

# Formulary Updates January 2024



**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 01/01/2024:**

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
FLOVENT DISKUS	NC	NC
FLUTICASONE PROPIONATE DISKUS INHALER 50 MCG/ACT	Tier 2	F
FLUTICASONE PROPIONATE DISKUS INHALER 100 MCG/ACT	Tier 2	F
FLUTICASONE PROPIONATE DISKUS INHALER 250 MCG/ACT	Tier 2	F
ADVAIR DISKUS INHALER	NC	NC
fluticasone/salmeterol inhaler, wixela inhaler	Tier 1	F
SYMBICORT INHALER	NC	NC
budesonide/formoterol inhaler	Tier 1	F
FLOVENT HFA INHALER	NC	NC
FLUTICASONE HFA INHALER 44 MCG/ACT	Tier 2	F
FLUTICASONE HFA INHALER 110 MCG/ACT	Tier 2	F
FLUTICASONE HFA INHALER 220MCG/ACT	Tier 2	F
NOVOLOG INJ	NC	NC
INSULIN ASPART INJ	NC	NC
NOVOLOG FLEXPEN	NC	NC
INSULIN ASPART FLEXPEN	NC	NC
NOVOLOG PEN FILL INJ	NC	NC
INSULIN ASPART PEN FILL INJ	NC	NC
NOVOLOG MIX INJ	NC	NC



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INSULIN ASPART MIX INJ	NC	NC
NOVOLOG MIX FLEXPEN	NC	NC
INSULIN ASPART MIX FLEXPEN	NC	NC
INSULIN LISPRO INJ	Tier 1	F
HUMALOG KWIK PEN	Tier 2	F
HUMALOG JR KWIKPEN	Tier 2	F
HUMALOG MIX INJ	Tier 2	F
HUMALOG MIX KWIKPEN	Tier 2	F
FIASP INJ	NC	NC
FIASP FLEXTOUCH INJ	NC	NC
FIASP PENFILL INJ	NC	NC
LYUMJEV INJ	Tier 2	F
LYUMJEV KWIKPEN INJ	Tier 2	F
NOVOLIN R FLEXPEN INJ	NC	NC
HUMULIN N INJ	Tier 2	F
NOVOLIN N INJ	NC	NC
HUMULIN N PEN INJ	Tier 2	F
NOVOLIN N FLEXPEN INJ	NC	NC
HUMULIN MIX INJ	Tier 2	F
NOVOLIN 70/30 INJ	NC	NC



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HUMULIN MIX PEN INJ	Tier 2	F
NOVOLIN 70/30 FLEXPEN INJ	NC	NC
HUMALOG PEN INJ	Tier 2	F
ALFERON-N INJ	NC	NC
desmopressin acetate inj	NC	No Change (NC)
ONGENTYS CAP	NC	NC
cholecalciferol cap 50000 unit	NC	No Change (NC)
PREDNICARBATE CREAM	NC	NC
PREDNICARBATE OIN	NC	NC
NASCOBAL SPRAY	No Change (Tier 3)	No Change (NC)
cyanocobalamin nasal spray	Tier 1	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



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