



2025 Drug Formulary (Drug List) Change Frequently Asked Questions

1. **Q:** If I am currently using a drug that is now excluded, what are my next steps?

A: Please consult with your provider about alternative medications on the Curative formulary (drug list). Curative offers \$0 copay options for many alternatives.* For the specific drugs listed below, any previously **Curative approved prior authorization (PA)** will remain valid until expiration.

Actemra	Lupron Depot-Ped	Reyvow
Chorionic Gonadotropin	NovoSeven RT	Rixubis
Cibinqo	Nuedexta	Sandostatin LAR Depot
Cimzia	Nuwiq	Simponi
Enbrel	Orencia	Sovaldi
Endometrin	Orenitram	Stelara
Epclusa	Otezla	Symdeko
Epidiolex	Pegasys	Tracleer
Follistim AQ	Pregnyl	Tremfya
Harvoni	Prolia	Ventavis
Ixinity	Rebinyn	Vosevi
Lanreotide	Recombinate	Xeljanz

2. **Q:** Why was my drug removed from the formulary?

A:

- Curative's Pharmacy and Therapeutics Committee reviews and updates the formulary yearly to prioritize affordable prescriptions that support members' health. This is a standard practice for health insurance plans.
- For biologic immunomodulators, Curative follows a biosimilar-centered policy. In other words, Curative prioritizes the use of biosimilars, ensuring our members receive effective treatments at a lower cost. Our preferred biosimilar agents are adalimumab-adbm and adalimumab-fkjp.



3. **Q:** When do the drug list changes take effect for me?
A: Your employer is either insuring you through a fully-insured plan or level-funded plan. Ask to know which applies to you or check your benefit booklet on the member portal.

 - Level-funded plans: 1/1/2025
 - Fully-insured GA and FL plans: 1/1/2025
 - Fully-insured TX plans: The formulary changes on 1/1/2025, so this change will impact you at your plan's renewal date, on or after 1/1/2025.
 - **Please be proactive in talking to your provider about your medications.**

4. **Q:** How do I know if I am on a level-funded or fully insured plan?
A: In the lower right corner of the member ID card on the front it shows either:

 - ASO will only apply to Self Funded / Level Funded plans
 - DOI will only apply to Fully Funded / Fully Insured plans

This will tell you if you are on a level funded or fully insured plan. You can also refer to your benefits booklet located in the member portal at health.curative.com.

5. **Q:** What alternative medications are available if my current medication is no longer covered?
A: Alternative options for medications can be found at curative.com/pharmacy. The 2025 Curative Drug Formulary Changes document lists specific alternative options you can discuss with your provider.

6. **Q:** I want to switch to a \$0 copay option. How can I switch?
A:

 - Please talk to your provider to determine the best option and have them write a new prescription after reviewing our 2024 formulary and 2025 Curative Drug Formulary changes document. Our formulary may be accessed via the following link <https://curative.com/drugs>
 - If the new prescription requires a prior authorization, please have your provider [submit appropriate documentation](#).

7. **Q:** Can I request an exception to continue using my current medication?
A: Yes, you may submit a [prior authorization request](#) if you or your provider believes the medication is medically necessary compared to the alternative options.

8. **Q:** If I have already tried and failed alternatives, what are my next steps?
A: Please refer to the process outlined in the previous question above.



9. **Q:** How will changes to the formulary (drug list) affect my out-of-pocket costs?
A: Medications on the 2025 drug list may have moved up or down a coverage tier. Preferred Tier 1 medications will continue to have a \$0 copay.* Tier 2 and Tier 3 have a \$50 and \$250 copay, respectively.
10. **Q:** How do I know if medications used to treat fertility or weight loss are covered?
A: Check with your employer to see if fertility coverage (i.e. a fertility rider) or weight loss coverage (i.e. a weight loss rider) is included in your plan. Fertility coverage and weight loss coverage are add-ons to plan benefits.

**The \$0 copay applies to health plan members who have completed a Baseline Visit or are in their 120-day grace period.*

*** The 2025 Formulary will include additional positive changes, along with more \$0 copay options (Tier 1).*