

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
AMABELZ TAB 0.5-0.1	Removed from formulary	Removed from the market	ESTRA/NORETH TAB 0.5-0.1	2	2	7/1/2024	6/3/2024	6/20/2024		
XENLETA TAB 600MG	Removed from formulary	Removed from the market	LEVOFLOXACIN TAB	2	2	7/1/2024	6/3/2024	6/20/2024		