

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 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.