



## Future Formulary Changes

CMS Formulary ID: 23415

Changes effective: 02/01/2023

Drug Name	Reason	Alternate Drugs	Tier
REVLIMID 20 MG ORAL CAPSULE	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LENALIDOMIDE 20 MG ORAL CAPSULE	5
REVLIMID 2.5 MG ORAL CAPSULE	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LENALIDOMIDE 2.5 MG ORAL CAPSULE	5
GILENYA 0.5 MG ORAL CAPSULE	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	FINGOLIMOD 0.5 MG ORAL CAPSULE	5
DALIRESP 500 MCG ORAL TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ROFLUMILAST 500 MCG ORAL TABLET	2
DENA VIR 1 % TOPICAL CREAM (G)	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	PENCICLOVIR 1 % TOPICAL CREAM (G)	4
ZIOPTAN 0.0015 % OPHTHALMIC DROPERETTE	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TAFLUPROST 0.0015 % OPHTHALMIC DROPERETTE	4