

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
CLENPIQ SOL	Removed from formulary	Removed from the market	CLENPIQ SOL	3	3	11/1/2024	10/1/2024			
EFAVIRENZ CAP 200MG	Removed from formulary	Removed from the market	EFAVIRENZ TAB 600MG	3	3	11/1/2024	10/1/2024			
EFAVIRENZ CAP 50MG	Removed from formulary	Removed from the market	EFAVIRENZ TAB 600MG	3	3	11/1/2024	10/1/2024			
SANDIMMUNE SOL 100MG/M	Removed from formulary	Removed from the market	CYCLOSPORINE SOL MODIFIED	2	2	11/1/2024	10/1/2024			