

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s)	Essential Alternative Drug Tier	Enhanced Alternative Drug Tier	Effective Date	Submitted to CMS	Approved by CMS	Formulary Change Made	Formulary Approved
COMPLERA	Removed from formulary	New generic now available	EMTRICITABINE 200 MG / RILPIV	5	5	9/1/2025	8/1/2025	8/20/2025		
EUTHYROX	Removed from formulary	Removed from the market	LEVOTHYROXINE	1	1	9/1/2025	8/1/2025	8/20/2025		
PROMACTA	Removed from formulary	New generic now available	ELTROMBOPAG	5	5	9/1/2025	8/1/2025	8/20/2025		
RETEPMO 40 MG CAPSULES	Removed from formulary	Removed from the market	RETEPMO 40 MG TABLETS	5	5	9/1/2025	8/1/2025	8/20/2025		
SPRITAM 1000 MG	Removed from formulary	Removed from the market	LEVETIRACETAM TAB	2	2	9/1/2025	8/1/2025	8/20/2025		
SPRITAM 750 MG	Removed from formulary	Removed from the market	LEVETIRACETAM TAB	2	2	9/1/2025	8/1/2025	8/20/2025		
TASIGNA	Removed from formulary	New generic now available	NILOTINIB	5	5	9/1/2025	8/1/2025	8/20/2025		
TRIVORA 28 DAY	Removed from formulary	Removed from the market	LEVONEST	2	2	9/1/2025	8/1/2025	8/20/2025		