

Updated: January 1, 2021

2021 Formulary Annual Notice of Change

Commercial 3-Tier Plans

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 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.

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 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.

Commercial NOC

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
XPOVIO 40 MG TWICE WEEKLY (80 MG/WEEK) (20 MG X 4) TABLET	Formulary Addition

Medication Name	Change Description
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
ZYTIGA 250 MG TABLET	Formulary Addition
ADRUCIL 500 MG/10 ML INTRAVENOUS SOLUTION	Removed from Plan Formulary
AFEDITAB CR 30 MG TABLET,EXTENDED RELEASE	Removed from Plan Formulary
AFEDITAB CR 60 MG TABLET,EXTENDED RELEASE	Removed from Plan Formulary
<i>alendronate 40 mg tablet</i>	Removed from Plan Formulary
AVONEX (WITH ALBUMIN) 30 MCG INTRAMUSCULAR KIT	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
<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
CLOVIQUE 250 MG CAPSULE	Removed from Plan Formulary
COLY-MYCIN S 3.3 MG-3 MG-10 MG-0.5 MG/ML EAR DROPS,SUSPENSION	Removed from Plan Formulary
CRIXIVAN 400 MG CAPSULE	Removed from Plan Formulary
DELYLA (28) 0.1 MG-20 MCG TABLET	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
<i>didanosine 125 mg capsule,delayed release</i>	Removed from Plan Formulary
<i>didanosine 200 mg capsule,delayed release</i>	Removed from Plan Formulary
DUPIXENT 200 MG/1.14 ML SUBCUTANEOUS SYRINGE	Removed from Plan Formulary

Medication Name	Change Description
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
ELIGARD 7.5 MG (1 MONTH) SUBCUTANEOUS SYRINGE	Removed from Plan Formulary
EMEND 125 MG CAPSULE	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
FREESTYLE LIBRE 10 DAY READER	Removed from Plan Formulary
FREESTYLE LIBRE 10 DAY SENSOR KIT	Removed from Plan Formulary
<i>homatropine 5 % eye drops</i>	Removed from Plan Formulary
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML SUBCUTANEOUS SYRINGE 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
KLOR-CON SPRINKLE 8 MEQ CAPSULE, EXTENDED RELEASE	Removed from Plan Formulary
KOSELUGO 10 MG CAPSULE	Removed from Plan Formulary
KOSELUGO 25 MG CAPSULE	Removed from Plan Formulary
LAXATIVE FEMININE 5 MG TABLET	Removed from Plan Formulary
LOPREEZA 0.5 MG-0.1 MG TABLET	Removed from Plan Formulary
<i>methyclothiazide 5 mg tablet</i>	Removed from Plan Formulary
MIMVEY LO 0.5 MG-0.1 MG TABLET	Removed from Plan Formulary
MODERIBA 200 MG TABLET	Removed from Plan Formulary
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

Medication Name	Change Description
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
PRUTECT TOPICAL EMULSION	Removed from Plan Formulary
PYRIMETHAMINE (BULK) POWDER	Removed from Plan Formulary
QINLOCK 50 MG TABLET	Removed from Plan Formulary
<i>ranitidine 75 mg tablet</i>	Removed from Plan Formulary
RENFLEXIS 100 MG INTRAVENOUS SOLUTION	Removed from Plan Formulary

Medication Name	Change Description
RESCRIPTOR 200 MG TABLET	Removed from Plan Formulary
RETEVMO 40 MG CAPSULE	Removed from Plan Formulary
RETEVMO 80 MG CAPSULE	Removed from Plan Formulary
RIBASPHERE 200 MG CAPSULE	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
TUKYSA 150 MG TABLET	Removed from Plan Formulary
TUKYSA 50 MG TABLET	Removed from Plan Formulary
VIDEX 2 GRAM PEDIATRIC 10 MG/ML (FINAL CONC.) ORAL SOLUTION	Removed from Plan Formulary
WOMAN'S LAXATIVE (BISACODYL) 5 MG TABLET, DELAYED RELEASE	Removed from Plan Formulary
ZENCHENT (28) 0.4 MG-35 MCG TABLET	Removed from Plan Formulary
AJOVY SYRINGE 225 MG/1.5 ML SUBCUTANEOUS	Updated from Tier 4 to Tier 3
LATUDA 120 MG TABLET	PA is added QL is added
LATUDA 20 MG TABLET	PA is added QL is added
LATUDA 40 MG TABLET	PA is added QL is added
LATUDA 60 MG TABLET	PA is added QL is added
LATUDA 80 MG TABLET	PA is added QL is added
LO LOESTRIN FE 1 MG-10 MCG (24)/10 MCG (2) TABLET	Updated from Tier 4 to Tier 3
NATAZIA 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG TABLET	Updated from Tier 3 to Non-Formulary
REBIF (WITH ALBUMIN) 22 MCG/0.5 ML SUBCUTANEOUS SYRINGE	Updated from Tier 5 to Non-Formulary
REBIF (WITH ALBUMIN) 44 MCG/0.5 ML SUBCUTANEOUS SYRINGE	Updated from Tier 5 to Non-Formulary
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

Medication Name	Change Description
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