

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
ABIGALE TAB 1-0.5MG	Formulary Addition	10/1/2025	4	
ABIGALE LO TAB 0.5-0.1	Formulary Addition	9/1/2025	4	
ABIRTEGA TAB 250MG	Formulary Addition	6/1/2025	4	PA
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-ADBIM KIT 10/0.2ML	Formulary Addition	2/1/2025	5	QL,PA
ADALIMU-ADBIM KIT 20/0.4ML	Formulary Addition	2/1/2025	5	QL,PA

Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
ADALIMU-ADBM KIT 40/0.4ML	Formulary Addition	2/1/2025	5	QL,PA
ADALIMU-ADBM KIT 10/0.2ML	Formulary Addition	2/1/2025	5	QL,PA
AMNESTEEM CAP 30MG	Formulary Addition	7/1/2025	4	
AUGTYRO CAP 160MG	Formulary Addition	2/1/2025	5	PA
AVMAPKI PAK FAKZYNJA	Formulary Addition	9/1/2025	5	PA
BONSITY INJ 560/2.24	Formulary Addition	9/1/2025	5	PA
BUPREN/NALOX MIS 12-3MG	Removal of Utilization Management	6/1/2025	3	QL Removed
BUPREN/NALOX MIS 2-0.5MG	Removal of Utilization Management	6/1/2025	3	QL Removed
BUPREN/NALOX MIS 4-1MG	Removal of Utilization Management	6/1/2025	3	QL Removed
BUPREN/NALOX MIS 8-2MG	Removal of Utilization Management	6/1/2025	3	QL Removed
BUPREN/NALOX SUB 2-0.5MG	Removal of Utilization Management	6/1/2025	3	QL Removed
BUPREN/NALOX SUB 8-2MG	Removal of Utilization Management	6/1/2025	3	QL Removed
CARBAMAZEPIN CHW 200MG	Formulary Addition	4/1/2025	2	

Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
CIMETIDINE SOL 300/5ML	Formulary Addition	3/1/2025	1	
CLINDAMYCIN INJ 300/2ML	Formulary Addition	6/1/2025	2	
CLINDAMYCIN INJ 600/4ML	Formulary Addition	6/1/2025	2	
CLINOLIPID EMU 20%	Formulary Addition	10/1/2025	3	B/D
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

Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
DASATINIB TAB 20MG	Formulary Addition	2/1/2025	5	PA
DASATINIB TAB 50MG	Formulary Addition	2/1/2025	5	PA
DASATINIB TAB 70MG	Formulary Addition	2/1/2025	5	PA
DASATINIB TAB 80MG	Formulary Addition	2/1/2025	5	PA
DOXYCYCL HYC INJ 100MG	Formulary Addition	8/1/2025	4	
EDURANT PED TAB 2.5MG	Formulary Addition	10/1/2025	5	QL
ELTROMBOPAG POW 12.5MG	Formulary Addition	9/1/2025	5	PA
ELTROMBOPAG POW 25MG	Formulary Addition	9/1/2025	5	PA
ELTROMBOPAG TAB 12.5MG	Formulary Addition	9/1/2025	5	PA
ELTROMBOPAG TAB 25MG	Formulary Addition	9/1/2025	5	PA
ELTROMBOPAG TAB 50MG	Formulary Addition	9/1/2025	5	PA
ELTROMBOPAG TAB 75MG	Formulary Addition	9/1/2025	5	PA
EMTRIC/RILPI TAB TENOF DF	Formulary Addition	9/1/2025	5	QL

Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
ESLICARBAZEP TAB 200MG	Formulary Addition	8/1/2025	4	
ESLICARBAZEP TAB 400MG	Formulary Addition	8/1/2025	4	
ESLICARBAZEP TAB 600MG	Formulary Addition	8/1/2025	4	
ESLICARBAZEP TAB 800MG	Formulary Addition	8/1/2025	4	
EULEXIN CAP 125MG	Formulary Addition	6/1/2025	4	
EVRYSDI TAB 5MG	Formulary Addition	5/1/2025	5	QL,PA
FEIRZA TAB 1.5/30	Formulary Addition	5/1/2025	2	
FEIRZA TAB 1/20	Formulary Addition	5/1/2025	2	
GALLIFREY TAB 5MG	Formulary Addition	2/1/2025	2	
GOMEKLI CAP 1MG	Formulary Addition	6/1/2025	5	PA
GOMEKLI CAP 2MG	Formulary Addition	6/1/2025	5	PA
GOMEKLI TAB 1MG	Formulary Addition	6/1/2025	5	PA
GRISEOFULVIN TAB ULTR 165	Formulary Addition	5/1/2025	5	

Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
HYDRO/APAP SOL	Formulary Addition	9/1/2025	1	
IBTROZI CAP 200MG	Formulary Addition	10/1/2025	5	PA
IMKELDI SOL 80MG/ML	Formulary Addition	3/1/2025	5	PA
ISOSORB MONO TAB 10MG	Formulary Addition	5/1/2025	1	
ISOSORB MONO TAB 20MG	Formulary Addition	5/1/2025	1	
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
IVERMECTIN TAB 6MG	Formulary Addition	9/1/2025	2	PA
JAIMIESS TAB	Formulary Addition	8/1/2025	3	QL
JUBBONTI INJ 60MG/ML	Formulary Addition	9/1/2025	3	QL
KALETRA SOL	Formulary Addition	8/1/2025	4	

Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
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	
LOJAIMIESS TAB	Formulary Addition	8/1/2025	3	QL
LEUKERAN TAB 2MG	Formulary Addition	6/1/2025	5	
LUMAKRAS TAB 240MG	Formulary Addition	2/1/2025	5	PA
LUTRATE DEPO INJ 22.5MG	Formulary Addition	7/1/2025	4	QL,PA
MELEYA TAB 0.35MG	Formulary Addition	9/1/2025	2	
MEMAN/DONEPZ CAP 14-10MG	Formulary Addition	5/1/2025	3	QL,ST
MEMAN/DONEPZ CAP 21-10MG	Formulary Addition	5/1/2025	3	QL,ST
MEMAN/DONEPZ CAP 28-10MG	Formulary Addition	5/1/2025	3	QL,ST
MERCAPTOPURI SUS 20MG/ML	Formulary Addition	6/1/2025	5	

Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
MESNA TAB 400MG	Formulary Addition	4/1/2025	5	
METHYLDOPA TAB 250MG	Formulary Addition	9/1/2025	1	
METHYLDOPA TAB 500MG	Formulary Addition	4/1/2025	1	
NATACYN SUS 5% OP	Formulary Addition	6/1/2025	4	
NILOTINB HCL CAP 150MG	Formulary Addition	9/1/2025	5	PA
NILOTINB HCL CAP 200MG	Formulary Addition	9/1/2025	5	PA
NILOTINB HCL CAP 50MG	Formulary Addition	9/1/2025	5	PA
OPIPZA MIS 10MG	Formulary Addition	6/1/2025	5	QL,PA
OPIPZA MIS 2MG	Formulary Addition	6/1/2025	5	QL,PA
OPIPZA MIS 5MG	Formulary Addition	6/1/2025	5	QL,PA
ORQUIDEA TAB 0.35MG	Formulary Addition	10/1/2025	2	
PAXLOVID PAK	Formulary Addition	7/1/2025	3	QL
PENMENVY INJ	Formulary Addition	10/1/2025	3	

Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
PENMENVY INJ	Formulary Addition	10/1/2025	3	
PERAMPANEL TAB 10MG	Formulary Addition	10/1/2025	5	
PERAMPANEL TAB 12MG	Formulary Addition	10/1/2025	5	
PERAMPANEL TAB 2MG	Formulary Addition	10/1/2025	4	
PERAMPANEL TAB 4MG	Formulary Addition	10/1/2025	5	
PERAMPANEL TAB 6MG	Formulary Addition	10/1/2025	5	
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	
QNAPRIL/HCTZ TAB 20-25MG	Formulary Addition	2/1/2025	1	
RALDESY SOL 10MG/ML	Formulary Addition	6/1/2025	5	

Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
REVUFORJ TAB 110MG	Formulary Addition	3/1/2025	5	PA
REVUFORJ TAB 160MG	Formulary Addition	3/1/2025	5	PA
REVUFORJ TAB 25MG	Formulary Addition	6/1/2025	5	PA
RINVOQ LQ SOL 1MG/ML	Formulary Addition	2/1/2025	5	QL,PA
ROMVIMZA CAP 14MG	Formulary Addition	6/1/2025	5	PA
ROMVIMZA CAP 20MG	Formulary Addition	6/1/2025	5	PA
ROMVIMZA CAP 30MG	Formulary Addition	6/1/2025	5	PA
ROSYRAH TAB	Formulary Addition	8/1/2025	4	QL
SUNLENCA TAB 300MG	Formulary Addition	8/1/2025	5	QL
TABLOID TAB 40MG	Formulary Addition	6/1/2025	5	
TAZAROTENE CRE 0.05%	Formulary Addition	2/1/2025	3	QL
TERIPARATIDE INJ 560/2.24	Formulary Addition	8/1/2025	5	PA
TIMOLOL HEMI SOL 0.5% OP	Formulary Addition	4/1/2025	3	

Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
TOBRADEX ST SUS 0.3-0.05	Formulary Addition	9/1/2025	4	
TOLMETIN SOD TAB 600MG	Formulary Addition	8/1/2025	1	
TOPIRAMATE CAP 50MG	Formulary Addition	4/1/2025	2	
VALTYA 1/50 TAB	Formulary Addition	8/1/2025	2	
VELTASSA POW 1GM	Formulary Addition	3/1/2025	4	
VIMKUNYA INJ 40/0.8ML	Formulary Addition	6/1/2025	3	
VIVOTIF CAP EC	Formulary Addition	5/1/2025	3	
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
WYOST INJ 120/1.7	Formulary Addition	9/1/2025	5	PA
XARAH FE TAB	Formulary Addition	5/1/2025	3	

Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
XARELTO TAB 2.5MG	QL Change	5/1/2025	3	QL
XPOVIO PAK 40MG	Formulary Addition	6/1/2025	5	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.