

Formulary Addendum

Summary of 2022 Drug List Changes

Below is a summary of Drug List changes for the benefit year 2022. These changes are reflected in the 2022 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

2022 FORMULARY CHANGES					
DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
EFFECTIVE 05/01/2022					
<i>accutane 10 mg cap</i>	NF	1	Formulary Enhancement	NA	04/01/2022
<i>azathioprine 100mg tab</i>	NF	1	Formulary Enhancement	NA	02/01/2022
<i>azathioprine 75mg tab</i>	NF	1	Formulary Enhancement	NA	02/01/2022
BESREMI 500MCG/ML SOSY	NF	1	Formulary Enhancement	NA	03/01/2022
BIKTARVY TAB	NF	1	Formulary Enhancement	NA	04/01/2022
<i>brimonidine/timolo sol 0.2/0.05%</i>	NF	1	Formulary Enhancement	NA	04/01/2022
<i>carglumic acid 200mg tab</i>	NF	1	Formulary Enhancement	NA	05/01/2022
CORTROPHIN GEL 80UNIT	NF	1	Formulary Enhancement	NA	04/01/2022
COSENTYX 75MG/0.5ML SOSY	NF	1	Formulary Enhancement	NA	02/01/2022
<i>desrx 0.05% gel</i>	NF	1	Formulary Enhancement	NA	02/01/2022
<i>dextroamphetamine sulfate 15mg tab</i>	NF	1	Formulary Enhancement	NA	02/01/2022
<i>dextroamphetamine sulfate 20mg tab</i>	NF	1	Formulary Enhancement	NA	02/01/2022
<i>dextroamphetamine sulfate 30mg tab</i>	NF	1	Formulary Enhancement	NA	02/01/2022
<i>difluprednate 0.05% emul</i>	NF	1	Formulary Enhancement	NA	02/01/2022
<i>digoxin 62.5mcg tab</i>	NF	1	Formulary Enhancement	NA	05/01/2022
EPRONTIA 25MG/ML SOLN	NF	1	Formulary Enhancement	NA	03/01/2022

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DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
<i>everolimus 10mg tab</i>	NF	1	Formulary Enhancement	NA	02/01/2022
<i>everolimus 1mg tab</i>	NF	1	Formulary Enhancement	NA	03/01/2022
<i>everolimus 2mg tab for solution</i>	NF	1	Formulary Enhancement	NA	02/01/2022
<i>everolimus 3mg tab for solution</i>	NF	1	Formulary Enhancement	NA	02/01/2022
<i>everolimus 5mg tab for solution</i>	NF	1	Formulary Enhancement	NA	02/01/2022
EXKIVITY 40MG CAP	NF	1	Formulary Enhancement	NA	03/01/2022
<i>glycopyrrolate 1mg/5ml sol</i>	NF	1	Formulary Enhancement	NA	05/01/2022
INVEGA HAFYERA 1092MG/3.5ML SUSY	NF	1	Formulary Enhancement	NA	02/01/2022
INVEGA HAFYERA 1560MG/5ML SUSY	NF	1	Formulary Enhancement	NA	02/01/2022
LYBALVI 10MG/10MG TAB	NF	1	Formulary Enhancement	NA	02/01/2022
LYBALVI 15MG/10MG TAB	NF	1	Formulary Enhancement	NA	02/01/2022
LYBALVI 20MG/10MG TAB	NF	1	Formulary Enhancement	NA	02/01/2022
LYBALVI 5MG/10MG TAB	NF	1	Formulary Enhancement	NA	02/01/2022
MARAVIROC 150MG TAB	NF	1	Formulary Enhancement	NA	05/01/2022
MARAVIROC 300MG TAB	NF	1	Formulary Enhancement	NA	05/01/2022
MAVYRET PACK 50MG/20MG	NF	1	Formulary Enhancement	NA	05/01/2022
<i>microgestin 24 fe tab</i>	NF	1	Formulary Enhancement	NA	03/01/2022
<i>naloxone 4mg/0.1ml liq</i>	NF	1	Formulary Enhancement	NA	03/01/2022
<i>nebivolol 10mg tab</i>	NF	1	Formulary Enhancement	NA	02/01/2022
<i>nebivolol 2.5mg tab</i>	NF	1	Formulary Enhancement	NA	02/01/2022
<i>nebivolol 20mg tab</i>	NF	1	Formulary Enhancement	NA	02/01/2022
<i>nebivolol 5mg tab</i>	NF	1	Formulary Enhancement	NA	02/01/2022
<i>nylia 1/35 tab</i>	NF	1	Formulary Enhancement	NA	03/01/2022
OXBRYTA 300MG TBSO	NF	1	Formulary Enhancement	NA	03/01/2022
PANRETIN 0.1% GEL	NF	1	Formulary Enhancement	NA	02/01/2022
<i>paroxetine 10mg/5ml susp</i>	NF	1	Formulary Enhancement	NA	02/01/2022
REPATHA PUSHTRONEX SYSTEM 420MG/3.5ML SOCT	1	1	Formulary Enhancement (QL Increase)	NA	02/01/2022
RESTASIS 0.05% EMUL	NF	1	Formulary Enhancement	NA	02/01/2022

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RINVOQ 30MG TAB	NF	1	Formulary Enhancement	NA	05/01/2022
SAJAZIR 30MG/3ML SOLN	NF	1	Formulary Enhancement	NA	02/01/2022
SCSEMBLIX 20MG TAB	NF	1	Formulary Enhancement	NA	03/01/2022
SCSEMBLIX 40MG TAB	NF	1	Formulary Enhancement	NA	03/01/2022
SERTRALINE 150MG CAP	NF	1	Formulary Enhancement	NA	02/01/2022
SERTRALINE 200MG CAP	NF	1	Formulary Enhancement	NA	02/01/2022
SKYRIZI 150MG/ML SOSY	1	1	Removal of Prior Authorization	NA	03/01/2022
SKYRIZI PEN 150MG/ML SOAJ	1	1	Removal of Prior Authorization	NA	03/01/2022
TALZENNA 0.5MG CAP	NF	1	Formulary Enhancement	NA	05/01/2022
TALZENNA 0.75MG CAP	NF	1	Formulary Enhancement	NA	05/01/2022
<i>taysofy 20mcg/75mg/1mg cap</i>	NF	1	Formulary Enhancement	NA	02/01/2022
TICOVAC 2.4MCG/0.5ML SUSY	NF	1	Formulary Enhancement	NA	03/01/2022
TRUSELTIQ 100MG CAP PACK	NF	1	Formulary Enhancement	NA	02/01/2022
TRUSELTIQ 100MG/25MG CAP PACK	NF	1	Formulary Enhancement	NA	02/01/2022
TRUSELTIQ 25MG CAP PACK	NF	1	Formulary Enhancement	NA	02/01/2022
TRUSELTIQ 25MG CAP PACK	NF	1	Formulary Enhancement	NA	02/01/2022
<i>varenicline 0.5mg tab</i>	NF	1	Formulary Enhancement	NA	02/01/2022
<i>varenicline 1mg tab</i>	NF	1	Formulary Enhancement	NA	02/01/2022
WELIREG 40MG TAB	NF	1	Formulary Enhancement	NA	02/01/2022
XOFLUZA 80MG TAB PACK	NF	1	Formulary Enhancement	NA	02/01/2022

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

Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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 60 days' 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.