

## 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 **November 1, 2023**.

Drug Name	Therapeutic Class	Add/Remove	Edit Description	Formulary Status
ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 40 MG/0.4ML	IMMUNOLOGIC AGENTS	ADD	PA, SP, QL	F
ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 40 MG/0.4ML	IMMUNOLOGIC AGENTS	ADD	PA, SP, QL	F
ADALIMUMAB-BWWD SOLN PREFILLED SYRINGE 40 MG/0.8ML	IMMUNOLOGIC AGENTS	ADD	PA, SP, QL	F
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40 MG/0.8ML	IMMUNOLOGIC AGENTS	ADD	PA, SP, QL	F
ADALIMUMAB-FKJP PREFILLED SYRINGE KIT 20 MG/0.4ML	IMMUNOLOGIC AGENTS	ADD	PA, SP, QL	F
ADALIMUMAB-FKJP PREFILLED SYRINGE KIT 40 MG/0.8ML	IMMUNOLOGIC AGENTS	ADD	PA, SP, QL	F
BREYNA AER 160/4.5	ADRENERGICS INHALER	ADD	QL	F
BREYNA AER 80/4.5	ADRENERGICS INHALER	ADD	QL	F
HADLIMA PUSH INJ 40/0.4ML	IMMUNOLOGIC AGENTS	ADD	PA, SP, QL	F
HADLIMA INJ 40/0.4ML	IMMUNOLOGIC AGENTS	ADD	PA, SP, QL	F

HADLIMA INJ 40/0.8ML	IMMUNOLOGIC AGENTS	ADD	PA, SP, QL	F
IYUZEH DRO 0.005%	OPHTHALMIC	ADD	N/A	F
KOURZEQ PST 0.1%	CORTICOSTERIOD	ADD	N/A	F
TOLNAFI-AL LIQ 1%	ANTIFUNGAL	ADD	N/A	F

**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.