

Updated: October 5, 2018

2019 Formulary Annual Notice of Change

Commercial 3-Tier Plans

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 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 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, 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 REMOVED FROM THE 2018 COMMERCIAL FORMULARY

Medication Name	Medication Name
8-MOP ORAL CAPSULE 10 MG	ACANYA TOPICAL GEL 1.2-2.5 %
ACETASOL HC OTIC (EAR) DROPS 1-2 %	<i>aluminum chloride topical solution 20 %</i>
<i>ampicillin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	AMTURNIDE ORAL TABLET 150-5-12.5 MG, 300-10-12.5 MG, 300-10-25 MG, 300-5-12.5 MG, 300-5-25 MG
ANALPRAM ADVANCED KIT 2.5 %-1 %/ 630 MG/1 %-1 %	<i>antipyrine-benzocaine otic (ear) drops 5.4-1.4 %</i>
ASPIRIN LOW-STRENGTH ORAL TABLET,CHEWABLE 81 MG	<i>atropine sulfate (pf) ophthalmic (eye) drops 1 %</i>
BD LANCET DEVICE	BENZAMYCINPAK TOPICAL GEL 3-5 %
BRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	BUTALBITAL COMPOUND-CODEINE ORAL CAPSULE 30-50-325-40 MG
CANTIL ORAL TABLET 25 MG	CEFTIN ORAL SUSPENSION FOR RECONSTITUTION 125 MG/5 ML, 250 MG/5 ML
<i>cefuroxime sodium injection recon soln 1.5 gram</i>	CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE 20-20 MCG/0.5 ML
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	CHANTIX STARTING MONTH PAK ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)
CHILD ASPIRIN ORAL TABLET,CHEWABLE 81 MG	COMVAX (PF) INTRAMUSCULAR SUSPENSION 5-7.5-125 MCG/0.5 ML
CORDRAN TAPE SMALL ROLL TOPICAL TAPE 4 MCG/CM2	CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML
<i>digoxin oral solution 0.25 mg/5 ml (5 ml)</i>	E.E.S. 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.5 ML	ENJUVIA ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG
EPIDUO TOPICAL GEL 0.1-2.5 %	<i>estropipate oral tablet 1.5 mg, 3 mg</i>
FALLBACK SOLO ORAL TABLET 1.5 MG	<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>
<i>fluoride (sodium) dental solution 0.2 %</i>	FYCOMPA ORAL TABLETS,DOSE PACK 2 MG (7)- 4 MG (7)
GARDASIL (PF) INTRAMUSCULAR SUSPENSION 20-40-40-20 MCG/0.5 ML	GARDASIL (PF) INTRAMUSCULAR SYRINGE 20-40-40-20 MCG/0.5 ML
GAVILYTE-H AND BISACODYL ORAL KIT 5-210 MG-GRAM	GENGRAF ORAL CAPSULE 50 MG
GILDAGIA ORAL TABLET 0.4-35 MG-MCG	GILDESS 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG
GILDESS 1/20 (21) ORAL TABLET 1-20 MG-MCG	GILDESS 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)
GILDESS FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	GILDESS FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)
GLUCAGEN INJECTION RECON SOLN 1 MG	HEXALEN ORAL CAPSULE 50 MG
KIMIDESS (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	KIONEX ORAL POWDER
KLOR-CON SPRINKLE ORAL CAPSULE, EXTENDED RELEASE 10 MEQ	KLOR-CON/25 ORAL PACKET 25 MEQ

MEDICATIONS REMOVED FROM THE 2018 COMMERCIAL FORMULARY

Medication Name	Medication Name
<i>lidocaine hcl mucous membrane jelly 2 %</i>	<i>lindane topical lotion 1 %</i>
LOMEDIA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	LYNPARZA ORAL CAPSULE 50 MG
MENHIBRIX (PF) INTRAMUSCULAR RECON SOLN 5-2.5 MCG/0.5 ML	MENOMUNE - A/C/Y/W-135 SUBCUTANEOUS RECON SOLN 50 MCG
<i>naphazoline ophthalmic (eye) drops 0.1 %</i>	NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG
NECON 1/50 (28) ORAL TABLET 1-50 MG-MCG	NECON 10/11 (28) ORAL TABLET 0.5-35/1-35 MG-MCG/MG-MCG
NECON 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG
NORINYL 1+50 (28) ORAL TABLET 1-50 MG-MCG	OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG
OXSORALEN TOPICAL LOTION 1 %	PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5 ML, 150 MCG/0.5 ML, 80 MCG/0.5 ML
PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML	POTIGA ORAL TABLET 50 MG
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG	PRALUENT SYRINGE SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/ML
PREPARATION CLEANSING ORAL LIQUID 7.2-2.7 GRAM/15 ML	PREZISTA ORAL TABLET 300 MG, 400 MG
PROCTOSOL HC RECTAL CREAM WITH APPLICATOR 2.5 %	<i>promethazine injection syringe 25 mg/ml</i>
<i>quinidine sulfate oral tablet extended release 300 mg</i>	REMEVEN TOPICAL CREAM 50 %
RENAGEL ORAL TABLET 400 MG	REYATAZ ORAL CAPSULE 100 MG
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 5 MG	<i>stavudine oral recon soln 1 mg/ml</i>
<i>sulfacetamide sodium-sulfur topical foam 10-5 %</i>	SULFAZINE ORAL TABLET 500 MG
TEKAMLO ORAL TABLET 150-10 MG, 150-5 MG, 300-10 MG, 300-5 MG	<i>tetanus toxoid,adsorbed (pf) intramuscular suspension 5 lf unit/0.5 ml</i>
<i>tetanus toxoid fluid injection solution 5 lf unit</i>	<i>tetanus toxoid fluid injection syringe 5 lf unit</i>
<i>tetanus toxoid,adsorbed (pf) intramuscular suspension 5 lf unit/0.5 ml</i>	<i>theophylline oral tablet extended release 400 mg, 600 mg</i>
THERMAZENE TOPICAL CREAM 1 %	<i>ticlopidine oral tablet 250 mg</i>
TRIHIBIT (PF) INTRAMUSCULAR KIT 6.7-46.8-5-10 LF-MCG-LF-MCG	TRIPEDIA (PF) INTRAMUSCULAR SUSPENSION 6.7-46.8-5 LF-MCG-LF/0.5ML
TWINRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT- 20 MCG/ML	TYZEKA ORAL TABLET 600 MG
<i>urea topical lotion 10 %</i>	<i>urea topical cream 10 %</i>
<i>urea topical gel 40 %</i>	<i>urea topical nail film suspension 40 %</i>
<i>valproic acid (as sodium salt) oral syringe 250 mg/5 ml</i>	VARIZIG INTRAMUSCULAR RECON SOLN 125 UNIT

MEDICATIONS REMOVED FROM THE 2018 COMMERCIAL FORMULARY

Medication Name	Medication Name
VERAMYST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION	VESTURA (28) ORAL TABLET 3-0.02 MG
VEXOL OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23), 10 MG (7)-20 MG (7)-40 MG (16)
VITEKTA ORAL TABLET 150 MG, 85 MG	VIVOTIF BERNA VACCINE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT
ZENCHENT FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG
ZOVIA 1/50E (28) ORAL TABLET 1-50 MG-MCG	

MEDICATIONS ADDED TO THE 2019 COMMERCIAL FORMULARY

Medication Name	Benefit Tier	Quantity Limit (QL)	Prior Authorization (PA) or Step Therapy (ST) Requirement
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 2		

MEDICATIONS WITH TIERING CHANGES ON THE 2019 COMMERCIAL FORMULARY

Medication Name	Previous Tier	New Tier
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 2	Tier 3

MEDICATIONS WITH PRIOR AUTHORIZATION (PA) or STEP THERAPY (ST) REQUIREMENT CHANGES ON THE 2019 COMMERCIAL FORMULARY

Medication Name	Change Description
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	PA Added

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 our Civil Rights Coordinator.

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: Civil Rights Coordinator, 6450 US Highway 1, Rockledge, FL 32955, 321-434-4521, 1-800-955-8771 (TTY), Fax: 321-434-4362, civilrightscordinator@health-first.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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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 تساعدته 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.

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