

2021 Formulary Monthly Notice of Change

Commercial 3 Tier

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 3 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 contact 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 you may 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:3/1/2021

| Medication Name | Change Description |
|---|--------------------|
| <i>abiraterone 500 mg tablet</i> | Formulary Addition |
| ANTI-DIARRHEAL (LOPERAMIDE) 2 MG CAPSULE | 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 |
| ATROPINE 0.1 MG/ML INJECTION SYRINGE | Formulary Addition |
| AVAR-E 10 %-5 % (W/W) TOPICAL CREAM | Formulary Addition |
| AVAR-E GREEN 10 %-5 % (W/W) TOPICAL CREAM | Formulary Addition |
| BLNREP 100 MG INTRAVENOUS SOLUTION | Formulary Addition |
| <i>carbamazepine er 100 mg tablet, extended release, 12 hr</i> | Formulary Addition |
| CLINDAMYCIN PEDIATRIC 75 MG/5 ML ORAL SOLUTION | Formulary Addition |
| DANYELZA 4 MG/ML INTRAVENOUS SOLUTION | 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 |
| ENSPRYNG 120 MG/ML SUBCUTANEOUS SYRINGE | Formulary Addition |
| <i>epinephrine 1 mg/ml injection solution</i> | Formulary Addition |
| EVRYSDI 0.75 MG/ML ORAL SOLUTION | 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 |

Effective Date:3/1/2021

| Medication Name | Change Description |
|---|--------------------|
| <i>fosfomycin tromethamine 3 gram oral packet</i> | Formulary Addition |
| GAVRETO 100 MG CAPSULE | Formulary Addition |
| <i>icosapent ethyl 1 gram capsule</i> | Formulary Addition |
| INQOVI 35 MG-100 MG TABLET | Formulary Addition |
| <i>lapatinib 250 mg tablet</i> | Formulary Addition |
| <i>methotrexate sodium 25 mg/ml injection solution</i> | Formulary Addition |
| MONJUVI 200 MG INTRAVENOUS SOLUTION | Formulary Addition |
| <i>nicotine (polacrilex) 4 mg buccal mini lozenge</i> | Formulary Addition |
| <i>nitazoxanide 500 mg tablet</i> | Formulary Addition |
| ONUREG 200 MG TABLET | Formulary Addition |
| ONUREG 300 MG TABLET | Formulary Addition |
| ORGOVYX 120 MG TABLET | Formulary Addition |
| ORIAHNN 300-1-0.5 MG (AM)/300 MG (PM) CAPSULES | Formulary Addition |
| ORILISSA 150 MG TABLET | Formulary Addition |
| ORILISSA 200 MG TABLET | Formulary Addition |
| OXLUMO 94.5 MG/0.5 ML SUBCUTANEOUS SOLUTION | Formulary Addition |
| PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT | Formulary Addition |
| RIABNI 10 MG/ML INTRAVENOUS SOLUTION | Formulary Addition |
| RINVOQ 15 MG TABLET, EXTENDED RELEASE | Formulary Addition |
| <i>rufinamide 40 mg/ml oral suspension</i> | Formulary Addition |
| SANDOSTATIN LAR DEPOT 30 MG INTRAMUSCULAR SUSP, EXTENDED RELEASE | Formulary Addition |
| <i>sapropterin 100 mg soluble tablet</i> | Formulary Addition |
| <i>sevelamer carbonate 0.8 gram oral powder packet</i> | Formulary Addition |
| <i>sevelamer carbonate 2.4 gram oral powder packet</i> | Formulary Addition |
| <i>sevelamer carbonate 800 mg tablet</i> | Formulary Addition |

Effective Date:3/1/2021

| Medication Name | Change Description |
|--|---|
| SKYRIZI 150 MG/1.66 ML (75 MG/0.83 ML X 2) SUBCUTANEOUS SYRINGE KIT | Formulary Addition |
| SKYRIZI 75 MG/0.83 ML SUBCUTANEOUS SYRINGE | Formulary Addition |
| SSS 10-5 10 %-5 % (W/W) TOPICAL CREAM | Formulary Addition |
| <i>sulfacetamide sodium-sulfur 10 %-5 % (w/w) topical cream</i> | Formulary Addition |
| <i>urea 39 % topical cream</i> | Formulary Addition |
| VILTEPSO 50 MG/ML INTRAVENOUS SOLUTION | Formulary Addition |
| XELJANZ XR 11 MG TABLET, EXTENDED RELEASE | Formulary Addition |
| XELJANZ XR 22 MG TABLET, EXTENDED RELEASE | Formulary Addition |
| <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 |

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| Medication Name | Change Description |
|-------------------------------------|---|
| <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 |
| <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 |