

Updated: December 1, 2020

2020 Formulary Monthly Notice of Change

Medicare Advantage Employer Group Plans (EGWP)

This is a listing of the changes that have occurred to the 2020 MAPD formulary. For a complete list, please refer to our website and review the 2020 MAPD Comprehensive Formulary (Drug List). [Click here](#) to view the comprehensive formulary.

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 1.855.882.6467 (TTY/TDD relay: 1.800.955.8771) weekdays from 8 a.m. to 8 p.m. and Saturdays from 8 a.m. to noon. From October 1 to March 31, we're available seven days a week from 8 a.m. to 8 p.m. You can also visit myAHplan.com for additional information. Please refer to your Evidence of Coverage for cost-share information.

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

You must generally use network pharmacies to use your prescription drug benefit. The formulary and pharmacy network may change at any time. You will receive notice when necessary.

AdventHealth Advantage Plans is administered by Health First Health Plans. Health First Health Plans is an HMO plan with a Medicare contract. Enrollment in Health First Health Plans depends on contract renewal.

Y0089_MPINFO7897AH_C(10/19)

December Notice of Change

Effective Date:12/1/2020

Medication Name	Change Description
<i>emtricitabine 200 mg capsule</i>	New Drug
GAVRETO 100 MG CAPSULE	New Drug
JUXTAPID 40 MG CAPSULE	Formulary Addition
JUXTAPID 60 MG CAPSULE	Formulary Addition
MENQUADFI (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION	New Drug
<i>naloxone 2 mg/0.4 ml injection,auto-injector</i>	Formulary Addition
JUXTAPID 40 MG CAPSULE	Removed from Formulary
JUXTAPID 60 MG CAPSULE	Removed from Formulary
<i>naloxone 2 mg/0.4 ml injection,auto-injector</i>	Removed from Formulary
<i>amantadine hcl 100 mg capsule</i>	Updated from Tier 3 to Tier 6
<i>amantadine hcl 100 mg tablet</i>	Updated from Tier 3 to Tier 6
<i>doxepin 10 mg capsule</i>	Updated from Tier 2 to Tier 6
<i>doxepin 100 mg capsule</i>	Updated from Tier 2 to Tier 6
<i>doxepin 150 mg capsule</i>	Updated from Tier 2 to Tier 6
<i>doxepin 25 mg capsule</i>	Updated from Tier 2 to Tier 6
<i>doxepin 50 mg capsule</i>	Updated from Tier 2 to Tier 6
<i>doxepin 75 mg capsule</i>	Updated from Tier 2 to Tier 6
<i>ibuprofen 400 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>ibuprofen 600 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>ibuprofen 800 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>metoclopramide 10 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>metoclopramide 5 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>olanzapine 10 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>olanzapine 15 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>olanzapine 2.5 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>olanzapine 20 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>olanzapine 5 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>olanzapine 7.5 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>paroxetine 10 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>paroxetine 20 mg tablet</i>	Updated from Tier 1 to Tier 6

Medication Name	Change Description
<i>paroxetine 30 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>paroxetine 40 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>risperidone 0.5 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>risperidone 1 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>risperidone 2 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>risperidone 3 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>risperidone 4 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>terazosin 1 mg capsule</i>	Updated from Tier 1 to Tier 6
<i>terazosin 10 mg capsule</i>	Updated from Tier 1 to Tier 6
<i>terazosin 2 mg capsule</i>	Updated from Tier 1 to Tier 6
<i>terazosin 5 mg capsule</i>	Updated from Tier 1 to Tier 6

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, civilrightscoordinator@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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Y0089_MPINFO7271AH_C(04/19)

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-535-8278 (TTY: 1-800-955-8771).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-535-8278 (TTY: 1-800-955-8771).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-535-8278 (TTY: 1-800-955-8771).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-535-8278 (TTY: 1-800-955-8771).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-535-8278 (TTY: 1-800-955-8771).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-535-8278 (TTY: 1-800-955-8771)。

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-535-8278 (ATS : 1-800-955-8771).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-535-8278 (TTY: 1-800-955-8771).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-535-8278 (телетайп: 1-800-955-8771).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-535-8278 (رقم هاتف الصم والبكم: 1-800-955-8771).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-535-8278 (TTY: 1-800-955-8771).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-535-8278 (TTY: 1-800-955-8771).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-535-8278 (TTY: 1-800-955-8771)번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-535-8278 (TTY: 1-800-955-8771).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-535-8278 (TTY: 1-800-955-8771).

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-535-8278 (TTY: 1-800-955-8771).

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