

**Updated: January 1, 2021**

# **2021 Formulary Annual Notice of Change**

## **Commercial 5-Tier Plans**

**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 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](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. 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:1/1/2021

Medication Name	Change Description
AIMOVIG AUTOINJECTOR 140 MG/ML SUBCUTANEOUS AUTO-INJECTOR	Formulary Addition
AIMOVIG AUTOINJECTOR 70 MG/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
FARXIGA 10 MG TABLET	Formulary Addition
FARXIGA 5 MG TABLET	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
TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE	Formulary Addition
XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE	Formulary Addition
XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE	Formulary Addition
XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE	Formulary Addition
XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE	Formulary Addition
XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE	Formulary Addition

Medication Name	Change Description
<b>XPOVIO 40 MG TWICE WEEKLY (80 MG/WEEK) (20 MG X 4) TABLET</b>	Formulary Addition
<b>XPOVIO 40 MG/WEEK (20 MG X 2) TABLET</b>	Formulary Addition
<b>XPOVIO 60 MG TWICE WEEKLY (120 MG/WEEK) (20 MG X 6) TABLET</b>	Formulary Addition
<b>XPOVIO 80 MG TWICE WEEKLY (160 MG/WEEK) (20 MG X 8) TABLET</b>	Formulary Addition
<b>ZYTIGA 250 MG TABLET</b>	Formulary Addition
<b>ADRUCIL 500 MG/10 ML INTRAVENOUS SOLUTION</b>	Removed from Plan Formulary
<b>AFEDITAB CR 30 MG TABLET,EXTENDED RELEASE</b>	Removed from Plan Formulary
<b>AFEDITAB CR 60 MG TABLET,EXTENDED RELEASE</b>	Removed from Plan Formulary
<i>alendronate 40 mg tablet</i>	Removed from Plan Formulary
<b>AVONEX (WITH ALBUMIN) 30 MCG INTRAMUSCULAR KIT</b>	Removed from Plan Formulary
<b>BAQSIMI 3 MG/ACTUATION NASAL SPRAY</b>	Removed from Plan Formulary
<b>BYNFEZIA 2,500 MCG/ML SUBCUTANEOUS PEN INJECTOR</b>	Removed from Plan Formulary
<i>chlorothiazide 250 mg tablet</i>	Removed from Plan Formulary
<i>chlorpropamide 100 mg tablet</i>	Removed from Plan Formulary
<i>chlorpropamide 250 mg tablet</i>	Removed from Plan Formulary
<i>ciprofloxacin er 1,000 mg tablet,extended release 24hr mphase</i>	Removed from Plan Formulary
<i>ciprofloxacin er 500 mg tablet,extended release 24hr mphase</i>	Removed from Plan Formulary
<b>CLOVIQUE 250 MG CAPSULE</b>	Removed from Plan Formulary
<b>COLY-MYCIN S 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION</b>	Removed from Plan Formulary
<b>CRIXIVAN 400 MG CAPSULE</b>	Removed from Plan Formulary
<b>DELYLA (28) 0.1 MG-20 MCG TABLET</b>	Removed from Plan Formulary
<i>desvenlafaxine er 100 mg tablet,extended release 24 hour</i>	Removed from Plan Formulary
<i>desvenlafaxine er 50 mg tablet,extended release 24 hour</i>	Removed from Plan Formulary
<i>diazoxide 50 mg/ml oral suspension</i>	Removed from Plan Formulary

<b>Medication Name</b>	<b>Change Description</b>
<i>didanosine 125 mg capsule, delayed release</i>	Removed from Plan Formulary
<i>didanosine 200 mg capsule, delayed release</i>	Removed from Plan Formulary
<b>DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS SYRINGE</b>	Removed from Plan Formulary
<b>ELIGARD 22.5 MG (3 MONTH) SUBCUTANEOUS SYRINGE</b>	Removed from Plan Formulary
<b>ELIGARD 30 MG (4 MONTH) SUBCUTANEOUS SYRINGE</b>	Removed from Plan Formulary
<b>ELIGARD 45 MG (6 MONTH) SUBCUTANEOUS SYRINGE</b>	Removed from Plan Formulary
<b>ELIGARD 7.5 MG (1 MONTH) SUBCUTANEOUS SYRINGE</b>	Removed from Plan Formulary
<b>EMEND 125 MG CAPSULE</b>	Removed from Plan Formulary
<i>erythromycin with ethanol 2 % topical swab</i>	Removed from Plan Formulary
<i>etidronate disodium 400 mg tablet</i>	Removed from Plan Formulary
<i>flurbiprofen 50 mg tablet</i>	Removed from Plan Formulary
<b>FREESTYLE LIBRE 10 DAY READER</b>	Removed from Plan Formulary
<b>FREESTYLE LIBRE 10 DAY SENSOR KIT</b>	Removed from Plan Formulary
<i>homatropine 5 % eye drops</i>	Removed from Plan Formulary
<b>HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT</b>	Removed from Plan Formulary
<b>INFLECTRA 100 MG INTRAVENOUS SOLUTION</b>	Removed from Plan Formulary
<b>ISTURISA 1 MG TABLET</b>	Removed from Plan Formulary
<b>ISTURISA 10 MG TABLET</b>	Removed from Plan Formulary
<b>ISTURISA 5 MG TABLET</b>	Removed from Plan Formulary
<b>KLOR-CON SPRINKLE 8 MEQ CAPSULE, EXTENDED RELEASE</b>	Removed from Plan Formulary
<b>KOSELUGO 10 MG CAPSULE</b>	Removed from Plan Formulary
<b>KOSELUGO 25 MG CAPSULE</b>	Removed from Plan Formulary
<b>LAXATIVE FEMININE 5 MG TABLET</b>	Removed from Plan Formulary
<b>LOPREEZA 0.5 MG-0.1 MG TABLET</b>	Removed from Plan Formulary
<i>methyclothiazide 5 mg tablet</i>	Removed from Plan Formulary
<b>MIMVEY LO 0.5 MG-0.1 MG TABLET</b>	Removed from Plan Formulary
<b>MODERIBA 200 MG TABLET</b>	Removed from Plan Formulary

Medication Name	Change Description
MORPHINE CONCENTRATE 20 MG/ML ORAL SYRINGE (FOR ORAL USE ONLY)	Removed from Plan Formulary
NATURE-THROID 113.75 MG TABLET	Removed from Plan Formulary
NATURE-THROID 130 MG TABLET	Removed from Plan Formulary
NATURE-THROID 146.25 MG TABLET	Removed from Plan Formulary
NATURE-THROID 16.25 MG TABLET	Removed from Plan Formulary
NATURE-THROID 162.5 MG TABLET	Removed from Plan Formulary
NATURE-THROID 195 MG TABLET	Removed from Plan Formulary
NATURE-THROID 260 MG TABLET	Removed from Plan Formulary
NATURE-THROID 32.5 MG TABLET	Removed from Plan Formulary
NATURE-THROID 325 MG TABLET	Removed from Plan Formulary
NATURE-THROID 48.75 MG TABLET	Removed from Plan Formulary
NATURE-THROID 65 MG TABLET	Removed from Plan Formulary
NATURE-THROID 81.25 MG TABLET	Removed from Plan Formulary
NATURE-THROID 97.5 MG TABLET	Removed from Plan Formulary
NEXLETOL 180 MG TABLET	Removed from Plan Formulary
NEXLIZET 180 MG-10 MG TABLET	Removed from Plan Formulary
NEXT CHOICE ONE DOSE 1.5 MG TABLET	Removed from Plan Formulary
<i>norethindrone 1 mg-ethinyl estradiol 20 mcg (24)-iron 75 mg (4) tablet</i>	Removed from Plan Formulary
NORLYROC 0.35 MG TABLET	Removed from Plan Formulary
NYMALIZE 30 MG/5 ML ORAL SYRINGE (FOR ORAL USE ONLY)	Removed from Plan Formulary
NYMALIZE 60 MG/10 ML ORAL SYRINGE (FOR ORAL USE ONLY)	Removed from Plan Formulary
OGESTREL (28) 0.5 MG-50 MCG TABLET	Removed from Plan Formulary
<i>peg 3350 240 gram-electrolytes 22.72 gram-6.72 g-5.84 g powdr for soln</i>	Removed from Plan Formulary
PEMAZYRE 13.5 MG TABLET	Removed from Plan Formulary
PEMAZYRE 4.5 MG TABLET	Removed from Plan Formulary
PEMAZYRE 9 MG TABLET	Removed from Plan Formulary
PHENADOZ 12.5 MG RECTAL SUPPOSITORY	Removed from Plan Formulary
PHENERGAN 12.5 MG RECTAL SUPPOSITORY	Removed from Plan Formulary
PHENERGAN 25 MG RECTAL SUPPOSITORY	Removed from Plan Formulary
PHENERGAN 50 MG RECTAL SUPPOSITORY	Removed from Plan Formulary
PROMACTA 25 MG ORAL POWDER PACKET	Removed from Plan Formulary

<b>Medication Name</b>	<b>Change Description</b>
<b>PRUTECT TOPICAL EMULSION</b>	Removed from Plan Formulary
<b>PYRIMETHAMINE (BULK) POWDER</b>	Removed from Plan Formulary
<b>QINLOCK 50 MG TABLET</b>	Removed from Plan Formulary
<i>ranitidine 75 mg tablet</i>	Removed from Plan Formulary
<b>RENFLEXIS 100 MG INTRAVENOUS SOLUTION</b>	Removed from Plan Formulary
<b>RESCRIPTOR 200 MG TABLET</b>	Removed from Plan Formulary
<b>RETEVMO 40 MG CAPSULE</b>	Removed from Plan Formulary
<b>RETEVMO 80 MG CAPSULE</b>	Removed from Plan Formulary
<b>RIBASPHERE 200 MG CAPSULE</b>	Removed from Plan Formulary
<i>sodium polystyrene sulfonate 15 gram/60 ml oral suspension</i>	Removed from Plan Formulary
<i>theophylline er 100 mg tablet, extended release, 12 hr</i>	Removed from Plan Formulary
<i>theophylline er 200 mg tablet, extended release, 12 hr</i>	Removed from Plan Formulary
<b>TUKYSA 150 MG TABLET</b>	Removed from Plan Formulary
<b>TUKYSA 50 MG TABLET</b>	Removed from Plan Formulary
<b>VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION</b>	Removed from Plan Formulary
<b>WOMAN'S LAXATIVE (BISACODYL) 5 MG TABLET, DELAYED RELEASE</b>	Removed from Plan Formulary
<b>ZENCHENT (28) 0.4 MG-35 MCG TABLET</b>	Removed from Plan Formulary
<b>AJOVY SYRINGE 225 MG/1.5 ML SUBCUTANEOUS</b>	Updated from Tier 4 to Tier 3
<b>LATUDA 120 MG TABLET</b>	PA is added QL is added
<b>LATUDA 20 MG TABLET</b>	PA is added QL is added
<b>LATUDA 40 MG TABLET</b>	PA is added QL is added
<b>LATUDA 60 MG TABLET</b>	PA is added QL is added
<b>LATUDA 80 MG TABLET</b>	PA is added QL is added
<b>LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET</b>	Updated from Tier 4 to Tier 3
<b>NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET</b>	Updated from Tier 3 to Non-Formulary
<b>REBIF (WITH ALBUMIN) 22 MCG/0.5 ML SUBCUTANEOUS SYRINGE</b>	Updated from Tier 5 to Non-Formulary
<b>REBIF (WITH ALBUMIN) 44 MCG/0.5 ML SUBCUTANEOUS SYRINGE</b>	Updated from Tier 5 to Non-Formulary

Medication Name	Change Description
REBIF REBIDOSE 22 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Updated from Tier 5 to Non-Formulary
REBIF REBIDOSE 44 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR	Updated from Tier 5 to Non-Formulary
REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR	Updated from Tier 4 to Tier 3 PA is added QL is added
REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR	Updated from Tier 4 to Tier 3 PA is added QL is added
REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE	Updated from Tier 4 to Tier 3 PA is added QL is added
SAFYRAL 3 MG-0.03 MG-0.451 MG (21)/0.451 MG (7) TABLET	Updated from Tier 3 to Non-Formulary
SEGLUROMET 2.5 MG-1,000 MG TABLET	Updated from Tier 3 to Non-Formulary QL is added
SEGLUROMET 2.5 MG-500 MG TABLET	Updated from Tier 3 to Non-Formulary QL is added
SEGLUROMET 7.5 MG-1,000 MG TABLET	Updated from Tier 3 to Non-Formulary QL is added
SEGLUROMET 7.5 MG-500 MG TABLET	Updated from Tier 3 to Non-Formulary QL is added
STEGLATRO 15 MG TABLET	Updated from Tier 3 to Non-Formulary QL is added
STEGLATRO 5 MG TABLET	Updated from Tier 3 to Non-Formulary QL is added
TRINTELLIX 10 MG TABLET	Updated from Tier 3 to Tier 4 PA is added QL is added
TRINTELLIX 20 MG TABLET	Updated from Tier 3 to Tier 4 PA is added QL is added
TRINTELLIX 5 MG TABLET	Updated from Tier 3 to Tier 4 PA is added QL is added
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK	PA is added ST is added QL is added
VIIBRYD 10 MG TABLET	PA is added ST is added QL is added
VIIBRYD 20 MG TABLET	PA is added ST is added QL is added
VIIBRYD 40 MG TABLET	PA is added ST is added QL is added