

Formulary Updates October 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 10/01/2024:

| Drug | Addition, Change, Deletion from Formulary | Formulary Status |
|---|---|---------------------|
| LIRAGLUTIDE 6MG/ML PEN INJ | Addition | Tier 1, PA, QL |
| DRIZALMA 20MG DR CAP | Addition | Tier 1, PA NSO, QL |
| DRIZALMA 30MG DR CAP | Addition | Tier 1, PA NSO, QL |
| DRIZALMA 40MG DR CAP | Addition | Tier 1, PA NSO, QL |
| DRIZALMA 60MG DR CAP | Addition | Tier 1, PA NSO, QL |
| TYENNE 162MG/0.9ML AUTO-INJECTOR | Addition | Tier 1, PA, QL, NDS |
| TYENNE 162MG/0.9ML SYRINGE | Addition | Tier 1, PA, QL, NDS |
| NALOXONE 0.4MG/ML SYRINGE | Addition | Tier 1 |
| glutamine 5000mg powder for oral soln | Update | Tier 1, PA, QL |
| zomig 2.5mg tab | Deletion | NF |
| zomig 5mg tab | Deletion | NF |
| AMOXICILLIN 200MG/CLAVULANATE 28.5MG CHEW TAB | Deletion | NF |
| LEXIVA 50MG/ML SUSP | Deletion | NF |
| ENDARI 5GM POWDER FOR ORAL SOLN | 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 | VAC Vaccine |
| generic: lower case letters | BRAND: CAPITAL LETTERS | |