

2022 Formulary Monthly Notice of Change Medicare Advantage Plans (MAPD)

This is a listing of the changes that have occurred to the 2022 MAPD formulary. For a complete list, please refer to our website and review the 2022 MAPD Comprehensive Formulary (Drug List). [Click here](#) to view the comprehensive formulary.

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 1-877-535-8278 (TTY/TDD relay: 1-800-955-8771) weekdays from 8am to 8pm and Saturdays from 8am to noon. From October 1 to March 31, we're available seven days a week from 8am to 8pm. You can also visit myAHplan.com for additional information. Please refer to your Evidence of Coverage for cost-share information.

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

You must generally use network pharmacies to use your prescription drug benefit. The formulary and pharmacy network may change at any time. You will receive notice when necessary.

AdventHealth 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 table below outlines changes to our formulary that may impact you as of 07/01/2022.

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
AMINOSYN-PF INJ 7%	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	TROPHAMINE INJ 10%	Tier 4	05/01/2022
BEKYREE TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	KARIVA TAB 28 DAY	Tier 2	02/01/2022
BYSTOLIC TAB	Deletion Of Drug From Formulary	Generic Available	NEBIVOLOL TAB	Tier 2	05/01/2022
CHANTIX PAK 1MG	Deletion Of Drug From Formulary	Generic Available	VARENICLINE TAB 1MG	Tier 2	05/01/2022
CHANTIX TAB	Deletion Of Drug From Formulary	Generic Available	VARENICLINE TAB	Tier 2	05/01/2022
CYCLAFEM TAB 1/35	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NORTREL TAB 1/35	Tier 2	02/01/2022
CYCLAFEM TAB 7/7/7	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NORTREL TAB 7/7/7	Tier 2	02/01/2022
DEXILANT CAP DR	Deletion Of Drug From Formulary	Generic Available	DEXLANSOPRAZOLE CAP DR	Tier 2	08/01/2022
DUREZOL EMU 0.05%	Deletion Of Drug From Formulary	Generic Available	DIFLUPREDNATE EMU 0.05%	Tier 2	05/01/2022
FARYDAK CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	XPOVIO PAK	Tier 5	06/01/2022
FREAMINE HBC INJ 6.9%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FREAMINE III INJ 10%	Tier 4	01/01/2022
INTELENCE TAB 100MG	Deletion Of Drug From Formulary	Generic Available	ETRAVIRINE TAB 100MG	Tier 5	01/01/2022
INTELENCE TAB 200MG	Deletion Of Drug From Formulary	Generic Available	ETRAVIRINE TAB 200MG	Tier 5	01/01/2022
IVERMECTIN TAB 3MG	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		03/01/2022
KALETRA TAB 100-25MG	Deletion Of Drug From Formulary	Generic Available	LOPINAVIR-RITONAVIR TAB 100-25 MG	Tier 2	01/01/2022
KALETRA TAB 200-50MG	Deletion Of Drug From Formulary	Generic Available	LOPINAVIR-RITONAVIR TAB 200-50 MG	Tier 5	01/01/2022
MINITRAN TD PATCH	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NITROGLYCERIN TD PATCH	Tier 2	02/01/2022
MONDOXYNE NL CAP 100MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DOXYCYCLINE MONOHYDRATE CAP 100 MG	Tier 2	02/01/2022
NARCAN SPR	Deletion Of Drug From Formulary	Generic Available	NALOXONE HCL SPR	Tier 2	05/01/2022
PERFOROMIST NEB 20 MCG/2ML	Deletion Of Drug From Formulary	Generic Available	FORMOTEROL NEB 20MCG/2ML	Tier 5	01/01/2022
PREVIFEM TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SPRINTEC 28 TAB 28 DAY	Tier 2	07/01/2022
SUTENT CAP	Deletion Of Drug From Formulary	Generic Available	SUNITINIB CAP	Tier 5	01/01/2022
TRILYTE SOLN	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GAVILYTE-N SOLN FLAVOR PACK	Tier 1	01/01/2022
TRI-PREVIFEM TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TRI-SPRINTEC TAB	Tier 2	04/01/2022

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
VIMPAT TAB	Deletion Of Drug From Formulary	Generic Available	LACOSAMIDE TAB	Tier 2	08/01/2022
XCOPRI TAB PACK 50-200MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	XCOPRI TAB	Tier 5	01/01/2022
ZARAH TAB 3-0.03MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SYEDA TAB 3-0.03MG	Tier 2	03/01/2022

*Alternative drug(s) are drugs that you could consider with your prescriber. Only your prescriber can determine alternative drugs that are appropriate for you given the individualized nature of drug therapy. Please consult your prescriber to confirm if this is an appropriate drug for you.

**Applies to new starts