

Updated: January 1, 2020

Commercial Metal 5-Tier Plans

2020 Formulary Annual Notice of Change

This is a listing of the changes that have occurred to the 2020 Commercial Metal Plans 5-Tier Formulary. For a complete list, please refer to our website and review the 2020 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.

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:1/1/2020

Medication Name	Change Description
<i>abacavir 600 mg-lamivudine 300 mg tablet</i>	Formulary Addition
ISENTRESS 100 MG ORAL POWDER PACKET	Formulary Addition
<i>olopatadine 0.2 % eye drops</i>	Formulary Addition
<i>oseltamivir 6 mg/ml oral suspension</i>	Formulary Addition
REYATAZ 50 MG ORAL POWDER PACKET	Formulary Addition
SELZENTRY 20 MG/ML ORAL SOLUTION	Formulary Addition
<i>stavudine 15 mg capsule</i>	Formulary Addition
<i>stavudine 20 mg capsule</i>	Formulary Addition
<i>stavudine 30 mg capsule</i>	Formulary Addition
<i>stavudine 40 mg capsule</i>	Formulary Addition
TIVICAY 10 MG TABLET	Formulary Addition
TIVICAY 25 MG TABLET	Formulary Addition
TRUVADA 100 MG-150 MG TABLET	Formulary Addition
TRUVADA 133 MG-200 MG TABLET	Formulary Addition
TRUVADA 167 MG-250 MG TABLET	Formulary Addition
VIRACEPT 625 MG TABLET	Formulary Addition
8-MOP 10 MG CAPSULE	Removed from Plan Formulary
ACETASOL HC 1 %-2 % EAR DROPS	Removed from Plan Formulary
<i>acetic acid-aluminum acetate 2 % ear drops</i>	Removed from Plan Formulary
ADAGEN 250 UNIT/ML INTRAMUSCULAR SOLUTION	Removed from Plan Formulary
ADCIRCA 20 MG TABLET	Removed from Plan Formulary
AFLURIA 2016-2017 (PF) 45 MCG(15 MCG X 3)/0.5 ML INTRAMUSCULAR SYRINGE	Removed from Plan Formulary
AFLURIA 2016-2017 45 MCG (15 MCG X 3)/0.5 ML INTRAMUSCULAR SUSPENSION	Removed from Plan Formulary
<i>aluminum chloride 20 % topical solution</i>	Removed from Plan Formulary
<i>aminophylline 100 mg tablet</i>	Removed from Plan Formulary
<i>aminophylline 200 mg tablet</i>	Removed from Plan Formulary
<i>ampicillin 125 mg/5 ml oral suspension</i>	Removed from Plan Formulary
<i>ampicillin 250 mg/5 ml oral suspension</i>	Removed from Plan Formulary
AMPYRA 10 MG TABLET,EXTENDED RELEASE	Removed from Plan Formulary
AMTURNIDE 150 MG-5 MG-12.5 MG TABLET	Removed from Plan Formulary
AMTURNIDE 300 MG-10 MG-12.5 MG TABLET	Removed from Plan Formulary
AMTURNIDE 300 MG-10 MG-25 MG TABLET	Removed from Plan Formulary
AMTURNIDE 300 MG-5 MG-12.5 MG TABLET	Removed from Plan Formulary
AMTURNIDE 300 MG-5 MG-25 MG TABLET	Removed from Plan Formulary
ANALPRAM ADVANCED 2.5 %-1 %/630 MG/1 %-1 % KIT	Removed from Plan Formulary
ANDROXY 10 MG TABLET	Removed from Plan Formulary
<i>antipyrine-benzocaine 5.4 %-1.4 % ear drops</i>	Removed from Plan Formulary
ANZEMET 100 MG TABLET	Removed from Plan Formulary
ANZEMET 50 MG TABLET	Removed from Plan Formulary
ARANESP 100 MCG/0.5 ML (IN ALBUMIN) INJECTION SYRINGE	Removed from Plan Formulary
ARANESP 100 MCG/ML (IN ALBUMIN) INJECTION	Removed from Plan Formulary
ARANESP 150 MCG/0.3 ML (IN ALBUMIN) INJECTION SYRINGE	Removed from Plan Formulary
ARANESP 150 MCG/0.75 ML (IN ALBUMIN) INJECTION	Removed from Plan Formulary

Medication Name	Change Description
ARANESP 200 MCG/0.4 ML (IN ALBUMIN) INJECTION SYRINGE	Removed from Plan Formulary
ARANESP 200 MCG/ML (IN ALBUMIN) INJECTION	Removed from Plan Formulary
ARANESP 25 MCG/0.42 ML (IN ALBUMIN) INJECTION SYRINGE	Removed from Plan Formulary
ARANESP 25 MCG/ML (IN ALBUMIN) INJECTION	Removed from Plan Formulary
ARANESP 300 MCG/0.6 ML (IN ALBUMIN) INJECTION SYRINGE	Removed from Plan Formulary
ARANESP 300 MCG/ML (IN ALBUMIN) INJECTION	Removed from Plan Formulary
ARANESP 40 MCG/0.4 ML (IN ALBUMIN) INJECTION SYRINGE	Removed from Plan Formulary
ARANESP 40 MCG/ML (IN ALBUMIN) INJECTION	Removed from Plan Formulary
ARANESP 500 MCG/ML (IN ALBUMIN) INJECTION SYRINGE	Removed from Plan Formulary
ARANESP 60 MCG/0.3 ML (IN ALBUMIN) INJECTION SYRINGE	Removed from Plan Formulary
ARANESP 60 MCG/ML (IN ALBUMIN) INJECTION	Removed from Plan Formulary
ASPIRIN LOW-STRENGTH 81 MG CHEWABLE TABLET	Removed from Plan Formulary
ATROPINE 0.25 MG/5 ML (0.05 MG/ML) IN 0.9 % SODIUM CHLORIDE IV SYRINGE	Removed from Plan Formulary
ATROPINE SULFATE (PF) 1 % EYE DROPS	Removed from Plan Formulary
AVANDIA 8 MG TABLET	Removed from Plan Formulary
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE	Removed from Plan Formulary
BACTROBAN NASAL 2 % OINTMENT	Removed from Plan Formulary
BD LANCET DEVICE	Removed from Plan Formulary
BENZAMYCINPAK 3 %-5 % TOPICAL GEL	Removed from Plan Formulary
BRINTELLIX 10 MG TABLET	Removed from Plan Formulary
BRINTELLIX 20 MG TABLET	Removed from Plan Formulary
BRINTELLIX 5 MG TABLET	Removed from Plan Formulary
BUTALBITAL COMPOUND-CODEINE 30 MG-50 MG-325 MG-40 MG CAPSULE	Removed from Plan Formulary
BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION	Removed from Plan Formulary
CANTIL 25 MG TABLET	Removed from Plan Formulary
CARIMUNE NF NANOFILTERED 12 GRAM INTRAVENOUS SOLUTION	Removed from Plan Formulary
CARIMUNE NF NANOFILTERED 6 GRAM INTRAVENOUS SOLUTION	Removed from Plan Formulary
CEDAX 400 MG CAPSULE	Removed from Plan Formulary
CEFTIN 125 MG/5 ML ORAL SUSPENSION	Removed from Plan Formulary
CEFTIN 250 MG/5 ML ORAL SUSPENSION	Removed from Plan Formulary
<i>cefuroxime sodium 1.5 gram solution for injection</i>	Removed from Plan Formulary
CERVARIX VACCINE (PF) 20 MCG-20 MCG/0.5 ML INTRAMUSCULAR SYRINGE	Removed from Plan Formulary
CHANTIX CONTINUING MONTH PAK 1 MG TABLET	Removed from Plan Formulary
CHANTIX STARTING MONTH PAK 0.5 MG (11)-1 MG (42) TABLETS IN DOSE PACK	Removed from Plan Formulary
CHILD ASPIRIN 81 MG CHEWABLE TABLET	Removed from Plan Formulary
<i>ciclopirox-vitamin e-nail lacquer remover 8 %-5 % topical kit</i>	Removed from Plan Formulary
CIMZIA 400 MG/2 ML (200 MG/ML X 2) SUBCUTANEOUS SYRINGE KIT	Removed from Plan Formulary
CIMZIA POWDER FOR RECON 400 MG (200 MG X 2 VIALS) SUBCUTANEOUS KIT	Removed from Plan Formulary
CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X2) SUBCUTANEOUS SYRINGE KIT	Removed from Plan Formulary
COMVAX (PF) 5 MCG-7.5 MCG-125 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	Removed from Plan Formulary
CONCEPTROL 4 % VAGINAL GEL	Removed from Plan Formulary
CORDRAN TAPE SMALL ROLL 4 MCG/CM2	Removed from Plan Formulary

Medication Name	Change Description
COSOFT (PF) 2 %-0.5 % EYE DROPS IN A DROPPERETTE	Removed from Plan Formulary
DESVENLAFAXINE FUMARATE ER 100 MG TABLET, EXTENDED RELEASE 24 HR	Removed from Plan Formulary
DESVENLAFAXINE FUMARATE ER 50 MG TABLET, EXTENDED RELEASE 24 HR	Removed from Plan Formulary
<i>dexchlorpheniramine maleate 2 mg/5 ml oral syrup</i>	Removed from Plan Formulary
<i>dicyclomine 10 mg/5 ml oral syrup</i>	Removed from Plan Formulary
DIGOXIN 0.25 MG/5 ML (5 ML) ORAL SOLUTION	Removed from Plan Formulary
DILT-CD 120 MG CAPSULE,EXTENDED RELEASE	Removed from Plan Formulary
DILT-CD 180 MG CAPSULE,EXTENDED RELEASE	Removed from Plan Formulary
DILT-CD 240 MG CAPSULE,EXTENDED RELEASE	Removed from Plan Formulary
<i>dipivefrin 0.1 % eye drops</i>	Removed from Plan Formulary
E.E.S. 200 MG/5 ML ORAL SUSPENSION (GRANULES)	Removed from Plan Formulary
EFFIENT 10 MG TABLET	Removed from Plan Formulary
EFFIENT 5 MG TABLET	Removed from Plan Formulary
EMADINE 0.05 % EYE DROPS	Removed from Plan Formulary
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML INTRAMUSCULAR SUSPENSION	Removed from Plan Formulary
ENJUVIA 0.3 MG TABLET	Removed from Plan Formulary
ENJUVIA 0.45 MG TABLET	Removed from Plan Formulary
ENJUVIA 0.625 MG TABLET	Removed from Plan Formulary
ENJUVIA 0.9 MG TABLET	Removed from Plan Formulary
ENJUVIA 1.25 MG TABLET	Removed from Plan Formulary
EPIDUO 0.1 %-2.5 % TOPICAL GEL	Removed from Plan Formulary
<i>erythromycin 2 % topical solution</i>	Removed from Plan Formulary
ESTRACE 0.01% (0.1 MG/GRAM) VAGINAL CREAM	Removed from Plan Formulary
<i>estropipate 0.75 mg tablet</i>	Removed from Plan Formulary
<i>estropipate 1.5 mg tablet</i>	Removed from Plan Formulary
<i>estropipate 3 mg tablet</i>	Removed from Plan Formulary
FALLBACK SOLO 1.5 MG TABLET	Removed from Plan Formulary
FINACEA PLUS 15 % TOPICAL KIT	Removed from Plan Formulary
<i>fluoride 1 mg (2.2 mg sodium fluoride) tablet</i>	Removed from Plan Formulary
<i>fluorouracil 50 mg/ml intravenous solution</i>	Removed from Plan Formulary
FYCOMPA 2 MG (7)-4 MG (7) TABLETS IN A DOSE PACK	Removed from Plan Formulary
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML INTRAMUSCULAR SUSPENSION	Removed from Plan Formulary
GARDASIL (PF) 20MCG-40MCG-40MCG-20MCG/0.5ML INTRAMUSCULAR SYRINGE	Removed from Plan Formulary
GAVILYTE-H AND BISACODYL 5 MG-210 GRAM ORAL KIT	Removed from Plan Formulary
GENGRAF 50 MG CAPSULE	Removed from Plan Formulary
GILDAGIA 0.4 MG-35 MCG TABLET	Removed from Plan Formulary
GILDESS 1.5/30 (21) 1.5 MG-30 MCG TABLET	Removed from Plan Formulary
GILDESS 1/20 (21) 1 MG-20 MCG TABLET	Removed from Plan Formulary
GILDESS 24 FE 1 MG-20 MCG (24)/75 MG (4) TABLET	Removed from Plan Formulary
GILDESS FE 1.5/30 (28) 1.5 MG-30 MCG (21)/75 MG (7) TABLET	Removed from Plan Formulary
GILDESS FE 1/20 (28) 1 MG-20 MCG (21)/75 MG (7) TABLET	Removed from Plan Formulary
GLEEVEC 100 MG TABLET	Removed from Plan Formulary
GLEEVEC 400 MG TABLET	Removed from Plan Formulary

Medication Name	Change Description
GLUCAGEN 1 MG SOLUTION FOR INJECTION	Removed from Plan Formulary
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	Removed from Plan Formulary
HEPARIN (PORCINE) 20,000 UNIT/ML INJECTION SYRINGE	Removed from Plan Formulary
HEXALEN 50 MG CAPSULE	Removed from Plan Formulary
<i>hydrocortisone-aloe vera 1 % topical ointment</i>	Removed from Plan Formulary
HYDROCORTISONE-MINERAL OIL-WHITE PETROLATUM 1 % TOPICAL OINTMENT	Removed from Plan Formulary
<i>hydrocortisone-oatmeal-aloe-vitamin e 1 % topical cream</i>	Removed from Plan Formulary
INVIRASE 200 MG CAPSULE	Removed from Plan Formulary
JOLIVETTE 0.35 MG TABLET	Removed from Plan Formulary
KALEXATE 15 GRAM ORAL POWDER PACKET	Removed from Plan Formulary
KAPIDEX 30 MG CAPSULE, DELAYED RELEASE	Removed from Plan Formulary
KETEK 300 MG TABLET	Removed from Plan Formulary
KETEK 400 MG TABLET	Removed from Plan Formulary
KETEK PAK 400 MG TABLET	Removed from Plan Formulary
KIMIDESS (28) 0.15 MG-0.02 MG (21)/0.01 MG (5) TABLET	Removed from Plan Formulary
KIONEX (WITH SORBITOL) 15 GRAM-19.3 GRAM/60 ML ORAL SUSPENSION	Removed from Plan Formulary
KIONEX ORAL POWDER	Removed from Plan Formulary
KLOR-CON SPRINKLE 10 MEQ CAPSULE,EXTENDED RELEASE	Removed from Plan Formulary
KLOR-CON/25 MEQ ORAL PACKET	Removed from Plan Formulary
<i>lidocaine 2 % mucosal solution</i>	Removed from Plan Formulary
<i>lidocaine 2 %-hydrocortisone 2 %-aloe vera rectal kit</i>	Removed from Plan Formulary
LIDOCAINE 3 %-HYDROCORTISONE 1 % (7 GRAM) RECTAL CREAM	Removed from Plan Formulary
<i>lindane 1 % lotion</i>	Removed from Plan Formulary
LOMEDIA 24 FE 1 MG-20 MCG (24)/75 MG (4) TABLET	Removed from Plan Formulary
<i>lomustine 10 mg capsule</i>	Removed from Plan Formulary
<i>lomustine 100 mg capsule</i>	Removed from Plan Formulary
<i>lomustine 40 mg capsule</i>	Removed from Plan Formulary
LYNPARZA 50 MG CAPSULE	Removed from Plan Formulary
MENHIBRIX (PF) 5 MCG-2.5 MCG/0.5 ML INTRAMUSCULAR SOLUTION	Removed from Plan Formulary
MENOMUNE - A/C/Y/W-135 (PF) 50 MCG SUBCUTANEOUS SOLUTION	Removed from Plan Formulary
MENOMUNE - A/C/Y/W-135 50 MCG SUBCUTANEOUS SOLUTION	Removed from Plan Formulary
<i>metaproterenol 10 mg tablet</i>	Removed from Plan Formulary
<i>metaproterenol 20 mg tablet</i>	Removed from Plan Formulary
<i>moexipril 15 mg-hydrochlorothiazide 12.5 mg tablet</i>	Removed from Plan Formulary
<i>moexipril 15 mg-hydrochlorothiazide 25 mg tablet</i>	Removed from Plan Formulary
<i>moexipril 7.5 mg-hydrochlorothiazide 12.5 mg tablet</i>	Removed from Plan Formulary
MONONESSA (28) 0.25 MG-35 MCG TABLET	Removed from Plan Formulary
MYZILRA 50-30 (6)/75-40(5)/125-30(10) TABLET	Removed from Plan Formulary
<i>naphazoline 0.1 % eye drops</i>	Removed from Plan Formulary
NECON 1/35 (28) 1 MG-35 MCG TABLET	Removed from Plan Formulary
NECON 1/50 (28) 1 MG-50 MCG TABLET	Removed from Plan Formulary
NECON 10/11 (28) 0.5 MG-35 MCG(10)/1 MG-35 MCG(11) TABLET	Removed from Plan Formulary
NECON 7/7/7 (28) 0.5 MG/0.75 MG/1 MG-35 MCG TABLET	Removed from Plan Formulary
NIFEDICAL XL 30 MG TABLET,EXTENDED RELEASE	Removed from Plan Formulary
NIFEDICAL XL 60 MG TABLET,EXTENDED RELEASE	Removed from Plan Formulary

Medication Name	Change Description
NITROSTAT 0.3 MG SUBLINGUAL TABLET	Removed from Plan Formulary
NITROSTAT 0.4 MG SUBLINGUAL TABLET	Removed from Plan Formulary
NITROSTAT 0.6 MG SUBLINGUAL TABLET	Removed from Plan Formulary
NORINYL 1+50 (28) 1 MG-50 MCG TABLET	Removed from Plan Formulary
NORVIR SOFT GELATIN 100 MG CAPSULE	Removed from Plan Formulary
NUTROPIN AQ 10 MG/2 ML (5 MG/ML) SUBCUTANEOUS CARTRIDGE	Removed from Plan Formulary
NUTROPIN AQ 20 MG/2 ML (10 MG/ML) SUBCUTANEOUS CARTRIDGE	Removed from Plan Formulary
<i>nystatin 150 million unit oral powder</i>	Removed from Plan Formulary
<i>nystatin 2 billion unit oral powder</i>	Removed from Plan Formulary
NYSTATIN 50 MILLION UNIT ORAL POWDER	Removed from Plan Formulary
NYSTATIN 500 MILLION UNIT ORAL POWDER	Removed from Plan Formulary
ONFI 10 MG TABLET	Removed from Plan Formulary
ONFI 2.5 MG/ML ORAL SUSPENSION	Removed from Plan Formulary
ONFI 20 MG TABLET	Removed from Plan Formulary
ORENCIA 125 MG/ML SUBCUTANEOUS SYRINGE	Removed from Plan Formulary
ORENCIA 50 MG/0.4 ML SUBCUTANEOUS SYRINGE	Removed from Plan Formulary
ORENCIA 87.5 MG/0.7 ML SUBCUTANEOUS SYRINGE	Removed from Plan Formulary
ORENCIA CLICKJECT 125 MG/ML SUBCUTANEOUS AUTO-INJECTOR	Removed from Plan Formulary
OXSORALEN 1 % LOTION	Removed from Plan Formulary
PATADAY 0.2 % EYE DROPS	Removed from Plan Formulary
PEGASYS PROCLICK 135 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Removed from Plan Formulary
PEGINTRON 120 MCG/0.5 ML SUBCUTANEOUS KIT	Removed from Plan Formulary
PEGINTRON 150 MCG/0.5 ML SUBCUTANEOUS KIT	Removed from Plan Formulary
PEGINTRON 80 MCG/0.5 ML SUBCUTANEOUS KIT	Removed from Plan Formulary
PEGINTRON REDIPEN 120 MCG/0.5 ML SUBCUTANEOUS KIT	Removed from Plan Formulary
PEGINTRON REDIPEN 150 MCG/0.5 ML SUBCUTANEOUS KIT	Removed from Plan Formulary
PEGINTRON REDIPEN 50 MCG/0.5 ML SUBCUTANEOUS KIT	Removed from Plan Formulary
PEGINTRON REDIPEN 80 MCG/0.5 ML SUBCUTANEOUS KIT	Removed from Plan Formulary
PHENYTOIN 100 MG/4 ML ORAL SUSPENSION	Removed from Plan Formulary
PHENYTOIN 100 MG/4 ML ORAL SYRINGE (FOR ORAL USE ONLY)	Removed from Plan Formulary
<i>phenytoin 125 mg/5 ml oral suspension</i>	Removed from Plan Formulary
<i>phenytoin sodium extended 100 mg capsule</i>	Removed from Plan Formulary
<i>phenytoin sodium extended 200 mg capsule</i>	Removed from Plan Formulary
<i>phenytoin sodium extended 300 mg capsule</i>	Removed from Plan Formulary
<i>potassium bicarbonate and chloride 25 meq effervescent tablet</i>	Removed from Plan Formulary
<i>potassium bicarbonate-citric acid 25 meq effervescent tablet</i>	Removed from Plan Formulary
POTIGA 200 MG TABLET	Removed from Plan Formulary
POTIGA 300 MG TABLET	Removed from Plan Formulary
POTIGA 400 MG TABLET	Removed from Plan Formulary
POTIGA 50 MG TABLET	Removed from Plan Formulary
PREPARATION CLEANSING 7.2 GRAM-2.7 GRAM/15 ML ORAL LIQUID	Removed from Plan Formulary
PREZISTA 400 MG TABLET	Removed from Plan Formulary
PROCTOSOL HC 2.5 % RECTAL CREAM WITH APPLICATOR	Removed from Plan Formulary
<i>promethazine 25 mg/ml injection syringe</i>	Removed from Plan Formulary
PROMETHAZINE VC-CODEINE 6.25 MG-5 MG-10 MG/5 ML ORAL SYRUP	Removed from Plan Formulary
QUASENSE 0.15 MG-30 MCG (91) TABLETS,3 MONTH DOSE PACK	Removed from Plan Formulary

Medication Name	Change Description
<i>quinidine sulfate er 300 mg tablet,extended release</i>	Removed from Plan Formulary
QVAR 40 MCG/ACTUATION METERED AEROSOL ORAL INHALER	Removed from Plan Formulary
QVAR 80 MCG/ACTUATION METERED AEROSOL ORAL INHALER	Removed from Plan Formulary
RANEXA 1,000 MG TABLET,EXTENDED RELEASE	Removed from Plan Formulary
RANEXA 500 MG TABLET,EXTENDED RELEASE	Removed from Plan Formulary
REMEVEN 50 % TOPICAL CREAM	Removed from Plan Formulary
RENAGEL 400 MG TABLET	Removed from Plan Formulary
RESCRIPTOR 100 MG DISPERSIBLE TABLET	Removed from Plan Formulary
RETROVIR 300 MG TABLET	Removed from Plan Formulary
REYATAZ 100 MG CAPSULE	Removed from Plan Formulary
RIBASPHERE 200 MG TABLET	Removed from Plan Formulary
SANDOSTATIN LAR DEPOT 10 MG INTRAMUSCULAR KIT	Removed from Plan Formulary
SANDOSTATIN LAR DEPOT 20 MG INTRAMUSCULAR KIT	Removed from Plan Formulary
SANDOSTATIN LAR DEPOT 30 MG INTRAMUSCULAR KIT	Removed from Plan Formulary
SAPHRIS (BLACK CHERRY) 10 MG SUBLINGUAL TABLET	Removed from Plan Formulary
SAPHRIS (BLACK CHERRY) 5 MG SUBLINGUAL TABLET	Removed from Plan Formulary
<i>selenium sulfide 2.5 % shampoo</i>	Removed from Plan Formulary
SIMPONI 100 MG/ML SUBCUTANEOUS PEN INJECTOR	Removed from Plan Formulary
SIMPONI 100 MG/ML SUBCUTANEOUS SYRINGE	Removed from Plan Formulary
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Removed from Plan Formulary
SIMPONI 50 MG/0.5 ML SUBCUTANEOUS SYRINGE	Removed from Plan Formulary
SIMPONI ARIA 12.5 MG/ML INTRAVENOUS SOLUTION	Removed from Plan Formulary
<i>sodium fluoride 0.2 % dental solution</i>	Removed from Plan Formulary
SODIUM POLYSTYRENE SULFONATE (SORBITOL FREE) 15 GRAM/60 ML ORAL SUSP	Removed from Plan Formulary
STRATTERA 10 MG CAPSULE	Removed from Plan Formulary
STRATTERA 100 MG CAPSULE	Removed from Plan Formulary
STRATTERA 18 MG CAPSULE	Removed from Plan Formulary
STRATTERA 25 MG CAPSULE	Removed from Plan Formulary
STRATTERA 40 MG CAPSULE	Removed from Plan Formulary
STRATTERA 60 MG CAPSULE	Removed from Plan Formulary
STRATTERA 80 MG CAPSULE	Removed from Plan Formulary
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM	Removed from Plan Formulary
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM	Removed from Plan Formulary
SUBOXONE 4 MG-1 MG SUBLINGUAL FILM	Removed from Plan Formulary
SUBOXONE 8 MG-2 MG SUBLINGUAL FILM	Removed from Plan Formulary
<i>sulfacetamide sodium 10 % top cleanser,gel extended release</i>	Removed from Plan Formulary
<i>sulfacetamide sodium-sulfur 10 %-5 % topical foam</i>	Removed from Plan Formulary
<i>sulfacetamide sodium-urea 10 %-10 % lotion</i>	Removed from Plan Formulary
SULFAZINE 500 MG TABLET	Removed from Plan Formulary
TAMIFLU 6 MG/ML ORAL SUSPENSION	Removed from Plan Formulary
TANZEUM 30 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Removed from Plan Formulary
TANZEUM 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Removed from Plan Formulary
TEKAMLO 150 MG-10 MG TABLET	Removed from Plan Formulary
TEKAMLO 150 MG-5 MG TABLET	Removed from Plan Formulary
TEKAMLO 300 MG-10 MG TABLET	Removed from Plan Formulary

Medication Name	Change Description
TEKAMLO 300 MG-5 MG TABLET	Removed from Plan Formulary
TETANUS TOXOID ADSORBED 5 LF UNIT/0.5 ML INTRAMUSCULAR SOLUTION	Removed from Plan Formulary
<i>tetanus toxoid fluid 5 lf unit injection solution</i>	Removed from Plan Formulary
<i>tetanus toxoid fluid 5 lf unit injection syringe</i>	Removed from Plan Formulary
TETANUS TOXOID, ADSORBED (PF) 5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	Removed from Plan Formulary
<i>tetanus-diphtheria toxoids-td 2 lf unit-2 lf unit/0.5 ml im suspension</i>	Removed from Plan Formulary
<i>theophylline er 400 mg tablet, extended release</i>	Removed from Plan Formulary
<i>theophylline er 600 mg tablet, extended release</i>	Removed from Plan Formulary
THERMAZENE 1 % TOPICAL CREAM	Removed from Plan Formulary
<i>ticlopidine 250 mg tablet</i>	Removed from Plan Formulary
TIS-U-SOL IRRIGATION SOLUTION	Removed from Plan Formulary
<i>travoprost (benzalkonium) 0.004 % eye drops</i>	Removed from Plan Formulary
TRIHIBIT (PF) 6.7 LF-46.8 MCG-5 LF-10 MCG INTRAMUSCULAR KIT	Removed from Plan Formulary
TRINESSA (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET	Removed from Plan Formulary
TRIPEDIA (PF) 6.7 LF UNIT-46.8 MCG-5/0.5 ML INTRAMUSCULAR SUSPENSION	Removed from Plan Formulary
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SUSPENSION	Removed from Plan Formulary
TYZEKA 600 MG TABLET	Removed from Plan Formulary
<i>urea 40 % nail film suspension</i>	Removed from Plan Formulary
<i>urea 40 % topical gel</i>	Removed from Plan Formulary
<i>urea 45 % lotion</i>	Removed from Plan Formulary
VAGIFEM 10 MCG VAGINAL TABLET	Removed from Plan Formulary
VALPROIC ACID (AS SODIUM SALT) 250 MG/5 ML SYRINGE (FOR ORAL USE ONLY)	Removed from Plan Formulary
VARIZIG 125 UNIT INTRAMUSCULAR POWDER FOR SOLUTION	Removed from Plan Formulary
VERAMYST 27.5 MCG/ACTUATION NASAL SPRAY, SUSPENSION	Removed from Plan Formulary
VESTURA (28) 3 MG-0.02 MG TABLET	Removed from Plan Formulary
VEXOL 1 % EYE DROPS, SUSPENSION	Removed from Plan Formulary
VIDEX 4 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION	Removed from Plan Formulary
VIIBRYD 10 MG (7)-20 MG (7)-40 MG(16) TABLETS IN A DOSE PACK	Removed from Plan Formulary
VISICOL 1.5 GRAM (1.102-0.398) TABLET	Removed from Plan Formulary
VITEKTA 150 MG TABLET	Removed from Plan Formulary
VITEKTA 85 MG TABLET	Removed from Plan Formulary
VIVOTIF BERNA VACCINE 2 BILLION UNIT CAPSULE, DELAYED RELEASE	Removed from Plan Formulary
WELCHOL 3.75 GRAM ORAL POWDER PACKET	Removed from Plan Formulary
WELCHOL 625 MG TABLET	Removed from Plan Formulary
ZENCHENT FE 0.4 MG-35 MCG (21)/75 MG (7) CHEWABLE TABLET	Removed from Plan Formulary
ZOVIA 1/50E (28) 1 MG-50 MCG TABLET	Removed from Plan Formulary
ZYFLO CR 600 MG TABLET, EXTENDED RELEASE	Removed from Plan Formulary
ZYTIGA 250 MG TABLET	Removed from Plan Formulary
<i>abacavir 20 mg/ml oral solution</i>	Updated from Tier 3 to Tier 1
<i>atazanavir 150 mg capsule</i>	Updated from Tier 3 to Tier 1
<i>atazanavir 200 mg capsule</i>	Updated from Tier 3 to Tier 1
<i>atazanavir 300 mg capsule</i>	Updated from Tier 3 to Tier 1
<i>efavirenz 200 mg capsule</i>	Updated from Tier 3 to Tier 1

Medication Name	Change Description
<i>efavirenz 50 mg capsule</i>	Updated from Tier 3 to Tier 1
<i>efavirenz 600 mg tablet</i>	Updated from Tier 3 to Tier 1
EPIVIR 10 MG/ML ORAL SOLUTION	Updated from Tier 3 to Tier 4
EPIVIR 150 MG TABLET	Updated from Tier 3 to Tier 4
EPZICOM 600 MG-300 MG TABLET	Updated from Tier 3 to Tier 4
<i>fosamprenavir 700 mg tablet</i>	Updated from Tier 3 to Tier 1
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION	Updated from Tier 3 to Tier 4
LEXIVA 700 MG TABLET	Updated from Tier 3 to Tier 4
<i>lopinavir-ritonavir 400 mg-100 mg/5 ml oral solution</i>	Updated from Tier 3 to Tier 1
NORVIR 100 MG ORAL POWDER PACKET	Updated from Tier 4 to Tier 3
NORVIR 100 MG TABLET	Updated from Tier 3 to Tier 4
PRADAXA 110 MG CAPSULE	Updated from Tier 3 to Tier 4
PRADAXA 150 MG CAPSULE	Updated from Tier 3 to Tier 4
PRADAXA 75 MG CAPSULE	Updated from Tier 3 to Tier 4
PREZISTA 100 MG/ML ORAL SUSPENSION	Updated from Tier 4 to Tier 3
REYATAZ 150 MG CAPSULE	Updated from Tier 3 to Tier 4
REYATAZ 200 MG CAPSULE	Updated from Tier 3 to Tier 4
REYATAZ 300 MG CAPSULE	Updated from Tier 3 to Tier 4
<i>ritonavir 100 mg tablet</i>	Updated from Tier 3 to Tier 1
SUSTIVA 200 MG CAPSULE	Updated from Tier 3 to Tier 4
SUSTIVA 50 MG CAPSULE	Updated from Tier 3 to Tier 4
SUSTIVA 600 MG TABLET	Updated from Tier 3 to Tier 4
<i>tenofovir disoproxil fumarate 300 mg tablet</i>	Updated from Tier 3 to Tier 1
TRIZIVIR 300 MG-150 MG-300 MG TABLET	Updated from Tier 3 to Tier 5
VIRAMUNE 200 MG TABLET	Updated from Tier 4 to Tier 5
VIRAMUNE 50 MG/5 ML ORAL SUSPENSION	Updated from Tier 3 to Tier 5
VIRAMUNE XR 100 MG TABLET, EXTENDED RELEASE	Updated from Tier 3 to Tier 5
VIRAMUNE XR 400 MG TABLET, EXTENDED RELEASE	Updated from Tier 3 to Tier 5
VIREAD 300 MG TABLET	Updated from Tier 3 to Tier 4
ZIAGEN 20 MG/ML ORAL SOLUTION	Updated from Tier 3 to Tier 4

Nondiscrimination Notice

Health First Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health First Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health First Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please contact our Civil Rights Coordinator.

If you believe that Health First Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, 6450 US Highway 1, Rockledge, FL 32955, 321-434-4521, 1-800-955-8771 (TTY), Fax: 321-434-4362, civilrightscordinator@hf.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Health Plans

6450 U.S. Highway 1
Rockledge, FL 32955
myHFHP.org

English:

If you, or someone you're helping, has questions about Health First Health Plans, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-443-4735.

Spanish:

En caso que usted, o alguien a quien usted ayude, tenga cualquier duda o pregunta acerca de Health First Health Plans, usted tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-443-4735.

Haitian Creole:

Si oumenm oswa yon moun w ap ede gen kesyon konsènan Health First Health Plans, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 855-443-4735.

Vietnamese:

Nếu Quý vị, hay người mà Quý vị đang giúp đỡ, có câu hỏi về Health First Health Plans thì Quý vị có quyền được trợ giúp và được biết thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với thông dịch viên, xin gọi số 855-443-4735.

Portuguese:

Você ou alguém que você estiver ajudando tem o direito de tirar dúvidas e obter informações sobre os Health First Health Plans no seu idioma e sem custos. Para falar com um tradutor, ligue para 855-443-4735.

Chinese:

如果您，或是您正在協助的對象，有與 Health First Health Plans 相關的問題，您有權以您的母語免費取得幫助和資訊。請致電 855-443-4735 與翻譯員洽談。

French:

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Health First Health Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-443-4735.

Tagalog:

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Health First Health Plans, may karapatan ka na humingi ng tulong at impormasyon sa iyong wika nang libre. Upang makausap ang isang tagasalin, tumawag sa 855-443-4735.

Russian:

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Health First Health Plans, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 855-443-4735.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Health First Health Plans، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بالرقم 855-443-4735.

Italian:

Se lei o qualcuno che sta aiutando avete domande su Health First Health Plans, ha il diritto di ottenere aiuto e informazioni nella sua lingua gratuitamente. Per parlare con un interprete, può chiamare il numero 855-443-4735.

German:

Falls Sie oder jemand, dem Sie helfen, Fragen zum Health First Health Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-443-4735 an.

Korean:

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Health First Health Plans에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 855-443-4735로 전화하십시오.

Polish:

Jeśli Ty lub osoba, której pomagasz, macie pytania na temat Health First Health Plans, macie Państwo prawo do bezpłatnego uzyskania informacji i pomocy w języku ojczystym. Aby porozmawiać z tłumaczem, prosimy zadzwonić pod numer 855-443-4735.

Gujarati:

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યા હો તેમાંથી કોઈને હલ્થ ફર્સ્ટ હલ્થ પ્લાન્સ વિશે પ્રશ્નો હોય તો તમને તમારી ભાષામાં વિના મૂલ્યે મદદ અને માહિતી મેળવવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 855-443-4735 પર કોલ કરો.

Thai:

หากคุณหรือคนที่คุณกำลังช่วยเหลือมีคำถามเกี่ยวกับ Health First Health Plans

คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย หากต้องการพูดคุยกับล่าม โปรดโทร 855-443-4735.

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