



# MedStar Family Choice

DISTRICT OF COLUMBIA

## **UPDATE to the MEDSTAR FAMILY CHOICE-DC FORMULARY DC Healthy Families and DC Healthcare Alliance Changes for January 1, 2021**

At the October 2020 Pharmacy and Therapeutics Committee meeting, the entire formulary was reviewed. At the November 2020 P&T meeting, additional modifications were made. The following is a summary of changes made for the MFC DC Healthy Families and DC Healthcare Alliance 2020 Formulary:

### **CHANGES BELOW WILL BECOME EFFECTIVE ON JANUARY 1, 2021**

#### **Additions:**

- BACLOFEN TAB 5 MG
- UREA CREAM 10%
- UREA CREAM 20%
- UREA CREAM 30%
- UREA CRE 39%
- UREA CRE 40%
- FAMOTIDINE FOR SUSP 40 MG/5ML – ADD WITH AGE LIMIT OF <15
- CLINDAMYCIN PHOSPHATE LOTION 1%
- METHENAMINE HIPPURATE TAB 1 GM
- CIPROFLOXACIN-DEXAMETHASONE OTIC SUSP 0.3-0.1%
- DOXYCYCLINE MONOHYDRATE CAP
- DOXYCYCLINE MONOHYDRATE TAB
- JADENU (DEFERASIROX) TAB
- EXJADE ( DEFERASIROX) TAB
- SEMGLEE (INSULIN GLARGINE INJECTION) INJ 100U/ML
- SEMGLEE (INSULIN GLARGINE INJECTION) SOL 100U/ML
- LAMPIT (NIFURTIMOX) TAB
- MOVIPREP SOL
- FARXIGA (DAPAGLIFLOZIN) TAB
- XIGDUO XR (DAPAGLIFLOZIN/METFORMIN HCL EXTENDED RELEASE) TAB

#### **Additions with Prior Authorization requirement\*:**

- RESTASIS (CYCLOSPORINE OPHTHALMIC EMULSION)
- GAVRETO (PRALSETINIB) CAP
- ONUREG (AZACITIDINE) TAB
- BLENREP (BELANTAMAB MAFODOTIN-BTM) INJ
- SRAVATO (ESKETAMINE) NASAL SPRAY

## **Managed Drug Limitations & Step Therapy\*\*:**

- NO CHANGES

## **Removals\*\*\*:**

- UREA CRE 41%
- PROTEXA CRE 42%
- URESOL CRE 42.5%
- UREVAZ CRE 44%
- URAMAXIN CRE 45%
- KERALAC CRE 47%
- NABUMETONE TAB 750 MG
- NABUMETONE TAB 750 MG
- NABUMETONE TAB 500 MG
- NABUMETONE TAB 500 MG
- NAPROXEN SUS 125/5ML
- ISOSORBIDE DINITRATE TAB 40 MG
- BACITRACIN OPHTH OINT 500 UNIT/GM
- JANUVIA
- CLIDI/CHLORD CAP 2.5-5MG
- ENBREL (ETANERCEPT) INJ 25MG

\* Details of the Prior Authorization Criteria are on this website in the Prior Authorization Table.

\*\* Details of the Step Therapy Criteria are on this website in the Step Therapy Table.

\*\*\* Members currently receiving medications that are being removed from the formulary will be grandfathered (permitted to continue therapy) for 90 days, except where otherwise indicated.