



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 (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 |
|---------------------------------|---------------------------------|------------------------------|---|---|-----------------------|
| STAVUDINE CAP | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ABACAVIR TAB; EMTRICITABINE CAP; LAMIVUDINE 150 MG, 300 MG TAB; ZIDOVUDINE TAB | Tier 3 | 01/01/2024 |
| TRICARE TAB PRENATAL | Deletion Of Drug From Formulary | Manufacturer Discontinuation | PRENATAL TAB 27-1MG | Added to Tier 4 | 01/01/2024 |
| <i>cefaclor</i> SUSR 125mg/5ml, | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CEFACLORESOL 250MG/5ML | Added to Tier 4 | 02/01/2024 |
| <i>cefaclor</i> SUSR 375mg/5ml | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CEFACLORESOL 250MG/5ML | Added to Tier 4 | 02/01/2024 |

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

April 2024

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| CEFTAZIDIME/ SOL D5W 1GM | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CEFTAZIDIME INJ | Added to Tier 4 | 02/01/2024 |
| CEFTAZIDIME/ SOL D5W 2GM | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CEFTAZIDIME INJ | Added to Tier 4 | 02/01/2024 |
| <i>ciprofloxacin hcl</i> TABS 100mg | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CIPROFLOXAC IN HCL TAB 250 MG | Added to Tier 4 | 02/01/2024 |
| <i>clindamycin phosphate</i> 300mg/2ml | Deletion Of Drug From Formulary | Manufacturer Discontinuation | <i>clindamycin phosphate</i> 600mg/4ml | Added to Tier 3 | 02/01/2024 |
| <i>nevirapine</i> TB24 100mg | Deletion Of Drug From Formulary | Manufacturer Discontinuation | <i>nevirapine</i> TB24 400mg | Added to Tier 4 | 02/01/2024 |
| <i>olopatadine hcl</i> SOLN .1% | Deletion Of Drug From Formulary | Manufacturer Discontinuation | AZELASTINE HCL OPHTH SOLN 0.05% | Added to Tier 3 | 02/01/2024 |
| SYMJEPI SOSY .15mg/0.3ml | Deletion Of Drug From Formulary | Manufacturer Discontinuation | EPINEPHRINE INJ 0.15MG | Added to Tier 3 | 02/01/2024 |
| SYMJEPI SOSY .3mg/0.3ml | Deletion Of Drug From Formulary | Manufacturer Discontinuation | EPINEPHRINE INJ 0.3MG | Added to Tier 3 | 02/01/2024 |
| SYNRIBO SOLR 3.5mg | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ICLUSIG TAB; SCEMBLIX TAB | Added to Tier 5 | 02/01/2024 |
| AMABELZ TAB 1-0.5MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ESTRADIOL & NORETHINDR ONE ACETATE TAB 1-0.5 MG; MIMVEY TAB 1-0.5 MG | Tier 3 | 03/01/2024 |
| FLEBOGAMMA DIF INJ 10GM/100ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | BIVIGAM INJ 10GM/100ML; GAMMAPLEX INJ 10GM/100ML; OCTAGAM INJ 10GM/100ML; PRIVIGEN INJ 10GM/100ML | Tier 5 | 03/01/2024 |
| FLEBOGAMMA DIF INJ 2.5GM/50ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | OCTAGAM INJ 2.5GM/50ML | Tier 5 | 03/01/2024 |

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| FLEBOGAMMA DIF INJ 20GM/200ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | GAMMAPLEX INJ 20GM/200ML; OCTAGAM INJ 20GM/200ML; PRIVIGEN INJ 20GM/200ML | Tier 5 | 03/01/2024 |
| FLEBOGAMMA DIF INJ 5GM/50ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | BIVIGAM INJ 5GM/50ML; GAMMAPLEX INJ 5GM/50ML; OCTAGAM INJ 5GM/50ML; PRIVIGEN INJ 5GM/50ML | Tier 5 | 03/01/2024 |
| GVOKE PFS INJ PREF SYRINGE 0.5 MG/0.1ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | GVOKE PFS INJ PREF SYRINGE 1MG/0.2ML; GVOKE HYPOPEN; GVOKE KIT | Tier 3 | 03/01/2024 |
| PENICILLIN G PROCAINE INJ SUSP 600000UNIT/ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | PENICILLIN G POTASSIUM INJ SOLR 5000000 UNIT, 20000000 UNIT | Tier 4 | 03/01/2024 |
| HUMIRA PEN INJ CD/UC/HS | Deletion Of Drug From Formulary | Manufacturer Discontinuation | HUMIRA PEN INJ 40MG/0.8ML | Tier 5 | 04/01/2024 |
| PAROMOMYCIN CAP 250MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | Consult Your Health Care Provider | — | 04/01/2024 |
| RISPERDAL CONSTA INJ 12.5MG | Deletion Of Drug From Formulary | Generic Available | RISPERIDONE INJ 12.5MG ER | Tier 4 | 05/01/2024 |
| RISPERDAL CONSTA INJ 25MG | Deletion Of Drug From Formulary | Generic Available | RISPERIDONE INJ 25MG ER | Tier 4 | 05/01/2024 |
| RISPERDAL CONSTA INJ 37.5MG | Deletion Of Drug From Formulary | Generic Available | RISPERIDONE INJ 37.5MG ER | Tier 5 | 05/01/2024 |
| RISPERDAL CONSTA INJ 50MG | Deletion Of Drug From Formulary | Generic Available | RISPERIDONE INJ 50MG ER | Tier 5 | 05/01/2024 |

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| VOTRIENT TAB 200MG | Deletion Of Drug From Formulary | Generic Available | PAZOPANIB HCL TAB 200 MG | Tier 5 | 05/01/2024 |
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