

# Formulary Updates January 2022



**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 01/01/2022:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
EMPAVELI INJ	Tier 4, LD, PA, QL	F, LD, PA, QL
ZEGALOGUE INJ	Tier 2, QL	F, QL
LUMAKRAS TAB	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
MYFEMBREE TAB	Tier 2, PA, QL	F, PA, QL
TRUSELTIQ PACK 50MG	Tier 4, PA, LD, QL	F, LD, QL, PA
TRUSELTIQ PACK 75MG	Tier 4, PA, LD, QL	F, LD, QL, PA
TRUSELTIQ PACK 100MG	Tier 4, PA, LD, QL	F, LD, QL, PA
TRUSELTIQ PACK 125MG	Tier 4, PA, LD, QL	F, LD, QL, PA
NATACYN OPHTH SUSP	Tier 2, QL	F, QL
SYMBICORT INHALER	Tier 2	F
ACTHAR INJ	Tier 4, PA, QL, MSP	F, MSP, PA, QL
MAVYRET PAK	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
PREVNAR 20 INJ	\$0, QL (covered for 19 y/o and over)	\$0, QL (covered for 19 y/o and over)
VAXNEUVANCE INJ	\$0, QL (covered for 19 y/o and over)	\$0, QL (covered for 19 y/o and over)



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SHINGRIX INJ	\$0, QL (covered for 19 y/o and over)	No Change (EXC)
DEXCOM G6 TRANSMITTER	Tier 2, PA, QL	F, PA, QL
DEXCOM G6 SENSOR	Tier 2, PA, QL	F, PA, QL
DEXCOM G6 RECEIVER	Tier 2, PA, QL	F, PA, QL

**NC = Not Covered**

**INF** Infertility  
**OTC** Over-the-Counter  
**QL** Quantity Limit  
**SMKG** Smoking Cessation  
**SF** Limited to two 15 day fills per month for first 3 months

**generic = small letters**

**LD** Limited Distribution  
**PA** Prior Authorization  
**RS** Restricted to Specialist  
**VAC** Vaccine Program

**BRANDS = CAPITAL LETTERS**

**KMSP** Kroger Mandatory Specialty Pharmacy Program  
**LMSP** Lumicera Mandatory Specialty Pharmacy Program  
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## Effective Date as of 02/01/2022:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
tinidazole tab (TINDAMAX)	No Change (Tier 1)	F
everolimus tab for oral susp	Tier 1, PA, QL, LMSP	F, LMSP, PA, QL
everolimus tab	Tier 1, LMSP, PA, QL	F, LMSP, PA, QL
everolimus tab 5mg	Tier 1, LMSP, PA, QL	F, LMSP, PA, QL
EPOGEN INJ	Tier 4, LMSP	F, LMSP
PRADAXA CAP	Tier 3	NF
TRECTOR TAB	Tier 3, RS	No Change (NF)
EPRONTIA SOLN	Tier 3, PA	No Change (NF)

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# Formulary Updates March 2022



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Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
OMNIPOD 5 PACK PODS	Tier 2, QL	F, QL
OMNIPOD STARTER KIT	Tier 2 QL	F, QL
OMNIPOD DASH PODS	Tier 2, QL	F, QL
carglumic acid tab (CARBAGLU Equiv)	No Change (Tier 4, LD, PA)	F, LD, PA
CARBAGLU TAB	NF	No Change (NF)
COVID-19 VACCINE INJ (PFIZER)	\$0, QL	\$0, QL
COVID-19 VACCINE INJ 5-11Y (PFIZER)	\$0, QL	\$0, QL
COVID-19 VACCINE INJ (MODERNA)	\$0, QL	\$0, QL
LATUDA TAB	Tier 2, QL	F, QL
gabapentin cap 100mg (NEURONTIN Equiv)	Tier 1, QL	F, QL
gabapentin cap (NEURONTIN Equiv)	Tier 1, QL	F, QL
asenapine SL tab (SAPHRIS Equiv)	Tier 1, QL	F, QL
SAPHRIS SL TAB	Tier 3, QL	No Change (NF)
XIFAXAN TAB 550MG	Tier 2	F
famciclovir tab (FAMVIR Equiv)	No Change (Tier 1)	F
lidocaine patch 5% (LIDODERM Equiv)	No Change (Tier 1, QL)	F, QL



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Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
scopolamine patch (TRANSDERM-SCOP Equiv)	No Change (Tier 1)	F
metoprolol tab 37.5mg	Tier 1	F
metoprolol tab 75mg	Tier 1	F
nateglinide tab (STARLIX Equiv)	No Change (Tier 1)	F
cyclosporine ophth emulsion (RESTASIS Equiv)	NF	NF
RESTASIS OPTH EMULSION	Tier 1, RS	F
RESTASIS MULTIDOSE	NF	NF
FLEQSUVY SUSP	Tier 3, PA	No Change (NF)

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Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
BYLVAY CAP 400MCG	Tier 4, LD, PA, QL	F, LD, PA, QL
BYLVAY CAP 1200MCG	Tier 4, LD, PA, QL	F, LD, PA, QL
BYLVAY SPRINKLE CAP 200MCG	Tier 4, LD, PA, QL	F, LD, PA, QL
BYLVAY SPRINKLE CAP 600MCG	Tier 4, LD, PA, QL	F, LD, PA, QL
WELIREG TAB	Tier 4, LD, PA, QL	F, LD, PA, QL
EXKIVITY CAP	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
AJOVY INJ	Tier 2, PA, QL	F, PA, QL
NURTEC ODT	NF	NF
BASAGLAR INJ	NF	NF
SEMGLEE SOLN	NF	NF
SEMGLEE INJ	NF	NF
SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS Equiv)	Tier 2	F
SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS Equiv)	Tier 2	F
diclofenac gel	No Change (Tier 1, PA, QL)	F, PA, QL



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Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
XARELTO SUSP	Tier 2	F
OXBRYTA TAB	Tier 4, LD, PA, QL	F, LD, PA, QL
VERZENIO TAB	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
WEGOVY INJ	Tier 2, PA, QL	F, PA, QL
SAXENDA INJ	Tier 2, PA, QL	F, PA, QL
REVLIMID CAP	No Change (Tier 3, KMSP, PA, QL)	No Change (F, KMSP, PA, QL)
lenalidomide cap	Tier 1, KMSP, PA, QL	F, KMSP, PA, QL
MODERNA INJ (booster)	\$0, QL	\$0, QL
VIMPAT TAB	NF	NF
lacosamide tab	Tier 1, QL	F, QL

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Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
REZUROCK TAB	Tier 4, LMSP, PA, QL	F, PA, LMSP, QL
maraviroc tab (SELZENTRY Equiv)	Tier 1	No Change (F)
ADDERALL TAB	NF	No Change (NF)
CONFERTA TAB, RITALIN SR TAB	NF	No Change (NF)
ARAVA TAB	NF	No Change (NF)
ezetimibe/simvastatin tab (VYTORIN Equiv)	NF	No Change (NF)
VYTORIN TAB	NF	No Change (NF)
RESTASIS MULTI-DOSE	NF	No Change (NF)
RYDAPT CAP	Tier 4, PA, QL, LMSP	F, PA, QL, LMSP
RUZURGI TAB	NF	NF
FIRDAPSE TAB	Tier 4, LD, PA	F, LD, PA
SPORANOX CAP	Tier 3	No Change (NF)
itraconazole cap (SPORANOX Equiv)	Tier 1	F
ONFI SUSP	Tier 3, PA	No Change (NF)
clobazam susp (ONFI Equiv)	Tier 1, PA	F, PA
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) Equiv)	Tier 1, QL	F, QL



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Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
EPINEPHRINE INJ 0.3MG	Tier 1, QL	F, QL
EPINEPHRINE INJ 0.15MG	Tier 1, QL	F, QL
SYMJEPI INJ	Tier 1, QL	F, QL
TAKHZYRO INJ	Tier 4, LD, PA, QL	F, LD, PA, QL
ZIMHI SOLN	Tier 2	F
XIGDUO XR TAB	Tier 2, QL	F, QL
FARXIGA TAB	Tier 2, QL	F, QL
STEGLATRO TAB	NF	NF

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# Formulary Updates June 2022



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## Effective Date as of 06/01/2022:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
CARBIDOPA/LEVODOPA/ENTACAPONE TAB	NF	NF
DALIRESP TAB	Tier 3	No Change (NF)
lacosamide tab (VIMPAT Equiv)	Tier 1	F
BRILINTA TAB	Tier 2	F
fluoxetine tab 60mg	Tier 1	F
FLUOXETINE TAB 60MG	Tier 3	No Change (NF)
EC- NAPROSYN TAB 500MG	NF	No Change (NF)
naproxen DR tab 500mg	NF	NF
LOVENOX INJ	Tier 3	No Change (NF)
enoxaparin inj (LOVENOX Equiv)	Tier 1	F
NARCAN NASAL SPRAY	Tier 3	No Change (NF)
ANNOVERA RING	Tier 3, QL	No Change (NF)
BALCOLTRA TAB	Tier 3	No Change (NF)
BEYAZ TAB	Tier 3	No Change (NF)
drospirenone/ethinyl estradiol/levomefolate tab	Tier 1	No Change (NF)
SAFYRAL TAB	Tier 3	No Change (NF)



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Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
drospirenone/ethinyl estradiol/levomefolate tab	Tier 1	No Change (NF)
TAYTULLA CAP	Tier 3	No Change (NF)
norethindrone ace-ethinyl estradiol-fe cap	Tier 1	No Change (NF)
NEXTSTELLIS TAB	Tier 3	No Change (NF)
TWIRLA PATCH	Tier 3	No Change (NF)
YAZ TAB, YASMIN 28 TAB	Tier 3	No Change (NF)
COVID-19 VACCINE INJ (PFIZER)	\$0, QL=1 dose/17 days	\$0, QL=1 dose/17 days
COVID-19 VACCINE INJ 5-11Y (PFIZER)	\$0, QL=1 dose/17 days	\$0, QL=1 dose/17 days
COVID-19 VACCINE INJ (MODERNA)	\$0, QL=1 dose/24 days	\$0, QL=1 dose/24 days
COVID-19 VACCINE BOOSTER INJ (MODERNA)	\$0, QL= 1 inj/fill	\$0, QL= 1 inj/fill
COVID-19 VACCINE INJ (JANSSEN)	\$0, QL= 1 dose/45 days	\$0, QL= 1 dose/45 days

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## Effective Date as of 07/01/2022:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
FREESTYLE METERS	NF	NF
PRECISION XTRA METERS	NF	NF
FREESTYLE TEST STRIPS	NF	NF
PRECISION XTRA TEST STRIPS	NF	NF
ONE TOUCH METERS	\$0	\$0
ONE TOUCH TEST STRIPS	Tier 2	F
donepezil tab 23mg	Tier 1, QL	F, QL
TRIZIVIR TAB	Tier 2	F
FARYDAK CAP	NF	NF
UKONIQ TAB	NF	NF
NORLIQVA ORAL SOLN	Tier 3, PA	No Change (NF)
LIVMARLI SOLN	Tier 4, PA, LD, QL	F, PA, LD, QL
SKYTROFA INJ	Tier 4, LMSP, PA	F, LMSP, PA
TAVNEOS CAP	Tier 4, PA, LD, QL	F, PA, LD, QL
VOXZOGO INJ	Tier 4, PA, LD, QL	F, PA, LD, QL
PREVYMIS TAB	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL

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## Effective Date as of 08/01/2022:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
LYVISPAH GRANULE PACKET	Tier 3, PA	No Change (NF)
VIJOICE TAB	Tier 4, MSP, PA, QL	No Change (NF)
VIJOICE TAB 250MG	Tier 4, MSP, PA, QL	No Change (NF)
ALKINDI SPRINKLE CAP 0.5MG	Tier 3, PA	No Change (NF)
ALKINDI SPRINKLE CAP 1MG	Tier 3, PA	No Change (NF)
aspirin tab 325mg	NF	NF
aspirin EC tab 325MG	NF	NF
modafanil tab	Tier 1, QL	F, QL
armodafinil tab	Tier 1, QL	F, QL
EPOGEN INJ	NF	NF
PRADAXA CAP 75mg	Tier 3	NF
dabigatran etexilate mesylate cap 75mg	Tier 1	NF

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fesoterodine fumarate tab ER	Tier 1	F
PRALUENT INJ	NF	NF
NEVIRAPINE ER TAB	No Change (Tier 1)	No Change (F)
nevirapine ER tab	No Change (Tier 1)	No Change (F)
posaconazole tab	No Change (Tier 1)	NF
NOXAFIL SUSP	Tier 3	NF
voriconazole tab (VFEND Equiv)	Tier 1	F
VFEND TAB	Tier 3	No Change (NF)
voriconazole susp (VFEND Equiv)	Tier 1	NF
VFEND SUSP	Tier 3	No Change (NF)
TYVASO DPI POWDER	Tier 4, LD, PA, QL	F, LD, PA, QL
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	Tier 4, LD, PA, QL	F, LD, PA, QL
TYVASO DPI POWDER TITRATION KIT 16-32MCG	Tier 4, LD, PA, QL	F, LD, PA, QL
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG	Tier 4, LD, PA, QL	F, LD, PA, QL



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MELOXICAM SUSP	NF	No Change (NF)
SKYRIZI INJ 360MG/2.4ML	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
VAXNEUVANCE INJ	\$0	\$0
TOVIAZ TAB	Tier 3	No Change (NF)

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**VAC** Vaccine Program

**BRANDS = CAPITAL LETTERS**

**KMSP** Kroger Mandatory Specialty Pharmacy Program  
**LMSP** Lumericera Mandatory Specialty Pharmacy Program  
**MSP** Mandatory Specialty Pharmacy Program  
**ST** Step Therapy



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HEALTHCARE**  
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# Formulary Updates October 2022



**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 10/01/2022:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
ramelteon tab	No Change (Tier 1, QL)	F, QL
zaleplon cap (SONATA Equiv)	Tier 1, QL	F, QL
SONATA CAP	Tier 3, QL	No Change (NF)
XIFAXAN TAB 550MG	Tier 2, QL	F, QL
FREESTYLE LIBRE 3 SENSOR	Tier 2, PA, QL	F, PA, QL
OLUMIANT TAB 4MG	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
PHOSPHOLINE OPHTH SOLN	NF	NF
LIVTENCITY TAB	Tier 4, LD, PA, QL	F, LD, PA, QL
VONJO CAP	Tier 4, LD, PA, QL	F, LD, PA, QL
PYRUKYND TAB	Tier 4, LD, PA, QL	F, LD, PA, QL
PYRUKYND TAPER PACK	Tier 4, LD, PA, QL	F, LD, PA, QL
ADBRY INJ	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
CIBINQO TAB	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER)	\$0, QL	\$0, QL
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER)	\$0, QL	\$0, QL

### NC = Not Covered

**INF** Infertility  
**OTC** Over-the-Counter  
**QL** Quantity Limit  
**SMKG** Smoking Cessation  
**SF** Limited to two 15 day fills per month for first 3 months

### generic = small letters

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## Effective Date as of 11/01/2022:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
MIFIPREX TAB	NF	NF
mifepristone tab	NF	NF
ropinirole ER tab	Tier 1	F
dexamethasone sodium phosphate inj	Tier 1	F
SOLU-CORTEF INJ	Tier 2, QL	F, QL
SOLU-CORTEF INJ 100MG	Tier 2, QL	F, QL
methylprednisolone sod succinate inj	Tier 1	F
SOLU-MEDROL INJ	Tier 3	No Change (NC)
SOLU-MEDROL INJ 2GM	Tier 2	F
TESTOSTERONE ENANTHATE INJ	Tier 2, QL	F, QL
estradiol valerate inj	Tier 1, QL	F, QL
DELESTROGEN INJ	Tier 3, QL	No Change (NC)
DELESTROGEN INJ 10MG/ML	Tier 2, QL	F, QL



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Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
ketorolac inj 15mg/ml	Tier 1, QL	F, QL
ketorolac inj 30mg/ml	Tier 1, QL	F, QL
ketorolac inj 60mg/2ml	Tier 1, QL	F, QL
CRESTOR TAB CRESTOR TAB 20MG	Tier 3	No Change (NC)
rosuvastatin tab 5mg rosuvastatin tab 10mg rosuvastatin tab 20mg rosuvastatin tab 40mg	\$0	\$0
atorvastatin tab 40mg atorvastatin tab 80mg	\$0	\$0
CALQUENCE TAB	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF

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## Effective Date as of 12/01/2022:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
adapalene/benzoyl peroxide gel 0.3-2.5%	Tier 1, PA	F, PA
EPIDUO FORTE GEL 0.3-2.5%	NF	NF
levothyroxine tab	Tier 1	F
SYNTHROID TAB	Tier 3	NF
ROZLYTREK CAP	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
PHEXXI GEL	\$0, QL	\$0, QL
FEMALE CONDOMS	\$0, QL, OTC	\$0, QL, OTC
MALE CONDOMS	\$0, QL, OTC	\$0, QL, OTC
ANNOVERA RING	\$0, QL	\$0, QL
TWIRLA PATCH	\$0	\$0
BALCOLTRA TAB	\$0	\$0
NATAZIA TAB	\$0	\$0
SLYND TAB	\$0	\$0
NEXTSTELLIS TAB	\$0	\$0
LO LOESTRIN TAB	No Change (\$0)	No Change (\$0)



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Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
albuterol HFA inhaler	Tier 1, QL	F, QL
brimonidine/timolol ophth soln	Tier 1	F
COMBIGAN OPHTH SOLN	NF	NF
LINZESS CAP	Tier 3, PA, QL	No Change (NF)
PHEBURANE ORAL PELLETS	Tier 4, LD	F, LD
TADLIQ SUSP	Tier 4, PA	No Change (NF)
ZONISADE SUSP	Tier 3, PA	No Change (NF)
IMBRUVICA SUSP	Tier 4, LD, PA, QL	F, LD, PA, QL

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