

MEDSTAR FAMILY CHOICE FORMULARY UPDATES
October & November 2023 Pharmacy and Therapeutics Committee Meetings

MedStar Family Choice (MFC) Pharmacy and Therapeutics Committee meets quarterly. During the October & November 2023 meetings, these formulary changes were made. **Bolded** names indicate a brand medication; other listed medications are generic.

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

Additions:	Removals:
<i>adalimumab-fkjp, adalimumab-adaz injection (Humira biosimilar)</i> AirSupra (albuterol and budesonide) inhaler Ajovy (fremanezumab) injection Alvesco (ciclesonide) inhaler Auryxia (ferric citrate) tablets Austedo XR (deutetrabenazine) titration kit Corlanor (ivabradine) tablets Cosentyx UnoReady (secukinumab) 300 mg/2 mL injection <i>Droxia capsules</i> Lantus, Lantus Solostar (insulin glargine), pens and vials Lokelma (sodium zirconium cyclosilicate) packets <i>mexiletine capsules</i> <i>nitazoxanide tablets</i> Norpace CR (disopyramide CR capsules) Novolog (insulin aspart) products Orilissa (elagolix) tablets Oxbryta (voxelotor) Rezvoglar (insulin glargine) KwikPen <i>Roflumilast tablets</i> Siklos (hydroxyurea) tablets Visco-3 (sodium hyaluronate) injection <i>Ziextenzo</i>	Aimovig (ereenumab) auto-injector <i>Albuterol tablets</i> <i>Butalbital and APAP 50/300 mg</i> <i>carbidopa 25 mg tablets</i> Creon (pancrelipase) capsules Epogen (epoetin alfa) injection Flovent (fluticasone) Diskus, HFA inhalers <i>gemfibrozil tablets</i> Guardian continuous glucose monitoring (CGM) system Hyalgan, Supartz FX (hyaluronidase derivatives) injection <i>insulin aspart generic pens, vials</i> <i>insulin glargine generics (including Basaglar) pens, vials</i> <i>insulin lispro generics (including Admelog) pens, vials</i> Leukine (sargramostim) injection <i>meloxicam oral suspension 7.5 mg/5 mL</i> Nourianz (istradefylline) tablets Nurtec (rimegepant) tablets <i>All oral phenylephrine products</i> ProAir Respiclick (albuterol) inhaler Procrit (epoetin alfa) injection Repatha Reyvow (lasmiditan) tablets Steglatro, Segluromet (ertugliflozin, ertugliflozin/metformin) tablets <i>Udenyca</i> Victoza (liraglutide) injection Viokace (pancrelipase) tablets

	Vyepti (eptinezumab) injection Xofluza (baloxavir) tablets Xultophy (insulin degludec/liraglutide) injection
Additions with Prior Authorization:*	Addition of Quantity Limits:
Jesduvroq Ngenla (somatrogen) Nuedexta Nutropin AQ Oxycodone ER 10, 20 and 40 mg strengths Pyrukynd teriparatide pen-injector Tymlos (abaloparatide) pen-injector Vemlidy Vyjuvek Xenpozyme Zejula (niraparib) tablets	aprepitant capsules Calcitonin gene-related peptide (CGRP) Receptor Antagonists cyclosporine eye drops diphenoxylate/atropine tablets Proton Pump Inhibitors Qulipta Santyl (collagenase) ointment Sickle Cell Disease agents (Adakveo, Droxia, Oxbryta, Siklos)
Prior Authorization Removed:	
Dexcom CGM systems Santyl (collagenase) ointment	

*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>

NEW! The MFC P&T Committee welcomes your feedback. Providers can email feedback or requests for formulary changes to: MFC-FormularyFeedback@MedStar.net