

MEDSTAR FAMILY CHOICE FORMULARY UPDATES

February 2025 Pharmacy and Therapeutics Committee Meeting

MedStar Family Choice (MFC) Pharmacy and Therapeutics Committee meets quarterly. During the February 2025 meeting, these formulary changes were made. **Bolded** names indicate a brand medication; other listed medications are generic.

CHANGES BELOW WILL BECOME EFFECTIVE ON OR AROUND APRIL 1, 2025

Additions:	Removals:
Buprenorphine films and patches (generics of Belbuca and Butrans for pain indication only) Cimzia (certolizumab pegol) starter and maintenance kits Diclofenac ophthalmic solution Fluticasone/Salmeterol Diskus (generic of Advair Diskus) Potassium Citrate/Citric Acid solution 110/334 mg/5 ml Nypozi (filgrastim biosimilar) Vivotif (oral typhoid vaccine)	Zarxio (filgrastim biosimilar) – this replaced by Nypozi
Additions with prior authorization:	Removal of prior authorization:
Itovebi (inavolisib) Steqeyma (Ustekinumab - stab) Yesintek (Ustekinumab – kfce) Zepbound (tirzepatide) - ONLY covered for Obstructive Sleep Apnea in non-diabetics, may not be covered for weight loss without OSA. Diabetic patients with OSA are eligible for coverage under the trade name Mounjaro.	Tobramycin for nebulization Omnipod insulin patches

*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