

Sharp Direct Advantage (HMO) Future Formulary Change File

Effective: 03/01/2026

Changes to Sharp Direct Advantage (HMO) 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If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.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.

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 1-855-222-3183 (TTY: 711), 24 hours a day, 7 days a week.

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 |
| 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 2 | 01/01/2026 |
| EPITOL TAB 200MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CARBAMAZEPINE TAB 200 MG | Tier 2 | 01/01/2026 |
| EPRONTIA SOL 25MG/ML | Deletion Of Drug From Formulary | Generic Available | TOPIRAMATE SOL 25MG/ML | Tier 2 | 01/01/2026 |
| 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 |
| NEO-POLYCIN HC OPHTH OINT 1% | Deletion Of Drug From Formulary | Manufacturer Discontinuation | BACITRACIN-POLYMYXIN-NEOMYCIN-HYDROCORTISONE OPHTH OINT 1% | Tier 2 | 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 2 | 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 1 | 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 2 | 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 2 | 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 2 | 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 2 | 02/01/2026 |
| TOBRAMYCIN SULFATE INJ 2GM/50ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | TOBRAMYCIN SULFATE INJ 80MG/2ML | Tier 2 | 02/01/2026 |
| VIGPODER POW 500MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | VIGABATRIN PAK 500MG; VIGADRONE POW 500MG | Tier 5 | 02/01/2026 |

| Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug(s) * | Alternative Drug(s) Cost-Sharing Tier | Effective Date |
|------------------------------|---------------------------------|--------------------------|------------------------------|----------------------------------------------|-----------------------|
| XARELTO SUSP 1MG/ML | Deletion Of Drug From Formulary | Generic Available | RIVAROXABAN SUSP 1MG/ML | Tier 2 | 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.