CareFirst Community Health Plan Maryland

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 **DECEMBER 1, 2026.**

Drug Name	Therapeutic Class	Add/Remove	Edit Description	Formulary Status
AFATINIB 20MG, 30MG, 40MG TABLET	ANTINEOPLASTIC - EGFR INHIBITORS	Add	SP, PA, QL	F
GILOTRIF 20MG, 30MG, 40MG TABLET	ANTINEOPLASTIC - EGFR INHIBITORS	Remove	N/A	NF
LIPFENDRA 20MG TABLET	PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	Add	PA, QL	F
OMLYCLO 75MG/ML, 150MG/ML, 300MG/ML INJ	ANTIASTHMATIC - MONOCLONAL ANTIBODIES	Add	SP, PA, QL	F
UPTRAVI 100MCG, 150MCG TABLET	PULMONARY ARTERIAL HYPERTENSION	Add	SP, PA, QL	F
XOLAIR 75MG/ML, 150MG/ML, 300MG/ML INJ	ANTIASTHMATIC - MONOCLONAL ANTIBODIES	Remove	N/A	NF

Reminder, please process the following medications through Medical Benefit

GENGLYCOS INJ	EYLEA INJ	PASATRU INJ

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TUDRIQEV INJ	WASKYRA INJ	ZANVASTRO INJ 56/2.8ML

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.

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