

Formulary Updates August 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 08/01/2020:

Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
PREVACID OTC CAP	NF	NF	NF
calcipotriene cream	F, QL	Tier 1, QL	F, QL
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	No Change (NF)	NF	NF
CORTANE-B AQUEOUS OTIC SOLN	No Change (NF)	NF	No Change (NF)
TIMOPTIC OCUDOSE OPHTH SOLN	No Change (NF)	NF	No Change (NF)
ISTALOL OPHTH SOLN	No Change (NF)	NF	NF
DORZOLAMIDE/TIMOLOL OPHTH SOLN	No Change (NF)	NF	NF
ALREX OPHTH SUSP	No Change (NF)	NF	NF
ALPHAGAN P OPHTH SOLN 0.1%	No Change (NF)	NF	NF
zolmitriptan tab (ZOMIG Equiv)	No Change (NF)	Tier 1, QL	F, QL
CITRANATAL PAK	No Change (NF)	Tier 3	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 Lumicera Mandatory Specialty Pharmacy Program
MSP Mandatory Specialty Pharmacy Program
ST Step Therapy



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