

Formulary Updates July 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)
7/1/2018	VERZENIO TAB	F, MSP, PA, QL	Tier 4, MSP, PA, QL	F, MSP, PA, QL
7/1/2018	NERLYNX TAB	F, LD, PA, QL	Tier 4, LD, PA, QL	F, LD, PA, QL
7/1/2018	IDHIFA TAB	F, MSP, PA, QL	Tier 4, MSP, PA, QL	F, MSP, PA, QL
7/1/2018	STEGLATRO TAB	F, QL	No Change (NF)	No Change (NF)
7/1/2018	SEGLUROMET TAB	F, QL	No Change (NF)	No Change (NF)
7/1/2018	SYMPROIC TAB	F, PA	Tier 2, PA	F, PA
7/1/2018	BYETTA INJ	Tier 2, QL	No Change (Tier 3)	No Change (NF)
7/1/2018	BENLYSTA INJ	F, LMSP, PA, QL	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
7/1/2018	BENLYSTA AUTO-INJECTOR	F, LMSP, PA, QL	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
7/1/2018	CLENPIQ SOLN	No Change (NF)	Tier 2	F
7/1/2018	MOVIPREP SOLN	No Change (NF)	Tier 3, ST	NF
7/1/2018	CIMZIA INJ	No Change (NF)	No Change (Tier 4, LMSP, PA, QL)	F, LMSP, PA, QL
7/1/2018	XELJANZ TAB	No Change (NF)	NF	No Change (NF)
7/1/2018	XELJANZ XR TAB	No Change (NF)	NF	No Change (NF)
7/1/2018	OTEZLA TAB	F, LMSP, PA, QL	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
7/1/2018	SIMPONI SC INJ	No Change (NF)	NF	No Change (NF)
7/1/2018	ORENCIA CLICK INJ	No Change (F, LMSP, PA, QL)	No Change (Tier 4, LMSP, PA, QL)	F, LMSP, PA, QL



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7/1/2018	ORENCIA SC INJ 125MG/ML	No Change (F, LMSP, PA, QL)	No Change (Tier 4, LMSP, PA, QL)	F, LMSP, PA, QL
7/1/2018	KEVZARA INJ	F, LMSP, PA, QL	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
7/1/2018	ACTEMRA SC INJ	F, LMSP, PA, QL	No Change (Tier 4, LMSP, PA, QL)	F, LMSP, PA, QL
7/1/2018	OTEZLA STARTER PACK	F, LMSP, PA, QL	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL

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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