



# MedStar Family Choice

## **UPDATE to the MEDSTAR FAMILY CHOICE FORMULARY Maryland Health Choice September 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 November 1, 2018**

### **Additions:**

- None

### **Additions with Prior Authorization:\***

- Braftovi (encorafenib)
- Mektovi (binimetinib)
- Macrilen (macimorelin)
- Tibsovo (ivosidenib)

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

### **Removals:**

- **None**

### **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.