

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
ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	RESCUE INHALER	UPDATE	REMOVE SMARTPA	F
COSENTYX INJ 125/5ML FOR IV INFUSION	IMMUNOLOGIC AGENTS	REMOVE	N/A	NF
EPIDIOLDEX	PLANT DERIVED CANNABIDIOL	N/A	N/A	FFS
FINTEPLA	ANTEPILEPTIC	N/A	N/A	FFS
FLUTICASONE PROPIONATE AER POW BA 50 MCG/ACT	CORTICOSTRTOIDS INHALER	ADD	QL	F
FLUTICASONE PROPIONATE AER POW BA 100 MCG/ACT	CORTICOSTRTOIDS INHALER	ADD	QL	F
FLUTICASONE PROPIONATE AER POW BA 250 MCG/ACT	CORTICOSTRTOIDS INHALER	ADD	QL	F
GUAIFENESIN-CODEINE LIQUID 200-10 MG/5ML	OPIOID	UPDATE	QL	F
GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML	OPIOID	UPDATE	QL	F
HYDROCODONE BITART-HOMATROPINE METHYLBROM SOLN 5-1.5 MG/5ML	OPIOID	UPDATE	QL	F

HYDROCODONE BITART-HOMATROPINE METHYLBROMIDE TAB 5-1.5 MG	OPIOID	UPDATE	QL	F
HYDROMORPHONE HCL TAB 4 MG	OPIOID AGENTS	UPDATE	QL	F
HYDROMORPHONE HCL TAB 8 MG	OPIOID AGENTS	UPDATE	QL	F
IMCIVREE	ANTI OBESITY	N/A	N/A	PLAN EXCLUSION
INTUNIV TAB 1 MG	CENTRAL ALPHA-AGONIST	ADD	N/A	F
INTUNIV TAB 2 MG	CENTRAL ALPHA-AGONIST	ADD	N/A	F
INTUNIV TAB 3 MG	CENTRAL ALPHA-AGONIST	ADD	N/A	F
INTUNIV TAB 4 MG	CENTRAL ALPHA-AGONIST	ADD	N/A	F
KAPVAY TAB 0.1 MG	CENTRAL ALPHA-AGONIST	ADD	N/A	F
METHADONE HCL TAB 10 MG	OPIOID AGENTS	UPDATE	QL	F
METHADONE HCL TAB 5 MG	OPIOID AGENTS	UPDATE	QL	F
MORPHINE SULFATE (CONCENTRATE) ORAL SOLN 20 MG/ML	OPIOID AGENTS	UPDATE	QL	F
MORPHINE SULFATE ORAL SOLN 20 MG/5ML	OPIOID AGENTS	UPDATE	QL	F
MORPHINE SULFATE TAB 30 MG	OPIOID AGENTS	UPDATE	QL	F
MULTIPLE MINERALS W/ VITAMINS TAB	MISCELLANEOUS	ADD	N/A	F
NARATRIPTAN HCL TAB 1 MG (BASE EQUIV)	MIGRAINE AGENTS	UPDATE	QL	F
NARATRIPTAN HCL TAB 2.5 MG (BASE EQUIV)	MIGRAINE AGENTS	UPDATE	QL	F
NUPLAZID	ATYPICAL ANTIPSYCHOTIC	N/A	N/A	FFS
OXYCODONE HCL CONC 100 MG/5ML (20 MG/ML)	OPIOID AGENTS	UPDATE	QL	F
OXYCODONE HCL SOLN 5 MG/5ML	OPIOID AGENTS	UPDATE	QL	F

OXYCODONE HCL TAB 15 MG	OPIOID AGENTS	UPDATE	QL	F
OXYCODONE HCL TAB 20 MG	OPIOID AGENTS	UPDATE	QL	F
OXYCODONE HCL TAB 30 MG	OPIOID AGENTS	UPDATE	QL	F
PROMETHAZINE W/ CODEINE SYRUP 6.25-10 MG/5ML	OPIOID	UPDATE	QL	F
PROMETHAZINE-PHENYLEPHRINE-CODEINE SYRUP 6.25-5-10 MG/5ML	OPIOID	UPDATE	QL	F
PSEUDOEPHEDRINE W/ COD-GG SYRUP 30-10-100 MG/5ML	OPIOID	UPDATE	QL	F
RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 10 MG (BASE EQ)	MIGRAINE AGENTS	UPDATE	QL	F
RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 5 MG (BASE EQ)	MIGRAINE AGENTS	UPDATE	QL	F
RIZATRIPTAN BENZOATE TAB 10 MG (BASE EQUIVALENT)	MIGRAINE AGENTS	UPDATE	QL	F
RIZATRIPTAN BENZOATE TAB 5 MG (BASE EQUIVALENT)	MIGRAINE AGENTS	UPDATE	QL	F
ROZLYTREK PAK 50MG	ANTINEOPLASTIC AGENTS	ADD	SP, PA, QL	F
SUMATRIPTAN NASAL SPRAY 20 MG/ACT	MIGRAINE AGENTS	UPDATE	QL	F
SUMATRIPTAN NASAL SPRAY 5 MG/ACT	MIGRAINE AGENTS	UPDATE	QL	F
SUMATRIPTAN SUCCINATE INJ 6 MG/0.5ML	MIGRAINE AGENTS	UPDATE	QL	F
SUMATRIPTAN SUCCINATE SOLUTION AUTO- INJECTOR 4 MG/0.5ML	MIGRAINE AGENTS	UPDATE	QL	F
SUMATRIPTAN SUCCINATE SOLUTION AUTO- INJECTOR 6 MG/0.5ML	MIGRAINE AGENTS	UPDATE	QL	F
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML	MIGRAINE AGENTS	UPDATE	QL	F

SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6 MG/0.5ML	MIGRAINE AGENTS	UPDATE	QL	F
SUMATRIPTAN SUCCINATE TAB 100 MG	MIGRAINE AGENTS	UPDATE	QL	F
SUMATRIPTAN SUCCINATE TAB 25 MG	MIGRAINE AGENTS	UPDATE	QL	F
SUMATRIPTAN SUCCINATE TAB 50 MG	MIGRAINE AGENTS	UPDATE	QL	F
SYNAPRYN FUSEPAQ	OPIOID	N/A	N/A	PLAN EXCLUSION
TRAMADOL HCL TAB 50 MG	OPIOID AGENTS	UPDATE	QL	F
WAKIX	NARCOLEPSY	N/A	N/A	FFS
ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 2.5 MG	MIGRAINE AGENTS	UPDATE	QL	F
ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 5 MG	MIGRAINE AGENTS	UPDATE	QL	F
ZOLMITRIPTAN TAB 2.5 MG	MIGRAINE AGENTS	UPDATE	QL	F
ZOLMITRIPTAN TAB 5 MG	MIGRAINE AGENTS	UPDATE	QL	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 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.