

Formulary Updates January 2023



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 01/01/2023:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
KOSELUGO CAP 10MG	Tier 4, LD, PA, QL	F, LD, PA, QL
OCALIVA TAB	Tier 4, LD, PA, QL, RXC, SF	F, LD, PA, QL, RXC, SF
PEMAZYRE TAB	Tier 4, LD, PA, QL	F, LD, PA, QL
CAMZYOS CAP	Tier 4, PA, LD, QL	F, PA, LD, QL
RADICAVA ORS STARTER KIT	Tier 4, PA, LD, QL	F, PA, LD, QL
RADICAVA ORS SUSP	Tier 4, PA, LD, QL	F, PA, LD, QL
ZTALMY SUSP	Tier 4, PA, LD, QL	F, PA, LD, QL
MOUNJARO INJ	Tier 2, QL, RDX	F, QL, RDX
BYDUREON BCISE AUTO INJ	Tier 2, QL, RDX	F, QL, RDX
BYDUREON INJ	Tier 2, QL, RDX	F, QL, RDX
BYDUREON PEN INJ	Tier 2, QL, RDX	F, QL, RDX
BYETTA INJ	Tier 3, QL, RDX	No Change (NF)
OZEMPIC INJ	Tier 2, QL, RDX	F, QL, RDX
RYBELSUS TAB	Tier 2, QL, RDX	F, QL, RDX
TRULICITY INJ	Tier 2, QL, RDX	F, QL, RDX
VICTOZA INJ	Tier 2, QL, RDX	F, QL, RDX

NC = Not Covered

INF Infertility
OTC Over-the-Counter
QL Quantity Limit
SMKG Smoking Cessation
SF Limited to two 15 day fills per month for first 3 months

generic = small letters

LD Limited Distribution
PA Prior Authorization
RS Restricted to Specialist
VAC Vaccine Program

BRANDS = CAPITAL LETTERS

KMSP Kroger Mandatory Specialty Pharmacy Program
LMSP Lumicera Mandatory Specialty Pharmacy Program
MSP Mandatory Specialty Pharmacy Program
ST Step Therapy

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Effective Date as of 02/01/2023:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
midazolam inj	Tier 1, RS	F, RS
sildenafil susp	Tier 1, PA	F, PA
REVATIO SUSP	Tier 3, PA	No Change (NF)
lansoprazole/amoxicillin/clarithromycin kit	NF	No Change (NF)
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT	NF	No Change (NF)
PREVPAK KIT	NF	No Change (NF)
PYLERA CAP	NF	No Change (NF)
rabeprazole EC tab	Tier 1	F
ACIPHEX	Tier 3	No Change (NF)
celecoxib cap	Tier 1	F
CELEBREX CAP	Tier 3	No Change (NF)
loestrin tab	\$0	\$0
loestrin 21 tab	\$0	\$0
norethindrone/ethinyl estradiol FE tab	\$0	\$0
drospirenone/ethinyl estradiol/levomefolate tab	\$0	\$0
norethindrone ace-ethinyl estradiol-fe cap	\$0	\$0



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IN LOS ANGELES COUNTY
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Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
mibelas chew tab	\$0	\$0
SKYRIZI INJ	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
ESBRIET INJ	No Change (Tier 4, LMSP, PA, QL, SF)	NF

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Formulary Updates March 2023



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Effective Date as of 03/01/2023:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
hydroxychloroquine 100mg tab	Tier 1	F
XYREM SOLN	NF	NF
FERROUS SULFATE ELIXIR	NF	NF
ferrous sulfate elixir	NF	NF
ferrous sulfate syrup	NF	NF
ferrous sulfate soln	NF	NF
SEMGLEE INJ (SINGLE PEN)	NF	NF
INSULIN GLARGINE-YFGN (SINGLE PEN)	NF	NF
EURAX LOTION	NF	No Change (NF)
IVERMECTIN LOTION	NF	No Change (NF)
SKLICE LOTION	NF	No Change (NF)
NOXAFIL PAK	Tier 3	No Change (NF)
FUROSCIX KIT	Tier 4, LD, QL	F, LD, QL
TRUSELTIQ PACK	NF	NF
TAKHZYRO INJ 150MG/ML	Tier 4, LD, PA, QL	F, LD, PA, QL
LATUDA TAB	NF	No Change (NF)
lurasidone hcl tab	Tier 1, QL	F, QL

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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
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KMSP	Kroger Mandatory Specialty Pharmacy Program
M	Medical Benefit
OTC	Over-the-counter
RDX	Restricted to Diagnosis
SMKG	Smoking Cessation

Formulary Updates April 2023



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Effective Date as of 04/01/2023:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
BENZNIDAZOLE TAB	Tier 2, RS	F, RS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO Equiv)	Tier 1	F
EPIDUO GEL 0.1-2.5%	Tier 3	No Change (NC)
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE Equiv)	Tier 1	F
AMJEVITA AUTO-INJECTOR (1 PEN PACK)	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
AMJEVITA AUTO-INJECTOR (2 PEN PACK)	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
MIRCETTE TAB	NC	No Change (NC)
SAFYRAL TAB	NC	No Change (NC)
YAZ TAB, YASMIN 28 TAB	NC	No Change (NC)
ORTHO-CYCLLEN TAB	NC	No Change (NC)
TRI-NORINYL TAB	NC	No Change (NC)
MINASTRIN CHEW TAB	NC	No Change (NC)
BEYAZ TAB	NC	No Change (NC)
DESOGEN TAB	NC	No Change (NC)
OVCON 35 TAB	NC	No Change (NC)
NOR-QD TAB	NC	No Change (NC)



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FEMCON FE CHEW TAB	NC	No Change (NC)
ESTROSTEP FE TAB	NC	No Change (NC)
SEASONIQUE TAB	NC	No Change (NC)
ORTHO TRI-CYCLEN (LO) TAB	NC	No Change (NC)
TAYTULLA CAP	NC	No Change (NC)
mifepristone tab	\$0	\$0
HYFTOR GEL	Tier 4, LD, PA, QL	F, LD, PA, QL
roflumilast tab	No Change (Tier 1)	F
DEXCOM G7 SENSOR	Tier 2, PA, QL	F, PA, QL
DEXCOM G7 RECEIVER	Tier 2, PA, QL	F, PA, QL
IBRANCE CAP	NC	NC
IBRANCE TAB	NC	NC
KISQALI TAB	Tier 4, LMSP, PA, QL	F, PA, LMSP, QL
ZORYVE CREAM	Tier 2, PA, QL	F, PA, QL
LUMAKRAS TAB 320MG	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
teriflunomide tab	Tier 4, LMSP	F, LMSP
AUBAGIO TAB 14MG, 7MG	NC	NC

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Formulary Updates May 2023



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Effective Date as of 05/01/2023:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
lurasidone tab (LATUDA TAB Equiv)	Tier 1	F
lubiprostone cap (AMITIZA Equiv)	Tier 1, PA, QL	F, PA, QL
PURIXAN SUSP	Tier 3, PA	No Change (NC)
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	Tier 2, QL, ST	F, QL, ST
CLENPIQ SOLN	NC	NC
sodium/potassium/magnesium soln (SUPREP Equiv)	\$0, QL	\$0, QL
peg 3350 soln 100gm (MOVIPREP Equiv)	\$0, QL	\$0, QL
levalbuterol neb soln (XOPENEX Equiv)	No Change (Tier 1)	F
NOXAFIL SUSP	Tier 3	No Change (NC)
posaconazole susp (NOXAFIL Equiv)	Tier 1	No Change (NC)

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Formulary Updates June 2023



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Effective Date as of 06/01/2023:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
amlodipine/atorvastatin tab	No Change (Tier 1)	NC
amlodipine/valsartan/hydrochlorothiazide tab	NC	NC
ATORVALIQ SUSP	Tier 3, PA	No Change (NC)
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	NC	NC
CLEOCIN VAGINAL SUPP	Tier 3, QL	No Change (NC)
CLINDESSE VAGINAL CREAM	Tier 3, QL	No Change (NC)
FLOLIPID SOLN	Tier 3, PA	No Change (NC)
TEZSPIRE INJ	Tier 4, PA, QL, LMSP	F, PA, QL, LMSP
VOTRIENT TAB	Tier 4, PA, QL, SF, LMSP	F, PA, QL, SF, LMSP
EXFORGE HCT TAB	NC	No Change (NC)
CELONTIN CAP	Tier 3	NC
gefitinib tab	Tier 4, LD, PA	F, LD, PA
IRESSA TAB	Tier 4, LD, PA	NC
KALYDECO PAK	Tier 4, KMSP, PA, QL, SF	F, KMSP, PA, QL, SF
methsuximide cap	Tier 1	F

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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
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Formulary Updates July 2023



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Effective Date as of 07/01/2023:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
REZLIDHIA CAP	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
KRAZATI TAB	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
LYTGOBI THERAPY PACK	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
RELYVRIO PAK	Tier 4, LD, PA, QL	F, LD, PA, QL
NEXLETOL TAB	Tier 2, PA, QL	F, PA, QL
NEXLIZET TAB	Tier 2, PA, QL	F, PA, QL
COVID-19 VACCINE INJ (PFIZER)	NC	NC
COVID-19 VACCINE INJ 5-11Y (PFIZER)	NC	NC
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	NC	NC
COVID-19 VACCINE INJ 6M-5Y (MODERNA)	NC	NC
COVID-19 VACCINE INJ 6-11Y (MODERNA)	NC	NC
COVID-19 VACCINE BOOSTER INJ (MODERNA)	NC	NC
TRIKAFTA THERAPY PACK	Tier 4, LD, PA, QL	F, LD, PA, QL

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Effective Date as of 08/01/2023:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
PEAK FLOW METER	No Change (Tier 1)	\$0
AEROCHAMBER	No Change (Tier 2)	\$0
AEROCHAMBER SUPPLIES	No Change (Tier 2)	\$0
FORTEO INJ	NC	NC
darunavir tab	Tier 1	No Change (F)
OVACE PLUS SHAMPOO	NC	No Change (NC)
sodium sulfacetamide shampoo	NC	No Change (NC)
OVACE PLUS GEL	NC	No Change (NC)
sodium sulfacetamide gel	NC	No Change (NC)
sodium sulfacetamide/sulfur wash	NC	No Change (NC)
atomoxetine cap	No Change (Tier 1)	F
TERIPARITIDE INJ	Tier 4, LMSP	F, LMSP
ANTIVERT TAB	No Change (NC)	NC
meclizine hcl tab	NC	NC

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Effective Date as of 09/01/2023:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
CROTAN LOTION	NC	No Change (NC)
clotrimazole/betamethasone lotion	NC	NC
KALYDECO TAB	Tier 4, KMSP, PA, QL	F, KMSP, PA, QL
KALYDECO PAK	Tier 4, KMSP, PA, QL	F, KMSP, PA, QL
ORKAMBI TAB	Tier 4, KMSP, PA, QL	F, KMSP, PA, QL
ORKAMBI GRANULES PACKET	Tier 4, KMSP, PA, QL	F, KMSP, PA, QL
SYMDEKO TAB	Tier 4, KMSP, PA, QL	F, KMSP, PA, QL
ZEJULA CAP	Tier 4, LD, PA, QL	F, LD, PA, QL
ZEJULA TAB	Tier 4, LD, PA, QL	F, LD, PA, QL
OMNIPOD GO KIT	Tier 2, QL	F, QL
RABAVERT INJ	\$0, VAC	No Change (NC)

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Effective Date as of 10/01/2023:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
LUMRYZ PACK	Tier 4, LD, PA, QL	F, LD, PA, QL
JAYPIRCA TAB	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
ORSERDU TAB	Tier 4, LD, PA, QL	F, LD, PA, QL
FILSPARI TAB	Tier 4, LD, PA, QL	F, LD, PA, QL
SKYCLARYS CAP	Tier 4, LD, PA, QL	F, LD, PA, QL
DAYBUE SOLN	Tier 4, LD, PA, QL	F, LD, PA, QL
JOENJA TAB	Tier 4, LD, PA, QL	F, LD, PA, QL
HADLIMA INJ 40MG/0.4ML	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
HADLIMA INJ 40MG/0.8ML	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
HADLIMA PUSH INJ 40MG/0.4ML	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
HADLIMA PUSH INJ 40MG/0.8ML	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
ADALIMUMAB-ADAZ INJ	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
ADALIMUMAB-ADAZ PFS INJ	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
ADALIMUMAB-FKJP PFS KIT	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
AMJEVITA AUTO-INJECTOR (1 PEN PACK)	NC	No Change (NC)
AMJEVITA AUTO-INJECTOR (2 PEN PACK)	NC	No Change (NC)



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MAVENCLAD THERAPY PAK	Tier 4, LD	No Change (NC)
glatiramer inj	Tier 1, LMSP	No Change (NC)
teriflunomide tab	Tier 1, LMSP	No Change (NC)
fingolimod hcl cap 0.5mg	Tier 1, LMSP	No Change (NC)
dimethyl fumarate DR starter pack	Tier 1, LMSP	No Change (NC)
dimethyl fumarate DR cap	Tier 1, LMSP	\$0
dalfampridine ER tab	No Change (Tier 1, LMSP, PA, QL)	F, LD, PA, QL
sapropterin dihydrochloride soluble tab	Tier 1, LMSP, PA	F
sapropterin dihydrochloride powder packet	Tier 1, LMSP, PA	F, PA, QL
VYVANSE CAP	NC	F, PA, QL
lisdexamfetamine dimesylate cap	Tier 1	NC
VYVANSE CHEW TAB	NC	NC
lisdexamfetamine dimesylate chew tab	Tier 1	F, PA, LMSP, QL
ALPHAGAN P SOLN 0.1%	Tier 3	F, PA, QL
brimonidine tartrate ophth soln 0.1%	Tier 1	F, LD, PA, QL, SF
COMIRNATY INJ	No Change (\$0, QL)	F, LMSP
SPIKEVAX INJ 50/0.5ML	\$0, QL	NC

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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

Formulary Updates November 2023



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 11/01/2023:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
NARCAN NASAL SPRAY (OTC)	Tier 1	F
OPVEE NASAL SPRAY	Tier 2	F
desmopressin acetate inj	No Change (Tier 1)	NC
INGREZZA PACK 40-80MG	Tier 4, LD, PA, QL	F, LD, PA, QL
ZIEXTENZO INJ	NC	NC
NYVEPRIA INJ	Tier 4, LMSP	F, LMSP
clindamycin vaginal cream	Tier 1, QL	F, QL
CLINDESSE VAGINAL CREAM	Tier 2, QL	F, QL
XACIATO GEL	Tier 2, QL	F, QL
THEOPHYLLINE TAB ER	Tier 2	F
PREVYMIS TAB	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
RESTASIS OPHTH EMULSION	NC	NC
cyclosporine ophth emulsion	Tier 1, RS	F, RS
KALYDECO GRANULES	Tier 4, KMSP, PA, QL	F, KMSP, PA, QL
VOTRIENT TAB	NC	NC
pazopanib hcl tab	Tier 4, LMSP, PA, QL, SF	F, LMSP, PA, QL, SF

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
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Effective Date as of 12/01/2023:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
EZALLOR SPRINKLE CAP	Tier 3, PA	No Change (NC)
FLURAZEPAM CAP	NC	NC
CIMZIA INJ	NC	NC
OMNITROPE INJ	Tier 4, PA, LMSP	F, PA, LMSP
FIASP PUMP CARTRIDGE	Tier 2	F
BREO ELLIPTA INH 50-25MCG	Tier 2	F
MEKINIST SOLN	Tier 4, PA, LMSP	F, PA, LMSP
TAFINLAR TAB 10MG	Tier 4, PA, LMSP	F, PA, LMSP

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