

# Formulary Updates September 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 09/01/2021:

Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
everolimus tab 5mg	F, LMSP, PA, QL, SF	Tier 4, LMSP, PA, QL, SF	F, LMSP, PA, QL, SF
AFINITOR TAB 10MG	NF	NF	NF
NULYTELY SOLN	No Change (F)	\$0 (for members 45-75 years)	\$0 (for members 45-75 years)
trilyte soln	No Change (F)	\$0 (for members 45-75 years)	\$0 (for members 45-75 years)
GOLYTELY SOLN	No Change (F)	\$0 (for members 45-75 years)	\$0 (for members 45-75 years)
peg 3350/electrolytes soln	No Change (F)	\$0 (for members 45-75 years)	\$0 (for members 45-75 years)
GAVILYTE-C SOLN	No Change (NF)	\$0 (for members 45-75 years)	\$0 (for members 45-75 years)
everolimus tab 5mg	F, LMSP, PA, QL, SF	\$0 (for members 45-75 years)	\$0 (for members 45-75 years)
AFINITOR TAB 10MG	NF	\$0 (for members 45-75 years)	No Change (NF)
APO-VARENICL TAB	F (Limited to 168 days/plan year)	\$0	\$0 (Limited to 168 days/plan year)

### 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