



MedStar Family Choice

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

CHANGES BELOW WILL BECOME EFFECTIVE ON AUGUST 15, 2020

Additions:

- Signifor LAR (pasireotide)
- Tivicay PD (dolutegravir oral suspension)

Additions with Prior Authorization: *

- Darzalex Faspro (daratumumab and hyaluronidase-fihj, SQ admin)
- Pemazyre (pemigatinib)
- Retevmo (selpercatinib)
- Tabrecta (capmatinib)
- Oriahnn (elagolix, estradiol, and norethindrone acetate capsules)
- Trodelvy (sacituzumab govitecan-hziy)
- Tukysa (tucatinib)
- DexCom Continuous Glucose Monitoring System - Available through pharmacy benefit.
- FreeStyle Libre Continuous Monitoring System - Available through pharmacy benefit.

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.