

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 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.

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost-Share Tier	Effective Date
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
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

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.

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
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
<i>Abiraterone Acetate Tab 250Mg</i>	Added to Tier 5 * NM PA	–	–	–	2/1/2019
<i>Afeditab Cr Tab 60Mg</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Nifedipine Tab 60Mg ER</i>	Tier 2	2/1/2019
<i>Albendazole Tab 200Mg</i>	Added to Tier 5 *	–	–	–	2/1/2019
<i>Cefotaxime Inj 2Gm</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Cefotaxime Inj 500Mg</i>	Tier 4	2/1/2019
<i>Clobazam Sus and Tabs</i>	Added to Tier 3 PA	–	–	–	2/1/2019
CLINIMIX INJ 2.75/D5W	Deletion of Drug From Formulary	Manufacturer Discontinuation	CLINIMIX INJ 4.25/D5W	Tier 4	2/1/2019
CLINIMIX INJ 4.25/D20	Deletion of Drug From Formulary	Manufacturer Discontinuation	CLINIMIX INJ 5%/D20W	Tier 4	2/1/2019
COPIKTRA	Added to Tier 5 * NM LA PA	–	–	–	2/1/2019
<i>Dalfampridine Tab 10MG ER</i>	Added to Tier 5 * NM PA	–	–	–	2/1/2019
DAPTOMYCIN SOL 350MG	Added to Tier 5 *	–	–	–	2/1/2019
DELSTRIGO TAB	Added to Tier 5 * NM	–	–	–	2/1/2019
EPIDIOLEX SOL 100MG/ML	Added to Tier 5 * QL NM LA PA (600 mL / 30 days)	–	–	–	2/1/2019
<i>Flac Oil 0.01%</i>	Added to Tier 4	–	–	–	2/1/2019
GENOTROPIN MINIQUICK .2mg	Moved from Tier 4 to Tier 3	–	–	–	2/1/2019
GRANIX INJ 300/1ML and 480/1.6 ML	Added to Tier 5 * NM PA	–	–	–	2/1/2019
HEXALEN CAP 50MG	Deletion of Drug From Formulary	Manufacturer Discontinuation	Consult your Healthcare Provider		2/1/2019
<i>Kimidess Tab</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Kariva Tab</i>	Tier 3	2/1/2019
M-NATAL PLUS	Added to Tier 3	–	–	–	2/1/2019
<i>Molindone Hcl</i>	Added to Tier 4	–	–	–	2/1/2019

<i>Mondoxyne NI Cap 100Mg</i>	Added to Tier 2	–	–	–	2/1/2019
NORVIR CAP 100MG	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Ritonavir 200Mg</i>	Tier 3	2/1/2019
NOVOLIN INJ FLEXPEN	Added to Tier 3	–	–	–	2/1/2019
PIFELTRO TAB 100MG	Added to Tier 5 * NM	–	–	–	2/1/2019
<i>Sotalol AF Tab 120Mg</i>	Added to Tier 2	–	–	–	2/1/2019
TALZENNA CAP	Added to Tier 5 * NM LA PA	–	–	–	2/1/2019
VERSACLOZ SUS 50MG/ML	Deletion of Drug From Formulary	Medicare will no longer cover	<i>Clozapine Tab 25Mg ODT</i>	Tier 4	2/1/2019
VIZIMPRO TAB	Added to Tier 5 * NM LA PA	–	–	–	2/1/2019
XARELTO TAB 2.5MG	Added to Tier 3	–	–	–	2/1/2019
ZORTRESS TAB 1MG	Added to Tier 5 * B/D NM	–	–	–	2/1/2019
<i>Afeditab Tab 30Mg CR</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Nifedipine Tab 30MG ER</i>	Tier 3	3/1/2019
<i>Albuterol Sulfate AERS (generic of Ventolin HFA)</i>	Added to Tier 3 QL (2 inhalers / 30 days)	–	–	–	3/1/2019
<i>Cinacalcet Hcl 30mg, 90mg</i>	Added to Tier 5 * B/D QL NM (120 tabs / 30 days)	–	–	–	3/1/2019
<i>Cinacalcet Hcl 60mg</i>	Added to Tier 5 * B/D QL NM (60 tabs / 30 days)	–	–	–	3/1/2019
<i>Granisetron Inj 0.1Mg/ML</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Granisetron Inj 1Mg/ML</i>	Tier 3	3/1/2019
INVANZ INJ 1GM	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Ertapenem Inj 1Gm</i>	Tier 4	3/1/2019
INVIRASE CAP 200MG	Deletion of Drug From Formulary	Manufacturer Discontinuation	INVIRASE CAP 500MG	Tier 5	3/1/2019
LORBRENA 25MG, 100MG	Added to Tier 5 * NM LA PA	–	–	–	3/1/2019
LYNPARZA CAP 50MG	Deletion of Drug From Formulary	Manufacturer Discontinuation	LYNPARZA TAB	Tier 5	3/1/2019
<i>Mesalamine Sup 1000mg</i>	Added to Tier 4	–	–	–	3/1/2019
<i>Metipranolol Soln 0.3% Oph</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Betaxolol Soln 0.5% Ophth</i>	Tier 3	3/1/2019

PANZYGA	Added to Tier 5 * NM PA	–	–	–	3/1/2019
<i>Polyethylene Glycol 3350 Pack; Powd</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Lactulose Soln 10Gm/15 Ml</i>	Tier 2	3/1/2019
<i>Tri-Estarylla</i>	Added to Tier 2	–	–	–	3/1/2019
VITRAKVI CAPS 25MG, 100MG, and SOL 20MG/ML	Added to Tier 5 * NM LA PA	–	–	–	3/1/2019
XOLAIR INJ	Added to Tier 5 * NM LA PA	–	–	–	3/1/2019
<i>Zenchant Tab</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Vyfemla Tab</i>	Tier 3	3/1/2019
ZERIT SOL 1MG/ML	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Stavudine Cap</i>	Tier 3	3/1/2019
<i>Albuterol Sulfate AERS (generic of Proair HFA)</i>	Added to Tier 3 QL (2 inhalers / 30 days)	–	–	–	4/1/2019
DAURISMO TAB 25MG and 100MG	Added to Tier 5 * NM LA PA	–	–	–	4/1/2019
NAFCILLIN INJ 10GM	Added to Tier 4	–	–	–	4/1/2019
NITYR TAB 2MG, 5MG and 10MG	Added to Tier 5 * NM LA PA	–	–	–	4/1/2019
PROMACTA PACK POWD 12.5MG	Added to Tier 5 * QL NM LA PA (360 packets / 30 days)	–	–	–	4/1/2019
<i>Sirolimus Soln 1Mg/ML</i>	Added to Tier 5 * B/D NM	–	–	–	4/1/2019
<i>Sumatriptan Inj 6Mg/0.5Ml</i>	Added to Tier 4 QL (12 injections / 30 days)	–	–	–	4/1/2019
SYMPAZAN 5MG	Added to Tier 4 PA	–	–	–	4/1/2019
SYMPAZAN 10MG and 20MG	Added to Tier 5 * PA	–	–	–	4/1/2019
<i>Toremifene Citrate Tab 60Mg</i>	Added to Tier 5 *	–	–	–	4/1/2019
TRESIBA INJ 100 UNIT	Added Tier 3	–	–	–	4/1/2019
<i>Tri-Vylibra Lo</i>	Added to Tier 3	–	–	–	4/1/2019
VERSACLOZ SUS 50MG/ML	Added to Tier 5 * QL PA (600 mL / 30 days)	–	–	–	4/1/2019

<i>Vigabatrin Tab 500Mg</i>	Added to Tier 5 * QL NM LA PA (180 tabs / 30 days)	–	–	–	4/1/2019
XOSPATA TAB 40MG	Added to Tier 5 * NM LA PA	–	–	–	4/1/2019
<i>Moderiba Tab 200Mg</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Ribavirin Tab 200Mg</i>	Tier 4	4/1/2019
AIMOVIG INJ 140 DOSE, 140MG/ML, 70MG/ML	Added to Tier 3 QL PA (1 pen / 30 days)	–	–	–	5/1/2019
ALBENZA TAB 200MG	Deletion of Drug From Formulary	Generic Available	<i>Albendazole Tab 200 Mg</i>	Tier 5	5/1/2019
AMPYRA TAB 10MG	Deletion of Drug From Formulary	Generic Available	<i>Dalfampridine Tab 10Mg ER</i>	Tier 5	5/1/2019
BILTRICIDE TAB 600MG	Deletion of Drug From Formulary	Generic Available	<i>Praziquantel Tab 600Mg</i>	Tier 3	5/1/2019
<i>Buprenorphine Hcl-Naloxone Hcl Dihydrate 2-0.5Mg, 4-1Mg, 8-2Mg (generic of SUBOXONE)</i>	Added to Tier 4 QL (90 films / 30 days)	–	–	–	5/1/2019
<i>Buprenorphine Hcl-Naloxone Hcl Dihydrate 12-3Mg (generic of SUBOXONE)</i>	Added to Tier 4 QL (60 films / 30 days)	–	–	–	5/1/2019
CANASA SUPP 1000MG	Deletion of Drug From Formulary	Generic Available	<i>Mesalamine Supp 1000 Mg</i>	Tier 4	5/1/2019
<i>Doxorubicin Inj 10 Mg</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Doxorubicin Inj 2Mg/ML</i>	Tier 4	5/1/2019
EMGALITY INJ 120MG/ML SOAJ	Added to Tier 3 QL PA (2 pens / 30 days)	–	–	–	5/1/2019
EMGALITY INJ 120MG/ML SOSY	Added to Tier 3 QL PA (2 syringes / 30 days)	–	–	–	5/1/2019
FARESTON TAB 60MG	Deletion of Drug From Formulary	Generic Available	<i>Toremifene Citrate Tab 60 Mg</i>	Tier 5	5/1/2019
INVANZ INJ 1GM	Deletion of Drug From Formulary	Generic Available	<i>Ertapenem Inj 1Gm</i>	Tier 4	5/1/2019
<i>Jasmiel Tab 3-0.02Mg (generic of YAZ)</i>	Added to Tier 3	–	–	–	5/1/2019

<i>Mg So4/D5w Inj 20Mg/ML</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Mg So4/D5w Inj 10Mg/ML</i>	Tier 3	5/1/2019
<i>Necon Tab 1/50-28</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Norethindrone Acet & Ethinyl Estradiol Tab 1/20</i>	Tier 3	5/1/2019
NIVA-PLUS TAB	Deletion of Drug From Formulary	Medicare Will No Longer Cover	PRENATAL PLUS TAB	Tier 3	5/1/2019
O-CAL FA TAB	Deletion of Drug From Formulary	Medicare Will No Longer Cover	PRENATAL PLUS TAB	Tier 3	5/1/2019
ONFI SUSP 2.5MG/ML	Deletion of Drug From Formulary	Generic Available	<i>Clobazam Susp 2.5 Mg/ML</i>	Tier 3	5/1/2019
ONFI TAB 10MG	Deletion of Drug From Formulary	Generic Available	<i>Clobazam Tab 10Mg</i>	Tier 3	5/1/2019
ONFI TAB 20MG	Deletion of Drug From Formulary	Generic Available	<i>Clobazam Tab 20Mg</i>	Tier 3	5/1/2019
<i>Pentamidine Inj 300 Mg (generic of PENTAM 300)</i>	Added to Tier 4	–	–	–	5/1/2019
PERSERIS INJ 120MG, 90MG	Added to Tier 5 * QL (1 injection / 30 days)	–	–	–	5/1/2019
PNV PRENATAL TAB PLUS	Deletion of Drug From Formulary	Medicare Will No Longer Cover	PRENATAL PLUS TAB	Tier 3	5/1/2019
PREPLUS TAB 27-1MG	Deletion of Drug From Formulary	Medicare Will No Longer Cover	PRENATAL PLUS TAB	Tier 3	5/1/2019
PRIMAQUINE TAB 26.3MG	Added to Tier 3	–	–	–	5/1/2019
<i>Ranolazine Tab 500Mg ER, 1000Mg (generic of RANEXA)</i>	Added to Tier 3	–	–	–	5/1/2019
<i>RHOPRESSA SOL 0.02%</i>	Added to Tier 3	–	–	–	5/1/2019
SABRIL TAB 500MG	Deletion of Drug From Formulary	Generic Available	<i>Vigabatrin Tab 500 Mg</i>	Tier 5	5/1/2019
TECENTRIQ INJ 840/14	Added to Tier 5 * NM LA PA	–	–	–	5/1/2019
<i>Vigadron Pow 500Mg (generic of SABRIL)</i>	Added to Tier 5 * QL NM LA PA (180 packets / 30 days)	–	–	–	5/1/2019
VOL-PLUS TAB	Deletion of Drug From Formulary	Medicare Will No Longer Cover	PRENATAL PLUS TAB	Tier 3	5/1/2019
WELCHOL PACK 3.75GM	Deletion of Drug From Formulary	Generic Available	<i>Colesevelam Pak 3.75 Gm</i>	Tier 3	5/1/2019

<i>Zovia 1/35e Tab</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Kelnor Tab 1/50</i>	Tier 3	5/1/2019
ZYTIGA TAB 250MG	Deletion of Drug From Formulary	Generic Available	<i>Abiraterone Tab 250Mg</i>	Tier 5	5/1/2019
ADAGEN INJ 250/ML	Deletion of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider	--	6/1/2019
<i>Aliskiren Tab 150Mg, 300Mg</i>	Added to Tier 4	--	--	--	6/1/2019
CARIMUNE NANOFILTERED INJ 6GM	Deletion of Drug From Formulary	Manufacturer Discontinuation	GAMMAGARD SD INJ 5GM	Tier 5	6/1/2019
<i>Ciprofloxacin For Oral Susp 250Mg/5Ml</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Ciprofloxacin For Oral Susp 500Mg/5Ml</i>	Tier 4	6/1/2019
<i>Diltiazem Cap 180Mg ER</i>	Added to Tier 3	--	--	--	6/1/2019
<i>Leucovorin Inj 500/50Ml</i>	Added to Tier 4	--	--	--	6/1/2019
PROGRAF PACK 0.2MG, 1MG	Added to Tier 4 B/D NM	--	--	--	6/1/2019
RESCRIPTOR TAB 100MG	Deletion of Drug From Formulary	Manufacturer Discontinuation	RESCRIPTOR TAB 200MG	Tier 4	6/1/2019
<i>Ribasphere Tab 400Mg</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Ribavirin Tab 200Mg</i>	Tier 4	6/1/2019
<i>Treprostinil Inj 1Mg/ML, 2.5Mg/ML, 5Mg/ML, 10Mg/ML</i>	Added to Tier 5 * NM LA PA	--	--	--	6/1/2019
SUPRAX CAP 400MG	Deletion of Drug From Formulary	Generic Available	<i>Cefixime Cap 400Mg</i>	Tier 3	6/17/19
<i>Ambrisentan Tab 5Mg, 10Mg</i>	Added to Tier 5 * QL NM LA PA (30 tabs / 30 days)	--	--	--	7/1/2019
AMINOSYN 7% INJ /LYTES	Deletion of Drug From Formulary	Manufacturer Discontinuation	PROCALAMINE INJ 3%	Tier 4	7/1/2019
AMINOSYN II INJ 8.5%	Deletion of Drug From Formulary	Manufacturer Discontinuation	PREMASOL SOL 10%	Tier 4	7/1/2019
<i>Aminosyn II Inj 8.5%/Lyte</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	PROCALAMINE INJ 3%	Tier 4	7/1/2019
AMINOSYN INJ 10%	Deletion of Drug From Formulary	Manufacturer Discontinuation	PREMASOL SOL 10%	Tier 4	7/1/2019
AMINOSYN INJ 8.5%	Deletion of Drug From Formulary	Manufacturer Discontinuation	PREMASOL SOL 10%	Tier 4	7/1/2019
<i>Aminosyn Inj 8.5%/Lyte</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	PROCALAMINE INJ 3%	Tier 4	7/1/2019

AMINOSYN M INJ 3.5%	Deletion of Drug From Formulary	Manufacturer Discontinuation	PROCALAMINE INJ 3%	Tier 4	7/1/2019
AMINOSYN-HBC INJ 7%	Deletion of Drug From Formulary	Manufacturer Discontinuation	AMINOSYN-PF INJ 7%	Tier 4	7/1/2019
AMINOSYN-RF INJ 5.2%	Deletion of Drug From Formulary	Manufacturer Discontinuation	NEPHRAMINE INJ 5.4%	Tier 4	7/1/2019
BALVERSA TAB 3MG, 4MG, 5MG	Added to Tier 5 * NM LA PA	--	--	--	7/1/2019
<i>Blisovi Fe 1/20 (generic of LOESTRIN FE 1/20)</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Microgestin Tab Fe 1/20 (generic of LOESTRIN 1/20-21)</i>	Tier 2	7/1/2019
DOVATO TAB 50-300MG	Added to Tier 5 * NM	--	--	--	7/1/2019
<i>Diltiazem Cap 120Mg Er</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Dilt-Xr Cap 120Mg</i>	Tier 3	7/1/2019
<i>Erlotinib Hcl Tab 25Mg (generic of TARCEVA)</i>	Added to Tier 5 * QL NM PA (90 tabs / 30 days)	--	--	--	7/1/2019
<i>Erlotinib Hcl Tab 100Mg, 150Mg (generic of TARCEVA)</i>	Added to Tier 5 * QL NM PA (30 tabs / 30 days)	--	--	--	7/1/2019
KALYDECO PAK 25MG	Added to Tier 5 * NM PA	--	--	--	7/1/2019
<i>Loteprednol Etabonate Sus 0.5%</i>	Added to Tier 3	--	--	--	7/1/2019
<i>Mesalamine Cap 400Mg Dr (generic of DELZICOL)</i>	Added to Tier 4	--	--	--	7/1/2019
<i>Solifenacin Succinate Tab 5Mg, 10Mg (generic of VESICARE)</i>	Added to Tier 4 QL (30 tabs / 30 days)	--	--	--	7/1/2019
<i>Bosentan Tab 62.5Mg (generic of TRACLEER)</i>	Added to Tier 5 * QL NM LA PA (120 tabs / 30 days)	--	--	--	8/1/2019
<i>Bosentan Tab 125Mg (generic of TRACLEER)</i>	Added to Tier 5 * QL NM LA PA (60 tabs / 30 days)	--	--	--	8/1/2019
<i>Cefixime Cap 400Mg (generic of SUPRAX)</i>	Added to Tier 3	--	--	--	8/1/2019
<i>Fulvestrant Inj 250/5Ml (generic of FASLODEX)</i>	Added to Tier 5 * B/D	--	--	--	8/1/2019

HERCEPTIN HYLECTA SOL 60-10000	Added to Tier 5 * NM PA	–	–	–	8/1/2019
LETAIRIS TAB 5MG	Deletion of Drug From Formulary	Generic Available	<i>Ambrisentan Tab 5mg</i>	Tier 5	8/1/2019
LETAIRIS TAB 10MG	Deletion of Drug From Formulary	Generic Available	<i>Ambrisentan Tab 10mg</i>	Tier 5	8/1/2019
RANEXA TAB 500MG	Deletion of Drug From Formulary	Generic Available	<i>Ranolazine Tab 500Mg</i>	Tier 3	8/1/2019
RANEXA TAB 1000MG	Deletion of Drug From Formulary	Generic Available	<i>Ranolazine Tab 1000Mg</i>	Tier 3	8/1/2019
SUBOXONE MIS 2-0.5MG	Deletion of Drug From Formulary	Generic Available	<i>Buprenorphine Hcl-Naloxone Hcl Dihydrate 2-0.5Mg</i>	Tier 4	8/1/2019
SUBOXONE MIS 4-1MG	Deletion of Drug From Formulary	Generic Available	<i>Buprenorphine Hcl-Naloxone Hcl Dihydrate 4-1Mg</i>	Tier 4	8/1/2019
SUBOXONE MIS 8-2MG	Deletion of Drug From Formulary	Generic Available	<i>Buprenorphine Hcl-Naloxone Hcl Dihydrate 8-2Mg</i>	Tier 4	8/1/2019
SUBOXONE MIS 12-3MG	Deletion of Drug From Formulary	Generic Available	<i>Buprenorphine Hcl-Naloxone Hcl Dihydrate 12-3Mg</i>	Tier 4	8/1/2019
<i>Unithroid Tab 137Mcg (generic of SYNTHROID)</i>	Added to Tier 2	–	–	–	8/1/2019
VESICARE TAB 5MG	Deletion of Drug From Formulary	Generic Available	<i>Solifenacin Succinate Tab 5 Mg</i>	Tier 4	8/1/2019
VESICARE TAB 10MG	Deletion of Drug From Formulary	Generic Available	<i>Solifenacin Succinate Tab 10 Mg</i>	Tier 4	8/1/2019
ZYKADIA TAB 150MG	Added to Tier 5 * NM LA PA	–	–	–	8/1/2019
AZACTAM IN ISO-OSMOTIC DE 1GM, 2GM	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Aztreonam Inj</i>	Tier 4	9/1/2019
BRAFTOVI 50MG	Deletion of Drug From Formulary	Manufacturer Discontinuation	BRAFTOVI 75MG	Tier 5	9/1/2019
<i>Febuxostat Tab 40mg, 80mg (generic of ULORIC)</i>	Added to Tier 3 ST	–	–	–	9/1/2019
<i>Fentanyl Citrate Tab 200Mcg, 400Mcg, 600 Mcg, 800Mcg</i>	Added to Tier 5 *QL PA (120 tabs /30 days)	–	–	–	9/1/2019

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PIQRAY 200MG, 250MG, 300MG DAILY DOSE	Added to Tier 5 * NM PA	-	-	-	9/1/2019
ATROPINE SULFATE SOLN 1% OP	Added to Tier 3	-	-	-	10/1/2019
CLINOLIPID EMU 20%	Added to Tier 4 B/D	-	-	-	10/1/2019
DAPTOMYCIN SOL 350MG	Added to Tier 5 *	-	-	-	10/1/2019
<i>Docetaxel Conc 160mg/8ml (generic of DOCETAXEL)</i>	Added to Tier 5 * B/D	-	-	-	10/1/2019
<i>Erythromycin Tab 250Mg EC, 333Mg EC, 500 Mg EC</i>	Added to Tier 4	-	-	-	10/1/2019
<i>Fluconazole in Dextrose Inj 200Mg/100Ml</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Fluconazole Inj Nacl 200</i>	Tier 3	10/1/2019
<i>Fluconazole in Dextrose Inj 400Mg/200Ml</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Fluconazole Inj Nacl 400</i>	Tier 3	10/1/2019
<i>Icatibant Acetate Inj 30Mg/3Ml (generic of FIRAZYR)</i>	Added to Tier 5 * QL NM PA (9 syringes / 30 days)	-	-	-	10/1/2019
<i>Moexipril-Hydrochlorothiazide Tab 7.5-12.5Mg, 15-12.5Mg, 15-25Mg</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Lisinopril & Hydrochlorothiazide Tab</i>	Tier 1	10/1/2019
<i>Mononessa Tab</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Sprintec 28</i>	Tier 2	10/1/2019
MORPHINE SUL INJ 2MG/ML	Deletion of Drug From Formulary	Manufacturer Discontinuation	MORPHINE SULFATE SOLN 2MG/ML	Tier 4	10/1/2019
MORPHINE SUL INJ 4MG/ML	Deletion of Drug From Formulary	Manufacturer Discontinuation	MORPHINE SULFATE SOLN 4MG/ML	Tier 4	10/1/2019
MORPHINE SUL INJ 5MG/ML	Deletion of Drug From Formulary	Manufacturer Discontinuation	MORPHINE SULFATE SOLN 5MG/ML	Tier 4	10/1/2019

<i>Pregabalin Caps</i> 25Mg, 50Mg, 75Mg, 100Mg, 150Mg (generic of LYRICA)	Added to Tier 3 QL (120 caps / 30 days)	-	-	-	10/1/2019
<i>Pregabalin Caps</i> 200Mg (generic of LYRICA)	Added to Tier 3 QL (90 caps / 30 days)	-	-	-	10/1/2019
<i>Pregabalin Caps</i> 225Mg, 300Mg (generic of LYRICA)	Added to Tier 3 QL (60 caps / 30 days)	-	-	-	10/1/2019
<i>Pregabalin Soln</i> 20Mg/ml (generic of LYRICA)	Added to Tier 3 QL (946 mL / 30 days)	-	-	-	10/1/2019
SYMDEKO TAB 50-75MG	Added to Tier 5 * NM LA PA	-	-	-	10/1/2019
XPOVIO 60MG ONCE WEEKLY, 80MG ONCE WEEKLY, 100MG ONCE WEEKLY	Added to Tier 5 * NM LA PA	-	-	-	10/1/2019
XPOVIO 80MG TWICE WEEKLY	Added to Tier 5 * NM LA PA	-	-	-	10/1/2019
<i>Diltiazem Cap</i> ER 180Mg, 240Mg	Deletion of Drug From Formulary	Manufacturer Discontinuation	Dilt-XR 180Mg, 240Mg	Tier 2	11/01/2019
<i>Epinephrine Inj</i> (Anaphylaxis) (generic of EpiPen- JR 2-PAK) 0.15Mg/0.3Ml	Added to Tier 3	-	-	-	11/01/2019
<i>Epinephrine Inj</i> (Anaphylaxis) (generic of EpiPen) 0.3Mg/0.3Ml	Added to Tier 3	-	-	-	11/01/2019
INREBIC CAP 100 MG	Added to Tier 5 *NM LA PA	-	-	-	11/01/2019
LOKELMA PAK 5GM, 10GM	Added to Tier 3	-	-	-	11/01/2019
NUBEQA TAB 300 MG	Added to Tier 5 *NM LA PA	-	-	-	11/01/2019
OCTAGAM 30GM/300ML	Added to Tier 5	-	-	-	11/01/2019
<i>Posaconazole</i> Tab DR 100Mg (generic for NOXAFIL)	Added to Tier 5 QL (93 tabs / 30 days)	-	-	-	11/01/2019

SYMJEPI INJ 0.15MG, 0.3MG	Added to Tier 4	-	-	-	11/01/2019
<i>Theophylline Tab CR 100Mg, 200MG</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Theophylline Tab ER 400Mg</i>	Tier 2	11/01/2019
TURALIO CAP 200MG	Added to Tier 5 *NM LA PA	-	-	-	11/01/2019
<i>Vincasar PFS Inj 1Mg/Ml</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Vincristine Inj 1Mg/Ml</i>	Tier 2	11/01/2019