

Changes to the Johns Hopkins Advantage MD (PPO) Formulary

Please retain this with your formulary.

Changes may have occurred since the printing of the Johns Hopkins Advantage MD (PPO) 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 (PPO) formulary, please view our website at www.hopkinsmedicare.com or call Customer Service at 1-877-293-5325 (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	Manufacturer Discontinuation	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 2	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 2	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

COUMADIN TAB	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Warfarin Tab</i>	Tier 1	01/01/2021
CYCLOPHOSPHAMI DE SOLN 1MG/5ML, 500MG/2.5ML	Added to Tier 5 * B/D	–	–	–	01/01/2021
<i>D5W/NACL INJ</i> 0.225%	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>D5W/NACL INJ</i> 0.2%	Tier 2	01/01/2021
<i>Deferasirox (generic of JADENU SPRINKLE PACK)</i> 90mg, 180mg, 360mg	Added to Tier 5 * NM PA	–	–	–	01/01/2021
<i>Efavirenz-Lamivudine-Tenofovir DF Tab</i> 400-300-300MG (generic of SYMFI LO)	Added to Tier 5 * NM	–	–	–	01/01/2021
<i>Efavirenz-Lamivudine-Tenofovir DF Tab</i> 600-300-300mg (generic of SYMFI)	Added to Tier 5 * NM	–	–	–	01/01/2021
<i>Emtricitabine (generic of EMTRIVA) Caps</i> 200mg	Added to Tier 2 NM	–	–	–	01/01/2021
EMTRIVA CAP 200MG	Deletion of Drug From Formulary	Generic Available	<i>Emtricitabine Cap 200mg</i>	Tier 2	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

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GLEOSTINE CAP 10MG, 40MG, 100MG	Deletion of Drug From Formulary	Medicare Will No Longer Cover	Consult Prescriber For Formulary Alternative	–	01/01/2021
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 2	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 2	01/01/2021
LORCET TAB 5/325MG	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Hydrocodone- Acetaminophen Tab 5/325mg</i>	Tier 2	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

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<i>Ampicillin & Sulbactam Sodium for IV Soln 1.5 (1-0.5) gm</i>	Added to Tier 2	–	–	–	02/01/2021
<i>Ampicillin & Sulbactam Sodium for IV Soln 3 (2-1) gm</i>	Added to Tier 2	–	–	–	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
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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KIONEX SUS 15GM/60	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>SPS SUS 15GM/60</i>	Tier 2	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 2	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 2	–	–	–	02/01/2021
<i>Loestrin 21 Tab 1.5/30-21mg</i>	Added to Tier 2	–	–	–	02/01/2021
<i>Loestrin FE Tab 1/20mg, 1.5/30mg</i>	Added to Tier 2	–	–	–	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 2	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 2	02/01/2021
<i>Roweepra XR Tab 500mg, 750mg</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Levetiracetam Tab ER 24HR</i>	Tier 2	02/01/2021
<i>Rufinamide (generic of BANZEL) Susp 40mg/ml</i>	Added to Tier 5 * PA	–	–	–	02/01/2021

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<i>Sapropeterin Dihydrochloride (generic of KUVAN) Tabs 100mg</i>	Added to Tier 5 * NM PA	–	–	–	02/01/2021
<i>Sapropterin Dihydrochloride (generic of KUVAN) Powder 100mg, 500mg</i>	Added to Tier 5 * NM PA	–	–	–	02/01/2021
<i>Sodium Polystyrene Sulfonate Powder 15GM/60</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>SPS SUS 15GM/60</i>	Tier 2	02/01/2021
STIMATE SOLN 1.5mg/ML	Added to Tier 5 * NM	–	–	–	02/01/2021
<i>Triderm Cream 0.5%</i>	Added to Tier 1	–	–	–	02/01/2021
<i>Abiraterone Acetate Tabs 500mg</i>	Added to Tier 5 * NM PA	–	–	–	03/01/2021
<i>Asenapine Maleate Subl 2.5mg, 5mg, 10mg</i>	Added to Tier 2 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
<i>Iclevia Tab</i>	Added to Tier 2	–	–	–	03/01/2021

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<i>Oxaliplatin Inj 200mg</i>	Added to Tier 2 B vs D	–	–	–	03/01/2021
<i>Paraplatin Inj 1000mg</i>	Added to Tier 2 B vs D	–	–	–	03/01/2021
ADRENALIN SOLN 1MG/1ML	Added to Tier 4	–	–	–	04/01/2021
<i>Didanosine CPDR 200mg, 250mg, 400mg</i>	Deletion Of Drug From Formulary	Manufacturer Discontinuation	<i>Abacavir Tab 300mg</i>	Tier 2	04/01/2021
<i>Emtricitabine-tenofovir disoproxil fumarate tab 100-150mg, 133-200mg, 167-250mg</i>	Added to Tier 5 * NM QL (30 tabs/30 days)	–	–	–	04/01/2021
<i>Hydrocortisone (rectal) (generic of ANUSOL-HC) cream 2.5%</i>	Added to Tier 2	–	–	–	04/01/2021
ICLUSIG TABS 10MG	Added to Tier 5 * NM LA PA QL (60 tabs/ 30 days)	–	–	–	04/01/2021
ICLUSIG TABS 30MG	Added to Tier 5 * NM LA PA QL (30 tabs/ 30 days)	–	–	–	04/01/2021
<i>Lyleq tabs 0.35mg</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
ALINIA TAB 500MG	Deletion of Drug From Formulary	Generic Available	<i>Nitazoxanide Tab 500mg</i>	Tier 5	05/01/2021
ANADROL-50 50MG TAB	Deletion of Drug From Formulary	Manufacturer Discontinuation	PROCRIT INJ	Tier 5	05/01/2021

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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 2	–	–	–	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</i>	Added to Tier 2 PA QL (30 tabs/ 30 days)	–	–	–	05/01/2021
<i>Hydrocodone bitartrate (generic of HYSINGLA ER) T24A 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

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NORMOSOL-M INJ/D5W	Deletion of Drug From Formulary	Medicare Will No Longer Cover	ISOLYTE-P INJ/D5W	Tier 4	05/01/2021
<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 2	–	–	–	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 2	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</i>	Tier 5	05/01/2021

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			<i>Fumarate Tab 133-200</i>		
TRUVADA TAB 100-150	Deletion of Drug From Formulary	Generic Available	<i>Emtricitabine-Tenofovir Disoproxil Fumarate Tab 100-150</i>	Tier 5	05/01/2021
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 (INSTITUTIONAL PACK) AERS 108MCG/ACT	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
<i>Accutane Caps 20mg, 30mg, 40mg</i>	Added to Tier 2 PA	–	–	–	06/01/2021
CYCLOPHSOPHAMIDE TABS 25MG, 50MG	Added to Tier 4 B vs. D	–	–	–	06/01/2021
<i>Desogestrel & Ethinyl estradiol Tab 0.15 mg-30 mcg</i>	Added to Tier 2	–	–	–	06/01/2021

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NEPHRAMINE INJ 5.4%	Deletion of Drug From Formulary	Manufacturer Discontinuation	PROSOL INJ 20%	Tier 4	06/01/2021
<i>Pregabalin (generic of LYRICA CR) TB24 82.5mg, 165mg, 330mg</i>	Added to Tier 2 PA QL (60 tabs/30 days)	–	–	–	06/01/2021
<i>Sumatriptan Succinate Inj 6mg/0.5ml</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Sumatriptan Auto-Injector 6mg/0.5ml</i>	Tier 2	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 2	–	–	–	06/01/2021
<i>Dextrose 2.5% w/ Sodium chloride 0.45% (generic of DEXTROSE 2.5% NACL 0.45%)</i>	Added to Tier 2	–	–	–	07/01/2021
FOTIVDA CAP 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 (28 caps / 28 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 2	–	–	–	07/01/2021

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XCOPRI PAK 100-150MG	Added to Tier 5 * QL (56 tabs / 28 days)	–	–	–	07/01/2021
<i>Albuterol Sulfate TB12</i> 4mg, 8mg	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Albuterol Tab</i>	Tier 2	08/01/2021
<i>Bepotastine besilate</i> (generic of <i>BEPREVE</i>) <i>SOLN 1.5%</i>	Added to Tier 2	–	–	–	08/01/2021
<i>Captopril & Hydrochlorothiazide</i> 25/15mg, 25/25mg, 50/15mg, 50/25mg	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Lisinopril & Hydrochlorothiazide Tab</i>	Tier 1	08/01/2021
PHOSPHOLINE IODIDE OPTH SOLR .125%	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Pilocarpine Opthl Soln</i>	Tier 2	08/01/2021
<i>Rufinamide Tab</i> 200mg, 400mg	Added to Tier 5 * PA	–	–	–	08/01/2021
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	Added to Tier 5 *NM LA PA	–	–	–	08/01/2021
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	Added to Tier 5 *NM LA PA	–	–	–	08/01/2021
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	Added to Tier 5 *NM LA PA	–	–	–	08/01/2021
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	Added to Tier 5 *NM LA PA	–	–	–	08/01/2021
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	Added to Tier 5 *NM LA PA	–	–	–	08/01/2021
<i>Etravirine</i> (generic of <i>INTELENCE</i>) tabs 100mg, 200mg	Added to Tier 5 *NM	–	–	–	09/01/2021

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ISOPTO ATROPINE SOLN 1%	Added to Tier 3	–	–	–	09/01/2021
<i>Lopinavir-ritonavir tab 100-25mg (generic of KALETRA)</i>	Added to Tier 2 NM	–	–	–	09/01/2021
<i>Lopinavir-ritonavir tab 200-50 (generic of KALETRA)</i>	Added to Tier 2 *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 1	09/01/2021
<i>Propranolol & Hydrochlorothiazide Tab</i>	Deletion of Drug From Formulary	Manufacturer Discontinuation	<i>Metoprolol & Hydrochlorothiazide Tab</i>	Tier 2	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

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<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
PANRETIN GEL 0.1%	Added to Tier 5 *PA QL (60gm/30days)	–	–	–	10/01/2021
<i>Sunitinib Malate Caps 12.5mg, 25mg, 37.5mg, 50mg</i>	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 400mg</i>	Added to Tier 2	–	–	–	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) 10MG/5ML</i>	Added to Tier 2 QL (900ML/ 30Days)	–	–	–	11/01/2021
<i>Potassium Chloride Microencapsulated Crystals ER 15meq</i>	Added to Tier 1	–	–	–	11/01/2021
REZUROK TABS 200MG	Added to Tier 5 * NM LA PA	–	–	–	11/01/2021
<i>Sajazir (generic of FIRAZYR) soln 30mg/3ml</i>	Added to Tier 5 * NM PA QL (9 syringes/30 days)	–	–	–	11/01/2021

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<i>Difluprednate (generic of DUREZOL) emul .05%</i>	Added to Tier 2	–	–	–	12/01/2021
<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	NITROGLYCE RIN TD PATCH 24HR	Tier 2	12/01/2021
<i>Nebivolol hcl (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg</i>	Added to Tier 2 QL (30 tabs / 30 days)	–	–	–	12/01/2021
<i>Nebivolol hcl (generic of BYSTOLIC) TABS 20mg</i>	Added to Tier 2 QL (60 tabs / 30 days)	–	–	–	12/01/2021
OCTREOTIDE ACETATE SOSY 50mcg/ml, 100mcg/ml	Added to Tier 2 NM PA	–	–	–	12/01/2021
OCTREOTIDE ACETATE SOSY 500mcg/ml	Added to Tier 5 * NM PA	–	–	–	12/01/2021

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VARENICLINE TARTRATE TABS .5mg, 1mg	Added to Tier 2 PA	-	-	-	12/01/2021
WELIREG TABS 40mg	Added to Tier 5 * NM LA PA	-	-	-	12/01/2021

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