

Formulary Updates October 2023



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 10/01/2023:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
LUMRYZ PACK	Tier 4, LD, PA, QL	F, LD, PA, QL
JAYPIRCA TAB	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
ORSERDU TAB	Tier 4, LD, PA, QL	F, LD, PA, QL
FILSPARI TAB	Tier 4, LD, PA, QL	F, LD, PA, QL
SKYCLARYS CAP	Tier 4, LD, PA, QL	F, LD, PA, QL
DAYBUE SOLN	Tier 4, LD, PA, QL	F, LD, PA, QL
JOENJA TAB	Tier 4, LD, PA, QL	F, LD, PA, QL
HADLIMA INJ 40MG/0.4ML	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
HADLIMA INJ 40MG/0.8ML	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
HADLIMA PUSH INJ 40MG/0.4ML	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
HADLIMA PUSH INJ 40MG/0.8ML	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
ADALIMUMAB-ADAZ INJ	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
ADALIMUMAB-ADAZ PFS INJ	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
ADALIMUMAB-FKJP PFS KIT	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
AMJEVITA AUTO-INJECTOR (1 PEN PACK)	NC	No Change (NC)
AMJEVITA AUTO-INJECTOR (2 PEN PACK)	NC	No Change (NC)



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

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Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
MAVENCLAD THERAPY PAK	Tier 4, LD	No Change (NC)
glatiramer inj	Tier 1, LMSP	No Change (NC)
teriflunomide tab	Tier 1, LMSP	No Change (NC)
fingolimod hcl cap 0.5mg	Tier 1, LMSP	No Change (NC)
dimethyl fumarate DR starter pack	Tier 1, LMSP	No Change (NC)
dimethyl fumarate DR cap	Tier 1, LMSP	\$0
dalfampridine ER tab	No Change (Tier 1, LMSP, PA, QL)	F, LD, PA, QL
sapropterin dihydrochloride soluble tab	Tier 1, LMSP, PA	F
sapropterin dihydrochloride powder packet	Tier 1, LMSP, PA	F, PA, QL
VYVANSE CAP	NC	F, PA, QL
lisdexamfetamine dimesylate cap	Tier 1	NC
VYVANSE CHEW TAB	NC	NC
lisdexamfetamine dimesylate chew tab	Tier 1	F, PA, LMSP, QL
ALPHAGAN P SOLN 0.1%	Tier 3	F, PA, QL
brimonidine tartrate ophth soln 0.1%	Tier 1	F, LD, PA, QL, SF
COMIRNATY INJ	No Change (\$0, QL)	F, LMSP
SPIKEVAX INJ 50/0.5ML	\$0, QL	NC

NC = Not Covered

EXC Plan Exclusion
LD Limited Distribution
MSP Mandatory Specialty Pharmacy Program
PA Prior Authorization
RS Restricted to Specialist

generic = small letters

INF Infertility
LMSP Lumicera Mandatory Specialty Pharmacy Program
ONC Oral Anticancer medication <=\$250 up to 30 day supply/Rx
QL Quantity Limit
SF Limited to two 15 day fills per month for first 3 months

BRANDS = CAPITAL LETTERS

KMSP Kroger Mandatory Specialty Pharmacy Program
M Medical Benefit
OTC Over-the-counter
RDX Restricted to Diagnosis
SMKG Smoking Cessation



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