



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 | MERCAPTOPYRINE 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 |

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

\*\* 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.