

OHP 2025 FUTURE FORMULARY CHANGES (UPDATED 7-16-2025)

CMS FORMULARY ID	EFFECTIVE DATE	DRUG NAME	REASON DESCRIPTION	ALTERNATE DRUGS	TIER
25240	8/1/2025	JYNARQUE 15 MG-15 MG TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOLVAPTAN 15 MG-15MG ORAL	5
25240	8/1/2025	JYNARQUE 30 MG-15 MG TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOLVAPTAN 30 MG-15MG ORAL	5
25240	8/1/2025	JYNARQUE 45 MG-15 MG TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOLVAPTAN 45 MG-15MG ORAL	5
25240	8/1/2025	JYNARQUE 60 MG-30 MG TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOLVAPTAN 60 MG-30MG ORAL	5
25240	8/1/2025	JYNARQUE 90 MG-30 MG TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TOLVAPTAN 90 MG-30MG ORAL	5

Ochsner Health Plan is a Medicare Advantage HMO and HMO D-SNP plan with a Medicare contract. Dual Special Needs Plans also have a contract with the State Medicaid Program. Enrollment in the plan depends on contract renewal.

H9763_FORMUCHGE_2025_C

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25240	8/1/2025	APTiom 200 MG TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ESLICARBAZEPINE ACETATE 200 MG ORAL	5
25240	8/1/2025	APTiom 400 MG TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ESLICARBAZEPINE ACETATE 400 MG ORAL	5
25240	8/1/2025	APTiom 600 MG TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ESLICARBAZEPINE ACETATE 600 MG ORAL	5
25240	8/1/2025	APTiom 800 MG TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ESLICARBAZEPINE ACETATE 800 MG ORAL	5

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25240	6/1/2025	PURIXAN 20 MG/ML ORAL ORAL SUSP	BRAND DELETION, ADD FRF GENERIC	MERCAPTOPURINE 20 MG/ML ORAL ORAL SUSP-5	5
25240	4/1/2025	MESNEX 400 MG TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	MESNA 400 MG ORAL	5
25240	4/1/2025	TRUSELTIQ 125 MG DAILY DOSE PK	NO LONGER FDA APPROVED		
25240	4/1/2025	TRUSELTIQ 100 MG DAILY DOSE PK	NO LONGER FDA APPROVED		
25240	4/1/2025	TRUSELTIQ 75 MG DAILY DOSE PK	NO LONGER FDA APPROVED		
25240	4/1/2025	TRUSELTIQ 50 MG DAILY DOSE PK	NO LONGER FDA APPROVED		

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25240	2/1/2025	SPRYCEL 100 MG ORAL TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DASATINIB 100 MG ORAL TABLET	5
25240	2/1/2025	SPRYCEL 70 MG ORAL TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DASATINIB 70 MG ORAL TABLET	5
25240	2/1/2025	SPRYCEL 80 MG ORAL TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DASATINIB 80 MG ORAL TABLET	5
25240	2/1/2025	SPRYCEL 140 MG ORAL TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DASATINIB 140 MG ORAL TABLET	5
25240	2/1/2025	SPRYCEL 20 MG ORAL TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DASATINIB 20 MG ORAL TABLET	5
25240	2/1/2025	SPRYCEL 50 MG ORAL TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	DASATINIB 50 MG ORAL TABLET	5

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