

MEDSTAR FAMILY CHOICE DISTRICT OF COLUMBIA FORMULARY UPDATES February 2024 Pharmacy and Therapeutics Committee Meetings

MedStar Family Choice District of Columbia (MFC-DC) Pharmacy and Therapeutics Committee meets quarterly. During the February 2024 meeting, the formulary changes below were made for DC Healthy Families and DC Healthcare Alliance. **Bolded** names indicate a brand medication; other listed medications are generic.

CHANGES BELOW WILL BECOME EFFECTIVE ON OR AROUND APRIL 1, 2024

Additions:	Removals:
acetylcysteine 10% and 20% solutions cefixime 400 mg capsules, 100 mg/5 ml and 200 mg/5 ml susp esomeprazole 40 mg capsules FreeStyle Libre 3 CGM reader hydrocortisone 2.5% cream Kyzatrex capsules (testosterone undecanoate) neomycin/polymyxin B/dexamethasone ophthalmic ointment nystatin w/ triamcinolone creams, ointments posaconazole tablets	Biaxin XL tablets (clarithromycin) butalbital/APAP 50/300 mg capsules Medrol 2 mg tablets (methylprednisolone) SF Rowasa (mesalamine) <i>*These items are removed from the pharmacy benefit as out of scope and are available under the medical benefit:</i> Adakveo, Cosela, Elzonris, Enhertu, Kalbitor, Kymriah, Libtayo, Padcev, Polivy, Rybrevant, Saphnelo, Trodelvy, Zepzelca
Additions with Prior Authorization:*	Utilization Management Change:
alosetron tablets buprenorphine sublingual film and topical patches Omvoh (mirikizumab) Stelara (ustekinumab) for plaque psoriasis indication ONLY Trelstar (triptorelin) IM injection Velsipity (etrasimod) Yuflyma (adalimumab biosimilar) – branded “generic” for Humira Zurzuva (zuranolone)	Age Limits added: Eucrisa for patients < 2 years of age. guanfacine ER tablets for patients ≥ 18 years of age. tacrolimus, pimecrolimus topical do not fill for patients < 2 years of age. Prior Authorization (PA) removed for medications indicated for first-line therapy and/or with positive approval decisions > 90% for PA requests from calendar year 2023, including: Camzyos, Darzelex Faspro, desmopressin nasal spray, Jynarque, Kisqali, lapatinib, lenalidomide, Mekinist, Palforzia, pifenedone, Pomalyst, Pulmozyme, Qulipta, Rasuvo, Rituxan Hycela, Sprycel, Tagrisso, Tassigna, Turalio, Venclexta, Vizimpro, Xolair
Managed Drug Limits:	
Quantity Limits added to align with FDA-labeled dose maximums: Dexcom Sensors, Emgality, Rybelsus, Qulipta, Ubrelvy, Visco-3, Xarelto	

*Please see the Prior Authorization and Step Therapy Table for clinical criteria. **The table is updated regularly.** Please use the most current version found on the MFC-DC Providers page: MedStarFamilyChoiceDC.com/providers/pharmacy

NEW! The MFC-DC P&T Committee welcomes your feedback. Providers can email feedback or requests for formulary additions or changes to: MFC-FormularyFeedback@MedStar.net