

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 **OCTOBER 1, 2025**.

Drug Name	Therapeutic Class	Add/Remove	Edit Description	Formulary Status
ACCU-CHEK GUIDE TEST STRIPS	DIABETIC SUPPLIES	ADD	QL	F
ACCU-CHEK KIT GUIDE, GUIDE ME GLUCOSE METER	DIABETIC SUPPLIES	ADD	QL	F
CALCIUM CARB-CHOLEC TABLET 250 MG-3 MCG	VITAMINS	REMOVE	N/A	NF
CAPZASIN-P CREAM 0.035%	DERMATOLOGY, LOCAL ANESTHETICS	ADD	N/A	F
ELIQUIS TABLET 2.5 MG, 5 MG	DIRECT FACTOR XA INHIBITORS	ADD	QL	F
EPIPEN 2-PAK INJECTION 0.3MG	ANAPHYLAXIS TREATMENT AGENTS	REMOVE	N/A	NF
EXONDYS 51 SOLUTION 500/10ML	EXON SKIPPING AGENTS	CHANGE	N/A	MB
FOAM ANTACID CHW 80-20MG	ANTACIDS	REMOVE	N/A	NF
IMULDOSA INJECTION 45/0.5ML, 90MG/ML, 130/26ML	AUTOIMMUNE AGENTS	ADD	SP, PA, QL	F
JUBBONTI INJECTION 60 MG/ML	BONE DENSITY REGULATORS	ADD	SP, PA, QL	F

KERENDIA TABLET 40MG	ALDOSTERONE RECEPTOR ANTAGONISTS	ADD	PA	F
M-CLEAR WC LIQUID 100-6.33	COLD/COUGH	REMOVE	N/A	NF
ONETOUCH BLOOD GLUCOSE METER ULTRA, VERIO	DIABETIC SUPPLIES	REMOVE	N/A	NF
ONETOUCH LANCETS	DIABETIC SUPPLIES	REMOVE	N/A	NF
ONETOUCH TEST STRIPS ULTRA, VERIO	DIABETIC SUPPLIES	REMOVE	N/A	NF
PROLIA INJECTION 60 MG/ML	BONE DENSITY REGULATORS	REMOVE	N/A	NF
SAFE-T-PRO LANCETS	DIABETIC SUPPLIES	ADD	QL	F
STEQEYMA INJECTION 45/0.5ML, 90MG/ML, 130/26ML	AUTOIMMUNE AGENTS	ADD	SP, PA, QL	F
TRUE METRIX BLOOD GLUCOSE METER, AIR	DIABETIC SUPPLIES	ADD	QL	F
TRUE METRIX BLOOD GLUCOSE TEST STRIP	DIABETIC SUPPLIES	ADD	QL	F
TRUEPLUS LANCETS	DIABETIC SUPPLIES	ADD	QL	F
TUSNEL C SYURP	COLD/COUGH	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.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.