

Formulary Updates January 2021



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 01/01/2021:

Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
TREMFYA INJ	F, PA, QL, LMSP	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
PEMAZYRE TAB	F, LD, PA, QL	Tier 4, LD, PA, QL	F, LD, PA, QL
KOSELUGO CAP	F, LD, PA, QL	Tier 4, LD, PA, QL	F, LD, PA, QL
TABRECTA TAB	F, LMSP, PA, QL, SF	Tier 4, LMSP, PA, QL, SF	F, LMSP, PA, QL, SF
QINLOCK TAB	F, LD, PA, QL	Tier 4, LD, PA, QL	F, LD, PA, QL
RETEVMO CAP	F, LMSP, PA, QL, SF	Tier 4, LMSP, PA, QL, SF	F, LMSP, PA, QL, SF
TUKYSA TAB	F, LD, PA, QL, SF	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
KESIMPTA INJ	F, LMSP	Tier 4, LMSP	F, LMSP
ZEPOSIA CAP	F, LMSP	Tier 4, LMSP	F, LMSP
ZEPOSIA STARTER PACK	F, LMSP	Tier 4, LMSP	F, LMSP
TALTZ INJ	No Change (NF)	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
COSENTYX INJ (1-PACK)	No Change (F, PA, QL, LMSP)	NF	NF
COSENTYX INJ (2-PACK)	No Change (F, PA, QL, LMSP)	NF	NF
ENGERIX-B INJ, RECOMBIVAX-HB INJ	No Change (F)	\$0	No Change (NF)



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

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ENGERIX-B INJ	No Change (F)	\$0	No Change (NF)
HEPLISAV-B INJ	No Change (F)	\$0	No Change (NF)
IMOVAX RABIES INJ	No Change (F)	\$0	No Change (NF)
VARIVAX INJ	No Change (F)	\$0	No Change (NF)
ZOSTAVAX INJ	No Change (F)	\$0	No Change (NF)
SHINGRIX INJ	No Change (F)	\$0	No Change (NF)
TRUMENBA INJ	No Change (F)	\$0	No Change (NF)
BEXSERO INJ	No Change (F)	\$0	No Change (NF)
TETANUS/DIPHThERIA TOXOID INJ	No Change (F)	\$0	No Change (NF)
ADACEL INJ, BOOSTRIX INJ	No Change (F)	\$0	No Change (NF)
ALINIA TAB	NF	Tier 3, PA, QL	NF
nitazoxanide tab (ALINIA Equiv)	F, PA, QL	Tier 1, PA, QL	F, PA, QL
DIFICID SUSP	F, QL, ST	Tier 2, QL,ST	F, QL, ST
SAPHRIS TAB	No Change (CO)	Tier 3, PA, QL	No Change (NF)
asenapine maleate sl tab (SAPHRIS Equiv)	No Change (CO)	Tier 1, PA, QL	No Change (NF)
SKLICE LOTION	No Change (NF)	Tier 3, PA, QL	No Change (NF)
ivermectin lotion (SKLICE Equiv)	No Change (NF)	Tier 1, PA, QL	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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