

MEDSTAR FAMILY CHOICE FORMULARY UPDATES May 2024 Pharmacy and Therapeutics Committee Meeting

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

*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>

CHANGES BELOW WILL BECOME EFFECTIVE ON OR AROUND JULY 1, 2024

Additions:	Removals:
<p>Azelaic Acid added with Step Therapy as 3rd line agent Brukinsa (Zanubrutinib) Fenofibrate 145 mg tablets Fenofibrate micronized 43 mg tablets Lagevirio (molnupiravir) note: Max 40 tablets per 81 days Nifedipine 20 mg capsules Nitroglycerin rectal (generic Rectiv) Bismuth/metronidazole/Tetracycline (generic Pylera) Xolair 150 mg and 300 mg pre-filled syringes and auto-injectors Zenpep 6000-unit strength (new to market)</p>	<p>Exkivity (market withdrawal) Fuzeon Injection (no clinical utility, no utilization) Invokana (canagliflozin) Lansoprazole/Amoxicillin/Clarithromycin (generic Prev-pac, no clinical utility due to resistance) Mavyret (glecaprevir and pibrentasvir) Nutropin AQ (market withdrawal) Relyvrio (market withdrawal) Brand Revlimid (generic shortages relieved) Brand Tresiba (generic remains on formulary)</p>
Additions with Prior Authorization: *	Changes to Managed Drug Limitations:
<p>Ogsiveo (nirogacestat) Rezdiffra (resmetirom) 80 mg and 100 mg tablets</p>	<p>Mirabegon (generic Myrbetriq) now 3rd line Step Therapy unless patient >65 years of age (no PA required for age > 65 years)</p>
Prior Authorization Removed:	
<p>Calquence</p>	<p>Ozempic 0.25/0.5 mg maximum 2 pens/year then dose <u>review</u> required. Mounjaro 2.5 mg, maximum 1 pen/year, then dose <u>escalation</u> required. Rybelsus 3 mg, maximum 30 caps/year, then dose <u>escalation</u> required. Trulicity 0.75 mg, maximum 1 pen/year, then dose <u>review</u> required.</p> <p><i>*GLP-1 limits are in place to mitigate clinical inertia exceptions to Ozempic and Trulicity limits may be granted when A1c is < 8, otherwise therapy escalation is expected.</i></p>