

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s)
GLEOSTINE	Removed from formulary	New generic now avail	LOMUSTINE
RYTARY	Removed from formulary	New generic now avail	CARBIDOPA / LE
REYVOW	Removed from formulary	Removed from the mai	SUMATRIPTAN, I
BRUKINSA 80MG CAPSULI	Removed from formulary	Removed from the mai	BRUKINSA 160M
SUMATRIPTAN 12 MG/ML	Removed from formulary	Removed from the mai	SUMATRIPTAN II
SUMATRIPTAN 8 MG/ML	Removed from formulary	Removed from the mai	SUMATRIPTAN II
HALOETTE	Removed from formulary	Removed from the mai	ELURYNG, NUV
VIGPODER	Removed from formulary	Removed from the mai	VIGABATRIN, VIK
OGSIVEO 50MG TABLET	Removed from formulary	Removed from the mai	OGSIVEO 100M
SYMLIN	Removed from formulary	Removed from the mai	INSULIN ASPAR

Essential Aternative Drug Tier	Enhanced Aternative Drug Tier	Effective Date	Submitted to CMS
5	5	2/1/2026	1/2/2026
3	2	2/1/2026	1/2/2026
2	2	2/1/2026	1/2/2026
5	5	2/1/2026	1/2/2026
3	2	2/1/2026	1/2/2026
3	2	2/1/2026	1/2/2026
3	2	2/1/2026	1/2/2026
5	5	2/1/2026	1/2/2026
5	5	2/1/2026	1/2/2026
3	3	2/1/2026	1/2/2026

Approved by CMS	Formulary Change Made	Formulary Approved
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