

Formulary Updates March 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 and Provider link: <https://medicare.lacare.org/members/2025-member-materials>

Effective Date as of 03/01/2025:

Drug	Addition, Change, Deletion from Formulary	Formulary Status
REVUFORJ 110MG TAB	Addition	Tier 1, NDS, PA NSO, QL
REVUFORJ 160MG TAB	Addition	Tier 1, NDS, PA NSO, QL
IMKELDI 80MG/ML ORAL SOLN	Addition	Tier 1, NDS, PA NSO, QL
POTASSIUM CHLORIDE 15MEQ ER TAB	Addition	Tier 1
VELTASSA 1GM POWDER FOR ORAL SUSP	Addition	Tier 1, PA, QL
PREHEVBRIO 10MCG/ML INJ	Deletion	NF
TDVAX 4-4UNIT/ML INJ	Deletion	NF
BYDUREON 2MG/0.85ML AUTO-INJECTOR	Deletion	NF
isosorbide mononitrate 10mg tab	Deletion	NF
isosorbide mononitrate 20mg tab	Deletion	NF
phenytoin sodium 200mg er cap	Deletion	NF
phenytoin sodium 300mg er cap	Deletion	NF
DROXIA 200MG CAP	Deletion	NF
DROXIA 300MG CAP	Deletion	NF
DROXIA 400MG CAP	Deletion	NF
REZDIFFRA 100MG TAB	Deletion	NF

NF Non formulary	F Formulary/covered drug	PA Prior Authorization
ST Step Therapy	QL Quantity Limit	LD Limited Distribution
ST NSO Step Authorization New Starts Only		NDS Non Extended Day Supply
generic: lower case letters	BRAND: CAPITAL LETTERS	VAC Vaccine