

# 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](http://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.

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Effective Date:6/1/2021

<b>Medication Name</b>	<b>Change Description</b>
<i>droxidopa 100 mg capsule</i>	Formulary Addition
<i>droxidopa 200 mg capsule</i>	Formulary Addition
<i>droxidopa 300 mg capsule</i>	Formulary Addition
<b>FOTIVDA 0.89 MG CAPSULE</b>	Formulary Addition
<b>FOTIVDA 1.34 MG CAPSULE</b>	Formulary Addition
<b>LILETTA 20.1 MCG/24 HRS (6 YRS) 52 MG INTRAUTERINE DEVICE</b>	Formulary Addition
<b>LUPKYNIS 7.9 MG CAPSULE</b>	Formulary Addition
<b>OZEMPIC 1 MG/DOSE (4 MG/3 ML) SUBCUTANEOUS PEN INJECTOR</b>	Formulary Addition
<b>REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR</b>	Formulary Addition
<b>REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR</b>	Formulary Addition
<b>REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE</b>	Formulary Addition
<b>TEPMETKO 225 MG TABLET</b>	Formulary Addition
<b>UKONIQ 200 MG TABLET</b>	Formulary Addition
<b>VERQUVO 10 MG TABLET</b>	Formulary Addition
<b>VERQUVO 2.5 MG TABLET</b>	Formulary Addition
<b>VERQUVO 5 MG TABLET</b>	Formulary Addition