

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

CMS FORMULARY ID: 00019095

EFFECTIVE DATE: 6/1/2019

AFFECTED DRUG NAME

FARESTON 60 MG ORAL TABLET
RAPAMUNE 1 MG/ML ORAL SOLUTION

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)

TOREMIFENE CITRATE 60 MG ORAL TABLET- TIER 1
SIROLIMUS 1 MG/ML ORAL SOLUTION- TIER 1
