Commercial Metal 5-Tier Plans

2020 Step Therapy Criteria

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<td>Apidra, Humalog</td>
<td>Step 1 - Member needs to have documented trial of Novolog in the past 180 days prior to moving to Step 2 drug: Apidra, Humalog.</td>
<td>Step 2: <strong>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</strong></td>
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<td>Farxiga, Invokana</td>
<td>Step 1 - Member needs to have documented trial of Jardiance in the last 180 days prior to moving to Step 2 drug: Invokana, Farxiga</td>
<td>Step 2: FARXIGA 10 MG TABLET, FARXIGA 5 MG TABLET, INVOKANA 100 MG TABLET, INVOKANA 300 MG TABLET</td>
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<td>Triptan Therapy</td>
<td>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</td>
<td><strong>Step 2:</strong> 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</td>
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<td>Uloric</td>
<td>Step 1 - Member needs to have documented trial of allopurinol in the last 180 days prior to moving to Step 2 drug: Uloric</td>
<td>Step 2: febuxostat 40 mg tablet, febuxostat 80 mg tablet, Uloric 40 MG TABLET, Uloric 80 MG TABLET</td>
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<td>Viibryd</td>
<td>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</td>
<td>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</td>
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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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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).


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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 ou ak 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 makaasap 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 تساعده 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.
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