

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

MedStar Family Choice District of Columbia (MFC-DC) Pharmacy and Therapeutics Committee meets quarterly. During the August 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.**

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

Additions:	Removals:
<i>clobetasol propionate ophthalmic suspension</i> Libervant (<i>diazepam</i>) buccal film – with QL and AL Nucala (<i>mepolizumab</i>) auto-injector/pens <i>tramadol extended-release products</i> <i>tazarotene cream 0.1% (30-gram pack size)</i> <i>tazarotene gel 0.05% (30-gram pack size)</i> Zoryve (<i>roflumilast</i>) topical cream, foam	Abilify Maintenna (<i>aripiprazole</i>) 300 mg long-acting injection Betaseron (interferon beta-1b) 0.3 mg injection Micromatrix; Regranex (<i>collagen topical</i> ; prescription and OTC products) <i>promethazine with codeine syrup</i> Noritrate (<i>metronidazole</i>) cream Xyrem (<i>sodium oxybate</i>) oral solution Xywav (<i>mixed salt oxybate</i>) oral solution
Additions with Prior Authorization:*	Utilization Management Changes:
Sunosi (<i>solriamfetol</i>) tablets Managed Drug Limits: <i>butalbital-containing analgesics – QL updated to #18 every 30 days</i> <i>colchicine 0.6 mg tablets – QL added; 60 tablets every 30 days</i> Eucrisa (<i>crisabole</i>) – QL added; 60 grams every 30 days Libervant (<i>diazepam</i>) – QL added; 10 doses every 30 days <i>nitroglycerin rectal ointment – QL updated to 30 grams for up to 60 days supply</i> Paxlovid (<i>nirmatrelvir/ritonavir</i>) – QL updated to align with pack size	Libervant (<i>diazepam</i>) buccal film – added AL of 2-5 years Quelbree (<i>viloxazine</i>) capsules – change from PA to ST requiring previous trial of atomoxetine

*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