

**Updated: January 1, 2020**

## **Commercial Metal 5-Tier Plans**

### **2020 Formulary Annual Notice of Change**

**This is a listing of the changes that have occurred to the 2020 Commercial Metal Plans 5-Tier Formulary. For a complete list, please refer to our website and review the 2020 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 [myAHplan.com](http://myAHplan.com).

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 AdventHealth Advantage Plans. AdventHealth Advantage 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.

Effective Date:1/1/2020

Medication Name	Change Description
<i>abacavir 600 mg-lamivudine 300 mg tablet</i>	Formulary Addition
<b>ISENTRESS 100 MG ORAL POWDER PACKET</b>	Formulary Addition
<i>olopatadine 0.2 % eye drops</i>	Formulary Addition
<i>oseltamivir 6 mg/ml oral suspension</i>	Formulary Addition
<b>REYATAZ 50 MG ORAL POWDER PACKET</b>	Formulary Addition
<b>SELZENTRY 20 MG/ML ORAL SOLUTION</b>	Formulary Addition
<i>stavudine 15 mg capsule</i>	Formulary Addition
<i>stavudine 20 mg capsule</i>	Formulary Addition
<i>stavudine 30 mg capsule</i>	Formulary Addition
<i>stavudine 40 mg capsule</i>	Formulary Addition
<b>TIVICAY 10 MG TABLET</b>	Formulary Addition
<b>TIVICAY 25 MG TABLET</b>	Formulary Addition
<b>TRUVADA 100 MG-150 MG TABLET</b>	Formulary Addition
<b>TRUVADA 133 MG-200 MG TABLET</b>	Formulary Addition
<b>TRUVADA 167 MG-250 MG TABLET</b>	Formulary Addition
<b>VIRACEPT 625 MG TABLET</b>	Formulary Addition
<b>8-MOP 10 MG CAPSULE</b>	Removed from Plan Formulary
<b>ACETASOL HC 1 %-2 % EAR DROPS</b>	Removed from Plan Formulary
<i>acetic acid-aluminum acetate 2 % ear drops</i>	Removed from Plan Formulary
<b>ADAGEN 250 UNIT/ML INTRAMUSCULAR SOLUTION</b>	Removed from Plan Formulary
<b>ADCIRCA 20 MG TABLET</b>	Removed from Plan Formulary
<b>AFLURIA 2016-2017 (PF) 45 MCG(15 MCG X 3)/0.5 ML INTRAMUSCULAR SYRINGE</b>	Removed from Plan Formulary
<b>AFLURIA 2016-2017 45 MCG (15 MCG X 3)/0.5 ML INTRAMUSCULAR SUSPENSION</b>	Removed from Plan Formulary
<i>aluminum chloride 20 % topical solution</i>	Removed from Plan Formulary
<i>aminophylline 100 mg tablet</i>	Removed from Plan Formulary
<i>aminophylline 200 mg tablet</i>	Removed from Plan Formulary
<i>ampicillin 125 mg/5 ml oral suspension</i>	Removed from Plan Formulary
<i>ampicillin 250 mg/5 ml oral suspension</i>	Removed from Plan Formulary
<b>AMPYRA 10 MG TABLET,EXTENDED RELEASE</b>	Removed from Plan Formulary
<b>AMTURNIDE 150 MG-5 MG-12.5 MG TABLET</b>	Removed from Plan Formulary
<b>AMTURNIDE 300 MG-10 MG-12.5 MG TABLET</b>	Removed from Plan Formulary
<b>AMTURNIDE 300 MG-10 MG-25 MG TABLET</b>	Removed from Plan Formulary
<b>AMTURNIDE 300 MG-5 MG-12.5 MG TABLET</b>	Removed from Plan Formulary
<b>AMTURNIDE 300 MG-5 MG-25 MG TABLET</b>	Removed from Plan Formulary
<b>ANALPRAM ADVANCED 2.5 %-1 %/630 MG/1 %-1 % KIT</b>	Removed from Plan Formulary
<b>ANDROXY 10 MG TABLET</b>	Removed from Plan Formulary
<i>antipyrine-benzocaine 5.4 %-1.4 % ear drops</i>	Removed from Plan Formulary
<b>ANZEMET 100 MG TABLET</b>	Removed from Plan Formulary
<b>ANZEMET 50 MG TABLET</b>	Removed from Plan Formulary
<b>ARANESP 100 MCG/0.5 ML (IN ALBUMIN) INJECTION SYRINGE</b>	Removed from Plan Formulary
<b>ARANESP 100 MCG/ML (IN ALBUMIN) INJECTION</b>	Removed from Plan Formulary
<b>ARANESP 150 MCG/0.3 ML (IN ALBUMIN) INJECTION SYRINGE</b>	Removed from Plan Formulary
<b>ARANESP 150 MCG/0.75 ML (IN ALBUMIN) INJECTION</b>	Removed from Plan Formulary

Medication Name	Change Description
ARANESP 200 MCG/0.4 ML (IN ALBUMIN) INJECTION SYRINGE	Removed from Plan Formulary
ARANESP 200 MCG/ML (IN ALBUMIN) INJECTION	Removed from Plan Formulary
ARANESP 25 MCG/0.42 ML (IN ALBUMIN) INJECTION SYRINGE	Removed from Plan Formulary
ARANESP 25 MCG/ML (IN ALBUMIN) INJECTION	Removed from Plan Formulary
ARANESP 300 MCG/0.6 ML (IN ALBUMIN) INJECTION SYRINGE	Removed from Plan Formulary
ARANESP 300 MCG/ML (IN ALBUMIN) INJECTION	Removed from Plan Formulary
ARANESP 40 MCG/0.4 ML (IN ALBUMIN) INJECTION SYRINGE	Removed from Plan Formulary
ARANESP 40 MCG/ML (IN ALBUMIN) INJECTION	Removed from Plan Formulary
ARANESP 500 MCG/ML (IN ALBUMIN) INJECTION SYRINGE	Removed from Plan Formulary
ARANESP 60 MCG/0.3 ML (IN ALBUMIN) INJECTION SYRINGE	Removed from Plan Formulary
ARANESP 60 MCG/ML (IN ALBUMIN) INJECTION	Removed from Plan Formulary
ASPIRIN LOW-STRENGTH 81 MG CHEWABLE TABLET	Removed from Plan Formulary
ATROPINE 0.25 MG/5 ML (0.05 MG/ML) IN 0.9 % SODIUM CHLORIDE IV SYRINGE	Removed from Plan Formulary
ATROPINE SULFATE (PF) 1 % EYE DROPS	Removed from Plan Formulary
AVANDIA 8 MG TABLET	Removed from Plan Formulary
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE	Removed from Plan Formulary
BACTROBAN NASAL 2 % OINTMENT	Removed from Plan Formulary
BD LANCET DEVICE	Removed from Plan Formulary
BENZAMYCINPAK 3 %-5 % TOPICAL GEL	Removed from Plan Formulary
BRINTELLIX 10 MG TABLET	Removed from Plan Formulary
BRINTELLIX 20 MG TABLET	Removed from Plan Formulary
BRINTELLIX 5 MG TABLET	Removed from Plan Formulary
BUTALBITAL COMPOUND-CODEINE 30 MG-50 MG-325 MG-40 MG CAPSULE	Removed from Plan Formulary
BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION	Removed from Plan Formulary
CANTIL 25 MG TABLET	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
CEDAX 400 MG CAPSULE	Removed from Plan Formulary
CEFTIN 125 MG/5 ML ORAL SUSPENSION	Removed from Plan Formulary
CEFTIN 250 MG/5 ML ORAL SUSPENSION	Removed from Plan Formulary
<i>cefuroxime sodium 1.5 gram solution for injection</i>	Removed from Plan Formulary
CERVARIX VACCINE (PF) 20 MCG-20 MCG/0.5 ML INTRAMUSCULAR SYRINGE	Removed from Plan Formulary
CHANTIX CONTINUING MONTH PAK 1 MG TABLET	Removed from Plan Formulary
CHANTIX STARTING MONTH PAK 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK	Removed from Plan Formulary
CHILD ASPIRIN 81 MG CHEWABLE TABLET	Removed from Plan Formulary
<i>ciclopirox-vitamin e-nail lacquer remover 8 %-5 % topical kit</i>	Removed from Plan Formulary
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SUBCUTANEOUS SYRINGE KIT	Removed from Plan Formulary
CIMZIA POWDER FOR RECON 400 MG (200 MG X 2 VIALS) SUBCUTANEOUS KIT	Removed from Plan Formulary
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X2) SUBCUTANEOUS SYRINGE KIT	Removed from Plan Formulary
COMVAX (PF) 5 MCG-7.5 MCG-125 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	Removed from Plan Formulary
CONCEPTROL 4 % VAGINAL GEL	Removed from Plan Formulary
CORDRAN TAPE SMALL ROLL 4 MCG/CM2	Removed from Plan Formulary

Medication Name	Change Description
COSOFT (PF) 2 %-0.5 % EYE DROPS IN A DROPPERETTE	Removed from Plan Formulary
DESVENLAFAXINE FUMARATE ER 100 MG TABLET, EXTENDED RELEASE 24 HR	Removed from Plan Formulary
DESVENLAFAXINE FUMARATE ER 50 MG TABLET, EXTENDED RELEASE 24 HR	Removed from Plan Formulary
<i>dexchlorpheniramine maleate 2 mg/5 ml oral syrup</i>	Removed from Plan Formulary
<i>dicyclomine 10 mg/5 ml oral syrup</i>	Removed from Plan Formulary
DIGOXIN 0.25 MG/5 ML (5 ML) ORAL SOLUTION	Removed from Plan Formulary
DILT-CD 120 MG CAPSULE,EXTENDED RELEASE	Removed from Plan Formulary
DILT-CD 180 MG CAPSULE,EXTENDED RELEASE	Removed from Plan Formulary
DILT-CD 240 MG CAPSULE,EXTENDED RELEASE	Removed from Plan Formulary
<i>dipivefrin 0.1 % eye drops</i>	Removed from Plan Formulary
E.E.S. 200 MG/5 ML ORAL SUSPENSION (GRANULES)	Removed from Plan Formulary
EFFIENT 10 MG TABLET	Removed from Plan Formulary
EFFIENT 5 MG TABLET	Removed from Plan Formulary
EMADINE 0.05 % EYE DROPS	Removed from Plan Formulary
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	Removed from Plan Formulary
ENJUVIA 0.3 MG TABLET	Removed from Plan Formulary
ENJUVIA 0.45 MG TABLET	Removed from Plan Formulary
ENJUVIA 0.625 MG TABLET	Removed from Plan Formulary
ENJUVIA 0.9 MG TABLET	Removed from Plan Formulary
ENJUVIA 1.25 MG TABLET	Removed from Plan Formulary
EPIDUO 0.1 %-2.5 % TOPICAL GEL	Removed from Plan Formulary
<i>erythromycin 2 % topical solution</i>	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
<i>estropipate 1.5 mg tablet</i>	Removed from Plan Formulary
<i>estropipate 3 mg tablet</i>	Removed from Plan Formulary
FALLBACK SOLO 1.5 MG TABLET	Removed from Plan Formulary
FINACEA PLUS 15 % TOPICAL KIT	Removed from Plan Formulary
<i>fluoride 1 mg (2.2 mg sodium fluoride) tablet</i>	Removed from Plan Formulary
<i>fluorouracil 50 mg/ml intravenous solution</i>	Removed from Plan Formulary
FYCOMPA 2 MG (7)-4 MG (7) TABLETS IN A DOSE PACK	Removed from Plan Formulary
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML INTRAMUSCULAR SUSPENSION	Removed from Plan Formulary
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML INTRAMUSCULAR SYRINGE	Removed from Plan Formulary
GAVILYTE-H AND BISACODYL 5 MG-210 GRAM ORAL KIT	Removed from Plan Formulary
GENGRAF 50 MG CAPSULE	Removed from Plan Formulary
GILDAGIA 0.4 MG-35 MCG TABLET	Removed from Plan Formulary
GILDESS 1.5/30 (21) 1.5 MG-30 MCG TABLET	Removed from Plan Formulary
GILDESS 1/20 (21) 1 MG-20 MCG TABLET	Removed from Plan Formulary
GILDESS 24 FE 1 MG-20 MCG (24)/75 MG (4) TABLET	Removed from Plan Formulary
GILDESS FE 1.5/30 (28) 1.5 MG-30 MCG (21)/75 MG (7) TABLET	Removed from Plan Formulary
GILDESS FE 1/20 (28) 1 MG-20 MCG (21)/75 MG (7) TABLET	Removed from Plan Formulary
GLEEVEC 100 MG TABLET	Removed from Plan Formulary
GLEEVEC 400 MG TABLET	Removed from Plan Formulary

Medication Name	Change Description
GLUCAGEN 1 MG SOLUTION FOR INJECTION	Removed from Plan Formulary
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	Removed from Plan Formulary
HEPARIN (PORCINE) 20,000 UNIT/ML INJECTION SYRINGE	Removed from Plan Formulary
HEXALEN 50 MG CAPSULE	Removed from Plan Formulary
<i>hydrocortisone-aloe vera 1 % topical ointment</i>	Removed from Plan Formulary
HYDROCORTISONE-MINERAL OIL-WHITE PETROLATUM 1 % TOPICAL OINTMENT	Removed from Plan Formulary
<i>hydrocortisone-oatmeal-aloe-vitamin e 1 % topical cream</i>	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
KAPIDEX 30 MG CAPSULE, DELAYED RELEASE	Removed from Plan Formulary
KETEK 300 MG TABLET	Removed from Plan Formulary
KETEK 400 MG TABLET	Removed from Plan Formulary
KETEK PAK 400 MG TABLET	Removed from Plan Formulary
KIMIDESS (28) 0.15 MG-0.02 MG (21)/0.01 MG (5) TABLET	Removed from Plan Formulary
KIONEX (WITH SORBITOL) 15 GRAM-19.3 GRAM/60 ML ORAL SUSPENSION	Removed from Plan Formulary
KIONEX ORAL POWDER	Removed from Plan Formulary
KLOR-CON SPRINKLE 10 MEQ CAPSULE,EXTENDED RELEASE	Removed from Plan Formulary
KLOR-CON/25 MEQ ORAL PACKET	Removed from Plan Formulary
<i>lidocaine 2 % mucosal solution</i>	Removed from Plan Formulary
<i>lidocaine 2 %-hydrocortisone 2 %-aloe vera rectal kit</i>	Removed from Plan Formulary
LIDOCAINE 3 %-HYDROCORTISONE 1 % (7 GRAM) RECTAL CREAM	Removed from Plan Formulary
<i>lindane 1 % lotion</i>	Removed from Plan Formulary
LOMEDIA 24 FE 1 MG-20 MCG (24)/75 MG (4) TABLET	Removed from Plan Formulary
<i>lomustine 10 mg capsule</i>	Removed from Plan Formulary
<i>lomustine 100 mg capsule</i>	Removed from Plan Formulary
<i>lomustine 40 mg capsule</i>	Removed from Plan Formulary
LYNPARZA 50 MG CAPSULE	Removed from Plan Formulary
MENHIBRIX (PF) 5 MCG-2.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION	Removed from Plan Formulary
MENOMUNE - A/C/Y/W-135 (PF) 50 MCG SUBCUTANEOUS SOLUTION	Removed from Plan Formulary
MENOMUNE - A/C/Y/W-135 50 MCG SUBCUTANEOUS SOLUTION	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
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
<i>naphazoline 0.1 % eye drops</i>	Removed from Plan Formulary
NECON 1/35 (28) 1 MG-35 MCG TABLET	Removed from Plan Formulary
NECON 1/50 (28) 1 MG-50 MCG TABLET	Removed from Plan Formulary
NECON 10/11 (28) 0.5 MG-35 MCG(10)/1 MG-35 MCG(11) TABLET	Removed from Plan Formulary
NECON 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET	Removed from Plan Formulary
NIFEDICAL XL 30 MG TABLET,EXTENDED RELEASE	Removed from Plan Formulary
NIFEDICAL XL 60 MG TABLET,EXTENDED RELEASE	Removed from Plan Formulary

Medication Name	Change Description
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
NORINYL 1+50 (28) 1 MG-50 MCG TABLET	Removed from Plan Formulary
NORVIR SOFT GELATIN 100 MG CAPSULE	Removed from Plan Formulary
NUTROPIN AQ 10 MG/2 ML (5 MG/ML) SUBCUTANEOUS CARTRIDGE	Removed from Plan Formulary
NUTROPIN AQ 20 MG/2 ML (10 MG/ML) SUBCUTANEOUS CARTRIDGE	Removed from Plan Formulary
<i>nystatin 150 million unit oral powder</i>	Removed from Plan Formulary
<i>nystatin 2 billion unit oral powder</i>	Removed from Plan Formulary
NYSTATIN 50 MILLION UNIT ORAL POWDER	Removed from Plan Formulary
NYSTATIN 500 MILLION UNIT ORAL POWDER	Removed from Plan Formulary
ONFI 10 MG TABLET	Removed from Plan Formulary
ONFI 2.5 MG/ML ORAL SUSPENSION	Removed from Plan Formulary
ONFI 20 MG TABLET	Removed from Plan Formulary
ORENCIA 125 MG/ML SUBCUTANEOUS SYRINGE	Removed from Plan Formulary
ORENCIA 50 MG/0.4 ML SUBCUTANEOUS SYRINGE	Removed from Plan Formulary
ORENCIA 87.5 MG/0.7 ML SUBCUTANEOUS SYRINGE	Removed from Plan Formulary
ORENCIA CLICKJECT 125 MG/ML SUBCUTANEOUS AUTO-INJECTOR	Removed from Plan Formulary
OXSORALEN 1 % LOTION	Removed from Plan Formulary
PATADAY 0.2 % EYE DROPS	Removed from Plan Formulary
PEGASYS PROCLICK 135 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Removed from Plan Formulary
PEGINTRON 120 MCG/0.5 ML SUBCUTANEOUS KIT	Removed from Plan Formulary
PEGINTRON 150 MCG/0.5 ML SUBCUTANEOUS KIT	Removed from Plan Formulary
PEGINTRON 80 MCG/0.5 ML SUBCUTANEOUS KIT	Removed from Plan Formulary
PEGINTRON REDIPEN 120 MCG/0.5 ML SUBCUTANEOUS KIT	Removed from Plan Formulary
PEGINTRON REDIPEN 150 MCG/0.5 ML SUBCUTANEOUS KIT	Removed from Plan Formulary
PEGINTRON REDIPEN 50 MCG/0.5 ML SUBCUTANEOUS KIT	Removed from Plan Formulary
PEGINTRON REDIPEN 80 MCG/0.5 ML SUBCUTANEOUS KIT	Removed from Plan Formulary
PHENYTOIN 100 MG/4 ML ORAL SUSPENSION	Removed from Plan Formulary
PHENYTOIN 100 MG/4 ML ORAL SYRINGE (FOR ORAL USE ONLY)	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
<i>potassium bicarbonate and chloride 25 meq effervescent tablet</i>	Removed from Plan Formulary
<i>potassium bicarbonate-citric acid 25 meq effervescent tablet</i>	Removed from Plan Formulary
POTIGA 200 MG TABLET	Removed from Plan Formulary
POTIGA 300 MG TABLET	Removed from Plan Formulary
POTIGA 400 MG TABLET	Removed from Plan Formulary
POTIGA 50 MG TABLET	Removed from Plan Formulary
PREPARATION CLEANSING 7.2 GRAM-2.7 GRAM/15 ML ORAL LIQUID	Removed from Plan Formulary
PREZISTA 400 MG TABLET	Removed from Plan Formulary
PROCTOSOL HC 2.5 % RECTAL CREAM WITH APPLICATOR	Removed from Plan Formulary
<i>promethazine 25 mg/ml injection syringe</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

Medication Name	Change Description
<i>quinidine sulfate er 300 mg tablet,extended release</i>	Removed from Plan Formulary
QVAR 40 MCG/ACTUATION METERED AEROSOL ORAL INHALER	Removed from Plan Formulary
QVAR 80 MCG/ACTUATION METERED AEROSOL ORAL INHALER	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
REMEVEN 50 % TOPICAL CREAM	Removed from Plan Formulary
RENAGEL 400 MG TABLET	Removed from Plan Formulary
RESCRIPTOR 100 MG DISPERSIBLE TABLET	Removed from Plan Formulary
RETROVIR 300 MG TABLET	Removed from Plan Formulary
REYATAZ 100 MG CAPSULE	Removed from Plan Formulary
RIBASPHERE 200 MG TABLET	Removed from Plan Formulary
SANDOSTATIN LAR DEPOT 10 MG INTRAMUSCULAR KIT	Removed from Plan Formulary
SANDOSTATIN LAR DEPOT 20 MG INTRAMUSCULAR KIT	Removed from Plan Formulary
SANDOSTATIN LAR DEPOT 30 MG INTRAMUSCULAR KIT	Removed from Plan Formulary
SAPHRIS (BLACK CHERRY) 10 MG SUBLINGUAL TABLET	Removed from Plan Formulary
SAPHRIS (BLACK CHERRY) 5 MG SUBLINGUAL TABLET	Removed from Plan Formulary
<i>selenium sulfide 2.5 % shampoo</i>	Removed from Plan Formulary
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR	Removed from Plan Formulary
SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE	Removed from Plan Formulary
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Removed from Plan Formulary
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS SYRINGE	Removed from Plan Formulary
SIMPONI ARIA 12.5 MG/ML INTRAVENOUS SOLUTION	Removed from Plan Formulary
<i>sodium fluoride 0.2 % dental solution</i>	Removed from Plan Formulary
SODIUM POLYSTYRENE SULFONATE (SORBITOL FREE) 15 GRAM/60 ML ORAL SUSP	Removed from Plan Formulary
STRATTERA 10 MG CAPSULE	Removed from Plan Formulary
STRATTERA 100 MG CAPSULE	Removed from Plan Formulary
STRATTERA 18 MG CAPSULE	Removed from Plan Formulary
STRATTERA 25 MG CAPSULE	Removed from Plan Formulary
STRATTERA 40 MG CAPSULE	Removed from Plan Formulary
STRATTERA 60 MG CAPSULE	Removed from Plan Formulary
STRATTERA 80 MG CAPSULE	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
<i>sulfacetamide sodium 10 % top cleanser,gel extended release</i>	Removed from Plan Formulary
<i>sulfacetamide sodium-sulfur 10 %-5 % topical foam</i>	Removed from Plan Formulary
<i>sulfacetamide sodium-urea 10 %-10 % lotion</i>	Removed from Plan Formulary
SULFAZINE 500 MG TABLET	Removed from Plan Formulary
TAMIFLU 6 MG/ML ORAL SUSPENSION	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
TEKAMLO 150 MG-10 MG TABLET	Removed from Plan Formulary
TEKAMLO 150 MG-5 MG TABLET	Removed from Plan Formulary
TEKAMLO 300 MG-10 MG TABLET	Removed from Plan Formulary

Medication Name	Change Description
<b>TEKAMLO 300 MG-5 MG TABLET</b>	Removed from Plan Formulary
<b>TETANUS TOXOID ADSORBED 5 LF UNIT/0.5 ML INTRAMUSCULAR SOLUTION</b>	Removed from Plan Formulary
<i>tetanus toxoid fluid 5 lf unit injection solution</i>	Removed from Plan Formulary
<i>tetanus toxoid fluid 5 lf unit injection syringe</i>	Removed from Plan Formulary
<b>TETANUS TOXOID,ADSORBED (PF) 5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION</b>	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
<i>theophylline er 400 mg tablet,extended release</i>	Removed from Plan Formulary
<i>theophylline er 600 mg tablet,extended release</i>	Removed from Plan Formulary
<b>THERMAZENE 1 % TOPICAL CREAM</b>	Removed from Plan Formulary
<i>ticlopidine 250 mg tablet</i>	Removed from Plan Formulary
<b>TIS-U-SOL IRRIGATION SOLUTION</b>	Removed from Plan Formulary
<i>travoprost (benzalkonium) 0.004 % eye drops</i>	Removed from Plan Formulary
<b>TRIHBIT (PF) 6.7 LF-46.8 MCG-5 LF-10 MCG INTRAMUSCULAR KIT</b>	Removed from Plan Formulary
<b>TRINESSA (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET</b>	Removed from Plan Formulary
<b>TRIPEDIA (PF) 6.7 LF UNIT-46.8 MCG-5/0.5 ML INTRAMUSCULAR SUSPENSION</b>	Removed from Plan Formulary
<b>TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SUSPENSION</b>	Removed from Plan Formulary
<b>TYZEKA 600 MG TABLET</b>	Removed from Plan Formulary
<i>urea 40 % nail film suspension</i>	Removed from Plan Formulary
<i>urea 40 % topical gel</i>	Removed from Plan Formulary
<i>urea 45 % lotion</i>	Removed from Plan Formulary
<b>VAGIFEM 10 MCG VAGINAL TABLET</b>	Removed from Plan Formulary
<b>VALPROIC ACID (AS SODIUM SALT) 250 MG/5 ML SYRINGE (FOR ORAL USE ONLY)</b>	Removed from Plan Formulary
<b>VARIZIG 125 UNIT INTRAMUSCULAR POWDER FOR SOLUTION</b>	Removed from Plan Formulary
<b>VERAMYST 27.5 MCG/ACTUATION NASAL SPRAY,SUSPENSION</b>	Removed from Plan Formulary
<b>VESTURA (28) 3 MG-0.02 MG TABLET</b>	Removed from Plan Formulary
<b>VEXOL 1 % EYE DROPS,SUSPENSION</b>	Removed from Plan Formulary
<b>VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION</b>	Removed from Plan Formulary
<b>VIIBRYD 10 MG (7)-20 MG (7)-40 MG(16) TABLETS IN A DOSE PACK</b>	Removed from Plan Formulary
<b>VISICOL 1.5 GRAM (1.102-0.398) TABLET</b>	Removed from Plan Formulary
<b>VITEKTA 150 MG TABLET</b>	Removed from Plan Formulary
<b>VITEKTA 85 MG TABLET</b>	Removed from Plan Formulary
<b>VIVOTIF BERNA VACCINE 2 BILLION UNIT CAPSULE,DELAYED RELEASE</b>	Removed from Plan Formulary
<b>WELCHOL 3.75 GRAM ORAL POWDER PACKET</b>	Removed from Plan Formulary
<b>WELCHOL 625 MG TABLET</b>	Removed from Plan Formulary
<b>ZENCHENT FE 0.4 MG-35 MCG (21)/75 MG (7) CHEWABLE TABLET</b>	Removed from Plan Formulary
<b>ZOVIA 1/50E (28) 1 MG-50 MCG TABLET</b>	Removed from Plan Formulary
<b>ZYFLO CR 600 MG TABLET,EXTENDED RELEASE</b>	Removed from Plan Formulary
<b>ZYTIGA 250 MG TABLET</b>	Removed from Plan Formulary
<i>abacavir 20 mg/ml oral solution</i>	Updated from Tier 3 to Tier 1
<i>atazanavir 150 mg capsule</i>	Updated from Tier 3 to Tier 1
<i>atazanavir 200 mg capsule</i>	Updated from Tier 3 to Tier 1
<i>atazanavir 300 mg capsule</i>	Updated from Tier 3 to Tier 1
<i>efavirenz 200 mg capsule</i>	Updated from Tier 3 to Tier 1



Medication Name	Change Description
<i>efavirenz 50 mg capsule</i>	Updated from Tier 3 to Tier 1
<i>efavirenz 600 mg tablet</i>	Updated from Tier 3 to Tier 1
<b>EPIVIR 10 MG/ML ORAL SOLUTION</b>	Updated from Tier 3 to Tier 4
<b>EPIVIR 150 MG TABLET</b>	Updated from Tier 3 to Tier 4
<b>EPZICOM 600 MG-300 MG TABLET</b>	Updated from Tier 3 to Tier 4
<i>fosamprenavir 700 mg tablet</i>	Updated from Tier 3 to Tier 1
<b>KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION</b>	Updated from Tier 3 to Tier 4
<b>LEXIVA 700 MG TABLET</b>	Updated from Tier 3 to Tier 4
<i>lopinavir-ritonavir 400 mg-100 mg/5 ml oral solution</i>	Updated from Tier 3 to Tier 1
<b>NORVIR 100 MG ORAL POWDER PACKET</b>	Updated from Tier 4 to Tier 3
<b>NORVIR 100 MG TABLET</b>	Updated from Tier 3 to Tier 4
<b>PRADAXA 110 MG CAPSULE</b>	Updated from Tier 3 to Tier 4
<b>PRADAXA 150 MG CAPSULE</b>	Updated from Tier 3 to Tier 4
<b>PRADAXA 75 MG CAPSULE</b>	Updated from Tier 3 to Tier 4
<b>PREZISTA 100 MG/ML ORAL SUSPENSION</b>	Updated from Tier 4 to Tier 3
<b>REYATAZ 150 MG CAPSULE</b>	Updated from Tier 3 to Tier 4
<b>REYATAZ 200 MG CAPSULE</b>	Updated from Tier 3 to Tier 4
<b>REYATAZ 300 MG CAPSULE</b>	Updated from Tier 3 to Tier 4
<i>ritonavir 100 mg tablet</i>	Updated from Tier 3 to Tier 1
<b>SUSTIVA 200 MG CAPSULE</b>	Updated from Tier 3 to Tier 4
<b>SUSTIVA 50 MG CAPSULE</b>	Updated from Tier 3 to Tier 4
<b>SUSTIVA 600 MG TABLET</b>	Updated from Tier 3 to Tier 4
<i>tenofovir disoproxil fumarate 300 mg tablet</i>	Updated from Tier 3 to Tier 1
<b>TRIZIVIR 300 MG-150 MG-300 MG TABLET</b>	Updated from Tier 3 to Tier 5
<b>VIRAMUNE 200 MG TABLET</b>	Updated from Tier 4 to Tier 5
<b>VIRAMUNE 50 MG/5 ML ORAL SUSPENSION</b>	Updated from Tier 3 to Tier 5
<b>VIRAMUNE XR 100 MG TABLET, EXTENDED RELEASE</b>	Updated from Tier 3 to Tier 5
<b>VIRAMUNE XR 400 MG TABLET, EXTENDED RELEASE</b>	Updated from Tier 3 to Tier 5
<b>VIREAD 300 MG TABLET</b>	Updated from Tier 3 to Tier 4
<b>ZIAGEN 20 MG/ML ORAL SOLUTION</b>	Updated from Tier 3 to Tier 4

## Nondiscrimination Notice

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

AdventHealth Advantage 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 AdventHealth Advantage 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](mailto: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>.

Health First Commercial Plans, Inc. is doing business under the name of AdventHealth Advantage Plans. AdventHealth Advantage 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\_MPINFO651AH(04/2019)

**English:**

This Notice has Important Information. This notice has important information about your application or coverage through AdventHealth Advantage Plans. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 844-522-5279.

**Spanish:**

Este Aviso contiene información importante. Este aviso contiene información importante acerca de la solicitud o cobertura que usted tiene con AdventHealth Advantage Plans. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 844-522-5279.

**Haitian Creole:**

Avi sila a gen Enfòmasyon Enpòtan ladann. Avi sila a gen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouvèti asirans lan atravè AdventHealth Advantage Plans. Chèche dat ki enpòtan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resevwa enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 844-522-5279.

**Vietnamese:**

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn đăng ký hoặc hợp đồng bảo hiểm qua chương trình AdventHealth Advantage Plans của Quý vị. Xin xem các ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 844-522-5279.

**Portuguese:**

Este aviso contém informações importantes. Este aviso contém informações importantes a respeito da sua solicitação ou cobertura por meio dos AdventHealth Advantage Plans. Consulte datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter a sua cobertura de plano de saúde ou ajuda com custos. Você tem o direito de obter estas informações e ajuda no seu idioma e sem custos. Ligue para 844-522-5279.

**Chinese:**

本通知包含重要的資訊。本通知包含關於您透過 AdventHealth Advantage Plans 提交的申請或保險的重要資訊。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或費用補貼。您有權以您的母語免費取得本資訊及幫助。請撥電話 844-522-5279。

**French:**

Cet avis a d'importantes informations. Cet avis a d'importantes informations sur votre demande ou la couverture par l'intermédiaire AdventHealth Advantage Plans. Rechercher les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez 844-522-5279.

**Tagalog:**

Ang Paunawa na ito ay naglalaman ng Mahalagang Impormasyon. Ang paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagkakasaklaw sa AdventHealth Advantage Plans. Tingnan ang mga mahalagang petsa dito sa paunawa. Maaring mangailangan kang magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagkakasaklaw sa kalusugan o makatulong sa mga gastusin. May karapatan kang makuha ang impormasyon at tulong na ito sa iyong wika nang libre. Tumawag sa 844-522-5279.

**Russian:**

Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через AdventHealth Advantage Plans. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 844-522-5279.

**Arabic:**

يحتوي هذا الإشعار معلومات هامة. يحوي هذا الإشعار معلومات مهمة بخصوص طلبك للحصول على التغطية من خلال AdventHealth Advantage Plans. ابحث عن التواريخ الهامة في هذا الإشعار. قد تحتاج لاتخاذ إجراء في تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التغطية الصحية أو للمساعدة في دفع التكاليف. لك الحق في الحصول على معلومات والمساعدة بلغتك من دون أي تكلفة. اتصل بالرقم 844-522-5279.

**Italian:**

Questo avviso contiene informazioni importanti. Questo avviso contiene informazioni importanti sulla sua domanda o copertura attraverso AdventHealth Advantage Plans. Cerchi le date chiave in questo avviso. Potrebbe essere necessario un suo intervento entro una scadenza determinata per consentirle di mantenere la sua copertura o sovvenzione. Ha il diritto di ottenere queste informazioni e assistenza nella sua lingua gratuitamente. Chiami il numero 844-522-5279.

**German:**

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch AdventHealth Advantage Plans. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Anspruch auf Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 844-522-5279.

**Korean:**

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 AdventHealth Advantage Plans를 통한 보장에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 확인하십시오. 귀하는 건강 보장을 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 844-522-5279로 전화하십시오.

**Polish:**

Niniejsze ogłoszenie zawiera ważne informacje. Niniejsze ogłoszenie zawiera ważne informacje dotyczące Państwa wniosku lub zakresu świadczeń realizowanych poprzez AdventHealth Advantage Plans. Może zaistnieć potrzeba podjęcia przez Państwa pewnych działań w określonym terminie w celu zachowania ubezpieczenia zdrowotnego lub otrzymania pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnego uzyskania informacji i pomocy w języku ojczystym. Prosimy zadzwonić pod numer 844-522-5279.

**Gujarati:**

આ સૂચનામાં અગત્યની માહિતી છે. આ સૂચનામાં ફ્લોરિડા હોસ્પિટલ કેર એડવાંટેજ દ્વારા તમારી અરજી અથવા કવરેજ વિશેની અગત્યની માહિતી છે. આ સૂચનામાંની ખાસ તારીખો જુઓ. તમારા આરોગ્ય કવરેજને જાળવી રાખવા અથવા ખર્ચ અંગે મદદ મેળવવા માટે ચોક્કસ સમયમર્યાદા સુધીમાં તમારે કાર્યવાહી કરવાની જરૂર પડી શકે છે. તમને આ માહિતી અને મદદ તમારી ભાષામાં વિના મૂલ્યે મેળવવાનો અધિકાર છે. 844-522-5279 પર કોલ કરો.

**Thai:**

ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้มีข้อมูลที่สำคัญเกี่ยวกับการสมัครหรือขอเบรคการประกันสุขภาพของคุณผ่าน AdventHealth Advantage Plans โปรดดูกำหนดการสำคัญในประกาศนี้  
คุณอาจจะต้องดำเนินการภายในเวลาที่กำหนดเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย  
คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลืออื่นในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 844-522-5279.

Health First Commercial Plans, Inc. is doing business under the name of AdventHealth Advantage Plans. AdventHealth Advantage 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\_MPINFO649AH(04/2019)