



Changes to MyTruAdvantage's Formulary Effective September 2025

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.

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



Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs and Tier
2/1/2025	SPRYCEL 50 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DASATINIB 50 MG ORAL TABLET-5
2/1/2025	SPRYCEL 140 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DASATINIB 140 MG ORAL TABLET-5
2/1/2025	SPRYCEL 80 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DASATINIB 80 MG ORAL TABLET-5
2/1/2025	SPRYCEL 20 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DASATINIB 20 MG ORAL TABLET-5
2/1/2025	SPRYCEL 70 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DASATINIB 70 MG ORAL TABLET-5
2/1/2025	SPRYCEL 100 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DASATINIB 100 MG ORAL TABLET-5
4/1/2025	TRUSELTIQ 50 MG/DAY ORAL CAPSULE	DELETION OF DRUG FROM FORMULARY	NO LONGER FDA APPROVED	
4/1/2025	TRUSELTIQ 75 MG/DAY ORAL CAPSULE	DELETION OF DRUG FROM FORMULARY	NO LONGER FDA APPROVED	
4/1/2025	MESNEX 400 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	MESNA 400 MG ORAL TABLET-5
4/1/2025	TRUSELTIQ 125 MG/DAY ORAL CAPSULE	DELETION OF DRUG FROM FORMULARY	NO LONGER FDA APPROVED	



Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs and Tier
4/1/2025	TRUSELTIQ 100 MG/DAY ORAL CAPSULE	DELETION OF DRUG FROM FORMULARY	NO LONGER FDA APPROVED	
6/1/2025	PURIXAN 20 MG/ML ORAL ORAL SUSP	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	MERCAPTOPURINE 20 MG/ML ORAL ORAL SUSP-5
8/1/2025	APTOM 600 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ESLICARBAZEPINE ACETATE 600 MG ORAL TABLET-5
8/1/2025	APTOM 400 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ESLICARBAZEPINE ACETATE 400 MG ORAL TABLET-5
8/1/2025	APTOM 200 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ESLICARBAZEPINE ACETATE 200 MG ORAL TABLET-5
8/1/2025	APTOM 800 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ESLICARBAZEPINE ACETATE 800 MG ORAL TABLET-5
8/1/2025	JYNARQUE 15 MG-15MG ORAL TABLET SEQ	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOLVAPTAN 15 MG-15MG ORAL TABLET SEQ-5
8/1/2025	JYNARQUE 45 MG-15MG ORAL TABLET SEQ	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOLVAPTAN 45 MG-15MG ORAL TABLET SEQ-5
8/1/2025	JYNARQUE 30 MG-15MG ORAL TABLET SEQ	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOLVAPTAN 30 MG-15MG ORAL TABLET SEQ-5

CY2025 6Tier

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

Y0150_Change in Formulary Notice_PBM229_C



Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs and Tier
8/1/2025	JYNARQUE 90 MG-30MG ORAL TABLET SEQ	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOLVAPTAN 90 MG-30MG ORAL TABLET SEQ-5
8/1/2025	JYNARQUE 60 MG-30MG ORAL TABLET SEQ	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOLVAPTAN 60 MG-30MG ORAL TABLET SEQ-5
9/1/2025	PROMACTA 25 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ELTROMBOPAG OLAMINE 25 MG ORAL TABLET-5
9/1/2025	PROMACTA 75 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ELTROMBOPAG OLAMINE 75 MG ORAL TABLET-5
9/1/2025	PROMACTA 50 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ELTROMBOPAG OLAMINE 50 MG ORAL TABLET-5
9/1/2025	PROMACTA 25 MG ORAL POWD PACK	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ELTROMBOPAG OLAMINE 25 MG ORAL POWD PACK-5
9/1/2025	PROMACTA 12.5 MG ORAL POWD PACK	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ELTROMBOPAG OLAMINE 12.5 MG ORAL POWD PACK-5
9/1/2025	COMPLERA 200-25-300 ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	EMTRICITABINE-RILPIVIRNE-TENOF 200-25-300 ORAL TABLET-5
9/1/2025	PROMACTA 12.5 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ELTROMBOPAG OLAMINE 12.5 MG ORAL TABLET-5

CY2025 6Tier

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

Y0150_Change in Formulary Notice_PBM229_C



*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.