

Formulary Updates April 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 04/01/2020:

Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
cephalexin cap 750mg (KEFLEX equiv)	NF	NF	NF
ERLEADA TAB	NF	No Change (Tier 4, KMSP, PA, QL)	NF
NUBEQA TAB	F, MSP, PA, QL, SF	(Tier 4, KMSP, PA, QL)	F, MSP, PA, QL, SF
XTANDI CAP	NF	Tier 4, MSP, PA, QL, SF	NF
abiraterone tab 250mg (ZYTIGA equiv)	F, KMSP, QL	No Change (Tier 4, KMPA, PA, QL, SF)	F, KMSP, QL
TURALIO CAP	F, LD, PA, QL, SF	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
PIQRAY TAB	F, LMSP, PA,SF	Tier 4, LMSP, PA,SF	F, LMSP, PA,SF
XPOVIO PAK	F, LD, PA, QL, SF	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
estradiol valerate inj (DELESTROGEN equiv)	No Change (F)	Tier 1	F
ESTROPIPATE TAB	NF	NF	NF
INSULIN ASPART INJ (NOVOLOG equiv)	No Change (NF)	Tier 2	F
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	No Change (NF)	Tier 2	F
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	No Change (NF)	Tier 2	\$0
INSULIN ASPART MIX INJ (NOVOLOG equiv)	No Change (NF)	Tier 2	No Change (NF)



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

Formulary Updates April 2020



L.A. Care
HEALTH PLAN®

For All of L.A.

Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	No Change (NF)	Tier 2	F
RYBELSUS TAB	F, QL	Tier 2, QL	F, QL
RIOMET ER SUSP	No Change (NF)	Tier 3	No Change (NF)
etidronate disodium tab 200mg (DIDRONEL equiv)	No Change (NF)	NF	No Change (NF)
ETIDRONATE DISODIUM TAB 400MG	No Change (NF)	NF	No Change (NF)
sodium phenylbutyrate tab (BUPHENYL equiv)	NF	NF	NF
sodium phenylbutyrate powder (BUPHENYL equiv)	NF	NF	NF
METHYCLOTHIAZIDE TAB	NF	NF	NF
VYNDAMAX CAP	F, MSP, PA, QL	Tier 4, MSP, PA, QL	F, MSP, PA, QL
VYNDAQEL CAP	F, MSP, PA, QL	Tier 4, MSP, PA, QL	F, MSP, PA, QL
azelastine hcl-fluticasone prop nasal spray (DYMISTA equiv)	No Change (NF)	Tier 1, PA	No Change (NF)
DYMISTA NASAL SPRAY	No Change (NF)	Tier 3, PA	No Change (NF)
SSKI SOLN	NF	NF	NF
NINJACOF-XG LIQUID	NF	NF	NF
albuterol HFA inhaler (PROAIR equiv)	F	Tier 1	F
TRULANCE TAB	No Change (NF)	Tier 2, PA	F, PA
LINZESS CAP	No Change (NF)	NF	No Change (NF)
calcium acetate tab (ELIPHOS equiv)	NF	NF	NF
ELIPHOS TAB	No Change (NF)	NF	No Change (NF)
SUNOSI TAB	F, PA, QL	Tier 2, PA, QL	F, PA, QL



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

Formulary Updates April 2020



L.A. Care
HEALTH PLAN®

For All of L.A.

Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
WAKIX TAB	F, LD, PA, QL	Tier 4, LD, PA, QL	F, LD, PA, QL
tretinoin gel (RETIN-A GEL equiv)	F, PA	Tier 1, PA	F, PA
RETIN-A MICRO GEL	NF	NF	NF
JADENU TAB 180MG	NF	NF	NF
CLINISTIX TEST STRIP	No Change (NF)	NF	NF
PRECISION XTRA TEST STRIP	NF	NF	NF
GLUCAGEN INJ	No Change (NF)	NF	NF
everolimus tab 0.25mg, 0.5mg, 0.75mg (ZORTRESS equiv)	F, PA, KMSP	Tier 4, PA, KMSP	F, PA, KMSP
ZORTRESS TAB 0.25mg, 0.5mg, 0.75mg	NF	NF	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



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