



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

\*\* 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.