

Formulary Updates November 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 11/01/2024:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
lidocaine gel	NC	NC
ELMIRON CAP	Tier 3	NC
FUZEON INJ	NC	NC
ACTEMRA SC INJ	NC	NC
ACTEMRA ACTPEN INJ	NC	NC
TYENNE INJ	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
LUMRYZ STARTER PACK	Tier 4, LD, PA, QL	F, LD, PA, QL
TRUQAP THERAPY PACK	Tier 4, LD, PA, QL	F, LD, PA, QL
SOLU-CORTEF INJ 100MG	Tier 3, QL	NC
hydrocortisone succinate inj 100mg	Tier 1, QL	F, QL
FREESTYLE LIBRE 2-PLUS SENSOR	Tier 2, PA, QL	F, PA, QL

NC = Not Covered	generic = small letters	BRANDS = CAPITAL 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	OTC 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