

Formulary Updates July 2025



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/2025-member-materials>

Effective Date as of 07/01/2025:

Drug	Addition, Change, Deletion from Formulary	Formulary Status
PAXLOVID 300MG/100MG AND 150MG/100MG TAB DOSE PACK (11)	Addition	Tier 1, QL
SIMLANDI 80MG/0.8ML AUTO-INJECTOR	Addition	Tier 1, PA, QL, NDS
ALYFTREK 4-20-50MG TAB	Addition	Tier 1, PA, QL, NDS
ALYFTREK 10-50-125MG TAB	Addition	Tier 1, PA, QL, NDS
FUZEON 90MG INJ	Deletion	NF
AUSTEDO XR ONCE DAILY 4 WEEK TITRATION PACK	Deletion	NF
LIBERVANT 5MG BUCCAL FILM	Deletion	NF
LIBERVANT 7.5MG BUCCAL FILM	Deletion	NF
LIBERVANT 10MG BUCCAL FILM	Deletion	NF
LIBERVANT 12.5MG BUCCAL FILM	Deletion	NF
LIBERVANT 15MG BUCCAL FILM	Deletion	NF
BRILINTA 90MG TAB	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