



## 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       |
| ADYNOVATE       | Antihemophilic Factor Recomb Pegylated For Inj 1500 Unit | Product removed from the formulary       |

Ambetter Health is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Nebraska Health Insurance Marketplace. This is a solicitation for insurance. ©2025 Celtic Insurance Company, [AmbetterHealth.com/en/ne](https://AmbetterHealth.com/en/ne). For information on your right to receive an Ambetter Health plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](https://AmbetterHealth.com) and scroll to the bottom of the page.



| Product Name | Generic Name                                                | Change                                   |
|--------------|-------------------------------------------------------------|------------------------------------------|
| 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       |
| 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       |

Ambetter Health is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Nebraska Health Insurance Marketplace. This is a solicitation for insurance. ©2025 Celtic Insurance Company, [AmbetterHealth.com/en/ne](https://AmbetterHealth.com/en/ne). For information on your right to receive an Ambetter Health plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](https://AmbetterHealth.com) and scroll to the bottom of the page.



| Product Name                 | Generic Name                                                | Change                                   |
|------------------------------|-------------------------------------------------------------|------------------------------------------|
| 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       |
| 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       |

Ambetter Health is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Nebraska Health Insurance Marketplace. This is a solicitation for insurance. ©2025 Celtic Insurance Company, [AmbetterHealth.com/en/ne](https://AmbetterHealth.com/en/ne). For information on your right to receive an Ambetter Health plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](https://AmbetterHealth.com) and scroll to the bottom of the page.



| Product Name | Generic Name                                              | Change                                   |
|--------------|-----------------------------------------------------------|------------------------------------------|
| 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       |
| 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       |

Ambetter Health is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Nebraska Health Insurance Marketplace. This is a solicitation for insurance. ©2025 Celtic Insurance Company, [AmbetterHealth.com/en/ne](https://AmbetterHealth.com/en/ne). For information on your right to receive an Ambetter Health plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](https://AmbetterHealth.com) and scroll to the bottom of the page.



| Product Name               | Generic Name                                      | Change                                   |
|----------------------------|---------------------------------------------------|------------------------------------------|
| 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                   | Benzotropine Mesylate Inj 1 MG/ML                 | Product removed from the formulary       |
| CONTRAVE                   | 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 |

Ambetter Health is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Nebraska Health Insurance Marketplace. This is a solicitation for insurance. ©2025 Celtic Insurance Company, [AmbetterHealth.com/en/ne](https://AmbetterHealth.com/en/ne). For information on your right to receive an Ambetter Health plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](https://AmbetterHealth.com) and scroll to the bottom of the page.



| Product Name                   | Generic Name                                             | Change                                   |
|--------------------------------|----------------------------------------------------------|------------------------------------------|
| 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       |
| 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       |

Ambetter Health is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Nebraska Health Insurance Marketplace. This is a solicitation for insurance. ©2025 Celtic Insurance Company, [AmbetterHealth.com/en/ne](https://AmbetterHealth.com/en/ne). For information on your right to receive an Ambetter Health plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](https://AmbetterHealth.com) and scroll to the bottom of the page.



| Product Name    | Generic Name                                                  | Change                                |
|-----------------|---------------------------------------------------------------|---------------------------------------|
| ELOCTATE        | Antihemophilic Factor (Recomb)<br>rFVIII Fc For Inj 250 Unit  | Product removed from the<br>formulary |
| ELOCTATE        | Antihemophilic Factor (Recomb)<br>rFVIII Fc For Inj 500 Unit  | Product removed from the<br>formulary |
| ELOCTATE        | Antihemophilic Factor (Recomb)<br>rFVIII Fc For Inj 750 Unit  | Product removed from the<br>formulary |
| ELOCTATE        | Antihemophilic Factor (Recomb)<br>rFVIII Fc For Inj 1000 Unit | Product removed from the<br>formulary |
| ELOCTATE        | Antihemophilic Factor (Recomb)<br>rFVIII Fc For Inj 1500 Unit | Product removed from the<br>formulary |
| ELOCTATE        | Antihemophilic Factor (Recomb)<br>rFVIII Fc For Inj 2000 Unit | Product removed from the<br>formulary |
| ELOCTATE        | Antihemophilic Factor (Recomb)<br>rFVIII Fc For Inj 3000 Unit | Product removed from the<br>formulary |
| ELOCTATE        | Antihemophilic Factor (Recomb)<br>rFVIII Fc For Inj 4000 Unit | Product removed from the<br>formulary |
| ELOCTATE        | Antihemophilic Factor (Recomb)<br>rFVIII Fc For Inj 5000 Unit | Product removed from the<br>formulary |
| ELOCTATE        | Antihemophilic Factor (Recomb)<br>rFVIII Fc For Inj 6000 Unit | Product removed from the<br>formulary |
| EMFLAZA         | Deflazacort Susp 22.75 MG/ML                                  | Product removed from the<br>formulary |
| ENSPRYNG        | Satralizumab-mwge Subcutaneous<br>Soln Pref Syringe 120 MG/ML | Product removed from the<br>formulary |
| EPOGEN, PROCRIT | Epoetin Alfa Inj 2000 Unit/ML                                 | Product removed from the<br>formulary |
| EPOGEN, PROCRIT | Epoetin Alfa Inj 3000 Unit/ML                                 | Product removed from the<br>formulary |
| EPOGEN, PROCRIT | Epoetin Alfa Inj 4000 Unit/ML                                 | Product removed from the<br>formulary |
| EPOGEN, PROCRIT | Epoetin Alfa Inj 10000 Unit/ML                                | Product removed from the<br>formulary |
| EPOGEN, PROCRIT | Epoetin Alfa Inj 20000 Unit/ML                                | Product removed from the<br>formulary |
| ERAXIS          | Anidulafungin For IV Soln 50 MG                               | Product removed from the<br>formulary |
| ERAXIS          | Anidulafungin For IV Soln 100 MG                              | Product removed from the<br>formulary |

Ambetter Health is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Nebraska Health Insurance Marketplace. This is a solicitation for insurance. ©2025 Celtic Insurance Company, [AmbetterHealth.com/en/ne](https://AmbetterHealth.com/en/ne). For information on your right to receive an Ambetter Health plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](https://AmbetterHealth.com) and scroll to the bottom of the page.



| Product Name                  | Generic Name                                                 | Change                                   |
|-------------------------------|--------------------------------------------------------------|------------------------------------------|
| 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 |
| 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       |

Ambetter Health is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Nebraska Health Insurance Marketplace. This is a solicitation for insurance. ©2025 Celtic Insurance Company, [AmbetterHealth.com/en/ne](https://AmbetterHealth.com/en/ne). For information on your right to receive an Ambetter Health plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](https://AmbetterHealth.com) and scroll to the bottom of the page.



| Product Name                  | Generic Name                                                | Change                                   |
|-------------------------------|-------------------------------------------------------------|------------------------------------------|
| 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       |
| 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       |

Ambetter Health is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Nebraska Health Insurance Marketplace. This is a solicitation for insurance. ©2025 Celtic Insurance Company, [AmbetterHealth.com/en/ne](https://AmbetterHealth.com/en/ne). For information on your right to receive an Ambetter Health plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](https://AmbetterHealth.com) and scroll to the bottom of the page.



| Product Name | Generic Name                                                 | Change                             |
|--------------|--------------------------------------------------------------|------------------------------------|
| 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 |
| 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 |

Ambetter Health is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Nebraska Health Insurance Marketplace. This is a solicitation for insurance. ©2025 Celtic Insurance Company, [AmbetterHealth.com/en/ne](https://AmbetterHealth.com/en/ne). For information on your right to receive an Ambetter Health plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](https://AmbetterHealth.com) and scroll to the bottom of the page.



| Product Name               | Generic Name                                              | Change                                   |
|----------------------------|-----------------------------------------------------------|------------------------------------------|
| 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       |
| 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       |

Ambetter Health is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Nebraska Health Insurance Marketplace. This is a solicitation for insurance. ©2025 Celtic Insurance Company, [AmbetterHealth.com/en/ne](https://AmbetterHealth.com/en/ne). For information on your right to receive an Ambetter Health plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](https://AmbetterHealth.com) and scroll to the bottom of the page.



| Product Name               | Generic Name                                                 | Change                             |
|----------------------------|--------------------------------------------------------------|------------------------------------|
| 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 |
| 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 |

Ambetter Health is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Nebraska Health Insurance Marketplace. This is a solicitation for insurance. ©2025 Celtic Insurance Company, [AmbetterHealth.com/en/ne](https://AmbetterHealth.com/en/ne). For information on your right to receive an Ambetter Health plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](https://AmbetterHealth.com) and scroll to the bottom of the page.



| Product Name              | Generic Name                                                 | Change                                          |
|---------------------------|--------------------------------------------------------------|-------------------------------------------------|
| 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 |
| 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              |
| ONCASPAR                  | 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              |

Ambetter Health is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Nebraska Health Insurance Marketplace. This is a solicitation for insurance. ©2025 Celtic Insurance Company, [AmbetterHealth.com/en/ne](https://AmbetterHealth.com/en/ne). For information on your right to receive an Ambetter Health plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](https://AmbetterHealth.com) and scroll to the bottom of the page.



| Product Name        | Generic Name                                           | Change                                   |
|---------------------|--------------------------------------------------------|------------------------------------------|
| 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       |
| 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 |

Ambetter Health is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Nebraska Health Insurance Marketplace. This is a solicitation for insurance. ©2025 Celtic Insurance Company, [AmbetterHealth.com/en/ne](https://AmbetterHealth.com/en/ne). For information on your right to receive an Ambetter Health plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](https://AmbetterHealth.com) and scroll to the bottom of the page.



| Product Name     | Generic Name                                                | Change                                          |
|------------------|-------------------------------------------------------------|-------------------------------------------------|
| 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              |
| 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              |

Ambetter Health is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Nebraska Health Insurance Marketplace. This is a solicitation for insurance. ©2025 Celtic Insurance Company, [AmbetterHealth.com/en/ne](https://AmbetterHealth.com/en/ne). For information on your right to receive an Ambetter Health plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](https://AmbetterHealth.com) and scroll to the bottom of the page.



| Product Name    | Generic Name                                      | Change                                   |
|-----------------|---------------------------------------------------|------------------------------------------|
| 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       |
| 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       |

Ambetter Health is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Nebraska Health Insurance Marketplace. This is a solicitation for insurance. ©2025 Celtic Insurance Company, [AmbetterHealth.com/en/ne](https://AmbetterHealth.com/en/ne). For information on your right to receive an Ambetter Health plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](https://AmbetterHealth.com) and scroll to the bottom of the page.



| Product Name       | Generic Name                                       | Change                                          |
|--------------------|----------------------------------------------------|-------------------------------------------------|
| 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              |
| 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 |

Ambetter Health is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Nebraska Health Insurance Marketplace. This is a solicitation for insurance. ©2025 Celtic Insurance Company, [AmbetterHealth.com/en/ne](https://AmbetterHealth.com/en/ne). For information on your right to receive an Ambetter Health plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](https://AmbetterHealth.com) and scroll to the bottom of the page.



| Product Name      | Generic Name                                                 | Change                                          |
|-------------------|--------------------------------------------------------------|-------------------------------------------------|
| TRESIBA FLEXTOUCH | Insulin Degludec Soln Pen-Injector 200 Unit/ML               | Certain generic NDCs removed from the formulary |
| 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 Health is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Nebraska Health Insurance Marketplace. This is a solicitation for insurance. ©2025 Celtic Insurance Company, [AmbetterHealth.com/en/ne](https://AmbetterHealth.com/en/ne). For information on your right to receive an Ambetter Health plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](https://AmbetterHealth.com) and scroll to the bottom of the page.



| 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 |
| XYNTHA SOLOFUSE             | Antihemophilic Factor Recombinant PAF For Inj Kit 500 Unit  | Product removed from the formulary |

Ambetter Health is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Nebraska Health Insurance Marketplace. This is a solicitation for insurance. ©2025 Celtic Insurance Company, [AmbetterHealth.com/en/ne](https://AmbetterHealth.com/en/ne). For information on your right to receive an Ambetter Health plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](https://AmbetterHealth.com) and scroll to the bottom of the page.



| Product Name    | Generic Name                                                 | Change                             |
|-----------------|--------------------------------------------------------------|------------------------------------|
| 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 Health is underwritten by Celtic Insurance Company, which is a Qualified Health Plan issuer in the Nebraska Health Insurance Marketplace. This is a solicitation for insurance. ©2025 Celtic Insurance Company, [AmbetterHealth.com/en/ne](https://AmbetterHealth.com/en/ne). For information on your right to receive an Ambetter Health plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [AmbetterHealth.com](https://AmbetterHealth.com) and scroll to the bottom of the page.