

# Formulary Updates April 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 04/01/2023:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
BENZNIDAZOLE TAB	Tier 2, RS	F, RS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO Equiv)	Tier 1	F
EPIDUO GEL 0.1-2.5%	Tier 3	No Change (NC)
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE Equiv)	Tier 1	F
AMJEVITA AUTO-INJECTOR (1 PEN PACK)	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
AMJEVITA AUTO-INJECTOR (2 PEN PACK)	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
MIRCETTE TAB	NC	No Change (NC)
SAFYRAL TAB	NC	No Change (NC)
YAZ TAB, YASMIN 28 TAB	NC	No Change (NC)
ORTHO-CYCLLEN TAB	NC	No Change (NC)
TRI-NORINYL TAB	NC	No Change (NC)
MINASTRIN CHEW TAB	NC	No Change (NC)
BEYAZ TAB	NC	No Change (NC)
DESOGEN TAB	NC	No Change (NC)
OVCON 35 TAB	NC	No Change (NC)
NOR-QD TAB	NC	No Change (NC)



**ELEVATING  
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IN LOS ANGELES COUNTY  
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FEMCON FE CHEW TAB	NC	No Change (NC)
ESTROSTEP FE TAB	NC	No Change (NC)
SEASONIQUE TAB	NC	No Change (NC)
ORTHO TRI-CYCLEN (LO) TAB	NC	No Change (NC)
TAYTULLA CAP	NC	No Change (NC)
mifepristone tab	\$0	\$0
HYFTOR GEL	Tier 4, LD, PA, QL	F, LD, PA, QL
roflumilast tab	No Change (Tier 1)	F
DEXCOM G7 SENSOR	Tier 2, PA, QL	F, PA, QL
DEXCOM G7 RECEIVER	Tier 2, PA, QL	F, PA, QL
IBRANCE CAP	NC	NC
IBRANCE TAB	NC	NC
KISQALI TAB	Tier 4, LMSP, PA, QL	F, PA, LMSP, QL
ZORYVE CREAM	Tier 2, PA, QL	F, PA, QL
LUMAKRAS TAB 320MG	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
teriflunomide tab	Tier 4, LMSP	F, LMSP
AUBAGIO TAB 14MG, 7MG	NC	NC

**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



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