

Formulary Updates May 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 05/01/2024:

Drug	Addition, Change, Deletion from Formulary	Formulary Status
ROZLYTREK 50MG ORAL PELLETT	Addition	Tier 1, NDS, PA NSO, QL
XOLAIR 75MG/0.5ML AUTO-INJECTOR	Addition	Tier 1, NDS, PA
XOLAIR 150MG/ML AUTO-INJECTOR	Addition	Tier 1, NDS, PA
XOLAIR 300MG/2ML AUTO-INJECTOR	Addition	Tier 1, NDS, PA
XOLAIR 300MG/2ML SYRINGE	Addition	Tier 1, NDS, PA
mifepristone 300mg tab	Update	Tier 1, PA, QL
EMCYT 140MG CAP	Deletion	NF
NATPARA 25MCG CARTRIDGE	Deletion	NF
NATPARA 50MCG CARTRIDGE	Deletion	NF
NATPARA 75MCG CARTRIDGE	Deletion	NF
NATPARA 100MCG CARTRIDGE	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