

January 6th 2014



Re: Transition to Navitus Formulary for L.A. Care members

Dear Provider,

Effective January 1, 2015, L.A. Care has partnered with Navitus Health Solutions to manage the prescription drug benefit for all lines of business. As a result of this change, there will be changes to the formulary. To make this change easier, some drugs will remain covered for up to 60 days after January 1, 2015 to give patients enough time to switch to a covered formulary alternative. Your patients or their pharmacy may be contacting you if a therapy change is requested.

A summarized list of the affected drugs and formulary alternatives for the Medi-Cal, PASC-SEIU, and L.A. Care Covered lines of business are identified on the following pages. **Please save this list as a reference.** Brands are identified in upper case and generics are identified in lower case. Please note: All possible covered alternatives may not be listed.

Beginning January 1, 2015, please send all prior authorization drug requests for L.A. Care members to Navitus Health Solutions at the following numbers:

Line of Business	Medi-Cal	Healthy Kids L.A. Care Covered, PASC-SEIU	Cal MediConnect
Navitus Provider Line	1-844-268-9786	1-844-268-9787	1-844-268-9785
Navitus Fax	1-855-878-9209	1-855-878-9210	1-855-878-9207

If you have questions regarding the change in formulary, you may contact L.A. Care at the L.A. Care Provider Line at 1-866-522-2736. This line is available 24 hours a day, seven days a week.

Sincerely,

Gertrude S. Carter, M.D.

Gertrude S. Carter, MD
Chief Medical Officer

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MEDI-CAL LINE OF BUSINESS

Drugs Affected	Formulary Alternatives
ACTONEL, ATELVIA, BONIVA, FOSAMAX PLUS D, ibandronate, risedronate	alendronate
ACTOPLUS MET XR, INVOKAMET, JENTADUETO, OSENI	pioglitazone/metformin, JANUMET, KOMBIGLYZE XR
ACZONE, AZELEX, EPIDUO, ZIANA, clindamycin aerosol, clindamycin/benzoyl peroxide, erythromycin/benzoyl peroxide, sulfacetamide lotion	adapalene (PA), benzoyl peroxide (QL), clindamycin gel, erythromycin, sodium sulfacetamide gel, tretinoin (PA)
ADDERALL, DAYTRANA, FOCALIN, INTUNIV, RITALIN, amphetamine/dextroamphetamine XR, dexmethylphenidate	amphetamine/dextroamphetamine, methylphenidate products, ADDERALL XR, STRATTERA, VYVANSE
ALORA, CENESTIN, COMBIPATCH, DIVIGEL, ENJUWIA, ESTROGEL, EVAMIST, MENEST, MENOSTAR, MIMVEY, MINIVELLE	estradiol patch, estradiol tab, estropipate, PREMARIN, PREMPHASE, VIVELLE
ALPHAGAN P, COMBIGAN, LUMIGAN, TRAVATAN Z, XALATAN, ZIOPTAN	betaxolol, brimonidine, carteolol, dorzolamide/timolol, latanoprost (QL), levobunolol, timolol
ALVESCO, ASMANEX, DALIRESP, QVAR	AEROSPAN, FLOVENT, PULMICORT
ANDRODERM, AXIRON, DEPO-TESTOSTERONE, METHITEST, TESTIM, TESTRED	testosterone inj, ANDROGEL (PA)
APIDRA, LEVEMIR, NOVOLIN, NOVOLOG	HUMALOG, HUMULIN, LANTUS
ASACOL, DELZICOL, PENTASA	APRISO, LIALDA
AXERT, CAFERGOT, FROVA, RELPAX, SUMAVEL, TREXIMET, zolmitriptan	naratriptan(QL), rizatriptan (QL), sumatriptan (QL)
AZOR, BENICAR HCT, DIOVAN HCT, EDARBYCLOR, EXFORGE HCT, MICARDIS HCT, TRIBENZOR, telmisartan/hctz	amlodipine/valsartan, irbesartan/HCTZ, valsartan/HCTZ
BECONASE AQ, DYMISTA, NASONEX, OMNARIS, VERAMYST	Flunisolide (QL), fluticasone (QL), triamcinolone (QL), QNASL (QL), NASACORT OTC (QL)
BENICAR, COZAAR, DIOVAN, EDARBI, MICARDIS, TEKTURN, candesartan, telmisartan	eprosartan, irbesartan, losartan, valsartan
BRILINTA, ZONTIVITY, clopidogrel 300mg	clopidogrel 75mg, ticlopidine, EFFIENT
BRINTELLIX, FETZIMA, PEXEVA, PRISTIQ, PROZAC WEEKLY, WELLBUTRIN, clomipramine, venlafaxine	citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine ER
BROMFED DM, MUCINEX, TUSSICAPS, guaifenesin DAC, hydrocodone/cpm susp	guaifenesin/codeine, promethazine/codeine, promethazine DM
butalbital/apap/caffeine, butalbital/asa/caffeine	acetaminophen, ibuprofen, naproxen

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Drugs Affected	Formulary Alternatives
butalbital/apap/caffeine/codeine, butalbital/asa/caffeine/codeine, hydrocodone/ibuprofen	acetaminophen/codeine, hydrocodone/acetaminophen
BUTRANS, DILAUDID, EXALGO, OPANA, SUBSYS, morphine sulfate ER cap, tramadol ER, tramadol/acetaminophen, oxymorphone	fentanyl patch, methadone, morphine sulfate, morphine sulfate ER tab, oxycodone, tramadol
BYETTA	BYDUREON, VICTOZA
CAMBIA, DUEXIS, FLECTOR, PENNSAID, VIMOVO, VOLTAREN GEL, diclofenac/misoprostol, etodolac ER, ketoprofen SR	diclofenac, etodolac, ibuprofen, indomethacin, ketoprofen, meloxicam, nabumetone, naproxen
carbamazepine ER, lamotrigine ER, levetiracetam ER, TROKENDI XR	carbamazepine, lamotrigine, levetiracetam, topiramate
carisoprodol/asa/codeine, metaxalone, tizanidine cap	baclofen, carisoprodol, cyclobenzaprine, methocarbamol, orphenadrine, tizanidine tab
clindamycin 300mg	clindamycin 150mg
clobetasol foam, clobetasol emulsion, clobetasol lotion, clobetasol shampoo, fluocinolone acetonide oil, hydrocortisone butyrate	alclometasone, amcinonide, augmented betamethasone, clobetasol cream/oint, desonide, desoximetasone, fluocinolone, fluocinonide, hydrocortisone, mometasone, triamcinolone
CRESTOR, LIVALO, LOVAZA, fenofibrate, fenofibric acid	atorvastatin, fenofibric acid DR, gemfibrozil, pravastatin, simvastatin, LOFIBRA
desloratadine, fexofenadine, levocetirizine	cetirizine (QL), loratadine (QL)
DETROL, ENABLEX, MYRBETRIQ, VESICARE, trospium	oxybutynin, tolterodine, bethanechol, TOVIAZ
DEXILANT, NEXIUM	lansoprazole (QL), omeprazole, rabeprazole,
DIABETIC NEEDLES/SYRINGES	B-D PRODUCTS
DIABETIC TEST STRIPS	FREESTYLE, PRECISION XTRA
ELIQUIS	PRADAXA, XARELTO
ESTRACE, VAGIFEM	ESTRING, PREMARIN
famciclovir	acyclovir, valacyclovir
felodipine ER	amlodipine, diltiazem, nifedipine, verapamil
INVOKANA	FARXIGA, JARDIANCE
LAMISIL, NOXAFIL, SPORANOX	griseofulvin, nystatin, terbinafine
LASTACAPT, PATANOL, azelastine	PATADAY
MIRAPEX ER, ropinirole ER	pramipexole, ropinirole, NEUPRO
nateglinide	repaglinide
NESINA, TRADJENTA	JANUVIA (QL), ONGLYZA (QL)
NUVIGIL	Modafinil (QL)
PANCREAZE, PANCRELIPASE, ZENPEP	CREON
PROAIR HFA, PROVENTIL HFA, XOPENEX HFA, albuterol neb solution 0.63mg, 1.25mg, levalbuterol	albuterol neb 0.5%, 0.083%, VENTOLIN HFA (QL)
ROZEREM, temazepam 7.5mg, 22.5mg, zolpidem ER	eszopiclone (QL), temazepam 15mg, 30mg, zaleplon, zolpidem (QL)

Additionally, DESI products will no longer be covered beginning January 1, 2015.



PASC-SEIU LINE OF BUSINESS

Drugs Affected	Formulary Alternatives
acyclovir oint	ZOVIRAX OINT
ALBENZA	BILTRICIDE, STROMEKTOL
alprazolam ER	alprazolam
AMBIEN CR, zolpidem ER	zolpidem
AMRIX, metaxalone	baclofen, carisoprodol, cyclobenzaprine, methocarbamol, orphenadrine, tizanidine tab
ASCOMP/CODEINE, hydrocodone/acetaminophen	acetaminophen/codeine, hydrocodone/acetaminophen
AXIRON, FORTESTA	testosterone inj, ANDROGEL (PA)
azelastine nasal	ASTEPRO, PATANASE
azelastine ophth	PATADAY
AZOR, DIOVAN HCT, MICARDIS HCT, TRIBENZOR	irbesartan/HCTZ, valsartan/HCTZ
BENICAR, candesartan, telmisartan, valsartan	eprosartan, irbesartan, losartan, DIOVAN
BRILINTA	clopidogrel 75mg, ticlopidine, EFFIENT
BRINTELLIX, PRISTIQ, clomipramine,	citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine ER
buprenorphine SL tab, buprenorphine/naloxone SL tab	butorphanol nasal spray (QL), SUBOXONE SL FILM
butalbital/apap/caffeine, butalbital/asa/caffeine	acetaminophen, ibuprofen, naproxen
BYETTA	VICTOZA
calcitonin spray	FORTICAL SPRAY
carbamazepine ER	carbamazepine
CLIMARA PRO, COMBIPATCH, DIVIGEL, ENJUVA, ESTROGEL, EVAMIST, estradiol/norethindrone, mimvey	estradiol patch, estradiol tab, PREMARIN, PREMPHASE, VIVELLE
clotrimazole	ciclopirox, econazole, ketoconazole, nystatin,
CORDRAN, betamethasone, fluocinolone acetonide oil,	alclometasone, amcinonide, augmented betamethasone, clobetasol cream, desonide, desoximetasone, fluocinolone, fluocinonide, hydrocortisone, mometasone, triamcinolone
DIABETIC NEEDLES/SYRINGES	B-D, FREESTYLE, NOVO SYRINGES & PEN NEEDLES
DIABETIC TEST STRIPS	FREESTYLE, PRECISION XTRA
diclofenac/misoprostol	diclofenac, etodolac, ibuprofen, indomethacin, ketoprofen, meloxicam, nabumetone, naproxen
EDEX	CIALIS (QL), VIAGRA (QL)
famciclovir	acyclovir, valacyclovir
felodipine ER	amlodipine, diltiazem, nifedipine, verapamil
femcon fe, lo loestrin fe, minastrin fe	Formulary Alternatives



Drugs Affected	Formulary Alternatives
fenofibrate, fenofibric acid dr	gemfibrozil, LOFIBRA, TRILIPIX
FLECTOR, VOLTAREN GEL	diclofenac, etodolac, ibuprofen, indomethacin, ketoprofen, meloxicam, nabumetone, naproxen
FOCALIN, STRATTERA, amphetamine/dextroamphetamine XR, dexmethylphenidate	amphetamine/dextroamphetamine, methylphenidate, ADDERALL XR, VYVANSE
GLUMETZA, metformin ER osmotic tab	metformin, metformin ER
HUMULIN, RELION, HUMALOG	NOVOLIN, NOVOLOG
ibandronate	alendronate
INVOKANA	FARXIGA, JARDIANCE
JENTADUETO	pioglitazone/metformin, JANUMET, KOMBIGLYZE
lamotrigine ER	lamotrigine
levalbuterol	albuterol neb solution
levocetirizine	cetirizine (QL), loratadine (QL)
LIPITOR, LIVALO, VYTORIN	atorvastatin, pravastatin, simvastatin, CRESTOR (QL)
nateglinide	Repaglinide
NEXIUM, PREVACID	omeprazole, pantoprazole, rabeprazole, PREVACID OTC
NITRO-BID OINT	isosorbide, NITROSTAT
oxymorphone	morphine sulfate, fentanyl patch, oxycodone, OXYCONTIN (PA)
PENTASA	APRISO
PROAIR HFA, PROVENTIL HFA	VENTOLIN HFA (QL)
QNASL	flunisolide (QL), fluticasone (QL), triamcinolone (QL), NASACORT OTC (QL), NASONEX (QL)
RENAGEL	RENVELA
SYMBICORT	ADVAIR, BREO ELLIPTA, DULERA
TAZORAC, clindamycin/benzoyl peroxide, erythromycin/benzoyl peroxide, sodium sulfacetamide	adapalene (QL), clindamycin gel, erythromycin, sodium sulfacetamide gel, tretinoin (QL)
TRADJENTA	JANUVIA, ONGLYZA
tramadol, tramadol/acetaminophen	tramadol
tropium	bethanechol, oxybutynin, tolterodine, MYRBETRIQ, TOVIAZ
VAGIFEM	ESTRING, PREMARIN
XIFAXAN	lactulose

Additionally, DESI products will no longer be covered beginning January 1, 2015.



L.A. CARE COVERED LINE OF BUSINESS

Drugs Affected	Previous Formulary Tier	New Coverage	Formulary Alternatives
ACTOPLUS MET XR	2	3	pioglitazone/metformin tab, pioglitazone/glimepiride, AVANDAMET, JANUMET
ACZONE	3	NC	clindamycin topical, erythromycin topical, tretinoin (PA)
ANIMI-3	3	NC	omega-3-acid ethyl esters cap
ANORO ELLIPTA, DALIRESP	2	NC	ADVAIR, COMBIVENT
AVAPRO	2	3	candesartan, eprosartan, irbesartan, losartan
azelastine nasal spray	1	NC	ASTEPRO, PATANASE
BACITRACIN OPHTH OINT	1	2	bacitracin/neomycin/polymyxin, bacitracin/polymyxin
BACTROBAN NASAL, EMEND, CONDYLOX, EPIPEN	2	3	Tier change only
BENICAR HCT	2	NC	candesartan, eprosartan, irbesartan, losartan
butalbital/apap/caffeine, butalbital/asa/caffeine	1	NC	ibuprofen, naproxen, OTC alternatives
butalbital/apap/caffeine/ codeine, butalbital/asa/caffeine/ codeine	1	NC	acetaminophen/codeine, hydrocodone/acetaminophen, oxycodone/acetaminophen
BUTRANS	2	3	fentanyl patch, morphine sulfate ER
BYETTA	2	3	BYDUREON, VICTOZA
CAMBIA	3	NC	diclofenac tab
CARBATROL	2	3	carbamazepine
ciprofloxacin otic	1	3	ofloxacin
clindamycin aerosol	1	NC	clindamycin topical solution
CLOBEX	2	3	clobetasol
clonidine ER	1	NC	amphetamine/dextroamphetamine, methylphenidate, dexamethylphenidate, ADDERALL XR, VYVANSE
CORDRAN	2	3	desoximetasone, fluticasone, clobetasol, mometasone
COREG CR	2	3	carvedilol, labetalol
CORTISPORIN	2	3	OTC alternatives
desloratadine, levocetirizine, fexofenadine/pseudophedrine, loperamide, polyethylene glycol, clotrimazole soln,	1	NC	OTC alternatives
DEXILANT	2	3	omeprazole, pantoprazole, rabeprazole



Drugs Affected	Previous Formulary Tier	New Coverage	Formulary Alternatives
DIABETIC SYRINGES	2	3	B-D,FREESTYLE, NOVOFINE SYRINGE
DIABETIC TEST STRIPS	2	3	ACCU-CHEK, FREESTYLE, PRECISION
DICLEGIS	3	NC	ondansetron, OTC alternatives
diethylpropion ER	1	NC	phentermine
diflorasone	1	2	desoximetasone, fluticasone, clobetasol, mometasone
DONNATAL	2	3	belladonna alkaloids-phenobarbital, chlordiazepoxide/clidinium, dicyclomine, hyoscyamine
EMTRIVA	2	4	Tier change only
EPINEPHRINE INJ	1	3	Tier change only
fenofibric acid dr	1	NC	gemfibrozil, LOFIBRA, TRILIPIX
fluoxetine tab	1	NC	venlafaxine, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline
FML	2	3	fluorometholone
GIANVI, LORYNA, SYEDA	5	NC	Formulary Contraceptives
HUMALOG, HUMULIN, RELION	2	NC	NOVOLOG, NOVOLIN
INVOKANA	2	3	FARXIGA, JARDIANCE
JINTELI	1	2	esterified estrogens/methyltestosterone, estra/noreth tab, PREMPHASE, PREMPRO
lamivudine, nevirapine, ribavirin, methotrexate inj, sildenafil, mycophenolate mofetil	1	4	Tier change only
LO LOESTRIN FE	2	3	Formulary Contraceptives
LOVAZA	2	3	omega-3-acid ethyl esters cap
metformin ER osmotic tab	1	NC	metformin, metformin ER
MINIVELLE, COMBIPATCH	2	3	esterified estrogens/methyltestosterone, estra/noreth tab, PREMPHASE, PREMPRO
NEUPRO	2	3	amantadine, bromocriptine, pramipexole, ropinirole
NEXIUM	2	NC	omeprazole, pantoprazole, rabeprazole
NITRO-BID	2	3	nitroglycerin cap, isosorbide, NITROSTAT
OGESTREL, LOMEDIA 24 FE	5	3	Formulary Contraceptives
OSPHENA	3	NC	estradiol, estropipate, PREMARIN, VIVELLE
OXYCODONE HCL, PRENTAL	1	2	Tier change only



Drugs Affected	Previous Formulary Tier	New Coverage	Formulary Alternatives
TAB			
PATANOL	2	3	azelastine, PATADAY
PICATO	2	3	imiquimod cream
PRISTIQ	2	3	venlafaxine, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline
PROAIR HFA	2	NC	VENTOLIN HFA (QL)
PROVENTIL HFA	3	NC	VENTOLIN HFA (QL)
QUARTETTE	3	NC	Formulary Contraceptives
SPS	1	3	sodium polystyrene susp.
STRATTERA, FOCALIN SR, RITALIN LA	2	3	amphetamine/dextroamphetamine, methylphenidate, dexamethylphenidate, ADDERALL XR, VYVANSE
SYMBICORT	3	NC	ADVAIR, COMBIVENT
TAZORAC	2	3	Calcipotriene
telmisartan, valsartan, telmisartan/hctz	1	NC	candesartan, eprosartan, irbesartan, losartan
TESTOSTERONE GEL	1	3	ANDROGEL (PA), ANDRODERM (PA)
TETRACYCLINE HCL	1	3	doxycycline, minocycline
TOPICORT	3	NC	desoximetasone, fluticasone, clobetasol, mometasone
TRADJENTA, JENTADUETO	2	3	JANUVIA (QL), ONGLYZA (QL)
VAGIFEM	2	3	ESTRACE, ESTRING, PREMARIN
VIIBRYD	3	NC	venlafaxine, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline
VOLTAREN GEL	2	3	diclofenac, naproxen, lidocaine oint
XIFAXAN	2	3	lactulose
XOLEGEL	3	NC	ketoconazole
ZITHROMAX POWDER	1	3	azithromycin tabs or suspension
zolpidem tab ER	1	NC	zolpidem (QL), zaleplon

Additionally, DESI products will no longer be covered beginning January 1, 2015.

