

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

**CMS FORMULARY ID: 20016.000**

**EFFECTIVE DATE: 09/01/2020**

**AFFECTED DRUG NAME**

**PROGLYCEM 50 MG/ML ORAL ORAL SUSP**

**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)**

**DIAZOXIDE 50 MG/ML ORAL ORAL SUSP – TIER 2**

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**CMS FORMULARY ID: 20016.000**

**EFFECTIVE DATE: 09/01/2020**

**AFFECTED DRUG NAME**

**DARAPRIM 25 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)**

**PYRIMETHAMINE 25 MG ORAL TABLET – TIER 5**

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