MedStar Family Choice

MEDSTAR FAMILY CHOICE FORMULARY UPDATES
August 2025 Pharmacy and Therapeutics Committee Meeting

MedStar Family Choice (MFC) Pharmacy and Therapeutics Committee meets quarterly. During the August 2025 meeting, these formulary changes were made. **Bolded** names indicate a brand medication; other listed medications are generic.

CHANGES BELOW WILL BECOME EFFECTIVE ON OR AROUND OCTOBER 1, 2025

Additions:	Removals:
	Apretude Nortiate Cream 1%
Additions with prior authorization:	**Removal of prior authorization:**
-Descovy-Added additional prior authorization requirements for PrEP -Wegovy-Added additional indication prior authorization requirements for MASH	

*Please see the Prior Authorization and Step Therapy Table for clinical criteria. **The table is updated regularly.** Please use the most current version found on the MFC Providers page: https://www.medstarfamilychoice.com/maryland-providers/pharmacy-prescription-information

The MFC P&T Committee welcomes your feedback. Providers can email feedback or requests for formulary changes to: MFC-FormularyFeedback@MedStar.net