

CMS Formulary ID	Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs and Tier
23361	10/1/2023	AMBISOME 50 MG INTRAVEN. VIAL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	AMPHOTERICIN B LIPOSOME 50 MG INTRAVEN. VIAL-5
23361	10/1/2023	PLASMA-LYTE 148 INTRAVEN. IV SOLN	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	MULTIPLE ELECTROLYTES T1 PH5.5 INTRAVEN. IV SOLN-2