

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
GLEOSTINE	Removed from formulary	New generic now available	LOMUSTINE	5	5	2/1/2026	1/2/2026			
RYTARY	Removed from formulary	New generic now available	CARBIDOPA / LEVODOPA	3	2	2/1/2026	1/2/2026			
REYVOW	Removed from formulary	Removed from the market	SUMATRIPTAN, RIZATRIPTAN, ETC	2	2	2/1/2026	1/2/2026			
BRUKINSA 80MG CAPSULE	Removed from formulary	Removed from the market	BRUKINSA 160MG TABLET	5	5	2/1/2026	1/2/2026			
SUMATRIPTAN 12 MG/ML	Removed from formulary	Removed from the market	SUMATRIPTAN INJ	3	2	2/1/2026	1/2/2026			
SUMATRIPTAN 8 MG/ML	Removed from formulary	Removed from the market	SUMATRIPTAN INJ	3	2	2/1/2026	1/2/2026			
HALOETTE	Removed from formulary	Removed from the market	ELURYNG, NUVARING, ETC	3	2	2/1/2026	1/2/2026			
VIGPODER	Removed from formulary	Removed from the market	VIGABATRIN, VIGAFYDE	5	5	2/1/2026	1/2/2026			
OGSIVEO 50MG TABLET	Removed from formulary	Removed from the market	OGSIVEO 100MG	5	5	2/1/2026	1/2/2026			
SYMLIN	Removed from formulary	Removed from the market	INSULIN ASPART, INSULIN LISPRO, ETC	3	3	2/1/2026	1/2/2026			