



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 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
ABELCET INJ 5MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AMPHOTERICIN B LIPOSOME IV FOR SUSP 50 MG	1	01/01/2026
ENTRESTO TAB 24-26MG	Deletion Of Drug From Formulary	Generic Available	SACUB/VALSAR TAB 24-26MG	1	01/01/2026
ENTRESTO TAB 49-51MG	Deletion Of Drug From Formulary	Generic Available	SACUB/VALSAR TAB 49-51MG	1	01/01/2026
ENTRESTO TAB 97-103MG	Deletion Of Drug From Formulary	Generic Available	SACUB/VALSAR TAB 97-103MG	1	01/01/2026
EPITOL TAB 200MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CARBAMAZEPINE TAB 200 MG	1	01/01/2026

EPRONTIA SOL 25MG/ML	Deletion Of Drug From Formulary	Generic Available	TOPIRAMATE ORAL SOLN 25 MG/ML	1	01/01/2026
IXCHIQ INJ	Deletion Of Drug From Formulary	Market Removal	VIMKUNYA INJ 40MCG/0.8ML	1	01/01/2026
KELNOR 1/50 TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VALTYA 1/50 TAB	1	01/01/2026
REGRANEX GEL 0.01%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider	-	01/01/2026
XARELTO SUS 1MG/ML	Deletion Of Drug From Formulary	Generic Available	RIVAROXABAN SUS 1MG/ML	1	01/01/2026
DIFICID TAB 200MG	Deletion Of Drug From Formulary	Generic Available	FIDAXOMICIN TAB 200MG	Tier 1	02/01/2026
OCELLA TAB 3- 0.03MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DROSPIRENONE- ETHINYL ESTRADIOL TAB 3-0.03 MG; SYEDA TAB 3-0.03MG; ZUMANDIMINE TAB 3-0.03MG	Tier 1	02/01/2026
OGSIVEO TAB 50MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	OGSIVEO TAB 100MG, 150MG	Tier 1	02/01/2026
SUMATRIPTAN SUCCINATE SOLUTION AUTO- INJECTOR 4MG/0.5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SUMATRIPTAN SUCCINATE SOLUTION AUTO- INJECTOR 6MG/0.5ML; SUMATRIPTAN	Tier 1	02/01/2026

			SUCCINATE INJ 6MG/0.5ML		
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4MG/0.5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SUMATRIPTAN SUCCINATE SOLUTION AUTO- INJECTOR 6MG/0.5ML; SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	Tier 1	02/01/2026
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6MG/0.5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SUMATRIPTAN SUCCINATE SOLUTION AUTO- INJECTOR 6MG/0.5ML; SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	Tier 1	02/01/2026
TOBRAMYCIN SULFATE INJ 2GM/50ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TOBRAMYCIN SULFATE INJ 80MG/2ML	Tier 1	02/01/2026
VIGPODER POW 500MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VIGABATRIN PAK 500MG; VIGADRONE POW 500MG	Tier 1	02/01/2026
NEO-POLYCIN HC OPHTH OINT 1%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	BACITRACIN- POLYMYXIN- NEOMYCIN- HYDROCORTISON E OPHTH OINT 1%	Tier 1	03/01/2026
NEO-POLYCIN OPHTH OINT 5- 400-10000	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NEOMYCIN- BACITRACIN ZINC-POLYMYXIN OPHTH OINT 5- 400-10000	Tier 1	03/01/2026

POLYCIN OPHTH OINT	Deletion Of Drug From Formulary	Manufacturer Discontinuation	BACITRACIN-POLYMYXIN B OPHTH OINT	Tier 1	03/01/2026
SULFACETAMIDE SODIUM OPHTH OINT 10%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SULFACETAMIDE SODIUM OPHTH SOLN 10%	Tier 1	03/01/2026