

Updated: Septmeber 1, 2019

2019 Formulary Monthly Notice of Change

Commercial 3 Tier

This is a listing of the changes that have occurred to the 2019 Commercial 3 Tier formulary. For a complete list, please refer to our website and review the 2019 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 contact Customer Service at 1.855.443.4735 or, for TTY users, 1.800.955.8771, weekdays from 8 a.m. to 8 p.m. and Saturdays from 8 a.m. to noon. From October 1 through February 15, we are available seven days a week from 8 a.m. to 8 p.m. or you may visit myHFHP.org. Please refer to your Evidence of Coverage for cost-sharing information.

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, 2020, and from time to time during the year.

The Formulary and pharmacy network may change at any time. You will receive notice when necessary.

Health First Commercial Plans, Inc. and Health First Insurance, Inc. are both doing business under the name of Health First Health Plans. Health First Health Plans 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 ADDED TO THE 2019 COMMERCIAL FORMULARY – 09/01/2019

Medication Name	Benefit Tier	Quantity Limit (QL)	Prior Authorization (PA) or Step Therapy (ST) Requirement
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	Tier 3	QL (1 ML per 28 days)	PA
<i>aliskiren oral tablet 150 mg, 300 mg</i>	Tier 2	QL (30 EA per 28 days)	
<i>aluminum chloride topical solution 20 %</i>	Tier 3		
<i>ambriasantan oral tablet 10 mg, 5 mg</i>	Tier 3(SP)		PA
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	Tier 3(SP)		
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	Tier 3(SP)		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 3(SP)		PA
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	Tier 2		
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 2		
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2		
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 2		
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	Tier 2		
BENLYSTA SUBCUTANEOUS AUTO- INJECTOR 200 MG/ML	Tier 3(SP)	QL (4 ML per 28 days)	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 3(SP)		PA
<i>cefixime oral capsule 400 mg</i>	Tier 3		
<i>cinacalcet oral tablet 30 mg</i>	Tier 2		
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	Tier 3(SP)		PA
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 3		
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 3(SP)		PA
DOVATO ORAL TABLET 50-300 MG	Tier 3(SP)	QL (30 EA per 28 days)	
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 2		

MEDICATIONS ADDED TO THE 2019 COMMERCIAL FORMULARY – 09/01/2019

Medication Name	Benefit Tier	Quantity Limit (QL)	Prior Authorization (PA) or Step Therapy (ST) Requirement
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i>	Tier 2	QL (4 EA per 30 days)	
ERLOTINIB ORAL TABLET 100 MG, 150 MG, 25 MG	Tier 3(SP)		PA
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	Tier 3(SP)		PA
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	Tier 3(SP)		PA
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	Tier 1		
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	Tier 1		
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1		
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Tier 1		
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	Tier 1		
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	Tier 1		
HYOSYNE ORAL DROPS 0.125 MG/ML	Tier 1		
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	Tier 3(SP)	QL (60 EA per 30 days)	PA
<i>loteprednol etabonate ophthalmic (eye) drops, suspension 0.5 %</i>	Tier 3		
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	Tier 3(SP)		PA
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier3(SP)		PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier3(SP)		PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier3(SP)		PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier3(SP)		PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier3(SP)		PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier3(SP)		PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier3(SP)		PA

MEDICATIONS ADDED TO THE 2019 COMMERCIAL FORMULARY – 09/01/2019

Medication Name	Benefit Tier	Quantity Limit (QL)	Prior Authorization (PA) or Step Therapy (ST) Requirement
<i>naftifine topical gel 1 %</i>	Tier 3		
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	Tier 1		
<i>penicillamine oral capsule 250 mg</i>	Tier 3(SP)		PA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	Tier 3(SP)	QL (28 EA per 28 days)	PA
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Tier 3(SP)	QL (56 EA per 28 days)	PA
<i>solifenacin oral tablet 10 mg, 5 mg</i>	Tier 2	QL (30 EA per 30 days)	
<i>tadalafil oral tablet 20 mg</i>	Tier 3(SP)		PA

Nondiscrimination Notice

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

Health First Health 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 Doris Garcia-Durand.

If you believe that Health First Health 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: 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>.

Health First Commercial Plans, Inc. and Health First Insurance, Inc. are both doing business under the name of Health First Health Plans. Health First Health Plans 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.

36194-77150_MPINFO324 (08/2017)

English:

If you, or someone you're helping, has questions about Health First Health Plans, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-443-4735.

Spanish:

En caso que usted, o alguien a quien usted ayude, tenga cualquier duda o pregunta acerca de Health First Health Plans, usted tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-443-4735.

Haitian Creole:

Si oumenm oswa yon moun w ap ede gen kesyon konsènan Health First Health Plans, 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 855-443-4735.

Vietnamese:

Nếu Quý vị, hay người mà Quý vị đang giúp đỡ, có câu hỏi về Health First Health Plans 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 855-443-4735.

Portuguese:

Você ou alguém que você estiver ajudando tem o direito de tirar dúvidas e obter informações sobre os Health First Health Plans no seu idioma e sem custos. Para falar com um tradutor, ligue para 855-443-4735.

Chinese:

如果您，或是您正在協助的對象，有與 Health First Health Plans 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 855-443-4735 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 Health First Health Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-443-4735.

Tagalog:

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Health First Health Plans, may karapatan ka na humingi ng tulong at impormasyon sa iyong wika nang libre. Upang makausap ang isang tagasalin, tumawag sa 855-443-4735.

Russian:

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Health First Health Plans, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 855-443-4735.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Health First Health Plans، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بالرقم 855-443-4735.

Italian:

Se lei o qualcuno che sta aiutando avete domande su Health First Health Plans, ha il diritto di ottenere aiuto e informazioni nella sua lingua gratuitamente. Per parlare con un interprete, può chiamare il numero 855-443-4735.

German:

Falls Sie oder jemand, dem Sie helfen, Fragen zum Health First Health Plans 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 855-443-4735 an.

Korean:

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Health First Health Plans에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 855-443-4735로 전화하십시오.

Polish:

Jeśli Ty lub osoba, której pomagasz, macie pytania na temat Health First Health Plans, macie Państwo prawo do bezpłatnego uzyskania informacji i pomocy w języku ojczystym. Aby porozmawiać z tłumaczem, prosimy zadzwonić pod numer 855-443-4735.

Gujarati:

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યા હો તેમાંથી કોઈને હેલ્થ ફર્સ્ટ હેલ્થ પ્લાન્સ વિશે પ્રશ્નો હોય તો તમને તમારી ભાષામાં વિના મૂલ્યે મદદ અને માહિતી મેળવવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 855-443-4735 પર કોલ કરો.

Thai:

หากคุณหรือคนที่คุณกำลังช่วยเหลือมีคำถามเกี่ยวกับ Health First Health Plans

คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย หากต้องการพูดคุยกับล่าม โปรดโทร 855-443-4735.

Health First Commercial Plans, Inc. and Health First Insurance, Inc. are both doing business under the name of Health First Health Plans. Health First Health Plans 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.

36194-77150_MPINFO109 (08/2016)