

December 1, 2021

Provider Alert - UPDATE to the MEDSTAR FAMILY CHOICE-DC FORMULARY

MedStar Family Choice-DC has a Pharmacy and Therapeutics Committee that meets quarterly. During our November 2021 meeting, formulary changes were made as listed below for DC Healthy Families and DC Healthcare Alliance.

THESE CHANGES BELOW WILL BECOME EFFECTIVE ON JANUARY 1, 2022.

Additions:

- CYCLOPENTOL SOL 0.5% OP
- CYCLOPENTOL SOL 2% OP
- ZIEXTENZO (pegfilgrastim-bmez)

Note: Ziextenzo is the preferred agent and is a biosimilar for Neulasta. Claims for Neulasta will not be paid for without prior approval when used in both outpatient and inpatient settings.

Additions with Prior Authorization Requirement: *

- EXKIVITY (mobocertinib)
- KERENDIA (finerenone)
- LYBALVI (olanzapine and samidorphan)
- QULIPTA (atogepant)
- REZUROCK (belumosudil)
- SAPHNELO (anifrolumab-fnia)
- UPLIZNA (inebilizumab-cdon)
- VAZALORE (aspirin)
- VYEPTI (eptinezumab-jjmr)
- ZEPZELCA (lurbinectedin)

*Please see the PA Table on the MFC-DC website for details of the requirements for approval and guidance on submission of clinical information.

Removals:

- UDENYCA (pegfilgrastim-cbqv)

Removal of Prior Authorization Requirement:

- NONE

Managed Drug Limitations & Step Therapy**

- NONE

Drug Formulary updates are also available on the MedStar Family Choice-DC Website at www.medstarfamilychoice.com/for-district-of-columbia-providers/pharmacy.

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

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

For questions concerning this Provider Alert, please contact the MFC-DC Provider Relations department, Monday through Friday, 8 a.m. to 5:30 p.m.

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