

# Formulary Updates July 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 07/01/2022:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
FREESTYLE METERS	NF	NF
PRECISION XTRA METERS	NF	NF
FREESTYLE TEST STRIPS	NF	NF
PRECISION XTRA TEST STRIPS	NF	NF
ONE TOUCH METERS	\$0	\$0
ONE TOUCH TEST STRIPS	Tier 2	F
donepezil tab 23mg	Tier 1, QL	F, QL
TRIZIVIR TAB	Tier 2	F
FARYDAK CAP	NF	NF
UKONIQ TAB	NF	NF
NORLIQVA ORAL SOLN	Tier 3, PA	No Change (NF)
LIVMARLI SOLN	Tier 4, PA, LD, QL	F, PA, LD, QL
SKYTROFA INJ	Tier 4, LMSP, PA	F, LMSP, PA
TAVNEOS CAP	Tier 4, PA, LD, QL	F, PA, LD, QL
VOXZOGO INJ	Tier 4, PA, LD, QL	F, PA, LD, QL
PREVYMIS TAB	Tier 4, LMSP, PA, QL	F, LMSP, 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