

# Formulary Updates May 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 05/01/2023:

| Drug   | L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD) | In-Home Support Services (PASC-SEIU) |
|--|---|--------------------------------------|
| lurasidone tab (LATUDA TAB Equiv)              | Tier 1  | F                                    |
| lubiprostone cap (AMITIZA Equiv)               | Tier 1, PA, QL  | F, PA, QL                            |
| PURIXAN SUSP                                   | Tier 3, PA  | No Change (NC)                       |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT           | Tier 2, QL, ST  | F, QL, ST                            |
| CLENPIQ SOLN                                   | NC  | NC                                   |
| sodium/potassium/magnesium soln (SUPREP Equiv) | \$0, QL   | \$0, QL                              |
| peg 3350 soln 100gm (MOVIPREP Equiv)           | \$0, QL   | \$0, QL                              |
| levalbuterol neb soln (XOPENEX Equiv)          | No Change (Tier 1)  | F                                    |
| NOXAFIL SUSP                                   | Tier 3  | No Change (NC)                       |
| posaconazole susp (NOXAFIL Equiv)              | Tier 1  | No Change (NC)                       |

### NC = Not Covered

|            |                                      |
|------------|--------------------------------------|
| <b>EXC</b> | Plan Exclusion                       |
| <b>LD</b>  | Limited Distribution                 |
| <b>MSP</b> | Mandatory Specialty Pharmacy Program |
| <b>PA</b>  | Prior Authorization                  |
| <b>RS</b>  | Restricted to Specialist             |

### generic = small letters

|             |   |
|-------------|---|
| <b>INF</b>  | Infertility   |
| <b>LMSP</b> | Lumicera Mandatory Specialty Pharmacy Program             |
| <b>ONC</b>  | Oral Anticancer medication <=\$250 up to 30 day supply/Rx |
| <b>QL</b>   | Quantity Limit  |
| <b>SF</b>   | Limited to two 15 day fills per month for first 3 months  |

### BRANDS = CAPITAL LETTERS

|             |   |
|-------------|---|
| <b>KMSP</b> | Kroger Mandatory Specialty Pharmacy Program |
| <b>M</b>    | Medical Benefit                             |
| <b>OTC</b>  | Over-the-counter                            |
| <b>RDX</b>  | Restricted to Diagnosis                     |
| <b>SMKG</b> | Smoking Cessation                           |



**ELEVATING  
HEALTHCARE**  
IN LOS ANGELES COUNTY  
SINCE 1997