



MedStar Family Choice

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

Additions:

- Uribel (Methenamine/Sodium Phosphate Monobasic/Phenyl Salicylate /Methylene Blue/Hyoscyamine Sulfate) Cap 118 mg
- Udenyca (pegfilgrastim-cbqv) Inj 6mg/.6ml
- Adakveo (crizanlizumab-tmca) Inj 100/10ml

Additions with Prior Authorization: *

- Syprine (trientine hydrochloride) Cap 250mg
- Trikafta (elexacaftor, ivacaftor, and tezacaftor) Tab
- Orilissa (elagolix) Tab

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.