DC MEDICAID
FEE FOR SERVICE
DRUG UTILIZATION
REVIEW (DUR)

DHCF
Department of Health Care Finance

DC MEDICAID
PHARMACY &
THERAPEUTICS
(P&T) CORNER

SPRING 2026 ISSUE 5

PHARMACY & THERAPEUTICS CORNER

Next P&T Meeting: 06/04/2026 @ 2pm

The quarterly DC Medicaid Fee-For-Service (FFS) P&T Committee meeting was on March 5th, 2026. The updated Preferred Drug List (PDL) can be found at the District of Columbia Medicaid Provider PDL Website along with meeting notices and agendas. The June meeting notice will contain registration instructions to attend the public session as well as how to provide materials and/or make a presentation.

PDL Therapeutic Areas and Drug Classes are being renamed to align with P&T meeting terminology. With both Therapeutic Areas and Drug classes presented in alphabetical order and some drug classes also subdivided for ease of use. In addition, biosimilars and interchangeability status are also now noted, with a table of PDL status changes included as well.

On March 1st, the change to non-preferred status for the HIV/AIDs combination agents Triumeq (abacavir/dolutegravir/lamivudine) and Juluca (dolutegravir/rilpivirine) became effective. With their regimens covered by Tivicay (dolutegravir) and abacavir/lamivudine for Triumeq; and Tivicay (dolutegravir) and Edurant (rilpivirine) for Juluca.

ANTIMICROBIAL STEWARDSHIP

Antimicrobial resistance (AR) remains a major public health threat in the United States. The Center for Disease Control and Prevention (CDC) estimates that more than 2.8 million AR infections occur annually, resulting in over 35,000 deaths each year. Recent CDC data show sustained increases in AR following the COVID-19 pandemic, underscoring the continued need for strong antimicrobial stewardship efforts.

Antibiotic stewardship is a coordinated effort to promote the safe and appropriate use of antibiotics by prescribing them only when needed, at the right dose, and for the right duration while minimizing harm. These efforts help improve patient outcomes, reduce avoidable side effects, and preserve the effectiveness of existing antibiotics for future use.

There is no one-size-fits-all approach to antimicrobial stewardship across all healthcare settings. The CDC outlines core elements adaptable to hospitals, clinics, long-term care, and outpatient settings. Key strategies include monitoring antibiotic use, clinical decision support, education, and therapy adjustments based on culture results and response.

In 2026, the CDC marks 10 years of the AR Solutions Initiative, which protects Americans from drug resistant threats and the AR Laboratory Network (ARLN) which has conducted more than 1.5 million tests to detect AR and support outbreak control.

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Additional Info: Antimicrobial Stewardship 2025 Update

ARLN is a nationwide program that connects state health departments with local healthcare facilities and clinical laboratories to detect and control multidrug-resistant organisms (MDROs) such as carbapenem-resistant Enterobacterales (CRE), carbapenem-resistant *Pseudomonas aeruginosa* (CRPA), carbapenem-resistant *Acinetobacter baumannii*, drug-resistant *Neisseria gonorrhoeae*, etc. The District of Columbia (DC) is part of the Mid-Atlantic Regional ARLN, based in Baltimore, MD. DC Health epidemiologists and microbiologists respond to alerts of new and unusual MDROs detected from DC healthcare labs. The DC Healthcare- Associated Infections (HAI) Program then works with healthcare facilities to control the spread of high priority MDROs through appropriate containment actions. The District highlights surveillance of CRE and CRPA due to their resistance to last-line carbapenem antibiotics, as these organisms can cause severe, difficult-to-treat infections with high mortality risk.

PRACTICE NUGGETS: New antibiotics targeting MDROs and newly discovered antibiotic class, lariocidin, mark important progress. Also in 2024, pivmecillinam became the first new oral antibiotic approved in 20 years for treating uncomplicated UTIs in adult women. Awareness of new developments, verifying appropriate indications and durations, counseling patients to complete therapy, and encouraging use of diagnosis codes are key ways community pharmacists can support antimicrobial stewardship.

Chart #1: Year 2025 FFS Member AHFS Antibiotic Utilization

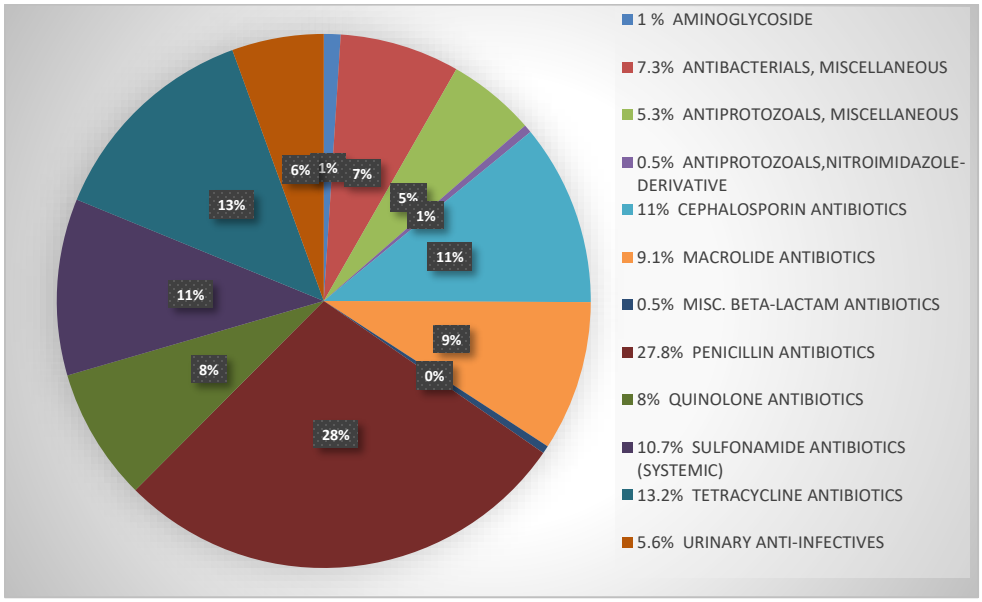

Table #1: 2025 Top 5 Antibiotic Resistance ICD-10s for FFS Patients

Rank	ICD-10	Condition Description
1	Z16.12	Extended spectrum beta lactamase (ESBL) resistance
2	Z16.24/.35	Resistance to multiple antibiotics/ antimicrobial drugs
3	J15.212	Pneumonia due to Methicillin resistant Staphylococcus aureus
4	Z16.13	Resistance to carbapenem
5	A41.02	Sepsis due to Methicillin resistant Staphylococcus aureus

GLAUCOMA BURDEN IN BLACK COMMUNITIES: Glaucoma prevalence is three to four times higher among Black Americans, with blindness occurring six to eight times more often due to inequitable outcomes. In this population, glaucoma frequently presents earlier, progresses more rapidly, and is diagnosed at more advanced stages. Medication non-adherence can result in uncontrolled intraocular pressure, accelerated optic nerve damage, irreversible vision loss, increased risk of preventable blindness, and avoidable escalation to laser or surgical interventions. Even brief treatment lapses may cause permanent harm. Common barriers include access to care, medication cost, health system mistrust, difficulty administering eye drops, side effects, and the asymptomatic or "silent" nature of early disease.

CALL TO ACTION: Community pharmacists are encouraged to reinforce the importance of daily use, review instillation technique, simplify regimens when appropriate, and address potential side effects (e.g., switch to preservative free if appropriate). Every dose matters. Supporting adherence today helps protect vision, prevent avoidable vision loss, and advance health equity for patients living with glaucoma.