

**Updated: September 01, 2018**

# **2018 Formulary Monthly Notice of Change**

## **Commercial 3 Tier**

**This is a listing of the changes that have occurred to the 2018 Commercial 3 Tier formulary. For a complete list, please refer to our website and review the 2018 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 5 p.m. or visit [myFHCA.org](http://myFHCA.org).

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, 2019, 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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**MEDICATIONS ADDED TO THE 2018 COMMERCIAL FORMULARY 09/01/2018**

Medication Name	Benefit Tier	Quantity Limit (QL)	Prior Authorization (PA) or Step Therapy (ST) Requirement
AFLURIA 2018-2019 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	NCS		
AFLURIA 2018-2019 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	NCS		
AFLURIA QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG/0.5 ML	NCS		
AFLURIA QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG/0.5 ML	NCS		
<i>benznidazole oral tablet 100 mg</i>	Tier 1		PA
<i>benznidazole oral tablet 12.5 mg</i>	Tier 1		PA
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	Tier 1	QL (60 EA per 30 days)	
<i>colesevelam oral tablet 625 mg</i>	Tier 2		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (60 ML per 30 days)	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (60 ML per 30 days)	
FIRVANQ ORAL RECON SOLN 25 MG/ML	Tier 2		
FIRVANQ ORAL RECON SOLN 50 MG/ML	Tier 2		
FLUAD 2018-2019 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	NCS		PA
FLUARIX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	NCS		PA
FLUBLOK QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	NCS		PA
FLUCELVAX QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	NCS		PA
FLUCELVAX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	NCS		PA
FLULAVAL QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG	NCS		PA

**MEDICATIONS ADDED TO THE 2018 COMMERCIAL FORMULARY 09/01/2018**

Medication Name	Benefit Tier	Quantity Limit (QL)	Prior Authorization (PA) or Step Therapy (ST) Requirement
(15 MCG X 4)/0.5 ML			
FLULAVAL QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	NCS		PA
FLUZONE HIGH-DOSE 2018-19 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	NCS		PA
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	NCS		
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	NCS		
FLUZONE QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	NCS		
FLUZONE QUAD PEDI 2018-19 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	NCS		
JYNARQUE ORAL TABLETS, SEQUENTIAL 90 MG (AM)/ 30 MG (PM)	Tier 3(SP)	QL (60 EA per 30 days)	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM)	Tier 3(SP)	QL (60 EA per 30 days)	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 60 MG (AM)/ 30 MG (PM)	Tier 3(SP)	QL (60 EA per 30 days)	PA
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 3		
<i>ritonavir oral tablet 100 mg</i>	Tier 3		
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	NCS		
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	NCS		
SYMFI ORAL TABLET 600-300-300 MG	Tier 3(SP)	QL (30 EA per 30 days)	PA
SYMFI LO ORAL TABLET 400-300-300 MG	Tier 3		PA
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	Tier 2		
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	Tier 2		
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG	Tier 2		

**MEDICATIONS ADDED TO THE 2018 COMMERCIAL FORMULARY 09/01/2018**

Medication Name	Benefit Tier	Quantity Limit (QL)	Prior Authorization (PA) or Step Therapy (ST) Requirement
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	Tier 2		
TAVALISSE ORAL TABLET 100 MG	Tier 3(SP)	QL (60 EA per 30 days)	PA
TAVALISSE ORAL TABLET 150 MG	Tier 3(SP)	QL (60 EA per 30 days)	PA
<i>tiagabine oral tablet 12 mg, 16 mg</i>	Tier 3		
<i>tiagabine oral tablet 12 mg, 16 mg</i>	Tier 3		
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	Tier 3		

**MEDICATIONS WITH TIERING CHANGES 09/01/2018**

Medication Name	Previous Tier	New Tier
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	Tier 4	Tier 3

**MEDICATIONS WITH QL Display CHANGES 09/01/2018**

Medication Name	Previous QL Display	New QL Display
IMBRUVICA ORAL TABLET 140 MG	-	QL (30 EA per 30 days)
IMBRUVICA ORAL TABLET 280 MG	-	QL (30 EA per 30 days)
IMBRUVICA ORAL TABLET 420 MG	-	QL (30 EA per 30 days)
IMBRUVICA ORAL TABLET 560 MG	-	QL (30 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	-	QL (30 EA per 30 days)

**MEDICATIONS WITH PA Type CHANGES 09/01/2018**

Medication Name	Previous PA Type	New PA Type
<i>prolia subcutaneous syringe 60 mg/ml</i>	1	0

## Nondiscrimination Notice

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

Florida Hospital Care Advantage:

- 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 Doris Garcia-Durand.

If you believe that Florida Hospital Care Advantage 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: Doris Garcia-Durand, ADA/Section 504 Coordinator, 6450 US Highway 1, Rockledge, FL 32955, 321-434-4521, 1-800-955-8771 (TTY), Fax: 321-434-4362, [doris.garciadurand@health-first.org](mailto:doris.garciadurand@health-first.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance Doris Garcia-Durand, ADA/Section 504 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 Florida Hospital Care Advantage, 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 Florida Hospital Care Advantage, 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 Florida Hospital Care Advantage, 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 Florida Hospital Care Advantage 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 Florida Hospital Care Advantage 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 Florida Hospital Care Advantage 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 Florida Hospital Care Advantage, 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 Florida Hospital Care Advantage, 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 Florida Hospital Care Advantage, 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 تساعد أسئلة بخصوص Florida Hospital Care Advantage، 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 Florida Hospital Care Advantage, 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 Florida Hospital Care Advantage 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 Florida Hospital Care Advantage에 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 Florida Hospital Care Advantage, 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 હો તેમાંથી કોઈને ફ્લોરિડા 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 Florida Hospital Care Advantage

คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย หากต้องการพูดคุยกับล่าม โปรดโทร 844-522-5279.

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