

**UPDATE to the MEDSTAR FAMILY CHOICE-DC FORMULARY
DC Healthy Families and DC Healthcare Alliance
November 2021 Pharmacy and Therapeutics Committee Meeting**

Quarterly updates will be available on this website and more frequently on Rx Navigator.

CHANGES BELOW WILL BECOME EFFECTIVE ON OR AROUND 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



MedStar Family Choice

DISTRICT OF COLUMBIA

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.

**It's how we
treat people.**