



Health Services
LOS ANGELES COUNTY

**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
CORE PHARMACY & THERAPEUTICS COMMITTEE**

October 30, 2018

TO: DHS Core P&T Committee
MHLA Clinics

FROM: Jeffrey Guterman, M.D.
Jean Pallares, Pharm.D.
Chairs, DHS Core Pharmacy and Therapeutics Committee

RE: October 2018 DHS Core Formulary Decisions

MY HEALTH LA FORMULARY

Formulary Addition

Drug Product	Comments
Tiotropium (Spiriva Handihaler®) 18mcg Inhalation Capsules	Pricing group: 340B; no restrictions
Finasteride 5mg Oral Tablets	Pricing group: DHS4; no restrictions
Cyanocobalamin 1000mcg Oral Tablets	Pricing group: OTC2; Restricted to documented Vitamin B12 deficiency; Maximum of 100 tablets within any 100-day period
Insulin Detemir (Levemir FlexTouch ®) 100units/mL Pen Injection	Pricing group: 340B; Restricted to Type 1 Diabetes treatment; OR NPH failure defined as not achieving glycemic goals due to hypoglycemia despite dosage reduction; OR Type 2 Diabetic patients that have significant vision impairment (i.e. legally blind or low vision patients with central/peripheral visual field deficit); Maximum 20 pens (60mL) within any 30-day period. Insulin pen needles to be dispensed with insulin pens.
Insulin Lispro (Humalog KwikPen®) 100units/mL Pen Injection	Pricing group: 340B; Maximum 20 pens (60ml) within any 30-day period; Insulin pen needles to be dispensed with insulin pens.
Insulin Pen Needles	Pricing group: DHS MAC (\$6 per 50 pen needles); To be dispensed with insulin pens; Maximum 100 pen needles within any 20-day period.
Exenatide 250mcg/mL (Byetta®) Pen Injection, Exenatide Extended Release Suspension (Bydureon®) Pen Injection	Pricing group: 340B; restricted to MHLA Byetta®/Bydureon® Prior Authorization Form (can be downloaded from MHLA website).
Rifapentine 150mg Oral Tablets	Pricing group: 340B; Restricted to use in combination with Isoniazid (once weekly for 3 months) for the treatment of latent tuberculosis infection
Isoniazid 100mg Oral Tablets	Pricing group: DHS4

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Price Group Change

Drug Product	Comments
<i>The following medications can now be filled at any Ventegra contracted pharmacies or dispensaries</i>	
Atorvastatin 10mg, 20mg, 80mg Oral Tablets	Pricing group changed to DHS4.
Atorvastatin 40mg Oral Tablets	Pricing group changed to DHS8.
Gemfibrozil 600mg Oral Tablets	Pricing group changed to DHS8.
Methylprednisolone 4mg (Medrol Dose Pack) Oral Tablets	Pricing group changed to DHS8.
Latanoprost 0.005% Ophthalmic Solution	Pricing group changed to DHS8.
Losartan 25mg, 50mg, 100mg Oral Tablets	Pricing group changed to DHS4.
Montelukast 10mg Oral Tablets	Pricing group changed to DHS4.
Mupirocin 2% Ointment	Pricing group changed to DHS8.
<i>The following medications can now ONLY be filled at 340B contracted pharmacies or dispensaries</i>	
Levothyroxine 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg Oral Tablets	Pricing group changed to 340B; Restricted to Mylan generic only
Carbamazepine IR 200mg Oral Tablets	Pricing group changed to 340B; Following specialty provider initiation, Restricted to Tegretol® brand only
Nitroglycerin 0.4mg Sublingual Tablets	Pricing group changed to 340B.

Restriction Change

Drug Product	Comments
Carbidopa-Levodopa Oral Tablets	Restricted to generic only.
Clonidine 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr Transdermal Patches	Restricted to the following brand names only: Catapres-TTS®-1, Catapres-TTS®-2, and Catapres-TTS®-3.
Levetiracetam 500mg, 750mg Oral Tablets	Following specialty provider initiation. Restricted to generic only.
Imiquimod 5% Cream	Restricted to Taro generic only.