

Formulary Addendum Summary of 2021 Drug List Changes

Below is a summary of Drug List changes for the benefit year 2021. These changes are reflected in the 2021 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

2021 FORMULARY CHANGES					
DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
EFFECTIVE 05/01/2021					
<i>abiraterone acetate tab 500mg</i>	NF	4	Formulary Enhancement	NA	03/01/2021
<i>ala-cort cream 2.5%</i>	NF	1	Formulary Enhancement	NA	03/01/2021
<i>asenapine maleate subl 10mg</i>	NF	1	Formulary Enhancement	NA	03/01/2021
<i>asenapine maleate subl 2.5mg</i>	NF	1	Formulary Enhancement	NA	03/01/2021
<i>asenapine maleate subl 5mg</i>	NF	1	Formulary Enhancement	NA	03/01/2021
<i>deferiprone 500mg tab</i>	NF	4	Formulary Enhancement	NA	02/01/2021
DIACOMIT 250MG CAP	NF	4	Formulary Enhancement	NA	02/01/2021
DIACOMIT 250MG PACK	NF	4	Formulary Enhancement	NA	02/01/2021
DIACOMIT 500MG CAP	NF	4	Formulary Enhancement	NA	02/01/2021
DIACOMIT 500MG PACK	NF	4	Formulary Enhancement	NA	02/01/2021
DIFICID 40MG/ML SUSR	NF	4	Formulary Enhancement	NA	04/01/2021
<i>diltiazem hcl er tab 24 180mg</i>	NF	1	Formulary Enhancement	NA	03/01/2021
<i>diltiazem hcl er tab 24 240mg</i>	NF	1	Formulary Enhancement	NA	03/01/2021
<i>diltiazem hcl er tab 24 300mg</i>	NF	1	Formulary Enhancement	NA	03/01/2021
<i>diltiazem hcl er tab 24 360mg</i>	NF	1	Formulary Enhancement	NA	03/01/2021

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DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
<i>dimethyl fumarate 120mg dr cap</i>	NF	4	Formulary Enhancement	NA	02/01/2021
<i>dimethyl fumarate 240mg dr cap</i>	NF	4	Formulary Enhancement	NA	02/01/2021
<i>dimethyl fumarate starter pack</i>	NF	4	Formulary Enhancement	NA	03/01/2021
<i>disulfiram 500mg tab</i>	NF	1	Formulary Enhancement	NA	05/01/2021
<i>efavirenz/emtricitabine/tenofovir 600mg/200mg/300mg tab</i>	NF	4	Formulary Enhancement	NA	02/01/2021
<i>Efavirenz/lamivudine/ tenofovir 600mg/300mg/300mg tab</i>	NF	4	Formulary Enhancement	NA	02/01/2021
<i>efavirenz/lamivudine/tenofovir 400mg/300mg/300mg tab</i>	NF	4	Formulary Enhancement	NA	02/01/2021
<i>emtricitabine 200mg cap</i>	NF	3	Formulary Enhancement	NA	02/01/2021
<i>emtricitabine/tenofovir 100mg/150mg tab</i>	NF	4	Formulary Enhancement	NA	05/01/2021
<i>emtricitabine/tenofovir 133mg/200mg tab</i>	NF	4	Formulary Enhancement	NA	05/01/2021
<i>emtricitabine/tenofovir 167mg/250mg tab</i>	NF	4	Formulary Enhancement	NA	05/01/2021
<i>emtricitabine/tenofovir 200mg/300mg tab</i>	NF	4	Formulary Enhancement	NA	02/01/2021
FARYDAK 15MG CAP	NF	4	Formulary Enhancement	NA	02/01/2021
FLUOROURACIL 0.5% CREAM	NF	4	Formulary Enhancement	NA	02/01/2021
<i>fosfomycin 3gm pack</i>	NF	2	Formulary Enhancement	NA	02/01/2021
<i>furosemide 20mg tab</i>	NF	1	Formulary Enhancement	NA	02/01/2021
GAMUNEX-C 10%	NF	NF	Drug Market Withdrawal	NA	03/04/2021
GAMUNEX-C 10% (NDC 13533080024)	NF	NF	Drug Market Withdrawal	NA	03/25/2021
GAVRETO 100MG CAP	NF	4	Formulary Enhancement	NA	02/01/2021
<i>gemmily 20mcg/75mg/1mg cap</i>	NF	1	Formulary Enhancement	NA	02/01/2021

2021 FORMULARY CHANGES

DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
HUMIRA PEN PNKT 80MG/0.8ML	NF	4	Formulary Enhancement	NA	03/01/2021
<i>iclevia tab 0.03mg/0.15mg</i>	NF	1	Formulary Enhancement	NA	03/01/2021
ICLUSIG 10MG TAB	NF	4	Formulary Enhancement	NA	04/01/2021
ICLUSIG 30MG TAB	NF	4	Formulary Enhancement	NA	04/01/2021
<i>icosapent ethyl cap 1 gm</i>	NF	2	Formulary Enhancement	NA	03/01/2021
<i>ivermectin 0.5% lotion</i>	NF	3	Formulary Enhancement	NA	04/01/2021
<i>lapatinib 250mg tab</i>	NF	4	Formulary Enhancement	NA	02/01/2021
LEVOTHYROXINE CAP 100MCG	NF	3	Formulary Enhancement	NA	03/01/2021
LEVOTHYROXINE CAP 112MCG	NF	3	Formulary Enhancement	NA	03/01/2021
LEVOTHYROXINE CAP 125MCG	NF	3	Formulary Enhancement	NA	03/01/2021
LEVOTHYROXINE CAP 137MCG	NF	3	Formulary Enhancement	NA	03/01/2021
LEVOTHYROXINE CAP 13MCG	NF	3	Formulary Enhancement	NA	03/01/2021
LEVOTHYROXINE CAP 150MCG	NF	3	Formulary Enhancement	NA	03/01/2021
LEVOTHYROXINE CAP 175MCG	NF	3	Formulary Enhancement	NA	03/01/2021
LEVOTHYROXINE CAP 200MCG	NF	3	Formulary Enhancement	NA	03/01/2021
LEVOTHYROXINE CAP 25MCG	NF	3	Formulary Enhancement	NA	03/01/2021
LEVOTHYROXINE CAP 50MCG	NF	3	Formulary Enhancement	NA	03/01/2021
LEVOTHYROXINE CAP 75MCG	NF	3	Formulary Enhancement	NA	03/01/2021
LEVOTHYROXINE CAP 88MCG	NF	3	Formulary Enhancement	NA	03/01/2021
<i>loteprednol 0.5% gel</i>	NF	3	Formulary Enhancement	NA	05/01/2021
<i>lubiprostone 24mcg cap</i>	NF	1	Formulary Enhancement	NA	05/01/2021
<i>lubiprostone 8mcg cap</i>	NF	1	Formulary Enhancement	NA	05/01/2021
<i>lyleq 0.35mg tab</i>	NF	1	Formulary Enhancement	NA	04/01/2021
<i>lyllana 0.025mg/24hr patch</i>	NF	1	Formulary Enhancement	NA	05/01/2021
<i>lyllana 0.0375mg/24hr patch</i>	NF	1	Formulary Enhancement	NA	05/01/2021

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DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
<i>lyllana 0.05mg/24hr patch</i>	NF	1	Formulary Enhancement	NA	05/01/2021
<i>lyllana 0.075mg/24hr patch</i>	NF	1	Formulary Enhancement	NA	05/01/2021
<i>lyllana 0.1mg/24hr patch</i>	NF	1	Formulary Enhancement	NA	05/01/2021
MAYZENT STARTER PACK 0.25MG TAB	NF	4	Formulary Enhancement	NA	05/01/2021
MENQUADFI INJ	NF	2	Formulary Enhancement	NA	02/01/2021
<i>metirosine 250mg cap</i>	NF	4	Formulary Enhancement	NA	02/01/2021
<i>nabumetone 500mg tab</i>	NF	1	Formulary Enhancement	NA	02/01/2021
<i>nitazoxanide 500mg tab</i>	NF	4	Formulary Enhancement	NA	04/01/2021
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate cap 20mcg/75mg/1mg</i>	NF	1	Formulary Enhancement	NA	03/01/2021
<i>nylia 7/7/7 tab</i>	NF	1	Formulary Enhancement	NA	04/01/2021
<i>nymyo 35mcg/0.25mg tab</i>	NF	1	Formulary Enhancement	NA	05/01/2021
ONUREG TAB 200MG	NF	4	Formulary Enhancement	NA	03/01/2021
ONUREG TAB 300MG	NF	4	Formulary Enhancement	NA	03/01/2021
ORGOVYX 120MG TAB	NF	4	Formulary Enhancement	NA	04/01/2021
OZEMPIC SOPN 2MG/1.5ML (0.5 MG DOSE)	4	5	Cost Share Reduction	NA	03/01/2021
OZEMPIC SOPN 2MG/1.5ML (1 MG DOSE)	4	5	Cost Share Reduction	NA	03/01/2021
<i>Peg-3350, sodium sulf, nacl potassium cl, na ascorbate, ascorbic</i>	NF	1	Formulary Enhancement	NA	02/01/2021
<i>perlogard 0.12% sol</i>	NF	1	Formulary Enhancement	NA	05/01/2021
<i>perphenazine 2mg tab</i>	NF	1	Formulary Enhancement	NA	02/01/2021
<i>perphenazine 4mg tab</i>	NF	1	Formulary Enhancement	NA	02/01/2021
<i>perphenazine 8mg tab</i>	NF	1	Formulary Enhancement	NA	02/01/2021

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<i>phenobarbital 15mg tab</i>	NF	1	Formulary Enhancement	NA	02/01/2021
<i>phenobarbital 30mg tab</i>	NF	1	Formulary Enhancement	NA	02/01/2021
<i>prednisone 20mg tab</i>	NF	1	Formulary Enhancement	NA	02/01/2021
RETACRIT SOLN 20000UNIT/2ML	NF	3	Formulary Enhancement	NA	03/01/2021
RETACRIT SOLN 20000UNIT/ML	NF	3	Formulary Enhancement	NA	03/01/2021
<i>roweepra 500mg tab</i>	NF	1	Formulary Enhancement	NA	05/01/2021
<i>rufinamide susp 40mg/ml</i>	NF	4	Formulary Enhancement	NA	03/01/2021
<i>sapropterin 100mg pack</i>	NF	4	Formulary Enhancement	NA	02/01/2021
<i>sapropterin 100mg soluble tab</i>	NF	4	Formulary Enhancement	NA	02/01/2021
<i>sapropterin 500mg pack</i>	NF	4	Formulary Enhancement	NA	02/01/2021
<i>sulfasalazine 50mg dr tab</i>	NF	1	Formulary Enhancement	NA	02/01/2021
<i>telmisartan 20mg tab (NDC 62332008730)</i>	1	NF	Drug Market Withdrawal	NA	03/25/2021
TEMIXYS 300MG/300MG TAB	NF	4	Formulary Enhancement	NA	05/01/2021
TEPMETKO 225MG TAB	NF	4	Formulary Enhancement	NA	05/01/2021
<i>tilia fe tab</i>	NF	1	Formulary Enhancement	NA	04/01/2021
<i>tobramycin 200mg/4ml nebu</i>	NF	4	Formulary Enhancement	NA	02/01/2021
<i>tolvaptan 15mg tab</i>	NF	4	Formulary Enhancement	NA	02/01/2021
<i>tramadol 100mg tab</i>	NF	1	Formulary Enhancement	NA	02/01/2021
<i>trazodone 150mg tab</i>	NF	1	Formulary Enhancement	NA	02/01/2021
TRELEGY ELLIPTA 200MCG/62.5MCG/25MCG INH	NF	5	Formulary Enhancement	NA	04/01/2021
<i>tridem 0.5% cream</i>	NF	1	Formulary Enhancement	NA	02/01/2021
<i>tri-nymyo tab</i>	NF	1	Formulary Enhancement	NA	05/01/2021
TRULICITY 3MG/0.5ML INJ	NF	2	Formulary Enhancement	NA	02/01/2021
TRULICITY 4.5MG/0.5ML INJ	NF	2	Formulary Enhancement	NA	02/01/2021

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XELJANZ 1MG/ML SOL	NF	4	Formulary Enhancement	NA	05/01/2021
ZUBSOLV 0.7MG/0.18MG SUBL	NF	3	Formulary Enhancement	NA	04/01/2021

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

Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 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 60days’ 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.