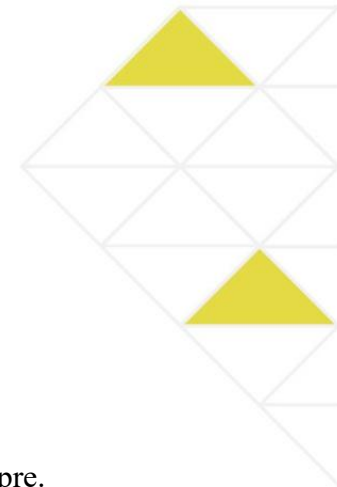




## **FORMULARY ADDITIONS & DELETIONS UPDATE 2026**

The following summary describes changes to Part D formularies effective from August to September 2026.

Apply to: MMM Alianza Relax, MMM Alianza Valor, MMM Alianza Somos, MMM Alianza Mas, MMM Alianza Siempre.

### **Symbols and abbreviations used in the formulary**

PA - drugs that need prior authorization

PA 1 - PA applies to all

PA 2 - PA applies to new starts only

PA 3 - BvsD administrative PA to determine coverage through Part B or Part D

QL (##/##) - drugs with quantity limit; the quantity in parenthesis specifies the quantity limit for the maximum days of supply

ST - Step Therapy

ST 1 - ST applies to all

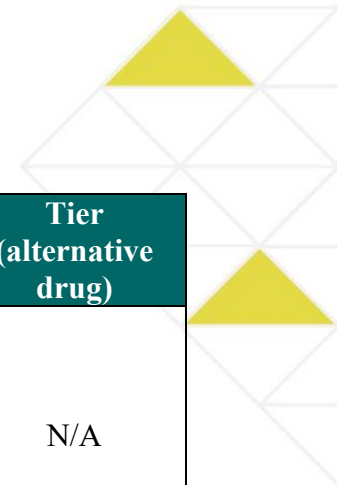
ST 2 - ST applies to new starts only

LA - drugs with limited access (ex., Specialty Drugs)

MT - maintenance drugs (ex., Contracted pharmacies, and Mail Order, 90-day supply)

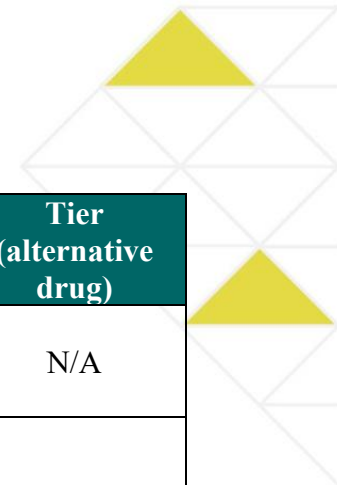
FFL - maintenance drugs limited to a one (1) month supply for the first fill

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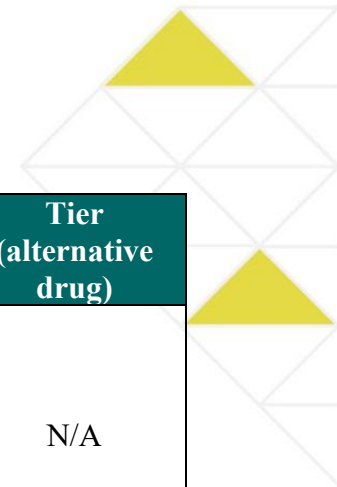
| Affected Drug                                                                                             | Reference Brand Name | Description of Change                                      | Reason for Change            | Effective Date of Change | Alternative Drugs | Tier (alternative drug) |
|-----------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------|------------------------------|--------------------------|-------------------|-------------------------|
| Bildyos Subcutaneous Solution Prefilled Syringe 60 Mg/ml                                                  | PROLIA               | Formulary Addition, Level 4, PA-1, QL (1 ML per 180 days)  | Generic/ Biosimilar Addition | 01/01/2026               | N/A               | N/A                     |
| Bilprevda Subcutaneous Solution 120 Mg/1.7ml                                                              | XGEVA                | Formulary Addition, Level 5, PA-1, QL (1.7 ML per 28 days) | Generic/ Biosimilar Addition | 01/01/2026               | N/A               | N/A                     |
| Carbidopa-Levodopa Er Oral Capsule Extended Release 23.75-95 Mg, 36.25-145 Mg, 48.75-195 Mg, 61.25-245 Mg | RYTARY               | Formulary Addition, Level 2, MT, FFL                       | Generic Addition             | 02/01/2026               | N/A               | N/A                     |
| Estrogens Conjugated Oral Tablet 0.3 Mg, 0.45 Mg, 0.625 Mg, 0.9 Mg, 1.25 Mg                               | PREMARIN             | Formulary Addition, Level 2, MT                            | Generic Addition             | 02/01/2026               | N/A               | N/A                     |
| Fidaxomicin Oral Tablet 200 Mg                                                                            | DIFICID              | Formulary Addition, Level 6, ST-1                          | Generic Addition             | 02/01/2026               | N/A               | N/A                     |

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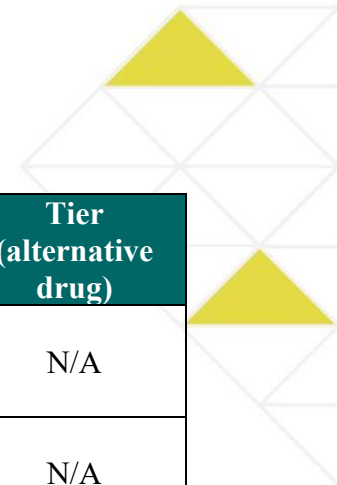
| Affected Drug                                                                 | Reference Brand Name | Description of Change                                         | Reason for Change | Effective Date of Change | Alternative Drugs | Tier (alternative drug) |
|-------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------|-------------------|--------------------------|-------------------|-------------------------|
| Glycerol Phenylbutyrate Oral Liquid 1.1 Gm/ML                                 | RAVICTI              | Formulary Addition, Level 6, PA-1                             | Generic Addition  | 02/01/2026               | N/A               | N/A                     |
| Brukinsa Oral Tablet 160 Mg                                                   |                      | Formulary Addition, Level 6, PA-2, QL (60 EA per 30 days), LA | Brand Addition    | 01/01/2026               | N/A               | N/A                     |
| Exxua Oral Tablet Extended Release 24 Hour 18.2 Mg, 36.3 Mg, 54.5 Mg, 72.6 Mg |                      | Formulary Addition, Level 6, ST-2, QL (30 EA per 30 days)     | Brand Addition    | 02/01/2026               | N/A               | N/A                     |
| Inluriyo Oral Tablet 200 Mg                                                   |                      | Formulary Addition, Level 6, PA-2, QL (56 EA per 28 days), LA | Brand Addition    | 02/01/2026               | N/A               | N/A                     |
| Luizza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg                                       |                      | Formulary Addition, Level 1, MT                               | Brand Addition    | 02/01/2026               | N/A               | N/A                     |
| Luizza 1/20 Oral Tablet 1-20 Mg-Mcg                                           |                      | Formulary Addition, Level 1, MT                               | Brand Addition    | 02/01/2026               | N/A               | N/A                     |

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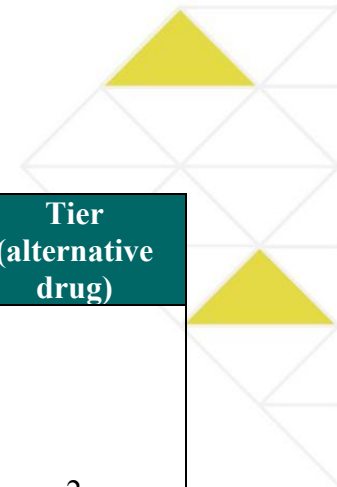
| Affected Drug                                                              | Reference Brand Name | Description of Change                                     | Reason for Change | Effective Date of Change | Alternative Drugs | Tier (alternative drug) |
|----------------------------------------------------------------------------|----------------------|-----------------------------------------------------------|-------------------|--------------------------|-------------------|-------------------------|
| Otezla Xr Oral Tablet Extended Release 24 Hour 75 Mg                       |                      | Formulary Addition, Level 5, PA-1, QL (30 EA per 30 days) | Brand Addition    | 02/01/2026               | N/A               | N/A                     |
| Otezla/Otezla Xr Initiation Pk Oral Tablet Therapy Pack 10&20&30&(Er)75 Mg |                      | Formulary Addition, Level 5, PA-1, QL (41 EA per 28 days) | Brand Addition    | 02/01/2026               | N/A               | N/A                     |
| Rextovy Nasal Liquid 4 Mg/0.25ml                                           |                      | Formulary Addition, Level 3                               | Brand Addition    | 02/01/2026               | N/A               | N/A                     |
| Valtys 1/35 Oral Tablet 1-35 Mg-Mcg                                        |                      | Formulary Addition, Level 1, MT                           | Brand Addition    | 02/01/2026               | N/A               | N/A                     |
| Escitalopram Oxalate Oral Capsule 15 Mg                                    |                      | Formulary Addition, Level 3, QL (30 EA per 30 days), MT   | Generic Addition  | 02/01/2026               | N/A               | N/A                     |

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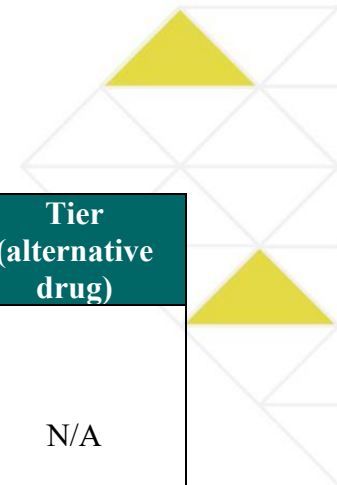
| Affected Drug                                                           | Reference Brand Name    | Description of Change             | Reason for Change              | Effective Date of Change | Alternative Drugs | Tier (alternative drug) |
|-------------------------------------------------------------------------|-------------------------|-----------------------------------|--------------------------------|--------------------------|-------------------|-------------------------|
| Lomustine Oral Capsule 10 Mg, 40 Mg                                     | GLEOSTINE               | Formulary Addition, Level 4, PA-2 | Generic Addition               | 02/01/2026               | N/A               | N/A                     |
| Lomustine Oral Capsule 100 Mg                                           | GLEOSTINE               | Formulary Addition, Level 6, PA-2 | Generic Addition               | 02/01/2026               | N/A               | N/A                     |
| Dapagliflozin Propanediol Oral Tablet 10 Mg, 5 Mg                       | FARXIGA                 | Formulary Change                  | Change from Level 3 to Level 2 | 01/01/2026               | N/A               | N/A                     |
| Endocet Oral Tablet 5-325 Mg                                            |                         | Formulary Deletion                | CMS Deletion                   | 02/01/2026               | N/A               | N/A                     |
| Ogsiveo Oral Tablet 50 Mg                                               |                         | Formulary Deletion                | CMS Deletion                   | 02/01/2026               | N/A               | N/A                     |
| Sumatriptan Succinate Refill Subcutaneous Solution Cartridge 6 Mg/0.5ml | IMITREX STATDOSE REFILL | Formulary Deletion                | CMS Deletion                   | 02/01/2026               | N/A               | N/A                     |
| Sumatriptan Succinate Subcutaneous Solution Auto-Injector 4 Mg/0.5ml    | IMITREX STATDOSE SYSTEM | Formulary Deletion                | CMS Deletion                   | 02/01/2026               | N/A               | N/A                     |

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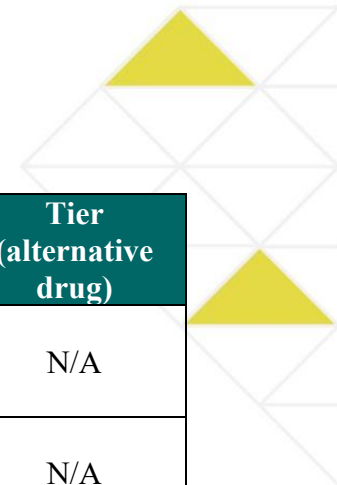
| Affected Drug                                                                              | Reference Brand Name | Description of Change                                         | Reason for Change                | Effective Date of Change | Alternative Drugs                                                                                                 | Tier (alternative drug) |
|--------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------|----------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------|
| Rytary Oral Capsule Extended Release 23.75-95 Mg, 36.25-145 Mg, 48.75-195 Mg, 61.25-245 Mg |                      | Formulary Deletion                                            | Brand Deletion, Generic Addition | 02/01/2026               | Carbidopa-Levodopa Er Oral Capsule Extended Release 23.75-95 Mg, 36.25-145 Mg, 48.75-195 Mg, 61.25-245 Mg MT, FFL | 2                       |
| Ensacove Oral Capsule 100 Mg, 25 Mg                                                        |                      | Formulary Addition, Level 6, PA-2, QL (60 EA per 30 days), LA | Brand Addition                   | 03/01/2026               | N/A                                                                                                               | N/A                     |
| Koselugo Oral Capsule Sprinkle 5 Mg, 7.5 Mg                                                |                      | Formulary Addition, Level 6, PA-2                             | Brand Addition                   | 03/01/2026               | N/A                                                                                                               | N/A                     |
| Prezcobix Oral Tablet 675-150 Mg, 800-150 Mg                                               |                      | Formulary Addition, Level 6                                   | Brand Addition                   | 03/01/2026               | N/A                                                                                                               | N/A                     |

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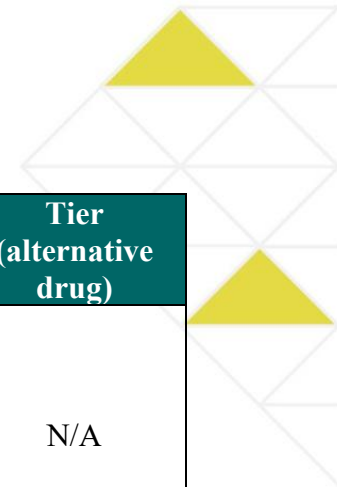
| Affected Drug                                                                                   | Reference Brand Name | Description of Change                                          | Reason for Change            | Effective Date of Change | Alternative Drugs | Tier (alternative drug) |
|-------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------|------------------------------|--------------------------|-------------------|-------------------------|
| Selarsdi Subcutaneous Solution 45 Mg/0.5ml                                                      |                      | Formulary Addition, Level 3, PA-1, QL (1 ML per 28 days), MT   | Generic/ Biosimilar Addition | 03/01/2026               | N/A               | N/A                     |
| Subvenite Oral Suspension 10 Mg/ML                                                              |                      | Formulary Addition, Level 4, MT                                | Brand Addition               | 03/01/2026               | N/A               | N/A                     |
| Tyvaso Dpi Maintenance Kit Inhalation Powder 80 Mcg                                             |                      | Formulary Addition, Level 5, PA-1, QL (112 EA per 28 days), LA | Brand Addition               | 03/01/2026               | N/A               | N/A                     |
| Tyvaso Dpi Maintenance Kit Inhalation Powder 112 X 32mcg & 112 X64mcg, 112 X 48mcg & 112 X64mcg |                      | Formulary Addition, Level 5, PA-1, QL (224 EA per 28 days), LA | Brand Addition               | 03/01/2026               | N/A               | N/A                     |
| Bupropion Hcl Er (Xl) Oral Tablet Extended Release 24 Hour 450 Mg                               |                      | Formulary Addition, Level 2, MT                                | Generic Addition             | 03/01/2026               | N/A               | N/A                     |

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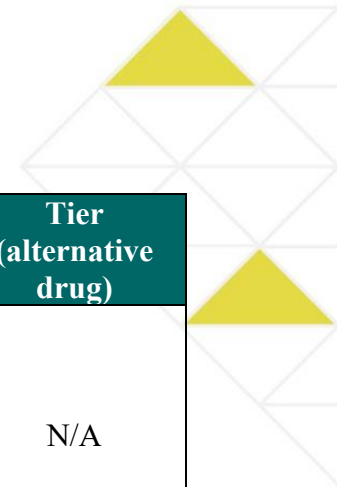
| Affected Drug                                                     | Reference Brand Name | Description of Change                                     | Reason for Change              | Effective Date of Change | Alternative Drugs | Tier (alternative drug) |
|-------------------------------------------------------------------|----------------------|-----------------------------------------------------------|--------------------------------|--------------------------|-------------------|-------------------------|
| Xofluza (40 Mg Dose) Oral Tablet Therapy Pack 1 X 40 Mg           |                      | Formulary Addition, Level 3                               | Brand Addition                 | 01/01/2026               | N/A               | N/A                     |
| Xofluza (80 Mg Dose) Oral Tablet Therapy Pack 1 X 80 Mg           |                      | Formulary Addition, Level 3                               | Brand Addition                 | 01/01/2026               | N/A               | N/A                     |
| Uptravi Oral Tablet 200 Mcg                                       |                      | Formulary Change                                          | Change QL from 60/30 to 140/28 | 01/01/2026               | N/A               | N/A                     |
| Neo-Polycin Ophthalmic Ointment 3.5-400-10000                     |                      | Formulary Deletion                                        | CMS Deletion                   | 03/01/2026               | N/A               | N/A                     |
| Neo-Polycin Hc Ophthalmic Ointment 1 %                            |                      | Formulary Deletion                                        | CMS Deletion                   | 03/01/2026               | N/A               | N/A                     |
| Polycin Ophthalmic Ointment 500-10000 Unit/Gm                     |                      | Formulary Deletion                                        | CMS Deletion                   | 03/01/2026               | N/A               | N/A                     |
| Sulfacetamide Sodium Ophthalmic Ointment 10 %                     |                      | Formulary Deletion                                        | CMS Deletion                   | 03/01/2026               | N/A               | N/A                     |
| Exxua Titration Pack Oral Tablet Extended Release 24 Hour 18.2 Mg |                      | Formulary Addition, Level 6, ST-2, QL (32 EA per 14 days) | Brand Addition                 | 04/01/2026               | N/A               | N/A                     |

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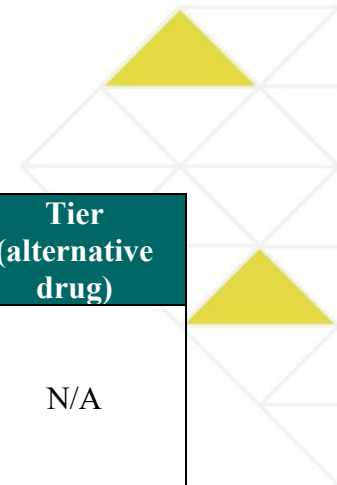
| Affected Drug                                | Reference Brand Name | Description of Change                                      | Reason for Change | Effective Date of Change | Alternative Drugs | Tier (alternative drug) |
|----------------------------------------------|----------------------|------------------------------------------------------------|-------------------|--------------------------|-------------------|-------------------------|
| Hyrnuo Oral Tablet 10 Mg                     |                      | Formulary Addition, Level 6, PA-2, QL (120 EA per 30 days) | Brand Addition    | 04/01/2026               | N/A               | N/A                     |
| Vraylar Oral Capsule 0.5 Mg, 0.75 Mg         |                      | Formulary Addition, Level 5, PA-2, QL (30 EA per 30 days)  | Brand Addition    | 04/01/2026               | N/A               | N/A                     |
| Lagevrio Oral Capsule 200 Mg                 |                      | Formulary Addition, Level 3, QL (40 EA per 30 days)        | Brand Addition    | 01/30/2026               | N/A               | N/A                     |
| Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg       |                      | Formulary Addition, Level 1, MT                            | Brand Addition    | 04/01/2026               | N/A               | N/A                     |
| Viorele Oral Tablet 0.15-0.02/0.01 Mg (21/5) |                      | Formulary Addition, Level 1, MT                            | Brand Addition    | 04/01/2026               | N/A               | N/A                     |

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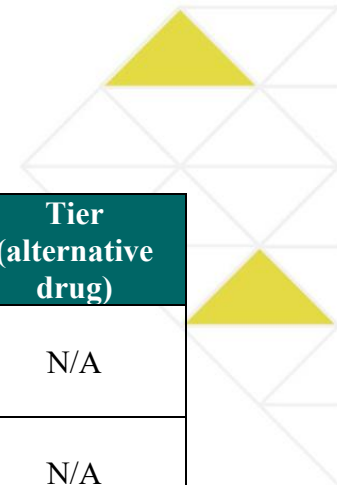
| Affected Drug                          | Reference Brand Name | Description of Change                                    | Reason for Change | Effective Date of Change | Alternative Drugs | Tier (alternative drug) |
|----------------------------------------|----------------------|----------------------------------------------------------|-------------------|--------------------------|-------------------|-------------------------|
| Sevelamer Carbonate Oral Packet 0.8 Gm | RENVELA              | Formulary Addition, Level 2, QL (540 EA per 30 days), MT | Generic Addition  | 04/01/2026               | N/A               | N/A                     |
| Sevelamer Carbonate Oral Packet 2.4 Gm | RENVELA              | Formulary Addition, Level 2, QL (180 EA per 30 days), MT | Generic Addition  | 04/01/2026               | N/A               | N/A                     |
| Sevelamer Carbonate Oral Tablet 800 Mg | RENVELA              | Formulary Addition, Level 2, QL (540 EA per 30 days), MT | Generic Addition  | 04/01/2026               | N/A               | N/A                     |
| Sevelamer Hcl Oral Tablet 400 Mg       |                      | Formulary Addition, Level 2, QL (960 EA per 30 days), MT | Generic Addition  | 04/01/2026               | N/A               | N/A                     |

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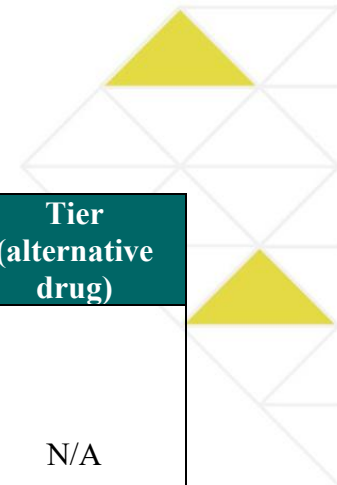
| Affected Drug                                                    | Reference Brand Name          | Description of Change                                    | Reason for Change | Effective Date of Change | Alternative Drugs | Tier (alternative drug) |
|------------------------------------------------------------------|-------------------------------|----------------------------------------------------------|-------------------|--------------------------|-------------------|-------------------------|
| Sevelamer Hcl Oral Tablet 800 Mg                                 |                               | Formulary Addition, Level 2, QL (480 EA per 30 days), MT | Generic Addition  | 04/01/2026               | N/A               | N/A                     |
| Lanthanum Carbonate Oral Tablet Chewable 1000 Mg, 500 Mg, 750 Mg | FOSRENOL                      | Formulary Addition, Level 4, MT                          | Generic Addition  | 04/01/2026               | N/A               | N/A                     |
| Calcium Acetate (Phos Binder) Oral Capsule 667 Mg                |                               | Formulary Addition, Level 2, QL (360 EA per 30 days), MT | Generic Addition  | 04/01/2026               | N/A               | N/A                     |
| Calcium Acetate (Phos Binder) Oral Tablet 667 Mg                 | CALPHRON                      | Formulary Addition, Level 2, QL (360 EA per 30 days), MT | Generic Addition  | 04/01/2026               | N/A               | N/A                     |
| Sodium Polystyrene Sulfonate Combination Suspension 15 Gm/60ml   | SPS (SODIUM POLYSTYRENE SULF) | Formulary Addition, Level 4                              | Generic Addition  | 04/01/2026               | N/A               | N/A                     |
| Gammagard Erc Injection Solution 10 Gm/100ml, 5 Gm/50ml          |                               | Formulary Addition, Level 6, PA-3                        | Brand Addition    | 04/01/2026               | N/A               | N/A                     |
| Shingrix Intramuscular Suspension Prefilled Syringe 50 Mcg/0.5ml |                               | Formulary Addition, Level 3                              | Brand Addition    | 02/13/2026               | N/A               | N/A                     |

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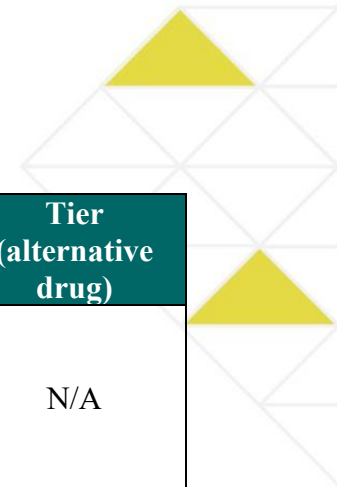
| Affected Drug                                                                                     | Reference Brand Name | Description of Change                                     | Reason for Change | Effective Date of Change | Alternative Drugs | Tier (alternative drug) |
|---------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------|-------------------|--------------------------|-------------------|-------------------------|
| Perampanel Oral Suspension 0.5 Mg/ML                                                              | FYCOMPA              | Formulary Addition, Level 6, PA-2                         | Generic Addition  | 04/01/2026               | N/A               | N/A                     |
| Doxycycline Hyclate Oral Tablet Delayed Release 80 Mg                                             |                      | Formulary Deletion                                        | CMS Deletion      | 04/01/2026               | N/A               | N/A                     |
| Memantine Hcl-Donepezil Hcl Er Oral Capsule Extended Release 24 Hour 14-10 Mg, 21-10 Mg, 28-10 Mg | NAMZARIC             | Formulary Addition, Level 4, QL (30 EA per 30 days), MT   | Generic Addition  | 05/01/2026               | N/A               | N/A                     |
| Baxdela Intravenous Solution Reconstituted 300 Mg                                                 |                      | Formulary Addition, Level 6, PA-1, QL (28 EA per 14 days) | Brand Addition    | 05/01/2026               | N/A               | N/A                     |
| Baxdela Oral Tablet 450 Mg                                                                        |                      | Formulary Addition, Level 6, PA-1, QL (28 EA per 14 days) | Brand Addition    | 05/01/2026               | N/A               | N/A                     |
| Belsomra Oral Tablet 10 Mg, 15 Mg, 20 Mg, 5 Mg                                                    |                      | Formulary Addition, Level 3, ST-2, QL (30 EA per 30 days) | Brand Addition    | 05/01/2026               | N/A               | N/A                     |

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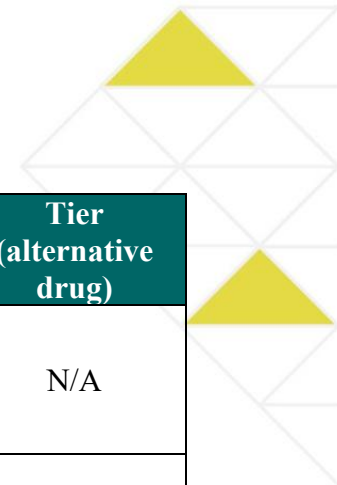
| Affected Drug                                                                 | Reference Brand Name | Description of Change                                         | Reason for Change | Effective Date of Change | Alternative Drugs | Tier (alternative drug) |
|-------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------|-------------------|--------------------------|-------------------|-------------------------|
| Rivaroxaban Oral Suspension Reconstituted 1 Mg/ML                             | XARELTO              | Formulary Addition, Level 2, QL (900 ML per 30 days), MT, FFL | Generic Addition  | 05/01/2026               | N/A               | N/A                     |
| Rivaroxaban Oral Tablet 2.5 Mg                                                | XARELTO              | Formulary Addition, Level 2, QL (60 EA per 30 days), MT, FFL  | Generic Addition  | 05/01/2026               | N/A               | N/A                     |
| Cyclosporine Ophthalmic Emulsion 0.05 %                                       | RESTASIS             | Formulary Addition, Level 4, QL (60 EA per 30 days), MT, FFL  | Generic Addition  | 05/01/2026               | N/A               | N/A                     |
| Vyvgart Hytrulo Subcutaneous Solution Prefilled Syringe 1000-10000 Mg-Unt/5ml |                      | Formulary Addition, Level 5, PA-1, QL (20 ML per 28 days), LA | Brand Addition    | 05/01/2026               | N/A               | N/A                     |

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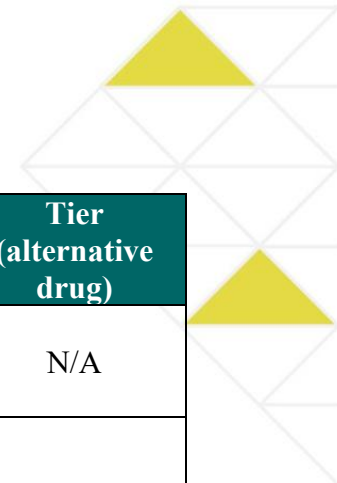
| Affected Drug                                                                                       | Reference Brand Name | Description of Change                                    | Reason for Change                | Effective Date of Change | Alternative Drugs | Tier (alternative drug) |
|-----------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------|----------------------------------|--------------------------|-------------------|-------------------------|
| Xpovio (80 Mg Once Weekly) Oral Tablet Therapy Pack 80 Mg                                           |                      | Formulary Addition, Level 6, PA-2, QL (4 EA per 28 days) | Brand Addition                   | 05/01/2026               | N/A               | N/A                     |
| Levetiracetam Oral Tablet Disintegrating Soluble 250 Mg, 500 Mg                                     | SPRITAM              | Formulary Addition, Level 2, MT                          | Generic Addition                 | 05/01/2026               | N/A               | N/A                     |
| Pomalidomide Oral Capsule 1 Mg, 2 Mg, 3 Mg, 4 Mg                                                    | POMALYST             | Formulary Addition, Level 6, PA-2                        | Generic Addition                 | 05/01/2026               | N/A               | N/A                     |
| Ceftaroline Fosamil Intravenous Solution Reconstituted 400 Mg, 600 Mg                               | TEFLARO              | Formulary Addition, Level 6                              | Generic Addition                 | 05/01/2026               | N/A               | N/A                     |
| Trulicity Subcutaneous Solution Auto-Injector 0.75 Mg/0.5ml, 1.5 Mg/0.5ml, 3 Mg/0.5ml, 4.5 Mg/0.5ml |                      | Formulary Change                                         | PA type Change from PA-1 to PA-2 | 05/01/2026               | N/A               | N/A                     |
| Ozempic (0.25 Or 0.5 Mg/Dose) Subcutaneous Solution Pen-Injector 2 Mg/3ml                           |                      | Formulary Change                                         | PA type Change from PA-1 to PA-2 | 05/01/2026               | N/A               | N/A                     |

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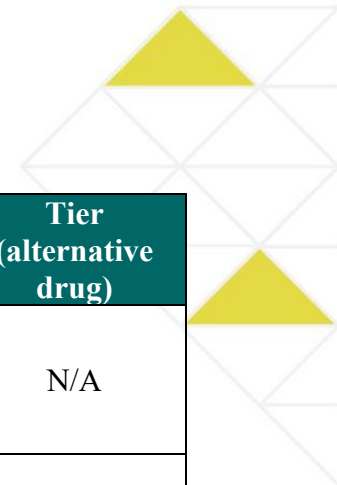
| Affected Drug                                                                                                                | Reference Brand Name | Description of Change | Reason for Change                | Effective Date of Change | Alternative Drugs | Tier (alternative drug) |
|------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|----------------------------------|--------------------------|-------------------|-------------------------|
| Ozempic (1 Mg/Dose)<br>Subcutaneous Solution Pen-Injector 4 Mg/3ml                                                           |                      | Formulary Change      | PA type Change from PA-1 to PA-2 | 05/01/2026               | N/A               | N/A                     |
| Ozempic (2 Mg/Dose)<br>Subcutaneous Solution Pen-Injector 8 Mg/3ml                                                           |                      | Formulary Change      | PA type Change from PA-1 to PA-2 | 05/01/2026               | N/A               | N/A                     |
| Rybelsus Oral Tablet 14 Mg, 7 Mg, 3 Mg                                                                                       |                      | Formulary Change      | PA type Change from PA-1 to PA-2 | 05/01/2026               | N/A               | N/A                     |
| Mounjaro Subcutaneous Solution Auto-Injector 10 Mg/0.5ml, 12.5 Mg/0.5ml, 15 Mg/0.5ml, 5 Mg/0.5ml, 7.5 Mg/0.5ml, 2.5 Mg/0.5ml |                      | Formulary Change      | PA type Change from PA-1 to PA-2 | 05/01/2026               | N/A               | N/A                     |
| Kerendia Oral Tablet 10 Mg, 20 Mg, 40 Mg                                                                                     |                      | Formulary Change      | PA Removal                       | 05/01/2026               | N/A               | N/A                     |
| Hydrocodone-Acetaminophen Oral Solution 10-325 Mg/15ml                                                                       |                      | Formulary Deletion    | CMS Deletion                     | 05/01/2026               | N/A               | N/A                     |

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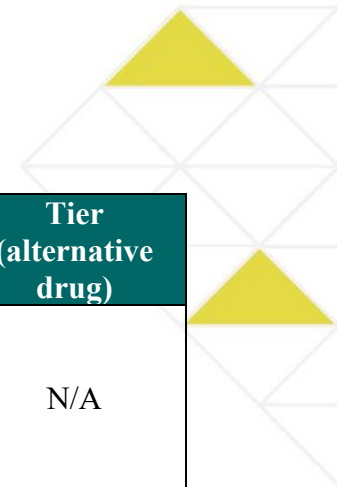
| Affected Drug                                                                 | Reference Brand Name | Description of Change                                             | Reason for Change             | Effective Date of Change | Alternative Drugs | Tier (alternative drug) |
|-------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------|-------------------------------|--------------------------|-------------------|-------------------------|
| Gammagard Erc Injection Solution 10 Gm/100ml, 5 Gm/50ml                       |                      | Formulary Addition, Level 6, PA-3                                 | Brand Addition                | 06/01/2026               | N/A               | N/A                     |
| Dapaglifloz Base-Metformin Er Oral Tablet Extended Release 24 Hour 10-1000 Mg | XIGDUO XR            | Formulary Addition, Level 2, QL (30 EA per 30 days), MT, FFL      | Generic Addition              | 06/01/2026               | N/A               | N/A                     |
| Dapaglifloz Base-Metformin Er Oral Tablet Extended Release 24 Hour 5-1000 Mg  | XIGDUO XR            | Formulary Addition, Level 2, QL (60 EA per 30 days), MT, FFL      | Generic Addition              | 06/01/2026               | N/A               | N/A                     |
| Liraglutide Subcutaneous Solution Pen-Injector 18 Mg/3ml                      | VICTOZA              | Formulary Addition, Level 2, PA-2, QL (9 ML per 30 days), MT, FFL | Generic Addition              | 06/01/2026               | N/A               | N/A                     |
| Filspari Oral Tablet 200 Mg, 400 Mg                                           |                      | Formulary Change                                                  | Change QL from 30/30 to 60/30 | 06/01/2026               | N/A               | N/A                     |

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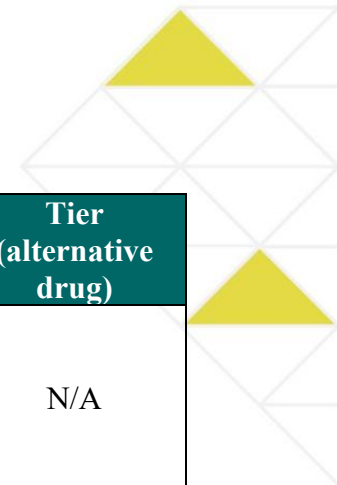
| Affected Drug                                                                | Reference Brand Name | Description of Change                                     | Reason for Change | Effective Date of Change | Alternative Drugs | Tier (alternative drug) |
|------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------|-------------------|--------------------------|-------------------|-------------------------|
| Milnacipran Hcl Oral Tablet 100 Mg, 12.5 Mg, 25 Mg, 50 Mg                    | SAVELLA              | Formulary Addition, Level 2, MT, FFL                      | Generic Addition  | 06/01/2026               | N/A               | N/A                     |
| Levonorgestrel-Ethinyl Estrad Oral Tablet 0.15-30 Mg-Mcg                     |                      | Formulary Deletion                                        | CMS Deletion      | 06/01/2026               | N/A               | N/A                     |
| Bacitracin Ophthalmic Ointment 500 Unit/Gm                                   |                      | Formulary Deletion                                        | CMS Deletion      | 06/01/2026               | N/A               | N/A                     |
| Lybalvi Oral Tablet 10-10 Mg, 15-10 Mg, 20-10 Mg, 5-10 Mg                    |                      | Formulary Addition, Level 6, PA-2, QL (30 EA per 30 days) | Brand Addition    | 06/01/2026               | N/A               | N/A                     |
| Dapaglifloz Base-Metformin Er Oral Tablet Extended Release 24 Hour 10-500 Mg | XIGDUO XR            | Formulary Addition, Level 2, QL (30 EA per 30 days), MT   | Generic Addition  | 07/01/2026               | N/A               | N/A                     |
| Dapaglifloz Base-Metformin Er Oral Tablet Extended Release 24 Hour 5-500 Mg  | XIGDUO XR            | Formulary Addition, Level 2, QL (60 EA per 30 days), MT   | Generic Addition  | 07/01/2026               | N/A               | N/A                     |

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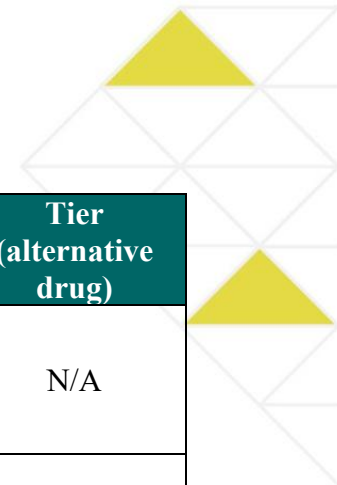
| Affected Drug                                  | Reference Brand Name | Description of Change                                              | Reason for Change | Effective Date of Change | Alternative Drugs | Tier (alternative drug) |
|------------------------------------------------|----------------------|--------------------------------------------------------------------|-------------------|--------------------------|-------------------|-------------------------|
| Ozempic Oral Tablet 1.5 Mg                     |                      | Formulary Addition, Level 3, PA-2, QL (30 EA per 30 days)          | Brand Addition    | 07/01/2026               | N/A               | N/A                     |
| Ozempic Oral Tablet 4 Mg, 9 Mg                 |                      | Formulary Addition, Level 3, PA-2, QL (30 EA per 30 days), MT, FFL | Brand Addition    | 07/01/2026               | N/A               | N/A                     |
| Komzifti Oral Capsule 200 Mg                   |                      | Formulary Addition, Level 6, PA-2, QL (90 EA per 30 days), LA      | Brand Addition    | 07/01/2026               | N/A               | N/A                     |
| Nintedanib Esylate Oral Capsule 100 Mg, 150 Mg | OFEV                 | Formulary Addition, Level 5, PA-1, QL (60 EA per 30 days)          | Generic Addition  | 07/01/2026               | N/A               | N/A                     |
| Brivaracetam Oral Solution 10 Mg/ML            | BRIVIACT             | Formulary Addition, Level 6, PA-2, QL (600 ML per 30 days)         | Generic Addition  | 07/01/2026               | N/A               | N/A                     |

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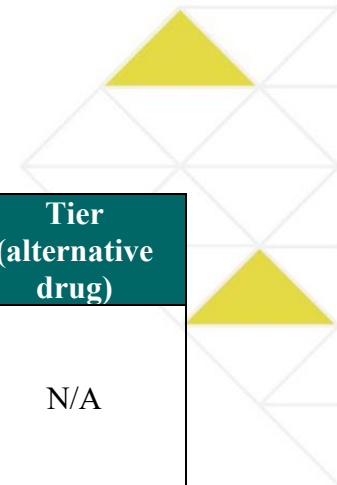
| Affected Drug                                                                    | Reference Brand Name | Description of Change                                         | Reason for Change | Effective Date of Change | Alternative Drugs | Tier (alternative drug) |
|----------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------|-------------------|--------------------------|-------------------|-------------------------|
| Brivaracetam Oral Tablet 10 Mg, 100 Mg, 25 Mg, 50 Mg, 75 Mg                      | BRIVIACT             | Formulary Addition, Level 6, PA-2, QL (60 EA per 30 days)     | Generic Addition  | 07/01/2026               | N/A               | N/A                     |
| Rilpivirine Hcl Oral Tablet 25 Mg                                                | EDURANT              | Formulary Addition, Level 6                                   | Generic Addition  | 08/01/2026               | N/A               | N/A                     |
| Tacrolimus Er Oral Capsule Extended Release 24 Hour 0.5 Mg, 1 Mg                 | ASTAGRAF XL          | Formulary Addition, Level 2, PA-3, MT                         | Generic Addition  | 08/01/2026               | N/A               | N/A                     |
| Tacrolimus Er Oral Capsule Extended Release 24 Hour 5 Mg                         | ASTAGRAF XL          | Formulary Addition, Level 6, PA-3                             | Generic Addition  | 08/01/2026               | N/A               | N/A                     |
| Idvynso Oral Tablet 100-0.25 Mg                                                  |                      | Formulary Addition, Level 6                                   | Brand Addition    | 08/01/2026               | N/A               | N/A                     |
| Jakafi Xr Oral Tablet Extended Release 24 Hour 11 Mg, 22 Mg, 33 Mg, 44 Mg, 55 Mg |                      | Formulary Addition, Level 6, PA-2, QL (30 EA per 30 days), LA | Brand Addition    | 08/01/2026               | N/A               | N/A                     |
| Kisqali Femara (400 Mg Dose) Oral Tablet Therapy Pack 200 & 2.5 Mg               |                      | Formulary Deletion                                            | CMS Deletion      | 08/01/2026               | N/A               | N/A                     |

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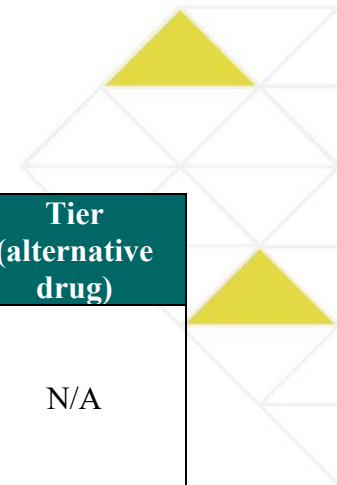
| Affected Drug                                                            | Reference Brand Name | Description of Change                                          | Reason for Change | Effective Date of Change | Alternative Drugs | Tier (alternative drug) |
|--------------------------------------------------------------------------|----------------------|----------------------------------------------------------------|-------------------|--------------------------|-------------------|-------------------------|
| Kisqali Femara (600 Mg Dose) Oral Tablet Therapy Pack 200 & 2.5 Mg       |                      | Formulary Deletion                                             | CMS Deletion      | 08/01/2026               | N/A               | N/A                     |
| Rybelsus Oral Tablet 14 Mg, 7 Mg, 3 Mg                                   |                      | Formulary Deletion                                             | CMS Deletion      | 08/01/2026               | N/A               | N/A                     |
| Vizimpro Oral Tablet 15 Mg, 30 Mg, 45 Mg                                 |                      | Formulary Deletion                                             | CMS Deletion      | 08/01/2026               | N/A               | N/A                     |
| Tofacitinib Citrate Er Oral Tablet Extended Release 24 Hour 11 Mg, 22 Mg | XELJANZ XR           | Formulary Addition, Level 2, PA-1, QL (30 EA per 30 days), MT  | Generic Addition  | 09/01/2026               | N/A               | N/A                     |
| Tofacitinib Citrate Oral Solution 1 Mg/ML                                | XELJANZ              | Formulary Addition, Level 2, PA-1, QL (480 EA per 24 days), MT | Generic Addition  | 09/01/2026               | N/A               | N/A                     |
| Tofacitinib Citrate Oral Tablet 10 Mg, 5 Mg                              | XELJANZ              | Formulary Addition, Level 2, PA-1, QL (60 EA per 30 days), MT  | Generic Addition  | 09/01/2026               | N/A               | N/A                     |

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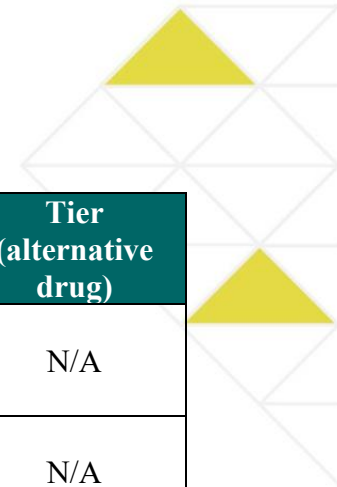
| Affected Drug                                                           | Reference Brand Name | Description of Change                                         | Reason for Change | Effective Date of Change | Alternative Drugs | Tier (alternative drug) |
|-------------------------------------------------------------------------|----------------------|---------------------------------------------------------------|-------------------|--------------------------|-------------------|-------------------------|
| Macitentan Oral Tablet 10 Mg                                            | OPSUMIT              | Formulary Addition, Level 4, PA-1, QL (30 EA per 30 days), MT | Generic Addition  | 09/01/2026               | N/A               | N/A                     |
| Fanapt Titration Pack B Oral Tablet 1 & 2 & 6 & 8 Mg                    |                      | Formulary Addition, Level 4, PA-2                             | Brand Addition    | 09/01/2026               | N/A               | N/A                     |
| Fanapt Titration Pack C Oral Tablet 1 & 2 & 6 Mg                        |                      | Formulary Addition, Level 4, PA-2                             | Brand Addition    | 09/01/2026               | N/A               | N/A                     |
| Lifyorli (125 Mg Dose) Oral Capsule Therapy Pack 1 X 25 Mg & 1 X 100 Mg |                      | Formulary Addition, Level 6, PA-2, QL (9 EA per 28 days), LA  | Brand Addition    | 09/01/2026               | N/A               | N/A                     |
| Lifyorli (125 Mg Dose) Oral Capsule Therapy Pack 3 X 25 Mg & 1 X 100 Mg |                      | Formulary Addition, Level 6, PA-2, QL (3 EA per 28 days), LA  | Brand Addition    | 09/01/2026               | N/A               | N/A                     |
| Lifyorli (125 Mg Dose) Oral Capsule Therapy Pack 9 X 25 Mg & 1 X 100 Mg |                      | Formulary Addition, Level 6, PA-2, QL (1 EA per 28 days), LA  | Brand Addition    | 09/01/2026               | N/A               | N/A                     |

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| Affected Drug                                                                 | Reference Brand Name | Description of Change                                                      | Reason for Change | Effective Date of Change | Alternative Drugs | Tier (alternative drug) |
|-------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------|-------------------|--------------------------|-------------------|-------------------------|
| Lifyorli (150 Mg Dose)<br>Oral Capsule Therapy Pack<br>2 X 25 Mg & 1 X 100 Mg |                      | Formulary Addition,<br>Level 6, PA-2,<br>QL (9 EA per<br>28 days), LA      | Brand Addition    | 09/01/2026               | N/A               | N/A                     |
| Lifyorli (150 Mg Dose)<br>Oral Capsule Therapy Pack<br>3 X 25 Mg & 1 X 100 Mg |                      | Formulary Addition,<br>Level 6, PA-2,<br>QL (3 EA per<br>28 days), LA      | Brand Addition    | 09/01/2026               | N/A               | N/A                     |
| Lifyorli (150 Mg Dose)<br>Oral Capsule Therapy Pack<br>9 X 25 Mg & 1 X 100 Mg |                      | Formulary Addition,<br>Level 6, PA-2,<br>QL (1 EA per<br>28 days), LA      | Brand Addition    | 09/01/2026               | N/A               | N/A                     |
| Tyvaso Dpi Maintenance<br>Kit Inhalation Powder 112<br>X 48mcg & 112 X80mcg   |                      | Formulary Addition,<br>Level 5, PA-1,<br>QL (224 EA<br>per 28 days),<br>LA | Brand Addition    | 09/01/2026               | N/A               | N/A                     |
| Oxybutynin Chloride Oral<br>Tablet 2.5 Mg                                     |                      | Formulary Addition,<br>Level 2, MT                                         | Generic Addition  | 09/01/2026               | N/A               | N/A                     |

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| Affected Drug                                           | Reference Brand Name | Description of Change | Reason for Change | Effective Date of Change | Alternative Drugs | Tier (alternative drug) |
|---------------------------------------------------------|----------------------|-----------------------|-------------------|--------------------------|-------------------|-------------------------|
| Boostrix Intramuscular Suspension 5-2.5-18.5 Lf-Mcg/0.5 |                      | Formulary Deletion    | CMS Deletion      | 09/01/2026               | N/A               | N/A                     |
| Impavido Oral Capsule 50 Mg                             |                      | Formulary Deletion    | CMS Deletion      | 09/01/2026               | N/A               | N/A                     |

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To make a request, you should provide the evidence of a written medical need statement by the prescriber. For more information, please refer to the section: How can I request a formulary exception? From the Evidence of Coverage.

For more information, contact our Customer Services Department at 1-866-333-5470 (toll free) (TTY users should call 711), Monday to Sunday from 8:00 a.m. to 8:00 p.m.



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