Changes to Neighborhood INTEGRITY for Duals' Formulary

We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.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 require us to provide advance notice, we will notify affected members of the change at least thirty (30) days before the change becomes effective, or at the time the member requests a refill of the drug for which 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 can also ask us to make an exception for you. 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 *Member Handbook*, or call Customer Care at 1-844-812-6896 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, you can call us 8:00 a.m. to 8:00 p.m. Monday through Friday (you may leave a voicemail on Saturdays, Sundays, and Federal holidays).

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

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
ABELCET INJ 5MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AMPHOTERICIN B LIPOSOME IV FOR SUSP 50MG	Tier 5	01/01/2026
BACITRACIN OIN OP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ERYTHROMYCIN OIN 0.5% OP	Tier 2	06/01/2026
DENGVAXIA SUS	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		09/01/2026
DIFICID TAB 200MG	Deletion Of Drug From Formulary	Generic Available	FIDAXOMICIN TAB 200MG	Tier 5	02/01/2026
ENTRESTO TAB	Deletion Of Drug From Formulary	Generic Available	SACUBITRIL-VALSARTAN TAB	Tier 3	01/01/2026
EPITOL TAB 200MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CARBAMAZEPINE TAB 200 MG	Tier 3	01/01/2026
EPRONTIA SOL 25MG/ML	Deletion Of Drug From Formulary	Generic Available	TOPIRAMATE SOL 25MG/ML	Tier 4	01/01/2026
HALOETTE VA RING	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR; ENILLORING VA RING; ELURYNG VA RING	Tier 3	04/01/2026
IMPAVIDO CAP 50MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		09/01/2026
IXCHIQ INJ	Deletion Of Drug From Formulary	Market Removal	VIMKUNYA INJ 40MCG/0.8ML	Tier 1	01/01/2026
JYNARQUE TAB	Deletion Of Drug From Formulary	Generic Available	TOLVAPTAN TAB	Tier 5	01/01/2026
KELNOR 1/50 TAB 1 MG-50 MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VALTYA 1/50 TAB 1 MG-50 MCG	Tier 2	01/01/2026
KISQALI 400 PAK FEMARA	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LETROZOLE TAB 2.5MG; KISQALI TAB	Tier 2 / Tier 5	08/01/2026
KISQALI 600 PAK FEMARA	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LETROZOLE TAB 2.5MG; KISQALI TAB	Tier 2 / Tier 5	08/01/2026
LEVO-T TAB 100MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1	09/01/2026
LEVO-T TAB 112MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1	09/01/2026
LEVO-T TAB 125MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1	09/01/2026
LEVO-T TAB 137MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1	09/01/2026
LEVO-T TAB 150MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1	09/01/2026
LEVO-T TAB 175MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1	09/01/2026

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
LEVO-T TAB 200MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1	09/01/2026
LEVO-T TAB 25MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1	09/01/2026
LEVO-T TAB 300 MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1	09/01/2026
LEVO-T TAB 50MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1	09/01/2026
LEVO-T TAB 75MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1	09/01/2026
LEVO-T TAB 88MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1	09/01/2026
NALOXONE SPR 4MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	KLOXXADO SPR 8MG	Tier 3	07/01/2026
NEO-POLYCIN HC OPHTH OINT 1%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	BACITRACIN-POLYMYXIN-NEOMYCIN-HYDROCORTISONE OPHTH OINT 1%	Tier 3	03/01/2026
NEO-POLYCIN OPHTH OINT 5-400-10000	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NEOMYCIN-BACITRACIN ZINC-POLYMYXIN OPHTH OINT 5-400-10000	Tier 3	03/01/2026
OCELLA TAB 3-0.03MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG; SYEDA TAB 3-0.03MG; ZUMANDIMINE TAB 3-0.03MG	Tier 2	02/01/2026
OGSIVEO TAB 50MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	OGSIVEO TAB 100MG, 150MG	Tier 5	02/01/2026
POLYCIN OPHTH OINT	Deletion Of Drug From Formulary	Manufacturer Discontinuation	BACITRACIN-POLYMYXIN B OPHTH OINT	Tier 2	03/01/2026
REGRANEX GEL 0.01%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		01/01/2026
SULFACETAMIDE SODIUM OPHTH OINT 10%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SULFACETAMIDE SODIUM OPHTH SOLN 10%	Tier 3	03/01/2026
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4MG/0.5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6MG/0.5ML; SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	Tier 4	02/01/2026
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4MG/0.5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6MG/0.5ML; SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	Tier 4	02/01/2026
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6MG/0.5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6MG/0.5ML; SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	Tier 4	02/01/2026
TAZICEF INJ 1GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFTAZIDIME INJ 1GM	Tier 4	08/01/2026
TAZVERIK TAB 200MG	Deletion Of Drug From Formulary	Market Removal	Consult Your Health Care Provider		06/01/2026

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
TOBRAMYCIN SULFATE INJ 2GM/50ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TOBRAMYCIN SULFATE INJ 80MG/2ML	Tier 3	02/01/2026
VIGPODER POW 500MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VIGABATRIN PAK 500MG; VIGADRONE POW 500MG	Tier 5	02/01/2026
XARELTO SUSP 1MG/ML	Deletion Of Drug From Formulary	Generic Available	RIVAROXABAN SUSP 1MG/ML	Tier 3	01/01/2026

*****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.