



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

## **Medicare Advantage Plans**

### **2020 Step Therapy Criteria**

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

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Step Therapy Group	Algorithm	Steps
Anti-Migraine Therapy	Step 1 - Member needs to have documented trial of sumatriptan in the previous 180 days prior to moving to Step 2 drug: naratriptan and zolmitriptan.	<b>Step 2:</b> <i>naratriptan 1 mg tablet, naratriptan 2.5 mg tablet, zolmitriptan 2.5 mg disintegrating tablet, zolmitriptan 2.5 mg tablet, zolmitriptan 5 mg disintegrating tablet, zolmitriptan 5 mg tablet</i>

Step Therapy Group	Algorithm	Steps
Gout Therapy	Step 1 - Member needs to have documented trial of allopurinol in the previous 180 days prior to moving to Step 2 drug: Uloric.	<b>Step 2: ULORIC 40 MG TABLET, ULORIC 80 MG TABLET</b>

Step Therapy Group	Algorithm	Steps
Phosphate Binder Therapy	Step 1 - Member needs to have documented trial of Calcium Acetate in the previous 180 days prior to moving to Step 2 drugs: Renvela or Sevelamer.	<b>Step 2: RENVELA 0.8 GRAM ORAL POWDER PACKET, RENVELA 2.4 GRAM ORAL POWDER PACKET, <i>sevelamer carbonate 800 mg tablet</i></b>

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**REVELA 2.4 GRAM ORAL POWDER  
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*zolmitriptan 2.5 mg tablet*..... 2  
*zolmitriptan 5 mg disintegrating tablet*..... 2  
*zolmitriptan 5 mg tablet*..... 2

For more recent information or other questions, please contact Health First Health Plans Customer Service at 1.800.716.7737 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 March 31, we are available seven days a week from 8 a.m. to 8 p.m. or visit [myHFHP.org](http://myHFHP.org).

Customer Service has language interpreter services available for non-English speakers at no cost.

This information is also available at no cost in other formats. By contacting Customer Service you may request your materials be read aloud, emailed, or mailed in large print.

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, 2021, and from time to time during the year.

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

## 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 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](mailto: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:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-716-7737 (TTY: 1-800-955-8771).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-716-7737 (TTY: 1-800-955-8771).

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-716-7737 (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 1-800-716-7737 (TTY: 1-800-955-8771).

**Portuguese:** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-716-7737 (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 1-800-716-7737 (TTY : 1-800-955-8771) 。

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-716-7737 (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 1-800-716-7737 (TTY: 1-800-955-8771).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-716-7737 (телетайп: 1-800-955-8771).

**Arabic:**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-716-7737 (رقم والبكم الصم هاتف: 1-800-955-8771).

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-716-7737 (TTY: 1-800-955-8771).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-716-7737 (TTY: 1-800-955-8771).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-716-7737 (TTY: 1-800-955-8771)번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-716-7737 (TTY: 1-800-955-8771).

**Gujarati:** સચુ ના: જો તમેગજુ રાતી બોલતા હો, તો નન:શલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-716-7737 (TTY: 1-800-955-8771).

**Thai:** เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-716-7737 (TTY: 1-800-955-8771).