

# Formulary Updates June 2021



**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 06/01/2021:**

Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
diclofenac gel 1%	F, QL	Tier 1, QL	F, QL
ESBRIET CAP	F, LMSP, PA, QL, SF	No Change (Tier 4, LMSP, PA, QL, SF)	No Change (F, LMSP, PA, QL, SF)
ESBRIET TAB	F, LMSP, PA, QL, SF	No Change (Tier 4, LMSP, PA, QL, SF)	No Change (F, LMSP, PA, QL, SF)
CONDYLOX GEL	No change (NF)	NF	No change (NF)
acyclovir cream	No change (NF)	NF	No change (NF)
TIROSINT-SOL	No Change (NF)	Tier 3, PA, QL	No Change (NF)
GLOPERBA SOLN	No Change (NF)	Tier 3, PA	No Change (NF)
BARACLUDE SOLN	No Change (NF)	Tier 3, PA	No Change (NF)
XATMEP SOLN	No Change (NF)	Tier 3, PA	No Change (NF)
SOTYLIZE SOLN 5MG/ML	No Change (NF)	Tier 3, PA	No Change (NF)
KATERZIA SUSP	No Change (NF)	Tier 3, PA	No Change (NF)
NIZATIDINE SOLN	No Change (NF)	Tier 3, PA	No Change (NF)
FIRST BACLOFEN SUSP KIT	No Change (NF)	Tier 3, PA	No Change (NF)
CAROSPIR SUSP	No Change (NF)	Tier 3, PA	No Change (NF)



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**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)
MIGERGOT SUPP	NF	NF	NF
CAFERGOT TAB	No Change (NF)	NF	No Change (NF)
fluocinonide cream 0.1%	F	Tier 1	F
estradiol/norethindrone (ACTIVEVELLA Equiv)	F	No Change (Tier 1)	No Change (F)
EVRYSDI SOLN	F, LD, PA, QL	Tier 4, LD, PA, QL	F, LD, PA, QL
CYCLOPHOSPHAMIDE TAB	F	Tier 2	F
XPOVIO TAB	F, LD, PA, QL, SF	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
SKYRIZI INJ	F, LMSP, PA, QL	Tier 4, LMSP, PA, QL	F, LMSP, PA, 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



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