

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s)	Essential Aternative Drug Tier	Enhanced Aternative Drug Tier	Effective Date	Submitted to CMS
PERSERIS 90 MG	Removed from formulary	Removed from the market	Uzedy	5	5	10/1/2026	9/1/2026
PERSERIS 120 MG	Removed from formulary	Removed from the market	Uzedy	5	5	10/1/2026	9/1/2026
NORPACE CR 100MG	Removed from formulary	Removed from the market	Quinidine	2	2	10/1/2026	9/1/2026
NORPACE CR 150MG	Removed from formulary	Removed from the market	Quinidine	2	2	10/1/2026	9/1/2026
METHYLPHENIDATE HYDROCHLORIDE ER 27 MG	Removed from formulary	Removed from the market	Methylphenidate ER 18mg	3	3	10/1/2026	9/1/2026
METHYLPHENIDATE HYDROCHLORIDE ER 36 MG	Removed from formulary	Removed from the market	Methylphenidate ER 18mg	3	3	10/1/2026	9/1/2026
METHYLPHENIDATE HYDROCHLORIDE ER 54 MG	Removed from formulary	Removed from the market	Methylphenidate ER 18mg	3	3	10/1/2026	9/1/2026

Approved by CMS