

# Formulary Updates July 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 07/01/2024:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
STRIVERDI RESPIMAT INHALER	Tier 2, QL	F, QL
SEREVENT DISKUS INHALER	NF	NF
FLUTICASONE DISKUS INHALER	Tier 3	NF
FLUTICASONE HFA INHALER	Tier 3	NF
TOLMETIN TAB	NF	NF
NEXLETOL TAB	Tier 2, ST, QL	F, ST, QL
NEXLIZET TAB	Tier 2, ST, QL	F, ST, QL
REPATHA INJ	Tier 2, ST, QL	F, ST, QL
REPATHA PUSHTRONEX INJ	Tier 2, ST, QL	F, ST, QL
ivermectin tab	Tier 1	F
STROMECTOL TAB	Tier 3	NF

<b>NC = Not Covered</b>	<b>generic = small letters</b>	<b>BRANDS = CAPITAL LETTERS</b>
<b>EXC</b> Plan Exclusion	<b>INF</b> Infertility	<b>KMSP</b> Kroger Mandatory Specialty Pharmacy Program
<b>LD</b> Limited Distribution	<b>LMSP</b> Lumicera Mandatory Specialty Pharmacy Program	<b>M</b> Medical Benefit
<b>MSP</b> Mandatory Specialty Pharmacy Program	<b>ONC</b> Oral Anticancer medication <=\$250 up to 30 day supply/Rx	<b>OTC</b> Over-the-counter
<b>PA</b> Prior Authorization	<b>QL</b> Quantity Limit	<b>RDX</b> Restricted to Diagnosis
<b>RS</b> Restricted to Specialist	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation