

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

CMS FORMULARY ID: 19095

EFFECTIVE DATE: 8/1/19

AFFECTED DRUG NAME

ELIDEL 1 % TOPICAL CREAM (G)
CANASA 1000 MG RECTAL SUPP.RECT

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)

PIMECROLIMUS 1 % TOPICAL CREAM (G) - TIER 1
MESALAMINE 1000 MG RECTAL SUPP.RECT - TIER 1

CMS FORMULARY ID: 19095

EFFECTIVE DATE: 7/1/19

AFFECTED DRUG NAME

LARTRUVO 190MG/ML
LATRUVO 500MG/ML

CHANGE TYPE

DELETION OF DRUG FROM FORMULARY

CHANGE REASON

REMOVAL OF DRUG FROM FORMULARY DUE TO NEW FDA WARNING

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