

**Updated: November 01, 2018**

# **2018 Formulary Monthly Notice of Change**

## **Commercial 5 Tier**

**This is a listing of the changes that have occurred to the 2018 Commercial 5 Tier formulary. For a complete list, please refer to our website and review the 2018 Commercial 5 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 METAL FORMULARY – 11/01/2018

Medication Name	Benefit Tier	Quantity Limit (QL)	Prior Authorization (PA) or Step Therapy (ST) Requirement
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	Tier 5(SP)		PA
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	Tier 4	QL (30 EA per 30 days)	
CIMDUO ORAL TABLET 300-300 MG	Tier 5(SP)	QL (30 EA per 30 days)	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	Tier 3		
DOPTELET ORAL TABLET 20 MG	Tier 5(SP)	QL (15 EA per 30 days)	PA
EUCRISA TOPICAL OINTMENT 2 %	Tier 4		
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3)	Tier 5(SP)		PA
LENVIMA ORAL CAPSULE 4 MG	Tier 5(SP)		PA
<i>miglustat oral capsule 100 mg</i>	Tier 5(SP)		PA
MULPLETA ORAL TABLET 3 MG	Tier 5(SP)	QL (7 EA per 30 days)	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 5(SP)		PA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	Tier 5(SP)		PA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 5(SP)		PA
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	Tier 5(SP)		PA
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	Tier 3	QL (30 EA per 30 days)	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 30 MG	Tier 5(SP)		PA
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 3	QL (30 EA per 30 days)	
<i>tadalafil (antihypertensive) oral tablet 20 mg</i>	NCS		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 5(SP)		PA
XELJANZ ORAL TABLET 10 MG	Tier 5(SP)	QL (60 EA per 30 days)	PA
XTAMPZA ER ORAL CAPSULE, SPRINKLE, ER 12HR TMPRR 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	Tier 4	QL (60 EA per 30 days)	

**MEDICATIONS ADDED TO THE 2018 COMMERCIAL METAL FORMULARY – 11/01/2018**

Medication Name	Benefit Tier	Quantity Limit (QL)	Prior Authorization (PA) or Step Therapy (ST) Requirement
YONSA ORAL TABLET 125 MG	Tier 5(SP)	QL (120 EA per 30 days)	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 5(SP)	QL (60 EA per 30 days)	PA

**MEDICATIONS DELETED FROM THE 2018 COMMERCIAL METAL FORMULARY - 11/01/2018**

Medication Name	Benefit Tier	Quantity Limit (QL)	Prior Authorization (PA) or Step Therapy (ST) Requirement
PEG3350 ORAL POWDER 17 GRAM/DOSE	NCS		

**MEDICATIONS WITH TIERING CHANGES 11/01/2018**

Medication Name	Previous Tier	New PA Tier
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	4	3
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	4	3

## **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 تساعدك 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 કોઇને મદદ કરી રહ્યા છે તેમાંથી કોઇને ફ્લોરિડા હોસ્પિટલ કેર એડવાંટેજ 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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