

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 **June 1, 2024**.

Drug Name	Therapeutic Class	Add/Remove/Update	Edit Description	Formulary Status
CHORIOGONADOTROPIN ALFA INJ 250 MCG/0.5ML	HORMONE THERAPY	ADD	SP, PA	F
CHORIONIC GONADOTROPIN FOR IM INJ 10000 UNIT	HORMONE THERAPY	ADD	SP, PA	F
CHORIONIC GONADOTROPIN FOR IM INJ 5000 UNIT	HORMONE THERAPY	ADD	SP, PA	F
FENSOLVI INJ 45 MG	HORMONE THERAPY	UPDATE	SP, PA	NF
FENSOLVI INJ 45 MG	HORMONE THERAPY	UPDATE	SP, PA	NF
FINASTERIDE TAB 1 MG	5 ALPHA REDUCTASE INHIBITOR	ADD	PA	F
FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 100-25 MCG	RESPIRATORY	ADD	N/A	F
FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 200-25 MCG	RESPIRATORY	ADD	N/A	F
FOLLITROPIN ALFA FOR SUBCUTANEOUS INJ 75 UNIT	HORMONE THERAPY	ADD	SP, PA	F

GANIRELIX ACETATE SOLN PREFILLED SYRINGE 250 MCG/0.5ML	HORMONE THERAPY	ADD	SP, PA	F
LAGEVRIO CAP 200 MG	COVID-19 ORAL ANTIVIRAL	ADD	N/A	F
MENOTROPINS FOR SUBCUTANEOUS INJ 75 UNIT	HORMONE THERAPY	ADD	SP, PA	F
SOVUNA TAB 200 MG	DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)	ADD	N/A	F
SUPPRELIN LA KIT 50 MG	HORMONE THERAPY	UPDATE	SP, PA	NF
TRELSTAR MIX INJ 3.75 MG	HORMONE THERAPY	ADD	SP, PA	F
XOLAIR INJ 150 MG/ML	RESPIRATORY	ADD	SP, PA, QL	F
XOLAIR INJ 300 MG/2ML	RESPIRATORY	ADD	SP, PA, QL	F
XOLAIR INJ 75 MG/0.5ML	RESPIRATORY	ADD	SP, PA, QL	F
ZOLADEX IMP 3.6 MG	HORMONE THERAPY	ADD	SP, PA	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, 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.