

# Formulary Updates July 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 07/01/2021:**

Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
TIMOLOL OPHTH GEL SOLN	NF	No Change (Tier 2)	NF
timolol maleate ophth soln 0.5% (ISTALOL Equiv)	No Change (NF)	NF	NF
ISTALOL OPHTH SOLN 0.5%	No Change (NF)	No Change (NF)	No Change (NF)
JAKAFI TAB	F, MSP, PA, QL, SF	Tier 4, MSP, PA, QL, SF	F, MSP, PA, QL, SF
GAVRETO CAP	F, LD, PA, QL, SF	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
IMCIVREE SOLN	F, LD, PA, QL	Tier 4, LD, PA, QL	F, LD, PA, QL
LAMPIT TAB	F, PA	Tier 2, PA	F, PA
ONGENTYS CAP	F, PA, QL	Tier 2, PA, QL	F, PA, QL
ORGOVYX TAB	F, LD, PA, QL	Tier 4, LD, PA, QL	F, LD, PA, QL
LUPKYNIS CAP	F, LD, PA, QL	Tier 4, LD, PA, QL	F, LD, PA, QL
ADDERALL XR CAP	No Change (NF)	NF	NF
amphetamine/dextroamphetamine ER cap (ADDERALL XR Equiv)	No Change (F)	Tier 1	F
calcitonin (salmon) inj (MIACALCIN Equiv)	No Change (F, LMSP)	No Change (Tier 4, LMSP)	No Change (F, LMSP)
MIACALCIN INJ	No Change (NF)	No Change (NF)	No Change (NF)



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BEPREVE DROPS	No Change (NF)	No Change (Tier 3)	No Change (NF)
bepotastine besilate ophth soln (BEPREVE Equiv)	No Change (NF) NF	Tier 1 NF	No Change (NF) NF
BANZEL TAB	F, PA	Tier 1, PA	F, PA
rufinamide tab (BANZEL Equiv)	No Change (CO)	NF	NF
KALETRA TAB	CO	Tier 1	F
lopinavir-ritonavir tab (KALETRA Equiv)	No Change (NF)	No Change (Tier 3)	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** Lumericera Mandatory Specialty Pharmacy Program  
**MSP** Mandatory Specialty Pharmacy Program  
**ST** Step Therapy



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