

# Cal MediConnect Formulary Updates October 2018



L.A. Care makes changes to the list of drugs covered by L.A. Care (known as the formulary). This helps meet the needs of our members and providers. A list of abbreviations and covered drugs can be found on our website.

- Member and Provider link: <http://www.calmediconnectla.org/members/2018-member-materials>

Effective Date	Drug	Addition, Change, Deletion from Formulary	Formulary Status
10/1/2018	CIMDUO 300-300MG TAB	Addition	Tier 2, NDS
10/1/2018	SPIRIVA 2.5MCG RESPIMAT INH (28 ACT)	Addition	Tier 2
10/1/2018	STIOLTO 2.5-2.5MCG INH (28 ACT)	Addition	Tier 2, QL
10/1/2018	GABITRIL 16MG TAB	Deletion*	NF
10/1/2018	GABITRIL 12MG TAB	Deletion*	NF
10/1/2018	NAMENDA 28MG XR CAP	Deletion*	NF
10/1/2018	NAMENDA 21MG XR CAP	Deletion*	NF
10/1/2018	NAMENDA 7MG XR CAP	Deletion*	NF
10/1/2018	NAMENDA 14MG XR CAP	Deletion*	NF
10/1/2018	NORVIR 100MG TAB	Deletion*	NF
10/1/2018	REYATAZ 200MG CAP	Deletion*	NF
10/1/2018	REYATAZ 150MG CAP	Deletion*	NF
10/1/2018	REYATAZ 300MG CAP	Deletion*	NF
10/1/2018	SUSTIVA 600MG TAB	Deletion*	NF
10/1/2018	SYPRINE 250MG CAP	Deletion*	NF
10/1/2018	ZAVESCA 100MG CAP	Deletion*	NF

\*Brand names are currently removed from formulary. Alternatively, the generics are currently available as Tier 1 on L.A. Care’s Cal MediConnect formulary. Please refer to the formulary for any utilization restrictions.

<b>NF</b>	Non formulary	<b>F</b>	Formulary/covered drug	<b>PA</b>	Prior Authorization
<b>ST</b>	Step Therapy	<b>QL</b>	Quantity Limit	<b>LD</b>	Limited Distribution
<b>PA NSO</b>	Prior Authorization New Starts Only	<b>NDS</b>	Non Extended Day Supply		
<b>generic:</b> lower case letters		<b>BRAND:</b> CAPITAL LETTERS			

