

# Formulary Updates March 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 03/01/2024:

Drug	Addition, Change, Deletion from Formulary	Formulary Status
AKEEGA 500-50MG TAB	Addition	Tier 1, NDS, PA NSO, QL
AKEEGA 500-100MG TAB	Addition	Tier 1, NDS, PA NSO, QL
OGSIVEO 50MG TAB	Addition	Tier 1, NDS, PA NSO, QL
AUGTYRO 40MG CAP	Addition	Tier 1, NDS, PA NSO, QL
KALYDECO 5.8MG GRANULES	Addition	Tier 1, NDS, PA, QL
ZENPEP 252600-60000-189600UNIT DR CAP	Addition	Tier 1, ST
HADLIMA 40MG/0.4ML AUTO-INJECTOR	Addition	Tier 1, NDS, PA, QL
HADLIMA 40MG/0.8ML AUTO-INJECTOR	Addition	Tier 1, NDS, PA, QL
HADLIMA 40MG/0.4ML SYRINGE	Addition	Tier 1, NDS, PA, QL
HADLIMA 40MG/0.8ML SYRINGE	Addition	Tier 1, NDS, PA, QL
vigpoder 500mg powder for oral soln	Update	Tier 1, PA NSO
THALOMID 50MG CAP	Update	Tier 1, NDS, QL
THALOMID 100MG CAP	Update	Tier 1, NDS, QL
THALOMID 150MG CAP	Update	Tier 1, NDS, QL
THALOMID 200MG CAP	Update	Tier 1, NDS, QL

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Drug	Addition, Change, Deletion from Formulary	Formulary Status
brey-na 80-4.5mcg/act inh	Update	Tier 1, QL
brey-na 160-4.5mcg/act inh	Update	Tier 1, QL
FLEBOGAMMA 5GM/50ML INJ	Deletion	NF
amabelz 1/0.5mg 28 day pack	Deletion	NF
GVOKE 0.5MG/0.1ML SYRINGE	Deletion	NF
sorine 240mg tab	Deletion	NF
PROVENTIL 108MCG INH	Deletion	NF
accutane 30mg cap	Addition	NF

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