

Formulary Updates September 2023



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 09/01/2023:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
CROTAN LOTION	NC	No Change (NC)
clotrimazole/betamethasone lotion	NC	NC
KALYDECO TAB	Tier 4, KMSP, PA, QL	F, KMSP, PA, QL
KALYDECO PAK	Tier 4, KMSP, PA, QL	F, KMSP, PA, QL
ORKAMBI TAB	Tier 4, KMSP, PA, QL	F, KMSP, PA, QL
ORKAMBI GRANULES PACKET	Tier 4, KMSP, PA, QL	F, KMSP, PA, QL
SYMDEKO TAB	Tier 4, KMSP, PA, QL	F, KMSP, PA, QL
ZEJULA CAP	Tier 4, LD, PA, QL	F, LD, PA, QL
ZEJULA TAB	Tier 4, LD, PA, QL	F, LD, PA, QL
OMNIPOD GO KIT	Tier 2, QL	F, QL
RABAVERT INJ	\$0, VAC	No Change (NC)

NC = Not Covered

EXC Plan Exclusion

LD Limited Distribution

MSP Mandatory Specialty Pharmacy Program

PA Prior Authorization

RS Restricted to Specialist

generic = small letters

INF Infertility

LMSP Lumicera Mandatory Specialty Pharmacy Program

ONC Oral Anticancer medication <=\$250 up to 30 day supply/Rx

QL Quantity Limit

SF Limited to two 15 day fills per month for first 3 months

BRANDS = CAPITAL LETTERS

KMSP Kroger Mandatory Specialty Pharmacy Program

M Medical Benefit

OTC Over-the-counter

RDX Restricted to Diagnosis

SMKG Smoking Cessation