

Formulary Updates January 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 01/01/2025:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
OJEMDA TAB	Tier 4, PA, QL, LD	F, PA, QL, LD
OJEMDA SUSP	Tier 4, PA, QL, LD, SF	F, PA, QL, LD, SF
XOLREMDI CAP	Tier 4, PA, QL, LD	F, PA, QL, LD
REZDIFFRA TAB	Tier 4, PA, QL, LD	F, PA, QL, LD
WINREVAIR INJ	Tier 4, PA, LD	F, PA, LD
VOYDEYA TAB	Tier 4, PA, QL, LD	F, PA, QL, LD
ADALIMUMAB-ADAZ INJ 20MG/0.2ML	Tier 4, PA, QL, LMSP	F, PA, QL, LMSP
SIMLANDI KIT	Tier 4, PA, QL, LMSP	F, PA, QL, LMSP

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
EXC Plan Exclusion	INF Infertility	KMSP Kroger Mandatory Specialty Pharmacy Program
LD Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
MSP Mandatory Specialty Pharmacy Program	ONC Oral Anticancer medication <=\$250 up to 30 day supply/Rx	OTC Over-the-counter
PA Prior Authorization	QL Quantity Limit	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation



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