

## 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, 2023**.

| Drug Name                        | Therapeutic Class                     | Add/Remove               | Edit Description | Formulary Status |
|----------------------------------|---------------------------------------|--------------------------|------------------|------------------|
| 24HR ALLERGY & CONGESTION RELIEF | ANTIHISTAMINES AND NASAL DECONGESTANT | ADD                      | N/A              | F                |
| CLINERE EARWAX REMOVAL KIT       | OTIC SOLUTION                         | ADD                      | N/A              | F                |
| COPAXONE INJ 40 MG/ML            | MULTIPLE SCLEROSIS AGENTS             | REMOVE (BRAND NAME ONLY) | PA, SP, QL       | NF               |
| FARYDAK CAP 10 MG                | ANTINEOPLASTIC AGENTS                 | REMOVE (DISCONTINUED)    | N/A              | NF               |
| FARYDAK CAP 15 MG                | ANTINEOPLASTIC AGENTS                 | REMOVE (DISCONTINUED)    | N/A              | NF               |
| FARYDAK CAP 20 MG                | ANTINEOPLASTIC AGENTS                 | REMOVE (DISCONTINUED)    | N/A              | NF               |
| GILENYA CAP 0.5 MG               | IMMUNOSUPPRESSANT                     | REMOVE (BRAND NAME ONLY) | N/A              | NF               |
| IDEAL BOWEL CAP PROBIOT          | PROBIOTIC                             | ADD                      | N/A              | F                |
| ILARIS INJ 150 MG/ML             | IMMUNOLOGIC AGENTS                    | ADD                      | PA, SP           | F                |

|                                                    |                       |                          |            |    |
|----------------------------------------------------|-----------------------|--------------------------|------------|----|
| IMBRUVICA CAP 140 MG                               | ANTINEOPLASTIC AGENTS | REMOVE                   | N/A        | NF |
| IMBRUVICA CAP 280 MG                               | ANTINEOPLASTIC AGENTS | REMOVE                   | N/A        | NF |
| IMBRUVICA CAP 420 MG                               | ANTINEOPLASTIC AGENTS | REMOVE                   | N/A        | NF |
| IMBRUVICA CAP 560 MG                               | ANTINEOPLASTIC AGENTS | REMOVE                   | N/A        | NF |
| IMBRUVICA CAP 70 MG                                | ANTINEOPLASTIC AGENTS | REMOVE                   | N/A        | NF |
| INTRON A INJ 18 MU                                 | IMMUNOLOGIC AGENTS    | REMOVE<br>(DISCONTINUED) | N/A        | NF |
| INTRON A INJ 25 MU                                 | IMMUNOLOGIC AGENTS    | REMOVE<br>(DISCONTINUED) | N/A        | NF |
| ORKAMBI GRA 75-94 MG                               | CYSTIC FIBROSIS       | ADD                      | PA, SP, QL | F  |
| OTEZLA TAB 10/20/30                                | IMMUNOLOGIC AGENTS    | ADD                      | PA, SP, QL | F  |
| OTEZLA TAB 30 MG                                   | IMMUNOLOGIC AGENTS    | ADD                      | PA, SP, QL | F  |
| RINVOQ TAB 15 MG ER                                | IMMUNOLOGIC AGENTS    | ADD                      | PA, SP, QL | F  |
| RINVOQ TAB 30 MG ER                                | IMMUNOLOGIC AGENTS    | ADD                      | PA, SP, QL | F  |
| RINVOQ TAB 45 MG ER                                | IMMUNOLOGIC AGENTS    | ADD                      | PA, SP, QL | F  |
| SILIQ INJ 210/1.5                                  | IMMUNOLOGIC AGENTS    | REMOVE                   | N/A        | NF |
| SKYRIZI PEN SOLN AUTO-INJECTOR 150<br>MG/ML        | IMMUNOLOGIC AGENTS    | ADD                      | PA, SP, QL | F  |
| SKYRIZI PREFILLED SYRINGE 2 X 75<br>MG/0.83 ML KIT | IMMUNOLOGIC AGENTS    | ADD                      | PA, SP, QL | F  |
| SKYRIZI SOL 60 MG/ML                               | IMMUNOLOGIC AGENTS    | ADD                      | PA, SP, QL | F  |
| SKYRIZI SOLN CARTRIDGE 360 MG/2.4<br>ML            | IMMUNOLOGIC AGENTS    | ADD                      | PA, SP, QL | F  |

|                                          |                       |        |            |    |
|------------------------------------------|-----------------------|--------|------------|----|
| SKYRIZI SOLN PREFILLED SYRINGE 150 MG/ML | IMMUNOLOGIC AGENTS    | ADD    | PA, SP, QL | F  |
| SPRYCEL TAB 100 MG                       | ANTINEOPLASTIC AGENTS | ADD    | PA, SP, QL | F  |
| SPRYCEL TAB 140 MG                       | ANTINEOPLASTIC AGENTS | ADD    | PA, SP, QL | F  |
| SPRYCEL TAB 20 MG                        | ANTINEOPLASTIC AGENTS | ADD    | PA, SP, QL | F  |
| SPRYCEL TAB 50 MG                        | ANTINEOPLASTIC AGENTS | ADD    | PA, SP, QL | F  |
| SPRYCEL TAB 70 MG                        | ANTINEOPLASTIC AGENTS | ADD    | PA, SP, QL | F  |
| XELJANZ SOL 1 MG/ML                      | IMMUNOLOGIC AGENTS    | REMOVE | N/A        | NF |
| XELJANZ TAB 10 MG                        | IMMUNOLOGIC AGENTS    | REMOVE | N/A        | NF |
| XELJANZ TAB 5 MG                         | IMMUNOLOGIC AGENTS    | REMOVE | N/A        | NF |
| XELJANZ XR TAB 11 MG                     | IMMUNOLOGIC AGENTS    | REMOVE | N/A        | NF |
| XELJANZ XR TAB 22 MG                     | IMMUNOLOGIC 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**

**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](http://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.