



MedStar Family Choice

UPDATE to the MEDSTAR FAMILY CHOICE FORMULARY Maryland Health Choice Changes for January 1, 2020

At the October 2019 Pharmacy and Therapeutics Committee meeting, the entire formulary was reviewed. At the November 2019 P&T meeting, additional modifications were made. The following is a summary of changes made for the MedStar Family Choice Maryland Health Choice 2020 Formulary:

CHANGES BELOW WILL BECOME EFFECTIVE ON January 1, 2020

Additions:

- MAYZENT 0.25 MG
- MAYZENT 2 MG
- ALOGLIPTIN BENZOATE TAB 6.25 MG [NESINA]
- ALOGLIPTIN BENZOATE TAB 12.5 MG [NESINA]
- ALOGLIPTIN BENZOATE TAB 25 MG [NESINA]
- ALOGLIPTIN-METFORMIN HCL TAB 12.5-500 MG [KAZANO]
- ALOGLIPTIN-METFORMIN HCL TAB 12.5-1000 MG [KAZANO]
- ALOGLIPTIN-PIOGLITAZONE TAB 12.5-15 MG [OSEN]
- ALOGLIPTIN-PIOGLITAZONE TAB 12.5-30 MG [OSEN]
- ALOGLIPTIN-PIOGLITAZONE TAB 12.5-45 MG [OSEN]
- ALOGLIPTIN-PIOGLITAZONE TAB 25-15 MG [OSEN]
- ALOGLIPTIN-PIOGLITAZONE TAB 25-30 MG [OSEN]
- ALOGLIPTIN-PIOGLITAZONE TAB 25-45 MG [OSEN]

Additions with Prior Authorization requirement:

- NOURIANZ (istradefylline)
- PRETOMANID
- ROZYL TREK (ENTRECTINIB)
- XPOVIO (SELINEXOR)

HIV Formulary Additions:

- ABACAVIR SULFATE SOLN 20 MG/ML
- ABACAVIR SULFATE TAB 300 MG
- ABACAVIR SULFATE-LAMIVUDINE TAB 600-300 MG
- ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE TAB 300-150-300 MG
- ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TAB 600-50-300 MG
- ATAZANAVIR SULFATE CAP 150 MG
- ATAZANAVIR SULFATE CAP 200 MG
- ATAZANAVIR SULFATE CAP 300 MG
- ATAZANAVIR SULFATE ORAL POWDER PACKET 50 MG
- ATAZANAVIR SULFATE-COBICISTAT TAB 300-150 MG
- BICTEGRAVIR-EMTRICITABINE-TENOFOVIR AF TAB 50-200-25 MG

- COBICISTAT TAB 150 MG
- DARUNAVIR ETHANOLATE SUSP 100 MG/ML
- DARUNAVIR ETHANOLATE TAB 150 MG
- DARUNAVIR ETHANOLATE TAB 600 MG
- DARUNAVIR ETHANOLATE TAB 75 MG
- DARUNAVIR ETHANOLATE TAB 800 MG
- DARUNAVIR-COBIC-EMTRICITAB-TENOFOV AF TAB 800-150-200-10 MG [SYMTUZA]
- DARUNAVIR-COBICISTAT TAB 800-150 MG
- DELAVIRDINE MESYLATE TAB 100 MG
- DELAVIRDINE MESYLATE TAB 200 MG
- DIDANOSINE DELAYED RELEASE CAPSULE 125 MG
- DIDANOSINE DELAYED RELEASE CAPSULE 200 MG
- DIDANOSINE DELAYED RELEASE CAPSULE 250 MG
- DIDANOSINE DELAYED RELEASE CAPSULE 400 MG
- DIDANOSINE FOR SOLN 2 GM
- DIDANOSINE FOR SOLN 4 GM
- DOLUTEGRAVIR SODIUM TAB 10 MG
- DOLUTEGRAVIR SODIUM TAB 25 MG
- DOLUTEGRAVIR SODIUM TAB 50 MG
- DOLUTEGRAVIR SODIUM-LAMIVUDINE TAB 50-300 MG [DOVATO]
- DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL TAB 50-25 MG [JULUCA]
- DORAVIRINE TAB 100 MG [PIFELTRO]
- DORAVIRINE-LAMIVUDINE-TENOFOVIR DF TAB 100-300-300 MG [DELSTRIGO]
- EFAVIRENZ CAP 200 MG
- EFAVIRENZ CAP 50 MG
- EFAVIRENZ TAB 600 MG
- EFAVIRENZ-EMTRICITABINE-TENOFOVIR DF TAB 600-200-300 MG [ATRIPLA]
- EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300 MG
- EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300 MG
- ELVITEGRAV-COBIC-EMTRICITAB-TENOFOV AF TAB 150-150-200-10 MG
- ELVITEGRAV-COBIC-EMTRICITAB-TENOFOVDF TAB 150-150-200-300 MG
- EMTRICITABINE CAPS 200 MG
- EMTRICITABINE SOLN 10 MG/ML
- EMTRICITABINE-RILPIVIRINE-TENOFOVIR AF TAB 200-25-25 MG
- EMTRICITABINE-RILPIVIRINE-TENOFOVIR DF TAB 200-25-300 MG
- EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TAB 200-25 MG
- EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150 MG
- EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200 MG
- EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250 MG

- EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG
- ENFUVIRTIDE FOR INJ 90 MG [FUZEON]
- ETRAVIRINE TAB 100 MG
- ETRAVIRINE TAB 200 MG
- ETRAVIRINE TAB 25 MG
- FOSAMPRENAVIR CALCIUM SUSP 50 MG/ML
- FOSAMPRENAVIR CALCIUM TAB 700 MG
- IBALIZUMAB-UIYK IV SOLN 200 MG/1.33ML (150 MG/ML)
- INDINAVIR SULFATE CAP 200 MG
- INDINAVIR SULFATE CAP 400 MG
- LAMIVUDINE ORAL SOLN 10 MG/ML
- LAMIVUDINE TAB 150 MG
- LAMIVUDINE TAB 300 MG
- LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TAB 300-300 MG
- LAMIVUDINE-ZIDOVUDINE TAB 150-300 MG
- LOPINAVIR-RITONAVIR SOLN 400-100 MG/5ML (80-20 MG/ML)
- LOPINAVIR-RITONAVIR TAB 100-25 MG
- LOPINAVIR-RITONAVIR TAB 200-50 MG
- MARAVIROC ORAL SOLN 20 MG/ML
- MARAVIROC TAB 150 MG
- MARAVIROC TAB 25 MG
- MARAVIROC TAB 300 MG
- MARAVIROC TAB 75 MG
- NELFINAVIR MESYLATE TAB 250 MG
- NELFINAVIR MESYLATE TAB 625 MG
- NEVIRAPINE SUSP 50 MG/5ML
- NEVIRAPINE TAB 200 MG
- NEVIRAPINE TAB ER 24HR 100 MG
- NEVIRAPINE TAB ER 24HR 400 MG
- RALTEGRAVIR POTASSIUM CHEW TAB 100 MG
- RALTEGRAVIR POTASSIUM CHEW TAB 25 MG
- RALTEGRAVIR POTASSIUM PACKET FOR SUSP 100 MG
- RALTEGRAVIR POTASSIUM TAB 400 MG
- RALTEGRAVIR POTASSIUM TAB 600 MG
- RILPIVIRINE HCL TAB 25 MG
- RITONAVIR CAP 100 MG
- RITONAVIR ORAL SOLN 80 MG/ML
- RITONAVIR POWDER PACKET 100 MG
- RITONAVIR TAB 100 MG
- SAQUINAVIR MESYLATE CAP 200 MG
- SAQUINAVIR MESYLATE TAB 500 MG
- STAVUDINE CAP 15 MG

- STAVUDINE CAP 20 MG
- STAVUDINE CAP 30 MG
- STAVUDINE CAP 40 MG
- STAVUDINE FOR ORAL SOLN 1 MG/ML
- TENOFOVIR DISOPROXIL FUMARATE ORAL POWDER 40 MG/GM
- TENOFOVIR DISOPROXIL FUMARATE TAB 150 MG
- TENOFOVIR DISOPROXIL FUMARATE TAB 200 MG
- TENOFOVIR DISOPROXIL FUMARATE TAB 250 MG
- TENOFOVIR DISOPROXIL FUMARATE TAB 300 MG
- TIPRANAVIR CAP 250 MG
- TIPRANAVIR ORAL SOLN 100 MG/ML
- ZIDOVUDINE CAP 100 MG
- ZIDOVUDINE IV SOLN 10 MG/ML
- ZIDOVUDINE SYRUP 10 MG/ML
- ZIDOVUDINE TAB 300 MG

Managed Drug Limitations & Step Therapy:

- EUCRISA 2%- Member must have tried and failed at least one topical steroid AND topical tacrolimus.
- TAMIFLU- MDL changed from 1 fill per 365 days to 2 fills per 365 days.

Removals:*

- CIPRO ER 1000 MG- Removed from the market
- CIPRO ER 500 MG- Removed from the market
- SITAGLIPTIN PHOSPHATE TAB 25 MG [JANUVIA]
- SITAGLIPTIN PHOSPHATE TAB 50 MG [JANUVIA]
- SITAGLIPTIN PHOSPHATE TAB 100 MG [JANUVIA]
- SITAGLIPTIN-METFORMIN HCL TAB 50-500 MG [JANUMET]
- SITAGLIPTIN-METFORMIN HCL TAB 50-1000 MG [JANUMET]
- SITAGLIPTIN-METFORMIN HCL TAB ER 24HR 50-500 MG [JANUMET]
- SITAGLIPTIN-METFORMIN HCL TAB ER 24HR 50-1000 MG [JANUMET]
- SITAGLIPTIN-METFORMIN HCL TAB ER 24HR 100-1000 MG [JANUMET]
- CALCITRIOL INJ 1 MCG/ML

* 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.

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