

Cal MediConnect Formulary Updates

June 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.

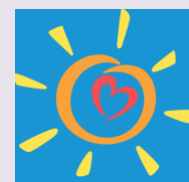
- Member and Provider link: <http://www.calmediconnectla.org/members/2018-member-materials>

Effective Date	Drug	Addition, Change, Deletion from Formulary	Formulary Status
6/1/2018	ISENTRESS 600MG TABLET	Addition	Tier 2, NDS
6/1/2018	ritonavir 100mg tablet	Addition	Tier 1
6/1/2018	SYMFI LO 400-300-300MG TABLET	Addition	Tier 2
6/1/2018	SYNAGIS 100MG/1ML INJECTION	Addition	Tier 2, NDS, PA
6/1/2018	ALIMTA 100MG INJECTION	Addition	Tier 2, NDS
6/1/2018	KEYTRUDA 100MG/4ML INJECTION	Addition	Tier 2, NDS, PA NSO
6/1/2018	ZYTIGA 500MG TABLET	Addition	Tier 2, NDS, PA NSO, QL
6/1/2018	IMBRUVICA 70MG CAPSULE	Addition	Tier 2, NDS, PA NSO, QL
6/1/2018	IMBRUVICA 140MG TABLET	Addition	Tier 2, NDS, PA NSO, QL
6/1/2018	IMBRUVICA 280MG TABLET	Addition	Tier 2, NDS, PA NSO, QL
6/1/2018	IMBRUVICA 420MG TABLET	Addition	Tier 2, NDS, PA NSO, QL
6/1/2018	IMBRUVICA 560MG TABLET	Addition	Tier 2, NDS, PA NSO, QL
6/1/2018	RUBRACA 250MG TABLET	Addition	Tier 2, NDS, PA NSO, QL
6/1/2018	INTRON A 25MU INJECTION	Addition	Tier 2
6/1/2018	levoleucovorin 50mg injection	Addition	Tier 1
6/1/2018	triamcinolone acetonide 40mg/ml injection	Addition	Tier 1
6/1/2018	kelnor 1/50 28 day pack	Addition	Tier 1
6/1/2018	isotretinoin 40mg capsule	Addition	Tier 1
6/1/2018	NALOXONE 0.4MG/ML CARTRIDGE	Addition	Tier 2
6/1/2018	trientine 250mg tablet	Addition	Tier 1, PA
6/1/2018	FIASP 100UNIT/ML INJECTION	Addition	Tier 2
6/1/2018	FABRAZYME 5MG INJECTION	Addition	Tier 2, NDS



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L.A. Care
HEALTH PLAN®

For All of L.A.

Effective Date	Drug	Addition, Change, Deletion from Formulary	Formulary Status
6/1/2018	ORFADIN 20MG CAPSULE	Addition	Tier 2, NDS, PA
6/1/2018	DALIRESP 250MCG TABLET	Addition	Tier 2
6/1/2018	ABILIFY 400MG MAINTENA INJECTION	Addition	Tier 2, NDS, PA NSO
6/1/2018	glatopa 40mg/ml syringe	Addition	Tier 1
6/1/2018	PLEGRIDY STARTER PACK	Addition	Tier 2, NDS
6/1/2018	ILARIS 150MG/ML INJECTION	Addition	Tier 2, NDS, PA
6/1/2018	tiagabine 12mg tablet	Addition	Tier 1
6/1/2018	tiagabine 16mg tablet	Addition	Tier 1
6/1/2018	lamotrigine 25mg (35) tab starter pack	Addition	Tier 1
6/1/2018	lamotrigine 25mg (42)/100mg (7) tab starter pack	Addition	Tier 1
6/1/2018	lamotrigine tab 25mg (84)/100mg (14) starter pack	Addition	Tier 1
6/1/2018	HAEGARDA 2000UNIT INJECTION	Addition	Tier 2, NDS, PA
6/1/2018	HAEGARDA 3000UNIT INJECTION	Addition	Tier 2, NDS, PA
6/1/2018	TIMOPTIC-XE 0.25% OPHTHALMIC GEL	Addition	Tier 1
6/1/2018	hydrocortisone/pramoxine 1-1% rectal cream	Addition	Tier 1
6/1/2018	SYLVANT 400MG INJECTION	Addition	Tier 2, NDS



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Effective Date	Drug	Addition, Change, Deletion from Formulary	Formulary Status
6/1/2018	COSMEGEN 0.5MG INJECTION	Deletion*	NF
6/1/2018	FOSRENOL 500MG CHEW TABLET	Deletion*	NF
6/1/2018	FOSRENOL 750MG CHEW TABLET	Deletion*	NF
6/1/2018	FOSRENOL 1000MG CHEW TABLET	Deletion*	NF
6/1/2018	LEXIVA 700MG TABLET	Deletion*	NF
6/1/2018	REVELA 800MG TABLET	Deletion*	NF
6/1/2018	SABRIL 500MG ORAL SOLUTION	Deletion*	NF
6/1/2018	SUSTIVA 50MG CAPSULE	Deletion*	NF
6/1/2018	TAMIFLU 6MG/ML SUSPENSION	Deletion*	NF
6/1/2018	TRANSDERM SCOP 1MG/3DAYS PATCH	Deletion*	NF
6/1/2018	VIGAMOX 0.5% OPHTH SOLUTION	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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