



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 1/1/2024.

Drug Name	Description of Change	Tier	Effective Date of Change
Neupogen (filgrastim syringe and vial)	Tier Change; Addition of PA	3	01/31/2024
Releuko (filgrastim-ayow syringe and vial)	Tier Change; Addition of PA	3	01/31/2024
Nyvepria (pegfilgrastim-apgf syringe)	Tier Change	2	01/31/2024
Udenyca (pegfilgrastim-cbqv syringe and auto-injector)	Tier Change	2	02/20/2024
Neulasta (pegfilgrastim syringe)	Tier Change; Addition of PA	3	01/31/2024
Neulasta OnPro (pegfilgrastim on-body injector)	Tier Change; Addition of PA	3	01/31/2024
Liqrev (sildenafil 10 mg/mL oral suspension)	This medication will not be covered, alternatives available	N/A	02/28/2024
Cuvrior (trientine tetrahydrochloride tablets)	This medication will not be covered, alternatives available	N/A	02/28/2024
zolpidem tartrate 7.5 mg capsules	This medication will not be covered, alternatives available	N/A	02/28/2024
Advair Diskus	Tier Change	2	04/29/2024
Flovent HFA	Tier Change	2	04/29/2024
Flovent Diskus	Tier Change	2	04/29/2024
colchicine 0.5 mg tabs (LODOCO)	This medication will not be covered, alternatives available	N/A	06/12/2024
Norditropin (somatropin)	Tier Change	2	08/28/2024
Coxanto (oxaprozin 300 mg capsules)	This medication will not be covered, alternatives available	N/A	08/28/2024
Cabtreo (clindamycin 1.2%- adapalene 0.15%- benzoyl peroxide 3.1% topical gel)	This medication will not be covered, alternatives available	N/A	08/28/2024
adalimumab (Cordavis brand of Humira)	This medication will not be covered, alternatives available	N/A	11/13/2024
Arnuity Ellipta (fluticasone furoate)	Tier Change	3	12/15/2024
Levemir vials (insulin detemir)	Tier Change; Addition of PA	3	12/15/2024

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