

A Medicare Advantage Plan from Hometown Health.

Deletion of Drug From Formulary	Drug Name	Alternate Drug(s)	Tier
FORMULARY DUE TO ADDITION OF NEW	VIMPAT 200MG/20ML INTRAVEN. VIAL	LACOSAMIDE 200MG/20ML INTRAVEN. VIAL	2
	AUBAGIO 14MG ORAL TABLET	TERIFLUNOMIDE 14MG ORAL TABLET	5
	AUBAGIO 7MG ORAL TABLET	TERIFLUNOMIDE 7MG ORAL TABLET	5