

**Updated: March 1, 2021**

## **Commercial Metal 5-Tier Plans**

### **2021 Formulary Annual Notice of Change**

**This is a listing of the changes that have occurred to the 2021 Commercial Metal Plans 5-Tier Formulary. For a complete list, please refer to our website and review the 2021 Commercial Metal Plans 5-Tier 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](http://myHFHP.org).

You must generally use network pharmacies to use your prescription drug benefit. The Formulary or 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:3/1/2021

Medication Name	Change Description
<i>abiraterone 500 mg tablet</i>	Formulary Addition
<i>asenapine 10 mg sublingual tablet</i>	Formulary Addition
<i>asenapine 2.5 mg sublingual tablet</i>	Formulary Addition
<i>asenapine 5 mg sublingual tablet</i>	Formulary Addition
<b>AVAR-E 10 %-5 % (W/W) TOPICAL CREAM</b>	Formulary Addition
<b>AVAR-E GREEN 10 %-5 % (W/W) TOPICAL CREAM</b>	Formulary Addition
<b>BLENREP 100 MG INTRAVENOUS SOLUTION</b>	Formulary Addition
<i>carbamazepine er 100 mg tablet,extended release,12 hr</i>	Formulary Addition
<b>DANYELZA 4 MG/ML INTRAVENOUS SOLUTION</b>	Formulary Addition
<i>deferiprone 500 mg tablet</i>	Formulary Addition
<i>efavirenz 600 mg-emtricitabine 200 mg-tenofovir disoprox 300 mg tablet</i>	Formulary Addition
<i>emtricitabine 200 mg-tenofovir disoproxil fumarate 300 mg tablet</i>	Formulary Addition
<b>ENSPRYNG 120 MG/ML SUBCUTANEOUS SYRINGE</b>	Formulary Addition
<b>EVRYSDI 0.75 MG/ML ORAL SOLUTION</b>	Formulary Addition
<i>ezetimibe 10 mg-simvastatin 10 mg tablet</i>	Formulary Addition
<i>ezetimibe 10 mg-simvastatin 20 mg tablet</i>	Formulary Addition
<i>ezetimibe 10 mg-simvastatin 40 mg tablet</i>	Formulary Addition
<i>ezetimibe 10 mg-simvastatin 80 mg tablet</i>	Formulary Addition
<i>fosfomycin tromethamine 3 gram oral packet</i>	Formulary Addition
<b>GAVRETO 100 MG CAPSULE</b>	Formulary Addition
<i>icosapent ethyl 1 gram capsule</i>	Formulary Addition
<b>INQOVI 35 MG-100 MG TABLET</b>	Formulary Addition
<i>lapatinib 250 mg tablet</i>	Formulary Addition
<i>methotrexate sodium 25 mg/ml injection solution</i>	Formulary Addition
<b>MONJUVI 200 MG INTRAVENOUS SOLUTION</b>	Formulary Addition
<i>nitazoxanide 500 mg tablet</i>	Formulary Addition
<b>ONUREG 200 MG TABLET</b>	Formulary Addition
<b>ONUREG 300 MG TABLET</b>	Formulary Addition
<b>ORGOVYX 120 MG TABLET</b>	Formulary Addition

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Medication Name	Change Description
<b>ORIAHNN 300-1-0.5 MG (AM)/300 MG (PM) CAPSULES</b>	Formulary Addition
<b>ORILISSA 150 MG TABLET</b>	Formulary Addition
<b>ORILISSA 200 MG TABLET</b>	Formulary Addition
<b>OXLUMO 94.5 MG/0.5 ML SUBCUTANEOUS SOLUTION</b>	Formulary Addition
<b>PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT</b>	Formulary Addition
<b>RIABNI 10 MG/ML INTRAVENOUS SOLUTION</b>	Formulary Addition
<b>RINVOQ 15 MG TABLET,EXTENDED RELEASE</b>	Formulary Addition
<i>rufinamide 40 mg/ml oral suspension</i>	Formulary Addition
<i>sapropterin 100 mg soluble tablet</i>	Formulary Addition
<b>SKYRIZI 150 MG/1.66 ML (75 MG/0.83 ML X 2) SUBCUTANEOUS SYRINGE KIT</b>	Formulary Addition
<b>SKYRIZI 75 MG/0.83 ML SUBCUTANEOUS SYRINGE</b>	Formulary Addition
<b>SSS 10-5 10 %-5 % (W/W) TOPICAL CREAM</b>	Formulary Addition
<i>sulfacetamide sodium-sulfur 10 %-5 % (w/w) topical cream</i>	Formulary Addition
<b>VILTEPSO 50 MG/ML INTRAVENOUS SOLUTION</b>	Formulary Addition
<b>XELJANZ XR 11 MG TABLET,EXTENDED RELEASE</b>	Formulary Addition
<b>XELJANZ XR 22 MG TABLET,EXTENDED RELEASE</b>	Formulary Addition
<b>ACTEMRA 162 MG/0.9 ML SUBCUTANEOUS SYRINGE</b>	Removed from Plan Formulary
<b>ACTEMRA 200 MG/10 ML (20 MG/ML) INTRAVENOUS SOLUTION</b>	Removed from Plan Formulary
<b>ACTEMRA 400 MG/20 ML (20 MG/ML) INTRAVENOUS SOLUTION</b>	Removed from Plan Formulary
<b>ACTEMRA 80 MG/4 ML (20 MG/ML) INTRAVENOUS SOLUTION</b>	Removed from Plan Formulary
<b>CIMZIA 400 MG/2 ML (200 MG/ML X 2) SUBCUTANEOUS SYRINGE KIT</b>	Removed from Plan Formulary
<b>CIMZIA POWDER FOR RECON 400 MG (200 MG X 2 VIALS) SUBCUTANEOUS KIT</b>	Removed from Plan Formulary
<b>CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X2) SUBCUTANEOUS SYRINGE KIT</b>	Removed from Plan Formulary

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Medication Name	Change Description
<i>aripiprazole 10 mg tablet</i>	Updated from Tier 4 to Tier 2 QL is added
<i>aripiprazole 15 mg tablet</i>	Updated from Tier 4 to Tier 2 QL is added
<i>aripiprazole 2 mg tablet</i>	Updated from Tier 4 to Tier 2 QL is added
<i>aripiprazole 20 mg tablet</i>	Updated from Tier 4 to Tier 2 QL is added
<i>aripiprazole 30 mg tablet</i>	Updated from Tier 4 to Tier 2 QL is added
<i>aripiprazole 5 mg tablet</i>	Updated from Tier 4 to Tier 2 QL is added
<i>butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg capsule</i>	Updated from Tier 4 to Tier 2 QL is added
<i>butalbital-acetaminophen-caffeine 50 mg-325 mg-40 mg tablet</i>	Updated from Tier 4 to Tier 2 QL is added
<i>butalbital-aspirin-caffeine 50 mg-325 mg-40 mg capsule</i>	Updated from Tier 4 to Tier 2 QL is added
<i>colesevelam 625 mg tablet</i>	Updated from Tier 3 to Tier 2
<i>dutasteride 0.5 mg capsule</i>	Updated from Tier 3 to Tier 2 QL is added
<i>ezetimibe 10 mg tablet</i>	Updated from Tier 3 to Tier 2 QL is added
<i>febuxostat 40 mg tablet</i>	Updated from Tier 3 to Tier 2 ST is added
<i>febuxostat 80 mg tablet</i>	Updated from Tier 3 to Tier 2 ST is added
<i>moxifloxacin 0.5 % eye drops</i>	Updated from Tier 3 to Tier 2
<i>pregabalin 100 mg capsule</i>	Updated from Tier 4 to Tier 2 QL is added
<i>pregabalin 150 mg capsule</i>	Updated from Tier 4 to Tier 2 QL is added
<i>pregabalin 200 mg capsule</i>	Updated from Tier 4 to Tier 2 QL is added
<i>pregabalin 225 mg capsule</i>	Updated from Tier 4 to Tier 2 QL is added
<i>pregabalin 25 mg capsule</i>	Updated from Tier 4 to Tier 2 QL is added

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<i>pregabalin 300 mg capsule</i>	Updated from Tier 4 to Tier 2 QL is added
<i>pregabalin 50 mg capsule</i>	Updated from Tier 4 to Tier 2 QL is added
<i>pregabalin 75 mg capsule</i>	Updated from Tier 4 to Tier 2 QL is added
<i>solifenacin 10 mg tablet</i>	Updated from Tier 3 to Tier 2 QL is added
<i>solifenacin 5 mg tablet</i>	Updated from Tier 3 to Tier 2 QL is added
<i>tacrolimus 0.5 mg capsule</i>	Updated from Tier 3 to Tier 2
<i>tacrolimus 1 mg capsule</i>	Updated from Tier 3 to Tier 2
<i>tacrolimus 5 mg capsule</i>	Updated from Tier 3 to Tier 2