

**Provider Partners Health Plan**  
**December 2021**  
**Formulary Addendum**

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
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**2021 FORMULARY CHANGES**

| <b>Drug Name</b>   | <b>Current Drug Tier</b> | <b>New Drug Tier</b> | <b>Reason For Change</b> | <b>Alternative Drug, Alternative Drug Tier</b> |
|--|--------------------------|----------------------|--------------------------|--|
| <b>EFFECTIVE 01/01/2021</b>                                |                          |                      |                          |  |
| Aminosyn II Solution 10 % Intravenous                      | 1 + BvD                  | NF                   | CMS Required Deletion    | N/A  |
| Clindamycin Phos-Benzoyl Perox Gel 1-5 % External          | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Deferasirox Granules Packet 180 MG Oral                    | NF                       | 1 + PA1              | Formulary Enhancement    | N/A  |
| Deferasirox Granules Packet 360 MG Oral                    | NF                       | 1 + PA1              | Formulary Enhancement    | N/A  |
| Deferasirox Granules Packet 90 MG Oral                     | NF                       | 1 + PA1              | Formulary Enhancement    | N/A  |
| Desogestrel-Ethinyl Estradiol Tablet 0.15-30 MG-MCG Oral   | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Dexamethasone Intensol Concentrate 1 MG/ML Oral            | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Dexamethasone Sodium Phosphate Inj 10 MG/ML                | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Dexamethasone Sod Phosphate Preservative Free Inj 10 MG/ML | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Dextrose-NaCl Solution 5-0.225 % Intravenous               | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Dojolvi Liquid 100 % Oral                                  | NF                       | 1 + PA1              | Formulary Enhancement    | N/A  |
| Dupixent Solution Pen-Injector 300 MG/2ML Subcutaneous     | NF                       | 1 + PA1              | Formulary Enhancement    | N/A  |
| Duramorph SOLUTION 0.5 MG/ML Injection                     | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Duramorph SOLUTION 1 MG/ML Injection                       | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Enbrel Solution 25 MG/0.5ML Subcutaneous                   | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Enspryng Solution Prefilled Syringe 120 MG/ML Subcutaneous | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |

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|--|--------------------------|----------------------|--------------------------|--|
| Evrysdi Solution Reconstituted 0.75 MG/ML Oral                         | NF                       | 1 + PA1              | Formulary Enhancement    | N/A  |
| Fintepla Solution 2.2 MG/ML Oral                                       | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Inqovi Tablet 35-100 MG Oral   | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Kesimpta Solution Auto-Injector 20 MG/0.4ML Subcutaneous               | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Lactated Ringer's Solution   | NF                       | 1                    | Formulary Enhancement    | N/A  |
| lamoTRIgine Kit 25 & 50 & 100 MG Oral                                  | NF                       | 1                    | Formulary Enhancement    | N/A  |
| MethylPREDNISolone SOD Succ SOL RECON 40 MG INJ                        | NF                       | 1                    | Formulary Enhancement    | N/A  |
| MethylPREDNISolone Sodium Succ SOLUTION RECONSTITUTED 125 MG Injection | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Normosol-R SOLUTION Intravenous  | 1 + BvD                  | NF                   | CMS Required Deletion    | N/A  |
| Pantoprazole Sodium Packet 40 MG Oral                                  | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Promethazine inj 25mg/ml   | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Rukobia Tablet Extended Release 12 Hour 600 MG Oral                    | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Sirturo Tablet 20 MG Oral  | NF                       | 1 + PA1              | Formulary Enhancement    | N/A  |
| SOLU-MEDROL INJ 40MG   | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Sylatron KIT 200 MCG Subcutaneous                                      | 1 + PA2                  | NF                   | CMS Required Deletion    | N/A  |
| Sylatron KIT 300 MCG Subcutaneous                                      | 1 + PA2                  | NF                   | CMS Required Deletion    | N/A  |
| Tivicay PD Tablet Soluble 5 MG Oral                                    | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Tobramycin Nebulization Solution 300 MG/5ML Inhalation                 | 1 + PA1                  | 1 + BvD              | Formulary Enhancement    | N/A  |
| Tolvaptan Tablet 30 MG Oral  | NF                       | 1 + PA1              | Formulary Enhancement    | N/A  |
| Xpovio (40 MG Once Weekly) Tablet Therapy Pack 20 MG Oral              | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral             | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |

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|---|--------------------------|----------------------|--------------------------|--|
| Xpovio (60 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral      | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Zostavax SUSPENSION RECONSTITUTED 19400 UNT/0.65ML Subcutaneous | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Deferiprone Tablet 500 MG Oral                                  | NF                       | 1 + PA1              | Formulary Enhancement    | N/A  |
| Dimethyl Fumarate Capsule Delayed Release 120 MG Oral           | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Dimethyl Fumarate Capsule Delayed Release 240 MG Oral           | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Emtricitabine Capsule 200 MG Oral                               | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Gavreto Capsule 100 MG Oral                                     | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| MenQuadfi Injectable Intramuscular                              | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Trulicity Solution Pen-Injector 3 MG/0.5ML Subcutaneous         | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Trulicity Solution Pen-Injector 4.5 MG/0.5ML Subcutaneous       | NF                       | 1                    | Formulary Enhancement    | N/A  |
| <b>EFFECTIVE 02/01/2021</b>                                     |                          |                      |                          |  |
| Alkindi Sprinkle Capsule Sprinkle 0.5 MG Oral                   | NF                       | 1 + PA1              | Formulary Enhancement    | N/A  |
| Alkindi Sprinkle Capsule Sprinkle 1 MG Oral                     | NF                       | 1 + PA1              | Formulary Enhancement    | N/A  |
| Alkindi Sprinkle Capsule Sprinkle 2 MG Oral                     | NF                       | 1 + PA1              | Formulary Enhancement    | N/A  |
| Alkindi Sprinkle Capsule Sprinkle 5 MG Oral                     | NF                       | 1 + PA1              | Formulary Enhancement    | N/A  |
| Depo-Provera Suspension 400 MG/ML Intramuscular                 | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Diacomit Capsule 250 MG Oral                                    | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Diacomit Capsule 500 MG Oral                                    | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Diacomit Packet 250 MG Oral                                     | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Diacomit Packet 500 MG Oral                                     | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |

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|---|--------------------------|----------------------|--------------------------|--|
| Disulfiram Tablet 500 MG Oral                             | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Efavirenz-Emtricitab-Tenofovir Tablet 600-200-300 MG Oral | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Efavirenz-lamiVUDine-Tenofovir Tablet 400-300-300 MG Oral | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Efavirenz-lamiVUDine-Tenofovir Tablet 600-300-300 MG Oral | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Emtricitabine-Tenofovir DF Tablet 200-300 MG Oral         | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Esbriet Tablet 267 MG Oral                                | NF                       | 1 + PA1              | Formulary Enhancement    | N/A  |
| Farydak Capsule 15 MG Oral                                | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Fosfomycin Tromethamine Packet 3 GM Oral                  | NF                       | 1                    | Formulary Enhancement    | N/A  |
| FreAmine HBC SOLUTION 6.9 % Intravenous                   | 1 + BvD                  | NF                   | CMS Required Deletion    | N/A  |
| Golytely SOLUTION RECONSTITUTED 227.1 GM ORAL             | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Juxtapid CAPSULE 40 MG ORAL                               | 1 + PA1                  | NF                   | CMS Required Deletion    | N/A  |
| Juxtapid CAPSULE 60 MG ORAL                               | 1 + PA1                  | NF                   | CMS Required Deletion    | N/A  |
| Kionex SUSPENSION 15 GM/60ML ORAL                         | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Lampit Tablet 120 MG Oral                                 | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Lampit Tablet 30 MG Oral                                  | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Lapatinib Ditosylate Tablet 250 MG Oral                   | NF                       | 1 + QL 150 + PA2     | Formulary Enhancement    | N/A  |
| metyroSINE Capsule 250 MG Oral                            | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Peganone TABLET 250 MG Oral                               | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Pegasys ProClick SOLUTION 180 MCG/0.5ML Subcutaneous      | 1 + PA1                  | NF                   | CMS Required Deletion    | N/A  |
| Roweepra TABLET 1000 MG Oral                              | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Roweepra Tablet 500 MG Oral                               | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Roweepra TABLET 750 MG Oral                               | 1                        | NF                   | CMS Required Deletion    | N/A  |

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|---|--------------------------|----------------------|--------------------------|---|
| Roweepra XR Tablet Extended Release 24 Hour 500 MG Oral                             | 1                        | NF                   | CMS Required Deletion    | N/A   |
| Roweepra XR Tablet Extended Release 24 Hour 750 MG Oral                             | 1                        | NF                   | CMS Required Deletion    | N/A   |
| Sapropterin Dihydrochloride Packet 100 MG Oral                                      | NF                       | 1 + PA1              | Formulary Enhancement    | N/A   |
| Sapropterin Dihydrochloride Packet 500 MG Oral                                      | NF                       | 1 + PA1              | Formulary Enhancement    | N/A   |
| Sapropterin Dihydrochloride Tablet Soluble 100 MG Oral                              | NF                       | 1 + PA1              | Formulary Enhancement    | N/A   |
| Sodium Polystyrene Sulfonate SUSPENSION 15 GM/60ML ORAL                             | 1                        | NF                   | CMS Required Deletion    | N/A   |
| Tolvaptan Tablet 15 MG Oral   | NF                       | 1 + PA1              | Formulary Enhancement    | N/A   |
| Trelegy Ellipta Aerosol Powder Breath Activated 200-62.5-25 MCG/INH Inhalation      | NF                       | 1                    | Formulary Enhancement    | N/A   |
| <b>EFFECTIVE 03/01/2021</b>   |                          |                      |                          |   |
| Albuterol Sulfate HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation (NDA020503) | NF                       | 1                    | Formulary Enhancement    | N/A   |
| Albuterol Sulfate HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation (NDA020983) | NF                       | 1                    | Formulary Enhancement    | N/A   |
| Atripla Tablet 600-200-300 MG Oral  | 1                        | NF                   | Formulary Update         | efavirenz 600 mg / emtricitabine 200 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 1 |
| Crixivan Capsule 400 MG Oral  | 1                        | NF                   | CMS Required Deletion    | N/A   |
| Demser Capsule 250 MG Oral  | 1                        | NF                   | Formulary Update         | metyrosine 250 mg oral capsule, 1   |

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|---|--------------------------|----------------------|--------------------------|--|
| Dimethyl Fumarate Starter Pack 120 & 240 MG Oral      | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Emtriva Capsule 200 MG Oral                           | 1                        | NF                   | Formulary Update         | emtricitabine 200 mg oral capsule, 1                                 |
| Ferriprox Tablet 500 MG Oral                          | 1 + PA1 + LA             | NF                   | Formulary Update         | deferiprone 500 mg oral tablet, 1 + PA1                              |
| Humira Pen Pen-Injector Kit 80 MG/0.8ML Subcutaneous  | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Humira Prefilled Syringe Kit 10 MG/0.2ML Subcutaneous | 1 + PA2                  | NF                   | CMS Required Deletion    | N/A  |
| Humira Prefilled Syringe Kit 20 MG/0.4ML Subcutaneous | 1 + PA2                  | NF                   | CMS Required Deletion    | N/A  |
| Iclevia Tablet 0.15-0.03 MG Oral                      | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Jadenu Sprinkle Packet 180 MG Oral                    | 1 + PA1                  | NF                   | Formulary Update         | deferasirox 180 mg oral granules, 1 + PA1                            |
| Jadenu Sprinkle Packet 360 MG Oral                    | 1 + PA1                  | NF                   | Formulary Update         | deferasirox 360 mg oral granules, 1 + PA1                            |
| Jadenu Sprinkle Packet 90 MG Oral                     | 1 + PA1                  | NF                   | Formulary Update         | deferasirox 90 mg oral granules, 1 + PA1                             |
| Kuvan Packet 100 MG Oral                              | 1 + PA1 + LA             | NF                   | Formulary Update         | sapropterin dihydrochloride 100 mg powder for oral solution, 1 + PA1 |

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|---|--------------------------|----------------------|--------------------------|--|
| Kuvan Packet 500 MG Oral                              | 1 + PA1 + LA             | NF                   | Formulary Update         | sapropterin dihydrochloride 500 mg powder for oral solution, 1 + PA1 |
| Kuvan Tablet Soluble 100 MG Oral                      | 1 + PA1 + LA             | NF                   | Formulary Update         | sapropterin dihydrochloride 100 mg oral tablet, 1 + PA1              |
| Lopreeza Tablet 1-0.5 MG Oral                         | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Monurol Packet 3 GM Oral                              | 1                        | NF                   | Formulary Update         | fosfomycin 3000 mg powder for oral solution, 1                       |
| Onureg Tablet 200 MG Oral                             | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Onureg Tablet 300 MG Oral                             | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Pazeo Solution 0.7 % Ophthalmic                       | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Retacrit Solution 10000 UNIT/ML Injection(1ML)        | NF                       | 1 + PA1              | Formulary Enhancement    | N/A  |
| Retacrit Solution 20000 UNIT/ML Injection             | NF                       | 1 + PA1              | Formulary Enhancement    | N/A  |
| Riomet ER Suspension Reconstituted ER 500 MG/5ML Oral | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Rufinamide Suspension 40 MG/ML Oral                   | NF                       | 1 + QL 2400          | Formulary Enhancement    | N/A  |
| Samsca Tablet 15 MG Oral                              | 1 + PA1                  | NF                   | Formulary Update         | tolvaptan 15 mg oral tablet, 1 + PA1                                 |
| Samsca Tablet 30 MG Oral                              | 1 + PA1                  | NF                   | Formulary Update         | tolvaptan 30 mg oral tablet, 1 + PA1                                 |
| Sutab Tablet 1479-225-188 MG Oral                     | NF                       | 1                    | Formulary Enhancement    | N/A  |

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|---|--------------------------|----------------------|--------------------------|--|
| Symfi Lo Tablet 400-300-300 MG Oral           | 1                        | NF                   | Formulary Update         | efavirenz 400 mg / lamivudine 300 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 1 |
| Symfi Tablet 600-300-300 MG Oral              | 1                        | NF                   | Formulary Update         | efavirenz 600 mg / lamivudine 300 mg / tenofovir disoproxil fumarate 300 mg oral tablet, 1 |
| Tecfidera Capsule Delayed Release 120 MG Oral | 1 + PA2                  | NF                   | Formulary Update         | dimethyl fumarate 120 mg delayed release oral capsule, 1 + PA2                             |
| Tecfidera Capsule Delayed Release 240 MG Oral | 1 + PA2                  | NF                   | Formulary Update         | dimethyl fumarate 240 mg delayed release oral capsule, 1 + PA2                             |
| Truvada Tablet 200-300 MG Oral                | 1                        | NF                   | Formulary Update         | emtricitabine 200 mg / tenofovir disoproxil fumarate 300 mg oral tablet                    |
| Tykerb Tablet 250 MG Oral                     | 1 + QL 150 + PA2         | NF                   | Formulary Update         | lapatinib 250 mg oral tablet, 1 + QL 150 + PA2   |
| Xywav Solution 500 MG/ML Oral                 | NF                       | 1 + QL 540 + PA1     | Formulary Enhancement    | N/A  |
| <b>EFFECTIVE 04/01/2021</b>                   |                          |                      |                          |  |

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| Abiraterone Acetate Tablet 500 MG Oral                | NF                       | 1 + QL 120 + PA2     | Formulary Enhancement    | N/A  |
| Asenapine Maleate Tablet Sublingual 10 MG Sublingual  | NF                       | 1 + QL 60            | Formulary Enhancement    | N/A  |
| Asenapine Maleate Tablet Sublingual 2.5 MG Sublingual | NF                       | 1 + QL 60            | Formulary Enhancement    | N/A  |
| Asenapine Maleate Tablet Sublingual 5 MG Sublingual   | NF                       | 1 + QL 60            | Formulary Enhancement    | N/A  |
| Banzel Suspension 40 MG/ML Oral                       | 1 + QL 2400              | NF                   | Formulary Update         | rufinamide 40 mg/ml oral suspension, 1 + QL 2400 |
| Cortisone Acetate Tablet 25 MG Oral                   | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Cystadrops Solution 0.37 % Ophthalmic                 | NF                       | 1 QL 20/28 + PA1     | Formulary Enhancement    | N/A  |
| Didanosine Capsule Delayed Release 250 MG Oral        | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Didanosine Capsule Delayed Release 400 MG Oral        | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Dificid Suspension Reconstituted 40 MG/ML Oral        | NF                       | 1 + ST2              | Formulary Enhancement    | N/A  |
| Hemady Tablet 20 MG Oral                              | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Iclusig Tablet 10 MG Oral                             | NF                       | 1 + QL 60 + PA2      | Formulary Enhancement    | N/A  |
| Iclusig Tablet 30 MG Oral                             | NF                       | 1 + QL 30 + PA2      | Formulary Enhancement    | N/A  |
| Lyleq Tablet 0.35 MG Oral                             | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Nitazoxanide Tablet 500 MG Oral                       | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Normosol-M in D5W Solution Intravenous                | 1 + BvD                  | NF                   | CMS Required Deletion    | N/A  |
| Nylia 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral          | NF                       | 1                    | Formulary Enhancement    | N/A  |

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|---|--------------------------|----------------------|--------------------------|---|
| Orgovyx Tablet 120 MG Oral                              | NF                       | 1 + PA2              | Formulary Enhancement    | N/A   |
| Stavudine Capsule 15 MG Oral                            | 1                        | NF                   | CMS Required Deletion    | N/A   |
| Stavudine Capsule 20 MG Oral                            | 1                        | NF                   | CMS Required Deletion    | N/A   |
| Stavudine Capsule 30 MG Oral                            | 1                        | NF                   | CMS Required Deletion    | N/A   |
| Stavudine Capsule 40 MG Oral                            | 1                        | NF                   | CMS Required Deletion    | N/A   |
| Tecfidera 120 & 240 MG Oral                             | 1 + PA2                  | NF                   | Formulary Update         | dimethyl fumarate 120 mg / dimethyl fumarate 240 mg pack, 1 + PA2 |
| Xalkori CAPSULE 200 MG ORAL                             | 1 + QL 60 + PA2          | 1 + QL 120 + PA2     | Formulary Enhancement    | N/A   |
| Xalkori CAPSULE 250 MG ORAL                             | 1 + QL 60 + PA2          | 1 + QL 120 + PA2     | Formulary Enhancement    | N/A   |
| <b>EFFECTIVE 05/01/2021</b>                             |                          |                      |                          |   |
| Alinia Tablet 500 MG Oral                               | 1                        | NF                   | Formulary Update         | nitazoxanide 500 mg oral tablet, 1                                |
| Anadrol-50 TABLET 50 MG Oral                            | 1                        | NF                   | CMS Required Deletion    | N/A   |
| Breztri Aerosphere Aerosol 160-9-4.8 MCG/ACT Inhalation | NF                       | 1                    | Formulary Enhancement    | N/A   |
| Emtricitabine-Tenofovir DF Tablet 100-150 MG Oral       | NF                       | 1                    | Formulary Enhancement    | N/A   |
| Emtricitabine-Tenofovir DF Tablet 133-200 MG Oral       | NF                       | 1                    | Formulary Enhancement    | N/A   |
| Emtricitabine-Tenofovir DF Tablet 167-250 MG Oral       | NF                       | 1                    | Formulary Enhancement    | N/A   |
| Lidocaine HCl Urethral/Mucosal Gel 2 % External         | 1 + QL 30 + PA1          | NF                   | CMS Required Deletion    | N/A   |
| Lubiprostone Capsule 24 MCG Oral                        | NF                       | 1                    | Formulary Enhancement    | N/A   |
| Lubiprostone Capsule 8 MCG Oral                         | NF                       | 1                    | Formulary Enhancement    | N/A   |
| Lupkynis Capsule 7.9 MG Oral                            | NF                       | 1 + QL 180 + PA1     | Formulary Enhancement    | N/A   |

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| <b>2021 FORMULARY CHANGES</b>                                   |                          |                      |                          |  |
|---|--------------------------|----------------------|--------------------------|--|
| <b>Drug Name</b>  | <b>Current Drug Tier</b> | <b>New Drug Tier</b> | <b>Reason For Change</b> | <b>Alternative Drug, Alternative Drug Tier</b> |
| Mayzent Starter Pack Tablet Therapy Pack 0.25 MG Oral           | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Metaproterenol Sulfate Syrup 10 MG/5ML Oral                     | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Nymyo Tablet 0.25-35 MG-MCG Oral                                | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Ozempic (1 MG/DOSE) Solution Pen-Injector 4 MG/3ML Subcutaneous | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Periogard Solution 0.12 % Mouth/Throat                          | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Saphris Tablet Sublingual 10 MG Sublingual                      | 1 + QL 60 + ST2          | NF                   | Formulary Update         | asenapine 10 mg sublingual tablet, 1 + QL 60   |
| Saphris Tablet Sublingual 2.5 MG Sublingual                     | 1 + QL 60 + ST2          | NF                   | Formulary Update         | asenapine 2.5 mg sublingual tablet, 1 + QL 60  |
| Saphris Tablet Sublingual 5 MG Sublingual                       | 1 + QL 60 + ST2          | NF                   | Formulary Update         | asenapine 5 mg sublingual tablet, 1 + QL 60    |
| Somatuline Depot Solution 120 MG/0.5ML Subcutaneous             | 1 + PA2                  | NF                   | CMS Required Deletion    | N/A  |
| Somatuline Depot Solution 60 MG/0.2ML Subcutaneous              | 1 + PA2                  | NF                   | CMS Required Deletion    | N/A  |
| Somatuline Depot Solution 90 MG/0.3ML Subcutaneous              | 1 + PA2                  | NF                   | CMS Required Deletion    | N/A  |
| Symjepi Solution Prefilled Syringe 0.15 MG/0.3ML Injection      | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Symjepi Solution Prefilled Syringe 0.3 MG/0.3ML Injection       | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Temixys Tablet 300-300 MG Oral                                  | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Tepmetko Tablet 225 MG Oral                                     | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |

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**2021 FORMULARY CHANGES**

| <b>Drug Name</b>                                | <b>Current Drug Tier</b> | <b>New Drug Tier</b> | <b>Reason For Change</b> | <b>Alternative Drug, Alternative Drug Tier</b>           |
|---|--------------------------|----------------------|--------------------------|--|
| Tri-Nymyo Tablet 0.18/0.215/0.25 MG-35 MCG Oral | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Verquvo Tablet 10 MG Oral                       | NF                       | 1 + QL 30 + PA2      | Formulary Enhancement    | N/A  |
| Verquvo Tablet 2.5 MG Oral                      | NF                       | 1 + QL 30 + PA2      | Formulary Enhancement    | N/A  |
| Verquvo Tablet 5 MG Oral                        | NF                       | 1 + QL 30 + PA2      | Formulary Enhancement    | N/A  |
| Xeljanz Solution 1 MG/ML Oral                   | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Xtandi Tablet 40 MG Oral                        | NF                       | 1 + QL 120 + PA2     | Formulary Enhancement    | N/A  |
| Xtandi Tablet 80 MG Oral                        | NF                       | 1 + QL 60 + PA2      | Formulary Enhancement    | N/A  |
| Zytiga Tablet 500 MG Oral                       | 1 + QL 120 + PA2         | NF                   | Formulary Update         | abiraterone acetate 500 mg oral tablet, 1 + QL 120 + PA2 |
| <b>EFFECTIVE 06/01/2021</b>                     |                          |                      |                          |  |
| Accutane Capsule 20 MG Oral                     | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Accutane Capsule 30 MG Oral                     | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Accutane Capsule 40 MG Oral                     | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Amitiza Capsule 24 MCG Oral                     | 1                        | NF                   | Formulary Update         | lubiprostone 0.024 mg oral capsule, 1                    |
| Amitiza Capsule 8 MCG Oral                      | 1                        | NF                   | Formulary Update         | lubiprostone 0.008 mg oral capsule, 1                    |
| Crixivan CAPSULE 200 MG ORAL                    | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Cyclophosphamide Tablet 25 MG Oral              | NF                       | 1 + BvD              | Formulary Enhancement    | N/A  |
| Cyclophosphamide Tablet 50 MG Oral              | NF                       | 1 + BvD              | Formulary Enhancement    | N/A  |
| Droxidopa Capsule 100 MG Oral                   | NF                       | 1 + PA1              | Formulary Enhancement    | N/A  |
| Droxidopa Capsule 200 MG Oral                   | NF                       | 1 + PA1              | Formulary Enhancement    | N/A  |
| Droxidopa Capsule 300 MG Oral                   | NF                       | 1 + PA1              | Formulary Enhancement    | N/A  |

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| <b>Drug Name</b>   | <b>Current Drug Tier</b> | <b>New Drug Tier</b> | <b>Reason For Change</b> | <b>Alternative Drug, Alternative Drug Tier</b>                             |
|--|--------------------------|----------------------|--------------------------|--|
| Gianvi Tablet 3-0.02 MG Oral   | 1                        | NF                   | CMS Required Deletion    | N/A  |
| NephrAmine SOLUTION 5.4 % Intravenous                                    | 1 + BvD                  | NF                   | CMS Required Deletion    | N/A  |
| SUMatriptan Succinate Solution Prefilled Syringe 6 MG/0.5ML Subcutaneous | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Truvada Tablet 100-150 MG Oral   | 1                        | NF                   | Formulary Update         | emtricitabine 100 mg / tenofovir disoproxil fumarate 150 mg oral tablet, 1 |
| Truvada Tablet 133-200 MG Oral   | 1                        | NF                   | Formulary Update         | emtricitabine 133 mg / tenofovir disoproxil fumarate 200 mg oral tablet, 1 |
| Truvada Tablet 167-250 MG Oral   | 1                        | NF                   | Formulary Update         | emtricitabine 167 mg / tenofovir disoproxil fumarate 250 mg oral tablet, 1 |
| Ukoniq Tablet 200 MG Oral  | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| <b>EFFECTIVE 07/01/2021</b>  |                          |                      |                          |  |
| Avandia Tablet 2 MG Oral   | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Avandia Tablet 4 MG Oral   | 1                        | NF                   | CMS Required Deletion    | N/A  |
| FLUoxetine HCl (PMDD) Tablet 10 MG Oral                                  | NF                       | 1                    | Formulary Enhancement    | N/A  |
| FLUoxetine HCl (PMDD) Tablet 20 MG Oral                                  | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Fotivda Capsule 0.89 MG Oral   | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Fotivda Capsule 1.34 MG Oral   | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |

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| <b>Drug Name</b>  | <b>Current Drug Tier</b> | <b>New Drug Tier</b> | <b>Reason For Change</b> | <b>Alternative Drug, Alternative Drug Tier</b> |
|---|--------------------------|----------------------|--------------------------|--|
| Humira Pen-Pediatric UC Start Pen-Injector Kit 80 MG/0.8ML Subcutaneous | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Lidocaine HCl Solution 4 % External                                     | 1 + QL 50 + PA1          | 1 + QL 50            | Formulary Enhancement    | N/A  |
| Lidocaine Ointment 5 % External   | 1 + QL 50 + PA1          | 1 + QL 50            | Formulary Enhancement    | N/A  |
| Lidocaine-Prilocaine Cream 2.5-2.5 % External                           | 1 + QL 30 + PA1          | 1 + QL 30            | Formulary Enhancement    | N/A  |
| Northera Capsule 100 MG Oral  | 1 + PA1 + LA             | NF                   | Formulary Update         | droxidopa 100 mg oral capsule, 1 + PA1         |
| Northera Capsule 200 MG Oral  | 1 + PA1 + LA             | NF                   | Formulary Update         | droxidopa 200 mg oral capsule, 1 + PA1         |
| Northera Capsule 300 MG Oral  | 1 + PA1 + LA             | NF                   | Formulary Update         | droxidopa 300 mg oral capsule, 1 + PA1         |
| Unithroid Tablet 137 MCG Oral   | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Vectura Tablet 3-0.02 MG Oral   | NF                       | 1                    | Formulary Enhancement    | N/A  |
| <b>EFFECTIVE 08/01/2021</b>   |                          |                      |                          |  |
| Albuterol Sulfate ER Tablet Extended Release 12 Hour 4 MG Oral          | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Albuterol Sulfate ER Tablet Extended Release 12 Hour 8 MG Oral          | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Captopril-Hydrochlorothiazide TABLET 25-15 MG ORAL                      | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Captopril-hydroCHLOROthiazide Tablet 25-25 MG Oral                      | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Captopril-Hydrochlorothiazide TABLET 50-15 MG ORAL                      | 1                        | NF                   | CMS Required Deletion    | N/A  |

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| <b>Drug Name</b>   | <b>Current Drug Tier</b> | <b>New Drug Tier</b> | <b>Reason For Change</b> | <b>Alternative Drug, Alternative Drug Tier</b> |
|--|--------------------------|----------------------|--------------------------|--|
| Captopril-hydroCHLOROthiazide Tablet 50-25 MG Oral               | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Phospholine Iodide SOLUTION RECONSTITUTED 0.125 % OPHTHALMIC     | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Prednicarbate Cream 0.1 % External                               | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Xcopri (250 MG Daily Dose) Tablet Therapy Pack 100 & 150 MG Oral | NF                       | 1 + QL 56/28         | Formulary Enhancement    | N/A  |
| Xpovio (100 MG Once Weekly) Tablet Therapy Pack 50 MG Oral       | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Xpovio (40 MG Once Weekly) Tablet Therapy Pack 40 MG Oral        | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 40 MG Oral       | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Xpovio (60 MG Once Weekly) Tablet Therapy Pack 60 MG Oral        | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Xpovio (80 MG Once Weekly) Tablet Therapy Pack 40 MG Oral        | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| <b>EFFECTIVE 09/01/2021</b>                                      |                          |                      |                          |  |
| Aptivus SOLUTION 100 MG/ML ORAL                                  | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Guanidine HCl Tablet 125 MG Oral                                 | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Maprotiline HCl TABLET 25 MG ORAL                                | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Maprotiline HCl TABLET 50 MG ORAL                                | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Maprotiline HCl TABLET 75 MG ORAL                                | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Methyldopa-Hydrochlorothiazide TABLET 250-15 MG ORAL             | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Methyldopa-Hydrochlorothiazide TABLET 250-25 MG ORAL             | 1                        | NF                   | CMS Required Deletion    | N/A  |

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| <b>Drug Name</b>  | <b>Current Drug Tier</b> | <b>New Drug Tier</b> | <b>Reason For Change</b> | <b>Alternative Drug, Alternative Drug Tier</b> |
|---|--------------------------|----------------------|--------------------------|--|
| Norethin Ace-Eth Estrad-FE Tablet 1-20 MG-MCG Oral        | NF                       | 1                    | Formulary Enhancement    | N/A  |
| oxyCODONE-Aspirin Tablet 4.8355-325 MG Oral               | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Propranolol-HCTZ TABLET 40-25 MG ORAL                     | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Propranolol-HCTZ TABLET 80-25 MG ORAL                     | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Rufinamide Tablet 200 MG Oral                             | NF                       | 1 + QL 240           | Formulary Enhancement    | N/A  |
| Rufinamide Tablet 400 MG Oral                             | NF                       | 1 + QL 240           | Formulary Enhancement    | N/A  |
| Skyrizi Pen Solution Auto-Injector 150 MG/ML Subcutaneous | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Skyrizi Solution Prefilled Syringe 150 MG/ML Subcutaneous | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Tolmetin Sodium CAPSULE 400 MG ORAL                       | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Tolmetin Sodium Tablet 600 MG Oral                        | 1                        | NF                   | CMS Required Deletion    | N/A  |
| <b>EFFECTIVE 10/01/2021</b>                               |                          |                      |                          |  |
| Alinia Suspension Reconstituted 100 MG/5ML Oral           | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Ayvakit Tablet 25 MG Oral                                 | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Ayvakit Tablet 50 MG Oral                                 | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Banzel Tablet 200 MG Oral                                 | 1 + QL 240               | NF                   | Formulary Update         | rufinamide 200 mg oral tab, 1 + QL 240         |
| Banzel Tablet 400 MG Oral                                 | 1 + QL 240               | NF                   | Formulary Update         | rufinamide 400 mg oral tab, 1 + QL 240         |
| Cefuroxime Sodium Solution Reconstituted 7.5 GM Injection | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Clovique Capsule 250 MG Oral                              | 1 + PA1                  | NF                   | CMS Required Deletion    | N/A  |
| Etravirine Tablet 100 MG Oral                             | NF                       | 1                    | Formulary Enhancement    | N/A  |

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|---|--------------------------|----------------------|--------------------------|--|
| Etravirine Tablet 200 MG Oral                               | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Hepatamine Solution 8 % Intravenous                         | 1 + BvD                  | NF                   | CMS Required Deletion    | N/A  |
| Kinrix SUSPENSION Intramuscular Injection 0.5 ML            | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Kloxxado Liquid 8 MG/0.1ML Nasal                            | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Lithium Solution 8 MEQ/5ML Oral                             | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Lopinavir-Ritonavir Tablet 100-25 MG Oral                   | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Lopinavir-Ritonavir Tablet 200-50 MG Oral                   | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Lumakras Tablet 120 MG Oral                                 | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Picato Gel 0.015 % External                                 | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Picato Gel 0.05 % External                                  | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Proctosol HC Cream 2.5 % External                           | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Theophylline ER Tablet Extended Release 12 Hour 450 MG Oral | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Trikafta Tablet Therapy Pack 50-25-37.5 & 75 MG Oral        | NF                       | 1 + PA1              | Formulary Enhancement    | N/A  |
| TriLyte Solution Reconstituted 420 GM Oral                  | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Xpovio (100 MG Once Weekly) Tablet Therapy Pack 20 MG Oral  | 1 + PA2                  | NF                   | CMS Required Deletion    | N/A  |
| Xpovio (40 MG Once Weekly) Tablet Therapy Pack 20 MG Oral   | 1 + PA2                  | NF                   | CMS Required Deletion    | N/A  |
| Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral  | 1 + PA2                  | NF                   | CMS Required Deletion    | N/A  |
| Xpovio (60 MG Once Weekly) Tablet Therapy Pack 20 MG Oral   | 1 + PA2                  | NF                   | CMS Required Deletion    | N/A  |
| Xpovio (80 MG Once Weekly) Tablet Therapy Pack 20 MG Oral   | 1 + PA2                  | NF                   | CMS Required Deletion    | N/A  |
| <b>EFFECTIVE 11/01/2021</b>                                 |                          |                      |                          |  |

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|---|--------------------------|----------------------|--------------------------|--|
| chlorproMAZINE HCl Concentrate 100 MG/ML Oral                   | NF                       | 1                    | Formulary Enhancement    | N/A  |
| chlorproMAZINE HCl Concentrate 30 MG/ML Oral                    | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Dupixent Solution Pen-Injector 200 MG/1.14ML Subcutaneous       | NF                       | 1 + PA1              | Formulary Enhancement    | N/A  |
| Potassium Chloride Crys ER Tablet Extended Release 15 MEQ Oral  | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Rezurock Tablet 200 MG Oral                                     | NF                       | 1 + PA1              | Formulary Enhancement    | N/A  |
| SUNItinib Malate Capsule 12.5 MG Oral                           | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| SUNItinib Malate Capsule 25 MG Oral                             | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| SUNItinib Malate Capsule 37.5 MG Oral                           | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| SUNItinib Malate Capsule 50 MG Oral                             | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Varenicline Tartrate Tab 0.5 MG                                 | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Varenicline Tartrate Tab 1 MG                                   | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Xcopri (250 MG Daily Dose) Tablet Therapy Pack 50 & 200 MG Oral | 1 + QL 56/28             | NF                   | CMS Required Deletion    | N/A  |
| Xofluza (40 MG Dose) Tablet Therapy Pack 1 x 40 MG Oral         | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Xofluza (40 MG Dose) Tablet Therapy Pack 2 x 20 MG Oral         | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Xofluza (80 MG Dose) Tablet Therapy Pack 2 x 40 MG Oral         | 1                        | NF                   | CMS Required Deletion    | N/A  |
| <b>EFFECTIVE 12/01/2021</b>                                     |                          |                      |                          |  |
| Cosentyx Solution Prefilled Syringe 75 MG/0.5ML Subcutaneous    | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Dextroamphetamine Sulfate Tablet 15 MG Oral                     | NF                       | 1                    | Formulary Enhancement    | N/A  |

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**Formulary Addendum**

**BvD – Part B vs. Part D, NF - Non-Formulary, PA1 - Prior Authorization (PA2 - new starts only),  
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),  
 LA - This prescription may be available only at certain pharmacies**

**2021 FORMULARY CHANGES**

| <b>Drug Name</b>   | <b>Current Drug Tier</b> | <b>New Drug Tier</b> | <b>Reason For Change</b> | <b>Alternative Drug, Alternative Drug Tier</b> |
|--|--------------------------|----------------------|--------------------------|--|
| Dextroamphetamine Sulfate Tablet 20 MG Oral                        | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Dextroamphetamine Sulfate Tablet 30 MG Oral                        | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Difluprednate Emulsion 0.05 % Ophthalmic                           | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Nebivolol HCl Tablet 10 MG Oral                                    | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Nebivolol HCl Tablet 2.5 MG Oral                                   | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Nebivolol HCl Tablet 20 MG Oral                                    | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Nebivolol HCl Tablet 5 MG Oral                                     | NF                       | 1                    | Formulary Enhancement    | N/A  |
| Panretin Gel 0.1 % External  | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Proparacaine HCl Solution 0.5 % Ophthalmic                         | 1                        | NF                   | CMS Required Deletion    | N/A  |
| Truseltiq (100MG Daily Dose) Capsule Therapy Pack 100 MG Oral      | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Truseltiq (125MG Daily Dose) Capsule Therapy Pack 100 & 25 MG Oral | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Truseltiq (50MG Daily Dose) Capsule Therapy Pack 25 MG Oral        | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Truseltiq (75MG Daily Dose) Capsule Therapy Pack 25 MG Oral        | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Welireg Tablet 40 MG Oral  | NF                       | 1 + PA2              | Formulary Enhancement    | N/A  |
| Xofluza (80 MG Dose) Tablet Therapy Pack 1 x 80 MG Oral            | NF                       | 1                    | Formulary Enhancement    | N/A  |

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**Effective date: 12/01/2021**