

Johns Hopkins US Family Health Plan (USFHP)

Formulary Changes

The table below outlines the changes to the TRICARE formulary that are applicable to Johns Hopkins USFHP since 1/1/2022.

Drug Name	Description of Change	Tier	Effective Date of Change
Calcipotriene-betamethasone dipropionate 0.005%-0.064% topical cream (Wynzora)	This medication will not be covered, alternatives available	N/A	6/15/2022
clobetasol propionate 0.05% lotion metered dose pump (Impeklo)	This medication will not be covered, alternatives available	N/A	6/15/2022
levetiracetam 1,000 mg and 1,500 mg extended-release tablets (Elepsia XR)	This medication will not be covered, alternatives available	N/A	6/15/2022
Rosuvastatin-ezetimibe (Roszet)	This medication will not be covered, alternatives available	N/A	6/15/2022
lorazepam extended-release capsules (Loreev XR)	This medication will not be covered, alternatives available	N/A	6/15/2022
dihydroergotamine mesylate nasal spray (Trudhesa)	This medication will not be covered, alternatives available	N/A	6/15/2022
celecoxib oral solution (Elyxib)	This medication will not be covered, alternatives available	N/A	8/24/2022

QL = Quantity Limit, PA = Prior Authorization, ST = Step Therapy