

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

Additions:	Addition of Quantity Limits:
Breztri (Budesonide/glycopyrrolate/formoterol) <i>Nebivolol tablets</i> Nexletol (bempedoic acid) Nexlizet (bempedoic acid with ezetimibe) <i>Olmesartan/Amlodipine +/- HCTZ</i> Paxlovid (nirmatrelvir and ritonavir)	Opzelura cream (ruxolitinib) <ul style="list-style-type: none"> • <u>Enrollees will be limited to 180 grams/28 days.</u> • Rationale: Quantity limits align with FDA-recommended dosing guidance. <i>Albuterol, Levalbuterol MDI inhalers</i> <ul style="list-style-type: none"> • <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
Additions with Prior Authorization: *	
Furoscix (subcutaneous furosemide) <i>Icosapent ethyl capsules</i> Opzelura (ruxolitinib) Veozah (fezolinetant) tablets Vowst (oral fecal microbiota) Zeposia (ozanimod)	<i>GLP-1 medications</i> <ul style="list-style-type: none"> • Enrollees will be limited to two, 30-day fills for starter GLP-1 medication strengths: <ul style="list-style-type: none"> ○ 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.

*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](https://www.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