

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

CMS FORMULARY ID: 19095

EFFECTIVE DATE: 7/1/19

AFFECTED DRUG NAME

SUBOXONE SUBLINGUAL FILM ALL STRENGTHS
RENAGEL 800MG TABLET
RANEXA TABLETS ALL STRENGTHS
REMODULIN ALL STRENGTHS
SABRIL 500MG TABLET
ADCIRCA 20MG TABLET
MESTINON 60MG/5ML SYRUP
TEKTURN 150MG, 300MG TABLETS
FLECTOR 1.3% TRANSDERMAL PATCH

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)

BUPRENORPHINE/NALOXONE SUBLINGUAL FILM ALL STRENGTHS - TIER 1
SEVELAMER 800MG TABLET - TIER 1
RANOLAZINE ER TABLETS ALL STRENGTHS - TIER 1
TREPROSTINIL INJECTION ALL STRENGTHS - TIER 1
VIGABATRIN 500MG TABLET - TIER 1
TADALAFIL 20MG TABLET - TIER 1
PYRIDOSTIGMINE BROMIDE 60MG/5ML SYRUP - TIER 1
ALISKIREN 150MG, 300MG TABLETS - TIER 1
DICLOFENAC EPOLAMINE 1.3% TRANSDERMAL PATCH - TIER 1

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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
