

# Formulary Updates January 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 01/01/2024:**

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
FLOVENT DISKUS	NC	NC
FLUTICASONE PROPIONATE DISKUS INHALER 50 MCG/ACT	Tier 2	F
FLUTICASONE PROPIONATE DISKUS INHALER 100 MCG/ACT	Tier 2	F
FLUTICASONE PROPIONATE DISKUS INHALER 250 MCG/ACT	Tier 2	F
ADVAIR DISKUS INHALER	NC	NC
fluticasone/salmeterol inhaler, wixela inhaler	Tier 1	F
SYMBICORT INHALER	NC	NC
budesonide/formoterol inhaler	Tier 1	F
FLOVENT HFA INHALER	NC	NC
FLUTICASONE HFA INHALER 44 MCG/ACT	Tier 2	F
FLUTICASONE HFA INHALER 110 MCG/ACT	Tier 2	F
FLUTICASONE HFA INHALER 220MCG/ACT	Tier 2	F
NOVOLOG INJ	NC	NC
INSULIN ASPART INJ	NC	NC
NOVOLOG FLEXPEN	NC	NC
INSULIN ASPART FLEXPEN	NC	NC
NOVOLOG PEN FILL INJ	NC	NC
INSULIN ASPART PEN FILL INJ	NC	NC
NOVOLOG MIX INJ	NC	NC



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INSULIN ASPART MIX INJ	NC	NC
NOVOLOG MIX FLEXPEN	NC	NC
INSULIN ASPART MIX FLEXPEN	NC	NC
INSULIN LISPRO INJ	Tier 1	F
HUMALOG KWIK PEN	Tier 2	F
HUMALOG JR KWIKPEN	Tier 2	F
HUMALOG MIX INJ	Tier 2	F
HUMALOG MIX KWIKPEN	Tier 2	F
FIASP INJ	NC	NC
FIASP FLEXTOUCH INJ	NC	NC
FIASP PENFILL INJ	NC	NC
LYUMJEV INJ	Tier 2	F
LYUMJEV KWIKPEN INJ	Tier 2	F
NOVOLIN R FLEXPEN INJ	NC	NC
HUMULIN N INJ	Tier 2	F
NOVOLIN N INJ	NC	NC
HUMULIN N PEN INJ	Tier 2	F
NOVOLIN N FLEXPEN INJ	NC	NC
HUMULIN MIX INJ	Tier 2	F
NOVOLIN 70/30 INJ	NC	NC



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HUMULIN MIX PEN INJ	Tier 2	F
NOVOLIN 70/30 FLEXPEN INJ	NC	NC
HUMALOG PEN INJ	Tier 2	F
ALFERON-N INJ	NC	NC
desmopressin acetate inj	NC	No Change (NC)
ONGENTYS CAP	NC	NC
cholecalciferol cap 50000 unit	NC	No Change (NC)
PREDNICARBATE CREAM	NC	NC
PREDNICARBATE OIN	NC	NC
NASCOBAL SPRAY	No Change (Tier 3)	No Change (NC)
cyanocobalamin nasal spray	Tier 1	No Change (NC)

**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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## **Effective Date as of 02/01/2024:**

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
tetrabenazine tab	Tier 4, LMSP	F, LMSP
LEUKERAN TAB	NC	NC
LIKMEZ SUSP	Tier 3, PA	NC
OZOBAX SOLN, BACLOFEN SOLN	Tier 3, PA	NC
tobramycin neb soln	Tier 1, LMSP, RS	F, LMSP, RS
pyrimethamine tab	Tier 1, LD, PA, QL	F, LD, PA, QL
temozolamide cap	Tier 1, LMSP	F, LMSP
capecitabine tab	Tier 1, LMSP	F, LMSP
nilutamide tab	Tier 1, LMSP	F, LMSP
abiraterone tab 250mg	Tier 1, LMSP, QL	F, LMSP, QL
imatinib tab	Tier 1, LMSP, PA, QL	F, LMSP, PA, QL
everolimus tab	Tier 1, LMSP, PA, QL	F, LMSP, PA, QL
everolimus tab for oral susp	Tier 1, LMSP, PA, QL	F, LMSP, PA, QL
lapatinib ditosylate tab	Tier 1, LMSP, PA	F, LMSP, PA
pazopanib tab	Tier 1, LMSP, PA, QL, SF	F, LMSP, PA, QL, SF
sorafenib tosylate tab	Tier 1, LMSP, PA, SF	F, LMSP, PA, SF
sunitinib malate cap	Tier 1, LMSP, PA, SF	F, LMSP, PA, SF
tretinoin cap	Tier 1, LMSP	F, LMSP
bexarotene cap	Tier 1, LMSP, PA, SF	F, LMSP, PA, SF



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bexarotene gel	Tier 1, LMSP, PA	F, LMSP, PA
lenalidomide cap	Tier 1, LD, QL, RS	F, LD, QL, RS
EXKIVITY CAP	NC	NC
SYMJEPI INJ	NC	NC
SUFLAVE SOLN	Tier 2, QL	F, QL
TRULANCE TAB	Tier 2, PA, QL	F, PA, QL
MOTEGRITY TAB	Tier 3, PA, QL	NC
erlotinib tab	Tier 1, LMSP, PA, QL, SF	F, LMSP, PA, QL, SF
erlotinib tab 25mg	Tier 1, LMSP, PA, QL, SF	F, LMSP, PA, QL, SF
gefitinib tab	Tier 1, LD, PA, QL	F, LD, PA, QL
IRESSA TAB	Tier 4, LD, PA, QL	NC
ORSERDU TAB	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
ORSERDU TAB 345MG	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
LAMPIT TAB	Tier 2, RS	F, RS
XALKORI CAP	Tier 4, LMSP, PA, QL, SF	F, LMSP, PA, QL, SF
ROZLYTREK PAK	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
INSULIN GLARGINE SOLN PEN-INJ	Tier 2	F
XIGDUO XR TAB	Tier 2, QL	F, QL
FARXIGA TAB	Tier 2, QL	F, QL
PROLENSA OPHTH SOLN	Tier 3	NC
bromfenac sodium ophth soln	Tier 1	F

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**generic = small letters**

**INF** Infertility  
**LMSP** Lumicera Mandatory Specialty Pharmacy Program

**ONC** Oral Anticancer medication <=\$250 up to 30 day supply/Rx

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# Formulary Updates March 2024



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Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
octreotide in	Tier 1, LMSP	F, LMSP
carglumic acid tab	Tier 1, LD, PA	F, LD, PA
tadalafil tab (PAH)	Tier 1, LMSP, PA	F, LMSP, PA
ambrisentan tab	Tier 1, LD, PA, QL	F, LD, PA, QL
bosentan tab	Tier 1, LD, PA, QL	F, LD, PA, QL
pirfenidone cap	Tier 1, LMSP, PA, QL, SF	F, LMSP, PA, QL, SF
pirfenidone tab 267mg	Tier 1, LMSP, PA, QL, SF	F, LMSP, PA, QL, SF
pirfenidone tab 801mg	Tier 1, LMSP, PA, QL, SF	F, LMSP, PA, QL, SF
tiopronin tab	Tier 1, LMSP, PA	F, LMSP, PA
tetrabenazine tab	Tier 1, LMSP, PA	F, LMSP, PA
vigabatrin tab	Tier 1, LD, PA	F, LD, PA
vigabatrin powder pack	Tier 1, LD, PA	F, LD, PA
vigadrone powder pack	Tier 1, LD, PA	F, LD, PA
miglustat cap	Tier 1, LD, PA	F, LD, PA
deferasirox tab 90mg, 360mg	Tier 1, LMSP	F, LMSP
deferasirox tab 180mg	Tier 1, LMSP	F, LMSP
deferasirox granules packet	Tier 1, LMSP	F, LMSP
deferasirox tab	Tier 1, LMSP	F, LMSP
deferiprone tab	Tier 1, LD, PA	F, LD, PA



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Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
trientine cap	Tier 1, LMSP	F, LMSP
XPHOZAH TAB	Tier 3, PA, QL	NC
THALOMID CAP	Tier 4, KMSP	F, KMSP
ZEPBOUND INJ	Tier 2, PA, QL	F, PA, QL
CONTRACE TAB	Tier 3, PA, QL	NC
QSYMIA CAP	Tier 2, PA, QL	F, PA, QL
OMNIPOD 5 G7 KIT INTRO	Tier 2, QL	F, QL
OMNIPOD 5 G7 MIS PODS	Tier 2, QL	F, QL
PRADAXA CAP	Tier 3	NC
dabigatran etexilate mesylate cap	Tier 1	NC

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**Effective Date as of 04/01/2024:**

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
mifepristone tab	Tier 1, LD, PA, QL	F, LD, PA, QL
INSULIN LISPRO KWIKPEN	Tier 2	F
INSULIN LISPRO JR KWIKPEN	Tier 2	F
QVAR REDIHALER	Tier 2	F
ALVESCO INHALER	Tier 2	F
CAPRELSA 100MG TAB	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
CAPRELSA 300MG TAB	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
LENVIMA CAP	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
BOSULIF CAP	Tier 4, PA, MSP	F, PA, MSP
PAXLOVID TAB (EUA)	NF	NF
LITFULO CAP	Tier 4, LD, PA, QL	F, LD, PA, QL
XDEMZYV OPTH SOLN	Tier 4, LD, PA, QL	F, LD, PA, QL
SOHONOS CAP	Tier 4, LD, PA, QL	F, LD, PA, QL
VANFLYTA TAB	Tier 4, LD, PA, QL	F, LD, PA, QL
cyclosporine opth emulsion	Tier 1, RS, QL	F, RS, QL



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Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
DOPTELET TAB	Tier 4, KMSP, PA, QL	F, KMSP, PA, QL
PROMACTA TAB	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
PROMACTA POWDER	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
TAVALISSE TAB	NF	NF

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## Effective Date as of 05/01/2024:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
methylphenidate chew tab	Tier 1	F
methylphenidate ER cap (APTENSIO XR equiv)	Tier 1	F
APTENSIO XR CAP	Tier 3	NF
QUFLORA PEDIATRIC CHEW TAB	NF	NF
pediatric multiple vitamins/fluoride chew tab	NF	NF
tadalafil tab (PAH)	Tier 1, PA	F, PA
TADLIQ SUSP	Tier 3, PA	NF
lamotrigine ODT	NF	NF
LAMICTAL ODT	NF	NF
lamotrigine ODT titration kit	NF	NF
LAMICTAL ODT TITRATION KIT	NF	NF
DICLOFENAC PATCH, FLECTOR PATCH	NF	NF
OPILL TAB	\$0	\$0

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<b>EXC</b> Plan Exclusion	<b>INF</b> Infertility	<b>KMSP</b> Kroger Mandatory Specialty Pharmacy Program
<b>LD</b> Limited Distribution	<b>LMSP</b> Lumicera Mandatory Specialty Pharmacy Program	<b>M</b> Medical Benefit
<b>MSP</b> Mandatory Specialty Pharmacy Program	<b>ONC</b> Oral Anticancer medication <=\$250 up to 30 day supply/Rx	<b>OTC</b> Over-the-counter
<b>PA</b> Prior Authorization	<b>QL</b> Quantity Limit	<b>RDX</b> Restricted to Diagnosis
<b>RS</b> Restricted to Specialist	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation

# Formulary Updates June 2024



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Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	NF	NF
HUMIRA INJ 80MG	NF	NF
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	NF	NF
HUMIRA INJ PEDIATRIC UC STARTER PACK	NF	NF
HUMIRA INJ 40MG	NF	NF
HUMIRA PEN INJ 40MG	NF	NF
HUMIRA INJ 10MG	NF	NF
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	NF	NF
HUMIRA INJ 20MG	NF	NF
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
SIMLANDI INJ	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
RIDAURA CAP	NF	NF
lithium oral solution	Tier 1, PA	F, PA



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Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
VYVANSE CAP	Tier 3	NF
VYVANSE CHEW TAB	Tier 3	NF
ADDERALL XR CAP	Tier 3	NF
LATUDA TAB	Tier 3	NF
COMBIGAN OPHTH SOLN	Tier 3	NF
BYSTOLIC TAB	Tier 3	NF
DOXEPIN HCL CREAM	NF	NF
doxepin hcl cream	NF	NF
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	NF	NF
TEGSEDI INJ	NF	NF
RELYVRIO PAK	NF	NF
MYRBETRIQ TAB	Tier 2	F
mirabegron tab er	NF	NF

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Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
STRIVERDI RESPIMAT INHALER	Tier 2, QL	F, QL
SEREVENT DISKUS INHALER	NF	NF
FLUTICASONE DISKUS INHALER	Tier 3	NF
FLUTICASONE HFA INHALER	Tier 3	NF
TOLMETIN TAB	NF	NF
NEXLETOL TAB	Tier 2, ST, QL	F, ST, QL
NEXLIZET TAB	Tier 2, ST, QL	F, ST, QL
REPATHA INJ	Tier 2, ST, QL	F, ST, QL
REPATHA PUSHTRONEX INJ	Tier 2, ST, QL	F, ST, QL
ivermectin tab	Tier 1	F
STROMECTOL TAB	Tier 3	NF

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Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
SPEVIGO INJ	Tier 4, LD, PA, QL	F, LD, PA, QL
REXTOVY SPRAY	Tier 1	F
BETASERON INJ	Tier 4, LMSP	F, LMSP
EXTAVIA INJ	NC	NC
QUINAPRIL/HCTZ TAB	NC	NC
ACCURETIC TAB	NC	No Change (NC)
quinapril/hydrochlorothiazide tab	NC	NC
QUINAPRIL/HCTZ TAB	NC	NC
ACCURETIC TAB	NC	No Change (NC)
ADBRY INJ	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
NALOXONE HCL SOLN	\$0	\$0
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
ADALIMUMAB-FKJP PFS KIT	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL



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

# Formulary Updates August 2024



**L.A. Care**  
HEALTH PLAN®

For All of L.A.

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
FLULAVAL, FLUARIX INJ	\$0, QL	\$0, QL
CORLANOR TAB	Tier 3, PA	NC
ivabradine hcl tab	Tier 1, PA	F, PA
FLUBLOK INJ	\$0, QL	\$0, QL
FLUCELVAX INJ	\$0, QL	\$0, QL
ENDARI POWDER PACKETS	NC	NC
glutamine (sickle cell) powder pack	Tier 1, 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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# Formulary Updates September 2024



**L.A. Care**  
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- 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 09/01/2024:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
CAPVAXIVE INJ	\$0, VAC	\$0, VAC
INGREZZA SPRINKLE CAP	Tier 4, LD, PA, QL	F, LD, PA, QL
VIJOICE GRANULES PACKET	Tier 4, MSP, PA, QL	No Change (NF)
SCEMBLIX TAB	Tier 4, LD, PA, QL	F, LD, PA, QL
SCEMBLIX TAB 100 MG	Tier 4, LD, PA, QL	F, LD, PA, QL
AUSTEDO XR TAB	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
VALTOCO NASAL SPRAY	Tier 3, QL	No Change (NF)
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	Tier 2, QL	F, QL
DIASTAT ACDL GEL	Tier 3, QL	No Change (NF)
DIAZEPAM GEL	Tier 2, QL	F, QL
diazepam rectal gel	Tier 1, QL	F, QL
NAYZILAM SPRAY	Tier 3, QL	No Change (NF)
BARACLUDE TAB	Tier 3, LMSP, QL	No Change (NF)



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Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
entecavir tab	Tier 1, LMSP, QL	No Change (F, LMSP, QL)
OTEZLA TAB 20MG	No Change (Tier 4, LMSP, PA, QL)	F, LMSP, PA, QL
RETEVMO TAB	Tier 4, LMSP, PA, QL, SF	F, LMSP, PA, QL, SF
FLUMIST NASAL	\$0, QL	\$0, QL
OMNIPOD 5 G6 PODS MISC	Tier 2, QL	F, QL
OMNIPOD 5 G6 INTRO KIT	Tier 2, QL	F, QL

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# Formulary Updates October 2024



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## Effective Date as of 10/01/2024:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
LIVMARLI SOLN 19MG/ML	Tier 4, LD, PA, QL	F, LD, PA, QL
TALTZ INJ 20MG/0.25ML	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
TALTZ INJ 40 MG/0.5ML		
LIRAGLUTIDE SOLN PEN-INJECTOR	Tier 2, QL, RDX	F, QL, RDX
dasatinib tab	Tier 1, LMSP, PA	F, LMSP, PA,
NOVAVAX INJ 5MCG/0.5ML	\$0, QL	\$0, QL

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<b>LD</b>	Limited Distribution
<b>MSP</b>	Mandatory Specialty Pharmacy Program
<b>PA</b>	Prior Authorization
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### generic = small letters

<b>INF</b>	Infertility
<b>LMSP</b>	Lumicera Mandatory Specialty Pharmacy Program
<b>ONC</b>	Oral Anticancer medication <=\$250 up to 30 day supply/Rx
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### BRANDS = CAPITAL LETTERS

<b>KMSP</b>	Kroger Mandatory Specialty Pharmacy Program
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# Formulary Updates November 2024



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## Effective Date as of 11/01/2024:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
lidocaine gel	NC	NC
ELMIRON CAP	Tier 3	NC
FUZEON INJ	NC	NC
ACTEMRA SC INJ	NC	NC
ACTEMRA ACTPEN INJ	NC	NC
TYENNE INJ	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
LUMRYZ STARTER PACK	Tier 4, LD, PA, QL	F, LD, PA, QL
TRUQAP THERAPY PACK	Tier 4, LD, PA, QL	F, LD, PA, QL
SOLU-CORTEF INJ 100MG	Tier 3, QL	NC
hydrocortisone succinate inj 100mg	Tier 1, QL	F, QL
FREESTYLE LIBRE 2-PLUS SENSOR	Tier 2, PA, QL	F, PA, QL

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<b>EXC</b> Plan Exclusion	<b>INF</b> Infertility	<b>KMSP</b> Kroger Mandatory Specialty Pharmacy Program
<b>LD</b> Limited Distribution	<b>LMSP</b> Lumicera Mandatory Specialty Pharmacy Program	<b>M</b> Medical Benefit
<b>MSP</b> Mandatory Specialty Pharmacy Program	<b>ONC</b> Oral Anticancer medication <=\$250 up to 30 day supply/Rx	<b>OTC</b> Over-the-counter
<b>PA</b> Prior Authorization	<b>QL</b> Quantity Limit	<b>RDX</b> Restricted to Diagnosis
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# Formulary Updates December 2024



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## 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

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<b>EXC</b> Plan Exclusion	<b>INF</b> Infertility	<b>KMSP</b> Kroger Mandatory Specialty Pharmacy Program
<b>LD</b> Limited Distribution	<b>LMSP</b> Lumicera Mandatory Specialty Pharmacy Program	<b>M</b> Medical Benefit
<b>MSP</b> Mandatory Specialty Pharmacy Program	<b>ONC</b> Oral Anticancer medication <=\$250 up to 30 day supply/Rx	<b>OTC</b> Over-the-counter
<b>PA</b> Prior Authorization	<b>QL</b> Quantity Limit	<b>RDX</b> Restricted to Diagnosis
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