



MedStar Family Choice

UPDATE to the MEDSTAR FAMILY CHOICE FORMULARY Maryland Health Choice October/November 2018 Pharmacy and Therapeutics Committee Meetings

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

CHANGES BELOW WILL BECOME EFFECTIVE ON OR AROUND January 1, 2019

Additions:

- Copaxone (glatiramer sol) **BRAND** injection 10mg/mL
- Soliqua (insulin glargine-lixesenatide)
- Steglatro (ertugliflozin)
- Segluromet (ertugliflozin-metformin)
- Humira (adalimumab) Pen Kit for Crohn's disease, UC, and hidradenitis
- Humira (adalimumab) Pen Kit for psoriasis and uveitis
- Cosentyx (secukinumab)
- Stiolto Respimat (tiotropium-olodaterol)
- Proair RespiClick (albuterol)
- Xarelto Starter Pack (rivaroxaban)
- Lutein capsules

Prior Authorization* now required for:

- Jardiance (empagliflozin)
- Synjardy/Synjardy XR (empagliflozin/metformin)

Additions with Prior Authorization* required:

- Jivi (antihemophilic factor recombinant pegylated-aucl)
- Libtayo (cemiplimab-rwlc)
- Lumoxiti (moxetumomab Pasudotox-tdfk)
- Seysera (sarecycline)
- Onpattro (patisiran)
- Vizimpro (dacomitinib)

Step Therapy formulary changes:

- Ranexa (ranolazine) no longer requires step therapy

Managed Drug Limitation changes:

- Serevent (salmeterol)- quantity limits removed

Removals*:

- Invokana (canagliflozin) - all doses and formulations
- Invokamet (canagliflozin-metformin) - all doses and formulations



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- Levonortestrel 0.75mg emergency contraception was removed from the market and is no longer available.
- Norethindrone and Mestranol 1 mg—50 mcg emergency contraception was removed from the market and is no longer available.
- Taltz (ixekizumab)
- Soma (carisoprodol)

* Members currently receiving medications that are being removed from the formulary will be grandfathered (permitted to continue therapy) for 90 days, except where otherwise indicated.
