

2021 Formulary Monthly Notice of Change Medicare Advantage Plans (MAPD)

This is a listing of the changes that have occurred to the 2021 MAPD formulary. For a complete list, please refer to our website and review the 2021 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.

Notice of Change

Effective Date:12/1/2021

Medication Name	Change Description
<i>chlorpromazine 100 mg/ml oral concentrate</i>	New Drug
<i>chlorpromazine 30 mg/ml oral concentrate</i>	New Drug
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS PEN INJECTOR	New Drug
INGREZZA 60 MG CAPSULE	New Drug
<i>potassium chloride er 15 meq tablet, extended release(part/cryst)</i>	New Drug
REZUROCK 200 MG TABLET	New Drug
<i>sunitinib 12.5 mg capsule</i>	New Drug
<i>sunitinib 25 mg capsule</i>	New Drug
<i>sunitinib 37.5 mg capsule</i>	New Drug
<i>sunitinib 50 mg capsule</i>	New Drug
XCOPRI MAINTENANCE PACK 250 MG/DAY (200 MG X 1 AND 50 MG X 1) TABLETS	Formulary Addition
XOFLUZA 20 MG TABLET	Formulary Addition
XOFLUZA 80 MG TABLET	Formulary Addition
XCOPRI MAINTENANCE PACK 250 MG/DAY (200 MG X 1 AND 50 MG X 1) TABLETS	Removed from Formulary
XOFLUZA 20 MG TABLET	Removed from Formulary