

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 **JANUARY 01, 2025**.

| Drug Name | Therapeutic Class | Add/Remove | Edit Description | Formulary Status |
|---|-------------------------|------------|------------------|------------------|
| ADAKVEO INJ 100/10ML | MONOCLONCAL ANTIBODY | ADD | SP, PA | F |
| AIMOVIG INJ 70 MG/ML, 140 MG/ML | MIGARAIN | ADD | ST, QL | F |
| AUGMENTIN SUS 125/5ML | ANTIBIOTIC | REMOVE | N/A | NF |
| CAL/MAG/ZINC TAB VIT D3 | VITAMINS | REMOVE | N/A | NF |
| CALCIUM CARBONATE- CHOLECALCIFEROL TAB 500 MG-600 UNIT, 600 MG-800 UNIT | VITAMINS | REMOVE | N/A | NF |
| CARBAMIDE PEROXIDE 6.5% OTIC SOL | OTC | REMOVE | N/A | NF |
| CLEMASTINE SYP 0.5/5ML | ANTI-HISTAMINE | REMOVE | N/A | NF |
| CYSTAGON CAP 50 MG, 150 MG | CYSTINE DEPLETING AGENT | ADD | SP, PA | F |
| AUSTEDO IR AND ER | MOVEMENT DISORDER | REMOVE | SP, PA, QL | NF |
| DIASTRIX TEST STRIPS | DIABETIC SUPPLIES | REMOVE | N/A | NF |
| ELITE-OB TAB | PRENATAL VITAMIN | REMOVE | N/A | NF |

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| EMGALITY INJ 100 MG/ML, 120 MG/ML | MIGARAINÉ | ADD | ST | F |
| EMPAVELI 54 MG/ML | COMPLEMENT INHIBITOR | UPDATE | N/A | MB |
| ENSPRYNG INJ | MONOCLONCAL ANTIBODY | UPDATE | N/A | MB |
| FENSOLVI INJ 45MG | GONADOTROPIN | ADD | SP, PA | F |
| FULPHILA INJ 6 MG/0.6 ML | NEUTROPENIA | ADD | SP, PA | F |
| FYLNÉTRA INJ 6 MG/0.6 ML | NEUTROPENIA | ADD | SP, PA | F |
| GAMIFANT INJ 50 MG/10 ML, 10 MG/2 ML100 MG/20 ML | INTERFERON GAMMA BLOCKING ANTIBODY | UPDATE | N/A | MB |
| ICOSAPENT CAP 0.5 GM, 1 GM | ANTILIPEMIC | ADD | PA | F |
| INSULIN GLARGIN YFGN INJ AND SOL 100 U/ML | INSULIN | ADD | N/A | F |
| INSULIN SYRINGES AND PEN NEEDLES *BD PREFERRED ONLY* | DIABETIC SUPPLIES | ADD | N/A | F |
| ISOSORBIDE DINITRATE TAB 40 MG | NITRATE | REMOVE | N/A | NF |
| ISOSORBIDE/HYDRALAZINE TAB 20-37.5 MG | NITRATE | ADD | N/A | F |
| LANCETS *ONE TOUCH PREFERRED ONLY* | DIABETIC SUPPLIES | ADD | N/A | F |
| LANTUS | INSULIN | ADD | N/A | F |
| LITFULO | ALOPECIA AREATA | UPDATE | SP, PA | NF |
| LYNPARZA TAB 150 MG | ONCOLOGY | ADD | SP, PA | F |
| MASKS | OTC | REMOVE | N/A | NF |

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|--|---|---------------|---------------|-----------|
| MEDRONATE KIT 99M | RADIOPHARMACEUTICAL AGENT | UPDATE | N/A | MB |
| MOXIFLOXACIN HCL OPHTH SOL 0.5% | ANTIBIOTIC | ADD | N/A | F |
| MUPIROCIN CREAM 2% | ANTIBIOTIC | REMOVE | N/A | NF |
| NAPROXEN SOD TAB 275 MG, 550 MG | NSAID | ADD | N/A | F |
| NORITATE CREAM 1% | ANTIBIOTIC | REMOVE | N/A | NF |
| OFEV CAP 100 MG, 150 MG | MULTIKINASE INHIBITOR | REMOVE | SP, PA | NF |
| OFLOXACIN DROP OPHTHALMIC 0.3% | ANTIBIOTIC | ADD | N/A | F |
| OLUMIANT 1 MG, 2 MG, 4 MG | ALOPECIA AREATA | UPDATE | SP, PA | NF |
| ORGOVYX TAB 120 MG | ANTINEOPLASTIC | ADD | SP, PA | F |
| ORILISSA TAB 150 MG, 200 MG | GONADOTROPIN ANTAGONIST | ADD | PA | F |
| OTREXUP INJ 20MG | ANTIMETABOLITE | REMOVE | SP, PA | NF |
| PHENYLBUTYRATE POWDER SODIUM | UREA CYCLE DISORDER | ADD | SP, PA | F |
| PIASKY INJ SOL 340 MG/2ML | MONOCLONCAL ANTIBODY | UPDATE | N/A | MB |
| PIRFENIDONE CAP 267 MG AND TAB 267 MG, 801 MG | PULMONARY DISORDER | ADD | SP, PA | F |
| PNV-DHA CAP | PRENATAL VITAMIN | REMOVE | N/A | NF |
| PNV-SELECT TAB | PRENATAL VITAMIN | REMOVE | N/A | NF |
| PRALUENT INJ 75 MG/ML, 150 MG/ML | PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS | REMOVE | N/A | NF |
| PRENATAL DHA | PRENATAL VITAMIN | ADD | N/A | F |

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|---------------------------------|----------------------|--------|--------|----|
| PRENATAL MULTIVITAMIN + DHA | PRENATAL VITAMIN | ADD | N/A | F |
| PYRIMETHAMINE TAB 25 MG | ANTIPARASITIC | ADD | N/A | F |
| QULIPTA TAB 10 MG, 30 MG, 60 MG | MIGRAINE | ADD | ST, QL | F |
| RASUVO INJ 20MG | IMMUNOMODULATOR | ADD | SP, PA | F |
| SEMGLEE INJ AND SOL 100 U/ML | INSULIN | REMOVE | N/A | NF |
| SIKLOS TAB 1000 MG | ANTIMETABOLITE | ADD | SP | F |
| SIMULECT INJ 10 MG, 20 MG | MONOCLONCAL ANTIBODY | UPDATE | N/A | MB |
| SOLIRIS INJ 10 MG/ML | COMPLEMENT INHIBITOR | UPDATE | N/A | MB |
| SUNLENCA INJ | HIV AGENT | UPDATE | N/A | MB |
| SYNVISC INJ 8MG/ML | OSTEOARTHRITIS | REMOVE | SP, PA | NF |
| SYNVISC ONE INJ 8MG/ML | OSTEOARTHRITIS | REMOVE | SP, 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.