

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 **AUGUST 1, 2025**.

Drug Name	Therapeutic Class	Add/Remove	Edit Description	Formulary Status
CALCIUM/D3 WAFER	NUTRITIONAL/SUPPLEMENTS	Remove	N/A	NF
DOCUSATE SOD 60/15ML SYRUP	LAXATIVES	Remove	N/A	NF
EFAVIRENZ 50MG, 200MG CAPSULE	ANTI-INFECTIVES	Remove	N/A	NF
EMBECTA PEN NEEDLES	DIABETIC SUPPLIES	Add	QL	F
HUMALOG MIX 50/50 INJECTION	ANTIDIABETICS, INSULIN	Remove	N/A	NF
IMKELDI 80MG/ML SOLUTION	KINASE INHIBITORS	Add	PA, SP, QL	F
INFLECTRA 100MG INJECTION	TUMOR NECROSIS FACTOR ALPHA INHIBITORS	Remove	N/A	MB
INFLIXIMAB 100MG INJECTION	TUMOR NECROSIS FACTOR ALPHA INHIBITORS	Remove	N/A	MB
INSULIN LISP 100/ML INJECTION	ANTIDIABETICS, INSULIN	Add	N/A	F
IQIRVO 80MG TABLET	GASTROINTESTINAL	Add	N/A	F

ISOSORB MONO 10MG, 20MG TABLET	NITRATES	Remove	N/A	NF
JIVI 4000 UNIT INJECTION	HEMATOLOGIC	Remove	N/A	MB
PAXLOVID PAK	ANTIVIRALS	Add	QL	F
PHOTREXA/PHOTREXA VISCOUS KIT	OPHTHALMIC	Remove	N/A	MB
REMICADE 100MG INJECTION	TUMOR NECROSIS FACTOR ALPHA INHIBITORS	Remove	N/A	MB
RENFLEXIS 100MG INJECTION	TUMOR NECROSIS FACTOR ALPHA INHIBITORS	Remove	N/A	MB
SUNLENCA 300MG TABLETS	ANTIRETROVIRAL AGENTS	Add	QL	F
SUNLENCA INJECTION	ANTIRETROVIRAL AGENTS	Add	QL	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, 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.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 410-779-9359 or 800-730-8543 and follow the voice prompts for the option that will address your service needs.