



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 1/1/2025.

Drug Name	Description of Change	Tier	Effective Date of Change
Trokendi XR	Tier Change	2	02/1/2025
ondansetron 16 mg ODT	Tier Change; Addition of PA	2	04/2/2025
clobetasol 0.05% ophthalmic emulsion	This medication will not be covered, alternatives available	N/A	05/28/2025
Zepbound (tirzepatide) vials	This medication will not be covered, alternatives available	N/A	05/28/2025
Omvo (mirikizumab) syringe and pens	Tier Change	3	5/28/2025
Nurtec ODT (rimegepant)	Tier Change	3	10/20/2025

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