

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 |
|--|---------------------------------|-------------------------------|---|---|-----------------------|
| AMINOSYN II INJ 10% | Deletion of Drug From Formulary | Medicare Will No longer Cover | PREMASOL SOLN 10% | Tier 4 | 01/01/2021 |
| ATRIPLA | Deletion of Drug From Formulary | Generic Available | <i>Efavirenz- Emtricitabine- Tenofovir df Tab 600-200-300mg</i> | Tier 5 | 01/01/2021 |
| CIPRODEX SUS 0.3- 0.1% | Deletion of Drug From Formulary | Generic Available | <i>Ciprofloxacin- Dexamethasone Otic Susp 0.3- 0.1%</i> | Tier 3 | 01/01/2021 |
| <i>Ciprofloxacin- Dexamethasone Otic Susp 0.3-0.1% (generic of CIPRODEX)</i> | Added to Tier 3 | - | - | - | 01/01/2021 |
| COLOCORT ENEMA 100MG | Deletion of Drug From Formulary | Manufacturer Discontinuation | <i>Hydrocortisone Enema 100mg/60ml</i> | Tier 4 | 01/01/2021 |

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

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| COUMADIN TAB | Deletion of Drug From Formulary | Manufacturer Discontinuation | <i>Warfarin Tab</i> | Tier 1 | 01/01/2021 |
| CYCLOPHOSPHAMIDE SOLN 1MG/5ML, 500MG/2.5ML | Added to Tier 5 * B/D | – | – | – | 01/01/2021 |
| <i>D5W/NACL INJ 0.225%</i> | Deletion of Drug From Formulary | Manufacturer Discontinuation | <i>D5W/NACL INJ 0.2%</i> | Tier 3 | 01/01/2021 |
| <i>Deferasirox (generic of JADENU SPRINKLE PACK) 90mg, 180mg, 360mg</i> | Added to Tier 5 * NM PA | – | – | – | 01/01/2021 |
| <i>Efavirenz-Lamivudine-Tenofovir DF Tab 400-300-300MG (generic of SYMFILO)</i> | Added to Tier 5 * NM | – | – | – | 01/01/2021 |
| <i>Efavirenz-Lamivudine-Tenofovir DF Tab 600-300-300mg (generic of SYMFILO)</i> | Added to Tier 5 * NM | – | – | – | 01/01/2021 |
| <i>Emtricitabine (generic of EMTRIVA) Caps 200mg</i> | Added to Tier 3 NM | – | – | – | 01/01/2021 |
| ENBREL SOLN 25MG | Added to Tier 5 * NM PA QL (16 vials / 28 days) | – | – | – | 01/01/2021 |
| FINTEPLA SOLN 2.2MG/ML | Added to Tier 5 * NM LA PA QL (360 ml / 30 days) | – | – | – | 01/01/2021 |
| FLEBOGAMMA DIR SOLN 2.5GM/50ML, 5GM/100ML, 5GM/50ML, 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML | Added to Tier 5 *NM PA | – | – | – | 01/01/2021 |
| GLEOSTINE CAP 10MG, 40MG, 100MG | Deletion of Drug From Formulary | Medicare Will No Longer Cover | Consult Prescriber For Formulary Alternative | – | 01/01/2021 |

PA = Prior Authorization, QL = Quantity Limits, ST = Step Therapy, LA = Limited Access, 2
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|---|------------------------------------|----------------------------------|--|--------|------------|
| INQOVI TAB 35/100MG | Added to Tier 5 * NM LA PA | – | – | – | 01/01/2021 |
| JADENU SPRINKLE GRANULES 90MG, 180MG, 360MG | Deletion of Drug from Formulary | Generic Now Available | <i>Deferasirox Granules Packet 90mg, 180mg, 360mg</i> | Tier 5 | 01/01/2021 |
| JUXTAPID CAP 40MG, 60MG | Deletion of Drug From Formulary | Manufacturer Discontinuation | JUXTAPID CAP 20MG | Tier 5 | 01/01/2021 |
| LORCET HD TAB 10/325MG | Deletion of Drug From Formulary | Manufacturer Discontinuation | <i>Hydrocodone- Acetaminophen Tab 10/325mg</i> | Tier 3 | 01/01/2021 |
| LORCET PLUS TAB 7.5/325MG | Deletion of Drug From Formulary | Manufacturer Discontinuation | <i>Hydrocodone- Acetaminophen Tab 7.5/325mg</i> | Tier 3 | 01/01/2021 |
| LORCET TAB 5/325MG | Deletion of Drug From Formulary | Manufacturer Discontinuation | <i>Hydrocodone- Acetaminophen Tab 5/325mg</i> | Tier 3 | 01/01/2021 |
| <i>Metyrosine (generic of DEMSER) Caps 250mg</i> | Added to Tier 5 * PA | – | – | – | 01/01/2021 |
| NORMOSOL-R INJ PH 7.4 | Deletion of Drug From Formulary | Medicare will no longer cover | ISOLYTE-S INJ | Tier 4 | 01/01/2021 |
| ONE VITE TAB 1MG PLUS | Deletion of Drug From Formulary | Medicare will no longer cover | PRENATAL TAB 27-1MG | Tier 3 | 01/01/2021 |
| PHESGO SOL | Added to Tier 5 * NM LA PA | – | – | – | 01/01/2021 |
| RUKOBIA TB 12 600MG | Added to Tier 5 * NM | – | – | – | 01/01/2021 |
| SYLATRON KIT 200MCG, 300MCG | Deletion of Drug From Formulary | Manufacturer Discontinuation | INTRON A INJ | Tier 5 | 01/01/2021 |
| TRUVADA TAB 200/300MG | Deletion of Drug From Formulary | Generic Available | <i>Emtricitabine- Tenofovir Disoroxil Fumarate Tab 200/300mg</i> | Tier 5 | 01/01/2021 |
| <i>Ampicillin & Sulbactam Sodium for IV Soln 1.5 (1-0.5) gm</i> | Added to Tier 4 | – | – | – | 02/01/2021 |

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|--|--|------------------------------|---|--------|------------|
| <i>Ampicillin & Sulbactam Sodium for IV Soln 3 (2-1) gm</i> | Added to Tier 4 | – | – | – | 02/01/2021 |
| BREZTRI AERO AER SPHERE | Added to Tier 3 QL (1 inhaler / 30 days) | – | – | – | 02/01/2021 |
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) | Added to Tier 3 QL (4 inhalers / 28 days) | – | – | – | 02/01/2021 |
| DEPO-PROVERA INJ 400/ML | Deletion of Drug From Formulary | Manufacturer Discontinuation | Consult your Health Care Provider For Alternative | – | 02/01/2021 |
| DIACOMIT CAPS 250MG, 500MG | Added to Tier 5 * NM LA PA | – | – | – | 02/01/2021 |
| DIACOMIT PAK 250MG, 500MG | Added to Tier 5 * NM LA PA | – | – | – | 02/01/2021 |
| DOCETAXEL INJ 200/10 ML | Deletion of Drug From Formulary | Manufacturer Discontinuation | DOCETAXEL INJ 160MG/8ML | Tier 5 | 02/01/2021 |
| <i>Efavirenz- Emtricitabine- Tenofovir DF Tab 600-200-300mg (generic of ATRIPLA)</i> | Added to Tier 5 *NM | – | – | – | 02/01/2021 |
| <i>Emtricitabine- Tenofovir-Disoproxil Fumarate Tab 200-300mg (generic of TRUVADA)</i> | Added to Tier 5 * NM QL (30 tabs / 30 days) | – | – | – | 02/01/2021 |
| EMTRIVA CAP 200MG | Deletion of Drug From Formulary | Generic Available | <i>Emtricitabine Caps 200mg</i> | Tier 5 | 02/01/2021 |
| EPCLUSA TAB 200-50MG | Added to Tier 5 * NM PA | – | – | – | 02/01/2021 |
| FARYDAK CAPS 15MG | Added to Tier 5 *NM LA PA | – | – | – | 02/01/2021 |
| GAVRETO CAPS 100MG | Added to Tier 5 *NM LA PA | – | – | – | 02/01/2021 |

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| GOLYTELY SOL | Added to Tier 3 | – | – | – | 02/01/2021 |
| KIONEX SUS 15GM/60 | Deletion of Drug From Formulary | Manufacturer Discontinuation | <i>SPS SUS 15GM/60</i> | Tier 5 | 02/01/2021 |
| <i>Klor-Con Sprinkle CPCR 8meq, 10meq</i> | Deletion of Drug From Formulary | Manufacturer Discontinuation | <i>Potassium Chloride Cap ER</i> | Tier 3 | 02/01/2021 |
| <i>Lapatinib Ditosylate (generic of TYKERB) Tabs 250mg</i> | Added to Tier 5 * NM PA | – | – | – | 02/01/2021 |
| <i>Loestrin Tab 1/20-21mg</i> | Added to Tier 3 | – | – | – | 02/01/2021 |
| <i>Loestrin 21 Tab 1.5/30-21m</i> | Added to Tier 3 | – | – | – | 02/01/2021 |
| <i>Loestrin FE Tab 1/20mg, 1.5/30mg</i> | Added to Tier 3 | – | – | – | 02/01/2021 |
| MENQUADFI INJ | Added to Tier 3 | – | – | – | 02/01/2021 |
| <i>Metoprolol Inj 1mg/ml</i> | Deletion of Drug From Formulary | Manufacturer Discontinuation | <i>Metoprolol Inj 5mg/5ml</i> | Tier 3 | 02/01/2021 |
| MONJUVI SOLR 200MG | Added to Tier 5 *NM LA PA | – | – | – | 02/01/2021 |
| <i>Nitazoxanide (generic of ALINIA) Tabs 500mg</i> | Added to Tier 5 * QL (6 tabs / 30 days) | – | – | – | 02/01/2021 |
| ONUREG TABS 200MG, 300MG | Added to Tier 5 * NM LA PA | – | – | - | 02/01/2021 |
| PEGASYS PROCLICK SOLN 180mcg/ml | Deletion of Drug form formulary | Manufacturer Discontinuation | PEGASYS INJ | Tier 5 | 02/01/2021 |
| <i>Roweepra Tab 750mg, 1000mg</i> | Deletion of Drug Form Formulary | Manufacturer Discontinuation | <i>Levetiracetam Tab</i> | Tier 3 | 02/01/2021 |
| <i>Roweepra XR Tab 500mg, 750mg</i> | Deletion of Drug From Formulary | Manufacturer Discontinuation | <i>Levetiracetam Tab ER 24HR</i> | Tier 3 | 02/01/2021 |

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| <i>Rufinamide (generic of BANZEL) Susp</i> 40mg/ml | Added to Tier 5 * PA | – | – | – | 02/01/2021 |
| <i>Sapropeterin Dihydrochloride (generic of KUVAN) Tabs</i> 100mg | Added to Tier 5 * NM PA | – | – | – | 02/01/2021 |
| <i>Sapropterin Dihydrochloride (generic of KUVAN) Powder</i> 100mg, 500mg | Added to Tier 5 * NM PA | – | – | – | 02/01/2021 |
| <i>Sodium Polystyrene Sulfonate Powder</i> 15GM/60 | Deletion of Drug From Formulary | Manufacturer Discontinuation | <i>SPS SUS</i> <i>15GM/60</i> | Tier 3 | 02/01/2021 |
| STIMATE SOLN 1.5mg/ML | Added to Tier 5 * NM | – | – | – | 02/01/2021 |
| <i>Triderm Crea</i> 0.5% | Added to Tier 2 | – | – | – | 02/01/2021 |
| <i>Abiraterone Acetate Tabs</i> 500mg | Added to Tier 5 * NM PA | – | – | – | 03/01/2021 |
| <i>Asenapine Maleate Subl</i> 2.5mg, 5mg, 10mg | Added to Tier 4 QL (60 tabs / 30 days) | – | – | – | 03/01/2021 |
| CLINIMIX INJ 6/5, 8/10, 8/14 | Added to Tier 4 B vs D | – | – | – | 03/01/2021 |
| CYSTADROPS SOLN 0.37% | Added to Tier 5 * NM LA PA | – | – | – | 03/01/2021 |
| DIFICID SUSR 40MG/ML | Added to Tier 5 * | – | – | – | 03/01/2021 |
| HUMIRA PEN PNKT 80/08ML | Added to Tier 5 * NM PA QL (4 Pens / 28 Days) | – | – | – | 03/01/2021 |
| HUMIRA INJ 10MG/0.2 | Deletion of Drug From Formulary | Manufacturer Discontinuation | HUMIRA INJ 10/0.1ML | Tier 5 | 03/01/2021 |
| HUMIRA KIT 20MG/0.4 | Deletion of Drug From Formulary | Manufacturer Discontinuation | HUMIRA INJ 20/0.2ML | Tier 5 | 03/01/2021 |

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|---|--|---------------------------------|-----------------------------------|--------|------------|
| <i>Iclevia Tab</i> | Added to Tier 3 | – | – | – | 03/01/2021 |
| <i>Oxaliplatin Inj 200mg</i> | Added to Tier 4 B vs D | – | – | – | 03/01/2021 |
| <i>Paraplatin Inj 1000mg</i> | Added to Tier 3 B vs D | – | – | – | 03/01/2021 |
| ADRENALIN SOLN 1MG/ML | Added to Tier 4 | – | – | – | 04/01/2021 |
| <i>Didanosine Cap 200mg, 250mg, 400mg</i> | Deletion of Drug From Formulary | Manufacturer Discontinuation | <i>Abavavir Tab 300MG</i> | – | 04/01/2021 |
| <i>Emtricitabine- tenofovir DF Tab 100-150mg, 133- 200mg, 167-250mg</i> | Added to Tier 5 * QL NM QL (30 tabs / 30 days) | – | – | – | 04/01/2021 |
| <i>Hydrocortisone (rectal) (generic of ANUSOL- HC) cream 2.5%</i> | Added to Tier 3 | – | – | – | 04/01/2021 |
| ICLUSIG TAB 10MG | Added to Tier 5 * QL NM LA PA QL (60 tabs / 30 days) | – | – | – | 04/01/2021 |
| ICLUSIG TAB 30MG | Added to Tier 5 * QL NM LA PA QL (30 Tabs / 30 days) | – | – | – | 04/01/2021 |
| <i>Lyleq Tabs .35mg</i> | Added to Tier 2 | – | – | – | 04/01/2021 |
| <i>Nylia 7/7/7</i> | Added to Tier 2 | – | – | – | 04/01/2021 |
| ORGOVYX TABS 120MG | Added to Tier 5 * NM LA PA | – | – | – | 04/01/2021 |
| <i>Stavudine Caps 30mg, 40mg</i> | Added to Tier 4 NM | – | – | – | 04/01/2021 |
| ALINIA TAB 500MG | Deletion of Drug From Formulary | Generic Available | <i>Nitazoxanide Tab 500mg</i> | Tier 5 | 05/01/2021 |

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| ANADROL-50 50MG TAB | Deletion of Drug From Formulary | Manufacturer Discontinuation | PROCRIT INJ | Tier 5 | 05/01/2021 |
| BANZEL SUSP 40MG/ML | Deletion of Drug From Formulary | Generic Available | <i>Rufinamide Sus 40mg/ML</i> | Tier 5 | 05/01/2021 |
| <i>Brinzolamide Susp 1% (generic of AZOPT)</i> | Added to Tier 3 | – | – | – | 05/01/2021 |
| DEMSER CAP 250MG | Deletion of Drug From Formulary | Generic Available | <i>Metyrosine Cap 250mg</i> | Tier 5 | 05/01/2021 |
| DOPTELET TABS 20MG | Added to Tier 5 * NM LA PA | – | – | – | 05/01/2021 |
| <i>Droxidopa Caps 100mg (generic of NORTHERA)</i> | Added to Tier 5 * NM PA QL (90 caps/30days) | – | – | – | 05/01/2021 |
| <i>Droxidopa Caps 200mg, 300mg (generic of NORTHERA)</i> | Added to Tier 5 * NM PA QL (180 caps/30days) | – | – | – | 05/01/2021 |
| <i>Hydrocodone bitartrate (generic of HYSINGLA ER) T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg</i> | Added to Tier 3 PA QL (30 tabs/ 30 days) | – | – | – | 05/01/2021 |
| KUVAN POWDER | Deletion of Drug From Formulary | Generic Available | <i>Sapropterin Powder</i> | Tier 5 | 05/01/2021 |
| KUVAN TAB 100MG | Deletion of Drug From Formulary | Generic Available | <i>Sapropterin Tab 100mg</i> | Tier 5 | 05/01/2021 |
| KYNMOBI FILM 10MG, 15MG, 20MG, 25MG, 30MG | Added to Tier 5 * NM PA QL (150 films/30 days) | – | – | – | 05/01/2021 |
| <i>Lyllana (generic of MINIVELLE) PTTW .025mg, .037mg, .05mg, .075mg, .1mg</i> | Added to Tier 3 | – | – | – | 05/01/2021 |
| NORMOSOL-M INJ/D5W | Deletion of Drug From Formulary | Medicare Will No Longer Cover | ISOLYTE-P INJ/D5W | Tier 4 | 05/01/2021 |

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| <i>Nymyo Tab 0.25-35mg</i> | Added to Tier 2 | – | – | – | 05/01/2021 |
| OZEMPIC INJ 4MG/3ML | Added to Tier 3 QL (1 pen/28 days) | – | – | – | 05/01/2021 |
| POT CHL/NACL INJ 20MEQ/L | Added to Tier 3 | – | – | – | 05/01/2021 |
| RESTASIS EMUL 0.05% | Added to Tier 3 | – | – | – | 05/01/2021 |
| RESTASIS MULTIDOSE EMUL 0.05% | Added to Tier 3 | – | – | – | 05/01/2021 |
| RIABNI SOLN 100MG/10ML, 500MG/50ML | Added to Tier 5 * NM LA PA | – | – | – | 05/01/2021 |
| SAPHRIS SL TAB | Deletion of Drug From Formulary | Generic Available | <i>Asenapine Maleate Sl Tab</i> | Tier 4 | 05/01/2021 |
| SYMFI LO TAB | Deletion of Drug From Formulary | Generic Available | <i>Efavirenz- Lamivudine- Tenofovir Df Tab 400-300-300mg</i> | Tier 5 | 05/01/2021 |
| SYMFI TAB | Deletion of Drug From Formulary | Generic Available | <i>Efavirenz- Lamivudine- Tenofovir Df Tab 600-300-300mg</i> | Tier 5 | 05/01/2021 |
| TEPMETKO TABS 225MG | Added to Tier 5 * NM LA PA | – | – | – | 05/01/2021 |
| TRAZIMERA INJ 150MG | Added to Tier 5 * NM PA | – | – | – | 05/01/2021 |
| <i>Tri-nymyo Tab</i> | Added to Tier 2 | – | – | – | 05/01/2021 |
| TRUVADA TAB 133-200 | Deletion of Drug From Formulary | Generic Available | <i>Emtricitabine- Tenofovir Disoproxil Fumarate Tab 133-200</i> | Tier 5 | 05/01/2021 |
| TRUVADA TAB 100- 150 | Deletion of Drug From Formulary | Generic Available | <i>Emtricitabine- Tenofovir Disoproxil</i> | Tier 5 | 05/01/2021 |

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| | | | <i>Fumarate Tab 100-150</i> | | |
| TRUVADA TAB 167-250 | Deletion of Drug From Formulary | Generic Available | <i>Emtricitabine-Tenofovir Disoproxil Fumarate Tab 167-250</i> | Tier 5 | 05/01/2021 |
| TYKERB TAB 250MG | Deletion of Drug From Formulary | Generic Available | <i>Lapatinib Tab 250mg</i> | Tier 5 | 05/01/2021 |
| UBRELVY TABS 50MG, 100MG | Added to Tier 5 * PA QL (16tabs/30days) | – | – | – | 05/01/2021 |
| VENTOLIN HFA AERS 108MCG/ACT (INSTITUTIONAL PACK) | Added to Tier 3 QL (6 inhalers/30 days) | – | – | – | 05/01/2021 |
| VYZULTA SOLN 0.24% | Added to Tier 4 | – | – | – | 05/01/2021 |
| XELJANZ SOLN 1MG/ML | Added to Tier 5 * NM PA QL (240ml/24 days) | – | – | – | 05/01/2021 |
| XTANDI TABS 40MG, 80MG | Added to Tier 5 * NM LA PA | – | – | – | 05/01/2021 |
| AC CUTANE CAPS 20MG, 30MG, 40MG | Added to Tier 4 PA | – | – | – | 06/01/2021 |
| CYCLOPHOSPHAMIDE TABS 25MG, 50MG | Added to Tier 3 B vs. D | – | – | – | 06/01/2021 |
| <i>Desogestrel & Ethinyl Estradiol Tab 0.15mg-30mcg</i> | Added to Tier 2 | – | – | – | 06/01/2021 |
| <i>Nephramine INJ 5.4%</i> | Deletion of Drug From Formulary | Manufacturer Discontinuation | <i>Prosol Inj 20%</i> | Tier 4 | 06/01/2021 |
| <i>Pregabalin ER(once-daily) (generic of LYRICA CR) Tab</i> | Added to Tier 3 PA QL (60 tabs / 30 days) | – | – | – | 06/01/2021 |

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| 82.5mg, 165mg, 330mg | | | | | |
| <i>Sumatriptan Inj Prefilled syringe 6mg/0.5ml</i> | Deletion of Drug From Formulary | Manufacturer Discontinuation | <i>Sumatriptan Auto-injector 6mg/0.5ml</i> | Tier 4 | 06/01/2021 |
| SYMJEPI INJ 0.15mg/0.3ml, 0.3mg/0.3ml | Added to Tier 4 | – | – | – | 06/01/2021 |
| UKONIQ TABS 200MG | Added to Tier 5 * NM LA PA | – | – | – | 06/01/2021 |
| <i>Zafemy Dis 150/35</i> | Added to Tier 4 | – | – | – | 06/01/2021 |
| <i>Dextrose 2.5% w/ Sodium Chloride 0.45% (generic of DEXTROSE 2.5% NACL 0.45%)</i> | Added to Tier 3 | – | – | – | 07/01/2021 |
| FOTIVDA CAPS 0.89MG, 1.34MG | Added to Tier 5 * NM LA PA QL (21 caps / 28 days) | – | – | – | 07/01/2021 |
| INGREZZA CAPS 60MG | Added to Tier 5 * NM PA QL (30 caps / 30 days) | – | – | – | 07/01/2021 |
| SKYRIZI SOSY 150MG/ML | Added to Tier 5 * NM PA QL (7 syringes / year) | – | – | – | 07/01/2021 |
| SKYRIZI PEN SOAJ 150MG/ML | Added to Tier 5 * NM PA QL (7 pens / year) | – | – | – | 07/01/2021 |
| <i>Vestura Tab 3-0.02mg (generic of YAZ)</i> | Added to Tier 3 | – | – | – | 07/01/2021 |
| XCOPRI PAK 100-150MG | Added to Tier 5 * QL (28 tabs / 28 days) | – | – | – | 07/01/2021 |

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|---|------------------------------------|---------------------------------|---|--------|------------|
| <i>Albuterol Sulfate TB12 4mg, 8mg</i> | Deletion of Drug From Formulary | Manufacturer Discontinuation | <i>Albuterol Tab</i> | Tier 4 | 08/01/2021 |
| <i>Bepotastine Besilate (generic of BEPREVE) Soln 1.5%</i> | Added to Tier 3 | – | – | – | 08/01/2021 |
| <i>Captopril & Hydrochlorothiazide Tab 25/15mg, 25/25mg, 50/15mg, 50/25mg</i> | Deletion of Drug From Formulary | Manufacturer Discontinuation | <i>Lisinopril & Hydrochlorothiazide Tab</i> | Tier 1 | 08/01/2021 |
| <i>Phospholine Iodide Solr .0125%</i> | Deletion of Drug Form Formulary | Manufacturer Discontinuation | <i>Pilocarpine Opth Soln</i> | Tier 3 | 08/01/2021 |
| <i>Rufinamide Tab 200mg, 400mg</i> | Added to Tier 5 * PA | – | – | – | 08/01/2021 |
| XPOVIO 40MG ONCE WEEKLY TBPk 40MG | Added to Tier 5 * NM LA PA | – | – | – | 08/01/2021 |
| XPOVIO 40MG TWICE WEEKLY TBPk 40MG | Added to Tier 5 * NM LA PA | – | – | – | 08/01/2021 |
| XPOVIO 60MG ONCE WEEKLY TBPk 60MG | Added to Tier 5 * NM LA PA | – | – | – | 08/01/2021 |
| XPOVIO 80MG ONCE WEEKLY TBPk 40MG | Added to Tier 5 * NM LA PA | – | – | – | 08/01/2021 |
| XPOVIO 100MG ONCE WEEKLY TBPk 50MG | Added to Tier 5 * NM LA PA | – | – | – | 08/01/2021 |
| <i>Etravirine (generic of INTELENCE) tabs 100mg, 200mg</i> | Added to Tier 5 *NM | – | – | – | 09/01/2021 |
| ISOPTO ATROPINE SOLN 1% | Added to Tier 3 | – | – | – | 09/01/2021 |

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| <i>Lopinavir-ritonavir tab 100-25mg (generic of KALETRA)</i> | Added to Tier 4 NM | – | – | – | 09/01/2021 |
| <i>Lopinavir-ritonavir tab 200-50mg (generic of KALETRA)</i> | Added to Tier 5 *NM | – | – | – | 09/01/2021 |
| LUMAKRAS TABS 120MG | Added to Tier 5 *NM LA PA | – | – | – | 09/01/2021 |
| <i>Maprotiline Tab</i> | Deletion of Drug From Formulary | Manufacturer Discontinuation | <i>Mirtazapine Tab 15mg</i> | Tier 2 | 09/01/2021 |
| <i>Propranolol & Hydrochlorothiazide Tab</i> | Deletion of Drug From Formulary | Manufacturer Discontinuation | <i>Metoprolol & Hydrochlorothiazide Tab</i> | Tier 3 | 09/01/2021 |
| TRIKAFTA TAB 50- 25-37.5MG | Added to Tier 5 *NM LA PA QL (84 tabs/28 days) | – | – | – | 09/01/2021 |
| TRIKAFTA TAB 50- 100-50-75 & 150MG | Added to Tier 5 *NM LA PA QL (84 tabs/28 days) | – | – | – | 09/01/2021 |
| TRUSELTIQ 50MG DAILY DOSE CPPK 25MG | Added to Tier 5 *NM LA PA | – | – | – | 09/01/2021 |
| TRUSELTIQ 75MG DAILY DOSE CPPK 25MG | Added to Tier 5 *NM LA PA | – | – | – | 09/01/2021 |
| TRUSELTIQ 100MG DAILY DOSE CPPK 100MG | Added to Tier 5 *NM LA PA | – | – | – | 09/01/2021 |
| TRUSELTIQ 125MG DAILY DOSE | Added to Tier 5 *NM LA PA | – | – | – | 09/01/2021 |
| AYVAKIT TABS 25MG, 50MG | Added to Tier 5 *NM LA PA QL (30tabs/30days) | – | – | – | 10/01/2021 |
| <i>Clovique (generic of SYPRINE) Caps 250mg</i> | Deletion of Drug from Formulary | Manufacturer Discontinuation | <i>Trientine hcl Caps 250MG</i> | Tier 5 | 10/01/2021 |

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| PANRETIN GEL 0.1% | Added to Tier 5 *PA QL (60gm/30days) | – | – | – | 10/01/2021 |
| <i>Sunitinib Malate Caps</i> 12.5mg, 25mg, 37.5mg, 50mg | Added to Tier 5 *NM PA QL (30caps/30days) | – | – | – | 10/01/2021 |
| <i>Trilyte (generic of NULYTELY)</i> | Deletion of Drug from Formulary | Manufacturer Discontinuation | <i>Gavilyte-N Sol Flavor Pack</i> | Tier 1 | 10/01/2021 |
| CHLORPROMAZINE HYDROCHLOR CONC 30MG/ML, 100MG,/ML | Added to Tier 4 | – | – | – | 11/01/2021 |
| <i>E.E.S. 400 TAB</i> 400mg | Added to Tier 4 | – | – | – | 11/01/2021 |
| <i>Ivermectin Tab 3mg</i> | Prior Authorization Added ** | PA Added to Ensure Use is for a Part D Covered Indication | <i>Consult your Healthcare Provider</i> | – | 11/01/2021 |
| MYRBETRIQ SUSP 8MG/ML | Added to Tier 4 QL (300ML/ 28Days) | – | – | – | 11/01/2021 |
| <i>Paroxetine Susp (generic of PAXIL)</i> 10MG/5ML | Added to Tier QL (900ML/ 30Days) | – | – | – | 11/01/2021 |
| <i>Potassium Chloride Microencapsulated Crystals ER 15meq</i> | Added to Tier 2 | – | – | – | 11/01/2021 |
| REZUROK TABS 200MG | Added to Tier 5 * NM LA PA | – | – | – | 11/01/2021 |
| <i>Sajazir (generic of FIRAZYR) soln</i> 30mg/3ml | Added to Tier 5 * NM PA QL (9 syringes/30 days) | – | – | – | 11/01/2021 |
| <i>Difluprednate (generic of DUREZOL) emul</i> .05% | Added to Tier 3 | – | – | – | 12/01/2021 |

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| <i>Everolimus (generic of AFINITOR DISPERZ) TBSO 2mg</i> | Added to Tier 5 * QL NM PA (150 tabs / 30 days) | – | – | – | 12/01/2021 |
| <i>Everolimus (generic of AFINITOR DISPERZ) TBSO 3mg</i> | Added to Tier 5 * QL NM PA (90 tabs / 30 days) | – | – | – | 12/01/2021 |
| <i>Everolimus (generic of AFINITOR DISPERZ) TBSO 5mg</i> | Added to Tier 5 * QL NM PA (60 tabs / 30 days) | – | – | – | 12/01/2021 |
| <i>Everolimus (generic of AFINITOR) TABS 10mg</i> | Added to Tier 5 * QL NM PA (30 tabs / 30 days) | – | – | – | 12/01/2021 |
| EXKIVITY CAPS 40mg | Added to Tier 5 * NM LA PA | – | – | – | 12/01/2021 |
| FREAMINE HBC INJ 6.9% | Deletion Of Drug From Formulary | Manufacturer Discontinuation | FREAMINE III INJ 10% | Tier 4 | 12/01/2021 |
| <i>Minitran (generic of NITRO-DUR) PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i> | Deletion Of Drug From Formulary | Manufacturer Discontinuation | NITROGLYCER IN TD PATCH 24HR | Tier 3 | 12/01/2021 |
| <i>Nebivolol hcl (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg</i> | Added to Tier 4 QL (30 tabs / 30 days) | – | – | – | 12/01/2021 |
| <i>Nebivolol hcl (generic of BYSTOLIC) TABS 20mg</i> | Added to Tier 4 QL (60 tabs / 30 days) | – | – | – | 12/01/2021 |
| OCTREOTIDE ACETATE SOSY 50mcg/ml, 100mcg/ml | Added to Tier 4 NM PA | – | – | – | 12/01/2021 |
| OCTREOTIDE ACETATE SOSY 500mcg/ml | Added to Tier 5 * NM PA | – | – | – | 12/01/2021 |
| VARENICLINE TARTRATE TABS .5mg, 1mg | Added to Tier 4 PA | – | – | – | 12/01/2021 |

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| WELIREG TABS 40mg | Added to Tier 5 * NM LA PA | - | - | - | 12/01/2021 |
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**If you are currently taking this drug, this change will not affect your coverage for this drug for the rest of the plan year.