MedStar Family Choice
DISTRICT OF COLUMBIA

3007 Tilden Street, NW
POD 3N
Washington, DC 20008
855-798-4244
MedStarFamilyChoiceDC.com

MEDSTAR FAMILY CHOICE DISTRICT OF COLUMBIA FORMULARY UPDATES
August 2023 Pharmacy and Therapeutics Committee Meeting

MedStar Family Choice District of Columbia (MFC-DC) Pharmacy and Therapeutics Committee meets quarterly. During the August 2023 meeting, the formulary changes were made for DC Healthy Families and DC Healthcare Alliance. **Bolded** names indicate a brand medication; other listed medications are generic.

CHANGES BELOW WILL BECOME EFFECTIVE ON OR AROUND OCTOBER 1, 2023

<table>
<tr><th>Additions:</th><th>Addition of Quantity Limits:</th></tr>
<tr><td rowspan="2">Breztri (Budesonide/glycopyrrolate/formoterol)

Nebivolol tablets

Nexletol (bempedoic acid)

Nexlizet (bempedoic acid with ezetimibe)

Olmesartan/Amlodipine +/- HCTZ

Paxlovid (nirmatrelvir and ritonavir)</td><td>Opzelura cream (ruxolitinib)
• <u>Enrollees will be limited to 180 grams/28 days</u>.
• Rationale: Quantity limits align with FDA-recommended dosing guidance.</td></tr>
<tr><td>Albuterol, Levalbuterol MDI inhalers
• <u>A maximum of 6 inhalers may be dispensed per 365 days</u>.
• Rationale: Recent data shows unfavorable outcomes for SABAs used alone for as-needed treatment of mild asthma symptoms. New quantity limits align with current treatment guidelines.
• If needed, additional inhalers may be covered by submitting a PA with supporting documentation</td></tr>
<tr><th>Additions with Prior Authorization: *</th><th></th></tr>
<tr><td>Furoscix (subcutaneous furosemide)

Icosapent ethyl capsules

Opzelura (ruxolitinib)

Veozah (fezolinetant) tablets

Vowst (oral fecal microbiota)

Zeposia (ozanimod)</td><td>GLP-1 medications
• Enrollees will be limited to two, 30-day fills for starter GLP-1 medication strengths:
○ Rybelsus (semaglutide) <u>3 mg capsules (60 capsules/year)</u>
○ Trulicity (dulaglutide) <u>0.75 mg pens (8 pens/year) *</u>
○ Mounjaro (tirzepatide) <u>2.5 mg pens (8 pens/year)</u>
• Rationale: Starter doses are intended for initiating therapy for medication tolerability.
• Exceptions for Trulicity may be granted for patients whose A1c is at or below ADA standards for glucose control.</td></tr>
</table>

*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-DC Providers page: MedStarFamilyChoiceDC.com/providers/pharmacy

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