

Updated: January 1, 2020

2020 Formulary Annual Notice of Change

Commercial 3-Tier Plans

This is a listing of the changes that have occurred to the 2020 Commercial 3-Tier formulary. For a complete list, please refer to our website and review the 2020 Commercial Comprehensive Formulary (Drug List).

Please carefully review these changes. If you have any questions or need to obtain updated coverage determination and exception information, please call Customer Service toll-free at 1.844.522.5279 (TTY/TDD relay: 1.800.955.8771) Monday through Friday from 8 a.m. to 6 p.m. or visit myAHplan.com.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits and copayments/co-insurance may change on January 1 of each year.

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, 2020, and from time to time during the year.

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

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Effective Date:1/1/2020

Medication Name	Change Description
<i>olopatadine 0.2 % eye drops</i>	Formulary Addition
<i>oseltamivir 6 mg/ml oral suspension</i>	Formulary Addition
ADAGEN 250 UNIT/ML INTRAMUSCULAR SOLUTION	Removed from Plan Formulary
ADCIRCA 20 MG TABLET	Removed from Plan Formulary
AFLURIA 2018-2019 (PF) 45 MCG(15 MCG X 3)/0.5 ML INTRAMUSCULAR SYRINGE	Removed from Plan Formulary
AFLURIA 2018-2019 45 MCG (15 MCG X 3)/0.5 ML INTRAMUSCULAR SUSPENSION	Removed from Plan Formulary
AFLURIA QUAD 2018-2019 (PF) 60 MCG (15 MCG X 4)/0.5 ML IM SYRINGE	Removed from Plan Formulary
AFLURIA QUAD 2018-2019 60 MCG (15 MCG X 4)/0.5 ML IM SUSPENSION	Removed from Plan Formulary
ALBENZA 200 MG TABLET	Removed from Plan Formulary
<i>aluminum chloride 20 % topical solution</i>	Removed from Plan Formulary
ANDROGEL 1.62 % (20.25 MG/1.25 GRAM) TRANSDERMAL GEL PACKET	Removed from Plan Formulary
ANDROGEL 1.62 % (40.5 MG/2.5 GRAM) TRANSDERMAL GEL PACKET	Removed from Plan Formulary
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP	Removed from Plan Formulary
ANZEMET 100 MG TABLET	Removed from Plan Formulary
ANZEMET 50 MG TABLET	Removed from Plan Formulary
BACTROBAN NASAL 2 % OINTMENT	Removed from Plan Formulary
CARIMUNE NF NANOFILTERED 12 GRAM INTRAVENOUS SOLUTION	Removed from Plan Formulary
CARIMUNE NF NANOFILTERED 6 GRAM INTRAVENOUS SOLUTION	Removed from Plan Formulary
CONCEPTROL 4 % VAGINAL GEL	Removed from Plan Formulary
COSOFT (PF) 2 %-0.5 % EYE DROPS IN A DROPPERETTE	Removed from Plan Formulary
EFFIENT 10 MG TABLET	Removed from Plan Formulary
EFFIENT 5 MG TABLET	Removed from Plan Formulary
ELIDEL 1 % TOPICAL CREAM	Removed from Plan Formulary
EMADINE 0.05 % EYE DROPS	Removed from Plan Formulary
ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM	Removed from Plan Formulary
<i>estropipate 0.75 mg tablet</i>	Removed from Plan Formulary
GLEEVEC 100 MG TABLET	Removed from Plan Formulary
GLEEVEC 400 MG TABLET	Removed from Plan Formulary
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	Removed from Plan Formulary
INVIRASE 200 MG CAPSULE	Removed from Plan Formulary
JOLIVETTE 0.35 MG TABLET	Removed from Plan Formulary
KALEXATE 15 GRAM ORAL POWDER PACKET	Removed from Plan Formulary
KIONEX (WITH SORBITOL) 15 GRAM-19.3 GRAM/60 ML ORAL SUSPENSION	Removed from Plan Formulary
<i>lidocaine 2 %-hydrocortisone 2 %-aloe vera rectal kit</i>	Removed from Plan Formulary
<i>metaproterenol 10 mg tablet</i>	Removed from Plan Formulary
<i>metaproterenol 20 mg tablet</i>	Removed from Plan Formulary
<i>moexipril 15 mg-hydrochlorothiazide 12.5 mg tablet</i>	Removed from Plan Formulary
<i>moexipril 15 mg-hydrochlorothiazide 25 mg tablet</i>	Removed from Plan Formulary
<i>moexipril 7.5 mg-hydrochlorothiazide 12.5 mg tablet</i>	Removed from Plan Formulary
MONONESSA (28) 0.25 MG-35 MCG TABLET	Removed from Plan Formulary

Medication Name	Change Description
MYZILRA 50-30 (6)/75-40(5)/125-30(10) TABLET	Removed from Plan Formulary
NITROSTAT 0.3 MG SUBLINGUAL TABLET	Removed from Plan Formulary
NITROSTAT 0.4 MG SUBLINGUAL TABLET	Removed from Plan Formulary
NITROSTAT 0.6 MG SUBLINGUAL TABLET	Removed from Plan Formulary
NORVIR 100 MG TABLET	Removed from Plan Formulary
PATADAY 0.2 % EYE DROPS	Removed from Plan Formulary
PHENYTOIN 100 MG/4 ML ORAL SUSPENSION	Removed from Plan Formulary
<i>phenytoin 125 mg/5 ml oral suspension</i>	Removed from Plan Formulary
<i>phenytoin sodium extended 100 mg capsule</i>	Removed from Plan Formulary
<i>phenytoin sodium extended 200 mg capsule</i>	Removed from Plan Formulary
<i>phenytoin sodium extended 300 mg capsule</i>	Removed from Plan Formulary
PROMETHAZINE VC-CODEINE 6.25 MG-5 MG-10 MG/5 ML ORAL SYRUP	Removed from Plan Formulary
QUASENSE 0.15 MG-30 MCG (91) TABLETS,3 MONTH DOSE PACK	Removed from Plan Formulary
RANEXA 1,000 MG TABLET,EXTENDED RELEASE	Removed from Plan Formulary
RANEXA 500 MG TABLET,EXTENDED RELEASE	Removed from Plan Formulary
RESCRIPTOR 100 MG DISPERSIBLE TABLET	Removed from Plan Formulary
RIBASPHERE 200 MG TABLET	Removed from Plan Formulary
SODIUM POLYSTYRENE SULFONATE (SORBITOL FREE) 15 GRAM/60 ML ORAL SUSP	Removed from Plan Formulary
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM	Removed from Plan Formulary
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM	Removed from Plan Formulary
SUBOXONE 4 MG-1 MG SUBLINGUAL FILM	Removed from Plan Formulary
SUBOXONE 8 MG-2 MG SUBLINGUAL FILM	Removed from Plan Formulary
TAMIFLU 30 MG CAPSULE	Removed from Plan Formulary
TAMIFLU 45 MG CAPSULE	Removed from Plan Formulary
TAMIFLU 6 MG/ML ORAL SUSPENSION	Removed from Plan Formulary
TAMIFLU 75 MG CAPSULE	Removed from Plan Formulary
TANZEUM 30 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Removed from Plan Formulary
TANZEUM 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Removed from Plan Formulary
<i>tetanus-diphtheria toxoids-td 2 lf unit-2 lf unit/0.5 ml im suspension</i>	Removed from Plan Formulary
TRINESSA (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET	Removed from Plan Formulary
<i>urea 45 % lotion</i>	Removed from Plan Formulary
VAGIFEM 10 MCG VAGINAL TABLET	Removed from Plan Formulary
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION	Removed from Plan Formulary
WELCHOL 3.75 GRAM ORAL POWDER PACKET	Removed from Plan Formulary
WELCHOL 625 MG TABLET	Removed from Plan Formulary
ZYFLO CR 600 MG TABLET,EXTENDED RELEASE	Removed from Plan Formulary
ZYTIGA 250 MG TABLET	Removed from Plan Formulary
PRADAXA 110 MG CAPSULE	Updated from Tier 2 to Tier 3
PRADAXA 150 MG CAPSULE	Updated from Tier 2 to Tier 3
PRADAXA 75 MG CAPSULE	Updated from Tier 2 to Tier 3

Nondiscrimination Notice

AdventHealth Advantage Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AdventHealth Advantage Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

AdventHealth Advantage 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 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:

This Notice has Important Information. This notice has important information about your application or coverage through AdventHealth Advantage Plans. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 844-522-5279.

Spanish:

Este Aviso contiene información importante. Este aviso contiene información importante acerca de la solicitud o cobertura que usted tiene con AdventHealth Advantage Plans. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 844-522-5279.

Haitian Creole:

Avi sila a gen Enfòmasyon Enpòtan ladann. Avi sila a gen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouvèti asirans lan atravè AdventHealth Advantage Plans. Chèche dat ki enpòtan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resevwa enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 844-522-5279.

Vietnamese:

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn đăng ký hoặc hợp đồng bảo hiểm qua chương trình AdventHealth Advantage Plans của Quý vị. Xin xem các ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 844-522-5279.

Portuguese:

Este aviso contém informações importantes. Este aviso contém informações importantes a respeito da sua solicitação ou cobertura por meio dos AdventHealth Advantage Plans. Consulte datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter a sua cobertura de plano de saúde ou ajuda com custos. Você tem o direito de obter estas informações e ajuda no seu idioma e sem custos. Ligue para 844-522-5279.

Chinese:

本通知包含重要的資訊。本通知包含關於您透過 AdventHealth Advantage Plans 提交的申請或保險的重要資訊。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或費用補貼。您有權以您的母語免費取得本資訊及幫助。請撥電話 844-522-5279。

French:

Cet avis a d'importantes informations. Cet avis a d'importantes informations sur votre demande ou la couverture par l'intermédiaire AdventHealth Advantage Plans. Rechercher les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez 844-522-5279.

Tagalog:

Ang Paunawa na ito ay naglalaman ng Mahalagang Impormasyon. Ang paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagkakasaklaw sa AdventHealth Advantage Plans. Tingnan ang mga mahalagang petsa dito sa paunawa. Maaring mangailangan kang magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagkakasaklaw sa kalusugan o makatulong sa mga gastusin. May karapatan kang makuha ang impormasyon at tulong na ito sa iyong wika nang libre. Tumawag sa 844-522-5279.

Russian:

Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через AdventHealth Advantage Plans. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 844-522-5279.

Arabic:

يحتوي هذا الإشعار معلومات هامة. يحوي هذا الإشعار معلومات مهمة بخصوص طلبك للحصول على التغطية من خلال AdventHealth Advantage Plans. ابحث عن التواريخ الهامة في هذا الإشعار. قد تحتاج لاتخاذ إجراء في تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التغطية الصحية أو للمساعدة في دفع التكاليف. لك الحق في الحصول على معلومات والمساعدة بلغتك من دون أي تكلفة. اتصل بالرقم 844-522-5279.

Italian:

Questo avviso contiene informazioni importanti. Questo avviso contiene informazioni importanti sulla sua domanda o copertura attraverso AdventHealth Advantage Plans. Cerchi le date chiave in questo avviso. Potrebbe essere necessario un suo intervento entro una scadenza determinata per consentirle di mantenere la sua copertura o sovvenzione. Ha il diritto di ottenere queste informazioni e assistenza nella sua lingua gratuitamente. Chiami il numero 844-522-5279.

German:

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch AdventHealth Advantage Plans. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Anspruch auf Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 844-522-5279.

Korean:

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 AdventHealth Advantage Plans를 통한 보장에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 확인하십시오. 귀하는 건강 보장을 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 844-522-5279로 전화하십시오.

Polish:

Niniejsze ogłoszenie zawiera ważne informacje. Niniejsze ogłoszenie zawiera ważne informacje dotyczące Państwa wniosku lub zakresu świadczeń realizowanych poprzez AdventHealth Advantage Plans. Może zaistnieć potrzeba podjęcia przez Państwa pewnych działań w określonym terminie w celu zachowania ubezpieczenia zdrowotnego lub otrzymania pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnego uzyskania informacji i pomocy w języku ojczystym. Prosimy zadzwonić pod numer 844-522-5279.

Gujarati:

આ સૂચનામાં અગત્યની માહિતી છે. આ સૂચનામાં ફ્લોરિડા હોસ્પિટલ કેર એડવાંટેજ દ્વારા તમારી અરજી અથવા કવરેજ વિશેની અગત્યની માહિતી છે. આ સૂચનામાંની ખાસ તારીખો જુઓ. તમારા આરોગ્ય કવરેજને જાળવી રાખવા અથવા ખર્ચ અંગે મદદ મેળવવા માટે ચોક્કસ સમયમર્યાદા સુધીમાં તમારે કાર્યવાહી કરવાની જરૂર પડી શકે છે. તમને આ માહિતી અને મદદ તમારી ભાષામાં વિના મૂલ્યે મેળવવાનો અધિકાર છે. 844-522-5279 પર કોલ કરો.

Thai:

ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้มีข้อมูลที่สำคัญเกี่ยวกับการสมัครหรือขอเบรคการประกันสุขภาพของคุณผ่าน AdventHealth Advantage Plans โปรดดูกำหนดการสำคัญในประกาศนี้
คุณอาจจะต้องดำเนินการภายในเวลาที่กำหนดเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย
คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลืออื่นในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 844-522-5279.

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