

2020 Formulary Monthly Notice of Change

Commercial 3 Tier

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 3 Tier 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.

Health First Commercial Plans, Inc. is doing business under the name of AdventHealth Advantage Plans. AdventHealth Advantage 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.

**Commercial Formulary Notice of Change Content
Commercial Formulary NOC Content**

Effective Date:11/1/2020

Medication Name	Change Description
AJOVY 225 MG/1.5 ML SUBCUTANEOUS AUTO-INJECTOR	Formulary Addition
<i>ciprofloxacin 0.3 %-dexamethasone 0.1 % ear drops,suspension</i>	Formulary Addition
DUPIXENT 300 MG/2 ML SUBCUTANEOUS PEN INJECTOR	Formulary Addition
ENBREL 25 MG/0.5 ML SUBCUTANEOUS SOLUTION	Formulary Addition
FINTEPLA 2.2 MG/ML ORAL SOLUTION	Formulary Addition
KESIMPTA PEN 20 MG/0.4 ML SUBCUTANEOUS PEN INJECTOR	Formulary Addition
PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Formulary Addition
PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS SYRINGE	Formulary Addition
PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Formulary Addition
PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS SYRINGE	Formulary Addition
RUKOBIA 600 MG TABLET,EXTENDED RELEASE	Formulary Addition
<i>sevelamer hcl 800 mg tablet</i>	Formulary Addition
XPOVIO 40 MG TWICE WEEKLY (80 MG/WEEK) (20 MG X 4) TABLET	Formulary Addition
XPOVIO 40 MG/WEEK (20 MG X 2) TABLET	Formulary Addition
XPOVIO 60 MG TWICE WEEKLY (120 MG/WEEK) (20 MG X 6) TABLET	Formulary Addition
XPOVIO 80 MG TWICE WEEKLY (160 MG/WEEK) (20 MG X 8) TABLET	Formulary Addition
AJOVY SYRINGE 225 MG/1.5 ML SUBCUTANEOUS	PA is added QL is added
<i>azithromycin 500 mg tablet</i>	QL is added