

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
EXXIVITY CAP 40MG	Removed from formulary	Removed from the market	N/A			8/1/2024	7/1/2024	7/23/2024		
INSULIN GLAR INI 100U/ML	Removed from formulary	Removed from the market	LANTUS	3	3	8/1/2024	7/1/2024	7/23/2024		
INSULIN GLAR SOL 100U/ML	Removed from formulary	Removed from the market	LANTUS	3	3	8/1/2024	7/1/2024	7/23/2024		
PREFEST TAB	Removed from formulary	Removed from the market	PREMPRO, PREMPHASE	3	3	8/1/2024	7/1/2024	7/23/2024		
PROAIR DIGIH AER	Removed from formulary	Removed from the market	ALBUTEROL	2	2	8/1/2024	7/1/2024	7/23/2024		