



October 2008 Pharmacy Therapeutics and New Technology Committee Meeting

These changes apply to all LA Care Lines of Business (LA Care Medi-Cal, Healthy Kids, and Healthy Families) unless specified. Changes apply to all strengths and oral dosage forms, unless specified. Effective December 15, 2008.

Drug	Committee Decision
Fluticasone Propionate	LIMITS QUANTITY TO 1 UNIT PER MONTH
Nasonex	LIMITS QUANTITY TO 1 UNIT PER MONTH
Rhinocort Aqua	Remove from formulary
Veramyst	IF AGE <2 OR >6, DRUG NOT COVERED. STEP THERAPY OF FLUTICASONE REQUIRED. LIMITS QUANTITY TO 1 UNIT PER MONTH
Concerta 18-,27-, 54-mg	<ul style="list-style-type: none"> • Modify Age Edit – If Age >21, Drug Not Covered.
Concerta 36mg	<ul style="list-style-type: none"> • Modify Quantity Limit – LIMITS QUANTITY TO 2 IN 1 DAY(S). • Modify Age Edit – If Age >21, Drug Not Covered.
Adderall XR	<ul style="list-style-type: none"> • Modify Age Edit – If Age >21, Drug Not Covered.
Voltaren Gel	Add to formulary with step therapy of oral NSAID
Effexor XR (capsules)	Remove from formulary NOTE: VENLAFAXINE ER TABLETS PREFERRED
Venlafaxine ER (tablets)	Add to formulary with QL #1 in 1 day
Paroxetine CR Tablets (GPID = 17077, 17078, 17079)	<ul style="list-style-type: none"> • Add step therapy of paroxetine tablets • Add QL of 1 in 1 day
Sarafem	Remove from formulary
Asmanex Twisthaler 110mcg	Add to formulary with step therapy of Flovent HFA or QVAR
Sprycel 100mg	Add to formulary with specialty edit allowing only Hematologist or Oncologist to prescribe
Hycamtin	Add to formulary with specialty edit allowing only Hematologist or Oncologist to prescribe
Keppra XR	Add to formulary with step therapy of generic Keppra and QL of 6 in 1 day
Generic Wellbutrin XL	LIMITS QUANTITY TO 2 IN 1 DAY(S)
Omeprazole 40mg	<ul style="list-style-type: none"> • Drug excluded • RECOMMEND USING 2X20mg OMEPRAZOLE TABLETS

Generic Inspra	Remove PA Add Step Therapy of spironolactone
Furadantin	Add to formulary with Age Edit to allow only member ≤4 years old to receive
Imitrex Injections	Add to formulary with quantity limit and step therapy of oral Imitrex
Maxalt, Maxalt MLT	Remove from formulary. NOTE: SUMATRIPTAN IS PREFERRED.
Zomig, Zomig ZMT	Remove from formulary. NOTE: SUMATRIPTAN IS PREFERRED.
Accolate	Remove from formulary.
Branded Augmentin	Remove from formulary NOTE: Please use strengths that are available as generics.
Oral Antineoplastic Systemic Enzyme Inhibitors	Add specialty edit allowing only Hematologist or Oncologist to prescribe
Riomet	Add Age Edit to allow only members that are ≥10 and ≤12 years old to receive.
Loratadine 10mg Rapid Dissolving Tablets	Add Age Edit to allow members that are ≤12 years old to receive.
Loratadine Solution 5mg/5mL	Add Age Edit to allow members that are ≤5 years old to receive.
Loratadine 5mg Chewable Tablets	Add Age Edit to allow members that are ≤5 years old to receive.
Renagel	Add step therapy of Generic PhosLo.
Duetact	Add to formulary with step therapy of pioglitazone or glimepiride.
Rozerem	Modify Step Therapy: Step to generic zolpidem and generic zaleplon.
Lunesta	Modify Step Therapy: Step to generic zolpidem and generic zaleplon.
Tyzeka	Add step therapy of Baraclude OR Hepsera.
Proair HFA	Add QL 2 inhalers per 30 days.
Ciclopirox 8% Solution	Remove PA. Add Age Edit to allow only ≤18 years old to receive.
Narcotic Analgesics with acetaminophen component	Add QL depending on acetaminophen content. (Maximum of 4g of acetaminophen/day)