

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.**

CHANGES BELOW WILL BECOME EFFECTIVE ON OR AROUND JANUARY 1, 2025 (1/21/25 Update)

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

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

<p>Ebglyss (<i>lebrrikizumab</i>) – with QL Iclusig (<i>ponatinib</i>) 30 mg tablets Ingrezza (<i>valbenazine</i>) tablets – with QL Jornay PM (<i>methylphenidate</i>) ER capsules <i>liraglutide injectable pens</i> – with QL Lynparza (<i>olaparib</i>) tablets Ocrevus Zunovo (<i>ocrelizumab and hyaluronidase</i>) Ogsiveo (<i>nirogacestat</i>) 150mg tablets – with QL Olumiant (<i>baricitinib</i>) – with QL Opsynvi (<i>macitentan/tadalafil</i>) – with QL Oxycontin (<i>oxycodone</i>) ER tablets (10,15,20,30,40mg) – with QL Promacta (<i>eltrombopag</i>) <i>ramelteon</i> – add with ST, QL <i>tramadol ER tablets</i> Yorvipath (<i>palopegteriparatide</i>) – with QL</p>	<p>Cosentyx (<i>secukinumab</i>) – add PA, update QL Fasenra (<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 Movantik (<i>naloxegol</i>) 12.5mg, 25mg tablets – remove PA, add QL 30/30 days Omnipod <i>insulin pump kits</i> – remove PA Opsumit (<i>macitentan</i>) tablets – add PA Orenitram (<i>treprostinil</i>) tablets – add PA, QL Orilissa (<i>elagolix</i>) 150mg, 200mg tablets – remove PA <i>posaconazole 100 mg tablets</i> – add PA Uptravi (<i>selexipag</i>) – add PA Xgeva (<i>denosumab</i>) – remove PA Xolair (<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