

## **Changes to the Johns Hopkins Advantage MD (HMO) Formulary**

**Please retain this with your formulary**

Changes may have occurred since the printing of the Johns Hopkins Advantage MD (HMO) formulary. Medications added or removed from the formulary are listed below.

This is not a complete list of all formulary drugs covered by the plan. For a complete listing, or if you need additional information about the Johns Hopkins Advantage MD (HMO) formulary, please view our website at [www.hopkinsmedicare.com](http://www.hopkinsmedicare.com) or call Customer Service at 1-877-293-4998 (TTY: 711), 24 hours a day, seven days a week.

If you are a current member already taking the below drug(s) before the effective date of the change, we will continue to cover the drug for the remainder of the plan year as long as the drug continues to be medically necessary for treating your condition and prescribed for you by your prescriber, and was not removed for safety reasons.

**The table below outlines changes to our formulary that may impact you.**

<b>Name of Affected Drug</b>	<b>Description of Change</b>	<b>Reason for Change</b>	<b>Alternative Drug</b>	<b>Alternative Drug Cost-Share Tier</b>	<b>Effective Date</b>
ARISTADA INITIO	Added to Tier 5 *	–	–	–	1/1/2019
AURYXIA TAB 210MG	Add PA	–	–	–	1/1/2019
<i>Bekyree Tab</i>	Added to Tier 3	–	–	–	1/1/2019
BRAFTOVI CAP	Added to Tier 5 * NM LA PA	–	–	–	1/1/2019
ENSTILAR	Added to Tier 4 PA	–	–	–	1/1/2019

**PA** - Prior Authorization, **QL** - Quantity Limits, **ST** - Step Therapy, **NM** - Not available at mail order, **B/D** - Covered under Medicare B or D, **LA** - Limited Access, **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. \* - Not available as extended days supply.

Johns Hopkins Advantage MD is a Medicare Advantage plan with a Medicare contract offering HMO and PPO products. Enrollment in Johns Hopkins Advantage MD depends on contract renewal. The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary. This is not a complete list of drugs covered by our plan. For a complete listing, please call 1-877-293-4998 (TTY: 711) [www.hopkinsmedicare.com](http://www.hopkinsmedicare.com).

<b>Name of Affected Drug</b>	<b>Description of Change</b>	<b>Reason for Change</b>	<b>Alternative Drug</b>	<b>Alternative Drug Cost-Share Tier</b>	<b>Effective Date</b>
HEPARIN/NACL INJ 25000UNT	Added to Tier 3	–	–	–	1/1/2019
HUMIRA PEN KIT CD/UC/HS and HUMIRA PEN KIT PS/UV	Added to Tier 5 * NM PA	–	–	–	1/1/2019
<i>Incassia Tab</i>	Added to Tier 2	–	–	–	1/1/2019
<i>Ketoprofen Caps 75Mg</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Flurbiprofen Tabs</i>	Tier 3	1/1/2019
LENVIMA CAP 4MG and LENVIMA CAP 12MG	Added to Tier 5 * NM LA PA	–	–	–	1/1/2019
LYRICA CR TAB 82.5MG and LYRICA CR TAB 165MG	Added to Tier 3 QL PA (90 tabs / 30 days)	–	–	–	1/1/2019
LYRICA CR TAB 330MG	Added to Tier 3 QL PA (60 tabs / 30 days)	–	–	–	1/1/2019
MEKTOVI	Added to Tier 5 * NM LA PA	–	–	–	1/1/2019
<i>Nevirapine Susp 50 Mg/5Ml</i>	Added to Tier 4 NM	–	–	–	1/1/2019
NIVA-PLUS	Added to Tier 3	–	–	–	1/1/2019
NUPLAZID CAP 34MG	Added to Tier 5 * QL NM LA PA (30 caps / 30 days)	–	–	–	1/1/2019
NUPLAZID TABS 10MG	Added to Tier 5 * QL NM LA PA (30 tabs / 30 days)	–	–	–	1/1/2019
O-CAL FA	Added to Tier 3	–	–	–	1/1/2019
ORKAMBI GRA 100-125 and ORKAMBI GRA 150-188	Added to Tier 5 * NM PA	–	–	–	1/1/2019

PA = Prior Authorization, QL = Quantity Limits, ST = Step Therapy, LA = Limited Access, 2  
 NM = Not available at mail order, B/D = Covered under Medicare B or D

<b>Name of Affected Drug</b>	<b>Description of Change</b>	<b>Reason for Change</b>	<b>Alternative Drug</b>	<b>Alternative Drug Cost-Share Tier</b>	<b>Effective Date</b>
PNV FOLIC AC TAB + IRON	Added to Tier 3	–	–	–	1/1/2019
PNV PRENATAL TAB PLUS	Added to Tier 3	–	–	–	1/1/2019
PRENATAL TAB 27-1MG	Added to Tier 3	–	–	–	1/1/2019
PRENATAL TAB PLUS	Added to Tier 3	–	–	–	1/1/2019
PRENATAL VIT TAB LOW IRON	Added to Tier 3	–	–	–	1/1/2019
PREPLUS TAB 27-1MG	Added to Tier 3	–	–	–	1/1/2019
<i>Subvenite Tab 25Mg and 100Mg</i>	Added to Tier 2	–	–	–	1/1/2019
SYMTUZA	Added to Tier 5 * NM	–	–	–	1/1/2019
TIBSOVO TAB 250MG	Added to Tier 5 * NM LA PA	–	–	–	1/1/2019
TRANSDERM-SCOP	Added to Tier 4 QL PA (10 patches / 30 days)	–	–	–	1/1/2019
TRICARE TAB PRENATAL	Added to Tier 3	–	–	–	1/1/2019
<i>Vestura Tab</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Gianvi tab 3-0.02mg or Loryna tabs</i>	Tier 3	1/1/2019
VOL-PLUS TAB	Added to Tier 3	–	–	–	1/1/2019