



MedStar Family Choice

UPDATE to the MEDSTAR FAMILY CHOICE FORMULARY Maryland Health Choice May 2020 Pharmacy and Therapeutics Committee Meeting

CHANGES BELOW WILL BECOME EFFECTIVE ON JULY 1, 2020

Additions:

- Diazoxide Susp 50 mg/ml (Proglycem)
- Rebif (interferon beta-1a)
- YuvaFem (estradiol vaginal tab)

Additions with Prior Authorization: *

- Trijardy XR Tab (empagliflozin/linagliptin/metformin hydrochloride extended release tablets)
- Epclusa (Sofosbuvir-Velpatasvir Tab 400-100 mg)

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

Prior Authorization Now Required For:

- Descovy Tab 200/25 mg (emtricitabine and tenofovir alafenamide) - Descovy will continue to be covered for HIV treatment but will no longer be covered for pre-exposure prophylaxis. The Prior Authorization requirement for Descovy is that members have HIV infection. [Truvada is covered for pre-exposure prophylaxis]

Removals:

- Advair HFA
- Fenofibrate Tab 120 mg, 135 mg, 145 mg

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.