

## MEDSTAR FAMILY CHOICE FORMULARY UPDATES February 2024 Pharmacy and Therapeutics Committee Meeting

MedStar Family Choice (MFC) Pharmacy and Therapeutics Committee meets quarterly. During the February 2024 meeting, these formulary changes were made. **Bolded** names indicate a brand medication; other listed medications are generic.

\*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 Providers page: <https://www.medstarfamilychoice.com/maryland-providers/pharmacy-prescription-information>

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

Additions:	Removals:
Acetylcysteine 10% and 20% solutions Cefixime 400 mg capsules, 100 mg/5 ml and 200 mg/5 ml susp Esomeprazole 40 mg capsules Guanfacine ER tabs Hydrocortisone 2.5% cream <b>Kyzatrex</b> capsules (testosterone undecanoate) Neomycin/Polymyxin B/Dexamethasone ophthalmic ointment Nystatin w/ triamcinolone creams, ointments Posaconazole tablets	<b>Biaxin XL tablets</b> (clarithromycin) Butalbital/APAP 50/300 mg capsules <b>Medrol 2 mg</b> tablets (methylprednisolone) <b>SF Rowasa</b> (mesalamine) <b>Viracept</b> (nelfinavir) <i>*These items are removed from the pharmacy benefit as out of scope and are available under the medical benefit:</i> <b>Adakveo, Cosela, Elzonris, Enhertu, Kalbitor, Kymriah, Libtayo, Padcev, Polivy, Rybrevant, Saphnelo, Trodelvy, Zepzelca</b>
Additions with Prior Authorization: *	Prior Authorization Removed:
Alosetron tablets ( <b>Lotronex</b> ) <b>Omvoh</b> (mirikizumab) <b>Stelara</b> (ustekinumab) for plaque psoriasis indication <b>ONLY</b> <b>Trelstar</b> (triptorelin) IM injection <b>Tresiba</b> (insulin degludec) <b>Velsipity</b> (etrasimod) <b>Yuflyma</b> (adalimumab biosimilar) – branded “generic” for Humira	Eucrisa for patients < 2 years of age. Guanfacine Er tablets for patients ≥ 18 years of age.  Prior Authorization (PA) outcomes were reviewed for all formulary medications requiring a PA. If medications are indicated for first line therapy and/or had positive approval decisions > 90%, the P&T Committee approved the removal of the PA criteria. The following medications were impacted:
Managed Drug Limitations:	<b>Camzyos, Darzelex Faspro, Desmopressin nasal spray, Jynarque, Kisqali, Lapatinib, Lenalidomide, Mekinist, Palforza, Pirfenidone, Pomalyst, Pulmozyme, Rasuvo, Rituxan Hycela, Sprycel, Tagrisso, Tassigna, Turalio, Venclexta, Vizimpro, Xolair.</b>
These products now have Managed Drug Limitations to align with FDA-labeled dose maximums: <b>Emgality, Rybelsus, Ubrelyv, Visco-3, Ubrelyv, Xarelto</b>	