Changes to GlobalHealth's D-SNP Formulary

GlobalHealth 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If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.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 drugs(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 *Evidence of Coverage*, or call Customer Care at 1-866-494-3927 (TTY: 711), 24 hours a day, 7 days a week.

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

Changes applied to the formulary are reflected from January 2026 to November 2026.

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
Dificid Tablet 200 MG Oral	Deletion Of Drug From Formulary	Generic Available	fidaxomicin tablet 200 mg	Tier 5	02.01.2026
Gleostine 10 mg oral capsule	Deletion Of Drug From Formulary	Generic Available	Lomustine 10 mg oral capsule	Tier 4	02.01.2026
Gleostine 40 mg oral capsule	Deletion Of Drug From Formulary	Generic Available	Lomustine 40 mg oral capsule	Tier 5	02.01.2026
Gleostine 100 mg oral capsule	Deletion Of Drug From Formulary	Generic Available	Lomustine 100 mg oral capsule	Tier 5	02.01.2026
0.5 ml Ustekinumab 90 mg/ml prefilled syringe	Deletion Of Drug From Formulary	biosimilar Available	Ustekinumab-aauz sq	Tier 3	03.01.2026
1 ml Ustekinumab 90 mg/ml prefilled syringe	Deletion Of Drug From Formulary	biosimilar Available	Ustekinumab-aauz sq	Tier 3	03.01.2026
0.5 ml Ustekinumab 90 mg/ml injection	Deletion Of Drug From Formulary	biosimilar Available	0.5 ML Ustekinumab-aekn 90 MG/ML Injection	Tier 3	03.01.2026
Fycompa 0.5 MG/ML	Deletion Of Drug From Formulary	Generic Available	Perampanel 0.5 MG/ML	Tier 5	04.01.2026
BRILINTA 90 MG ORAL TABS	Deletion Of Drug From Formulary	Generic Available	ticagrelor 90 mg oral tabs	Tier 3	04.01.2026
XGEVA120 MG/1.7	Deletion Of Drug From Formulary	biosimilar Available	stoboclo 60 mg/ml	Tier 3	04.01.2026
Teflaro inj 400mg	Deletion Of Drug From Formulary	Generic Available	Ceftaroline fosamil acetate intravenous 400 mg	Tier 5	05.01.2026
Teflaro inj 600mg	Deletion Of Drug From Formulary	Generic Available	Ceftaroline fosamil acetate intravenous 600mg	Tier 5	05.01.2026
ZYLET 0.5-0.3 %	Deletion Of Drug From Formulary	Generic Available	loteprednol etabonate-tobramycin	Tier 2	05.01.2026
Briviact Solution 10 MG/ML Oral	Deletion Of Drug From Formulary	Generic Available	brivaracetam solution 10 mg/ml ora	Tier 4	06.01.2026
Briviact Tablet 10 MG Oral	Deletion Of Drug From Formulary	Generic Available	brivaracetam tablet 10 mg	Tier 5	06.01.2026

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
Briviact Tablet 100 MG Oral	Deletion Of Drug From Formulary	Generic Available	brivaracetam tablet 100 mg oral	Tier 5	06.01.2026
Briviact Tablet 25 MG Oral	Deletion Of Drug From Formulary	Generic Available	brivaracetam tablet 25 mg oral	Tier 5	06.01.2026
Briviact Tablet 50 MG Oral	Deletion Of Drug From Formulary	Generic Available	brivaracetam tablet 50 mg oral	Tier 5	06.01.2026
Briviact Tablet 75 MG Oral	Deletion Of Drug From Formulary	Generic Available	brivaracetam tablet 75 mg oral	Tier 5	06.01.2026
Farxiga Tablet 10 MG Oral	Deletion Of Drug From Formulary	Generic Available	dapagliflozin tablet 10 mg oral	Tier 3	07.01.2026
Farxiga Tablet 5 MG Oral	Deletion Of Drug From Formulary	Generic Available	dapagliflozin tablet 5 mg oral	Tier 3	07.01.2026
Ofev cap 100mg	Deletion Of Drug From Formulary	Generic Available	ninetadanib 100mg	Tier 5	07.01.2026
Ofev cap 150mg	Deletion Of Drug From Formulary	Generic Available	ninetadanib 150mg	Tier 5	07.01.2026
Xigduo xr tab 10-500mg	Deletion Of Drug From Formulary	Generic Available	dapagliflozin-metformin 10-500mg	Tier 3	07.01.2026
Xigduo xr tab 5-500mg	Deletion Of Drug From Formulary	Generic Available	dapagliflozin-metformin 5-500m	Tier 3	07.01.2026
Atrovent hfa 17mcg	Deletion Of Drug From Formulary	Generic Available	ipratropium bromide 17mcg	Tier 4	08.01.2026
Edurant 25 mg	Deletion Of Drug From Formulary	Generic Available	rilpivirine hcl 25 mg	Tier 5	08.01.2026
Astagraf xl 0.5 mg	Deletion Of Drug From Formulary	Generic Available	tacrolimus 0.5 mg	Tier 4	08.01.2026
Astagraf xl 1 mg	Deletion Of Drug From Formulary	Generic Available	tacrolimus 1 mg	Tier 4	08.01.2026
Astagraf xl 5 mg	Deletion Of Drug From Formulary	Generic Available	tacrolimus 5 mg	Tier 4	08.01.2026
Bosulif Tablet 400 g	Deletion Of Drug From Formulary	Generic Available	bosutinib tablet 400 g	Tier 5	09.01.2026
Janumet Tablet 50-1000 mg	Deletion Of Drug From Formulary	Generic Available	sitagliptin phos/metformin hcl 50-1000 mg	Tier 3	09.01.2026

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
Janumet Tablet 50mg-500mg	Deletion Of Drug From Formulary	Generic Available	sitagliptin phos/metformin hcl 50mg-500mg	Tier 3	09.01.2026
Januvia Tablet 100 mg	Deletion Of Drug From Formulary	Generic Available	sitagliptin phosphate tablet 100 mg	Tier 3	09.01.2026
Januvia Tablet 25 mg	Deletion Of Drug From Formulary	Generic Available	sitagliptin phosphate tablet 25 mg	Tier 3	09.01.2026
Januvia Tablet 50 mg	Deletion Of Drug From Formulary	Generic Available	sitagliptin phosphate tablet 50 mg	Tier 3	09.01.2026
Xeljanz solution 1 mg/ml	Deletion Of Drug From Formulary	Generic Available	tofacitinib citrate solution 1 mg/ml	Tier 5	09.01.2026
Xeljanz Tablet 10 mg	Deletion Of Drug From Formulary	Generic Available	tofacitinib citrate tablet 10 mg	Tier 5	09.01.2026
Xeljanz xr tab er 24H 11 mg	Deletion Of Drug From Formulary	Generic Available	tofacitinib citrate xr tab er 24h 11 mg	Tier 5	09.01.2026
Xeljanz tab er 24H XR 22 mg	Deletion Of Drug From Formulary	Generic Available	tofacitinib citrate er 24h xr 22 mg	Tier 5	09.01.2026
Xeljanz Tablet 5 mg	Deletion Of Drug From Formulary	Generic Available	tofacitinib citrate tablet 5 mg	Tier 5	09.01.2026
Janumet xr	Deletion Of Drug From Formulary	Generic Available	Sitagliptin phos/metformin hcl	Tier 3	11.01.2026
Janumet xr	Deletion Of Drug From Formulary	Generic Available	Sitagliptin phos/metformin hcl	Tier 3	11.01.2026
Janumet xr	Deletion Of Drug From Formulary	Generic Available	Sitagliptin phos/metformin hcl	Tier 3	11.01.2026
Priftin	Deletion Of Drug From Formulary	Generic Available	Rifapentine	Tier 4	11.01.2026
Nuedexta	Deletion Of Drug From Formulary	Generic Available	Dextromethorphan hbr-quinidine sulfate		11.01.2026

*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.

For more information consult your Drug Formulary or call Customer Care at 1-866-494-3927, 24 hours a day, seven days a week. TTY users should call 711. www.GlobalHealth.com.