



Future Formulary Changes

CMS Formulary ID: 20041
 Changes effective: 05/01/2020

Drug Name	Reason	Alternate Drugs	Tier
NEBUPENT 300 MG INHALATION VIAL-NEB	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	PENTAMIDINE ISETHIONATE 300 MG INHALATION VIAL-NEB	2
NOXAFIL 100 MG ORAL TABLET DR		POSACONAZOLE 100 MG ORAL TABLET DR	5
EMEND 150 MG INTRAVEN. VIAL		FOSAPREPITANT DIMEGLUMINE 150 MG INTRAVEN. VIAL	4
TRAVATAN Z 0.004 % OPHTHALMIC DROPS		TRAVOPROST 0.004 % OPHTHALMIC DROPS	2
APRISO 0.375G ORAL CAP ER 24H		MESALAMINE ER 0.375G ORAL CAP ER 24H	2
JADENU 90 MG ORAL TABLET		DEFERASIROX 90 MG ORAL TABLET	5
JADENU 360 MG ORAL TABLET		DEFERASIROX 360 MG ORAL TABLET	5