

# Formulary Updates November 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 11/01/2024:

Drug	Addition, Change, Deletion from Formulary	Formulary Status
AUSTEDO XR 18MG TAB	Addition	Tier 1, PA, QL, NDS
AUSTEDO XR TAB ONCE DAILY 4 WEEK TITRATION PACK	Addition	Tier 1, PA, QL, NDS
OTEZLA 20MG TAB	Addition	Tier 1, PA, QL, NDS
OTEZLA TAB 28-DAY STARTER PACK (55)	Addition	Tier 1, PA, QL, NDS
VIGAFYDE 100MG/ML ORAL SOLN	Addition	Tier 1, PA NSO, QL
TALTZ 20MG/0.25ML SYRINGE	Addition	Tier 1, PA, QL, NDS
TALTZ 40MG/0.5ML SYRINGE	Addition	Tier 1, PA, QL, NDS
EFAVIRENZ 50MG CAP	Deletion	NF
EFAVIRENZ 200MG CAP	Deletion	NF
SANDIMMUNE 100MG/ML ORAL SOLN	Deletion	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>BRAND:</b> CAPITAL LETTERS	<b>NDS</b> Non Extended Day Supply
<b>generic:</b> lower case letters		<b>VAC</b> Vaccine