

Upcoming Formulary Change Notice

CareFirst Community Health Plan Maryland may add or remove drugs from its formulary at any time as part of its Drug Use Management Program. We will immediately remove any drug from our formulary that is deemed by the Food and Drug Administration to be unsafe or the drug's manufacturer removes the drug from the market.

The following formulary changes were reviewed and approved by the CareFirst Community Health Plan Maryland Partners Pharmacy & Therapeutic Committee or added/removed from the formulary based on pharmacy policy. Changes will take effect on **(January 1, 2022)**

Drug Name	Therapeutic Class	Add/Remove	Edit Description	Formulary Status
CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 25-15 MG	Cardiovascular	Remove (Discontinued)		NF
CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 25-25 MG	Cardiovascular	Remove (Discontinued)		NF
CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 50-15 MG	Cardiovascular	Remove (Discontinued)		NF
CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 50-25 MG	Cardiovascular	Remove (Discontinued)		NF
HYOSCYAMINE SULFATE CAP SR 12HR 0.375 MG	Gastrointestinal	Remove (Discontinued)		NF
ENDARI POWD PACK 5 GM	Hematologic	Add (UM Update)	PA, SP, QL	F
COSENTYX INJ SYR 75MG/0.5ML	Immunologic Agents	Add	PA, SP, QL	F
ALBUTEROL SULFATE TAB ER 12HR 4 MG	Respiratory	Remove (Discontinued)		NF

ALBUTEROL SULFATE TAB ER 12HR 8 MG	Respiratory	Remove (Discontinued)		NF
TRIKAFTA TAB	Respiratory	Add	PA, SP, QL	F
TOLAK CREAM 4%	Topical	Remove (Discontinued)		NF

NOTE: This table outlines upcoming changes to our formulary that may impact your patients.

Legend: PA = Prior Authorization, SP = Specialty, QL = Quantity limit, OTC = Over-the-Counter, F = Formulary, AL = Age Limit

What if my patient will be adversely affected by the formulary change? We recognize the unique aspects of patients' cases. If for medical reasons your CareFirst Community Health Plan Maryland patient cannot be converted to a formulary alternative, you can download a **Non-Formulary/Brand Medically Necessary Drug Exception Form** from our website at www.Carefirstchpmd.com and fax the completed form to our Pharmacy Department for review.

What if I need further assistance? Please call the Provider Line at 1-800-730-8543 and follow the voice prompts for the option that will address your service needs.