

Upcoming Formulary Change Notice

CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD) may add or remove drugs from its formulary at any time as part of its Drug Use Management Program. CareFirst CHPMD 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 CHPMD Pharmacy & Therapeutic Committee or added/removed from the formulary based on pharmacy policy. Changes will take effect on **JANUARY 1, 2026**.

Drug Name	Therapeutic Class	Add/Remove	Edit Description	Formulary Status
AUSTEDO 6MG, 9MG, 12MG	MOVEMENT DISORDERS	Add	PA, SP, QL	F
BLOOD PRESSURE MONITOR	MEDICAL DEVICES	Add	QL	F
CLEMASTINE 1.34MG, 2.68MG TABLET	ANTIHISTAMINES	Remove	N/A	NF
DAPAGLIFLOZIN 5MG, 10MG TABLET	SGLT2 INHIBITORS	Add	ST	F
DOPTELET 10MG SPRINKLE CAPSULE	THROMBOCYTOPENIA AGENTS	Add	PA, SP, QL	F
DRYSOL 20% SOLUTION	HEMOSTATIC AGENT	Add	N/A	F
EBGLYSS 250/2ML INEJCTION	IL-13 ANTAGONIST	Add	PA, SP, QL	F
ELIQUIS 0.15MG CAPSULE	ANTICOAGULANTS	Add	AL	F
ELIQUIS 0.5MG, 1.5MG, 2MG TABLET	ANTICOAGULANTS	Add	AL	F
ENTRESTO 6-6 MG, 15-16MG CAPSULE	HEART FAILURE	Remove	N/A	NF
GEL-ONE 30MG/3ML INJECTION	VISCOSUPPLEMENTS	Remove	N/A	NF
METHADONE 5MG/5ML, 10MG/5ML SOLUTION	OPIOID ANALGESICS	Add	ST, QL	F

MOUNJARO 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML INJECTION	GIP/GLP-1 RECEPTOR AGONIST	Add	PA, QL	F
NEXLETOL 180MG TABLET	ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS	Add	PA	F
NEXLIZET 180/10MG TABLET	ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS	Add	PA	F
NILOTINB HCL 50MG, 150MG, 200MG CAPSULE	KINASE INHIBITORS	Add	PA, SP, QL	F
NORPACE 100MG CR, 150MG CR CAPSULE	ANTIARRHYTHMICS	Remove	N/A	NF
NURTEC 75MG ODT TABLET	CGRP RECEPTOR ANTAGONIST	Remove	N/A	NF
OJEMDA 25MG/ML SUSPENSION	KINASE INHIBITORS	Remove	N/A	NF
OJEMDA 100MG TABLET	KINASE INHIBITORS	Remove	N/A	NF
OTEZLA XR 75MG TABLET	AUTOIMMUNE AGENTS (SELF-ADMINISTERED)	Add	PA, SP, QL	F
OTEZLA XR 28 DAY TREATMENT INITIATION PACK	AUTOIMMUNE AGENTS (SELF-ADMINISTERED)	Add	PA, SP, QL	F
REVLIMID 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG CAPSULE (BRAND ONLY)	BIOLOGIC RESPONSE MODIFIERS	Remove	N/A	NF
REZVOGLAR 100UT/ML INJECTION	ANTIDIABETICS, INSULIN	Add	N/A	F
SKYRIZI 60MG/ML, 150MG/ML, 180MG/1.2ML, 360MG/2.4ML INJECTION	AUTOIMMUNE AGENTS (SELF-ADMINISTERED)	Remove	N/A	NF
SPINOSAD 0.9% SUSPENSION	SCABICIDES & PEDICULICIDES	Remove	N/A	NF
TAGRISO 40MG, 80MG TABLET	KINASE INHIBITORS	Add	PA, SP, QL	F

TALTZ 20MG/0.25ML, 40MG/0.5ML, 80MG/1ML INJECTION	AUTOIMMUNE AGENTS (SELF- ADMINISTERED)	Add	PA, SP, QL	F
XIIDRA 5% DROPS	DRY EYE DISEASE	Remove	N/A	NF
ZELBORAF 240MG TABLET	KINASE INHIBITORS	Remove	N/A	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, NF = Non-Formulary

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 CHPMD 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.carefirst.com/medicaid and fax the completed form to our Pharmacy Department for review.

What if I need further assistance? Please call the Provider Line at 410-779-9359 or 800-730-8543 and follow the voice prompts for the option that will address your service needs.