

Formulary Updates March 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 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

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