

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 01, 2025**.

Drug Name	Therapeutic Class	Add/Remove	Edit Description	Formulary Status
ADAKVEO INJ 100/10ML	MONOCLONCAL ANTIBODY	ADD	SP, PA	F
AIMOVIG INJ 70 MG/ML, 140 MG/ML	MIGARAIN	ADD	ST, QL	F
AUGMENTIN SUS 125/5ML	ANTIBIOTIC	REMOVE	N/A	NF
CAL/MAG/ZINC TAB VIT D3	VITAMINS	REMOVE	N/A	NF
CALCIUM CARBONATE- CHOLECALCIFEROL TAB 500 MG-600 UNIT, 600 MG-800 UNIT	VITAMINS	REMOVE	N/A	NF
CARBAMIDE PEROXIDE 6.5% OTIC SOL	OTC	REMOVE	N/A	NF
CLEMASTINE SYP 0.5/5ML	ANTI-HISTAMINE	REMOVE	N/A	NF
CYSTAGON CAP 50 MG, 150 MG	CYSTINE DEPLETING AGENT	ADD	SP, PA	F
AUSTEDO IR AND ER	MOVEMENT DISORDER	REMOVE	SP, PA, QL	NF
DIASTRIX TEST STRIPS	DIABETIC SUPPLIES	REMOVE	N/A	NF
ELITE-OB TAB	PRENATAL VITAMIN	REMOVE	N/A	NF

EMGALITY INJ 100 MG/ML, 120 MG/ML	MIGARAINÉ	ADD	ST	F
EMPAVELI 54 MG/ML	COMPLEMENT INHIBITOR	UPDATE	N/A	MB
ENSPRYNG INJ	MONOCLONCAL ANTIBODY	UPDATE	N/A	MB
FENSOLVI INJ 45MG	GONADOTROPIN	ADD	SP, PA	F
FULPHILA INJ 6 MG/0.6 ML	NEUTROPENIA	ADD	SP, PA	F
FYLNÉTRA INJ 6 MG/0.6 ML	NEUTROPENIA	ADD	SP, PA	F
GAMIFANT INJ 50 MG/10 ML, 10 MG/2 ML100 MG/20 ML	INTERFERON GAMMA BLOCKING ANTIBODY	UPDATE	N/A	MB
ICOSAPENT CAP 0.5 GM, 1 GM	ANTILIPEMIC	ADD	PA	F
INSULIN GLARGIN YFGN INJ AND SOL 100 U/ML	INSULIN	ADD	N/A	F
INSULIN SYRINGES AND PEN NEEDLES *BD PREFERRED ONLY*	DIABETIC SUPPLIES	ADD	N/A	F
ISOSORBIDE DINITRATE TAB 40 MG	NITRATE	REMOVE	N/A	NF
ISOSORBIDE/HYDRALAZINE TAB 20-37.5 MG	NITRATE	ADD	N/A	F
LANCETS *ONE TOUCH PREFERRED ONLY*	DIABETIC SUPPLIES	ADD	N/A	F
LITFULO	ALOPECIA AREATA	UPDATE	SP, PA	NF
LYNPARZA TAB 150 MG	ONCOLOGY	ADD	SP, PA	F
MASKS	OTC	REMOVE	N/A	NF
MEDRONATE KIT 99M	RADIOPHARMACEUTICAL AGENT	UPDATE	N/A	MB

MOXIFLOXACIN HCL OPHTH SOL 0.5%	ANTIBIOTIC	ADD	N/A	F
MUPIROCIN CREAM 2%	ANTIBIOTIC	REMOVE	N/A	NF
NAPROXEN SOD TAB 275 MG, 550 MG	NSAID	ADD	N/A	F
NORITATE CREAM 1%	ANTIBIOTIC	REMOVE	N/A	NF
OFEV CAP 100 MG, 150 MG	MULTIKINASE INHIBITOR	REMOVE	SP, PA	NF
OFLOXACIN DROP OPHTHALMIC 0.3%	ANTIBIOTIC	ADD	N/A	F
OLUMIANT 1 MG, 2 MG, 4 MG	ALOPECIA AREATA	UPDATE	SP, PA	NF
ORGOVYX TAB 120 MG	ANTINEOPLASTIC	ADD	SP, PA	F
ORILISSA TAB 150 MG, 200 MG	GONADOTROPIN ANTAGONIST	ADD	PA	F
OTREXUP INJ 20MG	ANTIMETABOLITE	REMOVE	SP, PA	NF
PHENYLBUTYRATE POWDER SODIUM	UREA CYCLE DISORDER	ADD	SP, PA	F
PIASKY INJ SOL 340 MG/2ML	MONOCLONCAL ANTIBODY	UPDATE	N/A	MB
PIRFENIDONE CAP 267 MG AND TAB 267 MG, 801 MG	PULMONARY DISORDER	ADD	SP, PA	F
PNV-DHA CAP	PRENATAL VITAMIN	REMOVE	N/A	NF
PNV-SELECT TAB	PRENATAL VITAMIN	REMOVE	N/A	NF
PRALUENT INJ 75 MG/ML, 150 MG/ML	PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	REMOVE	N/A	NF
PRENATAL DHA	PRENATAL VITAMIN	ADD	N/A	F
PRENATAL MULTIVITAMIN + DHA	PRENATAL VITAMIN	ADD	N/A	F
PYRIMETHAMINE TAB 25 MG	ANTIPARASITIC	ADD	N/A	F

QULIPTA TAB 10 MG, 30 MG, 60 MG	MIGRAINE	ADD	ST, QL	F
RASUVO INJ 20MG	IMMUNOMODULATOR	ADD	SP, PA	F
SEMGLEE INJ AND SOL 100 U/ML	INSULIN	REMOVE	N/A	NF
SIKLOS TAB 1000 MG	ANTIMETABOLITE	ADD	SP	F
SIMULECT INJ 10 MG, 20 MG	MONOCLONCAL ANTIBODY	UPDATE	N/A	MB
SOLIRIS INJ 10 MG/ML	COMPLEMENT INHIBITOR	UPDATE	N/A	MB
SUNLENCA INJ	HIV AGENT	UPDATE	N/A	MB
SYNVISC INJ 8MG/ML	OSTEOARTHRITIS	REMOVE	SP, PA	NF
SYNVISC ONE INJ 8MG/ML	OSTEOARTHRITIS	REMOVE	SP, PA	NF

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.