

Formulary Updates January 2019



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) |
|----------------|-----------------------------|---------------------------------|---|--------------------------------------|
| 1/1/2019 | pimecrolimus cream (Elidel) | No Change (NF) | Tier 1 | No Change (NF) |
| 1/1/2019 | ELIDEL CREAM | No Change (NF) | Tier 3 | No Change (NF) |
| 1/1/2019 | ERLEADA TAB | No Change (NF) | No Change (NF) | No Change (NF) |
| 1/1/2019 | OLUMIANT TAB | No Change (NF) | No Change (NF) | No Change (NF) |
| 1/1/2019 | TAVALISSE TAB | F, LD, PA, QL, SF | Tier 4, LD, PA, QL, SF | F, LD, PA, QL, SF |
| 1/1/2019 | RHOPRESSA OPTH SOLN | No Change (NF) | No Change (NF) | No Change (NF) |
| 1/1/2019 | YONSA TAB | No Change (NF) | No Change (NF) | No Change (NF) |
| 1/1/2019 | abiraterone tab 250mg | No Change (F, KMSP, PA, QL, SF) | No Change (Tier 1, KMSP, PA, QL, SF) | No Change (F, KMSP, PA, QL, SF) |
| 1/1/2019 | ZYTIGA TAB 250MG | No Change (NF) | NF | NC |
| 1/1/2019 | ZYTIGA TAB 500MG | NF | NF | NF |
| 1/1/2019 | PALYNZIQ INJ | F, LD, PA, QL | Tier 4, LD, PA, QL | NF |
| 1/1/2019 | SYMDEKO TAB | F, KMSP, PA, QL, SF | Tier 4, KMSP, PA, QL, SF | F, LD, PA, QL |
| 1/1/2019 | AIMOVIG INJ | No Change (NF) | No Change (NF) | F, KMSP, PA, QL, SF |
| 1/1/2019 | AJOVY INJ | No Change (NF) | No Change (NF) | No Change (NF) |
| 1/1/2019 | EMGALITY INJ | No Change (NF) | No Change (NF) | No Change (NF) |



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|----------------|---------------------------------------|-----------------------------|---|--------------------------------------|
| 1/1/2019 | FLOVENT HFA | F (Age restriction <8yo) | No Change (Tier 1) | No Change (F) |
| 1/1/2019 | vardeafil ODT (Staxyn) | No Change (NF) | Tier 1 | No Change (NF) |
| 1/1/2019 | clobetasol propionate soln (Temovate) | No Change (NF) | Tier 1, PA | No Change (NF) |
| 1/1/2019 | TEMOVATE SOLN | No Change (NF) | Tier 3, PA | 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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|----------------|------------------------------|--------------------|---|--------------------------------------|
| 2/1/2019 | ACEON TAB | No Change (NF) | NF | No Change (NF) |
| 2/1/2019 | ADVAIR DISKUS AER 100/50 | F (Age restricted) | No Change (Tier 2) | No Change (F) |
| 2/1/2019 | albuterol hfa (Ventolin HFA) | F | Tier 1 | F |
| 2/1/2019 | alprazolam ER tab | No Change (NF) | Add QL | No Change (NF) |
| 2/1/2019 | alprazolam ODT | No Change (NF) | Add QL | No Change (NF) |
| 2/1/2019 | alprazolam tab | Add QL | Add QL | Add QL |
| 2/1/2019 | amox/k clav TAB 250-125 | NF | NF | NF |
| 2/1/2019 | ARNUITY ELLIPTA INHALER | No Change (F) | Tier 2 | No Change (F) |
| 2/1/2019 | ASMANEX HFA INHALER | No Change (NF) | Tier 2 | No Change (F) |
| 2/1/2019 | ASMANEX INHALER | No Change (NF) | Tier 2 | No Change (F) |
| 2/1/2019 | atorvastatin tab | No Change (F) | Tier 1 | F |
| 2/1/2019 | AUGMENTIN TAB 250-125 | No Change (NF) | NF | No Change (NF) |
| 2/1/2019 | betaxolol tab | NF | NF | NF |
| 2/1/2019 | BYSTOLIC TAB | NF | No Change (Tier 2) | No Change (F) |
| 2/1/2019 | cefadroxil cap | NF | NF | NF |
| 2/1/2019 | cefadroxil susp | NF | NF | NF |



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|----------------|------------------------|-------------------------------|---|--------------------------------------|
| 2/1/2019 | cefadroxil tab | NF | NF | NF |
| 2/1/2019 | cefprozil susp | NF | NF | NF |
| 2/1/2019 | cefprozil tab | NF | NF | NF |
| 2/1/2019 | cephalexin 750mg tab | NF | NF | NF |
| 2/1/2019 | chloral hydrate | NF | NF | No Change (NF) |
| 2/1/2019 | CORDRAN LOTION | No Change (NF) | NF | No Change (NF) |
| 2/1/2019 | DIASTAT RECTAL GEL | Add QL | Add QL | F, QL |
| 2/1/2019 | diazepam conc | Add QL | Add QL | Add QL |
| 2/1/2019 | DIAZEPAM SOLN | Add QL | Add QL | Add QL |
| 2/1/2019 | diazepam tab 10mg | Add QL | Add QL | Add QL |
| 2/1/2019 | diazepam tab 2mg | Add QL | Add QL | Add QL |
| 2/1/2019 | diazepam tab 5mg | Add QL | Add QL | Add QL |
| 2/1/2019 | doxercalciferol cap | Remove MSP | Remove MSP | Remove MSP |
| 2/1/2019 | EPCLUSA TAB | No Change (NF) | NF | NF |
| 2/1/2019 | FLOVENT DISKUS INHALER | No Change (NF) | Tier 2 | No Change (F) |
| 2/1/2019 | FLOVENT HFA INHALER | No Change (F, Age Restricted) | Tier 2 | No Change (F) |
| 2/1/2019 | flurandrenolide lotion | No Change (NF) | NF | No Change (NF) |
| 2/1/2019 | fluvastatin cap | No Change (F) | \$0 | \$0 |
| 2/1/2019 | fluvastatin ER tab | No Change (NF) | \$0 | No Change (NF) |
| 2/1/2019 | GASTROCROM CONC | No Change (NF) | Tier 3 | NF |
| 2/1/2019 | GRANIX INJ | NF | NF | NF |
| 2/1/2019 | HARVONI TAB | No Change (NF) | NF | NF |
| 2/1/2019 | HECTOROL CAP | No Change (NF) | NF | No Change (NF) |
| 2/1/2019 | isradipine cap | NF | NF | NF |
| 2/1/2019 | KEFLEX CAP 750mg | NF | NF | NF |
| 2/1/2019 | KERLONE TAB | NF | NF | NF |



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|----------------|------------------------------------|-----------------|---|--------------------------------------|
| 2/1/2019 | lovastatin tab | No Change (F) | \$0 | No Change (\$0) |
| 2/1/2019 | MAVIK TAB | NF | NF | NF |
| 2/1/2019 | moexipril tab | NF | NF | NF |
| 2/1/2019 | moexipril/hydrochlorothiazide tab | NF | NF | NF |
| 2/1/2019 | nicardipine cap | NF | NF | NF |
| 2/1/2019 | NIRAVAM ODT | No Change (NF) | Add QL | No Change (NF) |
| 2/1/2019 | nisoldipine ER tab | NF | NF | NF |
| 2/1/2019 | NITRO-BID OINT | No Change (NF) | Tier 2 | No Change (NF) |
| 2/1/2019 | NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR | NF | No Change (Tier 3) | NF |
| 2/1/2019 | NIVESTYM INJ | F, KMSP | Tier 4, KMSP | F, KMSP |
| 2/1/2019 | paricalcitol cap | Remove MSP | Remove MSP | Remove MSP |
| 2/1/2019 | perindopril tab | NF | NF | NF |
| 2/1/2019 | pravastatin tab | No Change (F) | \$0 | No Change (\$0) |
| 2/1/2019 | rosuvastatin tab | No Change (F) | Tier 1 | F |
| 2/1/2019 | Samsca | No Change (NF) | NF | No Change (NF) |
| 2/1/2019 | SECONAL CAP | NF | NF | NF |
| 2/1/2019 | simvastatin tab | No Change (F) | \$0 | No Change (\$0) |
| 2/1/2019 | SOMNOTE CAP | No Change (NF) | NF | No Change (NF) |
| 2/1/2019 | SULAR TAB | No Change (NF) | NF | No Change (NF) |
| 2/1/2019 | SYMJEPI INJ 0.3mg/0.3mL | F, QL | Tier 1, QL | F, QL |
| 2/1/2019 | TARKA TAB | No Change (NF) | NF | No Change (NF) |
| 2/1/2019 | trandolapril tab | NF | NF | NF |
| 2/1/2019 | trandolapril/verapamil ER tab | No Change (NF) | NF | No Change (NF) |
| 2/1/2019 | UNIRETIC TAB | NF | NF | NF |
| 2/1/2019 | UNIVASC TAB | NF | NF | NF |
| 2/1/2019 | UROXATRAL TAB | No Change (NF) | Tier 3 | NF |



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|----------------|-------------------|-----------------|---|--------------------------------------|
| 2/1/2019 | VALIUM TAB 10mg | No Change (NF) | Add QL | No Change (NF) |
| 2/1/2019 | VALIUM TAB 2mg | No Change (NF) | Add QL | No Change (NF) |
| 2/1/2019 | VALIUM TAB 5mg | No Change (NF) | Add QL | No Change (NF) |
| 2/1/2019 | VECTICAL OINT | No Change (NF) | NF | No Change (NF) |
| 2/1/2019 | VIIBRYD TAB | NF | No Change (NF) | No Change (NF) |
| 2/1/2019 | XANAX TAB | No Change (NF) | Add QL | No Change (NF) |
| 2/1/2019 | XANAX XR TAB | No Change (NF) | Add QL | No Change (NF) |
| 2/1/2019 | XARELTO TAB 2.5MG | F | Tier 2 | F |
| 2/1/2019 | ZEMPLAR CAP | No Change (NF) | NF | No Change (NF) |

| | | | | | |
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Formulary Updates March 2019



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|----------------|---|-----------------|---|--------------------------------------|
| 3/1/2019 | toremifene tab (FARESTON) | F | Tier 1 | F |
| 3/1/2019 | FARESTON TAB | NF | Tier 3 | NF |
| 3/1/2019 | sirolimus soln (RAPAMUNE) | F | Tier 4 | F |
| 3/1/2019 | RAPAMUNE SOLN | NF | No Change (Tier 4) | NF |
| 3/1/2019 | buprenorphine/naloxone sl film (SUBOXONE) | CARVE OUT | Tier 1 | F |
| 3/1/2019 | sevelamer hydrochloride tab (RENAGEL) | No Change (NF) | Tier 1 | No Change (NF) |
| 3/1/2019 | acyclovir cream (ZOVIRAX) | No Change (NF) | Tier 1 | No Change (NF) |
| 3/1/2019 | dialyvite tab (NEPHRO-VITE) | Only OTC | NF | NF |
| 3/1/2019 | NEPHRO-VITE TAB | No Change (NF) | NF | No Change (NF) |
| 3/1/2019 | naratriptan tab (AMERGE) | NF | NF | NF |
| 3/1/2019 | AMERGE TAB | No Change (NF) | NF | No Change (NF) |
| 3/1/2019 | SUMATRIPTAN SUCCINATE INJ | NF | NF | NF |
| 3/1/2019 | SUMATRIPTAN NASAL SPRAY | NF | NF | NF |
| 3/1/2019 | fluvastatin cap (LESCOL) | NF | NF | NF |
| 3/1/2019 | LESCOL CAP | No Change (NF) | NF | No Change (NF) |
| 3/1/2019 | Dyrenium cap | NF | NF | NF |
| 3/1/2019 | ZEMPLAR CAP | No Change (NF) | Tier 3 | No Change (NF) |



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|----------------|--------------------------|-----------------|---|--------------------------------------|
| 3/1/2019 | HECTOROL CAP | No Change (NF) | Tier 3 | No Change (NF) |
| 3/1/2019 | KRISTALOSE PACKET | No Change (NF) | NF | No Change (NF) |
| 3/1/2019 | CORDRAN TAPE | No Change (NF) | NF | No Change (NF) |
| 3/1/2019 | CORDRAN CREAM | No Change (NF) | NF | No Change (NF) |
| 3/1/2019 | flurandrenolide Cream | No Change (NF) | NF | No Change (NF) |
| 3/1/2019 | Almotriptan (AXERT) | No Change (NF) | NF | No Change (NF) |
| 3/1/2019 | AXERT TAB | No Change (NF) | NF | No Change (NF) |
| 3/1/2019 | frovatriptan (FROVA) | No Change (NF) | NF | No Change (NF) |
| 3/1/2019 | FROVA TAB | No Change (NF) | NF | No Change (NF) |
| 3/1/2019 | zolmitriptan ODT (ZOMIG) | No Change (NF) | NF | No Change (NF) |
| 3/1/2019 | ZOMIG ZMT | No Change (NF) | NF | No Change (NF) |
| 3/1/2019 | ZOMIG NASAL SPRAY | No Change (NF) | NF | No Change (NF) |
| 3/1/2019 | zolmitriptan tab | No Change (NF) | NF | No Change (NF) |
| 3/1/2019 | ZOMIG TAB | No Change (NF) | NF | No Change (NF) |
| 3/1/2019 | METHOTREXATE INJ | No Change (F) | Tier 1 | No Change (F) |
| 3/1/2019 | TIROSINT CAP | No Change (NF) | NF | No Change (NF) |
| 3/1/2019 | SANDOSTATIN INJ | NF | No Change (Tier 4, KMSP) | No Change (NF) |
| 3/1/2019 | OSMOPREP TAB | No Change (NF) | Add ST | No Change (NF) |
| 3/1/2019 | PEPCID SUSP | No Change (NF) | Tier 3 | No Change (NF) |
| 3/1/2019 | silodosin cap (RAPAFLO) | No Change (NF) | Remove Restricted to Urology Specialist) | No Change (NF) |



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|----------------|-------------------------|-----------------|---|--------------------------------------|
| 3/1/2019 | RAPAFLO CAP | No Change (NF) | Remove Restricted to Urology Specialist | No Change (NF) |
| 3/1/2019 | FELBATOL TAB | NF | Tier 3 | NF |
| 3/1/2019 | TRILEPTAL SUSP | No Change (NF) | Tier 3 | No Change (NF) |
| 3/1/2019 | BRILINTA TAB | No Change (NF) | Remove Restricted to Cardiology Specialist) | No Change (NF) |
| 3/1/2019 | PRAMOSONE CREAM 1-2.5% | NF | No Change (NF) | No Change (NF) |
| 3/1/2019 | DIHYDROERGOTAMINE SPRAY | No Change (NF) | NF | No Change (NF) |
| 3/1/2019 | MIGRANAL SPRAY | No Change (NF) | NF | No Change (NF) |
| 3/1/2019 | MALARONE TAB | NF | Tier 3 | NF |
| 3/1/2019 | IMITREX VIAL INJ | No Change (NF) | NF | No Change (NF) |
| 3/1/2019 | IMITREX NASAL SPRAY | No Change (NF) | NF | No Change (NF) |
| 3/1/2019 | SUMATRIPTAN NASAL SPRAY | No Change (NF) | NF | No Change (NF) |

| | | | | | |
|-------------------|---|---------------|------------------------|-------------------|--------------------------|
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|--|----------------------|---|--------------------------------------|
| fluticasone/salmeterol inhaler (ADVAIR DISKUS) 100/50mcg | F | NF | NF |
| ADVAIR DISKUS | NF (100/500mcg only) | Tier 1 | No Change (F) |
| ranolazine tab (RANEXA) | F | Tier 1 | F |
| ORILISSA TAB 150MG | F, PA, QL | Tier 2, PA, QL | F, PA, QL |
| ORILISSA TAB 200MG | F, PA, QL | Tier 2, PA, QL | F, PA, QL |
| TIBSOVO TAB | F, LD, PA, QL | Tier 4, LD, PA, QL | F, LD, PA, QL |
| MULPLETA TAB | F, KMSP, PA, QL | Tier 4, KMSP, PA, QL | F, KMSP, PA, QL |
| LOKELMA PAK | F, KMSP, PA | Tier 4, KMSP, PA | F, KMSP, PA |
| VELTASSA POWDER | NF | Tier 4, KMSP, PA | F, KMSP, PA |
| BRAFTOVI CAP 50MG | F, LD, PA, QL | Tier 4, LD, PA, QL | F, LD, PA, QL |
| BRAFTOVI CAP 75MG | F, LD, PA, QL | Tier 4, LD, PA, QL | F, LD, PA, QL |
| MEKTOVI TAB | F, LD, PA, QL | Tier 4, LD, PA, QL | F, LD, PA, QL |
| TAFINLAR CAP | Remove Split Fill | Remove Split Fill | Remove Split Fill |
| MEKINIST TAB 2MG | Add QL | Add QL | Add QL |
| MEKINIST TAB 0.5MG | Add QL | Add QL | Add QL |



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|--------------------------------|------------------------------|---|--------------------------------------|
| ZELBORAF TAB | Remove Split Fill; Add QL | Remove Split Fill; Add QL | Remove Split Fill; Add QL |
| tetrabenazine tab | No Change (F, LMSP, PA) | Tier 4, LMSP, PA | No Change (F, LMSP, PA) |
| naratriptan tab | No Change (NF) | Add QL | Add QL |
| SUBOXONE SL FILM | No Change (Carve-Out) | Tier 3 | No Change (NF) |
| ALBUTEROL HFA INHALER | No Change (F, QL) | NF | NF |
| VENTOLIN HFA INHALER | NF | No Change (Tier 2, QL) | No Change (F, QL) |
| hydrocortisone pramoxine cream | NF | No Change (NF) | NF |
| UDENYCA INJ | F, KMSP | Tier 4, KMSP | F, KMSP |
| SABRIL TAB | NF | NF | NF |
| ENTRESTO TAB | NF | NF | NF |
| fenoprofen calcium tab | No Change (NF) | NF | No Change (NF) |
| FENOPROFEN CAP | No Change (NF) | NF | No Change (NF) |
| mefenamic acid cap | No Change (NF) | NF | No Change (NF) |
| PONSTEL CAP | No Change (NF) | NF | No Change (NF) |
| naproxen susp | NF | NF | NF |
| NAPROSYN SUSP | No Change (NF) | NF | No Change (NF) |
| AMERGE TAB | No Change (NF) | Tier 3, QL | 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



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|----------------------|-------------------------|---|--------------------------------------|
| Deferasirox tab | F, MSP | Tier 4, MSP | F, MSP |
| GLUCAGON INJ KIT | Add QL (F) | Add QL (Tier 2) | Add QL (F) |
| GLUCAGEN HYPOKIT INJ | Add QL (F) | Add QL (Tier 2) | Add QL (F) |
| RANEXA TAB | NF | Tier 3 | NF |
| VYVANSE CAP | NF | No Change (Tier 2) | No Change (F) |
| VYVANSE CHEW TAB | NF | No Change (Tier 2) | No Change (F) |
| TARGRETIN GEL | Add PA (F, KMSP, PA) | Add PA (Tier 4, KMSP, PA) | Add PA (F, KMSP, PA) |
| tetrabenazine tab | No Change (F, LMSP, PA) | Change to LMSP (Tier 4, LMSP, PA) | No Change (F, KMSP, PA) |
| PRAMOSONE CREAM 1% | No Change (NF) | NF | No Change (NF) |
| disulfiram tab | Carve-Out | No Change (Tier 1) | No Change (F) |

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IN LOS ANGELES COUNTY
SINCE 1997

Formulary Updates June 2019



L.A. Care
HEALTH PLAN®

For All of L.A.

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- 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 06/01/2019:

| Drug | Medi-Cal (MCLA) | L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD) | In-Home Support Services (PASC-SEIU) |
|-------------------------|-----------------|---|--------------------------------------|
| TRULICITY INJ | F, QL | No Change (NF) | No Change (NF) |
| BYDUREON INJ | NF | No Change (Tier 2, QL) | No Change (F, QL) |
| BYETTA INJ | NF | No Change (Tier 3, QL) | No Change (NF) |
| BYDUREON BCISE AUTO INJ | NF | No Change (Tier 2, QL) | No Change (F, QL) |
| BYDUREON INJ | NF | No Change (Tier 2, QL) | No Change (F, QL) |
| VICTOZA INJ | NF | No Change (Tier 2, QL) | No Change (F, QL) |
| OZEMPIC INJ | F, QL | No Change (Tier 2, QL) | No Change (F, QL) |
| JARDIANCE TAB | NF | No Change (Tier 2, QL) | No Change (F, QL) |
| SYNJARDY TAB | NF | No Change (Tier 2, QL) | No Change (F, QL) |
| SYNJARDY XR TAB | NF | No Change (Tier 2, QL) | No Change (F, QL) |
| ERLEADA TAB | F, KMSP, PA, QL | Tier 4, KMSP, PA, QL | F, KMSP, PA, QL |
| MEXILETINE CAP | No Change (F) | Tier 2 | No Change (F) |



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|---------------------|-----------------|---|--------------------------------------|
| zileuton ER tab | No Change (NF) | NF | No Change (NF) |
| ZYFLO CR TAB | No Change (NF) | NF | No Change (NF) |
| GELNIQUE PUMP | No Change (NF) | NF | No Change (NF) |
| OXYTROL PATCH (OTC) | No Change (NF) | OTC=Tier 1 Rx: NF | OTC=F Rx: NF |
| GELNIQUE | No Change (NF) | NF | No Change (NF) |
| cefixime cap | No Change (NF) | Tier 1 | No Change (NF) |
| erlotinib tab | F, KMSP, PA, SF | Tier 4, KMSP, PA, SF | F, KMSP, PA, SF |
| TARCEVA TAB | NF | NF | NF |
| LOTEMAX SUSP | No Change (NF) | Tier 3 | NF |
| loteprednol susp | No Change (NF) | Tier 1 | F |
| ALKERAN TAB | NF | No Change (Tier 3, KMSP) | NF |
| melphalan tab | F, KMSP | No Change (Tier 1, KMSP) | F, KMSP |

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Effective Date as of 07/01/2019:

| Drug | Medi-Cal (MCLA) | L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD) | In-Home Support Services (PASC-SEIU) |
|---|-----------------------|---|--------------------------------------|
| mesalamine DR tab (LIALDA equiv) | No Change (NF) | Tier 1 | No Change (NF) |
| LIALDA TAB | No Change (NF) | NF | No Change (NF) |
| NITROMIST SPRAY | No Change (NF) | NF | No Change (NF) |
| BREO ELLIPTA INHALER | NF | No Change (Tier 2) | No Change (F) |
| lanthanum carbonate chew tab (FOSRENOL equiv) | NF | No Change (Tier 1) | No Change (F) |
| FOSRENOL POWDER PACK | NF | No Change (Tier 2) | No Change (F) |
| sevelamer packet (REVELA equiv) | NF | No Change (Tier 1) | No Change (F) |
| HEMLIBRA INJ | Carve-out | No Change (Tier 4, MSP, PA) | No Change (F) |
| fluticasone/salmeterol diskus 100/50 (ADVAIR equiv) | F, QL | No Change (NF) | No Change (NF) |
| fluticasone/salmeterol diskus 250/50 (ADVAIR equiv) | F, QL | No Change (NF) | No Change (NF) |
| fluticasone/salmeterol diskus 500/50 (ADVAIR equiv) | F, QL | No Change (NF) | No Change (NF) |
| PIFELTRO TAB | No Change (carve-out) | Tier 4, QL (1/day) | F, QL (1/day) |



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|--|-----------------------|---|--------------------------------------|
| DELSTRIGO TAB | No Change (Carve-out) | Tier 4, QL (1/day) | F, QL (1/day) |
| VIZIMPRO TAB | F, KMSP, PA, QL, SF | Tier 4, KMSP, PA, QL, SF | F, KMSP, PA, QL, SF |
| COPIKTRA CAP | F, LD, PA, QL | Tier 4, LD, PA, QL | F, LD, PA, QL |
| ALTABAX OINT | No Change (NF) | NF | No Change (NF) |
| TALZENNA CAP 0.25MG | F, KMSP, PA, QL, SF | Tier 4, KMSP, PA, QL, SF | F, KMSP, PA, QL, SF |
| TALZENNA CAP 1MG | F, KMSP, PA, QL, SF | Tier 4, KMSP, PA, QL, SF | F, KMSP, PA, QL, SF |
| AMOXICILLIN/CLAVULANATE ER TAB | No Change (NF) | Tier 3 | No Change (NF) |
| DOVATO TAB | Carve-out | Tier 4, QL (1/day) | F, QL |
| imatinib tab (GLEEVEC equiv) | F, KMSP, PA, QL | Tier 4, KMSP, PA, QL | F, KMSP, PA, QL |
| budesonide SR cap (ENTOCORT EC equiv) | F | Tier 1 | F |
| buprenorphine SL tab (SUBUTEX equiv) | Carve-out | Tier 1 | F |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) | Carve-out | No Change (Tier 1) | No Change (F) |
| BUNAVAIL FILM | Carve-out | No Change (NF) | No Change (NF) |
| INDOCIN SUSP | NF | NF | NF |
| INDOCIN SUPP | NF | NF | NF |
| AZASAN TAB | No Change (NF) | NF | No Change (NF) |
| DEXPAK TAB | No Change (NF) | NF | No Change (NF) |
| MILLIPRED DP PAK | No Change (NF) | NF | No Change (NF) |
| PREDNISONE PAK | NF | NF | NF |
| ZEJULA CAP (30 ct) | NF | NF | NF |
| naftifine 1% gel | No Change (NF) | Tier 1 | No Change (NF) |

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- Provider link: <http://www.lacare.org/providers/pharmacy-services/list-covered-drugs>

Effective Date as of 08/01/2019:

| Drug | Medi-Cal (MCLA) | L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD) | In-Home Support Services (PASC-SEIU) |
|---|-----------------------|---|--------------------------------------|
| RHOGAM PLUS INJ | No Change (F,PA) | NF | NF |
| WINRHO SDF INJ | No Change (F,PA) | NF | NF |
| NAMZARIC CAP | No Change (NF) | NF | NF |
| pediatric multiple vitamins/fluoride chew tab | No Change (F) | No Change (Tier 1) | F |
| ADAPALENE LOTION | No Change (NF) | NF | NF |
| AZELEX CREAM | No Change (NF) | NF | No Change (NF) |
| BENZAMYCIN GEL PACK | No Change (NF) | NF | No Change (NF) |
| ONEXTON GEL | No Change (NF) | NF | No Change (NF) |
| NAMZARIC STARTER PACK | No Change (NF) | NF | NF |
| DIFFERIN LOTION | No Change (NF) | NF | No Change (NF) |
| buprenorphine SL tab | No Change (Carve-Out) | Tier 1 | No Change (F) |
| SYMDEKO TAB | F, KMSP, PA, QL, SF | Tier 4, KMSP, PA, QL, SF | F, KMSP, PA, QL, SF |
| KALYDECO TAB | F, KMSP, PA, QL, SF | Tier 4, KMSP, PA, QL, SF | F, KMSP, PA, QL, SF |



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|--|---------------------|---|--------------------------------------|
| ORKAMBI TAB | F, KMSP, PA, QL, SF | Tier 4, KMSP, PA, QL, SF | F, KMSP, PA, QL, SF |
| ORKAMBI GRANULES PACKET | F, KMSP, PA, QL, SF | Tier 4, KMSP, PA, QL, SF | F, KMSP, PA, QL, SF |
| KALYDECO PAK | F, KMSP, PA, QL, SF | Tier 4, KMSP, PA, QL, SF | F, KMSP, PA, QL, SF |
| BECONASE AQ NASAL SPRAY | No Change (NF) | Tier 3, QL, ST | No Change (NF) |
| ZETONNA NASAL SPRAY | No Change (NF) | Tier 3, QL, ST | No Change (NF) |
| ACTONEL TAB | No Change (NF) | Tier 3, ST | No Change (NF) |
| Injection, factor VIII (antihemophilic factor, recombinant), pegylated-aucl (Jivi), 1 IU | Carve-Out | No Change (NF) | No Change (NF) |
| febuxostat tab (ULORIC equiv) | F, ST | Tier 1, ST | F, ST |
| ULORIC TAB | NF | Tier 3, ST | NF |
| pregabalin cap (LYRICA equiv) | F, PA | Tier 1 | F |
| LYRICA CAP | NF | NF | NF |
| pregabalin soln (LYRICA SOLN equiv) | F, PA | Tier 1 | F |
| LYRICA SOLN | NF | Tier 3 | NF |
| ramelteon tab (ROZEREM equiv) | No Change (NF) | Tier 1, QL | No Change (NF) |

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Effective Date as of 09/01/2019:

| Drug | Medi-Cal (MCLA) | L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD) | In-Home Support Services (PASC-SEIU) |
|---------------------------------|-----------------|---|--------------------------------------|
| megestrol ES (MEGACE ES equiv) | No Change (NF) | NF | No Change (NF) |
| MEGACE ES SUSP | No Change (NF) | NF | No Change (NF) |
| BELLADONNA ALKALOID/OPIUM SUPP | NF | NF | NF |
| ranitidine cap (ZANTAC equiv) | NF | NF | NF |
| ZANTAC CAP | No Change (NF) | NF | No Change (NF) |
| nizatidine cap (AXID equiv) | NF | NF | NF |
| AXID CAP | No Change (NF) | NF | No Change (NF) |
| nizatidine soln (AXID equiv) | No Change (NF) | NF | No Change (NF) |
| AXID SOLN | No Change (NF) | NF | No Change (NF) |
| NIZATIDINE SOLN | No Change (NF) | NF | No Change (NF) |
| MONUROL GRANULE PACK | No Change (NF) | NF | No Change (NF) |
| methenamine mandelate tab | NF | NF | NF |
| TOVIAZ TAB | No Change (NF) | NF | No Change (NF) |
| GALANTAMINE SOLN | NF | NF | NF |
| RAZADYNE SOLN | No Change (NF) | NF | No Change (NF) |
| tizanidine cap (ZANAFLEX equiv) | No Change (NF) | NF | No Change (NF) |
| ZANAFLEX CAP | No Change (NF) | NF | No Change (NF) |
| BLEPHAMIDE OPHTH SOLN | NF | NF | NF |



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|--|-----------------------|---|--------------------------------------|
| Eye wash sol | NF | No Change (NF) | No Change (NF) |
| azelastine nasal spray 0.15% (ASTEPRO equiv) | NF | NF | NF |
| ASTEPRO NASAL SPRAY | No Change (NF) | NF | No Change (NF) |
| fexofenadine tab | No Change (NF) | No Change (NF) | NF |
| fexofenadine susp | No Change (NF) | No Change (NF) | NF |
| fexofenadine/pseudoephedrine 12-hour tab | No Change (NF) | No Change (NF) | NF |
| fexofenadine/pseudoephedrine 24-hour tab | No Change (NF) | No Change (NF) | NF |
| NEULASTA INJ | NF | NF | NF |
| sodium sulfacetamide wash (OVACE WASH equiv) | NF | NF | NF |
| OVACE WASH | No Change (NF) | NF | No Change (NF) |
| salicylic acid soln | NF | No Change (NF) | No Change (NF) |
| salicylic acid gel | NF | No Change (NF) | No Change (NF) |
| salicylic acid shampoo (SALEX equiv) | NF | NF | NF |
| SALEX SHAMPOO | No Change (NF) | NF | No Change (NF) |
| CYCLOPHOSPHAMIDE CAP | NF | Tier 3 | No Change (NF) |
| TREXALL TAB | No Change (NF) | NF | No Change (NF) |
| felodipine ER tab (PLENDIL equiv) | F | No Change (Tier 1) | F |
| FURADANTIN SUSP | NF | Tier 3 | No Change (NF) |
| NARDIL TAB | No Change (Carve Out) | Tier 3 | NF |



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| SEROQUEL XR TAB | No Change (Carve Out) | Tier 3 | No Change (NF) |
| KETOPROFEN CAP | NF | NF | NF |
| ketoprofen cap (ORUDIS equiv) | NF | NF | NF |
| ERTACZO CREAM | No Change (NF) | NF | No Change (NF) |
| XERESE CREAM | No Change (NF) | NF | No Change (NF) |
| dalfampridine ER tab (AMPYRA equiv) | F, LMSP, PA, QL (change from MSP to LMSP) | No Change (Tier 1, LMSP, PA, QL) | No Change (F, LMSP, PA, QL) |
| HUMALOG INJ | No Change (NF) | NF | No Change (NF) |
| HUMALOG KWIKPEN INJ | No Change (NF) | NF | No Change (NF) |
| HUMALOG PEN INJ | No Change (NF) | NF | No Change (NF) |
| INSULIN LISPRO INJ | No Change (NF) | Tier 3, ST | No Change (NF) |
| INSULIN LISPRO KWIKPEN INJ | No Change (NF) | Tier 3, ST | No Change (NF) |

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Effective Date as of 10/01/2019:

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|--------------------------------|-----------------|---|--------------------------------------|
| caffeine citrate soln | NF | NF | NF |
| METHYLIN SOLN | NF | No Change (Tier 2) | NF |
| diflunisal tab | NF | NF | NF |
| MEPERIDINE TAB | NF | No Change (Tier 1, QL) | NF |
| METHADONE SOLN 5MG/5ML | NF | No Change (Tier 1, QL) | NF |
| METHADONE SOLN 10MG/5ML | NF | No Change (Tier 1, QL) | NF |
| ANDROXY TAB | NF | NF | NF |
| CALCIUM CARBONATE TAB | NF | No Change (NF) | NF |
| NORTEMP SUSP INFANTS | NF | No Change (NF) | NF |
| ACETAMINOPHEN SOLN | NF | No Change (NF) | NF |
| tolmetin cap | No Change (NF) | NF | No Change (NF) |
| pramoxine/hydrocortisone cream | No Change (F) | Tier 1 | No Change (F) |
| CORTIFOAM | No Change (NF) | NF | No Change (NF) |
| NUCALA INJ | F, LMSP, PA, QL | Tier 4, LMSP, PA, QL | F, LMSP, PA, QL |



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|---------------------------------------|---------------------|---|--------------------------------------|
| TRULICITY INJ | No Change (F, QL) | Tier 2, QL | F, QL |
| TEGSEDI INJ | F, LD, PA, QL | Tier 4, LD, PA, QL | F, LD, PA, QL |
| LORBRENA TAB | F, KMSP, PA, QL, SF | Tier 4, KMSP, PA, QL, SF | F, KMSP, PA, QL, SF |
| VITRAKVI CAP 100MG | F, LD, PA, QL, SF | Tier 4, LD, PA, QL, SF | F, LD, PA, QL, SF |
| VITRAKVI SOLN | F, LD, PA, QL, SF | Tier 4, LD, PA, QL, SF | F, LD, PA, QL, SF |
| KRINTAFEL TAB | F | Tier 2 | F |
| XOSPATA TAB | F, LD, PA, QL, SF | Tier 4, LD, PA, QL, SF | F, LD, PA, QL, SF |
| econazole cream | F | No Change (Tier 1) | F |
| DOPTELET TAB | F, KMSP, PA, QL | Tier 4, KMSP, PA, QL | F, KMSP, PA, QL |
| bosentan tab (TRACLEER equiv) | F, LD, PA, QL | Tier 4, LD, PA, QL | F, LD, PA, QL |
| TRACLEER TAB 62.5MG, 125MG | NF | NF | NF |
| NOXAFIL TAB | NF | Tier 3 | NF |
| posaconazole DR tab (NOXAFIL equiv) | F | Tier 1 | F |
| AMICAR SOLN | NF | Tier 3 | NF |
| aminocaproic acid soln (AMICAR equiv) | F | Tier 1 | F |

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|--|-----------------------|---|--------------------------------------|
| TRUVADA TAB | No Change (Carve-Out) | \$0 (Remove PA) | \$0 (Remove PA) |
| ISOSORBIDE DINITRATE ER TAB | NF | NF | NF |
| NITROGLYCERIN ER CAP | No Change (NF) | NF | No Change (NF) |
| ALBUTEROL TAB ER | NF | NF | NF |
| METAPROTERENOL TAB | No Change (NF) | NF | No Change (NF) |
| alprazolam ODT (NIRAVAM ODT equiv) | No Change (NF) | NF | No Change (NF) |
| NIRAVAM ODT | No Change (NF) | NF | No Change (NF) |
| OXAZEPAM CAP | NF | NF | NF |
| meprobamate tab | NF | NF | NF |
| Freestyle Libre Continuous Glucose Monitors (CGMs) Sensor and Receiver | F, PA, QL | No Change (NF) | No Change (NF) |
| Trividia Insulin Syringes/Pen Needles | F | Tier 1 | F |
| Arkray Insulin Syringes/Pen Needles | F | Tier 1 | F |



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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) |
|-------------------------------------|-----------------|---|--------------------------------------|
| TEGSEDI INJ | F, LD, PA, QL | Tier 4, LD, PA, QL | F, LD, PA, QL |
| ribavirin tab 400mg, 600mg | NF | NF | NF |
| alprazolam ER tab (XANAX XR equiv) | No Change (NF) | NF | No Change (NF) |
| XANAX XR TAB | No Change (NF) | NF | No Change (NF) |
| d-methorphan hb/p-epd hcl/bpm syrup | NF | No Change (NF) | No Change (NF) |
| BAQSIMI NASAL POWDER | F, QL | Tier 2, QL | F, QL |
| SYLATRON INJ | No Change (NF) | NF | No Change (NF) |
| ANDROXY TAB | No Change (NF) | Tier 2 | 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

Formulary Updates December 2019



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 12/01/2019:

| Drug | Medi-Cal (MCLA) | L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD) | In-Home Support Services (PASC-SEIU) |
|----------------------------------|---------------------|---|--------------------------------------|
| nitisinone cap (ORFADIN equiv) | No Change (NF) | NF | No Change (NF) |
| SEMPREX-D CAP | No Change (NF) | NF | No Change (NF) |
| DECON-A ELIXIR | No Change (NF) | NF | No Change (NF) |
| clorazepate tab | NF | NF | NF |
| oxazepam cap | No Change (F) | Tier 2 | No Change (F) |
| ALUNBRIG TAB 90MG | F, PA, KMSP, SF, QL | Tier 4, PA, KMSP, SF, QL | F, PA, KMSP, SF, QL |
| ALUNBRIG TAB 30MG | F, PA, KMSP, SF, QL | Tier 4, PA, KMSP, SF, QL | F, PA, KMSP, SF, QL |
| ALUNBRIG TAB 180MG | F, PA, KMSP, SF, QL | Tier 4, PA, KMSP, SF, QL | F, PA, KMSP, SF, QL |
| bexarotene cap (TARGRETIN equiv) | No Change | Tier 4, KMSP, PA, SF | No Change |
| ALECENSA CAP | (F, KMSP, PA, SF) | Tier 4, LMSP, PA, QL | (F, KMSP, PA, SF) |
| VERZENIO TAB | F, LMSP, PA, QL | Tier 4, LMSP, PA, QL, SF | F, LMSP, PA, QL |
| GVOKE PFS INJ | F, LMSP, PA, QL, SF | Tier 2, QL (2inj/fill) | F, LMSP, PA, QL, SF |
| TRANXENE-T TAB | No Change (NF) | NF | No Change (NF) |
| bupirone tab 30mg (BUSPAR equiv) | No Change (NF) | No Change (NF) | No Change (NF) |

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