral | NF | 1 + PA2 | Formulary Enhancement | N/A |
| Ferriprox Tablet 1000 MG Oral | NF | 1 + PA1 + LA | Formulary Enhancement | N/A |
| **EFFECTIVE 02/01/2020** |  |  |  |  |
| Ciprofloxacin-Fluocinolone PF Solution 0.3-0.025 % Otic | NF | 1 | Formulary Enhancement | N/A |
| Deferasirox Tablet 360 MG Oral | NF | 1 + PA1 | Formulary Enhancement | N/A |
| Deferasirox Tablet 90 MG Oral | NF | 1 + PA1 | Formulary Enhancement | N/A |
| Delyla TABLET 0.1-20 MG-MCG ORAL | 1 | NF | CMS Required Deletion | N/A |
| Dextrose-NaCl SOLUTION 5-0.33 % Intravenous | 1 + BvsD | NF | CMS Required Deletion | N/A |
| Drizalma Sprinkle Capsule Delayed Release Sprinkle 20 MG Oral | NF | 1 + QL 60 | Formulary Enhancement | N/A |
| Drizalma Sprinkle Capsule Delayed Release Sprinkle 30 MG Oral | NF | 1 + QL 60 | Formulary Enhancement | N/A |
| Drizalma Sprinkle Capsule Delayed Release Sprinkle 40 MG Oral | NF | 1 + QL 60 | Formulary Enhancement | N/A |
| Drizalma Sprinkle Capsule Delayed Release Sprinkle 60 MG Oral | NF | 1 + QL 60 | Formulary Enhancement | N/A |
| Fasenra Pen Solution Auto-Injector 30 MG/ML Subcutaneous | NF | 1 + PA1 | Formulary Enhancement | N/A |
| Fiasp PenFill Solution Cartridge 100 UNIT/ML Subcutaneous | NF | 1 | Formulary Enhancement | N/A |
| GaviLyte-G SOLUTION RECONSTITUTED 236 GM ORAL | 1 | NF | CMS Required Deletion | N/A |
| Imvexxy Maintenance Pack Insert 10 MCG Vaginal | NF | 1 | Formulary Enhancement | N/A |
| Imvexxy Maintenance Pack Insert 4 MCG Vaginal | NF | 1 | Formulary Enhancement | N/A |
| Imvexxy Starter Pack Insert 10 MCG Vaginal | NF | 1 | Formulary Enhancement | N/A |
| Imvexxy Starter Pack Insert 4 MCG Vaginal | NF | 1 | Formulary Enhancement | N/A |
| Katerzia Suspension 1 MG/ML Oral | NF | 1 | Formulary Enhancement | N/A |
| KCl in Dextrose-NaCl Solution 20-5-0.33 MEQ/L-%-% Intravenous | 1 + BvsD | NF | CMS Required Deletion | N/A |
| Methyclothiazide Tablet 5 MG Oral | 1 | NF | CMS Required Deletion | N/A |
| Metoprolol Tartrate Tablet 37.5 MG Oral | NF | 1 | Formulary Enhancement | N/A |
| Metoprolol Tartrate Tablet 75 MG Oral | NF | 1 | Formulary Enhancement | N/A |
| Mimvey Lo TABLET 0.5-0.1 MG ORAL | 1 | NF | CMS Required Deletion | N/A |
| Nadolol-Bendroflumethiazide Tablet 40-5 MG Oral | 1 | NF | CMS Required Deletion | N/A |
| Nayzilam Solution 5 MG/0.1ML Nasal | NF | 1 | Formulary Enhancement | N/A |
| Norlyroc TABLET 0.35 MG ORAL | 1 | NF | CMS Required Deletion | N/A |
| Oxervate Solution 0.002 % Ophthalmic | 1 + PA1 | NF | CMS Required Deletion | N/A |
| Promethazine HCl SUPPOSITORY 50 MG Rectal | 1 | NF | CMS Required Deletion | N/A |
| Rebetol Solution 40 MG/ML Oral | 1 | NF | CMS Required Deletion | N/A |
| Ribasphere CAPSULE 200 MG ORAL | 1 | NF | CMS Required Deletion | N/A |
| Ribasphere RibaPak Tablet 600 MG Oral | 1 | NF | CMS Required Deletion | N/A |
| Ribasphere RibaPak Tablet Therapy Pack 400 & 600 MG Oral | 1 | NF | CMS Required Deletion | N/A |
| Ribasphere Tablet 600 MG Oral | 1 | NF | CMS Required Deletion | N/A |
| Thyrolar-1 Tablet 60 (12.5-50) MG (MCG) Oral | 1 | NF | CMS Required Deletion | N/A |
| Thyrolar-1/2 Tablet 30 (6.25-25) MG (MCG) Oral | 1 | NF | CMS Required Deletion | N/A |
| Thyrolar-1/4 Tablet 15 (3.1-12.5) MG (MCG) Oral | 1 | NF | CMS Required Deletion | N/A |
| Thyrolar-2 Tablet 120 (25-100) MG (MCG) Oral | 1 | NF | CMS Required Deletion | N/A |
| Thyrolar-3 Tablet 180 (37.5-150) MG (MCG) Oral | 1 | NF | CMS Required Deletion | N/A |
| Tiadylt ER Capsule Extended Release 24 Hour 360 MG Oral | NF | 1 | Formulary Enhancement | N/A |
| Trelegy Ellipta Aerosol Powder Breath Activated 100-62.5-25 MCG/INH Inhalation | 1 + ST1 | 1 | Formulary Enhancement | N/A |
| Trikafta Tablet Therapy Pack 100-50-75 & 150 MG Oral | NF | 1 + PA1 | Formulary Enhancement | N/A |
| Vyndamax Capsule 61 MG Oral | NF | 1 + QL 30 + PA1 | Formulary Enhancement | N/A |
| Zykadia CAPSULE 150 MG ORAL | 1 + PA2 | NF | CMS Required Deletion | N/A |