



HEALTH PLANS

7/12/2019

## Group Value Formulary Changes

DRUG NAME	FORMULARY CHANGES	RESTRICTIONS	EFFECTIVE DATE
<b>Auryxia</b>	Tier 3		8/1/2019
<b>Dificid</b>	Tier 3		8/1/2019
<b>Firvanq</b>	Tier 3		8/1/2019
<b>budesonide ER 9mg</b> <i>(generic Uceris)</i>	Tier 3		8/1/2019
<b>Apriso</b>	Tier 2		8/1/2019
<b>mesalamine 1.2G tab</b> <i>(generic Lialda)</i>	Tier 1		8/1/2019
<b>Coartem</b>	Tier 2		8/1/2019
<b>ergoloid mesylate</b> <i>(generic Hydergine)</i>	NF		8/1/2019
<b>metaproterenol tablets and syrup</b> <i>(generic Alupent)</i>	NF		8/1/2019
<b>Dipentum</b>	NF		8/1/2019
<b>nicardipine</b> <i>(generic Cardene)</i>	NF		8/1/2019
<b>AVC Cream</b>	NF		8/1/2019
<b>guanidine</b>	NF		8/1/2019

**Key**

PA= Prior Authorization AL= Age Limit ST= Step Therapy QL=Quantity Limit NF=Non-formulary  
 Tier 1=preferred generic; Tier 2=preferred brand; Tier 3= Non-preferred brands and generics  
 SP1= specialty preferred generic; SP2= specialty preferred brand; SP3= specialty non-preferred brand

Removal of drugs from formulary, certain tier changes or added formulary restrictions may not be effective until renewal of your benefits. For more information, call FirstCare Customer Service at 1-800-884-4901.

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.  
 This list does not guarantee coverage.

## 2019 Group Value Formulary Changes

DRUG NAME	FORMULARY CHANGES	RESTRICTIONS	EFFECTIVE DATE
<b>Anoro Ellipta</b> <b>Incruse Ellipta</b> <b>Trelegy Ellipta</b> <b>Stiolto Respirat</b>	Tier 2		7/1/2019
<b>Repatha</b> <b>Praluent</b>	SP3	PA	7/1/2019
<b>moxifloxacin tab</b> <i>(generic Avelox)</i>	Tier 1		7/1/2019
<b>fluocinolone otic oil</b> <i>(generic Dermotic)</i>	Tier 1		7/1/2019
<b>moxifloxacin ophth sol</b> <i>(generic Vigamox)</i>	Tier 1		7/1/2019
<b>tramadol ER</b> <i>(generic Ultram ER)</i>	Tier 1		7/1/2019
<b>hydrocortisone 2.5 % rectal cream</b> <b>Procto-Med cream</b> <b>Proctosol cream</b> <b>Proctozone cream</b>	Tier 1		7/1/2019
<b>famciclovir</b> <i>(generic Famvir)</i>	Tier 1		7/1/2019
<b>nateglinide</b> <i>(generic Starlix)</i> <b>repaglinide</b> <i>(generic Prandin)</i>	Tier 1		7/1/2019
<b>Midodrine</b> <i>(generic ProAmatine)</i>	Tier 1		7/1/2019
<b>betamethasone valerate foam</b> <i>(generic Luxiq)</i> <b>hydrocortisone valerate cream</b> <i>(generic Westcort)</i>	Tier 1		7/1/2019
<b>eszopiclone</b> <i>(generic Lunesta)</i>	Tier 1		7/1/2019
<b>fluoride dental paste</b> <i>(generic Prevident)</i>	Tier 1		7/1/2019
<b>ketoprofen</b> <i>(generic Orudis)</i>	Tier 1		7/1/2019
<b>dantrolene</b> <i>(generic Dantrium)</i>	Tier 1		7/1/2019
<b>naratriptan</b> <i>(generic Amerge)</i>	Tier 1		7/1/2019

**Key**

PA= Prior Authorization AL= Age Limit ST= Step Therapy QL=Quantity Limit NF=Non-formulary  
 Tier 1=preferred generic; Tier 2=preferred brand; Tier 3= Non-preferred brands and generics  
 SP1= specialty preferred generic; SP2= specialty preferred brand; SP3= specialty non-preferred brand

Removal of drugs from formulary, certain tier changes or added formulary restrictions may not be effective until renewal of your benefits. For more information, call FirstCare Customer Service at 1-800-884-4901.

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.  
 This list does not guarantee coverage.

## 2019 Group Value Formulary Changes

DRUG NAME	FORMULARY CHANGES	RESTRICTIONS	EFFECTIVE DATE
<b>potassium citrate</b> ( <i>generic Urocit</i> )	Tier 1		7/1/2019
<b>diltiazem ER</b> ( <i>generic Cardizem</i> ) <b>Matzim LA</b> ( <i>generic Cardizem</i> ) <b>moexipril</b> ( <i>generic Univasc</i> ) <b>moexipril/HCTZ</b> ( <i>generic Uniretic</i> ) <b>trandolapril</b> ( <i>generic Mavik</i> ) <b>perindopril</b> ( <i>generic Aceon</i> ) <b>felodipine</b> ( <i>generic Plendil</i> ) <b>isradipine</b> ( <i>generic Dynacirc</i> ) <b>telmisartan</b> ( <i>generic Micardis</i> ) <b>telmisartan/HCTZ</b> ( <i>generic Micardis HCT</i> ) <b>eplerenone</b> ( <i>generic Inspra</i> ) <b>amlodipine/valsartan</b> ( <i>generic Exforge</i> ) <b>amlodipine/valsartan/HCTZ</b> ( <i>generic Exforge HCT</i> )	Tier 1		7/1/2019
<b>Aimovig</b> <b>Emgality</b>	Tier 2	PA	5/1/2019
<b>Orilissa</b>	Tier 2	PA	5/1/2019
<b>Divigel</b>	Tier 3		5/1/2019
<b>Intrarosa</b> <b>Osphena</b>	Tier 3		4/1/2019
<b>estradiol tablet</b> ( <i>generic Vagifem</i> ) <b>Yuvaferm</b>	Tier 1		4/1/2019
<b>ezetimibe</b> ( <i>generic Zetia</i> )	Tier 1		4/1/2019
<b>ezetimibe/simvastatin</b> ( <i>generic Vytorin</i> )	Tier 1		4/1/2019
<b>Daurismo</b> <b>Vitrakvi</b> <b>Xospata</b>	SP2	PA	3/1/2019
<b>Fiasp</b>	Tier 2		3/1/2019
<b>Xofluza</b>	Tier 3		3/1/2019

**Key**

PA= Prior Authorization AL= Age Limit ST= Step Therapy QL=Quantity Limit NF=Non-formulary  
Tier 1=preferred generic; Tier 2=preferred brand; Tier 3= Non-preferred brands and generics  
SP1= specialty preferred generic; SP2= specialty preferred brand; SP3= specialty non-preferred brand

Removal of drugs from formulary, certain tier changes or added formulary restrictions may not be effective until renewal of your benefits. For more information, call FirstCare Customer Service at 1-800-884-4901.

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.  
This list does not guarantee coverage.

## 2019 Group Value Formulary Changes

DRUG NAME	FORMULARY CHANGES	RESTRICTIONS	EFFECTIVE DATE
oseltamivir	Tier 1		3/1/2019
Galafold	SP3	PA	3/1/2019
Lorbrena	SP2 PA criteria added	PA	2/1/2019
Epidiolex	SP2	PA	1/1/2019
Libtayo	SP2	PA	1/1/2019
Talzenna	SP2	PA	1/1/2019
Vizimpro	SP2	PA	1/1/2019
Delstrigo	SP2		1/1/2019
Pifeltro	SP2		1/1/2019
Copiktra	SP2	PA	1/1/2019
diclofenac 3% gel	Tier 3		1/1/2019
Byetta Bydureon Bydureon BCise Victoza Trulicity Ozempic	Tier 2		1/1/2019
Elidel	Tier 2	ST	1/1/2019
Eucrisa	Tier 2	ST	1/1/2019
tacrolimus ointment	Tier 1		1/1/2019
Dupixent	SP2 PA criteria added	PA	1/1/2019

**Key**

PA= Prior Authorization AL= Age Limit ST= Step Therapy QL=Quantity Limit NF=Non-formulary  
Tier 1=preferred generic; Tier 2=preferred brand; Tier 3= Non-preferred brands and generics  
SP1= specialty preferred generic; SP2= specialty preferred brand; SP3= specialty non-preferred brand

Removal of drugs from formulary, certain tier changes or added formulary restrictions may not be effective until renewal of your benefits. For more information, call FirstCare Customer Service at 1-800-884-4901.

Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information.  
This list does not guarantee coverage.