Updated: January 1, 2021

2021 Formulary
Annual Notice of Change

Commercial 3-Tier Plans

This is a listing of the changes that have occurred to the 2021 Commercial 3-Tier formulary. For a complete list, please refer to our website and review the 2021 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 1.855.443.4735 (TTY/TDD relay: 1.800.955.8771) Monday through Friday from 8 a.m. to 6 p.m. or visit myHFHP.org.

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. 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 Health First Health Plans. Health First Health 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.

36194_MINFO8809(10/2020)
<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Change Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIMOVIG AUTOINJECTOR 140 MG/ML SUBCUTANEOUS AUTO-INJECTOR</td>
<td>Formulary Addition</td>
</tr>
<tr>
<td>AIMOVIG AUTOINJECTOR 70 MG/ML SUBCUTANEOUS AUTO-INJECTOR</td>
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</tr>
<tr>
<td>ciprofloxacin 0.3 %–dexamethasone 0.1 % ear drops,suspension</td>
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</tr>
<tr>
<td>DUPIXENT 300 MG/2 ML SUBCUTANEOUS PEN INJECTOR</td>
<td>Formulary Addition</td>
</tr>
<tr>
<td>FARXIGA 10 MG TABLET</td>
<td>Formulary Addition</td>
</tr>
<tr>
<td>FARXIGA 5 MG TABLET</td>
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</tr>
<tr>
<td>FINTEPLA 2.2 MG/ML ORAL SOLUTION</td>
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</tr>
<tr>
<td>KESIMPTA PEN 20 MG/0.4 ML SUBCUTANEOUS PEN INJECTOR</td>
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</tr>
<tr>
<td>PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR</td>
<td>Formulary Addition</td>
</tr>
<tr>
<td>PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS SYRINGE</td>
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</tr>
<tr>
<td>PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR</td>
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<td>PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS SYRINGE</td>
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</tr>
<tr>
<td>RUKOBIA 600 MG TABLET, EXTENDED RELEASE</td>
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</tr>
<tr>
<td>TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE</td>
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</tr>
<tr>
<td>XIGDUO XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE</td>
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<td>XIGDUO XR 10 MG-500 MG TABLET, EXTENDED RELEASE</td>
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<td>XIGDUO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE</td>
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<td>XIGDUO XR 5 MG-500 MG TABLET, EXTENDED RELEASE</td>
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<td>XPOVIO 40 MG TWICE WEEKLY (80 MG/WEEK) (20 MG X 4) TABLET</td>
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<td>XPOVIO 40 MG/WEEK (20 MG X 2) TABLET</td>
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<td>Medication Name</td>
<td>Change Description</td>
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<tr>
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<td>XPOVIO 60 MG TWICE WEEKLY (120 MG/WEEK) (20 MG X 6) TABLET</td>
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<td>XPOVIO 80 MG TWICE WEEKLY (160 MG/WEEK) (20 MG X 8) TABLET</td>
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<td>ZYTIGA 250 MG TABLET</td>
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<td>ADRUCIL 500 MG/10 ML INTRAVENOUS SOLUTION</td>
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<td>AFEDITAB CR 30 MG TABLET, EXTENDED RELEASE</td>
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<td>AFEDITAB CR 60 MG TABLET, EXTENDED RELEASE</td>
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<td>ALENDRONATE 40 mg tablet</td>
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<td>AVONEX (WITH ALBUMIN) 30 MCG INTRAMUSCULAR KIT</td>
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<td>BAQSIMI 3 MG/ACTUATION NASAL SPRAY</td>
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<td>BYNFEZIA 2,500 MCG/ML SUBCUTANEOUS PEN INJECTOR</td>
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<td>chlorothiazide 250 mg tablet</td>
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<td>ciprofloxacin er 500 mg tablet, extended release 24hr mphase</td>
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<td>CLOVIQUE 250 MG CAPSULE</td>
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<td>COLY-MYCIN S 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS, SUSPENSION</td>
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<td>CRIXIVAN 400 MG CAPSULE</td>
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<td>DELYLA (28) 0.1 MG-20 MCG TABLET</td>
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<td>desvenlafaxine er 100 mg tablet, extended release 24 hour</td>
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<td>desvenlafaxine er 50 mg tablet, extended release 24 hour</td>
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<td>didanosine 200 mg capsule, delayed release</td>
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<td>DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS SYRINGE</td>
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<td>ELIGARD 22.5 MG (3 MONTH) SUBCUTANEOUS SYRINGE</td>
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<tr>
<td>Medication Name</td>
<td>Change Description</td>
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<tr>
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<td>ELIGARD 30 MG (4 MONTH) SUBCUTANEOUS SYRINGE</td>
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<td>ELIGARD 7.5 MG (1 MONTH) SUBCUTANEOUS SYRINGE</td>
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<td>HUMIRA PEDIATRIC CROHN’S STARTER 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT</td>
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<td>ISTURISA 1 MG TABLET</td>
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<td>KLOR-CON SPRINKLE 8 MEQ CAPSULE, EXTENDED RELEASE</td>
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<td>KOSELUGO 10 MG CAPSULE</td>
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<td>LAXATIVE FEMININE 5 MG TABLET</td>
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<td>LOPREEZA 0.5 MG-0.1 MG TABLET</td>
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<td>methyclothiazide 5 mg tablet</td>
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<td>MIMVEY LO 0.5 MG-0.1 MG TABLET</td>
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<td>MODERIBA 200 MG TABLET</td>
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<td>NATURE-THROID 113.75 MG TABLET</td>
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<td>NATURE-THROID 16.25 MG TABLET</td>
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<td>NATURE-THROID 162.5 MG TABLET</td>
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<tr>
<td>Medication Name</td>
<td>Change Description</td>
</tr>
<tr>
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<td>-----------------------------------------</td>
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<td>NATURE-THROID 195 MG TABLET</td>
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<td>NATURE-THROID 81.25 MG TABLET</td>
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<td>NATURE-THROID 97.5 MG TABLET</td>
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<td>NEXLETOL 180 MG TABLET</td>
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<td>NEXLIZET 180 MG-10 MG TABLET</td>
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<td>NEXT CHOICE ONE DOSE 1.5 MG TABLET</td>
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<td>norethindrone 1 mg-ethinyl estradiol 20 mcg (24)-iron 75 mg (4) tablet</td>
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<td>NORLYROC 0.35 MG TABLET</td>
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<td>NYMALIZE 30 MG/5 ML ORAL SYRINGE (FOR ORAL USE ONLY)</td>
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<td>NYMALIZE 60 MG/10 ML ORAL SYRINGE (FOR ORAL USE ONLY)</td>
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<td>OGESTREL (28) 0.5 MG-50 MCG TABLET</td>
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<td>peg 3350 240 gram-electrolytes 22.72 gram-6.72 g-5.84 g powdr for soln</td>
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<td>PEMAZYRE 4.5 MG TABLET</td>
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<td>PEMAZYRE 9 MG TABLET</td>
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<td>PHENADOZ 12.5 MG RECTAL SUPPOSITORY</td>
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<td>PHENERGAN 12.5 MG RECTAL SUPPOSITORY</td>
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<td>PHENERGAN 25 MG RECTAL SUPPOSITORY</td>
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<td>PHENERGAN 50 MG RECTAL SUPPOSITORY</td>
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<td>PROMACTA 25 MG ORAL POWDER PACKET</td>
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</tr>
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<td>PRUTECT TOPICAL EMULSION</td>
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<tr>
<td>PYRIMETHAMINE (BULK) POWDER</td>
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<td>QINLOCK 50 MG TABLET</td>
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<td>ranitidine 75 mg tablet</td>
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<td>RENFLEXIS 100 MG INTRAVENOUS SOLUTION</td>
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<tr>
<td>RESCRIPTOR 200 MG TABLET</td>
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</tr>
<tr>
<td>Medication Name</td>
<td>Change Description</td>
</tr>
<tr>
<td>-----------------</td>
<td>----------------------------------------</td>
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<td>RETEVMO 40 MG CAPSULE</td>
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<td>RETEVMO 80 MG CAPSULE</td>
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<td>sodium polystyrene sulfonate 15 gram/60 ml oral suspension</td>
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<tr>
<td>theophylline er 200 mg tablet, extended release, 12 hr</td>
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<td>TUKYSA 50 MG TABLET</td>
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<td>VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION</td>
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<td>WOMAN'S LAXATIVE (BISACODYL) 5 MG TABLET, DELAYED RELEASE</td>
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<td>ZENCHENT (28) 0.4 MG-35 MCG TABLET</td>
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<tr>
<td>AJOVY SYRINGE 225 MG/1.5 ML SUBCUTANEOUS</td>
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<tr>
<td>LATUDA 120 MG TABLET</td>
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<td>LATUDA 20 MG TABLET</td>
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<td>LATUDA 40 MG TABLET</td>
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<tr>
<td>LATUDA 60 MG TABLET</td>
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<td>LATUDA 80 MG TABLET</td>
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<td>LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET</td>
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<tr>
<td>NATAZIA 3 MG/2 MG-2 MG/3 MG/1 MG TABLET</td>
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</tr>
<tr>
<td>REBIF (WITH ALBUMIN) 22 MCG/0.5 ML SUBCUTANEOUS SYRINGE</td>
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<td>REBIF REBIDOSE 44 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR</td>
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<td>REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR</td>
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<tr>
<td>REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR</td>
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<td>Change Description</td>
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<tr>
<td>REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE</td>
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<td>SAFYRAL 3 MG-0.03 MG-0.451 MG (21)/0.451 MG (7) TABLET</td>
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<tr>
<td>SEGLUROMET 2.5 MG-1,000 MG TABLET</td>
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<tr>
<td>SEGLUROMET 2.5 MG-500 MG TABLET</td>
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<td>SEGLUROMET 7.5 MG-1,000 MG TABLET</td>
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<td>SEGLUROMET 7.5 MG-500 MG TABLET</td>
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<td>SEGLUROMET 7.5 MG-1,000 MG TABLET</td>
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<td>TRINTELLIX 10 MG TABLET</td>
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<td>TRINTELLIX 20 MG TABLET</td>
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<td>VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK</td>
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<td>VIIBRYD 20 MG TABLET</td>
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<tr>
<td>VIIBRYD 40 MG TABLET</td>
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