2027 Formulary Changes

The following formulary changes will take place on 1/1/2027. 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
ABRAXANE	Paclitaxel Protein-Bound Particles For IV Susp 100 MG	Product removed from the formulary
ACTHAR	Corticotropin Inj Gel 80 Unit/ML	Product removed from the formulary
ACTHAR GEL	Corticotropin Subcutaneous Gel Pen-injector 40 Unit/0.5ML	Product removed from the formulary
ACTHAR GEL	Corticotropin Subcutaneous Gel Pen-injector 80 Unit/ML	Product removed from the formulary
ADEMPAS	Riociguat Tab 0.5 MG	Product removed from the formulary
ADEMPAS	Riociguat Tab 1 MG	Product removed from the formulary
ADEMPAS	Riociguat Tab 1.5 MG	Product removed from the formulary
ADEMPAS	Riociguat Tab 2 MG	Product removed from the formulary
ADEMPAS	Riociguat Tab 2.5 MG	Product removed from the formulary
AKYNZEO	Netupitant-Palonosetron Cap 300-0.5 MG	Product removed from the formulary
AMCINONIDE	Amcinonide Oint 0.1%	Brand product removed from the formulary
AMINOCAPROIC ACID	Aminocaproic Acid Tab 500 MG	Generic product updated from tier 1 to tier 3

Ambetter Health is underwritten by Centene Venture Company Florida, which is a Qualified Health Plan issuer in the Florida Health Insurance Marketplace. This is a solicitation for insurance. © 2026 Centene Venture Company Florida, AmbetterHealth.com/en/fl. 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 and scroll to the bottom of the page.

Product Name	Generic Name	Change
AMINOCAPROIC ACID	Aminocaproic Acid Tab 1000 MG	Generic product updated from tier 1 to tier 3
ANDRODERM	Testosterone TD Patch 24HR 2 MG/24HR	Product removed from the formulary
ANDRODERM	Testosterone TD Patch 24HR 4 MG/24HR	Product removed from the formulary
ARCALYST	Rilonacept For Inj 220 MG	Product removed from the formulary
ARNUITY ELLIPTA	Fluticasone Furoate Aerosol Powder 50 MCG/ACT	Brand product removed from the formulary
ARNUITY ELLIPTA	Fluticasone Furoate Aerosol Powder 100 MCG/ACT	Brand product removed from the formulary
ARNUITY ELLIPTA	Fluticasone Furoate Aerosol Powder 200 MCG/ACT	Brand product removed from the formulary
ATROVENT HFA	Ipratropium Bromide HFA Inhal Aerosol 17 MCG/ACT	Brand product removed from the formulary
AUSTEDO	Deutetrabenazine Tab 6 MG	Product removed from the formulary
AUSTEDO	Deutetrabenazine Tab 9 MG	Product removed from the formulary
AUSTEDO	Deutetrabenazine Tab 12 MG	Product removed from the formulary
AVOPEF	Etoposide Inj 100 MG/5ML (20 MG/ML)	Product removed from the formulary
AVOPEF	Etoposide Inj 500 MG/25ML (20 MG/ML)	Product removed from the formulary
BANZEL	Rufinamide Tab 200 MG	Generic product updated from tier 1 to tier 3
BANZEL	Rufinamide Tab 400 MG	Generic product updated from tier 1 to tier 3
BANZEL	Rufinamide Susp 40 MG/ML	Generic product updated from tier 1 to tier 3
BEIZRAY,DOCETAXEL	Docetaxel For Inj Conc 20 MG/ML	Product removed from the formulary

Ambetter Health is underwritten by Centene Venture Company Florida, which is a Qualified Health Plan issuer in the Florida Health Insurance Marketplace. This is a solicitation for insurance. © 2026 Centene Venture Company Florida, AmbetterHealth.com/en/fl. 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 and scroll to the bottom of the page.

Product Name	Generic Name	Change
BELSOMRA	Suvorexant Tab 5 MG	Product removed from the formulary
BELSOMRA	Suvorexant Tab 10 MG	Product removed from the formulary
BELSOMRA	Suvorexant Tab 15 MG	Product removed from the formulary
BELSOMRA	Suvorexant Tab 20 MG	Product removed from the formulary
CABOMETYX	Cabozantinib S-Malate Tab 20 MG	Product removed from the formulary
CABOMETYX	Cabozantinib S-Malate Tab 40 MG	Product removed from the formulary
CABOMETYX	Cabozantinib S-Malate Tab 60 MG	Product removed from the formulary
CAPRELSA	Vandetanib Tab 100 MG	Product removed from the formulary
CAPRELSA	Vandetanib Tab 300 MG	Product removed from the formulary
CERDELGA	Eliglustat Tartrate Cap 84 MG	Product removed from the formulary
CIDOFOVIR	Cidofovir IV Inj 75 MG/ML	Brand product removed from the formulary
CIPROFLOXACIN IN D5W	Ciprofloxacin 200 MG/100ML in D5W	Product removed from the formulary
CLEMASTINE FUMARATE	Clemastine Fumarate Syrup 0.67 MG/5ML (0.5 MG/5ML Base Eq)	Product removed from the formulary
CLINDAGEL	Clindamycin Phosphate Gel 1% (Once-Daily)	Product removed from the formulary
COMETRIQ (100 MG DAILY DOSE)	Cabozantinib S-Mal Cap 1 X 80 MG & 1 X 20 MG (100 Dose) Kit	Product removed from the formulary
COMETRIQ (140 MG DAILY DOSE)	Cabozantinib S-Mal Cap 1 X 80 MG & 3 X 20 MG (140 Dose) Kit	Product removed from the formulary
COMETRIQ (60 MG DAILY DOSE)	Cabozantinib S-Malate Cap 3 X 20 MG (60 MG Dose) Kit	Product removed from the formulary

Ambetter Health is underwritten by Centene Venture Company Florida, which is a Qualified Health Plan issuer in the Florida Health Insurance Marketplace. This is a solicitation for insurance. © 2026 Centene Venture Company Florida, AmbetterHealth.com/en/fl. 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 and scroll to the bottom of the page.

Product Name	Generic Name	Change
CRESEMBA	Isavuconazonium Sulfate Cap 186 MG	Product removed from the formulary
CUPRIMINE	Penicillamine Cap 250 MG	Product removed from the formulary
CYCLOPHOSPHAMIDE	Cyclophosphamide For Inj 500 MG	Product removed from the formulary
CYCLOPHOSPHAMIDE	Cyclophosphamide For Inj 1 GM	Product removed from the formulary
CYCLOPHOSPHAMIDE	Cyclophosphamide For Inj 2 GM	Product removed from the formulary
DIACOMIT	Stiripentol Cap 250 MG	Product removed from the formulary
DIACOMIT	Stiripentol Cap 500 MG	Product removed from the formulary
DIACOMIT	Stiripentol Packet 250 MG	Product removed from the formulary
DIACOMIT	Stiripentol Packet 500 MG	Product removed from the formulary
DIFICID	Fidaxomicin Tab 200 MG	Brand product removed from the formulary
ELAPRASE	Idursulfase Soln for IV Infusion 6 MG/3ML (2 MG/ML)	Product removed from the formulary
ELMIRON	Pentosan Polysulfate Sodium Caps 100 MG	Product updated from tier 2 to tier 3
EMFLAZA	Deflazacort Tab 6 MG	Product removed from the formulary
EMFLAZA	Deflazacort Tab 18 MG	Product removed from the formulary
EMFLAZA	Deflazacort Tab 30 MG	Product removed from the formulary
EMFLAZA	Deflazacort Tab 36 MG	Product removed from the formulary
EPIDIOLEX	Cannabidiol Soln 100 MG/ML	Product removed from the formulary

Ambetter Health is underwritten by Centene Venture Company Florida, which is a Qualified Health Plan issuer in the Florida Health Insurance Marketplace. This is a solicitation for insurance. © 2026 Centene Venture Company Florida, AmbetterHealth.com/en/fl. 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 and scroll to the bottom of the page.

Product Name	Generic Name	Change
ERBITUX	Cetuximab IV Soln 100 MG/50ML (2 MG/ML)	Product removed from the formulary
ERBITUX	Cetuximab IV Soln 200 MG/100ML (2 MG/ML)	Product removed from the formulary
ERIVEDGE	Vismodegib Cap 150 MG	Product removed from the formulary
ETOPOPHOS	Etoposide Phosphate IV For Inj 100 MG	Product removed from the formulary
ETOPOSIDE	Etoposide Inj 1 GM/50ML (20 MG/ML)	Product removed from the formulary
FARXIGA	Dapagliflozin Tab 5 MG	Brand product removed from the formulary
FARXIGA	Dapagliflozin Tab 10 MG	Brand product removed from the formulary
FENSOLVI (6 MONTH)	Leuprolide Acet (6 Month) For Inj Pediatric Kit 45 MG	Product removed from the formulary
FIRMAGON	Degarelix Acetate For Inj 80 MG	Product removed from the formulary
FIRMAGON (240 MG DOSE)	Degarelix Acetate For Inj 120 MG/VIAL (240 MG Dose)	Product removed from the formulary
FLUOROURACIL	Fluorouracil IV Soln 500 MG/10ML (50 MG/ML)	Product removed from the formulary
FOSRENOL	Lanthanum Carbonate Chew Tab 500 MG	Generic product updated from tier 1 to tier 3
FOSRENOL	Lanthanum Carbonate Chew Tab 750 MG (Elemental)	Generic product updated from tier 1 to tier 3
FOSRENOL	Lanthanum Carbonate Chew Tab 1000 MG (Elemental)	Generic product updated from tier 1 to tier 3
FUZEON	Enfuvirtide For Inj 90 MG	Quantity limit of 2 per day added
GEMCITABINE HCL	Gemcitabine HCl For Inj 200 MG	Product removed from the formulary
GEMCITABINE HCL	Gemcitabine HCl For Inj 2 GM	Product removed from the formulary
GILOTRIF	Afatinib Dimaleate Tab 20 MG	Product removed from the formulary

Ambetter Health is underwritten by Centene Venture Company Florida, which is a Qualified Health Plan issuer in the Florida Health Insurance Marketplace. This is a solicitation for insurance. © 2026 Centene Venture Company Florida, AmbetterHealth.com/en/fl. 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 and scroll to the bottom of the page.

Product Name	Generic Name	Change
GILOTRIF	Afatinib Dimaleate Tab 30 MG	Product removed from the formulary
GILOTRIF	Afatinib Dimaleate Tab 40 MG	Product removed from the formulary
GLEOSTINE	Lomustine Cap 10 MG	Brand product removed from the formulary
GLEOSTINE	Lomustine Cap 40 MG	Brand product removed from the formulary
GLEOSTINE	Lomustine Cap 100 MG	Brand product removed from the formulary
HEMANGEOL	Propranolol HCl Oral Soln 4.28 MG/ML (3.75 MG/ML Base Equiv)	Product removed from the formulary
HUMATROPE	Somatropin For Inj Cartridge 6 MG (18 Unit)	Product removed from the formulary
HUMATROPE	Somatropin For Inj Cartridge 12 MG (36 Unit)	Product removed from the formulary
HUMATROPE	Somatropin For Inj Cartridge 24 MG	Product removed from the formulary
HYQVIA	Immun Glob Inj 2.5 GM/25ML-Hyaluron Inj 200 Unt/1.25 ML Kit	Product removed from the formulary
HYQVIA	Immun Glob Inj 5 GM/50ML-Hyaluron Inj 400 Unt/2.5 ML Kit	Product removed from the formulary
HYQVIA	Immun Glob Inj 10 GM/100ML-Hyaluron Inj 800 Unt/5 ML Kit	Product removed from the formulary
HYQVIA	Immun Glob Inj 20 GM/200ML-Hyaluron Inj 1600 Unt/10 ML Kit	Product removed from the formulary
HYQVIA	Immun Glob Inj 30 GM/300ML-Hyaluron Inj 2400 Unt/15 ML Kit	Product removed from the formulary
IBRANCE	Palbociclib Cap 100 MG	Product removed from the formulary
IBRANCE	Palbociclib Cap 125 MG	Product removed from the formulary
IBRANCE	Palbociclib Tab 75 MG	Product removed from the formulary

Ambetter Health is underwritten by Centene Venture Company Florida, which is a Qualified Health Plan issuer in the Florida Health Insurance Marketplace. This is a solicitation for insurance. © 2026 Centene Venture Company Florida, AmbetterHealth.com/en/fl. 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 and scroll to the bottom of the page.

Product Name	Generic Name	Change
IBRANCE	Palbociclib Tab 100 MG	Product removed from the formulary
IBRANCE	Palbociclib Tab 125 MG	Product removed from the formulary
ICLUSIG	Ponatinib HCl Tab 10 MG	Product removed from the formulary
ICLUSIG	Ponatinib HCl Tab 15 MG	Product removed from the formulary
ICLUSIG	Ponatinib HCl Tab 30 MG	Product removed from the formulary
ICLUSIG	Ponatinib HCl Tab 45 MG	Product removed from the formulary
IFEX	Ifosfamide For Inj 1 GM	Product removed from the formulary
IFOSFAMIDE	Ifosfamide IV Inj 1 GM/20ML (50 MG/ML)	Product removed from the formulary
INLYTA	Axitinib Tab 1 MG	Product removed from the formulary
INLYTA	Axitinib Tab 5 MG	Product removed from the formulary
ISTODAX	Romidepsin For IV Inj 10 MG	Product removed from the formulary
JANUMET	Sitagliptin Phosphate-Metformin HCl Tab 50-500 MG	Brand product removed from the formulary
JANUMET	Sitagliptin Phosphate-Metformin HCl Tab 50-1000 MG	Brand product removed from the formulary
JANUMET XR	Sitagliptin Phosphate-Metformin HCl Tab ER 24HR 50-500 MG	Brand product removed from the formulary
JANUMET XR	Sitagliptin Phosphate-Metformin HCl Tab ER 24HR 50-1000 MG	Brand product removed from the formulary
JANUMET XR	Sitagliptin Phosphate-Metformin HCl Tab ER 24HR 100-1000 MG	Brand product removed from the formulary
JANUVIA	Sitagliptin Phosphate Tab 25 MG	Brand product removed from the formulary

Ambetter Health is underwritten by Centene Venture Company Florida, which is a Qualified Health Plan issuer in the Florida Health Insurance Marketplace. This is a solicitation for insurance. © 2026 Centene Venture Company Florida, AmbetterHealth.com/en/fl. 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 and scroll to the bottom of the page.

Product Name	Generic Name	Change
JANUVIA	Sitagliptin Phosphate Tab 50 MG	Brand product removed from the formulary
JANUVIA	Sitagliptin Phosphate Tab 100 MG	Brand product removed from the formulary
KANJINTI	Trastuzumab-anns For IV Soln 150 MG	Product removed from the formulary
KANJINTI	Trastuzumab-anns For IV Soln 420 MG	Product removed from the formulary
KISQALI (200 MG DOSE)	Ribociclib Succinate Tab Pack 200 MG Daily Dose	Product removed from the formulary
KISQALI (400 MG DOSE)	Ribociclib Succinate Tab Pack 400 MG Daily Dose (200 MG Tab)	Product removed from the formulary
KISQALI (600 MG DOSE)	Ribociclib Succinate Tab Pack 600 MG Daily Dose (200 MG Tab)	Product removed from the formulary
KYPROLIS	Carfilzomib For Inj 10 MG	Product removed from the formulary
KYPROLIS	Carfilzomib For Inj 30 MG	Product removed from the formulary
KYPROLIS	Carfilzomib For Inj 60 MG	Product removed from the formulary
LANOXIN	Digoxin Tab 62.5 MCG (0.0625 MG)	Brand product removed from the formulary
LANOXIN	Digoxin Tab 0.125 MG	Brand product removed from the formulary
LASTACAFT	Alcaftadine Ophth Soln 0.25%	Product removed from the formulary
LODOSYN	Carbidopa Tab 25 MG	Generic product updated from tier 1 to tier 3
LORBRENA	Lorlatinib Tab 25 MG	Product removed from the formulary
LORBRENA	Lorlatinib Tab 100 MG	Product removed from the formulary
LUMAKRAS	Sotorasib Tab 120 MG	Product removed from the formulary

Ambetter Health is underwritten by Centene Venture Company Florida, which is a Qualified Health Plan issuer in the Florida Health Insurance Marketplace. This is a solicitation for insurance. © 2026 Centene Venture Company Florida, AmbetterHealth.com/en/fl. 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 and scroll to the bottom of the page.

Product Name	Generic Name	Change
LUMAKRAS	Sotorasib Tab 240 MG	Product removed from the formulary
LUMAKRAS	Sotorasib Tab 320 MG	Product removed from the formulary
LUPRON DEPOT (1-MONTH)	Leuprolide Acetate For Inj Kit 3.75 MG	Product removed from the formulary
LUPRON DEPOT (1-MONTH)	Leuprolide Acetate For Inj Kit 7.5 MG	Product removed from the formulary
LUPRON DEPOT (3-MONTH)	Leuprolide Acetate (3 Month) For Inj Kit 11.25 MG	Product removed from the formulary
LUPRON DEPOT (3-MONTH)	Leuprolide Acetate (3 Month) For Inj Kit 22.5 MG	Product removed from the formulary
LUPRON DEPOT (4-MONTH)	Leuprolide Acetate (4 Month) For Inj Kit 30 MG	Product removed from the formulary
LUPRON DEPOT (6-MONTH)	Leuprolide Acetate (6 Month) For Inj Kit 45 MG	Product removed from the formulary
LYRICA CR	Pregabalin Tab ER 24HR 82.5 MG	Product removed from the formulary
LYRICA CR	Pregabalin Tab ER 24HR 165 MG	Product removed from the formulary
LYRICA CR	Pregabalin Tab ER 24HR 330 MG	Product removed from the formulary
MECLOFENAMATE SODIUM	Meclofenamate Sodium Cap 50 MG	Product removed from the formulary
MECLOFENAMATE SODIUM	Meclofenamate Sodium Cap 100 MG	Product removed from the formulary
MEFENAMIC ACID	Mefenamic Acid Cap 250 MG	Product removed from the formulary
MEKINIST	Trametinib Dimethyl Sulfoxide Tab 0.5 MG	Product removed from the formulary
MEKINIST	Trametinib Dimethyl Sulfoxide Tab 2 MG	Product removed from the formulary
METAXALONE	Metaxalone Tab 800 MG	Product updated from tier 2 to tier 3

Ambetter Health is underwritten by Centene Venture Company Florida, which is a Qualified Health Plan issuer in the Florida Health Insurance Marketplace. This is a solicitation for insurance. © 2026 Centene Venture Company Florida, AmbetterHealth.com/en/fl. 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 and scroll to the bottom of the page.

Product Name	Generic Name	Change
MVASI	Bevacizumab-awwb IV Soln 100 MG/4ML	Product removed from the formulary
MVASI	Bevacizumab-awwb IV Soln 400 MG/16ML	Product removed from the formulary
MYLERAN	Busulfan Tab 2 MG	Product removed from the formulary
NAPROSYN	Naproxen Susp 125 MG/5ML	Product removed from the formulary
NAYZILAM	Midazolam Nasal Spray Soln 5 MG/0.1 ML	Product updated from tier 3 to tier 4
NEVANAC	Nepafenac Ophth Susp 0.1%	Product removed from the formulary
NILANDRON,NILUTAMIDE	Nilutamide Tab 150 MG	Generic product updated from tier 1 to tier 4 and prior authorization requirement added
NIPENT	Pentostatin For Inj 10 MG	Brand product removed from the formulary
NUEDEXTA	Dextromethorphan HBr-Quinidine Sulfate Cap 20-10 MG	Product removed from the formulary
NYVEPRIA	Pegfilgrastim-apgf Soln Prefilled Syringe 6 MG/0.6ML	Product removed from the formulary
ODOMZO	Sonidegib Phosphate Cap 200 MG	Product removed from the formulary
OFEV	Nintedanib Esylate Cap 100 MG	Brand product removed from the formulary
OFEV	Nintedanib Esylate Cap 150 MG	Brand product removed from the formulary
OGIVRI	Trastuzumab-dkst For IV Soln 150 MG	Product removed from the formulary
OGIVRI	Trastuzumab-dkst For IV Soln 420 MG	Product removed from the formulary
ORENITRAM	Treprostinil Diolamine Tab CR 0.125 MG	Product removed from the formulary
ORENITRAM	Treprostinil Diolamine Tab CR 0.25 MG	Product removed from the formulary

Ambetter Health is underwritten by Centene Venture Company Florida, which is a Qualified Health Plan issuer in the Florida Health Insurance Marketplace. This is a solicitation for insurance. © 2026 Centene Venture Company Florida, AmbetterHealth.com/en/fl. 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 and scroll to the bottom of the page.

Product Name	Generic Name	Change
ORENITRAM	Treprostinil Diolamine Tab CR 1 MG	Product removed from the formulary
ORENITRAM	Treprostinil Diolamine Tab CR 2.5 MG	Product removed from the formulary
ORENITRAM	Treprostinil Diolamine Tab CR 5 MG	Product removed from the formulary
ORFADIN	Nitisinone Cap 2 MG	Product removed from the formulary
ORFADIN	Nitisinone Cap 5 MG	Product removed from the formulary
ORFADIN	Nitisinone Cap 10 MG	Product removed from the formulary
ORFADIN	Nitisinone Cap 20 MG	Product removed from the formulary
ORGOVYX	Relugolix Tab 120 MG	Product removed from the formulary
ORILISSA	Elagolix Sodium Tab 150 MG	Product removed from the formulary
ORILISSA	Elagolix Sodium Tab 200 MG	Product removed from the formulary
ORKAMBI	Lumacaftor-Ivacaftor Tab 100-125 MG	Product removed from the formulary
ORKAMBI	Lumacaftor-Ivacaftor Tab 200-125 MG	Product removed from the formulary
ORKAMBI	Lumacaftor-Ivacaftor Granules Packet 75-94 MG	Product removed from the formulary
ORKAMBI	Lumacaftor-Ivacaftor Granules Packet 100-125 MG	Product removed from the formulary
ORKAMBI	Lumacaftor-Ivacaftor Granules Packet 150-188 MG	Product removed from the formulary
ORLADEYO	Berotralstat HCl Cap 110 MG	Product removed from the formulary
ORLADEYO	Berotralstat HCl Cap 150 MG	Product removed from the formulary

Ambetter Health is underwritten by Centene Venture Company Florida, which is a Qualified Health Plan issuer in the Florida Health Insurance Marketplace. This is a solicitation for insurance. © 2026 Centene Venture Company Florida, AmbetterHealth.com/en/fl. 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 and scroll to the bottom of the page.

Product Name	Generic Name	Change
OXALIPLATIN	Oxaliplatin IV Soln 50 MG/10ML	Product removed from the formulary
OXALIPLATIN	Oxaliplatin IV Soln 100 MG/20ML	Product removed from the formulary
PACLITAXEL	Paclitaxel IV Conc 100 MG/16.7ML (6 MG/ML)	Product removed from the formulary
PACLITAXEL	Paclitaxel IV Conc 150 MG/25ML (6 MG/ML)	Product removed from the formulary
PERSERIS	Risperidone Subcutaneous For ER Susp Prefilled Syr 90 MG	Product removed from the formulary
PERSERIS	Risperidone Subcutaneous For ER Susp Prefilled Syr 120 MG	Product removed from the formulary
PIQRAY (200 MG DAILY DOSE)	Alpelisib Tab Therapy Pack 200 MG Daily Dose	Product removed from the formulary
PIQRAY (250 MG DAILY DOSE)	Alpelisib Tab Pack 250 MG Daily Dose (200 MG & 50 MG Tabs)	Product removed from the formulary
PIQRAY (300 MG DAILY DOSE)	Alpelisib Tab Pack 300 MG Daily Dose (2x150 MG Tab)	Product removed from the formulary
POMALYST	Pomalidomide Cap 1 MG	Brand product removed from the formulary
POMALYST	Pomalidomide Cap 2 MG	Brand product removed from the formulary
POMALYST	Pomalidomide Cap 3 MG	Brand product removed from the formulary
POMALYST	Pomalidomide Cap 4 MG	Brand product removed from the formulary
PREDNISOLONE SODIUM PHOSPHATE	Prednisolone Sodium Phosphate Ophth Soln 1%	Brand product removed from the formulary
PREMARIN	Estrogens, Conjugated Tab 0.3 MG	Brand product removed from the formulary
PREMARIN	Estrogens, Conjugated Tab 0.45 MG	Brand product removed from the formulary
PREMARIN	Estrogens, Conjugated Tab 0.625 MG	Brand product removed from the formulary

Ambetter Health is underwritten by Centene Venture Company Florida, which is a Qualified Health Plan issuer in the Florida Health Insurance Marketplace. This is a solicitation for insurance. © 2026 Centene Venture Company Florida, AmbetterHealth.com/en/fl. 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 and scroll to the bottom of the page.

Product Name	Generic Name	Change
PREMARIN	Estrogens, Conjugated Tab 0.9 MG	Brand product removed from the formulary
PREMARIN	Estrogens, Conjugated Tab 1.25 MG	Brand product removed from the formulary
PROGRAF	Tacrolimus Packet For Susp 0.2 MG	Product removed from the formulary
PROGRAF	Tacrolimus Packet For Susp 1 MG	Product removed from the formulary
PROLASTIN-C	Alpha1-Proteinase Inhibitor (Human) Inj 1000 MG/20ML	Product removed from the formulary
PROMACTA	Eltrombopag Olamine Tab 50 MG	Quantity limit updated from 2 per day to 1 per day
PROMACTA	Eltrombopag Olamine Tab 75 MG	Quantity limit updated from 2 per day to 1 per day
PULMICORT FLEXHALER	Budesonide Inhal Aero Powd 90 MCG/ACT	Quantity limit added
PULMICORT FLEXHALER	Budesonide Inhal Aero Powd 180 MCG/ACT	Quantity limit added
QVAR REDIHALER	Beclomethasone Diprop HFA Inh Aer 40 MCG/ACT	Quantity limit added
QVAR REDIHALER	Beclomethasone Diprop HFA Inh Aer 80 MCG/ACT	Quantity limit added
RETROVIR	Zidovudine IV Soln 10 MG/ML	Quantity limit of 60 per day added
ROZLYTREK	Entrectinib Cap 100 MG	Product removed from the formulary
ROZLYTREK	Entrectinib Cap 200 MG	Product removed from the formulary
RUBRACA	Rucaparib Camsylate Tab 200 MG	Product removed from the formulary
RUBRACA	Rucaparib Camsylate Tab 250 MG	Product removed from the formulary
RUBRACA	Rucaparib Camsylate Tab 300 MG	Product removed from the formulary
SAVELLA	Milnacipran HCl Tab 12.5 MG	Brand product removed from the formulary

Ambetter Health is underwritten by Centene Venture Company Florida, which is a Qualified Health Plan issuer in the Florida Health Insurance Marketplace. This is a solicitation for insurance. © 2026 Centene Venture Company Florida, AmbetterHealth.com/en/fl. 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 and scroll to the bottom of the page.

Product Name	Generic Name	Change
SAVELLA	Milnacipran HCl Tab 25 MG	Brand product removed from the formulary
SAVELLA	Milnacipran HCl Tab 50 MG	Brand product removed from the formulary
SAVELLA	Milnacipran HCl Tab 100 MG	Brand product removed from the formulary
SAVELLA TITRATION PACK	Milnacipran HCl Tab 12.5 MG (5) & 25 MG (8) & 50 MG (42) Pak	Brand product removed from the formulary
SCEMBLIX	Asciminib HCl Tab 20 MG	Product removed from the formulary
SCEMBLIX	Asciminib HCl Tab 40 MG	Product removed from the formulary
SCEMBLIX	Asciminib HCl Tab 100 MG	Product removed from the formulary
SIGNIFOR	Pasireotide Diaspartate Inj 0.3 MG/ML	Product removed from the formulary
SIGNIFOR	Pasireotide Diaspartate Inj 0.6 MG/ML	Product removed from the formulary
SIGNIFOR	Pasireotide Diaspartate Inj 0.9 MG/ML	Product removed from the formulary
SILENOR	Doxepin HCl (Sleep) Tab 3 MG	Generic product updated from tier 1 to tier 3
SILENOR	Doxepin HCl (Sleep) Tab 6 MG	Generic product updated from tier 1 to tier 3
SIMPONI ARIA	Golimumab IV Soln 50 MG/4ML	Product removed from the formulary
SKYRIZI	Risankizumab-rzaa Soln Prefilled Syringe 55 MG/0.37ML	Quantity limit updated
STELARA	Ustekinumab IV Soln 130 MG/26ML (5 MG/ML)	Product removed from the formulary
STELARA	Ustekinumab Inj 45 MG/0.5ML	Product removed from the formulary
STELARA	Ustekinumab Soln Prefilled Syringe 45 MG/0.5ML	Product removed from the formulary

Ambetter Health is underwritten by Centene Venture Company Florida, which is a Qualified Health Plan issuer in the Florida Health Insurance Marketplace. This is a solicitation for insurance. © 2026 Centene Venture Company Florida, AmbetterHealth.com/en/fl. 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 and scroll to the bottom of the page.

Product Name	Generic Name	Change
STELARA	Ustekinumab Soln Prefilled Syringe 90 MG/ML	Product removed from the formulary
STIOLTO RESPIMAT	Tiotropium Br-Olodaterol Inhal Aero Soln 2.5-2.5 MCG/ACT	Quantity limit added
SYNAREL	Nafarelin Acetate Nasal Soln 2 MG/ML	Product removed from the formulary
TABLOID	Thioguanine Tab 40 MG	Product removed from the formulary
TAFINLAR	Dabrafenib Mesylate Cap 50 MG	Product removed from the formulary
TAFINLAR	Dabrafenib Mesylate Cap 75 MG	Product removed from the formulary
TAGRISSO	Osimertinib Mesylate Tab 40 MG	Product removed from the formulary
TAGRISSO	Osimertinib Mesylate Tab 80 MG	Product removed from the formulary
TAKHZYRO	Lanadelumab-flyo Inj 300 MG/2ML (150 MG/ML)	Product removed from the formulary
TAKHZYRO	Lanadelumab-flyo Soln Pref Syringe 150 MG/ML	Product removed from the formulary
TAKHZYRO	Lanadelumab-flyo Soln Pref Syringe 300 MG/2ML (150 MG/ML)	Product removed from the formulary
TALZENNA	Talazoparib Tosylate Cap 0.1 MG	Product removed from the formulary
TALZENNA	Talazoparib Tosylate Cap 0.25 MG	Product removed from the formulary
TALZENNA	Talazoparib Tosylate Cap 0.35 MG	Product removed from the formulary
TALZENNA	Talazoparib Tosylate Cap 0.5 MG	Product removed from the formulary
TALZENNA	Talazoparib Tosylate Cap 0.75 MG	Product removed from the formulary
TALZENNA	Talazoparib Tosylate Cap 1 MG	Product removed from the formulary

Ambetter Health is underwritten by Centene Venture Company Florida, which is a Qualified Health Plan issuer in the Florida Health Insurance Marketplace. This is a solicitation for insurance. © 2026 Centene Venture Company Florida, AmbetterHealth.com/en/fl. 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 and scroll to the bottom of the page.

Product Name	Generic Name	Change
TAZVERIK	Tazemetostat HBr Tab 200 MG	Product removed from the formulary
TEGRETOL	Carbamazepine Tab 200 MG	Brand product removed from the formulary
TEGRETOL	Carbamazepine Susp 100 MG/5ML	Brand product removed from the formulary
TIVICAY PD	Dolutegravir Sodium Tab for Oral Susp 5 MG	Quantity limit of 6 per day added
TRACLEER	Bosentan Tab For Oral Susp 32 MG	Brand product removed from the formulary
TRAZIMERA	Trastuzumab-qyyp For IV Soln 150 MG	Product removed from the formulary
TRAZIMERA	Trastuzumab-qyyp For IV Soln 420 MG	Product removed from the formulary
TRELSTAR MIXJECT	Triptorelin Pamoate For IM Susp 3.75 MG	Product removed from the formulary
TRELSTAR MIXJECT	Triptorelin Pamoate For IM Susp 11.25 MG	Product removed from the formulary
TRELSTAR MIXJECT	Triptorelin Pamoate For IM Susp 22.5 MG	Product removed from the formulary
TRIKAFTA	Elexacaf-Tezacaf-Ivacaf 50-25-37.5 MG & Ivacaftor 75 MG TBPK	Product removed from the formulary
TRIKAFTA	Elexacaf-Tezacaf-Ivacaf 100-50-75 MG &Ivacaftor 150 MG TBPK	Product removed from the formulary
TRIUMEQ PD	Abacavir-Dolutegravir-Lamivudine Tab for Oral Sus 60-5-30 MG	Quantity limit of 6 per day added
TUKYSA	Tucatinib Tab 50 MG	Product removed from the formulary
TUKYSA	Tucatinib Tab 150 MG	Product removed from the formulary
TYVASO	Treprostinil Inhalation Solution 0.6 MG/ML	Product removed from the formulary
UPTRAVI	Selexipag Tab 100 MCG	Product removed from the formulary

Ambetter Health is underwritten by Centene Venture Company Florida, which is a Qualified Health Plan issuer in the Florida Health Insurance Marketplace. This is a solicitation for insurance. © 2026 Centene Venture Company Florida, AmbetterHealth.com/en/fl. 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 and scroll to the bottom of the page.

Product Name	Generic Name	Change
UPTRAVI	Selexipag Tab 150 MCG	Product removed from the formulary
UPTRAVI	Selexipag Tab 200 MCG	Product removed from the formulary
UPTRAVI	Selexipag Tab 400 MCG	Product removed from the formulary
UPTRAVI	Selexipag Tab 600 MCG	Product removed from the formulary
UPTRAVI	Selexipag Tab 800 MCG	Product removed from the formulary
UPTRAVI	Selexipag Tab 1000 MCG	Product removed from the formulary
UPTRAVI	Selexipag Tab 1200 MCG	Product removed from the formulary
UPTRAVI	Selexipag Tab 1400 MCG	Product removed from the formulary
UPTRAVI	Selexipag Tab 1600 MCG	Product removed from the formulary
UPTRAVI TITRATION	Selexipag Tab Therapy Pack 200 MCG (140) & 800 MCG (60)	Product removed from the formulary
VABRINTY	Leuprolide Acetate For Subcutaneous Inj Kit 7.5 MG	Brand product removed from the formulary
VABRINTY	Leuprolide Acetate (3 Month) For Subcutaneous Inj Kit 22.5MG	Brand product removed from the formulary
VABRINTY	Leuprolide Acetate (4 Month) For Subcutaneous Inj Kit 30 MG	Brand product removed from the formulary
VABRINTY	Leuprolide Acetate (6 Month) For Subcutaneous Inj Kit 45 MG	Brand product removed from the formulary
VECTIBIX	Panitumumab IV Soln 100 MG/5ML	Product removed from the formulary
VECTIBIX	Panitumumab IV Soln 400 MG/20ML	Product removed from the formulary
VELCADE	Bortezomib For Inj 3.5 MG	Product removed from the formulary

Ambetter Health is underwritten by Centene Venture Company Florida, which is a Qualified Health Plan issuer in the Florida Health Insurance Marketplace. This is a solicitation for insurance. © 2026 Centene Venture Company Florida, AmbetterHealth.com/en/fl. 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 and scroll to the bottom of the page.

Product Name	Generic Name	Change
VEREGEN	Sinecatechins Oint 15%	Product removed from the formulary
VINCRISTINE SULFATE	Vincristine Sulfate IV Soln 1 MG/ML	Product removed from the formulary
VIREAD	Tenofovir Disoproxil Fumarate Tab 300 MG	Quantity limit of 1 per day added
VITRAKVI	Larotrectinib Sulfate Cap 25 MG	Product removed from the formulary
VITRAKVI	Larotrectinib Sulfate Cap 100 MG	Product removed from the formulary
VITRAKVI	Larotrectinib Sulfate Oral Soln 20 MG/ML	Product removed from the formulary
VIZIMPRO	Dacomitinib Tab 15 MG	Product removed from the formulary
VIZIMPRO	Dacomitinib Tab 30 MG	Product removed from the formulary
VIZIMPRO	Dacomitinib Tab 45 MG	Product removed from the formulary
XALKORI	Crizotinib Cap 200 MG	Product removed from the formulary
XALKORI	Crizotinib Cap 250 MG	Product removed from the formulary
XARELTO	Rivaroxaban For Susp 1 MG/ML	Brand product removed from the formulary
XEOMIN	IncobotulinumtoxinA For Inj 50 Unit	Product removed from the formulary
XEOMIN	IncobotulinumtoxinA For Inj 100 Unit	Product removed from the formulary
XEOMIN	IncobotulinumtoxinA For IM Inj 200 Unit	Product removed from the formulary
XIGDUO XR	Dapagliflozin Free Bas-Metformin HCl Tab ER 24HR 2.5-1000 MG	Product removed from the formulary
XIGDUO XR	Dapagliflozin Free Base-Metformin HCl Tab ER 24HR 5-500 MG	Brand product removed from the formulary

Ambetter Health is underwritten by Centene Venture Company Florida, which is a Qualified Health Plan issuer in the Florida Health Insurance Marketplace. This is a solicitation for insurance. © 2026 Centene Venture Company Florida, AmbetterHealth.com/en/fl. 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 and scroll to the bottom of the page.

Product Name	Generic Name	Change
XIGDUO XR	Dapagliflozin Free Base-Metformin HCl Tab ER 24HR 5-1000 MG	Brand product removed from the formulary
XIGDUO XR	Dapagliflozin Free Base-Metformin HCl Tab ER 24HR 10-500 MG	Brand product removed from the formulary
XIGDUO XR	Dapagliflozin Free Base-Metformin HCl Tab ER 24HR 10-1000 MG	Brand product removed from the formulary
XOSPATA	Gilteritinib Fumarate Tablet 40 MG	Product removed from the formulary
YERVOY	Ipilimumab Soln for IV Infusion 50 MG/10ML (5 MG/ML)	Product removed from the formulary
YERVOY	Ipilimumab Soln for IV Infusion 200 MG/40ML (5 MG/ML)	Product removed from the formulary
YONSA	Abiraterone Acetate Micronized Tab 125 MG	Product removed from the formulary
ZARONTIN	Ethosuximide Cap 250 MG	Brand product removed from the formulary
ZAVESCA	Miglustat Cap 100 MG	Product removed from the formulary
ZEJULA	Niraparib Tosylate Tab 100 MG	Product removed from the formulary
ZEJULA	Niraparib Tosylate Tab 200 MG	Product removed from the formulary
ZEJULA	Niraparib Tosylate Tab 300 MG	Product removed from the formulary
ZENZEDI	Dextroamphetamine Sulfate Tab 2.5 MG	Brand product removed from the formulary
ZENZEDI	Dextroamphetamine Sulfate Tab 5 MG	Brand product removed from the formulary
ZENZEDI	Dextroamphetamine Sulfate Tab 7.5 MG	Brand product removed from the formulary
ZENZEDI	Dextroamphetamine Sulfate Tab 10 MG	Brand product removed from the formulary

Ambetter Health is underwritten by Centene Venture Company Florida, which is a Qualified Health Plan issuer in the Florida Health Insurance Marketplace. This is a solicitation for insurance. © 2026 Centene Venture Company Florida, AmbetterHealth.com/en/fl. 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 and scroll to the bottom of the page.

Product Name	Generic Name	Change
ZENZEDI	Dextroamphetamine Sulfate Tab 15 MG	Brand product removed from the formulary
ZENZEDI	Dextroamphetamine Sulfate Tab 20 MG	Brand product removed from the formulary
ZENZEDI	Dextroamphetamine Sulfate Tab 30 MG	Brand product removed from the formulary
ZIRABEV	Bevacizumab-bvzr IV Soln 100 MG/4ML	Product removed from the formulary
ZIRABEV	Bevacizumab-bvzr IV Soln 400 MG/16ML	Product removed from the formulary
ZOLADEX	Goserelin Acetate Implant 3.6 MG	Product removed from the formulary
ZOLADEX	Goserelin Acetate Implant 10.8 MG	Product removed from the formulary
ZOVIRAX	Acyclovir Cream 5%	Product removed from the formulary

Ambetter Health is underwritten by Centene Venture Company Florida, which is a Qualified Health Plan issuer in the Florida Health Insurance Marketplace. This is a solicitation for insurance. © 2026 Centene Venture Company Florida, AmbetterHealth.com/en/fl. 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 and scroll to the bottom of the page.