

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
AMOX/K CLAV CHW 200MG			AMOX/K CLAV CHW 400MG	2	2	10/1/2024	9/3/2024	9/24/2024		
AUVI-Q			EPINEPHRINE INJ	3	2	10/1/2024	9/3/2024	9/24/2024		
ENDARI POW 5GM			L-GLUTAMINE POW 5GM	5	5	10/1/2024	9/3/2024	9/24/2024		
ERYTHROCIN TAB 250MG			ERYTHROMYCIN TAB 250MG Et	4	2	10/1/2024	9/3/2024	9/24/2024		
LEXIVA SUS 50MG/ML			FOSAMPRENAVI TAB 700MG	4	4	10/1/2024	9/3/2024	9/24/2024		
ZETONNA AER 37MCG			FLUTICASONE SPR 50MCG	2	2	10/1/2024	9/3/2024	9/24/2024		