

March 1, 2022

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 February 2022 meeting, formulary changes were made as listed below for DC Healthy Families and DC Healthcare Alliance.

THESE CHANGES BECOME EFFECTIVE APRIL 1, 2022 (UNLESS INDICATED OTHERWISE).

Additions:

- LOXAPINE (effective 1/19/2022)
- INSULIN GLARGINE-YFGN
- FIRMAGON (degarelix)
- TRUXIMA (rituximab-abbs)

Note: Truxima is the preferred agent and is a biosimilar for Rituxan, except Truxima is not indicated for use in pediatrics. Claims for Rituxan will not be paid for without prior approval when used in both outpatient and inpatient settings.

Additions with Prior Authorization Requirement: *

- APRETUDE (cabotegravir extended-release)
- EMGALITY (galcanezumab-gnlm)
- ENSPRYNG (satralizumab-mwge)
- LIVTENCITY (maribavir)
- RITUXAN (rituximab)
- RITUXAN HYCELA (rituximab/hyaluronidase human)
- SCEMBLIX (asciminib)
- TAVNEOS (avacopan)
- VOCABRIA (cabotegravir)
- VOXZOGO (vosoritide)
- VYVGART (efgartigimod alfa-fcab)

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



MedStar Family Choice

DISTRICT OF COLUMBIA

Removals:

- NONE

Removal of Prior Authorization Requirement:

- FREESTYLE LIBRE (effective 2/14/2022)
- FREESTYLE LIBRE SENSOR (effective 2/14/2022)
- FREESTYLE LIBRE READER (effective 2/14/2022)

Managed Drug Limitations & Step Therapy**

- VYVANSE (lisdexamfetamine) - Added to Formulary with Step Therapy

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.