

Formulary Updates May 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 05/01/2020:

Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
vancomycin cap (VANCOCIN equiv)	F, QL	Tier 1, QL	F, QL
VANCOCIN CAP	No Change (NF)	Tier 3, QL	No Change (NF)
VANCOMYCIN SOLN	NF	NF	NF
XTANDI CAP	No Change (NF)	NF	No Change (NF)
HUMALOG MIX KWIKPEN INJ	NF	NF	No Change (NF)
amlodipine/atorvastatin tab (CADUET equiv)	NF	No Change (Tier 1)	No Change (F)
ZYFLO TAB	No Change (NF)	NF	No Change (NF)
MINERAL OIL	NF	No Change (NF)	No Change (NF)
GAVILYTE-C SOLN	NF	NF	NF
COLYTE SOLN	No Change (NF)	NF	NF
silodosin cap (RAPAFLO equiv)	No Change (NF)	NF	No Change (NF)
RAPAFLO CAP	No Change (NF)	NF	No Change (NF)
dutasteride/tamsulosin cap (JALYN equiv)	NF	NF	NF
JALYN CAP	No Change (NF)	NF	No Change (NF)



**ELEVATING
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IN LOS ANGELES COUNTY
SINCE 1997

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PHENOBARBITAL TAB	NF	NF	NF
QSYMIA CAP	No Change (F, PA, QL)	Tier 2, PA, QL	No Change (NF)
BELVIQ TAB	NF	NF	NF
BELVIQ XR TAB	NF	NF	NF
aspirin/dipyridamole cap (AGGRENOX equiv)	NF	NF	NF
AGGRENOX CAP	No Change (NF)	NF	No Change (NF)
adapalene gel (DIFFERIN equiv)	NF	No Change (Tier 1, PA)	No Change (F, PA)
FINACEA FOAM	NF	No Change (Tier 2)	No Change (F)
metronidazole lotion (METROLOTION equiv)	NF	No Change (Tier 1)	No Change (F)
diclofenac gel 1% (VOLTAREN equiv)	F, QL	No Change (Tier 1, QL)	No Change (F, QL)
SORILUX FOAM	No Change (NF)	NF	No Change (NF)
TAZORAC GEL	No Change (NF)	NF	No Change (NF)
ZOVIRAX CREAM	No Change (NF)	NF	No Change (NF)
DERMA-SMOOTH/FS OIL	No Change (NF)	Tier 2	No Change (NF)
LIDOCAINE GEL	NF	NF	NF
SOLARCAINE EXTRA GEL	No Change (NF)	NF	No Change (NF)
ULESFIA LOTION	No Change (NF)	NF	No Change (NF)
EURAX CREAM	NF	No Change (Tier 2)	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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