

**Senior Care Plus**  
**FUTURE FORMULARY CHANGE FILE**



*A Medicare Advantage Plan from Hometown Health.*

Deletion of Drug From Formulary	Drug Name	Alternate Drug(s)	Tier
REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	AMBISOME 50 MG INTRAVEN. VIAL	AMPHOTERICIN B LIPOSOME 50 MG INTRAVEN. VIAL	5
	PLASMA-LYTE 148 INTRAVEN. IV SOLN	MULTIPLE ELECTROLYTES T1 PH5.5 INTRAVEN. IV SOLN	4