MedStar Family Choice

MEDSTAR FAMILY CHOICE FORMULARY UPDATES

July 26, 2026 Ad-Hoc Vote & August 19, 2026, Pharmacy and Therapeutics Committee Meeting

MedStar Family Choice (MFC) Pharmacy and Therapeutics Committee meets quarterly. During the July 29 2026 Ad-Hoc and August 19, 2026 meeting, these formulary changes were made. **Bolded** names indicate a brand medication; other listed medications are generic.

UTILIZATION MANAGEMENT: CHANGES EFFECTIVE ON OR AROUND July 29 , 2026	
Drug Limitations & Step Therapy	**Changes Applied:**
Ozempic *(semaglutide injection)*; ***Ozempic*** *(semaglutide tablet)* **Mounjaro** *(tirzepatide injection)*	Managed Drug Limitations; Step Therapy Requirements • **Ozempic:** Under the renewal criteria, the required lab timeframe has been changed from **90 days (3 months) to 180 days (6 months)**, and the adherence requirement has been changed from **60 days** (2 months) **to 90 days (**3 months). • Mounjaro: Under the renewal criteria, the required lab timeframe has been changed from 90 days (3 months) to 180 days (6 months), and the adherence requirement has been changed from 60 days (2 months) to 90 days (3 months).
Rybelsus *(semaglutide tablet)*	• **Rybelsus**: Nordisk has **retired the Rybelsus brand name** in the U.S. and rebranded its oral semaglutide tablets as **Ozempic® tablets.** • This change took effect in early 2026, with full rollout expected in Q2 2026. MFC currently has both Rybelsus and Ozempic on formulary. Rybelsus will be removed once obsolete.
SUMMARY OF FORMULARY CHANGES: EFFECTIVE ON AUG 19 2026	
Medication Name	**Changes Applied:**

• **Lupron Depot** • **Eglyss** • **Mounjaro** • **Cimzia** • Spiriva Respimat • Tazarotene • Teriparatid • **Xtrenbo** • **Enoby**	• CPP criteria added • Criteria aligned with Dupixent • Age lowered to ≥10 years • Age aligned with other TNF blockers • New prior authorization in place • 0.05% removed; 0.1% added to formulary • Added with PA and quantity limit • Preferred biosimilar for Xgeva • Preferred biosimilar for Prolia

Formulary Updates Details | Effective Augus 19, 2026

Medication Impacted	Decision Details
Lupron Depot (leuprolide) Central Precocious Puberty	New CPP section added to PA criteria. Diagnosis confirmed by pubertal LH/FSH or GnRH stimulation test AND advanced bone age. Age threshold: girls <8 years, boys <9 years. Prescribed by or in consultation with a pediatric endocrinologist. Renewal requires documented clinical benefit (pubertal suppression, gonadotropin/sex steroid suppression, slowed bone age advancement, or stable growth velocity) and no duplicate GnRH agonist therapy. Authorization period: 12 months.
Mounjaro (tirzepatide)	Age criterion revised. Minimum patient age lowered to ≥10 years. All other existing criteria remain unchanged.
Ebglyss (lebrikizumab) Atopic Dermatitis	PA criteria replaced to match Dupixent. Ages ≥12 years weighing ≥40 kg with moderate-to-severe AD. Severity: EASI ≥16, IGA ≥3, BSA ≥25%, or significant functional impairment. Requires ≥12-week failure of TWO topical classes AND ≥1 systemic therapy or phototherapy. No concurrent biologic or JAK therapy. Dermatology, Allergy, or Immunology prescriber. Initial: 16 weeks; renewal: 12 months.
Ebglyss (lebrikizumab) Atopic Dermatitis	PA criteria replaced to match Dupixent. Ages ≥12 years weighing ≥40 kg with moderate-to-severe AD. Severity: EASI ≥16, IGA ≥3, BSA ≥25%, or significant functional impairment. Requires ≥12-week failure of TWO topical classes AND ≥1 systemic therapy or phototherapy. No concurrent biologic or JAK therapy. Dermatology, Allergy, or Immunology prescriber. Initial: 16 weeks; renewal: 12 months.

Cimzia (certolizumab pegol) General Coverage Criteria	Criteria cleaned up and aligned with other TNF blockers. Diagnosis consistent with FDA labeling plus documented disease severity (DAS28, BSA/PASI, CDAI, Mayo score, HS staging). Negative TB screening prior to initiation. No concurrent biologic or JAK inhibitor therapy. Prescriber must be a Rheumatologist (RA, PsA, AS, nr-axSpA, pJIA), Dermatologist (PsO), or Gastroenterologist (Crohn's). Renewal requires documented response; 12 months.
Cimzia (certolizumab pegol) Indication-Specific Step Therapy	Step therapy standardized across all indications. Adalimumab (Humira biosimilar) trial ≥12 weeks required for every indication; ustekinumab biosimilar also required for PsA, PsO, and Crohn's. Conventional therapy first: DMARD ≥12 weeks (RA, PsA, pJIA), NSAID ≥4 weeks (AS/nr-axSpA), topical + phototherapy + systemic (PsO). pJIA limited to patients ≥2 years. Initial approval: 6 months.
Spiriva Respimat (tiotropium) COPD	New PA criteria established. Confirmed COPD with post-bronchodilator FEV1/FVC <0.70 and persistent symptoms or exacerbation risk. Step therapy: trial and failure, intolerance, or contraindication to tiotropium DPI (≥2–4 weeks); exception if the patient cannot effectively use a dry powder inhaler. Not permitted as duplicate LAMA therapy. Initial and renewal: 12 months.
Spiriva Respimat (tiotropium) Asthma	New PA criteria established. Add-on maintenance therapy for patients ≥6 years with moderate-to-severe persistent asthma that remains uncontrolled on high-dose ICS + LABA. No DPI step therapy required — Respimat is the only FDA-approved form for asthma. Not for monotherapy. Specialist prescriber. Initial and renewal: 12 months.
Tazarotene cream & gel	Strength change. Remove tazarotene 0.05% cream and 0.05% gel from the formulary; add tazarotene 0.1% cream and 0.1% gel. The 0.1% strength is more cost-effective and more widely prescribed.
Teriparatide	Added to the formulary. Added with prior authorization and a quantity limit.

*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