

2020 Formulary Monthly Notice of Change

Commercial 3 Tier

This is a listing of the changes that have occurred to the 2020 Commercial 3 Tier formulary. For a complete list, please refer to our website and review the 2020 Commercial 3 Tier formulary (Drug List).

Please carefully review these changes. If you have any questions or need to obtain updated coverage determination and exception information, please call Customer Service toll-free at 1.844.522.5279 (TTY/TDD relay: 1.800.955.8771) Monday through Friday from 8 a.m. to 6 p.m. or visit myAHplan.com.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits and copayments/co-insurance may change on January 1 of each year.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

The formulary and pharmacy network may change at any time. You will receive notice when necessary.

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Commercial Formulary Notice of Change Content

Effective Date:6/1/2020

Medication Name	Change Description
AKYNZEO (FOSNETUPITANT) 235 MG-0.25 MG INTRAVENOUS SOLUTION	Formulary Addition
AKYNZEO (NETUPITANT) 300 MG-0.5 MG CAPSULE	Formulary Addition
ALECENSA 150 MG CAPSULE	Formulary Addition
ALUNBRIG 180 MG TABLET	Formulary Addition
ALUNBRIG 30 MG TABLET	Formulary Addition
ALUNBRIG 90 MG (7)-180 MG (23) TABLETS IN A DOSE PACK	Formulary Addition
ALUNBRIG 90 MG TABLET	Formulary Addition
AYVAKIT 100 MG TABLET	Formulary Addition
AYVAKIT 200 MG TABLET	Formulary Addition
AYVAKIT 300 MG TABLET	Formulary Addition
BOSULIF 100 MG TABLET	Formulary Addition
BOSULIF 400 MG TABLET	Formulary Addition
BOSULIF 500 MG TABLET	Formulary Addition
<i>budesonide-formoterol hfa 160 mcg-4.5 mcg/actuation aerosol inhaler</i>	Formulary Addition
<i>budesonide-formoterol hfa 80 mcg-4.5 mcg/actuation aerosol inhaler</i>	Formulary Addition
CABOMETYX 20 MG TABLET	Formulary Addition
CABOMETYX 40 MG TABLET	Formulary Addition
CABOMETYX 60 MG TABLET	Formulary Addition
CAPLYTA 42 MG CAPSULE	Formulary Addition
<i>carvedilol phosphate er 10 mg capsule,ext.release24hr multiphase</i>	Formulary Addition
<i>carvedilol phosphate er 20 mg capsule,ext.release24hr multiphase</i>	Formulary Addition
<i>carvedilol phosphate er 40 mg capsule,ext.release24hr multiphase</i>	Formulary Addition
<i>carvedilol phosphate er 80 mg capsule,ext.release24hr multiphase</i>	Formulary Addition
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES	Formulary Addition
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES	Formulary Addition
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES	Formulary Addition
COTELLIC 20 MG TABLET	Formulary Addition
<i>dexamethylphenidate er 25 mg capsule,extended release biphasic50-50</i>	Formulary Addition
<i>dexamethylphenidate er 35 mg capsule,extended release biphasic50-50</i>	Formulary Addition
ERIVEDGE 150 MG CAPSULE	Formulary Addition
<i>everolimus (immunosuppressive) 0.25 mg tablet</i>	Formulary Addition
<i>everolimus (immunosuppressive) 0.5 mg tablet</i>	Formulary Addition
<i>everolimus (immunosuppressive) 0.75 mg tablet</i>	Formulary Addition
FARYDAK 10 MG CAPSULE	Formulary Addition
FARYDAK 15 MG CAPSULE	Formulary Addition

Medication Name	Change Description
FARYDAK 20 MG CAPSULE	Formulary Addition
GILOTRIF 20 MG TABLET	Formulary Addition
GILOTRIF 30 MG TABLET	Formulary Addition
GILOTRIF 40 MG TABLET	Formulary Addition
GLEOSTINE 10 MG CAPSULE	Formulary Addition
GLEOSTINE 100 MG CAPSULE	Formulary Addition
GLEOSTINE 40 MG CAPSULE	Formulary Addition
HYCANTIN 0.25 MG CAPSULE	Formulary Addition
HYCANTIN 1 MG CAPSULE	Formulary Addition
HYCANTIN 4 MG INTRAVENOUS SOLUTION	Formulary Addition
IBRANCE 100 MG TABLET	Formulary Addition
IBRANCE 125 MG TABLET	Formulary Addition
IBRANCE 75 MG TABLET	Formulary Addition
ICLUSIG 15 MG TABLET	Formulary Addition
ICLUSIG 45 MG TABLET	Formulary Addition
IDAMYCIN PFS 1 MG/ML INTRAVENOUS SOLUTION	Formulary Addition
INLYTA 1 MG TABLET	Formulary Addition
INLYTA 5 MG TABLET	Formulary Addition
IRESSA 250 MG TABLET	Formulary Addition
LONSURF 15 MG-6.14 MG TABLET	Formulary Addition
LONSURF 20 MG-8.19 MG TABLET	Formulary Addition
MEKINIST 0.5 MG TABLET	Formulary Addition
MEKINIST 2 MG TABLET	Formulary Addition
<i>moxifloxacin 0.5 % eye drops</i>	Formulary Addition
NAYZILAM 5 MG/SPRAY (0.1 ML) NASAL SPRAY	Formulary Addition
NINLARO 2.3 MG CAPSULE	Formulary Addition
NINLARO 3 MG CAPSULE	Formulary Addition
NINLARO 4 MG CAPSULE	Formulary Addition
NURTEC ODT 75 MG DISINTEGRATING TABLET	Formulary Addition
ODOMZO 200 MG CAPSULE	Formulary Addition
<i>penicillamine 250 mg tablet</i>	Formulary Addition
REYVOW 100 MG TABLET	Formulary Addition
REYVOW 50 MG TABLET	Formulary Addition
ROZLYTREK 100 MG CAPSULE	Formulary Addition
ROZLYTREK 200 MG CAPSULE	Formulary Addition
RUBRACA 200 MG TABLET	Formulary Addition
RUBRACA 250 MG TABLET	Formulary Addition
RUBRACA 300 MG TABLET	Formulary Addition
RYDAPT 25 MG CAPSULE	Formulary Addition
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH	Formulary Addition
STIVARGA 40 MG TABLET	Formulary Addition
TAFINLAR 50 MG CAPSULE	Formulary Addition
TAFINLAR 75 MG CAPSULE	Formulary Addition
TAGRISSO 40 MG TABLET	Formulary Addition
TAGRISSO 80 MG TABLET	Formulary Addition
TAZVERIK 200 MG TABLET	Formulary Addition

Medication Name	Change Description
TOPOSAR 20 MG/ML INTRAVENOUS SOLUTION	Formulary Addition
TRIJARDY XR 10 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE	Formulary Addition
TRIJARDY XR 12.5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE	Formulary Addition
TRIJARDY XR 25 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE	Formulary Addition
TRIJARDY XR 5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE	Formulary Addition
UBRELVY 100 MG TABLET	Formulary Addition
UBRELVY 50 MG TABLET	Formulary Addition
VALCHLOR 0.016 % TOPICAL GEL	Formulary Addition
VALTOCO 10 MG/SPRAY (0.1 ML) NASAL SPRAY	Formulary Addition
VALTOCO 15 MG/2 SPRAY(7.5MG/0.1ML X2) NASAL SPRAY	Formulary Addition
VALTOCO 20 MG/2 SPRAY (10MG/0.1ML X2) NASAL SPRAY	Formulary Addition
VALTOCO 5 MG/SPRAY (0.1 ML) NASAL SPRAY	Formulary Addition
VARUBI 166.5 MG/92.5 ML INTRAVENOUS EMULSION	Formulary Addition
VARUBI 90 MG TABLET	Formulary Addition
VENCLEXTA 10 MG TABLET	Formulary Addition
VENCLEXTA 100 MG TABLET	Formulary Addition
VENCLEXTA 50 MG TABLET	Formulary Addition
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK	Formulary Addition
VUMERITY 231 MG CAPSULE,DELAYED RELEASE	Formulary Addition
XERMELO 250 MG TABLET	Formulary Addition
ZEJULA 100 MG CAPSULE	Formulary Addition
ZELBORAF 240 MG TABLET	Formulary Addition
ZYDELIG 100 MG TABLET	Formulary Addition
ZYDELIG 150 MG TABLET	Formulary Addition
ZYKADIA 150 MG TABLET	Formulary Addition
<i>fluticasone 113 mcg-salmeterol 14 mcg/actuation breath activated powdr</i>	Removed from Plan Formulary
<i>fluticasone 232 mcg-salmeterol 14 mcg/actuation breath activated powdr</i>	Removed from Plan Formulary
<i>fluticasone 55 mcg-salmeterol 14 mcg/actuation breath activated powder</i>	Removed from Plan Formulary
GVOKE SYRINGE 0.5 MG/0.1 ML SUBCUTANEOUS SYRINGE	Removed from Plan Formulary
GVOKE SYRINGE 1 MG/0.2 ML SUBCUTANEOUS SYRINGE	Removed from Plan Formulary
<i>urea 40 % topical cream</i>	Removed from Plan Formulary
<i>urea 45 % topical cream</i>	Removed from Plan Formulary
<i>urea 47 % topical cream</i>	Removed from Plan Formulary
<i>urea 50 % topical cream</i>	Removed from Plan Formulary



6450 U.S. Highway 1
Rockledge, FL 32955
myAHplan.com

Nondiscrimination Notice

AdventHealth Advantage Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AdventHealth Advantage Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

AdventHealth Advantage Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please contact our Civil Rights Coordinator.

If you believe that AdventHealth Advantage Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, 6450 US Highway 1, Rockledge, FL 32955, 321-434-4521, 1-800-955-8771 (TTY), Fax: 321-434-4362, civilrightscordinator@hf.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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English:

If you, or someone you're helping, has questions about AdventHealth Advantage Plans, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 844-522-5279.

Spanish:

En caso que usted, o alguien a quien usted ayude, tenga cualquier duda o pregunta acerca de AdventHealth Advantage Plans, usted tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 844-522-5279.

Haitian Creole:

Si oumenm oswa yon moun w ap ede gen kesyon konsènan AdventHealth Advantage Plans, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 844-522-5279.

Vietnamese:

Nếu Quý vị, hay người mà Quý vị đang giúp đỡ, có câu hỏi về AdventHealth Advantage Plans thì Quý vị có quyền được trợ giúp và được biết thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với thông dịch viên, xin gọi số 844-522-5279.

Portuguese:

Você ou alguém que você estiver ajudando tem o direito de tirar dúvidas e obter informações sobre os AdventHealth Advantage Plans no seu idioma e sem custos. Para falar com um tradutor, ligue para 844-522-5279.

Chinese:

如果您，或是您正在協助的對象，有與 AdventHealth Advantage Plans 相關的問題，您有權以您的母語免費取得幫助和資訊。請致電 844-522-5279 與翻譯員洽談。

French:

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de AdventHealth Advantage Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 844-522-5279.

Tagalog:

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa AdventHealth Advantage Plans, may karapatan ka na humingi ng tulong at impormasyon sa iyong wika nang libre. Upang makausap ang isang tagasalin, tumawag sa 844-522-5279.

Russian:

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу AdventHealth Advantage Plans, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 844-522-5279.

Arabic:

إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص AdventHealth Advantage Plans، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بالرقم 844-522-5279

Italian:

Se lei o qualcuno che sta aiutando avete domande su AdventHealth Advantage Plans, ha il diritto di ottenere aiuto e informazioni nella sua lingua gratuitamente. Per parlare con un interprete, può chiamare il numero 844-522-5279.

German:

Falls Sie oder jemand, dem Sie helfen, Fragen zum AdventHealth Advantage Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 844-522-5279 an.

Korean:

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 AdventHealth Advantage Plans에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 844-522-5279로 전화하십시오.

Polish:

Jeśli Ty lub osoba, której pomagasz, macie pytania na temat AdventHealth Advantage Plans, macie Państwo prawo do bezpłatnego uzyskania informacji i pomocy w języku ojczystym. Aby porozmawiać z tłumaczem, prosimy zadzwonić pod numer 844-522-5279.

Gujarati:

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યા છે તેમાંથી કોઈને ફોનરિસ હોસ્પિટલ કેર એડવાન્ટેજ વિશે પ્રશ્નો હોય તો તમને તમારી ભાષામાં વિના મૂલ્યે મદદ અને માહિતી મેળવવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 844-522-5279 પર કોલ કરો.

Thai:

หากคุณหรือคนที่คุณกำลังช่วยเหลือมีคำถามเกี่ยวกับ AdventHealth Advantage Plans

คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย หากต้องการพูดคุยกับล่าม โปรดโทร 844-522-5279.

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