



2026 Formulary Changes

Following formulary changes will take place on 1/1/2026. 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
ACTIVELLA	Estradiol & Norethindrone Acetate Tab 1-0.5 MG	Brand product removed from the formulary
ADCETRIS	Brentuximab Vedotin For IV Soln 50 MG	Product removed from the formulary
ADVATE	Antihemophilic Factor rAHF-PFM For Inj 1500 Unit	Product removed from the formulary
ADVATE	Antihemophilic Factor rAHF-PFM For Inj 4000 Unit	Product removed from the formulary
ADVATE,KOVALTRY	Antihemophilic Factor rAHF-PFM For Inj 250 Unit	Product removed from the formulary
ADVATE,KOVALTRY	Antihemophilic Factor rAHF-PFM For Inj 500 Unit	Product removed from the formulary
ADVATE,KOVALTRY	Antihemophilic Factor rAHF-PFM For Inj 1000 Unit	Product removed from the formulary
ADVATE,KOVALTRY	Antihemophilic Factor rAHF-PFM For Inj 2000 Unit	Product removed from the formulary
ADVATE,KOVALTRY	Antihemophilic Factor rAHF-PFM For Inj 3000 Unit	Product removed from the formulary
ADYNOVATE	Antihemophilic Factor Recomb Pegylated For Inj 250 Unit	Product removed from the formulary
ADYNOVATE	Antihemophilic Factor Recomb Pegylated For Inj 500 Unit	Product removed from the formulary
ADYNOVATE	Antihemophilic Factor Recomb Pegylated For Inj 750 Unit	Product removed from the formulary
ADYNOVATE	Antihemophilic Factor Recomb Pegylated For Inj 1000 Unit	Product removed from the formulary

Ambetter from Coordinated Care Corporation is a Qualified Health Plan issuer in the Washington Health Benefit Exchange. Coordinated Care Corporation complies with applicable Federal and Washington State civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, or sex characteristics). This is a solicitation for insurance. ©2025 Coordinated Care Corporation, AmbetterHealth.com/en/wa. For information on your right to receive an Ambetter from Coordinated Care plan free from 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.



FROM



coordinated care™

Product Name	Generic Name	Change
ADYNOVATE	Antihemophilic Factor Recomb Pegylated For Inj 1500 Unit	Product removed from the formulary
ADYNOVATE	Antihemophilic Factor Recomb Pegylated For Inj 2000 Unit	Product removed from the formulary
ADYNOVATE	Antihemophilic Factor Recomb Pegylated For Inj 3000 Unit	Product removed from the formulary
ALPROLIX	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 250 Unit	Product removed from the formulary
ALPROLIX	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 500 Unit	Product removed from the formulary
ALPROLIX	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 1000 Unit	Product removed from the formulary
ALPROLIX	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 2000 Unit	Product removed from the formulary
ALPROLIX	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 3000 Unit	Product removed from the formulary
ALPROLIX	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 4000 Unit	Product removed from the formulary
ALREX	Loteprednol Etabonate Ophth Susp 0.2%	Brand product removed from the formulary
ALTUVIIIIO	Antihemophilic Fact Rcmb Fc-VWF-XTEN-ehtl For Inj 250 Unit	Product removed from the formulary
ALTUVIIIIO	Antihemophilic Fact Rcmb Fc-VWF-XTEN-ehtl For Inj 500 Unit	Product removed from the formulary
ALTUVIIIIO	Antihemophilic Fact Rcmb Fc-VWF-XTEN-ehtl For Inj 1000 Unit	Product removed from the formulary
ALTUVIIIIO	Antihemophilic Fact Rcmb Fc-VWF-XTEN-ehtl For Inj 2000 Unit	Product removed from the formulary
ALTUVIIIIO	Antihemophilic Fact Rcmb Fc-VWF-XTEN-ehtl For Inj 3000 Unit	Product removed from the formulary
ALTUVIIIIO	Antihemophilic Fact Rcmb Fc-VWF-XTEN-ehtl For Inj 4000 Unit	Product removed from the formulary
ALUNBRIG	Brigatinib Tab 30 MG	Product removed from the formulary
ALUNBRIG	Brigatinib Tab 90 MG	Product removed from the formulary

Ambetter from Coordinated Care Corporation is a Qualified Health Plan issuer in the Washington Health Benefit Exchange. Coordinated Care Corporation complies with applicable Federal and Washington State civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, or sex characteristics). This is a solicitation for insurance. ©2025 Coordinated Care Corporation, AmbetterHealth.com/en/wa. For information on your right to receive an Ambetter from Coordinated Care plan free from 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.



FROM



coordinated care™

Product Name	Generic Name	Change
ALUNBRIG	Brigatinib Tab 180 MG	Product removed from the formulary
ALUNBRIG	Brigatinib Tab Initiation Therapy Pack 90 MG & 180 MG	Product removed from the formulary
AMBISOME	Amphotericin B Liposome IV For Susp 50 MG	Product removed from the formulary
ANORO ELLIPTA	Umeclidinium-Vilanterol Aero Powd BA 62.5-25 MCG/INH	Brand product removed from the formulary
APTIOM	Eslicarbazepine Acetate Tab 200 MG	Brand product removed from the formulary
APTIOM	Eslicarbazepine Acetate Tab 400 MG	Brand product removed from the formulary
APTIOM	Eslicarbazepine Acetate Tab 600 MG	Brand product removed from the formulary
APTIOM	Eslicarbazepine Acetate Tab 800 MG	Brand product removed from the formulary
AUSTEDO XR	Deutetrabenazine Tab ER 24HR 6 MG	Product removed from the formulary
AUSTEDO XR	Deutetrabenazine Tab ER 24HR 12 MG	Product removed from the formulary
AUSTEDO XR	Deutetrabenazine Tab ER 24HR 18 MG	Product removed from the formulary
AUSTEDO XR	Deutetrabenazine Tab ER 24HR 24 MG	Product removed from the formulary
AUSTEDO XR	Deutetrabenazine Tab ER 24HR 30 MG	Product removed from the formulary
AUSTEDO XR	Deutetrabenazine Tab ER 24HR 36 MG	Product removed from the formulary
AUSTEDO XR	Deutetrabenazine Tab ER 24HR 42 MG	Product removed from the formulary
AUSTEDO XR	Deutetrabenazine Tab ER 24HR 48 MG	Product removed from the formulary
AUSTEDO XR PATIENT TITRATION	Deutetrabenazine Tab ER Titration Pack 6 MG & 12 MG & 24 MG	Product removed from the formulary
AUSTEDO XR PATIENT TITRATION	Deutetrabenazine Tab ER Titration Pack 12 & 18 & 24 & 30 MG	Product removed from the formulary

Ambetter from Coordinated Care Corporation is a Qualified Health Plan issuer in the Washington Health Benefit Exchange. Coordinated Care Corporation complies with applicable Federal and Washington State civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, or sex characteristics). This is a solicitation for insurance. ©2025 Coordinated Care Corporation, AmbetterHealth.com/en/wa. For information on your right to receive an Ambetter from Coordinated Care plan free from 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.



FROM



| coordinated care™

Product Name	Generic Name	Change
AYVAKIT	Avapritinib Tab 25 MG	Product removed from the formulary
AYVAKIT	Avapritinib Tab 50 MG	Product removed from the formulary
AYVAKIT	Avapritinib Tab 100 MG	Product removed from the formulary
AYVAKIT	Avapritinib Tab 200 MG	Product removed from the formulary
AYVAKIT	Avapritinib Tab 300 MG	Product removed from the formulary
AZELEX	Azelaic Acid Cream 20%	Product removed from the formulary
BALVERSA	Erdafitinib Tab 3 MG	Product removed from the formulary
BALVERSA	Erdafitinib Tab 4 MG	Product removed from the formulary
BALVERSA	Erdafitinib Tab 5 MG	Product removed from the formulary
BENADRYL	Diphenhydramine HCl Inj 50 MG/ML	Product removed from the formulary
BENEFIX	Coagulation Factor IX (Recombinant) For Inj Kit 250 Unit	Product removed from the formulary
BENEFIX	Coagulation Factor IX (Recombinant) For Inj Kit 500 Unit	Product removed from the formulary
BENEFIX	Coagulation Factor IX (Recombinant) For Inj Kit 1000 Unit	Product removed from the formulary
BENEFIX	Coagulation Factor IX (Recombinant) For Inj Kit 2000 Unit	Product removed from the formulary
BENEFIX	Coagulation Factor IX (Recombinant) For Inj Kit 3000 Unit	Product removed from the formulary
BOSULIF	Bosutinib Tab 100 MG	Product removed from the formulary
BOSULIF	Bosutinib Tab 400 MG	Product removed from the formulary
BOSULIF	Bosutinib Tab 500 MG	Product removed from the formulary

Ambetter from Coordinated Care Corporation is a Qualified Health Plan issuer in the Washington Health Benefit Exchange. Coordinated Care Corporation complies with applicable Federal and Washington State civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, or sex characteristics). This is a solicitation for insurance. ©2025 Coordinated Care Corporation, AmbetterHealth.com/en/wa. For information on your right to receive an Ambetter from Coordinated Care plan free from 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.



FROM



coordinated care™

Product Name	Generic Name	Change
BRAFTOVI	Encorafenib Cap 75 MG	Product removed from the formulary
BRILINTA	Ticagrelor Tab 60 MG	Brand product removed from the formulary
BRILINTA	Ticagrelor Tab 90 MG	Brand product removed from the formulary
BRIVIACT	Brivaracetam Tab 10 MG	Product removed from the formulary
BRIVIACT	Brivaracetam Tab 25 MG	Product removed from the formulary
BRIVIACT	Brivaracetam Tab 50 MG	Product removed from the formulary
BRIVIACT	Brivaracetam Tab 75 MG	Product removed from the formulary
BRIVIACT	Brivaracetam Tab 100 MG	Product removed from the formulary
BRUKINSA	Zanubrutinib Cap 80 MG	Product removed from the formulary
CALQUENCE	Acalabrutinib Maleate Tab 100 MG	Product removed from the formulary
CANCIDAS	Caspofungin Acetate For IV Soln 50 MG	Product removed from the formulary
CANCIDAS	Caspofungin Acetate For IV Soln 70 MG	Product removed from the formulary
CARBOPLATIN	Carboplatin IV Soln 50 MG/5ML	Product removed from the formulary
CEREZYME	Imiglucerase For Inj 400 Unit	Product removed from the formulary
CHOLBAM	Cholic Acid Cap 50 MG	Product removed from the formulary
CHOLBAM	Cholic Acid Cap 250 MG	Product removed from the formulary
CLINIMIX E/DEXTROSE (5/20)	Amino Acid Electrolyte w/ Cal Infusion 5% in D20W	Product removed from the formulary
COGENTIN	Benztropine Mesylate Inj 1 MG/ML	Product removed from the formulary

Ambetter from Coordinated Care Corporation is a Qualified Health Plan issuer in the Washington Health Benefit Exchange. Coordinated Care Corporation complies with applicable Federal and Washington State civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, or sex characteristics). This is a solicitation for insurance. ©2025 Coordinated Care Corporation, AmbetterHealth.com/en/wa. For information on your right to receive an Ambetter from Coordinated Care plan free from 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.



FROM



coordinated care™

Product Name	Generic Name	Change
CONTRACE	Naltrexone HCl-Bupropion HCl Tab SR 12HR 8-90 MG	Product removed from the formulary
COPIKTRA	Duvelisib Cap 15 MG	Product removed from the formulary
COPIKTRA	Duvelisib Cap 25 MG	Product removed from the formulary
CYLTEZO	Adalimumab-adbm Auto-injector Kit 40 MG/0.4ML	Brand product removed from the formulary
CYLTEZO	Adalimumab-adbm Auto-injector Kit 40 MG/0.8ML	Brand product removed from the formulary
CYLTEZO	Adalimumab-adbm Prefilled Syringe Kit 10 MG/0.2ML	Brand product removed from the formulary
CYLTEZO	Adalimumab-adbm Prefilled Syringe Kit 20 MG/0.4ML	Brand product removed from the formulary
CYLTEZO	Adalimumab-adbm Prefilled Syringe Kit 40 MG/0.4ML	Brand product removed from the formulary
CYLTEZO	Adalimumab-adbm Prefilled Syringe Kit 40 MG/0.8ML	Brand product removed from the formulary
CYTARABINE (PF)	Cytarabine Inj PF 20 MG/ML	Product removed from the formulary
CYTARABINE (PF)	Cytarabine Inj 100 MG/ML	Product removed from the formulary
DACARBAZINE	Dacarbazine For Inj 200 MG	Product removed from the formulary
DEBACTEROL	Sulfuric Acid/Sulfonate Phenol	Product removed from the formulary
DEXAMETHASONE SODIUM PHOSPHATE	Dexamethasone Sodium Phosphate Inj Soln Pref Syr 4 MG/ML	Product removed from the formulary
DEXAMETHASONE SODIUM PHOSPHATE	Dexamethasone Sodium Phosphate Inj 4 MG/ML	Product removed from the formulary
DEXAMETHASONE SODIUM PHOSPHATE	Dexamethasone Sodium Phosphate Inj 20 MG/5ML	Product removed from the formulary
DEXAMETHASONE SODIUM PHOSPHATE	Dexamethasone Sodium Phosphate Inj 120 MG/30ML	Product removed from the formulary
DEXTROSE IN LACTATED RINGERS	Dextrose 5% in Lactated Ringers	Product removed from the formulary

Ambetter from Coordinated Care Corporation is a Qualified Health Plan issuer in the Washington Health Benefit Exchange. Coordinated Care Corporation complies with applicable Federal and Washington State civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, or sex characteristics). This is a solicitation for insurance. ©2025 Coordinated Care Corporation, AmbetterHealth.com/en/wa. For information on your right to receive an Ambetter from Coordinated Care plan free from 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.



FROM



coordinated care™

Product Name	Generic Name	Change
DOCIVYX	Docetaxel Soln for IV Infusion 20 MG/2ML	Product removed from the formulary
DOPTelet	Avatrombopag Maleate Tab 20 MG (Base Equiv)	Product removed from the formulary
DOXIL	Doxorubicin HCl Liposomal Susp (For IV Infusion) 2 MG/ML	Product removed from the formulary
DOXIL	Doxorubicin HCl Inj 2 MG/ML	Product removed from the formulary
DOXY 100	Doxycycline Hyclate For Inj 100 MG	Product removed from the formulary
EGRIFTA SV	Tesamorelin Acetate For Inj 2 MG (Base Equiv)	Product removed from the formulary
ELOCTATE	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 250 Unit	Product removed from the formulary
ELOCTATE	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 500 Unit	Product removed from the formulary
ELOCTATE	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 750 Unit	Product removed from the formulary
ELOCTATE	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 1000 Unit	Product removed from the formulary
ELOCTATE	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 1500 Unit	Product removed from the formulary
ELOCTATE	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 2000 Unit	Product removed from the formulary
ELOCTATE	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 3000 Unit	Product removed from the formulary
ELOCTATE	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 4000 Unit	Product removed from the formulary
ELOCTATE	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 5000 Unit	Product removed from the formulary
ELOCTATE	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 6000 Unit	Product removed from the formulary
EMFLAZA	Deflazacort Susp 22.75 MG/ML	Product removed from the formulary
ENSPRYNG	Satralizumab-mwge Subcutaneous Soln Pref Syringe 120 MG/ML	Product removed from the formulary

Ambetter from Coordinated Care Corporation is a Qualified Health Plan issuer in the Washington Health Benefit Exchange. Coordinated Care Corporation complies with applicable Federal and Washington State civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, or sex characteristics). This is a solicitation for insurance. ©2025 Coordinated Care Corporation, AmbetterHealth.com/en/wa. For information on your right to receive an Ambetter from Coordinated Care plan free from 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.



Product Name	Generic Name	Change
EPOGEN, PROCRIT	Epoetin Alfa Inj 2000 Unit/ML	Product removed from the formulary
EPOGEN, PROCRIT	Epoetin Alfa Inj 3000 Unit/ML	Product removed from the formulary
EPOGEN, PROCRIT	Epoetin Alfa Inj 4000 Unit/ML	Product removed from the formulary
EPOGEN, PROCRIT	Epoetin Alfa Inj 10000 Unit/ML	Product removed from the formulary
EPOGEN, PROCRIT	Epoetin Alfa Inj 20000 Unit/ML	Product removed from the formulary
ERAXIS	Anidulafungin For IV Soln 50 MG	Product removed from the formulary
ERAXIS	Anidulafungin For IV Soln 100 MG	Product removed from the formulary
ESPEROCT	Antihemophilic Factor Recomb Glycopeg-exei For Inj 500 Unit	Product removed from the formulary
ESPEROCT	Antihemophilic Factor Recomb Glycopeg-exei For Inj 1000 Unit	Product removed from the formulary
ESPEROCT	Antihemophilic Factor Recomb Glycopeg-exei For Inj 1500 Unit	Product removed from the formulary
ESPEROCT	Antihemophilic Factor Recomb Glycopeg-exei For Inj 2000 Unit	Product removed from the formulary
ESPEROCT	Antihemophilic Factor Recomb Glycopeg-exei For Inj 3000 Unit	Product removed from the formulary
ESPEROCT	Antihemophilic Factor Recomb Glycopeg-exei For Inj 4000 Unit	Product removed from the formulary
ESTROGEL	Estradiol Gel 0.06% (0.75 MG/1.25 GM Metered-Dose Pump)	Brand product removed from the formulary
FIRDAPSE	Amifampridine Phosphate Tab 10 MG (Base Equivalent)	Product removed from the formulary
FYCOMPA	Perampanel Tab 2 MG	Brand product removed from the formulary
FYCOMPA	Perampanel Tab 4 MG	Brand product removed from the formulary
FYCOMPA	Perampanel Tab 6 MG	Brand product removed from the formulary

Ambetter from Coordinated Care Corporation is a Qualified Health Plan issuer in the Washington Health Benefit Exchange. Coordinated Care Corporation complies with applicable Federal and Washington State civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, or sex characteristics). This is a solicitation for insurance. ©2025 Coordinated Care Corporation, AmbetterHealth.com/en/wa. For information on your right to receive an Ambetter from Coordinated Care plan free from 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.



FROM



coordinated care™

Product Name	Generic Name	Change
FYCOMPA	Perampanel Tab 8 MG	Brand product removed from the formulary
FYCOMPA	Perampanel Tab 10 MG	Brand product removed from the formulary
FYCOMPA	Perampanel Tab 12 MG	Brand product removed from the formulary
GAMMAGARD	Immune Globulin (Human) IV or Subcutaneous Soln 30 GM/300ML	Product removed from the formulary
GAMMAGARD S/D LESS IGA	Immune Globulin (Human) IV For Soln 5 GM	Product removed from the formulary
GAMMAGARD S/D LESS IGA	Immune Globulin (Human) IV For Soln 10 GM	Product removed from the formulary
GAMMAGARD,GAMMA KED,GAMUNEX-C	Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML	Product removed from the formulary
GAMMAGARD,GAMMA KED,GAMUNEX-C	Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML	Product removed from the formulary
GAMMAGARD,GAMMA KED,GAMUNEX-C	Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML	Product removed from the formulary
GAMMAGARD,GAMMA KED,GAMUNEX-C	Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML	Product removed from the formulary
GAMMAGARD,GAMUNE X-C	Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML	Product removed from the formulary
GAMUNEX-C	Immune Globulin (Human) IV or Subcutaneous Soln 40 GM/400ML	Product removed from the formulary
GILENYA	Fingolimod HCl Cap 0.5 MG (Base Equiv)	Prior authorization requirement added
HALAVEN	Eribulin Mesylate Inj 1 MG/2ML (0.5 MG/ML)	Brand product removed from the formulary
IDELVION	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 250 Unit	Product removed from the formulary
IDELVION	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 500 Unit	Product removed from the formulary
IDELVION	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 1000 Unit	Product removed from the formulary
IDELVION	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 2000 Unit	Product removed from the formulary

Ambetter from Coordinated Care Corporation is a Qualified Health Plan issuer in the Washington Health Benefit Exchange. Coordinated Care Corporation complies with applicable Federal and Washington State civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, or sex characteristics). This is a solicitation for insurance. ©2025 Coordinated Care Corporation, AmbetterHealth.com/en/wa. For information on your right to receive an Ambetter from Coordinated Care plan free from 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.



FROM



coordinated care™

Product Name	Generic Name	Change
IDELVION	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit	Product removed from the formulary
IMBRUVICA	Ibrutinib Cap 70 MG	Product removed from the formulary
IMBRUVICA	Ibrutinib Cap 140 MG	Product removed from the formulary
IMBRUVICA	Ibrutinib Tab 140 MG	Product removed from the formulary
IMBRUVICA	Ibrutinib Tab 280 MG	Product removed from the formulary
IMBRUVICA	Ibrutinib Tab 420 MG	Product removed from the formulary
IMBRUVICA	Ibrutinib Tab 560 MG	Product removed from the formulary
IMBRUVICA	Ibrutinib Oral Susp 70 MG/ML	Product removed from the formulary
IMPAVIDO	Miltefosine Cap 50 MG	Product removed from the formulary
INGREZZA	Valbenazine Tosylate Cap 40 MG (Base Equiv)	Product removed from the formulary
INGREZZA	Valbenazine Tosylate Cap 60 MG (Base Equiv)	Product removed from the formulary
INGREZZA	Valbenazine Tosylate Cap 80 MG (Base Equiv)	Product removed from the formulary
INGREZZA	Valbenazine Tosylate Capsule Sprinkle 40 MG (Base Equiv)	Product removed from the formulary
INGREZZA	Valbenazine Tosylate Capsule Sprinkle 60 MG (Base Equiv)	Product removed from the formulary
INGREZZA	Valbenazine Tosylate Capsule Sprinkle 80 MG (Base Equiv)	Product removed from the formulary
INGREZZA	Valbenazine Tosylate Cap Therapy Pack 40 MG (7) & 80 MG (21)	Product removed from the formulary
INREBIC	Fedratinib HCl Cap 100 MG	Product removed from the formulary
IOPIDINE	Apraclonidine HCl Ophth Soln 0.5% (Base Equivalent)	Product removed from the formulary

Ambetter from Coordinated Care Corporation is a Qualified Health Plan issuer in the Washington Health Benefit Exchange. Coordinated Care Corporation complies with applicable Federal and Washington State civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, or sex characteristics). This is a solicitation for insurance. ©2025 Coordinated Care Corporation, AmbetterHealth.com/en/wa. For information on your right to receive an Ambetter from Coordinated Care plan free from 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.



FROM



coordinated care™

Product Name	Generic Name	Change
IOPIDINE	Apraclonidine HCl Ophth Soln 1% (Base Equivalent)	Product removed from the formulary
JEVTANA	Cabazitaxel Inj 60 MG/1.5ML (For IV Infusion)	Product removed from the formulary
JIVI	Antihemophilic Factor Recom Pegylated-aucl For Inj 500 Unit	Product removed from the formulary
JIVI	Antihemophilic Factor Recom Pegylated-aucl For Inj 1000 Unit	Product removed from the formulary
JIVI	Antihemophilic Factor Recom Pegylated-aucl For Inj 2000 Unit	Product removed from the formulary
JIVI	Antihemophilic Factor Recom Pegylated-aucl For Inj 3000 Unit	Product removed from the formulary
JIVI	Antihemophil Fact Rcmb(BDD-rFVIII PEG-aucl)For Inj 4000 Unit	Product removed from the formulary
JYNARQUE	Tolvaptan Tab Therapy Pack 15 MG	Product removed from the formulary
JYNARQUE	Tolvaptan Tab Therapy Pack 30 & 15 MG	Product removed from the formulary
JYNARQUE	Tolvaptan Tab Therapy Pack 45 & 15 MG	Product removed from the formulary
JYNARQUE	Tolvaptan Tab Therapy Pack 60 & 30 MG	Product removed from the formulary
JYNARQUE	Tolvaptan Tab Therapy Pack 90 & 30 MG	Product removed from the formulary
KEVEYIS	Dichlorphenamide Tab 50 MG	Product removed from the formulary
KOGENATE FS	Antihemophilic Factor (Recombinant) For Inj Kit 250 Unit	Product removed from the formulary
KOGENATE FS	Antihemophilic Factor (Recombinant) For Inj Kit 500 Unit	Product removed from the formulary
KOGENATE FS	Antihemophilic Factor (Recombinant) For Inj Kit 1000 Unit	Product removed from the formulary
KOGENATE FS	Antihemophilic Factor (Recombinant) For Inj Kit 2000 Unit	Product removed from the formulary
KOGENATE FS	Antihemophilic Factor (Recombinant) For Inj Kit 3000 Unit	Product removed from the formulary

Ambetter from Coordinated Care Corporation is a Qualified Health Plan issuer in the Washington Health Benefit Exchange. Coordinated Care Corporation complies with applicable Federal and Washington State civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, or sex characteristics). This is a solicitation for insurance. ©2025 Coordinated Care Corporation, AmbetterHealth.com/en/wa. For information on your right to receive an Ambetter from Coordinated Care plan free from 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.



FROM



coordinated care™

Product Name	Generic Name	Change
KOSELUGO	Selumetinib Sulfate Cap 10 MG	Product removed from the formulary
KOSELUGO	Selumetinib Sulfate Cap 25 MG	Product removed from the formulary
KUVAN	Sapropterin Dihydrochloride Tab 100 MG	Product removed from the formulary
KUVAN	Sapropterin Dihydrochloride Powder Packet 100 MG	Product removed from the formulary
KUVAN	Sapropterin Dihydrochloride Powder Packet 500 MG	Product removed from the formulary
LACTATED RINGERS	Lactated Ringer's Solution	Product removed from the formulary
LUCEMYRA	Lofexidine HCl Tab 0.18 MG (Base Equivalent)	Brand product removed from the formulary
LUMIGAN	Bimatoprost Ophth Soln 0.03%	Brand product removed from the formulary
LUMIZYME	Alglucosidase Alfa For IV Soln 50 MG	Product removed from the formulary
LUPRON DEPOT-PED (1-MONTH)	Leuprolide Acetate For Inj Pediatric Kit 7.5 MG	Product removed from the formulary
LUPRON DEPOT-PED (1-MONTH)	Leuprolide Acetate For Inj Pediatric Kit 11.25 MG	Product removed from the formulary
LUPRON DEPOT-PED (1-MONTH)	Leuprolide Acetate For Inj Pediatric Kit 15 MG	Product removed from the formulary
LUPRON DEPOT-PED (3-MONTH)	Leuprolide Acetate (3 Month) For Inj Pediatric Kit 11.25 MG	Product removed from the formulary
LUPRON DEPOT-PED (3-MONTH)	Leuprolide Acetate (3 Month) For Inj Pediatric Kit 30 MG	Product removed from the formulary
MAGNESIUM SULFATE	Magnesium Sulfate Inj 50%	Product removed from the formulary
MEKTOVI	Binimetinib Tab 15 MG	Product removed from the formulary
MERREM	Meropenem IV For Soln 500 MG	Product removed from the formulary
MERREM	Meropenem IV For Soln 1 GM	Product removed from the formulary

Ambetter from Coordinated Care Corporation is a Qualified Health Plan issuer in the Washington Health Benefit Exchange. Coordinated Care Corporation complies with applicable Federal and Washington State civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, or sex characteristics). This is a solicitation for insurance. ©2025 Coordinated Care Corporation, AmbetterHealth.com/en/wa. For information on your right to receive an Ambetter from Coordinated Care plan free from 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.



FROM



coordinated care™

Product Name	Generic Name	Change
MOZOBIL	Plerixafor Subcutaneous Inj 24 MG/1.2ML (20 MG/ML)	Product removed from the formulary
MULPLETA	Lusutrombopag Tab 3 MG	Product removed from the formulary
MYCAMINE	Micafungin Sodium For IV Soln 50 MG	Product removed from the formulary
MYCAMINE	Micafungin Sodium For IV Soln 100 MG	Product removed from the formulary
NINLARO	Ixazomib Citrate Cap 2.3 MG (Base Equivalent)	Product removed from the formulary
NINLARO	Ixazomib Citrate Cap 3 MG (Base Equivalent)	Product removed from the formulary
NINLARO	Ixazomib Citrate Cap 4 MG (Base Equivalent)	Product removed from the formulary
NOVOEIGHT	Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 250 Unit	Product removed from the formulary
NOVOEIGHT	Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 500 Unit	Product removed from the formulary
NOVOEIGHT	Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 1000 Unit	Product removed from the formulary
NOVOEIGHT	Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 1500 Unit	Product removed from the formulary
NOVOEIGHT	Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 2000 Unit	Product removed from the formulary
NOVOEIGHT	Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 3000 Unit	Product removed from the formulary
NOVOLOG	Insulin Aspart Inj Soln 100 Unit/ML	Certain generic NDCs removed from the formulary
NOVOLOG FLEXPEN	Insulin Aspart Soln Pen-injector 100 Unit/ML	Certain generic NDCs removed from the formulary
NOVOLOG MIX 70/30	Insulin Aspart Prot & Aspart (Human) Inj 100 Unit/ML (70-30)	Certain generic NDCs removed from the formulary
NOVOLOG MIX 70/30 FLEXPEN	Insulin Aspart Prot & Aspart Sus Pen-inj 100 Unit/ML (70-30)	Certain generic NDCs removed from the formulary
NOVOLOG PENFILL	Insulin Aspart Soln Cartridge 100 Unit/ML	Certain generic NDCs removed from the formulary

Ambetter from Coordinated Care Corporation is a Qualified Health Plan issuer in the Washington Health Benefit Exchange. Coordinated Care Corporation complies with applicable Federal and Washington State civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, or sex characteristics). This is a solicitation for insurance. ©2025 Coordinated Care Corporation, AmbetterHealth.com/en/wa. For information on your right to receive an Ambetter from Coordinated Care plan free from 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.



FROM



coordinated care™

Product Name	Generic Name	Change
NUBAIN	Nalbuphine HCl Inj 10 MG/ML	Product removed from the formulary
NUBAIN	Nalbuphine HCl Inj 20 MG/ML	Product removed from the formulary
NUCALA	Mepolizumab For Inj 100 MG	Product removed from the formulary
NUCALA	Mepolizumab Subcutaneous Solution Auto-injector 100 MG/ML	Product removed from the formulary
NUCALA	Mepolizumab Subcutaneous Solution Pref Syringe 40 MG/0.4ML	Product removed from the formulary
NUCALA	Mepolizumab Subcutaneous Solution Pref Syringe 100 MG/ML	Product removed from the formulary
NULOJIX	Belatacept For IV Infusion 250 MG	Product removed from the formulary
ONCASPARG	Pegaspargase Inj 750 Unit/ML	Product removed from the formulary
OPSUMIT	Macitentan Tab 10 MG	Product removed from the formulary
PEMAZYRE	Pemigatinib Tab 4.5 MG	Product removed from the formulary
PEMAZYRE	Pemigatinib Tab 9 MG	Product removed from the formulary
PEMAZYRE	Pemigatinib Tab 13.5 MG	Product removed from the formulary
PEPCID	Famotidine Inj 40 MG/4ML	Product removed from the formulary
PEPCID	Famotidine Inj 200 MG/20ML	Product removed from the formulary
PEPCID (PF)	Famotidine Preservative Free Inj 20 MG/2ML	Product removed from the formulary
PERJETA	Pertuzumab Soln for IV Infusion 420 MG/14ML (30 MG/ML)	Product removed from the formulary
PHEBURANE	Sodium Phenylbutyrate Oral Pellets 483 MG/GM	Product removed from the formulary
PHENERGAN	Promethazine HCl Inj 25 MG/ML	Product removed from the formulary

Ambetter from Coordinated Care Corporation is a Qualified Health Plan issuer in the Washington Health Benefit Exchange. Coordinated Care Corporation complies with applicable Federal and Washington State civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, or sex characteristics). This is a solicitation for insurance. ©2025 Coordinated Care Corporation, AmbetterHealth.com/en/wa. For information on your right to receive an Ambetter from Coordinated Care plan free from 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.



FROM



coordinated care™

Product Name	Generic Name	Change
PHENERGAN	Promethazine HCl Inj 50 MG/ML	Product removed from the formulary
POLYMYXIN B SULFATE	Polymyxin B Sulfate For Inj 500000 Unit	Product removed from the formulary
POTASSIUM CHLORIDE	KCl 20 MEQ/L (0.15%) in NaCl 0.45% Inj	Product removed from the formulary
POTASSIUM CHLORIDE	KCl 20 MEQ/L (0.149%) in NaCl 0.45% Inj	Product removed from the formulary
POTASSIUM CHLORIDE	KCl 0.15% in NaCl 0.9%	Product removed from the formulary
POTASSIUM CHLORIDE	KCl 20 MEQ/L (0.149%) in NaCl 0.9% Inj	Product removed from the formulary
POTASSIUM CHLORIDE	KCl 40 MEQ/L (0.3%) in NaCl 0.9% Inj	Product removed from the formulary
POTASSIUM CHLORIDE	KCl 40 MEQ/L (0.298%) in NaCl 0.9% Inj	Product removed from the formulary
PRIMAXIN IV	Imipenem-Cilastatin Intravenous For Soln 250 MG	Product removed from the formulary
PRIMAXIN IV	Imipenem-Cilastatin Intravenous For Soln 500 MG	Product removed from the formulary
PROCRIT	Epoetin Alfa Inj 40000 Unit/ML	Product removed from the formulary
PROMACTA	Eltrombopag Olamine Tab 12.5 MG (Base Equiv)	Brand product removed from the formulary
PROMACTA	Eltrombopag Olamine Tab 25 MG (Base Equiv)	Brand product removed from the formulary
PROMACTA	Eltrombopag Olamine Tab 50 MG (Base Equiv)	Brand product removed from the formulary
PROMACTA	Eltrombopag Olamine Tab 75 MG (Base Equiv)	Brand product removed from the formulary.
PROMACTA	Eltrombopag Olamine Powder Pack for Susp 25 MG (Base Equiv)	Brand product removed from the formulary
PROMACTA	Eltrombopag Olamine Powder Pack for Susp 12.5 MG (Base Eq)	Brand product removed from the formulary
PROMETHAZINE HCL	Promethazine HCl Oral Soln 6.25 MG/5ML	Product removed from the formulary

Ambetter from Coordinated Care Corporation is a Qualified Health Plan issuer in the Washington Health Benefit Exchange. Coordinated Care Corporation complies with applicable Federal and Washington State civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, or sex characteristics). This is a solicitation for insurance. ©2025 Coordinated Care Corporation, AmbetterHealth.com/en/wa. For information on your right to receive an Ambetter from Coordinated Care plan free from 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.



FROM



coordinated care™

Product Name	Generic Name	Change
QINLOCK	Ripretinib Tab 50 MG	Product removed from the formulary
RECLAST	Zoledronic Acid Inj Conc For IV Infusion 4 MG/5ML	Product removed from the formulary
RETEVMO	Selpercatinib Cap 40 MG	Product removed from the formulary
RETEVMO	Selpercatinib Cap 80 MG	Product removed from the formulary
ROCEPHIN	Ceftriaxone Sodium For Inj 250 MG	Product removed from the formulary
ROCEPHIN	Ceftriaxone Sodium For Inj 500 MG	Product removed from the formulary
ROCEPHIN	Ceftriaxone Sodium For Inj 1 GM	Product removed from the formulary
ROCEPHIN	Ceftriaxone Sodium For Inj 2 GM	Product removed from the formulary
RYCLORA	Dexchlorpheniramine Maleate Oral Soln 2 MG/5ML	Product removed from the formulary
SCSEMBLIX	Asciminib HCl Tab 20 MG	Product removed from the formulary
SCSEMBLIX	Asciminib HCl Tab 40 MG	Product removed from the formulary
SCSEMBLIX	Asciminib HCl Tab 100 MG	Product removed from the formulary
SEMGLEE (YFGN)	Insulin Glargine-yfgn Soln Pen-Injector 100 Unit/ML	Certain generic NDCs removed from the formulary
SEMGLEE (YFGN)	Insulin Glargine-yfgn Inj 100 Unit/ML	Certain generic NDCs removed from the formulary
SIVEXTRO	Tedizolid Phosphate Tab 200 MG	Product removed from the formulary
SODIUM CHLORIDE	Sodium Chloride Inj 0.45%	Product removed from the formulary
SODIUM CHLORIDE	Sodium Chloride IV Soln 0.9%	Product removed from the formulary
SODIUM CHLORIDE	Sodium Chloride Inj 3%	Product removed from the formulary

Ambetter from Coordinated Care Corporation is a Qualified Health Plan issuer in the Washington Health Benefit Exchange. Coordinated Care Corporation complies with applicable Federal and Washington State civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, or sex characteristics). This is a solicitation for insurance. ©2025 Coordinated Care Corporation, AmbetterHealth.com/en/wa. For information on your right to receive an Ambetter from Coordinated Care plan free from 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.



FROM



coordinated care™

Product Name	Generic Name	Change
SODIUM CHLORIDE	Sodium Chloride Inj 5%	Product removed from the formulary
SODIUM CHLORIDE	Sodium Chloride IV Soln 4 mEq/ML (23.4%)	Product removed from the formulary
SODIUM CHLORIDE	Sodium Chloride Inj 2.5 mEq/ML (14.6%)	Product removed from the formulary
SOLOSEC	Secnidazole Granules Packet 2 GM	Product removed from the formulary
SOLU-CORTEF	Hydrocortisone Sodium Succinate PF For Inj 100 MG	Brand product removed from the formulary
SPRYCEL	Dasatinib Tab 20 MG	Brand product removed from the formulary
SPRYCEL	Dasatinib Tab 50 MG	Brand product removed from the formulary
SPRYCEL	Dasatinib Tab 70 MG	Brand product removed from the formulary
SPRYCEL	Dasatinib Tab 80 MG	Brand product removed from the formulary
SPRYCEL	Dasatinib Tab 100 MG	Brand product removed from the formulary
SPRYCEL	Dasatinib Tab 140 MG	Brand product removed from the formulary
STENDRA	Avanafil Tab 50 MG	Brand product removed from the formulary
STENDRA	Avanafil Tab 100 MG	Brand product removed from the formulary
STENDRA	Avanafil Tab 200 MG	Brand product removed from the formulary
STRENSIQ	Asfotase Alfa Subcutaneous Inj 18 MG/0.45ML	Product removed from the formulary
STRENSIQ	Asfotase Alfa Subcutaneous Inj 28 MG/0.7ML	Product removed from the formulary
STRENSIQ	Asfotase Alfa Subcutaneous Inj 40 MG/ML	Product removed from the formulary
STRENSIQ	Asfotase Alfa Subcutaneous Inj 80 MG/0.8ML	Product removed from the formulary

Ambetter from Coordinated Care Corporation is a Qualified Health Plan issuer in the Washington Health Benefit Exchange. Coordinated Care Corporation complies with applicable Federal and Washington State civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, or sex characteristics). This is a solicitation for insurance. ©2025 Coordinated Care Corporation, AmbetterHealth.com/en/wa. For information on your right to receive an Ambetter from Coordinated Care plan free from 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.



FROM



coordinated care™

Product Name	Generic Name	Change
TABRECTA	Capmatinib HCl Tab 150 MG	Product removed from the formulary
TABRECTA	Capmatinib HCl Tab 200 MG	Product removed from the formulary
TASIGNA	Nilotinib HCl Cap 50 MG (Base Equivalent)	Product removed from the formulary
TASIGNA	Nilotinib HCl Cap 150 MG (Base Equivalent)	Product removed from the formulary
TASIGNA	Nilotinib HCl Cap 200 MG (Base Equivalent)	Product removed from the formulary
TAVALISSE	Fostamatinib Disodium Tab 100 MG (Base Equivalent)	Product removed from the formulary
TAVALISSE	Fostamatinib Disodium Tab 150 MG (Base Equivalent)	Product removed from the formulary
THIOLA EC	Tiopronin Tab Delayed Release 100 MG	Product removed from the formulary
THIOLA EC	Tiopronin Tab Delayed Release 300 MG	Product removed from the formulary
TIBSOVO	Ivosidenib Tab 250 MG	Product removed from the formulary
TOBRAMYCIN SULFATE	Tobramycin Sulfate Inj 10 MG/ML (Base Equivalent)	Product removed from the formulary
TOBRAMYCIN SULFATE	Tobramycin Sulfate Inj 80 MG/2ML (40 MG/ML)	Product removed from the formulary
TOBRAMYCIN SULFATE	Tobramycin Sulfate Inj 2 GM/50ML (40 MG/ML)	Product removed from the formulary
TREANDA	Bendamustine HCl For IV Soln 25 MG	Product removed from the formulary
TREANDA	Bendamustine HCl For IV Soln 100 MG	Product removed from the formulary
TRESIBA	Insulin Degludec Inj 100 Unit/ML	Certain generic NDCs removed from the formulary
TRESIBA FLEXTOUCH	Insulin Degludec Soln Pen-Injector 100 Unit/ML	Certain generic NDCs removed from the formulary
TRESIBA FLEXTOUCH	Insulin Degludec Soln Pen-Injector 200 Unit/ML	Certain generic NDCs removed from the formulary

Ambetter from Coordinated Care Corporation is a Qualified Health Plan issuer in the Washington Health Benefit Exchange. Coordinated Care Corporation complies with applicable Federal and Washington State civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, or sex characteristics). This is a solicitation for insurance. ©2025 Coordinated Care Corporation, AmbetterHealth.com/en/wa. For information on your right to receive an Ambetter from Coordinated Care plan free from 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.



FROM



coordinated care™

Product Name	Generic Name	Change
TYGACIL	Tigecycline For IV Soln 50 MG	Product removed from the formulary
UNASYN	Ampicillin & Sulbactam Sodium For Inj 1-0.5 GM	Product removed from the formulary
UNASYN	Ampicillin & Sulbactam Sodium For Inj 2-1 GM	Product removed from the formulary
UNASYN	Ampicillin & Sulbactam Sodium For IV Soln 10-5 GM	Product removed from the formulary
VANCOCIN	Vancomycin HCl For IV Soln 500 MG (Base Equivalent)	Product removed from the formulary
VANCOCIN	Vancomycin HCl For IV Soln 1 GM (Base Equivalent)	Product removed from the formulary
VANCOCIN	Vancomycin HCl For IV Soln 10 GM (Base Equivalent)	Product removed from the formulary
VERAPAMIL HCL	Verapamil HCl IV Soln 2.5 MG/ML	Product removed from the formulary
VICTOZA	Liraglutide Soln Pen-injector 18 MG/3ML (6 MG/ML)	Brand product removed from the formulary
VYNDAMAX	Tafamidis Cap 61 MG	Product removed from the formulary
VYNDAQEL	Tafamidis Meglumine (Cardiac) Cap 20 MG	Product removed from the formulary
XARELTO	Rivaroxaban Tab 2.5 MG	Brand product removed from the formulary
XERAHA	Eravacycline Dihydrochloride IV For Soln 50 MG (Base Equiv)	Product removed from the formulary
XERAHA	Eravacycline Dihydrochloride IV For Soln 100 MG (Base Equiv)	Product removed from the formulary
XGEVA	Denosumab Inj 120 MG/1.7ML	Product removed from the formulary
XOLAIR	Omalizumab For Inj 150 MG	Product removed from the formulary
XOLAIR	Omalizumab Subcutaneous Soln Auto-Injector 75 MG/0.5ML	Product removed from the formulary
XOLAIR	Omalizumab Subcutaneous Soln Auto-Injector 150 MG/ML	Product removed from the formulary

Ambetter from Coordinated Care Corporation is a Qualified Health Plan issuer in the Washington Health Benefit Exchange. Coordinated Care Corporation complies with applicable Federal and Washington State civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, or sex characteristics). This is a solicitation for insurance. ©2025 Coordinated Care Corporation, AmbetterHealth.com/en/wa. For information on your right to receive an Ambetter from Coordinated Care plan free from 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.



FROM



coordinated care™

Product Name	Generic Name	Change
XOLAIR	Omalizumab Subcutaneous Soln Auto-Injector 300 MG/2ML	Product removed from the formulary
XOLAIR	Omalizumab Subcutaneous Soln Prefilled Syringe 75 MG/0.5ML	Product removed from the formulary
XOLAIR	Omalizumab Subcutaneous Soln Prefilled Syringe 150 MG/ML	Product removed from the formulary
XOLAIR	Omalizumab Subcutaneous Soln Prefilled Syringe 300 MG/2ML	Product removed from the formulary
XPOVIO (100 MG ONCE WEEKLY)	Selinexor Tab Therapy Pack 50 MG (100 MG Once Weekly)	Product removed from the formulary
XPOVIO (40 MG ONCE WEEKLY)	Selinexor Tab Therapy Pack 40 MG (40 MG Once Weekly)	Product removed from the formulary
XPOVIO (40 MG TWICE WEEKLY)	Selinexor Tab Therapy Pack 40 MG (40 MG Twice Weekly)	Product removed from the formulary
XPOVIO (60 MG ONCE WEEKLY)	Selinexor Tab Therapy Pack 60 MG (60 MG Once Weekly)	Product removed from the formulary
XPOVIO (60 MG TWICE WEEKLY)	Selinexor Tab Therapy Pack 20 MG (60 MG Twice Weekly)	Product removed from the formulary
XPOVIO (80 MG ONCE WEEKLY)	Selinexor Tab Therapy Pack 40 MG (80 MG Once Weekly)	Product removed from the formulary
XPOVIO (80 MG TWICE WEEKLY)	Selinexor Tab Therapy Pack 20 MG (80 MG Twice Weekly)	Product removed from the formulary
XYLOCAINE	Lidocaine HCl Local Inj 0.5%	Product removed from the formulary
XYLOCAINE	Lidocaine HCl Local Inj 1%	Product removed from the formulary
XYLOCAINE-MPF	Lidocaine HCl Local Preservative Free (PF) Inj 0.5%	Product removed from the formulary
XYLOCAINE-MPF	Lidocaine HCl Local Preservative Free (PF) Inj 1%	Product removed from the formulary
XYLOCAINE-MPF	Lidocaine HCl Local Preservative Free (PF) Inj 2%	Product removed from the formulary
XYNTHA SOLOFUSE	Antihemophilic Factor Recombinant PAF For Inj Kit 3000 Unit	Product removed from the formulary
XYNTHA SOLOFUSE	Antihemophilic Factor Recombinant PAF For Inj Kit 250 Unit	Product removed from the formulary

Ambetter from Coordinated Care Corporation is a Qualified Health Plan issuer in the Washington Health Benefit Exchange. Coordinated Care Corporation complies with applicable Federal and Washington State civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, or sex characteristics). This is a solicitation for insurance. ©2025 Coordinated Care Corporation, AmbetterHealth.com/en/wa. For information on your right to receive an Ambetter from Coordinated Care plan free from 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.



Product Name	Generic Name	Change
XYNTHA SOLOFUSE	Antihemophilic Factor Recombinant PAF For Inj Kit 500 Unit	Product removed from the formulary
XYNTHA SOLOFUSE	Antihemophilic Factor Recombinant PAF For Inj Kit 1000 Unit	Product removed from the formulary
XYNTHA SOLOFUSE	Antihemophilic Factor Recombinant PAF For Inj Kit 2000 Unit	Product removed from the formulary
ZEJULA	Niraparib Tosylate Cap 100 MG (Base Equivalent)	Product removed from the formulary
ZITHROMAX	Azithromycin IV For Soln 500 MG	Product removed from the formulary
ZOSYN	Piperacillin Sod-Tazobactam Sod For Inj 2.25 GM (2-0.25 GM)	Product removed from the formulary
ZOSYN	Piperacillin Sod-Tazobactam Na For Inj 3.375 GM (3-0.375 GM)	Product removed from the formulary
ZOSYN	Piperacillin Sod-Tazobactam Sod For Inj 4.5 GM (4-0.5 GM)	Product removed from the formulary
ZOSYN	Piperacillin Sod-Tazobactam Sod For Inj 13.5 GM (12-1.5 GM)	Product removed from the formulary
ZOSYN	Piperacillin Sod-Tazobactam Sod For Inj 40.5 GM (36-4.5 GM)	Product removed from the formulary

Ambetter from Coordinated Care Corporation is a Qualified Health Plan issuer in the Washington Health Benefit Exchange. Coordinated Care Corporation complies with applicable Federal and Washington State civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy, sexual orientation, gender identity, or sex characteristics). This is a solicitation for insurance. ©2025 Coordinated Care Corporation, AmbetterHealth.com/en/wa. For information on your right to receive an Ambetter from Coordinated Care plan free from 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.