

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, MSP	Tier 4, PA, MSP	F, PA, MSP



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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)

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



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