## Formulary Updates August 2024



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: <a href="http://www.lacare.org/members/member-services/pharmacy-services">http://www.lacare.org/members/member-services/pharmacy-services</a>
- Provider link: http://www.lacare.org/providers/pharmacy-services/list-covered-drugs

## Effective Date as of 08/01/2024:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
SPEVIGO INJ	Tier 4, LD, PA, QL	F, LD, PA, QL
REXTOVY SPRAY	Tier 1	F
BETASERON INJ	Tier 4, LMSP	F, LMSP
EXTAVIA INJ	NC	NC
QUINAPRIL/HCTZ TAB	NC	NC
ACCURETIC TAB	NC	No Change (NC)
quinapril/hydrochlorothiazide tab	NC	NC
QUINAPRIL/HCTZ TAB	NC	NC
ACCURETIC TAB	NC	No Change (NC)
ADBRY INJ	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
NALOXONE HCL SOLN	\$0	\$0
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
ADALIMUMAB-FKJP PFS KIT	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL



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Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
FLULAVAL, FLUARIX INJ	\$0, QL	\$0, QL
CORLANOR TAB	Tier 3, PA	NC
ivabradine hcl tab	Tier 1, PA	F, PA
FLUBLOK INJ	\$0, QL	\$0, QL
FLUCELVAX INJ	\$0, QL	\$0, QL
ENDARI POWDER PACKETS	NC	NC
glutamine (sickle cell) powder pack	Tier 1, LMSP, PA, QL	F, LMSP, PA, QL

NC = N	ot Covered	generic	= small letters	BRAND	S = CAPTAL LETTERS
EXC	Plan Exclusion	INF	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <=\$250 up to 30 day supply/Rx	ОТС	Over-the-counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation

