



**UPDATE to the MEDSTAR FAMILY CHOICE FORMULARY
Maryland HealthChoice
May 2018 Pharmacy and Therapeutics Committee Meeting**

Quarterly updates will be available on this Website and more frequently on Rx Navigator.

CHANGES BELOW WILL BECOME EFFECTIVE ON OR AROUND July 1, 2017

Additions:

- Incruse Ellipta (umeclidinium)
- Firvanq (vancomycin oral solution)

Additions with Prior Authorization:*

- None

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

Removals: (for 7/1/2018)

- **Hyosycamine drops 0.125 mg/mL** (hyosycamine elixir remains on the formulary)
- **Potassium chloride powder 20 mEq** (numerous other formulations and doses remain on the formulary)
- **Pyridostigmine 180 mg ER** (non-extended release pyridostigmine remains on the formulary)
- **Rivastigmine patches** (oral rivastigmine remains on the formulary)
- **Promethazine suppositories** (promethazine oral formulations and prochlorperazine suppositories remain on the formulary)

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.