



**UPDATE TO THE MEDSTAR FAMILY CHOICE-DC FORMULARY
DC HEALTHY FAMILIES AND DC HEALTHCARE ALLIANCE
JULY 2021 - PHARMACY AND THERAPEUTICS COMMITTEE MEETING**

Quarterly updates will be available on this website.

CHANGES BELOW WILL BECOME EFFECTIVE ON OR AROUND AUGUST 1, 2021

Additions:

- DepoProvera SQ (medroxyprogesterone acetate)
- Oxbryta (voxelotor)

Additions with Prior Authorization: *

- Abecma (idecabtagene vicleucel)
- Breyanzi (lisocabtagene maraleucel)
- Empaveli (pegcetacoplan)
- Evkeeza (evinacumab-dgnb)
- Lumakras (sotorasib)
- Orladeyo (berotralstat)
- Oxlumo (lumasiran)
- Qbrexza (glycopyrronium)
- Revlimid (lenalidomide)
- Rybrevant (amivantamab-vmjw)
- Truseltiq (infigratinib)
- Viltepsa (viltolarsen)
- Zynlonta (loncastuximab tesirine-lpyl)



MedStar Family Choice

DISTRICT OF COLUMBIA

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:

The medications below are no longer covered at the pharmacy. If you and/or your doctor still want one of these medications, please have your doctor contact us at **1-855-798-4244**. Covered prescription medications to treat your health problem are listed on the pharmacy benefits page.

- None

Removal of Prior Authorization:

- Endari (L-glutamine oral powder)
- Otezla (apremilast)

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.

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