

**UPDATE to the MEDSTAR FAMILY CHOICE FORMULARY  
District of Columbia Healthy Families and Healthcare Alliance  
March 2017 Pharmacy and Therapeutics Committee Meeting**

**CHANGES BELOW WILL BECOME EFFECTIVE ON July 1, 2017**

Additions:

- Tresiba (insulin degludec) 100 or 200 units/mL
- Eliquis
- Flonase Sensimist
- Children's Xyzal Allergy 24HR
- Xyzal Allergy 24HR

Additions with Prior Authorization:\*

- **Kisqali** (ribociclib) – is indicated in combination with an aromatase inhibitor as initial endocrine-based therapy for the treatment of postmenopausal women with hormone receptor (HR)-positive human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer.
- **Dupixent** (dupilumab) – is indicated for the treatment of adult patients with moderate-to-severe atopic dermatitis whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. Dupixent can be used with or without topical corticosteroids.
- **oxymorphone ER** – indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.

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

**Removals: *Members currently receiving medications that are being removed from the formulary will be grandfathered for 3 months.***

- Lantus (Basaglar remains on the formulary)
- Levemir

Removal of Prior Authorization:

- None

Managed Drug Limitations & Step Therapy\*\*

- None

\*Details of the Prior Authorization Criteria are on this website in the Prior Authorization Table.

\*\*Details of the Step Therapy Criteria are on this website in the Step Therapy Table.