



USFHP Formulary Changes

The table below outlines all the changes to the TRICARE formulary which are applicable to the JHHC USFHP Health Plan since 1/1/2019.

Drug Name	Description of Change*	Tier	Effective Date of Change
Abilify Myci Tablet	Tier Change, addition of PA for new starts	3	2/1/2019
Vizimpro Tablet	Tier Change	3	2/1/2019
Nocdurna Sublingual	Tier Change	3	2/1/2019
Tegsedi Inj	Tier Change	3	2/1/2019
Xepi Cream	Tier Change	3	2/1/2019
Talzenna Capsule	Tier Change	3	2/1/2019
Altreno Lotion	Tier Change	3	2/1/2019
Epidiolex Solution	Tier Change	3	2/1/2019
Xofluza Tablet	Tier Change	3	2/1/2019
Arikayce Inhaled Susp	Tier Change	3	2/1/2019
Xelpros Opth Emulsion	Tier Change	3	2/1/2019
Lorbrena Tablet	Tier Change	3	2/1/2019
Yupelri Inhalation Soln	Tier Change	3	2/1/2019
Arakoda Tablet	Tier Change	3	2/1/2019
Granix Inj	Tier Change	3	2/1/2019
Xyosted auto-inj soln	Tier Change	3	2/1/2019
Sympazan oral film	Tier Change	3	2/1/2019
Daurismo Tablet	Tier Change	3	2/1/2019
Lexette Foam Aero	Tier Change	3	2/1/2019
Bryhali Lotion	Tier Change	3	2/1/2019
Vitrakvi Capsule	Tier Change, addition of QL	3	2/1/2019
Daklinza	Tier Change, addition of PA for new starts and QL	3	2/1/2019
Sovaldi	Tier Change, addition of PA for new starts and QL	3	2/1/2019
Zepatier	Tier Change, addition of PA for new starts and QL	3	2/1/2019
Olysio	Tier Change, addition of PA for new starts and QL	3	2/1/2019
Emgality Inj	Tier Change, addition of PA and QL	3	3/1/2019
Eucrisa	Tier Change, addition of PA for new starts and QL	3	3/1/2019
Qvar	Tier Change, addition of PA for new starts and QL	3	3/1/2019
Qvar Redihaler	Tier Change, addition of PA for new starts and QL	3	3/1/2019
Kevzara Inj	Tier Change, addition of PA for new starts and QL	3	3/1/2019

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