

MEDSTAR FAMILY CHOICE DISTRICT OF COLUMBIA FORMULARY UPDATES February 2025 Pharmacy and Therapeutics Committee Meetings

MedStar Family Choice District of Columbia (MFC-DC) Pharmacy and Therapeutics Committee meets quarterly. During the February 2025 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 **APRIL 1, 2025**

Additions:	Removals:
<i>betimol ophthalmic drops</i> <i>ceftriaxone sodium 500 mg for injection</i> Cimzia (certolizumab pegol) kits <i>diclofenac eye drops 0.1%</i> <i>difluprednate ophthalmic solution</i> <i>fluticasone/salmeterol DPI inhalers (generic for: Advair Diskus)</i> <i>lamotrigine ER tablets</i> <i>nebulizers (add with \$65 cost cap)</i> Nypozi (filgrastim-txid) injection <i>potassium citrate/citric acid solution 1100/334 mg/5mL</i> Vivotif (typhoid vaccine) injection (with AL for ages 6+ years)	Stelara (ustekinumab) injection Zarxio (filgrastim) injection <div style="background-color: #0056b3; color: white; text-align: center; padding: 2px;">Managed Drug Limits:</div> <i>leuprolide acetate 11.25mg kit (3-month injection) – 1 per 90 days</i> <i>montelukast 10 mg tablets, 4&5 mg chewable tablets – 90 per 90</i> Steqeyma (ustekinumab-stab) injection – specialty med QL Wegovy (semaglutide) injection pens – starter and titration doses limited to 1x fills; all strengths limited to 1-month/dispense Yesintek (ustekinumab-kfce) injection – specialty med QL Zepbound (tirzepatide) injection pens – starter and titration doses limited to 1x fills; all strengths limited to 1-month/dispense
Additions with Prior Authorization:*	Utilization Management Changes:
Itovebi (inavolisib) tablets Steqeyma (ustekinumab-stab) injection Wegovy (semaglutide) injection pens Yesintek (ustekinumab-kfce) injection Zepbound (tirzepatide) injection pens	<i>metformin ER 500 mg tablets – update QL to 4 per day</i> Omnipod insulin pump products – PA requirement removed <i>tobramycin (Bethkis) nebulize solution – PA requirement removed</i> Xolair (omalizumab) 75mg/0.5mL syringes – remove top AL to allow for use in adults

*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