

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

**CMS FORMULARY ID: 20016.000
EFFECTIVE DATE: 10/01/2020**

AFFECTED DRUG NAME

GEODON FNL 20MG/1 INTRAMUSC. 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)

ZIPRASIDONE MESYLATE FNL 20MG/1 INTRAMUSC. VIAL – TIER 2

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AFFECTED DRUG NAME

JADENU 180 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 180 MG ORAL TABLET – TIER 5

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AFFECTED DRUG NAME

**ORFADIN 2 MG ORAL CAPSULE
ORFADIN 5 MG ORAL CAPSULE
ORFADIN 10 MG ORAL CAPSULE**

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)

**NITISINONE 2 MG ORAL CAPSULE – TIER 5
NITISINONE 5 MG ORAL CAPSULE – TIER 5
NITISINONE 10 MG ORAL CAPSULE – TIER 5**

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AFFECTED DRUG NAME

PRILOVIXIL 2.5 %-2.5% TOPICAL KIT

CHANGE TYPE

DELETION OF DRUG FROM FORMULARY

CHANGE REASON

NOT A PART D COVERED DRUG.

ALTERNATIVE DRUG(S) AND TIER(S)

N/A