



Our records showed that you have filled:

<<Insert Rx Name>>

<<Date>>

<<Member Name>>
<<Member Address>>
<<City, State, Zip>>

*****SAMPLE*****

CHANGES TO YOUR PRESCRIPTION DRUG FORMULARY FOR 2016

Dear <<Member Name>>:

As the new enrollment year is upon us, FirstCare Health Plan wanted to make you aware of the formulary changes to your prescription drug plan benefit. It is important that you are aware of the changes being made so you are able to discuss your options with your doctor and prevent any delays getting the prescriptions you need.

Due to the entrants of new drugs and reinvention of older generics, the marketplace has moved towards re-grouping brands and generics to keep your overall health care costs down. FirstCare will begin using this new formulary grouping, where the tiers will no longer be either brands or generics. Each Tier may contain both brands and generics.

In addition to the regrouping of generics/brands, a few drugs have been changed in their coverage and tier.

This notification is to let you know that you may be affected by Tier changes or your medication may be removed from the formulary. Please refer to the FirstCare 2016 Formulary to see if a medication you take is affected by the change. These changes will take effect on January 1st, 2016; however, you may stay on your current medication until your renewal date.

- For complete formulary, please refer to your respective pharmacy page on our website: www.firstcare.com
- Attached is only a short summary of drugs with higher volume changes
- If you use a non-preferred glucometer, a separate letter will be sent to inform you of how to obtain a new glucometer.

This information does not replace your doctor's orders. However, as an informed patient, if you are taking the affected medication(s) talk your doctor about whether or not you should stay on the current drug or make changes so you can take advantage of a lower cost option.

If you have a prior approval from previous requests from your doctor, the prior approval will be honored up until the approved date.

If you have any questions, please contact FirstCare Health Plans Customer Service, at the phone number listed on the back of your member ID card Monday through Friday, 8 a.m. to 6 p.m.

Sincerely,

<<Pharmacist>>
FirstCare Health Plans

Synthroid/levothyroxine has recently been added to frequent list

Category	Moved to Non-Preferred Tier or Not Covered	Preferred Alternatives
BEHAVIORAL HEALTH		
Aripiprazole (Abilify)	Brand Abilify will not be covered, and will only be available as a medical necessity exception request to FirstCare	Generic Abilify is available at Tier 3
DIABETES PRODUCTS		
Insulins	Lilly products (e.g. Humalin, Humalog, Relion) – Not Covered. *If you are on a Lilly product that will no longer be covered, you will continue to have access to this product at the non-preferred brand Tier until your doctor can change to a preferred product for a lower cost to you.	Novo-Nordisk products (e.g. Novolin, Novolog) Tier 3 (Preferred Tier)
L.A. Insulins (No Change)		Lantus and Levimir are Preferred (Apidra remains non-preferred)
Glucometers	LifeScan One Touch products will be removed from preferred effective 01/01/2016. Members currently using a glucometer should remain on their glucometer until 01/01/2016. Non-Covered Glucometers and strips will not be covered without approval for medical necessity.	ROCHE: Accu-Chek Aviva [®] Plus System Accu-Chek Nano [®] System Accu-Chek Nano Smartview [®] System ABBOTT DIABETES CARE: FreeStyle (Lite [®] and Freedom Lite [®] Systems) Precision Xtra [®] System Freestyle Insulinx [®] System
PULMONARY		
COPD Combination	Symbicort – Not Covered	Advair is preferred
Beta-Agonists	Proventil (NC), ProAir (Tier 4) Xopenex HFA (Tier 4)	Ventolin HFA is preferred
THYROID		
NEW Information	Levothyroxine	Synthroid is preferred
ACE-I/ARBs		
ACE-I/ARBs (<i>AMLOD-VALSA-HCTZ</i> , <i>TELMISARTAN-HCTZ</i> , <i>BENICAR HCT</i>) include a vast option of coverage. If your drug has been removed from the formulary, you will be grandfathered into the current Tier. However, you may want to check with your doctor for lower cost alternatives (Tier 1 and Tier 2)		
Lowest Cost (or even \$0 copay)		
Lowest cost (or even \$0 copay) Tier contains select antibiotics, NSAIDs, antidiabetics, antihypertensives, antidiyslipidemia, and others.		
DRUGS NOT COVERED REMINDER – No Change		
DESI drugs considered LTE (FDA Drug Efficacy Study Implementation – Less Than Effective) Over-The-Counter products not listed on the formulary are not covered		