



# 2025 Formulary Changes

Following formulary changes will take place on 1/1/2025. If you are affected by formulary changes listed below, please speak with your provider to find an appropriate alternative or request coverage exception.

Product Name	Generic Name	Change
CIPRO	Ciprofloxacin For Oral Susp 250 MG/5ML (5%) (5 GM/100ML)	Brand product removed from the formulary
CIPRO	Ciprofloxacin For Oral Susp 500 MG/5ML (10%) (10 GM/100ML)	Brand product removed from the formulary
POSACONAZOLE	Posaconazole Susp 40 MG/ML	Brand product removed. Generic product moved to Tier 3
RUKOBIA	Fostemsavir Tromethamine Tab ER 12HR 600 MG	Product removed from the formulary
DARUNAVIR	Darunavir Tab 600 MG	Brand product removed from the formulary
DARUNAVIR	Darunavir Tab 800 MG	Brand product removed from the formulary
BARACLUDE	Entecavir Oral Soln 0.05 MG/ML	Product removed from the formulary
IRESSA	Gefitinib Tab 250 MG	Brand product removed from the formulary
VERZENIO	Abemaciclib Tab 50 MG	Quantity limit of 2 units per day added

Ambetter Health of Delaware is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Delaware Health Insurance Marketplace. This is a solicitation for insurance. ©2024 Celtic Insurance Company, AmbetterHealthofDelaware.com. For information on your right to receive an Ambetter Health of Delaware plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit AmbetterHealth.com and scroll to the bottom of the page.



<b>Product Name</b>	<b>Generic Name</b>	<b>Change</b>
VERZENIO	Abemaciclib Tab 100 MG	Quantity limit of 2 units per day added
VERZENIO	Abemaciclib Tab 150 MG	Quantity limit of 2 units per day added
VERZENIO	Abemaciclib Tab 200 MG	Quantity limit of 2 units per day added
KISQALI	Ribociclib Succinate Tab Pack 200 MG Daily Dose	Quantity limit of 2 units per day added
KISQALI	Ribociclib Succinate Tab Pack 400 MG Daily Dose (200 MG Tab)	Quantity limit of 2 units per day added
KISQALI	Ribociclib Succinate Tab Pack 600 MG Daily Dose (200 MG Tab)	Quantity limit of 2.5 units per day added
TAFINLAR	Dabrafenib Mesylate Cap 50 MG (Base Equivalent)	Quantity limit of 4 units per day added
TAFINLAR	Dabrafenib Mesylate Cap 75 MG (Base Equivalent)	Quantity limit of 4 units per day added
TAFINLAR	Dabrafenib Mesylate Tab For Oral Susp 10 MG (Base Equiv)	Quantity limit of 30 units per day added
BRAFTOVI	Encorafenib Cap 75 MG	Quantity limit of 6 units per day added
ZELBORAF	Vemurafenib Tab 240 MG (Base Equivalent)	Quantity limit of 8 units per day added
VOTRIENT	Pazopanib HCl Tab 200 MG (Base Equiv)	Brand product removed from the formulary

Ambetter Health of Delaware is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Delaware Health Insurance Marketplace. This is a solicitation for insurance. ©2024 Celtic Insurance Company, AmbetterHealthofDelaware.com. For information on your right to receive an Ambetter Health of Delaware plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit AmbetterHealth.com and scroll to the bottom of the page.



<b>Product Name</b>	<b>Generic Name</b>	<b>Change</b>
MEKTOVI	Binimetinib Tab 15 MG	Quantity limit of 6 units per day added
MEKINIST	Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent)	Quantity limit of 3 units per day added
MEKINIST	Trametinib Dimethyl Sulfoxide Tab 2 MG (Base Equivalent)	Quantity limit of 1 unit per day added
MEKINIST	Trametinib Dimethyl Sulfoxide For Soln 0.05 MG/ML (Base Eq)	Add DD of 40/day
PIQRAY 200MG DAILY DOSE	Alpelisib Tab Therapy Pack 200 MG Daily Dose	Quantity limit of 1 unit per day added
PIQRAY 250MG DAILY DOSE	Alpelisib Tab Pack 250 MG Daily Dose (200 MG & 50 MG Tabs)	Quantity limit of 1 unit per day added
PIQRAY 300MG DAILY DOSE	Alpelisib Tab Pack 300 MG Daily Dose (2x150 MG Tab)	Quantity limit of 1 unit per day added
KISQALI FEMARA 200 DOSE	Ribociclib 200 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPK	Quantity limit of 2 units per day added
KISQALI FEMARA 400 DOSE	Ribociclib 400 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPK	Quantity limit of 2.5 units per day added
KISQALI FEMARA 600 DOSE	Ribociclib 600 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPK	Quantity limit of 3.25 units per day added
EMFLAZA	Deflazacort Tab 6 MG	Brand product removed from the formulary
EMFLAZA	Deflazacort Tab 18 MG	Brand product removed from the formulary

Ambetter Health of Delaware is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Delaware Health Insurance Marketplace. This is a solicitation for insurance. ©2024 Celtic Insurance Company, AmbetterHealthofDelaware.com. For information on your right to receive an Ambetter Health of Delaware plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit AmbetterHealth.com and scroll to the bottom of the page.



<b>Product Name</b>	<b>Generic Name</b>	<b>Change</b>
EMFLAZA	Deflazacort Tab 30 MG	Brand product removed from the formulary
EMFLAZA	Deflazacort Tab 36 MG	Brand product removed from the formulary
ESTRADIOL VALERATE	Estradiol Valerate IM in Oil 10 MG/ML	Brand product removed from the formulary
LEVONORGESTREL/ETHINYL ESTRADIOL/FERROUS BISGLYCINATE	Levonorgestrel-Ethinyl Estradiol-FE Tab 0.1 MG-20 MCG (21)	Brand product removed from the formulary
BASAGLAR KWIKPEN	Insulin Glargine Soln Pen-Injector 100 Unit/ML	Product removed from the formulary
LEVEMIR	Insulin Detemir Inj 100 Unit/ML	Product removed from the formulary
LEVEMIR FLEXPEN/FLEXTOUCH	Insulin Detemir Soln Pen-injector 100 Unit/ML	Product removed from the formulary
FORTEO	Teriparatide (Recombinant) Soln Pen-inj 600 MCG/2.4ML	Product removed from the formulary
TERIPARATIDE	Teriparatide (Recombinant) Soln Pen-inj 620 MCG/2.48ML	Product removed from the formulary
SANDOSTATIN LAR DEPOT	Octreotide Acetate For IM Inj Kit 10 MG	Product removed from the formulary
SANDOSTATIN LAR DEPOT	Octreotide Acetate For IM Inj Kit 20 MG	Product removed from the formulary
SANDOSTATIN LAR DEPOT	Octreotide Acetate For IM Inj Kit 30 MG	Product removed from the formulary

Ambetter Health of Delaware is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Delaware Health Insurance Marketplace. This is a solicitation for insurance. ©2024 Celtic Insurance Company, AmbetterHealthofDelaware.com. For information on your right to receive an Ambetter Health of Delaware plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit AmbetterHealth.com and scroll to the bottom of the page.



<b>Product Name</b>	<b>Generic Name</b>	<b>Change</b>
SOMAVERT	Pegvisomant For Inj 10 MG (As Protein)	Product removed from the formulary
SOMAVERT	Pegvisomant For Inj 15 MG (As Protein)	Product removed from the formulary
SOMAVERT	Pegvisomant For Inj 20 MG (As Protein)	Product removed from the formulary
SOMAVERT	Pegvisomant For Inj 25 MG (As Protein)	Product removed from the formulary
SOMAVERT	Pegvisomant For Inj 30 MG (As Protein)	Product removed from the formulary
GALAFOLD	Migalastat HCl Cap 123 MG (Base Equivalent)	Product removed from the formulary
NAGLAZYME	Galsulfase Soln For IV Infusion 1 MG/ML	Product removed from the formulary
SPIRIVA HANDIHALER	Tiotropium Bromide Monohydrate Inhal Cap 18 MCG (Base Equiv)	Brand product removed from the formulary
PANCREAZE	Pancrelipase (Lip-Prot-Amyl) DR Cap 2600-8800-15200 Unit	Product removed from the formulary
PANCREAZE	Pancrelipase (Lip-Prot-Amyl) DR Cap 4200-10000-17500 Unit	Product removed from the formulary
PANCREAZE	Pancrelipase (Lip-Prot-Amyl) DR Cap 10500-25000-43750 Unit	Product removed from the formulary
PANCREAZE	Pancrelipase (Lip-Prot-Amyl) DR Cap 16800-40000-70000 Unit	Product removed from the formulary

Ambetter Health of Delaware is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Delaware Health Insurance Marketplace. This is a solicitation for insurance. ©2024 Celtic Insurance Company, AmbetterHealthofDelaware.com. For information on your right to receive an Ambetter Health of Delaware plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit AmbetterHealth.com and scroll to the bottom of the page.



<b>Product Name</b>	<b>Generic Name</b>	<b>Change</b>
PANCREAZE	Pancrelipase (Lip-Prot-Amyl) DR Cap 21000-37000-61000 Unit	Product removed from the formulary
PANCREAZE	Pancrelipase (Lip-Prot-Amyl) DR Cap 37000-97300-149900 Unit	Product removed from the formulary
PHOSLYRA	Calcium Acetate (Phosphate Binder) Oral Soln 667 MG/5ML	Product removed from the formulary
INTRAROSA	Prasterone Vaginal Insert 6.5 MG	Product removed from the formulary
RISPERIDONE ER	Risperidone Microspheres For IM Extended Rel Susp 12.5 MG	Brand product removed from the formulary
RISPERIDONE ER	Risperidone Microspheres For IM Extended Rel Susp 25 MG	Brand product removed from the formulary
RISPERIDONE ER	Risperidone Microspheres For IM Extended Rel Susp 37.5 MG	Brand product removed from the formulary
RISPERIDONE ER	Risperidone Microspheres For IM Extended Rel Susp 50 MG	Brand product removed from the formulary
VYVANSE	Lisdexamfetamine Dimesylate Cap 10 MG	Brand product removed from the formulary
VYVANSE	Lisdexamfetamine Dimesylate Cap 20 MG	Brand product removed from the formulary
VYVANSE	Lisdexamfetamine Dimesylate Cap 30 MG	Brand product removed from the formulary
VYVANSE	Lisdexamfetamine Dimesylate Cap 40 MG	Brand product removed from the formulary

Ambetter Health of Delaware is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Delaware Health Insurance Marketplace. This is a solicitation for insurance. ©2024 Celtic Insurance Company, AmbetterHealthofDelaware.com. For information on your right to receive an Ambetter Health of Delaware plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit AmbetterHealth.com and scroll to the bottom of the page.



<b>Product Name</b>	<b>Generic Name</b>	<b>Change</b>
VYVANSE	Lisdexamfetamine Dimesylate Cap 50 MG	Brand product removed from the formulary
VYVANSE	Lisdexamfetamine Dimesylate Cap 60 MG	Brand product removed from the formulary
VYVANSE	Lisdexamfetamine Dimesylate Cap 70 MG	Brand product removed from the formulary
METHYLPHENIDATE HYDROCHLORIDE ER	Methylphenidate HCl Tab SA OSM 27 MG	Brand product removed from the formulary
METHYLPHENIDATE HYDROCHLORIDE ER	Methylphenidate HCl Tab SA OSM 36 MG	Brand product removed from the formulary
METHYLPHENIDATE HYDROCHLORIDE ER	Methylphenidate HCl Tab SA OSM 54 MG	Brand product removed from the formulary
COPAXONE	Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML	Product moved to Tier 4
COPAXONE	Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML	Product moved to Tier 4
KESIMPTA	Ofatumumab Soln Auto-Injector 20 MG/0.4ML	Product removed from the formulary
TEGSEDI	Inotersen Sod Subcutaneous Pref Syr 284 MG/1.5ML (Base Eq)	Product removed from the formulary
XTAMPZA ER	Oxycodone Cap ER 12HR Abuse- Deterrent 9 MG	Product removed from the formulary
XTAMPZA ER	Oxycodone Cap ER 12HR Abuse- Deterrent 13.5 MG	Product removed from the formulary

Ambetter Health of Delaware is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Delaware Health Insurance Marketplace. This is a solicitation for insurance. ©2024 Celtic Insurance Company, AmbetterHealthofDelaware.com. For information on your right to receive an Ambetter Health of Delaware plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit AmbetterHealth.com and scroll to the bottom of the page.



<b>Product Name</b>	<b>Generic Name</b>	<b>Change</b>
XTAMPZA ER	Oxycodone Cap ER 12HR Abuse-Deterrent 18 MG	Product removed from the formulary
XTAMPZA ER	Oxycodone Cap ER 12HR Abuse-Deterrent 27 MG	Product removed from the formulary
XTAMPZA ER	Oxycodone Cap ER 12HR Abuse-Deterrent 36 MG	Product removed from the formulary
NUCYNTA	Tapentadol HCl Tab 50 MG	Product removed from the formulary
NUCYNTA	Tapentadol HCl Tab 75 MG	Product removed from the formulary
NUCYNTA	Tapentadol HCl Tab 100 MG	Product removed from the formulary
NUCYNTA	Tapentadol HCl Tab SR 12HR 50 MG	Product removed from the formulary
NUCYNTA	Tapentadol HCl Tab SR 12HR 100 MG	Product removed from the formulary
NUCYNTA	Tapentadol HCl Tab SR 12HR 150 MG	Product removed from the formulary
NUCYNTA	Tapentadol HCl Tab SR 12HR 200 MG	Product removed from the formulary
NUCYNTA	Tapentadol HCl Tab SR 12HR 250 MG	Product removed from the formulary
CELONTIN	Methsuximide Cap 300 MG	Brand product removed from the formulary

Ambetter Health of Delaware is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Delaware Health Insurance Marketplace. This is a solicitation for insurance. ©2024 Celtic Insurance Company, AmbetterHealthofDelaware.com. For information on your right to receive an Ambetter Health of Delaware plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit AmbetterHealth.com and scroll to the bottom of the page.





<b>Product Name</b>	<b>Generic Name</b>	<b>Change</b>
ARANESP	Darbepoetin Alfa Soln Inj 25 MCG/ML	Prior authorization requirement added
MOZOBIL	Plerixafor Subcutaneous Inj 24 MG/1.2ML (20 MG/ML)	Brand product removed from the formulary
OXBRYTA	Voxelotor Tab 500 MG	Product removed from the formulary
CABLIVI	Caplacizumab-yhdp for Inj Kit 11 MG	Product removed from the formulary
AZASITE	Azithromycin Ophth Soln 1%	Product removed from the formulary
BUDESONIDE	Budesonide Rectal Foam 2 MG/ACT	Brand product removed from the formulary
RECTIV	Nitroglycerin ointment 0.4%	Brand product removed from the formulary
FERRIPROX	Deferiprone Tab 500 MG	Product removed from the formulary
TRUETRACK TEST STRIPS	TRUEtrack Test Strips	Product removed from the formulary
SCEMBLIX	Asciminib HCL 40 MG	Quantity limit updated to 2 units per day
CORLANOR	Ivabradine HCl Tab 5 MG	Brand product removed from the formulary & generic product moved to Tier 3
CORLANOR	Ivabradine HCl Tab 7.5 MG	Brand product removed from the formulary & generic product moved to Tier 3

Ambetter Health of Delaware is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Delaware Health Insurance Marketplace. This is a solicitation for insurance. ©2024 Celtic Insurance Company, AmbetterHealthofDelaware.com. For information on your right to receive an Ambetter Health of Delaware plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit AmbetterHealth.com and scroll to the bottom of the page.



<b>Product Name</b>	<b>Generic Name</b>	<b>Change</b>
CORLANOR	Ivabradine HCl Oral Soln 5 MG/5ML	Brand product removed from the formulary & generic product moved to Tier 3
HADLIMA PUSHTOUCH	Adalimumab-bwwd Soln Auto-injector 40 MG/0.4ML	Product removed from the formulary
HADLIMA PUSHTOUCH	Adalimumab-bwwd Soln Auto-injector 40 MG/0.8ML	Product removed from the formulary
HADLIMA	Adalimumab-bwwd Soln Prefilled Syringe 40 MG/0.4ML	Product removed from the formulary
HADLIMA	Adalimumab-bwwd Soln Prefilled Syringe 40 MG/0.8ML	Product removed from the formulary

Ambetter Health of Delaware is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Delaware Health Insurance Marketplace. This is a solicitation for insurance. ©2024 Celtic Insurance Company, AmbetterHealthofDelaware.com. For information on your right to receive an Ambetter Health of Delaware plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit AmbetterHealth.com and scroll to the bottom of the page.