

Formulary Updates June 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 06/01/2024:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	NF	NF
HUMIRA INJ 80MG	NF	NF
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	NF	NF
HUMIRA INJ PEDIATRIC UC STARTER PACK	NF	NF
HUMIRA INJ 40MG	NF	NF
HUMIRA PEN INJ 40MG	NF	NF
HUMIRA INJ 10MG	NF	NF
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	NF	NF
HUMIRA INJ 20MG	NF	NF
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
SIMLANDI INJ	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
RIDAURA CAP	NF	NF
lithium oral solution	Tier 1, PA	F, PA



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HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

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Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
VYVANSE CAP	Tier 3	NF
VYVANSE CHEW TAB	Tier 3	NF
ADDERALL XR CAP	Tier 3	NF
LATUDA TAB	Tier 3	NF
COMBIGAN OPHTH SOLN	Tier 3	NF
BYSTOLIC TAB	Tier 3	NF
DOXEPIN HCL CREAM	NF	NF
doxepin hcl cream	NF	NF
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	NF	NF
TEGSEDI INJ	NF	NF
RELYVRIO PAK	NF	NF
MYRBETRIQ TAB	Tier 2	F
mirabegron tab er	NF	NF

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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