| Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug(s) | Essential | Enhanced | Effective Date | Submitted to CMS | Approved by CMS | Formulary Change Made | Formulary Approved |
|-------------------------|------------------------|--------------------------|----------------------------------|----------------------|----------------------|----------------|------------------|-----------------|-----------------------|--------------------|
| | | | | Aternative Drug Tier | Aternative Drug Tier | | | | | |
| ALA-CORT 25 MG/ML | Removed from formulary | Removed from the ma H | YDROCORTISONE 2.5% CREAM | 2 | 2 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| AMETHIA 91 DAY | Removed from formulary | Removed from the ma LE | EVONORGEST-ETH ESTRAD 91-DAY | 2 | 2 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| ANZEMET 50 MG | Removed from formulary | Removed from the ma Ol | NDANSETRON | 2 | 2 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| AZITHROMYCIN 1000 MG | Removed from formulary | Removed from the ma A2 | ZITHROMYCIN 200MG/5ML SUSPENSION | 2 | 2 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| DESOGESTREL 0.15 MG / E | Removed from formulary | Removed from the ma AF | PRI | 2 | 2 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| DIPHTHERIA TOXOID VACO | Removed from formulary | Removed from the ma TE | ENIVAC | 3 | 3 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| ERGOLOID MESYLATES, US | Removed from formulary | Removed from the ma N/ | /A | | | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| FENOPROFEN 600 MG | Removed from formulary | Removed from the ma FE | ENOPROFEN 400MG | 2 | 2 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| FENTANYL LOZENGES | Removed from formulary | Removed from the ma FE | ENTANYL PATCHES | 3 | 3 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| KISQALI FEMARA CO-PACK | Removed from formulary | Removed from the ma KI | ISQALI FEMARA 400MG | 5 | 5 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| LEVOFLOXACIN 5 MG/ML | Removed from formulary | Removed from the ma CI | IPROFLOXACIN 0.3% OPHTH SOLUTIC | 3 | 2 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| LUCEMYRA | Removed from formulary | New generic now avail LC | DFEXIDINE 0.18 MG ORAL TABLET | 5 | 5 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| MICROGESTIN 24 FE 28 DA | Removed from formulary | Removed from the ma JU | JNEL FE 24 | 2 | 2 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| NICOTROL INHALER | Removed from formulary | Removed from the ma NI | ICOTROL NS | 5 | 5 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| NYMYO 28 DAY | Removed from formulary | Removed from the ma SI | PRINTEC 28 | 2 | 2 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| PLASMA-LYTE 148 | Removed from formulary | Removed from the ma M | ULTIPLE ELECTRO TYPE 1 PH 5.5 | 3 | 3 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| SELZENTRY 25 MG | Removed from formulary | Removed from the ma M. | ARAVIROC 150 MG | 3 | 3 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| SELZENTRY 75 MG | Removed from formulary | Removed from the ma M. | ARAVIROC 150 MG | 3 | 3 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| SORINE 120 MG | Removed from formulary | Removed from the ma So | OTALOL 120 MG | 2 | 2 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| SORINE 160 MG | Removed from formulary | Removed from the ma So | OTALOL 160 MG | 2 | 2 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| SPRYCEL | Removed from formulary | New generic now avail D | ASATINIB | 5 | 5 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| TAZORAC 0.05% | Removed from formulary | New generic now avail TA | AZAROTENE 0.05% CREAM | 4 | 2 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| TEGSEDI | Removed from formulary | Removed from the ma N/ | /A | | | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| THALOMID 150 MG | Removed from formulary | Removed from the ma Th | HALOMID 100 MG | 5 | 5 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| THALOMID 200 MG | Removed from formulary | Removed from the ma Th | HALOMID 100 MG | 5 | 5 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| TIVICAY 10 MG | Removed from formulary | Removed from the ma TI | IVICAY 50 MG | 5 | 5 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| TIVICAY 25 MG | Removed from formulary | Removed from the ma TI | IVICAY 50 MG | 5 | 5 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| TRI-NYMYO 28 DAY PACK | Removed from formulary | Removed from the ma TF | RI-SPRINTEC | 2 | 2 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| XELPROS | Removed from formulary | Removed from the ma LA | ATANOPROST OPHTH SOLUTION 0.00 | 2 | 2 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |
| ZYPREXA 210 MG INJ | Removed from formulary | Removed from the ma O | LANZAPINE TAB | 2 | 2 | 2/1/2025 | 1/3/2025 | 1/21/2025 | | |