

Community Advantage Plus (Medicare-Medicaid Plan)

Future Formulary Change File

CMS FORMULARY ID: 26354

EFFECTIVE DATE: 06/01/2026

AFFECTED DRUG NAME

BRIVIACT 75 MG ORAL TABLET
BRIVIACT 100 MG ORAL TABLET
BRIVIACT 50 MG ORAL TABLET
BRIVIACT 25 MG ORAL TABLET
BRIVIACT 10 MG ORAL TABLET
TEFLARO 400 MG INTRAVEN. VIAL
TEFLARO 600 MG INTRAVEN. VIAL
BRIVIACT 10 MG/ML ORAL SOLUTION

CHANGE TYPE

BRAND DELETION, ADD FRF GENERIC
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CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
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ALTERNATIVE DRUG(S) AND TIER(S)

BRIVARACETAM 75 MG ORAL TABLET-5
BRIVARACETAM 100 MG ORAL TABLET-5
BRIVARACETAM 50 MG ORAL TABLET-5
BRIVARACETAM 25 MG ORAL TABLET-5
BRIVARACETAM 10 MG ORAL TABLET-5

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CEFTAROLINE FOSAMIL 400 MG INTRAVEN.

VIAL-5

CEFTAROLINE FOSAMIL 600 MG INTRAVEN.

VIAL-5

BRIVARACETAM 10 MG/ML ORAL SOLUTION-2

