

Formulary Updates January 2022



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 01/01/2022:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
EMPAVELI INJ	Tier 4, LD, PA, QL	F, LD, PA, QL
ZEGALOGUE INJ	Tier 2, QL	F, QL
LUMAKRAS TAB	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
MYFEMBREE TAB	Tier 2, PA, QL	F, PA, QL
TRUSELTIQ PACK 50MG	Tier 4, PA, LD, QL	F, LD, QL, PA
TRUSELTIQ PACK 75MG	Tier 4, PA, LD, QL	F, LD, QL, PA
TRUSELTIQ PACK 100MG	Tier 4, PA, LD, QL	F, LD, QL, PA
TRUSELTIQ PACK 125MG	Tier 4, PA, LD, QL	F, LD, QL, PA
NATACYN OPHTH SUSP	Tier 2, QL	F, QL
SYMBICORT INHALER	Tier 2	F
ACTHAR INJ	Tier 4, PA, QL, MSP	F, MSP, PA, QL
MAVYRET PAK	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
PREVNAR 20 INJ	\$0, QL (covered for 19 y/o and over)	\$0, QL (covered for 19 y/o and over)
VAXNEUVANCE INJ	\$0, QL (covered for 19 y/o and over)	\$0, QL (covered for 19 y/o and over)



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HEALTHCARE**
IN LOS ANGELES COUNTY
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SHINGRIX INJ	\$0, QL (covered for 19 y/o and over)	No Change (EXC)
DEXCOM G6 TRANSMITTER	Tier 2, PA, QL	F, PA, QL
DEXCOM G6 SENSOR	Tier 2, PA, QL	F, PA, QL
DEXCOM G6 RECEIVER	Tier 2, PA, QL	F, PA, QL

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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