

Formulary Updates February 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 02/01/2021:

Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
LO LOESTRIN TAB	No Change (NF)	\$0	\$0
GLUCAGON EMR INJ	F, QL	Tier 2, QL	F, QL
atorvastatin tab 10mg	No Change (F)	\$0	\$0
atorvastatin tab 20mg	No Change (F)	\$0	\$0
rosuvastatin tab 5mg	No Change (F)	\$0	\$0
rosuvastatin tab 10mg	No Change (F)	\$0	\$0
BECONASE AQ NASAL SPRAY	No Change (NF)	Tier 3, QL, ST	No Change (NF)
ZETONNA NASAL SPRAY	No Change (NF)	Tier 3, QL, ST	No Change (NF)
MECLIZINE 50 MG TAB	No Change (NF)	NF	No Change (NF)
LINZESS CAP	No Change (NF)	NF	No Change (NF)
fluoxetine tab (PROZAC)	No Change (F)	NF	NF
PROZAC TAB	No Change (NF)	NF	No Change (NF)
asenapine maleate sl tab (SAPHRIS)	CO	Tier 1, PA, QL	NF
orphenadrine/ASA/caffeine tab (NORGESIC FORTE)	No Change (NF)	NF	No Change (NF)
NORGESIC FORTE TAB	No Change (NF)	NF	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