

Formulary Updates November 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 11/01/2022:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
MIFIPREX TAB	NF	NF
mifepristone tab	NF	NF
ropinirole ER tab	Tier 1	F
dexamethasone sodium phosphate inj	Tier 1	F
SOLU-CORTEF INJ	Tier 2, QL	F, QL
SOLU-CORTEF INJ 100MG	Tier 2, QL	F, QL
methylprednisolone sod succinate inj	Tier 1	F
SOLU-MEDROL INJ	Tier 3	No Change (NC)
SOLU-MEDROL INJ 2GM	Tier 2	F
TESTOSTERONE ENANTHATE INJ	Tier 2, QL	F, QL
estradiol valerate inj	Tier 1, QL	F, QL
DELESTROGEN INJ	Tier 3, QL	No Change (NC)
DELESTROGEN INJ 10MG/ML	Tier 2, QL	F, QL



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Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
ketorolac inj 15mg/ml	Tier 1, QL	F, QL
ketorolac inj 30mg/ml	Tier 1, QL	F, QL
ketorolac inj 60mg/2ml	Tier 1, QL	F, QL
CRESTOR TAB CRESTOR TAB 20MG	Tier 3	No Change (NC)
rosuvastatin tab 5mg rosuvastatin tab 10mg rosuvastatin tab 20mg rosuvastatin tab 40mg	\$0	\$0
atorvastatin tab 40mg atorvastatin tab 80mg	\$0	\$0
CALQUENCE TAB	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF

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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