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 **SEPTEMBER 1, 2026.**

Drug Name	Therapeutic Class	Add/Remove	Edit Description	Formulary Status
BUPRENORPHINE 5MCG/HR, 7.5MCG/HR, 10MCG/HR, 15MCG/HR, 20MCG/HR TRANSDERMAL SYSTEM	PARTIAL OPIOID AGONISTS	Add	PA, QL	F
DECNUPAZ 2MG INJECTION	ANTINEOPLASTIC AGENTS	Update	N/A	MB
ETODOLAC 200MG, 300MG CAPSULE	NSAIDs	Remove	N/A	NF
ETODOLAC 400MG, 500MG TABLET	NSAIDs	Remove	N/A	NF
ETODOLAC ER 400MG, 500MG, 600MG TABLET	NSAIDs	Remove	N/A	NF
EVDI 1MG/20ML INJECTION	ANTINEOPLASTIC AGENTS	Update	N/A	MB
INDOMETHACIN 25MG, 50MG CAPSULE	NSAIDs	Add	N/A	F
HYDROMORPHONE ER 8MG, 12MG, 16MG, 32MG TABLET	OPIOID AGONISTS	Add	PA, QL	F
OPILL 0.075MG TABLET	PROGESTIN ORAL CONTRACEPTIVE	Add	N/A	F
OXAPROZIN 600MG TABLET	NSAIDs	Remove	N/A	NF

SAXAGLIPTIN 2.5MG, 5MG TABLET	**DPP-4 INHIBITORS**	**Add**	**N/A**	**F**

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.