

Formulary Updates March 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 03/01/2020:

Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
AMCINONIDE LOTION	No Change (NF)	NF	No Change (NF)
AMCINONIDE OINT	No Change (NF)	NF	No Change (NF)
AMITIZA CAP	No Change (NF)	NF	No Change (NF)
anastrozole tab (ARIMIDEX equiv)	No Change (F)	\$0	\$0
CALCITRIOL INJ	NF	NF	NF
diltiazem ER tab (CARDIZEM LA equiv)	NF	NF	NF
CARDIZEM LA TAB	No Change (NF)	NF	No Change (NF)
CITRULLINE	F, PA	Tier 2, PA	F, PA
clemastine fumarate tab (TAVIST equiv)	NF	No Change (NF)	No Change (NF)
CORTISONE ACETATE TAB	NF	NF	NF
CREATINE5000	F, PA	Tier 2, PA	F, PA
DILACOR XR CAP	No Change (NF)	NF	No Change (NF)
exemestane tab (AROMASIN equiv)	No Change (F)	\$0	\$0
INDERAL XL CAP	No Change (NF)	NF	No Change (NF)
INNOPRAN XL CAP	No Change (NF)	NF	No Change (NF)
potassium chloride tab er (K-TAB equiv)	F	Tier 1	F
K-TAB	NF	No Change (Tier 1)	No Change (NF)
LEUKINE INJ	NF	NF	NF



**ELEVATING
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IN LOS ANGELES COUNTY
SINCE 1997

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LIQUIGEN	F, PA	Tier 2, PA	F, PA
METHOTREXATE INJ	NF	No Change (NF)	NF
MULPLETA TAB	NF	NF	NF
NORPACE CR CAP	NF	No Change (NF)	No Change (NF)
ORAPRED ODT	NF	NF	NF
PREDNISONE TAB	NF	No Change (NF)	No Change (NF)
PRELONE SYRUP	No Change (NF)	NF	No Change (NF)
QUINIDINE SULFATE TAB	NF	No Change (NF)	No Change (NF)
UDENYCA INJ	NF	NF	NF
VITAFOL STRIP	No Change (NF)	Tier 3	No Change (NF)
ZIEXTENZO INJ	F, KMSP	Tier 4, KMSP	F, KMSP

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
MSP Mandatory Specialty Pharmacy Program
ST Step Therapy



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