

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