

Formulary Updates December 2024



L.A. Care
HEALTH PLAN®

For All of L.A.

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 link: <http://www.lacare.org/members/member-services/pharmacy-services>
- Provider link: <http://www.lacare.org/providers/pharmacy-services/list-covered-drugs>

Effective Date as of 12/01/2024:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
LOKELMA PAK	Tier 2, PA, QL	F, PA, QL
FEMLYV TAB	\$0	\$0
TREMFYA INJ 200MG/2ML	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
TREMFYA INJ 100MG/ML	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
COMBIPATCH	Tier 2	F
tiopronin tab delayed release	Tier 1, LMSP, PA	F, LMSP, PA
ONDANSETRON TAB	NC	NC
disulfiram tab 500mg	NC	NC
OXYCODONE TAB	NC	NC
ALINIA SUSP	NC	NC
STENDRA TAB	Tier 3, QL	No Change (NC)
avanafil tab	Tier 1, QL	No Change (NC)
AUGTYRO CAP	Tier 4, LMSP, PA, QL, SF	F, LMSP, PA, QL, SF
LUMAKRAS TAB	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
EXC Plan Exclusion	INF Infertility	KMSP Kroger Mandatory Specialty Pharmacy Program
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
MSP Mandatory Specialty Pharmacy Program	ONC Oral Anticancer medication <=\$250 up to 30 day supply/Rx	OTC Over-the-counter
PA Prior Authorization	QL Quantity Limit	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation