

Formulary Updates May 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 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 05/01/2025:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
METHYLDOPA TAB	Tier 3	NC
ALCOHOL SWABS 62%	NC	NC
OCALIVA TAB	NC	NC
OXYTROL PATCH (OTC)	NC	NC
RAZADYNE ER CAP	NC	No Change (NC)
APAP/CODEINE SOLN	Tier 2	F
colchicine tab	Tier 1	No Change (F)
EVRYSDI TAB	Tier 4, LD, PA, QL	F, LD, PA, QL
niacin cap	NC	NC
NIACIN TR CAP	NC	NC
NEPHROCAP	NC	No Change (NC)
renaphro cap	NC	NC
XROMI SOLN	Tier 3, PA	No Change (NC)
selenium sulfide lotion	NC	NC
SPS	NC	NC
GAVILYTE-C SOLN	\$0, QL	\$0, QL
GOLYTELY SOLN	\$0, QL	\$0, QL
AMOXICILLIN/CLAVULANATE CHEW TAB	Tier 2	No Change (F)
CEFADROXIL TAB	Tier 2	F



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

Formulary Updates May 2025



Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
PAXLOVID TAB 150-100MG	\$0, QL	\$0, QL
PAXLOVID TAB 300-100MG	\$0, QL	\$0, QL
ISOSORBIDE MONONITRATE TAB	Tier 3	NC
diphenhydramine cap 50mg	NC	NC
NEFAZODONE TAB	Tier 3	NC
BACLOFEN SUSP	Tier 3, PA	No Change (NC)
niacin tab	NC	NC
niacin CR tab	NC	NC
NIACIN TR TAB	NC	NC
SLO-NIACIN TAB	NC	No Change (NC)
niacinamide tab	NC	NC
folbee tab	NC	NC
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	Tier 2	No Change (F)
BRILINTA TAB	Tier 2	F
PAXLOVID PAK	\$0, QL	\$0, QL
ADALIMUMAB-AATY KIT	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
ADALIMUMAB-ADAZ INJ	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
TREMFYA INJ	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



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997