

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

CMS FORMULARY ID: 19095

EFFECTIVE DATE: 09/01/19

AFFECTED DRUG NAME

EXJADE 125 MG ORAL TABLET DISPERSIBLE
EXJADE 500 MG ORAL TABLET DISPERSIBLE
EXJADE 250 MG ORAL TABLET DISPERSIBLE

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)

DEFERASIROX 125 MG ORAL TABLET DISPERSIBLE – TIER 1
DEFERASIROX 500 MG ORAL TABLET DISPERSIBLE – TIER 1
DEFERASIROX 250 MG ORAL TABLET DISPERSIBLE – TIER 1
