

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

Quarterly updates will be available on this website and more frequently on Rx Navigator.

NEW! The MFC P&T Committee welcomes your feedback. Email feedback or requests for formulary additions or changes to: MFC-FormularyFeedback@MedStar.net ****Not for submission of Prior Authorization Requests****

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

Additions:	Addition of Quantity Limits:
<p>Breztri (Budesonide/glycopyrrolate/formoterol)</p> <p>Nebivolol tablets</p> <p>Nexletol (bempedoic acid)</p> <p>Nexlizet (bempedoic acid with ezetimibe)</p> <p>Olmesartan/Amlodipine +/- HCTZ</p> <p>Paxlovid (nirmatrelvir and ritonavir)</p> <p>Selenium (OTC)</p>	<p>Opzelura (ruxolitinib)</p> <ul style="list-style-type: none"> Limited to 180 grams/28 days. Rationale: Quantity limits align with FDA-recommended dosing guidance. <p>Albuterol MDI inhalers</p> <ul style="list-style-type: none"> A maximum of 6 inhalers may be dispensed per 365 days. 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.
<p>Additions with Prior Authorization: *</p>	
<p>Furoscix (subcutaneous furosemide)</p> <p>Opzelura (ruxolitinib)</p> <p>Veozah (fezolinetant)</p> <p>Vowst (oral fecal microbiota)</p> <p>Zeposia (ozanimod)</p>	<p>GLP-1 medications</p> <ul style="list-style-type: none"> Members will be limited to two, 30-day fills for starter GLP-1 medication strengths: <ul style="list-style-type: none"> Mounjaro (tirzepatide) <u>2.5 mg pens (8 pens/year)</u> Rybelsus (semaglutide) <u>3 mg capsules (60 capsules/year)</u> Trulicity (dulaglutide) <u>0.75 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 PA Table for guidance describing the required clinical information. **The PA Table is updated regularly.** Use the most current version found on the MFC-Healthcare Providers page: <https://www.medstarfamilychoice.com/maryland-providers/pharmacy-prescription-information>