

Formulary Updates July 2023



L.A. Care
HEALTH PLAN®

For All of L.A.

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 as of 07/01/2023:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
REZLIDHIA CAP	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
KRAZATI TAB	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
LYTGOBI THERAPY PACK	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
RELYVRIO PAK	Tier 4, LD, PA, QL	F, LD, PA, QL
NEXLETOL TAB	Tier 2, PA, QL	F, PA, QL
NEXLIZET TAB	Tier 2, PA, QL	F, PA, QL
COVID-19 VACCINE INJ (PFIZER)	NC	NC
COVID-19 VACCINE INJ 5-11Y (PFIZER)	NC	NC
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	NC	NC
COVID-19 VACCINE INJ 6M-5Y (MODERNA)	NC	NC
COVID-19 VACCINE INJ 6-11Y (MODERNA)	NC	NC
COVID-19 VACCINE BOOSTER INJ (MODERNA)	NC	NC
TRIKAFTA THERAPY PACK	Tier 4, LD, PA, QL	F, LD, PA, QL

NC = Not Covered

EXC Plan Exclusion

LD Limited Distribution

MSP Mandatory Specialty Pharmacy Program

PA Prior Authorization

RS Restricted to Specialist

generic = small letters

INF Infertility

LMSP Lumicera Mandatory Specialty Pharmacy Program

ONC Oral Anticancer medication <=\$250 up to 30 day supply/Rx

QL Quantity Limit

SF Limited to two 15 day fills per month for first 3 months

BRANDS = CAPITAL LETTERS

KMSP Kroger Mandatory Specialty Pharmacy Program

M Medical Benefit

OTC Over-the-counter

RDX Restricted to Diagnosis

SMKG Smoking Cessation