**Changes to MyTruAdvantage's Formulary**
**Effective August 2026**

MyTruAdvantage may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Or, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. We may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made. Also, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.

Before we make other changes during the year to our Drug List that affect members currently taking a drug and that require us to provide advance notice, we will notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.

If you are affected by a change in drug coverage or restriction, depending on the type of change, there may be different options to consider. For example:

> You may be able to use another drug on our Drug List to treat your medical condition. Alternative drug(s) are provided below to help your prescriber to find a covered drug that might work for you. Ask your prescriber if one of the possible alternative drug(s) is right for you.
>
> You, your prescriber, or your authorized representative may also ask for an exception. The notice we provide you will also include information on the steps to request an exception. To learn more about coverage decisions and how to ask for an exception, see your *Evidence of Coverage*, or call us at 1-877-403-6035 (TTY: 711), 24 hours a day, 7 days a week.

MyTru Advantage

The table below outlines changes to our formulary that may impact you.

| Effective Date | Drug Name | Change Description | Reason Description | Alternate Drugs and Tier |
|---|---|---|---|---|
| 2/1/2026 | PREMARIN 1.25 MG ORAL TABLET | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | CONJUGATED ESTROGENS 1.25 MG ORAL TABLET-2 |
| 2/1/2026 | GLEOSTINE 40 MG ORAL CAPSULE | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | LOMUSTINE 40 MG ORAL CAPSULE-5 |
| 2/1/2026 | GLEOSTINE 100 MG ORAL CAPSULE | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | LOMUSTINE 100 MG ORAL CAPSULE-5 |
| 2/1/2026 | GLEOSTINE 10 MG ORAL CAPSULE | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | LOMUSTINE 10 MG ORAL CAPSULE-2 |
| 2/1/2026 | PREMARIN 0.9 MG ORAL TABLET | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | CONJUGATED ESTROGENS 0.9 MG ORAL TABLET-2 |
| 2/1/2026 | PREMARIN 0.625 MG ORAL TABLET | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | CONJUGATED ESTROGENS 0.625 MG ORAL TABLET-2 |
| 2/1/2026 | PREMARIN 0.45MG ORAL TABLET | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | CONJUGATED ESTROGENS 0.45MG ORAL TABLET-2 |
| 2/1/2026 | PREMARIN 0.3 MG ORAL TABLET | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | CONJUGATED ESTROGENS 0.3 MG ORAL TABLET-2 |
| 2/1/2026 | DIFICID 200 MG ORAL TABLET | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | FIDAXOMICIN 200 MG ORAL TABLET-5 |


MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

| Effective Date | Drug Name | Change Description | Reason Description | Alternate Drugs and Tier |
|---|---|---|---|---|
| 4/1/2026 | RIVAROXABAN 2.5 MG ORAL TABLET | QL ADD | ADDITION OF UTILIZATION MANAGEMENT REQUIREMENT DUE TO NEW CLINICAL GUIDELINES | |
| 4/1/2026 | FYCOMPA 0.5 MG/ML ORAL ORAL SUSP | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | PERAMPANEL 0.5 MG/ML ORAL ORAL SUSP-5 |
| 4/1/2026 | XGEVA 120 MG/1.7 SUBCUTANE. VIAL | DELETION OF DRUG FROM FORMULARY | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | |
| 4/1/2026 | BRILINTA 90 MG ORAL TABLET | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | TICAGRELOR 90 MG ORAL TABLET-2 |
| 5/1/2026 | TEFLARO 400 MG INTRAVEN. VIAL | BRAND DELETION, ADD FRF GENERIC | GENERIC DRUG AVAILABLE AT LOWER TIER | CEFTAROLINE FOSAMIL 400 MG INTRAVEN. VIAL-5 |
| 5/1/2026 | TEFLARO 600 MG INTRAVEN. VIAL | BRAND DELETION, ADD FRF GENERIC | GENERIC DRUG AVAILABLE AT LOWER TIER | CEFTAROLINE FOSAMIL 600 MG INTRAVEN. VIAL-5 |
| 5/1/2026 | ZYLET 0.3%-0.5% OPHTHALMIC DROPS SUSP | BRAND DELETION, ADD FRF GENERIC | GENERIC DRUG AVAILABLE AT LOWER TIER | TOBRAMYCIN-LOTEPREDNOL 0.3%-0.5% OPHTHALMIC DROPS SUSP-2 |
| 6/1/2026 | BRIVIACT 100 MG ORAL TABLET | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | BRIVARACETAM 100 MG ORAL TABLET-5 |
| 6/1/2026 | BRIVIACT 75 MG ORAL TABLET | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | BRIVARACETAM 75 MG ORAL TABLET-5 |
| 6/1/2026 | BRIVIACT 50 MG ORAL TABLET | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | BRIVARACETAM 50 MG ORAL TABLET-5 |

MyTru Advantage

| Effective Date | Drug Name | Change Description | Reason Description | Alternate Drugs and Tier |
|---|---|---|---|---|
| 6/1/2026 | BRIVIACT 10 MG ORAL TABLET | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | BRIVARACETAM 10 MG ORAL TABLET-5 |
| 6/1/2026 | BRIVIACT 10 MG/ML ORAL SOLUTION | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | BRIVARACETAM 10 MG/ML ORAL SOLUTION-2 |
| 6/1/2026 | BRIVIACT 25 MG ORAL TABLET | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | BRIVARACETAM 25 MG ORAL TABLET-5 |
| 8/1/2026 | METFORMIN HCL 750 MG ORAL TABLET | DELETION OF DRUG FROM FORMULARY | FORMULARY DELETION | NA |
| 5/23/2026 | TAZVERIK 200 MG ORAL TABLET | DELETION OF DRUG FROM FORMULARY | PRODUCT WITHDRAWN FROM MARKET | NA |
| 7/1/2026 | FARXIGA 5 MG ORAL TABLET | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | DAPAGLIFLOZIN 5 MG ORAL TABLET-2 |
| 7/1/2026 | FARXIGA 10 MG ORAL TABLET | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | DAPAGLIFLOZIN 10 MG ORAL TABLET-2 |
| 8/1/2026 | TASIGNA 200 MG ORAL CAPSULE | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | NILOTINIB HCL 200 MG ORAL CAPSULE-5 |
| 7/1/2026 | OFEV 150 MG ORAL CAPSULE | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | NINTEDANIB ESYLATE 150 MG ORAL CAPSULE-5 |
| 7/1/2026 | OFEV 100 MG ORAL CAPSULE | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | NINTEDANIB ESYLATE 100 MG ORAL CAPSULE-5 |

| Effective Date | Drug Name | Change Description | Reason Description | Alternate Drugs and Tier |
|---|---|---|---|---|
| 7/1/2026 | XIGDUO XR 10MG-500MG ORAL TAB BP 24H | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | DAPAGLIFLOZIN-METFORMIN ER 10MG-500MG ORAL TAB BP 24H-2 |
| 7/1/2026 | XIGDUO XR 5 MG-500MG ORAL TAB BP 24H | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | DAPAGLIFLOZIN-METFORMIN ER 5 MG-500MG ORAL TAB BP 24H-2 |
| 8/1/2026 | TASIGNA 50 MG ORAL CAPSULE | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | NILOTINIB HCL 50 MG ORAL CAPSULE-5 |
| 8/1/2026 | TASIGNA 150 MG ORAL CAPSULE | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | NILOTINIB HCL 150 MG ORAL CAPSULE-5 |
| 8/1/2026 | ASTAGRAF XL 1 MG ORAL CAP ER 24H | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | TACROLIMUS XL 1 MG ORAL CAP ER 24H-2 |
| 8/1/2026 | ATROVENT HFA 17MCG INHALATION HFA AER AD | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | IPRATROPIUM BROMIDE 17MCG INHALATION HFA AER AD-2 |
| 8/1/2026 | ASTAGRAF XL 0.5 MG ORAL CAP ER 24H | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | TACROLIMUS XL 0.5 MG ORAL CAP ER 24H-2 |
| 8/1/2026 | EDURANT 25 MG ORAL TABLET | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | RILPIVIRINE 25 MG ORAL TABLET-5 |
| 8/1/2026 | MAVENCLAD 10 MG ORAL TABLET | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | CLADRIBINE 10 MG ORAL TABLET-5 |


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| 8/1/2026 | ASTAGRAF XL 5 MG ORAL CAP ER 24H | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | TACROLIMUS XL 5 MG ORAL CAP ER 24H-5 |
| 8/1/2026 | MAVENCLAD 10 MG ORAL TABLET | BRAND DELETION, ADD FRF GENERIC | REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT | CLADRIBINE 10 MG ORAL TABLET-5 |
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*Alternative drug(s) are drugs that you could consider with your prescriber. Only your prescriber can determine alternative drugs that are appropriate for you given the individualized nature of drug therapy. Please consult your prescriber to confirm if this is an appropriate drug for you.