



Formulary ID: 25197

ATRIO Choice Rx (PPO)  
ATRIO Select Rx (PPO)  
ATRIO Prime Rx (PPO)  
ATRIO Select Rx (HMO)

## ATRIO Health Plans 2025 PPO Plans Monthly Formulary Change Notice

ATRIO Health Plans may remove drugs from our formulary (list of covered drugs) or add rules about whether and when certain drugs are covered during the year. The chart below contains upcoming changes to the ATRIO Health Plans formulary. **You may not be taking these drugs now. We provide you with these updates so that you know about future changes to our drug list.** Please see Section 4 of your *Explanation of Benefits* for specific changes to drugs that you are currently taking.

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs**
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	
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	
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	
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	
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	

Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs**
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	
04/01/2025	TRUSELTIQ 50 MG/DAY ORAL CAPSULE	DELETION OF DRUG FROM FORMULARY	NO LONGER FDA APPROVED	
04/01/2025	TRUSELTIQ 125 MG/DAY ORAL CAPSULE	DELETION OF DRUG FROM FORMULARY	NO LONGER FDA APPROVED	
04/01/2025	TRUSELTIQ 100 MG/DAY ORAL CAPSULE	DELETION OF DRUG FROM FORMULARY	NO LONGER FDA APPROVED	
04/01/2025	TRUSELTIQ 75 MG/DAY ORAL CAPSULE	DELETION OF DRUG FROM FORMULARY	NO LONGER FDA APPROVED	
04/01/2025	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-1
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
8/1/2025	APTOM 600 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ESLICARBAZEPINE ACETATE 600 MG ORAL TABLET-5
8/1/2025	JYNARQUE 45 MG-15MG ORAL TABLET SEQ	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOLVAPTAN 45 MG-15MG ORAL TABLET SEQ-5
8/1/2025	APTOM 800 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ESLICARBAZEPINE ACETATE 800 MG ORAL TABLET-5
8/1/2025	JYNARQUE 15 MG-15MG ORAL TABLET SEQ	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOLVAPTAN 15 MG-15MG ORAL TABLET SEQ-5
8/1/2025	APTOM 200 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ESLICARBAZEPINE ACETATE 200 MG ORAL TABLET-5
8/1/2025	APTOM 400 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ESLICARBAZEPINE ACETATE 400 MG ORAL TABLET-5

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8/1/2025	JYNARQUE 60 MG-30MG ORAL TABLET SEQ	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOLVAPTAN 60 MG-30MG ORAL TABLET SEQ-5
8/1/2025	JYNARQUE 30 MG-15MG ORAL TABLET SEQ	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOLVAPTAN 30 MG-15MG ORAL TABLET SEQ-5
8/1/2025	JYNARQUE 90 MG-30MG ORAL TABLET SEQ	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOLVAPTAN 90 MG-30MG ORAL TABLET SEQ-5
9/1/2025	TASIGNA 200 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	NILOTINIB HCL 200 MG ORAL CAPSULE-5
9/1/2025	TASIGNA 50 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	NILOTINIB HCL 50 MG ORAL CAPSULE-5
9/1/2025	TASIGNA 150 MG ORAL CAPSULE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	NILOTINIB HCL 150 MG ORAL CAPSULE-5
9/1/2025	PROMACTA 25 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ELTROMBOPAG OLAMINE 25 MG ORAL TABLET-5
9/1/2025	PROMACTA 75 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ELTROMBOPAG OLAMINE 75 MG ORAL TABLET-5
9/1/2025	PROMACTA 50 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ELTROMBOPAG OLAMINE 50 MG ORAL TABLET-5
9/1/2025	PROMACTA 12.5 MG ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ELTROMBOPAG OLAMINE 12.5 MG ORAL TABLET-5
9/1/2025	PROMACTA 25 MG ORAL POWD PACK	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ELTROMBOPAG OLAMINE 25 MG ORAL POWD PACK-5
9/1/2025	COMPLERA 200-25-300 ORAL TABLET	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	EMTRICITABINE- RILPIVIRNE-TENOF 200-25-300 ORAL TABLET-5

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9/1/2025	PROMACTA 12.5 MG ORAL POWD PACK	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ELTROMBOPAG OLAMINE 12.5 MG ORAL POWD PACK-5

\*\* These drugs are on our drug list (formulary). Please talk with your doctor to find out if these drugs are right for you.

**Note:** The amount you will pay for these drugs depends on your plan and which coverage period you are in. To find out how much you will pay for these drugs, please refer to your plan benefit documents, or call Customer Service at **1-877-672-8620** (TTY 711), daily from 8 a.m. to 8 p.m. local time.