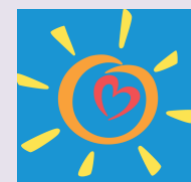


Cal MediConnect Formulary Updates

July 2018



L.A. Care
HEALTH PLAN®

For All of L.A.

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.

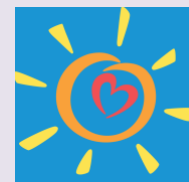
- Member and Provider link: <http://www.calmediconnectla.org/members/2018-member-materials>

Effective Date	Drug	Addition, Change, Deletion from Formulary	Formulary Status
7/1/2018	TASIGNA 50MG CAP	Addition	Tier 2, NDS, PA NSO
7/1/2018	syeda 28 day pack	Addition	Tier 1
7/1/2018	vylibra 28 day pack	Addition	Tier 1
7/1/2018	tri-vylibra 28 day pack	Addition	Tier 1
7/1/2018	FIASP 100UNIT/ML PEN INJ	Addition	Tier 2
7/1/2018	methylphenidate 10mg la cap	Addition	Tier 1
7/1/2018	HUMIRA 40MG/0.4ML AUTO-INJECTOR	Addition	Tier 2, NDS, PA
7/1/2018	HUMIRA 10MG/0.1ML SYRINGE	Addition	Tier 2, NDS, PA
7/1/2018	HUMIRA 40MG/0.4ML SYRINGE	Addition	Tier 2, NDS, PA
7/1/2018	HUMIRA PEDIATRIC CROHN'S STARTER PACK (3) 80MG/0.8ML INJ	Addition	Tier 2, NDS, PA
7/1/2018	HUMIRA PEDIATRIC CROHN'S STARTER PACK SYRINGE (2) 40MG/0.4ML, 80MG/0.8ML	Addition	Tier 2, NDS, PA
7/1/2018	CETRAXAL 0.2% OTIC SOLN	Addition	Tier 2
7/1/2018	desoximetasone 0.05% ointment	Addition	Tier 1
7/1/2018	BENLYSTA 200MG/ML AUTO-INJECTOR	Addition	Tier 2, NDS, PA, QL
7/1/2018	BENLYSTA 200MG/ML SYRINGE	Addition	Tier 2, NDS, PA, QL
7/1/2018	BAXDELA 400MG TAB	Addition	Tier 2, PA, QL



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Cal MediConnect Formulary Updates July 2018



L.A. Care
HEALTH PLAN®

For All of L.A.

Effective Date	Drug	Addition, Change, Deletion from Formulary	Formulary Status
7/1/2018	OZEMPIC 2MG/1.5ML PEN INJ	Addition	Tier 2
7/1/2018	OZEMPIC 2MG/1.5ML PEN INJ (1MG DOSE)	Addition	Tier 2
7/1/2018	SYMPROIC 0.2MG TAB	Addition	Tier 2, PA
7/1/2018	ISTALOL 0.5% OPHTH SOLN	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.

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



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