Changes to MyTruAdvantage's Formulary
Effective November 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.
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> 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

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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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Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs and Tier
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
9/1/2026	BOSULIF 400 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BOSUTINIB 400 MG ORAL TABLET-5
9/1/2026	JANUVIA 50 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SITAGLIPTIN PHOSPHATE 50 MG ORAL TABLET-2
9/1/2026	JANUVIA 25 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SITAGLIPTIN PHOSPHATE 25 MG ORAL TABLET-2
9/1/2026	JANUVIA 100 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SITAGLIPTIN PHOSPHATE 100 MG ORAL TABLET-2
9/1/2026	OPSUMIT 10 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	MACITENTAN 10 MG ORAL TABLET-5
9/1/2026	XELJANZ 5 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOFACITINIB CITRATE 5 MG ORAL TABLET-5

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9/1/2026	XELJANZ XR 22 MG ORAL TAB ER 24H	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOFACITINIB CITRATE ER 22 MG ORAL TAB ER 24H-5
9/1/2026	XELJANZ XR 11 MG ORAL TAB ER 24H	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOFACITINIB CITRATE ER 11 MG ORAL TAB ER 24H-5
9/1/2026	JANUMET 50MG-500MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SITAGLIPTIN PHOS-METFORMIN 50MG-500MG ORAL TABLET-2
9/1/2026	JANUMET 50-1000 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SITAGLIPTIN PHOS-METFORMIN 50-1000 MG ORAL TABLET-2
9/1/2026	XELJANZ 10 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOFACITINIB CITRATE 10 MG ORAL TABLET-5
9/1/2026	XELJANZ 1 MG/ML ORAL SOLUTION	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOFACITINIB CITRATE 1 MG/ML ORAL SOLUTION-5
11/1/2026	JANUMET XR 50MG-500MG ORAL TBMP 24HR	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SITAGLIPTIN PHOS-METFORMIN ER 50MG-500MG ORAL TBMP 24HR-2
11/1/2026	JANUMET XR 50-1000 MG ORAL TBMP 24HR	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SITAGLIPTIN PHOS-METFORMIN ER 50-1000 MG ORAL TBMP 24HR-2
11/1/2026	PRIFTIN 150 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	RIFAPENTINE 150 MG ORAL TABLET-2

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11/1/2026	JANUMET XR 100-1000MG ORAL TBMP 24HR	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SITAGLIPTIN PHOS-METFORMIN ER 100-1000MG ORAL TBMP 24HR-2

*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.