

2021 Formulary Monthly Notice of Change

Commercial 5 Tier

This is a listing of the changes that have occurred to the 2021 Commercial 5 Tier formulary. For a complete list, please refer to our website and review the 2021 Commercial 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: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
BLENREP 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

Effective Date:3/1/2021

Medication Name	Change Description
<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
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

Effective Date:3/1/2021

Medication Name	Change Description
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
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

Effective Date:3/1/2021

Medication Name	Change Description
<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
<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