

# Formulary Updates February 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 02/01/2023:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
midazolam inj	Tier 1, RS	F, RS
sildenafil susp	Tier 1, PA	F, PA
REVATIO SUSP	Tier 3, PA	No Change (NF)
lansoprazole/amoxicillin/clarithromycin kit	NF	No Change (NF)
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT	NF	No Change (NF)
PREVPAK KIT	NF	No Change (NF)
PYLERA CAP	NF	No Change (NF)
rabeprazole EC tab	Tier 1	F
ACIPHEX	Tier 3	No Change (NF)
celecoxib cap	Tier 1	F
CELEBREX CAP	Tier 3	No Change (NF)
loestrin tab	\$0	\$0
loestrin 21 tab	\$0	\$0
norethindrone/ethinyl estradiol FE tab	\$0	\$0
drospirenone/ethinyl estradiol/levomefolate tab	\$0	\$0
norethindrone ace-ethinyl estradiol-fe cap	\$0	\$0



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mibelas chew tab	\$0	\$0
SKYRIZI INJ	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
ESBRIET INJ	No Change (Tier 4, LMSP, PA, QL, SF)	NF

**NC = Not Covered**

**INF** Infertility  
**OTC** Over-the-Counter  
**QL** Quantity Limit  
**SMKG** Smoking Cessation  
**SF** Limited to two 15 day fills per month for first 3 months

**generic = small letters**

**LD** Limited Distribution  
**PA** Prior Authorization  
**RS** Restricted to Specialist  
**VAC** Vaccine Program

**BRANDS = CAPITAL LETTERS**

**KMSP** Kroger Mandatory Specialty Pharmacy Program  
**LMSP** Lumicera Mandatory Specialty Pharmacy Program  
**MSP** Mandatory Specialty Pharmacy Program  
**ST** Step Therapy



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