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 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 06/01/2025:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)	
rivaroxaban tab 2.5mg	Tier 1	F	
TREMFYA INJ CROHNS INDUCTION PACK	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL	
v-c forte cap	NC	No Change (NC)	
multivitamin/minerals tab	NC	NC	
TRI-VITAMIN FLUORIDE DROPS	NC	NC	
pediatric multiple vitamins/fluoride soln	NC	NC	
FLORIVA PLUS DROPS	NC	NC	
MULTIVITAMIN/FLOURIDE CHEW	NC	NC	
MULTIVITAMIN FLUORIDE DROPS	NC	NC	
ESCAVITE CHEW TAB	NC	No Change (NC)	
pediatric multiple vitamins/fluoride/iron soln	NC	NC	
CYSTADANE POWDER	Tier 4, LD	No Change (NC)	
USTEKINUMAB-AEKN INJ	Tier 4, PA, LD, QL	F, PA, LD, QL	
EDURANT PED TAB	Tier 4	F	
eltrombopag olamine powder pack for susp	Tier 1, LMSP, PA, QL	F, LMSP, PA, QL	



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eltrombopag olamine tab	Tier 1, LMSP, PA, QL	F, LMSP, PA, QL
tolvaptan tab	Tier 1, LD, PA, QL	F, LD, PA, QL
JYNARQUE PAK	Tier 4, LD, PA, QL	F, LD, PA, QL
tolvaptan tab therapy pack	Tier 1, LD, PA, QL	F, LD, PA, QL

NC =	Not Covered	generi	i c = small letters	BRAN	DS = CAPITAL LETTERS
INF	Infertility	RS	Restricted to Specialist	ST	Step Therapy
QL	Quantity Limit	MSP	Mandatory Specialty	СО	Carve-Out
VAC	Vaccine Program	Pharmacy Program		EXC	Exclusion
LD	Limited Distribution	LMSP Pharm	Mandatory Specialty nacy Program	SF	Split Fill
ОТС	Over the Counter	PA	Prior Authorization		
		SMKG	Smoking Cessation		

