

Formulary Updates November 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 11/01/2021:

Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
XANAX TAB	No Change (NF)	NF	No Change (NF)
ATIVAN TAB	No Change (NF)	NF	No Change (NF)
TEPMETKO TAB	No Change (F, LD, PA, QL, SF)	No Change (Tier 4, LD, PA, QL, SF)	F, PA, QL, LD, SF
FOTIVDA CAP	No Change (F, LD, PA, QL)	No Change (Tier 4, LD, PA, QL)	F, PA, QL, LD
isotretinoin cap 25mg, 35mg	NF	NF	NF
INVEGA tab	No Change (CO)	Tier 3	No Change (NF)
paliperidone ER tab (INVEGA Equiv)	No Change (CO)	Tier 1	F
VERAPAMIL CAP 100MG ER	No Change (NF)	NF	No Change (NF)
VERAPAMIL CAP 200MG ER	No Change (NF)	NF	No Change (NF)
VERAPAMIL CAP 300MG ER	No Change (NF)	NF	No Change (NF)
clozapine ODT 25mg, 100mg	No Change (CO)	NF	NF
FAZACLO ODT 12.5MG, 25MG, 100MG	No Change (CO)	NF	No Change (NF)
CLOZAPINE ODT	No Change (CO)	NF	NF
CLOZAPINE ODT, FAZACLO ODT	No Change (CO)	NF	NF



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SINCE 1997

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Drug	Medi-Cal (MCLA)	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
OXISTAT CREAM	No Change (NF)	NF	No Change (NF)
OXISTAT LOTION	No Change (NF)	NF	No Change (NF)
OLUMIANT TAB	No Change (NF)	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
STELARA INJ	No Change (NF)	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
everolimus tab for oral susp (AFINITOR Equiv)	F, PA, QL, LMSP, SF	Tier 4, PA, QL, LMSP, SF	F, PA, QL, LMSP, SF
AFINITOR DISPERZ TAB	NF	NF	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



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