

Formulary Addendum Summary of 2019 Drug List Changes

Below is a summary of Drug List changes for the benefit year 2019. These changes are reflected in the 2019 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

2019 FORMULARY CHANGES					
DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
EFFECTIVE 04/01/2019					
<i>abiraterone tab 250 mg</i>	NF	5	Formulary Enhancement	NA	02/01/2019
BRAFTOVI 50 MG CAP	NF	5	Formulary Enhancement	NA	02/01/2019
BRAFTOVI 75 MG CAP	NF	5	Formulary Enhancement	NA	02/01/2019
BUPROPION ER 450 MG TAB	NF	3	Formulary Enhancement	NA	02/01/2019
<i>clobazam 2.5mg/ml susp</i>	NF	5	Formulary Enhancement	NA	02/01/2019
<i>clobazam 20 mg tab</i>	NF	4	Formulary Enhancement	NA	02/01/2019
COPIKTRA 15 MG TAB	NF	5	Formulary Enhancement	NA	02/01/2019
COPIKTRA 25 MG TAB	NF	5	Formulary Enhancement	NA	02/01/2019
<i>dalfampridine er 10 mg tab</i>	NF	5	Formulary Enhancement	NA	02/01/2019
DELSTRIGO TAB	NF	5	Formulary Enhancement	NA	02/01/2019
EPIDIOLEX 100MG/ML SOL	NF	5	Formulary Enhancement	NA	02/01/2019
GALAFOLD 123 MG CAP	NF	5	Formulary Enhancement	NA	02/01/2019
LENVIMA 12 MG CAP	NF	5	Formulary Enhancement	NA	02/01/2019
LENVIMA 4 MG CAP	NF	5	Formulary Enhancement	NA	02/01/2019
LORBRENA 100 MG TAB	NF	5	Formulary Enhancement	NA	02/01/2019
LORBRENA 25 MG TAB	NF	5	Formulary Enhancement	NA	02/01/2019

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DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
MEKTOVI 15 MG TAB	NF	5	Formulary Enhancement	NA	02/01/2019
MOLINDONE HCL 10 MG TAB	NF	4	Formulary Enhancement	NA	02/01/2019
MOLINDONE HCL 25 MG TAB	NF	4	Formulary Enhancement	NA	02/01/2019
MOLINDONE HCL 5 MG TAB	NF	4	Formulary Enhancement	NA	02/01/2019
NIVESTYM 300/0.5 INJ	NF	5	Formulary Enhancement	NA	02/01/2019
NIVESTYM 480/0.8 INJ	NF	5	Formulary Enhancement	NA	02/01/2019
NUPLAZID 34 MG CAP	NF	5	Formulary Enhancement	NA	02/01/2019
NUPLAZID 10 MG TAB	NF	5	Formulary Enhancement	NA	02/01/2019
PIFELTRO 100 MG TAB	NF	5	Formulary Enhancement	NA	02/01/2019
SYM TUZA TAB	NF	5	Formulary Enhancement	NA	02/01/2019
TALZENNA 0.25MG CAP	NF	5	Formulary Enhancement	NA	02/01/2019
TALZENNA 1 MG CAP	NF	5	Formulary Enhancement	NA	02/01/2019
TIBSOVO 250 MG TAB	NF	5	Formulary Enhancement	NA	02/01/2019
VIZIMPRO 15 MG TAB	NF	5	Formulary Enhancement	NA	02/01/2019
VIZIMPRO 30 MG TAB	NF	5	Formulary Enhancement	NA	02/01/2019
VIZIMPRO 45 MG TAB	NF	5	Formulary Enhancement	NA	02/01/2019
ZORTRESS 1 MG TAB	NF	5	Formulary Enhancement	NA	02/01/2019
APLENZIN TAB174MG	5	NA	Removal of Step Therapy	NA	03/01/2019
APLENZIN TAB348MG	5	NA	Removal of Step Therapy	NA	03/01/2019
APLENZIN TAB522MG	5	NA	Removal of Step Therapy	NA	03/01/2019
<i>ascomp/cod cap 30mg</i>	4	2	Formulary Enhancement	NA	01/01/2019
<i>budesonide tab er 9mg</i>	NF	5	Formulary Enhancement	NA	03/01/2019
<i>cafegot tab 1-100mg</i>	4	2	Formulary Enhancement	NA	01/01/2019
<i>colesevelam pak3.75</i>	NF	3	Formulary Enhancement	NA	03/01/2019
DAURISMO TAB100MG	5	NA	Formulary Enhancement	NA	03/01/2019
DAURISMO TAB25MG	5	NA	Formulary Enhancement	NA	03/01/2019

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DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
EMSAM DIS12MG/24H	5	NA	Removal of Step Therapy	NA	03/01/2019
EMSAM DIS6MG/24HR	5	NA	Removal of Step Therapy	NA	03/01/2019
EMSAM DIS9MG/24HR	5	NA	Removal of Step Therapy	NA	03/01/2019
EPINEPHRINE INJ0.3MG	2	1	Formulary Enhancement	NA	01/01/2019
EPIPEN-JR INJ2-PAK	3	2	Formulary Enhancement	NA	01/01/2019
<i>epitol tab 200 mg</i>	2	1	Formulary Enhancement	NA	01/01/2019
FANAPT PAK	4	NA	Removal of Step Therapy	NA	03/01/2019
FANAPT TAB10MG	5	NA	Removal of Step Therapy	NA	03/01/2019
FANAPT TAB12MG	5	NA	Removal of Step Therapy	NA	03/01/2019
FANAPT TAB1MG	4	NA	Removal of Step Therapy	NA	03/01/2019
FANAPT TAB2MG	4	NA	Removal of Step Therapy	NA	03/01/2019
FANAPT TAB4MG	4	NA	Removal of Step Therapy	NA	03/01/2019
FANAPT TAB6MG	5	NA	Removal of Step Therapy	NA	03/01/2019
FANAPT TAB8MG	5	NA	Removal of Step Therapy	NA	03/01/2019
FETZIMA CAP120MG	4	NA	Removal of Step Therapy	NA	03/01/2019
FETZIMA CAP20MG	4	NA	Removal of Step Therapy	NA	03/01/2019
FETZIMA CAP40MG	4	NA	Removal of Step Therapy	NA	03/01/2019
FETZIMA CAP80MG	4	NA	Removal of Step Therapy	NA	03/01/2019
FETZIMA CAPTITRATIO	4	NA	Removal of Step Therapy	NA	03/01/2019
ILUMYA SOL100MG/ML	NF	5	Formulary Enhancement	NA	03/01/2019
<i>itraconazole sol 10mg/ml</i>	NF	3	Formulary Enhancement	NA	03/01/2019
<i>klor-con sprcap10meq</i>	2	1	Formulary Enhancement	NA	01/01/2019
<i>lorcet tab 5mg-325mg</i>	2	1	Formulary Enhancement	NA	01/01/2019
<i>lorcet tab hd 10mg-325mg</i>	2	1	Formulary Enhancement	NA	01/01/2019
<i>lorcet tab plus 7.5mg-325mg</i>	2	1	Formulary Enhancement	NA	01/01/2019
LUCEMYRA TAB0.18MG	NF	4	Formulary Enhancement	NA	03/01/2019
<i>mesalamine sup1000mg</i>	NF	4	Formulary Enhancement	NA	03/01/2019
<i>nifedipine tab 30 mg er</i>	2	1	Formulary Enhancement	NA	01/01/2019
<i>nifedipine tab 60 mg er</i>	2	1	Formulary Enhancement	NA	01/01/2019

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DRUG NAME	CURRENT DRUG TIER	NEW DRUG TIER	REASON FOR FORMULARY CHANGE	ALTERNATIVE DRUG, ALTERNATIVE DRUG TIER	EFFECTIVE DATE
<i>nifedipine tab 90 mg er</i>	2	1	Formulary Enhancement	NA	01/01/2019
<i>norco tab10-325mg</i>	NF	1	Formulary Enhancement	NA	01/01/2019
<i>norco tab5-325mg</i>	NF	1	Formulary Enhancement	NA	01/01/2019
<i>norco tab7.5-325mg</i>	NF	1	Formulary Enhancement	NA	01/01/2019
<i>pacerone tab 100 mg</i>	NF	1	Formulary Enhancement	NA	01/01/2019
<i>pacerone tab 400 mg</i>	NF	1	Formulary Enhancement	NA	01/01/2019
<i>phenadoz sup12.5 mg</i>	4	2	Formulary Enhancement	NA	01/01/2019
<i>prasugrel tab 10 mg</i>	NF	1	Formulary Enhancement	NA	01/01/2019
<i>prasugrel tab 5 mg</i>	NF	1	Formulary Enhancement	NA	01/01/2019
RETACRIT INJ10000UNT	NF	4	Formulary Enhancement	NA	03/01/2019
RETACRIT INJ2000UNIT	NF	4	Formulary Enhancement	NA	03/01/2019
RETACRIT INJ3000UNIT	NF	4	Formulary Enhancement	NA	03/01/2019
RETACRIT INJ40000UNT	NF	4	Formulary Enhancement	NA	03/01/2019
RETACRIT INJ4000UNIT	NF	4	Formulary Enhancement	NA	03/01/2019
<i>simvastatin tab 80 mg</i>	1	1	Removal of Prior Authorization	NA	01/01/2019
<i>sotalol af tab 120 mg</i>	2	1	Formulary Enhancement	NA	01/01/2019
<i>tadalafil tab 2.5 mg</i>	NF	4	Formulary Enhancement	NA	03/01/2019
<i>tadalafil tab 5 mg</i>	NF	4	Formulary Enhancement	NA	03/01/2019
<i>taztia xt cap 120mg/24</i>	2	1	Formulary Enhancement	NA	01/01/2019
<i>tencon tab50-325mg</i>	4	1	Formulary Enhancement	NA	01/01/2019
<i>testosterone gel 1.62%</i>	NF	3	Formulary Enhancement	NA	03/01/2019
TWINRIX INJ	3	NA	Removal of Prior Authorization	NA	03/01/2019
<i>unithroid tab 100 mcg</i>	2	1	Formulary Enhancement	NA	03/01/2019
<i>unithroid tab 112 mcg</i>	2	1	Formulary Enhancement	NA	03/01/2019
<i>unithroid tab 125 mcg</i>	2	1	Formulary Enhancement	NA	03/01/2019
<i>unithroid tab 150 mcg</i>	2	1	Formulary Enhancement	NA	03/01/2019
<i>unithroid tab 175 mcg</i>	2	1	Formulary Enhancement	NA	03/01/2019
<i>unithroid tab 200 mcg</i>	2	1	Formulary Enhancement	NA	03/01/2019
<i>unithroid tab 25 mcg</i>	2	1	Formulary Enhancement	NA	03/01/2019
<i>unithroid tab 300 mcg</i>	2	1	Formulary Enhancement	NA	03/01/2019
<i>unithroid tab 50 mcg</i>	2	1	Formulary Enhancement	NA	03/01/2019

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<i>unithroid tab 75 mcg</i>	2	1	Formulary Enhancement	NA	03/01/2019
<i>unithroid tab 88 mcg</i>	2	1	Formulary Enhancement	NA	03/01/2019
VITRAKVI CAP100MG	NF	5	Formulary Enhancement	NA	03/01/2019
VITRAKVI CAP25MG	NF	5	Formulary Enhancement	NA	03/01/2019
VITRAKVI SOL20MG/ML	NF	5	Formulary Enhancement	NA	03/01/2019
VRAYLAR CAP1.5-3MG	4	NA	Removal of Step Therapy	NA	03/01/2019
VRAYLAR CAP1.5MG	5	NA	Removal of Step Therapy	NA	03/01/2019
VRAYLAR CAP3MG	5	NA	Removal of Step Therapy	NA	03/01/2019
VRAYLAR CAP4.5MG	5	NA	Removal of Step Therapy	NA	03/01/2019
VRAYLAR CAP6MG	5	NA	Removal of Step Therapy	NA	03/01/2019
XARELTO TAB2.5MG	NF	3	Formulary Enhancement	NA	03/01/2019
XOLAIR INJ150MG/ML	NF	5	Formulary Enhancement	NA	03/01/2019
XOLAIR INJ75/0.5	NF	5	Formulary Enhancement	NA	03/01/2019
XOSPATA TAB40MG	NF	5	Formulary Enhancement	NA	03/01/2019
<i>zileuton er tab 600 mg</i>	NF	5	Formulary Enhancement	NA	01/01/2019
<i>albendazole tab200mg</i>	NF	5	Formulary Enhancement	NA	04/01/2019
ARISTADA INJINITIO	NF	5	Formulary Enhancement	NA	04/01/2019
LOKELMA PAK10GM	NF	4	Formulary Enhancement	NA	04/01/2019
LOKELMA PAK5GM	NF	4	Formulary Enhancement	NA	04/01/2019
MULPLETA TAB3MG	NF	3	Formulary Enhancement	NA	04/01/2019
<i>nevirapine sus50mg/5ml</i>	NF	4	Formulary Enhancement	NA	04/01/2019
ORILISSA TAB150MG	NF	5	Formulary Enhancement	NA	04/01/2019
ORILISSA TAB200MG	NF	5	Formulary Enhancement	NA	04/01/2019
PERSERIS INJ120MG	NF	5	Formulary Enhancement	NA	04/01/2019

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PERSERIS INJ90MG	NF	5	Formulary Enhancement	NA	04/01/2019
SYMPAZAN MIS10MG	NF	4	Formulary Enhancement	NA	04/01/2019
SYMPAZAN MIS20MG	NF	4	Formulary Enhancement	NA	04/01/2019
SYMPAZAN MIS5MG	NF	4	Formulary Enhancement	NA	04/01/2019
TAKHZYRO INJ300/2ML	NF	5	Formulary Enhancement	NA	04/01/2019
<i>Tazarotene cre0.1%</i>	NF	3	Formulary Enhancement	NA	04/01/2019

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

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 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.