



Formulary Updates

January - December 2016

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)
12/20/2016	ezetimibe tab	F	NF	NF
12/20/2016	ZETIA TAB	NF	Tier 2, QL	F, QL
12/20/2016	EPIPEN INJ	NF	No change	NF
12/20/2016	EPINEPHRINE PEN INJ (MYLAN)	F, QL	Tier 2, QL, ST	F, QL
12/13/2016	TAMIFLU CAP	NF	Tier 3, QL	NF
12/13/2016	oseltamivir cap	F, QL	Tier 1, QL	F, QL
12/1/2016	FIRST METRONIDAZOLE SUSP	NF	Tier 3	NF
12/1/2016	BELVIQ XR TAB	F, PA, QL	Tier 2, PA, QL	F, PA, QL
12/1/2016	EPANED SOLN	F, PA	Tier 3, PA	NF
12/1/2016	CYSTARAN OPHTH SOLN	F, PA, QL, LD	No change	No change
11/1/2016	JANUMET TAB	No change	Add QL	No change
11/1/2016	JANUMET XR TAB	No change	Add QL	No change
11/1/2016	NIACOR TAB	No change	NF	No change
11/1/2016	ONGLYZA TAB	No change, NF	NF	No change, NF
11/1/2016	KOMBIGLYZE XR TAB	No change, NF	NF	No change, NF
11/1/2016	INVOKANA TAB	No change, NF	Tier 3, PA, QL	No change, NF
11/1/2016	INVOKAMET TAB	No change, NF	Tier 3, PA, QL	No change, NF
11/1/2016	modafinil tab	No change	No change	F, PA, QL
11/1/2016	LEUKINE INJ	Add PA	Add PA	Add PA
11/1/2016	halobetasol propionate cream	Remove PA	Remove PA	Remove PA
11/1/2016	clobetasol propionate emollient cream	Remove PA	Remove PA	Remove PA
11/1/2016	Fluocinonide Cream 0.1%	NF	NF	NF



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11/1/2016	ZYTIGA TAB	Add QL	No change	Add QL
11/1/2016	CERDELGA CAP	F, PA, LD	Tier 4, PA, MSP	F, PA, MSP
10/18/2016	BEYAZ TAB	NC	F-\$0	F-\$0
10/11/2016	EPZICOM TAB	carve-out	Tier 4, SP	NF
10/1/2016	ZEPATIER TAB	F, PA, QL, MSP	No change	No change
10/1/2016	NINLARO CAP	F, PA, MSP	Tier 4, PA, MSP	F, PA, MSP
10/1/2016	ALECENSA CAP	F, PA, QL, MSP	Tier 4, PA, QL, MSP	F, PA, QL, MSP
10/1/2016	UPTRAVI TAB	F, LD, PA, QL	Tier 4, LD, PA, QL	F, LD, PA, QL
10/1/2016	UPTRAVI THERAPY PACK	F, LD, PA, QL	NF	NF
10/1/2016	naloxone inj	carve-out	No change	F
10/1/2016	NARCAN NASAL SPRAY	carve-out	Tier 2	F
10/1/2016	ALOGLIPTIN TAB	F, QL	Tier 2, QL	F, QL
10/1/2016	ALOGLIPTIN-METFORMIN TAB	F, QL	Tier 2, QL	F, QL
10/1/2016	ALOGLIPTIN-PIOGLITAZONE TAB	F, QL	Tier 2, QL	F, QL
10/1/2016	TRADJENTA TAB	No change, NF	No change	F, QL
10/1/2016	JENTADUETO TAB	No change, NF	No change	F, QL
10/1/2016	JENTADUETO XR TAB	No change, NF	No change, NF	F, QL
10/1/2016	ONGLYZA TAB	No change, NF	Tier 2, QL	NF
10/1/2016	KOMBIGLYZE XR TAB	No change, NF	Tier 2	NF
10/1/2016	JANUVIA TAB	No change	No change	N/A
10/1/2016	JANUMET TAB	Add QL	No change	Add QL
10/1/2016	JANUMET XR TAB	Add QL	No change	Add QL
10/1/2016	ENTRESTO TAB	F, PA, QL	Tier 2, PA, QL	F, PA, QL
10/1/2016	rosuvastatin tab	F, QL	No change	No change
10/1/2016	CRESTOR TAB	No change, NF	Tier 3, QL	NF
10/1/2016	INTUNIV TAB	No change, NF	Remove ST	No change, NF
10/1/2016	NIACOR TAB	NF	No change	NF
10/1/2016	levetiracetam ER tab	F	No change	F
10/1/2016	carbamazepine ER tab	F	No change	F
10/1/2016	armodafinil tab	No change, NF	Tier 1, PA, QL	No change, NF
10/1/2016	NUVIGIL TAB	No change, NF	NF	No change, NF
9/8/2016	NITROSTAT SL TAB	NF	Tier 3	NF
9/8/2016	nitroglycerin SL tab	F	Tier 1	F
9/1/2016	TRIANEX OINT	No change, NF	NF	



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8/1/2016	Imbruvica	F, PA, QL, LD, SF	No change	No change
8/1/2016	COLCHICINE TAB	F, PA	Tier 2, PA	F, PA
8/1/2016	CABOMETYX TAB	F, PA, QL, MSP, SF	Tier 4, PA, QL, MSP, SF	F, PA, QL, SF
8/1/2016	VANCOMYCIN SOLN KIT	No change	Tier 1	No change
7/1/2016	TRESIBA INJ	NF	Tier 2	F
7/1/2016	ZEPATIER TAB	NF	Tier 4, PA, QL, MSP	F, PA, QL, MSP
7/1/2016	TAGRISSO TAB	F, PA, QL, LD, SF	Tier 4, PA, QL, LD	F, PA, QL, MSP, LD
7/1/2016	COTELLIC TAB	F, PA, QL, MSP	Tier 4, PA, QL, MSP	F, PA, QL, MSP
7/1/2016	VARUBI TAB	F, PA, QL, RS	Tier 2, QL, RS	F, QL, RS
7/1/2016	STRENSIQ INJ	F, PA, LD	Tier 4, PA, QL, LD	F, PA, LD
7/1/2016	MITIGARE CAP	F	Tier 2	F
7/1/2016	VERAMYST NASAL SPRAY	NF	Tier 3, QL, ST	NF
7/1/2016	naproxen sodium tab	F	Tier 1	F
7/1/2016	piroxicam cap	F	Tier 1	F
7/1/2016	oxaprozin tab	F	Tier 1	F
7/1/2016	tolmetin cap	NF	Tier 1	NF
7/1/2016	fenoprofen calcium tab	NF	Tier 1	NF
7/1/2016	TOLMETIN TAB	NF	Tier 3	NF
7/1/2016	diclofenac gel	F	Tier 1, QL	NF
7/1/2016	SOLARAZE GEL	NF	Tier 3, PA	NF
7/1/2016	NAFTIN CREAM 1%	No change, NF	Tier 3	NF
7/1/2016	naftifine cream 2%	No change, NF	Tier 1	NF
7/1/2016	NAFTIN CREAM 2%	No change, NF	Tier 3	NF
7/1/2016	NAFTIN GEL	No change, NF	Tier 3	NF
7/1/2016	econazole cream	No change, NF	Tier 1	NF
7/1/2016	oxiconazole nitrate cream	No change, NF	Tier 1	NF
7/1/2016	OXISTAT CREAM	No change, NF	Tier 3	NF
7/1/2016	OXISTAT LOTION	No change, NF	Tier 3	NF
7/1/2016	nystatin/triamcinolone cream	No change, NF	Tier 1	NF
7/1/2016	nystatin/triamcinolone oint	No change, NF	Tier 1	NF
6/1/2016	DESCOVY TAB	carve-out	Tier 4, PA, SP	F, PA, SP
6/1/2016	buprenorphine/naloxone SL tab	carve-out	Tier 1	F
6/1/2016	SUBOXONE SL TAB	carve-out	Tier 3	NF



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6/1/2016	ODEFSEY TAB	carve-out	Tier 4, QL, SP	F, QL, SP
6/1/2016	XELJANZ XR TAB	NF	Tier 4, PA, QL, MSP	NF
5/10/2016	rosuvastatin tab	F	Tier 1, QL	F, QL
5/1/2016	risedronate tab	No change, NF	Tier 1	F
5/1/2016	ACTONEL TAB	No change, NF	Tier 3	NF
5/1/2016	SYPRINE CAP	NF	Tier 4, PA, MSP	NF
5/1/2016	KALYDECO TAB	Add SF	Add SF	Add SF
5/1/2016	SPIRIVA RESPIMAT INHALER 1.25 MCG/ACT	No change, NF	Tier 2, ST	F, ST
5/1/2016	XIFAXAN 550MG TAB	No change	Add PA	No change, NF
5/1/2016	azelastine ophth soln	F	Tier 1	F
4/1/2016	FLOVENT DISKUS INHALER	F, (Age 4-5)	No change	No change
4/1/2016	FLOVENT HFA INHALER	F, (Age 4-5)	No change	No change
4/1/2016	GENVOYA TAB	carve-out	Tier 4, QL, SP	F, QL, SP
4/1/2016	ATRIPLA TAB	carve-out	Add QL	Add QL
4/1/2016	COMPLERA TAB	carve-out	Add QL	Add QL
4/1/2016	DAKLINZA TAB	F, PA, QL, MSP	Tier 4, PA, QL, MSP	F,PA,QL
4/1/2016	ABILIFY TAB	carve-out	Tier 3	No change, NF
4/1/2016	FANAPT TAB	carve-out	Add QL	No change, NF
4/1/2016	ORKAMBI TAB	No change	Tier 4, PA, QL, MSP, SF	F, PA, SL, MSP, SF
4/1/2016	LYNPARZA CAP	F, PA, LD, SF	Tier 4, PA, LD, SF	F,PA
4/1/2016	LONSURF TAB	F, PA, MSP	Tier 4, PA, MSP	F, PA, MSP
4/1/2016	ODOMZO CAP	F, PA, QL, MSP, SF	Tier 4, PA, QL, MSP, SF	F, PA, QL, MSP, SF
4/1/2016	CHOLBAM CAP	F, PA, LD	Tier 4, PA, LD	F, PA, LD
4/1/2016	GENVOYA TAB	carve-out	Tier 4, QL, SP	F, QL, SP
4/1/2016	clindamycin cap	F	Tier 1	F
4/1/2016	NAMENDA XR cap	Remove QL	Remove QL	Remove QL
4/1/2016	PATADAY OPHTH SOLN	NF	Add ST	Add ST
3/1/2016	methadone tab for oral susp 40 MG	Add QL	No change	No change
3/1/2016	ASSURE PRISM	F	No change, NF	No change, NF
3/1/2016	PRADAXA CAP	F	Tier 2	F
3/1/2016	fenofibrate tab	No change, NF	No change	F
3/1/2016	ZARXIO INJ	F, MSP	No change	No change



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2/1/2016	HAVRIX/VAQTA INJ	F	Medical benefit	Medical benefit
2/1/2016	ENGERIX-B/RECOMBIVAX-HB	F	Medical benefit	Medical benefit
2/1/2016	ENGERIX-B INJ	F	Medical benefit	Medical benefit
2/1/2016	GARDASIL INJ	F	Medical benefit	Medical benefit
2/1/2016	CERVARIX INJ	F	Medical benefit	Medical benefit
2/1/2016	GARDASIL 9 INJ	F	Medical benefit	Medical benefit
2/1/2016	GARDASIL 9 INJ	F	Medical benefit	Medical benefit
2/1/2016	VARIVAX INJ	F	Medical benefit	Medical benefit
2/1/2016	ZOSTAVAX INJ	F	Medical benefit	Medical benefit
2/1/2016	TWINRIX INJ	F	Medical benefit	Medical benefit
2/1/2016	M-M-R II INJ	F	Medical benefit	Medical benefit
2/1/2016	TRUMENBA INJ	F	Medical benefit	Medical benefit
2/1/2016	BEXSERO INJ	F	Medical benefit	Medical benefit
2/1/2016	MENOMUNE INJ	F	Medical benefit	Medical benefit
2/1/2016	MENACTRA INJ	F	Medical benefit	Medical benefit
2/1/2016	MENVEO INJ	F	Medical benefit	Medical benefit
2/1/2016	MENHIBRIX INJ	F	Medical benefit	Medical benefit
2/1/2016	TETANUS-DIPHTHERIA TOXOID INJ	F	Medical benefit	Medical benefit
2/1/2016	ADACEL/BOOSTRIX INJ	F	Medical benefit	Medical benefit
2/1/2016	ALINIA TAB	F	Tier 2	Formulary
2/1/2016	DEPEN TITRATAB	F, SP	Tier 2	Formulary
2/1/2016	NUTRITIONAL SUPPLEMENTS	F	Tier 2, PA	F, PA
2/1/2016	REPATHA INJ	F, PA, MSP	Tier 4, PA, MSP	F, PA, MSP
2/1/2016	CRESTOR TAB	F, PA	No change	No change
2/1/2016	XIFAXAN TAB	F, PA	No change	No change, NF
2/1/2016	PREVNAR INJ	Add PA	Medical benefit	Medical benefit
1/1/2016	CORLANOR TAB	NF	Tier 3, PA	NF
1/1/2016	NATPARA INJ	F, PA, LD	Tier 4, PA, LD	F, PA, LD
1/1/2016	IRESSA TAB	Add PA	Add PA	Add PA
1/1/2016	SOMAVERT INJ	Add PA	Add PA	Add PA
1/1/2016	SABRIL POWDER PACK	No change	Add PA	Add PA
1/1/2016	ZAVESCA CAP	Add PA	Tier 4, Add PA, LD	Add PA, LD
1/1/2016	CYTAGON CAP	Add PA	Tier 4, Add PA, LD	Add PA, LD
1/1/2016	CARBAGLU TAB	F, PA, LD	Tier 4, Add PA, LD	N/A



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1/1/2016	clobetasol gel	F, PA	Add PA	Add PA
1/1/2016	PLEGRIDY INJ	F, MSP	Remove PA	F, MSP
1/1/2016	STRATTERA CAP	NF	No change	No change, NF
1/1/2016	TOVIAZ ER TAB	NF	No change	No change, NF
1/1/2016	NUCYNTA IR TAB	NF	No change	No change, NF
1/1/2016	NUCYNTA ER TAB	Add PA	No change	No change
1/1/2016	DARAPRIM TAB	Add PA, LD	Tier 4, Add PA, LD	Add PA, LD
1/1/2016	NAFTIN CREAM	NF	No change	No change
1/1/2016	NAFTIN GEL	NF	No change	No change
1/1/2016	econazole cream	NF	No change	No change
1/1/2016	OXISTAT CREAM	NF	No change	No change
1/1/2016	OXISTAT LOTION	NF	No change	No change
1/1/2016	nystatin/triamcinolone cream	NF	No change	No change
1/1/2016	nystatin/triamcinolone oint	NF	No change	No change
1/1/2016	FLOVENT DISKUS, HFA	NF	No change	No change
1/1/2016	PULMICORT FLEXHALER	NF	No change, NF	No change, NF
1/1/2016	ADVAIR DISKUS, HFA	NF	No change	No change
1/1/2016	SYMBICORT INHALER	NF	No change, NF	No change, NF
1/1/2016	COPAXONE INJ 20MG	NF	No change	No change
1/1/2016	GLATOPA INJ 20MG	F, MSP	No change, NF	No change, NF
1/1/2016	GENOTROPIN	NF	No change, NF	No change, NF
1/1/2016	NUTROPIN AQ INJ	F, PA, MSP	No change, NF	No change, NF
1/1/2016	OMNITROPE INJ	NF	No change, NF	No change, NF
1/1/2016	NORDITROPIN INJ	NF	No change	No change
1/1/2016	TOVIAZ	NF	No change	No change, NF
1/1/2016	EFFIENT	NF	No change	No change

Most recent updates take the place of updates made earlier in the year.

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