

**Health
First**

Health Plans

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

Commercial Plans

2020 Step Therapy Criteria

Health First Commercial Plans, Inc. is doing business under the name of Health First Health Plans. Health First Health 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_MPINFO7673(10/19)

Step Therapy Group	Algorithm	Steps
Fosrenol, Renagel, Renvela	Step 1 - Member needs to have documented trial of calcium acetate 667 mg in the past 180 days prior to moving to Step 2 drug: Fosrenol, Renagel, or Renvela	Step 2: FOSRENOL 1,000 MG CHEWABLE TABLET, FOSRENOL 500 MG CHEWABLE TABLET, FOSRENOL 750 MG CHEWABLE TABLET, RENAGEL 800 MG TABLET, RENVELA 0.8 GRAM ORAL POWDER PACKET, RENVELA 2.4 GRAM ORAL POWDER PACKET, RENVELA 800 MG TABLET

Step Therapy Group	Algorithm	Steps
Oxistat (oxiconazole)	Step 1 - Member needs to have documented trial of ketoconazole AND clotrimazole topical products in the past 180 days prior to moving to Step 2 drug: Oxistat (oxiconazole topical)	Step 2: <i>oxiconazole 1 % topical cream</i>

Step Therapy Group	Algorithm	Steps
Symbicort	Must have tried and failed Advair in the past 180 days prior to using Symbicort.	Step 2: SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER, SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER

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 past 180 days prior to moving to Step 2 drug: Uloric	Step 2: ULORIC 40 MG TABLET, ULORIC 80 MG TABLET

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>	5
<i>almotriptan malate 6.25 mg tablet</i>	5
FOSRENOL 1,000 MG CHEWABLE TABLET	2
FOSRENOL 500 MG CHEWABLE TABLET	2
FOSRENOL 750 MG CHEWABLE TABLET	2
<i>frovatriptan 2.5 mg tablet</i>	5
<i>naratriptan 1 mg tablet</i>	5
<i>naratriptan 2.5 mg tablet</i>	5
<i>oxiconazole 1 % topical cream</i>	3
RELPAX 20 MG TABLET	5
RELPAX 40 MG TABLET	5
RENAGEL 800 MG TABLET	2
REVELA 0.8 GRAM ORAL POWDER PACKET	2
REVELA 2.4 GRAM ORAL POWDER PACKET	2
REVELA 800 MG TABLET	2
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER	4
SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER	4
ULORIC 40 MG TABLET	6
ULORIC 80 MG TABLET	6
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK	7
VIIBRYD 10 MG TABLET	7
VIIBRYD 20 MG TABLET	7
VIIBRYD 40 MG TABLET	7
<i>zolmitriptan 2.5 mg disintegrating tablet</i>	5
<i>zolmitriptan 2.5 mg tablet</i>	5
<i>zolmitriptan 5 mg disintegrating tablet</i>	5
<i>zolmitriptan 5 mg tablet</i>	5
ZOMIG 2.5 MG NASAL SPRAY	5
ZOMIG 5 MG NASAL SPRAY	5

This formulary was updated on 03/01/2019. For more recent information or other questions, please call Customer Service toll-free at 1.855.443.4735 (TTY/TDD relay: 1.800.955.8771) Monday through Friday from 8 a.m. to 6 p.m.

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.

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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, 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:

If you, or someone you're helping, has questions about Health First Health Plans, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-443-4735.

Spanish:

En caso que usted, o alguien a quien usted ayude, tenga cualquier duda o pregunta acerca de Health First Health Plans, usted tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-443-4735.

Haitian Creole:

Si oumenm oswa yon moun w ap ede gen kesyon konsènan Health First Health Plans, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 855-443-4735.

Vietnamese:

Nếu Quý vị, hay người mà Quý vị đang giúp đỡ, có câu hỏi về Health First Health Plans thì Quý vị có quyền được trợ giúp và được biết thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với thông dịch viên, xin gọi số 855-443-4735.

Portuguese:

Você ou alguém que você estiver ajudando tem o direito de tirar dúvidas e obter informações sobre os Health First Health Plans no seu idioma e sem custos. Para falar com um tradutor, ligue para 855-443-4735.

Chinese:

如果您，或是您正在協助的對象，有與 Health First Health Plans 相關的問題，您有權以您的母語免費取得幫助和資訊。請致電 855-443-4735 與翻譯員洽談。

French:

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Health First Health Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-443-4735.

Tagalog:

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Health First Health Plans, may karapatan ka na humingi ng tulong at impormasyon sa iyong wika nang libre. Upang makausap ang isang tagasalin, tumawag sa 855-443-4735.

Russian:

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Health First Health Plans, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 855-443-4735.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Health First Health Plans، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بالرقم 855-443-4735.

Italian:

Se lei o qualcuno che sta aiutando avete domande su Health First Health Plans, ha il diritto di ottenere aiuto e informazioni nella sua lingua gratuitamente. Per parlare con un interprete, può chiamare il numero 855-443-4735.

German:

Falls Sie oder jemand, dem Sie helfen, Fragen zum Health First Health Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-443-4735 an.

Korean:

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Health First Health Plans 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 855-443-4735 로 전화하십시오.

Polish:

Jeśli Ty lub osoba, której pomagasz, macie pytania na temat Health First Health Plans, macie Państwo prawo do bezpłatnego uzyskania informacji i pomocy w języku ojczystym. Aby porozmawiać z tłumaczem, prosimy zadzwonić pod numer 855-443-4735.

Gujarati:

જો તમે અથવા તમે કોઇને મદદ કરી રહ્યા હો તેમાંથી કોઇને હેલ્થ ફર્સ્ટ હેલ્થ પ્લાન્સ વિશે પ્રશ્નો હોય તો તમને તમારી ભાષામાં વિના મૂલ્યે મદદ અને માહિતી મેળવવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 855-443-4735 પર કોલ કરો.

Thai:

หากคุณหรือคนที่คุณกำลังช่วยเหลือมีคำถามเกี่ยวกับ Health First Health Plans คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย หากต้องการพูดคุยกับล่าม โปรดโทร 855-443- 4735.

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