

## 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 **JULY 1, 2024**.

Drug Name	Therapeutic Class	Add/Remove/Update	Edit Description	Formulary Status
ACEBUTOLOL HCL CAP 200 MG	CARDIOVASCULAR	ADD	N/A	F
ACEBUTOLOL HCL CAP 400 MG	CARDIOVASCULAR	ADD	N/A	F
CABENUVA SUS 400-600	ANTI-INFECTIVES	ADD	SP, PA, QL	F
CABENUVA SUS 600-900	ANTI-INFECTIVES	ADD	SP, PA, QL	F
CHORIOGONADOTROPIN ALFA INJ 250 MCG/0.5ML	HORMONE THERAPY	REMOVE	SP, PA	NF
CHORIONIC GONADOTROPIN FOR IM INJ 10000 UNIT	HORMONE THERAPY	REMOVE	SP, PA	NF
CHORIONIC GONADOTROPIN FOR IM INJ 5000 UNIT	HORMONE THERAPY	REMOVE	SP, PA	NF
CHOSEN LANCET	MISCELLANEOUS	ADD	QL	F
CHOSEN SAFETY LANCET	MISCELLANEOUS	ADD	QL	F
EMZAHH	CONTRACEPTIVES	ADD	QL	F
FOLLITROPIN ALFA FOR SUBCUTANEOUS INJ 75 UNIT	HORMONE THERAPY	REMOVE	SP, PA	NF
GANIRELIX ACETATE SOLN PREFILLED SYRINGE 250 MCG/0.5ML	HORMONE THERAPY	REMOVE	SP, PA	NF

IWILFIN TAB 192MG	ANTINEOPLASTIC AGENTS	ADD	SP, PA, QL	F
MEMANTINE HCL ORAL SOLUTION 2 MG/ML	CENTRAL NERVOUS SYSTEM	UPDATE	AL REMOVAL	F
MEMANTINE HCL TAB 10 MG	CENTRAL NERVOUS SYSTEM	UPDATE	AL REMOVAL	F
MEMANTINE HCL TAB 28 X 5 MG & 21 X 10 MG TITRATION PACK	CENTRAL NERVOUS SYSTEM	UPDATE	AL REMOVAL	F
MEMANTINE HCL TAB 5 MG	CENTRAL NERVOUS SYSTEM	UPDATE	AL REMOVAL	F
MENOTROPINS FOR SUBCUTANEOUS INJ 75 UNIT	HORMONE THERAPY	REMOVE	SP, PA	NF
NEVIRAPINE TAB ER 24HR 100 MG	ANTI-INFECTIVES	REMOVE	PRODUCT DISCONTINUED	NF
RIVASTIGMINE TARTRATE CAP 1.5 MG	CENTRAL NERVOUS SYSTEM	UPDATE	PA REMOVAL	F
RIVASTIGMINE TARTRATE CAP 3 MG	CENTRAL NERVOUS SYSTEM	UPDATE	PA REMOVAL	F
RIVASTIGMINE TARTRATE CAP 4.5 MG	CENTRAL NERVOUS SYSTEM	UPDATE	PA REMOVAL	F
RIVASTIGMINE TARTRATE CAP 6 MG	CENTRAL NERVOUS SYSTEM	UPDATE	PA REMOVAL	F
RIVASTIGMINE TD PATCH 24HR 13.3 MG/24HR	CENTRAL NERVOUS SYSTEM	UPDATE	PA REMOVAL	F
RIVASTIGMINE TD PATCH 24HR 4.6 MG/24HR	CENTRAL NERVOUS SYSTEM	UPDATE	PA REMOVAL	F
RIVASTIGMINE TD PATCH 24HR 9.5 MG/24HR	CENTRAL NERVOUS SYSTEM	UPDATE	PA REMOVAL	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 = Bill to Medical**

**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.