

# Formulary Updates October 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 link: <http://www.lacare.org/members/member-services/pharmacy-services>
- Provider link: <http://www.lacare.org/providers/pharmacy-services/list-covered-drugs>

Effective Date	Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
10/1/2018	albendazole tab (ALBENZA)	No Change (NF)	Tier 1	No Change (NF)
10/1/2018	ALBENZA	No Change (NF)	Tier 3	No Change (NF)
10/1/2018	tadalafil tab (CIALIS)	No Change (NF)	No Change (Tier 1,QL)	No Change (F,QL)
10/1/2018	CIALIS	No Change (NF)	No Change (Tier 2, QL)	No Change (F,QL)
10/1/2018	niacin ER (NIASPAN)	No Change	F	F
10/1/2018	NIASPAN ER	No Change	NF	NF
10/1/2018	PACERONE TAB 200MG	No Change	No Change	No Change
10/1/2018	JULUCA TAB	No Change (NF)	Tier 4, QL	F, QL
10/1/2018	BIKTARVY TAB	No Change (NF)	Tier 4, QL	F, QL
10/1/2018	SOLOSEC GRANULES PACKET	No Change (NF)	No Change (NF)	No Change (NF)
10/1/2018	BENZNIDAZOLE TAB	F, PA	Tier 2, PA	F, PA
10/1/2018	ODACTRA SL TAB	No Change (NF)	No Change (NF)	No Change (NF)
10/1/2018	CALQUENCE CAP	F, PA, QL, SF, LD	Tier 4, PA, QL, SF, LD	F, PA, QL, SF, LD
10/1/2018	PRADAXA CAP	No Change (F)	No Change (Tier 2)	No Change (F)
10/1/2018	ELIQUIS TAB	No Change (F)	No Change (Tier 2)	No Change (F)
10/1/2018	BEVYXXA CAP	No Change (NF)	No Change (NF)	No Change (NF)
10/1/2018	SAVAYSA TAB	No Change (NF)	No Change (NF)	No Change (NF)
10/1/2018	XARELTO TAB	No Change (F)	No Change (Tier 2)	No Change (F)
10/1/2018	HEMLIBRA INJ	F, PA, LMSP	Tier 4, PA, LMSP	F, PA, LMSP



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10/1/2018	BIMATOPROST OPHTH SOLN, LUMIGAN OPHTH SOLN	No Change (NF)	No Change (Tier 2)	No Change (F)
10/1/2018	latanoprost ophth soln	No Change (F)	No Change (Tier 1)	No Change (F)
10/1/2018	XALATAN OPHTH SOLN	No Change (NF)	No Change (Tier 3)	No Change (NF)
10/1/2018	VYZULTA SOLN	No Change (NF)	No Change (NF)	No Change (NF)
10/1/2018	ZIOPTAN OPHTH SOLN	No Change (NF)	NF	No Change (NF)
10/1/2018	TRAVATAN Z OPHTH SOLN	No Change (NF)	No Change (Tier 2)	F, QL
10/1/2018	PEN NEEDLE (all others)	No Change	No Change	No Change
10/1/2018	XARELTO STARTER PACK	No Change (F)	No Change (Tier 2)	No Change (F)
10/1/2018	INSULIN SYRINGE (all others)	No Change	No Change	No Change
10/1/2018	B-D INSULIN SYRINGE	No Change	No Change	No Change
10/1/2018	FREESTYLE INSULIN SYRINGE	No Change	No Change	No Change
10/1/2018	PRECISION INSULIN SYRINGE	No Change	No Change	No Change
10/1/2018	NOVOTWIST/NOVOFINE PEN NEEDLE	No Change	No Change	No Change
10/1/2018	B-D PEN NEEDLE	No Change	No Change	No Change
10/1/2018	SYMITUZA TAB	No Change (NF)	Tier 2	F
10/1/2018	CORTEF TAB	NF	Tier 3	NF
10/1/2018	MEDROL TAB	No Change (NF)	Tier 2	No Change (NF)
10/1/2018	pioglitazone/glimepiride tab	NF	NF	NF
10/1/2018	DUETACT TAB	No Change (NF)	NF	No Change (NF)
10/1/2018	pioglitazone/metformin tab	NF	NF	NF
10/1/2018	ACTOPLUS MET TAB	No Change (NF)	NF	No Change (NF)
10/1/2018	cetirizine chew tab	NF	No Change (NF)	NF
10/1/2018	ZYRTEC CHEW TAB	No Change (NF)	No Change (NF)	No Change (NF)
10/1/2018	CARAFATE SUSP	No Change (F)	Tier 2	No Change (F)



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10/1/2018	ANTIVERT TAB	NF	NF	NF
10/1/2018	MECLOFENAMATE CAP	NF	NF	NF
10/1/2018	TOLMETIN CAP	No Change (NF)	NF	No Change (NF)
10/1/2018	PROCRIT INJ	No Change (F, KMSP)	No Change (Tier 4, KMSP)	No Change (F, KMSP)
10/1/2018	EPOGEN INJ	No Change (F, KMSP)	No Change (Tier 4, KMSP)	No Change (F, KMSP)
10/1/2018	RETACRIT INJ	F, KMSP	Tier 4, KMSP	F, KMSP
10/1/2018	hydrocortisone supp	No Change (NF)	No Change (NF)	No Change (NF)
10/1/2018	CYCLOSPORINE MODIFIED CAP	F	No Change (Tier 4)	F
10/1/2018	erythromycin tab	No Change (F)	No Change (Tier 1)	No Change (NF)
10/1/2018	ERY-TAB	NF	NF	NF
10/1/2018	ERYTHROMYCIN CAP	NF	NF	NF
10/1/2018	erythromycin DR cap	No Change (F)	No Change (Tier 1)	No Change (F)
10/1/2018	erythromycin stearate tab	No Change (F)	No Change (Tier 1)	No Change (F)
10/1/2018	ERYTHROMYCIN ETHYLSUCCINATE TAB	NF	Tier 3	NF
10/1/2018	erythromycin ethylsuccinate tab	NF	NF	NF
10/1/2018	ERYPED SUSP	NF	NF	NF
10/1/2018	HEPLISAV-B	F	No Change (NF)	No Change (NF)
10/1/2018	HEPLISAV-B	F	No Change (NF)	No Change (NF)
10/1/2018	dexamethasone pak	No Change (NF)	No Change (NF)	No Change (NF)
10/1/2018	DEXPAK TAB	No Change (NF)	NF	No Change (NF)
10/1/2018	CREON CAP	No Change (F)	No Change (F)	No Change (F)



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10/1/2018	ZENPEP CAP	No Change (NF)	No Change (NF)	No Change (NF)
10/1/2018	PERTZYE CAP	No Change (NF)	No Change (NF)	No Change (NF)
10/1/2018	ULTRESA CAP	No Change (NF)	NF	No Change (NF)
10/1/2018	PANCREAZE CAP	No Change (NF)	NF	No Change (NF)
10/1/2018	NEULASTA INJ	No Change (F, KMSP)	No Change (Tier 4, KMSP)	No Change (F, KMSP)
10/1/2018	itraconazole soln (SPORANOX)	No Change (NF)	Tier 1	No Change (NF)
10/1/2018	SPORANOX SOLN	No Change (NF)	Tier 3, PA	No Change (NF)
10/1/2018	dalfampridine ER tab (Ampyra)	F	Tier 4	F
10/1/2018	AMPYRA	NF	NF	NF
10/2/2018	albendazole tab (ALBENZA)	No Change (NF)	Tier 1	No Change (NF)
10/2/2018	ALBENZA	No Change (NF)	Tier 3	No Change (NF)
10/2/2018	tadalafil tab (CIALIS)	No Change (NF)	No Change (Tier 1, QL)	No Change (F, QL)
10/2/2018	CIALIS	No Change (NF)	No Change (Tier 2, QL)	No Change (F, QL)

<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>SP</b>	Specialty Pharmacy Program			<b>RS</b>	Restricted to specialist
<b>MSP</b>	Mandatory Specialty Pharmacy Program				
<b>generic:</b> lower case letters		<b>BRAND:</b> CAPITAL LETTERS		<b>Carve-out:</b> Medi-Cal Fee-For-Service	
<b>No change:</b> no change in formulary status as compared to the previous month					



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