



MedStar Family Choice

DISTRICT OF COLUMBIA

UPDATE to the MEDSTAR FAMILY CHOICE-DC FORMULARY DC Healthy Families and DC Healthcare Alliance January 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 February 1, 2021

Additions:

- KERALYT GEL 3%
- AMINOCAPROIC ACID
- ZYTIGA (abiraterone acetate)
- INVOKAMET (canagliflozin and metformin hydrochloride)
- INVOKAMET XR (canagliflozin and metformin hydrochloride extended-release)
- INVOKANA (canagliflozin)
- GLYXAMBI (empagliflozin and linagliptin)

Additions with Prior Authorization: *

- None

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

Removals:

- None

Removal of Prior Authorization:

- JARDIANCE (empagliflozin)
- TRIJARDY XR (empagliflozin, linagliptin, and metformin hydrochloride extended-release)

Managed Drug Limitations & Step Therapy**

- None

*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.