

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

**CMS FORMULARY ID: 20016.000**

**EFFECTIVE DATE: 05/01/2020**

**AFFECTED DRUG NAME**

**JADENU 90 MG ORAL TABLET  
JADENU 360 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)**

**DEFERASIROX 90 MG ORAL TABLET – TIER 5  
DEFERASIROX 360 MG ORAL TABLET – TIER 5**

---

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

**CMS FORMULARY ID: 20016.000**

**EFFECTIVE DATE: 05/01/2020**

**AFFECTED DRUG NAME**

**EMEND 150 MG INTRAVEN. VIAL**

**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)**

**FOSAPREPITANT DIMEGLUMINE 150 MG INTRAVEN. VIAL – TIER 2**

---

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

**CMS FORMULARY ID: 20016.000**

**EFFECTIVE DATE: 05/01/2020**

**AFFECTED DRUG NAME**

**APRISO 0.375G ORAL CAP ER 24H**

**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)**

**MESALAMINE ER 0.375G ORAL CAP ER 24H – TIER 2**

---

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

**CMS FORMULARY ID: 20016.000**

**EFFECTIVE DATE: 05/01/2020**

**AFFECTED DRUG NAME**

**NEBUPENT 300 MG INHALATION VIAL-NEB**

**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)**

**PENTAMIDINE ISETHIONATE 300 MG INHALATION VIAL-NEB - TIER 2**

---

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

**CMS FORMULARY ID: 20016.000**

**EFFECTIVE DATE: 05/01/2020**

**AFFECTED DRUG NAME**

**NOXAFIL 100 MG ORAL TABLET DR**

**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)**

**POSACONAZOLE 100 MG ORAL TABLET DR – TIER 5**

---

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

**CMS FORMULARY ID: 20016.000**

**EFFECTIVE DATE: 05/01/2020**

**AFFECTED DRUG NAME**

**TRAVATAN Z 0.004 % OPHTHALMIC DROPS**

**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)**

**TRAVOPROST 0.004 % OPHTHALMIC DROPS – TIER 2**

---