

Commercial Metal 5-Tier Plans

2020 Step Therapy Criteria

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Step Therapy Group	Algorithm	Steps
Apidra, Humalog	Step 1 - Member needs to have documented trial of Novolog in the past 180 days prior to moving to Step 2 drug: Apidra, Humalog.	<p>Step 2: APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN, APIDRA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION, HUMALOG KWIKPEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS, HUMALOG MIX 50-50 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION, HUMALOG MIX 50-50 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN, HUMALOG MIX 75-25 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION, HUMALOG MIX 75-25 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN, HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS CARTRIDGE, HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION</p>

Step Therapy Group	Algorithm	Steps
Farxiga, Invokana	Step 1 - Member needs to have documented trial of Jardiance in the last 180 days prior to moving to Step 2 drug: Invokana, Farxiga	Step 2: FARXIGA 10 MG TABLET, FARXIGA 5 MG TABLET, INVOKANA 100 MG TABLET, INVOKANA 300 MG TABLET

Step Therapy Group	Algorithm	Steps
Triptan Therapy	<p>Step 1 - Member needs to have documented trial of sumatriptan (tablets, subcutaneous) in the last 180 days prior to moving to Step 2 drug: almotriptan tablets, frovatriptan tablets, naratriptan tablets, Relpax tablets, rizatriptan, rizatriptan ODT, zolmitriptan, zolmitriptan ODT, Zomig Nasal Spray</p>	<p>Step 2: <i>almotriptan malate 12.5 mg tablet, almotriptan malate 6.25 mg tablet, frovatriptan 2.5 mg tablet, naratriptan 1 mg tablet, naratriptan 2.5 mg tablet, RELPAX 20 MG TABLET, RELPAX 40 MG TABLET, zolmitriptan 2.5 mg disintegrating tablet, zolmitriptan 2.5 mg tablet, zolmitriptan 5 mg disintegrating tablet, zolmitriptan 5 mg tablet, ZOMIG 2.5 MG NASAL SPRAY, ZOMIG 5 MG NASAL SPRAY</i></p>

Step Therapy Group	Algorithm	Steps
Uloric	Step 1 - Member needs to have documented trial of allopurinol in the last 180 days prior to moving to Step 2 drug: Uloric	Step 2: <i>febuxostat 40 mg tablet, febuxostat 80 mg tablet, ULORIC 40 MG TABLET, ULORIC 80 MG TABLET</i>

Step Therapy Group	Algorithm	Steps
Viibryd	<p>Step 1 - Member needs to have documented trial of any two (2) of the following drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine, sertraline, trazodone, venlafaxine in the last 1 year prior to moving to Step 2 drug: Viibryd</p>	<p>Step 2: VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK, VIIBRYD 10 MG TABLET, VIIBRYD 20 MG TABLET, VIIBRYD 40 MG TABLET</p>

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<i>almotriptan malate 12.5 mg tablet</i>	4
<i>almotriptan malate 6.25 mg tablet</i>	4
APIDRA SOLOSTAR U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN	2
APIDRA U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	2
FARXIGA 10 MG TABLET	3
FARXIGA 5 MG TABLET	3
<i>febuxostat 40 mg tablet</i>	5
<i>febuxostat 80 mg tablet</i>	5
<i>frovatriptan 2.5 mg tablet</i>	4
HUMALOG KWIKPEN (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS	2
HUMALOG MIX 50-50 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION	2
HUMALOG MIX 50-50 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN	2
HUMALOG MIX 75-25 (U-100) INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION	2
HUMALOG MIX 75-25 KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN	2
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS CARTRIDGE	2
HUMALOG U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	2
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INVOKANA 300 MG TABLET	3
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RELPAX 20 MG TABLET	4
RELPAX 40 MG TABLET	4
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<i>zolmitriptan 5 mg tablet</i>	4
ZOMIG 2.5 MG NASAL SPRAY	4
ZOMIG 5 MG NASAL SPRAY	4

For more recent information or other questions, please contact Health First Health Plans Customer Service at 1.855.882.6467 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 myAHplan.com.

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.

Advent Health 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.

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

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AdventHealth Advantage Plans:

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 - 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
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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 1-855-882-6467 (TTY: 1-800-955-8771).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-882-6467 (TTY: 1-800-955-8771).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-882-6467 (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 1-855-882-6467 (TTY: 1-800-955-8771).

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Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-882-6467 (TTY: 1-800-955-8771).

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Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-882-6467 (TTY: 1-800-955-8771).

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