



Future Formulary Changes

CMS Formulary ID: 20041
 Changes effective: 10/01/2020

Drug Name	Reason	Alternate Drugs	Tier
GEODON FNL 20MG/1 INTRAMUSC. VIAL	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	ZIPRASIDONE MESYLATE FNL 20MG/1 INTRAMUSC. VIAL	2
ORFADIN 5 MG ORAL CAPSULE		NITISINONE 5 MG ORAL CAPSULE	5
ORFADIN 2 MG ORAL CAPSULE		NITISINONE 2 MG ORAL CAPSULE	5
ORFADIN 10 MG ORAL CAPSULE		NITISINONE 10 MG ORAL CAPSULE	5
JADENU 180 MG ORAL TABLET		DEFERASIROX 180 MG ORAL TABLET	5
PRILOVIXIL 2.5 %-2.5% TOPICAL KIT	DELETION OF DRUG FROM FORMULARY NOT A PART D COVERED DRUG	N/A	N/A