

Formulary Updates April 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 04/01/2024:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
mifepristone tab	Tier 1, LD, PA, QL	F, LD, PA, QL
INSULIN LISPRO KWIKPEN	Tier 2	F
INSULIN LISPRO JR KWIKPEN	Tier 2	F
QVAR REDIHALER	Tier 2	F
ALVESCO INHALER	Tier 2	F
CAPRELSA 100MG TAB	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
CAPRELSA 300MG TAB	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
LENVIMA CAP	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
BOSULIF CAP	Tier 4, PA, MSP	F, PA, MSP
PAXLOVID TAB (EUA)	NF	NF
LITFULO CAP	Tier 4, LD, PA, QL	F, LD, PA, QL
XDEMZY OPTH SOLN	Tier 4, LD, PA, QL	F, LD, PA, QL
SOHONOS CAP	Tier 4, LD, PA, QL	F, LD, PA, QL
VANFLYTA TAB	Tier 4, LD, PA, QL	F, LD, PA, QL
cyclosporine opth emulsion	Tier 1, RS, QL	F, RS, QL



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DOPTELET TAB	Tier 4, KMSP, PA, QL	F, KMSP, PA, QL
PROMACTA TAB	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
PROMACTA POWDER	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
TAVALISSE TAB	NF	NF

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



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