

**MEDSTAR FAMILY CHOICE DISTRICT OF COLUMBIA FORMULARY UPDATES  
October & November 2024 Pharmacy and Therapeutics Committee Meetings**

MedStar Family Choice District of Columbia (MFC-DC) Pharmacy and Therapeutics Committee meets quarterly. During the October and November 2024 meetings, 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. **Please email feedback or requests for formulary additions or changes to: [MFC-FormularyFeedback@MedStar.net](mailto:MFC-FormularyFeedback@MedStar.net).**

**CHANGES BELOW WILL BECOME EFFECTIVE ON OR AROUND JANUARY 1, 2025**

<b>Additions:</b>	<b>Removals:</b>
<p><i>adapalene/benzoyl peroxide 0.1/2.5%, 0.3/2.5% topical gel</i>  <b>Aklief</b> (trifarotene)  <b>Bafiertam</b> (monomethyl fumarate) – add with QL  <i>budesonide 9 mg capsules</i>  <b>Cabtreo</b> (clindamycin, adapalene, benzoyl peroxide) topical  <i>clindamycin vaginal suppositories</i>  <i>clindamycin/benzoyl peroxide 1/5% gel</i>  <i>colestipol 1 gram tablets</i>  <b>Entresto</b> (valsartan/sacubitril) capsules  <i>ethacrynic acid tablets</i>  <b>FreeStyle Libre 3 PLUS</b> CGM kits, sensors – add with QL  <i>insulin glargine-yfgn injection</i>  <b>Lentocilin</b> (penicillin G benzathine) injection  <b>Neffy</b> (epinephrine) intranasal spray  <b>Plegridy</b> (peginterferon beta-1a) – add with QL  <b>Pulmicort Flexhaler</b> (budesonide) inhaler  <i>testosterone 1.62% pumps, unit-of-use packets</i>  <b>Tlando</b> (testosterone) 112.5mg capsules – add with QL  <b>Twynéo</b> (tretinoin, benzoyl peroxide) topical  <i>urea 10% cream (OTC)</i>  <b>Velphoro</b> (sucroferric oxyhydroxide) tablets</p>	<p><i>acyclovir 5% ointment</i>  <i>amoxicillin/K clavulanate 250/5mL oral suspension</i>  <b>Austedo</b> (deutetrabenazine) tablets, starter kit  <b>Auvi-Q</b> (epinephrine) autojector  <b>Avonex</b> (interferon beta-1a) injection  <i>butalbital/acetaminophen/caffeine capsules</i>  <i>citrate oral solution</i>  <i>carisoprodol 350 mg tablets</i>  <i>cimetidine 300mg/5mL oral solution</i>  <i>colchicine 0.6mg capsules – redirect to tablets</i>  <i>cyclobenzaprine 7.5 mg tablets</i>  <i>desipramine tablets</i>  <i>diclofenac 3% topical gel</i>  <b>Dilantin</b> (phenytoin) 30 mg capsules  <i>ergotamine/caffeine 1/100 mg tablets</i>  <b>Fensolvi</b> (leuprolide) 45 mg injection  <i>HC-pramoxine cream 2.5-1%</i>  <i>hydrocodone/homatropine tablets, oral solution</i>  <b>Inpefa</b> (sotagliflozin) tablets  <b>Kevzara</b> (sarilumab) injection  <b>Kyzatrex</b> (testosterone) capsules  <b>Lunsumio</b> (mosunetuzumab) 1mg/mL injection  <i>MAOIs – marplan, phenelzine, tranylcypromine</i>  <b>Mayzent</b> (siponimod) tablets  <i>metformin 500mg ER osmotic tablets</i></p>

<b>Managed Drug Limits:</b>	
<p><b>Ajovy</b> (fremanezumab) – add QL 1 per month, 1 per 3 months for quarterly injection alogliptin tablets – add QL of 1 per day <b>Botox</b> 100/200 unit injection – add QL of 2 per 70 days butalbital-containing tablets – update QL to 18 per 30 days <b>COVID</b> test kits – update QL to 2 kits per 30 days cyclosporine ophthalmic emulsion – add QL of 60 per 30 days fluconazole 150 mg tablets – update QL to 4 every 30 days <b>Jardiance</b> (empagliflozin) – add QL of 1 per day ketorolac 10 mg tablets – update QL to 20 tablets per 30 days maintenance inhalers (QVAR, Breztri, Proair, Trelegy) – Add QL of 3 inhalers/80 days; allow 90 DS naratriptan tablets; sumatriptan injections, nasal spray; zolmitriptan tablets, ODT – update QL to 12 per 30 days <b>Oriahnn</b> (elagolix, estradiol, norethindrone) capsules – Add QL 56 per 28 days and 1344/lifetime <b>Otezla</b> (apremilast) starter kit – add QL to limit to 1x dispense <b>Oxervate</b> (cenegermin) – add QL to limit to 8-week treatment course (keep NF) pirfenidone 267mg capsules – add QL of 270 per 30 days <b>Qbrexza</b> (glycopyrrolate) pads – Add QL of 30 per 30 days <b>Rezdiffra</b> (resmetirom) 80mg, 100mg tablets – add QL of 30 per 30 days <b>Riluzole</b> 50 mg tablets – add QL of 60 per 30 days rizatriptan tablets, ODT – update QL to 18 per 30 days <b>Santyl</b> (collagenase) ointment 250/gm – update QL of 30 grams per 30 days sildenafil 10mg/1mL oral suspension – Add QL 224mL per 30 days sofosbuvir/velpatasvir 400/100mg tablets – Add QL sumatriptan tablets – update QL to 9 tablets per 30 days <b>Xdemvy</b> (lotilaner) ophth solution – add QL 10mL per 365 days</p>	<p>methadone 10mg/1ml oral concentrate <b>Micromatrix, Regranex</b> multivitamin oral liquid – Suport Liquid, Livita Liquid for adults naproxen DR 500 mg tablets neomycin/polymyxin/HC ophth suspension <b>Noritrate</b> (metronidazole) cream <b>Opzelura</b> (ruxolitinib) cream potassium citrate ER 1620mg tablets <b>Premphase</b> (conjugated estrogens and medroxyprogesterone acetate) <b>Prempro</b> (conjugated estrogens and medroxyprogesterone acetate) promethazine DM oral solution <b>Rebif</b> (interferon beta-1a) injection <b>Remodulin</b> (treprostinil) injection <b>Rituxan</b> (rituximab) 100mg, 500mg injection saxagliptin tablets <b>Spravato</b> (esketamine) nasal spray sucralfate oral suspension <b>Synagis</b> (palivizumab) injection <b>Takhzyro</b> (lanadelumab) injection <b>Tarpeyo</b> (budesonide) DR capsule tetrabenzine theophylline 450, 600mg tablets, oral solution tolvaptan 15mg, 30mg tablets triamcinolone aerosol spray <b>Tyvaso</b> (treprostinil) dry powder inhaler urea 40% cream, lotion <b>V-Go</b> insulin pump kits <b>Vumerity</b> (diroximel fumarate) capsules <b>Zejula</b> (niraparib) tablets <b>Zurzuvae</b> (zuranolone) capsules</p>
<b>Additions with Prior Authorization:*</b>	<b>Utilization Management Changes:</b>
<p><b>Adempas</b> (riociguat) tablets Doxepin 3 mg, 6 mg – add with ST, QL</p>	<p><b>Enbrel</b> (etanercept) – add PA <b>Cablivi</b> (caplacizumab) 11mg – Add PA</p>

<p><b>Ebglyss</b> (<i>lebrrikizumab</i>) – with QL  <b>Iclusig</b> (<i>ponatinib</i>) 30 mg tablets  <b>Ingrezza</b> (<i>valbenazine</i>) tablets – with QL  <b>Jornay PM</b> (<i>methylphenidate</i>) ER capsules  <i>liraglutide injectable pens</i> – with QL  <b>Lynparza</b> (<i>olaparib</i>) tablets  <b>Ocrevus Zunovo</b> (<i>ocrelizumab and hyaluronidase</i>)  <b>Ogsiveo</b> (<i>nirogacestat</i>) 150mg tablets – with QL  <b>Olumiant</b> (<i>baricitinib</i>) – with QL  <b>Opsynvi</b> (<i>macitentan/tadalafil</i>) – with QL  <b>Oxycontin</b> (<i>oxycodone</i>) ER tablets (10,15,20,30,40mg) – with QL  <b>Promacta</b> (<i>eltrombopag</i>)  <i>ramelteon</i> – add with ST, QL  <i>tramadol ER tablets</i>  <b>Yorvipath</b> (<i>palopegteriparatide</i>) – with QL</p>	<p><b>Cosentyx</b> (<i>secukinumab</i>) – add PA, update QL  <b>Fasenra</b> (<i>benralizumab</i>) – add AL 6-12 years only and max 56 DS  <i>lubiprostone 8mcg, 24mcg capsules</i> – remove PA, add QL 2/day and DS max 30 days  <i>mirabegron tablets</i> – remove ST requirement  <b>Movantik</b> (<i>naloxegol</i>) 12.5mg, 25mg tablets – remove PA, add QL 30/30 days  <b>Omnipod</b> <i>insulin pump kits</i> – remove PA  <b>Opsumit</b> (<i>macitentan</i>) tablets – add PA  <b>Orenitram</b> (<i>treprostinil</i>) tablets – add PA, QL  <b>Orilissa</b> (<i>elagolix</i>) 150mg, 200mg tablets – remove PA  <i>posaconazole 100 mg tablets</i> – add PA  <b>Suboxone</b> (<i>buprenorphine/naloxone</i>) – BRAND ONLY add PA  <b>Uptravi</b> (<i>selexipag</i>) – add PA  <b>Xgeva</b> (<i>denosumab</i>) – remove PA  <b>Xolair</b> (<i>omalizumab</i>) - add PA</p>
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\*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](http://MedStarFamilyChoiceDC.com/providers/pharmacy)