

Formulary Updates February 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 02/01/2022:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
tinidazole tab (TINDAMAX)	No Change (Tier 1)	F
everolimus tab for oral susp	Tier 1, PA, QL, LMSP	F, LMSP, PA, QL
everolimus tab	Tier 1, LMSP, PA, QL	F, LMSP, PA, QL
everolimus tab 5mg	Tier 1, LMSP, PA, QL	F, LMSP, PA, QL
EPOGEN INJ	Tier 4, LMSP	F, LMSP
PRADAXA CAP	Tier 3	NF
TRECTOR TAB	Tier 3, RS	No Change (NF)
EPRONTIA SOLN	Tier 3, PA	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