



**April 13, 2026**

**PROVIDER ALERT: Pharmacy Coverage Policy Updates  
EFFECTIVE: May 13, 2026**

MedStar Family Choice-Maryland is notifying providers of upcoming updates to pharmacy coverage policies that will take effect on May 13, 2026. These changes include additional clinical criteria for select medications and the implementation of new pharmacy coverage policies. Prior authorization (PA) is currently required and will continue to be required for all medications listed below under the updated and new policies.

**Medications with Updated Coverage Criteria**

Effective May 13, 2026, additional clinical coverage criteria will apply to the following medications:

- Cosentyx (secukinumab)
- Dupixent (dupilumab)
- Enbrel (etanercept)
- Stelara (ustekinumab)

These medications currently require prior authorization. Beginning May 13, 2026, authorization requests must meet the **updated clinical criteria**.

**New Pharmacy Coverage Policies**

MedStar Health will implement new pharmacy coverage policies for the following medications:

- Entyvio (vedolizumab)
- Hadlima (adalimumab-bwwd)
- Otezla (apremilast)
- Xeljanz (tofacitinib)

These medications will continue to require prior authorization under the newly established coverage policies.

Providers are encouraged to review the updated and new policies prior to the effective date to ensure that authorization requests include the necessary clinical documentation. Additional information, including clinical criteria and prior authorization submission requirements, will be available through MedStar Health pharmacy policy resources.

For questions regarding these updates, providers may contact the appropriate pharmacy services or utilization management department Monday through Friday 8:30 a.m. to 5:00 p.m. at 800-905-1722 or 410-933-2200.