

Formulary Updates February 2024



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/2024-member-materials>

Effective Date as of 02/01/2024:

Drug	Addition, Change, Deletion from Formulary	Formulary Status
FRUZAQLA 1MG CAP	Addition	Tier 1, NDS, PA NSO, QL
FRUZAQLA 5MG CAP	Addition	Tier 1, NDS, PA NSO, QL
TRUQAP 160MG TAB	Addition	Tier 1, NDS, PA NSO, QL
TRUQAP 200MG TAB	Addition	Tier 1, NDS, PA NSO, QL
BREO ELLIPTA 50-25MCG INH	Addition	Tier 1, QL
ZURZUVAE 20MG CAP	Addition	Tier 1, NDS, PA NSO, QL
ZURZUVAE 25MG CAP	Addition	Tier 1, NDS, PA NSO, QL
ZURZUVAE 30MG CAP	Addition	Tier 1, NDS, PA NSO, QL
LITHIUM CITRATE 60MG/ML ORAL SOLN	Addition	Tier 1
lisdexamfetamine dimesylate 10mg cap	Addition	Tier 1
lisdexamfetamine dimesylate 20mg cap	Addition	Tier 1
lisdexamfetamine dimesylate 30mg cap	Addition	Tier 1
lisdexamfetamine dimesylate 40mg cap	Addition	Tier 1
lisdexamfetamine dimesylate 50mg cap	Addition	Tier 1
lisdexamfetamine dimesylate 60mg cap	Addition	Tier 1
lisdexamfetamine dimesylate 70mg cap	Addition	Tier 1
OLUMIANT 4MG TAB	Addition	Tier 1, NDS, PA, QL
OPVEE 2.7MG/0.1ML NASAL SPRAY	Addition	Tier 1

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L.A. Care
Medicare Plus[™]
(HMO D-SNP)

Drug	Addition, Change, Deletion from Formulary	Formulary Status
SOGROYA 5MG/1.5ML PEN INJ	Addition	Tier 1, NDS, PA
SOGROYA 10MG/1.5ML PEN INJ	Addition	Tier 1, NDS, PA
SOGROYA 15MG/1.5ML PEN INJ	Addition	Tier 1, NDS, PA
VOWST 30000000UNIT CAP	Addition	Tier 1, PA, QL
ZAVZPRET 10MG/ACT NASAL SPRAY	Addition	Tier 1, PA, QL
SUFLAVE SOLN PACK	Addition	Tier 1
brey-na 80-4.5mcg/act inh	Update	Tier 1, QL
brey-na 160-4.5mcg/act inh	Update	Tier 1, QL
XATMEP 2.5MG/ML ORAL SOLN	Update	Tier 1, PA NSO
tobramycin 60mg/ml inh soln	Update	Tier 1, PA, QL
nilutamide 150mg tab	Update	Tier 1
lapatinib 250mg tab	Update	Tier 1, PA NSO
tetrabenazine 12.5mg tab	Update	Tier 1
tetrabenazine 25mg tab	Update	Tier 1
vigabatrin 500mg tab	Update	Tier 1, PA NSO
vigadrone 500mg tab	Update	Tier 1, PA NSO
vigabatrin 500mg powder for oral soln	Update	Tier 1, PA NSO
vigadrone 500mg powder for oral soln	Update	Tier 1, PA NSO
miglustat 100mg cap	Update	Tier 1, PA
deferiprone 500mg tab	Update	Tier 1, PA
deferiprone 1000mg tab	Update	Tier 1, PA
NEVIRAPINE 100MG ER TAB	Deletion	NF
clindamycin 150mg/ml inj	Deletion	NF
SYNRIBO 3.5MG INJ	Deletion	NF

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Drug	Addition, Change, Deletion from Formulary	Formulary Status
SYNJARDY 5-1000MG ER TAB	Deletion	NF
SYNJARDY 10-1000MG ER TAB	Deletion	NF
SYNJARDY 12.5-1000MG ER TAB	Deletion	NF
SYNJARDY 25-1000MG ER TAB	Deletion	NF
SYMJEPI 0.15MG/0.3ML SYRINGE	Deletion	NF
SYMJEPI 0.3MG/0.3ML SYRINGE	Deletion	NF
VIIBRYD STARTER PACK 10/20MG 30 DAY PACK	Deletion	NF
DIASTAT 2.5MG RECTAL GEL	Deletion	NF
olopatadine 0.1% ophth soln	Deletion	NF
ALPHAGAN 0.1% OPHTH SOLN	Deletion	NF
VOTRIENT 200MG TAB	Deletion	NF

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