

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, 2026**.

Drug Name	Therapeutic Class	Add/Remove	Edit Description	Formulary Status
DAPAGLIFLOZIN-METFORMIN ER 5-500MG, 5-1000MG, 10-500MG, 10-1000MG TABLET	SGLT2 INHIBITOR COMBINATIONS	Add	ST, QL	F
ENOBY 60MG/ML INJECTION	BONE DENSITY REGULATORS	Add	SP, PA, QL	F
JUBBONTI 60MG/ML INJECTION	BONE DENSITY REGULATORS	Remove	N/A	NF
RYBELSUS 3 MG, 7 MG, 14 MG TABLET	INCETIN MIMETIC AGENTS	Remove	N/A	NF
SYRINGE/NEEDLE 3 ML 23G X 1"	PARENTERAL THERAPY SUPPLIES	Add	QL	F
TESTOSTERONE TD GEL 50 MG/5GM (1%)	ANDROGENS	Add	PA	F

Reminder, please process the following medications through Medical Benefit

ANKTIVA SOL 400MCG	AVLAYAH INJ 150MG	AVTOZMA INJ 200/10ML	AVTOZMA INJ 400/20ML	AVTOZMA INJ 80MG/4ML
BEIZRAY INJ 160/8ML	BEIZRAY INJ 80MG/4ML	BLENREP INJ 70MG	DEFITELIO INJ 200/2.5	EXDENSUR INJ 100MG/ML
FAVLYXA INJ 250/10ML	HYMOVIS ONE SOL 32MG/4ML	IMAAVY INJ 300/1.62	INLEXZO IMP 225MG	INLEXZO MIS 225MG
ITVISMIA INJ	KEYTRUDA INJ QLEX	KRYSTEXXA INJ 8MG/50ML	LUNSUMIO VEL INJ 45MG/ML	LUNSUMIO VEL INJ 5/0.5ML
LYMPHIR INJ 300 MCG	OPDIVO INJ QVANTIG	QIVIGY INJ 10%	RYBREVANT INJ FASPRO	RYONCIL KIT
SPINRAZA INJ 28MG/5ML	SPINRAZA INJ 50MG/5ML	STARJEMZA INJ 130/26ML	VYKOURA INJ 350/35ML	VYKOURA INJ 50MG/5ML

YARTEMLEA INJ 370/2ML	YIMMUGO INJ 10/100ML	YIMMUGO INJ 20/200ML	YIMMUGO INJ 5GM/50ML	
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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.