Changes to MyTruAdvantage's Formulary
Updated 09/27/2024

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.

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

CMS Formulary ID	Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs and Tier

24140	2/1/2024	VOTRIENT 200 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	PAZOPANIB HCL 200 MG ORAL TABLET-5
24140	2/1/2024	ALPHAGAN P 0.1 % OPHTHALMIC DROPS	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BRIMONIDINE TARTRATE 0.1 % OPHTHALMIC DROPS-2
24140	4/1/2024	PROLENSA 0.07 % OPHTHALMIC DROPS	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BROMFENAC SODIUM 0.07 % OPHTHALMIC DROPS-3
24140	4/1/2024	RISPERDAL CONSTA 37.5MG/2ML INTRAMUSC. VIAL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	RISPERIDONE ER 37.5MG/2ML INTRAMUSC. VIAL-5
24140	4/1/2024	RISPERDAL CONSTA 50 MG/2 ML INTRAMUSC. VIAL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	RISPERIDONE ER 50 MG/2 ML INTRAMUSC. VIAL-5
24140	4/1/2024	RISPERDAL CONSTA 25 MG/2 ML INTRAMUSC. VIAL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	RISPERIDONE ER 25 MG/2 ML INTRAMUSC. VIAL-2
24140	4/1/2024	RISPERDAL CONSTA 12.5MG/2ML INTRAMUSC. VIAL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	RISPERIDONE ER 12.5MG/2ML INTRAMUSC. VIAL-2
24140	4/1/2024	FORTEO 20MCG/DOSE SUBCUTANE. PEN INJCTR	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TERIPARATIDE 20MCG/DOSE SUBCUTANE. PEN INJCTR-2
24140	4/1/2024	TRACLEER 125 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BOSENTAN 125 MG ORAL TABLET-5

24140	4/1/2024	TRACLEER 62.5 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BOSENTAN 62.5 MG ORAL TABLET-5
24140	5/1/2024	LEVONORG-ETH ESTRAD-FE BISGLYC 0.1-0.02MG ORAL TABLET	DELETION OF DRUG FROM FORMULARY	NOT A PART D COVERED DRUG	
24140	5/1/2024	BROMSITE 0.075 % OPHTHALMIC DROPS	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	BROMFENAC SODIUM 0.075 % OPHTHALMIC DROPS-3
24140	5/1/2024	KORLYM 300 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	MIFEPRISTONE 300 MG ORAL TABLET-5
24140	5/1/2024	ALREX 0.2 % OPHTHALMIC DROPS SUSP	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LOTEPREDNOL ETABONATE 0.2 % OPHTHALMIC DROPS SUSP-3
24140	7/1/2024	AZOPT 1 % OPHTHALMIC DROPS SUSP	FORMULARY DELETION	FORMULARY DELETION	
24140	6/1/2024	RECTIV 0.4% (W/W) RECTAL OINT. (G)	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	NITROGLYCERIN 0.4% (W/W) RECTAL OINT. (G)-2
24140	7/1/2024	MITIGARE 0.6 MG ORAL CAPSULE	FORMULARY DELETION	FORMULARY DELETION	
24140	8/1/2024	TRUSELTIQ 75 MG/DAY ORAL CAPSULE	FDA WITHDRAWAL		
24140	8/1/2024	TRUSELTIQ 125 MG/DAY ORAL CAPSULE	FDA WITHDRAWAL		
24140	8/1/2024	FARYDAK 10 MG ORAL CAPSULE	DELETION OF DRUG FROM FORMULARY	PRODUCT WITHDRAWN FROM MARKET	

24140	8/1/2024	TRUSELTIQ 50 MG/DAY ORAL CAPSULE	FDA WITHDRAWAL		
24140	8/1/2024	FARYDAK 15 MG ORAL CAPSULE	DELETION OF DRUG FROM FORMULARY	PRODUCT WITHDRAWN FROM MARKET	
24140	8/1/2024	TRUSELTIQ 100 MG/DAY ORAL CAPSULE	FDA WITHDRAWAL		
24140	8/1/2024	FARYDAK 20 MG ORAL CAPSULE	DELETION OF DRUG FROM FORMULARY	PRODUCT WITHDRAWN FROM MARKET	
24140	10/1/2024	MOUNJARO 10MG/0.5ML SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24140	10/1/2024	MOUNJARO 2.5 MG/0.5 SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24140	10/1/2024	OZEMPIC 2MG/0.75ML SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24140	10/1/2024	MOUNJARO 12.5MG/0.5 SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24140	10/1/2024	RYBELSUS 7 MG ORAL TABLET	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24140	10/1/2024	RYBELSUS 3 MG ORAL TABLET	PAYMENT DETERMINATION		

			ADDED TO PRIOR AUTHORIZATION		
24140	10/1/2024	MOUNJARO 5 MG/0.5ML SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24140	10/1/2024	OZEMPIC 1/0.75 (3) SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24140	10/1/2024	OZEMPIC .25 OR 0.5 SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24140	10/1/2024	TRULICITY 4.5 MG/0.5 SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24140	10/1/2024	TRULICITY 0.75MG/0.5 SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24140	10/1/2024	TRULICITY 3 MG/0.5ML SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24140	10/1/2024	MOUNJARO 7.5 MG/0.5 SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		

24140	10/1/2024	RYBELSUS 14 MG ORAL TABLET	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24140	10/1/2024	OZEMPIC 0.25 OR .5 SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24140	10/1/2024	TRULICITY 1.5 MG/0.5 SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24140	10/1/2024	MOUNJARO 15MG/0.5ML SUBCUTANE. PEN INJCTR	PAYMENT DETERMINATION ADDED TO PRIOR AUTHORIZATION		
24140	10/1/2024	CORLANOR 5 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	IVABRADINE HCL 5 MG ORAL TABLET-3
24140	10/1/2024	ENDARI 5 G ORAL POWD PACK	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	L-GLUTAMINE 5 G ORAL POWD PACK-5
24140	10/1/2024	CORLANOR 7.5 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	IVABRADINE HCL 7.5 MG ORAL TABLET-3

*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.