**Changes to MyTruAdvantage's Formulary**
**Effective June 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.
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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.

MyTru Advantage

| Effective Date | Drug Name | Change Description | Reason Description | Alternate Drugs and Tier |
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| 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 | |
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| 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 |

*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.