

Formulary Updates May 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 05/01/2021:

Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
KYTRIL TAB	No change (NF)	NF	No change (NF)
EPIDIOLEX SOLN	F, LD, PA	Tier 4, LD, PA	F, LD, PA
SULFADIAZINE TAB	No Change (F)	Tier 3	No Change (F)
ISONIAZID SYRUP	No Change (F)	Tier 3	No Change (F)
PYRAZINAMIDE TAB	No Change (F)	Tier 2	No Change (F)
RIMANTADINE TAB	No Change (F)	Tier 3	No Change (F)
CHLOROQUINE TAB	No Change (F)	Tier 2	No Change (F)
PREDNISONE SOLN	No Change (F)	Tier 2	No Change (F)
THEOCHRON TAB	No Change (F)	Tier 2	No Change (F)
DIPHENOXYLATE/ATROPINE LIQUID	No Change (F)	Tier 3	No Change (F)
NORTRIPTYLINE SOLN	No Change (F)	Tier 2	No Change (F)
clonidine ER tab (KAPVAY Equiv)	F	Tier 1	F
KAPVAY TAB	No Change (NF)	Tier 3	No Change (NF)
XELJANZ SOLN	F, LMSP, PA, QL	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
DEXAMETHASONE OPHTH SOLN	No Change (F)	Tier 2	No Change (F)
FLURBIPROFEN OPHTH SOLN	No Change (F)	Tier 2	No Change (F)



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

Formulary Updates May 2021



L.A. Care
HEALTH PLAN®

For All of L.A.

Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
ERY PAD	No Change (F)	Tier 2	No Change (F)
ABILIFY MYCITE TAB	CO	No Change (NF)	No Change (NF)
PROVENTIL AERO HFA	NF	NF	NF
NULYTELY/FLAVOR PACKS	F	\$0	\$0
NULYTELY	F	\$0	\$0
GOLYTELY	F	\$0	\$0
COLYTE-FLAVOR PACKS	F	\$0	\$0

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



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