

2021 Formulary Monthly Notice of Change

Commercial Metal 5 Tier

This is a listing of the changes that have occurred to the 2021 Commercial Metal 5 Tier formulary. For a complete list, please refer to our website and review the 2021 Commercial Metal 5 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 1.855.443.4735 (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. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2021, 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 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.

Effective Date:10/1/2021

Medication Name	Change Description
AIMOVIG AUTOINJECTOR 140 MG/ML SUBCUTANEOUS AUTO-INJECTOR	Formulary Addition
AIMOVIG AUTOINJECTOR 70 MG/ML SUBCUTANEOUS AUTO-INJECTOR	Formulary Addition
<i>etravirine 100 mg tablet</i>	Formulary Addition
<i>etravirine 200 mg tablet</i>	Formulary Addition
<i>lopinavir-ritonavir 100 mg-25 mg tablet</i>	Formulary Addition
<i>lopinavir-ritonavir 200 mg-50 mg tablet</i>	Formulary Addition
LUMAKRAS 120 MG TABLET	Formulary Addition
<i>methotrexate sodium (pf) 25 mg/ml injection solution</i>	Formulary Addition
TRUSELTIQ 100 MG/DAY (100 MG X 1) CAPSULE	Formulary Addition
TRUSELTIQ 125MG/DAY (100 MG X1-25MG X1) CAPSULE	Formulary Addition
TRUSELTIQ 50 MG/DAY (25 MG X 2) CAPSULE	Formulary Addition
TRUSELTIQ 75 MG/DAY (25 MG X 3) CAPSULE	Formulary Addition

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