

# Formulary Updates April 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 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)
4/1/2018	methylphenidate er cap (Ritalin LA)	No Change (F)	No Change (Tier 1)	No Change (F)
4/1/2018	RITALIN LA	No Change (NF)	No Change (Tier 3)	No Change (NF)
4/1/2018	ritonavir tab	CARVE-OUT	Tier 4	Formulary
4/1/2018	NORVIR TAB	CARVE-OUT	Tier 4	Non Formulary
4/1/2018	tydemy tab	No Change (NF)	No Change (NF)	No Change (NF)
4/1/2018	SAFYRAL TAB	No Change (NF)	No Change (NF)	No Change (NF)
4/1/2018	lansoprazole odt	No Change (NF)	No Change (NF)	No Change (NF)
4/1/2018	PREVACID SOLUTAB	No Change (NF)	No Change (NF)	No Change (NF)
4/1/2018	tiagabine tab	No Change (F)	No Change (Tier 1)	No Change (F)
4/1/2018	GABITRIL TAB 12mg, 16mg	Non Formulary	Non Formulary	Non Formulary
4/1/2018	EMFLAZA TAB	No Change (NF)	No Change (NF)	No Change (NF)
4/1/2018	EMFLAZA SUSP	No Change (NF)	No Change (NF)	No Change (NF)
4/1/2018	OSPHENA TAB	No Change (NF)	Tier 3	No Change (NF)
4/1/2018	INTRAROSA SUPP	No Change (NF)	No Change (NF)	No Change (NF)
4/1/2018	XADAGO TAB	Formulary PA, QL	Tier 3 PA, QL	No Change (NF)
4/1/2018	BERINERT INJ	No Change (NF)	No Change (NF)	No Change (NF)
4/1/2018	RUCONEST INJ	No Change (NF)	No Change (NF)	No Change (NF)
4/1/2018	FIRAZYR INJ	No Change (NF)	No Change (NF)	No Change (NF)

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4/1/2018	CINRYZE INJ	No Change (F)	No Change (NF)	No Change (NF)
4/1/2018	HAEGARDA INJ	No Change (NF)	No Change (NF)	No Change (NF)
4/1/2018	HUMALOG INJ	Not Covered	No Change (Tier 3 ST)	No Change (NF)
4/1/2018	QVAR REDIHALER	No change (F)	No Change (NF)	No Change (NF)
4/1/2018	FLOVENT DISKUS INHALER	No Change (NF)	No Change (Tier 1)	No Change (F)
4/1/2018	FLOVENT HFA INHALER	No Change (NF)	No Change (Tier 1)	No Change (F)
4/1/2018	estradiol cream	Formulary	No Change (Tier 1)	Formulary
4/1/2018	ESTRACE VAGINAL CREAM	No Change (NF)	No Change (Tier 3)	No Change (NF)
4/1/2018	EPOGEN INJ	No Change (F, KMSP)	No Change (Tier 4, KMSP)	No Change (F, KMSP)
4/1/2018	PROCRIT INJ	No Change (F, KMSP)	Tier 4, KMSP	No Change (F, KMSP)
4/1/2018	CLINDAGEL	No Change (NF)	Not Covered	No Change (NF)
4/1/2018	NOXAFIL TAB	Formulary	Tier 2	Formulary
4/1/2018	HUMALOG KWIKPEN INJ	NF	No Change (Tier 3, ST)	No Change (NF)
4/1/2018	HUMALOG PEN INJ	NF	No Change (Tier 3, ST)	No Change (NF)
4/1/2018	ARANESP INJ	No Change (F)	No Change (Tier 4, KMSP, ST)	No Change (NF)
4/1/2018	ADMELOG INJ	Formulary	No Change (Tier 3, ST)	No Change (NF)
4/1/2018	ADMELOG SOLOSTAR INJ	Formulary	No Change (Tier 3, ST)	No Change (NF)

<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		