

Formulary Addendum Summary of 2021 Drug List Changes

Below is a summary of Drug List changes for the benefit year 2021. These changes are reflected in the 2021 Drug List (formulary), which also contains a complete list of drugs covered by **Ultimate Health Plans**. It may be downloaded from our web site at www.chooseultimate.com or call Member Services at 1-888-657-4170, Monday through Friday 8:00 a.m. to 8 p.m. EST (TTY/TDD users should call 711) to obtain the Drug List or to request a coverage determination or tiering or utilization management restriction exception.

Please use the legend below to interpret the abbreviations used in the table:

NF - Non-Formulary, **PA** - Prior Authorization, **QL** – Quantity Limit per 30 days, **ST** - Step Therapy

| 2021 FORMULARY CHANGES | | | | | |
|---------------------------------------|-------------------|---------------|-----------------------------|---|----------------|
| DRUG NAME | CURRENT DRUG TIER | NEW DRUG TIER | REASON FOR FORMULARY CHANGE | ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER | EFFECTIVE DATE |
| EFFECTIVE 03/01/2021 | | | | | |
| <i>abiraterone acetate tab 500mg</i> | NF | 4 | Formulary Enhancement | NA | 03/01/2021 |
| <i>ala-cort cream 2.5%</i> | NF | 1 | Formulary Enhancement | NA | 03/01/2021 |
| <i>asenapine maleate subl 10mg</i> | NF | 1 | Formulary Enhancement | NA | 03/01/2021 |
| <i>asenapine maleate subl 2.5mg</i> | NF | 1 | Formulary Enhancement | NA | 03/01/2021 |
| <i>asenapine maleate subl 5mg</i> | NF | 1 | Formulary Enhancement | NA | 03/01/2021 |
| <i>deferiprone 500mg tab</i> | NF | 4 | Formulary Enhancement | NA | 02/01/2021 |
| DIACOMIT 250MG CAP | NF | 4 | Formulary Enhancement | NA | 02/01/2021 |
| DIACOMIT 250MG PACK | NF | 4 | Formulary Enhancement | NA | 02/01/2021 |
| DIACOMIT 500MG CAP | NF | 4 | Formulary Enhancement | NA | 02/01/2021 |
| DIACOMIT 500MG PACK | NF | 4 | Formulary Enhancement | NA | 02/01/2021 |
| <i>diltiazem hcl er tab 24 180mg</i> | NF | 1 | Formulary Enhancement | NA | 03/01/2021 |
| <i>diltiazem hcl er tab 24 240mg</i> | NF | 1 | Formulary Enhancement | NA | 03/01/2021 |
| <i>diltiazem hcl er tab 24 300mg</i> | NF | 1 | Formulary Enhancement | NA | 03/01/2021 |
| <i>diltiazem hcl er tab 24 360mg</i> | NF | 1 | Formulary Enhancement | NA | 03/01/2021 |
| <i>dimethyl fumarate 120mg dr cap</i> | NF | 4 | Formulary Enhancement | NA | 02/01/2021 |

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|--|-------------------|---------------|-----------------------------|---|----------------|
| <i>dimethyl fumarate 240mg dr cap</i> | NF | 4 | Formulary Enhancement | NA | 02/01/2021 |
| <i>dimethyl fumarate starter pack</i> | NF | 4 | Formulary Enhancement | NA | 03/01/2021 |
| <i>efavirenz/emtricitabine/tenofovir 600mg/200mg/300mg tab</i> | NF | 4 | Formulary Enhancement | NA | 02/01/2021 |
| <i>Efavirenz/lamivudine/ tenofovir 600mg/300mg/300mg tab</i> | NF | 4 | Formulary Enhancement | NA | 02/01/2021 |
| <i>efavirenz/lamivudine/tenofovir 400mg/300mg/300mg tab</i> | NF | 4 | Formulary Enhancement | NA | 02/01/2021 |
| <i>emtricitabine 200mg cap</i> | NF | 3 | Formulary Enhancement | NA | 02/01/2021 |
| <i>emtricitabine/tenofovir 200mg/300mg tab</i> | NF | 4 | Formulary Enhancement | NA | 02/01/2021 |
| FARYDAK 15MG CAP | NF | 4 | Formulary Enhancement | NA | 02/01/2021 |
| FLUOROURACIL 0.5% CREAM | NF | 4 | Formulary Enhancement | NA | 02/01/2021 |
| <i>fosfomycin 3gm pack</i> | NF | 2 | Formulary Enhancement | NA | 02/01/2021 |
| <i>furosemide 20mg tab</i> | NF | 1 | Formulary Enhancement | NA | 02/01/2021 |
| GAVRETO 100MG CAP | NF | 4 | Formulary Enhancement | NA | 02/01/2021 |
| <i>gemmily 20mcg/75mg/1mg cap</i> | NF | 1 | Formulary Enhancement | NA | 02/01/2021 |
| HUMIRA PEN PNKT 80MG/0.8ML | NF | 4 | Formulary Enhancement | NA | 03/01/2021 |
| <i>iclevia tab 0.03mg/0.15mg</i> | NF | 1 | Formulary Enhancement | NA | 03/01/2021 |
| <i>icosapent ethyl cap 1 gm</i> | NF | 2 | Formulary Enhancement | NA | 03/01/2021 |
| <i>lapatinib 250mg tab</i> | NF | 4 | Formulary Enhancement | NA | 02/01/2021 |
| LEVOTHYROXINE CAP 100MCG | NF | 3 | Formulary Enhancement | NA | 03/01/2021 |
| LEVOTHYROXINE CAP 112MCG | NF | 3 | Formulary Enhancement | NA | 03/01/2021 |
| LEVOTHYROXINE CAP 125MCG | NF | 3 | Formulary Enhancement | NA | 03/01/2021 |
| LEVOTHYROXINE CAP 137MCG | NF | 3 | Formulary Enhancement | NA | 03/01/2021 |
| LEVOTHYROXINE CAP 13MCG | NF | 3 | Formulary Enhancement | NA | 03/01/2021 |

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|--|-------------------|---------------|-----------------------------|---|----------------|
| LEVOTHYROXINE CAP 150MCG | NF | 3 | Formulary Enhancement | NA | 03/01/2021 |
| LEVOTHYROXINE CAP 175MCG | NF | 3 | Formulary Enhancement | NA | 03/01/2021 |
| LEVOTHYROXINE CAP 200MCG | NF | 3 | Formulary Enhancement | NA | 03/01/2021 |
| LEVOTHYROXINE CAP 25MCG | NF | 3 | Formulary Enhancement | NA | 03/01/2021 |
| LEVOTHYROXINE CAP 50MCG | NF | 3 | Formulary Enhancement | NA | 03/01/2021 |
| LEVOTHYROXINE CAP 75MCG | NF | 3 | Formulary Enhancement | NA | 03/01/2021 |
| LEVOTHYROXINE CAP 88MCG | NF | 3 | Formulary Enhancement | NA | 03/01/2021 |
| MENQUADFI INJ | NF | 2 | Formulary Enhancement | NA | 02/01/2021 |
| <i>metirosine 250mg cap</i> | NF | 4 | Formulary Enhancement | NA | 02/01/2021 |
| <i>nabumetone 500mg tab</i> | NF | 1 | Formulary Enhancement | NA | 02/01/2021 |
| <i>norethindrone acetate/ethinyl estradiol/ferrous fumarate cap 20mcg/75mg/1mg</i> | NF | 1 | Formulary Enhancement | NA | 03/01/2021 |
| ONUREG TAB 200MG | NF | 4 | Formulary Enhancement | NA | 03/01/2021 |
| ONUREG TAB 300MG | NF | 4 | Formulary Enhancement | NA | 03/01/2021 |
| OZEMPIC SOPN 2MG/1.5ML (0.5 MG DOSE) | 4 | 5 | Cost Share Reduction | NA | 03/01/2021 |
| OZEMPIC SOPN 2MG/1.5ML (1 MG DOSE) | 4 | 5 | Cost Share Reduction | NA | 03/01/2021 |
| <i>Peg-3350, sodium sulf, nacl potassium cl, na ascorbate, ascorbic</i> | NF | 1 | Formulary Enhancement | NA | 02/01/2021 |
| <i>perphenazine 2mg tab</i> | NF | 1 | Formulary Enhancement | NA | 02/01/2021 |
| <i>perphenazine 4mg tab</i> | NF | 1 | Formulary Enhancement | NA | 02/01/2021 |
| <i>perphenazine 8mg tab</i> | NF | 1 | Formulary Enhancement | NA | 02/01/2021 |
| <i>phenobarbital 15mg tab</i> | NF | 1 | Formulary Enhancement | NA | 02/01/2021 |
| <i>phenobarbital 30mg tab</i> | NF | 1 | Formulary Enhancement | NA | 02/01/2021 |
| <i>prednisone 20mg tab</i> | NF | 1 | Formulary Enhancement | NA | 02/01/2021 |

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|--------------------------------------|-------------------|---------------|-----------------------------|---|----------------|
| RETACRIT SOLN 20000UNIT/2ML | NF | 3 | Formulary Enhancement | NA | 03/01/2021 |
| RETACRIT SOLN 20000UNIT/ML | NF | 3 | Formulary Enhancement | NA | 03/01/2021 |
| <i>rufinamide susp 40mg/ml</i> | NF | 4 | Formulary Enhancement | NA | 03/01/2021 |
| <i>sapropterin 100mg pack</i> | NF | 4 | Formulary Enhancement | NA | 02/01/2021 |
| <i>sapropterin 100mg soluble tab</i> | NF | 4 | Formulary Enhancement | NA | 02/01/2021 |
| <i>sapropterin 500mg pack</i> | NF | 4 | Formulary Enhancement | NA | 02/01/2021 |
| <i>sulfasalazine 50mg dr tab</i> | NF | 1 | Formulary Enhancement | NA | 02/01/2021 |
| <i>tobramycin 200mg/4ml nebu</i> | NF | 4 | Formulary Enhancement | NA | 02/01/2021 |
| <i>tolvaptan 15mg tab</i> | NF | 4 | Formulary Enhancement | NA | 02/01/2021 |
| <i>tramadol 100mg tab</i> | NF | 1 | Formulary Enhancement | NA | 02/01/2021 |
| <i>trazodone 150mg tab</i> | NF | 1 | Formulary Enhancement | NA | 02/01/2021 |
| <i>tridem 0.5% cream</i> | NF | 1 | Formulary Enhancement | NA | 02/01/2021 |
| TRULICITY 3MG/0.5ML INJ | NF | 2 | Formulary Enhancement | NA | 02/01/2021 |
| TRULICITY 4.5MG/0.5ML INJ | NF | 2 | Formulary Enhancement | NA | 02/01/2021 |

What Happens if Coverage Changes for a Drug You Are Taking?

Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

In some cases, you will be affected by the coverage change before January 1:

- If a brand name drug you are taking is replaced by a new generic drug, the plan must give you at least 60days' notice or give you a 60-day refill of your brand name drug at a network pharmacy.
- During this 60-day period, you should be working with your provider to switch to the generic or to a different drug that we cover.
- Or you and your provider can ask the plan to make an exception and continue to cover the brand name drug for you. For information on how to ask for an exception, see Chapter 9 of your Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints)).You may also call a tiering or utilization restriction exception, please

contact Member Services at 1-888-657-4170, Monday through Friday 8:00 a.m. To 8:00 p.m. (EST). TTY/TDD users should call 711.

- If a drug is suddenly recalled because it's been found to be unsafe or for other reasons, the plan will immediately remove the drug from the Drug List. We will let you know of this change right away. Your provider will also know about this change, and can work with you to find another drug for your condition.