

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

MedStar Family Choice District of Columbia (MFC-DC) Pharmacy and Therapeutics Committee meets quarterly. During the May 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. **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 **JULY 1, 2024**

Additions:	Removals:
<i>azelaic acid – Step Therapy required</i> <b>Breo</b> (fluticasone/vilanterol) inhaler <b>Brukinsa</b> capsules (zanubrutinib) <i>calcipotriene/calcitrene ointment 0.005%</i> <b>Calquence</b> tablets (acalabrutinib) <i>diclofenac potassium 50 mg tablets</i> <b>Lagevrio</b> capsules (molnupravir) <i>nitroglycerin 0.4% rectal ointment</i> <b>Pomalyst</b> capsules (pomalidomide) <i>bismuth subcitrate, metronidazole, and tetracycline capsule pack</i> <b>Xolair</b> 150 mg, 300 mg pre-filled syringes (omalizumab) <b>Xulane/Zafemy</b> patch (norelgestromin/ethinyl estradiol) <b>Zenpep</b> 6000 units (pancrelipase)	<b>Exkivity</b> <i>fenoglide 40 mg; fenofibrate caps 50 mg, 150 mg; micro caps 130 mg</i> <i>generic Prevpac</i> <b>Invokana</b> tablets (canagliflozin) <b>Mavyret</b> tablets (glecaprevir and pibrentasvir) <b>Natazia</b> tablets (estradiol and dienogest) <b>Nutropin AQ</b> injection (recombinant human growth hormone) <b>Relyvrio</b> packet (sodium phenylbutyrate and taurursodiol) <b>Revlimid</b> capsules (lenalidomide) <b>Vabysmo</b> intravitreal injection (faricimab) <b>Verkazia</b> ophthalmic emulsion (cyclosporine) <b>Zomig</b> nasal spray 2.5 mg, 5 mg (zolmitriptan)
Additions with Prior Authorization:*	Utilization Management Change:
<b>Envarsus XR</b> tablets (tacrolimus) <b>Ogsiveo</b> tablets (nirogacestat) <b>Rezdiffra</b> tablet (resmetirom)	<i>GLP-1 medications Smart PA* – updated to screen for and prevent overlapping dispenses of multiple strengths or meds</i>  <i>Step Therapy required – azelaic acid gel, mirabegron</i>  <i>ivermectin lotion – ST/PA removed, AL &gt;6 months added</i>  <i>prenatal vitamins – covered for females ages 14-49 years, RX and OTC</i>
Managed Drug Limits:	
<i>adalimumab biosimilar starter kits limited to 1x fill</i> <i>GLP-1 medications* – reduced QL to 1x starter dispense for</i> <b>Rybelsus</b> 3 mg, <b>Mounjaro</b> 2.5 mg, <b>Trulicity</b> 0.75 mg; 2x fills for <b>Ozempic</b> 0.25/0.5 mg <b>Lagevrio</b> capsules – 40 capsules per 81 days <i>sofosbuvir/velpatasvir 400/100 mg tablets – 84 tabs/year</i>	<i>*GLP-1 limits are in place to mitigate clinical inertia exceptions to Ozempic and Trulicity limits may be granted when A1c is &lt; 8, otherwise therapy escalation is expected.</i>

\*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)