

Formulary Updates January 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 01/01/2023:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
KOSELUGO CAP 10MG	Tier 4, LD, PA, QL	F, LD, PA, QL
OCALIVA TAB	Tier 4, LD, PA, QL, RXC, SF	F, LD, PA, QL, RXC, SF
PEMAZYRE TAB	Tier 4, LD, PA, QL	F, LD, PA, QL
CAMZYOS CAP	Tier 4, PA, LD, QL	F, PA, LD, QL
RADICAVA ORS STARTER KIT	Tier 4, PA, LD, QL	F, PA, LD, QL
RADICAVA ORS SUSP	Tier 4, PA, LD, QL	F, PA, LD, QL
ZTALMY SUSP	Tier 4, PA, LD, QL	F, PA, LD, QL
MOUNJARO INJ	Tier 2, QL, RDX	F, QL, RDX
BYDUREON BCISE AUTO INJ	Tier 2, QL, RDX	F, QL, RDX
BYDUREON INJ	Tier 2, QL, RDX	F, QL, RDX
BYDUREON PEN INJ	Tier 2, QL, RDX	F, QL, RDX
BYETTA INJ	Tier 3, QL, RDX	No Change (NF)
OZEMPIC INJ	Tier 2, QL, RDX	F, QL, RDX
RYBELSUS TAB	Tier 2, QL, RDX	F, QL, RDX
TRULICITY INJ	Tier 2, QL, RDX	F, QL, RDX
VICTOZA INJ	Tier 2, QL, RDX	F, QL, RDX

NC = Not Covered

INF Infertility
OTC Over-the-Counter
QL Quantity Limit
SMKG Smoking Cessation
SF Limited to two 15 day fills per month for first 3 months

generic = small letters

LD Limited Distribution
PA Prior Authorization
RS Restricted to Specialist
VAC Vaccine Program

BRANDS = CAPITAL LETTERS

KMSP Kroger Mandatory Specialty Pharmacy Program
LMSP Lumicera Mandatory Specialty Pharmacy Program
MSP Mandatory Specialty Pharmacy Program
ST Step Therapy