

# Formulary Updates April 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 04/01/2021:

| Drug   | Medi-Cal (MCLA)   | L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD) | In-Home Support Services (PASC-SEIU) |
|--|-------------------|---|--------------------------------------|
| cefuroxime susp (CEFTIN Equiv)                     | No Change (F)     | NF  | No Change (F)                        |
| CEFTIN SUSP  | No Change (NF)    | NF  | No Change (NF)                       |
| RUKOBIA ER TAB                                     | CO                | Tier 4  | F                                    |
| EMTRIVA CAP  | No Change (CO)    | NF  | No Change (NF)                       |
| ZERIT CAP  | No Change (CO)    | NF  | No Change (NF)                       |
| VIRAMUNE TAB                                       | No Change (CO)    | NF  | No Change (NF)                       |
| NEVIRAPINE SUSP                                    | No Change (CO)    | NF  | No Change (NF)                       |
| VIRAMUNE SUSP                                      | No Change (CO)    | NF  | No Change (NF)                       |
| SYMFI (LO) TAB                                     | No Change (CO)    | NF  | No Change (NF)                       |
| ICLUSIG TAB  | F, LD, PA, SF, QL | Tier 4, LD, PA, SF, QL                                      | F, LD, PA, SF, QL                    |
| INQOVI TAB   | F, LD, PA, QL     | Tier 4, LD, PA, QL  | F, LD, PA, QL                        |
| TESTOSTERONE GEL 1% 50MG                           | NF                | No Change (NF)  | No Change (NF)                       |
| LO LOESTRIN TAB                                    | F                 | No Change (\$0)   | No Change (\$0)                      |
| COREG CR CAP                                       | No Change (NF)    | NF  | No Change (NF)                       |
| carvedilol phosphate ER cap (COREG CR Equiv)       | No Change (NF)    | NF  | No Change (NF)                       |
| hyoscyamine sulfate soln 0.125MG/ML (LEVSIN Equiv) | NF                | Tier 1  | No Change (F)                        |



**ELEVATING  
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SINCE 1997

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|----------------------------------|-----------------|---|--------------------------------------|
| PROPANTHELINE TAB                | NF              | No Change (NF)  | No Change (NF)                       |
| KYTRIL TAB                       | No Change (NF)  | Tier 3, QL  | No Change (NF)                       |
| AVC VAGINAL CREAM                | NF              | No Change (NF)  | No Change (NF)                       |
| fluoxetine tab                   | NF              | No Change (NF)  | No Change (NF)                       |
| aripiprazole ODT (ABILIFY Equiv) | No Change (CO)  | NF  | No Change (NF)                       |
| ASPIRIN EC TAB 325MG             | NF              | No Change (NF)  | No Change (NF)                       |
| oxaprozin tab                    | NF              | No Change (NF)  | No Change (NF)                       |
| AIMOVIG INJ                      | F, PA, QL       | Tier 2, PA, QL  | No Change (NF)                       |
| EMGALITY INJ                     | F, PA, QL       | Tier 2, PA, QL  | F, PA, QL                            |
| MITIGARE CAP                     | NF              | NF  | F, PA, QL                            |
| colchicine tab (COLCRYS Equiv)   | F               | Tier 1  | NF                                   |
| FINTEPLA SOLN                    | F, LD, PA, QL   | Tier 4, LD, PA, QL  | F                                    |
| pregabalin cap                   | F               | No Change (Tier 1)  | F, LD, PA, QL                        |
| pregabalin soln                  | F               | No Change (Tier 1)  | No Change (F)                        |
| EVRYSDI SOLN                     | F, LD, PA, QL   | Tier 4, LD, PA, QL  | No Change (F)                        |
| LOTEMAX OPHTH GEL                | No Change (NF)  | NF  | F, LD, PA, QL                        |
| PROCTOFOAM HC FOAM               | NF              | No Change (NF)  | No Change (NF)                       |
| ENSPRYNG INJ                     | F, MSP, PA, QL  | Tier 4, MSP, 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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