

Formulary Updates October 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 10/01/2021:

Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
tiopronin tab (THIOLA Equiv)	F, PA, LMSP	Tier 4, PA, LMSP	F, PA, LMSP
KLOXXADO NASAL SPRAY	CO	Tier 2	F
KORLYM TAB	F, LD, PA, QL	Tier 4, LD, PA, QL	F, LD, PA, QL
ZOKINVY CAP	F, LD, PA, QL	Tier 4, LD, PA, QL	F, LD, PA, QL
TEPMETKO TAB	F, LD, PA, QL, SF	Tier 4, LD, PA, QL, SF	No Change (NF)
FOTIVDA CAP	F, LD, PA, QL	Tier 4, LD, PA, QL	No Change (NF)
UKONIQ TAB	F, LD, PA, QL, SF	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
FLUOROURACIL CREAM 0.5%	No Change (NF)	Tier 3	NF
FLUOROPLEX CREAM 1%	No Change (NF)	NF	NF
clindamycin gel (CLEOCIN Equiv)	NF	NF	NF
oxycodone cap (OXYIR Equiv)	No Change (F, QL)	NF	NF
sunitinib malate cap (SUTENT Equiv)	F, LMSP, PA, SF	Tier 4, LMSP, PA, SF	F, LMSP, PA, SF
BYSTOLIC TAB	No Change (NF)	No Change (NF)	NF
difluprednate ophth emulsion (DUREZOL Equiv)	F	Tier 1	F
DUREZOL OPHTH	NF	Tier 3	NF
paroxetine oral susp (PAXIL Equiv)	No Change (NF)	Tier 1	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