

Formulary Updates March 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 03/01/2025:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
ADALIMU-ADAZ INJ 20/0.2ML	NC	NC
FANAPT TITRATION PACK	Tier 3, PA, QL	No Change (NC)
VERAPAMIL CR CAP, VERELAN CAP	NC	NC
VERAPAMIL SR CAP 360MG	NC	NC
BOSULIF TAB	Tier 4, ONC, PA, SF, LD	F, PA, SF, LD
CAYSTON INH SOLN	Tier 4, RS, LD	F, RS, LD
DOPTELET TAB	Tier 4, PA, QL, LD	F, PA, QL, LD
HIZENTRA INJ	Tier 2, PA, LD	F, PA, LD
HYQVIA INJ	Tier 4, PA, LD	F, PA, LD
INLYTA TAB 5MG	Tier 4, ONC, PA, QL, SF, LD	F, PA, QL, SF, LD
INLYTA TAB 1MG	Tier 4, ONC, PA, QL, SF, LD	F, PA, QL, SF, LD
INTRON-A INJ	Tier 4, LD	NC
KALYDECO PAK	Tier 4, PA, QL, LD	F, PA, QL, LD
KALYDECO TAB	Tier 4, PA, QL, LD	F, PA, QL, LD
LORBRENA TAB 100MG	Tier 4, ONC, PA, QL, SF, LD	F, PA, QL, SF, LD
LORBRENA TAB 25MG	Tier 4, ONC, PA, QL, SF, LD	F, PA, QL, SF, LD



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HEALTHCARE**
IN LOS ANGELES COUNTY
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Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
ORKAMBI GRANULES PACKET	Tier 4, PA, QL, LD	F, PA, QL, LD
ORKAMBI TAB	Tier 4, PA, QL, LD	F, PA, QL, LD
POMALYST CAP	Tier 4, PA, QL, LD	F, PA, QL, LD
SYMDEKO TAB	Tier 4, PA, QL, LD	F, PA, QL, LD
TALZENNA CAP 0.25MG	Tier 4, ONC, PA, QL, SF, LD	F, PA, QL, SF, LD
TALZENNA CAP 0.5MG, 0.75MG, 1MG	Tier 4, ONC, PA, QL, SF, LD	F, PA, QL, SF, LD
THALOMID CAP	Tier 4, LD	F, LD
TRIKAFTA TAB	Tier 4, PA, QL, LD	F, PA, QL, LD
VIZIMPRO TAB	Tier 4, ONC, PA, QL, SF, LD	F, PA, QL, SF, LD
XALKORI CAP	Tier 4, ONC, PA, QL, SF, LD	F, PA, QL, SF, LD
SIMLANDI KIT	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL

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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