

Community Health Group Medi-Cal Formulary

Recent Formulary Changes 2018

Symbol	Guideline	Description
PA	Prior Authorization	Requires specific physician request process
ST	Step Therapy	Coverage may depend on previous use of another drug
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
GL	Gender Limit	Coverage may depend on patient gender
AL	Age Limit	Coverage may depend on patient age
PR	Physician Restriction	Coverage may depend on physician specialty

Drug Name	Formulary Change	Effective Date
Afinitor and Afinitor Disperz	Added AL	7/31/2018
Bonjesta	Added to formulary with PA and QL	7/31/2018
Bosulif	Added to formulary with PA and AL	7/31/2018
Incruse Ellipta	Added to formulary with QL	7/31/2018
Opdivo 240mg/24 ml	Added to formulary	8/2/2018
Tamiflu and Relenza	Removed QL	8/2/2018
Tasigna	Added to formulary with PA and AL	8/2/2018
OTC Melatonin	Added to formulary with QL	8/6/2018
Humalog Vial, Novolog Vial	Added ST	8/15/2018
Firvanq	Added to formulary with QL	8/21/2018
Aptiom	Added to formulary with ST, QL, and AL	9/13/2018
Bupropion SR (Zyban)	Updated QL	9/13/2018
Hepilisav-B	Added to formulary with AL	9/22/2018
Liothyronine	Removed PR	9/25/2018
Methylphenidate ER, Methylphenidate ER (CD), Methylphenidate ER (LA), Dextroamphetamine/Amphetamine ER, Dextroamphetamine Sulfate ER, Dexmethylphenidate ER, Dextroamphetamine Sulfate	Updated AL and ST	9/27/2018
Vyvanse Chewables	Added to formulary with ST and QL	10/16/2018
Vyvanse Capsules	Removed AL and PA, added ST and QL.	10/16/2018
Oxycodone	Added to formulary	10/25/2018
Erleada, Imbruvica	Added to formulary with PA and AL	10/30/2018
Mylotarg, Besponsa	Added to formulary with PA and AL	10/30/2018
Nicotine Gum, Lozenge, Patch	Updated QL	10/30/2018
Proair	Updated QL	11/2/2018
Epinephrine Pens	Updated QL	11/6/2018
Retacrit	Added to formulary with PA and AL	11/13/2018

Venclexta	Added to formulary with PA and AL	11/13/2018
Basaglar	Removed PA, added QL and AL	11/13/2018
Humira	Added to formulary with PA and AL	11/19/2018
<i>Norelgestromine/ethin.estradiol (Xulane)</i>	Updated QL	11/20/2018
<i>etonogestrel/ethinyl estradiol (Nuvaring)</i>	Updated QL	11/20/2018
<i>Drospirenone/eth estra/levomefol</i>	Removed QL	11/20/2018
<i>Norgestimate/ethinyl estradiol (Ortho-Cyclen, Ortho Tri-Cyclen, Ortho-Tri-Cyclen LO)</i>	Removed QL	11/20/2018
<i>Norgestimate/ethinyl estradiol (Ortho-Tri-Cyclen LO)</i>	Added to formulary and removed QL	11/20/2018
<i>Norethindrone acetate/ethinyl estradiol</i>	Removed QL	11/20/2018
<i>Estradiol valerate/dienogest</i>	Removed QL	11/20/2018
Diclofenac	Removed ST	12/6/2018
Proton Pump Inhibitor	Removed fill limit	12/14/2018
Adapalene 0.1% OTC gel	Added to formulary	12/18/2018
Rosuvastain	Updated QL	12/19/2018
Admelog Solostar	Removed PA, added QL	12/24/2018
Trientine, Pencillamine	Added to formulary with PA	12/24/2018