

## 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 **May 1, 2025**.

Drug Name	Therapeutic Class	Add/Remove	Edit Description	Formulary Status
<b>BUDESONIDE RECTAL FOAM 2 MG/ACT</b>	<b>INFLAMMATORY BOWEL DISEASE</b>	<b>ADD</b>	<b>N/A</b>	<b>F</b>
<b>CALCIUM CARB-CHOLECALCIF CHEW TAB 500 MG-10 MCG (400 UNIT)</b>	<b>VITAMINS</b>	<b>REMOVE</b>	<b>N/A</b>	<b>NF</b>
<b>CIMETIDINE HCL SOLN 300 MG/5ML</b>	<b>H2-RECEPTOR ANTAGONISTS</b>	<b>REMOVE</b>	<b>N/A</b>	<b>NF</b>
<b>DABIGATRAN 75 MG, 110 MG, 150 MG CAPSULE</b>	<b>ANTICOAGULANTS</b>	<b>ADD</b>	<b>N/A</b>	<b>F</b>
<b>FLUTAMIDE 125 MG CAPSULE</b>	<b>HORMONAL ANTINEOPLASTIC AGENTS</b>	<b>REMOVE</b>	<b>N/A</b>	<b>NF</b>
<b>ITOVEBI 3 MG, 9 MG TABLET</b>	<b>KINASE INHIBITORS</b>	<b>ADD</b>	<b>SP, PA, QL</b>	<b>F</b>
<b>MIRABEGRON 25 MG ER, 50 MG ER TABLET</b>	<b>URINARY ANTISPASMODICS</b>	<b>ADD</b>	<b>N/A</b>	<b>F</b>
<b>MYCOPHENOLIC 180 MG DR, 360 MG TABLET</b>	<b>IMMUNOSUPPRESSANTS</b>	<b>ADD</b>	<b>SP</b>	<b>F</b>
<b>PROMETHAZINE &amp; PHENYLEPHRINE SYRUP 6.25-5 MG/5ML</b>	<b>COLD/COUGH</b>	<b>REMOVE</b>	<b>N/A</b>	<b>NF</b>

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PROMETHAZINE-PHENYLEPHRINE-CODEINE SYRUP 6.25-5-10 MG/5ML	COLD/COUGH	REMOVE	N/A	NF
QUINAPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG, 20-12.5 MG, 20-25 MG TABLET	ACE INHIBITOR COMBINATIONS	REMOVE	N/A	NF
SODIUM FLUORIDE SOLN 0.125 MG/DROP F (0.275 MG/DROP NAF)	ELECTROLYTES	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 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.