



Effective Date	Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
1/1/2017	OCALIVA TAB	F, PA, QL, LD, SF	Tier 4, PA, QL, LD, SF	F, PA, QL, LD, SF
1/1/2017	ZINBRYTA INJ	NF	Tier 4, PA, QL, MSP	NF
1/1/2017	VELTASSA POWDER	F, PA, LD	Tier 4, PA, LD	F, PA, LD

Most recent updates take the place of updates made earlier in the year.

NF	Non formulary	F	Formulary/covered drug	PA	Prior Authorization
ST	Step Therapy	QL	Quantity Limit	LD	Limited Distribution
SP	Specialty Pharmacy Program			RS	Restricted to specialist
MSP	Mandatory Specialty Pharmacy Program				
generic:	lower case letters	BRAND:	CAPITAL LETTERS	Carve-out:	Medi-Cal Fee-For-Service
No change:	no change in formulary status as compared to the previous month				