

Formulary Updates March 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 03/01/2024:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
octreotide in	Tier 1, LMSP	F, LMSP
carglumic acid tab	Tier 1, LD, PA	F, LD, PA
tadalafil tab (PAH)	Tier 1, LMSP, PA	F, LMSP, PA
ambrisentan tab	Tier 1, LD, PA, QL	F, LD, PA, QL
bosentan tab	Tier 1, LD, PA, QL	F, LD, PA, QL
pirfenidone cap	Tier 1, LMSP, PA, QL, SF	F, LMSP, PA, QL, SF
pirfenidone tab 267mg	Tier 1, LMSP, PA, QL, SF	F, LMSP, PA, QL, SF
pirfenidone tab 801mg	Tier 1, LMSP, PA, QL, SF	F, LMSP, PA, QL, SF
tiopronin tab	Tier 1, LMSP, PA	F, LMSP, PA
tetrabenazine tab	Tier 1, LMSP, PA	F, LMSP, PA
vigabatrin tab	Tier 1, LD, PA	F, LD, PA
vigabatrin powder pack	Tier 1, LD, PA	F, LD, PA
vigadrone powder pack	Tier 1, LD, PA	F, LD, PA
miglustat cap	Tier 1, LD, PA	F, LD, PA
deferasirox tab 90mg, 360mg	Tier 1, LMSP	F, LMSP
deferasirox tab 180mg	Tier 1, LMSP	F, LMSP
deferasirox granules packet	Tier 1, LMSP	F, LMSP
deferasirox tab	Tier 1, LMSP	F, LMSP
deferiprone tab	Tier 1, LD, PA	F, LD, PA



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

Formulary Updates March 2024



L.A. Care
HEALTH PLAN®

For All of L.A.

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
trientine cap	Tier 1, LMSP	F, LMSP
XPHOZAH TAB	Tier 3, PA, QL	NC
THALOMID CAP	Tier 4, KMSP	F, KMSP
ZEPBOUND INJ	Tier 2, PA, QL	F, PA, QL
CONTRACE TAB	Tier 3, PA, QL	NC
QSYMIA CAP	Tier 2, PA, QL	F, PA, QL
OMNIPOD 5 G7 KIT INTRO	Tier 2, QL	F, QL
OMNIPOD 5 G7 MIS PODS	Tier 2, QL	F, QL
PRADAXA CAP	Tier 3	NC
dabigatran etexilate mesylate cap	Tier 1	NC

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



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