

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 **FEBRUARY 1, 2025**.

Drug Name	Therapeutic Class	Add/Remove	Edit Description	Formulary Status
KESIMPTA INJ 20/0.4 ML	MULTIPLE SCLEROSIS	ADD	SP, PA, QL	F
APRETUDE SUS 600MG ER	ANTIRETROVIRAL AGENTS	ADD	QL	F
FLORAFOL PED SOL 0.25/ML	VITAMINS	REMOVE	N/A	NF
BASAGLAR INJ 100 UNIT	ANTIDIABETICS, INSULIN	REMOVE	N/A	NF
INCRUSE ELPT INH 62.5 MCG	ANTICHOLINERGICS	REMOVE	N/A	NF
TRULICITY INJ 0.75/0.5, 1.5/0.5, 3/0.5, 4.5/0.5	ANTIDIABETICS, INCRETIN MIMETIC AGENTS	REMOVE	N/A	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.