

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 **DECEMBER 1, 2024**.

Drug Name	Therapeutic Class	Add/Remove	Edit Description	Formulary Status
BIKTARVY TAB	ANTIRETROVIRAL	ADD	QL	F
ENBREL INJ 25 MG	IMMUNOLOGIC	ADD	SP, PA, QL	F
GANIRELIX ACETATE SOLN PREFILLED SYRINGE 250 MCG/0.5ML	GONADOTROPIN AGENTS	ADD	SP, PA	F
GONAL-F RFF (FOLLITROPIN ALFA FOR SUBCUTANEOUS INJ 75 UNIT)	GONADOTROPIN AGENTS	ADD	SP, PA	F
GRANISETRON HCL TABS 1 MG	ANTIEMETICS	UPDATE	QL	F
KEVZARA INJ 150/1.14	IMMUNOLOGIC	ADD	SP, PA	F
KEVZARA INJ 200/1.14	IMMUNOLOGIC	ADD	SP, PA	F
MENOPUR INJ (MENOTROPINS FOR SUBCUTANEOUS INJ 75 UNIT)	GONADOTROPIN AGENTS	ADD	SP, PA	F
NOVAREL INJ (CHORIONIC GONADOTROPIN FOR IM INJ 5000 UNI)	GONADOTROPIN AGENTS	ADD	SP, PA	F
ONDANSETRON HCL ORAL SOLN 4 MG/5ML	ANTIEMETICS	UPDATE	QL	F
ONDANSETRON HCL TAB 24 MG	ANTIEMETICS	UPDATE	QL	F

ONDANSETRON HCL TAB 4 MG	ANTIEMETICS	UPDATE	QL	F
ONDANSETRON HCL TAB 8 MG	ANTIEMETICS	UPDATE	QL	F
ONDANSETRON ORALLY DISINTEGRATING TAB 4 MG	ANTIEMETICS	UPDATE	QL	F
ONDANSETRON ORALLY DISINTEGRATING TAB 8 MG	ANTIEMETICS	UPDATE	QL	F
OTEZLA TAB 10/20	IMMUNOLOGIC AGENTS	ADD	SP, PA, QL	F
OTEZLA TAB 20 MG	IMMUNOLOGIC AGENTS	ADD	SP, PA, QL	F
OVIDREL INJ (CHORIOGONADOTROPIN ALFA INJ 250 MCG/0.5ML)	GONADOTROPIN AGENTS	ADD	SP, PA	F
PREGNYL INJ (CHORIONIC GONADOTROPIN FOR IM INJ 10000 UNIT)	GONADOTROPIN AGENTS	ADD	SP, PA	F
SYMDEKO TAB 100-150	CYSTIC FIBROSIS	ADD	SP, PA, QL	F
TOLVAPTAN TAB 30 MG	VASOPRESSINS	ADD	SP, PA, QL	F
TRIKAFTA TAB	RESPIRATORY	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.