

Formulary Updates February 2023



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 and Provider link: <https://medicare.lacare.org/members/2023-member-materials>

Effective Date as of 02/01/2023:

Drug	Addition, Change, Deletion from Formulary	Formulary Status
NOXAFIL 300MG POWDER FOR ORAL SUSP	Addition	Tier 4, PA
DESCOVY 120-15MG TAB	Addition	Tier 5, QL
JYNNEOS 0.5ML INJ	Addition	Tier 3, VAC
IMBRUVICA 70MG/ML SUSP	Addition	Tier 5, PA NSO, NDS
finzala 24 fe chewable 28 day pack	Addition	Tier 2
PHEBURANE 483MG/GM ORAL PELLETT	Addition	Tier 5, NDS
ORKAMBI 94-75MG GRANULES	Addition	Tier 5, NDS, PA, QL
CAPLYTA 10.5MG CAP	Addition	Tier 4, PA NSO, QL
CAPLYTA 21MG CAP	Addition	Tier 4, PA NSO, QL
ZONISADE 100MG/5ML SUSP	Addition	Tier 4, PA NSO
tafluprost 0.0015% ophth soln	Addition	Tier 2, ST, QL
DEPO-PROVERA 150MG/ML INJ	Addition	Tier 4, QL
albuterol 108mcg HFA inhaler (8.5gm)	Addition	Tier 2, QL
albuterol 108mcg HFA inhaler (6.7gm)	Addition	Tier 2, QL
CAMZYOS 2.5MG CAP	Addition	Tier 5, NDS, PA, QL
CAMZYOS 5MG CAP	Addition	Tier 5, NDS, PA, QL
CAMZYOS 10MG CAP	Addition	Tier 5, NDS, PA, QL
CAMZYOS 15MG CAP	Addition	Tier 5, NDS, PA, QL
RADICAVA 105MG/5ML SUSP	Addition	Tier 5, NDS, PA, QL

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Drug	Addition, Change, Deletion from Formulary	Formulary Status
roflumilast 0.5mg tab	Update	Tier 2
lenalidomide 2.5mg cap	Update	Tier 2, PA NSO, QL
lenalidomide 20mg cap	Update	Tier 2, PA NSO, QL
ZIMHI 5MG/0.5ML SYRINGE	Update	Tier 2
KOSELUGO 10MG CAP	Update	Tier 5, NDS, PA NSO, QL
PEMAZYRE 4.5MG TAB	Update	Tier 5, NDS, PA NSO
PEMAZYRE 9MG TAB	Update	Tier 5, NDS, PA NSO
PEMAZYRE 13.5MG TAB	Update	Tier 5, NDS, PA NSO
celecoxib 50mg cap	Update	Tier 2
celecoxib 100mg cap	Update	Tier 2
celecoxib 200mg cap	Update	Tier 2
celecoxib 400mg cap	Update	Tier 2
PENTACEL 96-30-68UNIT/ML INJ	Deletion	NF
INTRON A 18000000UNIT INJ	Deletion	NF
larissia 28 day pack	Deletion	NF
digitek 0.125mg tab	Deletion	NF
furosemide 10mg/ml syringe	Deletion	NF
ENBREL 25MG INJ	Deletion	NF
PRED-G 0.3-1% OPHTH SUSP	Deletion	NF
SKYRIZI 150MG DOSE PACK 75MG/0.83ML	Deletion	NF
DALIRESP 500MCG TAB	Deletion	NF
GILENYA 0.5MG CAP	Deletion	NF

NF Non formulary	F Formulary/covered drug	PA Prior Authorization
ST Step Therapy	QL Quantity Limit	LD Limited Distribution
PA NSO Prior Authorization New Starts Only		NDS Non Extended Day Supply
generic: lower case letters	BRAND: CAPITAL LETTERS	VAC Vaccine