



**Healthfirst AbsoluteCare FIDA Plan (Medicare-Medicaid Plan)**

**Formulary Changes**

We may add or remove drugs from our formulary (drugs covered under Medicare Part D and Medicaid) during the year. If we remove drugs from our formulary, or add prior authorizations, quantity limits and/or step therapy restrictions on a drug or move a drug to a different drug tier, we will notify you of the change at least 60 days before the date that the change becomes effective. However, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and notify you.

**This document was last updated on 04/01/2017.**

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier Number	Restrictions*
03/01/2017	A-HYDROCORT INJ 100MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	SOLU-CORTEF INJ 250MG	Tier 2	
06/01/2017	ASACOL HD TAB 800MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	MESALAMINE 800MG DR TAB	Tier 1	
06/01/2017	AZILECT TAB	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	RASAGILINE MESYLATE TAB	Tier 1	
06/01/2017	CAFERGOT TAB 1-100MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	ERGOTAMINE W/ CAFFEINE TAB 1-100 MG	Tier 1	
03/01/2017	CERVARIX INJ	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	GARDASIL INJ	Tier 2	
05/01/2017	DOCETAXEL INJ 140/7ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	DOCETAXEL INJ 80MG/4ML	Tier 2	

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier Number	Restrictions*
06/01/2017	EPZICOM TAB 600-300	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	ABACAVIR SULFATE-LAMIVUDINE TAB 600-300 MG	Tier 2	
06/01/2017	NILANDRON TAB 150MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	NILUTAMIDE TAB 150MG	Tier 2	
06/01/2017	NITROSTAT SL TAB	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	NITROGLYCERIN SL TAB	Tier 1	
03/01/2017	PLASMA-LYTE INJ 56/D5W	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	NORMOSOL -R INJ /D5W	Tier 2	
06/01/2017	SEROQUEL XR TAB	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	QUETIAPINE ER TAB	Tier 1	QL
03/01/2017	STAVUDINE SOLN 1MG/ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	ZERIT SOL 1MG/ML	Tier 2	
06/01/2017	TAMIFLU CAP	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	OSELTAMIVIR PHOSPHATE CAP	Tier 1	
06/01/2017	VAGIFEM TAB 10MCG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	YUVAFEM TAB 10MCG	Tier 1	
06/01/2017	XOPENEX HFA AER	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	LEVALBUTEROL AER 45/ACT	Tier 1	
06/01/2017	ZETIA TAB 10MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	EZETIMIBE TAB 10MG	Tier 1	



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You may refer to **Chapter 5: Getting your outpatient prescription drugs and other covered medications through the plan** from your Participant Handbook for additional information.

If you want to know more about how these changes may affect you, or for more information about requesting a formulary exception, please see **Chapter 9: What to do if you have a problem or complaint (coverage decisions, appeals, grievances)**. When you ask for a formulary exception, your prescriber will need to explain the medical reasons and must provide the supporting statement why an exception is needed.

For any type of coverage decisions, for drugs covered under Part D and Medicaid including a formulary exception or to request an appeal, please call Healthfirst AbsoluteCare FIDA Plan Participant Services at 1-855-675-7630, TTY 711 for the hearing or speech impaired, 7 days a week, 8 am to 8 pm. You can also fax your request to 1-212-801-3250.

\*Indicates a restriction of Step Therapy, Prior Authorization or Quantity Limit may exist.  
[LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy

Healthfirst AbsoluteCare FIDA Plan (Medicare-Medicaid Plan) is a managed care plan that contracts with both Medicare and the New York State Department of Health (Medicaid) to provide benefits of both programs to Participants through the Fully Integrated Duals Advantage (FIDA) Demonstration.

Participants must use network pharmacies to access their prescription drug benefit, except in non-routine circumstances, and quantity limitations and restrictions may apply.

Benefits, list of covered drugs, and pharmacy and provider networks may change from time to time throughout the year and on January 1 of each year.

Healthfirst Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

You can get this information free in other languages. Call 1-855-675-7630 or TTY: 711, 7 days a week from 8 am to 8 pm. The call is free.



Puede obtener esta información de forma gratuita en otros idiomas. Puede llamar al 1-855-675-7630 y al TTY/TDD 711, los 7 días de la semana de 8:00 a.m. a 8:00 p.m. La llamada es gratuita.

Вы можете получить эту информацию бесплатно на других языках. Звоните 1-855-675-7630 или 711, (для пользующихся TTY/TDD) 7 дней в неделю с 8 утра до 8 вечера. Звонок бесплатный.

您能得到這份資料的其他語言版本。請於每週7天的早上8點至晚上8點致電1-855-675-7630 索要，聽力/語言障礙者專用電話 (TTY/TDD) 是711,。這些電話都是免費的。

본 정보를 다른 언어로 비용 없이 얻으실 수 있습니다. 1-855-675-7630과 TTY/TDD 711,로 주 7일, 오전 8시 ~ 오후8시에 전화해 주십시오. 통화는 무료입니다.

Ou kapab jwenn enfòmasyon sa yo gratis nan lòt lang yo. Rele nimewo 1-855-675-7630 ak TTY/TDD 711, pandan 7 jou pa semèn depi 8 am jiska to 8 pm. Koufil la gratis.

Potete ottenere queste informazioni gratuitamente in altre lingue chiamando il numero 1-855-675-7630 e, per TTY/TDD (non udenti), 711, 7 giorni alla settimana dalle 8 alle 20:00. La telefonata è gratuita.

You can get this information free in other formats, such as Braille or large print. Call 1-855-675-7630 or TTY: 711, 7 days a week from 8 am to 8 pm. The call is free.

The State of New York has created a participant ombudsman program called the Independent Consumer Advocacy Network (ICAN) to provide Participants free, confidential assistance on any services offered by Healthfirst AbsoluteCare FIDA Plan. ICAN may be reached toll-free at 1-844-614-8800, TTY 711 or online at [icannys.org](http://icannys.org).