

2020 Formulary Monthly Notice of Change

Commercial 3 Tier

This is a listing of the changes that have occurred to the 2020 Commercial 3 Tier formulary. For a complete list, please refer to our website and review the 2020 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 1.844.522.5279 (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, 2020, 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.

Commercial Formulary Notice of Change Content

Effective Date:11/1/2020

| Medication Name | Change Description |
|---|-------------------------|
| AJOVY 225 MG/1.5 ML SUBCUTANEOUS AUTO-INJECTOR | Formulary Addition |
| <i>ciprofloxacin 0.3 %-dexamethasone 0.1 % ear drops,suspension</i> | Formulary Addition |
| DUPIXENT 300 MG/2 ML SUBCUTANEOUS PEN INJECTOR | Formulary Addition |
| ENBREL 25 MG/0.5 ML SUBCUTANEOUS SOLUTION | Formulary Addition |
| FINTEPLA 2.2 MG/ML ORAL SOLUTION | Formulary Addition |
| KESIMPTA PEN 20 MG/0.4 ML SUBCUTANEOUS PEN INJECTOR | Formulary Addition |
| PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR | Formulary Addition |
| PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS SYRINGE | Formulary Addition |
| PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR | Formulary Addition |
| PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS SYRINGE | Formulary Addition |
| RUKOBIA 600 MG TABLET,EXTENDED RELEASE | Formulary Addition |
| <i>sevelamer hcl 800 mg tablet</i> | Formulary Addition |
| XPOVIO 40 MG TWICE WEEKLY (80 MG/WEEK) (20 MG X 4) TABLET | Formulary Addition |
| XPOVIO 40 MG/WEEK (20 MG X 2) TABLET | Formulary Addition |
| XPOVIO 60 MG TWICE WEEKLY (120 MG/WEEK) (20 MG X 6) TABLET | Formulary Addition |
| XPOVIO 80 MG TWICE WEEKLY (160 MG/WEEK) (20 MG X 8) TABLET | Formulary Addition |
| AJOVY SYRINGE 225 MG/1.5 ML SUBCUTANEOUS | PA is added QL is added |
| <i>azithromycin 500 mg tablet</i> | QL is added |