

# Formulary Updates February 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 02/01/2024:**

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
tetrabenazine tab	Tier 4, LMSP	F, LMSP
LEUKERAN TAB	NC	NC
LIKMEZ SUSP	Tier 3, PA	NC
OZOBAX SOLN, BACLOFEN SOLN	Tier 3, PA	NC
tobramycin neb soln	Tier 1, LMSP, RS	F, LMSP, RS
pyrimethamine tab	Tier 1, LD, PA, QL	F, LD, PA, QL
temozolamide cap	Tier 1, LMSP	F, LMSP
capecitabine tab	Tier 1, LMSP	F, LMSP
nilutamide tab	Tier 1, LMSP	F, LMSP
abiraterone tab 250mg	Tier 1, LMSP, QL	F, LMSP, QL
imatinib tab	Tier 1, LMSP, PA, QL	F, LMSP, PA, QL
everolimus tab	Tier 1, LMSP, PA, QL	F, LMSP, PA, QL
everolimus tab for oral susp	Tier 1, LMSP, PA, QL	F, LMSP, PA, QL
lapatinib ditosylate tab	Tier 1, LMSP, PA	F, LMSP, PA
pazopanib tab	Tier 1, LMSP, PA, QL, SF	F, LMSP, PA, QL, SF
sorafenib tosylate tab	Tier 1, LMSP, PA, SF	F, LMSP, PA, SF
sunitinib malate cap	Tier 1, LMSP, PA, SF	F, LMSP, PA, SF
tretinoin cap	Tier 1, LMSP	F, LMSP
bexarotene cap	Tier 1, LMSP, PA, SF	F, LMSP, PA, SF



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

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Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
bexarotene gel	Tier 1, LMSP, PA	F, LMSP, PA
lenalidomide cap	Tier 1, LD, QL, RS	F, LD, QL, RS
EXKIVITY CAP	NC	NC
SYMJEPI INJ	NC	NC
SUFLAVE SOLN	Tier 2, QL	F, QL
TRULANCE TAB	Tier 2, PA, QL	F, PA, QL
MOTEGRITY TAB	Tier 3, PA, QL	NC
erlotinib tab	Tier 1, LMSP, PA, QL, SF	F, LMSP, PA, QL, SF
erlotinib tab 25mg	Tier 1, LMSP, PA, QL, SF	F, LMSP, PA, QL, SF
gefitinib tab	Tier 1, LD, PA, QL	F, LD, PA, QL
IRESSA TAB	Tier 4, LD, PA, QL	NC
ORSERDU TAB	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
ORSERDU TAB 345MG	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
LAMPIT TAB	Tier 2, RS	F, RS
XALKORI CAP	Tier 4, LMSP, PA, QL, SF	F, LMSP, PA, QL, SF
ROZLYTREK PAK	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
INSULIN GLARGINE SOLN PEN-INJ	Tier 2	F
XIGDUO XR TAB	Tier 2, QL	F, QL
FARXIGA TAB	Tier 2, QL	F, QL
PROLENSA OPHTH SOLN	Tier 3	NC
bromfenac sodium ophth soln	Tier 1	F

**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