

Updated: October 9, 2017

Commercial Metal 5-Tier Plans

2018 Formulary Annual Notice of Change

This is a listing of the changes that have occurred to the 2018 Commercial Metal Plans 5-Tier Formulary. For a complete list, please refer to our website and review the 2018 Commercial Metal Plans 5-Tier Comprehensive 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 myFHCA.org.

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

Health First Commercial Plans, Inc. are both doing business under the name of Florida Hospital Care Advantage. Florida Hospital Care Advantage does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

MEDICATIONS REMOVED FROM THE 2017 QHP FORMULARY

Medication Name	Medication Name
abacavir-lamivudine oral tablet 600-300 mg	phentermine oral tablet 37.5 mg
ACANYA TOPICAL GEL 1.2-2.5 %	PREZISTA ORAL TABLET 300 MG
AZILECT ORAL TABLET 0.5 MG, 1 MG	RETROVIR INTRAVENOUS SOLUTION 10 MG/ML
DAKLINZA ORAL TABLET 30 MG, 60 MG	REYATAZ ORAL POWDER IN PACKET 50 MG
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE 30 MG, 60 MG	SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)
EMEND ORAL CAPSULE 40 MG, 80 MG	stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG
ISENTRESS ORAL POWDER IN PACKET 100 MG	TIVICAY ORAL TABLET 10 MG, 25 MG
NILANDRON ORAL TABLET 150 MG	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG
OLYSIO ORAL CAPSULE 150 MG	VIRACEPT ORAL TABLET 625 MG
phentermine oral capsule 15 mg, 30mg, 37.5mg	ZETIA ORAL TABLET 10 MG

MEDICATIONS ADDED TO THE 2018 QHP FORMULARY

Medication Name	Benefit Tier	Quantity Limit (QL)	Prior Authorization (PA) or Step Therapy (ST) Requirement
cholecalciferol (vitamin d3) oral capsule 50,000 unit	Tier 2		
EDARBI ORAL TABLET 40 MG, 80 MG	Tier 4		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 4		
lopinavir-ritonavir oral solution 400-100 mg/5 ml	Tier 3		
MIRVASO TOPICAL GEL 0.33 %	Tier 4		PA Applies
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML)	Tier 5		PA Applies
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML)	Tier 5		PA Applies
potassium bicarb and chloride oral tablet, effervescent 25 meq	Tier 3		
potassium bicarb-citric acid oral tablet, effervescent 25 meq	Tier 3		

MEDICATIONS ADDED TO THE 2018 QHP FORMULARY

Medication Name	Benefit Tier	Quantity Limit (QL)	Prior Authorization (PA) or Step Therapy (ST) Requirement
rasagiline oral tablet 0.5 mg, 1 mg	Tier 4		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 5		PA Applies

MEDICATIONS WITH TIERING CHANGES ON THE 2018 FORMULARY

Medication Name	2017 Tier	2018 Tier
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	Tier 3	Tier 4
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	Tier 4	Tier 3
EPIVIR ORAL TABLET 150 MG	Tier 4	Tier 3
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 3	Tier 4
TRIZIVIR ORAL TABLET 300-150-300 MG	Tier 4	Tier 3

MEDICATIONS WITH QUANTITY LIMIT (QL) CHANGES

Medication Name	2018 Quantity Limit (QL)
COMPLERA ORAL TABLET 200-25-300 MG	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	QL (30 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	QL (30 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	QL (30 EA per 30 days)
TRUVADA ORAL TABLET 200-300 MG	QL (30 EA per 30 days)

MEDICATIONS WITH PRIOR AUTHORIZATION (PA) or STEP THERAPY (ST) REQUIREMENT CHANGES

Medication Name	Change Description
buprenorphine hcl sublingual tablet 2 mg, 8 mg	PA Added
SUBOXONE SUBLINGUAL FILM 12-3 MG	PA Added
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	PA Added
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	PA Added

MEDICATIONS WITH PRIOR AUTHORIZATION (PA) or STEP THERAPY (ST) REQUIREMENT CHANGES

Medication Name	Change Description
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	PA Added
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	PA Added

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. 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 છો તેમાંથી કોઈને 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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