

# Formulary Updates March 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 03/01/2021:**

Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
nevirapine ER tab	No Change (CO)	Tier 1	F
nevirapine susp	No Change (CO)	Tier 1	No Change (F)
VENTOLIN HFA INHALER	No Change (NF)	Tier 1, QL	No Change (F, QL)
aliskiren tab	No Change (NF)	Tier 1	No Change (NF)
abacavir/lamivudine/zidovudine tab	No Change (CO)	Tier 1	No Change (F)
abacavir/lamivudine tab	No Change (CO)	Tier 1	No Change (F)
abacavir tab	No Change (CO)	Tier 1	No Change (F)
abacavir soln	No Change (CO)	Tier 1	No Change (F)
cyclosporine modified cap	No Change (F)	Tier 1	No Change (F)
cyclosporine cap	No Change (F)	Tier 1	No Change (F)
cyclosporine modified soln	No Change (F)	Tier 1	No Change (F)
lamivudine/zidovudine tab	No Change (CO)	Tier 1	No Change (F)
lamivudine tab 100mg	No Change (CO)	Tier 1	No Change (F)
mycophenolate DR tab	No Change (F)	Tier 1	No Change (F)
mycophenolate mofetil tab	No Change (F)	Tier 1	No Change (F)
mycophenolate mofetil cap	No Change (F)	Tier 1	No Change (F)
mycophenolate mofetil susp	No Change (F)	Tier 1	No Change (F)
tacrolimus cap	No Change (F)	Tier 1	No Change (F)



**ELEVATING  
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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)
sirolimus tab	No Change (F)	Tier 1	No Change (F)
sirolimus soln	No Change (F)	Tier 1	No Change (F)
efavirenz tab	No Change (CO)	Tier 1	No Change (F)
efavirenz cap	No Change (CO)	Tier 1	No Change (F)
atazanavir cap	No Change (CO)	Tier 1	No Change (F)
tenofovir disoproxil fumarate tab 300mg	No Change (CO)	Tier 1	No Change (F)
valganciclovir soln	No Change (F)	Tier 1	No Change (F)
didanosine DR cap	No Change (F)	Tier 1	No Change (F)
fosamprenavir tab	No Change (CO)	Tier 1	No Change (F)
efavirenz/emtricitabine/tenofovir df tab	No Change (CO)	Tier 1	No Change (F)
efavirenz/lamivudine/tenofovir df (lo) tab	No Change (CO)	Tier 1	No Change (F)
emtricitabine cap	No Change (CO)	Tier 1, QL	No Change (F, QL)
lopinavir/ritonavir soln	No Change (CO)	Tier 1, QL	No Change (F, QL)
pentamidine neb soln	No Change (F, LMSP)	Tier 1	No Change (F)
granisetron tab	No Change (F, QL)	Tier 1	No Change (F)
GLUCAGON KIT	No Change (F, QL)	Tier 1, LMSP	No Change (F, LMSP)
loteprednol etabonate ophth gel	NF	No Change (Tier 2, QL)	F, QL
LOTEMAX GEL	NF	Tier 2, QL	F, QL

**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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