

Formulary Updates June 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 06/01/2022:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
CARBIDOPA/LEVODOPA/ENTACAPONE TAB	NF	NF
DALIRESP TAB	Tier 3	No Change (NF)
lacosamide tab (VIMPAT Equiv)	Tier 1	F
BRILINTA TAB	Tier 2	F
fluoxetine tab 60mg	Tier 1	F
FLUOXETINE TAB 60MG	Tier 3	No Change (NF)
EC- NAPROSYN TAB 500MG	NF	No Change (NF)
naproxen DR tab 500mg	NF	NF
LOVENOX INJ	Tier 3	No Change (NF)
enoxaparin inj (LOVENOX Equiv)	Tier 1	F
NARCAN NASAL SPRAY	Tier 3	No Change (NF)
ANNOVERA RING	Tier 3, QL	No Change (NF)
BALCOLTRA TAB	Tier 3	No Change (NF)
BEYAZ TAB	Tier 3	No Change (NF)
drospirenone/ethinyl estradiol/levomefolate tab	Tier 1	No Change (NF)
SAFYRAL TAB	Tier 3	No Change (NF)



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drospirenone/ethinyl estradiol/levomefolate tab	Tier 1	No Change (NF)
TAYTULLA CAP	Tier 3	No Change (NF)
norethindrone ace-ethinyl estradiol-fe cap	Tier 1	No Change (NF)
NEXTSTELLIS TAB	Tier 3	No Change (NF)
TWIRLA PATCH	Tier 3	No Change (NF)
YAZ TAB, YASMIN 28 TAB	Tier 3	No Change (NF)
COVID-19 VACCINE INJ (PFIZER)	\$0, QL=1 dose/17 days	\$0, QL=1 dose/17 days
COVID-19 VACCINE INJ 5-11Y (PFIZER)	\$0, QL=1 dose/17 days	\$0, QL=1 dose/17 days
COVID-19 VACCINE INJ (MODERNA)	\$0, QL=1 dose/24 days	\$0, QL=1 dose/24 days
COVID-19 VACCINE BOOSTER INJ (MODERNA)	\$0, QL= 1 inj/fill	\$0, QL= 1 inj/fill
COVID-19 VACCINE INJ (JANSSEN)	\$0, QL= 1 dose/45 days	\$0, QL= 1 dose/45 days

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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