

Upcoming CareFirst Medicare Formulary Updates

CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP) strives to provide affordable, accessible care to our members. We review our formularies regularly and make changes to encourage member utilization of safe, clinically appropriate, and cost-effective medications

Below are some of the key formulary changes that will be effective January 1, 2026. It is not inclusive of all formulary changes. To view a complete list of covered drugs and utilization management programs, visit our website: CareFirst BlueCross BlueShield Advantage DualPrime (CareFirst DualPrime): [Pharmacy Benefits \(Part D Prescription Drug\) - CareFirst Medicare Advantage \(carefirstmddsnp.com\)](#)

Formulary Drug Removals

Below are some of the medications that will not be covered in 2026 and the covered alternatives you should review with your doctor. If you need a non-formulary drug to be covered for medical necessity reasons, you or your provider may submit a coverage determination request (more information below).

| Product | Drug Class | Covered Alternative(s)* |
|--------------------------|--------------|---|
| BASAGLAR KWK PEN 100U/ML | Diabetes | LANTUS SOLOSTAR INJ, TOUJEO SOLOSTAR INJ, TOUJEO MAX SOLOSTAR INJ |
| BRILINTA | Heart/Stroke | ticagrelor tabs (GENERIC OF BRILINTA TAB) |
| brimonidine sol 0.15% op | Glaucoma | brimonidine sol 0.2% op, latanoprost sol 0.005%, timolol maleate sol op, carteolol sol 1% op, levobunolol sol 0.5% op, dorzolamide sol 2% op, betaxolol sol 0.5% op, timolol maleate gel sol op |
| COSENTYX UNO INJ 300/2ML | Autoimmune | BIMZELX INJ, HADLIMA PUSHTOUCH INJ, HUMIRA INJ, ENBREL INJ, TREMFYA INJ (SC), SKYRIZI INJ (SC), STELARA INJ (SC) |
| Colchicine capsule | Gout | Colchicine tablet |
| SYNJARDY TAB | Diabetes | XIGDUO XR TAB, JARDIANCE TAB plus metformin tab, FARXIGA TAB plus metformin tab, DAPAGLIFLOZIN TAB plus metformin tab |
| TRESIBA FLEXPEN | Diabetes | LANTUS SOLOSTAR INJ, TOUJEO SOLOSTAR INJ, TOUJEO MAX SOLOSTAR INJ |
| BASAGLAR KWK PEN 100U/ML | Diabetes | LANTUS SOLOSTAR INJ, TOUJEO SOLOSTAR INJ, TOUJEO MAX SOLOSTAR INJ |

Utilization Management Changes

Below is a list of medications that will require utilization management strategies, such as prior authorization before the drug is covered.

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| Product | Drug Class | Note |
|-----------------------------------|--------------------------|---------------------|
| Clindamycin GEL 1% | Acne | Prior Authorization |
| Dicyclomine tab/cap | Irritable bowel syndrome | Prior Authorization |
| GLP-1 (such as MOUNJARO, OZEMPIC) | Diabetes | Prior Authorization |
| REPATHA | Cholesterol | Quantity Limits |
| SANTYL | Wound Care | Prior Authorization |

Brand names are CAPITALIZED.

Frequently Asked Questions:

- **Are there changes to the CareFirst preferred blood glucose monitors and test strips?**
 - Yes. Starting in 2026, OneTouch products will no longer be preferred at the pharmacy. The new preferred options will be True Metrix and Accu-Chek. These preferred test strips and blood glucose monitors will be covered at network pharmacies with a valid prescription. Please request a new prescription from your doctor.
- **Where can you find information on drug coverage?**
 - Visit: [Dual Special Needs Plan Prescription Coverage | CareFirst BlueCross BlueShield Medicare](#)
- **What is a coverage determination?**
- Coverage Determination is a decision CareFirst makes about your coverage and benefit, including the amount you will pay. These decisions are being made to ensure patient safety and to keep your overall drug costs down. If a drug is not covered or there are restrictions or limits on a drug, you or your prescriber may request a coverage determination. To ensure you receive your prescription drug when you need it, a standard review will be completed in 72 hours or less, and an expedited review will be completed in 24 hours or less.
- **How to Request a Coverage Determination?**

The member, prescriber or member's appointed representative may request a coverage decision and/or exception any of the following ways:

 - **Phone:** Our customer service team is available 24/7/365 at 844-786-6762.
 - **Fax:** 855-633-7673
 - **Online:** Coverage Determination Form [English](#)
 - **Mail:** CVS Caremark Coverage Determinations/Exceptions
P.O. Box 52000
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