



MedStar Family
Choice

DISTRICT OF COLUMBIA

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NOTE: Due to technical difficulties we are unable to post the full January 2023 formulary document at this time. Please refer to the October 2022 formulary document and the most recent formulary updates found below.

January 1, 2023

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 October/November 2022 meetings, formulary changes were made as listed below for DC Healthy Families and DC Healthcare Alliance. **Bolded** names indicate a brand medication; other listed medications are generic.

THESE CHANGES BECOME EFFECTIVE January 1, 2023 (UNLESS INDICATED OTHERWISE).

Additions:

- Acyclovir ointment - treatment for mucocutaneous herpes simplex virus
- **Aubagio** tablets (teriflunomide) - treatment for multiple sclerosis
- Clotrimazole-betamethasone cream 1-0.05% - treatment for fungal skin infection
- Erlotinib tablets - treatment for some cancers
- Fluticasone propionate HFA inhaler - treatment for asthma, chronic obstructive pulmonary disease (COPD)
- Insulin aspart pen, vials - treatment for diabetes
- Insulin degludec flextouch pen - treatment for diabetes
- Insulin glargine pen, vials - treatment for diabetes
- Insulin lispro pen, vials - treatment for diabetes
- **Novolin** insulin products
- **Repatha** injection (evolocumab) - treatment for high cholesterol
- Rivastigmine patches - acetylcholinesterase inhibitor for dementia, Parkinson's and Alzheimer disease
- **Siliq** injection (brodalumab) - treatment for plaque psoriasis
- Sunitinib tablets - treatment for some cancers
- **Vumerity** capsules (diroximel fumarate) - treatment for multiple sclerosis

Additions with Prior Authorization Requirement: *

- **Caplyta** capsules (lumateperone) - treatment of bipolar disorder, schizophrenia
- **Fiasp** insulin products (insulin aspart) - treatment of diabetes
- **Mounjaro** injection (tirzepatide) - treatment of diabetes
- **Myrbetriq** ER tablets (mirabegron) - treatment of overactive bladder
- **Nurtec** tablets (rimegepant) - prevention and treatment of migraine
- **Oxtellar XR** tablets (oxcarbazepine) - treatment of seizures, trigeminal neuralgia
- **Relyvrio** oral (sodium phenylbutyrate/taurursodiol) - treatment for amyotrophic lateral sclerosis (ALS)
- **Sprycel** tablets (dasatinib) - treatment for some cancers
- **Vemlidy** tablets (tenofovir) - treatment of hepatitis B virus (HBV)

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

Removals:

- **Humalog** insulin products - treatment for diabetes
- **Humulin** insulin products - treatment for diabetes
- **Novolog** insulin products - treatment for diabetes
- **Semglee** insulin products (branded generic) - treatment for diabetes
- **Tresiba FlexTouch** pen (insulin degludec) - treatment for diabetes

Removal of Prior Authorization Requirement:

- Glatiramer acetate 40 mg/mL syringes - treatment for multiple sclerosis

Managed Drug Limitations & Step Therapy**

- NONE

Drug Formulary updates are also available on the MFC-DC Website at [MedStarFamilyChoiceDC.com/providers/pharmacy](https://www.MedStarFamilyChoiceDC.com/providers/pharmacy).

*Details of the Prior Authorization Criteria are on the website in the Prior Authorization Table.

**Details of the Step Therapy Criteria are on the website in the Step Therapy Table.

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