

Formulary Updates June 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 06/01/2020:

Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
erythromycin DR cap	NF	NF	NF
ERYTHROMYCIN ETHYLSUCCINATE TAB	No Change (NF)	NF	No Change (NF)
azelastine/fluticasone nasal spray (DYMISTA equiv)	No Change (NF)	NF	No Change (NF)
DYMISTA SPRAY	No Change (NF)	NF	No Change (NF)
LURIDE SOLN	NF	NF	NF
FLUORABON SOLN	No Change (NF)	NF	NF
K-TAB	No Change (F)	Tier 3	NF
potassium chloride effer tab	NF	NF	NF
POT/CHLORIDE EFFER TAB	NF	NF	NF
ORAVIG TAB	No Change (NF)	NF	No Change (NF)
PREVIDENT RINSE	NF	NF	NF
PREVIDENT 5000 PLUS CREAM	NF	NF	NF
PREVIDENT GEL	NF	NF	NF
PREVIDENT PASTE	NF	NF	NF



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

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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)
FINACEA FOAM	No Change (NF)	NF	NF
EURAX CREAM	No Change (NF)	NF	NF
QSYMIA CAP	No Change (F, PA, QL)	No Change (Tier 2, PA, QL)	F, PA, QL
ERLEADA TAB	F, PA, QL, KMSP	No Change (Tier 4, KMSP, PA, QL)	F, PA, QL, KMSP
IBRANCE TAB	F, PA, QL, KMSP	Tier 4, KMSP, PA, QL	F, PA, QL, KMSP
everolimus tab	F, PA, KMSP	Tier 4, PA, KMSP	F, PA, KMSP
ranitidine cap (ZANTAC Equiv)	NF	NF	NF
ZANTAC CAP	NF	NF	NF
ranitidine tab (ZANTAC Equiv)	NF	NF	NF
ZANTAC TAB	NF	NF	NF
ranitidine syrup (ZANTAC Equiv)	NF	NF	NF
ZANTAC SYRUP	NF	NF	NF
ZANTAC EFFER TAB	NF	NF	NF
calcipotriene-betamethasone dipropionate susp (TACLONEX Equiv)	No Change (NF)	Tier 1	No Change (NF)
TACLONEX SUSP	No Change (NF)	Tier 3	No Change (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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