

Formulary Updates February 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 02/01/2025:

Drug	Addition, Change, Deletion from Formulary	Formulary Status
ITOVEBI 3MG TAB	Addition	Tier 1, NDS, PA NSO, QL
ITOVEBI 9MG TAB	Addition	Tier 1, NDS, PA NSO, QL
LUMRYZ 28-DAY STARTER PACK (28)	Addition	Tier 1, NDS, PA, QL
SIMLANDI 40MG/0.4ML SYRINGE	Addition	Tier 1, NDS, PA, QL
SIMLANDI 40MG/0.4ML AUTO-INJECTOR	Addition	Tier 1, NDS, PA, QL
ADALIMUMAB-AATY 100MG/ML AUTO-INJECTOR (0.8ML)	Addition	Tier 1, NDS, PA NSO, QL
ADALIMUMAB-AATY 100MG/ML (0.2ML) SYRINGE	Addition	Tier 1, NDS, PA NSO, QL
ADALIMUMAB-AATY 100MG/ML (0.4ML) SYRINGE	Addition	Tier 1, NDS, PA NSO, QL
ADALIMUMAB-AATY 100MG/ML AUTO-INJECTOR (0.4ML)	Addition	Tier 1, NDS, PA, QL
WINREVAIR 45MG INJ	Addition	Tier 1, NDS, PA, QL
WINREVAIR 45MG INJ (2 VIAL PACK)	Addition	Tier 1, NDS, PA, QL
WINREVAIR 60MG INJ	Addition	Tier 1, NDS, PA, QL
WINREVAIR 60MG INJ (2 VIAL PACK)	Addition	Tier 1, NDS, PA, QL
REZDIFFRA 60MG TAB	Addition	Tier 1, NDS, PA, QL
REZDIFFRA 80MG TAB	Addition	Tier 1, NDS, PA, QL
REZDIFFRA 100MG TAB	Addition	Tier 1, NDS, PA, QL

Formulary Updates February 2025



L.A. Care
Medicare Plus™
(HMO D-SNP)

Drug	Addition, Change, Deletion from Formulary	Formulary Status
SELZENTRY 25MG TAB	Deletion	NF
SELZENTRY 75MG TAB	Deletion	NF
TIVICAY 10MG TAB	Deletion	NF
TIVICAY 25MG TAB	Deletion	NF
ROTARIX SUSP	Deletion	NF
DIPHTHERIA TOXOID VACCINE INACTIVATED 50UNIT/ML/TETANUS TOXOID VACCINE INACTIVATED 10UNIT/ML INJ	Deletion	NF
KISQALI FEMARA CO-PACK 200 PACK	Deletion	NF
desogestrel 0.15mg/ethinyl estradiol 0.03mg/inert ingredients 1mg pack	Deletion	NF
nymyo 28 day pack	Deletion	NF
microgestin 24 fe 28 day pack	Deletion	NF
tri-nymyo 28 day pack	Deletion	NF
amethia 91 day pack	Deletion	NF
sorine 120mg tab	Deletion	NF
sorine 160mg tab	Deletion	NF
ZYPREXA 210MG INJ	Deletion	NF
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

Formulary Updates February 2025



Drug	Addition, Change, Deletion from Formulary	Formulary Status
PLASMA-LYTE 148 INJ	Deletion	NF
OXBRYTA 300MG TAB	Deletion	NF
OXBRYTA 500MG TAB	Deletion	NF
OXBRYTA 300MG TAB FOR ORAL SUSP	Deletion	NF
DUPIXENT 100MG/0.67ML SYRINGE	Deletion	NF
ala-cort 2.5% cream	Deletion	NF
triderm 0.1% cream	Deletion	NF
naloxone 40mg/ml nasal spray	Deletion	NF
THALOMID 150MG CAP	Deletion	NF
THALOMID 200MG CAP	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

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

Formulary Updates March 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 03/01/2025:

Drug	Addition, Change, Deletion from Formulary	Formulary Status
REVUFORJ 110MG TAB	Addition	Tier 1, NDS, PA NSO, QL
REVUFORJ 160MG TAB	Addition	Tier 1, NDS, PA NSO, QL
IMKELDI 80MG/ML ORAL SOLN	Addition	Tier 1, NDS, PA NSO, QL
POTASSIUM CHLORIDE 15MEQ ER TAB	Addition	Tier 1
VELTASSA 1GM POWDER FOR ORAL SUSP	Addition	Tier 1, PA, QL
PREHEVBRIO 10MCG/ML INJ	Deletion	NF
TDVAX 4-4UNIT/ML INJ	Deletion	NF
BYDUREON 2MG/0.85ML AUTO-INJECTOR	Deletion	NF
isosorbide mononitrate 10mg tab	Deletion	NF
isosorbide mononitrate 20mg tab	Deletion	NF
phenytoin sodium 200mg er cap	Deletion	NF
phenytoin sodium 300mg er cap	Deletion	NF
DROXIA 200MG CAP	Deletion	NF
DROXIA 300MG CAP	Deletion	NF
DROXIA 400MG CAP	Deletion	NF
REZDIFFRA 100MG 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

Formulary Updates April 2025



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Member and Provider link: <https://medicare.lacare.org/members/2025-member-materials>

Effective Date as of 04/01/2025:

Drug	Addition, Change, Deletion from Formulary	Formulary Status
PREVYMIS 120MG ORAL PELLET	Addition	Tier 1, NDS, PA, QL
SIMLANDI 20MG/0.2ML SYRINGE	Addition	Tier 1, NDS, PA, QL
SIMLANDI 80MG/0.8ML SYRINGE	Addition	Tier 1, NDS, PA, QL
NEMLUVIO 30MG AUTO-INJECTOR	Addition	Tier 1, NDS, PA, QL
MESNEX 400MG 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

Formulary Updates May 2025



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Member and Provider link: <https://medicare.lacare.org/members/2025-member-materials>

Effective Date as of 05/01/2025:

Drug	Addition, Change, Deletion from Formulary	Formulary Status
feirza 1/20 28-day pack	Addition	Tier 1
feirza 1.5/30 28-day pack	Addition	Tier 1
EVRYSDI 5MG TAB	Addition	Tier 1, NDS, PA, QL
AMPICILLIN 125MG INJ	Deletion	NF
leena 28 day pack	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

Formulary Updates June 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 06/01/2025:

Drug	Addition, Change, Deletion from Formulary	Formulary Status
LEUKERAN 2MG TAB	Addition	Tier 1, NDS
mercaptopurine 20mg/ml susp	Addition	Tier 1, PA NSO, QL
TABLOID 40MG TAB	Addition	Tier 1, NDS
EULEXIN 125MG CAP	Addition	Tier 1, QL, NDS
ROMVIMZA 14MG CAP	Addition	Tier 1, PA NSO, QL, NDS
ROMVIMZA 20MG CAP	Addition	Tier 1, PA NSO, QL, NDS
ROMVIMZA 30MG CAP	Addition	Tier 1, PA NSO, QL, NDS
GOMEKLI 1MG CAP	Addition	Tier 1, PA NSO, QL, NDS
GOMEKLI 2MG CAP	Addition	Tier 1, PA NSO, QL, NDS
GOMEKLI 1MG TAB FOR ORAL SUSP	Addition	Tier 1, PA NSO, QL, NDS
RALDESY 10MG/ML ORAL SOLN	Addition	Tier 1, PA NSO, QL
rivaroxaban 2.5mg tab	Addition	Tier 1, QL
NATACYN 5% OPHTH SUSP	Addition	Tier 1, QL
CYSTADANE 1GM POWDER FOR ORAL SOLN	Addition	Tier 1, NDS
gengraf 100mg/ml oral soln	Deletion	NF

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Formulary Updates July 2025



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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

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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

Formulary Updates August 2025



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

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Effective Date as of 09/01/2025:

Drug	Addition, Change, Deletion from Formulary	Formulary Status
AVMAPKI/FAKZYNJA CO-PACK (66)	Addition	Tier 1, PA NSO, QL, NDS
abigale lo tab 0.5/0.1mg 28-day pack	Addition	Tier 1
meleya 0.35mg tab 28-day pack	Addition	Tier 1
RETEVMO 40MG CAP	Deletion	NF
trivora 28 day pack	Deletion	NF
SPRITAM 750MG TAB FOR ORAL SUSP	Deletion	NF
SPRITAM 1000MG TAB FOR ORAL SUSP	Deletion	NF
PROMACTA 12.5MG TAB	Deletion	NF
PROMACTA 25MG TAB	Deletion	NF
PROMACTA 50MG TAB	Deletion	NF
PROMACTA 75MG TAB	Deletion	NF
PROMACTA 25MG POWDER FOR ORAL SUSP	Deletion	NF
PROMACTA 12.5MG POWDER FOR ORAL SUSP	Deletion	NF
TASIGNA 50MG CAP	Deletion	NF
TASIGNA 150MG CAP	Deletion	NF
TASIGNA 200MG CAP	Deletion	NF
PROLIA 60MG/ML SYRINGE	Deletion	NF
XGEVA 120MG/1.7ML INJ	Deletion	NF
COMPLERA 200-25-300MG TAB	Deletion	NF

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Formulary Updates October 2025



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Effective Date as of 10/01/2025:

Drug	Addition, Change, Deletion from Formulary	Formulary Status
IBTROZI 200MG CAP	Addition	Tier 1, PA NSO, QL, NDS
amphetamine/dextroamphetamine 5mg er cap	Addition	Tier 1
amphetamine/dextroamphetamine 10mg er cap	Addition	Tier 1
amphetamine/dextroamphetamine 15mg er cap	Addition	Tier 1
amphetamine/dextroamphetamine 20mg er cap	Addition	Tier 1
amphetamine/dextroamphetamine 25mg er cap	Addition	Tier 1
amphetamine/dextroamphetamine 30mg er cap	Addition	Tier 1
ATTRUBY 356MG TAB	Addition	Tier 1, PA, QL, NDS
TRECTOR 250MG TAB	Deletion	NF
CALQUENCE 100MG CAP	Deletion	NF
ethinyl estradiol 0.02mg/ferrous fumarate 75mg/norethindrone acetate 1mg pack	Deletion	NF
LEVETIRACETAM 250MG TAB FOR ORAL SUSP	Deletion	NF
REGANEX 0.01% TOPICAL GEL	Deletion	NF
FYCOMPA 2MG TAB	Deletion	NF
FYCOMPA 4MG TAB	Deletion	NF
FYCOMPA 6MG TAB	Deletion	NF
FYCOMPA 8MG TAB	Deletion	NF
FYCOMPA 10MG TAB	Deletion	NF
FYCOMPA 12MG TAB	Deletion	NF

Formulary Updates October 2025



L.A. Care
Medicare Plus™
(HMO D-SNP)

Drug	Addition, Change, Deletion from Formulary	Formulary Status
ENTRESTO 24-26MG TAB	Deletion	NF
ENTRESTO 49-51MG TAB	Deletion	NF
ENTRESTO 97-103MG TAB	Deletion	NF

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Formulary Updates November 2025



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Effective Date as of 11/01/2025:

Drug	Addition, Change, Deletion from Formulary	Formulary Status
HERNEXEOS 60MG TAB	Addition	Tier 1, PA NSO, QL, NDS
MODEYSO 125MG CAP	Addition	Tier 1, PA NSO, QL, NDS
KERENDIA 40MG TAB	Addition	Tier 1, PA, QL
CONEXXENCE 60MG/ML SYRINGE	Addition	Tier 1, ST, QL
BOMYNTRA 120MG/1.7ML SYRINGE	Addition	Tier 1, PA, QL, NDS
BOMYNTRA 120MG/1.7ML INJ	Addition	Tier 1, PA, QL, NDS
ABELCET 5MG/ML INJ	Deletion	NF
ethinyl estradiol 0.05mg/ethynodiol diacetate 1mg/inert ingredients 1mg pack	Deletion	NF
kelnor 1/50 28 day pack	Deletion	NF
REPATHA 420MG/3.5ML CARTRIDGE	Deletion	NF
epitol 200mg tab	Deletion	NF
ZIMHI 5MG/0.5ML SYRINGE	Deletion	NF
ENTRESTO 49-51MG TAB	Deletion	NF
ENTRESTO 97-103MG TAB	Deletion	NF

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