

Formulary Updates December 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 12/01/2023:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
EZALLOR SPRINKLE CAP	Tier 3, PA	No Change (NC)
FLURAZEPAM CAP	NC	NC
CIMZIA INJ	NC	NC
OMNITROPE INJ	Tier 4, PA, LMSP	F, PA, LMSP
FIASP PUMP CARTRIDGE	Tier 2	F
BREO ELLIPTA INH 50-25MCG	Tier 2	F
MEKINIST SOLN	Tier 4, PA, LMSP	F, PA, LMSP
TAFINLAR TAB 10MG	Tier 4, PA, LMSP	F, PA, LMSP

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



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