

## Formulary Addendum Summary of 2025 Drug List Changes

Below is a summary of Drug List changes for the benefit year 2025. These changes are reflected in the 2025 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

| 2025 FORMULARY CHANGES    |                       |                          |      |                              |
|---------------------------|-----------------------|--------------------------|------|------------------------------|
| Drug Name                 | Description of Change | Effective Date of Change | Tier | Utilization Management Notes |
| ADALIMU-AATY KIT 20/0.2ML | Formulary Addition    | 2/1/2025                 | 5    | QL,PA                        |
| ADALIMU-AATY KIT 40/0.4ML | Formulary Addition    | 2/1/2025                 | 5    | QL,PA                        |
| ADALIMU-AATY KIT 80/0.8ML | Formulary Addition    | 2/1/2025                 | 5    | QL,PA                        |
| ADALIMU-ADBМ KIT 10/0.2ML | Formulary Addition    | 2/1/2025                 | 5    | QL,PA                        |
| ADALIMU-ADBМ KIT 20/0.4ML | Formulary Addition    | 2/1/2025                 | 5    | QL,PA                        |
| ADALIMU-ADBМ KIT 40/0.4ML | Formulary Addition    | 2/1/2025                 | 5    | QL,PA                        |
| ADALIMU-ADBМ KIT 40/0.8ML | Formulary Addition    | 2/1/2025                 | 5    | QL,PA                        |
| AUGTYRO CAP 160MG         | Formulary Addition    | 2/1/2025                 | 5    | PA                           |

| Drug Name              | Description of Change             | Effective Date of Change | Tier | Utilization Management Notes |
|------------------------|-----------------------------------|--------------------------|------|------------------------------|
| CARBAMAZEPIN CHW 200MG | Formulary Addition                | 4/1/2025                 | 2    |                              |
| CIMETIDINE SOL 300/5ML | Formulary Addition                | 3/1/2025                 | 1    |                              |
| COBENFY CAP 100-20MG   | Formulary Addition                | 2/1/2025                 | 5    | QL,PA                        |
| COBENFY CAP 125-30MG   | Formulary Addition                | 2/1/2025                 | 5    | QL,PA                        |
| COBENFY CAP 50-20MG    | Formulary Addition                | 2/1/2025                 | 5    | QL,PA                        |
| COBENFY STRT CAP PACK  | Formulary Addition                | 2/1/2025                 | 5    | QL,PA                        |
| CORLANOR SOL 5MG/5ML   | Removal of Utilization Management | 4/1/2025                 | 4    | PA Removed                   |
| DANZITEN TAB 71MG      | Formulary Addition                | 3/1/2025                 | 5    | PA                           |
| DANZITEN TAB 95MG      | Formulary Addition                | 3/1/2025                 | 5    | PA                           |
| DASATINIB TAB 100MG    | Formulary Addition                | 2/1/2025                 | 5    | PA                           |
| DASATINIB TAB 140MG    | Formulary Addition                | 2/1/2025                 | 5    | PA                           |
| DASATINIB TAB 20MG     | Formulary Addition                | 2/1/2025                 | 5    | PA                           |
| DASATINIB TAB 50MG     | Formulary Addition                | 2/1/2025                 | 5    | PA                           |

| Drug Name              | Description of Change             | Effective Date of Change | Tier | Utilization Management Notes |
|------------------------|-----------------------------------|--------------------------|------|------------------------------|
| DASATINIB TAB 70MG     | Formulary Addition                | 2/1/2025                 | 5    | PA                           |
| DASATINIB TAB 80MG     | Formulary Addition                | 2/1/2025                 | 5    | PA                           |
| GALLIFREY TAB 5MG      | Formulary Addition                | 2/1/2025                 | 2    |                              |
| IMKELDI SOL 80MG/ML    | Formulary Addition                | 3/1/2025                 | 5    | PA                           |
| ITOVEBI TAB 3MG        | Formulary Addition                | 2/1/2025                 | 5    | QL,PA                        |
| ITOVEBI TAB 9MG        | Formulary Addition                | 2/1/2025                 | 5    | PA                           |
| IVABRADINE TAB 5MG     | Removal of Utilization Management | 4/1/2025                 | 4    | PA Removed                   |
| IVABRADINE TAB 7.5MG   | Removal of Utilization Management | 4/1/2025                 | 4    | PA Removed                   |
| LAGEVRIO CAP 200MG     | Formulary Addition                | 3/1/2025                 | 4    | QL                           |
| LAZCLUZE TAB 240MG     | Formulary Addition                | 2/1/2025                 | 5    | PA                           |
| LAZCLUZE TAB 80MG      | Formulary Addition                | 2/1/2025                 | 5    | QL,PA                        |
| LEVETIRACETA TAB 250MG | Formulary Addition                | 4/1/2025                 | 4    |                              |
| LUMAKRAS TAB 240MG     | Formulary Addition                | 2/1/2025                 | 5    | PA                           |

| Drug Name                  | Description of Change | Effective Date of Change | Tier | Utilization Management Notes |
|----------------------------|-----------------------|--------------------------|------|------------------------------|
| MESNA TAB 400MG            | Formulary Addition    | 4/1/2025                 | 5    |                              |
| METHYLDOPA TAB 500MG       | Formulary Addition    | 4/1/2025                 | 1    |                              |
| POT CHLORIDE TAB 15MEQ ER  | Formulary Addition    | 3/1/2025                 | 1    |                              |
| PREVYMIS PAK 120MG         | Formulary Addition    | 4/1/2025                 | 5    |                              |
| PREVYMIS PAK 20MG          | Formulary Addition    | 4/1/2025                 | 4    |                              |
| QNAPRIL/HCTZ TAB 10-12.5MG | Formulary Addition    | 2/1/2025                 | 1    |                              |
| QNAPRIL/HCTZ TAB 20-12.5MG | Formulary Addition    | 2/1/2025                 | 1    |                              |
| REVUFORJ TAB 110MG         | Formulary Addition    | 3/1/2025                 | 5    | PA                           |
| REVUFORJ TAB 160MG         | Formulary Addition    | 3/1/2025                 | 5    | PA                           |
| RINVOQ LQ SOL 1MG/ML       | Formulary Addition    | 2/1/2025                 | 5    | QL,PA                        |
| TAZAROTENE CRE 0.05%       | Formulary Addition    | 2/1/2025                 | 3    | QL                           |
| TIMOLOL HEMI SOL 0.5% OP   | Formulary Addition    | 4/1/2025                 | 3    |                              |
| TOPIRAMATE CAP 50MG        | Formulary Addition    | 4/1/2025                 | 2    |                              |

| Drug Name                   | Description of Change | Effective Date of Change | Tier | Utilization Management Notes |
|-----------------------------|-----------------------|--------------------------|------|------------------------------|
| VELTASSA POW 1GM            | Formulary Addition    | 3/1/2025                 | 4    |                              |
| VORANIGO TAB 10MG           | Formulary Addition    | 2/1/2025                 | 5    | QL,PA                        |
| VORANIGO TAB 40MG           | Formulary Addition    | 2/1/2025                 | 5    | PA                           |
| WEZLANA INJ 45/0.5ML        | Formulary Addition    | 4/1/2025                 | 5    | QL,PA                        |
| WEZLANA INJ 90MG/ML         | Formulary Addition    | 4/1/2025                 | 5    | QL,PA                        |
| ZOLMITRIPTAN SOLUTION 2.5MG | Formulary Addition    | 2/1/2025                 | 3    | QL                           |

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

Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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.