

# Formulary Updates September 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 09/01/2024:**

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
CAPVAXIVE INJ	\$0, VAC	\$0, VAC
INGREZZA SPRINKLE CAP	Tier 4, LD, PA, QL	F, LD, PA, QL
VIJOICE GRANULES PACKET	Tier 4, MSP, PA, QL	No Change (NF)
SCEMBLIX TAB	Tier 4, LD, PA, QL	F, LD, PA, QL
SCEMBLIX TAB 100 MG	Tier 4, LD, PA, QL	F, LD, PA, QL
AUSTEDO XR TAB	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
VALTOCO NASAL SPRAY	Tier 3, QL	No Change (NF)
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	Tier 2, QL	F, QL
DIASTAT ACDL GEL	Tier 3, QL	No Change (NF)
DIAZEPAM GEL	Tier 2, QL	F, QL
diazepam rectal gel	Tier 1, QL	F, QL
NAYZILAM SPRAY	Tier 3, QL	No Change (NF)
BARACLUDE TAB	Tier 3, LMSP, QL	No Change (NF)



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entecavir tab	Tier 1, LMSP, QL	No Change (F, LMSP, QL)
OTEZLA TAB 20MG	No Change (Tier 4, LMSP, PA, QL)	F, LMSP, PA, QL
RETEVMO TAB	Tier 4, LMSP, PA, QL, SF	F, LMSP, PA, QL, SF
FLUMIST NASAL	\$0, QL	\$0, QL
OMNIPOD 5 G6 PODS MISC	Tier 2, QL	F, QL
OMNIPOD 5 G6 INTRO KIT	Tier 2, QL	F, QL

**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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