

## 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](mailto:MFC-FormularyFeedback@MedStar.net).**

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

Additions:	Removals:
<i>clobetasol propionate ophthalmic suspension</i> <b>Libervant</b> ( <i>diazepam</i> ) buccal film – with QL and AL <b>Nucala</b> ( <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> <b>Zoryve</b> ( <i>roflumilast</i> ) topical cream, foam	<b>Abilify Maintenna</b> ( <i>aripiprazole</i> ) 300 mg long-acting injection <b>Betaseron</b> (interferon beta-1b) 0.3 mg injection <b>Micromatrix; Regranex</b> ( <i>collagen topical; prescription and OTC products</i> ) <i>promethazine with codeine syrup</i> <b>Noritrate</b> ( <i>metronidazole</i> ) cream <b>Xyrem</b> ( <i>sodium oxybate</i> ) oral solution <b>Xywav</b> ( <i>mixed salt oxybate</i> ) oral solution
Additions with Prior Authorization:*	Utilization Management Changes:
<b>Sunosi</b> ( <i>solriamfetol</i> ) tablets <b>Managed Drug Limits:</b> <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> <b>Eucria</b> ( <i>crisabole</i> ) – QL added; 60 grams every 30 days <b>Libervant</b> ( <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> <b>Paxlovid</b> ( <i>nirmatrelvir/ritonavir</i> ) – QL updated to align with pack size	<b>Libervant</b> ( <i>diazepam</i> ) buccal film – added AL of 2-5 years <b>Quelbree</b> ( <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](http://MedStarFamilyChoiceDC.com/providers/pharmacy)