



Future Formulary Changes

CMS Formulary ID: 23415
Changes effective: 06/01/2023

Drug Name	Reason	Alternate Drugs	Tier
VIMPAT 200MG/20ML INTRAVEN. VIAL	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	LACOSAMIDE 200MG/20ML INTRAVEN. VIAL	2
AUBAGIO 7 MG ORAL TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TERIFLUNOMIDE 7 MG ORAL TABLET	5
AUBAGIO 14 MG ORAL TABLET	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	TERIFLUNOMIDE 14 MG ORAL TABLET	5