

## Formulary Addendum Summary of 2024 Drug List Changes

Below is a summary of Drug List changes for the benefit year 2024. These changes are reflected in the 2024 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](http://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

2024 FORMULARY CHANGES					
DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
EFFECTIVE 05/01/2024					
AKEEGA 500MG; 100MG TAB	NF	4	Formulary Enhancement	NA	03/01/2024
AKEEGA 500MG; 50MG TAB	NF	4	Formulary Enhancement	NA	03/01/2024
AUGTYRO 40MG CAP	NF	4	Formulary Enhancement	NA	03/01/2024
BIVIGAM 5GM/50ML SOLN	NF	4	Formulary Enhancement	NA	02/01/2024
BOSULIF 100MG CAP	NF	4	Formulary Enhancement	NA	04/01/2024
BOSULIF 50MG CAP	NF	4	Formulary Enhancement	NA	04/01/2024
BREO ELLIPTA 50MCG/INH; 25MCG/INH AEPB	NF	2	Formulary Enhancement	NA	02/01/2024
<i>brimonidine tartrate 0.1% soln</i>	NF	2	Formulary Enhancement	NA	02/01/2024
<i>cycloserine 250mg cap</i>	NF	4	Formulary Enhancement	NA	05/01/2024
<i>dabigatran 110mg cap</i>	NF	1	Formulary Enhancement	NA	05/01/2024
<i>enilloring 0.015mg/24hr; 0.12mg/24hr ring</i>	NF	1	Formulary Enhancement	NA	02/01/2024
EXKIVITY 40MG CAP	NF	4	Removal of Prior Authorization	NA	02/01/2024
FLEBOGAMMA DIF 5GM/50ML SOLN	NF	4	Formulary Enhancement	NA	02/01/2024
FRUZAQLA 1MG CAP	NF	4	Formulary Enhancement	NA	02/01/2024

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FRUZAQLA 5MG CAP	NF	4	Formulary Enhancement	NA	02/01/2024
GAMMAPLEX 10GM/100ML SOLN	NF	4	Formulary Enhancement	NA	02/01/2024
GAMMAPLEX 20GM/200ML SOLN	NF	4	Formulary Enhancement	NA	02/01/2024
GAMMAPLEX 5GM/50ML SOLN	NF	4	Formulary Enhancement	NA	02/01/2024
<i>glipizide 2.5mg tab</i>	NF	1	Formulary Enhancement	NA	02/01/2024
<i>heather 0.35mg tab</i>	NF	1	Formulary Enhancement	NA	05/01/2024
IWILFIN 192MG TAB	NF	4	Formulary Enhancement	NA	04/01/2024
IXCHIQ SOLR	NF	2	Formulary Enhancement	NA	05/01/2024
KALYDECO 5.8MG PACK	NF	4	Formulary Enhancement	NA	03/01/2024
<i>kourzeq 0.1% pste</i>	NF	1	Formulary Enhancement	NA	02/01/2024
LAGEVRIO 200MG CAP	NF	2	Formulary Enhancement	NA	02/01/2024
LITHIUM 8MEQ/5ML SOLN	NF	2	Formulary Enhancement	NA	02/01/2024
<i>loteprednol 0.2% susp</i>	NF	2	Formulary Enhancement	NA	05/01/2024
<i>mifepristone 300mg tab</i>	NF	4	Formulary Enhancement	NA	05/01/2024
<i>norelgestromin/ethinyl estradiol 35mcg/24hr; 150mcg/24hr patch</i>	NF	3	Formulary Enhancement	NA	03/01/2024
OGSIVEO 50MG TAB	NF	4	Formulary Enhancement	NA	03/01/2024
OJJAARA 100MG TAB	NF	4	Formulary Enhancement	NA	02/01/2024
OJJAARA 150MG TAB	NF	4	Formulary Enhancement	NA	02/01/2024
OJJAARA 200MG TAB	NF	4	Formulary Enhancement	NA	02/01/2024
PAXLOVID 150MG; 100MG	NF	2	Formulary Enhancement	NA	02/01/2024
<i>pazopanib hydrochloride 200mg tab</i>	NF	4	Formulary Enhancement	NA	02/01/2024
PENBRAYA SUSR	NF	2	Formulary Enhancement	NA	04/01/2024
<i>riluzole 50mg tab</i>	2	2	Removal of Prior Authorization	NA	05/01/2024
<i>risperidone er 12.5mg srer</i>	NF	3	Formulary Enhancement	NA	04/01/2024
<i>risperidone er 25mg srer</i>	NF	4	Formulary Enhancement	NA	04/01/2024
<i>risperidone er 37.5mg srer</i>	NF	4	Formulary Enhancement	NA	04/01/2024
<i>risperidone er 50mg srer</i>	NF	4	Formulary Enhancement	NA	04/01/2024
ROZLYTREK 50MG PACK	NF	4	Formulary Enhancement	NA	05/01/2024
SYNJARDY XR 10MG/1000MG TAB	NF	2	Formulary Enhancement	NA	04/01/2024

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SYNJARDY XR 12.5MG/1000MG TAB	NF	2	Formulary Enhancement	NA	04/01/2024
SYNJARDY XR 25MG/1000MG TAB	NF	2	Formulary Enhancement	NA	04/01/2024
SYNJARDY XR 5MG/1000MG TAB	NF	2	Formulary Enhancement	NA	04/01/2024
<i>taysofy 20mcg; 75mg; 1mg cap</i>	NF	1	Formulary Enhancement	NA	03/01/2024
<i>teriflunomide 7mg tab</i>	4	4	Quantity Limit Increase	NA	05/01/2024
<i>tolmetin sodium 400mg cap</i>	NF	1	Formulary Enhancement	NA	03/01/2024
<i>trientine 500mg cap</i>	NF	4	Formulary Enhancement	NA	05/01/2024
TRUQAP 160MG	NF	4	Formulary Enhancement	NA	02/01/2024
TRUQAP 200MG	NF	4	Formulary Enhancement	NA	02/01/2024
<i>turqoz 30mcg; 0.3mg</i>	NF	1	Formulary Enhancement	NA	02/01/2024
VANFLYTA 17.7MG TAB	NF	4	Formulary Enhancement	NA	02/01/2024
VANFLYTA 26.5MG TAB	NF	4	Formulary Enhancement	NA	02/01/2024
<i>vigpoder 500mg pack</i>	NF	4	Formulary Enhancement	NA	03/01/2024
XALKORI 150MG CPSP	NF	4	Formulary Enhancement	NA	04/01/2024
XALKORI 20MG CPSP	NF	4	Formulary Enhancement	NA	04/01/2024
XALKORI 50MG CPSP	NF	4	Formulary Enhancement	NA	04/01/2024
XOLAIR 150MG/ML SOAJ	NF	4	Formulary Enhancement	NA	05/01/2024
XOLAIR 300MG/2ML SOAJ	NF	4	Formulary Enhancement	NA	05/01/2024
XOLAIR 300MG/2ML SOSY	NF	4	Formulary Enhancement	NA	05/01/2024
XOLAIR 75MG/0.5ML SOAJ	NF	4	Formulary Enhancement	NA	05/01/2024
YUFLYMA 1-PEN KIT 40MG/0.4ML AJKT	NF	4	Formulary Enhancement	NA	02/01/2024
YUFLYMA 2-SYRINGE KIT 40MG/0.4ML PSKT	NF	4	Formulary Enhancement	NA	02/01/2024
ZURZUVAE 20MG CAP	NF	4	Formulary Enhancement	NA	02/01/2024
ZURZUVAE 25MG CAP	NF	4	Formulary Enhancement	NA	02/01/2024
ZURZUVAE 30MG CAP	NF	4	Formulary Enhancement	NA	02/01/2024

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

Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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.