

Formulary Updates September 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 09/01/2020:

Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
TIVICAY TAB	No Change (CO)	Tier 4, (Remove QL)	F, (Remove QL)
TIVICAY PD TAB	CO	Tier 4	F
hyoscyamine sulfate soln	No Change (F)	NF	NF
PROPANTHELINE TAB	No Change (F)	NF	NF
LANSOPRAZOLE SUSP	No Change (F)	NF	No Change (NF)
FIRST OMEPRAZOLE SUSP	No Change (F)	NF	No Change (NF)
sodium chloride 0.9% irr soln	No Change (F)	No Change (Tier 1)	F
FREESTYLE LIBRE 2 SENSOR	F, PA, QL	Tier 2, PA, QL	F, PA, QL
FREESTYLE LIBRE 2 RECEIVER	F, PA, QL	Tier 2, PA, QL	F, PA, QL
ZYBAN TAB	No Change (F)	NF	NF
NICODERM PATCH	No Change (F)	NF	NF
NICORETTE GUM	No Change (F)	NF	NF
NICORETTE LOZENGE	No Change (F)	NF	NF
naratriptan tab (AMERGE equiv)	No Change (NF)	NF	NF
AMERGE TAB	No Change (NF)	NF	No Change (NF)
VALTOCO SPRAY	No Change (NF)	Tier 3, RS, QL	No Change (NF)
NAYZILAM SPRAY	No Change (NF)	Tier 3, RS, QL	No Change (NF)
APOKYN INJ	NF	NF	NF
EPOGEN	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)
PROCRIT	NF	NF	NF
CLODERM CREAM	No Change (NF)	NF	No Change (NF)
CLOCORTOLONE CREAM	No Change (NF)	NF	No Change (NF)
desoximetasone cream 0.05% (TOPICORT equiv)	NF	NF	NF
TOPICORT CREAM	No Change (NF)	NF	No Change (NF)
desoximetasone gel 0.05% (TOPICORT equiv)	NF	NF	NF
TOPICORT GEL	No Change (NF)	NF	No Change (NF)
desoximetasone oint 0.05% (TOPICORT equiv)	NF	NF	NF
TOPICORT OINT 0.05%	No Change (NF)	NF	No Change (NF)
CAPEX SHAMPOO	No Change (NF)	NF	No Change (NF)
TEXACORT SOLN	No Change (NF)	NF	No Change (NF)
triamcinolone spray (KENALOG equiv)	No Change (NF)	NF	No Change (NF)
KENALOG SPRAY	No Change (NF)	NF	No Change (NF)
PRAMOSONE LOTION	No Change (NF)	NF	No Change (NF)
PRAMOSONE OINT	No Change (NF)	NF	No Change (NF)
calcipotriene/betamethasone dipropionate susp (TACLONEX equiv)	No Change (NF)	NF	No Change (NF)
calcipotriene/betamethasone oint (TALCONEX equiv)	No Change (NF)	NF	No Change (NF)
TACLONEX OINT	No Change (NF)	NF	No Change (NF)
deferasirox 180mg tab (JADENU equiv)	F, LMSP	Tier 4, LMSP	F, LMSP
FERRIPROX TAB 1000MG (TWICE DAILY)	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