



4Q2009 Pharmacy Therapeutics and New Technology Committee Meeting

These changes apply to all L.A. Care lines of business, unless specified. Changes apply to all strengths and oral dosage forms, unless specified. Effective 01/01/2010, unless otherwise stated.

Drug	Committee Decision
Effective 12/22/2009	
Uloric	Add to formulary with Prior Authorization.
Savella	Add to formulary with Prior Authorization.
Oxycodone Tablets (5mg, 10mg, 15mg, 30mg, 20mg) and Capsules (5mg)	Add QL of 120 in 30 days.
Morphine Sulfate 15mg, 30mg tablets	Add QL of 120 in 30 days.
Meperidine HCl	Remove from formulary.
Nicardipine	Add to formulary
Axert	Add to formulary with age edit allowing only members ages ≥ 12 and ≤ 17 to receive without any restrictions. Otherwise Prior Authorization required.
Effient	Add to formulary with step therapy of clopidogrel within the last 30 days; also add age edit that blocks patients >75 years of age to get the drug
Onglyza	Add to formulary with step therapy of metformin
Valturna	Add to formulary with step therapy of ACE-I, ARB, Tekturna, or Tekturna HCT
Creon	Add to formulary
Plan B One-Step	Add to formulary with gender edit for females only
Astepro 0.15%	Add to formulary
ProAir HFA	Remove from formulary. Effective 01/01/2010. AS OF 01/01/2010, VENTOLIN HFA PREFERRED
Ventolin HFA	Add to formulary with QL 2 inhalers per 30 days. Effective 01/01/2010.
DM 10 MG-GUAI 300 MG LIQUID	Add safety age edit that will prevent claims adjudication for this medication for children less than 4 years of age. (Member_Age ≥ 4 years)
Isosorbide Mononitrate 120mg	Add to formulary
Minocycline 45mg, 90mg, 135mg Tablet SR 24H	Add to formulary
Effective	
Prevacid 24Hr OTC	Add to formulary with QL of 56 per month.
Lansoprazole 15mg, 30mg (Federal Legend)	Exclude federal legend generic lansoprazole. PREFERRED PRODUCT IS GENERIC OTC LANSOPRAZOLE
Tramadol ER	Add QL to limit 30 tablets per 30 days.
Tramadol	Add QL to limit 180 tablets per 30 days.
Propoxyphene/APAP 650mg	Add QL to limit 180 tablets per 30 days.
Propoxyphene/APAP 500mg	Add QL to limit 240 tablets per 30 days.

Propoxyphene/APAP 325mg	Add QL to limit 360 tablets per 30 days.
Oxycodone/Aspirin	Add QL to limit 360 tablets per 30 days.
Morphine Sulfate Tablets SA	Add QL to limit 60 tablets per 30 days.
Methadone Concentrated Solution	Add QL to limit 90 mL per 30 days.
Methadone Solution	Add QL to limit 450mL per 30 days.
Methadone Tablets	Add QL to limit 90 per 30 days.
Codeine phosphate/APAP 300mg	Add QL to limit 360 per 30 days.
Codeine phosphate/APAP 650mg	Add QL to limit 180 per 30 days.
Codeine phosphate/APAP	Add QL to limit 5000 ml per 30 days.
Levalbuterol 1.25mg/0.5mL	Add step therapy of nebulized albuterol in the last 90 days. REQUIRES TRIAL OF NEBULIZED ALBUTEROL
Votrient	Add to formulary with physician specialty allowing only oncologists and hematologists to prescribe.
Brimonidine Tartrate 0.15%	Add to formulary