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	

Formulary Updates February 2024



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 3000000UNIT CAP	Addition	Tier 1, PA, QL	
ZAVZPRET 10MG/ACT NASAL SPRAY	Addition	Tier 1, PA, QL	
SUFLAVE SOLN PACK	Addition	Tier 1	
breyna 80-4.5mcg/act inh	Update	Tier 1, QL	
breyna 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	

Formulary Updates February 2024



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	

F NF Non formulary Formulary/covered drug PΑ **Prior Authorization** QL LD ST Step Therapy **Quantity Limit Limited Distribution**

ST NSO Step Authorization New Starts Only NDS Non Extended Day Supply

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

Formulary Updates March 2024



Drug	Addition, Change, Deletion from Formulary	Formulary Status	
breyna 80-4.5mcg/act inh	Update	Tier 1, QL	
breyna 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	

NFNon formularyFFormulary/covered drugPAPrior AuthorizationSTStep TherapyQLQuantity LimitLDLimited Distribution

ST NSO Step Authorization New Starts Only

NDS Non Extended Day Supply

Formulary Updates April 2024



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Member and Provider link: https://medicare.lacare.org/members/2024-member-materials

Effective Date as of 04/01/2024:

Drug	Addition, Change, Deletion from Formulary	Formulary Status	
XALKORI 20MG ORAL PELLET	Addition	Tier 1, NDS, PA NSO, QL	
XALKORI 50MG ORAL PELLET	Addition	Tier 1, NDS, PA NSO, QL	
XALKORI 150MG ORAL PELLET	Addition	Tier 1, NDS, PA NSO, QL	
BOSULIF 50MG CAP	Addition	Tier 1, NDS, PA NSO, QL	
BOSULIF 100MG CAP	Addition	Tier 1, NDS, PA NSO, QL	
IWILFIN 192MG TAB	Addition	Tier 1, NDS, PA NSO, QL	
INSULIN GLARGINE 300UNIT/ML PEN INJ	Addition	Tier 1	
INSULIN GLARGINE 300UNIT/ML PEN INJ	Addition	Tier 1	
ALVESCO 80MCG INHALER	Addition	Tier 1, QL	
ALVESCO 160MCG INHALER	Addition	Tier 1, QL	
QVAR 40MCG REDIHALER	Addition	Tier 1, QL	
QVAR 80MCG REDIHALER	Addition	Tier 1, QL	
LITFULO 50MG CAP	Addition	Tier 1, NDS, PA, QL	
XDEMVY 0.25% OPHTH SOLN	Addition	Tier 1, PA, QL	
XIIDRA 5% OPHTH SOLN	Addition	Tier 1, QL	

Formulary Updates April 2024



Drug	Addition, Change, Deletion from Formulary	Formulary Status
paromomycin 250mg cap	Deletion	NF
HUMALOG MIX 50-50UNIT/ML INJ	Deletion	NF
TYVASO 16-32MCG TITRATION PACK	Deletion	NF
HUMIRA PEN - CROHN'S DISEASE STARTER PACK	Deletion	NF
40MG/0.8ML		
RISPERDAL CONSTA 12.5MG INJ	Deletion	NF
RISPERDAL CONSTA 25MG INJ	Deletion	NF
RISPERDAL CONSTA 37.5MG INJ	Deletion	NF
RISPERDAL CONSTA 50MG INJ	Deletion	NF

NFNon formularyFFormulary/covered drugPAPrior AuthorizationSTStep TherapyQLQuantity LimitLDLimited Distribution

ST NSO Step Authorization New Starts Only NDS Non Extended Day Supply

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 PELLET	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	

NFNon formularyFFormulary/covered drugPAPrior AuthorizationSTStep TherapyQLQuantity LimitLDLimited DistributionST NSOStep Authorization New Starts OnlyNDSNon Extended Day Supply

Formulary Updates June 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 06/01/2024:

Drug	Addition, Change, Deletion from Formulary	Formulary Status
THEOPHYLLINE 100MG ER TAB	Addition	Tier 1
THEOPHYLLINE 200MG ER TAB	Addition	Tier 1
LYUMJEV 100UNIT/ML INJ	Update	Tier 1, PA BvD
clindamycin 150mg/ml inj	Deletion	NF
sorine 80mg tab	Deletion	NF
VRAYLAR 1.5/3MG MIXED PACK	Deletion	NF
sumatriptan 8mg/ml auto-injector	Deletion	NF
RELYVRIO 3000-1000MG POWDER FOR ORAL SUSP	Deletion	NF
RECTIV 0.4% RECTAL OINTMENT	Deletion	NF

NFNon formularyFFormulary/covered drugPAPrior AuthorizationSTStep TherapyQLQuantity LimitLDLimited DistributionST NSOStep Authorization New Starts OnlyNDSNon Extended Day Supply

Formulary Updates July 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 07/01/2024:

Drug	Addition, Change, Deletion from Formulary	Formulary Status
JYLAMVO 2MG/ML ORAL SOLN	Addition	Tier 1, PA NSO
XCOPRI 25MG TAB	Addition	Tier 1, QL
XENLETA 600MG TAB	Deletion	NF
amabelz 0.5/0.1mg 28 day pack	Deletion	NF
EXTAVIA 0.3MG INJ	Deletion	NF

NFNon formularyFFormulary/covered drugPAPrior AuthorizationSTStep TherapyQLQuantity LimitLDLimited DistributionST NSOStep Authorization New Starts OnlyNDSNon Extended Day Supply

Formulary Updates August 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 08/01/2024:

Drug	Addition, Change, Deletion from Formulary	Formulary Status	
FASENRA 10MG/0.5ML SYRINGE	Addition	Tier 1, PA	
INGREZZA 40MG SPRINKLE CAP	Addition	Tier 1, PA, QL, NDS	
INGREZZA 60MG SPRINKLE CAP	Addition	Tier 1, PA, QL, NDS	
INGREZZA 80MG SPRINKLE CAP	Addition	Tier 1, PA, QL, NDS	
LIBERVANT 5MG BUCCAL FILM	Addition	Tier 1, PA NSO, QL	
LIBERVANT 7.5MG BUCCAL FILM	Addition	Tier 1, PA NSO, QL	
LIBERVANT 10MG BUCCAL FILM	Addition	Tier 1, PA NSO, QL	
LIBERVANT 12.5MG BUCCAL FILM	Addition	Tier 1, PA NSO, QL	
LIBERVANT 15MG BUCCAL FILM	Addition	Tier 1, PA NSO, QL	
BETASERON 0.3MG INJ	Addition	Tier 1, NDS	
EXKIVITY 40MG CAP	Deletion	NF	
VENTAVIS 10MCG/ML INH SOLN	Deletion	NF	
VENTAVIS 20MCG/ML INH SOLN	Deletion	NF	
HUMIRA PEN - PSORIASIS STARTER PACK 40MG/0.8ML	Deletion	NF	
HUMIRA PREFILLED SYRINGE 80MG/0.8ML STARTER PACK - PEDIATRIC CROHN'S DISEASE	Deletion	NF	
HUMIRA PEDIATRIC CROHN'S DISEASE STARTER PACK (2 COUNT) 100MG/ML	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 St	tarts On	ly	NDS	Non Extended Day Supply
generic: lower case letters	BRAND): CAPITAL LETTERS	VAC	Vaccine

Formulary Updates September 2024



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Member and Provider link: https://medicare.lacare.org/members/2024-member-materials

Effective Date as of 09/01/2024:

Drug	Addition, Change, Deletion from Formulary	Formulary Status
OJEMDA 100MG TAB	Addition	Tier 1, PA NSO, QL, NDS
OJEMDA 25MG/ML POWDER FOR ORAL SUSP	Addition	Tier 1, PA NSO, QL, NDS
AUSTEDO XR 30MG TAB	Addition	Tier 1, PA, QL, NDS
AUSTEDO XR 36MG TAB	Addition	Tier 1, PA, QL, NDS
AUSTEDO XR 42MG TAB	Addition	Tier 1, PA, QL, NDS
AUSTEDO XR 48MG TAB	Addition	Tier 1, PA, QL, NDS
kionex 15gm/60ml susp	Addition	Tier 1
ZEJULA 100MG CAP	Deletion	NF
GLUCAGEN 1MG INJ	Deletion	NF
taztia 120mg er cap	Deletion	NF
taztia 180mg er cap	Deletion	NF
taztia 240mg er cap	Deletion	NF
taztia 300mg er cap	Deletion	NF
taztia 360mg er cap	Deletion	NF
DIASTAT 10MG RECTAL GEL	Deletion	NF
diclofenac sodium 1% gel	Deletion	NF

NFNon formularyFFormulary/covered drugPAPrior AuthorizationSTStep TherapyQLQuantity LimitLDLimited DistributionST NSOStep Authorization New Starts OnlyNDSNon Extended Day Supply

Formulary Updates October 2024



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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	Dolotion	NΓ
CHEW TAB	Deletion	NF
LEXIVA 50MG/ML SUSP	Deletion	NF
ENDARI 5GM POWDER FOR ORAL SOLN	Deletion	NF

F Formulary/covered drug NF Non formulary 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

Formulary Updates November 2024



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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

NFNon formularyFFormulary/covered drugPAPrior AuthorizationSTStep TherapyQLQuantity LimitLDLimited DistributionST NSOStep Authorization New Starts OnlyNDSNon Extended Day Supply

Formulary Updates December 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 12/01/2024:

Drug	Addition, Change, Deletion from Formulary	Formulary Status
LAZCLUZE 80MG TAB	Addition	Tier 1, PA NSO, QL, NDS
LAZCLUZE 240MG TAB	Addition	Tier 1, PA NSO, QL, NDS
VORANIGO 10MG TAB	Addition	Tier 1, PA NSO, QL, NDS
VORANIGO 40MG TAB	Addition	Tier 1, PA NSO, QL, NDS
RINVOQ 1MG/ML ORAL SOLN	Addition	Tier 1, PA, QL, NDS
TREMFYA 200MG/2ML AUTO-INJECTOR	Addition	Tier 1, PA, QL, NDS
TREMFYA 200MG/2ML SYRINGE	Addition	Tier 1, PA, QL, NDS
ADBRY 300MG/2ML AUTO-INJECTOR	Addition	Tier 1, PA, QL, NDS
dasatinib 20mg tab	Update	Tier 1, PA NSO, QL
dasatinib 50mg tab	Update	Tier 1, PA NSO, QL
dasatinib 70mg tab	Update	Tier 1, PA NSO, QL
dasatinib 80mg tab	Update	Tier 1, PA NSO, QL
dasatinib 100mg tab	Update	Tier 1, PA NSO, QL
dasatinib 140mg tab	Update	Tier 1, PA NSO, QL
TRIZIVIR 300-150-300MG TAB	Deletion	NF

Formulary Updates December 2024



Drug	Addition, Change, Deletion from Formulary	Formulary Status
fentanyl 0.2mg lozenge	Deletion	NF
fentanyl 0.4mg lozenge	Deletion	NF
fentanyl 0.6mg lozenge	Deletion	NF
fentanyl 0.8mg lozenge	Deletion	NF
fentanyl 1.2mg lozenge	Deletion	NF
fentanyl 1.6mg lozenge	Deletion	NF
OXBRYTA 300MG TAB	Deletion	NF
OXBRYTA 500MG TAB	Deletion	NF
OXBRYTA 300MG TAB FOR ORAL SUSP	Deletion	NF
naloxone 40mg/ml nasal spray	Deletion	NF
SPRYCEL 20MG TAB	Deletion	NF
SPRYCEL 50MG TAB	Deletion	NF
SPRYCEL 70MG TAB	Deletion	NF
SPRYCEL 80MG TAB	Deletion	NF
SPRYCEL 100MG TAB	Deletion	NF
SPRYCEL 140MG TAB	Deletion	NF

NFNon formularyFFormulary/covered drugPAPrior AuthorizationSTStep TherapyQLQuantity LimitLDLimited DistributionST NSOStep Authorization New Starts OnlyNDSNon Extended Day Supply