



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
STAVUDINE CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ABACAVIR TAB; EMTRICITABINE CAP; LAMIVUDINE 150 MG, 300 MG TAB; ZIDOVUDINE TAB	Tier 2	01/01/2024
TRICARE TAB PRENATAL	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRENATAL TAB 27-1MG	Tier 4	01/01/2024
<i>Cefaclor SUSR 125mg/5ml</i>	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACLOX S 250MG/5ML	Tier 2	02/01/2024
<i>Cefaclor SUSR 375mg/5ml</i>	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACLOX S 250MG/5ML	Tier 2	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

July 2024

Y0124_FormularyErrataPPO0923_C

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost-Share Tier	Effective Date
CEFTAZIDIME/ SOL D5W 1GM, 2GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFTAZIDIME INJ	Tier 2	02/01/2024
<i>ciprofloxacin hcl</i> TABS 100mg	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CIPROFLOXAC IN HCL TAB 250 MG	Tier 4	02/01/2024
<i>clindamycin phosphate</i> 300mg/2ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLINDAMYCI N INJ 600MG/4ML	Tier 2	02/01/2024
<i>nevirapine TABS 100MG</i>	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NEVIRAPINE TAB ER 400MG	Tier 2	02/01/2024
<i>olopatadine hcl</i> SOLN .1%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AZELASTINE HCL OPHTH SOLN 0.05%	Tier 2	02/01/2024
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	Deletion Of Drug From Formulary	Manufacturer Discontinuation	EPINEPHRINE INJ 0.15MG, 0.3MG	Tier 2	02/01/2024
SYNRIBO SOLR 3.5mg	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ICLUSIG TAB; SCEMBLIX TAB	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

PA = Prior Authorization, QL = Quantity Limits, ST = Step Therapy, LA = Limited Access, 2
NM = Not available at mail order, B/D = Covered under Medicare B or D

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost-Share Tier	Effective Date
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 2	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
EMCYT CAP 140MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider	—	05/01/2024
RISPERDAL CONSTA INJ 12.5MG	Deletion Of Drug From Formulary	Generic Available	RISPERIDONE INJ 12.5MG ER	Tier 2	05/01/2024

PA = Prior Authorization, QL = Quantity Limits, ST = Step Therapy, LA = Limited Access, 3
 NM = Not available at mail order, B/D = Covered under Medicare B or D

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost-Share Tier	Effective Date
RISPERDAL CONSTA INJ 25MG	Deletion Of Drug From Formulary	Generic Available	RISPERIDONE INJ 25MG ER	Tier 2	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
VOTRIENT TAB 200MG	Deletion Of Drug From Formulary	Generic Available	PAZOPANIB HCL TAB 200 MG	Tier 5	05/01/2024
VRAYLAR CAP 1.5-3MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VRAYLAR CAP	Tier 5	06/01/2024
AMABELZ TAB 0.5-0.1 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ESTRADIOL & NORETHINDRO NE ACETATE TAB 0.5-0.1 MG	Tier 3	07/01/2024

PA = Prior Authorization, QL = Quantity Limits, ST = Step Therapy, LA = Limited Access, 4
 NM = Not available at mail order, B/D = Covered under Medicare B or D