

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 1, 2024**.

Drug Name	Therapeutic Class	Add or Remove	Edit Description	Formulary Status
ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	BRONCHODILATOR	UPDATE	PA*	F
ANTIHEMOPHILIC AGENTS (SEVENFACT, JIVI, HEMLIBRA, KOGENATE, KOVALTRY, TRETEN, NOVOSEVEN, NOVOEIGHT, REBINYN, ESPEROCT, RECOMBIMATE, RIXUBIS, ADVATE, HEMOFIL M, ADYNOVATE, VONVENDI, XYNTHA, XYNTHA SOLOFUSE, BENEFIX, IXINITY, KCENTRA, CORIFACT, HUMATE-P, RIASTAP, FEIBA, COAGADEX, PROFILNINE, ALPHANINE SD, ALPHANATE, NUWIQ, WILATE, FIBRYGA, AFSTYLA, IDELVION, ELOCTATE, KOATE, ALPROLIX, ALTUVIII)	HEMATOLOGIC	REMOVE	N/A	BILL TO MEDICAL
APREPITANT CAPSULE 40 MG	ANTIEMETICS	UPDATE	QL	F

APREPITANT CAPSULE 80 MG	ANTIEMETICS	UPDATE	QL	F
APREPITANT CAPSULE 125 MG	ANTIEMETICS	UPDATE	QL	F
APREPITANT CAPSULE THERAPY PACK 80 MG & 125 MG	ANTIEMETICS	UPDATE	QL	F
AUSTEDO TAB 6 MG	CENTRAL NERVOUS SYSTEM	ADD	SP, PA, QL	F
AUSTEDO TAB 9 MG	CENTRAL NERVOUS SYSTEM	ADD	SP, PA, QL	F
AUSTEDO TAB 12 MG	CENTRAL NERVOUS SYSTEM	ADD	SP, PA, QL	F
AUSTEDO XR TAB 6 MG	CENTRAL NERVOUS SYSTEM	ADD	SP, PA, QL	F
AUSTEDO XR TAB 12 MG	CENTRAL NERVOUS SYSTEM	ADD	SP, PA, QL	F
AUSTEDO XR TAB 24 MG	CENTRAL NERVOUS SYSTEM	ADD	SP, PA, QL	F
AUSTEDO XR TAB TITRATION KIT	CENTRAL NERVOUS SYSTEM	ADD	SP, PA, QL	F
CLIND/BENZ GEL 1.2-3.75	DERMATOLOGY, ANTIBACTERIAL	ADD	QL	F
COSENTYX INJ 125 MG/5 ML	IMMUNOLOGIC AGENTS	ADD	SP, PA, QL	F
COSENTYX INJ 300 MG/2 ML	IMMUNOLOGIC AGENTS	ADD	SP, PA, QL	F
CYCLOSPORINE (OPHTH) EMULSION 0.05%	OPHTHALMIC	ADD	PA	F
DESMOPRESSIN ACETATE NASAL SOLN 1.5 MG/ML	VASOPRESSINS	REMOVE	N/A	BILL TO MEDICAL
DESMOPRESSIN ACETATE NASAL SPRAY SOLN 0.01%	VASOPRESSINS	UPDATE	REMOVING PA	F
DESMOPRESSIN ACETATE NASAL SPRAY SOLN 0.01% (REFRIGERATED)	VASOPRESSINS	UPDATE	REMOVING PA	F
DESMOPRESSIN ACETATE TAB 0.1 MG	VASOPRESSINS	UPDATE	REMOVING PA	F
DESMOPRESSIN ACETATE TAB 0.2 MG	VASOPRESSINS	UPDATE	REMOVING PA	F

DEXCOM G6 MIS RECEIVER	CONTINUOUS GLUCOSE MONITOR SUPPLIES	ADD	N/A	F
DEXCOM G6 MIS SENSOR	CONTINUOUS GLUCOSE MONITOR SUPPLIES	ADD	QL	F
DEXCOM G6 MIS TRANSMIT	CONTINUOUS GLUCOSE MONITOR SUPPLIES	ADD	N/A	F
DEXCOM G7 MIS RECEIVER	CONTINUOUS GLUCOSE MONITOR SUPPLIES	ADD	N/A	F
DEXCOM G7 MIS SENSOR	CONTINUOUS GLUCOSE MONITOR SUPPLIES	ADD	QL	F
DUPIXENT SUBCUTANEOUS SOLN PREFILLED SYRINGE 200 MG/1.14 ML	DERMATOLOGY	ADD	SP, PA, QL	F
DUPIXENT SUBCUTANEOUS SOLN PEN-INJECTOR 200 MG/1.14 ML	DERMATOLOGY	ADD	SP, PA, QL	F
DUPIXENT SUBCUTANEOUS SOLN PREFILLED SYRINGE 300 MG/2 ML	DERMATOLOGY	ADD	SP, PA, QL	F
DUPIXENT SUBCUTANEOUS SOLN PEN-INJECTOR 300 MG/2 ML	DERMATOLOGY	ADD	SP, PA, QL	F
EGRIFTA SV (TESAMORELIN) FOR INJECTION	GROWTH HORMONE RELEASING FACTOR	ADD	SP, PA	F
ENTYVIO INJ 108 MG/0.68 ML	IMMUNOLOGIC AGENTS	ADD	SP, PA, QL	F
FUZEON (ENFUVIRTIDE) FOR INJECTION 90 MG	HIV AGENT	ADD	SP, PA	F
HAEGARDA INJ 2000 UNIT	IMMUNOLOGIC AGENTS	ADD	SP, PA, QL	F
HAEGARDA INJ 3000 UNIT	IMMUNOLOGIC AGENTS	ADD	SP, PA, QL	F
HYDROXYPROG INJ 250 MG/ML	ENDOCRINE AND METABOLIC	REMOVE	N/A	PRODUCT DISCONTINUED

KALYDECO GRA 5.8 MG	RESPIRATORY	ADD	SP, PA, QL	F
KALYDECO GRA 13.4 MG	RESPIRATORY	ADD	SP, PA, QL	F
LOKELMA (SODIUM ZIRCONIUM CYCLOSILICATE FOR SUSP PACKET) 5 GM	POTASSIUM BINDER	ADD	N/A	F
LOKELMA (SODIUM ZIRCONIUM CYCLOSILICATE FOR SUSP PACKET) 10 GM	POTASSIUM BINDER	ADD	N/A	F
MAKENA INJ 275 MG	ENDOCRINE AND METABOLIC	REMOVE	N/A	PRODUCT DISCONTINUED
NURTEC ODT 75 MG	ORAL CALCITONIN GENE-RELATED PEPTIDE (CGRP) ANTAGONISTS	ADD	ST, QL	F
POLIVY INJ 30 MG	ANTINEOPLASTIC AGENTS	ADD	SP, PA	F
POLIVY INJ 140 MG	ANTINEOPLASTIC AGENTS	ADD	SP, PA	F
TERIPARATIDE (RECOMBINANT) SOLN PEN-INJ 620 MCG/2.48ML	ENDOCRINE AND METABOLIC	ADD	SP, PA, QL	F
TRIKAFTA PAK 59.5 MG	RESPIRATORY	ADD	SP, PA, QL	F
TRIKAFTA PAK 75 MG	RESPIRATORY	ADD	SP, PA, QL	F
UBRELVY 50 MG	ORAL CALCITONIN GENE-RELATED PEPTIDE (CGRP) ANTAGONISTS	ADD	ST, QL	F
UBRELVY 100 MG	ORAL CALCITONIN GENE-RELATED PEPTIDE (CGRP) ANTAGONISTS	ADD	ST, QL	F
VEMLIDY 25 MG	HEPATITIS AGENT	ADD	SP, QL	F

NOTE: This table outlines upcoming changes to our formulary that may impact your patients.

**Albuterol HFA – smart PA, on the 7th fill of a rescue inhaler, if the member does not have a claim for a controller inhaler in their history lookback of 180 days, the claim will reject for PA required.*

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 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.