

**CommuniCare Advantage Cal MediConnect Plan (Medicare-Medicaid Plan)  
Future Formulary Change File**

**CMS FORMULARY ID: 00019095**

**EFFECTIVE DATE: 05/01/2019**

**AFFECTED DRUG NAME**

ADCIRCA 20 MG ORAL TABLET  
AMPYRA 10 MG ORAL TAB ER 12H  
ONFI 2.5 MG/ML ORAL SUSP  
ONFI 10 MG ORAL TABLET  
ONFI 20 MG ORAL TABLET  
INVANZ 1 G INJECTION VIAL  
ANDROGEL 1.25G-1.62 TRANSDERM.  
ANDROGEL 2.5G-1.62% TRANSDERM.  
ANDROGEL 20.25/1.25 TRANSDERM.  
ALBENZA 200 MG ORAL TABLET

**CHANGE TYPE**

BRAND DELETION, ADD FORMULARY GENERIC

**CHANGE REASON**

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.

**ALTERNATIVE DRUG(S) AND TIER(S)**

TADALAFIL 20 MG ORAL TABLET- TIER 1  
DALFAMPRIDINE ER 10 MG ORAL TAB ER 12H- TIER 1  
CLOBAZAM 2.5 MG/ML ORAL SUSP-TIER 1  
CLOBAZAM 10 MG ORAL TABLET- TIER 1  
CLOBAZAM 20 MG ORAL TABLET- TIER 1  
ERTAPENEM 1 G INJECTION VIAL- TIER 1  
TESTOSTERONE 1.25G-1.62 TRANSDERM. - TIER 1  
TESTOSTERONE 2.5G-1.62% TRANSDERM. - TIER 1  
TESTOSTERONE 20.25/1.25 TRANSDERM. - TIER 1  
ALBENDAZOLE 200 MG ORAL TABLET- TIER 1

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