

## MEDSTAR FAMILY CHOICE FORMULARY UPDATES

### October & November 2024 Pharmacy and Therapeutics Committee Meetings

MedStar Family Choice (MFC) Pharmacy and Therapeutics Committee meets quarterly. During the October & November 2024 meetings, these formulary changes were made. **Bolded** names indicate a brand medication; other listed medications are generic.

#### CHANGES BELOW WILL BECOME EFFECTIVE ON OR AROUND JANUARY 1, 2025

Additions:	Removals:
<p>Adapalene with benzoyl peroxide gel 0.1/2.5% and 0.3/2.5%</p> <p><b>Aklief</b> (<i>trifarotene</i>) cream</p> <p><b>Bafiertam</b> (<i>monomethyl fumarate</i>) tablets</p> <p>Budesonide 9 mg ER capsules</p> <p><b>Cabtreo</b> (<i>clindamycin, adapalene, and benzoyl peroxide</i>)</p> <p><b>Cleocin</b> (<i>clindamycin</i>) vaginal suppositories</p> <p>Clindamycin with benzoyl peroxide 1.2/2.5%</p> <p><b>Entresto</b> capsules 6/6 mg and 15/16 mg pediatric doses</p> <p>Ethacrynic acid tablets</p> <p><b>FreeStyle Libre 2 Plus and FreeStyle Libre 3 Plus</b></p> <p>Insulin Glargine</p> <p>Lentocilin 1,200,000 Unit</p> <p><b>Lynparza</b> (<i>olaparib</i>) 100 mg and 150 mg tablets</p> <p><b>Neffy</b> (<i>intranasal epinephrine</i>)</p> <p><b>Plegridy</b> (<i>pegylated interferon beta-1a</i>) injection</p> <p>Prednisolone 15 mg/5 ml solution</p> <p><b>Pulmicort Flexhalers</b> (<i>budesonide</i>)</p> <p>Testosterone 1.62% pumps or unit-of-use packets</p> <p><b>Tlando</b> (<i>testosterone</i>) <b>oral capsules</b></p> <p><b>Twyneo</b> (<i>tretinoin and benzoyl peroxide</i>) <b>cream</b></p> <p><b>Velphoro</b> (<i>sucroferric oxyhydroxide</i>) <b>tablets</b></p>	<p><b>Auvi-Q 0.15 and 0.3 mg</b> epinephrine injections</p> <p><b>Avonex</b> (<i>interferon beta-1a</i>)</p> <p>Carisoprodol 350 mg</p> <p><b>Cutaquig solution</b> (covered under Medical Benefit only)</p> <p>Cyclobenzaprine 7.5 mg tablets only</p> <p>Ergotamine with caffeine tablets</p> <p><b>Extencilline</b> 1200000 unit</p> <p>Fentanyl 37.5, 62.5 and 87.5 mg patches</p> <p><b>Galzin</b> (<i>zinc acetate</i>) 50 mg tablets by prescription</p> <p><b>Gralise</b> (<i>gabapentin</i>) <b>450 mg, 750 mg and 900 mg</b></p> <p>Hydrocortisone 25 mg rectal suppositories</p> <p><b>Kesimpta</b> (<i>ofatumumab</i>)</p> <p><b>Kevzara</b> (<i>sarilumab</i>) <b>injections</b></p> <p><b>Kyzatrex</b> (<i>testosterone</i>) <b>100 mg, 150 mg and 200 mg</b></p> <p><b>Matulane</b> (<i>procarbazine</i>) 50 mg</p> <p><b>Mayzent</b> (<i>siponimod</i>) 1 mg and 2 mg tablets</p> <p>Moexipril 7.5 mg and 15 mg tablets</p> <p>Nicardipine 20 mg and 30 mg</p> <p>Nimodipine 30 mg capsules</p> <p><b>Opzelura</b> (<i>ruxolitinib</i>) <b>1.5% cream</b></p> <p>Perindopril 2 mg, 4 mg, and 8 mg tablets</p> <p>Pindolol 5 mg and 10 mg tablets</p> <p><b>Premphase and Prempro</b> (<i>conjugated estrogens &amp; medroxyprogesterone</i>)</p> <p><b>Rebif</b> (<i>interferon beta-1a</i>)</p> <p><b>Tarpeyo</b> (<i>budesonide</i>)</p> <p><b>Tezspire</b> (<i>Tezepelumab</i>)</p> <p>Theophylline ER 300, 400, 450 mg</p> <p>Timolol 5 mg, 10 mg and 20 mg</p> <p>Trandolapril 1 mg, 2 mg, and 4 mg Trandolapril with verapamil tablets</p> <p>Urea 40% cream and lotion (<i>rx versions, OTC covered under cost cap</i>)</p>

Additions with prior authorization:	Removal of prior authorization:
<p><b>V-Go</b> insulin pods  <b>Vumerity</b> (<i>dirroximel fumarate</i>) capsules  <b>Zejula</b> (<i>niraparib</i>) tablets</p> <p><b>Adempas</b> (<i>riociguat</i>) 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg tablets  <b>Cosentyx</b> (<i>secukinumab</i>) 75 mg, 150 mg injections  <b>Ebglyss</b> (<i>lebrikizumab</i>) injections  <b>Enbrel</b> (<i>etanercept</i>) 25 mg, 50 mg injections  Liraglutide injection  <b>Ocrevus Zunovo</b> (<i>ocrelizumab and hyaluronidase</i>) SQ injections  <b>Olumiant</b> (<i>baricitinib</i>) 2 mg and 4 mg tablets  <b>Opsumit</b> (<i>macitentan</i>) 10 mg tablets  <b>Opsynvi</b> (<i>macitentan and tadalafil</i>) 10/20 mg, 10/40 mg tablets  <b>Orenitram</b> (<i>treprostnil</i>) 0.125 mg, 0.25 mg, 1 mg, 2.5 mg, 5 mg tablets  <b>Oxycontin ER</b> 10 mg, 15 mg, 20 mg, 30 mg and 40 mg tablets  <b>Promacta</b> 25 mg, 50 mg, 75 mg tablets, 12.5, 25 mg suspension  <b>Upravi</b> (<i>selexipag</i>) 200, 400, 600, 800, 1000, 1200, 1400, 1600 mcg tabs  <b>Xolair</b> 75 mg (<i>omalizumab</i>) injections  <b>Yorvipath</b> (<i>palopegteriparatide</i>) injections</p>	<p>Mirabegron 25 mg and 50 mg tablets  <b>Omnipod</b> insulin patches  <b>Xgeva</b> (<i>denosumab</i>)</p>

\*Please see the Prior Authorization and Step Therapy Table for clinical criteria. **The table is updated regularly.** Please use the most current version found on the MFC Providers page: <https://www.medstarfamilychoice.com/maryland-providers/pharmacy-prescription-information>

The MFC P&T Committee welcomes your feedback. Providers can email feedback or requests for formulary changes to: [MFC- FormularyFeedback@MedStar.net](mailto:MFC-FormularyFeedback@MedStar.net)