

# Formulary Updates November 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 11/01/2023:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
NARCAN NASAL SPRAY (OTC)	Tier 1	F
OPVEE NASAL SPRAY	Tier 2	F
desmopressin acetate inj	No Change (Tier 1)	NC
INGREZZA PACK 40-80MG	Tier 4, LD, PA, QL	F, LD, PA, QL
ZIEXTENZO INJ	NC	NC
NYVEPRIA INJ	Tier 4, LMSP	F, LMSP
clindamycin vaginal cream	Tier 1, QL	F, QL
CLINDESSE VAGINAL CREAM	Tier 2, QL	F, QL
XACIATO GEL	Tier 2, QL	F, QL
THEOPHYLLINE TAB ER	Tier 2	F
PREVYMIS TAB	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
RESTASIS OPHTH EMULSION	NC	NC
cyclosporine ophth emulsion	Tier 1, RS	F, RS
KALYDECO GRANULES	Tier 4, KMSP, PA, QL	F, KMSP, PA, QL
VOTRIENT TAB	NC	NC
pazopanib hcl tab	Tier 4, LMSP, PA, QL, SF	F, LMSP, PA, QL, SF

<b>NC = Not Covered</b>	<b>generic = small letters</b>	<b>BRANDS = CAPITAL LETTERS</b>
<b>EXC</b> Plan Exclusion	<b>INF</b> Infertility	<b>KMSP</b> Kroger Mandatory Specialty Pharmacy Program
<b>LD</b> Limited Distribution	<b>LMSP</b> Lumicera Mandatory Specialty Pharmacy Program	<b>M</b> Medical Benefit
<b>MSP</b> Mandatory Specialty Pharmacy Program	<b>ONC</b> Oral Anticancer medication <=\$250 up to 30 day supply/Rx	<b>OTC</b> Over-the-counter
<b>PA</b> Prior Authorization	<b>QL</b> Quantity Limit	<b>RDX</b> Restricted to Diagnosis
<b>RS</b> Restricted to Specialist	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation