

Updated: April 1, 2020

2020 Formulary Monthly Notice of Change Medicare Advantage Plans (MAPD)

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)

April Notice of Change

Effective Date:4/1/2020

Medication Name	Change Description
AYVAKIT 100 MG TABLET	New Drug
AYVAKIT 200 MG TABLET	New Drug
AYVAKIT 300 MG TABLET	New Drug
ESBRIET 267 MG TABLET	New Drug
EUTHYROX 100 MCG TABLET	New Drug
EUTHYROX 112 MCG TABLET	New Drug
EUTHYROX 125 MCG TABLET	New Drug
EUTHYROX 137 MCG TABLET	New Drug
EUTHYROX 150 MCG TABLET	New Drug
EUTHYROX 175 MCG TABLET	New Drug
EUTHYROX 200 MCG TABLET	New Drug
EUTHYROX 25 MCG TABLET	New Drug
EUTHYROX 50 MCG TABLET	New Drug
EUTHYROX 75 MCG TABLET	New Drug
EUTHYROX 88 MCG TABLET	New Drug
<i>insulin aspar prot-insulin aspart 100 unit/ml (70-30) subcutaneous pen</i>	New Drug
<i>insulin aspar prt-insulin aspart 100 unit/ml (70-30) subcutaneous soln</i>	New Drug
<i>insulin aspart (u-100) 100 unit/ml (3 ml) subcutaneous pen</i>	New Drug
<i>insulin aspart u-100 100 unit/ml subcutaneous cartridge</i>	New Drug
<i>insulin aspart u-100 100 unit/ml subcutaneous solution</i>	New Drug
<i>penicillamine 250 mg tablet</i>	New Drug
TRAMADOL 100 MG TABLET	New Drug
XELJANZ XR 22 MG TABLET,EXTENDED RELEASE	New Drug

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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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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