

3007 Tilden Street, NW POD 3N Washington, DC 20008 P: 855-798-4244 MedStarFamilyChoiceDC.com

DISTRICT OF COLUMBIA

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

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

Additions:

- COLLAGEN POWDER
- HYALGAN INJ (hyaluronic acid)
- LACOSAMIDE ORAL SOLUTION 10MG/ML
- LACOSAMIDE TABLET

Additions with Prior Authorization Requirement: *

- PYRUKYND (mitapivat)
- TARPEYO (budesonide delayed-release capsules)
- VABYSMO (faricimab-svoa)
- VONJO (pacritinib)

*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:

NONE

Removal of Prior Authorization Requirement:

• NONE

Managed Drug Limitations & Step Therapy**

NONE

Drug Formulary updates are also available on the MFC-DC Website at <u>MedStarFamilyChoiceDC.com/providers/pharmacy</u>.

*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.

