

Formulary Updates April 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 04/01/2025:

Drug	L.A. Care Covered & L.A. Care Covered Direct (LACC & LACCD)	In-Home Support Services (PASC-SEIU)
METHOTREXATE IV SOLN 1000MG/40ML	Tier 1	F
amantadine soln	Tier 1	F
PREVYMIS PAK	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
betamethasone augmented gel	NC	NC
NATPARA INJ	NC	NC
CALQUENCE CAP	NC	No Change (NC)
OHTUVAYRE SUSP	Tier 4, LD, PA, QL	F, LD, PA, QL
VORANIGO TAB	Tier 4, LD, PA, QL, SF	F, LD, PA, QL, SF
YORVIPATH INJ	Tier 4, LD, PA, QL	F, LD, PA, QL
OCALIVA TAB	NC	NC
NEMLUVIO INJ	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
EBGLYSS PEN INJ	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
EBGLYSS INJ	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
YESINTEK INJ	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
YESINTEK SYRINGE	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL



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STEQEYMA INJ	Tier 4, LMSP, PA, QL	F, LMSP, PA, QL
XPOVIO PAK	No Change (Tier 4, LD, PA, QL, SF)	No Change (F, LD, PA, QL, SF)
PURIXAN SUSP	No Change (Tier 3, PA)	No Change (NC)
MERCAPTOPURI SUS 20MG/ML	Tier 1, PA	NC
XARELTO TAB	No Change (Tier 2)	No Change (F)
rivaroxaban tab	NC	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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