

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 Pharmacy & Therapeutic Committee or added/removed from the formulary based on pharmacy policy. Changes will take effect on **OCTOBER 1, 2024.**

Drug Name	Therapeutic Class	Update/Add/Remove	Edit Description	Formulary Status
ACAM 2000 INJ	VACCINE	UPDATE	N/A	MB
ANTHRAX VACCINE ADSORBED INJ	VACCINE	UPDATE	N/A	MB
ARANESP INJ 10 MCG	HEMATOLOGIC	ADD	SP, PA	F
AUSTEDO XR 30 MG, 36 MG, 42 MG, 48 MG TAB	CENTRAL NERVOUS SYSTEM	ADD	SP, PA, QL	F
BCG VACCINE INJ 50 MG	VACCINE	UPDATE	N/A	MB
BLOOD PRESSURE MONITORS	MEDICAL SUPPLY	REMOVE	N/A	MB
BOOSTRIX INJ	VACCINE	UPDATE	N/A	MB
CEFTRIAZONE INJ 250 MG, 500 MG, 1 GM, 2 GM	ANTI-INFECTIVES	REMOVE	N/A	NF
CHIKUNGUNYA VIRUS VACCINE LIVE	VACCINE	UPDATE	N/A	MB
COSENTYX INJ 75 MG/0.5	IMMUNOLOGIC AGENTS	ADD	SP,PA,QL	F

ENTRESTO 6-6 MG AND 15-16 MG CAP	CARDIOVASCULAR	ADD	N/A	F
ERVEBO INJ	VACCINE	UPDATE	N/A	MB
GENTAMICIN CREAM 0.1%	TOPICAL	UPDATE	QL REMOVAL	F
GENTAMICIN OINTMENT 0.1%	TOPICAL	UPDATE	QL REMOVAL	F
GENTAMICIN SULFATE OPHTH SOLN 0.3%	OPHTHALMIC	UPDATE	QL REMOVAL	F
GVOKE KIT SOL 1 MG/0.2M	ENDOCRINE AND METABOLIC	ADD	QL	F
GVOKE PFS INJ	ENDOCRINE AND METABOLIC	REMOVE	N/A	PRODUCT DISCONTINUED
JAPANESE ENCEPHALITIS VIRUS VACCINE	VACCINE	UPDATE	N/A	MB
MALATHION LOTION 0.5%	TOPICAL	UPDATE	ST REMOVAL	F
MAVYRET PAK 50-20MG	HEPATITIS AGENTS	ADD	SP,PA,QL	F
OJEMDA 25 MG/ML SUS	ANTINEOPLASTIC AGENTS	ADD	SP,PA,QL	F
OJEMDA 100MG TAB	ANTINEOPLASTIC AGENTS	ADD	SP,PA,QL	F
PENBRAYA INJ	VACCINE	UPDATE	N/A	MB
PENTASA 250 MG CAP	INFLAMMATORY BOWEL AGENTS	REMOVE	PA	NF
RABIES VACCINE	VACCINE	UPDATE	N/A	MB
SPINOSAD SUS 0.9%	TOPICAL	UPDATE	ST REMOVAL	F
SPRYCEL 100MG TAB	ANTINEOPLASTIC AGENTS	ADD	SP,PA,QL	F

TICK-BORNE ENCEPHALIT VAC INACT SUSP PREF SYR 1.2 MCG/0.25ML	VACCINE	UPDATE	N/A	MB
TICK-BORNE ENCEPHALIT VAC INACT SUSP PREF SYR 2.4 MCG/0.5ML	VACCINE	UPDATE	N/A	MB
TYPHOID VI POLYSACCHARIDE INTRAMUSCULAR VAC INJ 25 MCG/0.5ML	VACCINE	UPDATE	N/A	MB
TYPHOID VI POLYSACCHARIDE VACC IM SOLN PREF SYR 25 MCG/0.5ML	VACCINE	UPDATE	N/A	MB
VAXCHORA SUS	VACCINE	UPDATE	N/A	MB
VIVOTIF CAP EC	VACCINE	UPDATE	N/A	MB
XARELTO 1 MG/ML SUS	ANTICOAGULANT	ADD	N/A	F
YELLOW FEVER VACCINE	VACCINE	UPDATE	N/A	MB
ZENPEP 10000 UNT CAP	GASTROINTESTINAL	ADD	N/A	F
ZERBAXA INJ 1.5 GM	ANTI-INFECTIVES	REMOVE	PA	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, MB = Medical Benefit

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.