

Formulary Updates October 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 10/01/2024:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
LIVMARLI SOLN 19MG/ML	Tier 4, LD, PA, QL	F, LD, PA, QL
TALTZ INJ 20MG/0.25ML	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
TALTZ INJ 40 MG/0.5ML		
LIRAGLUTIDE SOLN PEN-INJECTOR	Tier 2, QL, RDX	F, QL, RDX
dasatinib tab	Tier 1, LMSP, PA	F, LMSP, PA,
NOVAVAX INJ 5MCG/0.5ML	\$0, QL	\$0, 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



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997