

Formulary Updates February 2025



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 02/01/2025:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
NEFFY SPRAY	Tier 2, QL	F, QL
BESREMI INJ	Tier 4, LD, PA, QL	F, LD, PA, QL
sunitinib malate cap	Tier 1, LMSP, PA, QL	F, LMSP, PA, QL
ERIVEDGE CAP	Tier 4, LMSP, PA, QL, SF	F, LMSP, PA, QL, SF
ODOMZO CAP	Tier 4, LMSP, PA, QL, SF	F, LMSP, PA, QL, SF
TEMPO SMART BUTTON	Tier 2, QL	F, QL
HUMALOG TEMPO PEN	Tier 2	F
LYUMJEV TEMPO PEN	Tier 2	F
INLYTA TAB	Tier 4, KMSP, PA, QL, SF	F, KMSP, PA, QL, SF
INLYTA TAB 1MG	Tier 4, KMSP, PA, QL, SF	F, KMSP, PA, QL, SF
eluryng vaginal ring	\$0	\$0
NUVARING	NC	NC
XPHOZAH TAB	Tier 4, MSP, PA, QL	No Change (NC)
SOLU-CORTEF INJ 100MG	Tier 2, QL	NC
ABSTRAL SL TAB	NC	No Change (NC)



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HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

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ACTIQ LOZENGE	NC	No Change (NC)
FENTANYL CITRATE LOLLIPOP	NC	No Change (NC)
fentanyl citrate lollipop	NC	No Change (NC)
FENTORA TAB	NC	No Change (NC)
FENTANYL BUCCAL TAB	NC	No Change (NC)
LAZANDA NASAL SPRAY	NC	No Change (NC)
CERDELGA CAP	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
miglustat cap	Tier 1, LD, PA, QL	F, LD, PA, QL
ADALIMUMAB-ADAZ INJ	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
MESNEX TAB	NC	NC
mesna tab	Tier 1, LMSP	F, LMSP

NC = Not Covered

EXC Plan Exclusion
LD Limited Distribution
MSP Mandatory Specialty Pharmacy Program
PA Prior Authorization
RS Restricted to Specialist

generic = small letters

INF Infertility
LMSP Lumicera Mandatory Specialty Pharmacy Program
ONC Oral Anticancer medication <=\$250 up to 30 day supply/Rx
QL Quantity Limit
SF Limited to two 15 day fills per month for first 3 months

BRANDS = CAPITAL LETTERS

KMSP Kroger Mandatory Specialty Pharmacy Program
M Medical Benefit
OTC Over-the-counter
RDX Restricted to Diagnosis
SMKG Smoking Cessation



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