

Formulary Updates August 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 08/01/2023:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
PEAK FLOW METER	No Change (Tier 1)	\$0
AEROCHAMBER	No Change (Tier 2)	\$0
AEROCHAMBER SUPPLIES	No Change (Tier 2)	\$0
FORTEO INJ	NC	NC
darunavir tab	Tier 1	No Change (F)
OVACE PLUS SHAMPOO	NC	No Change (NC)
sodium sulfacetamide shampoo	NC	No Change (NC)
OVACE PLUS GEL	NC	No Change (NC)
sodium sulfacetamide gel	NC	No Change (NC)
sodium sulfacetamide/sulfur wash	NC	No Change (NC)
atomoxetine cap	No Change (Tier 1)	F
TERIPARITIDE INJ	Tier 4, LMSP	F, LMSP
ANTIVERT TAB	No Change (NC)	NC
meclizine hcl tab	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