

**Changes to the Johns Hopkins Advantage MD D-SNP (HMO) Formulary**

**Please retain this with your formulary.**

Changes may have occurred since the printing of the Johns Hopkins Advantage MD D-SNP (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 D-SNP (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>
CHLORPROMAZINE HYDROCHLOR CONC 30MG/ML, 100MG/ML	Added to Tier 4	–	–	–	01/01/2022
<i>Dextrose 5% w/ Sodium Chloride 0.225%</i> (generic of <b>DEXTROSE/SODIUM CHLORIDE</b> )	Added to Tier 3	–	–	–	01/01/2022
<i>Dextrose 5% w/ Sodium Chloride 0.3%</i> (generic of <b>DEXTROSE 5%/NACL 0.3%</b> )	Added to Tier 3	–	–	–	01/01/2022
FREAMINE HBC INJ 6.9%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FREAMINE III INJ 10%	Tier 4	01/01/2022
INTELENCE TABS 100MG, 200MG	Deletion of Drug From Formulary	Generic Available	<i>Etravirine 100mg, 200mg</i>	Tier 5	01/01/2022

**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

KALETRA TAB 100-25MG	Deletion of Drug From Formulary	Generic Available	<i>Lopinavir- ritonavir tab 100-25mg</i>	Tier 4	01/01/2022
KALETRA TAB 200-50MG	Deletion of Drug From Formulary	Generic Available	<i>Lopinavir- ritonavir tab 200-50mg</i>	Tier 5	01/01/2022
PANRETIN GEL 0.1%	Added to Tier 5 * PA QL (60gm/30days)	–	–	–	01/01/2022
<i>Potassium Chloride Microencapsulated Crystals ER 15meq</i>	Added to Tier 3	–	–	–	01/01/2022
REZUROCK TABS 200MG	Added to Tier 5 * NM LA PA	–	–	–	01/01/2022
<i>Sajazir (generic of FIRAZYR) soln 30mg/3ml</i>	Added to Tier 5 * NM PA QL (9 syringes/30 days)	–	–	–	01/01/2022
<i>Sunitinib malate (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg</i>	Added to Tier 5 * NM PA QL (30 Caps/30 Days)	–	–	–	01/01/2022
SUTENT CAPS 12.5MG, 25MG, 37.5MG, 50MG	Deletion of Drug From Formulary	Generic Available	<i>Sunitinib malate Caps 12.5mg, 25mg, 37.5mg, 50mg</i>	Tier 5	01/01/2022
TOBRADEX ST SUS 0.3-0.05	Added to Tier 3	–	–	–	01/01/2022
<i>Trilyte Sol (generic of NULYTELY)</i>	Deletion of Drug from Formulary	Manufacturer Discontinuation	<i>Gavilyte-N Sol Flavor Pack</i>	Tier 2	01/01/2022
XCOPRI TAB PACK 50-200MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	XCOPRI TAB	Tier 5	01/01/2022
<i>Bekyree (generic of MIRCETTE)</i>	Deletion Of Drug From Formulary	Manufacturer Discontinuation	<i>Kariva (generic of MIRCETTE)</i>	Tier 3	02/01/2022
<i>Cyclafem 1/35</i>	Deletion Of Drug From Formulary	Manufacturer Discontinuation	<i>Nortrel 1/35</i>	Tier 2	02/01/2022
<i>Cyclafem 7/7/7</i>	Deletion Of Drug From Formulary	Manufacturer Discontinuation	<i>Nortrel 7/7/7</i>	Tier 2	02/01/2022
<i>Difluprednate (generic of DUREZOL) EMUL .05%</i>	Added to Tier 3	–	–	–	02/01/2022

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<i>E.e.s. 400</i> TABS 400mg	Added to Tier 4	–	–	–	02/01/2022
EPCLUSA PAK 150-37.5	Added to Tier 5 * NM PA	–	–	–	02/01/2022
EPCLUSA PAK 200-50MG	Added to Tier 5 * NM PA	–	–	–	02/01/2022
EPRONTIA SOLN 25mg/ml	Added to Tier 4	–	–	–	02/01/2022
<i>Everolimus</i> (immunosuppressant) (generic of ZORTRESS) TABS 1mg	Added to Tier 5 * B/D NM	–	–	–	02/01/2022
<i>Everolimus (generic of</i> <i>AFINITOR DISPERZ)</i> TBSO 2mg	Added to Tier 5 * QL NM PA (150 tabs / 30 days)	–	–	–	02/01/2022
<i>Everolimus (generic of</i> <i>AFINITOR DISPERZ)</i> TBSO 3mg	Added to Tier 5 * QL NM PA (90 tabs / 30 days)	–	–	–	02/01/2022
<i>Everolimus (generic of</i> <i>AFINITOR DISPERZ)</i> TBSO 5mg	Added to Tier 5 * QL NM PA (60 tabs / 30 days)	–	–	–	02/01/2022
<i>Everolimus</i> (generic of AFINITOR) TABS 10mg	Added to Tier 5 * QL NM PA (30 tabs / 30 days)	–	–	–	02/01/2022
EXKIVITY CAPS 40mg	Added to Tier 5 * NM LA PA	–	–	–	02/01/2022
<i>Fayosim (generic of</i> <i>QUARTETTE)</i>	Deletion Of Drug From Formulary	Manufacturer Discontinuation	<i>Rivelsa (generic</i> <i>of QUARTETTE)</i>	Tier 3	02/01/2022
INFLIXIMAB SOLR 100mg	Added to Tier 5 * NM LA PA	–	–	–	02/01/2022
MAVYRET PAK 50-20MG	Added to Tier 5 * NM PA	–	–	–	02/01/2022
<i>Mibelas 24 fe (generic of</i> <i>MINASTRIN 24 FE)</i>	Deletion Of Drug From Formulary	Manufacturer Discontinuation	<i>Norethindrone</i> <i>ace-eth</i> <i>estradiol-fe chew</i> <i>tab 1 mg-20 mcg</i> <i>(24) (generic of</i> <i>MINASTRIN 24</i> <i>FE)</i>	Tier 4	02/01/2022

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<i>Minitran (generic of NITRO-DUR) PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	Deletion Of Drug From Formulary	Manufacturer Discontinuation	<i>Nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	Tier 3	02/01/2022
<i>Mondoxyne nl CAPS 100mg</i>	Deletion Of Drug From Formulary	Manufacturer Discontinuation	<i>Doxycycline (monohydrate) CAPS 100mg</i>	Tier 2	02/01/2022
MYRBETRIQ SRER 8mg/ml	Added to Tier 4 QL (300 mL / 28 days)	–	–	–	02/01/2022
<i>Nebivolol hcl (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg</i>	Added to Tier 4 QL (30 tabs / 30 days)	–	–	–	02/01/2022
<i>Nebivolol hcl (generic of BYSTOLIC) TABS 20mg</i>	Added to Tier 4 QL (60 tabs / 30 days)	–	–	–	02/01/2022
OCTREOTIDE ACETATE SOSY 50mcg/ml, 100mcg/ml	Added to Tier 4 NM PA	–	–	–	02/01/2022
OCTREOTIDE ACETATE SOSY 500mcg/ml	Added to Tier 5 * NM PA	–	–	–	02/01/2022
<i>Paroxetine hcl (generic of PAXIL) SUSP 10mg/5ml</i>	Added to Tier 4 QL PA (900 mL / 30 days)	–	–	–	02/01/2022
<i>Proctosol hc (generic of ANUSOL-HC) CREA 2.5%</i>	Added to Tier 3	–	–	–	02/01/2022
<i>Stavudine CAPS 15mg, 20mg, 30mg, 40mg</i>	Added to Tier 4 NM	–	–	–	02/01/2022
VARENICLINE TARTRATE TABS .5mg, 1mg	Added to Tier 4 QL PA (56 tabs / 28 days)	–	–	–	02/01/2022
WELIREG TABS 40mg	Added to Tier 5 * NM LA PA	–	–	–	02/01/2022
<i>Atropine sulfate (ophthalmic) (generic of ATROPINE SULFATE) SOLN 1%</i>	Added to Tier 3	–	–	–	03/01/2022
BESREMI SOSY 500mcg/ml	Added to Tier 5 * NM LA PA	–	–	–	03/01/2022
BIKTARVY TAB 30-120-15 MG	Added to Tier 5 * NM	–	–	–	03/01/2022

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<i>Carglumic acid (generic of CARBAGLU) TABS 200mg</i>	Added to Tier 5 * NM LA PA	-	-	-	03/01/2022
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	Added to Tier 5 * B/D	-	-	-	03/01/2022
GVOKE KIT SOLN 1mg/0.2ml	Added to Tier 3	-	-	-	03/01/2022
<i>Ivermectin (generic of STROMEKTOL) TABS 3mg</i>	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider	-	03/01/2022
<i>Microgestin 24 fe</i>	Added to Tier 3	-	-	-	03/01/2022
<i>Naloxone hcl (generic of NARCAN) LIQD 4mg/0.1ml</i>	Added to Tier 3	-	-	-	03/01/2022
<i>Nylia 1/35</i>	Added to Tier 2	-	-	-	03/01/2022
SCEMBLIX TABS 20mg	Added to Tier 5 * QL NM PA (60 tabs / 30 days)	-	-	-	03/01/2022
SCEMBLIX TABS 40mg	Added to Tier 5 * QL NM PA (300 tabs / 30 days)	-	-	-	03/01/2022
TICOVAC SUSY 2.4mcg/0.5ml	Added to Tier 3	-	-	-	03/01/2022
XARELTO SUSR 1mg/ml	Added to Tier 3 QL (620 mL / 30 days)	-	-	-	03/01/2022
<i>Zarah (generic of YASMIN 28)</i>	Deletion Of Drug From Formulary	Manufacturer Discontinuation	<i>Syeda (generic of YASMIN 28)</i>	Tier 3	03/01/2022
AC CUTANE CAP 10MG	Added to Tier 4 PA	-	-	-	04/01/2022
DENGVAXIA SUS	Added to Tier 3	-	-	-	04/01/2022
<i>Maraviroc (generic of SELZENTRY) TABS 150mg, 300mg</i>	Added to Tier 5 * NM	-	-	-	04/01/2022

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PREHEVBRIO SUSP 10mcg/ml	Added to Tier 3 B/D	-	-	-	04/01/2022
RINVOQ TB24 30mg	Added to Tier 5 QL (30 tabs / 30 days) NM PA	-	-	-	04/01/2022
TRI-PREVIFEM TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	<i>tri-sprintec</i>	Tier 2	04/01/2022
<i>amphotericin b liposome (generic of AMBISOME) SUSR 50mg</i>	Added to Tier 5 * B/D	-	-	-	05/01/2022
<i>*betaine powder for oral solution*** (generic of CYSTADANE)</i>	Added to Tier 5 * NM LA	-	-	-	05/01/2022
DESCOVY TAB 120-15MG	Added to Tier 5 * NM	-	-	-	05/01/2022
<i>erythromycin lactobionate SOLR 500mg</i>	Added to Tier 5 *	-	-	-	05/01/2022
KERENDIA TABS 10mg, 20mg	Added to Tier 3 QL (30 tabs / 30 days)	-	-	-	05/01/2022
KESIMPTA SOAJ 20mg/0.4ml	Added to Tier 5 * QL NM LA PA (16 Pens / year)	-	-	-	05/01/2022
<i>lenalidomide CAPS 5mg, 10mg, 15mg</i>	Added to Tier 5 * QL NM LA PA (28 caps / 28 days)	-	-	-	05/01/2022
<i>lenalidomide CAPS 25mg</i>	Added to Tier 5 * QL NM LA PA (21 caps / 28 days)	-	-	-	05/01/2022
<i>metronidazole (generic of METRONIDAZOLE) SOLN 500mg/100ml</i>	Added to Tier 3	-	-	-	05/01/2022

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NURTEC TBDP 75mg	Added to Tier 5 * QL PA (16 tabs / 30 days)	-	-	-	05/01/2022
NUZYRA SOLR 100mg; TABS 150mg	Added to Tier 5 * NM LA	-	-	-	05/01/2022
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Added to Tier 3	-	-	-	05/01/2022
TALZENNA CAPS .5mg, .75mg, QL (30 caps / 30 days)	Added to Tier 5 *QL NM LA PA (30 caps / 30 days)	-	-	-	05/01/2022
VELPHORO CHEW 500mg	Added to Tier 5 * QL QL (180 tabs / 30 days)	-	-	-	05/01/2022
XIIDRA SOLN 5%	Added to Tier 3	-	-	-	05/01/2022
AMINOSYN-PF INJ 7%	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	TROPHAMINE INJ 10%	Tier 4	05/01/2022
BYSTOLIC TABS 2.5mg, 5mg, 10mg, 20mg	Deletion Of Drug From Formulary	Generic Available	<i>Nebivolol hcl</i> (generic of <i>BYSTOLIC</i> ) TABS 2.5mg, 5mg, 10mg, 20mg	Tier 4	05/01/2022
<i>cefuroxime sodium</i> SOLR 7.5GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	<i>cefuroxime</i> <i>sodium</i> SOLR 1.5gm, 750mg	Tier 3	05/01/2022
CHANTIX PAK 1MG	Deletion Of Drug From Formulary	Generic Available	VARENICLINE TARTRATE TABS 1mg	Tier 4	05/01/2022
CHANTIX TABS .5mg, 1mg	Deletion Of Drug From Formulary	Generic Available	VARENICLINE TARTRATE TABS .5mg, 1mg	Tier 4	05/01/2022
DUREZOL EMUL .05%	Deletion Of Drug From Formulary	Generic Available	<i>Difluprednate</i> (generic of <i>DUREZOL</i> ) EMUL .05%	Tier 3	05/01/2022

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NARCAN LIQD 4mg/0.1ml	Deletion Of Drug From Formulary	Generic Available	<i>Naloxone hcl</i> <i>(generic of</i> <i>NARCAN)</i> <i>LIQD 4mg/0.1ml</i>	Tier 3	05/01/2022
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