

Updated: January 1, 2021

2021 Formulary Annual Notice of Change Medicare Advantage Plans (MAPD)

This is a listing of the changes that have occurred to the 2021 MAPD formulary. For a complete list, please refer to the 2021 MAPD Comprehensive Formulary (Drug List). [Click here](#) to view the comprehensive formulary.

Please carefully review these changes. If you have any questions, please call Customer Service toll-free at 1-877-535-8278 (TTY/TDD relay: 1-800-955-8771) weekdays from 8am to 8pm and Saturdays from 8am to noon. From October 1 to March 31, we're available seven days a week from 8am to 8pm. You can also visit myAHplan.com for additional information. Please refer to your Evidence of Coverage for cost-share information.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

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

AdventHealth Advantage Plans is administered by Health First Health Plans. Health First Health Plans is an HMO plan with a Medicare Contract. Enrollment in Health First Health Plans depends on contract renewal.

Y0089_MPINFO8709AH_C(09/2020)

Annual Notice of Change 2021

Effective Date: 09/1/2020

Medication Name	Change Description
<i>cimetidine 200 mg tablet</i>	Formulary Addition
<i>cimetidine 400 mg tablet</i>	Formulary Addition
FARXIGA 10 MG TABLET	Formulary Addition
FARXIGA 5 MG TABLET	Formulary Addition
<i>haloperidol decanoate 100 mg/ml intramuscular solution (1ml)</i>	Formulary Addition
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION	Formulary Addition
<i>lansoprazole 15 mg delayed release,disintegrating tablet</i>	Formulary Addition
<i>lansoprazole 30 mg delayed release,disintegrating tablet</i>	Formulary Addition
<i>moxifloxacin 0.5 % eye drops</i>	Formulary Addition
NOXAFIL 100 MG TABLET,DELAYED RELEASE	Formulary Addition
<i>posaconazole 100 mg tablet,delayed release</i>	Formulary Addition
<i>posaconazole 200 mg/5 ml (40 mg/ml) oral suspension</i>	Formulary Addition
PREVYMIS 240 MG TABLET	Formulary Addition
PREVYMIS 480 MG TABLET	Formulary Addition
<i>pyridostigmine bromide er 180 mg tablet,extended release</i>	Formulary Addition
<i>ranitidine 15 mg/ml oral syrup</i>	Formulary Addition
<i>ranitidine 150 mg tablet</i>	Formulary Addition
<i>ranitidine 300 mg tablet</i>	Formulary Addition
RESCRIPTOR 200 MG TABLET	Formulary Addition
REYVOW 100 MG TABLET	Formulary Addition
REYVOW 50 MG TABLET	Formulary Addition
SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN	Formulary Addition
<i>telmisartan 40 mg-hydrochlorothiazide 12.5 mg tablet</i>	Formulary Addition
<i>telmisartan 80 mg-hydrochlorothiazide 12.5 mg tablet</i>	Formulary Addition
<i>telmisartan 80 mg-hydrochlorothiazide 25 mg tablet</i>	Formulary Addition
<i>tetrabenazine 12.5 mg tablet</i>	Formulary Addition
<i>tetrabenazine 25 mg tablet</i>	Formulary Addition
VUMERITY 231 MG CAPSULE,DELAYED RELEASE	Formulary Addition
ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION	Removed from Plan Formulary
ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION	Removed from Plan Formulary
ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION	Removed from Plan Formulary
AMITIZA 24 MCG CAPSULE	Removed from Plan Formulary
AMITIZA 8 MCG CAPSULE	Removed from Plan Formulary
ARAZLO 0.045 % LOTION	Removed from Plan Formulary
ARISTADA 1,064 MG/3.9 ML SUSPENSION, EXTEND.REL. IM SYRINGE	Removed from Plan Formulary
ASMANEX HFA 50 MCG/ACTUATION AEROSOL INHALER	Removed from Plan Formulary
AZACTAM 1 GRAM SOLUTION FOR INJECTION	Removed from Plan Formulary
<i>azelastine-fluticasone 137 mcg-50 mcg/spray nasal spray</i>	Removed from Plan Formulary
BYNFEZIA PEN SOLUTION PEN-INJECTOR 2500 MCG/ML (2.8 ML) SUBCUTANEOUS	Removed from Plan Formulary
CARAFATE 100 MG/ML ORAL SUSPENSION	Removed from Plan Formulary
CUPRIMINE 250 MG CAPSULE	Removed from Plan Formulary
DAYVIGO 10 MG TABLET	Removed from Plan Formulary
DAYVIGO 5 MG TABLET	Removed from Plan Formulary
<i>deferasirox 180 mg tablet</i>	Removed from Plan Formulary
<i>diazoxide 50 mg/ml oral suspension</i>	Removed from Plan Formulary
DULERA 50 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	Removed from Plan Formulary
EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR	Removed from Plan Formulary

Medication Name	Change Description
EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR	Removed from Plan Formulary
<i>esomeprazole magnesium dr 10 mg granules delayed release for susp</i>	Removed from Plan Formulary
<i>esomeprazole magnesium dr 20 mg granules delayed release for susp</i>	Removed from Plan Formulary
<i>esomeprazole magnesium dr 40 mg granules delayed release for susp</i>	Removed from Plan Formulary
EXJADE 125 MG DISPERSIBLE TABLET	Removed from Plan Formulary
EXJADE 250 MG DISPERSIBLE TABLET	Removed from Plan Formulary
EXJADE 500 MG DISPERSIBLE TABLET	Removed from Plan Formulary
FIRAZYR 30 MG/3 ML SUBCUTANEOUS SYRINGE	Removed from Plan Formulary
GLOPERBA 0.6 MG/5 ML ORAL SOLUTION	Removed from Plan Formulary
HARVONI 33.75 MG-150 MG ORAL PELLETS IN PACKET	Removed from Plan Formulary
HARVONI 45 MG-200 MG ORAL PELLETS IN PACKET	Removed from Plan Formulary
HELIDAC 250 MG-500 MG-262.4 MG ORAL PACK	Removed from Plan Formulary
<i>insulin lispro (u-100) 100 unit/ml subcutaneous half-unit pen</i>	Removed from Plan Formulary
<i>insulin lispro protamine-lispro 100 unit/ml (75-25) subcutaneous pen</i>	Removed from Plan Formulary
<i>ketorolac 15.75 mg/spray nasal spray</i>	Removed from Plan Formulary
KEVZARA 150 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR	Removed from Plan Formulary
KEVZARA 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR	Removed from Plan Formulary
LETAIRIS 10 MG TABLET	Removed from Plan Formulary
LETAIRIS 5 MG TABLET	Removed from Plan Formulary
LEXIVA 700 MG TABLET	Removed from Plan Formulary
LOTEMAX 0.5 % EYE DROPS,SUSPENSION	Removed from Plan Formulary
LYRICA 100 MG CAPSULE	Removed from Plan Formulary
LYRICA 150 MG CAPSULE	Removed from Plan Formulary
LYRICA 20 MG/ML ORAL SOLUTION	Removed from Plan Formulary
LYRICA 200 MG CAPSULE	Removed from Plan Formulary
LYRICA 225 MG CAPSULE	Removed from Plan Formulary
LYRICA 25 MG CAPSULE	Removed from Plan Formulary
LYRICA 300 MG CAPSULE	Removed from Plan Formulary
LYRICA 50 MG CAPSULE	Removed from Plan Formulary
LYRICA 75 MG CAPSULE	Removed from Plan Formulary
LYUMJEV KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS	Removed from Plan Formulary
LYUMJEV KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS	Removed from Plan Formulary
LYUMJEV U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	Removed from Plan Formulary
MARINOL 10 MG CAPSULE	Removed from Plan Formulary
MARINOL 2.5 MG CAPSULE	Removed from Plan Formulary
MARINOL 5 MG CAPSULE	Removed from Plan Formulary
MESTINON 60 MG/5 ML ORAL SYRUP	Removed from Plan Formulary
MESTINON TIMESPAN 180 MG TABLET,EXTENDED RELEASE	Removed from Plan Formulary
<i>metformin 500 mg/5 ml oral solution</i>	Removed from Plan Formulary
<i>methylphenidate er 10 mg capsule,extended release (40-60) sprinkle</i>	Removed from Plan Formulary
<i>methylphenidate er 15 mg capsule,extended release (40-60) sprinkle</i>	Removed from Plan Formulary
<i>methylphenidate er 20 mg capsule,extended release (40-60) sprinkle</i>	Removed from Plan Formulary
<i>methylphenidate er 30 mg capsule,extended release (40-60) sprinkle</i>	Removed from Plan Formulary
<i>methylphenidate er 40 mg capsule,extended release (40-60) sprinkle</i>	Removed from Plan Formulary
<i>methylphenidate er 50 mg capsule,extended release (40-60) sprinkle</i>	Removed from Plan Formulary
<i>methylphenidate er 60 mg capsule,extended release (40-60) sprinkle</i>	Removed from Plan Formulary
<i>micafungin 100 mg intravenous solution</i>	Removed from Plan Formulary
<i>micafungin 50 mg intravenous solution</i>	Removed from Plan Formulary
MOXEZA 0.5 % EYE DROPS	Removed from Plan Formulary
NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30) SUBCUTANEOUS	Removed from Plan Formulary

Medication Name	Change Description
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN	Removed from Plan Formulary
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) SUBCUTANEOUS INSULIN PEN	Removed from Plan Formulary
ORIAHNN 300-1-0.5 MG(AM)/300 MG(PM) CAPSULES	Removed from Plan Formulary
OSMOLEX ER 322 MG/DAY (129 MG AND 193 MG) TABLET, EXTENDED RELEASE	Removed from Plan Formulary
PENTAM 300 MG SOLUTION FOR INJECTION	Removed from Plan Formulary
PREVACID SOLUTAB 15 MG DELAYED RELEASE,DISINTEGRATING TABLET	Removed from Plan Formulary
PREVACID SOLUTAB 30 MG DELAYED RELEASE,DISINTEGRATING TABLET	Removed from Plan Formulary
PROCYSBI 300 MG ORAL DR GRANULES IN PACKET	Removed from Plan Formulary
PROCYSBI 75 MG ORAL DR GRANULES IN PACKET	Removed from Plan Formulary
PROLATE 10 MG-300 MG TABLET	Removed from Plan Formulary
PROLATE 5 MG-300 MG TABLET	Removed from Plan Formulary
PROLATE 7.5 MG-300 MG TABLET	Removed from Plan Formulary
PROMACTA 25 MG ORAL POWDER PACKET	Removed from Plan Formulary
<i>pyrimethamine 25 mg tablet</i>	Removed from Plan Formulary
RAPAMUNE 1 MG/ML ORAL SOLUTION	Removed from Plan Formulary
RELAFEN DS 1,000 MG TABLET	Removed from Plan Formulary
REVELA 0.8 GRAM ORAL POWDER PACKET	Removed from Plan Formulary
REVELA 2.4 GRAM ORAL POWDER PACKET	Removed from Plan Formulary
ROZEREM 8 MG TABLET	Removed from Plan Formulary
SABRIL 500 MG ORAL POWDER PACKET	Removed from Plan Formulary
SABRIL 500 MG TABLET	Removed from Plan Formulary
SENSIPAR 30 MG TABLET	Removed from Plan Formulary
SENSIPAR 60 MG TABLET	Removed from Plan Formulary
SENSIPAR 90 MG TABLET	Removed from Plan Formulary
SOVALDI 150 MG ORAL PELLETS IN PACKET	Removed from Plan Formulary
SOVALDI 200 MG ORAL PELLETS IN PACKET	Removed from Plan Formulary
STEGLATRO 15 MG TABLET	Removed from Plan Formulary
STEGLATRO 5 MG TABLET	Removed from Plan Formulary
SUPRAX 100 MG/5 ML ORAL SUSPENSION	Removed from Plan Formulary
SUPRAX 200 MG/5 ML ORAL SUSPENSION	Removed from Plan Formulary
SUPRAX 400 MG CAPSULE	Removed from Plan Formulary
SUSTIVA 200 MG CAPSULE	Removed from Plan Formulary
SUSTIVA 50 MG CAPSULE	Removed from Plan Formulary
SUSTIVA 600 MG TABLET	Removed from Plan Formulary
SYPRINE 250 MG CAPSULE	Removed from Plan Formulary
TALICIA 10 MG-250 MG-12.5 MG CAPSULE,IMMEDIATE - DELAY RELEASE	Removed from Plan Formulary
TARCEVA 100 MG TABLET	Removed from Plan Formulary
TARCEVA 150 MG TABLET	Removed from Plan Formulary
TARCEVA 25 MG TABLET	Removed from Plan Formulary
TAZORAC 0.1 % TOPICAL CREAM	Removed from Plan Formulary
TEKTRNA 150 MG TABLET	Removed from Plan Formulary
TEKTRNA 300 MG TABLET	Removed from Plan Formulary
TRACLEER 125 MG TABLET	Removed from Plan Formulary
TRACLEER 62.5 MG TABLET	Removed from Plan Formulary
TRAVATAN Z 0.004 % EYE DROPS	Removed from Plan Formulary
TRULANCE 3 MG TABLET	Removed from Plan Formulary
TYGACIL 50 MG INTRAVENOUS SOLUTION	Removed from Plan Formulary
ULORIC 40 MG TABLET	Removed from Plan Formulary
ULORIC 80 MG TABLET	Removed from Plan Formulary
VESICARE 10 MG TABLET	Removed from Plan Formulary

Medication Name	Change Description
VESICARE 5 MG TABLET	Removed from Plan Formulary
VIDEX EC 250 MG CAPSULE,DELAYED RELEASE	Removed from Plan Formulary
VIGAMOX 0.5 % EYE DROPS	Removed from Plan Formulary
XENAZINE 12.5 MG TABLET	Removed from Plan Formulary
XENAZINE 25 MG TABLET	Removed from Plan Formulary
ZANAFLEX 4 MG TABLET	Removed from Plan Formulary
ZAVESCA 100 MG CAPSULE	Removed from Plan Formulary
ZEMDRI 50 MG/ML INTRAVENOUS SOLUTION	Removed from Plan Formulary
ZERVIATE 0.24 % EYE DROPS IN A DROPPERETTE	Removed from Plan Formulary
ZIAGEN 20 MG/ML ORAL SOLUTION	Removed from Plan Formulary
ABELCET 5 MG/ML INTRAVENOUS SUSPENSION	Updated from Tier 5 to Tier 4 PA is added
<i>acebutolol 200 mg capsule</i>	Updated from Tier 2 to Tier 6
<i>acebutolol 400 mg capsule</i>	Updated from Tier 2 to Tier 6
<i>alendronate 10 mg tablet</i>	Updated from Tier 1 to Tier 6 QL is added
<i>alendronate 35 mg tablet</i>	Updated from Tier 1 to Tier 6 QL is added
<i>alendronate 40 mg tablet</i>	Updated from Tier 1 to Tier 6 QL is added
<i>alendronate 5 mg tablet</i>	Updated from Tier 1 to Tier 6 QL is added
<i>alendronate 70 mg tablet</i>	Updated from Tier 1 to Tier 6 QL is added
ALPHAGAN P 0.1 % EYE DROPS	Updated from Tier 3 to Tier 4
<i>amantadine hcl 100 mg capsule</i>	Updated from Tier 3 to Tier 6
<i>amantadine hcl 100 mg tablet</i>	Updated from Tier 3 to Tier 6
<i>amiloride 5 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>amitriptyline 10 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>amitriptyline 100 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>amitriptyline 150 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>amitriptyline 25 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>amitriptyline 50 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>amitriptyline 75 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>amlodipine 10 mg-benazepril 20 mg capsule</i>	Updated from Tier 1 to Tier 6 QL is added
<i>amlodipine 10 mg-benazepril 40 mg capsule</i>	Updated from Tier 1 to Tier 6 QL is added
<i>amlodipine 10 mg-olmesartan 20 mg tablet</i>	Updated from Tier 3 to Tier 6 QL is added
<i>amlodipine 10 mg-olmesartan 40 mg tablet</i>	Updated from Tier 3 to Tier 6 QL is added
<i>amlodipine 10 mg-valsartan 160 mg tablet</i>	Updated from Tier 2 to Tier 6 QL is added
<i>amlodipine 10 mg-valsartan 320 mg tablet</i>	Updated from Tier 2 to Tier 6 QL is added
<i>amlodipine 5 mg-olmesartan 20 mg tablet</i>	Updated from Tier 3 to Tier 6 QL is added
<i>amlodipine 5 mg-olmesartan 40 mg tablet</i>	Updated from Tier 3 to Tier 6 QL is added
<i>amlodipine 5 mg-valsartan 160 mg tablet</i>	Updated from Tier 2 to Tier 6 QL is added
<i>amlodipine 5 mg-valsartan 320 mg tablet</i>	Updated from Tier 2 to Tier 6 QL is added
<i>amoxicillin 250 mg capsule</i>	Updated from Tier 1 to Tier 6
<i>amoxicillin 250 mg-potassium clavulanate 125 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>amoxicillin 500 mg capsule</i>	Updated from Tier 1 to Tier 6
<i>amoxicillin 500 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>amoxicillin 500 mg-potassium clavulanate 125 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>amoxicillin 875 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>amoxicillin 875 mg-potassium clavulanate 125 mg tablet</i>	Updated from Tier 1 to Tier 6
ARISTADA 441 MG/1.6 ML SUSPENSION, EXTEND.REL. IM SYRINGE	PA is added QL is added
<i>atazanavir 150 mg capsule</i>	Updated from Tier 5 to Tier 4 QL is added
<i>atazanavir 200 mg capsule</i>	Updated from Tier 5 to Tier 4 QL is added
<i>atazanavir 300 mg capsule</i>	Updated from Tier 5 to Tier 4 QL is added
<i>benztropine 0.5 mg tablet</i>	Updated from Tier 2 to Tier 6

Medication Name	Change Description
<i>benztropine 1 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>benztropine 2 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>bupropion hcl 100 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>bupropion hcl 75 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>butalbital 50 mg-acetaminophen 325 mg tablet</i>	QL is added
<i>butalbital 50 mg-acetaminophen 325 mg-caffeine 40 mg-codeine 30 mg cap</i>	QL is added
<i>butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg capsule</i>	QL is added
<i>butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg tablet</i>	QL is added
<i>butalbital-aspirin-caffeine 50 mg-325 mg-40 mg capsule</i>	QL is added
BYNFEZIA 2,500 MCG/ML SUBCUTANEOUS PEN INJECTOR	PA is added
CAPLYTA 42 MG CAPSULE	PA is added
<i>carbidopa 10 mg-levodopa 100 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>carbidopa 25 mg-levodopa 100 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>carbidopa 25 mg-levodopa 250 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>ceftriaxone 1 gram solution for injection</i>	Updated from Tier 2 to Tier 6
<i>ceftriaxone 10 gram solution for injection</i>	Updated from Tier 2 to Tier 6
<i>ceftriaxone 2 gram solution for injection</i>	Updated from Tier 2 to Tier 6
<i>ceftriaxone 250 mg solution for injection</i>	Updated from Tier 2 to Tier 6
<i>ceftriaxone 500 mg solution for injection</i>	Updated from Tier 2 to Tier 6
<i>chlorhexidine gluconate 0.12 % mouthwash</i>	Updated from Tier 2 to Tier 6
<i>cilostazol 100 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>cilostazol 50 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>ciprofloxacin 250 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>ciprofloxacin 500 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>ciprofloxacin 750 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>citalopram 10 mg tablet</i>	Updated from Tier 1 to Tier 6 QL is added
<i>citalopram 20 mg tablet</i>	Updated from Tier 1 to Tier 6 QL is added
<i>citalopram 40 mg tablet</i>	Updated from Tier 1 to Tier 6 QL is added
<i>clindamycin hcl 150 mg capsule</i>	Updated from Tier 1 to Tier 6
<i>clindamycin hcl 300 mg capsule</i>	Updated from Tier 1 to Tier 6
<i>clobazam 20 mg tablet</i>	Updated from Tier 5 to Tier 4
<i>clonidine hcl 0.1 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>clonidine hcl 0.2 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>clonidine hcl 0.3 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>clozapine 100 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>clozapine 200 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>clozapine 25 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>clozapine 50 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>cyclobenzaprine 10 mg tablet</i>	QL is added
<i>cyclobenzaprine 5 mg tablet</i>	QL is added
CYCLOSET 0.8 MG TABLET	QL is added
<i>dicyclomine 10 mg capsule</i>	Updated from Tier 1 to Tier 6
<i>dicyclomine 20 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>diltiazem 120 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>diltiazem 30 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>diltiazem 60 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>diltiazem 90 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>doxepin 10 mg capsule</i>	Updated from Tier 2 to Tier 6
<i>doxepin 10 mg capsule</i>	Updated from Tier 2 to Tier 6 PA is added
<i>doxepin 100 mg capsule</i>	Updated from Tier 2 to Tier 6

Medication Name	Change Description
<i>doxepin 100 mg capsule</i>	Updated from Tier 2 to Tier 6 PA is added
<i>doxepin 150 mg capsule</i>	Updated from Tier 2 to Tier 6
<i>doxepin 150 mg capsule</i>	Updated from Tier 2 to Tier 6 PA is added
<i>doxepin 25 mg capsule</i>	Updated from Tier 2 to Tier 6 PA is added
<i>doxepin 25 mg capsule</i>	Updated from Tier 2 to Tier 6
<i>doxepin 50 mg capsule</i>	Updated from Tier 2 to Tier 6 PA is added
<i>doxepin 50 mg capsule</i>	Updated from Tier 2 to Tier 6
<i>doxepin 75 mg capsule</i>	Updated from Tier 2 to Tier 6
<i>doxepin 75 mg capsule</i>	Updated from Tier 2 to Tier 6 PA is added
<i>epinephrine (jr) 0.15 mg/0.3 ml injection,auto-injector</i>	Updated from Tier 3 to Tier 6 QL is added
<i>epinephrine 0.3 mg/0.3 ml injection, auto-injector</i>	Updated from Tier 3 to Tier 6 QL is added
<i>estradiol 0.025 mg/24 hr semiweekly transdermal patch</i>	QL is added
<i>estradiol 0.025 mg/24 hr weekly transdermal patch</i>	QL is added
<i>estradiol 0.0375 mg/24 hr semiweekly transdermal patch</i>	QL is added
<i>estradiol 0.0375 mg/24 hr weekly transdermal patch</i>	QL is added
<i>estradiol 0.05 mg/24 hr semiweekly transdermal patch</i>	QL is added
<i>estradiol 0.05 mg/24 hr weekly transdermal patch</i>	QL is added
<i>estradiol 0.06 mg/24 hr weekly transdermal patch</i>	QL is added
<i>estradiol 0.075 mg/24 hr semiweekly transdermal patch</i>	QL is added
<i>estradiol 0.075 mg/24 hr weekly transdermal patch</i>	QL is added
<i>estradiol 0.1 mg/24 hr semiweekly transdermal patch</i>	QL is added
<i>estradiol 0.1 mg/24 hr weekly transdermal patch</i>	QL is added
<i>fluconazole 100 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>fluconazole 150 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>fluconazole 200 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>fluconazole 50 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>fluoxetine 10 mg capsule</i>	Updated from Tier 1 to Tier 6 QL is added
<i>fluoxetine 20 mg capsule</i>	Updated from Tier 1 to Tier 6 QL is added
<i>fluoxetine 40 mg capsule</i>	Updated from Tier 1 to Tier 6 QL is added
<i>gemfibrozil 600 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>glyburide 1.25 mg tablet</i>	QL is added
<i>glyburide 1.25 mg-metformin 250 mg tablet</i>	QL is added
<i>glyburide 2.5 mg tablet</i>	QL is added
<i>glyburide 2.5 mg-metformin 500 mg tablet</i>	QL is added
<i>glyburide 5 mg tablet</i>	QL is added
<i>glyburide 5 mg-metformin 500 mg tablet</i>	QL is added
<i>glyburide micronized 1.5 mg tablet</i>	Updated from Tier 2 to Tier 6 QL is added
<i>glyburide micronized 3 mg tablet</i>	Updated from Tier 2 to Tier 6 QL is added
<i>glyburide micronized 6 mg tablet</i>	Updated from Tier 2 to Tier 6 QL is added
<i>haloperidol 0.5 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>haloperidol 1 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>haloperidol 10 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>haloperidol 2 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>haloperidol 20 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>haloperidol 5 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>hydrochlorothiazide 12.5 mg capsule</i>	Updated from Tier 1 to Tier 6
HYDROCHLOROTHIAZIDE 12.5 MG TABLET	Updated from Tier 1 to Tier 6
<i>ibuprofen 400 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>ibuprofen 600 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>ibuprofen 800 mg tablet</i>	Updated from Tier 2 to Tier 6

Medication Name	Change Description
INTRON A 6 MILLION UNIT/ML INJECTION SOLUTION	Updated from Tier 4 to Tier 3 PA is added
ISTURISA 1 MG TABLET	PA is added QL is added
ISTURISA 10 MG TABLET	PA is added QL is added
ISTURISA 5 MG TABLET	PA is added QL is added
KOSELUGO 10 MG CAPSULE	PA is added
KOSELUGO 25 MG CAPSULE	PA is added
<i>letrozole 2.5 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>levofloxacin 250 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>levofloxacin 500 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>levofloxacin 750 mg tablet</i>	Updated from Tier 2 to Tier 6
LITHIUM CARBONATE 150 MG CAPSULE	Updated from Tier 1 to Tier 6
<i>lithium carbonate 300 mg capsule</i>	Updated from Tier 1 to Tier 6
<i>lithium carbonate 300 mg tablet</i>	Updated from Tier 1 to Tier 6
LITHIUM CARBONATE 600 MG CAPSULE	Updated from Tier 1 to Tier 6
<i>methimazole 10 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>methimazole 5 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>methocarbamol 500 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>methocarbamol 750 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>metoclopramide 10 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>metoclopramide 5 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>montelukast 10 mg tablet</i>	Updated from Tier 1 to Tier 6 QL is added
<i>nitisinone 10 mg capsule</i>	PA is added
<i>nitisinone 2 mg capsule</i>	PA is added
<i>nitisinone 5 mg capsule</i>	PA is added
<i>nortriptyline 10 mg capsule</i>	Updated from Tier 1 to Tier 6
<i>nortriptyline 25 mg capsule</i>	Updated from Tier 1 to Tier 6
<i>nortriptyline 50 mg capsule</i>	Updated from Tier 1 to Tier 6
<i>nortriptyline 75 mg capsule</i>	Updated from Tier 1 to Tier 6
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION	Updated from Tier 3 to Tier 6 QL is added
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML SUBCUTANEOUS SUSP	Updated from Tier 3 to Tier 6 QL is added
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML INJECTION SOLUTION	Updated from Tier 3 to Tier 6 QL is added
NYMALIZE 60 MG/10 ML ORAL SYRINGE (FOR ORAL USE ONLY)	PA is added QL is added
<i>olanzapine 10 mg tablet</i>	Updated from Tier 2 to Tier 6 QL is added
<i>olanzapine 15 mg tablet</i>	Updated from Tier 2 to Tier 6 QL is added
<i>olanzapine 2.5 mg tablet</i>	Updated from Tier 2 to Tier 6 QL is added
<i>olanzapine 20 mg tablet</i>	Updated from Tier 2 to Tier 6 QL is added
<i>olanzapine 5 mg tablet</i>	Updated from Tier 2 to Tier 6 QL is added
<i>olanzapine 7.5 mg tablet</i>	Updated from Tier 2 to Tier 6 QL is added
OMNIPOD DASH PERSONAL DIABETES MANAGER KIT	PA is added
OMNIPOD INSULIN MANAGEMENT	PA is added
<i>paroxetine 10 mg tablet</i>	Updated from Tier 1 to Tier 6 QL is added
<i>paroxetine 20 mg tablet</i>	Updated from Tier 1 to Tier 6 QL is added
<i>paroxetine 30 mg tablet</i>	Updated from Tier 1 to Tier 6 QL is added
<i>paroxetine 40 mg tablet</i>	Updated from Tier 1 to Tier 6 QL is added
PEMAZYRE 13.5 MG TABLET	PA is added
PEMAZYRE 4.5 MG TABLET	PA is added
PEMAZYRE 9 MG TABLET	PA is added
<i>pentoxifylline er 400 mg tablet, extended release</i>	Updated from Tier 2 to Tier 6
<i>pramipexole 0.125 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>pramipexole 0.25 mg tablet</i>	Updated from Tier 2 to Tier 6

Medication Name	Change Description
<i>pramipexole 0.5 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>pramipexole 0.75 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>pramipexole 1 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>pramipexole 1.5 mg tablet</i>	Updated from Tier 2 to Tier 6
PURIXAN 20 MG/ML ORAL SUSPENSION	PA is added
QINLOCK 50 MG TABLET	PA is added QL is added
RETEVMO 40 MG CAPSULE	PA is added QL is added
RETEVMO 80 MG CAPSULE	PA is added QL is added
<i>risperidone 0.25 mg tablet</i>	Updated from Tier 2 to Tier 6 QL is added
<i>risperidone 0.5 mg tablet</i>	Updated from Tier 2 to Tier 6 QL is added
<i>risperidone 1 mg tablet</i>	Updated from Tier 2 to Tier 6 QL is added
<i>risperidone 2 mg tablet</i>	Updated from Tier 2 to Tier 6 QL is added
<i>risperidone 3 mg tablet</i>	Updated from Tier 2 to Tier 6 QL is added
<i>risperidone 4 mg tablet</i>	Updated from Tier 2 to Tier 6 QL is added
<i>sulfamethoxazole 400 mg-trimethoprim 80 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>sulfamethoxazole 800 mg-trimethoprim 160 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>tamoxifen 10 mg tablet</i>	Updated from Tier 2 to Tier 6
<i>tamoxifen 20 mg tablet</i>	Updated from Tier 2 to Tier 6
TARGRETIN 1 % TOPICAL GEL	PA is added
<i>terazosin 1 mg capsule</i>	Updated from Tier 1 to Tier 6 QL is added
<i>terazosin 10 mg capsule</i>	Updated from Tier 1 to Tier 6 QL is added
<i>terazosin 2 mg capsule</i>	Updated from Tier 1 to Tier 6 QL is added
<i>terazosin 5 mg capsule</i>	Updated from Tier 1 to Tier 6 QL is added
TERIPARATIDE 20 MCG/DOSE (620 MCG/2.48 ML) SUBCUTANEOUS PEN INJECTOR	PA is added
<i>trazodone 100 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>trazodone 150 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>trazodone 50 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>trimethoprim 100 mg tablet</i>	Updated from Tier 1 to Tier 6
TUKYSA 150 MG TABLET	PA is added QL is added
TUKYSA 50 MG TABLET	PA is added QL is added
<i>verapamil 120 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>verapamil 40 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>verapamil 80 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>verapamil er 120 mg 24 hr capsule,extended release</i>	Updated from Tier 1 to Tier 6
<i>verapamil er 180 mg 24 hr capsule,extended release</i>	Updated from Tier 1 to Tier 6
<i>verapamil er 240 mg 24 hr capsule,extended release</i>	Updated from Tier 1 to Tier 6
<i>voriconazole 50 mg tablet</i>	Updated from Tier 5 to Tier 4 PA is added
VTOL LQ 50 MG-325 MG-40 MG/15 ML ORAL SOLUTION	PA is added QL is added
<i>warfarin 1 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>warfarin 10 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>warfarin 2 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>warfarin 2.5 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>warfarin 3 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>warfarin 4 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>warfarin 5 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>warfarin 6 mg tablet</i>	Updated from Tier 1 to Tier 6
<i>warfarin 7.5 mg tablet</i>	Updated from Tier 1 to Tier 6
XCOPRI 100 MG TABLET	PA is added QL is added
XCOPRI 150 MG TABLET	PA is added QL is added
XCOPRI 200 MG TABLET	PA is added QL is added

Medication Name	Change Description
XCOPRI 50 MG TABLET	PA is added QL is added
XCOPRI MAINTENANCE PACK 250 MG/DAY (200 MG X 1 AND 50 MG X 1) TABLETS	PA is added QL is added
XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS	PA is added QL is added
XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK	Updated from Tier 5 to Tier 4 PA is added QL is added
XCOPRI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK	PA is added QL is added
XCOPRI TITRATION PACK 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK	PA is added QL is added
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN	QL is added
<i>zolpidem 10 mg tablet</i>	QL is added
<i>zolpidem 5 mg tablet</i>	QL is added

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. 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: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-535-8278 (TTY: 1-800-955-8771).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-535-8278 (TTY: 1-800-955-8771).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-535-8278 (TTY: 1-800-955-8771).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-535-8278 (TTY: 1-800-955-8771).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-535-8278 (TTY: 1-800-955-8771).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-535-8278 (TTY: 1-800-955-8771)。

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-535-8278 (ATS : 1-800-955-8771).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-535-8278 (TTY: 1-800-955-8771).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-535-8278 (телетайп: 1-800-955-8771).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-535-8278 (رقم هاتف الصم والبكم: 1-800-955-8771).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-535-8278 (TTY: 1-800-955-8771).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-535-8278 (TTY: 1-800-955-8771).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-535-8278 (TTY: 1-800-955-8771)번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-535-8278 (TTY: 1-800-955-8771).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-535-8278 (TTY: 1-800-955-8771).

Thai: ระวัง: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-535-8278 (TTY: 1-800-955-8771).

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