Cal MediConnect Formulary Updates May 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
5/1/2018	abacavir 20mg/ml oral solution	Addition	Tier 1
5/1/2018	efavirenz 200mg capsule	Addition	Tier 1
5/1/2018	efavirenz 600mg capsule	Addition	Tier 1
5/1/2018	BIKTARVY 50-200-25MG TABLET	Addition	Tier 2, NDS
5/1/2018	METHOTREXATE 250MG/10ML INJECTION	Addition	Tier 1
5/1/2018	ERLEADA 60MG TABLET	Addition	Tier 2, PA NSO
5/1/2018	ethinyl estradiol 0.01mg/ethinyl estradiol 0.02mg/levonorgestrel 0.1mg 91 day pack	Addition	Tier 1
5/1/2018	digox 0.125mg tablet	Addition	Tier 1
5/1/2018	digox 0.25mg tablet	Addition	Tier 1
5/1/2018	haloperidol 5mg/ml syringe	Addition	Tier 1
5/1/2018	memantine 7mg er cap	Addition	Tier 1
5/1/2018	memantine 14mg er cap	Addition	Tier 1
5/1/2018	memantine 21mg er cap	Addition	Tier 1
5/1/2018	memantine 28mg er cap	Addition	Tier 1
5/1/2018	isotretinoin 10mg capsule	Addition	Tier 1
5/1/2018	isotretinoin 20mg capsule	Addition	Tier 1
5/1/2018	isotretinoin 30mg capsule	Addition	Tier 1
5/1/2018	isotretinoin 40mg capsule	Addition	Tier 1
5/1/2018	NALOXONE 0.4MG/ML CARTRIDGE	Addition	Tier 2
5/1/2018	trientine 250mg tablet	Addition	Tier 1, PA

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Effective Date	Drug	Addition, Change, Deletion from Formulary	Formulary Status
5/1/2018	erythromycin 250mg tablet	Addition	Tier 1
5/1/2018	erythromycin 500mg tablet	Addition	Tier 1
5/1/2018	FORTEO 600MCG/2.4ML PEN INJECTION	Addition	Tier 2, NDS, Remove PA
5/1/2018	TYMLOS 2MG/ML PEN INJECTOR	Addition	Tier 2, NDS
5/1/2018	DUPIXENT 300MG/2ML SYRINGE	Addition	Tier 2, NDS, PA
5/1/2018	VIDEX 125MG CAPSULE	Addition	Tier 2

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