

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

CMS FORMULARY ID: 20016.000

EFFECTIVE DATE: 12/01/2020

AFFECTED DRUG NAME

**RANITIDINE HCL 15 MG/ML ORAL SYRUP
RANITIDINE HCL 15 MG/ML ORAL SYRUP
RANITIDINE HCL 25 MG/ML ORAL SYRUP
RANITIDINE HCL 50 MG/ML ORAL SYRUP**

CHANGE TYPE

DELETION OF DRUG FROM FORMULARY

CHANGE REASON

**REMOVAL OF DRUG FROM FORMULARY DUE TO FDA MANDATED MARKET
WITHDRAWAL.**

ALTERNATIVE DRUG(S) AND TIER(S)

N/A

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

CMS FORMULARY ID: 20016.000

EFFECTIVE DATE: 12/01/2020

AFFECTED DRUG NAME

**RANITIDINE HCL 150 MG ORAL TABLET
RANITIDINE HCL 300 MG ORAL TABLET**

CHANGE TYPE

DELETION OF DRUG FROM FORMULARY

CHANGE REASON

**REMOVAL OF DRUG FROM FORMULARY DUE TO FDA MANDATED MARKET
WITHDRAWAL**

ALTERNATIVE DRUG(S) AND TIER(S)

N/A

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

**CMS FORMULARY ID: 20016.000
EFFECTIVE DATE: 12/01/2020**

AFFECTED DRUG NAME

DEXTROSE IN WATER 20 % INTRAVEN. IV SOLN

CHANGE TYPE

DELETION OF DRUG FROM FORMULARY

CHANGE REASON

NOT A PART D COVERED DRUG

ALTERNATIVE DRUG(S) AND TIER(S)

N/A