

Formulary Updates January 2020



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 01/01/2020:

Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
NALOXONE PREFILLED INJ	No Change (NF)	\$0	\$0
MAYZENT TAB	F, LMSP	Tier 4, LMSP	F, LMSP
MAYZENT TAB STARTER PACK	F, LMSP	Tier 4, LMSP	F, LMSP
RINVOQ ER TAB	F, LMSP, PA, QL	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
RUZURGI TAB	F, LD, PA	Tier 4, LD, PA	F, LD, PA
DIACOMIT CAP	F, LD, PA	Tier 4, LD, PA	F, LD, PA
DIACOMIT POWDER PACK	F, LD, PA	Tier 4, LD, PA	F, LD, PA
CABLIVI KIT	F, LD, PA, QL	Tier 4, LD, PA, QL	F, LD, PA, QL
BALVERSA TAB 3MG	F, LD, PA, QL, SF	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
BALVERSA TAB 4MG	F, LD, PA, QL, SF	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
BALVERSA TAB 5MG	F, LD, PA, QL, SF	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
SKYRIZI INJ	F, LMSP, PA, QL	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
XELJANZ XR TAB	F, LMSP, PA, QL	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
KISQALI TAB	NF	NF	NF
KISQALI PAK	NF	NF	NF
JANUVIA TAB	NF	No Change (Tier 2)	No change (F)
JANUMET TAB	NF	No Change (Tier 2)	No change (F)
JANUMET XR TAB	NF	No Change (Tier 2)	No change (F)



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

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Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
FREESTYLE LIBRE SENSOR (10-DAY)	No Change (F, PA, QL)	Tier 2, QL, PA	F, QL, PA
FREESTYLE LIBRE RECEIVER	No Change (F, PA, QL)	Tier 2, QL, PA	F, QL, PA
FREESTYLE LIBRE SENSOR (14-DAY)	No Change (F, PA, QL)	Tier 2, QL, PA	F, QL, PA
deferasirox tab (JADENU equiv)	F, KMSP	Tier 4, KMSP	F, KMSP
JADENU TAB	NF	NF	NF
VITAFOL FE+ CAP	No Change (NF)	Tier 3	No Change (NF)
pentamidine neb soln (NEBUPENT equiv)	F, KMSP	Tier 4, KMSP	F, KMSP
NEBUPENT NEB SOLN	NF	NF	NF
sucralfate susp (CARAFATE SUSP equiv)	F	Tier 1	F
CARAFATE SUSP	NF	Tier 3	NF
eluryng vaginal ring (NUVARING equiv)	F	NF	NF
NUVARING	NF	No Change (\$0)	No Change (\$0)
everolimus tab (AFINITOR equiv)	F, KMSP, PA, QL, SF	Tier 4, KMSP, PA, QL, SF	F, KMSP, PA, QL, SF
AFINITOR TAB 2.5MG	NF	NF	NF
AFINITOR TAB 5MG	NF	NF	NF
AFINITOR TAB 7.5MG	NF	NF	NF
Nizatidine cap	No Change (F, PA, QL)	Tier 1	No Change (NF)

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 Lumericera Mandatory Specialty Pharmacy Program
MSP Mandatory Specialty Pharmacy Program
ST Step Therapy