

**Updated: January 1, 2021**

## **Commercial Metal 5-Tier Plans**

### **2021 Formulary Annual Notice of Change**

**This is a listing of the changes that have occurred to the 2021 Commercial Metal Plans 5-Tier Formulary. For a complete list, please refer to our website and review the 2021 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 1-844-522-5279 (TTY/TDD relay: 1-800-955-8771) Monday through Friday from 8am to 6pm or visit [myAHplan.com](http://myAHplan.com).

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 AdventHealth Advantage Plans. AdventHealth Advantage 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
<b>AJOVY SYRINGE 225 MG/1.5 ML SUBCUTANEOUS</b>	Formulary Addition
<b>CIMZIA 400 MG/2 ML (200 MG/ML X 2) SUBCUTANEOUS SYRINGE KIT</b>	Formulary Addition
<b>CIMZIA POWDER FOR RECON 400 MG (200 MG X 2 VIALS) SUBCUTANEOUS KIT</b>	Formulary Addition
<b>CIMZIA STARTER KIT 400 MG/2 ML (200 MG/ML X2) SUBCUTANEOUS SYRINGE KIT</b>	Formulary Addition
<i>ciprofloxacin 0.3 %-dexamethasone 0.1 % ear drops,suspension</i>	Formulary Addition
<b>DUPIXENT 300 MG/2 ML SUBCUTANEOUS PEN INJECTOR</b>	Formulary Addition
<b>ENBREL 25 MG/0.5 ML SUBCUTANEOUS SOLUTION</b>	Formulary Addition
<i>esomeprazole magnesium 20 mg capsule,delayed release</i>	Formulary Addition
<i>esomeprazole magnesium 40 mg capsule,delayed release</i>	Formulary Addition
<b>FINTEPLA 2.2 MG/ML ORAL SOLUTION</b>	Formulary Addition
<b>KESIMPTA PEN 20 MG/0.4 ML SUBCUTANEOUS PEN INJECTOR</b>	Formulary Addition
<i>phenytoin sodium extended 100 mg capsule</i>	Formulary Addition
<i>phenytoin sodium extended 200 mg capsule</i>	Formulary Addition
<i>phenytoin sodium extended 300 mg capsule</i>	Formulary Addition
<b>PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR</b>	Formulary Addition
<b>PLEGRIDY 125 MCG/0.5 ML SUBCUTANEOUS SYRINGE</b>	Formulary Addition
<b>PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR</b>	Formulary Addition
<b>PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS SYRINGE</b>	Formulary Addition
<i>ramelteon 8 mg tablet</i>	Formulary Addition
<b>RUKOBIA 600 MG TABLET,EXTENDED RELEASE</b>	Formulary Addition
<b>SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN</b>	Formulary Addition
<b>TAYTULLA 1 MG-20 MCG (24)/75 MG (4) CAPSULE</b>	Formulary Addition
<b>TEMIXYS 300 MG-300 MG TABLET</b>	Formulary Addition

Medication Name	Change Description
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
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
AFINITOR 2.5 MG TABLET	Removed from Plan Formulary
AFINITOR 5 MG TABLET	Removed from Plan Formulary
AFINITOR 7.5 MG TABLET	Removed from Plan Formulary
AJOVY 225 MG/1.5 ML SUBCUTANEOUS AUTO-INJECTOR	Removed from Plan Formulary
AKYNZEO (FOSNETUPITANT) 235 MG-0.25 MG INTRAVENOUS SOLUTION	Removed from Plan Formulary
AMITIZA 24 MCG CAPSULE	Removed from Plan Formulary
AMITIZA 8 MCG CAPSULE	Removed from Plan Formulary
BAQSIMI 3 MG/ACTUATION NASAL SPRAY	Removed from Plan Formulary
BYNFEZIA 2,500 MCG/ML SUBCUTANEOUS PEN INJECTOR	Removed from Plan Formulary
CARAFATE 100 MG/ML ORAL SUSPENSION	Removed from Plan Formulary
CLOVIQUE 250 MG CAPSULE	Removed from Plan Formulary
<i>diazoxide 50 mg/ml oral suspension</i>	Removed from Plan Formulary
ELIGARD 22.5 MG (3 MONTH) SUBCUTANEOUS SYRINGE	Removed from Plan Formulary
ELIGARD 30 MG (4 MONTH) SUBCUTANEOUS SYRINGE	Removed from Plan Formulary
ELIGARD 45 MG (6 MONTH) SUBCUTANEOUS SYRINGE	Removed from Plan Formulary

Medication Name	Change Description
ELIGARD 7.5 MG (1 MONTH) SUBCUTANEOUS SYRINGE	Removed from Plan Formulary
EPIPEN 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR	Removed from Plan Formulary
EPIPEN 2-PAK 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR	Removed from Plan Formulary
EPIPEN JR 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR	Removed from Plan Formulary
EPIPEN JR 2-PAK 0.15 MG/0.3 ML INJECTION,AUTO-INJECTOR	Removed from Plan Formulary
EXJADE 125 MG DISPERSIBLE TABLET	Removed from Plan Formulary
EXJADE 250 MG DISPERSIBLE TABLET	Removed from Plan Formulary
EXJADE 500 MG DISPERSIBLE TABLET	Removed from Plan Formulary
FREESTYLE LIBRE 14 DAY READER	Removed from Plan Formulary
FREESTYLE LIBRE 14 DAY SENSOR KIT	Removed from Plan Formulary
INFLECTRA 100 MG INTRAVENOUS SOLUTION	Removed from Plan Formulary
ISTURISA 1 MG TABLET	Removed from Plan Formulary
ISTURISA 10 MG TABLET	Removed from Plan Formulary
ISTURISA 5 MG TABLET	Removed from Plan Formulary
KOSELUGO 10 MG CAPSULE	Removed from Plan Formulary
KOSELUGO 25 MG CAPSULE	Removed from Plan Formulary
LETAIRIS 10 MG TABLET	Removed from Plan Formulary
LETAIRIS 5 MG TABLET	Removed from Plan Formulary
LOTEMAX 0.5 % EYE DROPS,SUSPENSION	Removed from Plan Formulary
LYRICA 100 MG CAPSULE	Removed from Plan Formulary
LYRICA 150 MG CAPSULE	Removed from Plan Formulary
LYRICA 200 MG CAPSULE	Removed from Plan Formulary
LYRICA 225 MG CAPSULE	Removed from Plan Formulary
LYRICA 25 MG CAPSULE	Removed from Plan Formulary
LYRICA 300 MG CAPSULE	Removed from Plan Formulary
LYRICA 50 MG CAPSULE	Removed from Plan Formulary
LYRICA 75 MG CAPSULE	Removed from Plan Formulary
MAKENA (PF) 275 MG/1.1 ML SUBCUTANEOUS AUTO-INJECTOR	Removed from Plan Formulary
<i>mesalamine er 0.375 gram capsule,extended release 24 hr</i>	Removed from Plan Formulary

<b>Medication Name</b>	<b>Change Description</b>
<b>MOXEZA 0.5 % EYE DROPS</b>	Removed from Plan Formulary
<b>NAFTIN 1 % TOPICAL GEL</b>	Removed from Plan Formulary
<b>NEXLETOL 180 MG TABLET</b>	Removed from Plan Formulary
<b>NEXLIZET 180 MG-10 MG TABLET</b>	Removed from Plan Formulary
<b>NORVIR 100 MG CAPSULE</b>	Removed from Plan Formulary
<b>NYMALIZE 30 MG/5 ML ORAL SYRINGE (FOR ORAL USE ONLY)</b>	Removed from Plan Formulary
<b>NYMALIZE 60 MG/10 ML ORAL SYRINGE (FOR ORAL USE ONLY)</b>	Removed from Plan Formulary
<b>OMNIPOD DASH 5 PACK INSULIN POD SUBCUTANEOUS CARTRIDGE</b>	Removed from Plan Formulary
<b>OMNIPOD DASH PERSONAL DIABETES MANAGER KIT</b>	Removed from Plan Formulary
<b>OMNIPOD INSULIN MANAGEMENT</b>	Removed from Plan Formulary
<b>OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE</b>	Removed from Plan Formulary
<b>OSMOPREP 1.5 GRAM (1.102-0.398) TABLET</b>	Removed from Plan Formulary
<b>PEMAZYRE 13.5 MG TABLET</b>	Removed from Plan Formulary
<b>PEMAZYRE 4.5 MG TABLET</b>	Removed from Plan Formulary
<b>PEMAZYRE 9 MG TABLET</b>	Removed from Plan Formulary
<b>PENTAM 300 MG SOLUTION FOR INJECTION</b>	Removed from Plan Formulary
<b>PROCRIT 10,000 UNIT/ML INJECTION SOLUTION</b>	Removed from Plan Formulary
<b>PROCRIT 2,000 UNIT/ML INJECTION SOLUTION</b>	Removed from Plan Formulary
<b>PROCRIT 20,000 UNIT/ML INJECTION SOLUTION</b>	Removed from Plan Formulary
<b>PROCRIT 3,000 UNIT/ML INJECTION SOLUTION</b>	Removed from Plan Formulary
<b>PROCRIT 4,000 UNIT/ML INJECTION SOLUTION</b>	Removed from Plan Formulary
<b>PROCRIT 40,000 UNIT/ML INJECTION SOLUTION</b>	Removed from Plan Formulary
<b>PROMACTA 25 MG ORAL POWDER PACKET</b>	Removed from Plan Formulary
<i>pyrimethamine 25 mg tablet</i>	Removed from Plan Formulary
<b>QINLOCK 50 MG TABLET</b>	Removed from Plan Formulary
<b>RAPAMUNE 1 MG/ML ORAL SOLUTION</b>	Removed from Plan Formulary
<b>RENFLEXIS 100 MG INTRAVENOUS SOLUTION</b>	Removed from Plan Formulary
<b>RENVELA 0.8 GRAM ORAL POWDER PACKET</b>	Removed from Plan Formulary
<b>RENVELA 2.4 GRAM ORAL POWDER PACKET</b>	Removed from Plan Formulary
<b>RENVELA 800 MG TABLET</b>	Removed from Plan Formulary
<b>RETEVMO 40 MG CAPSULE</b>	Removed from Plan Formulary

Medication Name	Change Description
RETEVMO 80 MG CAPSULE	Removed from Plan Formulary
ROZEREM 8 MG TABLET	Removed from Plan Formulary
SABRIL 500 MG TABLET	Removed from Plan Formulary
SENSIPAR 30 MG TABLET	Removed from Plan Formulary
SENSIPAR 60 MG TABLET	Removed from Plan Formulary
SENSIPAR 90 MG TABLET	Removed from Plan Formulary
SUPRAX 400 MG CAPSULE	Removed from Plan Formulary
SYPRINE 250 MG CAPSULE	Removed from Plan Formulary
TARCEVA 100 MG TABLET	Removed from Plan Formulary
TARCEVA 150 MG TABLET	Removed from Plan Formulary
TARCEVA 25 MG TABLET	Removed from Plan Formulary
TAZORAC 0.1 % TOPICAL CREAM	Removed from Plan Formulary
TEKTURNA 150 MG TABLET	Removed from Plan Formulary
TEKTURNA 300 MG TABLET	Removed from Plan Formulary
<i>tolvaptan 30 mg tablet</i>	Removed from Plan Formulary
TRACLEER 125 MG TABLET	Removed from Plan Formulary
TRACLEER 62.5 MG TABLET	Removed from Plan Formulary
TRANSDERM-SCOP 1.5 MG TRANSDERMAL PATCH (1 MG OVER 3 DAYS)	Removed from Plan Formulary
TRAVATAN Z 0.004 % EYE DROPS	Removed from Plan Formulary
TUKYSA 150 MG TABLET	Removed from Plan Formulary
TUKYSA 50 MG TABLET	Removed from Plan Formulary
ULORIC 40 MG TABLET	Removed from Plan Formulary
ULORIC 80 MG TABLET	Removed from Plan Formulary
VESICARE 10 MG TABLET	Removed from Plan Formulary
VESICARE 5 MG TABLET	Removed from Plan Formulary
VIDEX EC 400 MG CAPSULE, DELAYED RELEASE	Removed from Plan Formulary
VIGAMOX 0.5 % EYE DROPS	Removed from Plan Formulary
VIRAMUNE XR 100 MG TABLET, EXTENDED RELEASE	Removed from Plan Formulary
XCOPRI MAINTENANCE PACK 250 MG/DAY (200 MG X 1 AND 50 MG X 1) TABLETS	Removed from Plan Formulary
XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS	Removed from Plan Formulary
XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK	Removed from Plan Formulary

Medication Name	Change Description
<b>XCOPRI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK</b>	Removed from Plan Formulary
<b>XCOPRI TITRATION PACK 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK</b>	Removed from Plan Formulary
<b>ZAVESCA 100 MG CAPSULE</b>	Removed from Plan Formulary
<b>ZEPOSIA 0.92 MG CAPSULE</b>	Removed from Plan Formulary
<b>ZEPOSIA STARTER KIT 0.23 MG-0.46 MG-0.92 MG CAPSULES IN A DOSE PACK</b>	Removed from Plan Formulary
<b>ZEPOSIA STARTER PACK 0.23 MG (4)-0.46 MG (3) CAPSULES IN A DOSE PACK</b>	Removed from Plan Formulary
<b>AIMOVIG AUTOINJECTOR 140 MG/ML SUBCUTANEOUS AUTO-INJECTOR</b>	Updated from Tier 4 to Tier 3 QL is added
<b>AIMOVIG AUTOINJECTOR 70 MG/ML SUBCUTANEOUS AUTO-INJECTOR</b>	Updated from Tier 4 to Tier 3 QL is added
<i>albendazole 200 mg tablet</i>	Updated from Tier 4 to Tier 5
<b>ALINIA 100 MG/5 ML ORAL SUSPENSION</b>	Updated from Tier 4 to Tier 5 PA is added
<b>ALINIA 500 MG TABLET</b>	Updated from Tier 4 to Tier 5 PA is added
<i>budesonide dr-er 9 mg tablet, delayed and extended release</i>	Updated from Tier 4 to Tier 5 QL is added
<i>cinacalcet 30 mg tablet</i>	PA is added    QL is added
<i>cinacalcet 60 mg tablet</i>	PA is added    QL is added
<i>cinacalcet 90 mg tablet</i>	PA is added    QL is added
<b>COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES</b>	PA is added    QL is added
<b>COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES</b>	PA is added    QL is added
<b>COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULES</b>	PA is added    QL is added
<b>DUPIXENT 300 MG/2 ML SUBCUTANEOUS SYRINGE</b>	PA is added    QL is added
<i>erlotinib 100 mg tablet</i>	PA is added    QL is added
<i>erlotinib 150 mg tablet</i>	PA is added    QL is added
<i>erlotinib 25 mg tablet</i>	PA is added    QL is added
<b>FARXIGA 10 MG TABLET</b>	Updated from Tier 4 to Tier 3 ST is added
<b>FARXIGA 5 MG TABLET</b>	Updated from Tier 4 to Tier 3 ST is added
<i>glatiramer 20 mg/ml subcutaneous syringe</i>	

Medication Name	Change Description
<i>glatiramer 40 mg/ml subcutaneous syringe</i>	
<b>GLATOPA 20 MG/ML SUBCUTANEOUS SYRINGE</b>	
<b>GLATOPA 40 MG/ML SUBCUTANEOUS SYRINGE</b>	
<b>ISENTRESS HD 600 MG TABLET</b>	Updated from Tier 5 to Tier 3 PA is added
<b>JULUCA 50 MG-25 MG TABLET</b>	Updated from Tier 5 to Tier 3 QL is added
<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>LONSURF 15 MG-6.14 MG TABLET</b>	PA is added    QL is added
<b>LONSURF 20 MG-8.19 MG TABLET</b>	PA is added    QL is added
<b>NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET</b>	Updated from Tier 3 to Non-Formulary
<b>PIFELTRO 100 MG TABLET</b>	Updated from Tier 5 to Tier 3 QL is added
<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
<b>REBIF REBIDOSE 22 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR</b>	Updated from Tier 5 to Non-Formulary
<b>REBIF REBIDOSE 44 MCG/0.5 ML SUBCUTANEOUS PEN INJECTOR</b>	Updated from Tier 5 to Non-Formulary
<b>REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR</b>	Updated from Tier 4 to Tier 3 PA is added    QL is added
<b>REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR</b>	Updated from Tier 4 to Tier 3 PA is added    QL is added
<b>REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE</b>	Updated from Tier 4 to Tier 3 PA is added    QL is added
<b>SAFYRAL 3 MG-0.03 MG-0.451 MG (21)/0.451 MG (7) TABLET</b>	Updated from Tier 3 to Non-Formulary
<b>SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH</b>	PA is added    QL is added



<b>Medication Name</b>	<b>Change Description</b>
<b>SEGLUROMET 2.5 MG-1,000 MG TABLET</b>	Updated from Tier 3 to Non-Formulary QL is added
<b>SEGLUROMET 2.5 MG-500 MG TABLET</b>	Updated from Tier 3 to Non-Formulary QL is added
<b>SEGLUROMET 7.5 MG-1,000 MG TABLET</b>	Updated from Tier 3 to Non-Formulary QL is added
<b>SEGLUROMET 7.5 MG-500 MG TABLET</b>	Updated from Tier 3 to Non-Formulary QL is added
<b>STEGLATRO 15 MG TABLET</b>	Updated from Tier 3 to Non-Formulary ST is added QL is added
<b>STEGLATRO 5 MG TABLET</b>	Updated from Tier 3 to Non-Formulary ST is added QL is added
<b>SYMFI 600 MG-300 MG-300 MG TABLET</b>	Updated from Tier 5 to Tier 3 QL is added
<b>SYMFI LO 400 MG-300 MG-300 MG TABLET</b>	Updated from Tier 5 to Tier 3 QL is added
<b>SYMITUZA 800 MG-150 MG-200 MG-10 MG TABLET</b>	Updated from Tier 5 to Tier 3 QL is added
<b>TAFINLAR 50 MG CAPSULE</b>	PA is added QL is added
<b>TAFINLAR 75 MG CAPSULE</b>	PA is added QL is added
<b>TRINTELLIX 10 MG TABLET</b>	Updated from Tier 3 to Tier 4 PA is added ST is added QL is added
<b>TRINTELLIX 20 MG TABLET</b>	Updated from Tier 3 to Tier 4 PA is added ST is added QL is added
<b>TRINTELLIX 5 MG TABLET</b>	Updated from Tier 3 to Tier 4 PA is added ST is added QL is added
<b>TRIZIVIR 300 MG-150 MG-300 MG TABLET</b>	Updated from Tier 5 to Tier 4
<b>VENCLEXTA 10 MG TABLET</b>	PA is added QL is added
<b>VENCLEXTA 50 MG TABLET</b>	PA is added QL is added
<b>VIDEX EC 125 MG CAPSULE, DELAYED RELEASE</b>	Updated from Tier 4 to Tier 3
<b>VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK</b>	PA is added ST is added QL is added
<b>VIIBRYD 10 MG TABLET</b>	PA is added ST is added QL is added

Medication Name	Change Description
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
VIRAMUNE 200 MG TABLET	Updated from Tier 5 to Tier 4
VIRAMUNE 50 MG/5 ML ORAL SUSPENSION	Updated from Tier 5 to Tier 4
VIRAMUNE XR 400 MG TABLET, EXTENDED RELEASE	Updated from Tier 5 to Tier 4