

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
ALOMIDE	Removed from formulary	Removed from the market	AZELASTINE 0.05%	3	2	3/1/2025	2/4/2025	2/19/2025
TDVAX	Removed from formulary	Removed from the market	TENIVAC	3	3	3/1/2025	2/4/2025	2/19/2025
DROXIA	Removed from formulary	Removed from the market	HYDROXYUREA 500MG CAP	2	2	3/1/2025	2/4/2025	2/19/2025
PAXIL 10MG/ML SUSP	Removed from formulary	Removed from the market	PAROXETINE 10MG/SML SUSP	2	2	3/1/2025	2/4/2025	2/19/2025
PREHEVBRIO	Removed from formulary	Removed from the market	HEPISLAV	3	3	3/1/2025	2/4/2025	2/19/2025
ISOSORBIDE MONONITRATE 10 MG	Removed from formulary	Removed from the market	ISOSORBIDE MONONITRATE ER	2	2	3/1/2025	2/4/2025	2/19/2025
ISOSORBIDE MONONITRATE 20 MG	Removed from formulary	Removed from the market	ISOSORBIDE MONONITRATE ER	2	2	3/1/2025	2/4/2025	2/19/2025
PHENYTOIN SODIUM 200 MG EXTENDED RELEASE ORAL CAPSULE	Removed from formulary	Removed from the market	PHENYTEK 200MG	2	2	3/1/2025	2/4/2025	2/19/2025
PHENYTOIN SODIUM 300 MG EXTENDED RELEASE ORAL CAPSULE	Removed from formulary	Removed from the market	PHENYTEK 300MG	2	2	3/1/2025	2/4/2025	2/19/2025