

## 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 **APRIL 1, 2026**.

Drug Name	Therapeutic Class	Add/Remove	Edit Description	Formulary Status
ALENDRONATE 5MG TABLET	CALCIUM REGULATORS, BISPHOSPHONATES	Remove	N/A	NF
CIPROFLOXACN TAB 100MG	FLUOROQUINOLONES	Remove	N/A	NF
DIATRIZOATE 66-10% SOLUTION	RADIOLOGICAL/CONTRAST MEDIA	Change	N/A	MB
ESTRADIOL VALERATE 10MG/ML, 20MG/ML, 40MG/ML INJECTION	ESTROGENS	Add	PA	F
FA-B6-B12 TABLET	VITAMINS	Remove	N/A	NF
FLURBIPROFEN 50MG, 100MG TABLET	NSAIDS	Remove	N/A	NF
IBTROZI 200MG CAPSULE	KINASE INHIBITORS	Add	PA, SP, QL	F
MAALOX 600MG CHEWABLE	ANTACIDS	Remove	N/A	NF
MUCINEX 1200MG TABLET	COLD/COUGH	Remove	N/A	NF

MUCINEX D 60-600MG, 120-1200MG TABLET	COLD/COUGH	Remove	N/A	NF
MUCINEX DM 30-600MG, 60-1200MG TABLET	COLD/COUGH	Remove	N/A	NF
ORAPRED ODT 10MG, 15MG, 30MG	GLUCOCORTICOIDS	Remove	N/A	NF
OS-CAL CHEWABLE	VITAMINS	Remove	N/A	NF
RINVOQ TAB 15MG, 30MG, 45MG ER	AUTOIMMUNE AGENTS (SELF-ADMINISTERED)	Remove	N/A	NF
TREMFYA 100MG/ML, 200MG/ML	AUTOIMMUNE AGENTS (SELF-ADMINISTERED)	Add	PA, SP, QL	F
TREMFYA 200MG/20ML INJECTION	AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)	Add	PA, SP, QL	F
XELJANZ 1MG/ML SOLUTION	AUTOIMMUNE AGENTS (SELF-ADMINISTERED)	Add	PA, SP, QL	F
XELJANZ 5MG, 10MG TABLET	AUTOIMMUNE AGENTS (SELF-ADMINISTERED)	Add	PA, SP, QL	F
XELJANZ XR 11MG, 22MG TABLET	AUTOIMMUNE AGENTS (SELF-ADMINISTERED)	Add	PA, SP, QL	F
ZORBTIVE 8.8MG INJECTION	HUMAN GROWTH HORMONES	Remove	N/A	NF
ZYVOX 2MG/ML SOLUTION	ANTI-INFECTIVES	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](http://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.