

Updated: January 1, 2020

2020 Formulary Annual Notice of Change

Commercial 3-Tier Plans

This is a listing of the changes that have occurred to the 2020 Commercial 3-Tier formulary. For a complete list, please refer to our website and review the 2020 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 call Customer Service toll-free at 1.855.443.4735 (TTY/TDD relay: 1.800.955.8771) Monday through Friday from 8 a.m. to 6 p.m. or visit myHFHP.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, 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.

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Effective Date:1/1/2020

Medication Name	Change Description
<i>olopatadine 0.2 % eye drops</i>	Formulary Addition
<i>oseltamivir 6 mg/ml oral suspension</i>	Formulary Addition
ADAGEN 250 UNIT/ML INTRAMUSCULAR SOLUTION	Removed from Plan Formulary
ADCIRCA 20 MG TABLET	Removed from Plan Formulary
AFLURIA 2018-2019 (PF) 45 MCG(15 MCG X 3)/0.5 ML INTRAMUSCULAR SYRINGE	Removed from Plan Formulary
AFLURIA 2018-2019 45 MCG (15 MCG X 3)/0.5 ML INTRAMUSCULAR SUSPENSION	Removed from Plan Formulary
AFLURIA QUAD 2018-2019 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	Removed from Plan Formulary
AFLURIA QUAD 2018-2019 60 MCG (15 MCG X 4)/0.5 ML IM SUSPENSION	Removed from Plan Formulary
ALBENZA 200 MG TABLET	Removed from Plan Formulary
<i>aluminum chloride 20 % topical solution</i>	Removed from Plan Formulary
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET	Removed from Plan Formulary
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) TRANSDERMAL GEL PACKET	Removed from Plan Formulary
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP	Removed from Plan Formulary
ANZEMET 100 MG TABLET	Removed from Plan Formulary
ANZEMET 50 MG TABLET	Removed from Plan Formulary
BACTROBAN NASAL 2 % OINTMENT	Removed from Plan Formulary
CARIMUNE NF NANOFILTERED 12 GRAM INTRAVENOUS SOLUTION	Removed from Plan Formulary
CARIMUNE NF NANOFILTERED 6 GRAM INTRAVENOUS SOLUTION	Removed from Plan Formulary
CONCEPTROL 4 % VAGINAL GEL	Removed from Plan Formulary
COSOFT (PF) 2 %-0.5 % EYE DROPS IN A DROPPERETTE	Removed from Plan Formulary
EFFIENT 10 MG TABLET	Removed from Plan Formulary
EFFIENT 5 MG TABLET	Removed from Plan Formulary
ELIDEL 1 % TOPICAL CREAM	Removed from Plan Formulary
EMADINE 0.05 % EYE DROPS	Removed from Plan Formulary
ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM	Removed from Plan Formulary
<i>estropipate 0.75 mg tablet</i>	Removed from Plan Formulary
GLEEVEC 100 MG TABLET	Removed from Plan Formulary
GLEEVEC 400 MG TABLET	Removed from Plan Formulary
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	Removed from Plan Formulary
INVIRASE 200 MG CAPSULE	Removed from Plan Formulary
JOLIVETTE 0.35 MG TABLET	Removed from Plan Formulary
KALEXATE 15 GRAM ORAL POWDER PACKET	Removed from Plan Formulary
KIONEX (WITH SORBITOL) 15 GRAM-19.3 GRAM/60 ML ORAL SUSPENSION	Removed from Plan Formulary
<i>lidocaine 2 %-hydrocortisone 2 %-aloe vera rectal kit</i>	Removed from Plan Formulary
<i>metaproterenol 10 mg tablet</i>	Removed from Plan Formulary
<i>metaproterenol 20 mg tablet</i>	Removed from Plan Formulary
<i>moexipril 15 mg-hydrochlorothiazide 12.5 mg tablet</i>	Removed from Plan Formulary
<i>moexipril 15 mg-hydrochlorothiazide 25 mg tablet</i>	Removed from Plan Formulary
<i>moexipril 7.5 mg-hydrochlorothiazide 12.5 mg tablet</i>	Removed from Plan Formulary

Medication Name	Change Description
MONONESSA (28) 0.25 MG-35 MCG TABLET	Removed from Plan Formulary
MYZILRA 50-30 (6)/75-40(5)/125-30(10) TABLET	Removed from Plan Formulary
NITROSTAT 0.3 MG SUBLINGUAL TABLET	Removed from Plan Formulary
NITROSTAT 0.4 MG SUBLINGUAL TABLET	Removed from Plan Formulary
NITROSTAT 0.6 MG SUBLINGUAL TABLET	Removed from Plan Formulary
NORVIR 100 MG TABLET	Removed from Plan Formulary
PATADAY 0.2 % EYE DROPS	Removed from Plan Formulary
PHENYTOIN 100 MG/4 ML ORAL SUSPENSION	Removed from Plan Formulary
<i>phenytoin 125 mg/5 ml oral suspension</i>	Removed from Plan Formulary
<i>phenytoin sodium extended 100 mg capsule</i>	Removed from Plan Formulary
<i>phenytoin sodium extended 200 mg capsule</i>	Removed from Plan Formulary
<i>phenytoin sodium extended 300 mg capsule</i>	Removed from Plan Formulary
PROMETHAZINE VC-CODEINE 6.25 MG-5 MG-10 MG/5 ML ORAL SYRUP	Removed from Plan Formulary
QUASENSE 0.15 MG-30 MCG (91) TABLETS,3 MONTH DOSE PACK	Removed from Plan Formulary
RANEXA 1,000 MG TABLET,EXTENDED RELEASE	Removed from Plan Formulary
RANEXA 500 MG TABLET,EXTENDED RELEASE	Removed from Plan Formulary
RESCRIPTOR 100 MG DISPERSIBLE TABLET	Removed from Plan Formulary
RIBASPHERE 200 MG TABLET	Removed from Plan Formulary
SODIUM POLYSTYRENE SULFONATE (SORBITOL FREE) 15 GRAM/60 ML ORAL SUSP	Removed from Plan Formulary
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM	Removed from Plan Formulary
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM	Removed from Plan Formulary
SUBOXONE 4 MG-1 MG SUBLINGUAL FILM	Removed from Plan Formulary
SUBOXONE 8 MG-2 MG SUBLINGUAL FILM	Removed from Plan Formulary
TAMIFLU 30 MG CAPSULE	Removed from Plan Formulary
TAMIFLU 45 MG CAPSULE	Removed from Plan Formulary
TAMIFLU 6 MG/ML ORAL SUSPENSION	Removed from Plan Formulary
TAMIFLU 75 MG CAPSULE	Removed from Plan Formulary
TANZEUM 30 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Removed from Plan Formulary
TANZEUM 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Removed from Plan Formulary
<i>tetanus-diphtheria toxoids-td 2 lf unit-2 lf unit/0.5 ml im suspension</i>	Removed from Plan Formulary
TRINESSA (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET	Removed from Plan Formulary
<i>urea 45 % lotion</i>	Removed from Plan Formulary
VAGIFEM 10 MCG VAGINAL TABLET	Removed from Plan Formulary
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION	Removed from Plan Formulary
WELCHOL 3.75 GRAM ORAL POWDER PACKET	Removed from Plan Formulary
WELCHOL 625 MG TABLET	Removed from Plan Formulary
ZYFLO CR 600 MG TABLET,EXTENDED RELEASE	Removed from Plan Formulary
ZYTIGA 250 MG TABLET	Removed from Plan Formulary
PRADAXA 110 MG CAPSULE	Updated from Tier 2 to Tier 3
PRADAXA 150 MG CAPSULE	Updated from Tier 2 to Tier 3
PRADAXA 75 MG CAPSULE	Updated from Tier 2 to Tier 3

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@hf.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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Health Plans

6450 U.S. Highway 1
Rockledge, FL 32955
myHFHP.org

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 tinutulungan, 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 હલ્થ ફર્સ્ટ હલ્થ 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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