

Formulary Addendum Summary of 2026 Drug List Changes

Below is a summary of Drug List changes for the benefit year 2026. These changes are reflected in the 2026 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

2026 FORMULARY CHANGES				
Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
ADAPAL/BEN P GEL 0.1-2.5%	Formulary Addition	2/1/2026	3	
ALA-CORT CRE 1%	Formulary Addition	2/1/2026	2	
AMPICILLIN INJ 2GM	Formulary Addition	2/1/2026	3	
BETA DIPROP LOT 0.05%	Formulary Addition	2/1/2026	3	
BRUKINSA TAB 160MG	Formulary Addition	2/1/2026	5	PA
BUDES/FORMOT AER 160-4.5	Formulary Addition	2/1/2026	4	QL
BUDES/FORMOT AER 80-4.5	Formulary Addition	2/1/2026	4	QL
CALC ACETATE CAP 667MG	Formulary Addition	4/1/2026	4	

Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
CALC ACETATE TAB 667MG	Formulary Addition	4/1/2026	3	
CLINDAMY/BEN GEL 1.2-5%	Formulary Addition	2/1/2026	3	
CLOBETASOL AER 0.05%	Formulary Addition	2/1/2026	3	
CLOBETASOL E CRE 0.05%	Reduction in Preferred or Tiered Cost-Sharing Status	2/1/2026	2	
CLONIDINE DIS 0.1/24HR	Formulary Addition	4/1/2026	4	
CLONIDINE DIS 0.2/24HR	Formulary Addition	4/1/2026	4	
CLONIDINE DIS 0.3/24HR	Formulary Addition	4/1/2026	4	
CLOTRIMAZOLE SOL 1%	Reduction in Preferred or Tiered Cost-Sharing Status	2/1/2026	2	
CONJ ESTROGN TAB 0.3MG	Formulary Addition	4/1/2026	4	
CONJ ESTROGN TAB 0.45MG	Formulary Addition	4/1/2026	4	
CONJ ESTROGN TAB 0.625MG	Formulary Addition	4/1/2026	4	
CONJ ESTROGN TAB 0.9MG	Formulary Addition	4/1/2026	4	
CONJ ESTROGN TAB 1.25MG	Formulary Addition	4/1/2026	4	

Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
DEXMETHYLPH TAB 10MG	Formulary Addition	2/1/2026	3	QL
DEXMETHYLPH TAB 2.5MG	Formulary Addition	2/1/2026	3	QL
DEXMETHYLPH TAB 5MG	Formulary Addition	2/1/2026	3	QL
DROXIA CAP 200MG	Formulary Addition	2/1/2026	3	
DROXIA CAP 300MG	Formulary Addition	2/1/2026	3	
DROXIA CAP 400MG	Formulary Addition	2/1/2026	3	
ENSACOVE CAP 100MG	Formulary Addition	3/1/2026	5	PA
ENSACOVE CAP 25MG	Formulary Addition	3/1/2026	5	PA
EXXUA TAB 18.2MG	Formulary Addition	2/1/2026	5	ST
EXXUA TAB 36.3MG	Formulary Addition	2/1/2026	5	QL,ST
EXXUA TAB 54.5MG	Formulary Addition	2/1/2026	5	QL,ST
EXXUA TAB 72.6MG	Formulary Addition	2/1/2026	5	QL,ST
EXXUA TITRAT TAB 18.2MG	Formulary Addition	4/1/2026	5	ST

Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
FENTANYL DIS 12MCG/HR	Formulary Addition	2/1/2026	4	
FESOTERODINE TAB 4MG ER	Formulary Addition	2/1/2026	4	
FESOTERODINE TAB 8MG ER	Formulary Addition	2/1/2026	4	
FIDAXOMICIN TAB 200MG	Formulary Addition	2/1/2026	5	
HAILEY FE TAB 1/20	Formulary Addition	4/1/2026	3	
HYRNUO TAB 10MG	Formulary Addition	4/1/2026	5	PA
INLURIYO TAB 200MG	Formulary Addition	2/1/2026	5	PA
KOSELUGO CAP 5MG	Formulary Addition	3/1/2026	5	PA
KOSELUGO CAP 7.5MG	Formulary Addition	3/1/2026	5	PA
LAGEVRIO CAP 200MG	Formulary Addition	4/1/2026	3	QL
LEVOFLOXACIN SOL 0.5%	Formulary Addition	2/1/2026	3	
LIOMNY TAB 25MCG	Formulary Addition	3/1/2026	2	
LIOMNY TAB 50MCG	Formulary Addition	3/1/2026	2	

Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
LIOMNY TAB 5MCG	Formulary Addition	3/1/2026	2	
LOMUSTINE CAP 100MG	Formulary Addition	2/1/2026	5	
LOMUSTINE CAP 10MG	Formulary Addition	2/1/2026	4	
LOMUSTINE CAP 40MG	Formulary Addition	2/1/2026	4	
LUIZZA TAB 1.5/30	Formulary Addition	2/1/2026	3	
LUIZZA 1/20 TAB	Formulary Addition	2/1/2026	3	
NILOTINB TAR CAP 150MG	Formulary Addition	4/1/2026	5	PA
NILOTINB TAR CAP 200MG	Formulary Addition	4/1/2026	5	PA
NILOTINB TAR CAP 50MG	Formulary Addition	4/1/2026	5	PA
OSENVELT INJ 120/1.7	Formulary Addition	4/1/2026	5	PA
PERAMPANEL SUS 0.5MG/ML	Formulary Addition	4/1/2026	5	
PREZCOBIX TAB 675/150	Formulary Addition	3/1/2026	5	QL
SHINGRIX INJ 50/0.5ML	Formulary Addition	4/1/2026	1	

Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
SOD POLY SUL SUS 15GM/60	Formulary Addition	4/1/2026	3	
STOBOCLO INJ 60MG/ML	Formulary Addition	4/1/2026	4	QL
SUBVENITE SUS 10MG/ML	Formulary Addition	3/1/2026	4	
TOLVAPTAN TAB 15MG	Formulary Addition	4/1/2026	5	QL,PA
TOLVAPTAN TAB 30MG	Formulary Addition	4/1/2026	5	QL,PA
VALTYA 1/35 TAB	Formulary Addition	2/1/2026	3	
VELPHORO CHW 500MG	Formulary Addition	4/1/2026	5	
VIORELE TAB	Formulary Addition	4/1/2026	3	
VRAYLAR CAP 0.5MG	Formulary Addition	4/1/2026	5	QL
VRAYLAR CAP 0.75MG	Formulary Addition	4/1/2026	5	QL
ZOKINVY CAP 50MG	Formulary Addition	2/1/2026	5	QL,PA
ZOKINVY CAP 75MG	Formulary Addition	2/1/2026	5	QL,PA

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

Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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.