

Missouri Dept. of Highway Transportation Future Formulary Change File

CMS FORMULARY ID: 22449.000

EFFECTIVE DATE: 06/01/2022

AFFECTED DRUG NAME

ZORTRESS 1 MG ORAL TABLET

CHANGE TYPE

BRAND TIER INCREASE, ADD FRF GENERIC

CHANGE REASON

GENERIC DRUG AVAILABLE AT LOWER TIER

ALTERNATIVE DRUG(S) AND TIER(S)

EVEROLIMUS 1 MG ORAL TABLET-1