

# Formulary Updates August 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 08/01/2025:**

Drug	Addition, Change, Deletion from Formulary	Formulary Status
valtya tab 1/50 28-day pack	Addition	Tier 1
TREMFYA 200MG/2ML AUTO-INJECTOR INDUCTION PACK FOR CROHNS (2)	Addition	Tier 1, PA, QL, NDS
ADALIMUMAB-AATY 80MG/0.8ML AUTO-INJECTOR PACK (3)	Addition	Tier 1, PA, QL, NDS
STEQEYMA 90MG/ML SYRINGE	Addition	Tier 1, PA, QL
YESINTEK 90MG/ML SYRINGE	Addition	Tier 1, PA, QL
OPIPZA 10MG ORAL FILM	Addition	Tier 1, PA NSO, QL
OPIPZA 2MG ORAL FILM	Addition	Tier 1, PA NSO, QL
OPIPZA 5MG ORAL FILM	Addition	Tier 1, PA NSO, QL
KALETRA 80-20MG/ML ORAL SOLN	Addition	Tier 1
ery-tab 250mg dr tab	Deletion	NF
ery-tab 333mg dr tab	Deletion	NF
ery-tab 500mg d	Deletion	NF
lopinavir 80mg/ml/ritonavir 20mg/ml oral soln	Deletion	NF
MENACTRA 0.104-0.104MG/ML INJ	Deletion	NF
RETEVMO 80MG CAP	Deletion	NF
desogestrel 0.15mg/ethinyl estradiol 0.01mg/ethinyl estradiol 0.02mg/inert ingredients 1mg pack	Deletion	NF

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**L.A. Care**  
*Medicare Plus™*  
(HMO D-SNP)

Drug	Addition, Change, Deletion from Formulary	Formulary Status
BRILINTA 60MG TAB	Deletion	NF
APTIOM 200MG TAB	Deletion	NF
APTIOM 400MG TAB	Deletion	NF
APTIOM 600MG TAB	Deletion	NF
APTIOM 800MG TAB	Deletion	NF

**NF** Non formulary  
**ST** Step Therapy  
**ST NSO** Step Authorization New Starts Only  
**generic:** lower case letters  
**F** Formulary/covered drug  
**QL** Quantity Limit  
**BRAND:** CAPITAL LETTERS

**PA** Prior Authorization  
**LD** Limited Distribution  
**NDS** Non Extended Day Supply  
**VAC** Vaccine