

Formulary Updates February 2020



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 02/01/2020:

Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
VIDEX EC CAP	NF	NF	NF
NEVIRAPINE ER TAB	No change (CO)	NF	NF
metronidazole cap (FLAGYL equiv)	NF	NF	NF
FLAGYL CAP	No Change (NF)	NF	No Change (NF)
METHOTREXATE INJ	No Change (F)	NF	No Change (F)
disopyramide ER cap (NORPACE equiv)	NF	NF	NF
NORPACE CR CAP	No Change (F)	NF	NF
QUINIDINE SULFATE TAB	No Change (F)	NF	NF
CLEMASTINE TAB	NF	NF	No Change (NF)
clemastine fumarate tab	No Change (F)	NF	No Change (NF)
cetirizine cap	No Change (NF)	No Change (NF)	NF
loratadine cap	No Change (NF)	No Change (NF)	NF
opium tincture	No Change (NF)	NF	No Change (NF)
PEGANONE TAB	NF	NF	NF
POTEGA TAB	NF	NF	NF
LYRICA SOLN	No Change (NF)	NF	No Change (NF)
ropinirole ER tab	No Change (NF)	NF	No Change (NF)
INGREZZA CAP	F, PA QL, LD	Tier 4, PA QL, LD	F, PA QL, LD



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HEALTHCARE**
IN LOS ANGELES COUNTY
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Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
PRO-STAT LIQ	F, PA	Tier 1, PA	F, PA
NOVOLIN INJ	F	No Change (Tier 2)	No Change (F)
nitrofurantoin susp (FURADANTIN equiv)	NF	NF	NF
FURADANTIN SUSP	No Change (NF)	NF	No Change (NF)
CHLORZOXAZONE TAB 500MG	No Change (F)	Tier 2	No Change (F)
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	NF	NF	NF
MACRODANTIN CAP 25MG	No Change (NF)	NF	No Change (NF)
MACRODANTIN CAP 25MG	F	No change (NF)	No change (NF)
VAXCHORA SUSP	NF	No Change (Tier 1)	No Change (F)
cromolyn neb soln	No Change (NF)	NF	No Change (NF)
hyoscyamine inj (LEVSIN Equiv)	No Change (NF)	NF	No Change (NF)
LEVSIN INJ	NF	Tier 3	NF
MYNATAL-Z TAB	F	Tier 1	F
PREDNISOLONE OPTH SUSP	Add PA	Add PA	Add PA
BANZEL TAB	Add PA	Add PA	Add PA
BANZEL SUSP	F, KMSP	Tier 4, KMSP	F, KMSP
deferasirox 180mg tab (JADENU equiv)	NF	NF	NF
JADENU 180mg tab	F, PA	Tier 1, PA	F, PA
penicillamine tab (DEPEN equiv)	F	Tier 1	F
DEPEN TITRATAB	NF	Tier 3	NF

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



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