

August 12, 2026

UPDATE TO THE MEDSTAR FAMILY CHOICE DISTRICT OF COLUMBIA FORMULARY

MedStar Family Choice District of Columbia (MFC-DC) has a Pharmacy and Therapeutics Committee that meets quarterly. During our August 2026 meeting, formulary changes were made as listed below for DC Healthy Families. **Bolded** names indicate a brand medication; other listed medications are generic.

THESE CHANGES BECOME EFFECTIVE October 1, 2026 (UNLESS INDICATED OTHERWISE).

Formulary Additions:

- Teriparatide 560 mcg/2.24 mL
- Tazarotene 0.1% cream
- Tazarotene 0.1% gel
- **Xtremo**
- **Enby**

Additions of Prior Authorization Requirement: *

- Teriparatide 560 mcg/2.24 mL
- **Enby**
- **Spiriva Respimat**
- **Cimzia**
- **Mounjaro**
- **Ebglyss**
- **Lupron**

Removals:

- Tazarotene 0.05% cream
- Tazarotene 0.05% gel
- **Prolia**
- **Xgeva**

Managed Drug Limitations & Step Therapy:*

- Teriparatide 560 mcg/2.24 mL
- **Enby**
- **Xtremo**



MedStar Family Choice

DISTRICT OF COLUMBIA

Drug Formulary updates are also available on the MFC-DC Website as follows:

Enrollees visit [MedstarFamilyChoiceDC.com/enrollees/pharmacy-benefits](https://www.MedstarFamilyChoiceDC.com/enrollees/pharmacy-benefits)

Providers visit [MedStarFamilyChoiceDC.com/providers/pharmacy](https://www.MedStarFamilyChoiceDC.com/providers/pharmacy)

*Detailed Prior Authorization and Step Therapy submission information, including clinical criteria and submission requirements for approval, are available on the MFC-DC website in the Prior Authorization and Step Therapy Table.

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