

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
FENTANYL OT LOZ	Removed from formulary	Removed from the market	FENTANYL DIS	4	4	12/1/2024	11/4/2024	11/19/2024		
LUCEMYRA TAB 0.18MG	Removed from formulary	New generic now available	LOFEXIDINE TAB 0.18MG	5	5	12/1/2024	11/4/2024	11/19/2024		
NALOXONE HCL SPR 4MG	Removed from formulary	Removed from the market	NALOXONE INI 0.4MG/ML	2	2	12/1/2024	11/4/2024	11/19/2024		
SPRYCEL TAB	Removed from formulary	New generic now available	DASATINIB TAB	5	5	12/1/2024	11/4/2024	11/19/2024		
TAZORAC CRE 0.05%	Removed from formulary	New generic now available	TAZAROTENE CRE 0.05%	4	2	12/1/2024	11/4/2024	11/19/2024		
TRIZIVIR TAB	Removed from formulary	Removed from the market	EFAVIR/EMTRI TAB TENOFOVI	4	4	12/1/2024	11/4/2024	11/19/2024		