

Formulary Updates February 2018



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	Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
2/1/2018	estradiol cream (Estrace)	No Change (Brand/Generic = NF)	Generic = Tier 1 Brand = Tier 3	No Change (Brand/Generic = NF)
2/1/2018	atazanavir cap (Reyataz)	No Change (Brand/Generic = Carve-out)	Generic = Tier 4 Brand = No Change (Tier 4)	Generic = F Brand = NF
2/1/2018	Carisoprodol	QL 120/30	QL 120/30	QL 120/30
2/1/2018	diclofenac gel (SOLARAZE)	No Change (Brand/Generic = NF)	Generic = Tier 1, PA QL Brand = Tier 3, PA QL	No Change (Brand/Generic = NF)
2/1/2018	SHINGRIX INJ	Formulary	No Change (NF)	No Change (NF)
2/1/2018	QBRELIS SOLN	Formulary, PA	No Change (NF)	No Change (NF)

NF	Non formulary	F	Formulary/covered drug	PA	Prior Authorization
ST	Step Therapy	QL	Quantity Limit	LD	Limited Distribution
SP	Specialty Pharmacy Program			RS	Restricted to specialist
MSP	Mandatory Specialty Pharmacy Program				
generic: lower case letters		BRAND: CAPITAL LETTERS		Carve-out: Medi-Cal Fee-For-Service	
No change: no change in formulary status as compared to the previous month					



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