

Cal MediConnect Formulary Updates

March 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
3/1/2018	piperacillin 2000mg/tazobactam 250mg inj	ADDITION	Tier 1
3/1/2018	CASPOFUNGIN ACETATE 50MG INJ	ADDITION	Tier 2 NDS PA
3/1/2018	CASPOFUNGIN ACETATE 70MG INJ	ADDITION	Tier 2 NDS PA
3/1/2018	fosamprenavir 700mg tab	ADDITION	Tier 1
3/1/2018	efavirenz 50 mg oral capsule	ADDITION	Tier 1
3/1/2018	JULUCA 50-25MG TAB	ADDITION	Tier 2 NDS
3/1/2018	MAVYRET 100-40MG TAB	ADDITION	Tier 2 NDS PA QL
3/1/2018	oseltamivir 6 mg/ml oral susp	ADDITION	Tier 1 QL
3/1/2018	meropenem 1gm inj	ADDITION	Tier 1
3/1/2018	HAVRIX 720UNIT INJ	ADDITION	Tier 2
3/1/2018	HAVRIX 1440UNIT SYRINGE	ADDITION	Tier 2
3/1/2018	VAQTA 50UNIT/0.5ML INJ	ADDITION	Tier 2
3/1/2018	VAQTA 50UNIT/1ML INJ	ADDITION	Tier 2
3/1/2018	TWINRIX 720UNIT SYRINGE	ADDITION	Tier 2
3/1/2018	ADACEL SYRINGE	ADDITION	Tier 2
3/1/2018	TREANDA 25MG INJ	ADDITION	Tier 2 NDS PA NSO
3/1/2018	oxaliplatin 100mg inj	ADDITION	Tier 1
3/1/2018	dactinomycin 0.5mg inj	ADDITION	Tier 1
3/1/2018	XATMEP 2.5MG/ML ORAL SOLN	ADDITION	Tier 2 PA
3/1/2018	methotrexate 250mg/10ml inj	ADDITION	Tier 1
3/1/2018	OPDIVO 100MG/10ML	ADDITION	Tier 2 NDS PA NSO
3/1/2018	RITUXAN 100MG/10ML INJ	ADDITION	Tier 2 NDS PA NSO
3/1/2018	MYLOTARG 4.5MG INJ	ADDITION	Tier 2 NDS PA NSO



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3/1/2018	KADCYLA 160MG INJ	ADDITION	Tier 2 NDS PA NSO
3/1/2018	VERZENIO 50MG TAB	ADDITION	Tier 2 NDS PA NSO
3/1/2018	VERZENIO 100MG TAB	ADDITION	Tier 2 NDS PA NSO
3/1/2018	VERZENIO 150MG TAB	ADDITION	Tier 2 NDS PA NSO
3/1/2018	VERZENIO 200MG TAB	ADDITION	Tier 2 NDS PA NSO
3/1/2018	CALQUENCE 100MG CAP	ADDITION	Tier 2 NDS PA NSO
3/1/2018	BOSULIF 400MG TAB	ADDITION	Tier 2 NDS PA NSO
3/1/2018	NERLYNX 40MG TAB	ADDITION	Tier 2 NDS PA NSO
3/1/2018	IDHIFA 50MG TAB	ADDITION	Tier 2 NDS PA NSO
3/1/2018	IDHIFA 100MG TAB	ADDITION	Tier 2 NDS PA NSO
3/1/2018	LYNPARZA 100MG CAP	ADDITION	Tier 2 NDS PA NSO
3/1/2018	LYNPARZA 150MG CAP	ADDITION	Tier 2 NDS PA NSO
3/1/2018	BORTEZOMIB 3.5MG INJ	ADDITION	Tier 2 NDS
3/1/2018	ALIQOPA 60MG INJ	ADDITION	Tier 2 NDS PA NSO
3/1/2018	TRISENOX 12MG/6ML INJ	ADDITION	Tier 2
3/1/2018	VYXEOS 44-100MG INJ	ADDITION	Tier 2 NDS PA NSO
3/1/2018	isibloom 28 day pack	ADDITION	Tier 1
3/1/2018	ethinyl estradiol 0.035mg/ethynodiol 1mg 28 day pack	ADDITION	Tier 1
3/1/2018	ethinyl estradiol/levonorgestrel 91 day pack	ADDITION	Tier 1
3/1/2018	BYDUREON 2.35MG/ML AUTO-INJECTOR	ADDITION	Tier 2
3/1/2018	XULTOPHY 100UNIT-3.6MG/ML PEN INJ	ADDITION	Tier 2
3/1/2018	levo-t 25mcg tab	ADDITION	Tier 1
3/1/2018	levo-t 50mcg tab	ADDITION	Tier 1
3/1/2018	levo-t 75mcg tab	ADDITION	Tier 1
3/1/2018	levo-t 88mcg tab	ADDITION	Tier 1
3/1/2018	levo-t 100mcg tab	ADDITION	Tier 1
3/1/2018	levo-t 112mcg tab	ADDITION	Tier 1
3/1/2018	levo-t 125mcg tab	ADDITION	Tier 1



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3/1/2018	levo-t 137mcg tab	ADDITION	Tier 1
3/1/2018	levo-t 150mcg tab	ADDITION	Tier 1
3/1/2018	levo-t 175mcg tab	ADDITION	Tier 1
3/1/2018	levo-t 200mcg tab	ADDITION	Tier 1
3/1/2018	levo-t 300mcg tab	ADDITION	Tier 1
3/1/2018	TRACLEER 32MG TAB FOR ORAL SUSP	ADDITION	Tier 2 NDS PA QL
3/1/2018	TRELEGY 62.5-25MCG ELLIPTA INH	ADDITION	Tier 2
3/1/2018	polyethylene glycol 3350/kcl/sodium bicarbonate/sodium chloride/sodium sulfate powder for oral solution	ADDITION	Tier 1
3/1/2018	scopolamine 1mg/3days patch	ADDITION	Tier 1
3/1/2018	lanthanum carbonate 500mg chew tab	ADDITION	Tier 1
3/1/2018	lanthanum carbonate 750mg chew tab	ADDITION	Tier 1
3/1/2018	lanthanum carbonate 1000mg chew tab	ADDITION	Tier 1
3/1/2018	sevelamer carbonate 800mg tab	ADDITION	Tier 1
3/1/2018	aripiprazole 1mg/ml oral soln	ADDITION	Tier 1 PA NSO
3/1/2018	methylphenidate 30mg er cap	ADDITION	Tier 1
3/1/2018	glatiramer 20mg/ml syringe	ADDITION	Tier 1
3/1/2018	glatiramer 40mg/ml syringe	ADDITION	Tier 1
3/1/2018	MORPHINE SULFATE 5MG/ML SYRINGE	ADDITION	Tier 2
3/1/2018	tramadol 100mg er tab (matrix delivery)	ADDITION	Tier 1 QL
3/1/2018	tramadol 200mg er tab (matrix delivery)	ADDITION	Tier 1 QL
3/1/2018	tramadol 300mg er tab (matrix delivery)	ADDITION	Tier 1 QL
3/1/2018	vigabatrin 50mg/ml oral soln	ADDITION	Tier 1 PA NSO
3/1/2018	prasugrel 5mg tab	ADDITION	Tier 1
3/1/2018	prasugrel 10mg tab	ADDITION	Tier 1
3/1/2018	moxifloxacin 5mg/ml ophth soln	ADDITION	Tier 1
3/1/2018	timolol 5mg/ml ophth 24hr ophth soln	ADDITION	Tier 1
3/1/2018	amnesteem 10mg cap	ADDITION	Tier 1



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3/1/2018	amnesteem 20mg cap	ADDITION	Tier 1
3/1/2018	amnesteem 40mg cap	ADDITION	Tier 1
3/1/2018	adapalene/benzoyl peroxide 0.1-2.5% gel	ADDITION	Tier 1 PA
3/1/2018	KISQALI 200 MG DAILY DOSE CARTON	ADDITION	QL removed
3/1/2018	KISQALI 400 MG DAILY DOSE CARTON	ADDITION	QL removed
3/1/2018	KISQALI 600 MG DAILY DOSE CARTON	ADDITION	QL removed
3/1/2018	XTAMPZA 13.5MG ER CAP	ADDITION	Tier 2 QL
3/1/2018	XTAMPZA 18MG ER CAP	ADDITION	Tier 2 QL
3/1/2018	XTAMPZA 27MG ER CAP	ADDITION	Tier 2 QL
3/1/2018	XTAMPZA 36MG ER CAP	ADDITION	Tier 2 QL
3/1/2018	XTAMPZA 9MG ER CAP	ADDITION	Tier 2 QL
3/1/2018	NUCYNTA 100MG ER TAB	ADDITION	Tier 2 QL
3/1/2018	NUCYNTA 150MG ER TAB	ADDITION	Tier 2 QL
3/1/2018	NUCYNTA 200MG ER TAB	ADDITION	Tier 2 QL
3/1/2018	NUCYNTA 250MG ER TAB	ADDITION	Tier 2 QL
3/1/2018	NUCYNTA 50MG ER TAB	ADDITION	Tier 2 QL
3/1/2018	AUBAGIO 14MG TAB	ADDITION	PA, QL removed
3/1/2018	AUBAGIO 7MG TAB	ADDITION	PA, QL removed
3/1/2018	EXTAVIA 0.3MG INJ	ADDITION	ST removed
3/1/2018	AVONEX 30MCG/VIAL INJ	ADDITION	ST removed
3/1/2018	AVONEX 30MCG/0.5ML AUTO-INJECTOR	ADDITION	ST removed
3/1/2018	AVONEX 30MCG/0.5ML SYRINGE	ADDITION	ST removed
3/1/2018	COPAXONE 20MG/ML SYRINGE	ADDITION	ST removed
3/1/2018	COPAXONE 40MG/ML SYRINGE	ADDITION	ST removed
3/1/2018	PLEGRIDY 125MCG/0.5ML AUTO-INJECTOR	ADDITION	ST removed
3/1/2018	PLEGRIDY 125MCG/0.5ML SYRINGE	ADDITION	ST removed
3/1/2018	PLEGRIDY PEN STARTER PACK	ADDITION	ST removed
3/1/2018	GILENYA 0.5MG CAP	ADDITION	PA, QL removed
3/1/2018	REBIF 22MCG/0.5ML AUTO-INJECTOR	ADDITION	Tier 2 NDS



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3/1/2018	REBIF REBIDOSE PACK	ADDITION	Tier 2 NDS
3/1/2018	REBIF 44MCG/0.5ML AUTO-INJECTOR	ADDITION	Tier 2 NDS
3/1/2018	REBIF 22MCG/0.5ML SYRINGE	ADDITION	Tier 2 NDS
3/1/2018	REBIF TITRATION PACK	ADDITION	Tier 2 NDS
3/1/2018	REBIF 44MCG/0.5ML SYRINGE	ADDITION	Tier 2 NDS
3/1/2018	GENOTROPIN 0.2MG SYRINGE	ADDITION	Tier 2 NDS PA
3/1/2018	GENOTROPIN 0.4MG SYRINGE	ADDITION	Tier 2 NDS PA
3/1/2018	GENOTROPIN 12MG CARTRIDGE	ADDITION	Tier 2 NDS PA
3/1/2018	GENOTROPIN 0.6MG SYRINGE	ADDITION	Tier 2 NDS PA
3/1/2018	GENOTROPIN 0.8MG SYRINGE	ADDITION	Tier 2 NDS PA
3/1/2018	GENOTROPIN 1MG SYRINGE	ADDITION	Tier 2 NDS PA
3/1/2018	GENOTROPIN 1.2MG SYRINGE	ADDITION	Tier 2 NDS PA
3/1/2018	GENOTROPIN 5MG CARTRIDGE	ADDITION	Tier 2 NDS PA
3/1/2018	GENOTROPIN 1.4MG SYRINGE	ADDITION	Tier 2 NDS PA
3/1/2018	GENOTROPIN 1.6MG SYRINGE	ADDITION	Tier 2 NDS PA
3/1/2018	GENOTROPIN 1.8MG SYRINGE	ADDITION	Tier 2 NDS PA
3/1/2018	GENOTROPIN 2MG SYRINGE	ADDITION	Tier 2 NDS PA
3/1/2018	olmesartan medoxomil 20mg tab	ADDITION	Tier 1
3/1/2018	olmesartan medoxomil 40mg tab	ADDITION	Tier 1
3/1/2018	olmesartan medoxomil 5mg tab	ADDITION	Tier 1
3/1/2018	hydrochlorothiazide 12.5mg/olmesartan medoxomil 20mg tab	ADDITION	Tier 1
3/1/2018	hydrochlorothiazide 12.5mg/olmesartan medoxomil 40mg tab	ADDITION	Tier 1
3/1/2018	hydrochlorothiazide 25mg/olmesartan medoxomil 40mg tab	ADDITION	Tier 1
3/1/2018	amlodipine 10mg/olmesartan medoxomil 20mg tab	ADDITION	Tier 1
3/1/2018	amlodipine 10mg/olmesartan medoxomil 40mg tab	ADDITION	Tier 1
3/1/2018	amlodipine 5mg/olmesartan medoxomil 20mg tab	ADDITION	Tier 1

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3/1/2018	amlodipine 5mg/olmesartan medoxomil 40mg tab	ADDITION	Tier 1
3/1/2018	glatopa 20mg/ml inj	ADDITION	Tier 1
3/1/2018	SPIRIVA 1.25MCG/ACT INH	ADDITION	Tier 2 ST QL
3/1/2018	SPIRIVA 2.5MCG INH	ADDITION	Tier 2 ST QL
3/1/2018	QBRELIS 1MG/ML ORAL SOLN	ADDITION	Tier 2 PA
3/1/2018	LINZESS 72MCG CAP	ADDITION	QL removed
3/1/2018	LINZESS 145MCG CAP	ADDITION	QL removed
3/1/2018	LINZESS 290MCG CAP	ADDITION	QL removed
3/1/2018	SUBOXONE 12-3MG FILM	ADDITION	QL removed
3/1/2018	SUBOXONE 2-0.5MG FILM	ADDITION	QL removed
3/1/2018	SUBOXONE 4-1MG FILM	ADDITION	QL removed
3/1/2018	SUBOXONE 8-2MG FILM	ADDITION	QL removed
3/1/2018	BUNAVAIL 2.1-0.3MG FILM	ADDITION	QL removed
3/1/2018	BUNAVAIL 4.2-0.7MG FILM	ADDITION	QL removed
3/1/2018	BUNAVAIL 6.3-1MG FILM	ADDITION	QL removed
3/1/2018	thiotepa 15mg inj	ADDITION	Tier 1
3/1/2018	desoximetasone 0.05% cream	ADDITION	Tier 1
3/1/2018	procainamide 100mg/ml inj	ADDITION	Tier 1
3/1/2018	procainamide 500mg/ml inj	ADDITION	Tier 1
3/1/2018	sulfamethoxazole 80mg/ml/trimethoprim 16mg/ml inj	ADDITION	Tier 1
3/1/2018	AMPICILLIN 250 MG	ADDITION	NF
3/1/2018	AMPICILLIN 25 MG/ML	ADDITION	NF
3/1/2018	AMPICILLIN 50 MG/ML	ADDITION	NF
3/1/2018	DORIBAX	ADDITION	NF
3/1/2018	MENOMUNE A/C/Y/W-135	ADDITION	NF
3/1/2018	AMINOSYN II 7 %, SULFITE-FREE	ADDITION	NF

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NF	Non formulary	F	Formulary/covered drug	PA	Prior Authorization
ST	Step Therapy	QL	Quantity Limit	LD	Limited Distribution
SP	Specialty Pharmacy Program			RS	Restricted to specialist

generic: lower case letters **BRAND:** CAPITAL LETTERS
No change: no change in formulary status as compared to the previous month



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