

# Formulary Updates June 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 06/01/2023:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
amlodipine/atorvastatin tab	No Change (Tier 1)	NC
amlodipine/valsartan/hydrochlorothiazide tab	NC	NC
ATORVALIQ SUSP	Tier 3, PA	No Change (NC)
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	NC	NC
CLEOCIN VAGINAL SUPP	Tier 3, QL	No Change (NC)
CLINDESSE VAGINAL CREAM	Tier 3, QL	No Change (NC)
FLOLIPID SOLN	Tier 3, PA	No Change (NC)
TEZSPIRE INJ	Tier 4, PA, QL, LMSP	F, PA, QL, LMSP
VOTRIENT TAB	Tier 4, PA, QL, SF, LMSP	F, PA, QL, SF, LMSP
EXFORGE HCT TAB	NC	No Change (NC)
CELONTIN CAP	Tier 3	NC
gefitinib tab	Tier 4, LD, PA	F, LD, PA
IRESSA TAB	Tier 4, LD, PA	NC
KALYDECO PAK	Tier 4, KMSP, PA, QL, SF	F, KMSP, PA, QL, SF
methsuximide cap	Tier 1	F

<b>NC = Not Covered</b>	<b>generic = small letters</b>	<b>BRANDS = CAPITAL LETTERS</b>
<b>EXC</b> Plan Exclusion	<b>INF</b> Infertility	<b>KMSP</b> Kroger Mandatory Specialty Pharmacy Program
<b>LD</b> Limited Distribution	<b>LMSP</b> Lumicera Mandatory Specialty Pharmacy Program	<b>M</b> Medical Benefit
<b>MSP</b> Mandatory Specialty Pharmacy Program	<b>ONC</b> Oral Anticancer medication <=\$250 up to 30 day supply/Rx	<b>OTC</b> Over-the-counter
<b>PA</b> Prior Authorization	<b>QL</b> Quantity Limit	<b>RDX</b> Restricted to Diagnosis
<b>RS</b> Restricted to Specialist	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation