Medicare Advantage Plans

2021 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.

Y0089_MINFO8793_C(10/2020)
<table>
<thead>
<tr>
<th>Anti-Migraine Therapy</th>
<th>Algorithm</th>
<th>Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td><strong>Step 2:</strong> 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</td>
<td></td>
</tr>
<tr>
<td>Step Therapy Group</td>
<td>Algorithm</td>
<td>Steps</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------</td>
<td>-------</td>
</tr>
<tr>
<td>Phosphate Binder Therapy</td>
<td>Step 1 - Member needs to have documented trial of Calcium Acetate in the previous 180 days prior to moving to Step 2 drugs: Sevelamer.</td>
<td><strong>Step 2:</strong> sevelamer carbonate 800 mg tablet</td>
</tr>
</tbody>
</table>
Index

naratriptan 1 mg tablet ............................................. 2
naratriptan 2.5 mg tablet .......................................... 2
sevelamer carbonate 800 mg tablet ......................... 3
zolmitriptan 2.5 mg disintegrating tablet .................. 2
zolmitriptan 2.5 mg tablet ........................................ 2
zolmitriptan 5 mg disintegrating tablet .................... 2
zolmitriptan 5 mg tablet .......................................... 2
This formulary was updated on 12/01/2021. 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.

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.

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

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 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, civilrightscoordinator@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).


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

Y0089_MPINFO7271_C (04/19)
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).


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）。


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


Health First Health Plans is an HMO plan with a Medicare contract. Enrollment in Health First Health Plans depends on contract renewal. Y0089_MPINFO6466 (08/17)