

**Moda Health Plan, Inc.  
Future Formulary Change File**

**CMS FORMULARY ID: 20016.000**

**EFFECTIVE DATE: 08/01/2020**

**AFFECTED DRUG NAME**

**ZORTRESS 0.25 MG ORAL TABLET  
ZORTRESS 0.5 MG ORAL TABLET  
ZORTRESS 0.75 MG ORAL TABLET**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**EVEROLIMUS 0.25 MG ORAL TABLET – TIER 5  
EVEROLIMUS 0.5 MG ORAL TABLET – TIER 5  
EVEROLIMUS 0.75 MG ORAL TABLET – TIER 5**

---