



MedStar Family Choice

UPDATE to the MEDSTAR FAMILY CHOICE FORMULARY Maryland Health Choice May 2019 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, 2019

Additions:

- Rhopressa Solution 0.02% (netarsudil ophthalmic solution)
- Trospium 60 mg Extended Release

Additions with Prior Authorization:*

- Balversa (erdafitinib)
- Jynarque (tolvaptan)

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

Removals:

- Azelastine 0.15% (Astepro)

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.